

Minutes
 Health & Long-Term Care Access Advisory Council
 January 26, 2011
 10:00 a.m. – 3:00 p.m.
 Urbandale Public Library: Urbandale, Iowa

Members Present

Cindy Baddeloo
 Bobbretta Brewton
 Shelly Chandler
 Libby Coyte

 Wendy Gray
 Ryan Hopkins

 Susan Lutz
 Laura Malone
 Leah J. McWilliams
 Julie Stauch

Members Absent

Carol Alexander
 Roy Bardole
 Michele Devlin
 Brian Ferrell

 Steve Johnson
 Brian Kaskie

 Daniel Otto
 Jill Scott-Cawiezell
 Catherine Simmons

Others Present

Gloria Vermie, Iowa Department of Public Health
 Emily Carruthers, Iowa Pharmacy Association
 Rarah Towfic, Iowa Pharmacy Association
 Francisco Olalde, The University of Iowa (rep for Carol Alexander)
 Sandy Nelson, Iowa Medical Society
 Doreen Chamberlin, Iowa Department of Public Health
 Michelle Holst, Iowa Department of Public Health
 Kevin Wooddell, Iowa Department of Public Health
 Bob Russell, Iowa Department of Public Health
 Barb Nervig, Iowa Department of Public Health
 Louise Lex, Iowa Department of Public Health

*Health and Long-Term Care Access Advisory Council Web site http://www.idph.state.ia.us/hcr_committees/care_access.asp

Topic	Discussion
Introductions and Welcome	Michelle Holst welcomed the attendees to the meeting. Members and guests introduced themselves. Michelle provided an overview of today's agenda.
Rural & Agricultural Health & Safety Resources Plan Gloria Vermie, Iowa Department of Public Health Presentation available at http://www.idph.state.ia.us/hcr_committees/commo n/pdf/care_access/20110126_hltca.pdf	Gloria Vermie, Iowa Department of Public Health, State Office of Rural Health updated the council on the status of the Rural & Agricultural Health & Safety Resources Plan. Several partners have stepped forward to provide assistance in development of the plan. The plan is a requirement of a grant and it must include a transportation assessment. There were 189 stakeholders surveyed with a response rate of ~46 percent. Each section of the plan consists of an initial statement, solutions, summary, and comments. The report will be available in limited number of hard copies, electronic via download and via CD. Gloria had to put this project on hold. This is because the State Office of Rural Health grants submission. The grant is due February 15, 2011. Questions: Where is pharmacy included? A: Pharmacy is integrated throughout the different sections such as Hospitals, Clinics, HIT. Will include pharmacy in Section 3. Susan Lutz, Iowa Pharmacy Association, believe it would be beneficial if pharmacy had a standalone section/heading.
Health Care Facilities & Services Plan; Health	Barb Nervig presented an overview of her thoughts and suggestions for health care facilities and services plan and the health care data resources plan. This section of the

