IPHCA

Health Source™ Spring 2020

We're proud to share our new logo with you and excited to roll out this brand-new look to our newsletter later this summer.

Spring 2020

Illinois Community Health Centers Receive Funding to Aid in Ending the HIV Epidemic

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Cheri Hoots, Chief Operating Officer, IPHCA

In February, the U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), awarded $117 million to expand access to HIV care, treatment, medication and prevention services. This investment is a critical component of the Administration's Ending the HIV Epidemic: A Plan for America (EHE) initiative, which aims to reduce the number of new HIV infections in the United States by 90 percent by the year 2030. This premier program emphasizes outreach, HIV testing, partnerships, and workforce expansion to increase access to and use of pre-exposure prophylaxis (PrEP), as well as linking individuals who test positive for HIV to treatment. The program awards will also be used to identify at-risk individuals and engage them in preventive services, test for HIV, and prescribe pre-exposure prophylaxis (PrEP) when appropriate.

The EHE initiative is a ten-year initiative beginning in FY 2020 to achieve the important goal of reducing new HIV infections to less than 3,000 per year by the year 2030. Reducing new infections to this level would essentially mean that HIV transmissions would be rare and meet the definition of ending the epidemic. The efforts will focus on four key strategies that together can end the HIV epidemic in the U.S.:

1. Diagnose all people with HIV as early as possible.
2. Treat people with HIV rapidly and effectively to reach sustained viral suppression.
3. Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).
4. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

HRSA-funded health centers are a key entry point for people with HIV who are undiagnosed. In 2018, over two million health center patients received an HIV test. HRSA-funded health centers are increasing the number of new and existing patients tested for HIV in highly impacted areas by expanding outreach within their targeted communities and increasing routine and risk-based HIV testing. Many health centers provide HIV prevention services, including PrEP for people at high risk of acquiring HIV. Studies show that daily PrEP reduces the risk of getting HIV from sex by more than 90 percent. HRSA is expanding access to PrEP for health center patients in key geographic areas.

Of the $117 million, HRSA awarded nearly $54 million to 195 community health centers with service delivery sites in geographic locations identified by the EHE initiative which include 48 counties, Washington, D.C. and San Juan, Puerto Rico where more than 50 percent of new HIV diagnoses occurred in 2016 and 2017, as well as the seven states with a substantial rural HIV burden. Cook County is included in the 48 counties targeted.

Illinois received eight awards totaling $2,393,970 in funding. IPHCA congratulates Access Community Health Network, Christian Community Health Center, Erie Family Health Center, Inc., Heartland Alliance Health, Howard Brown Health Center, Lawndale Christian Health Center, Near North Health Service Corporation and the University of Illinois Mile Square Health Center.

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Established in 1982, the Illinois Primary Health Care Association is a nonprofit trade association of community health centers (CHCs) that proudly serves as Illinois' sole primary care association. IPHCA is governed by an Assembly of Delegates composed of one director from each organizational member of the Association.

The Illinois Primary Health Care Association strives to position its members to be the providers of choice within the communities they serve through advocacy, education and technical assistance emphasizing the high quality, accessible and integrated health center model of care. Ultimately, IPHCA works to increase access to high-quality, cost-effective primary health care services in urban and rural populations throughout the state, regardless of an individual's ability to pay.

IPHCA Health Source™ is a quarterly publication that provides information on a variety of topics of interest to community health centers and related organizations.

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IPHCA is rebranding!

Our new branding will celebrate what makes our organization - and the health centers we serve - such an integral part of health care in Illinois.

We believe this new brand is a powerful, forward-thinking representation of the IPHCA mission - and we can't wait to share it with you.

Continuing into the spring, we're rolling out a new logo, new colors, new messaging and a new, easier-to-use website.

Thank you for your continued partnership and all you do to improve our health care delivery system.

Yours,

Jordan Powell
President + CEO
Illinois Primary Health Care Association

WELCOME NEW HIRES

Meet our team's newest members. Please join us in giving these new colleagues a warm welcome!

Amber Kirchhoff, MA

Director of State Public Policy + Governmental Affairs

Amber provides direct support on state and federal policy priorities, fostering relationships with member agencies, elected officials, government decision makers, and other stakeholders.

Amber represents IPHCA in policy advisory meetings to advance the priorities of Federally Qualified Health Centers, and helps draft and develop support for Association initiatives.

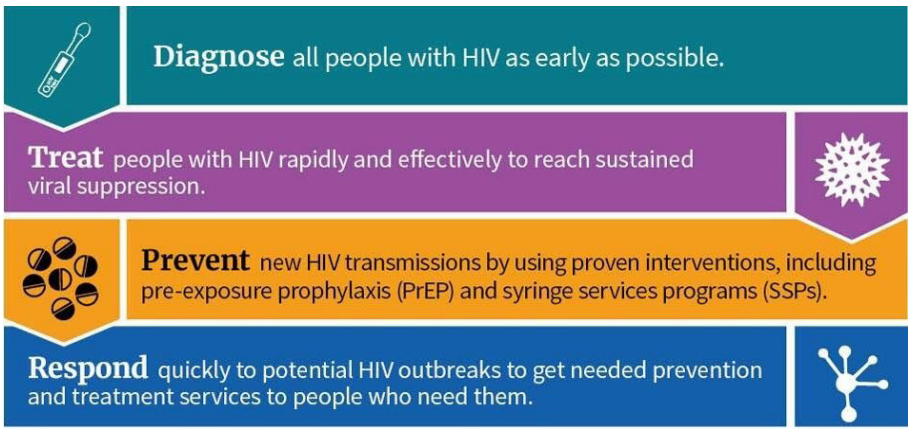
Amber can be reached at (219) 670-4806 or akirchhoff@iphca.org.

Illinois Community Health Centers Receive Funding to Aid in Ending the HIV Epidemic, continued from page 1.

For more information on Ending the HIV Epidemic: A Plan for America please visit: https://www.hrsa.gov/ending-hiv-epidemic or contact Cheri Hoots at choots@iphca.org.

References

1. U.S. Department of Health & Human Services. (2020 February 26). HHS awards $117 million to End the HIV Epidemic in the United States. Retrieved from https://www.hhs.gov/about/news/2020/02/26/hhs-awards-117-million-to-end-hiv-epidemic-in-the-united-states.html.
2. Health Resources and Service Administration. (Ending the HIV Epidemic: A Plan for America). Retrieved from www.hrsa.gov/ending-hiv-epidemic.



Adult Mental Health First Aid Training

Adult Mental Health First Aid Training
Date: April 22, 2020
Time: 8:30 a.m. - 5:30 p.m.
Location: IPHCA Institute for Learning
500 S. Ninth Street
Springfield, IL
Register»
More Information»

This training is provided in partnership with the Human Resources Center of Edgar and Clark Counties.

Mental Health First Aid teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders. This 8-hour training gives you the skills you need to reach out and provide initial support to someone who may be developing a mental health or substance use problem and help connect them to the appropriate care.

State Representative La Shawn K. Ford Visits Lawndale Christian Health Center's Recovery Community

State Representative La Shawn K. Ford visited Lawndale Christian Health Center in January to visit their Recovery Community and learn more about what resources the community needs to support recovery from Opioid Use Disorder and the barriers to resources that exist.

The Community Health Partnership of Illinois Selects Eleace E. Sawyers as New CEO

Community Health Partnership of Illinois, announced that its board of directors has unanimously chosen Eleace E. Sawyers as the organization's new Chief Executive Officer. Sawyers was selected from a final pool of 50 candidates who applied and after an impressive interview and a rigorous selection process that took several months. Sawyers succeeds Susan Bauer, the organization's former Executive Director, as of January 1, 2020.

Community Health Partnership of Illinois ("CHP") is a private 501c3 not-for-profit Federally Qualified Health Center (FQHC). CHP is committed to making high quality, patient-centered primary health care accessible and affordable to all, including agricultural workers and rural communities in northern and central Illinois.

Sawyers comes with a clear vision for the organization as expressed in her first global communication to the CHP staff. Her message focused on a team culture made up of shared values, beliefs, positive attitudes and respectful behaviors. She also expressed the need for execution and accountability as being very essential to the sustainability of the organization.

Eleace succeeded Susan Bauer who retired on 12/31/2019 after serving more than four decades at CHP. "Susan will be deeply missed. She will be forever a cornerstone of what the organization is today, Susan leaves a strong legacy on which to build," says Susana Castro, Board President.

It is important to mention that the only change taking place is Susan's retirement. We anticipate no changes in management and the services we currently provide, Susana continues.

Sawyers is the third CEO in the company's history, bringing more than 17 years of Federally Qualified Health Center industry leadership. As CEO, she will oversee an interdisciplinary staff who serve from more than seven counties in Illinois.

