



Quick Reads

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Affordable Care Organizations

As we continue our conversation about [Accountable Care Organizations](#), it might be helpful to consider some of the hurdles facing the health care delivery system, and how public health can assist in meeting these challenges. Quality or reporting metrics faced by hospitals and providers in the past are now becoming more numerous and stringent. Some of the requirements being asked of the acute care delivery system may be difficult to implement, given that the delivery system is tasked with health care outcomes for the population it serves (5000 lives for Medicare ACO's), and not every person crosses their doorstep.

Public Health has been in contact with many of the 'covered lives' that have not yet entered the acute care delivery system, and is uniquely situated to provide these services. Consider pediatric well-visit checks at various age groups, mammography screening, colorectal cancer screening, recommended immunizations, proper nutrition, and assistance after discharge from an acute care facility. From birth to end-of-life, the public health system has access and infrastructure in place to reach broad portions of the population and facilitate other social services available within a community.

The acute care delivery system will be penalized for certain preventable hospital re-admissions within 30 days of discharge. How can your agency help with the transition of an elderly person with congestive heart failure to avoid readmission? What about a newly diagnosed person with diabetes? Do we have a role in reducing emergency department visits by care coordination? Of course we do, and we can!

We are already seeing the expanded role of public health in the health care delivery system as it unfolds in the Pioneer ACO in Ft. Dodge and Kari Prescott has been an

enthusiastic member of the [Statewide Innovation Model](#) (SIM) Member Health Engagement workgroup. We also have Bruce Meisinger on the Metrics and Contracting workgroup, Kathy Stone on Mental Health and Substance Abuse, and Julie Schilling on the Long Term Care workgroup. Public health not only has a voice, but we are at the table as Medicaid designs a statewide ACO model.

I enjoy the feedback you all provide, and look forward to further discussions on how we integrate into the larger health care delivery system. I would also encourage you to scope out the [Iowa Hospital Association annual meeting](#) October 8 through 10 in Des Moines, which will present some additional opportunities and information for us.

Cyclospora Outbreak

The past month has been a busy one for local and state epidemiologists, as what began as a handful of [Cyclospora](#) infection cases in Iowa grew to a national outbreak garnering national attention. I must commend the outstanding work of IDPH staff and local public health partners, who interviewed ill individuals to determine what and where they had eaten. An example of the complexity of this investigation is the identification of more than 100 restaurants and 80 grocery stores which were patronized by cases during the time they could have been exposed to Cyclospora. The staff at the [State Hygienic Laboratory](#) deserves recognition for the hundreds of tests conducted during the outbreak. I'm also appreciative of the strong partnership IDPH has with the [Iowa Department of Inspections and Appeals](#). Iowa has truly been a leader in the investigation of this outbreak, identification of its source, and commitment to protecting the public health.

IDPH Strategic Plan

I am pleased to announce and share the [Iowa Department of Public Health Strategic Operation Plan for Fiscal Year 2014 – Fiscal Year 2016](#). This plan has been developed over the past year using input from IDPH divisions, bureaus and programs. Our vision of Healthy Iowans Living in Healthy Communities requires collaboration among many key groups, including stakeholders, internal and external partners, and IDPH staff. The plan is not a blueprint for the future, or a crystal ball to reveal how public health will look and operate in the coming years; this plan is a strategy and structure from within which we intend to operate. We cannot predict the future, especially in this time of uncertainty about funding, what services public health will provide, and how our relationships with customers and stakeholders may change. Our Strategic Plan is meant to provide the vision for which we will strive when adapting to changes in the Affordable Care Act, federal and state funding, and local, state and national policy changes. I invite you to read the plan and contact me with any comments or questions you may have.

Local Public Health Agencies

During this year's spring flooding, many families experienced a tremendous amount of stress, including water and debris damage, loss of home and belongings, and temporary homelessness or relocation. Local Public Health Agencies were there to help. One example comes from [Cherokee County](#), where Local Public Health was able to coordinate services to assist several families. The [Local Public Health Services Grant](#) was utilized to assist with additional services related to flood clean-up and parenting support and guidance during this stressful time. Because of Local Public Health's knowledge of the community and role as a provider of many services, assistance was provided seamlessly to those in need.

Congrats and kudos

Congratulations to Cerro Gordo County Public Health, whose Community Transformation Grant (CTG) efforts were featured in the [Mason City Globe Gazette](#), and subsequently, the RWJF Daily News Digest. The article focused on the County's CTG efforts to develop and launch a [free smart dining app](#) for smart phones and tablets.

The CTG Dental Project in [Lee County](#) was highlighted by the [American Public Health Association](#). The project integrates blood pressure and tobacco screening into dental practices, and has increased dental practice referrals to the tobacco Quitline.

Kudos to [Fairfield High School](#) students Jordan Whitney, Cheyanne Laux and Joe Hietpas who participated in a pre-school back-to-school readiness program as part of the Leadership, Empowerment, Achievement, Progress Academy at Indian Hills Community College. In addition to providing school supplies and backpacks, each child was walked to the nearby [Jefferson County Public Health](#) clinic where they received a dental screening and any needed immunizations. Jefferson County Public Health Administrator Christine Estle says she's proud and inspired by the teenagers and the success of the program.

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To everyone in public health and all our partners, keep up the great work!

— Dr. Miller-Meeks