

TACHC

The Heartbeat of Texas Community Health Centers

Weekly Wrap-up - May 4, 2012

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*Group Visit  
Good Neighbor Healthcare Center,  
Houston, TX*

### **Upcoming Events**

#### **[TACHC May CPI Webcast Training: How to Address “No-shows” & Keep Appointments Filled, Part 1 of 2](#)**

*May 18, 2012, 9:00am to 11:00am CST*

Patients who fail to keep their appointments (FTKA) interrupt the scheduling process, disrupt the delivery of care and cost the center both in terms of lost revenue and wasted staff efforts. During this presentation, participants will be led through a discussion on how to understand, control and eliminate the root causes of no-show activity. Presenters will describe the importance of measuring and reducing the no-show rate, and how to do so. Presenters will assign center participants the measurement of their rate and a set of interventions on which to report back in Part 2 of this set of webcasts. Centers that are participants in the TACHC ACO that are not in the full OC3 Learning Year 2012-2013 and that have no-show rates of 30% or above (or unknown rates) are required to send participants to the webcast.

**\*NEW: Registration for all CPI Webcast Trainings is for two webcasts, Parts 1 and 2, at once.** Thus, please register for May and June 2012 CPI Webcasts by logging in on the TACHC website [Events](#) page, clicking the Register button, and paying for one registration covering both months.

#### **[June CPI Webcast Training: How to Address "No-shows" & Keep Appointments Filled, Part 2 of 2](#)**

*June 15, 2012, 9:00am to 11:00am CST*

TACHC Staff will present de-identified data from the homework assigned to participating centers during the May CPI Webcast (Part 1) and centers will identify (1) reasons for patient FTKA, (2) barriers at the center, and (3) strategies to reduce no-shows at their center. If centers have specific questions, they are encouraged to send them in advance of the call to [vlagrega@tachc.org](mailto:vlagrega@tachc.org) and they will be integrated into the center discussion time.

Information regarding all upcoming events hosted by TACHC

can be found [HERE](#).



**1. CMS's New NPI and Ordering/Referring Provider Requirements:** All health center providers will have to begin including individual rendering provider NPI numbers on Medicaid and Medicare claims because of an Affordable Care Act rule that was recently finalized. (You can find it in the Federal Register [HERE](#).) The rule is effective June 26, 2012, so if your providers don't yet have NPIs, go ahead and start that process on the [National Plan and Provider Enumeration System website](#). In addition to the NPI requirement, this rule also stipulates that all ordering and/or referring providers enroll in Medicare and have active NPIs in the PECOS system. Because some providers only need to enroll in Medicare for the purpose of ordering and referring, CMS created a new application type specifically for these providers, the [CMS-855O](#). Please see this [Medicare Learning Network article](#) for more information, which also links you to even more information sources on this topic. Contact [Shelby Tracy](#) with questions in these areas.

**2. Medicaid: Have You Completed Your Certification for the Women's Health Program?** The Women's Health Program has been in the [news](#) lately, but the new rule prohibiting Planned Parenthood from participating in the program will stand until the courts take further action. The state has also launched a [new website](#) to inform the public about the Women's Health Program and assist women in finding a provider. **TACHC encourages you to check to website and make sure you're your health center is listed as a participating WHP provider.** Health centers need to **submit the WHP Certification Form** to certify that their providers do not perform or affiliate with an entity that performs or promotes elective abortions. A provider can [complete the certification](#) at any time and can then submit claims for services provided on or after the date of certification. For more information, contact [Shelby Tracy](#) at TACHC.

**3. CHIP Outreach Materials for Your Center:** Children in Texas without health insurance may be able to get health-care services through the Children's Health Insurance Program (CHIP) or Children's Medicaid. Families with children who get Children's Medicaid pay nothing and children with CHIP pay no more than \$50 a year for health care coverage. Some families with CHIP also may need to pay co-pays for some services. Both programs cover office visits, prescription drugs, dental care, eye exams, glasses, and much more. To order free materials online, visit the Community Outreach section at [www.chipmedicaid.org](http://www.chipmedicaid.org). Questions? Contact [Laura Martin](#) at TACHC.

**4. HHSC Regional Advisory Committee Meetings:** The Texas Health and Human Services Commission (HHSC) will hold a series of Medicaid and CHIP Regional Advisory Committee meetings throughout the next several weeks. During these meetings, HHSC will provide an update on the Medicaid managed care expansion, the 1115 Transformation Waiver, the Women's Health Program, and other programmatic and policy changes in the Medicaid program. For an updated schedule of these meetings, please click [HERE](#). Questions? Contact [Ashley Foster](#) at TACHC.

