

## COORDINATING COUNCIL

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## OPCPCC Strategic Planning



The Ohio Patient-Centered Primary Care Collaborative (OPCPCC) was formed in August 2011. Dr. Ted Wymyslo, then Director of the Ohio Department of Health, issued an invitation to healthcare leaders in Ohio to, "Join us for a discussion of a framework for creating a Patient-Centered Primary Care Collaborative in Ohio, which will coordinate statewide efforts by providing a forum for open communication and catalyzing action on implementation of best practices." By 2016, OPCPCC membership had grown to more than 900 members. Initiatives and efforts involving PCMH and improved primary care throughout Ohio were numerous.

The OPCPCC Coordinating Council began a strategic planning process in March 2016 to better define the purpose, goals and areas of focus for the collaborative. During this process, Jeff Biehl stepped down as OPCPCC co-chair and Dr. Wymyslo was selected as co-chair. "It was a perfect time for Dr. Wymyslo to return and resume as co-chair for OPCPCC with me," says Dr. Richard Shonk. "Ted was able to bring us full circle in reviewing mission and strategy."

The initial strategic planning session focused on reviewing OPCPCC accomplishments to date (e.g., membership growth, patient engagement toolbox, patient engagement webinars, PCMH consumer website, Health Information Exchange provider survey, annual



**The Ohio Patient-Centered Primary Care Collaborative (OPCPCC)** is a coalition of primary care providers, health professionals from the medical neighborhood, insurers, employers, consumer advocates, government officials and public health professionals. They are joining together to create a more effective and efficient model of healthcare delivery in Ohio. That model of care is the Patient-Centered Medical Home (PCMH).

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conferences, member communications) and defining OPCPCC's purpose and key partners. This process led to examining which learning centers and activities were still active and relevant. The payment reform, metrics, health information technology (HIT) and communications and education learning centers were felt to have served their initial purpose, with other information and efforts now available in those areas. As a result, they were discontinued. The Workforce Learning Center and the Center for Provider and Patient Engagement, being more difficult horizons, were determined to still have additional work ahead of them

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# Primary Care Physicians in the Fight Against the Misdiagnosis, Care & Management of People Living with Lupus

*By Johnnie (Chip) Allen, MPH, Director of Health Equity, Ohio Department of Health*

In 2016, the Ohio Department of Health (ODH) initiated a statewide Lupus Needs Assessment as the result of Amended Substitute House Bill 64. This project was designed to provide ODH with insight into the public health burden of lupus and how to achieve better health outcomes for individuals living with this disease.

This needs assessment (NA) is different than other studies due to a critical focus on understanding lupus health disparities and recommendations to improve health equity. Extensive qualitative research among Ohio lupus patients and healthcare providers was conducted to understand the needs of lupus patients within Ohio's diverse communities. The NA helped to create a framework for a comprehensive system of public awareness, promotion of early detection for individuals, and capacity building of healthcare professionals and support services to better serve lupus patients.

The findings and recommendations were organized by three types/levels of intervention reflected by upstream, midstream and downstream activities. Upstream activities are interventions at the policy/system level. Midstream activities are those which address lupus at the organization level. Downstream activities are direct services to improve consumer experiences including patient care coordination and treatment strategies.

The NA identified seven key findings and five recommendations to address Ohio's lupus burden in a comprehensive fashion. The findings and recommendations which pertain to healthcare providers are as follows:

## Findings

(Midstream) Both patients and providers need more lupus education to create a more efficient, effective care system.

- During the focus groups, participants overwhelmingly stated that their physicians did not provide any information or educational materials about lupus, even immediately following their diagnosis.
- Participants stated that their most valuable education came from peers in their support groups. Newly diagnosed patients sought more information than was provided and reported they would like to feel more informed about their condition.
- Rheumatologists reported that the perceived lack of education from providers may be intentional because a lupus diagnosis is



frequently a process of elimination. Each individual experiences lupus differently and providers are hesitant to provide information until all other possibilities are ruled out.

- Providers reported that when a patient has received a possible lupus diagnosis (or has self-diagnosed), the rheumatologist must work to undo misinformation or expectations.
- Primary care and emergency room physicians would benefit the most from education regarding lupus diagnosis.
- Care coordination presents challenges to both patients and providers.

