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A Message

EXECUTIVE DIRECTOR

Steven Oliva

WellFlorida recently completed the **Health Needs Assessment** for Marion County Health Department (MCHD). Data from the Needs Assessment is being featured in a four-part, four-week series in the *Ocala Star-Banner*. In a recent article in the *Banner*, Dr. Nathan Grossman, director of MCHD, states, "The study is useful in two ways: for community planning and for writing community grants."

This statement could not be truer. Using the research that went into the Health Needs Assessment, WellFlorida assisted in the preparation and submission of a grant application for a Federally Qualified Health Center (FQHC) in Marion County. Marion County may be eligible to receive funding for a FQHC because it falls within the category of one of the 200 neediest counties in the U.S., according to the U.S. Department of Health and Human Services.

WellFlorida's skills in grant applications and our health needs assessments are often the building blocks to creating real solutions for healthcare throughout the region. Learn more about our services by calling Jeff Feller at 352-313-6500 ext. 115.



United Way of Suwannee Valley

Understanding Federally Qualified Health Centers and their "Look-Alikes"



*WellFlorida Council has assisted a number of healthcare centers in North Central Florida through the process of becoming a FQHC. Learn about the advantages of and the application process for becoming a FQHC or FQHC Look-Alike in this **Question & Answer** format with the WellFlorida experts.*

Q. What is a Federally Qualified Health Center (FQHC)?

A. A FQHC is a health center that receives federal grant funding under Section 330 of the Public Health Service Act and offers a complete continuum of medical care including primary, dental, mental health, substance abuse, hospital and specialty care to all residents in the community regardless of ability to pay. FQHCs help make medical care

accessible to low-income, underserved and understaffed areas by using a sliding fee scale based on the patient's family size and income. In a sense, FQHCs create a "medical home" for community members. They provide a continuum of quality healthcare that is accessible—geographically and financially. They are a safety net for the most needy and help alleviate the burden of last-resort hospital emergency room visits.

Q. What is a FQHC Look-Alike?

A. A FQHC Look-Alike "looks like" a FQHC in that it is required to provide the same services and meet the same governance requirements as a FQHC though it receives no federal funding under Section 330 of the Public Health Service Act.

Q. How is a FQHC Look-Alike similar to a FQHC?

A. FQHC Look-Alikes offer the same medical services as those provided at FQHCs. Both types of centers receive enhanced reimbursement from Medicare and Medicaid. Like FQHCs, Look-Alikes must use a sliding fee scale and make services available to everyone regardless of ability to pay.

Q. If Look-Alikes offer the same services as FQHCs, how do they differ?

A. Unlike FQHCs, Look-Alikes do not

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Calendar

July 2007

Florida Association of Community Health Centers' 2007 Summer Meeting

The conference offers educational seminars and a host of additional learning opportunities to raise the bar in community health center care for leaders, managers and other CHC professionals.

July 24-27, Miami
Call (850) 942-1822

August 2007

Public Health Information Network (PHIN) Conference

This year's conference will feature workshops, training on informatics and many opportunities for networking with informatics colleagues from the local, state, national and international levels.

Aug. 27-29, Atlanta, Georgia
Omni Hotel, CNN Center
For more information, contact Barb Nichols at (404) 498-2442

The Florida Alcohol and Drug Abuse Association Annual Conference

The conference provides attendees with the latest research about substance abuse and its applications to their everyday jobs. Plenary sessions and workshops focus on practical skills that are designed to provide both clinical and administrative staff guidance.

August 22-24, Orlando
Hyatt Regency Grand Cypress
Please contact Saad Ouahidi at souahidi@fadaa.org

August 5-11 is National Health Center Week. "America's Health Centers: Your Healthcare Home" is this year's theme. For more information, visit www.healthcenterweek.org

September 2007

Medical Spanish Training

Sept. 28, Bronson
Suwannee River AHEC
Register with www.srahec.org
or call 386-462-1551 for more details

Visit our website:
www.wellflorida.org

FQHCs and FQHC Look-Alikes, cont.

receive funding under section 330 of the Public Health Service Act, which outlines federal funding opportunities for organizations that offer care to underserved populations. Also, FQHCs must go through a competitive (annual or bi-annual) application process, whereas a Look-Alike application can be submitted at any time.