**5. HHSC Statewide Public Meeting on the 1115 Transformation Waiver:** On May 17, 2012 at 1:30pm, HHSC

will hold a public meeting on the Regional Health Partnership (RHP) map to be published on May 11, 2012. Please see attached notice and agenda. HHSC will issue the final RHP map shortly following the public hearing based on the Executive Commissioner's final recommendations and submit to CMS for federal approval. The meeting will be held at the HHSC Brown Heatly Building, located at 4900 Lamar Boulevard. A conference call line is available for out-of-town stakeholders interested in listening to the hearing (1-877-226-9790; access code 8317345). Please note: stakeholders wishing to testify need to attend the hearing in person. Questions? Contact [Laura Martin](#) at TACHC.

**6. TACHC Registration for the Advanced Billing Managed Boot Camp is Open—Only 2 Spots Left!** This 2-day training will be held in Austin on **June 11-12, 2012**. Because sessions will examine in more detail the concepts taught in the previous boot camps, focusing more on the individual characteristics and needs of your health center, we are limiting registration to those who attended a regular Billing Manager Boot Camp, either in October 2011 or February 2012. \*If you did not attend a regular boot camp but are interested in the advanced event, please DO NOT register online for the advanced boot camp, as we will have to cancel your registration. Instead, please email [Shelby Tracy](#) directly for information on your options. The Advanced Billing Manager Boot Camp will also be limited to 25 participants, so make sure to register soon in order to reserve your spot. This will be the only session of this type to be offered by TACHC, so don't miss out on this opportunity! Click [HERE](#) to register for this event.

### **Clinical Affairs**

**1. TACHC's New Optimizing Comprehensive Clinical Care (OC<sup>3</sup>) Medical Home Transformation Learning Year to Begin This May:** Do you want to decrease the patient waiting times for and waiting times at the appointment in your center? Do you want to improve the health outcomes of your patients? Are you interested in increasing your staff and provider productivity? Do you want to improve patient and staff satisfaction at your center? If you answered "yes" to any of these questions, then TACHC has an exciting learning opportunity for your health center! One of the many goals of OC<sup>3</sup> is to redesign clinical office practices to significantly improve performance in order to meet today's urgent need for more accessible, higher-value health care—especially for our most vulnerable populations. By increasing capacity to meet the demand for services, centers will also see improved financial performance and optimal clinical care for patients. Participating teams will work together for the duration of the learning year to design, test, and implement changes in clinic practice and practice management, changes designed to fundamentally improve performance levels in patient access; office flow and efficiency; increased patient, provider, and staff satisfaction; patient outcomes; and lower costs. This Learning Year will begin the third week of May with pre-work calls. TACHC is now accepting applications (see attached OC<sup>3</sup> Application and Participation Agreement and **New: Exhibit A-Learning Year Activities, Exhibit B Minimum Measures and Team Roster**) from interested health centers. **Applications are due by COB May 10<sup>th</sup>, 2012. Space is limited, so don't delay!** For more information, contact [Verne LaGrega, TACHC Clinical Care Coordinator](#) at the TACHC office.

**2. TACHC Clinical Director Institute:** Attention all Chief Medical Officers, Chief Dental Directors, and Behavioral Health Directors, please join your colleagues this year for an interactive 2-day session that will help you prepare for the upcoming challenges at your community health center. [The Institute](#) will be **July 27-28, 2012** at the Intercontinental Stephen F. Austin Hotel, 701 Congress Avenue, Austin, TX 788701. Presentations include, but not limited to: "Accountable Care, the Sustainability Model", "How to Spread the Knowledge or Proper Coding and Improve the Skills of CHC Providers", "ICD-10 Coding for Clinicians", "Peer Review" and "How to Manage Physicians in Good Times and Bad". Registration will be available on the TACHC Website, Events Page in the near future. For more information, contact [Davelyn Eaves Hood, MD, Director of Clinical Affairs](#) at the TACHC office, 512-329-5959, Ext. 2130.

**3. HHS Postpones ICD-10 Compliance Deadline to Oct. 2014:** The Department of Health and Human Services (HHS) has proposed rules that would delay, from October 1, 2013 to October 1, 2014, the compliance date for the International Classification of Diseases, 10th Edition diagnosis and procedure codes (ICD-10). Click [HERE](#) for more information.

