

JULY 2022

INTEGRATED HEALTH NEWSLETTER



PREPARED AND PRESENTED BY
THE IOWA PCA INTEGRATED HEALTH TEAM

Introduction

"The part can never be well unless the whole is well" - Plato

If the COVID-19 pandemic has taught us anything - it's taught us we are stronger together and everyone plays an important role in ensuring patients receive comprehensive care across all disciplines and teams to achieve the desired outcomes.

The Iowa PCA's Integrated Health team (aka Clinical Consulting Team) is excited to share with you the inaugural issue of the Integrated Health newsletter. The newsletter has been designed to incorporate key areas of integrated health into a joint publication to share with providers and care teams across Iowa's network of community health centers. Our goal is to strengthen the knowledge among disciplines and care teams on the value of working together and highlighting the various touchpoints each has with each other and with your patients.

Integrated health is a coordinated team-based, person-centered approach designed to bring together all the components that make humans healthy - physical, oral, pharmacy, behavioral (brain), and supportive services - focusing on providing comprehensive care to improve outcomes and ensure health equity for all.

This bi-monthly newsletter will take the place of weekly/monthly email updates you may be receiving from the Iowa PCA Clinical Care team consultant. You may still receive an occasional email with time-sensitive information. Also, the IowaHealth+ monthly update will still be sent out separately to health centers with updates specific to all the great work occurring in IH+. If you currently do not receive the IH+ Monthly Update, please reach out to Amanda Gerardy, Value-Based Care Consultant, agerardy@iowapca.org, and she will add you to the listserv.

Additionally, effective July 1, 2022, the Iowa PCA Clinical Consulting Team was renamed the Integrated Health Team to better align with the team's focus on integration and expand funding opportunities to support the work of the team (and the Iowa PCA overall). With the healthcare industry, and particularly our health centers, taking on a whole-person approach, this change will allow any of the team's consultants to assist in all areas of integrated care, including pharmacy, support services, wellness, etc. and provide a broader portfolio in which to support the health centers in the great work they are doing.

No worries - there won't be any changes to our team other than a few changes in job titles. Gagan, Nancy, and Megan's titles have changed to Integrated Health Consultant and they will continue providing SME in their current areas of focus. My title changed to Director of Integrated Health. Amanda and Michaela's titles will remain the same.

Please share the newsletter with providers, care team members, and others within your health center you think would be interested! If you are receiving this newsletter from a colleague and would like to be added to the listserv, please contact Julie Baker, jbaker@iowapca.org.

Thank you all for your hard work and dedication in serving your patients and communities! We appreciate you!

Iowa PCA Integrated Health Team

Julie Baker, Director of Integrated Health
Amanda Gerardy, Value-Based Care Consultant
Gagan Lamba, Integrated Health Consultant
Megan Westerly, Integrated Health Consultant
Michaela Keller, Clinical Informatics Consultant
Nancy Adrianse, Integrated Health Consultant

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HEALTH CENTER HIGHLIGHTS

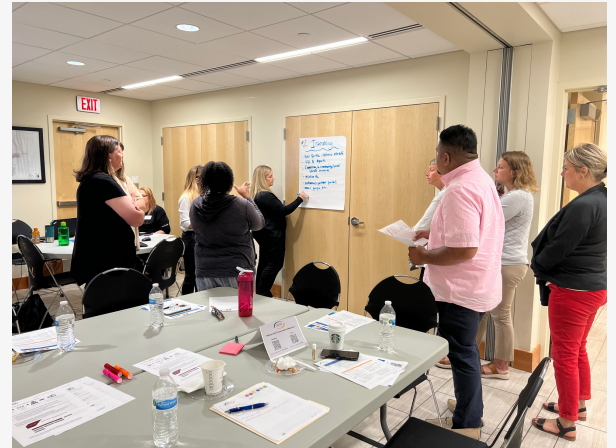
Summer 2022 Transformation Collaborative

The Iowa Primary Care Association had the pleasure of hosting 12 of Iowa's community health centers at our June 2022 Transformation Collaborative. The Transformation Collaborative is held quarterly and brings together health center leaders, clinicians, and team members to share knowledge and develop skills to strategize, as a network, on how to meet the ever-changing needs in healthcare today.