In 2018, Sawyers was selected and granted full scholarship from the Northeast Ohio Harvard Chapter to represent Cleveland's nonprofit CEO's, to share knowledge and expertise with 50 international leaders at Harvard University in Cambridge, Massachusetts. In 2017, she was honored by Who's Who in Black Cleveland as a "Game Changer." She is the proud recipient of numerous awards including the 2016 Community Development Leadership and Supporter Award (Diaspora Arts Coalition), the 2014 Florida Association of Community Health Centers Partnership Award, the 2012 South Florida's 100 Most Accomplished Caribbean American Award and the 2017 Role Model of Excellence Award. Previously, Eleace served as President & CEO for Care Alliance Health Center and Vice President for Corporate Affairs for Jessie Trice Community Health Center. Prior to that, she worked as an Auditor for the State of Mississippi, was a Flight Attendant for American Airlines, and served on many boards.

Eleace is a graduate of Florida International University, where she earned a Master's degree in Public Administration. She also holds a Master's degree in Accounting from Millsaps Colleg in Jackson, Mississippi. She is a certified member of the Health Care Compliance Association and a member of the American College of Health Care Executives.

The CHP board of directors strongly believes that Eleace Sawyers is the right person to lead the transition process that the organization is facing while protecting the legacy of CHP and leading the next chapter of its history. Finally, the board will work closely with Eleace to ensure a smooth, successful transition.

Community Health Partnership of Illinois
Building Healthy Lives, Together • Creando Una Vida Saludable, Juntos

Access Community Health Network Recognized with the Highest Award for Case Management Accreditation, Boosting Integrated Care Model to Support the Needs of Chicago's Most At-Risk Residents

With health disparities continuing to negatively affect Chicago area mortality rates, safety net hospitals facing closures and Illinois' Medicaid program still going through many changes with insurers both exiting and entering the market, area primary care providers are more challenged than ever to make sure patients don't get lost in the system and lose out on the critical care and support services they need.

"It's about thinking outside of the box to help the people who don't have a box," said ACCESS Care Coordinator AlBreta Jackson, BSN.

At the forefront of community health for nearly 30 years, Access Community Health Network (ACCESS) has worked to both 'think outside the box' and beyond the walls of our health centers to develop an integrated care model to best meet the needs of our patient population.

ACCESS was recently awarded a three-year case management accreditation by the National Committee for Quality Assurance (NCQA), the top health care accreditation organization in the U.S. This accreditation is the highest status awarded by NCQA to primary care organizations and demonstrates a key marker in how community health care is transforming to better meet the needs of high-risk patient populations.

ACCESS Chief Operating Officer Ann Lundy said, "We're pleased to complement our existing NCQA Patient Centered Medical Home accreditation with NCQA's highest level of case management accreditation. We have worked hard to ensure our model, workflows, policies and procedures promote value-based outcomes and improve quality and overall well-being for our patient population. As one of only a few primary care settings in the U.S. to have achieved this level of accreditation, this is an accomplishment that we are very proud of."

Case management at ACCESS is a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for programs and services that help patients reach their comprehensive medical, behavioral health and social goals, while promoting quality and cost-effective outcomes. Today, case management programs must concentrate on patients who are at a high risk of experiencing costly hospitalizations or adverse health outcomes as a result of complex social, behavioral or medical needs. At ACCESS, we have developed a strong, integrated approach to case management that now includes a dedicated team of care coordinators that are embedded within our health centers, at key partner hospitals, and out in the community.

NCQA Accreditation standards help organizations, such as ACCESS, innovate and evolve to the changing landscape of community health to achieve the highest level of performance possible for the benefit of staff and, most importantly, patients.

"Case management accreditation moves us closer to measuring quality across population health management initiatives," said Margaret E. O'Kane, President of the NCQA. "Not only does it add value to existing quality improvement efforts; it also demonstrates an organization's commitment to the highest degree of improving the quality of their patients' care."

To learn more about the critical bond between patients and their care coordinators, please view this video.

ACCESS COMMUNITY HEALTH NETWORK

Springfield Advocacy Events

April 28-29, 2020 at the Illinois State Capitol

IPHCA STATE LEGISLATIVE RECEPTION

APRIL IPHCA Advocacy Briefing followed by the IPHCA State Legislative Reception.

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ADVOCACY DAY

APRIL IPHCA Member Breakfast followed by Advocacy Day at the Capitol in Springfield.

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Register Today!

Howard Brown Health Unveils Plans to Expand Clinic Services on Chicago's North and South Sides

Howard Brown Health announced a multi-year expansion plan to better serve its current residents and future patients. As Chicago's premier LGBTQ nonprofit health care organization, Howard Brown's new projects will result in critical, high-quality health and wellness programs extended to as many as 15,000 additional patients annually by 2024.

Plans include the development of a new and larger Broadway Youth Center to better serve LGBTQ youth; a new clinic on North Halsted to relocate the exisiting practice in Lakeview; and a new clinic-anchored community center serving South Side LGBTQ residents.

These new developments respond to high volumes at existing clinics, Howard Brown's growing workforce, and an increasingly high demand for the agency's model of care. They will expedite access to medical and behavioral health care, which have experienced longer wait times during peak hours.

"As the need for LGBTQ affirming health care services continues to grow, Howard Brown is responding with bold plans that will increase capacity citywide to serve more people than ever before," said David Ernesto Munar, President & CEO of Howard Brown Health. "Our patients deserve compassionate and culturally competent care, timely appointment scheduling, shorter wait times for sexual and behavioral health care, and social services that affirm the whole person. We're excited to take the next steps towards making our model of care more accessible for all who seek our services."

Howard Brown Health Halsted Relocation

Howard Brown is in negotiations to acquire 3501 N. Halsted, presently owned by LJ Bar LLC and operated as Little Jim's Tavern. The proposed development is subject to City Council approval. The new property would double the capacity of the existing Halsted clinic for primary care appointments, provide additional space for walk-in sexual and reproductive health care, and house wrap-around and behavioral health services. The proposed building will maintain street-level retail space, provide parking, and alleviate high wait-times at Howard Brown's flagship location on Sheridan Road. The proposed development could be completed by late 2022.

"After 45 years of serving the community, we are retiring from business ownership. In planning the disposition of the property, we hoped its new use would preserve the character of North Halsted Street," said LJ Bar LLC, owner of Little Jim's Tavern. "We are thrilled that Howard Brown Health is planning to acquire the site to continue our legacy of community support and service."

