

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 Office of Health Care Transformation, which is a key point-of-contact for health care reform initiatives within IDPH including Accountable Care Organizations, Health Benefits Exchange, Chronic Disease Management Initiatives, and Patient-Centered Medical Homes/Health Homes. The Check-Up also features health reform councils as authorized by HF 2539 (2008) including activities related to the Federal Patient Protection and Affordable Care Act (ACA) (HR 3590) and other activities related to the focus of the councils.

January - March
2013

Websites

Advisory Councils

[Prevention and Chronic Care Management/Medical Home](#)

[Iowa e-Health](#)

[Health and Long-Term Care Access](#)

[Direct Care Worker](#)

[Patient Autonomy in Health Care Decisions Pilot Project \(IPOST\)](#)

Other Iowa HCR Activities

[Community Transformation Grant](#)

[Health Benefits Exchange](#)

Office of Health Care Transformation (OHCT)

The OHCT is the key point-of-contact for ACA related initiatives at IDPH including Health Benefit Exchange, Accountable Care Organizations, Patient-Centered Medical Home/Health Homes, prevention and chronic care management initiatives, community utility and care coordination. The mission of the OHCT is to promote community care coordination and advance the patient-centered transformation of the health care system, which will improve care and reduce cost. The overarching goals of the OHCT are:

- Convening stakeholders
- Building relationships and partnerships
- Streamlining efforts
- Presents to and offer technical assistance to a variety of organizations including Local Public Health Agencies and Maternal and Child Health grantees to prepare for ACA implementation.
- Presents to outside stakeholder groups on the initiatives of the Office of Health Care Transformation

The OHCT also coordinates the [Prevention and Chronic Care Management and Medical Home \(PCCM/MH\) Advisory Council](#). The Council includes representation from health care, state agencies, academia and consumers. The vision of the Council is below. The PCCM/MH Advisory Council [2012 Annual Report](#) gives an overview of the Councils, lays out their progress reports with recommendations, and summarizes the activities that the Councils have accomplished since their creation. The Council last met on Wednesday, February 20th where they had discussion about oral health/dental home, Health Homes, Mercy ACO, Iowa Health System ACO, and the Heartland Rural Physician Alliance IPA. Information about the meeting can be found [here](#).

Council Workgroups- The Council has broken down into the following three workgroups:

1. Community Care Coordination Workgroup
2. Health Care Transformation Workgroup
3. Patient and Family Engagement Workgroup

Council Reports

The MHSAC and PCCM Advisory Council have released annual progress reports that provide background information on development of a medical home system, prevention, and chronic disease management initiatives, describe the current efforts in Iowa, and establish recommendations.

- [MH/PCCM 2012 Annual Report](#)
- [MHSAC Progress Report #1](#)
- [MHSAC Progress Report #2](#)
- [MHSAC Progress Report #3](#)
- [PCCM Advisory Council Initial Report](#)
- [PCCM Advisory Council- 2011 Report](#)
- [Data Collection of Chronic Diseases in Multicultural Groups of Racial & Ethnic Diversity in Iowa](#)

Issue Briefs

The MHSAC and PCCM Advisory Council develops issue briefs on a variety of important topics related to prevention, chronic disease management, and the spread of the PCMH in Iowa. The issue briefs educate stakeholders and policymakers on Iowa specific information and data and may include recommendations from the Council related to the topic.

- [Chronic Disease Management](#)
- [Disease Registries](#)
- [Prevention](#)
- [Diabetes in Iowa](#)
- [Patient Centered Care- What Does it Look Like?](#)
- [Social Determinants of Health](#)
- [Community Utility](#)

Next Meeting: TBD- in May

Diabetes Care Coordination Plan- The Council was charged by [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 FQHCs to determine the barriers that people with diabetes face. The Council 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. Additionally, a Diabetes Clinical Subcommittee was created to provide input and make clinical recommendations for the diabetes care coordination plan. 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](#).

