

MINUTES

Prevention and Chronic Care Management Advisory Council

Thursday, June 16th, 2011

10:00 am – 3:00 pm

YMCA Healthy Living Center

Members Present

Bill Appelgate
Judith Collins
Marsha Collins
Ana Coppola
Eileen Daley
Teresa Nece
Janelle Nielsen
Peter Reiter
Kim Stewart
John Stites
Jacqueline Stoken
John Swegle
Debra Waldron

Members Absent

Jose Aguilar
Krista Barnes
Steve Flood
Della Guzman
Terri Henkels
Jason Kessler
Noreen O'Shea
Patty Quinlisk
Suzan Simmons

Others Present

Angie Doyle-Scar
Abby McGill
Jill Myers Geadelmann
Laurene Hendricks
Cathy Lillehoj
Sarah Dixon Gale
Michelle Holst
Nicole Shultz
Eric Nemmers
Leah McWilliams
Jenny Schulte

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

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

Handouts

- [Agenda](#) 
- [Iowa HBE Regional Meeting and Focus Group Summary](#) 
- [IowaCare Medical Homes and ACA Health Homes- PPT](#) 
- [MHSAC Progress Report 3](#) 
- [Safety Net Network Strategic Plan 2011](#) 

Topic	Discussion
Welcome	<ul style="list-style-type: none"> • Council members and others present introduced themselves.
Discussion Items <ul style="list-style-type: none"> • Health Benefits Exchange Handout: Iowa HBE Regional Meeting and Focus Group Summary <ul style="list-style-type: none"> • ACA Grant Opportunities • MHSAC Progress Report 3 	<u>Iowa Health Benefit Exchange</u> <ul style="list-style-type: none"> • The Health Benefit Exchange website with resources and meeting information can be found here: http://www.idph.state.ia.us/hcr_committees/health_benefit_exchange.asp • IDPH has been awarded a one-year grant to plan for the Health Benefits Exchange (HBE). An Interagency Workgroup has been formed with IDPH, Iowa Medicaid Enterprise, Iowa Insurance Division, and the Iowa Department of Revenue to begin the initial planning. • <u>Background of Insurance Exchanges</u>- Beginning in 2014, tens of millions of Americans will have access to health coverage through newly established Exchanges in each State. Individuals and small businesses can use the Exchanges to purchase affordable health insurance from a choice of products offered by qualified health plans. Exchanges 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 Exchanges may qualify for premium tax credits and reduced cost-sharing if their household income is between 133 percent and 400 percent of the Federal poverty level. The Exchanges will coordinate eligibility and enrollment with State Medicaid and Children's Health Insurance Programs to ensure all Americans have affordable health coverage. • <u>Regional Meetings and Focus Groups</u>- The Interagency Workgroup held a series of regional meetings and focus groups across Iowa to ensure considerable stakeholder involvement throughout the planning of the HBE. <ul style="list-style-type: none"> ○ Joel Ario, Director of the U.S. Health and Human Services Center of Health Insurance Exchange,

attended the first of five regional meetings in Des Moines on December 13th. They gained consumer buy-in and created transparency. Community stakeholder groups were given a chance to voice concerns and solicit ideas and expectations from what Iowans want out of an HBE.