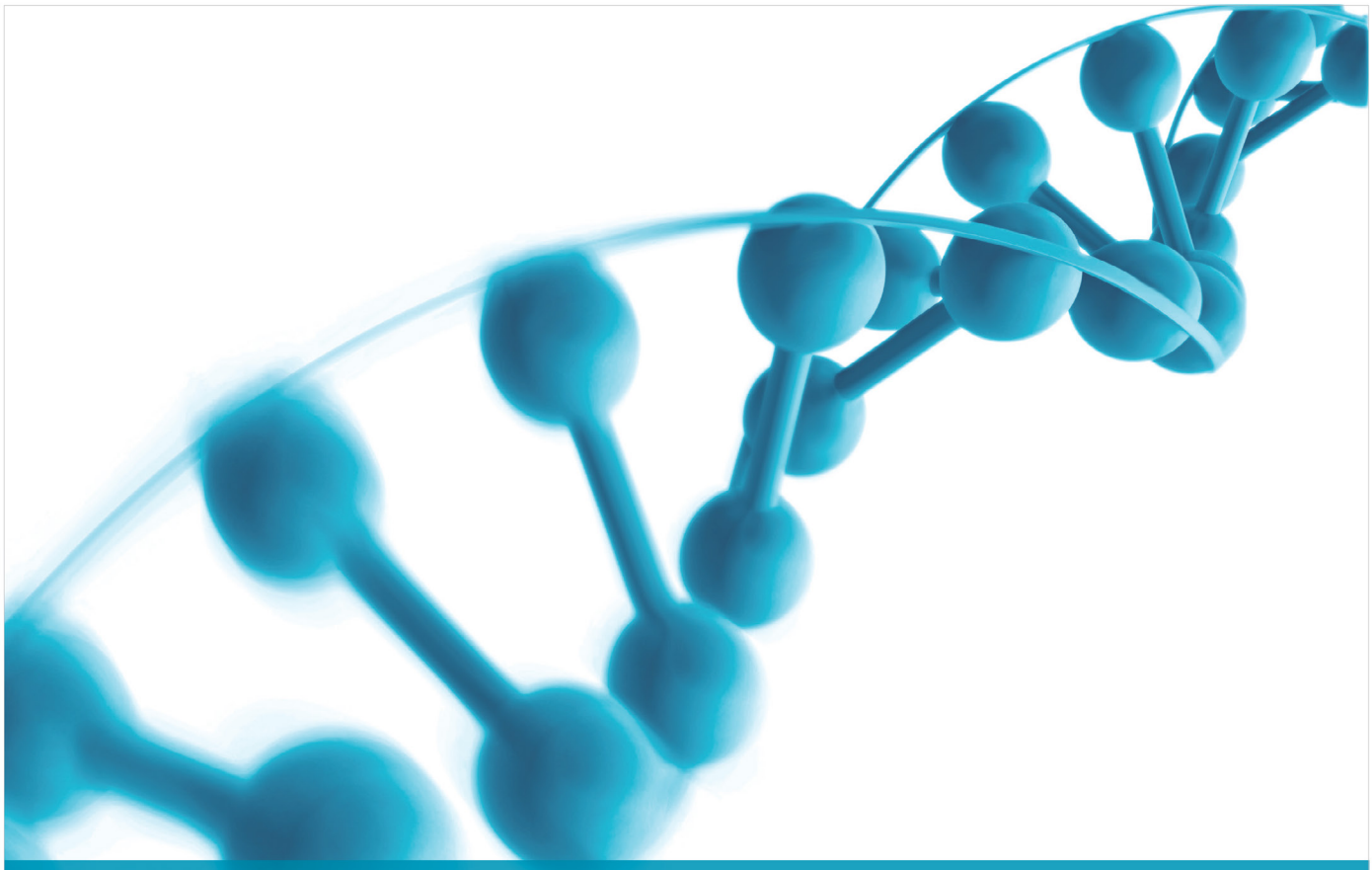
South Side Needs Assessment

Working to expand access to LGBTQ affirming services on Chicago's South Side, Howard Brown is partnering with Pride Action Tank to lead a comprehensive needs assessment among LGBTQ-identified South Siders. The project will rely on in-person and electronic feedback to gauge service needs and priorities, ultimately guiding the development of a community center bringing together Howard Brown's services with those of ally organizations under one roof. The needs assessment should inform Howard Brown's plans and those of other projects responding to disparities on the South Side. Howard Brown aims to open the new center by 2024.

In September 2019, Governor JB Pritzker signed into law the Rebuild Illinois infrastructure bill, which included a $15 million appropriation for Howard Brown to build a new health care and social services facility on the South Side. More information on the needs assessment can be found on Pride Action Tank's website. More information about the South Side development project can be found here.

Read the FAQ about the expansion projects here.

Howard Brown Health



Improving Health. Improving Lives.

LabCorp is a leading global life sciences company that is deeply integrated in guiding patient care, providing comprehensive clinical laboratory and end-to-end drug development services. With a mission to improve health and improve lives, LabCorp delivers world-class diagnostic solutions, brings innovative medicines to patients faster and uses technology to improve the delivery of care.

LabCorp

www.LabCorp.com

Central Counties Health Centers Hosts Governor JB Pritzker for the Signing of the Insulin Cap Bill

On January 24, Central Counties Health Centers hosted Governor JB Pritzker at their Springfield clinic for the signing of the Insulin Cap Bill. State Senator Andy Manar, State Senator Steve McClure, State Senator Scott Bennett, and State Representative Sue Scherer, along with many other lawmakers and advocates were among those in attendance.

Senate Bill 667 caps out of pocket insulin costs at $100 for a 30-day supply, an important step in lowering health care costs for working families and the 1.3 million Illinoisans who rely on insulin.

"Health care is a right for all, not a privilege and that is why I am so proud that we created an insulin price cap that successfully puts patients above profit," said Governor Pritzker. "As we work to address the high costs of prescription drug prices that are burdening millions all across our state, this new law is an essential step in fulfilling our promise to put state government back on the side of working families."

The majority of the law's provisions go into effect January 2021; provisions requiring an insulin pricing report take effect immediately.

CENTRAL COUNTIES HEALTH CENTERS

ILLINOIS PRIMARY HEALTH CARE ASSOCIATION

FREE Seminar

March 24, 2020
10:30 a.m. -12:30 p.m.

IPHCA Institute for Learning
500 S. Ninth Street
Springfield, IL

STOP THE BLEED
Train the Trainer

This course utilizes the American College of Surgeons STOP the Bleed curriculum and includes the identification of life-threatening bleeding and hands on practice of direct pressure, wound packing and tourniquet application.

There is also an opportunity for licensed personnel to become certified trainers of the STOP the Bleed curriculum.

Register today!

IPHCA Championing a Comprehensive Plan to Grow Access to Care at Community Health Centers

Cyrus Winnett, Senior Vice President of Public Policy + Governmental Affairs
Amber Kirchhoff, Director of State Public Policy + Govnernmental Affairs

Collectively, community health centers (CHCs) serve 1.4 million Illinoisans in communities from Chicago to Cairo. Delivering comprehensive, high-quality primary, behavioral, and dental care, CHCs are foundational to keeping families healthy and enabling communities to thrive.

While CHCs are central to making health care affordable and accessible to all, there is a growing demand for care and funding has failed to keep pace. A lack of investment hampers CHCs' ability to expand capacity, offer new programs and innovative services, and attract, retain, and develop the necessary staff.

This year the Illinois Primary Health Care Association (IPHCA) is spearheading an ambitious legislative proposal to grow access to care at CHCs by strengthening public investment, reducing administrative barriers, and growing the workforce.

In partnership with our sponsors, State Representative Fred Crespo and State Senator Andy Manar, IPHCA is working with the Governor's Office, the Illinois Department of Healthcare and Family Services, and the Illinois Department of Public Health, to develop a robust package of solutions that will increase access to care by improving Medicaid reimbursement rates, addressing payment challenges related to claims denials and vaccination coverage, and increasing student loan forgiveness for practitioners committed to serving in underserved communities.

When Congress established the community health center payment methodology, they stipulated that CHCs should be reimbursed at a rate that would cover all reasonable costs. Nevertheless, Illinois CHCs are reimbursed at just 63% of what it costs to provide care according to an analysis by IPHCA. Current reimbursement rates are woefully inadequate and in direct contradiction with Congress' intent for CHCs to be reimbursed at 100% of reasonable costs. Moreover, Illinois' average encounter rate of $126.39 falls short of the $183.42 average payment per encounter that CHCs in neighboring states receive. The lack of public investment over the years has impeded the ability of CHCs to increase access and serve additional patients.

Not only is current funding insufficient to meet the growing demand for services, but by failing to invest in community health centers, Illinois is missing out on an opportunity to maximize scarce resources by investing in a model of care that improves patient outcomes and reduces costs. According to a recent independent report, Illinois community health centers generate nearly $2 billion in annual savings to the state's Medicaid program, primarily by keeping people out of emergency rooms, lowering hospital readmission rates, and operating an integrated, person-centered model of care that helps people stay healthy and thereby reducing their need for higher cost specialty care services.

For all of us, though, there is an even more important reason to increase our state's investment in CHCs. There are a number of efforts underway that jeopardize access to care for vulnerable populations, and immigrant communities in particular, like the recent Public Charge rule change and Affordable Care Act repeal efforts. It is vitally important for Illinois to send a message that there is a safe, affordable place for anyone to receive high-quality health care regardless of their insurance status or ability to pay, and that we as a state are committed to keeping our communities healthy.

As the spring legislative session progresses, IPHCA is excited to advance this initiative with our elected officials and state policymakers. And as always, we look forward to working with our members and fellow community health advocates to create a healthier, stronger Illinois.

IPHCA 2020 EVENT CALENDAR

MAT Provider Support Learning Collaborative Webinar Series
Urine Drug Testing & Analysis
Date: March 19, 2020
Time: 12:00 - 1:00 p.m. (Central)
Location: Webinar
Register»

Referral & Network Coordination
Date: April 16, 2020
Time: 12:00 - 1:00 p.m. (Central)
Location: Webinar
Register»

Best Practices in Care Coordination, Patient Follow-up & Retention
Date: May 21, 2020
Time: 12:00 - 1:00 p.m. (Central)
Location: Webinar
Register»

Stop the Bleed: Train the Trainer
Date: March 24, 2020
Time: 12:00 - 1:00 p.m. (Central)
Location: IPHCA Institute for Learning
500 S. Ninth Street
Springfield, IL 62701
Register»

FQHC Public Charge Update
Date: March 26, 2020
Time: 11:00 a.m. - 12:00 p.m.
Location: Webinar
Register»

Adult Mental Health First Aid Training Springfield
Date: April 22, 2020
Time: 8:30 a.m. - 5:30 p.m.
Location: IPHCA Insitute for Learning
500 S. Ninth Street
Springfield, IL 62701
Register»
More Information»

IPHCA 2020 Advocacy Events
Date: April 28 -29, 2020
Location: Springfield, IL
Register»

Adult Mental Health First Aid Training - Mt. Vernon
Date: June 10, 2020
Time: 8:00 a.m. - 5:00 p.m.(Central)
Location: Rend Lake College Marketplace Training Center - Room 354A
321 Potomac Blvd.
Mt. Vernon, IL 62864
Register»

