

ACCESS UP *date*

December 2009



The ACCESS Update is a bi-monthly information source from the Iowa Department of Public Health: Bureau of Health Care Access.

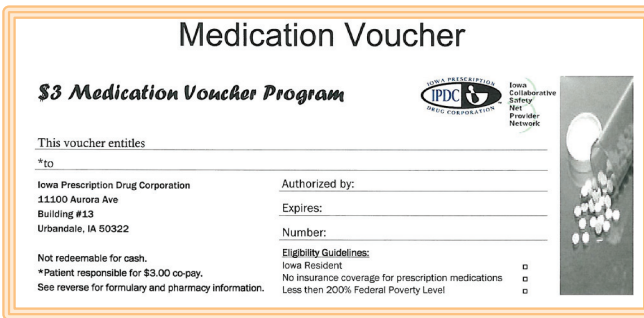
Iowa Medication Prescription Voucher Program

By: David Fries, executive director, Iowa Prescription Drug Corporation

September 1, 2009, the [Iowa Prescription Drug Corporation](#) in partnership with the [Iowa Collaborative Safety Net Provider Network](#) and the Iowa Office of the Attorney General made the [Medication Voucher Program](#) available to all Iowa counties. Vouchers are sent to a county point of contact to distribute to medical facilities, pharmacies and individuals. [Over 80 counties](#) have elected to participate in the program.



The Medication Voucher Program is a prescription program that assists low income Iowans with the purchase of prescriptions from a [limited formulary](#). With a prescription from a health care provider, individuals may be eligible to get a 90-day supply of medications. The program formulary provides medications for the treatment of diabetes, hypertension/high blood pressure, elevated cholesterol, depression and pregnancy/prenatal.



To be eligible for the program individuals must be Iowa residents and be either uninsured, underinsured or have a family income of less than [200 percent of the federal poverty level](#).

With a Medication Voucher and a prescription written for 90 days the individual will receive a 90-day supply with a co-pay of \$3.00 for each prescription at a participating pharmacy.

There is at least one pharmacy in 95 counties participating in the program. Individuals may elect to use any participating pharmacy located in their county or a surrounding county.

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Featured Articles

Iowa Volunteer Health Care Provider Program

The [Volunteer Health Care Provider Program \(VHCPP\)](#) hopes to increase volunteerism of competent health care professionals by offering protection to eligible volunteer health care providers and eligible clinics providing free health care services. The Iowa Department of Public Health coordinates the Volunteer Health Care Provider Program.



As of August 2009, [37 free clinics](#) in Iowa offer no-cost medical services. Some of the free clinics also offer dental and vision services. Free clinics are located in rural and urban settings and offer basic health care services through volunteer physicians, nurses and other health care professionals. Free clinics offer invaluable services and support to their clients. They are in turn supported by public contributions, sponsors and philanthropic foundations and donors. [Free Clinics of Iowa](#) is the largest network of free medical clinics with 24 member clinics.

Currently the Volunteer Health Care Provider Program has over 700 health care professionals enrolled. Last year free clinics provided basic health care services to over 31,000 patients who otherwise might not have received medical care. For additional information call (515) 242-6522.

Iowa Department of Public Health Collaborative Project to Feature Salt/Sodium Interventions

The Bureau of Chronic Disease Prevention and Management, Heart Disease and Stroke Prevention Program (HDSP) is preparing to launch a new project funded by the Centers for Disease Control and Prevention (CDC).

HDSP will collaborate with state WISEWOMAN staff to identify *Care for Yourself* participating health care providers from the following networks:

- Iowa *Care for Yourself* Program health care providers/interventionists
- IA/Nebraska Primary Care Association (IA/NEPCA) healthcare providers
- Rural Health Clinic health care providers

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Featured Articles Cont.

The project's message is "Reduce Salt/Sodium Consumption." The objectives are to 1) increase provider-initiated patient education with pre-hypertensive or hypertensive participants; 2) reduce high blood pressure in sample participants who receive the targeted education; and 3) demonstrate that increased provider-initiated health education can result in positive patient outcomes.

Participating healthcare provider facilities will receive targeted training modules through the Iowa Department of Public Health (IDPH), Upper Midwest Center for Public Health Preparedness, PREPARE IOWA Learning Management System (LMS), with corresponding CME/CEU certificates; a High Blood Pressure Salt/Sodium Reduction Tool Kit; and on-going support from IDPH staff through various channels.