- Information that was collected included such items as what benefits should be incorporated in the benefits packages, how should information be delivered and what tools should be available to access services. The information gathered from the meetings will be shared with stakeholders and policymakers as part of the planning process. A Stakeholder Advisory Council will also be formed to lead this effort.
- The information gathered has been compiled into a [Final HBE Regional Meeting and Focus Group Summary](#) and has been shared with stakeholders and policymakers as part of the planning process.
- Video presentations from the regional meetings can be viewed [here](#).
- Educational whitepapers that were created by the Interagency Workgroup and distributed at the regional meetings and focus groups can be viewed here:
 - [HBE Overview](#)
 - [HBE Consumer Overview](#)
 - [HBE Whitepaper- Key Decisions and Activities Table](#)
 - [HBE Whitepaper- Difference Between Exchanges](#)
 - [HBE Whitepaper- Medicaid Expansion Under the ACA](#)
- **Legislation-** Three pieces of legislation were introduced during the 2011 Iowa legislative session creating a HBE in the state. The bills were [Senate File 348](#) and two companion bills, [Senate File 391](#) and [House File 559](#). None of these bills made it through the second funnel and are dead for the 2011 legislative session. This places Iowa in an interesting position for the 2014 health care reform push, making the 2012 legislative session even more important for Iowa HBE legislation to be passed.
- **Interagency Workgroup Activities-** As previously stated, IDPH is collaborating with the Iowa Insurance Division (IID), Iowa Department of Human Services (DHS) and the Iowa Department of Revenue (IDR) as part of an Interagency Planning Workgroup to assess the support of, need for, and creation of the HBE. The workgroup will issue final recommendations to the Governor, policymakers, and the public for the establishment of a HBE.
 - **DHS** received \$445,727 and is identifying IT requirements for program interoperability and seamless enrollment into coverage plans. DHS is also evaluating business processes and IT solutions that will integrate Medicaid and CHIP eligibility determination, enrollment and covered services into the HBE, and new eligibility procedures for tax credits.
 - DHS has contracted with FOX: A Cognosante Company (FOX)
 - To date, FOX has delivered, to the DHS, work breakdown structure, communication plan, risk management plan, quality management plan, and staffing management plan. FOX is on schedule to produce a RFI in the spring of 2011.
 - FOX is analyzing the current eligibility IT systems and infrastructure for Medicaid. FOX will be conducting an “as-is” and “to-be” analysis. Specifically, FOX will analyze the Medicaid eligibility determination business “As Is” processes and develop a “To Be” roadmap as it relates to field operations, state Medicaid eligibility policy and the Iowa Automated Benefit Calculations (IABC) system to determine the impact on a new Medicaid eligibility determination processes and system as well as the impacts to the HBE to achieve a defined business outcome.
 - Additionally, FOX is working on a strategic plan to identify business processes and IT solutions to integrate Medicaid, CHIP and tax credits eligibility determinations and enrollment. FOX will examine Medicaid eligibility determination system options that support and align with health care reform, create innovative business processes and utilize the most advanced technologies.
 - They are also in the process of identifying needs for Medicaid program interoperability with the HBE. FOX is looking to tie Medicaid eligibility in the Iowa HBE by analyzing interfaces with other systems.
- **IID** received \$232,523 and is taking the lead in developing insurance market assessments, assessing integration to the current insurance information exchange call center, reviewing filings for premium rates, and surveying carriers benefit designs and survey carrier and provider market

competitiveness.

- **IDR** received \$23,424 and is providing leadership for financial modeling, developing specifications for accounting and financial systems, determining budget impacts, working to ensure that a system is in place to issue appropriate tax credits and subsidies to eligible individuals, and developing a system that can be easily audited and understood by the taxpayers.
- **Establishment Grant**- Iowa has submitted a letter of intent to apply for the Level One of the Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges by December 31st, 2011. The letter of intent can be viewed [here](#).
- **National Meetings**- Three members of the Interagency Workgroup attended the *Center for Consumer Information and Insurance Oversight (CCIIO) State Exchange Grantee Meeting* in Denver, Colorado on May 5th and 6th. Topics covered during this meeting include experiences from the seven early innovator states, other states legislation/governance structures, and IT guidance. Interagency Workgroup members also attended the Utah Health Exchange Invitational meeting held on May 12th and 13th in Salt Lake City, Utah to learn about Utah's experience in implementing their HBE.

Affordable Care Act (ACA) Grant Opportunities

- **Medicaid Incentives for Prevention of Chronic Diseases- ACA Section 4108**: This grant opportunity allows states to offer incentives to Medicaid enrollees who adopt healthy behaviors. An effective way to encourage healthy lifestyle changes is to offer incentives to those who reach goals. States will adopt such strategies as rewarding Medicaid enrollees who meet goals established for them such as weight loss, smoking cessation or diabetes prevention or control. Rewards could range from direct cash incentives, gift cards to grocery stores or other retailers, reduced Medicaid program fees or offering services not normally available through Medicaid. For more information <http://www.cms.gov/MIPCD/>. Awardees will be notified August 1st.
- **Childhood Obesity Research Demonstration**: IDPH's Bureau of Nutrition and Health Promotion is the lead in coordinating and writing this grant. This grant opportunity will determine whether an integrated model of primary care and public health approaches in the community can improve underserved children's risk factors for obesity. These approaches may include policy, systems, and environmental supports that encourage nutrition and physical activity for underserved children and their families. Grantees will develop, implement, and evaluate multiple settings (childcare, school, community, health care), multiple levels (child, family, organization, community, policy) intervention demonstration projects for underserved children ages 2-12 years and their families. To view the Funding Opportunity Announcement, click [here](#).
- **Community Transformation Grant**: This grant opportunity will strive to prevent heart attack, strokes, cancer and other leading causes of death or disability through evidence and practice-based policy, environmental, programmatic, and infrastructure changes. Iowa's application will address all five strategic directions: tobacco- free living; active living and healthy eating; evidence-based quality clinical and other preventive services specifically prevention and control of high blood pressure; healthy and safe physical environment; and social and emotional wellness. The goal established by CDC is a 5 percent change in the focus measures. The grant is due by July 15th, and the award date is September 15th, 2011. For more information, click [here](#).

