

COMMUNITY HEALTH CENTER CONNECTIONS

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HOLLYWOOD ENDING FOR REGION IX MEETING

The 2005 Region IX Management Training Conference meeting, held on September 26 & 27, 2005 at the Hilton Convention Center in Burbank, CA was a resounding success! The conference was presented by the Arizona Association of Community Health Centers (AACHC) with support from Kaiser Permanente and the Western Clinicians Network (WCN).

This year, representatives attended from all four states within Region IX (Arizona, California, Hawaii and Nevada) and for those clinicians that attended, Dental CE's and Medical CME's (sponsored by Lutheran Medical Center and Banner Health System, respectively) were awarded for their participation.

Among the presentations offered at this year's conference were: Community Health Centers, Hospitals and Managed Care Companies: The Need for Strategic Partnerships. This panel included Joseph S. Coatsworth, CEO of the Arizona Association of Community Health Centers, John Rivers, President and CEO of the Arizona Hospital and Healthcare Association; Ann Roggenbuck, Chief Executive Officer of North Country CHC in Flagstaff, Arizona, John Orsini, Chief Financial Officer of Catholic Health Care West and Dianna Bonta, Vice President, Kaiser Permanente.

The panel focused on the need for CHC's and hospitals to work together to create more access to patient care, perhaps by placing CHC's on hospital campuses to address the emergency room crisis facing most of the states represented at the conference. The panel also detailed existing relationships with hospitals, Managed care com-

panies that are already furthering the mission of expanding access to health care for the underserved populations in the four state region.

A few items of interest with regards to this year's conference:

1) There were approximately 150 attendees - the second largest number in the history of the conference.

2) There were 16 exhibitors whose range of services included: group purchasing, pharmaceutical consulting, new facility construction, practice management software, EMR solutions, market research services, telephonic patient communication services, health maintenance and disease management, and financial development services.

3) Speakers were represented from the Region IX states, but also as far away as Philadelphia, PA.

4) Rosa Garcia, CNP of Mariposa Community Health Center was presented The Western Clinician Network Annual Clinical Excellence Award for her dedication and commitment to making a difference in women's health care. She has been with Mariposa Community Health Center for over 20 years.

Topics at the conference included:

- * Essential Skills for Community Health Center Clinical, Dental and Executive Directors. Presentations discussed the importance of leadership, clinical management, efficiency, policies and procedures, communication and so forth.

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Joseph S. Coatsworth, CEO Arizona Association of Community Health Centers Speaks at the 2005 Region IX Conference

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Updated Health-e-Arizona statistics September 1, 2005 – September 30, 2005:

- Total number of members enrolled through HEA = 5,365
- Total members applied for coverage = 4,375

WHO NEEDS THE FLU - THE FLU SHOT THAT IS...

Encourage flu shots. The number one reason people decide to get a flu shot is because their doctor reminded them and informed them of the risk of getting the disease, so start conversations, especially with those at high risk. This includes:

- * Patients 65 or older
- * Children 6–23 months
- * Anyone with chronic health conditions such as diabetes or asthma

Health care workers often spread the flu from patient to patient contact. Get your flu shot this year in order to:

- * Stop the spread of flu
- * Keep patients healthy and well
- * Cut down on packed waiting rooms
- * Decrease over booked appointments
- * Eliminate after hours calls

Protect your patients, and reduce the stress of long hours in your office. Protect yourself and keep yourself well!

Protect your patients and their families.

This year four companies are licensed to sell influenza vaccine in the United States: Sanofi Pasteur, Inc., MedImmune Vaccine, Inc., GlaxoSmithKline and Chiron Vaccines, Ltd. If all anticipated doses are distributed, the number of doses available will total between 89 million and 97 million. At this point, CDC encourages vaccination of anyone who wants to be vacci-