HDSP Program staff will initiate contact with IA/NEPCA and Rural Health Clinic health care providers within the next few weeks.

Contact Terry Y. Meek, project coordinator, at tmeek@idph.state.ia.us or (515) 281-6016 for additional information.




Voucher Program continued from page 1

Through October 31, 2009, pharmacies reported filling 258 prescriptions in 23 counties. The program will be able to fill just over 52,000 prescriptions.

For more information about the Voucher Program visit <http://www.iowapdc.org>. Click on the Medication Voucher Program link to identify participating pharmacies, county point of contacts and other program information.

If your county does not have a point of contact and you want your facility to participate complete the [Notice of Participation](#) form located on the website or call toll-free (866) 282-5817.

Limited Formulary		
High Blood Pressure	Max Qty	
HCTZ 25/50	90/all strengths	
Triam-HCTZ 37.5-25	90	
Metoprolol Tart 25/50/100	180/all strengths	
Atenolol 25/50/100	90/all strengths	
Carvedilol 3.125/6.25/12.5/25	180/all strengths	
Doxazosin 1/2/4/8	90/all strengths	
Amlodipine 2.5/5/10	90/all strengths	
Lisinopril 2.5/5/10/20/40	90/all strengths	
Diabetes	Max Qty	
Metformin 500/1000	270/180	
Glimepiride 1/2/4	90/all strengths	
Elevated Cholesterol	Max Qty	
Simvastatin 5/10/20/40/80	90/all strengths	
Depression	Max Qty	
Citalopram 10/20/40	90/all strengths	
Sertraline 25/50/100	90/all strengths	
Trazodone 50/100	90/all strengths	
Amitriptyline 10/25/50/75/100	90/all strengths	
Pregnancy/Pre and Post Natal	Max Qty	
Prenatal Vitamin with Folic Acid	90/all strengths	

Provider News

National Recognition for Iowa Rural Hospitals: The FLEX Spotlight

By Kate Payne, interim FLEX program coordinator, program planner, and contract manager

The spotlight is brightly shining in Iowa. [Modern Healthcare magazine](#) recently named two Iowa Critical Access Hospitals as the top 100 of the best places to work in health care in the nation. [Buena Vista Regional Medical Center \(BVRMC\)](#) in Storm Lake ranked 17 and [Wright Medical Center \(WMC\)](#) in Clarion ranked 87.

To be eligible for this prestigious distinction, healthcare organizations must complete a questionnaire and provide information about policies/practices, benefits, and demographics. In addition, confidential surveys are randomly sent to employees of the organization and are used to analyze the following eight core areas:

- Leadership and planning
- Culture and communications
- Role satisfaction
- Working environment
- Relationship with supervisor
- Training and development
- Pay and benefits
- Overall satisfaction

Modern Healthcare editor, David Burda notes, "This process is open to organizations and companies from all segments of the health care industry who wish to apply. Our goal is to recognize the workplaces in health care that enable employees to perform at their optimum level to provide patients and customers with the best possible care and services."

Several BVRMC employees, representing 400 of their co-workers, attended the national awards ceremony held in Chicago in October and accepted the award from Fawn Lopez, publisher of Modern Healthcare.

Buena Vista Regional Medical Center CEO Todd Hudspeth commented, "Our employees have worked with great enthusiasm on the principles of [Quint Studer](#) and Service Excellence over the past six years. This work has included reading and discussing more than a dozen books, attending monthly education sessions, participating in programs that recognize the efforts of co-workers and adhering to employee-developed standards of behavior that help to create purposeful, worthwhile work that makes a difference in the lives of our patients."



Buena Vista Regional Medical Center

Provider News Cont.

Bernita Hartman, an environmental services employee, who attended the ceremony recently wrote, "It was a great honor for me to represent BVRMC at this event. I have worked here for a mere three years, but I truly feel it is the best place I have ever worked. I am grateful to have a place like BVRMC in my community and that I can call it, my place of employment."

