

NJPCA & NJSORH

Quarterly Newsletter

Winter 2006



GOVERNOR JON S. CORZINE

On January 17, 2006 Jon S. Corzine was sworn in as the 54th Governor of New Jersey.

Governor Corzine has proposed a three-pronged plan for a health care system in New Jersey that is accessible, affordable and safe for all our residents. This plan includes:

As a United States Senator, Governor Corzine was a strong supporter and advocate of health care issues in this state and our Community Health Centers (CHCs). Governor Corzine once said, "Community health centers are the backbone of America's primary health care safety net."

The New Jersey Primary Care Association has honored Governor Corzine on numerous occasions for his work on behalf of low-income, uninsured and medically underserved citizens of New Jersey. We believe that this work will continue while he serves as the Governor of New Jersey.



Governor Corzine is pictured here with staff and Board members from the Community Health Center when he was honored this past year.

Providing Access for 766,000 Uninsured New Jerseyans by:

- Providing universal access to health care for children and pregnant women.
- Creating a "buy-in" program allowing working families to join the state's Family Care program at cost.
- Expanding the number of hours that CHCs are open.
- Increasing the ability of small businesses to cover employees.

Reducing Health Care Costs by 10% in Three Years by:

- Launching a 'Health CareTechnology Initiative' to process claims and paperwork electronically.
- Strengthening anti-fraud programs.

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KATHERINE GRANT-DAVIS TAPPED FOR CORZINE TRANSITION TEAM

Katherine Grant-Davis, Executive Director of the New Jersey Primary Care Association, was hand picked

by Governor Jon Corzine to be part of his transition team as co-chair for the Health Care and Senior Issues Policy Group. According to Governor Corzine, those chosen "... bring tremendous knowledge and experience to the table, and I'm proud to have them on board to assist in implementing my administration's agenda."

The Health Care and Senior Issues Policy Group was instructed to examine many of the proposals offered during Governor

Corzine's gubernatorial campaign. Specifically, the group was to outline steps to make health care more accessible, more affordable and safer for New Jersey citizens. In addition, the Policy Group worked towards identifying ways to: ensure that PAAD and Senior Gold remain strong in the wake of federal changes to the Medicare law; improve long-term care options, and bring social services to places where seniors live and expanded community health services.

Additionally, the group will single out and examine critical issues that will need to be addressed within the first six months of the administration.



"OPERATION DERAILED"

November 29, 2005 was an ordinary day, rather beautiful and warm for late November. At CAMcare Health Corporation in Camden, NJ, patients and families were sitting comfortably waiting to be seen by their providers. A dozen nurses, doctors and dentists had just entered a classroom for N95 fit-testing by UMDNJ's John Malool as part of their emergency preparedness training. It was just an ordinary day.

At 9:00 a.m., the administrative office received a call from an "EMT" stating that a terrible accident had occurred a block away involving a school bus and the NJ light rail train. Victims requiring emergency treatment were being sent to local emergency rooms. Non-emergent victims were triaged and being sent to CAMcare for evaluation and were on their way. The phone call message immediately went to adult medicine. Within a few minutes, a blood-covered teenager ran into the building screaming, "Can anybody help me?" with a teacher at her side calling out for help. Patients in the waiting room and from the level above looked down on the site as two more victims entered the building.

Thus began CAMcare's unannounced emergency preparedness drill to assess surge capacity at the health center. There were three more van loads over the next twenty minutes; each filled with students from the Charles Brimm Medical Arts High School of Camden playing the roles of non-emergent victims, frantic parents and of course, the pesky press.

The drill's goals were to: assess CAMcare's interface with other agencies during a disaster, assess emergency preparedness plan effectiveness, assess



CAMcare staff and students from Charles Brimm Medical Arts High School pose for a photo after the drill.

resource management, assess medical management of victims, and assess management of public relations. The Medical Director, Safety Officer and Mr. Malool (who was recruited as part of the preparation activities) all wore badges that said, "Observer - don't ask me questions", which meant they were unreachable and required the Incident Command infrastructure to be followed without them. The Incident Command System was activated four minutes after the first patient arrived and as victims continued to arrive over twenty minutes, satellite sites were notified to be on alert for possible patient diversion.