**4. FTCC U.S./Mexico Border Collaborative Trainings:** The TX/OK AIDS Education & Training Center (TX/OK AETC) in collaboration with Federal Training Center Collaborative (FTCC) partners invites you to participate in a series of webinars/trainings specifically geared towards clinicians working in community health centers on the US-Mexico border and dealing with HIV-related issues. Continuing education will be offered for some of these trainings. For more information, click [HERE](#) to view details and to register!

**5. Free Cardiovascular Disease and Stroke Partnership Training Webinar:** The Texas Cardiovascular and Disease and Stroke Program will be hosting a webinar on May 24<sup>th</sup>. From noon to 1pm CST for members of the health care team. The webinar will be on **Angiotensin-Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), and Direct Renin Inhibitors for Treating Essential Hypertension: An Update**. The speaker is Rhenee Robinson, RPh, of Total Therapeutic Management, who will be discussing evidence surrounding managing hypertension with the use of antihypertensive medications in the clinical practice. Certain continuing education credits are available for this webinar. A promotional flyer is attached and Registration closes on Tuesday, May 22<sup>nd</sup>, 2012. To register, click [HERE](#). For more information contact: Cecily E. Brea, M.Ed Program Specialist, Cardiovascular Disease & Stroke Program, Chronic Disease Branch, Health Promotion and Chronic Disease Prevention Section, Division for Prevention and Preparedness Services, Texas Department of State Health Services at 512-776-2050 or [Cecily.Brea@dshs.state.tx.us](mailto:Cecily.Brea@dshs.state.tx.us).

### **Community Development**



**1. U.S. Department of Agriculture (USDA) Rural Development Capital Funding Opportunity:** Grants are available to assist in the development of essential community facilities in rural areas and towns of up to 20,000 in population. Grant funds can be used to construct, enlarge, or improve community facilities for health care, public safety, and community and public services. This can include the purchase of equipment required for a facility's operation. Detailed information and applications for financial assistance are available through Rural Development State Offices. Rural Development staff will be glad to discuss your community's needs and the services available from Rural Development and sister agencies within the USDA. For more information, click [HERE](#). Questions? Contact [Daniel Diaz](#) at TACHC.

**2. Capital Development Grants Announced:** On May 1, 2012, Secretary Sebelius announced awards for two capital development programs for community health centers. One will provide approximately \$629 million to 171 existing health centers across the country for longer-term projects to expand their facilities, improve existing services, and serve more patients. This program will expand access to an additional 860,000 patients. The second set of awards will provide approximately \$99.3 million to 227 existing health centers to address pressing facility and equipment needs. Click [HERE](#) to see the list of grantees. Want more information? Contact [Daniel Diaz](#) at TACHC.

### **Recruitment and Retention**



**1. American Recovery & Reinvestment Act (ARRA) Funded NHSC LR Retention Project:** The Texas Primary Care Office and the East Texas AHEC are partnering on a retention project focusing on NHSC ARRA supported loan repayors. ETAHEC is administering a retention survey of both the loan repayors and the clinical

sites where they are currently fulfilling their service obligations. If you have an NHSC ARRA loan repayer on site, your center should have already received the survey instrument and TACHC strongly encourages your participation. As part of the retention project, a series of webinars designed to increase clinical sites knowledge base on the importance of and ways to retain NHSC clinicians will be offered. Dates for the webinar sessions are as follow:

- Session 1(**May 9, 2012**): The Importance of Lifestyle Preference, Family Opinion and Nonfinancial Incentives in Choice of Practice Location
- Session 2(**August 8, 2012**): Systems to Address Patient Care: The Power of Communities
- Session 3(**November 7, 2012**): Practice Management: Medical Communities as Support Systems

For questions regarding the survey or webinars, please contact Regina Devers: [rkdevers@UTMB.EDU](mailto:rkdevers@UTMB.EDU)

**2. National Health Service Corp Application Cycles Open!** Application cycles for the National Health Service Corp Scholarship Program and Loan Repayment Program are open for providers at eligible centers! Applications for the [Scholarship Program](#) are due **May 8, 2012** and applications for the [Loan Repayment Program](#) are due **May 15, 2012**. Questions? Contact [April Sartor](#) at TACHC.