"To be recognized among the top 100 in the country is a tremendous honor," noted Glen Huntington, BVRMC trustee chairman, "This award recognizes the hard work, dedication and commitment of everyone. Held to employee-driven standards of behavior, each one of the 400 team members helps to make BVRMC the best place for patients to receive care, for employees to work and for physicians to practice."

BVRMC's vision states: "BVRMC will be the best place for patients to receive care, the best place for employees to work, and the best place for physicians to provide care."

Wright Medical Center (WMC) CEO Steve Simonin shares, "WMC employees are always looking for ways to exceed the expectations of both our patients and each other. Each employee voluntarily makes a yearly commitment to our standards of behavior by reading and signing a new contract and they personally hold each other accountable to live up to those standards. Our Community Pillar has a facility-wide goal of increasing WMC community benefit hours to 1,000 or more for the year. Our employees have done a fantastic job of stepping up and volunteering not only their own time but time that directly benefits the hospital as well. They live the statement "act like an owner, not a renter" and continue to see complaints as 'gifts' and opportunities to grow both personally and professionally."



Wright Medical Center

"One of the questions on our standard rounding form is: 'One of WMC's goals is to retain all employees. Please explain what made you decide to choose and remain an employee of WMC?' More often than not the answer to that question is because of the employees. They feel like family, are treated like family and because they love their jobs. We can attribute that in part to our peer interview process which helps us hire the right people for the right seats on the bus. The employees are in essence hiring their own co-workers, which in turn give them a sense of ownership and helps them to step up and make sure their co-workers are successful."

Below are some quotes from WMC's most recent Employee Satisfaction Survey. Question: The best thing about working for this organization is...

"The forward progress towards keeping things up to date and offering the latest in technology that a smaller hospital is able to do."

"Coworkers are friendly and care about each other. They work toward the common goal of pleasing the customer."

Provider News Cont.

“To provide quality care to the patient and all working as a team. To be rewarded for your work done beyond duty.”

“Knowing Administration will listen & coach you anytime needed.”

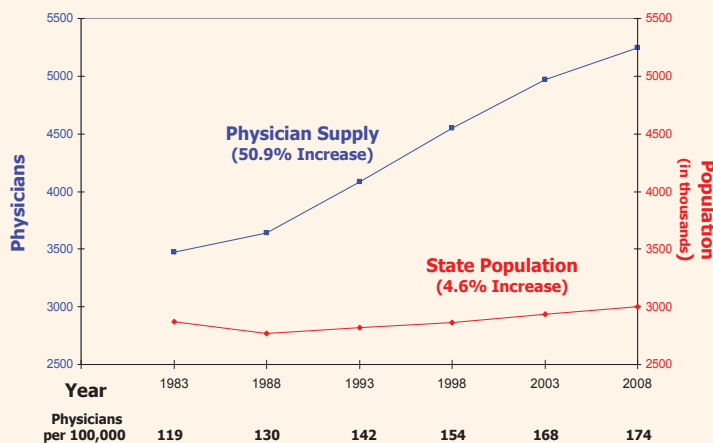
“You feel like one big family and everyone is cheerful.”

WMC’s vision states, “Wright Medical Center’s vision is to challenge ourselves to consistently exceed expectations by providing the best healthcare based on a balanced pillar approach encompassing service, quality, finance, people, and growth. Through teamwork, increased profitability, targeted growth, and strong leadership, we will create a medical center that will be the new standard thus achieving the highest level of satisfaction for customers, providers, and employees.”

It is clear why these two Critical Access Hospitals ranked in the top 100 of the best places to work in health care. They walk the talk and believe that being good is not good enough. They will continually strive to for excellence in all they do! Iowa’s Critical Access Hospitals are some of the best in the nation. They are high performers and share sense of purpose, a hands-on leadership style, implement accountability systems for quality and patient safety, and focus on results.

If you have a success story share about the Critical Access Hospital in your area, please contact: Kate Payne at kpayne@idph.state.ia.us or (515) 331-2402.

IOWA PHYSICIAN SUPPLY vs. POPULATION



Iowa Physician Supply vs. Population

Over the past 25 years, Iowa’s physician population has grown at a rate 10 times greater than the rate of the general population. That aggregate increase has helped Iowa address some of its physician workforce needs, but there are still shortages in selected specialties and an uneven distribution of physicians across Iowa.

