

DIVISION IX

42 29 PREVENTION AND CHRONIC CARE MANAGEMENT

42 30 DIVISION XXIII

42 31 PREVENTION AND CHRONIC CARE MANAGEMENT

42 32 Sec. 50. NEW SECTION. 135.160 DEFINITIONS.

42 33 For the purpose of this division, unless the context
42 34 otherwise requires:

42 35 1. "Board" means the state board of health created
43 1 pursuant to section 136.1.

43 2 2. "Chronic care" means health care services provided by a
43 3 health care professional for an established clinical condition
43 4 that is expected to last a year or more and that requires
43 5 ongoing clinical management attempting to restore the
43 6 individual to highest function, minimize the negative effects
43 7 of the chronic condition, and prevent complications related to
43 8 the chronic condition.

43 9 3. "Chronic care information system" means approved
43 10 information technology to enhance the development and
43 11 communication of information to be used in providing chronic
43 12 care, including clinical, social, and economic outcomes of
43 13 chronic care.

43 14 4. "Chronic care management" means a system of coordinated
43 15 health care interventions and communications for individuals
43 16 with chronic conditions, including significant patient
43 17 self-care efforts, systemic supports for the health care
43 18 professional and patient relationship, and a chronic care plan
43 19 emphasizing prevention of complications utilizing
43 20 evidence-based practice guidelines, patient empowerment
43 21 strategies, and evaluation of clinical, humanistic, and
43 22 economic outcomes on an ongoing basis with the goal of
43 23 improving overall health.

43 24 5. "Chronic care plan" means a plan of care between an
43 25 individual and the individual's principal health care
43 26 professional that emphasizes prevention of complications
43 27 through patient empowerment including but not limited to
43 28 providing incentives to engage the patient in the patient's
43 29 own care and in clinical, social, or other interventions
43 30 designed to minimize the negative effects of the chronic
43 31 condition.

43 32 6. "Chronic care resources" means health care
43 33 professionals, advocacy groups, health departments, schools of
43 34 public health and medicine, health plans, and others with
43 35 expertise in public health, health care delivery, health care
44 1 financing, and health care research.

44 2 7. "Chronic condition" means an established clinical
44 3 condition that is expected to last a year or more and that
44 4 requires ongoing clinical management.

44 5 8. "Department" means the department of public health.

44 6 9. "Director" means the director of public health.

44 7 10. "Eligible individual" means a resident of this state
44 8 who has been diagnosed with a chronic condition or is at an
44 9 elevated risk for a chronic condition and who is a recipient
44 10 of medical assistance, is a member of the expansion population
44 11 pursuant to chapter 249J, or is an inmate of a correctional
44 12 institution in this state.

44 13 11. "Health care professional" means health care
44 14 professional as defined in section 135.157.

44 15 12. "Health risk assessment" means screening by a health
44 16 care professional for the purpose of assessing an individual's
44 17 health, including tests or physical examinations and a survey
44 18 or other tool used to gather information about an individual's
44 19 health, medical history, and health risk factors during a
44 20 health screening.

44 21 Sec. 51. NEW SECTION. 135.161 PREVENTION AND CHRONIC
44 22 CARE MANAGEMENT INITIATIVE == ADVISORY COUNCIL.

44 23 1. The director, in collaboration with the prevention and
44 24 chronic care management advisory council, shall develop a
44 25 state initiative for prevention and chronic care management.
44 26 The state initiative consists of the state's plan for
44 27 developing a chronic care organizational structure for
44 28 prevention and chronic care management, including coordinating
44 29 the efforts of health care professionals and chronic care
44 30 resources to promote the health of residents and the
44 31 prevention and management of chronic conditions, developing
44 32 and implementing arrangements for delivering prevention
44 33 services and chronic care management, developing significant
44 34 patient self-care efforts, providing systemic support for the
44 35 health care professional-patient relationship and options for
45 1 channeling chronic care resources and support to health care
45 2 professionals, providing for community development and
45 3 outreach and education efforts, and coordinating information
45 4 technology initiatives with the chronic care information
45 5 system.

