

## Iowa Department of Public Health

# ✓ The Check-Up

### An update on issues and ideas related to health reform in Iowa

The Check-Up is a health care reform newsletter designed to keep interested Iowans up to date on the progress of health reform initiatives.

The Check-Up will feature updates on activities of the health reform councils as authorized by [HF 2539](#) (2008) including the Legislative Health Care Coverage Commission, activities related to the Federal Patient Protection and Affordable Care Act ([HR 3590](#)), and other activities related to the focus of the councils.

The Check-Up will be archived on the main IPDH Health Care Reform Website at [http://www.idph.state.ia.us/hcr\\_committees/](http://www.idph.state.ia.us/hcr_committees/)

## Electronic Health Information Advisory Council

Many Iowa providers currently qualify and are pursuing financial incentives available through Medicare and Medicaid. To receive incentive payments, eligible professionals and hospitals must



demonstrate meaningful use of certified electronic health record (EHR)

technology. As part of stage 1 meaningful use, there are three measures related to the ability of providers to send immunization, reportable disease, and syndromic surveillance data to IDPH.

IDPH recently prepared a letter for Iowa providers with guidance about these public health meaningful use measures. The letter explains the current status of IDPH's ability to receive electronic data and provides guidance about how to claim an exclusion on the public health measures until IDPH has a chance to upgrade its technology and standards. The letter is available [here](#).

Iowa e-Health also continues its work on legislation to formalize operations of Iowa e-Health and the development of a business and financial sustainability plan. The legislation (SSB 1060/SF 404) can be viewed at [here](#), and both the legislation and business and financial sustainability planning will be primary topics at the next several Iowa e-Health Executive Committee and Advisory Council meetings.

**Next Meetings:** April 15<sup>th</sup> 10am – 2pm at the Hoover State Office Building (Level A)  
May 13<sup>th</sup> 10am – 2pm at the Urbandale Public Library

February/March  
2011

### Websites

#### Advisory Councils

[Electronic Health Information](#)

[Prevention and Chronic Care Management](#)

[Medical Home](#)

[Health and Long-Term Care Access](#)

[Direct Care Worker](#)

[Governor's Council on Physical Fitness and Nutrition](#)

[Patient Autonomy in Health Care Decisions Pilot Project \(IPOLST\)](#)

#### Other Iowa HCR Activities

[Iowa Healthy Communities Initiative](#)

[Small Business Qualified Wellness Program Tax Credit Plan](#)

[Legislative Health Care Coverage Commission](#)

[Health Benefits Exchange](#)

# Prevention and Chronic Care Management Advisory Council

The Prevention and Chronic Care Management (PCCM) Advisory Council Initial Report is available [here](#). The PCCM Advisory Council's Annual Report has been finalized and is available [here](#).

## Issue Briefs:

- [Chronic Disease Management](#)
- [Disease Registries](#) (developed collaboratively by the PCCM Advisory Council, the Medical Home System Advisory Council, and the eHealth Advisory Council)
- [Prevention](#)
- Currently Drafting – Social Determinants of Health and Community Utility

The **Chronic Disease Management Subgroup** is focusing on [SF 2356](#) to develop a plan to coordinate care for individuals with diabetes who receive care through safety net providers. As a first step, IA/NEPCA conducted focus groups in the Federally Qualified Health Centers (FQHC) to determine the barriers that people with diabetes face. IA/NEPCA produced a report for the Council summarizing the results of the focus groups. The report can be found [here](#). PCCM Staff have been meeting with members of the Iowa Collaborative Safety Net Provider Network, including the free clinics, community health centers, family planning clinics, and rural health clinics to discuss this legislative charge and begin collaboration for the diabetes care coordination plan.

- The Subgroup will be finalizing an Iowa diabetes issue brief which will include initial recommendations in creating the diabetes care coordination plan.

The **Prevention Subgroup** is focusing on [HF 2144](#) to develop recommendations by December 15, 2011 on strategies to collect and provide statistically accurate data concerning chronic disease in multicultural groups of racial and ethnic diversity in the state. Following implementation of the strategies and collection of data, the council shall also make evidence-based recommendations to the director to address and reduce identified disparities. The subgroup will submit the recommendations to the full Council, then the Council will submit them to the Director of IDPH. An agreement has been made that the subgroup and IDPH's Office of Multicultural and Minority Health Advisory Council will collaborate closely in the work of this legislative charge. An environmental scan is currently being conducted on the multicultural data currently being collected in Iowa. A Des Moines University Masters in Public Health student is conducting this environmental scan as his capstone (final) project.

