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Antibiotics Are Not Harmless: How PCMHs Can Help Combat Antibiotic Resistance

By Kathleen Koechlin, PhD, MPH, BSN, RN, Antibiotic Resistance Coordinator,
Ohio Department of Health

Cold and flu season is rapidly approaching, and with it, an influx of patients into Patient Centered Medical Homes (PCMHs) expecting antibiotics to make them feel better. But antibiotics are not always the answer. The causes of many common illnesses such as colds, influenza, most bronchitis, most sinus infections, and some ear infections are viruses. Antibiotics do not fight viruses; viruses usually go away without treatment. Even some bacterial ear infections will resolve without antibiotics.¹ Nonetheless, some healthcare professionals will prescribe antibiotics for these viral infections for a variety of reasons. The problem is, when antibiotics are given inappropriately, antibiotic resistance and other harmful consequences may occur. Each year, tens of millions of antibiotics are prescribed unnecessarily for viral upper respiratory infections; up to 50 percent of all the antibiotics prescribed are not needed or are not the most effective as prescribed.^{1,2}

Antibiotic resistance is now one of the world's most pressing public health problems, threatening the ability of healthcare



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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Antibiotic prescribing rates by state across the U.S. (2012/13)*



providers to fight infectious diseases. Widespread, inappropriate use of antibiotics is the main cause. In the United States each year, there are at least 2 million antibiotic-resistant infections, and at least 23,000 people die as a result. Many more people die from other conditions that were made worse by an antibiotic-resistant infection. Overuse of antibiotics also increases side effects, allergic reactions, diarrheal infections caused by *Clostridium difficile* (*C. difficile*), and even death.^{1,2} This problem has become so significant that a [National Action Plan for Combating Antibiotic-Resistant Bacteria](#) was released by the White House in March 2015.

<http://www.cdc.gov/getsmart/community/materials-references/graphics.html>

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New Study Shows Prepared Safety Net Improves Care, Saves Money in Medicaid Expansion Population

A new study published in the July 2015 issue of Health Affairs found that poor, uninsured patients who enrolled in a Medicaid-like insurance plan in northeast Ohio, had better care and health outcomes than those who remained uninsured. In addition, across all enrollees, total costs of care were 28.7 percent lower than the spending cap allowed by the federal government.

The study examined the impact of MetroHealth Care Plus, which extended Medicaid coverage to 28,295 Cuyahoga County residents before the expansion of Medicaid took place in Ohio. The patients enrolled in the program were previously uninsured, and were provided with primary care providers, including nurses to help coordinate their care as needed. The program launched in February 2013, and was designed to provide the high-quality services people need to maintain their health, while also reducing health care spending. Care Plus patients formally transitioned to Medicaid when Ohio's expansion began on January 1, 2014.

“The results challenge recent reports and contribute to the ongoing debates on the value of expanding health care coverage to more poor Americans,” said Randall Cebul, MD, president and CEO of Better Health Partnership and lead author of the study. “With well-equipped safety-net providers who came together for this program, we have seen that we can make meaningful strides in our collective quest to achieve the Triple Aim of better care, better health and lower costs.”

MetroHealth Care Plus patients were cared for by three Cuyahoga County health systems that are committed to caring for everyone: The MetroHealth System, Neighborhood Family Practice and Care Alliance Health Center. All three systems are members of Better Health Partnership, a regional health improvement collaborative. The three organizations share the same electronic health record system and accepted financial risk if the total cost of care were higher than allowed by the U.S. Centers for Medicare & Medicaid Services. Instead of paying a penalty, the 28.7 percent savings by Care Plus totaled more than \$41 million across the 28,295 patients.

The study used Better Health's clinical data to look at differences in care between 2012 and 2013 among 3,437 Care Plus patients with high blood pressure or diabetes and 1,150 patients who had the same conditions but remained uninsured. Compared with continuously uninsured patients,

more Care Plus patients with diabetes improved more on nationally endorsed quality of care standards, like receiving recommended eye exams on an annual basis. High blood pressure, a risk for diabetes complications, also was better controlled among Care Plus patients than those who remained uninsured in 2013. Over the study period:

- Care Plus patients with diabetes improved 13.2 percentage points more on quality of care standards than those who remained uninsured.
- On diabetes outcome measures, such as having blood pressure under control, Care Plus patients improved 8.2 points more than those who remained uninsured.