Source: Office of Statewide Clinical Education Programs, UI Carver College of Medicine
Iowa Health Professions Tracking Center, December 2008

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Worth Noting

Grant Opportunities

Community College Consortia to Educate Health Information Technology Professionals

Objective: This program makes available \$70 million in grants to help develop and strengthen the health information technology (health IT) community by rapidly creating health IT education and training programs at community colleges or expand existing programs. Community colleges funded under this initiative will establish intensive, non-degree training programs that can be completed in six months or less.

Application Deadline: January 22, 2010.

Curriculum Development Centers

Objective: This grant opportunity will provide \$10 million in grants to institutions of higher education (or consortia thereof) to support health information technology curriculum development. Up to five grant awards will support curriculum development to enhance programs of workforce training primarily at the community college level.

Application Deadline: January 14, 2010. For additional information on grants, goto <http://healthit.hhs.gov/portal/server.pt?open=512&objID=1310&mode=2&cached=true>.

The Komen Race for the Cure

Des Moines Affiliate is proud to announce the availability of grant funds for 2010. Grants will be made to support efforts to reduce breast cancer disparities within the 81-county affiliate services area of the Des Moines Affiliate.

Based on a community needs assessment, Komen has identified the three following funding priority areas from its 2009 Community Profile report. To download the Request for Applications (RFA) materials goto <http://www.komendesmoines.org>.

Access to services: Further expanding reach to rural medically underserved areas.

Special emphasis on projects reaching Adair, Audubon, Osceola, Ringgold, and Adams counties with higher levels of breast cancer prevalence.

Cost of services: Census data shows evidence of a growing need to support services for low-income, uninsured, and underinsured individuals across our Affiliate service area.

Special emphasis for projects reaching Decatur, Johnson, Marshall, Monona, and Story counties.

Education and awareness of breast health and breast cancer: Expand breast health and screening education and support community awareness raising efforts to reach a broader audience in our service area.

The deadline for applications is close of business on Wednesday, January 21, 2010.

Worth Noting Cont.

Health Care Workforce

New Residency May Improve Retention of Nurses in Rural Facilities

Rural nurses are required to have a breadth and depth of knowledge unparalleled in other specialty nursing fields. The generalist role of the rural nurse often leads to early burnout and high turnover rates when compared with more urban nurse roles (up to 65 percent in the first year of practice). On the other hand, residency programs have been shown to be an effective means of reducing the turnover of new and transitioning nurses. Idaho State University (ISU) in partnership with health organizations throughout the west and northwest has developed the Northwest Rural Nurse Residency (NWRNR) program. Session starts January 2010. Participants in the NWRNR receive all of their training (64-hours of seminars and a 104-hour supervised clinical experience) 'at home' in their own facilities and communities. Using new technologies like web-conferencing and high tech simulation make it possible for the program to be offered at no cost to participants. To learn more about the NWRNR please call the ISU Office of Professional Development at (208) 282-2982, email nurseopd@isu.edu.

Persistent Primary Care Health Professional Shortage Areas (HPSAs) and Health Care Access in Rural America

a policy brief from the [Rural Health Research Center](#). This study examined the degree to which persistence of primary care HPSA designation in rural counties was associated with lower population socioeconomic status and deficiencies in access to health care services. The three page brief is available at: http://depts.washington.edu/uwrhrc/uploads/Persistent_HPSAs_PB.pdf.

The Aging of Primary Care Physicians Workforce: Are Rural Locations Vulnerable?

Large numbers of primary care physicians are approaching retirement as fewer U.S. medical graduates are choosing primary care careers. Iowa has 28-30 percent generalists over age 56 practicing in non-metro counties. The brief is available at: http://depts.washington.edu/uwrhrc/uploads/Aging_MDs_PB.pdf.

Oral Health

The National Oral Health Policy Center at Children's Dental Health Project has published its inaugural issue of TrendNotes, a series which highlights emerging trends in children's oral health as well as policies and programmatic solutions grounded in evidence-based research and practice. It provides information on the trends, opportunities and options to improve oral health for children at lower cost through the best use of prevention, disease management, and care coordination. The National Academy for State Health Policy is one of several stakeholders participating in the National Oral Health Policy Center, which promotes the understanding of effective policy options to address ongoing disparities in children's oral health. To view the report visit: <http://www.cdhp.org>.

