



The team of clinicians at Oakhurst Medical Centers is using the Southeast Regional Clinicians Network and the Sentinel Centers Network to provide care for their underserved patients.

Networks Make Healthy Connection

Under the NCPCC's leadership a collection of community health centers work together to reach a common goal.

Oakhurst Medical Centers, a prime source of care for underserved people throughout the Metro Atlanta Area, is a provider committed to a noble cause but lacking the resources to fully achieve its mission. That is one reason why Oakhurst jumped at the opportunity to join the Sentinel Centers Network (SCN) and the Southeast Regional Clinicians Network (SERCN).

The SCN network is composed of four organization units; the Bureau of Primary Health Care (BPHC); a technical support team comprised of the National Center for Primary Care at Morehouse School of Medicine and Johns Hopkins; a Steering Committee; and

a Network Committee which is made up of 43 nationwide community health centers (CHC).

"The Sentinel Centers Network is [designed] to bring together a diverse group of community health centers and other community-based safety-net providers to allow for ongoing surveillance of primary care delivery and its outcomes," said Dr. Elvan Daniels, Associate Director of Community Oriented Primary Care at the National Center for Primary Care. The SERCN is a network of health care professionals working in 146 federally-funded community health centers representing eight southern states. The SERCN is the clinical arm of

the Southeast Consortium for Health Care, which is governed by a board of representatives from local CHCs, state PCAs (Primary Care Associations) and other experts on the care of the underserved.

"Both of these entities have enabled our organization to make significant improvements in the care of patients with chronic diseases," said Timothy P. McNeill, RN, MPH, Director of Nursing and Patient Care Services at Oakhurst Medical Centers, Inc. "Chronic disease management will become increasingly important as managed care is implemented in Georgia's Medicaid system. The resources provided through these two collaborative efforts have

given our organization a head start in meeting managed care expectations in regards to health outcomes.”

The primary goal of the SCN is to provide information to the Health Resources and Services Administration (HRSA) and the network centers themselves to assess health center practice patterns and outcomes for patients who utilize their services. Specifically, the SCN assesses: the health care needs of patients; the quality of primary care; practice patterns at health centers; and the efficiency of service delivery. A secondary goal is to improve the technical capabilities of health center organizations to generate, manage, and use clinical data stored in electronic formats.

“SCN has raised the consciousness of the national efforts for data standardization and performance measurements. We have incorporated ACG adjustments and some of the indices (MMCI) into our analyses of utilization data,” said Dr. Neil Maizlish, a coordinator at the Community Health Centers Network in Oakland, CA. “Our quality improvement program using data in our data warehouse preceded our involvement in SCN, and we have used these data since 2001 as part of a formal clinical quality improvement program at the network level. In several annual cycles of audit-feedback-re-audit, we have seen improvements in LDL testing, asthma action plans, asthma hospitalizations, and other clinical endpoints.”

The NCPC serves as the logistics arm of the SCN because it provides regular interactive communication with the Bureau of Primary Health Care (SCN officer) and it develops and implements numerous initiatives,



Southside Medical Center Inc. Medical Director Barbara McMillan-Persaud, of the Southeast Regional Clinicians Network, takes time to speak to Kaiser Family Foundation Fellows in 2004.

including organizing and conducting Steering and Network Committee meetings. Other initiatives through the NCPC are the development and implementation of the application process for the recruitment of new health center organizations into the SCN; a process for retaining existing health center organizations within the SCN; and a dissemination strategy for translating the work of the SCN to the BPHC health centers, other funded programs, policy-makers, HRSA staff, safety-net providers and other health professionals. Also, the NCPC develops sub-contractual agreements and ensures the disbursement of funds with participating center organizations. The SCN has a bright future due to the potential impact of the nationwide data being collected. Since there are no other data sets of its kind, the SCN will be the source for hundreds of thousands of records each year, making it a rich resource of data on health center users and the services they receive. There is now, and will continue to be a focus on

enhancing data quality. Information obtained from the data analysis will be used to enhance quality of care in health centers and subsequently to influence policy change.

The SERCN, a network of 146 CHCs across eight states, was formed in response to the need for enhanced health care for the medically underserved. The mission of the network is to improve the health of the medically underserved by supporting clinicians and providing resources and academic detailing to assist our constituents in giving quality patient care. This overall mission is designed to be achieved through activities such as providing technical assistance and advice to its member clinicians, serving as a clearinghouse for the dissemination of relevant clinical and clinical management information and communicating with and lending technical assistance to state clinical networks.

It doesn't stop there, as SERCN also seeks to develop successful team

management models for BPHC funded projects, develop self help clinical technical support activities for clinicians in high risk/impact areas, such as health care planning, clinical outcome measures, and quality assurance. SERCN has also developed support systems for clinicians operating in isolated practices.

In this capacity the NCPC provides a principal investigator, who facilitates development of SERCN research agenda, drafts project proposals; oversees implementation and analysis, drafts papers and creates presentations. The research coordinator, monitors data collection and maintains communication between the NCPC and the SERCN. A technical support team, which comprises of statisticians and clinical experts, provide analysis of data sets.

“Our role at the NCPC is important because we truly have the same mission in mind as we work together with members of our networks. We truly value the input of the clinicians as we strive to provide all that we can to enable them to optimally care for their patients, and to subsequently be able to scientifically document their impact on the care of their patients,” said Dr. Yvonne Fry-Johnson, Chief of the Maternal and Child Health Team at the NCPC. “We encourage academic development through opportunities to participate in our Executive Faculty Development Program, and through options to assist in project design, data analysis, and write ups of medical reports for publication.”

To date the SERCN has undertaken several translational research projects (taking evidence-based research to practice implementation) on asthma, diabetes, practice improvement

(systems’ changes) and clinical leadership interventions. In the future SERCN will undertake additional research projects that will enhance disease specific care to the level of optimal, not usual care.

Through partnership with the SCN and SERCN the NCPC has established itself as a national ambassador that is determined to promote access to effective primary health care for all Americans. The NCPC’s commitment to both networks has allowed it to be recognized as a leader in quality

improvement in health care delivery. But even with the benefits community health centers throughout the country have enjoyed with the networks there remain unsolved issues.

“Many organizations are financially strapped with increasing numbers of uninsured patients with expensive, complex conditions. Increasing expenses in the face of decreasing revenue is a recipe for disaster. In order to truly transform health care in community settings, the level of supportive funding must be increased.”



Timothy P. McNeill, Director of Nursing and Patient Care Services at Oakhurst Medical Centers, Inc., believes there are great benefits in the networking of community health centers.