“MetroHealth is committed to keeping everyone in our community, including those without insurance, as healthy as they can be,” said Akram Boutros, MD, president and CEO of The MetroHealth System. “MetroHealth Care Plus proved that doing the right thing — providing insurance coverage and thoughtful, coordinated, regular care — to those who were previously uninsured not only improves their health, it reduces health care costs for all of us.”

“Care Plus was a game changer for over 2,000 uninsured patients of Neighborhood Family Practice,” said Jean Polster, CEO of Neighborhood Family Practice, with four locations in Northeast Ohio. “This early expansion of Medicaid benefited so many residents of our community,

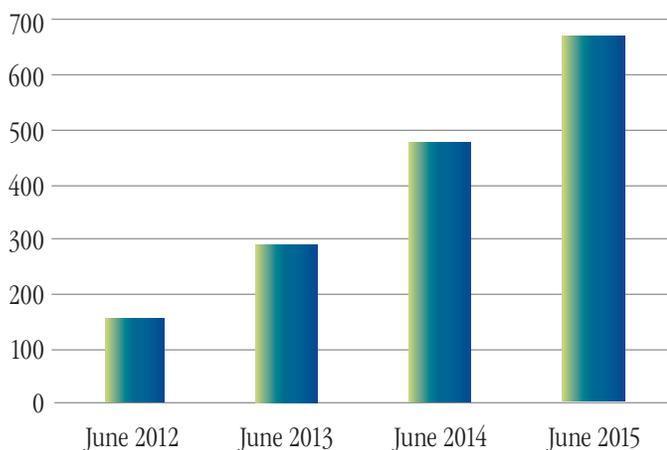


enabling them to get their medications and other needed care. Neighborhood Family Practice has seen a decrease in health disparities for our working poor families as a result of this needed coverage.”

“Through our partnership in MetroHealth Care Plus, we could offer a health insurance option to our patients, many for the first time,” said Francis Afram-Gyening, President and CEO of Care Alliance Health Center, a federally qualified health center that provides primary medical, dental and behavioral health care and supportive services to the homeless, those living in and around public housing, and the underserved. “We further increased access to essential services by removing a detrimental barrier like lack of health insurance and prepared our organization for expanded Medicaid. As a result, in 2015, 47 percent of Care Alliance patients are now insured, up from a 12 percent insured rate just a few years ago.” MetroHealth Care Plus was also supported by Case Western Reserve University Center for Health Care Research and Policy at MetroHealth Medical Center, Medical Mutual of Ohio, Ohio Governor’s Office of Health Transformation, and the Ohio Department of Medicaid.

PCMH Growth in Ohio

The number of recognized and accredited PCMH practices in Ohio continues to grow. Ohio’s PMCH sites increased from 157 sites in June of 2012 to 666 in June of 2015. The first Ohio site to receive recognition through the 2014 National Committee for Quality Assurance received Level 3 recognition through the 2014 standards in June of 2015. A heat map and an interactive map of PCMH practices in Ohio may be viewed on the [Ohio Department of Health website](#).



PCMH practice growth in Ohio, 2013 - 2015



National Health Service Corps News

The National Health Service Corps (NHSC) builds healthy communities by supporting qualified health care providers dedicated to working in areas of the country with limited access to care. As of August 2015, a total of 126 NHSC providers are practicing in underserved areas of Ohio through the NHSC Scholarship, Loan Repayment, and Students to Service programs. This includes 59 primary care, 37 mental health, and 30 dental providers practicing in 43 Ohio counties.

In the fall, there are two ways to get involved with the NHSC. Through September, the NHSC Site Recertification Cycle is open. Approved sites that will be expiring in 2015, and prior sites that would like to participate in NHSC programs again, must reapply by September 30, 2015. Eligible sites have been notified directly by the NHSC, but interested sites may contact the Ohio Department of Health Primary Care staff or email HealthPolicy@odh.ohio.gov for assistance.

