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Merging to Increase Patient Access

Within the busy year of 2009, Oklahoma has another reason to celebrate! Oklahoma Community Health Services (OCHS), a Section 330 community health center, and Variety Health, longtime provider of affordable care, have merged to become Variety Care Family Health Center, known as Variety Care.



“Our goal is that no person in our community will be without access to medical, dental, counseling, vision and maternal and child health care,” said Lou Carmichael, Executive Director of Variety Care.

Since 1980, OCHS has provided high quality primary care services to patients of all ages in Oklahoma City. OCHS was recently awarded grant funding through the American Recovery and Reinvestment Act (ARRA) to open an additional site in Oklahoma City, slated to open January 4, 2010. Variety Health, a United Way organization and founding member of Oklahoma Primary Care Association, has provided maternal and child health to families in the Oklahoma City metropolitan area since 1932.

The new Variety Care offers greater access to more people through increased services. Variety Care will offer primary medical care; including dental, behavioral and mental health, vision services and many other programs. “A variety of people in need will now have access to a variety of services at a variety of locations,” said Jari Askins, Oklahoma Lieutenant Governor and CHC supporter.

Variety Care will now offer services at seven locations throughout Oklahoma-five in the Oklahoma City metro area and two additional sites in rural Ft. Cobb and Tipton, uniting the mission of two organizations to provide services under one umbrella marks a historic first for an Oklahoma CHC. The operations of all sites will continue providing health care and services and the newly formed Variety Care Foundation will provide advocacy, fund raising and community awareness.

“Only in an integrated, comprehensive health care system like the one offered by Variety Care can people truly live healthy lives,” said Mike Dover, Variety Care Foundation president.

The new Variety Care expects to see more than 50,000 patients in 2010.

Thank you, for helping make the Annual Conference a success!



Celebrate by Association

Wherever in the world did 2009 go? It seemed to pass with warp speed! The American Recovery and Reinvestment Act (ARRA) threw all primary care associations (PCAs) and their members into an absolute tailspin. The days and months, while filled with good news and celebration, passed so fast it now seems like a blur.



In February we learned that ARRA would deliver long-awaited opportunities; however, we could in no way imagine the full impact. The first funding notices came in the form of SIX new sites - wow! We hit the community health center jackpot! Who could ask for more?

Two months later all seventeen organizations (including the three newly funded health centers) received increased demand for service awards; and, not too long afterward came capital improvement dollars. Shortly thereafter, a third major funding opportunity surfaced with even more strings - OY!! Did I mention the incredibly high level of accountability and transparency requirements (e.g. double quarterly reports) for any activity funded with 'stimulus money'?

In the meantime, the PCA workload increased by roughly thirty percent, raising the questions of how and by whom all the extra member services would be delivered. Growth, even during normal periods is painful. But 2009 funding took the growth issue to a new level. Staff had to be added to address growing needs; Health Information Technology and Exchange, Data and Research, Development and Clinical Quality Improvement, in addition to the ongoing member services: advocacy, education, training and technical assistance.

When it rains, it pours. One day the phone rang with an offer of continued funding of a program believed to be over. Clearly on a roll, we gladly accepted. Why miss any opportunity to improve access and quality of care after all? "Never say never."

Fast forward to today. Oklahoma has not only six newly-funded sites but three more as a result of a history-making merger of two leading health centers, (one 330 and a non-330) for a total of 37 access points!

OKPCA has grown from eight dedicated professionals to a team of fourteen that includes two fantastic Volunteers in Service to America (VISTAs).

Looking back at the year in amazement as one with tremendous accomplishments, it is a known fact that hard work combined with dedication does pay off. None of the events described above killed us, but rather made us stronger as a team, an association, and, as a state. We're here for the long run.

Tired but absolutely thrilled,



Greta Stewart, MPH, CAE
Executive Director

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This publication was made possible by Grant Number U58CS06840 from DHHS/HRSA. Its contents are solely the responsibility of the authors and do not necessarily represent the views of HHS.

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Managing the Media Storm

As of October 20, 2009, all ARRA recipients information is available on www.recovery.gov. Health centers across the country have been contacted by media regarding stimulus reporting available on www.recovery.gov. Grantees are encouraged to thoroughly review submitted information, including receipts, summaries and number of jobs created. The best way to diffuse any situation is to be prepared for any media questions based on all posted information at www.recovery.gov.