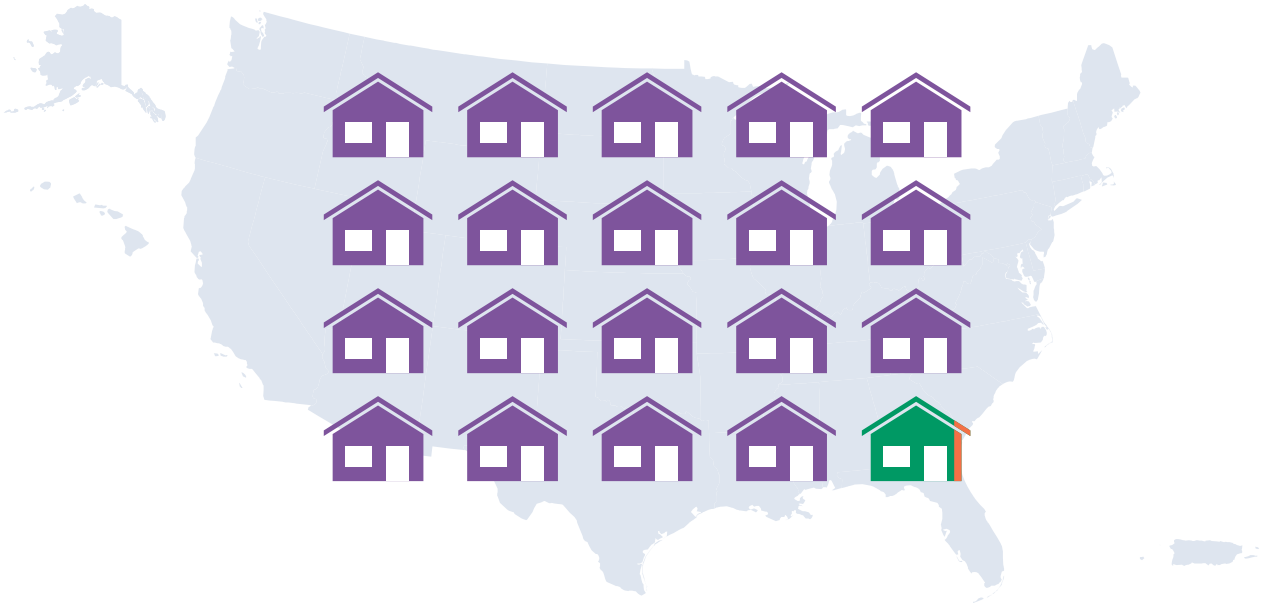
IPHCA Virtual Job Fair
Date: July 15, 2020
Time: 11:00 a.m. - 12:00 p.m. (Central)
Exhibitor Sign-on: 10:30 a.m. (Central)
Location: Virtual
More Information»

How the 2020 Census will invite everyone to respond

Every household will have the option of responding online, by mail, or by phone.

Nearly every household will receive an invitation to participate in the 2020 Census from either a postal worker or a census worker.

95% of households will receive their census invitation in the mail.



Almost 5% of households will receive their census invitation when a census taker drops it off. In these areas, the majority of households may not receive mail at their home's physical location (like households that use PO boxes or areas recently affected by natural disasters).

Less than 1% of households will be counted in person by a census taker, instead of being invited to respond on their own. We do this in very remote areas like parts of northern Maine, remote Alaska, and in select American Indian areas that ask to be counted in person.

(This is separate from our follow-up efforts; census takers will visit all households that were invited to respond on their own and haven't.)

Note: We have special procedures to count people who don't live in households, such as students living in university housing or people experiencing homelessness.

United States® Census 2020

Continued on page 18.

How the 2020 Census will invite everyone to respond

What to Expect in the Mail

When it's time to respond, most households will receive an invitation in the mail.

Every household will have the option of responding online, by mail, or by phone.

Depending on how likely your area is to respond online, you'll receive either an invitation encouraging you to respond online or an invitation along with a paper questionnaire.

Letter Invitation

- Most areas of the country are likely to respond online, so most households will receive a letter asking you to go online to complete the census questionnaire (or to respond by phone).
- We plan on working with the U.S. Postal Service to stagger the delivery of these invitations over several days. This way we can spread out the number of users responding online, and we'll be able to serve you better if you need help over the phone.

Letter Invitation and Paper Questionnaire

- Areas that are less likely to respond online will receive a paper questionnaire along with their invitation. The invitation will also include information about how to respond online or by phone.

WHAT WE WILL SEND IN THE MAIL	
On or between	**You'll receive:**
March 12–20	An invitation to respond online to the 2020 Census. (Some households will also receive paper questionnaires.)
March 16–24	A reminder letter.
	If you haven't responded yet:
March 26–April 3	A reminder postcard.
April 8–16	A reminder letter and paper questionnaire.
April 20–27	A final reminder postcard before we follow up in person.

We understand you might miss our initial letter in the mail.

- Every household that hasn't already responded will receive reminders and will eventually receive a paper questionnaire.
- It doesn't matter which initial invitation you get or how you get it—we will follow up in person with all households that don't respond.

United States® Census 2020

Community Health Centers Prepare for Potential Spread of Coronavirus

Paula Campbell, Associate Director of Health Equity + Emergency Preparedness Response, IPHCA

Illinois community health centers (CHCs) are responding to the rapidly evolving and expanding situation of the novel coronavirus (COVID-19) in the U.S. Health centers are uniquely positioned to respond to public health challenges such as COVID-19 as trusted community providers, and are following the development of COVID-19 very closely.

Illinois CHCs are working with their national and local partners, including the World Health Organization (WHO), Centers for Disease Control (CDC), and Illinois Department of Public Health (IDPH), and their local health departments and health care coalitions to ensure accurate protocols and communication plans are in place. Health centers are educating their staff and patients about the prevention and spread of COVID-19 to help mitigate the risk of a potential spread. The first line of defense for infectious disease control is nonpharmaceutical interventions (NPIs). NPIs will help slow the spread of COVID-19 and other flu-like viruses. NPI recommendations for personal and environmental actions include:

- Staying home when sick,
- Covering coughs and sneezes,
- Washing hands frequently, and
- Routinely cleaning frequently touched surfaces.

The CDC issued guidance on appropriate steps health care providers and community partners can take to prepare along with a list of FAQs. IDPH will continue to provide updates on the number of persons under investigation (PUI) within Illinois for COVID-19.

Community health centers have always regarded responding to public health challenges and natural emergencies as part of their mission and have confronted public health threats before, such as Ebola, SARS, and H1N1. CHCs are federally required to have response plans in place and ready for implementation in the event of a public health emergency.

Our focus at IPHCA is to regularly communicate with health centers and keep them up to date on important developments and recommendations from the CDC and IDPH. IPHCA is making every effort to ensure they have the latest information. It is vital to rely on information from public health experts only. There is a lot of misinformation about COVID-19, some of which is harmful. IPHCA encourages the public to only follow credible sources of information – this is especially important as we learn more about the virus and new guidance is shared.

IPHCA is making every effort to ensure our members have the latest information on COVID-19. If you need specific guidance or resources, please reach out to Paula Campbell, Associate Director of Health Equity & Emergency Preparedness Response, at (217) 541-7318, pcampbell@iphca.org.

Visit the Emergency Preparedness page on our website for updates and resources.

NACHC Prepare Not Panic: COVID-19 CDC Update and the Health Center Response

- Webinar Recording
- Slides
- Transcript (English)

COVID-19 Updates

- IDPH - Coronavirus Disease 2019 (COVID-19)
- IDPH - Coronavirus Disease 2019 (COVID-19): Frequently Asked Questions
- Coronavirus COVID-19 Global Cases by Johns Hopkins CSSE
- CDC Homepage for Coronavirus Disease 2019 (COVID-19)
- CDC Travel Guidance
- CDC Guidance for Healthcare Professionals
- CDC Guidance for Laboratories

Public Communications

- CDC What the Public Should Do
- CDC What you need to know about the coronavirus disease 2019 (COVID-19)
- CDC What to Do if You are Sick
- CDC FAQ for Travelers
- WHO Advice for Public
- CDC Check and Record Everyday Booklet

Pediatric Disaster Preparedness: Four Phases of Disaster Management

Sandra Han, MA, Director, Immunizations and Related Programs
Evelyn Lyons, MPH, RN, Emergency Medical Services for Children Manager
Laura Prestidge, MPH, BSN, RN, Emergency Medical Services for Children Preparedness Coordinator

The overall goals of pediatric disaster preparedness are: to avoid and/or reduce the loss to children and their families from hazards; ensure appropriate assistance is available to those children and their families affected by an incident; and ensure children and families are able to successfully recover following a disaster. Children, due to their unique physiological, anatomical and developmental characteristics, are more vulnerable during disasters. Therefore, it is important that their special needs are addressed during the four phases of disaster management. There are many things that you can do, both professionally and personally, to help enhance the pediatric preparedness in your community. This article will define each of the four phases of disaster management, identify a few actions that physicians can take during each of the phases, and finally, introduce a project that is working to address the needs of children during a large scale disaster.