During the month of October, the NHSC will celebrate Corps Community Month to increase awareness of primary care careers as well as highlight the NHSC’s role in bringing primary health care services to communities that need them the most. The theme for this year’s recognition is “Training. Access. Delivery. Health.” To celebrate the Corps, NHSC scholars, providers, ambassadors, and alumni, as well as health professions schools and other partners, are encouraged to host events throughout the month. For more information, visit <http://www.nhsc.hrsa.gov/corpscommunitymonth/index.html>

Antibiotics continued from page 1

Ohio is a high antibiotic-prescribing state, ranking in the top third of the nation for rates of antibiotic prescriptions written between July 2012 and July 2013. It will take healthcare providers, as well as patients, to address this problem and bring Ohio's antibiotic prescription rate down.

There are various reasons why antibiotics are overused and inappropriately prescribed in the outpatient setting. One reason healthcare providers give is the perception that the patient expects an antibiotic and will not be satisfied with the outcome of the visit if they leave the office without a prescription. Some providers believe that patients want symptoms resolved quickly, may have misconceptions about when antibiotics work, and may have expectations of being prescribed an antibiotic because of experiences with past providers. Another reason healthcare providers give for prescribing antibiotics when they may not be warranted is time pressure; it is quicker to write a prescription than to spend the time educating patients on the reasons antibiotics are not needed.^{3,4} Taking the time to educate adults and parents of young children on the appropriate use of antibiotics, however, can keep them from insisting on a prescription when a prescription is not needed. Pharmacists are a valuable resource for assistance in providing patient education.

Recommendations for appropriate antibiotic prescribing, including clinical practice guidelines, have been developed to improve outpatient treatment of common infections in children and adults. The Centers for Disease Control and Prevention (CDC)'s [Get Smart: Know When Antibiotics Work](#) program has developed materials that outpatient healthcare providers can use to educate their patients about when antibiotics treatment is appropriate. Treatment guidelines for various infections are also available along with supporting literature. This information can also be accessed through the [Ohio Department of Health's antibiotic resistance webpage](#).

Working with patients to understand appropriate antibiotic use fits with the PCMH model, specifically commitment to quality and safety. The PCMH model of care is one that facilitates partnerships between patients and their healthcare providers to assure that patients get the appropriate care when and where they need and want it in a culturally appropriate manner. This partnership is a perfect model for increasing appropriate antibiotic use and can be very effective in helping to combat antibiotic resistance. This cold and flu season, remember: antibiotics are not always the answer.

How you can reduce the problem of antibiotic resistance

- Include microbiology cultures when placing antibiotic orders
- Know resistance trends in your region
- Prescribe an antibiotic that targets the bacteria that is most likely causing the patient's illness
- Prescribe antibiotics only when they are needed, in the right dose, and for the right duration
- Avoid unnecessary overlaps in antibiotics; it is not usually necessary to give two antibiotics to treat the same bacteria
- Encourage patients to use antibiotics exactly as prescribed
- Work with pharmacists to counsel patients on appropriate antibiotic use, antibiotic resistance, and adverse effects
- Stop and assess the use of antibiotics when a patient's culture results come back ("antibiotic timeout")
- Collaborate with other healthcare providers, office staff, and patients to promote appropriate antibiotic use
- Continue to review and follow the latest clinical practice guidelines for common infections
- Utilize patient and provider resources offered by CDC and other professional organizations such as academic detailing sheets and posters in waiting areas and examination rooms
- Participate in CDC's Get Smart about Antibiotics Week initiatives¹

Antibiotics are not harmless

- Taking antibiotics increases the risk of a subsequent antibiotic-resistant infection
- Antibiotics kill healthy bacteria in the gut, allowing more harmful bacteria, such as *C. difficile*, to grow in its place
- Antibiotics cause 1 out of 5 emergency department visits for adverse drug events
- Antibiotics are the most common cause of emergency department visits for adverse drug events in children under 18 years of age¹





Name: _____

Date: ____/____/____

**Diagnosis:**

- Cold
 Cough
 Flu
 Middle ear fluid (Otitis Media with Effusion, OME)
 Viral sore throat
 Other: _____

You have been diagnosed with an illness caused by a virus. Antibiotics do not cure viral infections. If given when not needed, antibiotics can be harmful. The treatments prescribed below will help you feel better while your body's own defenses are fighting the virus.

General instructions:

- Drink extra water and juice.
 Use a cool mist vaporizer or saline nasal spray to relieve congestion.
 For sore throats, use ice chips or sore throat spray; lozenges for older children and adults.

Specific medicines:

- Fever or aches:
 Ear pain:

Use medicines according to the package instructions or as directed by your healthcare provider. Stop the medication when the symptoms get better.