Typically, media look for news that is interesting to their readers/viewers that could be controversial to the audience. A controversial situation may give you the opportunity to reach many people with a positive, constructed message. The key to managing the situation is to be prepared in advance with a media plan, and here's how to create one:

- **Gather all of the materials, including facts and documents related to the information.** What information is currently reported? Is it accurate? Is there any information that isn't clear?

- **Determine who in your organization should speak with the media.** This could be CEO, CFO, Communications coordinators, etc. Some things to consider: Who will be authorized to speak on behalf of the organization? Should those handling media inquiries receive spokesperson training? How can you ensure that the media is provided with accurate and up-to-date information? Who will keep track of media requests and ensure that they are addressed in a timely manner? You want to ensure accurate representation of your organization and respond appropriately and in a timely manner.

- **Determine a response for every organizational staff member or Board member.** Avoid "No Comment." A good starting point: "Thank you for your inquiry. Jane Doe, our Executive Director, handles all of our media relations. I will provide you with her contact information." Being prepared is the key to effective media relations.

- **Communicate this information readily to every staff member and Board member.** Reporters and bloggers will often ask questions about events, money, and expansion progress and employee information. Prepare your staff not to answer any questions regarding these topics.

OKPCA urges you to develop and implement a media relations plan in your health center due to heightened interest in health care stimulus spending.

For more information regarding health center media relations plans, please contact [Alison Williams](#), (405) 424-2282, ext. 103. Alison will be able to work with you to develop an effective plan immediately.

Playing Our Song:

Knowing and Better Showing 330 CHCs are Beautiful

While appealing in numerous ways, Oklahoma's unattractive truths regarding health and medical access should not be discounted.

Currently, Oklahoma experiences higher rates of cardiovascular disease deaths (250.4 per 100,000 versus 211.4 nationally), stroke deaths (53.2 per 100,000 versus 46.6 nationally), diabetes deaths (30.3 per 100,000 versus 24.6 nationally) and cancer deaths (194.7 per 100,000 versus 183.9 nationally). Prevalence of diabetes is higher than national rates as well as disability among adults age 21 to 64. Simultaneously, Oklahomans have more limited access to health care, in addition to dying, ailing or having disabilities at higher rates than many residents of other states.

With 62 of 77 counties having one or more Medically Underserved Areas (MUAs), Medically Underserved

Populations (MUPs) or both, the entire State virtually resides in areas with substantial medical under-service, particularly shortages of primary care providers. [To see a map of the MUA counties click here.](#) Only 15 counties are without MUA or MUP designations; only 3 counties have escaped medical under service or low rates of health insurance. What can help remedy such dismal stats from our State's medical care landscape?

Among the approximately 102,000 patients that the 330 grantees served in 2008 were almost 8,600 patients with diabetes (6,524) or heart disease (2,169) and over 12,000 with hypertension as the primary diagnosis, treated within the chronic disease model.

For example, Oklahoma's CHC patients with diabetes averaged 2.5 yearly medical encounters, allowing for lowering complications, and more effective self-management. Consistent

with recommended care, suboptimal care with poorly managed diabetes typically shows lower or excessive encounters. Without the invaluable efforts of 330 CHCs, the State's medical care landscape would be markedly worse. Yet, what further actions may increase affordable health care for Oklahoma's medically disenfranchised?

Last month, an unprecedented opportunity for 330 CHCs to further help decrease Oklahoma's MUAs and MUPs and beautify its healthcare-related map arose with the establishment of SoonerVerse, Oklahoma's first Health Center-controlled Network (HCCN).

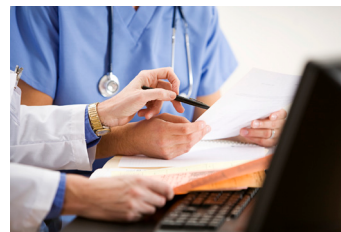
HCCNs have often established data warehouses which have indirectly helped increase access to affordable quality health care. Such warehouses can store shared de-identified electronic data of multiple organizations; they can facilitate reporting and analysis, benchmark

in ways that enhance data driven evidence and better clarify program compliance, practice management, cost-effectiveness and clinical quality improvements.

Now, SoonerVerse has an opportunity to do what the 1960s popular music composer, Carole King, suggested in "Beautiful" when singing: "[We've] got to get up every morning ...and show the world all the love in [our hearts]...that [we're] beautiful as [we] feel."

Today Oklahoma 330 CHCs may help indirectly treat themselves and others better. Through the formation of a data warehouse, better data evidence of the long standing and continuing high quality care Oklahoma 330 CHCs provide is a viable solution. Oklahoma 330-CHCs, is that our song playing? "Beautiful" ...?