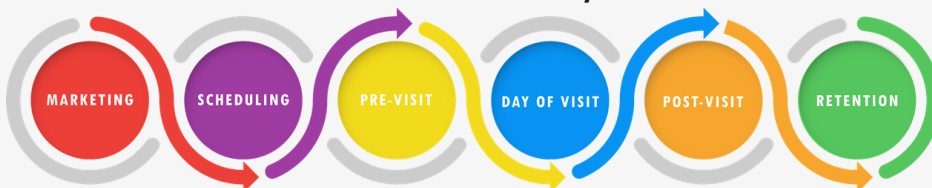
The theme for 2022 is A Person's Journey and this session focused on the importance of eHealth. Objectives of this Transformation Collaborative included:

- Exploring health center eHealth strategies including telehealth
- Patient engagement
- Health disparities
- Leveraging health information technology tools

We would like to highlight Community Health Care, Inc., Infinity Health, and Community Health Centers of Southeastern Iowa for presenting on the implementation of different eHealth initiatives at their respective health centers.



The Patient Life Cycle



MEDICAL

Megan Westerly, Integrated Health Consultant, mwesterly@iowapca.org

MONKEYPOX UPDATE

Cases of monkey pox have [recently been reported](#) in the United States and other countries that don't normally report Monkeypox. The disease is characterized by a rash with skin lesions, which can be concentrated on certain body parts or appear all over the body, as well as flu-like symptoms. Monkeypox is known to transmit through close contact with someone who is infected. It is much less transmissible than fast-spreading respiratory diseases like COVID-19. [IDPH update can be found here.](#)

- CDC has published a [Health Advisory Notice](#), hosted a [Clinician Outreach and Communication Activity \(COCA\) call](#), and [published recommendations for a monkeypox and smallpox vaccine](#), to ensure health care providers are aware of the current U.S. situation. We encourage health centers to continue to monitor this situation and follow CDC guidance as it develops.

COVID-19 VACCINE FOR PATIENTS 6 MONTHS - 5 YEARS

CDC Advisory Committee On Immunization Practices (ACIP) recommended the use of COVID-19 vaccine for patients ages 6 months - 5 years. [See the CDC Statement.](#)

The following resources are available to assist with implementing the recommendation:

- CDC's [Pediatric COVID-19 Vaccination Operational Planning Guide \(updated Thursday, June 2\)](#).
- CDC's [COVID-19 Vaccination for Children website](#)
- CDC's [Interim Clinical Considerations for Use of COVID-19 Vaccines- Check this page for updates.](#)
- [Checklist for Pediatric COVID-19 Vaccination](#) for health centers.

THE 15-MINUTE COMPREHENSIVE ASTHMA VISIT

"The 15-minute Comprehensive Asthma Visit" [webinar recording](#) with Dr. Taylor Lin discusses:

- Clinical evaluation of asthmatic patients
- Updates Asthma treatment guidelines
- Strategies for troubleshooting challenges (medication adherence, SDOH, etc.)
- When to refer to specialty care

CLINICAL QUALITY

Megan Westerly, Integrated Health Consultant, mwesterly@iowapca.org

Amanda Gerardy, Value-Based Care Consultant, agerardy@iowapca.org

Michael Keller, Clinical Informatics Consultant, mkeller@iowapca.org

VALUE BASED CARE AND POPULATION HEALTH - NO WRONG DOOR IN MANAGING AN ATTRIBUTED PATIENT'S CARE

Patient attribution can be tricky to figure out! If a patient is receiving care at your health center, why hasn't the Medicaid Managed Care Organizations or Medicare attributed them to your health center? Both Medicaid MCOs and Medicare use algorithms to attribute (assign) patients to a primary care provider. Common algorithms are:

- Member Choice - the patient selects their primary care provider of choice through the Medicaid/Medicare enrollment process or as a follow up to being enrolled. If a patient doesn't self-select their PCP, Medicaid or Medicare will assign a PCP for them and it might not be your health center. If a patient self selects their PCP, Medicaid/Medicare will not reassign the patient without their written consent, regardless of which PCP is actually providing their care.
- Claims Review - the patient is assigned to the PCP who has provided wellness, chronic care, or other medical services to the patient. This algorithm doesn't guarantee a regular patient of your health center will be assigned to you. This is why PCP Change Forms are an important part of the registration process. Without a patient being properly attributed, it is more difficult to monitor their care and ensure identified quality measures are completed. A completed PCP form submitted to the MCOs by your health center will ensure the correct attribution!
- Family Claims Review - Dad has never gone to a PCP since enrolling in Medicaid; his young children and wife receive care at your health center - the MCOs will assign him to your health center based on associated family member claims. This is a "patient with possibilities" and easier to engage in care due to the established relationship with his wife and children. Low hanging fruits for closing your gap in care reports!
- Geographical Distance - patients are auto-assigned by the MCOs to the PCP who is closest to the patient's residency on record. Patients attributed using this algorithm can be difficult to connect with and engage in care. The patient may no longer live any where near your health center; do not utilize PCPs for care but rather walk-in clinics, ERs, etc.; and may not understand the value of having an established PCP.

An Integrated Health approach can assist in ensuring your patients are attributed correctly and discover opportunities to engage attributed patients/not seen into medical care who are receiving dental and/or behavioral health services through your health centers. It is important to coordinate care across all specialties. This is a great opportunity to compare lists of patients on the gap in care reports with schedules for upcoming behavioral health or dental visits and coordinate a warm handoff (or collect the needed measures (such as BP), during the upcoming appointment. This is also a great way to verify the patient's PCP and get a PCP change form completed, if needed.

Member attribution is ultimately care coordination. Taking the extra steps to ensure every Medicaid and Medicare patient is attributed to a PCP to ensure comprehensive, quality care - what your health centers do the best!

ORAL HEALTH

Nancy Adrianse, Integrated Health Consultant, adriansen@iowapca.org

MNHOI: WHAT IS THIS?

Midwest Network for Oral Health Integration (MNOHI) is a 5 year HRSA funded initiative focused on increasing the oral health knowledge of primary care providers so they are empowered to screen for oral disease, make appropriate referrals for dental care and to provide preventive oral health services to their patients during medical visits. This initiative is focused on 6-11 year old children and their parents/caregivers who are seeking well-child exams. The anticipated outcomes are to increase oral health knowledge of primary care providers and parents so children reduce their risk of oral disease and receive timely dental care. This initiative also seeks to increase the number of children who have received dental sealants on their permanent molars, which will also reduce the child's risk for oral disease.

As the teams are developing their workflows that include oral health screenings and referrals, they are hearing from the parents/caregivers that they really appreciate the information and the help getting dental appointments. Often one well-child exam will become 3-4 dental exams as the parents make dental appointments for additional children in the family.

Nine health centers are participating in the initiative:

- Community Health Center of Fort Dodge
- Community Health Centers of Southeastern Iowa
- Crescent Community Health Center
- Eastern Iowa Community Health Center
- Peoples Community Health Clinic
- Primary Health Care
- Promise Community Health Center
- River Hills Community Health Center
- Siouxland Community Health Center

MOVE TO EPIC: THINGS TO CONSIDER

During the May 3rd OCHIN Implementation Overview, OCHIN shared data conversion documentation for Dentrix and dental. Use the following link to access the documents in Noddlepod.

[Data Conversion Documentation for Dentrix and Dental](#)



BEHAVIORAL (BRAIN) HEALTH

The head is attached to the body!

IOWA FQHCs VISION FOR INTEGRATING BEHAVIORAL HEALTH (Behavioral Health Strategy Session, Spring 2019)

Iowa's FQHCs will: See and care for the whole health of our community and patients throughout their life-course—preventing, addressing, and remembering the social, cultural and behavioral determinants of patients' wellness—by integrating behavioral health services, addressing our own staff and provider's wellness, and by strengthening our collaboration with our community allies.