## **Affordable Care Act (ACA) Grant Opportunities**

PCCM Advisory Council staff is collaborating in applying for two grant opportunities:

*Medicaid Incentives for Prevention of Chronic Diseases- ACA Section 4108:* This grant opportunity allows states to offer incentives to Medicaid enrollees who adopt healthy behaviors. An effective way to encourage healthy lifestyle changes is to offer incentives to those who reach goals. States will adopt such strategies as rewarding Medicaid enrollees who meet goals established for them such as weight loss, smoking cessation or diabetes prevention or control. Rewards could range from direct cash incentives, gift cards to grocery stores or other retailers, reduced Medicaid program fees or offering services not normally available through Medicaid. For more information <http://www.cms.gov/MIPCD/>

*Childhood Obesity Research Demonstration:* IDPH's Bureau of Nutrition and Health Promotion is the lead in coordinating and writing this grant. This grant opportunity will determine whether an integrated model of primary care and public health approaches in the community can improve underserved children's risk factors for obesity. These approaches may include policy, systems, and environmental supports that encourage nutrition and physical activity for underserved children and their families. Grantees will develop, implement, and evaluate multiple settings (childcare, school, community, health care), multiple levels (child, family, organization, community, policy) intervention demonstration projects for underserved children ages 2-12 years and their families. To view the Funding Opportunity Announcement, click [here](#).

The PCCM Advisory Council is collaborating with the Iowa Collaborative Safety Net Provider Network to develop their strategic plan. The plan will include a section on the development of the diabetes care coordination plan.

**Check out our new website! [www.idph.state.ia.us/chroniccare](http://www.idph.state.ia.us/chroniccare)**

**Next Meetings: Thursday, June 16<sup>th</sup> 10am – 3pm Location TBA**  
**Friday, September 9<sup>th</sup> 10am – 3pm Location TBA**

# Medical Home System Advisory Council

The Medical Home System Advisory Council's (MHSAC) Progress Report #1 is available [here](#) and Progress Report #2 is available [here](#). Their Progress Report #3 is currently being drafted and will be finalized and posted on their website soon.

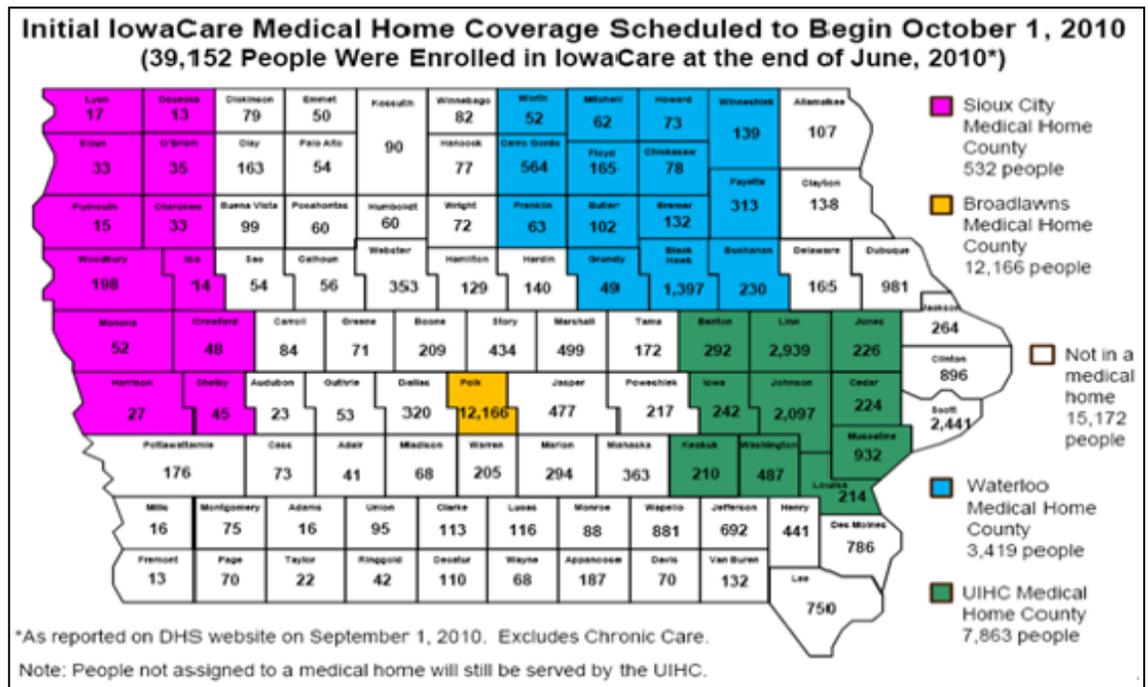
The PCCM Advisory Council's Annual Report has been finalized and is available [here](#).

