

MINUTES

Prevention and Chronic Care Management Advisory Council

Thursday, June 24th, 2010

10:00 am – 3:00 pm

YMCA Healthy Living Center

Members Present

Bill Appelgate
 Krista Barnes
 Ana Coppola
 Eileen Daley
 Trula Foughty
 Terri Henkels
 Jason Kessler
 Teresa Nece
 Noreen O'Shea
 Patty Quinlisk
 Peter Reiter
 Suzan Simmons
 Donald Skinner
 Kim Stewart
 John Stites
 Jacqueline Stoken
 John Swegle
 Debra Waldron

Members Absent

Jose Aguilar
 Steve Flood
 Della Guzman
 Melanie Hicklin
 Karen Loihl
 Steve Stephenson
 David Swieskowski
 Jenny Webber

Others Present

Angie Doyle-Scar
 Beth Jones
 Abby McGill
 Jen DeWall
 Sara Schlievert
 John Durbin
 Jill France
 Don Shepherd
 Joann Muldoon
 Kory Schnoor
 Joe Mills
 Aaron Barker
 Marsha Collins
 Stacy Livingston
 Hannah Chung
 Audra Hudrlik
 Kay Corriere
 Anne Kinzel
 Linda Goeldner
 Jenny Schulte
 Eric Nemmers
 Mitch Harris

* Prevention & Chronic Care Management Advisory Council Website (handouts found here):

http://www.idph.state.ia.us/hcr_committees/prevention_chronic_care_mgmt.asp

Topic	Discussion
Welcome	<ul style="list-style-type: none"> ● Council members and others introduced themselves. <ul style="list-style-type: none"> ○ Dr. Jason Keller is replacing Dr. Tom Kline on the Council as the Medicaid Medical Director. Dr. Kessler was previously a pediatrician practicing in Muscatine.
Medical Home System Advisory Council Update <i>Beth Jones</i>	<ul style="list-style-type: none"> ● The Medical Home System Advisory Council's Progress Report #2 is now finalized and is available here. ● SF 2356 has been signed by the Governor and includes a section that expands the IowaCare program. IowaCare expands Medicaid to 200% of the FPL for adults who don't otherwise qualify for Medicaid. The coverage includes single adults and childless couples. The IowaCare program has a limited benefit package and a limited provider network (limited to 2 providers – Broadlawn Medical Center in Polk County and the UI Hospitals and Clinics in Iowa City), which provides service statewide. SF2356 expands the provider network under the current IowaCare program to include a regional primary care provider network, beginning with a phased in approach of Federally Qualified Health Centers (FQHC). The bill mandates the FQHC's selected by the DHS to provide primary health care services to the IowaCare population and to comply with certification requirements of a Medical Home. ● Medical Home for Iowa Children and Youth- Based on HF 2539, the first population Iowa will target to spread the Patient Centered Medical Home (PCMH) is children enrolled in Medicaid. There needs to be a focus and emphasis on key elements of PCMH, but with a stronger pediatric perspective for the 0-21 year population. Iowa applied for the CHIPRA