In order to do this, we need a change in payment that is fair and allows for more flexibility in building behavioral health services—including telehealth, care coordination, group care, and same-day services. We believe that behavioral healthcare is core to our patients' wellbeing and the financial soundness of our health system, and we are prepared to measure our efficacy primarily for our patients' sake, and also for our payors'.

INTEGRATED BEHAVIORAL HEALTH

The core principles of effective integrated behavioral health care includes a patient-centered care team providing evidence-based treatments for a defined population of patients using a measurement-based treat-to-target approach. The assemblage of professionals and the activities they perform to meet the whole health needs of patients, gives rise to a clinic's model of care. [Integrated Models for Behavioral Health and Primary Care | SAMHSA](#)

Some BH integration activities include:

1. Universal Screening for Depression: PHQ-2 and PHQ-9 Depression Screening Measures
2. Screening, Brief Intervention and Referral to Treatment (SBIRT) - SBIRT is an approach to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders. Helpful Resource: <https://www.samhsa.gov/sbirt>
3. Brief Interventions: Motivational Interviewing, Behavior Activation, Brief CBT (Cognitive Behavioral Therapy)
4. Referrals and Follow-ups: Care Coordination to ensure patients get referred to higher levels of care if needed for mental health or substance use treatment services.

BEHAVIORAL HEALTH

PIPBHC

The Promoting the Integration of Primary and Behavioral Health Care Grant's (PIPBHC), also known as Iowa's Integration Project, goal is to improve primary and behavioral health outcomes for individuals with substance use disorders. The PIPBHC grant is implemented by the Iowa Department of Public Health and funded by the Substance Abuse and Mental Health Services Administration Center for Mental Health Services. Using the care coordination model, team-based care is provided through co-located team members between the three participating health centers and their community partner for behavioral health services: Primary Health Care - Prelude Behavioral Health Services, Siouxland Community Health Center - Rosecrance Jackson Centers, and Community Health Care Inc - Center for Alcohol and Drug Services. This partnership model helps extend the health center's capacity and provide access for the the much-needed substance use services, thus eliminating the barriers pertaining to obtaining a facility licensure by the State. Contact Gagan Lamba to learn more or if you have any questions.

TELEHEALTH UPDATES

- Medicare rules for in-person visits to accompany behavioral health services provided via telehealth will become effective 152 days after the PHE ends, click here to read the [issued guidance](#).
- HHS issued [a guidance](#) stating that audio-only telemedicine appointments can comply with HIPAA as long as providers take appropriate measures to protect PHI.
- HRSA's National Maternal Mental Health Hotline is a confidential, toll-free hotline for expecting and new moms experiencing mental health challenges.* Access counselors by phone or text at 1-833-9-HELP4MOMS (1-833-943-5746). TTY users can use a preferred relay service or dial 711 and then 1-833-943-5746. Counselors offer support in English and Spanish, and interpreter services are available in 60 additional languages. [Promotional materials](#) are available in English and Spanish. [HRSA's website](#) includes an FAQ page.

Is it the baby blues or something more?

National Maternal Mental Health Hotline

HRSA

For Support, Understanding, and Resources, CALL OR TEXT 1-833-9-HELP4MOMS 1-833-943-5746

Free - Confidential - Available 24/7

National Maternal Mental Health Hotline

HRSA

For Support, Understanding, and Resources, CALL OR TEXT 1-833-9-HELP4MOMS 1-833-943-5746

Free - Confidential - Available 24/7

You're not alone.