For more information, please contact [Chequita Owens](#), (405) 424-2282, ext. 113.



A Time for Reflection

Oklahoma enjoyed a spectacular autumn this season with bursts of deep scarlet, brilliant orange and golden yellow spreading across the countryside. The vibrant foliage was breathtaking – if only for a few short weeks. As expected, nature soon removed the layer of leaves, transforming the colorful canopy to the exposed winter landscape.



This annual ritual of stripping trees down to the bark offers a window of opportunity for constructive work while one can actually see what needs to be done. Branches weakened by spring's strong winds can be removed. Fences in need of repair can be easily identified. It is a good time to assess the environment to make necessary improvements for long term success.

Community health centers (CHCs) have been in a tornado of activity since March 2 when the first 330 funding awards were announced by the American Recovery and Reinvestment Act (ARRA). A steady stream of opportunities accompanied by accountability reporting requirements have followed through hurricane season.

While there appears to be more ARRA opportunities on the horizon, CHCs must take time to assess the environment and ensure that all systems are in top working order. Organizational assessments that drill down to the 'bark' should be conducted annually – looking at both internal guiding forces and external reviews.

Internally, CHCs should examine the:

- mission statement
- staff morale
- board participation

How does the CHC measure up to its mission? How effective are programs offered and do they reach the right users? Should programs be revised, replaced or discarded? Is the CHC fiscally stable and viable?

External gauges include:

- Health Resource and Services Administration (HRSA) performance reviews
- accreditation requirements
- patient satisfaction
- community perception

What is the quality of programs and services? Are reporting requirements being met? What is the community's perception of the CHC? Would patients recommend the CHC to family and neighbors?

What public image

is being portrayed via transparency-focused reporting websites?

Now more than ever, performance improvement is critical to CHC success. CHCs must consider patient satisfaction and access; quality of clinical care; quality of work force and work environment; cost and productivity; health status outcomes; and utilization management with appropriate specialty, pharmacy, hospital and other services.

CHC boards must also assess their

performance as a governing body. OKPCA's final two issues of the 2009 *Board Bulletin* focus on board self-assessment. Does the CHC board enforce accountability and follow a code of ethics? Is the board exercising due diligence by reviewing financial reports monthly? Are appropriate internal controls in place to safeguard assets? Do board members demonstrate collective and individual vigilance in CHC oversight?

It has been said, "If you do not define yourself, someone else will do it for you." By engaging in routine organizational assessment, CHCs can make sure they will be defined as centers of excellence. Like brilliant red cardinals against the winter landscape, CHCs must not forget to celebrate successes that will stand out when assessing performance.

Oklahoma CHCs have enjoyed a season of unprecedented growth allowing more access to affordable health care. Keep up the good work in the pursuit of excellence! For more information, please contact Judy Grant, (405) 424-2282, ext. 104.

Clinical Quality Matters

Since the publication of the most recent PCA Pulse, Chris Ducotey, MS, RN was hired to be the Director of Clinical Quality. OKPCA's clinical quality department will focus on three major quality-improvement programs: CVD/Stroke Prevention; Integrating Cancer & Tobacco Control Initiative (ICT); and Emergency Preparedness.

OKPCA is continuing to forge ahead in the clinical quality program by implementing HRSA sponsored clinical quality improvement efforts. The participating health centers were able to identify over 22,500 patients whose health status would be monitored to improve health outcomes and reduce the risks associated with stroke.

Currently, OKPCA has secured agreements from 15 of the 17 health center grantee sites. Program consultant Cecil Pollard identified the health status indicators tracked by each health center. Interfaces between electronic medical records (EMRs) and the CDEMS patient registry will streamline reporting processes and eliminate double-entry data.

Existing EMR systems currently retain easy-to-use patient and subsequent reporting capabilities. CDEMS patient registry software can also be used to create HRSA-approved UDS reports on the core clinical measures established last year. Providers are able to create customized reports to assist them in tracking clinical outcomes on a variety of chronic disease states, improving health outcomes and ensuring Oklahoma health centers are among the national leaders in clinical quality improvement efforts.

OKPCA successfully achieved the goals of the three year Integrating Cancer and Tobacco Programs grant. As a result, HRSA rewarded OKPCA with an additional 18 months of funding to focus on low socioeconomic pregnant women and their families for smoking cessation integration programs.