Guidelines for the Management of Chronic Conditions in Schools- IDPH was given a legislative charge through [SF 2336](#) for IDPH along with the Department of Education and other stakeholders to work on guidelines for the management of chronic conditions for distribution in Iowa schools. The taskforce working on this legislative charge has chosen to focus on guidelines and tools for the following life-threatening chronic conditions: asthma, allergies/anaphylaxis, diabetes, and seizures/epilepsy. The final report was due on December 15th, 2012 and is available [here](#).

NASHP Technical Assistance- NASHP has selected Iowa as one of seven states to participate in an initiative that seeks advance partnerships to improve access to care for vulnerable populations. The UI Public Policy Center joins the Iowa Primary Care Association and IME in the [Medicaid-Safety Net Learning Collaborative](#). This opportunity will provide TA to states through access to expert consultation, implementation resources, and a forum for state-to-state exchange.

State Innovation Model Design Grant- On February 21st, Iowa was awarded a State Innovation Model Design Grant of \$1,350,711 for a 6 month design phase to develop its State Health Care Innovation Plan. There is potential for round two for design awardees in Spring 2013. For more information click [here](#).

Iowa Collaborative Safety Net Provider Network- Many underserved, low-income Iowans turn to Iowa's safety net providers for affordable primary and preventive health care. Through a unique partnership created in 2005 by the Iowa Legislature, the Iowa Collaborative Safety Net Provider Network, Iowa's health care safety net providers have united to identify common unmet needs that can be addressed cooperatively. The OHCT and the PCCM/MH Advisory Council works closely with the Safety Net Network to collaborate and streamline efforts on a number of different health reform initiatives, including outreach and education for the Health Benefit Exchange and Community Utility development.

Office of Health Care Transformation (cont.)

Health Homes for Medicaid Enrollees with Chronic Conditions- Section 2703 of the ACA 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. Iowa Medicaid Enterprise has developed a Primary Care Health Home Program which was effective on July 1st, 2012. They are also in the process of developing a second SPA for Specialized Health Homes for members with a Serious and Persistent Mental Health (SPMI) Condition. The target effective date for this second SPA is June 2013. Eligible individuals include those who have at least two chronic conditions or one and are at risk for a second from the following: Mental Health Condition, Substance Use Disorder, Asthma, Diabetes, Heart Disease, Obesity, and Hypertension. Currently enrolled are 22 health home entities covering 54 different clinic locations in 21 counties with 5354 individual practitioners. There are over 2270 members assigned to Health Homes.

Accountable Care Organizations (ACO)- The ACA includes a number of policies to improve the safety and quality of patient care and make health care more affordable. By focusing on the needs of patients and linking payments to outcomes, these delivery system reforms will help improve the health of individuals and communities and slow cost growth. On March 31, 2011, HHS released proposed [new rules](#) to help doctors, hospitals, and other providers better coordinate care for Medicare patients through ACOs. An ACO is an entity that is clinically and fiscally accountable for the entire continuum of care that patients may need. They are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their patients.

- The [Pioneer ACO Model](#) was launched on January 1st, 2012 with 32 organizations to test the ACO model. One Iowa community was selected to participate in the Pioneer ACO Model- TriHealth, Inc. in Fort Dodge. There is a [new video on the Pioneer ACO](#) in which you can hear directly from the health care professionals making this care possible.
- [Wellmark and Iowa Health System enter into Accountable Care Organization:](#) The ACO includes the following Iowa Health System hospitals, their affiliated medical clinics, and home health care services: St. Luke's Hospital in Cedar Rapids; Iowa Health-Des Moines, including Iowa Methodist Medical Center, Iowa Lutheran Hospital, and Blank Children's Hospital in Des Moines and Methodist West Hospital in West Des Moines; Trinity Regional Medical Center in Fort Dodge, and Allen Memorial Hospital in Waterloo. For more information click [here](#).
- The University of Iowa Hospitals and Clinics and MercyCare Community Physicians and have formed the [Mercy-CR/UI Health Care ACO](#). The UI Health Care has clinics in Coralville, Iowa City, Muscatine, North Liberty, and Riverside. MercyCare Community Physicians has clinics in Cedar Rapids, Center Point, Hiawatha, Marion, Monticello, Mount Vernon, North Liberty, and Tama. Their ACO website can be accessed here: <http://uimercyaco.org/>
- [ACO Toolkit-](#) The Toolkit is designed to serve as a reference guide for those in the health care industry who are interested in learning more about ACOs and how they can prepare to participate. It strives to be both specific enough to allow organizations to clearly understand the steps needed to become an ACO, and stay broad enough to make sure the path put forward for implementation is possible for a diverse range of health care provider groups.

