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 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/

November - December 2011

Websites

Advisory Councils

Electronic Health Information

Prevention and Chronic Care Management

Medical Home

Health and Long-Term Care Access

Direct Care Worker

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

Health Benefits Exchange

Iowa ehealth (Electronic Health Information Advisory Council)

The development and implementation of the Iowa Health Information Network (IHIN) will begin right away in 2012. The IHIN, which will serve as a "hub" to enable the exchange of electronic patient information across disparate systems, will be a tool by which the quality, safety and efficiency of healthcare in Iowa can be improved. A contract has recently been signed between the Department of Public Health and Affiliated Computer Services (ACS), Inc., a Xerox company, and Informatics Corporation of America (ICA) to build the infrastructure and provide the technical management of this large-scale system that will be utilized to connect providers and payers. Iowa's four largest health systems and Wellmark Blue Cross-Blue Shield of Iowa have committed to piloting the infrastructure and services of the IHIN in mid-2012. Following successful completion of the pilot projects, the IHIN will be open for enrollment of additional hospitals and primary care provider clinics during the last part of 2012.

Surescripts, the company that administers the nation's primary e-prescribing network, recently awarded its SafeRX Award to the state of Iowa, in recognition of the widespread use of the technology. Data compiled by Surescripts found that Iowa ranks eighth nationally in the use of e-prescribing. Sixty-two percent of Iowa physicians sent prescriptions through the network last year, up from 11 percent two years earlier. To further increase e-prescribing in Iowa, Iowa e-Health has convened an e-Prescribing subcommittee to help Iowa prescribers and pharmacists reduce barriers that impede e-prescribing adoption and utilization.

Next Meetings: **February 10th 10am – 2pm at the Urbandale Public Library**
April 13th 10am – 2pm at the Urbandale Public Library

Prevention and Chronic Care Management Advisory Council

The Prevention and Chronic Care Management (PCCM) Advisory Council Initial Report is available here. Their Annual Report has been finalized and is available here.

Issue Briefs:

- Chronic Disease Management
- Disease Registries
- Prevention
- Iowa Diabetes Issue Brief
- A Social Determinants of Health Issue Brief and a Community Utility Issue Brief have recently been finalized.

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, the Iowa Primary Care Association (Iowa PCA) conducted focus groups in the Federally Qualified Health Centers to determine the barriers that people with diabetes face. Iowa PCA produced a report for the Council summarizing the results of the focus groups. PCCM Staff have been meeting with members of the Iowa Collaborative Safety Net Provider Network (Safety Net Network), including the free clinics, community health centers, family planning clinics, and rural health clinics to collaborate for the diabetes care coordination plan. The Subgroup has finalized an Iowa Diabetes Issue Brief which will include initial recommendations concerning issues that have quickly become high priority while working on the diabetes care plan.

A Diabetes Clinical Subcommittee was created to provide input and make clinical recommendations for the diabetes care coordination plan. The Diabetes Clinical Subcommittee is made up of members from the PCCM Advisory Council and the Safety Net Network. The Subcommittee has finalized 11 recommendations and a number of Iowa specific documents to be used in the clinic to manage and prevent diabetes, including a Diabetes Care Flowsheet , Diabetes Patient Action Plan, and an Algorithm for Prediabetes and Type 2 Diabetes.

The main focus of the **Prevention Subgroup** has been 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 report has been finalized and can be accessed here: Data Collection of Chronic Diseases in Multicultural Groups of Racial & Ethnic Diversity in Iowa. The recommendations are listed below and supporting language can be found in the report.

1. Identify and educate Iowans on the existence of health disparities in multicultural groups of racial and ethnic diversity in the state.
2. Support alternative means of collecting statistically accurate data concerning chronic diseases in multicultural groups of racial and ethnic diversity in Iowa, including qualitative techniques often practiced by global health organizations working with mobile and difficult-to-reach populations.
3. Reconsider confidentiality regulations in an agency, where possible, to allow access to data to those that need it for programming and policy purposes.
4. Utilize a consistent approach to collecting racial and ethnic data by following the Office of Management and Budget (OMB) categories.
5. Support increased training and ongoing education targeted at data staff on diversity by language and culture.
6. Encourage efforts to collaborate with minority and immigrant populations as partners in gathering information and implementing targeted health programs based upon that data.