### **Other News**

**1. TACHCiversaries:** Please join TACHC in celebrating (for the second time!) 3 years of working with and for community health centers for Sonia Lara, Outreach & Regional Migrant Health Coordinator. Sonia was also TACHC's Outreach Coordinator from July 2002 - Aug 2006.

**2. Houston Area Community Services Honored:** HACS will be honored with a H. Geiger Award from the National Center of Health for Public Housing at their annual conference in May 2012. Awards are presented to health centers who have shown excellence in program management, improvement, development and/or analysis. The CEO, Joe C. Fuentes, Jr., MBA, will accept the award on HACS's behalf. For more information, click [HERE](#).

**3. TACHC Member News:** To learn what your fellow health centers are involved in, click [HERE](#) for news coverage. We also encourage you to post your news, questions and comments to each other on the TACHC members listserv ([members@tachc.org](mailto:members@tachc.org)), where only TACHC executives or their designees are recipients.



If you would like to be removed from this mailing, please send a message to [ccarson@tachc.org](mailto:ccarson@tachc.org), and we will remove your name from our list as soon as possible.

**EXHIBIT A - Pre-Work/Team Webcast/Calls/Learning Sessions Schedule**

**2012 - 2013 Optimizing Comprehensive Clinical Care (OC<sup>3</sup>)**

*All Times are Central Time*

**Pre-Work Call Schedule**

*Topics are Subject to Change*

<b>Month/Date</b>	<b>Time (CST)</b>	<b>Method</b>	<b>WHO</b>	<b>Content/Discussion</b>
May 22, 2012	Noon-2:00pm	Pre-Work Team Call 1	TACHC Karl Krumm	Learning Year Overview and Team Expectations <ul style="list-style-type: none"> <li>- Review Packet</li> <li>- Individual/Team Readiness (2<sup>nd</sup> Hour)</li> </ul>
May 24, 2012	Noon-2:00pm	Pre-Work Team Call 2	TACHC NCQA Peggy Reineking	Patient-Centered Medical Home <ul style="list-style-type: none"> <li>- Introduction and Overview</li> <li>- PCMH Pre-Assessment</li> </ul>
May 29, 2012	Noon-2:00pm	Pre-Work Team Call 3	TACHC MMA	OC3 Team Roles <ul style="list-style-type: none"> <li>- Leadership</li> <li>- Provider</li> <li>- Staff</li> </ul> Financial Implications <ul style="list-style-type: none"> <li>- The “Contradiction” External; How the Center is Paid Internal; How Providers are compensated</li> <li>- Focus on Flow</li> <li>- Don’t Make Visits the Outcome</li> </ul>
May 31, 2012	Noon-2:00pm	Pre-Work Team Call 4	TACHC MMA	Panel
June 5, 2012	Noon to 2:00pm	Pre-Work Team Call 5	TACHC MMA	Capacity Tool
June 7, 2012	Noon to 2:00pm	Pre-Work Team Call 6	TACHC	Data Measures

**\*Semi-Monthly Team Call Schedule**

<b>Month/Date</b>	<b>Time (CST)</b>	<b>Method</b>	<b>WHO</b>	<b>Content/Discussion</b>
July 11, 2012	Noon-2:00pm	Team Webcast/Call 1	MMA	Balancing Your Panel Implementing a Backlog Reduction Plan
July 30, 2012	Noon-2:00pm	Team Webcast/Call 2	MMA	Team Progress From July Team Call 1
August 8, 2012	Noon-2:00pm	Team Webcast/Call 3	MMA	Minimizing Appointment Type Smart Scheduling <ul style="list-style-type: none"> <li>- Sell Early, Sell Late</li> <li>- Load Level the Future</li> <li>- Scripting the Schedulers</li> </ul>