45 6 2. The director may accept grants and donations and shall
45 7 apply for any federal, state, or private grants available to
45 8 fund the initiative. Any grants or donations received shall
45 9 be placed in a separate fund in the state treasury and used
45 10 exclusively for the initiative or as federal law directs.

45 11 3. a. The director shall establish and convene an
45 12 advisory council to provide technical assistance to the
45 13 director in developing a state initiative that integrates
45 14 evidence-based prevention and chronic care management
45 15 strategies into the public and private health care systems,
45 16 including the medical home system. Public members of the
45 17 advisory council shall receive their actual and necessary
45 18 expenses incurred in the performance of their duties and may
45 19 be eligible to receive compensation as provided in section
45 20 7E.6.

45 21 b. The advisory council shall elicit input from a variety
45 22 of health care professionals, health care professional
45 23 organizations, community and nonprofit groups, insurers,
45 24 consumers, businesses, school districts, and state and local
45 25 governments in developing the advisory council's
45 26 recommendations.

45 27 c. The advisory council shall submit initial
45 28 recommendations to the director for the state initiative for
45 29 prevention and chronic care management no later than July 1,
45 30 2009. The recommendations shall address all of the following:

45 31 (1) The recommended organizational structure for
45 32 integrating prevention and chronic care management into the
45 33 private and public health care systems. The organizational
45 34 structure recommended shall align with the organizational
45 35 structure established for the medical home system developed
46 1 pursuant to division XXII. The advisory council shall also

46 2 review existing prevention and chronic care management
46 3 strategies used in the health insurance market and in private
46 4 and public programs and recommend ways to expand the use of
46 5 such strategies throughout the health insurance market and in
46 6 the private and public health care systems.

46 7 (2) A process for identifying leading health care
46 8 professionals and existing prevention and chronic care
46 9 management programs in the state, and coordinating care among
46 10 these health care professionals and programs.

46 11 (3) A prioritization of the chronic conditions for which
46 12 prevention and chronic care management services should be
46 13 provided, taking into consideration the prevalence of specific
46 14 chronic conditions and the factors that may lead to the
46 15 development of chronic conditions; the fiscal impact to state
46 16 health care programs of providing care for the chronic
46 17 conditions of eligible individuals; the availability of
46 18 workable, evidence-based approaches to chronic care for the
46 19 chronic condition; and public input into the selection
46 20 process. The advisory council shall initially develop
46 21 consensus guidelines to address the two chronic conditions
46 22 identified as having the highest priority and shall also
46 23 specify a timeline for inclusion of additional specific
46 24 chronic conditions in the initiative.

46 25 (4) A method to involve health care professionals in
46 26 identifying eligible patients for prevention and chronic care
46 27 management services, which includes but is not limited to the
46 28 use of a health risk assessment.

46 29 (5) The methods for increasing communication between
46 30 health care professionals and patients, including patient
46 31 education, patient self-management, and patient follow-up
46 32 plans.

46 33 (6) The educational, wellness, and clinical management
46 34 protocols and tools to be used by health care professionals,
46 35 including management guideline materials for health care
47 1 delivery.

47 2 (7) The use and development of process and outcome
47 3 measures and benchmarks, aligned to the greatest extent
47 4 possible with existing measures and benchmarks such as the
47 5 best in class estimates utilized in the national healthcare
47 6 quality report of the agency for health care research and
47 7 quality of the United States department of health and human
47 8 services, to provide performance feedback for health care
47 9 professionals and information on the quality of health care,
47 10 including patient satisfaction and health status outcomes.

47 11 (8) Payment methodologies to align reimbursements and
47 12 create financial incentives and rewards for health care
47 13 professionals to utilize prevention services, establish
47 14 management systems for chronic conditions, improve health
47 15 outcomes, and improve the quality of health care, including
47 16 case management fees, payment for technical support and data
47 17 entry associated with patient registries, and the cost of
47 18 staff coordination within a medical practice.