Legislation passed this session which combines the Prevention and Chronic Care Management Advisory Council and the Medical Home System Advisory Council by January 1, 2012. A consolidation plan has been developed which includes the Council's vision, meeting schedule, annual report plan, Council membership, and administrative rules timeline. The Council met on December 1st at the West Des Moines Public Library. Minutes from this meeting can be found here: December 1, 2011

Next Meetings: Wednesday, January 25th 9:30 – 3:00 at the Iowa Hospital Association
Wednesday, March 28, 9:30 – 3:00 at the YMCA Healthy Living Center

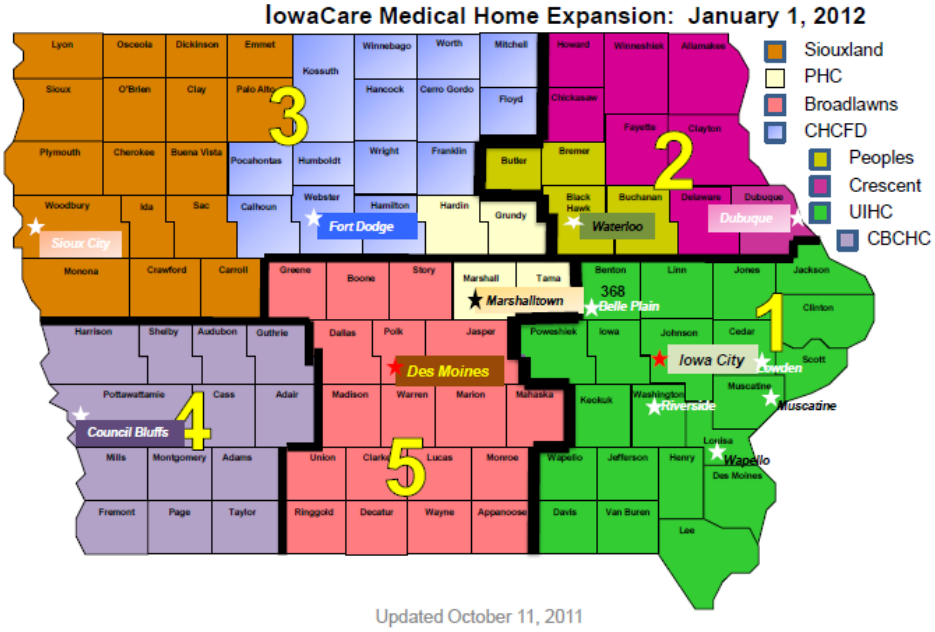
Medical Home System Advisory Council

The Medical Home System Advisory Council's (MHSAC) Progress Report #1 is available here and Progress Report #2 is available here. Progress Report #3 is available here.

Issue Briefs:

- Patient Centered Care
- Disease Registries
- A Social Determinants of Health Issue Brief and a Community Utility Issue Brief have recently been finalized.

The Council continues to collaborate with Medicaid in the development of the IowaCare Medical Home Model, established in SF 2356. The expansion is phasing 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.



As of December 1, 2011:

- Council Bluffs Community Health Center joins the IowaCare Provider Network
- Broadlawns Medical Center begins serving
- as a secondary hospital for central and western Iowa (see map regions 3,4,& 5)

All counties will be assigned a Medical Home as of January 1, 2012.

Recent changes to the IowaCare model include:

- Noncontiguous counties to the medical home will be evaluated to identify potential disparities in care
- Medical Homes will be measured on their outreach efforts for both contiguous and non-contiguous counties
- Funding pools established to support Medical Home activities around coordination and transitions of care

The Council is also collaborating continues to collaborate with Medicaid in the development of Section 2703 of the ACA which gives states the option to submit a State Plan Amendment (SPA) depicting a health home model of care. There is a drawdown of funding a 90/10 Federal match rate for eight quarters for specific health home services. Individuals eligible for the program include those diagnosed with at least one serious and persistent mental health condition, has at least two chronic conditions or has one chronic condition and is at risk for a second chronic condition from the following list of categories: Mental Health Condition, Substance Use Disorder, Asthma, Diabetes, Heart Disease, Obesity (overweight, as evidenced by a BMI over 25), Hypertension. Dual eligible's for Medicaid and Medicare are eligible to participate. Medicaid anticipates beginning enrolling providers starting mid 2012.