PREVENTION/MITIGATION

DEFINITION: Activities that prevent future emergencies/disasters or minimize their effects. Mitigation activities can occur before and after the emergency/disaster.

ACTION STEPS

Professionally:

- Take free online courses through the Federal Emergency Management Agency's (FEMA) Independent Study Program (ISP) to become more familiar with disaster management concepts.
- Take a free pediatric disaster preparedness course such as JumpStart triage course to learn about pediatric-specific mass casualty triage or the Pediatric Disaster Planning and Preparedness Course to prepare for how to respond to a disaster that involves children.
- Develop partnerships with those at your facility/clinic/office who are responsible for disaster planning and response.
- Provide patients and their families with information on the importance of family preparedness and building resilience.

Personally:

- Identify the hazards in your community that could affect you and your family.
- Learn more about how you and your family should prepare through free online sites such as Ready.gov and the American Academy of Pediatrics - Children & Disasters.

PREPAREDNESS

DEFINITION: Pre-disaster activities aimed at strengthening the ability to respond in times of disaster.

ACTION STEPS

Professionally:

- Work with the emergency preparedness coordinator at your facility/clinic/office to ensure the Emergency Operations Plan (EOP) incorporates the needs of children.
- Encourage patients and their families to formulate a disaster plan and build a disaster kit that can sustain them for up to four days; provide them with information on how to do this using the American Academy of Pediatrics (AAP) Family readiness Kit.
- Participate in a disaster drill with your facility/clinic/office that involves pediatric "victims".

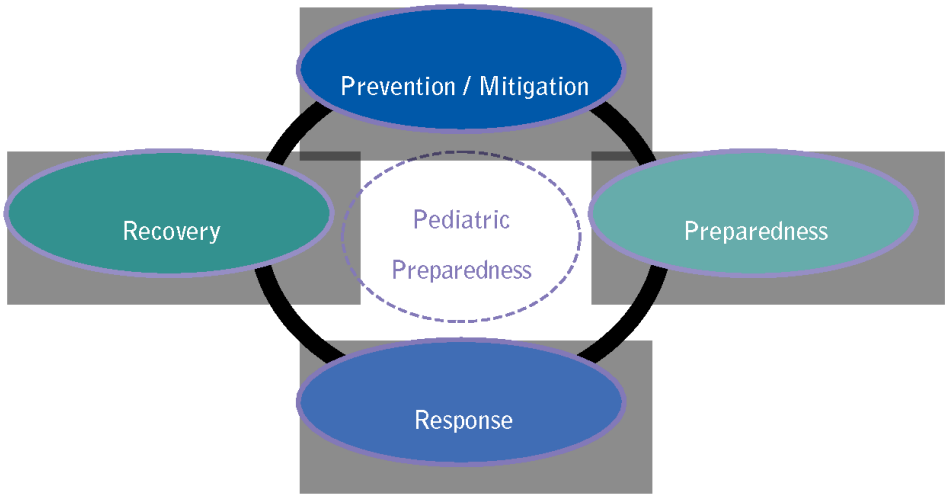
Personally:

- Put together a disaster kit that can sustain you and your family for up to four days.
- Develop a disaster plan for you and your family.
- Consider signing up for disaster registries such as Illinois Helps or joining a volunteer disaster response team such as the Medical Reserve Corp (MrCs) or the Illinois Medical Emergency Response Team (IMERT).

Continued on page 21.

Pediatric Disaster Preparedness: Four Phases of Disaster Management, continued from page 20.

The Illinois Emergency Medical Services for Children (IL limited or no pediatric capabilities in caring for pediatric EMSC), in collaboration with the Chicago Pediatric At Risk Sub-Committee, has developed the Pediatric and Neonatal Surge Annex that has been incoporated into the state public health and medical disaster plan, Emergency Support Function #8 (ESF-8) Plan. Components of the Annex include statewide pediatric and neonatal resources and capabilities; system decompression of tertiary care centers; care guidelines to assist hospitals with patients for 96 hours following a disaster; use of pediatric experts to provide subject matter expertise; triage and transport coordination of pediatric patients to teriary care centers; and identifying the communication patterns that should occur with disasters that involve children. More information is available on the IDPH website.



RESPONSE

DEFINITION: Emergency operation actions that occur during a disaster to save lives and prevent further damage to property.

ACTION STEPS

Professionally:

- Share official information and guidance about the disaster to patients and family members.
- Contact your facility's emergency department to offer pediatric expertise.

Personally:

- Put your family disaster plan into action.
- Identify if the volunteer disaster teams that you have previously joined are in need of your assistance.

RECOVERY

DEFINITION: Actions that occur after the disaster has ended to rebuild the community so its members can function on their own, return to normal life and protect against future hazards.

ACTION STEPS

Professionally:

- Identify what resources exist in the community to assist patients and their families with the recovery process.
- Monitor your patients for ineffective coping and share signs and symptoms of ineffective coping with patients and their family members.
- Critique your facility/clinic/office's disaster plan and response, identify opportunities for improvement and modify existing plan.

Personally:

- Take time to deal with your own and your family's feelings about the disaster.
- Monitor you and your family for ineffective coping.
- Identify ways to mitigate the effects of future disasters.

Women Veterans Health Initiative: Serving Those Who Have Served

Kawryne Holmes, Director, Smart Policy Works

Women veterans face a number of issues uniquely related to both their gender and their military service. Smart Policy Works believes federally qualified health centers (FQHCs), community health centers and family medicine practitioners are a crucial resource to assist women veterans. For this reason we launched the Women Veterans Health Initiative, a partnership with 33 community health providers around the Chicago area with training, technical support and resources to improve care for women veterans. We are excited to partner with the Illinois Primary Health Care Association to disseminate resources and tools designed to improve health outcomes of women veterans.

Research has shown that women veterans are more likely than men to face economic challenges, to be homeless, and to be single parents. They are more likely to be caregivers of family members. They experience more injuries resulting from military service in ways that may differ from those of their male counterparts. They experience domestic abuse and military sexual assault at higher rates than their male peers. In sum, women veterans are more likely to have poor social supports, low life satisfaction, and struggle with pain management. The number of women veterans committing suicide has continued to rise for the past decade, according to the VA. Particularly concerning is that this data reflects only those receiving care at the VA, and thus does not include the majority of women veterans who receive their care services outside the VA.

In 2020, the Women Veterans Health Initiative will:

- Analyze provider comfort and knowledge of referral opportunities for women veterans;
- Test new evidence-based screening tools in FQHCs, community health centers and family practitioners;
- Create educational materials and factsheets for women veterans and community-based health care providers;
- Gather data on the number of women veterans screened, the resource tools provided to them, and whether those were referred to other resources;
- Provide customized training to FQHCs, family practitioners and other community health centers to better identify and serve the needs of women veterans; and
- Develop resources and tools for family medicine practitioners, FQHCs and community health centers to improve health outcomes of women veterans.

For more information about the Women Veterans Health Initiative, related tools and resources please contact kholmes@smartpolicyworks.com.

Crafting New Tools to Help More Community Providers Become Veteran Informed

This year Smart Policy Works is teaming with the veteran community to develop a Veteran Informed Provider toolkit for community care providers to better meet the needs of the women veteran patients enrolled in their programs. The Veteran Informed Provider toolkit is being developed in collaboration with the Women Veterans Health Round Table, a group of key stakeholders who are united in their belief that its time to provide better care to female veterans. This group includes community health providers and representatives from the VA, local philanthropy, veteran-serving organizations, and veterans. In addition, the toolkit will be develop based on feedback received from women veterans from around the state.

This toolkit, with steps and benchmarks on becoming a Veteran Informed Provider, will be made available to the health care community in early 2021. Our number one goal with this project is to ensure all women veterans gain access to health care that holistically meets their needs. We'd like to expand our reach across the state of Illinois but we need your help. We would like to partner with more health care organizations to design and implement new strategies to better meet the needs of this population.

For more information about this project or to become a partnering organization, contact Kawryne Holmes, Director, Smart Policy Works, kholmes@smartpolicyworks.com.