The observers rapidly walked the center, notifying patients in English and Spanish that this was a drill for their healthcare

providers. Actual patients responded enthusiastically, "This is just great!" and watched as the staff responded to the "emergency".

The first patient arrived at 9:08 a.m., with the rest arriving in waves over the next 15 minutes. Frantic parents and the press came last. The Incident Command System was activated at 9:12 a.m. Eleven patients were sent to pediatrics, adult medicine, Ob/Gyn and dental. By 9:45 a.m. all eleven patients had been triaged and treated; some medically cleared or "sent" out via ambulance (37 minutes for a quick surge event!). The social worker was with the frantic parents and student victims doing post-event stress management. 911 responded in 4 minutes. The CFO arrived 4 minutes into the drill and was generating a cost and supply list.

A huge key to the drill's success was CAMcare's partnership with the Medical Arts High School. Fifteen students and two teachers were recruited to play the "victims". They rehearsed at the schools, were given scripts, arranged props and sworn to secrecy. They ad-libbed and

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Staff members respond to the "Emergency."

OPERATION DERAILED

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acted Oscar-worthy performances.

Indeed, a nurse practitioner called 911 for an apparent asthma victim before being handed a card stating his chest had cleared after a nebulizer treatment. Puzzled, she said, "I wondered why his pulse ox was 100%".

What they did well: The staff did a great job with body substance isolation! They knew that PPE and equipment was located at the security desk. They triaged quickly and sent patients to the appropriate area for treatment. Of interest, a student "victim" was diagnosed with high blood pressure and was referred to her real Primary Care Physician for evaluation and follow-up. Throughout the drill, providers divided their staff to care for the real patients

as well as the victims and the satellites were put on standby for possible diversion.

What they would do differently: the Incident Commander (IC) put herself in the mix instead of stepping back and delegating (a tough role transition when the IC is a care provider). Their overhead paging system failed so that all associated components failed, however they were rapidly circumvented using other backup means of communication. CAMcare performed a FMEA (failure modes and effects analysis) around this breakdown and found a simple solution. There was poor tracking of patients when they entered the facility - partly due to the rapidity and numbers of victims; partly due to lack of staff or designating staff to get names. When the pesky press person was told he had to speak with the Incident

Commander who was otherwise busy, he snuck off and tried to interview anyone. Security stopped him a number of times and he was eventually escorted out of the building. Expanding ICS to activate Operations to beef up security and logistics would have helped.

Operation Derailed was a great learning event for both staff and the students. CAMcare learned that they can accommodate a quick surge in volume and found previously unidentified gaps in their emergency preparedness plan. The entire drill required a week's worth of preparation and cost CAMcare one lunch for the students and teachers. The N95 fit-testing was rescheduled for the following week.

And spring is just around the corner on the next ordinary day...

Southern Jersey Family Medical Centers, Inc. Introduces "The Mobile Medic" to Area Residents

By early February, Southern Jersey Family Medical Centers, Inc. will soon offer mobile medicine to residents of Burlington, Atlantic and Salem Counties.

The two new mobile units were toured by elected officials, agency representatives, patients and others during "open houses" held during the week of January 16, 2006 in Burlington and Atlantic Counties.

The "Mobile Medic", equipped with a reception area, private patient exam rooms, and dental operatories, will be staffed by licensed and board certified clinicians and support staff. The Mobile Medic will travel to senior citizen housing complexes, schools, colleges, farms with seasonal farm workers, and other areas where access to primary health care is limited.

"As rich and densely populated as New Jersey is overall, there are many areas in southern Jersey counties where the absence of public transportation limits the ability of many residents to access comprehensive health care", says Linda Flake, President and CEO of SJFMC. "We have been meeting with municipal



officials, school nurses, farm owners, faith-based organizations and other area leaders to develop a schedule for the placement of the Mobile Medic", says Flake, "and we are working with our technology staff to develop wireless computer capabilities for expediting access to patient registration and information".

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SPOTLIGHT ON: OCEAN HEALTH INITIATIVES (OHI)

Ocean Health Initiatives, Inc.(OHI) celebrated its status as a federally qualified health center with a grand reopening on December 2nd. On hand for the celebration was Congressman Smith's Chief of Staff, representatives from the Governor's office, the New Jersey Department of Health and Senior Services and the NJPCA.