Follow up:

- If not improved in ____ days, if new symptoms occur, or if you have other concerns, please call or return to the office for a recheck.
 Other: _____



Signed: _____

For More Information call 1-800-CDC-INFO
or visit www.cdc.gov/getsmart

OPCPCC Learning Centers Update

The Ohio Patient-Centered Primary Care Collaborative (OPCPCC) Communications and Education Learning Center has finalized a [flyer](#) for the promotion of the new [PCMH consumer website](#). The Patient Engagement Learning Center continues to improve and update the [PCMH Patient Engagement Toolbox](#). The Patient Engagement Learning Center held their third webinar, "Self-management: A community resource to help your patients with chronic diseases achieve better health" on August 6. The next patient engagement webinar is scheduled for November 17 and will focus on health literacy.

The OPCPCC Workforce Learning Center (formerly PCMH Education Advisory Group) held a PCMH Curriculum meeting on July 29 with Ohio medical and nursing schools to discuss progress on PCMH interprofessional curriculum implementation.

If you are interested in participating in an OPCPCC Learning Center, please contact OPCPCC at 614-644-9756 or PCMH@odh.ohio.gov

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. Check out the [OPCPCC website](#) to see the strong list of supporters.

Membership in OPCPCC is free and benefits include:

- Conferences and networking opportunities
- Quarterly newsletters
- Ohio PCMH Weekly updates
- Discount code for 20 percent discount on NCQA application fees

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.

References:

1. Get Smart: Know When Antibiotics Work, Centers for Disease Control and Prevention, www.cdc.gov/getsmart, Accessed August 4, 2015
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Announcements and Upcoming Events

OPCPCC Activities and Events

Tue., Sept. 22 at 11:00 AM	Patient Engagement Learning Center meeting
Wed., Oct. 14 at 2:00 PM	OPCPCC Coordinating Council meeting
Tue., Oct. 27 at 11:00 AM	Patient Engagement Learning Center conference call
Fri., October 30 at 9:30 AM	OPCPCC Annual conference at COSI
Tue., Nov. 17 at 11:00 AM	Patient Engagement Learning Center conference call
Tue., Nov. 17 at 12:15 PM	Patient Engagement webinar
Wed., Nov. 18 at 10:00 AM	Workforce Learning Center meeting

Save the Date: The next OPCPCC annual conference is scheduled on Friday, October 30 at COSI in Columbus. This year's conference theme is "From medical home to medical neighborhood." This year's keynote speaker is Katie Adamson, Senior Director of Health Partnerships and Policy for the YMCA of the USA. A draft conference agenda is now on the [OPCPCC website](#). Watch the [Ohio PCMH Weekly](#) for more details and registration information.

National Primary Care Week is October 5-9, 2015. The theme this year is "Climate change and its impact on health care." Learn more on the [NPCW website](#).

The fifth annual National Rural Health Day is on November 19, 2015. Rural communities are wonderful places to live and work, which is why nearly 62 million people – nearly one in five Americans – call them home. These communities provide the rest of the country with a wealth of services and commodities, and they are the economic engine that has helped the U. S. become the world economic power it is today. These rural communities also have unique healthcare needs. Today more than ever, rural communities must address accessibility issues, a lack of healthcare providers, the needs of an aging population suffering from a greater number of chronic conditions, and larger percentages of un- and underinsured citizens. And rural hospitals – which are often the economic foundation of their communities in addition to being the primary providers of care – struggle daily as declining reimbursement rates and disproportionate funding levels make it challenging to serve their residents.

Learn more on the [Celebrate the Power of Rural website](#).

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

NCQA Discount for OPCPCC Members

As part of the purchase of monthly data feed subscription through the National Committee for Quality Assurance (NCQA), the Ohio Department of Health (ODH) has a sponsor discount code for NCQA fees. Members of the Ohio Patient-Centered Primary Care Collaborative (OPCPCC) can use this discount code to receive a 20 percent discount on NCQA application fees. The code can be used by OPCPCC members who are not already eligible for other discounts, such as the 50 percent NCQA multi-site discount given to practices that have three or more sites that share the same EMR. To use the ODH sponsor discount code, please first complete the free on-line OPCPCC membership form and then call Amy Bashforth at 614-644-9756 to receive the code. The discount code will be available through October 2015.