Integrating Recovery Oriented Systems of Care Into FQHCs

Staci Ashmore, Grants Program Coordinator, IPHCA

Implementing a recovery oriented system of care within your organization requires your organization as a whole to support a recovery management approach to help those affected by substance use disorders and expand the current continuum of care. When your organization is recovery oriented you are empowering individuals and families, recognizing the rights of the patient to direct their own recovery, and including patients, family members, and the community in planning and decision-making. Peer support specialists were established to provide lived experience and support in addressing triggers and developing coping skills. They also educate on the culture of recovery and reduce stigma within the community.[1]

Illinois has two options for peer support certification, certified peer recovery specialist (CPRS) and certified recovery support specialist (CRSS). CPRS' are recognized as the direct support professional who provide formal recovery support services to individuals. They identify services and activities which promote recovery, while still providing lived experience through sharing appropriate parts of their story. CRSS' are trained to incorporate their unique personal experiences with learned knowledge and human service skills. CRSS' primarily help persons with mental illnesses, persons dually diagnosed with mental illness and substance use disorder, their family members, or organizations seeking consultation on the mental health recovery model.[2]

In February, IPHCA hosted a webinar "Implementing Peer Support Recovery Model in Community Health Centers," highlighting Chestnut Health Systems and PCC Community Wellness Center. Each health center spoke on how they have integrated peer support into their substance use programs. Chestnut Health Systems' presentation included hearing from one of their own peer recovery specialists and the successes they have had with destigmatizing recovery within the community through outreach and education from their peer recovery staff. They encouraged webinar participants with a quote from a patient, "Peer support helped me see that I was not hopeless. It gave me my voice back and bolstered my self-worth."

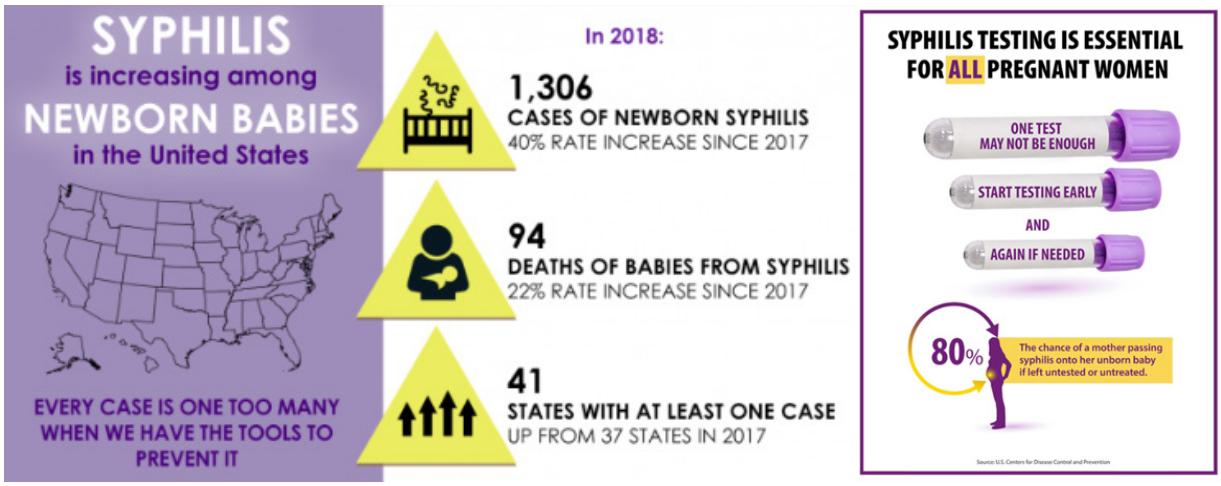
PCC Community Wellness Center provided participants with information on hiring considerations, and recruiting from current and past patients. There is not a current standard of how long a peer should be in recovery, but they prefer a peer to have one year of sobriety, not currently on probation, and no violent crime charges. With grant dollars, they are supporting current peer support staff to obtain certification as a certified alcohol and drug counselor (CADC) and certified peer recovery specialist (CPRS). To learn more about peer recovery specialists or implementing the peer recovery model in your health center, we encourage you to use the resources below.

Resources

1. "Peer Providers." Peer Providers / SAMHSA-HRSA, 28 Feb. 2020, www.integration.samhsa.gov/workforce/team-members/peer-providers.
2. "Recovery Oriented Systems of Care." IDHS: Recovery Oriented Systems of Care, 28 Feb. 2020, www.dhs.state.il.us/page.aspx?item=99995.
3. "The ICB 2020 Spring Conference Will Be Held at the Westin Chicago Northwest, March 16-20, 2020. Registration Is Currently Open! If You Have Questions, Please Contact the ICB Office at 217-698-8110." Illinois Alcohol and Other Drug Abuse Professional Certification Association, 28 Feb. 2020, www.iaodapca.org/.
4. IPHCA Webinar: Implementing Peer Support Recovery Model in Community Health Centers

Congenital Syphilis: Illinois Epidemiological Report for 2018

Lesli Choat, STD Counseling and Testing Coordinator, Illinois Department of Public Health



Clinicians' Corner

Congenital syphilis (CS) is a bacterial infection caused by Treponema pallidum that occurs when a mother with syphilis passes the infection on to her baby during pregnancy.

Congenital Syphilis can cause:
- Miscarriage
- Stillbirth
- Prematurity
- Low birth weight
- Death shortly after birth

For babies born with Congenital Syphilis, CS can cause:
- Deformed bones
- Severe anemia
- Enlarged liver and spleen
- Jaundice
- Brain and nerve problems, like blindness or deafness
- Meningitis
- Skin rashes

KEY FACTS
- Target population for screening - females of reproductive age (15-44 years by CDC guidance).
- After a steady decline from 2008–2012, data show a sharp increase in CS rates, both in Illinois and nationally.
- More cases of CS in the U.S. were reported in 2018 than any year since 1997.
- The Centers for Disease Control and Prevention (CDC) reported 1,306 cases of congenital syphilis, including 78 syphilitic stillbirths and 16 infant deaths.
- This increase in 2018 represents a 185% increase since 2014 nationally. Illinois (excluding Chicago) saw an 80% increase between 2017 and 2018 and a 157% increase between 2014 and 2018.
- Up to 40% of babies born to women with untreated syphilis may be stillborn or die from the infection as a newborn.
- This increase in the congenital syphilis rates has paralleled increases in Primary and Secondary (P&S) syphilis among all women. Between 2014 and 2018 the P&S syphilis rate among women more than doubled in the U.S., with a 172.7% increase.

DISCUSSION

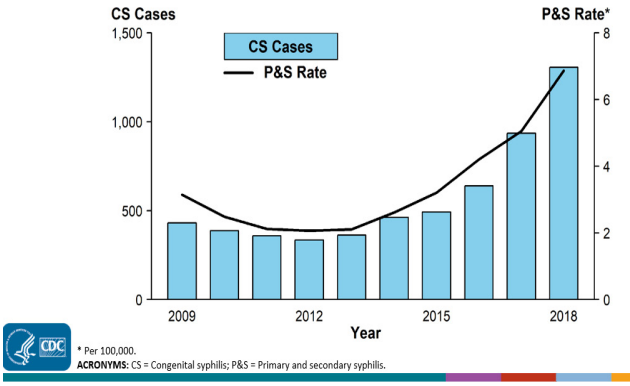
In the United States, a case of congenital syphilis is a sentinel event reflecting numerous missed opportunities for prevention within public health and health care systems. There are two major opportunities to prevent CS: primary prevention of syphilis among women of reproductive age and men who have sex with women and prevention of mother-to-infant transmission among pregnant women already infected with syphilis.

Preventing syphilis among women and their male partners requires sexually transmitted diseases (STD) prevention programs to quickly identify and respond to increases in syphilis cases among women and men who have sex with women in their jurisdictions.
- CS cases and cases of syphilis among women should be reported to the local health department within 24 hours of diagnosis.

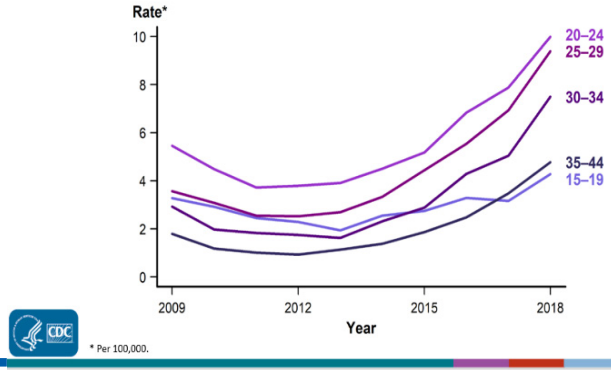
Continued on page 25.

Congential Syphilis: Illinois Epidemiological Report for 2018, continued from page 24.

Congenital Syphilis — Reported Cases by Year of Birth and Rates of Reported Cases of Primary and Secondary Syphilis Among Females Aged 15–44 Years, United States, 2009–2018



Primary and Secondary Syphilis — Rates of Reported Cases Among Females Aged 15–44 Years by Age Group, United States, 2009–2018



Clinicians' Corner

- Mother-to-infant transmission of syphilis may be prevented and mother-to-infant transmission that has already occurred can be treated when maternal syphilis is detected, and benzathine penicillin G appropriate for the mother's stage of infection must be initiated ≥30 days before delivery.
- The Illinois Prenatal Syphilis Act requires syphilis screening at the first prenatal visit and again at the third trimester.
- Newborn infants should not be discharged from the hospital unless the syphilis serologic status of the mother has been determined at least one time during pregnancy and preferably again at delivery if the mother is determined to be at increased risk.
- Any woman who delivers a stillborn infant should be tested for syphilis.
- Women who are uninsured or underinsured and women with substance use issues receive inadequate or no prenatal care, placing them at increased risk for syphilis.

