

MARCH 2018

# PULSE

A look at what keeps ISDH ticking

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### FUN FACT

Broccoli, parsley, Brussels sprouts and red bell peppers all contain more vitamin C per 100 gram serving than oranges. Chili peppers contain 400 percent more.



**Indiana State  
Department of Health**

### Mission:

*To promote and provide essential public health services*

## BUILDING A 'CULTURE OF CAN'

There's a reason people say change is hard – because it can be. Change can push us outside our comfort zone, forcing us to let go of longstanding habits and practices. But change often is for the better – if we can get past the barriers in our way.



Krls Box,  
MD, FACOG

Too often, though, the initial response is to offer the reasons we can't do something. Like you, I've heard, "We've always done it this way" many times in response to new ideas or different ways of doing things. When faced with change, people often default to the reasons we can't do something instead of why we can do them.

I want to challenge you all to

strive to always foster a "culture of can" at ISDH. Instead of saying why we can't tackle a new project or make changes that improve how we deliver services, ask how we can. How do we get to yes? Who should have a seat at the table?

We're already doing this in many areas and through our Lean Improvement projects. One example is the Rapid Improvement Event (RIE) that was held for our onsite commercial sewage complaint process. When the RIE launched, it typically took months to complete a plan review, and there was no way to easily know how many had been done or what stage they were in. As the result of the hard work done in the RIE, the process looks much different today. Progress can be tracked daily or weekly. Initial plan reviews occur within 30 days. And commu-

nication and documentation are consistent. This results in a more efficient workflow at ISDH and better customer service to the taxpayers of Indiana. As Denise Wright of our Environmental Public Health Division puts it, "Treading water is one thing, but keeping your head above sewage – this is major!"

Since becoming health commissioner in October, I've told our leadership team many times that I want Indiana to become the "best at getting better" when it comes to health.

Let's add to that fostering a "culture of can." Instead of focusing on what we can't do, let's focus on what we can accomplish. We might be surprised at what we can do!

Do you have ideas for how to build a "culture of can"? Let's hear them! I'd like to include ideas in a future issue of Pulse.

## PREPARED AND READY TO HELP

ISDH has been on the ground this month helping communities hit by severe flooding. The divisions of Immunizations, Environmental Public Health, Vital Records and Emergency Preparedness have supported or will be supporting Disaster Assistance Center operations in Lake, Jasper, Elkhart and Clark counties.

At the centers, ISDH has provided tetanus vaccinations, birth certificates, materials and consultation regarding flood cleanup and mold in homes, as well as test kits at no charge to those with private water wells.

ISDH also has provided tetanus vaccinations to Adams, Carroll, Clark, Crawford, Dearborn, Elkhart, Floyd, Jackson, Jefferson, Lake, Marshall, Newton, Perry, Porter, Spencer, Switzerland and White counties.



Indiana State Department of Health Chief Financial Officer Aaron Atwell hands a case of water to Emergency Preparedness Director Lee Christenson as part of flood disaster relief efforts in Lake County earlier this month.

## BACK HOME AGAIN IN TERRE HAUTE

State Health Commissioner Kris Box, MD, FACOG, toured Union Hospital Tuesday, March 6, in her hometown of Terre Haute.

Dr. Box recognized the work Union Hospital and the Richard G. Lugar Center for Rural Health are doing to educate and train medical students to be family physicians and obstetricians in rural settings to help ensure that rural residents have access to needed healthcare.

Dr. Box also talked about the positive impact the opening of the Hamilton Center, a substance use disorder treatment facility, in Terre Haute can have in combatting the opioid crisis.

She noted that it is important for substance use disorder treatment facilities to be spread across the state to reach as many residents as possible.



Pictured above, from left, are Dr. Angela Hatfield, a third-year family medicine resident; Dr. Randy Stevens, Union Hospital; Dr. Box; Dr. Steven McDonald, director of the Family Medicine Residency Program; and Carrie Evans, Baby and Me-Tobacco Free coordinator.

## GOOD SHOW

James, the Rhodesian ridgeback owned by ISDH Public Health Nurse Surveyor Supervisor Karen Smith, wasn't top dog, but he scored well at the recent Westminster Kennel Club Dog Show.

James, show name GCHS Hunter's Ridge Sunrunner of Rose CA, headed to the Westminster event in February, fresh off a best-in-breed win against about 50 other dogs in a Central Florida Kennel Club conformation or dog show competition, which served as a sort of warm-up competition for Westminster.

James made it through two cuts at Westminster in New York in his first time at the show. He was one of five dogs from the 43 competing to win an Award of Merit.

Overall, the dog earned enough show points to receive gold grand champion status from the American Kennel Club.