Affordable Care Act Resources

- Healthcare.gov has released a new educational video explaining what a Health Benefit Exchange is. This video can be found here: <http://www.healthcare.gov/videos/2013/01/health-insurance-marketplace.html>
- Confused about how the new health reform law really works? This short, animated movie "[Health Reform Hits Main Street](#)" explains the problems with the current health care system, changes that are happening now, and big changes coming in 2014.
- Healthcare.gov has put together a collection of online personal videos and blog stories of Americans helped by the ACA. These can be accessed here: <http://www.healthcare.gov/mycare/stories.html#>
- Learn more about how the health reform law will affect the health insurance coverage options for individuals, families and businesses with the interactive feature "[Illustrating Health Reform: How Health Insurance Coverage Will Work.](#)"
- The [Health Care Reform Implementation Timeline](#) is an interactive tool designed to explain how and when the provisions of the ACA will be implemented over the next several years. You can show or hide all the changes occurring in a year by clicking on that year. Click on a provision to get more information about it. Customize the timeline by checking and unchecking specific topics.
- [HHS.gov has an ACA Resource Page](#) that offers brochures, factsheets, PowerPoint presentations, and other materials related to the implementation of the ACA.

Health Benefit Exchange

Iowa has formed a HBE Interagency Workgroup with the Iowa Department of Public Health, Iowa Insurance Division, and the Iowa Department of Human Services. On December 14, 2012, it was declared that Iowa would pursue a state-federal partnership HBE. On February 15th, Iowa submitted an exchange [blueprint](#) to HHS indicating the state's plan to operate a state-federal partnership exchange.

Iowa HBE Grant Funding

In September 2010, IDPH received a federal Exchange Planning grant of \$1 million. In November 2011, IDPH received a federal Level One Establishment grant of \$7.7 million to identify and begin to establish systems and program capacity, build information technology infrastructure, and initiate a business and operational plan. DHS received a second Level One Establishment grant for \$26.6 million in August 2012, which is being used for further development of the new eligibility system. In January 2013, DHS was awarded a third Level One grant for \$6.8 million to develop a consumer assistance program.

Essential Health Benefits (EHB)

The ACA requires that all non-grandfathered individual and small-group plans sold in a state, including those offered through an exchange, cover certain defined health benefits. States must decide whether to benchmark their EHB plan to one of ten plans operating in the state or default to the largest small-group plan in the state. Iowa's [Benchmark EHB plan](#) defaulted to the largest small-group plan in the state- Wellmark (Blue Cross Blue Shield)- Alliance Select, PPO.

Iowa Department of Human Services HBE Activities

- DHS is working on the development of 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. This new eligibility system is called **Eligibility Integrated Application Solution**, or the **ELIAS** Project. ELIAS is the eagerly anticipated replacement for the current outdated system. ELIAS is a user-friendly hybrid Commercial Off-The-Shelf system that:
- DHS and contractors also conducted a series of HBE research reports to provide information needed to make key decisions regarding the HBE. The reports can be found below:
 - [2012 Summary of Consultant Findings on Medicaid Expansion](#)
 - [Milliman 138% Impact](#)
 - [Milliman 100% Impact](#)
 - [Milliman Benchmark](#)
 - [Milliman Basic Health Program](#)
 - [CSG Basic Health Program](#)
 - [CSG Simulation Modeling](#)
 - [CSG Medicaid Benchmark Benefits](#)
 - [CSG Navigator Programs Background](#)
 - [CSG Planning for Small Business Health Options](#)
 - [CSG Essential Health Benefits and Implications](#)
 - [CSG Non-Modified Adjusted Gross Income](#)
 - [CSG Health Coverage Marketplace](#)
 - [CSG Program Integrity](#)

Iowa Insurance Division HBE Activities

- 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 address specific audit, 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.

