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Ohio's Child Lead Testing Requirements: Primary Care's Critical Role in Helping Identify Lead-Poisoned Children

By Russ Kennedy, Ohio Department of Health,
Office of Communications



Located on <http://www.cdc>

Lead exposure is a serious environmental public health issue, especially for children. Lead exposure can damage the brain and nervous system, slow growth and development, and cause learning and behavior problems as well as hearing and speech problems.

The primary source of lead exposure in children with lead poisoning is deteriorated lead-based paint (dust). Other potential lead exposure sources include soil, water and consumer products.

Ohio's primary care providers play a critical role in helping identify lead-poisoned children so that they can receive medical care and their lead exposure can be investigated, identified and controlled.



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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Ohio law ([Ohio Administrative Code 3701-30-02](#)) requires primary care providers to order a blood lead screening test for any child under 6 years old who is determined to be at risk of lead exposure. Children are at risk if they live in a high-risk ZIP Code, are Medicaid-eligible, or have an affirmative response to one of the [risk assessment questions](#) physicians are required to ask a parent or guardian. The blood tests should be completed at ages 1 and 2, and up to age 6 if a child is found not to have received a previous test. The Ohio Department of Health also offers [medical management recommendations](#) for children with elevated blood lead level tests.

Continued on page 3

HIV Testing in the 21st Century

By Zach Reau, HIV Prevention Program Manager, Ohio Department of Health



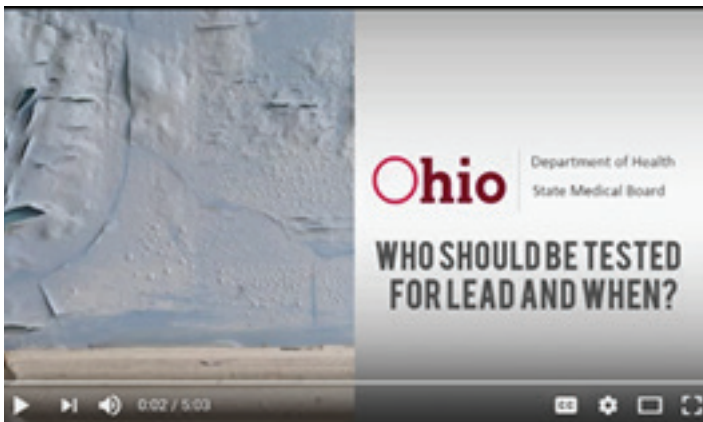
June 27, 2018 is National HIV Testing Day, a perfect time to celebrate the significant progress in HIV detection and prevention. HIV testing remains essential in the fight to end the epidemic, because people with HIV who know their status can get treatment (antiretroviral therapy, or "ART") and remain healthy for many years. Studies show that the faster people start treatment after diagnosis, the more they benefit from ART. Treatment with ART lowers the level of HIV in the blood (viral load), reduces HIV-related illness, and lowers the risk of transmitting HIV to others. People living with HIV who take ART as prescribed and get and keep an undetectable viral load have effectively no risk of sexually transmitting HIV to an HIV-negative partner. But before you can prescribe ART and extend a life, you must conduct an HIV test. The CDC (Centers for Disease Control and Prevention) recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care. For those with specific risk factors, CDC recommends getting tested at least once a year. Behavioral risk factors include pregnancy; sexually active gay or bisexual men; sex with an HIV positive partner; sex with more than one partner; sharing needles or other drug equipment; exchanging sex for goods or services; having an oral, rectal, or urethral sexually transmitted infection (gonorrhea and syphilis remain some of our strongest risk indicators); or having sex with anyone who has any of the previously mentioned risks.

But HIV is not just driven by behavior; identity and geography also play a role. Black gay/bisexual men are the most at-risk because of their social networks, despite their less-risky behaviors overall; Trans women and men also experience a disproportionate burden; people who live or have lived in the South are more at-risk; and black women are the second highest population living with HIV behind gay/bisexual men. When assessing a patient's risk, it's important to understand how and where their experiences intersect.

Once you've talked to your patient about their background, experiences, and behaviors, you can make an informed recommendation for frequency of HIV testing and help them better understand and reduce their own risk. If their HIV test is negative, but their perceived or actual risk is high, you can recommend the latest tool in our prevention toolbox, HIV pre-exposure prophylaxis, or PrEP. PrEP is a once-daily medication that, when taken regularly, is 99 percent effective at preventing HIV infection. PrEP is easily managed in a primary care setting and is well-tolerated. It can be used in conjunction with other risk reduction methods, and requires quarterly follow-up.

If your patients prefer to seek HIV testing or PrEP care in other settings, they can utilize the Ohio HIV/STI hotline or website (OHIV.org or 1-800-332-2437) to locate providers, ask anonymous questions, and educate themselves. If you have questions about prescribing PrEP, you may read the CDC guidelines or call the national Clinical Consultation Center at (855) HIV-PrEP. As always, the Ohio Department of Health's HIV Prevention Program is here to help. Our laboratory and point-of-care HIV testing technology has advanced our window of detection to about 20 days or less. But to identify those living with HIV and provide them with life-saving treatment, we must first provide them with a test. Help us end the epidemic by taking that step today.