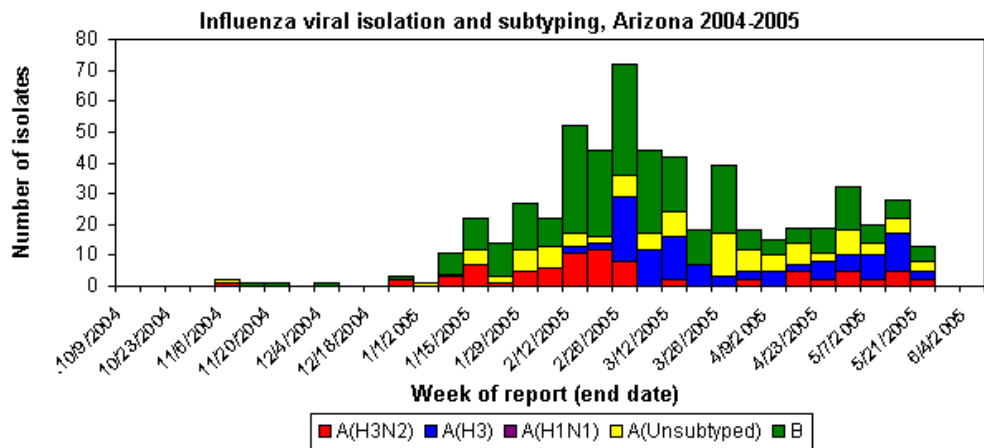
nated using the inactivated vaccine, in addition to continued vaccination of persons in the priority groups.

Key Influenza Resources

- CDC Influenza Website – www.cdc.gov/flu
- CDC INFO Hot Line - 1.800.CDC.INFO
- Influenza VIS – www.cdc.gov/nip/publications/VIS/default
- Flu and Pneumonia Hotline - www.cir.org

It's Not Too Late...

As seen in the graph below the influenza season peaks in late February in Arizona, so December and January are still great months for flu shots. Schedule patients so that those at high risk get their shots in October and then open clinics up for the general practice in November and later. Give flu shots through March or until your vaccine supply is depleted.



GOVERNOR APPOINTS COATSWORTH, RIVERS, 37 OTHERS TO ARIZONA HEALTH E-CONNECT STEERING COMMITTEE

Governor Janet Napolitano has appointed AACHC Chief Executive Officer Joseph S. Coatsworth and Arizona Hospital and Health Care Association President John Rivers as members of the Health-e Connection Steering Committee.

The Governor announced these appointments together with others recently. Other members include executives from several high tech firms, hospital chief executive officers, prominent business leaders and others with an interest in controlling the rising cost of health care in Arizona.

Experts nationwide believe that health costs can be restrained by converting medical record management to an electronic format used by businesses, non profits, governments and others and that significant cost reductions will result if productivity of health care facilities is enhanced. The first meeting of the Governor's Health-e Connect Steering Committee is scheduled for November 15, 2005.

The purpose of the steering committee is to explore achieving one standard electronic method of connecting

health care providers, payers and patients to health records while assuring confidentiality and converting all records to a digital format.

Coatsworth's appointment assures that community health centers will have a voice and seat at the table, while Rivers will represent the views and requirements of hospitals.

Governor Napolitano created the new Steering committee by executive order last month. The committee will be chaired by both Chris Cummiskey, State Chief Information Officer and Director of the Arizona Government Information Technology Agency and Attorney Beth Schurmer, Interim Dean of the University of Arizona College of Medicine-Phoenix.

Attorney Schurmer was a featured presenter at the Arizona Association of Community Health Centers Annual Meeting last February and is currently on leave as a partner of Coppersmith, Gordon, et., al., a prominent health care law firm in Phoenix.

MAHEC: WORKING TO MEET THE NEEDS OF URBAN UNDERSERVED COMMUNITIES

The *Maricopa Area Health Education Center (MAHEC)* was established in October 1989 and is one of five Centers throughout the State of Arizona. What makes MAHEC unique is that it serves Maricopa County – the most heavily populated and largely urbanized county of the state. It is the goal of this Center to address the needs of the underserved communities, who even in urban areas can be isolated from general health services.

Since its inception, MAHEC has been located in the heart of Phoenix. In 2003, MAHEC positioned with the Arizona Association of Community Health Centers (AACHC). This move has expanded AHEC's ability to have an impact on state-wide programming relationships and the network of community health centers, migrant health centers, federally qualified health centers, and many related partnership agencies which constitute the access to health care "safety net" programs of Arizona.