	<p>Quality Demonstration Grant and was not awarded. It was realized that Iowa was not as far along as thought- the application was a good vision for the future. Now, Iowa is looking at a phased in approach with two tiers- one for well-child care that is based on best practices for providing care for children and youth and one for children and youth with special health care needs that will focus on two specific sub-populations.</p> <ul style="list-style-type: none"> ● Under Federal Health Care Reform, there is an option that Iowa is looking into to get a state match through a state plan amendment. It is Title XIX of the Social Security Act- “State Option to Provide Health Homes for Enrollees with Chronic Conditions”. ● On June 2nd, the Centers for Medicare & Medicaid Services (CMS) released details on the Multi-payer Advanced Primary Care Practice Demonstration. This information (available here) includes: <ul style="list-style-type: none"> ○ Demonstration Fact Sheet ○ Solicitation for the Demonstration ○ Summary of Eligibility Requirements ○ Demonstration Q & As <p>Under this demonstration, CMS will participate in multi-payer reform initiatives that are currently being conducted by states to make advanced primary care practices more broadly available. The demonstration will evaluate whether advanced primary care practice will reduce unjustified utilization and expenditures, improve the safety, effectiveness, timeliness, and efficiency of health care, increase patient decision-making and increase the availability and delivery of care in underserved areas. To be eligible, states will need to demonstrate that they can meet certain requirements, including having a state agency responsible for implementing the program, being ready to make payments to participating practices six months after being selected for participation, and having mechanisms in place to connect patients to community-based resources. CMS anticipates making awards to up to six states and will perform an independent evaluation. IDPH has submitted a letter of intent.</p>
<p>eHealth Advisory Council Update <i>Kory Schnoor</i></p>	<ul style="list-style-type: none"> ● A collaborative, multi-stakeholder planning process, known as the Iowa e-Health Project, developed the 2010 Iowa e-Health Strategic and Operational Plan which describes the strategies and activities necessary to advance adoption of electronic health records (EHR) and develop a statewide health information exchange (HIE). Iowa eHealth is part of a new office at IDPH. ● Health IT is a foundational piece of health reform across the nation. The initiative will modernize workflow processes and facilitate data-driven health care decision-making to elevate the quality, safety, and efficiency of health care available to current and future generations. ● To view their provider factsheet, click here. The back of the factsheet describes three components/grants: <ul style="list-style-type: none"> ○ Iowa’s Statewide Health Information Exchange (HIE) - www.idph.state.ia.us/ehealth ○ Health Information Technology Regional Extension Center (HITREC) www.iowaHITREC.org ○ Iowa Medicaid Enterprise (IME) - www.ime.state.ia.us ● On March 15th, IDPH received notification from the Office of National Coordinator (ONC) for Health Information Technology (HIT) that Iowa has been awarded \$8,375,000 over the next four years to plan and implement Iowa’s statewide Health Information Exchange (HIE). This funding, made possible through the American Recovery and Reinvestment Act (ARRA) of 2009, is instrumental in moving Iowa e-Health forward to develop the statewide HIE. ● The Iowa eHealth draws on several volunteer workgroups and subcommittees that

provide expertise regarding the components of HIT. The workgroup and subcommittee members have offered enormous support and volunteer hours which are instrumental in developing Iowa's strategic and operational plan. The Iowa e-Health workgroups and subcommittees include:

- **Assessment Subcommittee**- Guiding various health care provider assessments, including provider practices, home health, long-term care, laboratories, and pharmacies, to name a few.
 - **Communication and Outreach Subcommittee**- Developing communication materials that will be used to educate and inform Iowa health care providers and consumers about the uses and benefits of health IT.
 - **Continuity of Care Document and Interoperable EHRs**- Describing the types of data transactions that will take place through the Health Information Exchange (HIE).
 - **Governance and Finance**- Discussing preferences and recommendations for a long-term governance structure, including finance options and strategies.
 - **HIE Infrastructure and Networks**- Discussing and outlining the core components needed for the HIE technical infrastructure (e.g., Master Person Index, Record Locator Service, Data Storage, and Participation Expectations).
 - **Provider Adoption of EHRs**- Reviewing the HIE data transactions to ensure they will effectively improve patient care within and across provider settings.
 - **Safeguard Privacy and Security**- Identifying potential privacy and security policies that will need to be in place to securely exchange patient information through the Iowa HIE.
 - **Workforce and Education**- Outlining the core competencies of the health IT workforce and preparing for health IT curriculums at Iowa community colleges.
- Iowa eHealth is currently in the planning phase, but is quickly moving to implementation. The content of the [2010 Iowa e-Health Strategic and Operational Plan](#) builds upon the [Iowa Health Information Technology Plan](#) developed in 2009.

