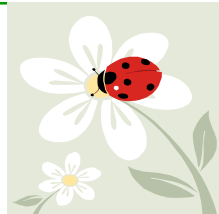




RHC Newsletter



Issue 29

July
2009

H1N1 Current Situation

Health Commissioner, Dr. Judith Monroe, describes the current situation as “being very unusual to still have influenza cases in early July and that scientists believe this pandemic H1N1 virus will continue to circulate through the summer in large part because so many people do not have immunity to this strain. Older individuals appear to have some immunity, but children and young adults do not, which explains why the majority of cases have been in children and younger adults.”

“The World Health Organization (WHO) has declared the H1N1 outbreak to be an influenza pandemic. The virus is not going away. Therefore we must prepare to administer a new vaccine.”

The facts:

- H1N1 is a novel virus with no apparent pre-existing immunity.
- The Centers for Disease Control and Prevention (CDC) released the virus to several drug companies so they may begin developing a vaccine.
- The vaccine will be in clinical trials this summer.
- It will be released to health departments sometime this fall.
- CDC will be involved in the distribution; there will be no charge for the medication.
- The quantity of vaccine delivered will be based on population.
- All vaccine doses administered will need to be entered into the Indiana Immunization Registry, CHIRP, so ISDH can track the data for the CDC.
- The process for administering the vaccine will be managed by the Local Health Departments (LHDs).

Expectations:

- There will probably be two injections required, a few weeks apart.
- The vaccine will not be combined with the trivalent seasonal flu vaccine.
- The vaccine will need to be administered according to priority groups as designated by the CDC.

Unknown at this time:

- When the vaccine is coming.
- Whether the vaccine will come with an adjuvant that will need to be mixed with the vaccine before it can be administered.
- How much Indiana will get.
- What the priority groups are.

Respirator masks are recommended for the Health Care Staff with direct care of persons with known, probable or suspected novel H1N1 or influenza-like illness is recommended for all. If staff persons are at high risk for severe illness, consider a respiration or temporary reassignment. For those not in direct care, keep a 6 foot distance from probable H1N1 patients.

The CDC website offers a 3.5 minute phone recording to help health care providers deliver information to their patient's families when they call their office.

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Transitions: Medicare & HIP

Medicare (Independent RHCs with the exception of new designations assigned to NGS):

Reference the Riverbend website for a timeline and specific dates for each step of the J10 Transition scheduled for Monday, August 3, 2009 (this includes Indiana which is technically in J8) <http://www.rgbagov.com/Transition/Riverbend/Mark.the.Date.pdf>

July 31, 2009 will be the last payment Riverbend will issue to providers.

The dark day for cut over to Cahaba will be Aug. 3rd. You will be able to talk to Cahaba Customer Service on Aug. 4th.

Also look for the 12 page Cahaba Bulletin forward by IRHA on July 28th.

Reference for the Cahaba website: <http://www.cahabagba.com/j10/index.htm>

- Upcoming Teleconference

J10 A/B MAC Transition Open Door Forum
"Welcome to Cahaba"

Aug. 4, 10-11 am & 11am –12 pm

Deadline to register July 30, 2009

- Opportunity to sign up for Cahaba List serve.
- FAQs
- Communications with Cahaba

Critical Bulletin: Look for the 12 page Cahaba Bulletin forwarded to RHCs by the IRHA on July 28th. Call Dana if you did not get it. Please distribute appropriately.

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Seasonal Influenza: FDA Approves Vaccine for the 2009-2010 Season

The U.S. Food and Drug Administration has approved a vaccine for 2009-2010 seasonal influenza in the US.

The seasonal influenza vaccine will not protect against the 2009 H1N1 influenza virus that resulted in the declaration of a pandemic by the World Health Organization (WHO) on June 11, 2009. The FDA continues to work with manufacturers, international partners and other government agencies to facilitate the availability of a safe and effective vaccine against the 2009 H1N1 influenza virus.

Although this year's seasonal vaccine is directed against other strains of influenza expected to be circulating and will not provide protection against the 2009 H1N1 influenza virus, it is still important for those Americans for whom it is recommended to receive the seasonal influenza vaccine. No vaccine is 100 percent effective against preventing disease, but vaccination is the best protection against influenza and can prevent many illnesses and deaths.

The six vaccine brand names and manufacturers are: Afluria, CSL Limited; Fluarix, GlaxoSmithKline Biologicals; FluLaval, ID Biomedical Corporation; Fluvirin, Novartis Vaccines and Diagnostics Limited; Fluzone, Sanofi Pasteur Inc.; and FluMist, MedImmune Vaccines Inc.