National Maternal Mental Health Hotline

HRSA

For Support, Understanding, and Resources, CALL OR TEXT 1-833-9-HELP4MOMS 1-833-943-5746

Free - Confidential - Available 24/7

BEHAVIORAL HEALTH

IOWA PCA STAFF UPDATES



Gagan Lamba, our Integrated Health Consultant and former Behavioral Health Consultant, is moving on from her work at the Iowa PCA to represent us all in Iowa in her new role at the National Council of Mental Wellbeing as a Mental Health First Aid Strategic Planning Coordinator. Gagan has been with the Iowa PCA for 4 years and was instrumental in advancing the behavioral health strategy across the network and the state. We want to thank Gagan for all of her contributions to the Iowa PCA and Iowa's community health centers over the past 4 years.

The integrated health consultant position will be posted shortly on the Iowa PCA website. Please share the posting with colleagues and others you think may be interested. In the interim, please contact Julie Baker, jbaker@iowapca.org, with any behavioral health related questions.

PHARMACY

340B Drug Pricing Program

AFFORDABLE PRESCRIPTION DRUGS, HEALTHIER COMMUNITIES IN IOWA

In one year, community health centers provide care to over 250,000 patients through nearly 900,000 visits in rural and other under-resourced communities. Over 80% of patients are at least 200% below the federal poverty line.

Why 340B?

The 340B Drug Pricing Program ensures that patients of community health centers and other covered entities are able to access affordable prescription drugs. Covered entities (CEs) include community health centers, Ryan White clinics and State AIDS Drug Assistance programs, Medicare/Medicaid Disproportionate Share Hospitals (including Critical Access Hospitals), children’s hospitals and other safety net providers.

340B in Iowa

The 340B Program is particularly beneficial for patients in rural Iowa who often struggle to access or afford pharmaceutical drugs. Mail order allows patients to access drugs without driving far distances to a pharmacy. Threats to 340B could limit the use of mail order, close additional pharmacies and make it harder to access prescription drugs.

Since 1996, Iowa has experienced a:

- 56% decrease in independent pharmacists
- 12% decrease in the number of communities with at least one pharmacist
- 40 pharmacy closures in the last two years

340B Patient Savings

Common 340B Medications	Cost with 340B	Cost without 340B
Cholesterol medication	\$14	\$209
Inhaler	\$14	\$402
Insulin injectable	\$14	\$370
Insulin pen	\$14	\$555
Blood pressure medication	\$18	\$519
Tradjenta (Diabetes)	\$15	\$1,664

The 340B Drug Pricing Program saves lives and gets our patients stabilized and back to work.

A 23 year old male was treated with insulin to manage his diabetes. Because he was connected to the 340B Program, his A1C improved from 12.6 to 7.6 and his costs went from \$21,000 to \$1,700 annually. Now, he’s able to thrive in his community.

One low-income family in Iowa relies on the 340B Drug Pricing Program in order to access affordable insulin for their child. Without the program, the father shared he would have to make the difficult decision of choosing between paying for this life-saving medication for his child or paying for his family's food and shelter.

PHARMACY

340B Drug Pricing Program

**PROTECT
340B**

TAKE ACTION TODAY



USE YOUR VOICE

Protect 340B. Protect Access to
Affordable Prescription Drugs.

Threats to 340B

Drug manufacturers, pharmacy benefit managers (PBMs) and insurers are working to dismantle this critical program. Putting profits over patients, they are forcing CEs into discriminatory contracts or requiring costly, burdensome and unnecessary data reporting. Examples include:

- Offering lower reimbursement for drugs purchased under 340B than for the same drugs purchased outside 340B
- Refusing to cover 340B drugs, either directly or by refusing to allow 340B pharmacies to participate in their networks
- Prohibiting the use of mail order services
- Requiring data reporting in order to acquire intel to limit the use of 340B

Dismantling 340B would result in:

Increased cost of prescription drugs and **decreased access** to affordable prescription drugs for patients

In some cases, requiring patients to switch to a less costly but **less effective** medication

Additional costs and **administrative burdens** on the healthcare system

How can you help? Raise your voice!

Your voice matters! You have the power to help protect this valuable program by urging Congress to take quick action.

Reach out to your members of Congress today at <https://bit.ly/protect340B> or by scanning the QR code.