Month/Date	Time (CST)	Method	WHO	Content/Discussion
August 22, 2012	Noon-2:00pm	Team Webcast/Call 4	MMA	Developing Contingency Plans <ul style="list-style-type: none"> <li>- Commitment to Continuity</li> <li>- Work Until Done</li> <li>- Spread Providers Over the Week</li> <li>- Plan Provider Vacations</li> <li>- Post Out of Office Planning</li> <li>- How to Manage "Over Demand"</li> </ul>
October 10, 2012	Noon-2:00pm	Team Webcast/Call 5	TACHC	Fail to Keep Appointments (FTKA) <ul style="list-style-type: none"> <li>- Reasons Why Patients FTKA</li> <li>- Impact of FTKA on Center</li> <li>- Strategies to Reduce FTKA</li> </ul>
October 24, 2012	Noon-2:00pm	Team Webcast/Call 6	MMA	Measurement Interpretation <ul style="list-style-type: none"> <li>- Data Analytics</li> <li>- Leveraging Your Data for Improvement</li> </ul>
November 14, 2012	Noon-2:00pm	Team Webcast/Call 7	TACHC	Mid-Year OC3 Data Benchmarks Review <ul style="list-style-type: none"> <li>- Office Efficiency</li> <li>- Clinical Measures</li> </ul> *PCMH Mid-year Assessment is Due this Month
December 5, 2012	Noon-2:00pm	Team Webcast/Call 8	MMA	Maximizing the Red Zone
January 16, 2013	Noon-2:00pm	Team Webcast/Call 9	*TBD	PCMH Team Implementation Follow Up
January 30, 2013	Noon-2:00pm	Team Webcast/Call 10	Karl Krumm	Staying Engaged Through the Change
February 13, 2013	Noon-2:00pm	Team Webcast/Call 11	TACHC	OC3 Data Benchmarks Review <ul style="list-style-type: none"> <li>- Office Efficiency</li> <li>- Clinical Measures</li> </ul>
February 27, 2013	Noon-2:00pm	Team Webcast/Call 12	*TBD	*TBD
March 13, 2013	Noon-2:00pm	Team Webcast/Call 13	*TBD	*TBD
March 20, 2013	Noon-2:00pm	Team Webcast/Call 14	*TBD	*TBD

### Learning Sessions Schedule

Dates	Learning Session	WHO	Venue
June 21-23, 2012	Learning Session 1	MMA	Face-to-Face Houston, Texas
September 20 – 22, 2012	Learning Session 2	MMA	Face-to-Face San Antonio, Texas
April 11 – 13, 2013	Learning Session 3	MMA	Face-to-Face, Austin, Texas

\*Content and speakers will be determined from the results of the mid-year assessment

**Exhibit B  
Minimum Required Data Elements**

<b>Clinical Measures Diabetes Mellitus</b>	
1	Number DM Patients in Registry
2	Number of DM patients with lipid screen (12 months)
3	Number DM patients with lipid screen & LDL<100 (12 months)
4	Number of DM Patients with One HbA1c (12 months)
5	Number DM Patients with Two HbA1c (12 months)
6	Average HbA1c for patients in registry
7	HbA1c $\leq$ 7.0
8	HbA1c $\geq$ 9.0
9	Number of DM patients with BP<130/80 (12 months)
10	Number of DM patients with BMI Calculated
11	Number of DM patients with documented Self Management Goals
<b>Clinical Measures Cardiovascular Disease (CVD)</b>	
12	CVD Patients in Registry
13	Hypertension (HTN) Patients in the Registry
14	CVD Patients with Two BP's (12 months)
15	Hypertension Patients with BP in control (<140/90)
16	CVD patients with LDL in control (<100mg/dl)
17	CVD Patients with BMI Calculated
18	CVD patients who are current smokers
19	CVD patients with documented self management goals
<b>Leadership</b>	
20	Staff satisfaction survey completed at baseline
21	Staff satisfaction survey completed at end of learning year
<b>Patient Satisfaction</b>	
22	Patient satisfaction survey completed at baseline
23	Patient satisfaction survey completed at end of learning year.
<b>Access &amp; Redesign Measures</b>	
24	Delay (Third Next Available Appointment)
25	Demand for each provider and for the practice as a whole
26	Supply
27	Provider FTEs for Clinical Care
28	Supply Used (Productivity)
29	Current Panel Size
30	Target Panel Size
31	Continuity (Patient-Provider Match)
32	No-Show Rate (Fail to Keep Appointment)
33	Cycle Time Overall
34	Wait Time to Be Seen



# Angiotensin-Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), and Direct Renin Inhibitors for Treating Essential Hypertension: An Update

1 Hour Webinar for the Health Care Team

Thursday, May 24, 2012 Noon—1:00pm (CST)

Register for this event:

[http://www.surveymonkey.com/s/hypertension\\_medications\\_webinar](http://www.surveymonkey.com/s/hypertension_medications_webinar)

## Grab lunch and join us for this one hour Webinar.

Rhenee Robinson, RPh, of Total Therapeutic Management, will discuss evidence surrounding managing hypertension with the use of antihypertensive medications in your clinical practice.