Background of Health Benefit Exchanges

Beginning in 2014, tens of millions of Americans will have access to health coverage through newly established HBEs 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. ACA requires states to have a HBE certified or conditionally certified on January 1, 2013, or the federal government will operate a HBE for the state.

IDPH HBE Activities

- During the planning grant phase, Iowa held a series of regional meetings and focus groups to ensure stakeholder involvement throughout the planning of the HBE. 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](#).
- IDPH has developed an [Iowa HBE Consumer Education and Outreach Report](#) which outlines consumer education and outreach research and strategies for Iowa's HBE. Recommendations include:
 1. As part of Iowa's Health Benefit Exchange planning effort, the Interagency Workgroup should convene focus groups to evaluate the Exchange branding, logo, messaging, and pitch to ensure consumer input.
 2. Iowa's Health Benefit Exchange Consumer Education and Outreach Plan should align with and complement Federal outreach efforts. Outreach in Iowa should occur at the local level because reaching people in their communities where live is the most effective outreach strategy to get people to "act."
 3. Iowa should create and implement a media campaign about the Exchange and it should include earned media, paid media, community outreach, public education, social media, and digital communications.
 4. Iowa should develop a variety of HBE educational materials targeting consumers and the materials should be tested and reviewed by this target population.
 5. Iowa should develop Iowa specific materials on a variety of different languages targeting diverse populations and multicultural groups.
 6. Iowa should explore existing outreach initiatives to see if they could be expanded to include outreach and education for Iowa's HBE.
- IDPH is partnering with the Safety Net Network to develop a toolkit and hold regional meetings targeted at safety net providers and patients to educate participants on the implementation process and how use of the HBE once it is live.
- IDPH is contracting with the University of Iowa to conduct a consumer and business research survey. This survey will expand beyond the initial focus group questions to include a more comprehensive set of questions. IDPH and UI have meet with a number of business and consumer groups who are on board to distribute the survey. These groups include:
 - Professional Developers of Iowa
 - Iowa Association of Business and Industry
 - Farm Bureau
 - Chamber Alliance, Chamber Association
 - Consumer Advocacy Group
 - Iowa CareGivers Association
 - AARP
 - Local Public Health/Title V Agencies
 - Safety Network

Iowa e-Health



Iowa e-Health is pleased to announce that over 500 Iowa providers are currently signed up for the Iowa Health Information Network's (IHIN) first service, Direct Secure Messaging. Nearly 50 organizations, including local public health agencies and IDPH bureaus, are taking advantage of the service that enables the sharing of electronic patient information via a secure, encrypted, and authenticated connection. Several organizations are working to build use cases for Direct Secure Messaging. Telligen, Iowa's Regional Extension Center for Health IT, has been conducting a pilot with Pella Regional Health Center and Iowa Dermatology, Inc. to develop use cases for utilization of Direct Secure Messaging. Additionally, a pilot project is being conducted by the Family Planning Council of Iowa using Direct Secure Messaging for quality reporting for the Iowa Infertility Prevention Project.

The Patient Look-up function of the IHIN is now ready for production. E-Health is pilot testing the Patient Look-up functionality of the IHIN with the University of Iowa Hospitals and Clinics and with Iowa Health System. A kick-off meeting is scheduled with Henry County Hospital to begin their pilot testing, as well. Once the pilot testing is completed, these organizations will go live with their Patient Look-up connection to the IHIN. Genesis and Mercy will begin pilot

Next Meeting: April 5th at the Urbandale Public Library from 10:00-2:00

Direct Care Worker Initiative

What is the Direct Care Workforce Initiative?