## Issue Briefs:

- [Patient Centered Care](#)
- [Disease Registries](#) (developed collaboratively by the PCCM Advisory Council, the Medical Home System Advisory Council, and the eHealth Advisory Council)
- Currently Drafting – Social Determinants of Health and Community Utility

The MHSAC continues to collaborate with Medicaid in the development of the [IowaCare Medical Home Model](#), established in SF 2356.

The expansion will phase in Federally Qualified Health Centers (FQHCs) to provide primary health care services to the IowaCare population and to comply with certification requirements of a Medical Home. The FQHC's and other medical homes (the University of Iowa Hospitals and Clinics and Broadlawns Medical Center) will



be required to meet a set of medical home minimum standards and provide quarterly and annual reports. On October 1, the rollout began with FQHCs in Waterloo and Sioux City. The IowaCare Steering Committee, Medical Home Subcommittee, and Pharmacy Subcommittee continue to meet to address challenges as they arise. Plans are still being developed for the next roll out.

IDPH is working on drafting and adopting rules for certification. The Council voted that Iowa will use NCQA's [Physician Practice Connections®- Patient-Centered Medical Home™](#) as the method to certify medical homes with the exception that Nurse Practitioners will be able to be certified as well.

**The Medical Home Learning Community, hosted by the Iowa Healthcare Collaborative, was held on** Wednesday, March 30<sup>th</sup>. To view the handouts, click [here](#). Agenda topics that were discussed include:

- Moving to Accountable Care
- Lean in Medical Homes
- Medical Home and Health Reform
- HIT and Meaningful Use
- Care Coordination and Transitions
- Achieving Level 3 NCQA Recognition

**Check out our new website!** [www.idph.state.ia.us/medicalhome](http://www.idph.state.ia.us/medicalhome)

**Next Meeting:** May- TBD (check their website above under “meetings”)

## Strategic Plan for Health Care Delivery Infrastructure & Health Care Workforce Resources

In [last month's issue](#) of The Check-Up, readers were reminded of the [detailed requirements](#) for content of the strategic plan.

Developments continue toward implementation of the [2010 Phase 1 Strategic Plan](#). Senate file 58 would offer support to Area Health Education Centers, and this would support Objective 3. SF 58 is an appropriations bill, meaning it is still alive following the funnel deadlines.

A requirement of IDPH in the development of the strategic plan is to convene a technical advisory committee for assistance.

This technical advisory committee is called the [Health & Long-Term Care Access Advisory Council](#). Council members heard last month from Barb Nervig and Gloria Vermie regarding components of the 2012 Strategic Plan.

Ms. Nervig presented information about the health care facilities and services plan and addressed questions about whether there will be changes to the [Certificate of Need](#) program as a result of the strategic plan and about how data is collected as a basis for decision-making.

Ms. Vermie described progress toward completion of the rural health resources plan which will be called the Rural and Agricultural Health and Safety Resources Plan. This will be a stand-alone document in addition to being part of the overall 2012 Strategic Plan. Council members provided input regarding adding content about access to pharmacy services.

At the previous request of council members, Louise Lex provided information regarding the [Community Health Needs Assessment/Health Improvement Plan process \(CHNA/HIP\)](#) and the [Healthy Iowans](#) initiative.