Worth Noting Cont.

Rural Emergency Medical Services (EMS)

EMS is an important factor in rural health care and helps to ensure community response during disasters. The Medicare Rural Hospital Flexibility (FLEX) Program has supported, partnered and help sustained rural EMS through the years. Learn what 45 state FLEX programs have done to support rural EMS transport units. The report is available at: http://flexmonitoring.org/documents/BriefingPaper8_EMS.pdf.

Farm Rescue and EMS

EMS and other rescue personnel are called to farms and ranches relatively infrequently. However, when they are called it often includes complex situations involving heavy equipment or other challenges unique to the agricultural environment. To view a state-by-state directory with contact information for individuals and agencies interested in improving their response to agriculturally related services visit <http://ruralhealth.hrsa.gov/pub/REMSTTAC/FarmRescueDirectory.asp>.

Links, Resources, and Maps

Health Resources and Services Administration (HRSA) has a plain language tool for making HIPAA privacy notices more readable. To learn more, visit <http://www.hrsa.gov/servicedelivery/language.htm>.

The Pharmacy Health Literacy Improvement Program was developed by the Iowa Pharmacy Association with funding from the NCSPE/Merck Grant Program. The goal of the program is to stimulate positive actions by the pharmacy profession to minimize negative health outcomes associated with low health literacy. Pharmacist quality patient care tools are available at: <http://www.iarx.org/Resources/Pharmacists/HealthLiteracy.aspx>.

The Iowa Department of Transportation's 2009 Transportation Map is available online in Portable Document Format (PDF). The online map maintains the detail of the widely distributed paper version of the map. The map is available for download at: <http://www.iowadotmaps.com/msp/pdf/transmap.html>.

Rural Primary Care Physician Blog Site, <http://blogs.aafp.org/roc/rural/>, sponsored by the American Academy of Family Physicians, authors post their experiences while practicing family medicine in rural areas as well as posting about other topics related to rural family physicians. A revealing post is "Why Rural Family Medicine?"

Rural Women and Isolation: Despite advances in technology, many rural women still experience isolation. To download the *AgriWellness Partners* article and learn more about this rural health experience visit <http://www.agriwellness.org/Newsletters/AWPartners/AgriWellnessPartnersNovember2009.pdf>.

Healthy Farmer: The prolonged harvest experienced in the Corn Belt has been difficult for farm families. What are some coping mechanisms to help the mind and body? Download the November 2009 issue of *Healthy Farmer* at: <http://www.agriwellness.org/Newsletters/HealthyFarmer/HealthyFarmerNov2009.pdf>.

Bureau News and Announcements

Iowa's Participation in the National Rural Recruitment and Retention Network (3RNet)

3RNet is the acronym for the National Rural Recruitment and Retention Network. This national organization includes one member from each of 49 states, one tribal nation, and one U.S. territory. Iowa's membership is with the Iowa Department of Public Health, Bureau of Health Care Access. Contact Erin Drinnin at edrinnin@idph.state.ia.us or (515) 281-3166.

In the month of November, Iowa's 3RNet site had:

- 184 visitors
- 473 views of job opportunities listed
- 31 new health professionals seeking jobs with Iowa on 3RNet

Currently, there are 188 Iowa health professions vacancies posted at <http://www.3RNet.org>.

	October	November
New vacancies posted by Iowa Facilities	3	13
New candidates interested in working in Iowa	36	31

Iowa Medicare Rural Hospital Flexibility Program (FLEX)

Check the Iowa Department of Public Health Web site, under Grants, Bids and Proposals, <http://www.idph.state.ia.us/IdphGBP/IdphGBP.aspx>, for the release of two Requests for Proposals. Only current FY 2009 FLEX grant contractors are eligible to apply.

Primary Care Office

The Primary Care Office (PCO) began reviewing waiver requests for international medical graduates with J-1 visas on October 1, 2009. As of the middle of December, the PCO had approved 6 waivers, is reviewing an additional 4 waiver requests, and anticipates receiving another 17 waiver requests. Waiver requests are prioritized for Federally Qualified Health Centers, primary care physicians, rural physicians, and non-profit employers. Please contact Bobbi Buckner Bentz in the PCO if you are still anticipating the need for a J-1 waiver for a physician during the current fiscal year (ending September 2010). The J-1 waiver policy can be reviewed at: http://www.idph.state.ia.us/hpcdp/common/pdf/health_care_access/j1_visa_waiver.pdf.