OHI is extremely responsive to the needs of its patient population. Recognizing that winter is a time that is particularly difficult for many, OHI conducted clothing drives in both the Lakewood and Dover health centers. Its efforts ensured that no child in the area would be without a winter coat. In addition, their Thanksgiving food drive provided turkey and all the trimming to over 100 families. Such generosity and hard work is admirable.



OHI December 2nd Grand Opening



OHI Health Fair



OHI Thanksgiving Food Drive



OHI Gift Basket Give-Away



"MOBILE MEDIC" (continued from page 3)



To meet the demand and unprecedented growth in patients at Southern Jersey Family Medical Centers, particularly those who are uninsured and/or live in rural areas, SJFMC has opened new primary health care facilities in Atlantic City and Pemberton, and will soon

open a new health care center in Burlington City. Other SJFMC centers in Hammonton and Pleasantville are being expanded to accommodate patient growth and space needs to add mammography, dental services and administrative support.

Services to be provided by the "Mobile Medic" will include general primary care, health screenings, glucose testing, blood pressure checks, dental screens and emergency dental care. Health education to prevent or control chronic diseases is a primary focus for all patients registered at SJFMC. All patients will be routinely screened for diabetes, high blood pressure,

cholesterol and anemia. New health programs and collaboratives for diabetes and asthma prevention, control and education will be offered in the mobile units.



A view from inside the mobile unit.



Jacobs To Remain as Head of DHSS



Governor Jon Corzine has reappointed Fred M. Jacobs, MD, JD as Commissioner of the NJ State Department of

Health and Senior Services.

Commissioner Jacobs made these remarks concerning his reappointment: "I am extremely gratified to have been asked by Governor Corzine to continue as Commissioner of the Department of Health and Senior Services in his administration. It is both a recognition of the valuable contributions made by the department and an opportunity to continue these important initiatives into the future. I look forward to working with the Corzine team for the benefit of all New Jerseyans."



SUCCESSFUL 2005 UDS TRAINING

On December 6th, in spite of a snowfall, there was a well-attended Preparation of the UDS (Uniform Data Systems) training. Sponsored in conjunction with CHCANYS (Community Health Care Association of New York State), this event was held at the Hilton Newark Gateway. The one day session, with over 100 attendees, covered basic and advanced changes to the UDS. The training focused on new requirements, changes and reformatting of the forms, new electronic requirements, and how UDS data will be used in the future.



**Roxanne Wynn-Trotman, Director, Member Services & Training, CHCANYS
Debra Olesen, Trainer from John Snow Incorporated**

New Jersey Statewide Asthma Collaborative



It is estimated that more than 400,000 adults and 140,000 children in New Jersey suffer from asthma. The New Jersey Primary Care Association recently received support and funding from the New Jersey Department of Health and Senior Services to initiate a NJ Asthma Collaborative based on the national model of HRSA's Health Disparities Collaborative (HDC). The HRSA HDC is a national effort to achieve strategic system change in the delivery of primary health care. NJPCA has enlisted the expertise of the Connecticut Primary Care Association, who is responsible for administration of the national program within the Northeast Cluster of the United States, including New Jersey.



*Sam De Leon, M.D., Medical Chair for the New Jersey Asthma Collaborative
Susan Walsh, M.D., FACP, Medical Co-Chair for the New Jersey Asthma Collaborative
Wanda Montalvo, RN, MSN, ANP Director, Northeast Cluster Director*

centers and collect data to measure the impact of the changes. Although participants focus on their own organizations, they remain in continuous contact with other teams enrolled in the Collaborative, Primary Care

clinical practice through new and proven effective, evidence-based models of care; (3) develop infrastructure, expertise and multi-disciplinary leadership within the state and within each organization, to improve health status and; (4) build strategic partnerships nationally, throughout the state and within the communities.

Association (PCA) staff, and faculty. This communication takes the form of conference calls, email, accessing the website and listserve, and site visits to other organizations in the Collaborative. In addition, Collaborative team members share the results of their improvement efforts in monthly reports.



Team Pump to Victory Over Asthma from Newark Homeless Health Care Project, Denise Zeigler, (l.) Jean Pinnock, RN, and Sima Dalal, DO. Other team members not present are Frank Jordan, CEO and Christina Medrano, MD and Joao Rodrigues.