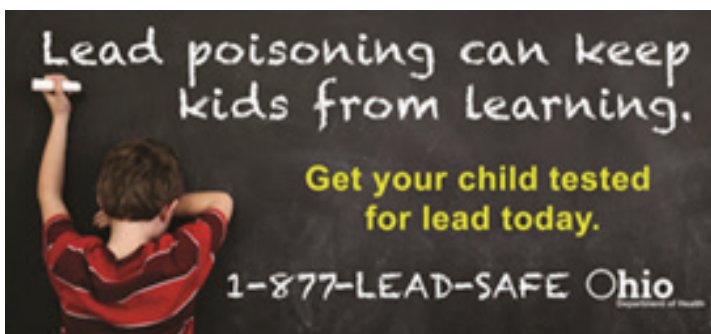
Ohio's Child Lead Testing Requirements continued from page 1



The Ohio Department of Health partnered with the State Medical Board of Ohio to create an [instructional video](#) for physicians on Ohio's child lead testing requirements.

When a child under six years of age is identified with an elevated blood lead level or lead poisoning, the Ohio Department of Health or its local delegated board of health conducts a public health lead investigation to determine the probable source of lead exposure. If an investigation identifies a lead hazard, a lead hazard control order is issued directing the property owner to control the lead hazard. If a property owner refuses to control an identified lead hazard, an order to vacate the property is issued, declaring it unsafe for human occupation, especially for children younger than six years old and pregnant women.

The Ohio Department of Health and its partners are pursuing numerous initiatives to promote the testing of children for lead in high-risk communities, and to ensure that Ohio's children are not living in housing with known lead hazards. One of these initiatives is a public awareness campaign running in high-risk ZIP Codes through June about the dangers of lead exposure for children and the need for blood lead testing. The campaign features billboards, social media and online advertising.



OPCPCC Annual Conference



The Ohio Patient-Centered Primary Care Collaborative (OPCPCC) annual conference is scheduled for Fri., Sept. 14 at the Nationwide & Ohio Farm Bureau 4-H Center in Columbus, Ohio. The conference theme is *Primary care and behavioral health: Pulling the patient out of the silos*. OPCPCC is pleased to announce that the keynote speaker for this year's conference will be Benjamin F. Miller, Psy.D., Chief Strategy Officer of [Well Being Trust](#). A self-proclaimed "fragmentation fighter," Dr. Miller has worked to redefine the national policy landscape for mental health and health care. He was previously the founding director of the Eugene S. Farley, Jr. Health Policy Center in the Department of Family Medicine at the University of Colorado School of Medicine. Dr. Miller has been a principal investigator on many federal and foundation grants, as well as state contracts related to health and health care integration. He's written and published on enhancing the evidentiary support for integrated care models, increasing the training and education of mental health providers in medical settings, and the need to address specific health policy and payment barriers for successful integration. Learn more and watch for updates on the [OPCPCC conference webpage](#).



Announcements and Upcoming Events OPCPCC Activities and Events

Tue., June 26 at 11 a.m. OPCPCC Center for Provider and Patient Engagement call

Tue., July 24 at 11 a.m. OPCPCC Center for Provider and Patient Engagement call

Tue., Aug. 28 at 12 p.m. OPCPCC Patient Engagement webinar

Wed., Aug. 29 at 10 a.m. OPCPCC Workforce Learning Center meeting

Fri., Sept. 14 OPCPCC Annual conference

June is National Safety Month. Injuries are the leading cause of death for Americans ages 1 to 40, but there are many things people can do to stay safe and prevent injuries. Make a difference – spread the word about ways to reduce the risk of injuries. Encourage communities, workplaces, families, and individuals to identify and report safety hazards. [Learn more](#)

June 27 is National HIV Testing Day. More than 1.1 million people in the U.S. are living with HIV, and 1 in 7 people don't know they have it. Many people with HIV don't have any symptoms. The only way to know if you have HIV is to get tested. [Learn more](#)

The Ohio State 30 J-1 Visa Waiver Program 2018 application cycle is open for primary care and behavioral health placements; applications must be postmarked by June 30, 2018. For more information regarding the program and application guidelines, please visit the [ODH primary care webpage](#).

August is National Immunization Awareness Month. Immunization helps prevent dangerous and sometimes deadly diseases. Immunization isn't just for kids — to stay protected against serious illnesses like the flu, measles, and pneumonia, adults need to get vaccinated too. National Immunization Awareness Month is a great time to promote vaccines and remind family, friends, and coworkers to stay up to date on their shots. [Learn more](#)

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

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](#).

Resources recently added include patient information regarding diabetes, heart disease, and stroke from the National Institutes of Health. The toolbox is updated 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](#) regularly to access new resources!

OPCPCC Membership

The Ohio Patient-Centered Primary Care Collaborative (OPCPCC) invites you to become a member of OPCPCC 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.