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Project Dulce Takes Off!

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There's good news for Medi-Cal patients with Diabetes. Both Sharp and UCSD have decided to refer patients to Project Dulce at participating clinics for the care and management of their diabetes. Both health plans will pay for the

initial RN/CDE assessment, counseling with the registered dietician, and the health education classes. Executive Directors signed contract amendments with Sharp Health Plan on June 5th. Paperwork from UCSD should be forthcoming. We are hoping to have both programs up and

running by July 1st. Discussion is also underway with UCSD to grant access to commercial and Medicare patients assigned to UCSD Medical Group and its affiliates. Congratulations clinics for making Project Dulce a sweet success!

Updates From the MRMIB Advisory Board

State DHS is expecting to hear about the Waiver needed to include parents within the next couple of weeks. MRMIB is hoping to have parents begin enrolling October or November. Assistors will be paid \$25 per family (not \$25 per parent).

MRMIB is also preparing a patient satisfaction survey for dental, given recent issues raised regarding access to dental providers. Several bills are working their way through the legislature, in an effort to ease the shortage of dentists.

The State DHS Budget Conference Committee seems to be stalled already over the amount of dollars to be held in reserve this year. Once a decision is made on how

much needs to be set aside, the cutting will begin. CPCA is paying close attention to these discussions and expects a lot of last-minute activity, given things should be final by the end of June.

Outreach Budget - The Media Contractor is getting a \$3m augmentation. There's also an additional \$3m targeting immigrants and minority communities.

Finally, the Electronic Application Pilot went well and there's an additional 1.9 million to implement the Electronic Application and increase CAA training. Training will be taken over by EDS and no longer performed by RHA. Also, county outreach funding is to continue (\$20m),

but the required county match has gone from 10% to 35%. Many counties have now formed healthcare districts that can apply for outreach dollars if counties are unwilling, given the higher match.

School-based Grants - Due by June 22. Grants will be a 2-year cycle.

Assets Test - Does not apply for HF, but does for M/Cal. There are a couple of bills trying to remove the assets test from M/Cal, but there will probably be some compromise and limited M/Cal Assets Test. This disparity between HF and M/Cal can create barriers and confusion for people bouncing between the 2 programs.

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Deaf Community Services

On June 12th The Operations Council received a presentation about the services available through Deaf Community Services. They include:

- Information Library*
- HIV/AIDS services*
- Counseling*
- Employment Assistance*
- Community Education*
- DCS Store*
- Communication Services Department*

For further information contact 619-682-5001 or visit www.dcsosd.org



Seen & Heard in the Halls ...

- “I have three textbooks on medicine on my PalmPilot. When I’m on call on the weekends, I don’t even take a pen with me.” **Dennis Karounos, M.D.**, director of the University of Kentucky’s diabetes program on the way handheld technology has changed the way he practices medicine.
- “Deciding on ratios is like wetting your finger and putting it up in the air to see which way the wind is blowing.” **Dennis O’Leary, M.D.** President of the Joint Commission on Accreditation of Healthcare Organizations, commenting on the heated debate in California over nurse staffing ratios.
- “I told them to do it. Then I put the phone down and I started to cry.” **Herbert Pardes, M.D.**, President and CEO of New York-Presbyterian Hospital, describing what happened recently when officials from a nearby nonprofit hospital called him, saying they had a poor, uninsured patient who needed an expensive treatment. The official asked Pardes if his hospital would take the case. Though staff members advised Pardes to turn away the patient because they were already accepting too many charity cases, he refused.
- “We have higher standards for people who sell frozen yogurt than for medical groups that provide healthcare.” **Daniel Zingale, Director of the California Dept. of Managed Care**, on the state’s lack of financial solvency standards for capitated medical groups.

The World We Live In: A Continuing Feature on Cultural Competency in the Health Care Environment

The **Cross Cultural Health Care Program (CCHCP)** at Pacific Medical Center works with health care providers, interpreters and community-based organizations to address the need for cultural competency in health care. Their series “Voices of the Communities” is an excellent resource to health care providers about certain ethnic communities. In a continuing feature, here in NewsBrief, we continue to discover cultures and explore some of the beauties (and challenges) of diversity. For more information about their resources, please visit their website at:

www.xculture.org

The Lao Community:

- Laotians are shy to ask for

help. It is considered shameful to receive money from the welfare office, use food stamps, buy clothes from Goodwill, or have no shelter. Public help is considered to be for the elderly, the disabled and the poorest.

- Laotians, whether animist or Buddhist, believe that people who are ill have lost part of their spirits. The family elder follows a ritual of praying to the spirits of the patient’s different body parts. The elder promises to reward the spirits with rice wine and chicken, which are given to the patient when healed to feed the returning spirits
- Birth defects or chronic

illnesses in babies are believed to be caused by sins the baby or parents committed in their last life. A birthmark is seen as a mark from the baby’s parents in his or her last life.

- Traditional medicine consists of herbal, root and animal remedies and consulting a medicine man. These medicines are taken in a variety of different ways: Applied directly to wounds or skin, taken orally, inhaled through mouth or nose or by taking a shower, bath or sauna. A sick person is put on a strict diet of grilled dry meat, some vegetables and fruits, and certain kinds of rice.

Healthy Families Retention Rate:

The Healthy Families retention rate is 76%. This retention rate refers to the year to year stability of the enrolled population. The retention rate answers the question: if 100 children enroll today, how many will still be enrolled at the end of the year?

The HF retention rate compares favorably to other possible benchmark retention rates in the health insurance industry:

- National Blue Cross/Blue Shield Association Individual Market: 70-75%
- National data on the Individual Insurance Market: 60-70%
- California Medicaid (before adoption of 12 month continuous eligibility): < 50%
- California HIPC Employee retention rates: 66%

- It is advisable for a health care provider to ask if there are traditional medicines being used at home.
- Births usually occur at home, attended by a midwife. The mother and new baby stay at home for 30 days while relatives and friends help take care of the family.
- Babies are breast fed until about two years of age. Crushed rice is introduced at about two months.
- Female patients are more comfortable with female interpreters, doctors and nurses. Male patients prefer male interpreters and providers