<p>Care Data Resources Plan; Assessment of Emerging Trends in Health Care Delivery & Technology</p> <p>Barb Nervig, Iowa Department of Public Health</p> <p>Presentation available at http://www.idph.state.ia.us/hcr_committees/common/pdf/care_access/20110126_nervig_strategic_plan_draft.pdf</p>	<p>Health and Long-term Care strategic plan is what CON has strived to do and is about (e.g. cost, quality, access). A lot of what is required in the strategic plan is already part of CON. Barb's handout/presentation extracted the parts of the strategic plan requirements as they refer to the health care facilities and services plan, and added information to stimulate discussion or others interested in the process. Barb's presentation/handout is an outline. It is available at http://www.idph.state.ia.us/hcr_committees/common/pdf/care_access/20110126_nervig_strategic_plan_draft.pdf.</p> <p>Questions: Will the health care facilities and services plan contain any recommendations for changes to CON or the CON process? A: The strategic plan will not in itself change anything. Any changes or additions to CON program would come from the legislature.</p> <p>When is the plan to be submitted? A: It is a goal of this advisory council that the plan be submitted in July of 2011.</p> <p>How would the collection of utilization data happen? A: We receive some utilization data from hospitals which is not really used for CON needs. It would be nice to have trend data available for use. However, I'm unsure of how this would be accomplished but the data would be nice to have.</p> <p>What data do we need to collect and about whom? Some data that could be collected include Community Health Centers, Free Clinics. Some organizations and programs already collect some data elements like IA/NEPCA and VHCPP. The Safety Net Network does have data and have been working at improving the quality of the data. Data quality is improving.</p> <p><u>*Look at the center as a hub to collaborate the collection and inventory of data.</u></p>
<p>Member sharing Information and Awareness</p> <p>Michelle Holst, Iowa Department of Public Health</p>	<p>HF45 – An Act relating to public funding and regulatory matters and making, reducing, and transferring appropriations and revising fund amounts and including effective, retroactive, and other applicability date provisions, and making penalties applicable.</p> <p>Division XIII - County Mental Health and Disability Services adds 25million in appropriations to counties for mental health services. The reimbursement rates were based on dollar amount and not on any type of rate or population statistics. Senator Hatch is drafting a mental health bill that is similar to HF45.</p> <p>HF93 An Act relating to third-party payment of health care coverage costs for mental health conditions, including alcohol or substance abuse treatment services, creation of a mental health insurance advisory committee, and including applicability provisions and a repeal.</p> <p>SF58 – AHEC An Act relating to area health education centers, creating an area health education centers fund, and providing an appropriation. Both AHEC applications were approved but not funded and will be unfunded at least through this fiscal year. Des Moines University and the University of Iowa will have one office with the next application submission.</p> <p>HSB54 – There is a state bill being worked on regarding Assisted Living facility decertification.</p>

	<p>An Act relating to voluntary cessation of program operations and decertification of assisted living programs, and providing penalties.</p> <p>CMS Rules CMS rule that a face-to-face encounter with physician for reimbursement for home health services. The rule is effective January 1, 2011 but postponed for Home Care Agencies until April 1, 2011. Hospitalists can complete the form upon discharge from the hospital.</p>
<p>Bureau of Oral & Health Delivery Systems</p> <p>Dr. Bob Russell, Iowa Department of Public Health</p>	<p>Dr. Russell, Iowa Department of Public Health, bureau chief, dental director, informed the council about the merging of the Bureau of Health Care Access and the Oral Health Bureau to form the Bureau of Oral & Health Delivery Systems (OHDS). The merger of the two bureaus is in response to last year's government redesign legislation. Services offered by the different programs will not change but three centers will be within OHDS (Oral Health, Workforce, Rural Health and Primary Care).</p> <p>In the coming months OHDS will be developing a bureau mission that will incorporate comprehensive health care plan. What does health care look like in Iowa if we could do it as a complete system.</p> <p>Dr. Russell will remain the public health dental director and serve as the bureau chief. Doreen Chamberlin remains within the bureau and will serve as the bureau coordinator. One thing Dr. Russell wants to assure that Iowa has a comprehensive health access plan.</p>
<p>Community Health Needs Assessment/Health Improvement Plan</p> <p>Healthy Iowans</p> <p>Louise Lex, Iowa Department of Public Health</p> <p>Presentation available at http://www.idph.state.ia.us/hcr_committees/committee/pdf/care_access/20110126_chnahip.pdf</p>	<p>Louise Lex, MS, PhD, Bureau of Communication & Planning, Iowa Department of Public Health, presented an overview of Community Health Needs Assessment & Health Improvement Plan (CHNA & HIP) and the Healthy Iowans initiative.</p> <p>CHNA & HIP is a report on a community's health needs and what can be done about them. Local boards of health are responsible for leading the discussion and counties may work together or individually. Those involved in the discussion should include but not be limited to local health-care providers, public health system agencies, community-based organizations, members of the general public, business/industry, human service agencies, and elected official representation.</p> <p>CHNA & HIP is important to communities because it allows them to make decision regarding health problems, help in allocating resources along with setting policy. It is also important to the state because it provides a solid profile of the state's health priorities and guidance on what resources are needed along with providing information for Healthy Iowans. The 2007 CHNA & HIP reports showed what each county identified as priority issues.</p> <p>CHNA & HIP important to the state because it provides a profile of the entire state and provides guidance on what resources are needed. It also provides information for Healthy Iowans and shows what counties identified as priority issues.</p> <p>The CHNA & HIP report is due February 26, 2011, for the next five year period. Boards of Health are to submit an evaluation and updated health plan in February of each year.</p> <p>Additional information, data, and resources can be found on the CHNA & HIP website at http://www.idph.state.ia.us/chnahip/default.asp.</p>