### Physician Credit Designation Statement

PRIME® designates this live activity for a maximum of .5 *AMA PRA Category 1 Credit™*. Physicians should claim only credit commensurate with the extent of their participation in the activity.

PRIME Education, Inc. (PRIME®) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

### Physician Assistant Accreditation Statement

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This program was planned in accordance with AANP CE Standards and Policies and AANP Commercial Support Standards.



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There is no fee for this CME/CE activity. This activity is sponsored by PRIME Education, Inc (PRIME®) and funded under contract HHS290201000006G from the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services (HHS).

## **OPTIMIZING COMPREHENSIVE CLINICAL CARE (OC<sup>3</sup>) LEARNING YEAR PARTICIPATION AGREEMENT**

This agreement is made effective May 1, 2012 by and between Texas Association of Community Health Centers, Inc. (“TACHC”), a Texas not-for-profit corporation with offices at 5900 Southwest Parkway, Building III, Austin, Texas 78735, and \_\_\_\_\_, (“Center”), a Texas not-for-profit corporation with offices at \_\_\_\_\_.

WHEREAS, TACHC desires to provide training to community health centers in Texas to improve operational efficiency and clinical outcomes, including the measuring and reporting of clinical and operational data;

WHEREAS, TACHC desires to coach community health centers in Texas to achieve National Committee on Quality Assurance (NCQA) Recognition for being a Patient-Centered Medical Home (PCMH), and/or The Joint Commission (TJC) Certification for Primary Care Medical Home;

WHEREAS, TACHC and Center desire to enter into this written agreement (“Agreement”) to memorialize and confirm the nature of their collaboration during May 1, 2012 through April 30, 2013 (“2012 OC<sup>3</sup> learning year”);

NOW THEREFORE, for good and valuable consideration, the parties agree as follows:

### **A. RESPONSIBILITIES OF TACHC**

1. Provide expertise for the activities listed in Exhibit A.
2. Provide administration of the activities listed in Exhibit A, including conference call lines and venues for Learning Sessions during the 2012 OC<sup>3</sup> learning year.
3. Provide focused coaching for each OC<sup>3</sup> center on implementing the OC<sup>3</sup> system of care and achieving NCQA and/or TJC PCMH Recognition. This coaching may include the following:
  - a. Development of an action plan with timetables for development and implementation of policies, procedures, and required data collection.
  - b. Site visits as agreed upon between the Center and TACHC.
  - c. Individualized center coaching calls.
  - d. Written feedback on required monthly narrative and data reports.
4. Facilitate and participate in group listserv to provide continuous feedback throughout the 2012 OC<sup>3</sup> learning year.

5. Provide center with a comparison of center data with statewide benchmarks on a quarterly basis.

**B. RESPONSIBILITIES OF CENTER:**

1. Select a group of individuals (“team”) to represent the center in the 2012 OC<sup>3</sup> learning year. Select a minimum of one operational and one clinical representative, including at least the Executive Director or equivalent and the Medical Director or equivalent to be a part of the team and attend all learning activities. Other team members could include the financial director, a nursing manager, a front-desk staff person, a medical assistant, or other center staff as necessary. Each center will be responsible to cover travel and registration costs for learning sessions for each attendee.
2. Submit a non-refundable \$1000 participation fee via check made out to “TACHC” upon execution of this Agreement to the following address by May 8, 2012:

TACHC Accounting Department  
5900 Southwest Parkway, Building III  
Austin, Texas 78735

3. Actively participate in every activity listed in Exhibit A.
4. Implement the action plan developed in conjunction with TACHC staff and expert faculty according to the timetable included in the plan.
5. Collect the clinical measures listed in Exhibit B.
6. Collect the operational measures listed in Exhibit B.
7. Submit monthly reports to TACHC during the 2012 OC<sup>3</sup> learning year. Monthly reports shall include clinical and operational data from Exhibit B and a narrative describing progress during the previous month. Reports shall be due to TACHC no later than the 1<sup>st</sup> Monday of every month. NOTE: For centers that are members of TACHC’s Health Center Controlled Network (HCCN), clinical reports will be generated automatically.
8. Communicate the work of the practice team in the 2012 OC<sup>3</sup> learning year within the organization and to stakeholders including but not limited to the Board of Directors, other staff, and patients.

**C. TERM AND TERMINATION**

1. This Agreement between TACHC and Center is effective as of May 1, 2012 and shall remain in effect through April 30, 2013.