The Direct Care Workforce Initiative is the result of the work of the many members of the Direct Care Worker Advisory Council and additional direct care professionals (DCP), employers, state agency representatives, and other individuals and organizations that contribute their expertise and assistance to IDPH. The Council was

charged with advising IDPH on training standards and the creation of a credentialing board for the direct care workforce in Iowa. IDPH applied for and received a federal grant from the US Department of Health and Human Services to conduct a pilot of the training and credentialing recommendations. The purpose of the pilot project is to evaluate the impact of the standardized training and additional retention supports on DCPs knowledge, job satisfaction and retention in their employment. Participating DCPs 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 have been selected to enable the project to compare evaluation outcomes. The sites participating in the training are Bright Star, Ankeny, Candeo, Ankeny, Centerville Community Betterment, Centerville, ChildServe, Johnston, Des Moines Area Community College, Easter Seals, Des Moines, First Resources Corporation, Sigourney, Home Instead, West Des Moines, Clive and Ottumwa, H.O.P.E., Inc., Des Moines, Indian Hills Community College, Ottumwa, Iowa Home Care, West Des Moines, Monroe County Professional Management, Albia, Mosaic, Des Moines, REM-Iowa, Adel, Woodward Resource Center, Woodward.

Iowa Direct Care Workforce Initiative on the Airwaves

Iowa Public Radio's "Being in Iowa" series recently focused on caregivers (including direct care professionals and family caregivers) during the week of February 4th. Each day during "Being a Caregiver in Iowa," reporter Rob Dillard focused on a different aspect of direct care. Direct care was also the focus of the "River to River" live talk show on Friday. In case you missed them, links to recordings of each story (with IPR's descriptions) are below. These would be great to share with friends and colleagues to raise awareness of challenges in the direct care workforce and steps being taken to address them.

- **February 4th- Direct Care Workforce**

"We begin today by talking about those who provide direct care for a living. It's an occupation dominated by women and it's one of the fastest growing workforces in the state. It's also a job that pays very little and that many end up leaving. Rob Dillard reports on why, and how the state may be changing that."

- **February 5th- Autism**

"When it comes to families with an autistic child, this work can last a lifetime. In Part Two of our series, Iowa Public Radio correspondent Rob Dillard takes us to West Des Moines, where we meet the parents of an autistic boy, and their teenage daughter, who keeps an eye on her kid brother."

- **February 6th- Dementia**

"Correspondent Rob Dillard examines the difficult responsibilities that go along with taking care of someone who is sinking into dementia. The most common form of dementia is Alzheimer's. [...] Dementia most often strikes the elderly. But in this report, Rob tells us it can also hit people in the prime of their life, bringing heartbreak to families with plans for their golden years."

- **February 7th- Hospice**

"[Caregiving] can be stressful and emotional work, perhaps never more so than when the person in need of care nears the end of life. Correspondent Rob Dillard takes us to a comfortable, peaceful place set on the edge of woods in Des Moines. It's a hospice, a home where many people move to spend their final days."

- **February 8th- Home Care**

"Correspondent Rob Dillard rides along with a home health nurse as she makes one of her 20 or so weekly patient visits. She delivers a style of health care reminiscent of bygone days when medical personnel often arrived at their patients' doors to provide services. This kind of direct care is still in demand for those who are unable to venture far from home."

"River to River" Program

"We wrap up the series by having a discussion with a number of caregivers in our state about the challenges of care giving and their hopes for the future." As part of the conversation, ICA's John Hale explains how the education standards and credentialing proposed in DCWI will help address direct care workforce challenges.

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. DCPs provide 70-80% of all direct hands-on services, assisting individuals with daily living tasks, personal care, independent living skills, and basic health care services. DCP 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.

Direct Care Worker Initiative (cont.)

Direct Care at the Legislature

IDPH and the Direct Care Worker Advisory Council were invited to present to the Health and Human Services Appropriations Subcommittee on February 20, 2013. Erin Drinnin, Project Manager of the Direct Care Workforce Initiative at the Department accompanied Arlinda McKeen, SPPG, facilitator of the Direct Care Worker Advisory Council; Fran Mancl, Certified Nursing Assistant and Mentor from Stonehill Franciscan Services in Dubuque; and Pam Williams, Program Manager from Monroe County Professional Management for the presentation.