## Recommendations

The NA revealed that primary care physicians and emergency room physicians are often the first to respond to lupus symptoms and make the determination when it is appropriate to refer patients to a rheumatologist. Additionally, the burden of care does not need to rest solely on physicians. Nurses, social workers and mental health professionals are all important partners in patient care. Targeted education for these professionals regarding lupus and chronic pain/disease management reduces the burden on lupus specialists who are struggling with limited time to devote to patients.

One of the major recommendations from the NA supports developing continuing education curriculums (Continuing Medical Education, etc.) and target this education to a broader range of “early responders” and support services. Specific recommendations include:

- Deploy a targeted awareness campaign to promote the use of existing lupus tools and best practices among providers.
- Promote these resources in networks beyond traditional lupus specialists to enhance awareness and education.
- Develop collateral that details Ohio-specific resources and programs for patient referrals.

The Ohio Lupus Needs Assessment has highlighted many opportunities for Ohio to improve the services provided to lupus patients. This includes the availability of continuing medical education units in June 2017 to help healthcare providers diagnose and appropriately treat the disease. Lupus is a complex and mysterious disease and there is still much more to learn. Despite the variety of strategies and tactics identified, equipping primary healthcare providers with knowledge, training and tools to manage lupus is an integral part of the solution.

For more information about lupus and the continuing medical education program, go to the [Greater Ohio Chapter Lupus Foundation of America](#) website.

## HRSA Shortage Designation Project



Throughout the U.S., there are geographic areas, populations and facilities with a shortage of primary care, dental and mental health providers and services. The Health Resources and Services Administration (HRSA) and State Primary Care Offices (PCOs) work together using public, private and state-provided data to determine when such a shortage qualifies for designation as a Health Professional Shortage Area (HPSA). The Shortage Designation Project began in 2013 as an effort to modernize the shortage designation process. This initiative is intended to give greater transparency, accountability and parity to the HPSA designation and scoring process. The project is not intended to make any changes to the criteria or methodology for designating HPSAs.

One component of the Shortage Designation Project is the updating of existing geographic, population and some facility HPSA designations using national, standardized data sets along with data provided by PCOs. HRSA is calling this the National Shortage Designation Update. The update is currently anticipated for July 2017. Automatically designated HPSAs for Federally Qualified Health Centers and Rural Health Clinics will not be included in this update.

To prepare for the National Shortage Designation Update, HRSA is performing a series of tests of the Shortage Designation Management System (SDMS) using data captured at a single point in time. The resulting impact analyses are intended as planning and information tools to help State PCOs prioritize their work and prepare their stakeholders for any changes that may occur with the National Shortage Designation Update. Impact analysis results are not published or used to make federal program decisions.

The latest impact analysis, using data available in SDMS on March 31, 2017, indicated that some HPSAs may no longer meet the eligibility criteria for designation and may be proposed for withdrawal. Among those that remain designated, a variety of scenarios may play out with scores increasing, decreasing or staying the same. HPSAs that are proposed for withdrawal are officially de-designated with the annual publication of a Federal Register Notice. The earliest these HPSAs would be de-designated is in 2018.

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# OPCPCC Annual Conference



The 2017 OPCPCC annual conference is scheduled for Friday, October 27 at the Pinnacle Golf Course in Grove City, Ohio. The theme of the 2017 conference is *Overcoming Challenges in Primary Care: A Better Understanding of Value and Outcomes*. The 6th annual OPCPCC conference will examine challenges in delivering comprehensive high-quality, high-value primary care and strategies to overcome those challenges. Concepts explored will include value, outcomes, data, relationships that impact behaviors and social determinants of health.

OPCPCC is pleased to announce that this year's keynote speaker will be Farzad Mostashari, MD. Dr. Mostashari is the CEO of Aledade, a start-up he co-founded aimed at helping primary care physicians form accountable care organizations (ACOs). He served from 2011-2013 as the National Coordinator for Health Information Technology at the U.S. Department of Health and Human Services, where he coordinated efforts to build a health information technology infrastructure for healthcare reform and consumer empowerment. During his tenure at the Office of the National Coordinator he led the implementation of the Health IT for Economic and Clinical Health (HITECH) Act, the Regional Health IT Extension Program, the Beacon Communities program and collaborated with the Centers for Medicare and Medicaid Services on the design and implementation of the "Meaningful Use" Incentive Program. In addition, he implemented programs for health information exchange, health IT workforce, research and privacy and security. Previously, Dr. Mostashari served at the New York City Department of Health and Mental Hygiene as assistant commissioner for the Primary Care Information Project,

where he co-led agile development of population health management functionality within a commercial Electronic Health Record, and its adoption by more than 1,500 providers in underserved communities. Dr. Mostashari's keynote presentation will be followed by a discussion with a reactor panel of Ohio healthcare leaders who will offer varying perspectives on primary care in Ohio.