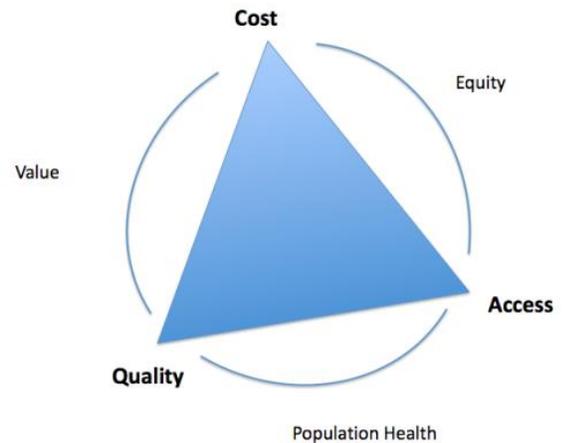
Council members discussed input and next steps. A presentation from the Iowa Collaborative Safety Net Provider Network was requested so that members can understand the data collected by the network, challenges around data collection, and the network's own strategic planning efforts.

**“Governor Branstad wants Iowa to become the healthiest state in the nation. To achieve this goal we must have a unified approach to the delivery of health care that provides quality accessible and affordable health care to all residents of the state.”**

**Iowa Budget in Brief – Fiscal Years 2012-2013**

[www.governor.iowa.gov](http://www.governor.iowa.gov)

**Next Meeting: Tuesday, April 26<sup>th</sup> 2011 from 10:00- 2:00 Location TBA  
Friday, May 20<sup>th</sup>, 2011 from 10:00- 3:00 Location TBA**



## Direct Care Worker Advisory Council

### What is a Direct Care Professional?

A direct care professional (DCP) is an individual who provides supportive services and care to people experiencing illnesses or disabilities and receives compensation for such services. Direct care professionals provide 70-80 percent of all direct hands-on services, assisting individuals with daily living tasks, personal care, independent living skills, and basic health care services. Direct care professional is the umbrella name for the workforce. DCPs are commonly called direct support professionals, direct care workers, supported community living workers, home health aides, certified nurse aides, and others.

IDPH released a Request for Proposals (RFP) to participate in the Direct Care Workforce Initiative pilot project. The pilot project will offer training, continuing education, and mentoring and retention support to direct care professionals in two regions in the state over a three-year period. Eligible applicants are entities that educate or train direct care professionals (in an employment or educational setting) within Iowa Workforce Development (IWD) Regions 11 and 15. Applications are due April 26, 2011. The RFP and additional materials can be found here:

<http://www.idph.state.ia.us/IdphGBP/IdphGBP.aspx>.

- **IWD REGION 11** Counties include: Boone, Dallas, Jasper, Madison, Marion, Polk, Story, and Warren
- **IWD REGION 15** Counties include: Appanoose, Davis, Jefferson, Keokuk, Lucas, Mahaska, Monroe, Van Buren, Wapello, and Wayne

The Direct Care Worker Advisory Council will play a significant role in the pilot project by lending expertise in the development of the curriculum, development of publications and outreach activities, guidance on the credentialing process, and assistance with the evaluation. The Department will be seeking input and participation by statewide stakeholders, including direct care professionals and employers.

**Check out our new website!** [www.idph.state.ia.us/directcare/](http://www.idph.state.ia.us/directcare/)

### Next Meetings: (second Thursday of every month)

- **May 12<sup>th</sup> 10am – 3pm location West Des Moines Learning Resource Center**
- **June 9<sup>th</sup> 10am – 3pm location TBA**

## Iowa Healthy Communities Initiative

Eight of the 36 local boards of health funded since the passage of HF2539 displayed information about their Community Wellness Grant projects at the State Capitol on Thursday, March 17<sup>th</sup>.

For more information on the Iowa Healthy Communities Initiative (Community Wellness) Grant Program, visit [http://www.idph.state.ia.us/hcr\\_committees/physical\\_fitness.asp](http://www.idph.state.ia.us/hcr_committees/physical_fitness.asp)



Pioneering Healthier Communities Coalition member, Kim Schryver, and Marshall County Community Wellness Grant Project Director, Carol Hibbs, discuss the benefits of their project with Representative Mark Smith.