	<p>Healthy Iowans Healthy Iowans is Iowa’s five-year health needs assessment and improvement plan that focuses on the state’s critical health needs/issues and provides a blueprint for addressing them. There were ~500 people, companies and/or organizations involved in Healthy Iowans. Healthy Iowans links to other plans, unites partners to take action, and it belongs to every Iowan.</p> <p>Healthy Iowans is built from local CHNA & HIP, state acquired data, input from stakeholders, along with information from other plans. Healthy Iowans is currently gathering health needs and issues for the plan to be released later this year. A draft plan, for feedback, is scheduled for release between July and October of 2011. The final plan is scheduled for release in October 2011.</p> <p>Advisory committee and steering committee. The advisory committee builds on work already completed and recommends three critical health issues/needs to the steering committee. Among other duties, the advisory committee also makes recommendations on objectives, action steps, timelines, and responsible parties to the steering committee.</p> <p>The steering committee is appointed by the director of the Iowa Department of Public Health and consists of 15 members. Committee members are from focus areas, public health regions, consumers, and business representatives. Activities and responsibilities of the committee include analysis of the critical health issues/needs recommendations, selection of critical need/issues for Iowa focus, review and approve objectives, and annual monitoring.</p> <p>Questions: Are the surveys that counties use and submit the same? Yes, they are standardized.</p> <p>Do you have specific criteria on how the information is collected by the counties? No, this is the choice of the individual counties.</p> <p>How often is the plan updated? The National Healthy People plan is updated every 10 years while Healthy Iowans is updated every 5 years.</p>
<p>Facilitated Conversation To Incorporate today’s information</p> <p>Michelle Holst, IDPH</p>	<p>Michelle opened it up to members who had any input, thoughts, comments, or observations from any of today’s presenters as it pertain to the strategic plan.</p> <ul style="list-style-type: none"> • Do you have any thoughts or recommendations regarding data needs specifically gaps in data that have been particularly problematic for changing the access to care in the areas that pertain to your work? Encourage the department to connect with Iowa Collaborative Safety Net Provider Network (IA/NEPCA). All the Safety Net providers collect data but making is accessible and viable from a Safety Net perspective is ongoing. <p>Is this data about patients/clients? Yes, the data is client based.</p> <ul style="list-style-type: none"> • Workforce Development is another data source to look at. Workforce development is moving forward with nursing workforce data. This was made possible from grant funding they received last fall. • There is a need for access and transparency in patient data to the patient themselves.

	<ul style="list-style-type: none"> • The interdisciplinary approach appears to be gaining some momentum. Is this approach a priority at this time for this advisory committee? The changes in funding sources and who is authorized providers on certain billing codes will help drive change. • What is being done to help administrators understand what they could do to change their configuration of how they do their work?
<p>Next Steps <i>Plans for future meetings</i></p> <p><i>Conclusions/directions from today</i></p> <p>Michelle Holst, IDPH</p> <p>Members</p>	<p>Presentations requested at future meetings:</p> <ul style="list-style-type: none"> • Have a presentation on Safety Net <p>Our next meeting will be March 29th.</p>
<p>Webinar Presented by the National Direct Service Workforce Resource Center – Registered Apprenticeship</p>	<p>Advisory council members were given the opportunity to attend the DSW Resource Center teleconference/webinar about the DOL Registered Apprenticeship program and the new Direct Support Professional (DSP) Registered Apprenticeship Standards.</p> <p>The webinar highlighted:</p> <ul style="list-style-type: none"> • How the DOL Registered Apprenticeship program works in health and human services and long-term services and supports sectors • The new DSP Registered Apprenticeship Standards • State experiences with the Registered Apprenticeship programs to date <p>Presenters included Laura Ginsburg, DOL Employment and Training Administration; Robyn Stone, Institute for the Future of Aging Services, and Lori Sedlezky, University of Minnesota, Joe Macbeth, National Alliance for Direct Support Professionals (NADSP), and others.</p> <p>http://www.dswresourcecenter.org/tiki-index.php?page=Webinars/Calls</p> <p>http://www.dswresourcecenter.org</p>

Next meeting: Tuesday, March 29, 2011 10:00 – 3:00
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