Smith said she was "pleased and thrilled" with his performance but joked that success doesn't matter to James "as long as you feed him."

Five-year-old James wasn't resting on his laurels after the big show. He was getting ready for his next show in Mississippi.



ISDH's Karen Smith, left, with friend and ISDH retiree Gwen Mattingly and Rhodesian ridgeback James last month at the Westminster Kennel Club Dog Show.

## LEVELS OF CARE PASSES

On March 9, Gov. Eric Holcomb signed into law Senate Bill 360, which establishes Perinatal Levels of Care for Indiana hospitals and birthing centers. This new law will help ensure that women deliver their babies at risk-appropriate facilities so that both mothers and babies receive the right care in the right setting. We know that states with levels of care have lower infant mortality rates, so this is a welcome step for Indiana.

Senate Bill 142 is also headed to the governor. It will require ISDH to establish a maternal mortality review committee and hospitals to report maternal mortality cases for review.

Another bill headed to Governor Holcomb adds severe combined immunodeficiency disease and spinal muscular atrophy to the newborn screening panel that Indiana babies receive before leaving the hospital. Identifying these conditions early can make a big difference in the health outcomes of affected children.

ISDH is also excited by the passage of two bills that target Indiana's opioid crisis.

Senate Bill 139 will help Indiana collect better information on the burden of opioids by requiring coroners to conduct standard, comprehensive toxicology screening on all suspected overdose deaths.

Senate Bill 221 will implement a three-year phase-in for all emergency rooms and pain clinics, hospitals and healthcare providers to check the INSPECT prescription drug monitoring system before prescribing opioids.



## READY FOR A NEW CHALLENGE

By Greta Sanderson

Dr. Joan Duwve, the Indiana State Department of Health's (ISDH's) chief medical officer, loves a challenge. And when she learned last October of Indiana University's \$50 million Responding to the Addictions Crisis Grand Challenges grants initiative, she saw possibility.

"Since I've done a lot of work around addiction, this is a great opportunity to do some really innovative work," Duwve thought.



Joan Duwve  
MD, MPH

Last month it was announced that Duwve was awarded two of the 16 grants given in the first phase of the university's challenge. Phase one grant projects focus on five areas: ground-level data collection and analysis, training and education, policy analysis and development, addictions science, and community and workforce development.

Duwve's first grant project is a statewide harm reduction conference focusing on a comprehensive health approach to reducing the negative effects of the state's opioid crisis. The second project will create an Extension for Community Healthcare Outcomes (ECHO) Center, a web-based learning hub that trains healthcare providers on specialty treatments so they can fill gaps in rural and underserved areas where healthcare access is limited.

Duwve, who has also been an associate professor and associate dean of public health practice at the Richard M. Fairbanks School

of Public Health at IUPUI since February 2014, plans to use the conference to move ahead Indiana's efforts to treat substance use disorder.

The conference will cover the life-saving and cost-saving impact of harm reduction efforts, from naloxone and reducing stigma, to syringe exchanges and addiction treatment.

"I think dialog is critical, and if this conference can help [participants] get some answers, I think it will all be worth it."

Plans are still being made, but the conference is set for Oct. 11 at the Marriott East in Indianapolis and has room for up to 650 people. It will begin on Oct. 10 with a more specific and hands-on pre-conference workshop for community members about syringe service programs, best practices and other related challenges.

Duwve said she hopes that everyone involved in the Grand Challenge will be able to present their projects at the conference so there is a "cross-fertilization" of ideas. There will be a request for proposals from academia, state public health and the community for other conference sessions to share information about other ideas and projects underway across the state.

Registration for the conference isn't open yet, but anyone who would like more information should email Marcie Memmer, director of the IU Fairbanks School of Public Health Center for Public Health Practice, at [mlmemmer@iu.edu](mailto:mlmemmer@iu.edu). Memmer said state and local public health practitioners, law enforcement, community-based organizations, social workers and others who work in addiction are encouraged to attend.

ISDH is one of several partner organizations represented on the conference planning committee.

Duwve's second grant will be used to create the ECHO Center at the IU Fairbanks School of Public Health. ECHO is a virtual classroom for doctors that electronically connects a specialist with up to 30 primary care physicians at once, training them during live online sessions on a focus area, using case studies and best practices. Duwve said ECHO training now covers 85 complex conditions in 39 states and 23 countries.

Duwve explained that ECHO training relating to the opioid epidemic can be given on HIV/STD, pain management and hepatitis C, conditions that local healthcare providers may not have much experience treating.

"I see ECHO as a public health tool to get expert care provided in communities where it's needed," Duwve said.