Health departments, in partnership with prenatal care providers and other local organizations, should work together to address barriers to obtaining early and adequate prenatal care for vulnerable pregnant women.

EPIDEMIOLOGY

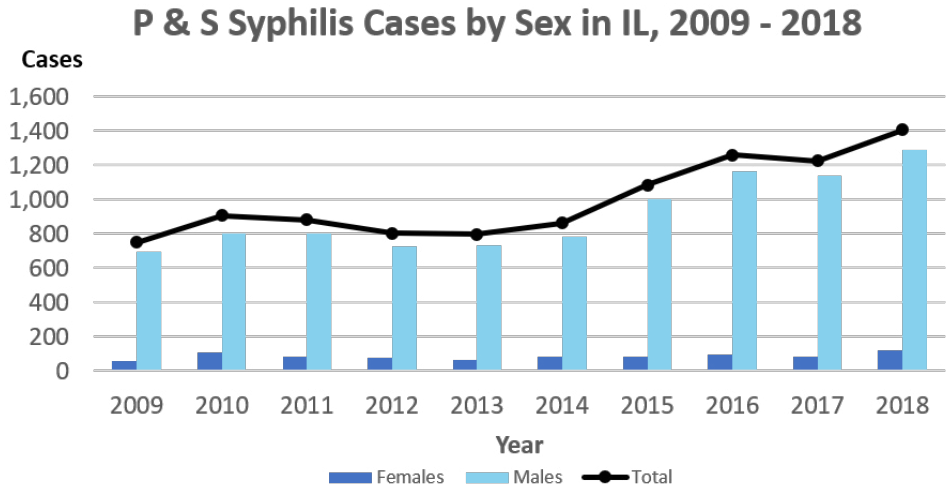
Trends in congenital syphilis usually follow trends in primary and secondary (P&S) syphilis and especially among reproductive-aged women. In the U.S. during 2017-2018, the P&S rate among women increased 30.4% and 2014–2018, the P&S syphilis rate among women more than doubled, 172.7% increase.

Continued on page 26.

Congential Syphilis: Illinois Epidemiological Report for 2018, continued from page 25.

STATEWIDE EPIDEMIOLOGY PROFILE

Illinois	2014	2017	2018	% Change 2017-2018	% Change 2014-2018
P&S Syphilis	863	1,225	1,408	14.9%	63.2%
Congenital Syphilis (IL excl Chicago)	7	10	18	80.0%	157.1%
Congenital Syphilis Statewide	27	21	29	38.1%	7.4%



Clinicians' Corner

Public Health Implications

STDs are an important health priority and what may often be overlooked is the substantial morbidity and mortality related to sequelae of STDs. This is particularly true for women and their infants.

- Mother to child transmission of STDs can result in serious adverse consequences.
- The rate of congenital syphilis in the United States has increased every year since 2013.

Despite current recommended STD testing during pregnancy, women remain under-screened for STDs during pregnancy, either because of a lack of or limited prenatal care, or infection outside of the testing window.

Provider Resources

- IDPH STD Webpage
- Medscape and CDC Video - A Devastating Surge in Congenital Syphilis: How Can We Stop It?
- CDC STD Treatment Guidelines
- STD Clinical Consultation Network (STDCCN)
- Third Trimester Pregnancy Screening for Syphilis and HIV – NCSD

Resources

- CDC Congenital Syphilis Fact Sheet
- CDC Sexually Transmitted Disease Surveillance 2018
- Increase in Incidence of Congenital Syphilis — United States, 2012–2014 MMWR November 13, 2015
- CDC Syphilis Surveillance Supplement

Created August 2019 - Illinois Department of Public Health STD Section, (217) 782-2747.

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Utilizing Evidence-Based Strategies to Increase Colorectal Cancer Screening Rates at Community Health Centers

Raj Savalia, MBA, MPH, Project Consultant, IPHCA
Naila Quraishi, MPH, PCMH CCE, Clinical Quality Improvement Manager, IPHCA

Colorectal cancer is the second leading cause of cancer-related deaths in the United States. In 2020, an estimated 104,610 adults in the U.S. will be diagnosed with colorectal cancer (CRC) with an estimated 53,200 deaths.[1] However, if CRC is detected early enough, it can often be treated and cured. Nationally, the percentage of U.S. adults aged 50 to 75 years who were up-to-date with CRC screening increased 1.4 percentage points, from 67.4% in 2016 to 68.8% in 2018.[2] This represents an additional 3.5 million adults screened for colorectal cancer. The national Uniform Data System (UDS) CRC screening rate increased to 44.1% in 2018, which was a 14 percentage point increase since HRSA began tracking the measure in 2012.[3] In Illinois, the UDS indicator for CRC screening increased from 38.62% in 2017 to 42.58% in 2018, respectively. This increase represents approximately 10,000 more CRC screenings at Illinois FQHCs.[4]

Evidence-based strategies can help providers increase screening rates while reducing disease incidence and mortality rates by helping detect cancer early and allowing providers to diagnose and treat patients. Recently, the American Cancer Society (ACS) updated their CRC screening guidelines to recommend screening for eligible patients should begin at age 45.[5] The U.S. Preventive Services Task Force has not yet adapted the updated ACS screening recommendation, but the updated guideline is a significant push to identifying additional cases of colorectal cancer cases.

The Centers for Disease Control and Prevention (CDC)'s ScreenOutCancer initiative uses four evidence-based strategies to increase screening rates:

- Patient reminders;
- Reduction of structural barriers;
- Provider reminders; and
- Provider assessment and feedback.

One example of these evidence-based strategies is developing a tailored patient reminder system that is best for the clinics and patients through written reminders and telephone messages. A 2012 study published in the American Journal of Preventive Medicine revealed that patient reminders increased screenings by 10%.[6] Another evidence-based strategy includes utilizing manual and electronic patient and provider reminders by developing a provider reminder system with buy-in from providers and staff by including them in the planning process. One example comes from a public health clinic in St. Petersburg, Florida that used new strategies to increase its colorectal screening rate from 34% to over 75%.[7] Staff at the clinic used strategies such as creating a patient reminder system, generating daily provider reminder reports, monthly reports of screening rates, and other technology-based strategies to more than double the clinic's screening rate. Additionally, providers can decrease obstacles to screening by utilizing evidence-based strategies to reduce structural barriers. Interventions that reduce structural barriers have shown to help increase CRC screenings by 37%.[8] Strategies may include provision of rides to appointments through partnerships with local organizations, flexible clinic hours, additional screening locations, less paperwork, translation services, and shared patient navigators between clinics.

Furthermore, the National Colorectal Cancer Roundtable (NCCRT)'s "80% in Every Community" initiative continues the success of their "80% by 2018" program and emphasizes a focus on community partnership, collective action, and resource pooling to reach 80% screening rates nationally. The shared efforts of the initiative are helping community health clinics, employers, and others to see 80% screening rates and higher.[9]

The NCCRT released an "80% in every community" strategic plan that is available on their website, which lists additional key activities for increasing screening rates. One key strategy that the NCCRT recommended was utilizing patient navigators to help patients access affordable CRC screening.

Specifically, patient navigators could work closely with patients to help patients understand their insurance options under the Affordable Care Act (ACA).[10]

Colorectal cancer remains a leading cause of cancer-related deaths both nationally and in Illinois. However, significant strides are being made to develop and implement evidence-based strategies at CHCs. Providers may leverage these strategies to improve screening rates for large and diverse, socioeconomically challenged groups.

Continued on page 28.

Utilizing Evidence-Based Strategies to Increase Colorectal Cancer Screening Rates at Community Health Centers, continued from page 28.

Different evidence-based strategies may help health centers to increase screening rates at both the state and national level in addition to reducing CRC-related deaths.

Resources

1. Key Statistics for Colorectal Cancer. (2019 January). American Cancer Society. Retrieved from https://www.cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html.
2. Colorectal Cancer Statistics. (2019 May). Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/cancer/colorectal/statistics/.
3. Colorectal Cancer Screening Rates Reach 44.1% In FQHCs In 2018. (2020). National Colorectal Cancer Round Table. Retrieved from https://nccrt.org/colorectal- cancer-screening-rates-reach-44-1-in-fqhcs-in-2018/.
4. 2018 Illinois Health Center Data. (2020 January). Health Services and Resources Administration. Retrieved from https://bphc.hrsa.gov/uds/datacenter.aspx?state=IL.
5. American Cancer Society Guideline for Colorectal Cancer Screening. (2018 May). American Cancer Society. Retrieved from https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html.
6. Effectiveness of interventions to increase screening for breast, cervical, and colorectal cancers: nine updated systematic reviews for the guide to community preventive services. (2012 July). American Journal of Preventive Medicine. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/22704754.
7. New Strategies Bring Big Rewards in Florida. (2019 September). Centers for Disease Control. Retrieved from https://www.cdc.gov/screenoutcancer/success/new-strategies-in-florida.htm.
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10. ACA Leads To Increase In Early Stage CRC Diagnoses In Seniors. (2020 January). National Colorectal Cancer Round Table. Retrieved from https://nccrt.org/aca-impact-early-diagnoses/.