47 19 (9) Methods to involve public and private groups, health
47 20 care professionals, insurers, third-party administrators,
47 21 associations, community and consumer groups, and other
47 22 entities to facilitate and sustain the initiative.

47 23 (10) Alignment of any chronic care information system or

47 24 other information technology needs with other health care
47 25 information technology initiatives.

47 26 (11) Involvement of appropriate health resources and
47 27 public health and outcomes researchers to develop and
47 28 implement a sound basis for collecting data and evaluating the
47 29 clinical, social, and economic impact of the initiative,
47 30 including a determination of the impact on expenditures and
47 31 prevalence and control of chronic conditions.

47 32 (12) Elements of a marketing campaign that provides for
47 33 public outreach and consumer education in promoting prevention
47 34 and chronic care management strategies among health care
47 35 professionals, health insurers, and the public.

48 1 (13) A method to periodically determine the percentage of
48 2 health care professionals who are participating, the success
48 3 of the empowerment-of-patients approach, and any results of
48 4 health outcomes of the patients participating.

48 5 (14) A means of collaborating with the health professional
48 6 licensing boards pursuant to chapter 147 to review prevention
48 7 and chronic care management education provided to licensees,
48 8 as appropriate, and recommendations regarding education
48 9 resources and curricula for integration into existing and new
48 10 education and training programs.

48 11 4. Following submission of initial recommendations to the
48 12 director for the state initiative for prevention and chronic
48 13 care management by the advisory council, the director shall
48 14 submit the state initiative to the board for approval.
48 15 Subject to approval of the state initiative by the board, the
48 16 department shall initially implement the state initiative
48 17 among the population of eligible individuals. Following
48 18 initial implementation, the director shall work with the
48 19 department of human services, insurers, health care
48 20 professional organizations, and consumers in implementing the
48 21 initiative beyond the population of eligible individuals as an
48 22 integral part of the health care delivery system in the state.
48 23 The advisory council shall continue to review and make
48 24 recommendations to the director regarding improvements to the
48 25 initiative. Any recommendations are subject to approval by
48 26 the board.

48 27 Sec. 52. NEW SECTION. 135.162 CLINICIANS ADVISORY PANEL.

48 28 1. The director shall convene a clinicians advisory panel
48 29 to advise and recommend to the department clinically
48 30 appropriate, evidence-based best practices regarding the
48 31 implementation of the medical home as defined in section
48 32 135.157 and the prevention and chronic care management
48 33 initiative pursuant to section 135.161. The director shall
48 34 act as chairperson of the advisory panel.

48 35 2. The clinicians advisory panel shall consist of nine
49 1 members representing licensed medical health care providers
49 2 selected by their respective professional organizations.
49 3 Terms of members shall begin and end as provided in section
49 4 69.19. Any vacancy shall be filled in the same manner as
49 5 regular appointments are made for the unexpired portion of the
49 6 regular term. Members shall serve terms of three years. A
49 7 member is eligible for reappointment for three successive
49 8 terms.

49 9 3. The clinicians advisory panel shall meet on a quarterly
49 10 basis to receive updates from the director regarding strategic

49 11 planning and implementation progress on the medical home and
49 12 the prevention and chronic care management initiative and
49 13 shall provide clinical consultation to the department
49 14 regarding the medical home and the initiative.

49 15 Sec. 53. Section 136.3, Code 2007, is amended by adding
49 16 the following new subsection:

49 17 NEW SUBSECTION. 13. Perform those duties authorized
49 18 pursuant to section 135.161.

49 19 Sec. 54. PREVENTION AND CHRONIC CARE MANAGEMENT ==
49 20 APPROPRIATION. There is appropriated from the general fund of
49 21 the state to the department of public health for the fiscal
49 22 year beginning July 1, 2008, and ending June 30, 2009, the
49 23 following amount, or so much thereof as is necessary, for the
49 24 purpose designated:

49 25 For activities associated with the prevention and chronic
49 26 care management requirements of this division:

49 27 \$ 190,500