Eventually, ECHO will have a physical center at the School of Public Health (SPH) with three training rooms staffed by a program coordinator, nurse, IT director and others, said Andrea Janota, program coordinator for the Center for Public Health Practice at Fairbanks.

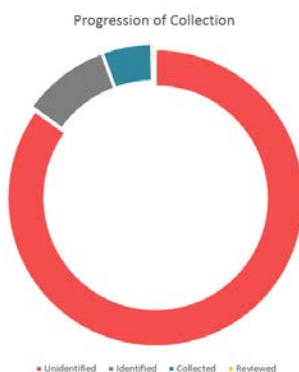
Duwve said ECHO has the added benefits of being low cost with no travel time, and physicians earn free continuing education credits. The SPH now has 21 providers in seven counties participating with experts from the IU School of Medicine and the ISDH in a hepatitis C ECHO. In the future, she plans to pursue other funding sources and to expand to more treatment focus areas, including diabetes or cancer.

## ISDH's JOURNEY TO ACCREDITATION

The accreditation process is long and detailed, so the A-Team has developed a visual tool to track progress within the 12 domain areas as ISDH dives into the collection of documents needed for accreditation.

**Look** at all that **RED!**

This is understandable at this point, so the team is not worried! The red portion of the circle indicates either that the specific measures have not yet been discussed to be identified, or we have several different examples in mind and want to review them all to identify which



will best tell our story to the Public Health Accreditation Board (PHAB).

Occasionally, ISDH will need to wait for an opportunity to better document how it is meeting the measure. ISDH will be ready for PHAB submission once the circle is in the gold.

The core domain team has been assigned specific domains to lead, and we have brought on staff from

various programs and divisions that will assist as subject matter experts within their specific domains. Each required document

of each measure will need to be identified, collected and

reviewed to ensure it meets the intent and requirements set by PHAB.

If an example is collected and it is determined that it does not fully meet the measure, then the group will revisit other examples. Sub-teams will identify what documents will best identify areas where the agency can continue to grow and items that may be missing. These missing items will then be escalated to the proper person(s) to find.

Email Accreditation Coordinator Patricia Truelove at [PatTruelove1@isdh.in.gov](mailto:PatTruelove1@isdh.in.gov) for more information on PHAB accreditation.



## MAKE A COMMITMENT TO QUALITY

Want to learn more about resources and tools you can use to improve your work? Looking for additional quality improvement support? Check out these organizations that provide valuable knowledge, resources and sample projects for public health professionals across the nation.

- [Association of State and Territorial Health Officials \(ASTHO\) Quality Improvement](#)

ASTHO is the national not-for-profit organization representing public health agencies in the United States, the U.S. territories and the District of Columbia, and the more than 100,000 public health professionals these agencies employ, according to its website.

ASTHO formulates and influences public health policy and ensures excellence in state-based public health practice. Its primary function is to track, evaluate and advise public health professionals on the impact and formation of public or private health policy that may affect improving the nation's health.

- [American Society for Quality \(ASQ\)](#)

ASQ is a global community of people dedicated to quality who share the ideas and tools that make our world work better. ASQ provides the quality community with training, professional certifications and knowledge to a vast network of members of the global quality community.

- [Institute for Healthcare Improvement \(IHI\) Resources](#)

IHI, an independent not-for-profit organization based in Cambridge, Massachusetts, is a leading innovator, convener, partner and driver of results in health and healthcare improvement worldwide.

- [National Association of County and City Health Officials \(NACCHO\) Quality Improvement](#)

NACCHO's members are the 2,700 local health departments across the United States. NACCHO's vision is health, equity and security for all people through public health policies and services.

- [National Network of Public Health Institutes \(NNPHI\)](#)

- [Performance and Quality Improvement](#)

Created in 2001 as a forum for public health institutes, NNPHI convenes its members and partners at the local, state and national levels in efforts to address critical health issues.

- [PHOIX: Public Health Quality Improvement Exchange](#)

An online community designed to be a communication hub for public health professionals interested in learning and sharing information about quality improvement in public health.

- [Public Health Foundation Performance Management and Quality Improvement](#)

The Public Health Foundation, a private, not-for-profit, 501(c)(3) organization based in Washington, D.C., improves the public's health by strengthening the quality and performance of public health practice.

### STAFFING UPDATES

The Indiana State Department of Health (ISDH) would like to welcome these employees who joined the staff in February:

Elizabeth Rempala, clinical microbiology supervisor; Lauren Nowlin, clerical assistant; Amy Mullins, nurse consultant; Betty Taylor, clerical assistant; Eric Beers, workforce development coordinator; Sara Caudell, public health nurse surveyor; Seth Burns, administrative assistant; and Derick Sekyere, epidemiologist.

