The Update

October 2014

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Evaluating Patients for Ebola: CDC Recommendations for Clinicians

The recent Ebola cases in the United States bring forth important reminders for healthcare personnel and health officials. The Centers for Disease Control and Prevention have issued the following reminders and recommendations:

- Increase vigilance in inquiring about a history of travel to Ebola-affected countries
- Isolate patients who report a travel history to an Ebola-affected country (Liberia, Sierra Leone, Senegal*, and Guinea)
- Immediately notify the local/state health department
- Early recognition is critical to controlling the spread of the Ebola virus

The disease is not contagious in persons who are not expressing symptoms - symptoms of Ebola include fever, myalgia, severe headache, abdominal pain, vomiting, diarrhea, or unexplained bleeding or bruising.

Click here to read the full article on Medscape (you will need an account to view the article . Non-members can sign up for free).

Check out the CDC Ebola Evaluation Algorithm and the Checklist for Patients Being Evaluated for Ebola Virus Disease in the United States.

**Senegal had one case of imported Ebola, but has been declared Ebola free.*

Click here for an important note on interactivity!

The Update is a monthly web newsletter published by the Iowa Department of Public Health's Bureau of Family Health. It is posted once a month, and provides useful job resource information for departmental health care professionals, information on training opportunities, intradepartmental reports and meetings, and additional information pertinent to health care professionals.

Agency Highlight

Quality Improvement in Child Health: Scott County Health Department

The Scott County child health team has recently undertaken quality improvement efforts to standardize the various types of CAReS data entry performed by our program staff. Scott County's child health program has procedures established that lay out the basic process for data entry. However, the procedures are based more closely on the most standard client interaction and are not intended to address various deviations from a standard interaction. With new staff joining the team in the last year and data entry circumstances arising that create new questions, detailed guidance showing best practices was needed.

Scott County's quality improvement efforts have involved utilizing SmartDraw Software designed to guide group discussions and lead to informed decision making. The process included a series of team meetings involving all members of the Scott County child health team, from data entry staff to the Child Health Project Director and the Department's Deputy Director. Staff discussed and were able to troubleshoot the various steps in the informing/re-informing and care coordination data entry processes.

SmartDraw's decision tree application allows processes, such as CAReS data entry, to be divided into a series of questions with yes or no answers that result in a set data entry decision. For example, the decision tree guides staff on exactly how to document services for a client on the informing list that has a phone number, had an inform completion, and has a medical home need. It also guides staff on how to document services for a client on the informing list that has a phone number and told child health staff during an informing call that they are interested in the program, but did not have time to talk. Through this process, the need to rely on individual decision-making to address a situation is removed as much as possible.

Separate decision trees have been created for the informing/re-Informing process, for monthly screening reminders that are completed as a combination of mailed letters and text messages, and for care coordination that takes place when completing monthly follow-up lists.

An immediate success of this quality improvement process has been identifying where various data entry differences exist among staff members. Another immediate success has been in the almost instant implementation of the changes. Because conversations took place involving all program staff and the steps of each process are now written down where they can be referenced to as needed, staff are already implementing the standardized steps for data entry.

Once approved by IDPH, the Scott County child health team will be happy to share these documents with other child health teams.

Important Stuff

Increase in Medicaid Maximum Rate for Code 99408

An email notice was sent out to all MCH Exectuive Directors, fiscal staff, project directors, MH coordinators, CH coordinators, and EPSDT coordinators that the Medicaid maximum rate has been raised to $33.78 for Maternal Health Centers and Screening Centers. Contact your Regional Consultant if you have questions.

The Check-Up

Click **here** to see the most recent issue of The Check-Up. The Check-Up is a health care reform newsletter designed to keep interested Iowans up to date on the progress of health reform in our state.

IME Informational Letter 1432

This letter includes codes to address alcohol and/or drug screening and alcohol misuse screening without brief intervention. H0049 and G00442 will be added to the Cost Analysis workbooks and will need to be included in this year's Cost report. More information will be provided soon! Please contact your regional consultant if you have questions.

MCH/FP Fall Seminar

The 2014 Maternal and Child Health/Family Planning Fall Seminar was held on Tuesday, October 14th and Wednesday, October 15th at the Marriott in West Des Moines. Whether you were at the conference and need more information, or were unable to attend and want to make sure you didn't miss any important information, look no further! In this section you will find a brief overview of important announcements/information, photos from the event, and who won each regional basket.