MHSAC Progress Report #3

The MHSAC Progress Report #3 has been finalized and is available [here](#). The report includes six priority areas with recommendations to focus on in 2011. The recommendations are:

1. Support state and federal efforts to reverse the decline in primary care workforce and access to dental services in Iowa by addressing the utilization of alternative staffing models including mid-levels.
2. Continue to monitor and discuss the federal direction of the Accountable Care Organization model and determine implications for Iowa.
3. Support additional resources to advance the IowaCare Medical Home Pilot Project to sustain continued rollout of the Federally Qualified Health Centers.
4. Continue to develop and sustain the Medical Home Multipayer Collaborative Workgroup to advance the development of a multipayer pilot in Iowa.
5. Collaborate with the Prevention and Chronic Care Management Advisory Council to improve incentives for prevention and chronic disease management by providing support for care through payment systems, organization and delivery of care, and care coordination through a patient-

centered medical home.
6. Support the implementation of the statewide Health Information Exchange in Iowa.

Legislative Discussion

Legislative Discussion

- The state budget has yet to be finalized. At this point, the Prevention and Chronic Care Management and Medical Home System Advisory Council’s will be combined into one council.
- Membership, structure etc. will need to be looked at. IDPH staffing will stay the same.
- The PCCM Advisory Council will continue with their current work, and fulfill the two legislative charges assigned.
- For current Iowa Legislature information, visit: <http://www.legis.iowa.gov/index.aspx>
- Council members shared activities and efforts their organization has been involved in related to the legislative session.
 - Judith Collins discussed the barriers related to psychiatric mental health. Services and care are not coordinated in Iowa. One county in Iowa could be contributing a large amount of money and focus on mental health, while a neighboring county could have a very minimal focus on it. Citizens expressed their concern about access to mental health in their county, and that got the attention of the Governor. The waiting list for mental health services through Medicaid can take up to years. Additionally, the cost is much higher for mental health services than people imagine. Once someone is evaluated, the cost of treatment, especially long-term treatment, is very high.
 - o Another issue related to mental health is the integration with the corrections department. There are an increasing number of people in corrections that need mental health services and have coexisting disorders. After leaving the corrections department, they are allowed 30 days of health coverage once freed, but then they often relapse after that time frame. These people also have a lot of physical illnesses as well. Peter Reiter mentioned that many of the patients he sees would be safer in a long-term psychiatric system. **It was determined that the PCCM Advisory Council would support a more comprehensive approach for mental health in Iowa.**
 - Marsha Collins has been working with free clinics to see patients and signed them up for IowaCare or *hawk-i*.
 - Teresa Nece has worked with the Iowa Dietetic Association to propose a piece of legislation to add member of the Iowa Dietetic Association to the Medical Advisory Committee. Many services provided by dietitians are not covered under Medicaid. This would help broaden the services offered by Medicaid. There is a great deal of expansion that could help with prevention and intervention- i.e. diabetes and obesity. They are working at a policy level, as well as point of care level. For example, Hy-Vee hired dietitians and worked with chefs etc.
 - Kim Stewart commented that wellness professionals are not funded to help people make healthy activity choices. She would love for someone to work with a wellness coach to develop a plan and be reimbursed. The barrier for people is figuring out how to make exercise work for their lifestyle.
 - Eileen Daley spoke from the Local Public Health side, and mentioned that they are monitoring environmental health, healthy behaviors, and education.
 - Debra Waldron is supporting more money to promote prevention and healthy lifestyle choices in the early years of life including prenatally. It would be hard to argue that proper preventive services in prenatal care (breastfeeding, drug, exercise, nutrition etc.) are the most beneficial thing for adulthood. She also spoke to social determinants of health.
 - Ana Coppola is advocating for mental health and nutrition education for minorities. Many uninsured with chronic conditions such as diabetes also have mental health issues. She would like to see that change and see more opportunities for them.
 - John Swegle discussed reimbursement for pharmaceuticals, which is the main funding source. He reminded everyone that a higher priced medication does not get pharmacists more money. With ePrescribing, the pharmacy gets charged 25 cents for every prescription- they are the ones paying for that sustainability.
 - Bill Applegate commented that few Medicaid members are getting adequate diabetes education- many don’t even know what an A1C is. The community-based peer monitoring model (CDSMP) is a great model that should be further promoted.
 - John Stites discussed how reimbursement is tied to the amount of procedures done. This is a big barrier for providing enhanced care to patients.