Maricopa AHEC is performing work in four areas:

Grow Your Own Health Professionals – In an effort to address the need for health care providers in the rural and medically underserved areas – Maricopa AHEC is developing a K- 12 health professions program. The program is being piloted at the Kindergarten, middle school, and high school levels within the Tolleson School District. The programs will entail hands-on workshops, Speakers' Bureau of Healthcare Providers, field trips, and CPR and First Aid Courses with the Maricopa Community College System. In addition, a summer health camp will be offered for high school juniors and seniors.

Clinical Experiences – Maricopa AHEC, through its SEARCH Program and county-wide clinical rotations program – coordi-

nates 20 rotations for students in primary care disciplines and 25 rotations for allied health students. The intent is to expose students to rural and underserved areas in the hope that they will return to practice permanently in these areas.

An emphasis is also placed on community projects where students receive a stipend for completing a project. Students are highly encouraged to get involved with the local community and site where they are completing their rotation by participating in health fairs, creating patient education materials, or providing education classes to patients. These projects add value both to the student and the clinical site and will ultimately improve the quality and/or access to health care for individual communities.

Provide continuing education, especially for providers to the underserved. Maricopa AHEC coordinates continuing edu-

cation programs for providers of the Community Health Centers and organizations within Maricopa County. The CME is intended to provide ongoing education for our providers, as well as improve the quality of care and enhance professional satisfaction - both of which contribute to provider retention. In October, 2005, a provider CME assessment will be distributed to providers for their input in development of the 2005/2006 CME courses within Maricopa County.

Respond to emerging health issues/health promotion by distributing information necessary for practitioners and facilities to address critical health issues in a timely manner.

Maricopa AHEC is doing many things and moving a strong community agenda forward with existing programs and many new ideas. For more information, you may contact Armindac Cockett, MAHEC Director at (602) 288-7553 or at armindac@aachc.org



REGION IX MEETING (CONT.)

(continued from page 1)

- * A panel of leaders in the health care field discussed the importance and benefits of creating working relationships and strategic partnerships between CHC's and local hospitals.
- * Federal Tort Claims Act (FTCA) Update which provided valuable information on strategies to reduce the risk of medico legal action; sources available to assist health centers on the FTCA program.
- * The Keynote Address entitled, "Health Disparities and Social Change: A Time for Leadership" was presented by Dr. Robert Ross, President and CEO for the California Endowment. Dr. Ross discussed the leadership strategies required to create the infrastructure for the disparities movement.

- * UDS Productivity Data which provided valuable data on physician, mid-level and dentist encounters and physician productivity.
- * Behavioral Health Panel which discussed ways to better utilize behavioral health consultants within Community Health Centers.

Based on evaluation data, the conference was a huge success. The atmosphere and discussions were spirited and energized. Topics were timely and with relevance and emphasis on real life experience. Not only was it a time for sharing and learning, but it was a time for networking, motivation, rejuvenation and fun.

Look for information in the mail and on our website www.aachc.org for next year's conference which will be held in Lake Tahoe, NV in October 2006.

WAL-MART HEALTH CLINIC INITIATIVE: NEW OPPORTUNITY FOR COMMUNITY HEALTH CENTER NETWORKS?

The New York Times reported in its Wednesday, October 24, edition that mega retailer Wal-Mart is planning to introduce health care clinics in its stores throughout the United States. Wal-Mart spokespersons were quoted in the Times article as believing that the introduction of health clinics in its nationwide chain of stores "would reduce expensive employee visits to emergency rooms," a key component in the cost increases for employee benefits.

Wal-Mart has made no specific reference to how these clinics would be created or administered and staffed. But in Arizona, where Wal-Mart continues to expand, the company is the

state's largest private employer with 29,000 full and part time workers.

An Arizona network of community health centers might seize this opportunity to expand and contract with Wal-Mart to place satellite operations in each of the retailer's locations throughout Arizona. Capital costs associated with construction of new clinics could be avoided if the retailer provided appropriate clinical space in its retail operations.