OKPCA will continue to monitor emergency preparedness (EP) issues, particularly developments with the H1N1 virus and the subsequent impact on health center readiness to address the procurement and distribution of the vaccine(s) currently available. As OKPCA moves ahead with these EP initiatives, health centers will be contacted to improve and implement plans. For more information regarding OKPCA's clinical quality program, please contact Chris Ducotey (405)424-2282 ext. 112.

The EMR Incentives Puzzle

Breaking down the ARRA initiatives to determine how your health center can benefit

The American Recovery and Reinvestment Act of 2009 (ARRA) included many efforts to improve the economy of the United States. It also included an ambitious effort to improve health care by encouraging the implementation of electronic medical records (EMR) systems within provider organizations.

Some of the benefits of the implementation effort most often expressed are improved data availability to providers at the point and time of care, reduced number of redundant tests and procedures, reduced wait time for patients, improved communication between providers, and improved health information access for patients.

All of this sounds very good, but in a tough economy, with technical resources and health care workers in short supply, does ARRA provide any resources to accomplish these tasks and achieve the promised benefits? Please read the following and decide for yourself.

A significant portion of ARRA is the Health Information Technology for Economic and Clinical Health Act (HITECH Act).

Under this section of the legislation, several initiatives are outlined. Let's see if these fit together to accomplish the goals.

EMR Incentive

One of the initiatives under HITECH Act is incentive payments from the Centers for Medicare and Medicaid (CMS) to providers who implement and use EMRs in their practice. While hospitals may accept incentives from both, providers must evaluate their payer mix and apply for incentives from either Medicare or Medicaid. Total incentives per provider, paid out over either five or six years, are intended by the legislation to reimburse the provider or provider organization for expenses incurred in the implementation of the EMR product. Requirements for the incentives include the product be certified, able to transmit prescriptions electronically and able to exchange data.

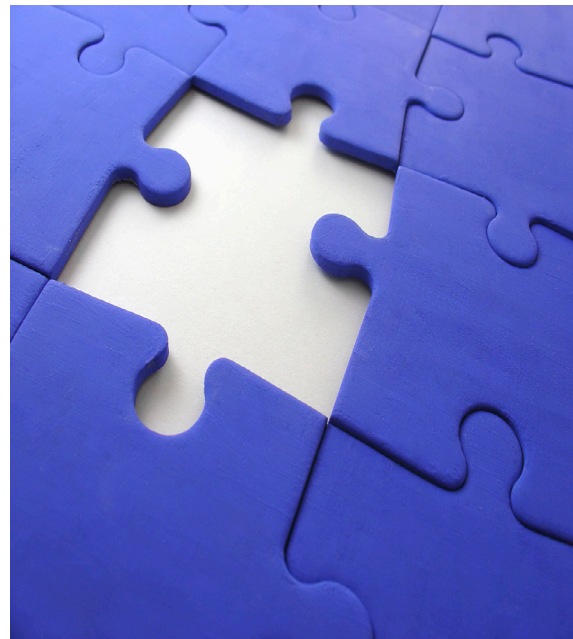
This could get the providers motivated to move from hand writing paper records to

electronic records, but what provider has time to learn about all of the EMR applications and vendors in the market place to be able to know what product or products could work for them?

HITRC and REC Consulting

Another of the initiatives in the HITECH Act is the Health Information Technology Extension Center Program: Regional Extension Center Cooperative Agreement Program.

This program establishes the Health



Information Technology Research Center (HITRC) and the Regional Extension Centers (REC) to place knowledgeable health information technologists beside primary care providers to offer guidance and consulting through the EMR decision process.

REC consultants gather together with leaders to establish and share best practices. The goal of this "mind share" effort is to streamline the decision and implementation processes, enabling providers to qualify for CMS incentive payments. These two initiatives are focused on provider and provider organization success in implementation of EMR.

SHIECAP Incentive


Another initiative is the State Health

Information Exchange Cooperative Agreement Program (SHIECAP). This initiative creates health information exchange organizations within geographic areas of the United States. Often the name of this effort is misinterpreted. The name leads people to believe that the state government is leading and directing this effort. While the funding guidance requires applicants to determine the geography they will serve and directs the Governor to designate a state agency to receive the funding, the structure of the organization leading and providing oversight to the health information exchange (HIE) is not specified in the guidance by the legislation.

The funding guidance asks for an inventory of HIE efforts within the geography to be served and also requires the input and support of a broad stakeholder base. These facets of the guidance imply that the organization must be led and influenced by a wide range of perspectives while providing service to all within the specified geography.

With state budgets drawn tight, business sustainability could dictate a much more cooperative effort to initiate and maintain the availability of this service for Oklahoma.