SUPPORTIVE SERVICES

MEDICAID AND CHIP CONTINUOUS ENROLLMENT UNWINDING: WHAT TO KNOW AND HOW TO PREPARE

Since establishing the COVID-19 public health emergency, the federal government has eased rules in order to prevent people with Medicaid and CHIP from losing their health coverage during the pandemic. However, at some point soon, states will be required to restart Medicaid and CHIP eligibility reviews. This means that millions of people could lose their health coverage due to procedural reasons. HHS and CMS are working to ensure that people are connected to the best coverage they are eligible for and would like to partner with health centers.

CMS is hosting a monthly call series to help stakeholders—like you—support this effort. [View dates and times or register now.](#) Send questions to PARTNERSHIP@cms.hhs.gov.

The following resources were shared at the May session:

- [Unwinding Homepage](#)– The centralized location where states and stakeholders can learn more and access resources to help them plan and prepare.
- [Medicaid and CHIP Beneficiary Resource Page](#)– Designed for people enrolled in Medicaid and CHIP to help them prepare to renew their coverage when states restart eligibility renewals.
- [Unwinding Communications Toolkit](#)– Provides key messages and materials for states and stakeholders to use when communicating with their networks about Medicaid and CHIP continuous enrollment unwinding. [Also available in Spanish.](#)

Infant Formula Resources and Guidance for Families

HHS has information and resources for families seeking formula during the shortage. These materials are available in multiple languages:

- The [Information for Families during the Formula Shortage website](#) contains a comprehensive list of resources and guidance.
- The [Baby Formula Shortage Social Media Toolkit](#) provides graphics and messaging to direct families in need to the HHS site and offer resources to find infant formula, as well as providing guidance and best practices.

[Too Healthy for the Hospital, Too Sick for the Streets](#), a *Tradeoff* podcast episode, explores how medical respite works, the evidence behind it, what's fueling its recent growth, and what barriers remain in its way. The episode is made possible through a partnership between the Playbook and the national health policy podcast.

HEALTH EQUITY

ADVANCING HEALTH EQUITY

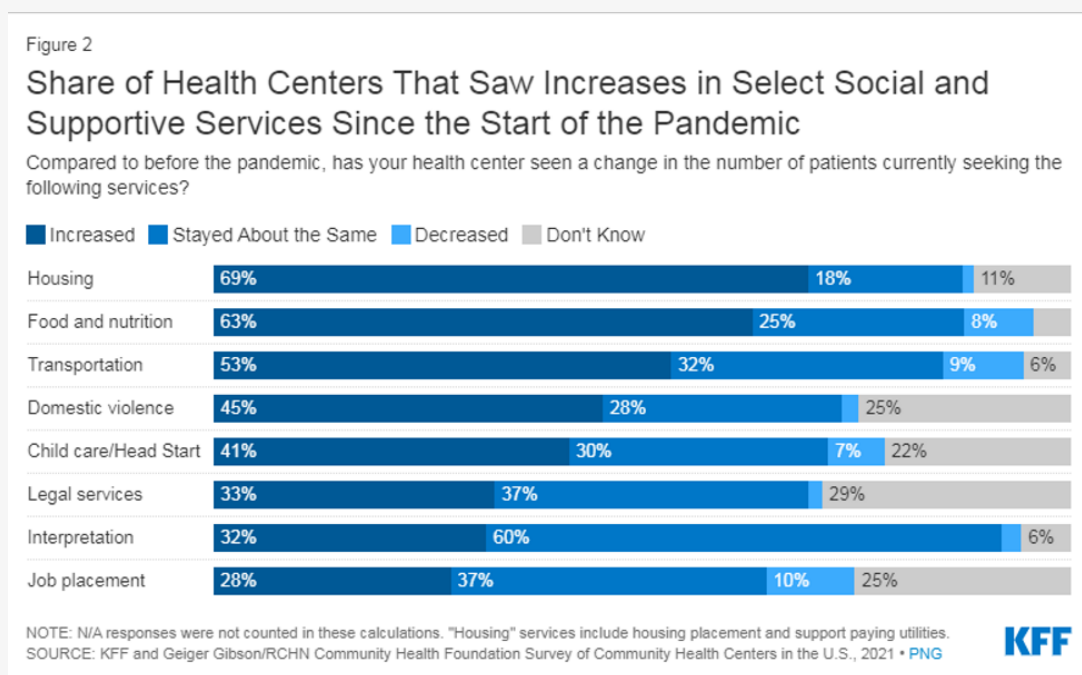
How do we move health equity forward in America? What can we do to improve a health care system that leaves too many people behind? Find out during “Advancing Health Equity” – our seventh “Wellbeing Wednesdays” episode – on July 6 from 2-3 p.m. ET. [Register today](#) to hear [Rochelle P. Walensky, MD, MPH](#), director of the Centers for Disease Control and Prevention (CDC), and Chuck Ingoglia, the National Council’s president and CEO, discuss the state of health equity in the U.S