Presenters provided updates on progress with implementing and testing the recommendations of the Direct Care Worker Advisory Council. Mr. Mancl, a member of the DCP Education Review Committee, spoke about the three main reasons direct care professionals are supportive of the creation of standardized training and credentialing: 1) the recognition they will receive with a state-issued credential, 2) the portability of the credentials; that DCPs can take the credentials with them, not re-take training they have already had, and pursue services and settings that match their skills and interests, and 3) the credibility that a Board will bring; knowing that their co-workers will not only have a passion for the job but will be competent and well-trained. Ms. Williams, whose agency is participating in the training as a pilot site, noted that they have seen retention rates increase as a result of the standardized training. She also spoke about the reduced costs related to retraining and the excitement from her staff at the prospects of advancement and credentialing.



Fran Mancl addresses the HHS Appropriations Subcommittee with Pam Williams, Arlinda McKeen and Erin Drinnin

Training and Infrastructure-Building Progresses

At a meeting of the Direct Care Worker Advisory Council and Direct Care Workforce Initiative pilot partners in January, participants heard an update on implementation of training. The project has trained 53 instructors to teach the Core and advanced training modules. Nearly 300 direct care professionals have now received the training, and we are receiving positive feedback from instructors and students. A few key findings so far:

- *100% of DCPs are gaining knowledge, and of those who score low on the pre-test (less than 5 out of 10), their knowledge gain is significant and high (from 3.94 to 7.52)*
- *97% of DCPs are very or somewhat satisfied with the training*
- *Most DCPs (67%) say they plan to stay in direct care as long as possible and 84% say they speak highly of direct care work to their friends.*

Iowa CareGivers is hosting a meeting on February 27, 2013 in which direct care professionals will get a glimpse of the online application and grandfathering process that are being developed. Participants will have an opportunity to test the grandfathering application, known as Appraisal of Work Experience, and provide feedback on the application questions and ease of use. We are looking forward to hearing from DCPs and continuing to improve the process!

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

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

The [Health & Long-Term Care Access Advisory Council](#) (HLTCA AC) completed a fact sheet that provides key statistics and recommendations regarding Iowa's health sector workforce. The [Facts on Iowa's Health Sector Workforce](#) is available on the council's webpage [here](#).

An initial recommended Next Step is development of a state health workforce commission to set priorities. Council members have brainstormed ideas about commission membership and meeting structure. These are available on the [Meetings](#) page at the council's webpage.

At the January meeting, Erin Drinnin provided an update about the [Direct Care Workforce Initiative](#). This followed public comment at the November meeting in which concerns were expressed about the direct care workforce and questions were posed about the role of the HLTCA AC in addressing issues faced by this workforce such as low pay and high turnover. The HLTCA AC discussed potential to address issues facing the direct care workforce as appropriate given timeliness of events along with other issues that fall within its charge.

The council also discussed a variety of issues pertaining to health delivery infrastructure. The group is focused on how a patient moves from one type or system of care to another. The council has identified several data points that it believes will be important in helping convey the outcomes and next steps for Iowa's health infrastructure development.

Next Meeting: April 3rd at the Urbandale Public Library from 10:00-3:00

Community Transformation Grant (CTG)

[Health Care Provider Toolkits](#)

The Health Care Provider Toolkit was officially launched in November 2012 and is currently being distributed to health care provider practices throughout the state. The toolkits promote blood pressure screening and target Iowans over 50 years old. Continuing with the "Let's Get Healthy" theme, the toolkits tie in well with CTG's previous advertising campaigns seen within local communities across the state.

The toolkits will be distributed through February to coincide with Heart Health Month. The 26 CTG grantee counties are providing the toolkits directly to provider offices and are including Iowa Medicaid Health Homes within their distribution. Toolkits have also been distributed statewide to community health centers through the Iowa Primary Care Association, at the Iowa Osteopathic Medical Association's annual conference, and at local public health regional meetings. The IDPH CTG team has a few toolkits remaining. If you would like a Health Care Provider Toolkit, please contact Shaela Meister at shaela.meister@idph.iowa.gov.