In 2009-2001, Iowa was chosen as one of eight states for the National Academy for State Health Policy (NASHP) Consortium to Advance Medical Homes for Medicaid and Children's Health Insurance Program (CHIP) Participants. A new report has been released called "Building Medical Homes: Lessons from Eight States with Emerging Programs" which profiles the eight states (Alabama, Iowa, Kansas, Maryland, Montana, Nebraska, Texas, and Virginia). The consortium states' experience demonstrate that states can play critical roles in convening stakeholders, helping practices improve performance, and addressing antitrust concerns that arise when multiple payers collaborate.

Legislation passed this session which combines the Prevention and Chronic Care Management Advisory Council and the Medical Home System Advisory Council by January 1, 2012. A consolidation plan has been developed which includes the Council's vision, meeting schedule, annual report plan, Council membership, and administrative rules timeline. These administrative rules will include how Iowa will certify medical homes. The MHSAC voted that Iowa will use nationally recognized certification methods including NCQA's Physician Practice Connections®- Patient-Centered Medical Home™, with the exception that Nurse Practitioners will be able to be certified as well. The Council met on December 1st at the West Des Moines Public Library. Minutes from this meeting can be found here: December 1, 2011

Next Meetings: **Wednesday, January 25th 9:30 – 3:00 at the Iowa Hospital Association**
Wednesday, March 28th 9:30 – 3:00 at the YMCA Healthy Living

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

At the November 7th meeting, Council Members heard from Julie McMahon, Director of the Division of Health Promotion and Chronic Disease Prevention, regarding the Governor's priorities and the status of state budget development. Gloria Vermie, Iowa State Office of Rural Health, provided the council with an update on the rural health component of the strategic plan, titled the Iowa Rural and Agricultural Health and Safety Resource Plan.

Results of the report, *Understanding Community Health Needs in Iowa*, were presented by Meghan O'Brien. The report demonstrates the scope of Iowa's health needs and identifies critical issues affecting the health of Iowans. This report is part of IDPH's commitment to use local input and health needs to guide statewide health improvement planning. In the report, health needs are divided into six focus areas. The second most frequently cited focus area was Health Infrastructure. Needs related to Health Infrastructure were identified by 93 counties and represented 19 percent of the total needs identified. When comparing focus areas by the number of unmet health needs (those needs not addressed in a local health improvement plan), it is clear that **Health Infrastructure has the greatest outstanding need.**

Attendees decided that for the coming year the focus will be split into two main areas under the umbrella of "access": infrastructure and workforce.

Within the category of "infrastructure", the group agreed that the expectation is that there will be no new money. There is an expectation to do more with less with a focus on collaboration. Key themes for this group will be Effectiveness, Efficiency, and Quality. The group will discuss implementation of tools that make way for meeting these ideals. Examples discussed were telemedicine and care coordination/case management.

Within the category of "workforce", the group decided on four components: 1) issues no one is raising; 2) recruitment and retention; 3) new types of professionals (expansion); and 4) scope of practice of health professionals.

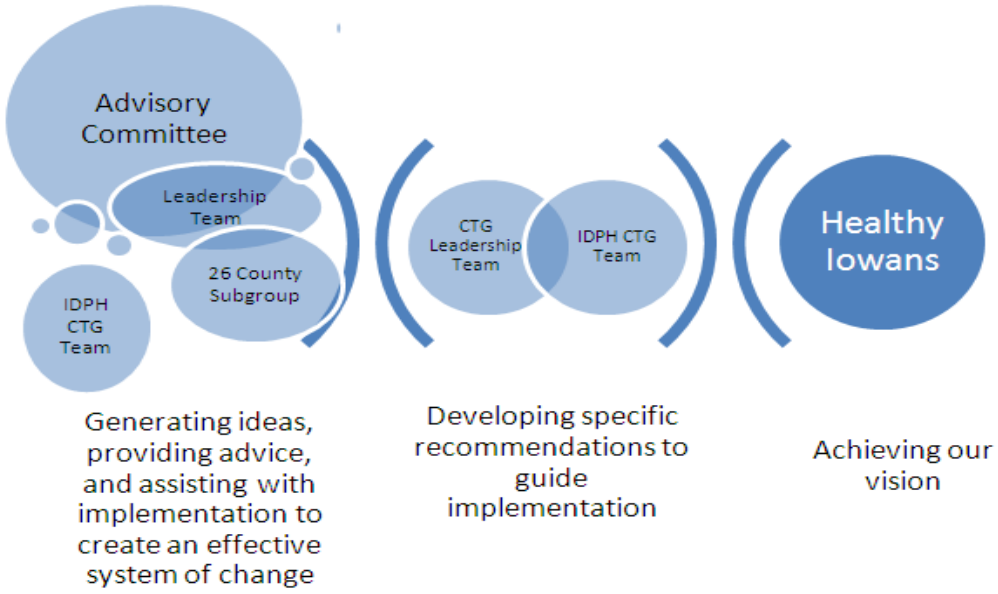
Next Meeting: Friday, February 3rd 10:00 – 3:00 at the Urbandale Public Library