LEADERSHIP DEVELOPMENT TO ADVANCE EQUITY IN HEALTH CARE, NOVEMBER 1-4, 2022 (COST IS \$2,700)

Traditional medical education lacks training on how the health care system is influenced by black and brown racism and how outdated policies perpetuate disparities. To help fill this knowledge gap and refine your leadership skills through a health equity lens, this program delves into the current state of the health care system and the latest research on the social determinants of health. By participating in this program, you will gain the skills to be a transformational leader who not only understand population health, but also pioneers and , ultimately, the health of your community at large. Click [here](#) to learn more.

HOW COMMUNITY HEALTH CENTERS ARE SERVING LOW-INCOME COMMUNITIES DURING THE COVID-19 PANDEMIC AMID NEW AND CONTINUING CHALLENGES.

[Read full brief here.](#)



VISION

- [Children's Vision Problems Often Go Undetected, Despite Calls for Regular Screening](#)
- **Online Activity: Navigating Current Clinical Challenges in Diabetic Retinopathy.**
 - In diabetic retinopathy (DR), early treatment intervention has demonstrated significant slowing of disease progression and reduced vision-threatening complications. Even with effective treatment options, eye care providers encounter multiple dilemmas in managing DR. In this webcast, leading DR experts discuss the latest guidelines- and evidence-based treatment and management approaches and offer practical strategies to promote patient-centered care in DR. Click here to start activity.

LEARNING OPPORTUNITIES

Podcast

Integrating Systems of Care: Discussion on creating a team-based network around the population of clients, planning around client care, challenges around integrated care, training and education, and measuring outcomes of success. [Click here to listen.](#)

Iowa PCA Behavioral Health ECHO

Monthly BH ECHO Second Fridays each month (12:00pm - 1:30pm)

Iowa PCA Hepatitis C ECHO: Monthly Third Tuesdays each month (11:45AM - 1:15PM)

Contact ECHO@iowapca.org to register

Quarterly Behavioral Health Work Group

Meets every three months on third Wednesdays, 9am - 11am

- Next Meeting on Aug 17, 2022 - Agenda to include health center presentations from the 3 PIPBHC health centers: Community Health Care, Primary Health Care and Siouxland Community Health Center (9am - 11am)
- Nov 16, 2022

Quarterly Peer Reviews:

1. PMNHP: 1pm - 3pm Fourth Tuesdays every 3 months

- Sept 27, 2022
- Dec 27, 2022

2. BH Therapists: 9am - 11am Fourth Thursdays every 3 months

- July 28, 2022
- Oct 27, 2022

THE CENTER FOR SUPPORTING COMMUNITY HEALTH PRESENTS

WOMEN IN COMMUNITY HEALTH LEADERSHIP

THE SPEAKERS



SONJA BACHUS, MJ, CHCEF PRITI GOLECHHA, MD VIAN NGUYEN, MD TAMISHA JONES, MD WARRISA ESMOND, MD JENNIFER GROOS, MD

July 28 2022 | 12:00-4:00 CST REGISTER NOW @ www.supportingcommunityhealth.org Registration is FREE! 