The patient mix seeking treatment at such a clinic is expected to include a significant number of Medicaid/AHCCCS patients, and the uninsured as well as privately insured and Medicare patients. A substantial number of Wal-Mart employees are already

enrolled in the state's AHCCCS program, and many of the employees of Wal-Mart are Medicare enrollees.

"We're going to discuss this opportunity with members of our Board of Directors to determine whether sufficient interest exists to pursue this opportunity of expanding community health services in partnership with this major retailer" said Joseph S. Coatsworth, Chief Executive Officer of the Arizona Association of Community Health Centers.

"Community health centers, operating as a network, have all of the requisite experience, clinical proficiency and financial and management expertise to create clinics in Wal-Mart locations throughout Arizona" he concluded.

¿ENTIENDES LO QUE TE ESTAN DICIENDO TOS PACIENTES?

Do you understand your patients?

With the growing number of Spanish speakers seeking health care it is becoming increasingly important for health care providers without medical translators and that are not fluent in Spanish to learn some key terms.

Recently a medical translation seminar was held at the Mountain Park Community Health center- Tolleson for the staff to be able to better communicate with the Spanish speaking patients.

The class instructor was Luis Gendreau from Maricopa Integrated Health systems. The class reviewed phrases, terms and vocabulary used in community health centers with their patients. Some of the areas covered were anatomy, injuries, symptoms and

questions of past medical history. More are planned in the near future.

The seminar was coordinated by Arminda Ayala-Cockett Director, Workforce Programs & Maricopa Area Health Education Center at the Arizona Association of Community Health Centers.

How's your Spanish? Take the following quiz. Answers are provided on page 6.

1. Burning Sensation _____
2. Ache _____
3. Faint _____
4. Diet _____
5. Heartburn _____
6. Abrasion _____

7. Illness _____
 8. Bandage _____
 9. Hiccup _____
 10. Cough _____
-
- A. Venda
 - B. Enfermedad
 - C. Tos
 - D. Desmayo
 - E. Dolor
 - F. Hipo
 - G. Ardor
 - H. Rozadura
 - I. Agruras
 - J. Dieta

TABOR- IS “THE TAXPAYER BILL OF RIGHTS” IN ARIZONA’S FUTURE?

In 1992, Colorado became the first state in the nation to pass a constitutional amendment requiring State government to abide by a TABOR (Taxpayer Bill of Rights) formula in order to restrict revenues and spending. TABOR or the Taxpayer Bill of Rights limits increases in total state revenues from one year to the next by restricting spending to a formula of no more than population growth plus inflation. Revenues that exceed the limit must be refunded to the taxpayers in the following year.

Fast forward to 2005, despite efforts by proponents to install the revenue cap in other states, Colorado remains the only state with a TABOR mandate. Have the TABOR restrictions controlled spending? Are officials spending the funds more wisely? Has it improved the state services?

Yes, it has controlled spending and it has hampered the ability to deliver basic services. Faced with the rising cost of providing state services and the increased demand for those services, lawmakers were forced to cut state programs, raise fees and fill gaps with roll-overs and draws from the state savings accounts. The state general fund, which is sustained by state tax dollars and supports state programs such as health care and education, lost more than 16% in revenue, falling from \$6.5 billion to \$5.4 billion.

Budget decisions by State officials have been constrained by voter initiatives. For instance:

- * Colorado voters passed an initiative to extend prison sentences for criminals that doubled the adult and the youth prison populations. The growth rate in prisoners rose four times faster than the rise in the general population creating a



shortfall in the required revenue. Unfortunately, the revenue shortfalls forced a 9% cut in the prison workforce resulting in the loss of 200 prison guards.

- * Voters also voted to increase funding for K-12 education each year. The trade off was deep cuts in higher education which led to a 60% increase in tuition for the state’s universities.

Sound familiar? Arizona’s voter mandated expenditures mirror Colorado’s and TABOR’s negative impact on Colorado should be a warning for Arizona.