## Governor's Council on Physical Fitness and Nutrition

### Live Healthy Iowa Kids/Governor's Challenge Breaks Record

The Live Healthy Iowa Kids/Governor's Challenge is off to another strong start, setting a new record for highest number of kids participating! Nearly 11,000 kids have registered in this year's challenge. They have formed a total of 549 teams in 61 of Iowa's 99 counties! 2010 marked the first year of recording healthy behaviors other than just physical activity minutes. These behaviors include fruit and vegetable intake, low-fat milk and water consumption, and screen time. The kids are again tracking these behaviors in 2011. To learn more about the challenge visit the Live Healthy Iowa Kids Web site at <http://www.livehealthyiowakids.org/>.

## Small Business Qualified Wellness Program Tax Credit Plan

HF2539 directed the development of a Small Business Qualified Wellness Tax Credit Plan. Click [here](#) for a copy of the plan. An Iowa tax credit for a Small Business Qualified Wellness Program has not been passed by the Iowa Legislature. Components of the plan continue to serve as a guide in the development of wellness resources for small businesses.

A small business worksite wellness toolkit, *Healthy Iowa Worksites: A Collection of Active and Eating Smart Tools for Building Your Worksite Wellness Program*, was developed as part of a separate, but supportive, project for the IDPH Iowans Fit for Life worksite wellness workgroup. *Healthy Iowa Worksites* includes components identified in the Small Business Qualified Wellness Tax Credit Plan. Click [here](#) to view a copy of the toolkit.

## Patient Autonomy in Health Care Decisions in Pilot Project Advisory Council (IPOST)

The final report of the Patient Autonomy in Health Care Decisions Pilot Project is available [here](#)

IPOST Pilots (Cedar Rapids and Jones County) continue with Jones County completing the formation of its Advisory Committee. Both pilot projects meet each month and have committees and working groups doing much of the planning.

Click [here](#) to view the March 2011 newsletter.

## Legislative Health Care Coverage Commission

The [Legislative Health Care Coverage Commission](#) was created by 2009 Iowa Acts, Chapter 118, §1 ([SF 389](#)) and is charged to develop an Iowa health care reform strategic plan which includes a review and analysis of and recommendations and prioritization of recommendations for various options for health care coverage of Iowa's children, adults, and families, with a particular emphasis on coverage of adults.

The Commission is made up of 11 citizen (voting) members, 4 legislators, and 3 department heads. They began their work in September 2009 and completed their progress report to the General Assembly which summarizes the Commission's activities from September through December 2009. The report with their recommendations can be found [here](#).

Four workgroups were created to focus on particular aspects of health care coverage. The workgroups include:

- [Workgroup I- IowaCare Expansion, Medicaid Expansion Readiness, and High-Risk Pool](#)
- [Workgroup II- Value-based Health Care](#)
- [Workgroup III- Insurance Information Exchange](#)
- [Workgroup IV- Wellness](#)

The Commission has finalized their [2010 Health Commission Recommendations for Presentation to the 2011 General Assembly](#).

## Health Benefits Exchange

IDPH has been awarded a one-year grant to plan for the Health Benefits Exchange (HBE). An Interagency Workgroup has been formed with IDPH, Iowa Medicaid Enterprise, Iowa Insurance Division, and the Iowa Department of Revenue to begin the initial planning.

### Regional Meetings & Focus Groups

The Interagency Workgroup held a series of regional meetings and focus groups across Iowa to ensure considerable stakeholder involvement throughout the planning of the HBE. Joel Ario, Director of the U.S. Health and Human Services Center of Health Insurance Exchange, attended the first of six regional meetings in Des Moines on December 13th. They gained

consumer buy-in and created transparency. Community stakeholder groups were given a chance to voice concerns and solicit ideas and expectations from what Iowans want out of an HBE. Participants in the focus groups were asked various open-ended questions concerning such elements as:

- What benefits should be included in the final benefit packages?
- How should the information delivered?
- What tools should be available to make obtaining benefits more accessible?

The information gathered from the meetings will be shared with stakeholders and policymakers as part of the planning process. A Stakeholder Advisory Council will also be formed to lead this effort.