Community Transformation Grant (CTG)

In September, IDPH was awarded $3,007,856 per year for up to five years subject to the availability of funds and satisfactory progress of the project from the Centers for Disease Control and Prevention.

The work of the Iowa CTG: Community-Based Strategies for a Healthier Iowa will be guided by a 10-member leadership team and supported by an advisory committee. In addition to statewide awareness and education, more intensive interventions will be offered to a local subgroup of 26 county local boards of health partnering with their local coalitions.

The following diagram illustrates how the work of the Iowa Community Transformation will be guided. The Iowa CTG Leadership Team attended a three-day CTG Action Institute and will be continuing to meet as the CTG activities are implemented. A larger CTG Advisory Committee is tentatively scheduled to meet in late February. The local 26 county subgroup has attended a training focusing on the strategies of the Iowa CTG.



Kala Shipley will serve as the IDPH CTG Project Manager. Additional members of the IDPH CTG Team include Amy Liechti as worksite wellness coordinator and five regional Community Health Consultants, Dawn Mouw, Barb Vos, Berdette Ogden, Diane Anderson, and Heather Bombei. Additional members of the IDPH CTG team will be added over the next few months.

Direct Care Worker Advisory Council

The Direct Care Workforce Initiative pilot project is well underway with seven sites selected and participating. The purpose of the pilot project is to evaluate the impact of the standardized training and additional retention supports on direct care professionals' knowledge, job satisfaction and retention in their employment. Participating direct care professionals will receive interim credentials and participate in leadership, mentoring and retention activities. Control groups that will not receive the pilot training or the retention interventions will be selected to enable the project to compare evaluation outcomes. The sites participating are Des Moines Area Community College, Indian Hills Community College, Easter Seals, Home Instead, H.O.P.E., Iowa Home Care and REM Developmental Services. Both community colleges are recruiting partner employers to commit to sending staff to the training.

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.

Stakeholders are actively engaged in curriculum development, including the six direct care professionals who are members of the Direct Care Professional Educational Review Committee. The department is working with CSDC Systems, Inc. to develop the IT system that will manage and streamline the direct care professional credentialing process. The Direct Care Worker Advisory Council continues to meet and provide feedback to IDPH regarding the IT system, the development of a Board of Direct Care Professionals, and the curriculum. They are currently reviewing state and federal regulations related to direct care training to ensure alignment of current practices and requirements with the recommendations of the Council.

In addition, IDPH received news that Northeast Iowa Community College will now be participating in the initiative by developing additional training and piloting the credentials. This partnership is made possible through a Department of Labor Trade Adjustment Assistance Community College and Career Training Grant.

To keep up to date on progress/activities, go to www.idph.state.ia.us/directcare and click the button to be added to our E-Update.

Next Meeting: Thursday, December 8th at the Johnston Public Library

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

The Iowa Physician Orders for Scope of Treatment (IPOST) legislative report is completed and has been distributed to the Legislative Assembly fulfilling the legislative mandate in HF2539. The finalized report can be accessed here: Patient Autonomy Pilot Report 2012

The IPOST pilot project began in Cedar Rapids in late 2008 as a result of legislative language included in HF 2539. In 2010, the project was extended with a rural pilot authorized in Jones County. The finalized report is of the Cedar Rapids project and Jones County pilot and of the deliberations of the State Advisory Council. This report supplements the 2010 Legislative Report, provides a project update and documents the IPOST State Advisory Council's recommendations for the 2012 Legislative Assembly.