The New Jersey Statewide Asthma Collaborative incorporates the National Health Disparities Collaborative models of care. After completing their first learning session on December 5th and 6th, the NJ Asthma Collaborative teams have moved into their first Action Period. During Action Periods, Collaborative Team Members work within their organizations to test and implement an organizational approach and transformation for providing planned care to their patients. Teams try out multiple changes in their health

For additional information about the NJ Statewide Asthma Collaborative contact: Linda Whitfield Spinner, LCSW, NJ Asthma Collaborative Program Director (609) 275-1145.

Sixteen NJ Community Health Centers currently participate in the Asthma Collaborative:

- ❖AtlantiCare Health Services
- ❖CamCare Health Corp
- ❖Community Health Care Inc.
- ❖Eric B. Chandler Health Center
- ❖Henry J. Austin Health Center
- ❖Horizon Health Center
- ❖Jersey City Family Health Center
- ❖Monmouth Family Health Center
- ❖Newark Community Health Centers
- ❖Newark Homeless Health Care Project
- ❖North Hudson Community Action Corporation Health Center
- ❖Ocean Health Initiatives
- ❖Our Lady of Lourdes Medical Center Project H.O.P.E.
- ❖Paterson Community Health Center
- ❖Southern Jersey Family Medical Centers
- ❖VNJACJ Community Health Centers

The mission of the New Jersey Statewide Asthma Collaborative is aligned with the HRSA/BPHC vision and aims for the Health Disparities Collaborative by sharing the same goals to (1) **generate and document improved health outcomes for underserved populations within the state;** (2) **transform**



Team Zephyr from CAMcare Health Corp., Yadira Santiago, Carman Biddle, Regina Hartshorne-Kelly, Frances Owens, Sharon Buttress

Immunization Conference for Community Health Centers

Standardizing practice of care statewide is one of the goals for the NJPCA Clinical Quality Committee (CQC). In a statewide clinical needs assessment, the CQC identified immunizations as one of the focus areas for statewide training and updates. On January 13, 2006, NJPCA CQC hosted an Immunization Conference for Community Health Centers at the New Jersey Hospital Association in Princeton.

Raymond A. Strikas, M.D. from the National Immunization Program - Centers for Disease Control and Prevention (CDC) was the program keynote speaker. Dr Strikas' presentations included Health Disparities in Adult Immunization Practices and Influenza Pandemic. Dr. Strikas has worked on adult immunization issues, particularly influenza and pneumococcal vaccines, and pandemic influenza preparedness and response planning. In addition, he was also a physician-trainer, and directed smallpox preparedness and response activities, all with the National Immunization Program (NIP) at the Centers for Disease Control and Prevention (CDC).

Dr. Michael L. Howell, MD, MBA, Medical Director of Operations for Orlando Regional Medical Center and Lucerne Medical Center presented on Hepatitis Vaccine Updates. Other speakers included Zina Kleyman, Department of Health and Senior Services: NJ Immunization Information System: Registry Tracking System; Beverly Kaminski, RNC, BSN, Eric B. Chandler Health Center: Adult Vaccine Updates.

At the end of the session, participants gained the knowledge needed to:

- ♦Identify the expectations for practice standards through enhanced knowledge and updates of adult vaccines.
- ♦Identify the risks associated with inadequate knowledge of vaccines.
- ♦Utilize and apply New Jersey Immunization Information.



Dr. Raymond Strikas, from the National Immunization Program-CDC, Miriam Cohen, Director, Disaster Planning, NJPCA and Dr. Michael Howell, Medical Director of Operations for Orlando Regional Medical Center and Lucerne Medical Center

- ♦Utilize system's electronic media to improve vaccine accountability.
- ♦Identify Health Disparities in Adult Immunization Practices and Develop Standards of Care.

NJPCA/CQC would like to thank the following exhibitors for their support:

- ♦GlaxoSmithKline
- ♦Sanofi Pasteur
- ♦Med Immune Inc.
- ♦NJDHSS Vaccine Preventable Disease Program

GOVERNOR CORZINE

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- Consolidating state programs that buy prescription drugs and increasing the use of generic drugs.
- Creating new, voluntary health care plans for specific chronic conditions (diabetes, heart disease, etc).
- Promoting preventive medicine and healthy lifestyles.
- Reducing the 'hidden tax' paid by all New Jerseyans for uncompensated care.