The Primary Care Office (PCO) is pleased to announce the support of four grant awards under the Mental Health Professional Shortage Area Program. This state-funded program encourages recruitment and retention of psychiatrists to Community Mental Health Centers and in-patient hospital psychiatric units located in designated mental health professional shortage areas. Funds are provided to assist in alleviating costs of recruiting psychiatrists to these facilities and as stipends to support the retention of psychiatrists working in these facilities. This year's grantees include:

- St. Anthony Regional Hospital in Carroll, <http://www.stanthonyhospital.org>
- New Directions Community Mental Health Center in Oskaloosa, <http://www.mahaskahealth.com/services/New-Directions.php>

Bureau News and Announcements Cont.

- Great River Medical Center in West Burlington, <http://www.greatrivermedical.org>
- Bridgeview Community Mental Health Center in Clinton, <http://www.bridgeviewcmhc.com>

SHIP News

The 2010 contracts for the Small Rural Hospital Improvement Grant Program (SHIP) have been emailed out to all participating hospitals. The time period for this contract is October 1, 2009, through August 31, 2010. The purpose of this contract is to assist small rural hospitals to 1) pay for costs related to implementation or prospective payments system (PPS); 2) purchase computer hardware and software; and 3) offset training costs on computer hardware and software.

All participating hospitals need to print the face sheet of the contract, sign and date the contract in blue ink and return the signed contract to:

Iowa Department of Public Health
Bureau of Health Care Access
Attn: Katie Jerkins
321 East 12th Street
Des Moines, Iowa 50319

When the signed contract is received, it will be signed at the Department of Public Health and a copy of the fully signed contract will be mailed to the hospital. The payment voucher and expenditure form will be sent to the contract administrator in an e-mail within the next few weeks, along with detailed directions from completing each form. If you have any questions, please contact Katie Jerkins at (515) 233-2831 or kjerkins@idph.state.ia.us.

State Office of Rural Health

One of the primary responsibilities of the State Office of Rural Health is to support, fund and participate with groups involved in rural health. Partnership collaborations often result in initiatives beneficial to rural communities and health care providers.

Featured organization: A significant partner is the Iowa Rural Health Association (IRHA), <http://www.iaruralhealth.org>.

This year the IRHA helped sustain rural health and provided vital services by:

- Monitoring legislative and regulatory issues impacting rural health in Iowa
- Communicating with Governor Culver and other state government leaders
- Delivering communications and requests to Iowa congressional representatives
- Recognizing individuals and organizations that make notable contributions to the field
- Advocating for recruitment/retention of health care professionals in rural areas
- Hosting the 2009 IRHA Annual Conference



Bureau News and Announcements Cont.

- In cooperation with the State Office of Rural Health, to assure attendance of two IRHA members at the National Rural Health Association Annual Conference
- Delivering timely electronic notification and messages to members on a broad range of issues including: educational opportunities, legislative/regulatory information, grant funding opportunities, rural health disparities, health information technology, state disaster response efforts and workforce shortages
- Offering education through the development of the IRHA Listen and Learn Webinar Series
- Sustaining organizational effectiveness by maintaining an active board with yearly review and rewriting of the strategic plan
- In cooperation with the State Office of Rural Health, delivered funding to support mental health professional training for children's programs in Lucas County

Incoming Executive Board President Russell W. Currier is enthused about potential IRHA activities in 2010-11. With health care reform, federal stimulus funding for workforce, increased focus on technology, and the increased national focus on rural health; the IRHA has more opportunity and obligation to contribute actions to support access to health care for rural Iowa. Dr. Currier encourages you to become involved and to promote your own professional or organizational profile through IRHA membership (which is quite reasonable). Membership information is available at: <http://www.iaruralhealth.org/pdf/membership.pdf>.