The following goals provide a high-level overview of the information that will be included in this plan:

- Goal 1:** Build awareness and trust of health IT (i.e., Communication and Outreach)
 - Goal 2:** Promote statewide deployment and use of EHRs (i.e., HIT Adoption)
 - Goal 3:** Enable the electronic exchange of health information (i.e., Technical Infrastructure and Interoperability)
 - Goal 4:** Enable the exchange of clinical data
 - Goal 5:** Safeguard privacy and security of electronic health information (i.e., Legal and Policy)
 - Goal 6:** Advance coordination of activities across state and federal government
 - Goal 7:** Establish a governance model for statewide health information exchange
 - Goal 8:** Ensure sustainable business and technical operations for health IT (i.e., Business and Technical Operations)
 - Goal 9:** Secure financial resources to develop and sustain a statewide HIE
 - Goal 10:** Monitor and evaluate health IT progress and outcomes
- The Iowa Foundation for Medical Care (IFMC) has been designated by ONC as the Health Information Technology Regional Extension Center (HITREC) for Iowa. The HITREC will offer technical assistance and support to health care providers in adopting, implementing, and achieving meaningful use with their HER systems. IFMC is currently in the field providing technical assistants to small provider settings and critical access hospitals.
 - Eileen Daley asked how local public health agencies will be incorporated into the eHealth Project. Kory responded that they are in the process of figuring that out. Through the HIE, they'll link EHR's and provider portals. Another goal is to link the immunization registry (IRIS) to the HIE so that providers won't have to enter the information twice.
 - Terri Henkels asked how local exchanges are connected with statewide initiative. For example, Spencer has one vendor, epic, that allows different healthcare providers to be able to communicate with different EHR's. Regarding the Beacon Community Grants, three Iowa communities applied- Myrtue, Iowa Health, and Mercy. They were not awarded and are reapplying for the second round.

- Kay Corriere asked if the HIE will be linked to other states. Yes, once state HIE is running, an expectation of ONC is to connect with Nationwide HIE.
- Dr. O’Shea asked how the master person index is addressing undocumented persons. It will be a voluntary thing, but it is recognized that it’s important to have their information too. They are currently looking at policies regarding who will participate, and are leaning toward an “opt out” model, meaning that patients are automatically in the system and will need to sign waiver to be removed.
- The eHealth Project works to align with the other HCR Councils. The PCCM Council relates directly, for example tracking diabetes rates and tracking other chronic conditions over time.
 - Kory asked the Council how they see the PCCM Council and eHealth tying together. Dr. Skinner replied that the Council strongly recommends the need for a single statewide chronic disease registry. Kory replied that the HIE is the most logical and appropriate vehicle to accomplish that.
- The four priorities areas currently for eHealth are:
 1. Continuity of care document
 2. ePrescribing
 3. Labs- lab ordering and lab results
 4. Immunizations

Dr. Applegate recommended that the statewide chronic disease registry be considered a fifth priority area.

Subgroups

Prevention Subgroup

- Members of the IDPH Data Integration Team were in attendance:
 - Jill France (Vital Statistics)- jfrance@idph.state.ia.us
 - Don Shepherd (BRFSS)- dshepherd@idph.state.ia.us
 - Joann Muldoon (hospital discharge data/diabetes report) jmuldoon@idph.state.ia.us
 - John Durbin (Data Warehouse)- jdurbin@idph.state.ia.us
- The subgroup discussed background about the National Center for Health Statistics and how the data is collected. Iowa has adopted the national standard, which changes every 10 years. Births are collected electronically from the hospital, medical data is reported from medical provider, and demographic data is collected from the mother/guardian.
- Race/ethnicity is self-reported, using the OMB standards.
- Vital records collect births and deaths.
- Joann Muldoon discussed hospital data. There is a state outpatient database with 3-4 million records. They collect data on asthma, diabetes, and tobacco. 25% of the records lack racial data (inpatient data). Also, the Hospital Association has not given all of the hospital records; therefore 10-15% of Iowa data is missing, (because they are from out of state). County level data from 30 counties is unusable.
- IDPH does a great job of collecting and distributing data. The recommendations that come from this subgroup should help increase effectiveness of analyzing the data.
- The subgroup discussed the linkage of data collection with eHealth. They may want someone from eHealth to come talk to this group in the future.
- The subgroup is also interested in learning in more detail the background of legislation and the intent.
- Janice Edmunds-Wells, from IDPH’s Office of Multicultural Health will have insight on how we could improve the disparities issues in the communities. Cindy Chen, from the Office of Multicultural Health at Human Rights works with different ethnic groups in Iowa, and is looking at *all* issues not just health related issues.
- Anne Kinzel commented that health disparities are not necessarily tied to ethnic