Q. What are some advantages to becoming a FQHC Look-Alike?

A. Though they do not receive federal funding, FQHC Look-Alikes receive many of the same benefits as FQHCs. These benefits include enhanced reimbursement from Medicare and Medicaid and the ability to buy prescription and non-prescription medication for patients at a lower cost through the 340B Drug Pricing Program. Also, communities housing Look-Alikes are automatically labeled as Health Professional Shortage Areas (HPSA). This title allows Look-Alikes to apply to receive personnel through the National Health Service Corps (NHSC) and J-1 Visa Program. J-1 Physicians, also known as Foreign Medical Graduates, are physicians from other countries who want to receive graduate medical training in the U.S.

Since both types of FQHCs have the same requirements, acquiring FQHC Look-Alike status makes a clinic a ready candidate for FQHC status and federal funding opportunities in the future.

Q. What are some of the requirements?

A. To become a FQHC Look-Alike, centers must be a public entity or a private non-profit organization governed by a Board of Directors made up of 51% of medical users of the clinic. Centers must agree to give care to all individuals regardless of ability to pay, serve a Medically Underserved Area (MUA) or Medically Underserved Population (MUP), and have a sufficient number of qualified

personnel and a clinical management system to give quality care. Each center must provide services in primary, dental, mental health and substance abuse, hospital and specialty care, and preventative health services—either on site or by referral to another physician.

Q. What type of healthcare centers can apply to become a FQHC Look-Alike?

A. Centers in both rural and urban areas can apply to become FQHC Look-Alikes if they serve an MUA or MUP. However, Migrant Health Centers, Health Care for the Homeless and Public Housing Primary Care Programs do not need to meet this requirement. As mentioned earlier, centers must offer a complete continuum of care.

Q. How do I apply to become a Look-Alike?

A. Applications to become a Look-Alike must be submitted to the Bureau of Primary Health Care (BPHC). The application requires an overview of the community's population and a project description that: demonstrates the need for primary healthcare services in the community; shows that the healthcare center provides services that will, either on site or by referral, meet that need; demonstrates that it has a strong management system and a Board of Directors representative of the community.

There are additional requirements to participate in the 340B Drug Pricing Program. For more information and registration forms, visit www.hrsa.gov/opa/introduction.htm.

WellFlorida Council can help applicants with the necessary research and grant application process. Call Shane Bailey at (352) 313-6500 ext. 110 for information. For FQHC Look-Alike guidelines and application forms, visit www.fachc.org/mig_resources.htm.

Healthcare professionals can promote sun safety

It's summer; a time for outdoor fun, afternoons by the pool and often times, risky sun behavior. In honor of UV Safety Month (July), healthcare professionals are encouraged to shed light on the dangers of overexposure to the sun.

Overexposure to ultraviolet rays from the sun is the number one cause of skin cancer. With approximately 1.3 million cases in 2006, skin cancer outnumbers the total number of breast, lung, prostate and colon cancer cases combined, according to the non-profit Sun Safety Alliance. Long-term exposure to ultraviolet rays can also damage the cornea, the eye's surface, and lead to vision loss.

A 2006 study from the Sun Safety Alliance found that 85 percent of adults said they know the dangers of overexposure to the sun and believe skin cancer is a serious issue, yet 14 percent said they do nothing to protect their skin from the sun.

"These numbers clearly indicate that public awareness is not translating into action," said Phillip Schneider, executive director of the Sun Safety Alliance, who believes motivating people to change their behavior is key

in making sure Americans incorporate protection from the sun into their daily outdoor routines.

Healthcare professionals can promote safer sun practices by encouraging the use of sunscreen, sunglasses and protective clothing during time spent outside.

The Sun Safety Alliance offers informative brochures on sun safety habits, which can be downloaded for free and distributed to patients (visit www.sunsafetyalliance.org).

Healthcare professionals can also encourage patients to educate themselves about sun safety by visiting the websites listed in the sidebar.