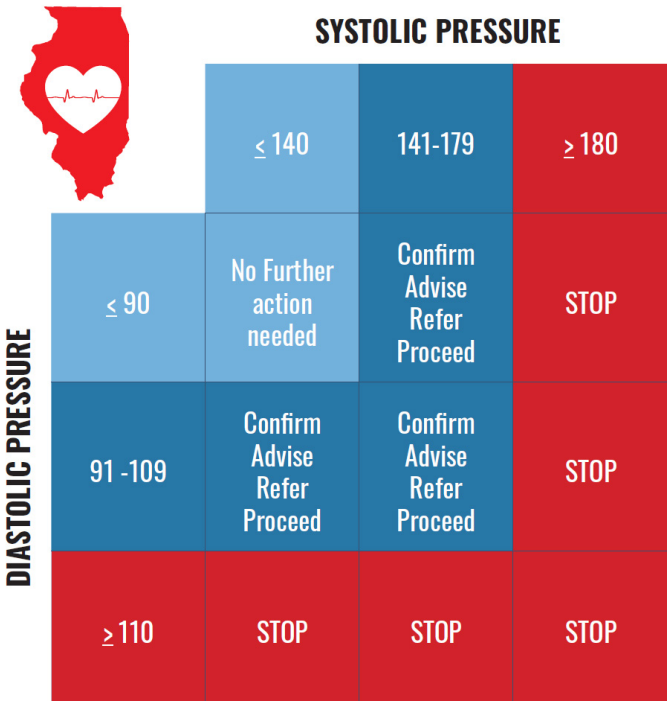
Blood Pressure Screening in the Dental Office

Cristina McKay, MPH, PCMH CCE, Oral Health Programs Manager, IPHCA

Thanks to funds from the DentaQuest Partnership, the Illinois Primary Health Care Association (IPHCA) was able to purchase automated blood pressure monitors and educational materials for 26 health centers in Illinois to use chair side within the dental clinic. As a partner in patient-centered care, screening patients for hypertension is an important service that oral health professionals can provide. Taking patients' blood pressure during dental examinations is critical to the patient's overall health. High blood pressure is a proven risk factor for cardiovascular disease, heart failure, stroke, and renal disease. The best way to prevent these risks is through prevention by getting your blood pressure checked on a regular basis.

Since many patients see a dentist more frequently than a physician, this gives the dental team the responsibility to inform their patients on a regular basis, usually twice a year, of their blood pressure reading and how it may affect their overall health. Taking a patient's blood pressure in the dental chair is easily done while educating the patient on the risks of high blood pressure and appropriately referring them to their physician.

Through the launch of this project, 88% of the participating health centers established a medical/dental referral protocol and a documented procedure on providing blood pressure screenings to diagnose hypertension. The 26 health centers also received brochures that can be handed to their patients for additional education as well as laminated pocket cards for oral health staff that describes the zones of blood pressure readings and when the dentist should either proceed with the procedure or stop what they are doing and make a direct referral. For more information contact Cristina McKay, cmckay@iphca.org.



For Elective Dental Procedures

CONFIRM blood pressure.
ADVISE of blood pressure reading.
REFER to Primary Care Provider for follow up.
PROCEED with Dental Procedure.

STOP
CONFIRM blood pressure.
ADVISE of blood pressure reading.
REFER to Primary Care Provider for follow up in 24 hours.
NO DENTAL PROCEDURE SHOULD BE PREFORMED.

IPHCA

DentaQuest Partnership for Oral Health Advancement

The NHSC Opens 2020 Loan Repayment Application Cycle

The National Health Service Corps (NHSC) opened the application cycle for all three of their loan repayment programs.

- Traditional Program- NHSC Loan Repayment Program
- SUD Focused Program- NHSC Substance Use Disorder Workforce Loan Repayment Program
- Rural Program- NHSC Rural Community Loan Repayment Program

The application period for 2020 will close April 23, 2020 at 6:30 p.m. (Central).

Clinicians providing primary medical care, dental, behavioral health services or evidence-based substance use disorder services may be eligible for loan repayment. Eligible awards of up to $50,000 for the traditional program, up to $75,000 for the SUD program and up to $100,000 for the rural loan repayment program are available.

For more information please contact Ashley Colwell, acolwell@iphca.org.

Learn About Eligible Disciplines, Site, Service Commitments and More.

Contact the **Illinois Medicaid Promoting Interoperabilty Help Desk** with questions on Attestation, Registration, and Meeting the Measures.

1-855-68-HELP-1

(855-684-3571)

Monday - Friday 8:30 am - 5:00 pm

Are you participating in the Illinois Medicaid Promoting Interoperability program?

We're here to help!

Receive free, personalized assistance with:

- Identifying the status of eligible providers;
- Reviewing reports, identifying gaps, and adjusting workflows to meet the measures;
- Navigating attestation.

muhelpdesk@chitrec.org

CHITREC A PROGRAM OF CHiP

Career Opportunities

Through its Clinician Recruitment and Workforce Development Service, IPHCA provides complimentary recruitment & retention assistance to its Member community health centers (CHCs) in Illinois and bordering states.

The IPHCA team is currently working to recruit for the following positions:

- Certified Nurse Midwives
- Dental Hygienists
- Dentists
- Family Practitioners
- Internists
- Licensed Clinical Professional Counselors
- Licensed Clinical Social Workers
- Medical Directors
- Medicine/Pediatric Physicians (Med/Peds)
- Nurse Practitioners
- OB/GYN
- Pediatricians
- Physician Assistants
- Psychiatrists/Child-Adolescent Psychiatry
- Psychologists

Other job opportunities from our member community health centers:

- Administrative Opportunities
- Executive Opportunities
- Finance Opportunities
- Human Resource Opportunities
- IT & EHR Opportunities
- Management Opportunities
- Nursing Opportunities
- Other Clinical Opportunities
- Outreach & Enrollment Opportunities

Clinicians interested in pursuing a career in a CHC should submit a CV to Ashley Colwell, Associate Director of Clinical Services & Workforce Development, at acolwell@iphca.org or fax to (217) 541-7310. IPHCA will send job descriptions and updates directly to you as new positions become available.

OUR SUCCESS

IPHCA placed 47 clinicians in 2019, including 21 physicians, nine advanced practice registered nurses, three physician assistants, eight dentists, one certified nurse midwife, and one licensed clinical professional counselor.

For more information about IPHCA's Clinician Recruitment and Workforce Development, visit www.iphca.org or call (217) 541-7309.

IPHCA Organizational Members

Access Community Health Network
Alivio Medical Center
American Indian Health Service of Chicago
AHS Family Health Center
Aunt Martha's Health & Wellness
Beloved Community Family Wellness Center
Cass County Health Department
Central Counties Health Centers, Inc.
Chestnut Health Systems, Inc.
Chicago Family Health Center
Christian Community Health Center
Christopher Rural Health Planning Corporation
Community Health Care, Inc.
Community Health Centers of Southeastern Iowa, Inc.
Community Health Partnership of Illinois
Crossing Healthcare
Crusader Community Health
Eagle View Community Health System
Erie Family Health Center, Inc.
Esperanza Health Centers
Family Christian Health Center
Friend Health
Greater Elgin Family Care Center
Hamdard Center for Health & Human Services
Heartland Health Centers
Heartland Alliance
Heartland Health Services
Howard Brown Health
Knox County Health Department
Lake County Health Department/CHC
Lawndale Christian Health Center
Legacy Medical Care, Inc.
Macoupin County Public Health Department
Mile Square Health Center
Near North Health Service Corporation
PCC Community Wellness Center
Pillars Community Health
Preferred Family Healthcare, Inc.
PrimeCare Community Health, Inc.
Promise Healthcare
Rural Health, Inc.
Shawnee Health Service
SIU Center for Family Medicine
SIHF Healthcare
TCA Health, Inc. - NFP
VNA Health Care
Whiteside County Community Health Clinic
Will County Community Health Center

IPHCA Associate Members

Cook County Health And Hospitals System
Douglas County Health Department
Grand Prairie Services
Infant Welfare Society of Chicago
Thresholds

IPHCA Business Members

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IPHCA is committed to fulfilling its mission of helping communities help themselves by advocating and expanding community primary care services across Illinois, and assisting member organizations in fulfilling their goal of community empowerment through health care choice. By advocating on behalf of members' interests, IPHCA also advocates for underserved citizens and communities.

To learn more about IPHCA and the different membership options available, visit www.iphca.org.

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