Welcome to Lucretia Thurman, clerical assistant, who transferred to ISDH from another state agency. Within ISDH, Erica Vecchio transferred to serology as a microbiologist in tuberculosis and Lauren Milroy transferred to the Epidemiology Resource Center as a vaccine-preventable disease epidemiologist.

Congratulations to Jenny Durica, who was promoted to director of Maternal & Child Health epidemiology, and Carol Raney, who was promoted to nutrition and clinic services manager for Women, Infants & Children.

### GET SCREENING, EARN POINTS

A biometric screening is similar to a yearly wellness exam. The information gathered during this check includes:

height, weight, waist circumference, blood pressure, total cholesterol, BMI, HDL, LDL, triglycerides and fasting blood glucose. You must

follow certain restrictions before receiving a biometric screening. [Read how to prepare for a Go365 Biometric Screening.](#)

Your biometric screening, along with your health assessment, is used to calculate your Go365 Age, a number based on your lifestyle and habits that tells you if you are living older or younger than your actual age.

Completing your biometric screening can earn you up to 4,000 Go365 points toward achieving Silver Status to qualify for the 2019 Wellness Consumer Driven Health Plan (CDHP). Adult

dependent children do not receive points in Go365 for completion of health assessment or biometric screening.

You can get a biometric screening at a state clinic or at a partnered clinic location. Biometric screenings are scheduled at state facilities.

At these clinics, there is no charge to employees, spouses and their covered dependents older than 18 who carry a medical plan through the State Personnel Department.

If you attend one of these clinics, your results are sent automatically to Go365 for points.

Please note that since biometric screenings are not run through insurance, these should not take the place of annual wellness exam. Sites are classified as "open" or "closed" on the event schedule.

For a list of Biometric Screening events and registration information, please visit the [Invest in Your Health Biometric Screening](#) page.





## CELEBRATING SERVICE

On March 1, the Indiana MOMS Helpline celebrated two years of connecting families to valuable information aimed at improving the health of mothers and their children.

Diana Feliciano, manager of the MOMS Helpline, said last year the service received close to 6,000 calls. One of the top requests is help with food or clothing, including baby supplies, maternity clothing, food pantries and nutrition centers.

The second-highest request is for information on pregnancy and child services, such as healthcare centers, prenatal care and physician references.

The call line is available from 7:30 a.m. to 5 p.m. Monday through Friday and also has a Spanish line and a voice mail for calls received after hours.

Feliciano said the program helps address Indiana's stubborn infant mortality problem by providing education through community health fairs and community outreach and by using the call data collected to strengthen services.



From left, Communication Specialist Yordanos Gebru, Helpline Supervisor Marta Mendez and Follow-up Care Coordinator/Lead Community Outreach Liaison Charnel Forbes enjoy the two-year celebration of the MOMS Helpline Open House Thursday, March 1.

## LAB TRAINING SUCCESS



Jyl Madlem, ISDH laboratory program advisor, trained another 26 individuals in phlebotomy on Feb. 27 at the lab. Trainees were from local health departments, the ISDH HIV program, and hospitals and labs. A total of 425 people have been trained since Madlem (pictured above, right, at an earlier training) started offering these sessions three times a year in the northern central and southern parts of the state. The next trainings will be June 15 in New Albany and June 19 in Ft. Wayne. Madlem said phlebotomy has become an essential service of public health, especially during times of emergent health threats, outbreaks and subsequent responses. The skills needed during these emergent times will also carryover during those more routine times. Being able to collect specimens for laboratory analysis quickly and accurately may make a difference during emergency responses.

## INSURANCE INFO

Are your dependents eligible to be on your health insurance?

The State of Indiana has instituted a process to verify the eligibility of dependents enrolled in the state's health, dental and vision plan(s), which helps keep plan costs down. During the month of April, INSPD will contact a select group of employees by email and U.S. mail to verify that their dependents are eligible.

If you receive a letter regarding the audit, you are expected to respond by the deadline. Please make sure that dependents enrolled on your plan(s) are eligible per the guidelines in the [Benefits Handbook](#). Notify the Benefits Hotline if you know a dependent is no longer eligible for coverage, due to divorce for example. As always, remember that it is your responsibility to remove ineligible dependents within a timely manner, even if it is beyond the 30-day qualifying event period, to minimize recovery of claims.

Questions about the dependent verification audit should be directed to the SPD Benefits Hotline at 317-232-1167 (within 317 area code) or 877-248-0007 (toll free). Visit the [Dependent Eligibility Verification Audit Website](#) for more information.