[Decatur County Success Story](#)

Since obesity, depression, and high blood pressure are common in their area, the Decatur County CTG program wanted to find ways to partner with their community. They found the perfect opportunity to collaborate with local physicians when a local medical clinic began to upgrade to electronic medical records. CTG staff proposed to the clinic's executives the idea of an exercise prescription. They explained that if a doctor has a patient with high blood pressure, obesity, or depression, a recommendation for exercise could be prescribed. In response, the clinic created a "drop down" menu option for an exercise prescription in the new medical records system that physicians can select for their patients. When choosing this selection, instructions for the patient print off with their summary visit sheet, and metrics are formulated for the clinic and CTG staff to see the effectiveness of the exercise prescription.

Did you know?

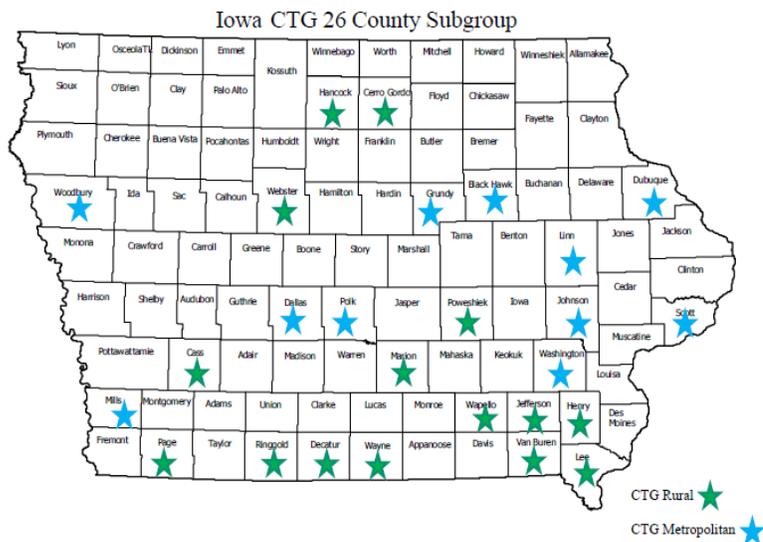
The Health & Long-Term Care Access Advisory Council isn't only about Long-Term Care.

This council advises about health care access issues, long-term care access issues, health workforce, infrastructure, technology, and rural health.

Community Transformation Grant (CTG) – cont.

Along with the development and distribution of the CTG staff's new brochure, "Decatur County Health Living," this venture has proven to be a great initiative for the community, and fitness centers in the area have even seen an increase in memberships. It looks like Decatur County is back on the path to becoming a healthy county!

Visit www.idph.state.ia.us/CTG/Default.aspx for more information and success stories on the CTG today!



Iowa Physician Order Life-Sustaining Treatment (IPOST) Project

Katrina Altenhofen will formally be taking over as IDPH's point person relating to IPOST work and she will be working with the Iowa Healthcare Collaborative on this effort.

IPOST toolkits are posted on the IHC site and can be found below:

- [IPOST Toolkit](#)
- [How-to Navigate Toolkit Portfolio](#)
- [IPOST Informational Webcast](#)
- [IPOST Webcast for Healthcare Providers](#)

The Iowa Physician Orders for Scope of Treatment legislative report can be accessed here: [Patient Autonomy Pilot Report 2012](#).

Mental Health and Disabilities Workgroup

While the nation is working with health reform in the form of the Affordable Care Act and other health system legislation our state DHS is working on a new mental health redesign that involves hundreds in meetings, planning, committees and local sounding board meetings. That initiative spawned a look at the mental health workforce and workforce supply leading to an IDPH initiative and a new Mental Health and Disabilities Workforce Workgroup.

The 2012 Legislative Assembly directed IDPH to create and provide support to a mental health and disabilities workforce workgroup to address issues in assuring that an adequate workforce is available in the state to provide mental health and disability services, (Senate File 2315, p.21). The logistics-planning for that workgroup has begun and the group will meet twice this year and three times next to deliberate and create an interim Legislative report due December of 2012 and a final report due December of 2013. The group is continuing to meet and more information can be found here:

<http://www.idph.state.ia.us/MentalHealthWorkforce/>