### Background of Insurance Exchanges

Beginning in 2014, tens of millions of Americans will have access to health coverage through newly established Exchanges in each State. Individuals and small businesses can use the Exchanges to purchase affordable health insurance from a choice of products offered by qualified health plans. Exchanges will ensure that participating health plans meet certain standards and facilitate competition and choices by rating health plans' quality. Individuals and families purchasing health insurance through Exchanges may qualify for premium tax credits and reduced cost-sharing if their household income is between 133 percent and 400 percent of the Federal poverty level. The Exchanges will coordinate eligibility and enrollment with State Medicaid and Children's Health Insurance Programs to ensure all Americans have affordable health coverage.

## Health Benefits Exchange (cont.)

Three additional focus groups took place in the month of March to ensure that a true representation of Iowa's population is included in the final results. One of these focus groups took place in Des Moines with a group from the Iowa Caregivers Association. Another focus group took place in Wright County to ensure the rural voice was heard. The third focus group is targeting the multicultural population in Iowa. The interagency workgroup partnered with the HOLA Center (a community resource center for the Hispanic population) in Des Moines to create a translated survey, which explained in simple terms what the HBE is and asked the same questions asked during face-to-face focus groups.

Video presentations from the regional meetings can be viewed [here](#).

- A [Preliminary Summary of HBE Regional Meetings-Focus Groups](#) is available, and a full report is currently being developed.
- Educational whitepapers were created by the Interagency Workgroup:
  - [HBE Overview](#)
  - [HBE Consumer Overview](#)
  - [HBE Whitepaper- Key Decisions and Activities Table](#)
  - [HBE Whitepaper- Difference Between Exchanges](#)
  - [HBE Whitepaper- Medicaid Expansion Under the ACA](#)

### **Interagency Workgroup Activities**

As previously stated, IDPH is collaborating with the Iowa Insurance Division (IID), Iowa Department of Human Services (DHS) and the Iowa Department of Revenue (IDR) as part of an Interagency Planning Workgroup to assess the support of, need for, and creation of the HBE. The workgroup will issue final recommendations to the Governor, policymakers, and the public for the establishment of a HBE.

- **DHS** received \$445,727 and is identifying IT requirements for program interoperability and seamless enrollment into coverage plans. DHS is also evaluating business processes and IT solutions that will integrate Medicaid and CHIP eligibility determination, enrollment and covered services into the HBE, and new eligibility procedures for tax credits.
- DHS has contracted with FOX: A Cognosante Company (FOX)
  - To date, FOX has delivered, to the DHS, work breakdown structure, communication plan, risk management plan, quality management plan, and staffing management plan. FOX is on schedule to produce a RFI in the spring of 2011.
  - FOX is analyzing the current eligibility IT systems and infrastructure for Medicaid. FOX will be conducting an "as-is" and "to-be" analysis. Specifically, FOX will analyze the Medicaid eligibility determination business "As Is" processes and develop a "To Be" roadmap as it relates to field operations, state Medicaid eligibility policy and the Iowa Automated Benefit Calculations (IABC) system to determine the impact on a new Medicaid eligibility determination processes and system as well as the impacts to the HBE to achieve a defined business outcome.
  - Additionally, FOX is working on a strategic plan to identify business processes and IT solutions to integrate Medicaid, CHIP and tax credits eligibility determinations and enrollment. FOX will examine Medicaid eligibility determination system options that support and align with health care reform, create innovative business processes and utilize the most advanced technologies.
- They are also in the process of identifying needs for Medicaid program interoperability with the HBE. FOX is looking to tie Medicaid eligibility in the Iowa HBE by analyzing interfaces with other systems.
- **IID** received \$232,523 and is taking the lead in developing insurance market assessments, assessing integration to the current insurance information exchange call center, reviewing filings for premium rates, and surveying carriers benefit designs and survey carrier and provider market competitiveness.
- **IDR** received \$23,424 and is providing leadership for financial modeling, developing specifications for accounting and financial systems, determining budget impacts, working to ensure that a system is in place to issue appropriate tax credits and subsidies to eligible individuals, and developing a system that can be easily audited and understood by the taxpayers.

**Establishment Grant-** Iowa has submitted a letter of intent to apply for the Level One of the Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges by December 31<sup>st</sup>, 2011. The letter of intent can be viewed [here](#).