background; they are tied to personal wealth. When you talk about multicultural, it's not just about race and ethnicity. In California where she used to live, Latinos have transitioned from less than 5% of the population to almost the majority. This population then changed in social status and wealth as well.

- John Durbin gave an overview and discussed the [IDPH Data Warehouse](#). As mentioned earlier, Iowa does a great job of collecting and distributing data. The recommendations that come from this subgroup should help increase effectiveness of analyzing the data. The Data Warehouse attempts to:
 - 1- Provide access to data for more analysis to build the number of people to access it
 - 2- Public dissemination of data and provide a consistent reporting of data. This will allow immediate access and the ability to do analysis for grants or IDPH programs.
 - **What is the Iowa public health data warehouse?** It will organize and store data from a variety of sources and provide electronic reporting and analysis. By having a number of important relevant data sets in one convenient place, users will be able to easily obtain snapshots of the health of individual counties and Iowa as whole. With this information, Iowans will be able to more efficiently determine the health needs of their communities and make more informed decisions that help promote and protect the public's health.
 - **What kind of data will be included?** Public health is a population-based set of disciplines. The data warehouse will include aggregate data (not individual health information) to help us gain an accurate picture of the health of specific populations based on particular health indicators. Examples include the percentage of people who are overweight or obese, the rate of sexually transmitted diseases, and where a community ranks in regard to lead poisoned children.
 - **Who will use it?** Anyone will be able to use a Web-based portal to access reports on predefined health indicators in specific counties. The system will allow one to make comparisons with other counties or the state as a whole. State health officials, local public health partners, and researchers will be able to customize data reports based on specific and approved needs.
- The subgroup then had a lengthy discussion about the available resources. They noticed that after discussing all of these resources/reports, that Iowa is doing a pretty good job. If that is truly the case, we can state that in the final report.

Resources

- [National Center for Health Statistics](#)
 - Provides the leading causes of death etc by county, race etc.
- [Iowa Youth Survey](#)
 - In the fall of 1999, 2002, 2005 and 2008, students in the 6th, 8th, and 11th grades across the state of Iowa answered questions about their attitudes and experiences regarding alcohol and other drug use and violence, and their perceptions of their peer, family, school, and neighborhood/community environments. The survey reports list responses to every question on the survey, providing total percentages and breakdowns by grade and gender.
- [Iowa Behavioral Risk Factor Surveillance System \(BRFSS\)](#)
 - This is the largest, continuously conducted, telephone survey in the world. It is conducted by states under the guidance of CDC. The survey is designed to identify and monitor risk factors for chronic diseases and other leading causes of death.
- [Inside I-Smile™ 2009- An Update on Iowa's Dental Home Initiative for Children](#)
 - The data in this report continues to further demonstrate the increasing benefits of public health infrastructure bridging the gap between at-risk families and the private

practice health care system. While much has been done to improve oral health conditions for Iowans, much more is needed, and the obstacles and challenges facing underserved families are many.