In addition to Dr. Farzad Mostashari as the keynote speaker, a few other highly-recommended national experts will present at the conference. Joan Alker from Georgetown University will provide a federal health policy update. Ted Epperly, MD, author of *Fractured*, will present the new Shared Principles of Primary Care, which will replace the Joint Principles of PCMH that were developed in 2007. Eduardo Sanchez, MD, MPH, Chief Medical Officer for Prevention for the American Heart Association, will provide a presentation of social determinants of health for cardiovascular disease. The day will also include a presentation from the Better Health Partnership regarding their successful initiative aimed at reducing disparities in diabetes care in northeast Ohio.

Registration is expected to open by early September and will be limited to the first 300 registrants. [Visit the OPCPCC conference webpage](#) for updates and more information.



*Pinnacle Golf Club in Grove City, Ohio*

## OPCPCC Provider and Patient Engagement Toolbox Updates

The OPCPCC Patient Engagement Toolbox contains a wealth of information and resources to help practices engage patients in their own care. For example, the toolbox includes more than 30 resources related to self-care goals on many topics including depression, sleep, medications, and exercise. You can access these valuable resources through the [OPCPCC Toolbox website](#).

Recent additions to the toolbox include a sample policy and procedure for providing auxiliary aids for persons with disabilities; an archived webinar about disability-competent care; and the Guide to Implementing the National CLAS Standards for racial, ethnic and linguistic minorities, people with disabilities and sexual and gender minorities.

The toolbox is updated at least monthly by the OPCPCC Center for Provider and Patient Engagement, to ensure that new resources are made available in a timely manner. Users may submit tools for consideration for inclusion in the toolbox. Be sure to visit the [toolbox](#) soon!

## OPCPCC Membership

The OPCPCC invites you to become a member and join us in spreading PCMH throughout Ohio. **Membership in OPCPCC is free** and benefits include:

- Notices of conferences and networking opportunities
- Quarterly Newsletters
- Ohio PCMH Weekly updates

Please complete the [on-line membership form](#), to ensure that you will receive updates about OPCPCC and PCMH activities in Ohio. Please call (614) 644-9756 with any questions regarding membership in OPCPCC.

*HRSA Shortage Designation Project continued from page 3*

The Ohio PCO is actively working with communities across the state to update provider data in order to accurately identify the geographic areas, populations and facilities that continue to meet federal criteria for HPSA designation. Questions may be directed to the PCO at [HealthPolicy@odh.ohio.gov](mailto:HealthPolicy@odh.ohio.gov)

## Announcements and Upcoming Events

### OPCPCC Activities and Events

- **Tue., June 27** at 11:00 a.m. OPCPCC Center for Provider and Patient Engagement call
- **Tue., July 25** at 11:00 a.m. OPCPCC Center for Provider and Patient Engagement call
- **Aug. 21 and 22** Ohio rural health annual conference
- **Tue., Aug. 22 at 12:15 p.m.** OPCPCC Patient Engagement webinar
- **Fri., Oct. 27 at 9:30 a.m.** OPCPCC annual conference

If you have ideas or would like to contribute an article for an upcoming newsletter, please send your ideas to [PCMH@odh.ohio.gov](mailto:PCMH@odh.ohio.gov) or call Amy Bashforth at (614) 644-9756.

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and therefore important to continue. It was also determined that member communications (e.g., Ohio PCMH Weekly, quarterly newsletters) and the annual conference are valuable activities, and continuation was heartily endorsed by the coordinating council.

The next step in the strategic planning process involved a review of the structure of the coordinating council. The original OPCPCC Coordinating Council included members to provide the perspectives of providers, consumers/patients, insurers and employers. Additionally, learning center chairs for patient engagement, workforce, HIT, communications and education, metrics, and payment reform were made standing members of the coordinating council. Following the discontinuation of some learning centers, the communications and education, metrics, and payment reform roles were eliminated. It was determined that there was value in retaining an HIT expert on the coordinating council. To broaden the perspective of the coordinating council, representatives of the three major regional health improvement collaboratives and the health policy perspective were added to the coordinating council leadership.

OPCPCC members are encouraged to visit the [OPCPCC website](#) to view the updated purpose, goals, and current activities of OPCPCC. Membership in OPCPCC is still free and those interested in membership can [sign up online](#).