WHAT WE ARE READING

[Eight Ways to Mitigate U.S. Rural Health Inequity](#)

Henderson-Frost J, Deutchman M. 2022. American Medical Association Journal of Ethics. DOI: 10.1001/amajethics.2022.73.

[Update on the Prevalence of Untreated Caries in the U.S. Adult Population, 2017-2020.](#)

Bashir NZ. 2022. Journal of the American Dental Association. DOI: 10.1016/j.adaj.2021.09.004.

[Oral Health Across the Lifespan: Children](#)

Bulletin produced by the National Institute for Dental and Craniofacial Research

[Issue Brief: The Impact of Language on Health Care Accessibility.](#)



FUNDING OPPORTUNITIES

[HRSA Building Bridges to Better Health: A Primary Health Care Challenge](#)

a national competition with a total of \$1M in cash prizes to encourage innovation through technical assistance to health centers. Focus is to accelerate the development of low-cost, scalable solutions to help health centers improve patient access to primary care and strengthen the link between health care and social services. Phase 1 submissions are due Tuesday, August 1.

UPCOMING EVENTS

Iowa Community Health Conference

Each year, our annual conference brings together community health centers and other healthcare leaders for a conference full of inspiration, reflection, and education on important and relevant topics. We're excited to bring everyone together once again for Iowa's premier conference on community health and rural healthcare. The 2022 Iowa Community Health Conference will take place October 12 - 13, 2022. Registration open now! Visit iowacommunityhealthconference.org today to register.



UPCOMING EVENTS



Fall 2022 Transformation Collaborative

The Transformation Collaborative brings together health center leaders, clinicians, and team members to share knowledge and develop skills to meet the ever-changing needs of healthcare today. Each session is thoughtfully designed to be interactive and energizing, equipping participants with information and tools teams can quickly put into practice. [Register here today!](#)

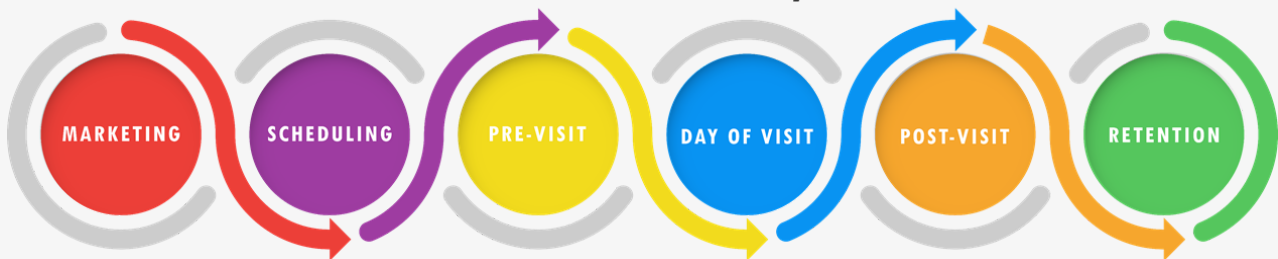
Who should attend?

Health center team members from every service line and department (dental, behavioral health, medical, pharmacy, health information technology, health care applications, marketing & communications, billing, and administration) are welcome and encouraged to participate.

What will sessions cover?

The Fall session will focus on Integrated Health, examining how Integrated Health addresses health disparities and the importance providers and care teams play an integral part in creating health equity. This session is designed for providers and care teams from all disciplines. The Fall session will be held on September 29th from 10:00 AM – 3:30 PM

The Patient Life Cycle



RESOURCES

New Resource to Help Clinicians Navigate Alcohol and Patient Health

The [Healthcare Professional's Core Resource on Alcohol](#), developed by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), provides evidence-based content to help healthcare professionals and practices improve care for people whose alcohol consumption may be impacting their health, as well as:

- **Gain new insights – and earn FREE CME/CE credit** – with 14 articles on alcohol and health covering basic principles, clinical impacts, and patient care from screening through recovery.
- **Overcome barriers to care for patients with alcohol problems** – by filling training gaps for providers who are not addiction specialists, including ways to counteract patient stigma.