- [Most current EPSDT data \(CMS 416\)](#) (Dental Service Report)
 - 53% of Medicaid-enrolled children ages 1-20 received a dental service in FFY2009 (one of the highest rates in the country – and up from 44% in 2005)
 - 51% of Medicaid-enrolled children ages 1-5 received a dental service in FFY2009 (up from 37% in 2005)
- [The Iowa Child and Family Household Health Survey \(IHHS\)](#)
 - IHHS is a comprehensive, statewide effort to evaluate the health status, access to health care and social environment of children of children and families in Iowa. It is a population-based statewide household telephone survey. The primary goals of the IHHS are to:
 1. assess the health and well-being of children and families in Iowa
 2. assess a set of early childhood issues
 3. evaluate the health insurance coverage of children in Iowa and features of the uninsured
 4. assess the health and well-being of racial and ethnic minority children in Iowa.
- [Iowa Cancer Registry](#)
 - The Iowa Cancer Registry (ICR) is a population-based cancer registry that has served the State of Iowa since 1973.
- [Iowa Barriers to Prenatal Care Project](#)
 - The purpose of this project is to obtain brief, accurate information about women delivering babies in Iowa hospitals. Specifically, the project seeks to learn if women had problems getting prenatal or delivery care during their pregnancy. Other information is included which may be pertinent to health planners or those concerned with the systematic development of health care services.
- [Agency for Healthcare Research and Quality: National Healthcare Quality & Disparities Reports](#)
 - These reports measure trends in effectiveness of care, patient safety, timeliness of care, patient centeredness, and efficiency of care. The reports present, in chart form, the latest available findings on quality of and access to health care.
- [HRSA: Advisory Committee on Training in Primary Care Medicine and Dentistry: The Role of Title VII, Section 747 in Preparing Primary Care Practitioners to Care for the Underserved and Other High-Risk Groups and Vulnerable Populations](#)
- [Health Disparities in HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis in the US](#)
 - This report includes a retrospective review of CDC surveillance data for HIV/AIDS, viral hepatitis, STDs, and tuberculosis over the period 2000-2004.
- [HHS Office of Multicultural Health Home Page](#)
- [HHS Office of Multicultural Health Search Page](#)
- [National Cancer Institute: Center to Reduce Cancer Health Disparities](#)
- [CDC- Disparities in HIV/AIDS, Viral Hepatitis, STDs, and TB](#)
- [CDC- Social Determinants of Health](#)
- [CDC- Resources on Health Disparities](#)
- [Healthy Iowans- Iowa Chronic Disease Report](#)
- [IDPH 2008 Vital Stats Report](#)
- [Iowa Health Fact Book](#)
 - The Iowa Health Fact Book provides a wealth of information pertinent to the health of Iowans. Much of this information is presented for each of Iowa's 99 counties and

includes such knowledge as data on disease incidence and mortality, health and social behaviors, health resources, and environmental factors.

The Subgroup will work on having a completed first draft of the Prevention Issue Brief and the Community Utility Issue Brief by the August meeting.

Chronic Care Management Subgroup

- The subgroup discussed desired components of a diabetes care coordination plan and whether the plan should be all encompassing or should be more directed and focused. Some of the components that were listed as necessary to be included were:
 - diabetic consensus guidelines
 - care gap analysis
 - disease registry
 - integrated mental health
- There was discussion about how Kansas has offered a free registry to providers and Wisconsin and Minnesota requires reporting of chronic diseases. Staff will look for information regarding these other practices.
- The subgroup talked about registry details and the information they would hope could be obtained.
- Staff reported on the progress of the diabetic focus groups that are taking place at four Community Health Centers. All the focus groups will be concluded by the end of the month and a finished report will be available at the next council meeting to be incorporated in the care plan.
- The subgroup took a look at the framework for the agenda for the October, 2010 Hanson Award. There was discussion about the event and members made suggestions as to how to fill in the agenda. Staff will be passing on the suggestions to the whole event planning team.
- Beth Jones from the Medical Home Advisory Committee discussed with the subgroup about the potential for the state to apply for CMS's Multi-Payer pilot. Dr. Skinner asked the group to decide on a chronic condition that could be tracked to show the improvement in care through this pilot. After much discussion the subgroup decided on heart failure. This recommendation will be taken to the larger team working on this grant.

