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ACA essential health benefits and their impact on public health

The <u>Affordable Care Act</u> (ACA) mandates that certain categories of health care services must be covered by health plans starting in 2014. The ACA ensures health plans offered in the individual and small group markets, both inside and outside of the <u>Health Insurance Marketplace</u>, offer a comprehensive package of items and services, known as <u>essential health benefits</u>. Essential health benefits must include items and services within at least the following 10 categories:

- ambulatory patient services;
- emergency services;
- hospitalization;
- maternity and newborn care;
- mental health and substance use disorder services, including behavioral health treatment;
- prescription drugs;
- rehabilitative and habilitative services and devices;
- laboratory services;
- preventive and wellness services and chronic disease management;
- and pediatric services, including oral and vision care.

Insurance policies must cover these benefits in order to be certified and offered in the Health Insurance Marketplace. States expanding their Medicaid programs must provide these benefits to people newly eligible for Medicaid. Public health agencies have traditionally been the safety net for some of these services; for example, immunizations as part of preventive and wellness services and chronic disease management. It

remains to be seen what impact the ACA will have on the basic functions of public health and I look forward to addressing these issues as they emerge.

smartLab

IDPH has taken a major step toward implementing statewide Electronic Laboratory Reporting (ELR) for disease surveillance. This project began in March of 2012 with the first Meaningful Use and ELR workshop at the Iowa Historical Building, which was attended by more than 50 hospital and hospital system representatives and their vendors. Since that time, IDPH staff have been providing documentation and training to Iowa hospital staff through a series of workshops. Preparation of a tool called 'smartLab,' which allows IDPH to connect with every potential electronic reporting partner, was finalized in September 2013. The smartLab technology provides a facility-specific portal for each hospital or laboratory capable of submitting laboratory reports electronically from their hospital or lab information system. On October 1st, IDPH issued smartLab credentials to users at the following facilities:

- Spencer Hospital
- Grinnell Regional Medical Center
- Henry County Health Center
- Family Health Care of Siouxland
- Dallas County Hospital
- Mercy Medical Center Des Moines
- University of Iowa Hospitals and Clinic

Since October 1st, IDPH has issued *smartLab* credentials to users at McFarland Clinic and Burgess Health Center. An additional four hospitals (or hospital systems) are in the process of completing their Iowa Health Information Network enrollment and will be provided credentials thereafter. This is a leap forward on a complex project and assists Iowa hospitals in meeting one of the Meaningful Use public health requirements.

National Rural Health Day to be recognized with Governor's proclamation

I'm pleased to join Governor Branstad November 14 at 2:00 p.m. for the signing of the proclamation declaring November 21, 2013 National Rural Health Day in Iowa. I'm proud to be a rural Iowan myself, and as a practicing physician, I understand the special health care challenges facing rural areas. A general lack of health care providers, an aging population with a greater number of chronic conditions, and larger percentages of uninsured or underinsured residents are all issues especially prevalent in rural areas. It's important that private and public partnerships continue to tackle these issues, while understanding that programs and policies must be flexible enough to enable rural communities to identify and address the unique needs of their residents.

Critical Access Hospitals and rural health care

Iowa is one of eight states chosen by the Centers for Medicare & Medicaid Services for a unique pilot project that will give Iowa's Critical Access Hospitals (CAHs) a chance to be at the forefront of an emerging topic in rural health care. Telligen and the Iowa Department of Public Health FLEX Program are inviting Iowa CAHs to participate in this new rapid-cycle special innovation project. The project will focus on the Emergency Department Transfer Communication Measures to improve patient quality of care, safety and outcomes. The measures were developed specifically for CAHs, have been widely tested in rural hospitals, are National Quality Forum (NQF) endorsed and CAH participation will meet the Phase III MBQIP data collection requirement for the Emergency Department Transfer Communication Measures. Telligen will be working with approximately 25 Iowa CAHs in this 10-month initiative.

Flu season

Flu season is underway in Iowa; the <u>Iowa Influenza Surveillance Network</u> has identified three strains of flu currently circulating in the state – the H1N1 (2009 pandemic strain), H3N2 (regular seasonal flu strain), and Influenza B. Although at this writing, flu activity is still at a low level across the state, the identification of three circulating strains does raise concern. Of course, the best protection against influenza is the flu vaccine. Without it, you could become ill with influenza three times from each of the three different strains. IDPH supports the CDC recommendation of <u>annual influenza</u> <u>vaccinations</u> for everyone 6 months of age and older, and recommends pregnant women be vaccinated to protect themselves, and to pass on some immunity to their baby. The flu vaccine is plentiful and widely available. Since it takes about two weeks for full protection from the vaccine to take effect, I highly recommend making arrangements to get your flu vaccination now, before the holidays are upon us.

Congrats and kudos

Binnie LeHew of the IDPH <u>Division of Behavioral Health</u> has been elected chair of the Leadership Development Committee of the <u>Safe States Alliance</u>, a national organization representing individuals and organizations working to prevent injury and violence. She will serve in this role through September 2014.

The <u>I-Smile Dental Home Initiative</u> is one of 25 highlighted programs described in a series of oral health <u>reports</u> released by the <u>Robert Wood Johnson Foundation</u>. The reports reveal the key to improving the nation's oral health likely rests with innovative programs that already exist. IDPH Oral Health Center staff and other stakeholders participated in a site visit last fall to determine evaluative accessibility of the I-Smile program. The Robert Wood Johnson Foundation is currently working with other funders to coordinate support of the evaluation of a subset of programs and should have more information on that in the coming months.

The CDC is scheduled to release an evaluation of 59 state and local surveillance programs that report cases of HIV infection to the <u>National HIV Surveillance System</u>. Iowa is one of only four programs that met all 11 evaluation performance measures.

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

— Dr. Miller-Meeks