Making Health Care Safer for Patients by:

- Ensuring that hospitals and doctors' offices track and address medical errors.
- Giving consumers more rights to challenge HMOs when they deny care.
- Protecting the privacy of medical records.
- Addressing and solving minority health disparities.
- Addressing the shortage of health care workers.

BRIDGETON EYE SCREENING FOR DIABETES RISK

An eye screening clinic was held at the Union Baptist Church in Bridgeton on November 14. The event, sponsored by the Diabetes Advisory Council and the NJ State Office of Rural Health, provided dilated eye exams to 36 people at risk for diabetes. Attendees also benefited from blood pressure evaluation, flu shots, dietary counseling, smoking cessation counseling and health education materials.

Participating agencies included the New Jersey Commission for the Blind, Cumberland County Health Department, Vineland Health Department, South Jersey Health Care, Salud Ahora, Bayer Pharmaceuticals, Lilly Pharmaceuticals, CCS Medical and Southern Jersey Family Medical Centers. The experience gained from this event will be used to organize a similar event in 2006 with a target of greater participation.



Above, Justine Ceserano, Dir., NJSORH greets Harry Paraison from Southern Jersey Family Medical Center. To the right are some of the many pieces of literature distributed to attendees.



SEARCH

Student/Resident Experiences and Rotations in Community Health
COPC (Community Oriented Primary Care) Summer Assistantship 2006 Program

We are currently recruiting students to work in interdisciplinary teams to develop a Community Oriented Primary Care (COPC) project for a community health agency. Projects may include conducting a survey or needs assessment of the populations served by the agency, assessing such issues as access to services, acceptability of services, patient education, prevention, screening, cultural barriers, and specific health problems, developing a new program or evaluating an existing program. Students work with agency personnel, community leaders and patients/clients.

Timeframe: June 5, 2006 - July 27, 2006
8 weeks full-time

Stipend: \$3200 for the summer
(\$400 per week)

Elibility: Any of the following: Nurse Practitioner Students; Physician Assistant Students; Mental Health Students; Social Work Students (MSW) or Psychology (Graduate Program); Medical (MD/DO) Students or Residents (primary care); Dental Students; Dental Hygienist Students; Nurse Midwifery Students. Preference given to NHSC Participants and NJ Residents.

Application Deadline: February 17, 2006

For additional information and an application call (609)275-8886, visit our website at www.njpc.org or e-mail jceserano@njpc.org



Justine Ceserano, Director of the NJSORH and SEARCH Program mans the exhibit table for NJPCA.

MEETINGS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY

NJPCA Board Meeting

Tuesday, February 14, 2006

10:00 am - 1:00 pm

NJPCA Board Room

Billing Managers Meeting

Friday, February 24, 2006

1:00 pm - 3:00 pm

NJPCA Board Room

MARCH

NJPCA Clinical Quality Committee and QIS Steering Committee

Friday, March 3, 2006

9:00 am - 4:30 pm.

New Jersey Hospital Association, Princeton

NACHC Policy & Issues Forum

March 24-29, 2006

Washington Hilton
Washington, DC

APRIL

NJ Statewide Asthma Collaborative

Learning Session 2

April 3-4, 2006

Princeton

NJPCA Board Meeting

Tuesday, April 11, 2006

10:00 am - 1:00 pm

NJPCA Board Room

Disaster Planning Advisory Committee Meeting

Thursday, April 20, 2006

10:00 am - 12:00 noon

NJPCA Board Room

MAY

NJPCA Board Meeting

Tuesday May 9, 2006

10:00 am - 1:00 pm

NJPCA Board Room

Regional Meeting for New York, New Jersey, Puerto Rico and the Virgin Islands Community Health Centers.

May 30 - June 2, 2006

Tropicana Hotel

Atlantic City, NJ

JUNE

NJPCA Board Meeting

Tuesday, June 20, 2006

10:00 am - 1:00 pm

NJPCA Board Room

NJ Statewide Asthma Collaborative

Learning Session 3

June 1-2, 2006

Atlantic City

NJPCA

Katherine Grant-Davis, Executive Director

This newsletter is published by the
New Jersey Primary Care Association.

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Newsletter design and layout -
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