Well, where does that bring us? We have incentives designed to reimburse providers and provider organizations for the cost of adopting EMR products. We have an organization of qualified technology consultants created for the purpose of supporting providers in the task of assessing their practice to find appropriate EMR products; evaluating, selecting, implementing and demonstrating the use of the product in order to qualify for the incentives. Additionally, we have an organization created to facilitate the electronic exchange of data. While ARRA has created a flurry of activity and spawned a great deal of conversation, there is a plan for bringing the parts together to create a 'whole' that is greater than the 'sum'.

If you have questions about these initiatives or would like some help in any aspect of these efforts, please contact [Jim Crawford](#), (405) 424-2282, ext. 108. 

Legislatively Speaking

A Perspective on Oklahoma's Interim

Oklahoma has health needs, needs, needs, but we have many good things going for us and we are making progress. That seems to be the picture painted by Interim Studies participants and Task Forces this year. Interim studies have included those about rural health care financing and challenges, workforce matters, health disparities, children and oral health, and health education among many others. While many solutions do not involve State spending directly, some proposals call for an investment. Then, there is the budget.

Oklahoma's economy has held up relatively well in the national recession and slump. However, not unlike other states, officials and policymakers are now facing some significant decisions as the State is up against ten months of revenue collections below the estimate and 2008 actual figures. Two chairmen drove this latter point home strongly in November using words such as "will" instead of "may" and descriptors such as "deep" and "painful" to illustrate the magnitude of anticipated spending reductions.



Considering the magnitude of this budget situation, many programs supported by State-only dollars have a bull's eye on their shirt. Several program activities are supported by grants that require State match, or, like Medicaid, have considerable Federal portions associated with them.

Obviously, officials want to retain the revenue available to them through these matching opportunities. Therefore, those entities with agency line items supported purely by General Revenue have much to be concerned about. This includes health centers that have appropriations for uncompensated care for the uninsured and development.

While a given program may arguably be a high priority item based on subject merit, administrators and policymakers are faced with losing multiples of dollars for every dollar reduction in matching programs for some program areas while State-only supported items are a dollar-for-dollar scenario. Advocates for these line items have that much harder of a job when faced with this fact and the list of advocates for competing elements all vying for support from the same source.

In this environment, advocates must find ways to demonstrably show that what they support either does not cost the State money or saves money immediately. Depicting long-term savings from public investment in a particular program does not alone adequately address today's great budget concerns.

Advocates must be prepared at all times to give prompt, direct, brief, and accurate position statements. A good advocate knows the environment in which the persons of whom he or she is asking for favor must operate and is able to communicate well; while staying on topic, being objective, remaining determined and performing with utmost dignity and respect.

As health advocates, please consider the situation, prepare yourself and utilize OKPCA's dedicated staff and resources for any assistance you may need to tell your story.

For questions or comments about this or other policy matters, please contact Brent Wilborn, (405) 424-2282, ext. 107.

Meet OKPCA's New Staff

Chris Ducotey

Chris Ducotey, MS, RN is the Clinical Quality Director of OKPCA. Chris is responsible for leading OKPCA's clinical performance improvement efforts aimed at increasing access to high quality primary health care for underserved Oklahomans. She works closely with the Clinical Advisor to the Board of Directors, the Clinical Quality Committee and other staff to integrate clinical activities in to the Association's program.



Patricia Christensen

Patricia joined as a Volunteer in Service to America (VISTA) leader in November, focusing on policy and research during her year of service. She assists OKPCA staff to foster communication of research and policy information to, for, and about health care safety net providers such as community health centers. As a VISTA Leader she will support and help coordinate the VISTAs and the continuation of the VISTA project.



Jill Businelle

Jill Businelle joined the OKPCA team in October as a VISTA. Jill will focus on furthering communications efforts of OKPCA members this year. She is researching current communication strategies for OKPCA and CHCs to establish ways to enhance them. Jill is developing website content and redesigning OKPCA's published materials. She is working with the Workforce and Communications Coordinator and the Director of Community Development.



We Want to Help Spread the

Send update e-mails to news@okpca.org

so we can update our website and Twitter account with the latest Oklahoma CHC happenings.

We want to know about:

- upcoming events
- new partnerships
- outreach campaigns
- positive patient feedback
- measures of success
- on-going program news
- new staff hires

Check our [website](#) to see what other members are doing. Find tools and resources for inspiration!

NEWS

*Strengthening access to affordable
community-based health care
through advocacy, education and
technical assistance.*