2. At any time and without prior notice, TACHC may terminate this Agreement.

#### **D. GENERAL PROVISIONS**

1. Copyrights. TACHC holds all copyrights for materials developed and/or shared under this Agreement.
2. Confidential Information. The Center agrees to exercise all reasonable efforts not to publish or otherwise reveal proprietary or otherwise confidential information in any form from TACHC or any of its members, affiliates or partners without the written permission of TACHC, unless the information has already been published or disclosed publically by third parties or is required to be disclosed by order of a court of law. The Center's duty to protect confidential information learned through work for TACHC shall survive the termination of this Agreement.
3. Choice of Law. This Agreement shall be construed in accordance with and governed by the laws of the Texas, without regard to principles of conflicts of law.
4. Entire Agreement; Amendment. This Agreement constitutes the entire agreement between the parties, superseding and terminating all prior or contemporaneous agreements, understandings, proposals, negotiations and communications, oral or written, between the parties with respect to the subject matter hereof. This Agreement may not be modified except in writing signed by the duly authorized representatives of the parties hereto. The services required under this contract may be amended by TACHC if, at its sole discretion, it determines such amendment is necessary to meet its goals and objectives.
5. Assignment. Center may not assign or transfer any of its rights or obligations under this Agreement without the prior written consent of TACHC.
6. Notice. Any notice required or permitted to be given in writing pursuant to this Agreement shall be deemed to have been properly given if sent by certified mail or electronic mail addressed to each party's signatory at the offices listed in this Agreement.
7. Hold Harmless.
  - a. Center will defend, indemnify and hold TACHC and its officers, directors, employees and agents harmless from and against any and all losses, costs, damages, judgments, liability of every nature and description, expenses and fees (including reasonable defense costs and attorneys' fees) suffered or incurred by TACHC, and its officers, directors, employees, and agents as a result of Center's negligence or willful misconduct in the performance of its obligations under this Agreement. The rights of

indemnification hereby provided does not affect any other rights which TACHC may have.

b. This subsection shall survive the termination or expiration of this Agreement.

8. Severability. The provisions of this Agreement are severable. In the event that one or more provisions of this Agreement are deemed null, void, illegal, or unenforceable, the Parties shall make good faith efforts to renegotiate the remaining provisions of this Agreement, unless the parties mutually agree in writing that the invalidity, illegality, or unenforceability of said provision(s) warrants termination for convenience. In the event that the parties reach such an agreement, this Agreement shall be construed in all respects as if such invalid or unenforceable provisions have been omitted.

ACCEPTED FOR TACHC  
by José Camacho, Executive Director:

\_\_\_\_\_  
Signature Date

ACCEPTED FOR CENTER  
by \_\_\_\_\_:  
PRINT NAME & TITLE

\_\_\_\_\_  
Signature Date

**PARTICIPANT ATTESTION**

I have read the Agreement and understand what is required of me under its terms.

\_\_\_\_\_  
Printed Name of Executive Director

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name of Medical Director

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name of Board Representative

\_\_\_\_\_  
Signature Date

**Texas Association of Community Health Centers**  
**Optimized Comprehensive Clinical Care (OC<sup>3</sup>)**  
**2012-2013 Learning Year**  
**Application for Participation**

Please answer each question as thoroughly as possible. For questions about the application, please contact Verne LaGrega or Davelyn Eaves Hood, MD, MBA at TACHC at 512.329.5959.

**1. Health Center Information**

Health Center Name:

Name of Contact Person:

Contact Phone Number:

**2. Interest** - Please explain why your health center is interested in applying for participation in the 2012-2013 OC<sup>3</sup> Learning Year:

**3. Previous Learning Activity (Collaborative) Participation**

Has your health center participated in any previous learning activities or Collaboratives (e.g. Health Disparities Collaborative, Access Redesign Mini Collaborative, OC3)? If yes, please list and briefly describe the experience.

**4. Time Commitments**

Does your health center plan to participate in any other learning activities in the upcoming year or do you have any major system or practice changes planned (e.g. EHR implementation, facility move/remodel)?

If yes, please list, describe and outline the time commitments of each.

**5. NCQA or TJC Recognition/Certification**

Has your center decided to seek NCQA Recognition for being a Patient-Centered Medical Home or the Joint Commission Primary Care Medical Home Certification?

If yes, please describe your timeline and planning process thus far.