Tuesday, October 14th

Service Note Reviews

The Service Note Review process will now be twice a year, in iowagrants.gov, and will be tied to an incentive. Agencies who have a 90% successful completion rate on their service note reviews will receive an incentive of $1,000. Laminated quick guides were distributed at the conference, and an electronic copy can be accessed in the attached compressed folder (see below for instructions), and will be posted to the MCH Project Management Tools website soon. If you have questions please contact your regional consultant.

Marcus Johnson-Miller, Chief of the Bureau of Family Health at IDPH, provides an overview of MCH 3.0

New Oral Health Codes

IME has added three new codes for the risk assessment (DO601 for low, 602 for medium, and 603 for high risk). Agencies who have already submitted their cost analysis will need to resubmit to include these codes once they receive feedback from their regional consultant. Mary Kay Brinkman will work with agencies to assist in this process. Please contact your Oral Health Regional Consultant if you have questions.

A Roundtable Discussion on STI Education and Risk Reduction

PowerPoint presentations from the other sessions are attached to this document (click **here** for instructions) will be available soon on the IDPH Bureau of Family Health website under *Resources for Grantees*.

Wednesday, October 15th

MCH 3.0

Marcus Johnson-Miller provided an overview of MCH 3.0. It is anticipated the work of Iowa's MCH agencies will be changing to continue to ensure the health of Iowa families in the wake of the ACA, and MCH 3.0 provides the framework for these changes.

Title V Needs Assessment

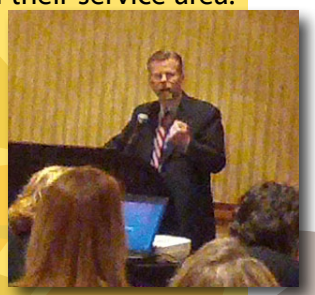
The Bureau of Family Health and Child Health Specialty Clinics are moving forward with the Title V needs assessment and hoping to get input from a wide range of stakeholders as to what the priorities for the next 5 years should be. In order to this, we will be sending out a survey on November 17th for people to rank needs statements related to maternal and child health.

Sarah Mauch and Greg Freedman (IDPH), and Anne Crotty (CHSC) provide an overview of the Title V Needs Assessment Process

Health Equity/Health Disparities in Your MCH/FP Plans

Janice Edmunds-Wells shared a folder of tools that agencies can use to ensure they are addressing all health disparities and inequities in their service area. If you would like more resources or have questions, please contact Janice (janice.edmunds-wells@idph.iowa.gov).

The IDPH Office of Minority and Multicultural Health also has a lending library for the Unnatural Casues videos. If your agency would like to borrow these, please contact Janice.



IDPH Director Gerd Clabaugh welcomes conference attendees on Wednesday

Regional Basket Winners

Region 1 - Gloria Witzberger

Region 2 - Eileen Tosh

Region 3 - Jodene DeVault

Region 4 - Rachel Cecil

Region 5 - Sherry McGinn

Region 6 - Sharon Shroeder

IDPH - Shelly Jensen

Family Planning - Arlene Prather-Okane

Watch: Everything's Amazing and Nobody's Happy: Louis CK

If you missed Brenda Bash's presentation on Tuesday, check out this short video! It's a great reminder to appreciate how far we have come, even when technology doesn't cooperate.

Calendar at a Glance

October

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15 Cost Analysis Due	16	17	18
19	20 1st Five Consortium	21 Coventry Webinar	22 East Regional I-Smile™ Coordinator Meeting	23 1st Five Consortium	24	25
26	27	28	29 West Regional I-Smile™ Coordinator Meeting	30	31 MCH Year End Reports Due	

MCH/FP Fall Seminar

November

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2	3	4	5 *hawk-i* Outreach Cooordinator Meeting	6	7	8
9	10	11	12	13	14	15 Cost Analysis (with extension) Due
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Additional Resources

SFY 14 Community Care Coordination Evaluation Report

Healthy Communities

Local communities have made significant changes in their healthy delivery systems, physical environment, healthy food options, smoke-free living, and other areas, and this publication details their best practices. Many of the highlighted programs can be replicated, and we hope that the Healthy Communities magazine will provide inspiration for healthy changes within other Iowa communities. Click here for the downloadable PDF!

Factors Associated with Receiving Treatment for Dental Decay Among Medicaid-Enrolled Children Younger than 12 Years of Age in Iowa, 2010

Zilversmit, L., Kane, D. J., Rochat, R., Rodgers, T., Russell, B. (2014). This evaluation of the I-Smile™ program used CAReS data to examine dental decay in children served by Title V MCH agencies. They found that children between the age of 5 and 12 who do not have a dental home were less likely to obtain dental treatment. These findings support the importance of the I-Smile™ program in ensuring children have access to a dental home. Check out the full article here!