Networking

- The [Legislative Healthcare Coverage Commission](#) will continue to have meeting starting early July. Four workgroups were created to focus on particular aspects of health care coverage.
 - **Workgroup 1** (Iowa Care Expansion, Medicaid Expansion Readiness, and High Risk Pool- Formerly Coverage of Adults Workgroup) will focus on reviewing, analyzing, recommending, and prioritizing options to provide health care coverage to uninsured and underinsured adults. The Workgroup will concentrate on the expansion of the IowaCare program as specified in [SF 2356](#): how to prepare the state for Medicaid expansion set to take place in 2014; and how to maximize the effectiveness of the existing (state) and new (federal) high risk pools in providing care to uninsurable individuals between 2010 and 2014.
 - **Workgroup 2** (Value-based Health Care- Formerly Use/Creation of State Pool Workgroup) will focus on how to create opportunities for the most cost-effective use of health care resources throughout Iowa in both the publicly and privately purchased health care.
 - **Workgroup 3** (Insurance Information Exchange- Formerly Administration of Health Care Reform in Iowa Workgroup) will work with the Iowa Insurance Commissioner on the development of the new Insurance Information Exchange.
 - **Workgroup 4** is focusing on wellness and health care reform.
- The PCCM Advisory Council (Angie Doyle) will be presenting to workgroup 1 on the Council's current activities.
- Marsha Collins is working on a diabetes project at the Pella Regional Health Center. The

project started in 1997 and is focused on educating physicians about diabetes care. They found that there were no uniform guidelines that were being used, so they put together practice guidelines and applied for a Wellmark grant. They then did a chart audit on all payers and found that only 10% of the patients had eye exams. A Diabetes Case Management Program was started to implement protocols. Eye exams and A1C improvements were measured.

- Dr. Waldron commented on the important things to look at for prevention in children and important chronic care issues for children. This ties very closely to the Medical Home for Iowa Children and Youth that the Medical Home System Advisory Council is currently working on. From a prevention standpoint, the Bright Futures Guidelines (<http://brightfutures.aap.org/>) for well child care is important, and we need to look at other social determinants of health- ex. where you live, the parent’s education level, and safety of community. Regarding chronic care management, 17% of children qualify for having a chronic medical condition in Iowa. The most prevalent is allergies, followed by asthma then mental/behavioral disorders (ADHD and depression). A recent study shows that in the future, obesity will be considered the number one chronic medical condition, once it is classified as a chronic medical condition.
- Dr. Applegate discussed the IDPH Iowans Fit for Life- <http://www.idph.state.ia.us/iowansfitforlife/> initiatives for addressing obesity. They are looking at American Medical Association’s childhood obesity test scores and are trying to tag onto Michelle Obama’s [Let’s Move](#) campaign.
- Trula Foughty commented that the Iowa Healthcare Collaborative is asking practices to report on health care worker immunizations. Results show that so far, Iowa is doing really well.
- Dr. Skinner referenced an article “[Health Extension in New Mexico: an Academic Health Center and the Social Determinants of Disease](#)”.

County Health Councils’ Priorities	UNMHSC Research Priorities (Signature Programs)
Substance abuse	Cancer
Teen pregnancy	Cardiovascular and metabolic diseases
Obesity	Brain and behavior
Access to care	Child health
Violence	Infectious disease and immunity
Diabetes	Environmental health

UNMHSC = University of New Mexico Health Science Center.

- Dr. O’Shea commented that Woodberry County’s [Healthy Siouxland Initiative](#) does similar survey and had similar results.
- Eileen Daley commented that Black Hawk County is a national Action Communities for Health, Innovation & EnVironmental ChangE (ACHIEVE) community. The CDC is looking at assets and gaps tools. They are working with workforce, health institutions, schools, community-based organizations to determine the level of health-related policy development.

The next meeting of the Prevention and Chronic Care Management Advisory Council will be held **Friday, August 27th, 10:00 – 3:00 at the Urbandale Public Library**

The purpose of the Prevention and Chronic Care Management Advisory Council is to advise and assist the Iowa Department of Public Health to develop a state initiative for prevention and chronic care management as outlined in HF 2539.