Inna Goykhman, Public Relations Intern



Sources for Sun Safety

www.sunsafetyalliance.org
The Sun Safety Alliance offers information to help improve public awareness of sun care safety and encourages protective behavior.

www.epa.gov
The Environmental Protection Agency (EPA)'s SunWise Program offers school- and community-based educational materials on the dangers of overexposure to the sun. The website also posts the Daily UV Index Map, which provides a four-day forecast of ultraviolet radiation levels throughout the US, and precautions to take for each level.

www.cancer.org
The American Cancer Society provides information on skin cancer prevention and early detection.

www.skincancer.org
The Skin Cancer Foundation website features skin cancer facts, protection measures, product recommendations and tips for healthy skin for men, women and children.

www.preventblindness.org
The UV Learning Center on the Prevent Blindness America website lists the best defenses against eye damage from UV Rays.

Sun Safety Tips

Seek shade, especially between 10 a.m. and 4 p.m.

Apply sunscreen with an SPF of 15 or higher whenever outside and reapply often, especially after swimming, perspiring or toweling off.

Use products that contain ingredients like Avobenzone (Parsol 1789) or zinc oxide to protect skin against both UVA and UVB radiation.

Protect your eyes with sunglasses that block 99-100 percent of UVA and UVB rays. Wear a wide-brimmed hat. Wearing a hat can cut the amount of UV rays that reach the eyes in half.

Do not use sun tanning beds.

Examine your skin for signs of skin cancer monthly.

Sun Facts

You can sunburn even on a cloudy day.

On average, children get three times more exposure than adults.

Concrete, sand, water and snow reflect 85% to 90% of the sun's UV rays.

More than 1.2 million new cases of skin cancer are diagnosed each year in the U.S.

One blistering sunburn can double a child's lifetime risk of developing skin cancer.

2007 Legislative Update

The following is a list of health related bills that were passed during the 2007 regular legislative session. It is not all inclusive. Unless otherwise noted, the bills have July 1, 2007 effective dates.

Caregivers for Adults: Creates Adult Caregiver Program in Department of Elder Affairs to train people to be caregivers and assistants to frail elderly people 60 and older living in the community. CS/HB 397

Clinical Nursing Specialties: Creates the licensure category of clinical nursing specialist and sets certification requirements. Also specifies title abbreviations for clinical nursing specialist, certified registered nurse anesthetist and certified nurse midwife. SB 248

Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program: Authorizes counties to apply for matching grants to plan, implement and expand mental health and substance abuse treatment services for people in the criminal justice system. CS/CS/HB 1477

HMO Contract/New Subscriber's Rights: Requires that an HMO give written notice of the rights of a member living in a skilled nursing unit or assisted living facility that is part of his/her place of residence. Allows member to file a grievance if a request to be referred to the skilled nursing unit or assisted living facility that is part of the subscriber's place of residence is not honored. SB 0590

Immunity for Good Samaritans: Extends immunity to advanced registered nurse practitioners and physician assistants for certain emergency examination and treatment of incapacitated persons done without consent. SB 1508

Immunization Services: Authorizes pharmacists to give flu shots under a protocol established by a supervising practitioner. CS/HB 543

Medicare Supplement Policies: Excludes from state regulation Medicare Supplement (MediGap) policies or plans offered by one or more employers with at least 50 employees, and labor unions, if, upon termination of eligibility, group members age 65 or older are

offered continuation coverage under the group plan or a conversion policy with the same benefits. CS/HB 97

Mental Health Facilities: Requires that licensed mental health receiving facilities report certain data to the Agency for Health Care Administration. SB 0430

Nursing Facilities Monitoring: Revises the frequency of nursing home quality-of-care monitoring by the Agency for Healthcare Administration and specifies monitoring requirements, including a redefinition of "adverse incidents." SB 0682

Physical Education: Requires 150 minutes of physical education each week for students in kindergarten through grade 5. Effective Date: Upon becoming law. CD/CS/HB 967

Physician Assistants: Authorizes physician assistants to dispense medications if supervised by allopathic or osteopathic physician who is licensed as a dispensing practitioner. CS/HB 1007

Physician Workforce Assessment and Development: Mandates Department of Health conduct survey to assess workforce needs within existing resources. Effective date: Upon becoming law. CS/CS/SB 770

State Children's Health Insurance Program: Urges Congress to timely re-authorize State Children's Health Insurance Program. CS/SM 1506

Tobacco Education and Prevention Program: Directs the Department of Health to conduct a statewide smoking cessation program, including advertising and other education initiatives, through county health departments and through contracts with the Area Health Education Centers and others. CS/SB 1126