Have you received the HRSA Patient Centered Medical Home Supplemental Funding or the CMS Advanced Primary Care Demonstration Project?

If yes, please describe your progress thus far.

**6. If we have any questions regarding this application, please identify a preferred time when we can call you to talk to you.**

**7. Information Systems and Technology Capacity**

Have you participated in the TACHC Gap Analysis, **if yes**, you can skip the remaining questions and sign the form and submit.

Does your health center have an Electronic Health Record? Yes  No

If yes, please specify: \_\_\_\_\_

If no, what is your timeline? \_\_\_\_\_

Can your system produce customized reports? Yes  No

If your center has an EHR, are you willing to join TACHC's Health Center Controlled Network (HCCN) in order to participate in the Centralized Data Repository (CDR) and Health Information Exchange (HIE)? Yes  No   
N/A

Does your health center report to a registry? Yes  No

What practice management software does your health center use?

Is there a computer available for daily team use in the clinical area? Yes  No

Are the computers for daily team use connected to a network? Yes  No

Do team members have access to the internet and individual email? Yes  No

Is there a computer dedicated to data collection and reporting? Yes  No

Is there a person/position dedicated to data collection and reporting? Yes  No

8. **Data Collection** – NCQA and TJC recognition/certification requires monitoring and reporting on a number of different clinical and process indicators. Therefore, data reporting is not an optional part of the OC<sup>3</sup> Learning Year. Measures will be negotiated with each center depending on individual circumstances, but there will be a minimum set of requirements.

Please describe the process for data collection and reporting at your center and explain how the required measures will be incorporated into the center’s existing Performance Improvement Plan.

9. **Commitment and Signatures**

This application and our health center’s potential participation in the 2012 - 2013 OC<sup>3</sup> Learning Year have been discussed, reviewed, and approved by:

**Executive Director** (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_

**Medical Director** (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_

**OC3 Team Leader** (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_



## **PUBLIC HEARING NOTICE:**

Proposed changes to Health and Human Services Commission's Texas Health Care Transformation and Quality Improvement Program 1115 Waiver Proposed Regional Healthcare Partnership Map

May 17, 2012  
1:30 p.m. – 4:30 p.m.

### **Meeting Site:**

Texas Health and Human Services Commission, Brown-Heatly Building  
Public Hearing Room  
4900 North Lamar Blvd.  
Austin, Texas

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The Texas Health and Human Services Commission (HHSC) will conduct a public hearing to receive comments on the proposed regional healthcare partnership (RHP) map that will be released in May. In early April 2012, HHSC issued a map dated March 30, 2012, outlining proposed RHP boundaries under the Texas Healthcare Transformation and Quality Improvement 1115 waiver. The updated May map incorporates feedback HHSC received from proposed anchor entities and counties on the proposed March 30, 2012 map.

HHSC is finalizing the map and anchors to ensure regions will have sufficient time for participants to work together to develop the RHP regional plans. This public hearing is the final opportunity to voice proposed changes to the RHP map.

**Contact:** Laela Estus, Medicaid CHIP, Health and Human Services Commission,  
[TXHealthcareTransformation@hhsc.state.tx.us](mailto:TXHealthcareTransformation@hhsc.state.tx.us); (512) 491-1128

*This meeting is open to the public. No reservations are required and there is no cost to attend this meeting.*

*People with disabilities, who wish to attend the meeting and require auxiliary aids or services, should contact Shanece Collins at 512-491-1323 at least 72 hours before the meeting so appropriate arrangements can be made.*

**AGENDA:**

**Texas Health and Human Services Commission  
Texas Health Care Transformation and Quality Improvement Program 1115 waiver  
Proposed Regional Healthcare Partnership Map**

**May 17, 2012  
1:30 p.m. to 4:30 p.m.**

**Meeting Site:  
Texas Health and Human Services Commission, Brown-Heatly Building  
Public Hearing Room  
4900 North Lamar Blvd.  
Austin, Texas**

- 1. Welcome and Introductions**
- 2. General Hearing Guidelines**
- 3. Overview of proposed RHP map**
- 4. Comments from stakeholders regarding changes to the proposed RHP map**
- 5. Adjourn**

**Contact:** Laela Estus, Medicaid CHIP, Health and Human Services Commission,  
[TXHealthcareTransformation@hsc.state.tx.us](mailto:TXHealthcareTransformation@hsc.state.tx.us); (512) 491-1128

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