Each year, experts from the FDA, WHO, U.S. Centers for Disease Control and Prevention (CDC), and other institutions study virus samples and patterns collected from around the world in an effort to identify strains that may cause the most illness in the upcoming season. Based on those forecasts and on the recommendations of the FDA's Vaccine and Related Products Advisory Committee, the FDA determines the three strains that manufacturers should include in their vaccines for the U.S. population. The closer the match between the circulating strains and the strains in the vaccine, the better the protection against the disease.

The vaccine for the 2009-2010 seasonal influenza contains:

- an A/Brisbane/59/2007 (H1N1)-like virus
- an A/Brisbane/10/2007 (H3N2)-like virus
- a B/Brisbane/60/2008-like virus

Even if the vaccine and the circulating strains are not an exact match, the vaccine may reduce the severity of the illness or may help prevent influenza-related complications.

According to the CDC, between 5 percent and 20 percent of the U.S. population develops influenza each year. More than 200,000 are hospitalized from its complications and

about 36,000 people die. Older people, young children, and people with chronic medical conditions are at higher risk for influenza-related complications. Vaccination of these groups is critical.

For more information:

FDA Web Page on Influenza Vaccine Safety & Availability
<http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/ucm110288.htm>

U.S. Centers for Disease Control and Prevention Web Page on Seasonal Influenza Resources for Health Professionals
<http://www.cdc.gov/flu/professionals/vaccination/>

U.S. Centers for Disease Control and Prevention Web Page with Key Fact About Seasonal Flu Vaccine
<http://www.cdc.gov/flu/protect/keyfacts.htm>

During influenza outbreaks, pneumococcal vaccines may be useful in preventing secondary pneumococcal infections and reducing illness and death. Currently, two vaccines are available for prevention of pneumococcal disease, a 23-valent pneumococcal polysaccharide vaccine (PPSV23) and a 7-valent pneumococcal conjugate vaccine (PCV7)

Transitions continued from page 1

Healthy Indiana Plan –HIP:

MDwise is ceasing their HIP claim arrangement with Americhoice. The transition to ACS will take place on August 4th. This change should be seamless and invisible to health care providers.

All outstanding and subsequent claims will be processed by ACS under its agreement with MDwise.

Contact Mdwise corporate for any transition issues. Submit older Americhoice claims falling within the filing limits to ACS. For claims outside of the filing limits contact your MDwise representative, Chris Kerns.

<http://www.mdwise.org/healthyindiana/providers/claims.html>

Locate HIP providers, specialists, pharmacies.

<http://www.mdwise.org/healthyindiana/providersearch/>

Sign up for HIP provider newsletter:

<http://www.mdwise.org/forms/providerenews/index.htm>

Teen Mental Health Topic for HRSA Technical Call

Recent studies indicate that growing numbers of our nation's youth are experiencing mental health problems that are going undiagnosed and untreated. The U.S. Preventive Services Task Force recommends that healthcare providers **incorporate screening during office visits, school physicals** to uncover and begin treatment of mental health problems.

The presenter on the call cited that:

- **Suicide is the third leading cause of death for 11-18 year olds**
- **One-quarter of pediatric primary care visits involve behavioral, emotional or developmental concerns.**

Consequences of untreated mental health illness in children and adolescents include:

Suicide: Approximately 90% of children and adolescents who commit suicide have a mental disorder, costing states nearly \$1 billion annually on associated medical costs.

Higher Health Care Utilization: with their primary care provider. If untreated, costs continue as adults.

School Failure: highest dropout rate of any disability group.

Juvenile and Criminal Justice Involvement: 65 % of boys and 75 % of girls in juvenile detention suffer from mental illness

Long Term Disability: Mental illness is the 2nd leading cause of disability and premature mortality in the U.S.

In 2003, two CPT codes were approved by the Centers for Medicare and Medicaid Services (CMS) specifically related to developmental and behavioral screening in pediatrics:

96110: Developmental Screening

96111: Developmental Testing

A TeenScreen Primary Care CME training Course is available on Medscape at: <http://cme.medscape.com/viewarticle/702353>

If you are interested in implementing screening in your clinic:

Visit TeenScreen's Web site and sign-up to receive free implementation materials: <http://www.teenscreen.org/checkups-in-primary-care>

Call the National Center at **800-673-7714** or email: MentalHealthCheckups@childpsych.columbia.edu to request free implementation materials

Additional resources include:

Mental Health Checkup Resource Guide

Provides additional materials you may find helpful to your implementation of mental health checkups.

