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ACA Update - where does public health fit into the healthcare delivery system?

Many of you are aware the <u>Affordable Care Act</u> (ACA) includes a Hospital <u>Readmissions</u> <u>Reduction Program</u> that penalizes hospitals with an excessive readmission ratio within 30 days of discharge. The penalty phase began October 1. Clearly, there is a need for hospitals to be broader in their approach to discharge planning.

About a month ago, I spoke about public health as a community-based organization at the <u>Iowa Healthcare Collaborative</u> symposium for the <u>Hospital Engagement Network</u>. I provided an overview of the Iowa Department of Public Health, but mainly focused upon those attributes of our local agencies that would be beneficial to a hospital delivery system. What services can local public health agencies provide to a hospital? Too many to list here: home care aides, visiting nurses to provide skilled nursing functions required after discharge, foot clinics, worksite wellness, immunizations, prevention programming for hypertension, diabetes, smoking cessation, and the list goes on.

Many of our local agencies are already engaged with hospitals and 34 are integrated entities, functioning in a coordinated manner.

The healthcare delivery system (think Affordable Care Organization) is going to be charged with delivering outcomes which will require community outreach not seen before. In the past, we have operated like silos, which in a two-dimensional world of paper would appear as circles or wheels. If you modify the edges or rims, you get gears. Gears can integrate, interact, and intersect in new ways to deliver better health care, better health, and better value.

SHL Advisory Board

I'm pleased to have been asked to serve on the <u>State Hygienic Laboratory's</u> (SHL) <u>Board of External Advisors</u>. I join 11 nationally-recognized health and environmental experts who will advise, assess, and contribute expertise to the strategic direction of Iowa's environmental and public health laboratory. Our inaugural meeting was held September 28 and I look forward to future interaction with and input to this group.

Board of Medicine joins effort to strengthen patient care

The <u>Iowa Board of Medicine</u> is participating in a national initiative aimed at strengthening patient care by requiring licensed physicians to provide, as a condition of license renewal, evidence they are actively participating in a program of continuous professional development that is relevant to their areas of practice, measured against objective data sources and aimed at improving performance over time. The <u>Federation of State Medical Boards</u> (FSMB), a non-profit organization that represents the nation's 70 state medical boards, is working with its member boards to develop this initiative, known as <u>maintenance of licensure</u> (MOL). The Iowa Board of Medicine is one of several states participating in pilot projects as a prelude to developing a MOL for possible adoption and implementation.

Direct Secure Messaging operational

Direct Secure Messaging (DSM) is now operational, with numerous DSM Participation Agreements signed, representing more than 450 providers. <u>Direct Secure Messaging</u> is a service, provided with an <u>Iowa Health Information Network</u> (IHIN) account, which allows healthcare professionals to send secure and encrypted health information across the internet using an IHIN direct mail address. Direct Secure Messaging can quickly and securely exchange information including patient encounter notes, Continuity of Care Documents (CCD), referral documents, hospital discharge summaries, and more. To sign up for Direct Secure Messaging services, contact Iowa e-Health at <u>ehealth@idph.iowa.gov</u>.

Quality Improvement update

The IDPH <u>Division of Environmental Health</u> has been working on a Quality Improvement project to make the waivers/variance process consistent across the division. Using a fishbone diagram to guide their work, several issues were noted, including who should sign off on the waiver, how waivers should be tracked, and legal questions. Work is underway to develop a division-wide Standard Operating Procedure for waivers and variances and accompanying documents and forms.

Congrats and kudos

Congratulations to the <u>University of Iowa College of Public Health</u>, which was selected as a winner in the CDC Injury Center's <u>Seeing My World Through a Safer Lens</u> video contest. <u>Safety Begins with You</u>, produced for the <u>Iowa Injury Prevention Research</u> <u>Center</u>, was awarded first place in the Professional Category.

Congratulations to Dr. Russ Currier, former IDPH State Public Health Veterinarian, who has received the <u>American Veterinary Medical Association's</u> 2012 Public Service Award. The <u>AVMA Public Service Award</u> recognizes an AVMA member veterinarian for long terms of outstanding public service or unusual contributions to the practice or science of public health and regulatory veterinary medicine. While at IDPH, Dr. Currier worked on a wide range of human health and zoonotic disease problems, including trichinosis, West Nile virus, brucellosis and foodborne illnesses. In addition, he initiated the first surveillance project on injury in farm workers, demonstrating the prominence of injury in agricultural settings.

Congratulations to the more than 297,000 Iowans who participated in a <u>Healthiest State</u> <u>Walk</u> earlier this month. It was a beautiful fall day and I enjoyed my walk with my colleagues at IDPH. Thank you for your commitment to a happier and healthier Iowa. Keep the momentum going! There are many <u>resources</u> available to help you, your community, and the state as we work to make Iowa the healthiest state in the nation.

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

- Dr. Miller-Meeks