The Council has made several recommendations- the most comprehensive of which is to expand the successful pilots authorizing community IPOST projects anywhere in Iowa.

Bill language to carry IPOST into its next stages is being drafted by a collaboration of stakeholders and will be submitted early in the legislative session. IDPH provides pilot technical assistance and coordinates the Council.

Health Benefit Exchange

IDPH has been awarded IDPH has been awarded $7,753,662 for Level 1 of the Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges. The grant narrative can be found here: Iowa HBE Level 1 Narrative. IDPH is the lead applicant for this grant and is collaborating closely with IID and DHS as part of an Interagency Planning Workgroup. Iowa's Level 1 Establishment Grant narrative includes the following activities:

Background of Health Benefit 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 HBEs to purchase affordable health insurance from a choice of products offered by qualified health plans. HBEs 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 HBEs may qualify for premium tax credits and reduced cost-sharing if their household income is between 133% and 400% of the FPL. HBEs will coordinate eligibility and enrollment with State Medicaid and CHIP ensure all Americans have affordable health coverage. Affordable Care Act requires states to have an exchange certified or conditionally certified on January 1, 2013, or the federal government will operate an exchange for the state.

IDPH Program Activities:

- Develop a plan for a statewide comprehensive public education and outreach campaign to educate Iowans on the HBE.
- Partner with the Iowa Collaborative Safety Net Provider Network (Safety Net Network) to hold six regional meetings targeted at safety net providers and patients to allow them to provide input on the implementation of the HBE, as well as an opportunity to educate participants on the implementation process and how to make use of the HBE once it is live.
- Conduct a consumer and business research survey to allow Iowa to predict the feasibility of the HBE and will help design and structure the education and outreach programs.
- Assist with and be a key resources for the Commonwealth Fund grant project (through the Safety Net Network and the University of Iowa) to determine how Iowa's health care safety net will be impacted by health care reform.

Contract with Insurance Division and Department of Human Services to:

- **Iowa Department of Human Services**
  - By October 2013, it is anticipated that Iowa will have developed a new, integrated eligibility system that will have the functionality to determine eligibility for exchange tax credits as well as for Medicaid, CHIP and other state programs. DHS will continue to plan and develop an integrated, automated eligibility system that meets the requirements of all programs, and plan for workforce training to reflect operations upon HBE implementation.
  - Conduct analysis to explore implications of possible CHIP coverage alternatives permitted under current law, including coverage within the HBE, for children who currently qualify for ***hawk-i***.
  - Conduct analysis to explore the Basic Health Plan and essential health benefits option and the implications for Iowa.
  - Continue to build upon the IT gap analysis.
- **Iowa Insurance Division**
  - Conduct insurance market research and analysis to inform policy decisions on the design of an Iowa HBE.
  - Conduct a financial assessment and budget analysis to determine the financial resources required to establish a HBE.
  - Accountable for oversight and program integrity and will addressed specific audition, financial integrity, oversight and prevention of fraud, waste and abuse,
  - Provide assistance to individuals and small businesses, coverage appeals, and complaints by completing an inventory of current systems and programs in place that provide assistance. This will ensure accurate planning for leveraging capabilities as well as building appropriate capacities for consumer assistance resources for a HBE.
  - Develop a detailed HBE business process, and associated business requirements for the Exchange IT system.

Regional Meetings & Focus Groups

During the planning grant phase, Iowa's Interagency Workgroup held a series of regional meetings and focus groups across Iowa to ensure considerable stakeholder involvement throughout the planning of the HBE. 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. The information gathered from the meetings was compiled into a Final HBE Regional Meeting and Focus Group Summary. Video presentations and educational whitepapers from the meetings can be found here.

2011 Legislative Session

Three pieces of legislation were introduced during the 2011 Iowa legislative session creating a HBE in the state. The bills were Senate File 348 and two companion bills, Senate File 391 and House File 559. SF 391 and HF 559 were placed on unfinished business calendar and could be brought up again this session.