Faced with mounting costs for maintenance and expansion of roads and buildings and demands for service, Colorado’s public officials are campaigning for referendums that would suspend TABOR’s spending limits for five years. At the same time, a national movement spurred by anti-tax, smaller government advocates, has targeted Arizona as the next state to implement TABOR and the push for inclusion in the Arizona constitution has begun! For three Legislative Sessions, proposed TABOR legislation has not passed out of the House or the Senate and there does not appear to be a political will in the Legislature to pass a referendum. Many political watchers predict that the strong proponents of TABOR will take a different tack this year and push a voter initiative.

It will probably be easier to put an initiative on the ballot, and the chances of it passing are very good. After all, the average voter may find the arguments that TABOR will limit government spending and give tax money back to citizens of the state very compelling. What they may not consider is the ultimate cost to the quality of life in Arizona.

To view a short video on The Real Story Behind TABOR go to <http://www.cbpp.org/ssl-series.htm>.

NATIONAL CANCER INSTITUTE AWARDS \$4 MILLION FOR CANCER RESEARCH AMONG NATIVE AMERICANS

The Arizona Republic reported in the Saturday, October 29th edition that the National Cancer Institute awarded the Southwest American Indian Collaborative Network (SAICN) a 4 million dollar grant for research, education and training.

SAICN is a group that includes leaders from the Inter-Tribal Council of Arizona, The Arizona Cancer Center, the Phoenix Indian Medical Center, Translational Genomics Research Institute and the Western Regional Community Clinical Oncology Program. SAICN is dedicated to eliminating cancer disparities for American Indians which currently

have the lowest five-year survival rates for all cancers.

The article also reports that cancer is the second leading cause of death among American Indians who currently have an average life expectancy of 55 years compared to 72 years for Whites.

Among American Indian men, liver, lung and prostate cancers are the most prevalent, with prostate cancer the biggest killer.

For American Indian women, breast, ovary and liver cancers are the most frequent however gall bladder

cancer causes the most deaths.

Dr. Charles Wilson, associate director of the Centers of Excellence at the Phoenix Indian Medical Center is quoted as saying that the \$4 million dollars will be used to increase community awareness about cancer in Indian communities, and train minority researchers from within the community.

Arizona has 22 Federally recognized tribes and has the largest urban Indian population in the nation. Currently American Indians make up approximately 5% of the states population.



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Answers to the quiz:	6. H
1. G	7. B
2. E	8. A
3. D	9. F
4. J	10. C
5. I	

The Five Main Groups You Can Help With Medicare Part D

While doing your education and outreach about the new Medicare prescription drug coverage (Part D), it is important to find out whether the person you are helping already has drug coverage or not. This will help in the decision-making process. Most Medicare beneficiaries fall into one of five broad audiences.

1. **No prescription drug coverage.** Medicare Part D will help with drug costs. For a typical person with Medicare, this coverage, on average, will pay 50% of drug costs next year. Savings could be more or less than this amount. This person can join a Prescription Drug Plan (PDP) or a Medicare Advantage Plan.
2. **Employer/union coverage (including VA, TRICARE, and FEHB).** Medicare will help employers and unions continue to provide retiree drug coverage that meets Medicare's standards.
3. **Medicare and Medicaid (Dual Eligibles).** Starting January 1, 2006, Dual Eligibles will get their prescription drug coverage from Medicare instead of Medicaid. The PDP from Medicare will have no premiums, no deductibles, no

gaps, and beneficiaries will pay very little or nothing for almost all prescriptions. Beneficiaries must join a plan that covers prescription drugs to get drug coverage. If they do not join a plan, Medicare will sign them up for one to ensure that they do not miss a day of coverage. They may change plans at any time.

4. **Medicare Advantage Plan or other Medicare Health Plan.** Medicare is working with Medicare Advantage Plans or other Medicare Health Plans to help provide beneficiaries more coverage and lower rates. Plans will let beneficiaries know their coverage option by mail.
5. **Medigap Policy with prescription drug coverage.** Beneficiaries will need to decide to keep their Medigap policy with drug coverage or join a Medicare drug plan. Beneficiaries should compare the benefits before changing.

Important for All Audiences

If someone has limited income and resources, he/she may qualify for extra help with Medicare Prescription Drug Plan costs. Visit www.medicare.gov on the web or call 1.800.MEDICARE for more information.