Guide to Referral, Coding and Reimbursement

Provides helpful information about establishing a mental health referral network and suggested codes and reimbursement techniques

Post-Screening Interview Resources

Includes post-screening interview checklist, information for conducting a suicide risk assessment and sample questions by symptom area.

Tips for Integrating Mental Health Checkups into Your Practice

A slide presentation is available for providers who are interesting in learning more about the logistics of mental health screening and receiving tips for integrating mental health check-ups into their practices.

A brochure designed for adolescent patients that contains the PSC-Y screening questionnaire and information about mental health screening. The brochure can be placed in the waiting room so that patients can access the screening questionnaire on their own or it can be handed out to patients as they come in for their appointment. Available in English and Spanish.

For Teens

A key part of knowing about your health is knowing what's on your mind.

Developed By
TeenScreen[®] National Center for Mental Health Checkups at Columbia University

TeenScreen[®] Primary Care

1. Ask the receptionist or other office staff for a private place to complete this questionnaire
2. Write your name on the front cover
3. Answer all of the questions to the best of your ability
4. Fold this form to close and return to the receptionist, office staff, or nurse when you are finished
5. Your healthcare provider will review the questionnaire and answer any questions during your exam

a survey from your healthcare provider for 11-18 year olds

what's on your mind?

name _____

To view entire power point and transcript of the call: www.ruralhealth.hrsa.gov/rhc or www.indianarha.org/rhc

Indiana Rural Health Association

1024 South 6th St., Suite 202
Terre Haute, IN 47807

Phone 812-478-3919
Fax 812-232-8602

Upcoming Events

3rd Annual IRHA Student Scholarship Golf Tournament

Date: July 30, 2009
Time: 8:00 am - 2:00 pm

Location: Eagle Pointe Golf Resort
2250 East Pointe Road, Bloomington

Contact: Laura Carlson
Phone: 812-478-3919, ext. 221
Email: lcarlson@indianarha.org

Register online:
www.indianaruralhealth.org

National Association of RHCs Fall Meeting

September 3-5. Room reservations for special rates end August 3rd. Gaylord Opryland Resort & Convention Center in Nashville, Tennessee
www.narhc.org

October 21st

IRHA's RHC Fall Workshop
Holiday Inn, Columbus, Indiana

H1N1 Current Situation... Continued from page 1

The message includes basic novel H1N1 influenza information, when to seek emergency care, keeping their child healthy, and where to seek additional information. Audio and transcript are available in English and Spanish. The office may use CDC recording or chose their own provider to record the message for their office phone.

http://www.cdc.gov/h1n1flu/clinicians/ped_message.htm

Butler University College of Pharmacy & Health Sciences: REACH IN

The Butler University College of Pharmacy & Health Sciences is striving to provide increased student involvement with underserved patients and clinics. To accomplish this and other goals, the REACH IN (Resources to Enhance the Achievement of Community Health in Indiana) project was designed. REACH IN is one of several initiatives supported by the College's focus on public health and wellness, supported by a grant from the Lilly Endowment, Inc.

The REACH IN project seeks to identify how pharmacies and pharmacists can serve as a resource in public health. REACH IN consists of three parts. The first component involved a telephone survey of pharmacy managers within full county Health Profession Shortage Areas to determine how they perceive their role in improving the health of their community. The second component involved feedback from these pharmacies' patients to gain their perspectives on the role of their pharmacist. The third component involved a survey of Purdue and Butler pharmacy students to identify their perceptions on pharmacists' roles in community health and their individual interest in underserved patients and public health.

Again, the ultimate goal of the REACH IN initiative and other college initiatives is to prepare future practitioners to meet the needs of underserved patients and communities. Please check the Indiana Rural Health Association newsletter next month to obtain updates and learn of progress begin made with the REACH IN project.

Job Posting

Director of Billing and Collection Services - Medical Practice Management [1018]
Hours: 40 Day shift

Memorial Hospital and Health Care Center, Jasper, IN

Minimum Requirements: Bachelor's Degree in business/finance. Master's Degree preferred.

Must have 3-5 years of Medical Practice Accounts Receivable and Revenue Cycle Management experience. Must have thorough knowledge of medical billing practices and all aspects of posting, claims filing, reconciliation, closing reports, and coding compliance functions and processes.

Contact: Krista Schroering, HFA
Director Medical Practice Management
Memorial Hospital and Health Care Center
800 West 9th Street
Jasper, IN 47646 • 812-481-8478 • 812-481-8496 fax

To assist clinics, IRHA will post job openings on our website and in our Association and RHC Newsletters. Free! Contact Dana