VA to Survey Veteran Households

Secretary of Veterans Affairs Eric Shinseki announced the Department of Veterans Affairs (VA) has launched a national survey of Veterans, active duty service members, activated National Guard and reserve members, and family members and survivors to learn if they are aware of VA services. In addition to assessing awareness levels, the National Survey of Veterans will collect important health care, benefits, employment, and demographic information that the VA will use to inform policy decisions and improve benefits. Recognizing a broader client base than just Veterans, this is the first time the VA has included others, such as Veteran family members, in its survey population. VA is mailing out survey "screeners" to more than 130,000 households to identify potential survey participants. Eligible survey participants then may be requested to participate in a full-length survey. VA expects approximately 10,000 veterans to complete the full-length survey. Participants will be able to select a preferred survey method: through U.S. mail, telephone or a password-protected Internet address. The data collection is expected to be finished by the end of February and the final report released by December 2010. The complete announcement is available at <http://www1.va.gov/opa/pressrel>.

Calendar and Events

Critical Access Hospital Peer User Group Meeting

January 19, 2010

Registration: Kate Payne, (515) 331-2402 or kpayne@idph.state.ia.us

Location: Foxboro Conference Center, Johnston, Iowa

NRHA Rural Health Policy Institute

January 25 - 27, 2010

Location: Capital Hilton, Washington, DC

Health and Long-Term Care Access Advisory Council

January 28, 2010, 10:00 a.m. to 3:00 p.m.

Location: West Des Moines Learning Resource Center, West Des Moines, Iowa

23rd American Hospital Association Annual Rural Health Care Leadership Conference

February 7 - 10, 2010

Location: Pointe Hilton Squaw Peak Resort, Phoenix, Arizona

Legislative Breakfast

Rural Health and Primary Care Advisory Committee

February 9, 2010, 7:00 a.m. to 9:00 a.m.

Location: West Hallway of Rotunda, Iowa State Capitol Building, Des Moines, Iowa

Rural Health and Primary Care Advisory Committee Meeting

February 9, 2010, 9:00 a.m. to 12:30 p.m.

Location: Lucas State Office Building, Rm 517 & 518, Des Moines, Iowa

CAH Peer User Group

April 6, 2010

Location: Foxboro Conference Center, Johnston, Iowa

Annual FLEX Conference

April 27 & 28, 2010

Location: Ramada Tropics Resort and Conference Center, Des Moines, Iowa

Potential Team STEPPS

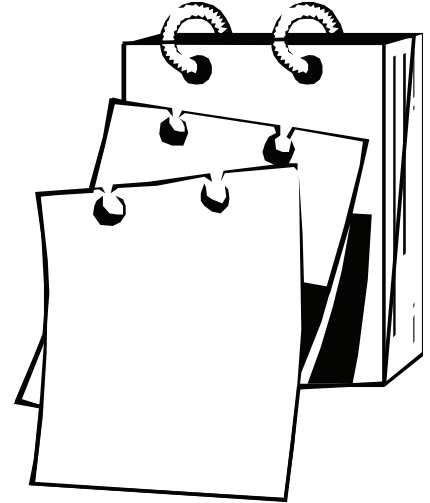
April 27 - 29, 2010

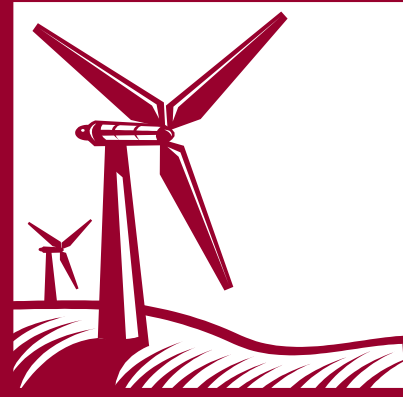
Train-the-trainer for Critical Access Hospitals

Web sit: <http://teamstepps.ahrq.gov>

Location: Ramada Tropics Resort and Conference Center, Des Moines, Iowa

For more information contact Kate Payne at kpayne@idph.state.ia.us or (515) 331-2402





ACCESS UP *date*

Staff Directory

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Kate Payne, Iowa FLEX Program	(515) 331-2402	kpayne@idph.state.ia.us
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Bureau of Health Care Access



The last weeks of 2009 and the beginning days of 2010 are a celebration. They help us to reflect on important matters in life. Family, Health, Peace of mind, Spiritual rewards, Love, Music, and feeling connected to others. Please accept our best wishes for your heart's desire.

**Bureau of Health Care
Access Staff**