<p>Health and Long-Term Care Access Advisory Council Michelle Holst</p>	<ul style="list-style-type: none"> • The Health and Long-Term Care Access Advisory Council was established by Iowa's Health Care Reform Bill- HF 2539. This council coordinates public and private efforts to develop and maintain an appropriate health care delivery infrastructure and a stable, well-qualified, diverse, and sustainable health care workforce in Iowa. The health care delivery infrastructure and the health care workforce must address the broad array of health care needs of Iowans throughout their lifespan including long-term care needs. • The Council is responsible to produce a strategic plan every two years. Strategic Plan Phase 1, which focuses on health care delivery infrastructure, can be accessed here: Strategic Plan Phase 1 - Health Care Delivery Infrastructure and Health Care Workforce Resources -- January 2010. The plan includes three recommendations: <ol style="list-style-type: none"> 1. To support IDPH in its charge to "coordinate public and private efforts to develop and maintain an appropriate health care delivery infrastructure and a stable, well-qualified, diverse and sustainable health care workforce in this state," codify the Iowa Health Workforce Center as the state's coordination point to address health workforce concerns in Iowa. 2. Target and fund loan repayment programs and other recruitment and retention efforts to attract and retain health and long-term care professionals to underserved areas and underserved populations. Target and fund financial assistance programs for students of minority status. 3. Support educational institutions, including Area Health Education Centers, and other entities in their efforts to create or update training, curricula and practicum experiences and in providing targeted continuing education opportunities for existing health professionals to support health care reform efforts. This includes training and curricula to support the medical home model, interdisciplinary and interprofessional practice models, practice in rural areas, service to low-income populations, development of new levels of practitioners who will serve underserved populations, service to people with disabilities, geriatrics, cultural competence, training on the use of health information technology and electronic health records, prevention and chronic care management, and service to ethnic and racial minorities. • The next Strategic Plan is due in 2012 and will focus on health care workforce. • Council members recognize the importance of infrastructure which supports the directions health systems delivery is taking. The council is looking at workforce needs (such as care coordinators and health coaches) to advance the implementation of a statewide patient-centered medical home system in Iowa. They are also focusing on mental health redesign.
<p>Medicaid Health Care Reform Implementation <ul style="list-style-type: none"> • IowaCare Expansion • ACA's Health Homes for Enrollees with Chronic Conditions Marni Bussell</p> <p>PowerPoint: IowaCare Medical Homes and ACA Health Homes- PPT </p>	<p><u>IowaCare Expansion</u></p> <ul style="list-style-type: none"> • The Council continues to collaborate with Medicaid in the development the IowaCare Medical Home Model, established in SF 2356. The expansion is phasing in FQHCs to provide primary health care services to the IowaCare population and to comply with certification requirements of a Medical Home. Initially, the FQHC's will be required to meet a set of medical home minimum standards. • On October 1st, FQHC's in Sioux City and Waterloo have begun IowaCare expansion rollout. • Overall, the IowaCare medical homes are managing diabetes patients better than the general Medicaid population. <ul style="list-style-type: none"> ○ 2,351 diabetes patients are in an IowaCare medical home ○ 85% of medical home members have had an A1c in the past year, compared to 44% of the general Medicaid population. • Access has also increased for the IowaCare patients in a medical home. In the past 6 months, over 18,000 same day visits and about 50,000 patient encounters have occurred. • As of March 31st, 2011, there are 28,539 members in a medical home- a 3,814 increase since October 2010. • Some overall lessons learned from the IowaCare medical home pilot are: • More work needs to be done to ready a practice for an assigned mass of members needing care on the same day. • Attention is needed to understand the higher medical needs of this population before rolling out to other practices. • Referral protocols and communication lines should be pre-established and understood. • Three new FQHCs are joining the pilot July 1st to redistributing existing counties currently assigned the People's clinic in Waterloo:

- Grundy county to Marshalltown (86 members)
 - Worth, Mitchell, Floyd, Cerro Gordo, Franklin counties to Fort Dodge (1,180 members)
 - Howard, Chickasaw, Winneshiesk, Fayette counties to Dubuque (775 members)
 - The PowerPoint Presentation includes a map demonstrating the new distribution of counties to FQHC's.
 - Webster County (Fort Dodge) patients will still need to go to the University of Iowa for care.
 - Discussion and concern was raised regarding this.
 - We need to keep in mind that there is still a timeline and plans to have every single county allocated to a medical home. The goal of the July 1st rollout is to alleviate Peoples in Waterloo of the overbearing burden they experienced in the initial rollout.
 - Phasing FQHC's is making the IowaCare program better, but not fixing the underlying issue.
- ACA's Health Homes for Enrollees with Chronic Conditions**
- Starting in early 2010, IME is forming a Chronic Condition Health Home program for all Medicaid members.
 - The program is limited to practices with at least one MD/DO or ARNP
 - May include, not limited to entities enrolled as:
 - Physician Clinic
 - Community Mental Health Centers
 - Federally Qualified Health Centers
 - Rural Health Centers
 - Health Homes will have to meet the standards specified in IDPH rules. Those rules will likely require NCQA or other national accreditation. Until those rules are finalized, providers may enroll as a health home by:
 - Completing a TransforMED self-assessment (if not already recognized)
 - Achieve NCQA or other national accreditation within first year of operation
 - Sign Contract delineating responsibilities of a health home
 - Payment Methodology for the program will be per-member-per-month (PMPM) care coordination health home payment:
 - Targeted only for persons with defined chronic disease
 - PMPM Tiered payment Levels 0 to 4
 - Depending on the acuity/risk of the enrollee the PMPM increases by the tier assignment.
 - Individuals eligible for the program include those diagnosed with at least one serious and persistent mental health condition, has at least two chronic conditions or has one chronic condition and is at risk for a second chronic condition from the following list of categories:
 - Mental Health Condition
 - Substance Use Disorder
 - Asthma
 - Diabetes
 - Heart Disease
 - Obesity (overweight, as evidenced by a BMI over 25)
 - Hypertension
 - Debra Waldron suggested following national quality measures. She would like to see other conditions added to this list, such as:
 - Traumatic brain injury
 - Cancer
 - Premature birth
 - Neurological conditions
 - For questions about the IowaCare Expansion or ACA's Health Homes for Enrollees with Chronic Conditions, contact Marni Bussell at mbussel@dhs.state.ia.us.

**Safety Net
Strategic
Planning**
*Sarah Dixon
Gale*

- The finalized Iowa Collaborative Safety Net Provider Network (Network) strategic plan was presented to the Council.
- The strategic plan is a three-year plan, which will guide the work of the Network from July 2011 – June 2014.
- The goal that most closely pertains to the work of the PCCM Advisory Council is regarding the

<p>Handout: Safety Net Network Strategic Plan 2011</p>	<p>diabetes care coordination plan on page 4, objective 5. The Network is written to the PCCM Advisory Council's legislative charge and they will work together to meet this goal.</p> <ul style="list-style-type: none"> • Objective 5 is: All safety net patients have access to a diabetes care program. Target Completion Date: July 2013. • The activities under this objective are: <ul style="list-style-type: none"> ○ Partner with the IDPH to establish a work group focused on diabetes care. ○ Develop a diabetes care program. ○ Obtain resources to pilot test the diabetes care program. ○ Make adjustments to the diabetes care program. ○ Implement the diabetes care program at safety net sites. • A Diabetes Clinical Subcommittee has been formed to make recommendations for clinical guidelines around diabetes care. This Subcommittee will look at: <ol style="list-style-type: none"> 1) Consensus guidelines 2) Flow charts 3) Patient education materials 4) Other patient resources (medication assistance, dietary counseling, educational sessions, etc.) 5) Referral protocols for primary care providers to use to connect patients with diabetes with diabetes programs, etc. • Four conference calls have been proposed throughout July and August, and initial recommendations will be developed for the PCCM Advisory Council meeting scheduled for September 9th. • PCCM Advisory Council staff is coordinating the development of a referral system to refer safety net patients to the Healthy Link's Better Choices/Better Health (CDSMP- Chronic Disease Self-Management Program). A pilot will be done for this referral system with a small number of safety net providers. An educational webinar will be held with the safety net providers to educate them on the program and make them aware of it.
<p>Subgroups</p>	<p>Prevention Subgroup</p> <ul style="list-style-type: none"> • The Prevention Subgroup discussed a draft report in response to HF 2144- "Data Collection of Chronic Diseases in Multicultural Groups of Racial and Ethnic Diversity in Iowa". • Janice Edmunds-Wells, from IDPH's Office of Minority and Multicultural Health, was in attendance and provided the subgroup with a variety of resources and information. • A Chronic Disease Disparity Report will be developed by the Office Minority and Multicultural Health and disseminated to legislators, communities and local public health professionals and agencies. The disparity burden report will identify chronic disease burdens among racial/ethnic diverse populations and education/provide awareness of the disproportionate incidence and prevalence as well as the less satisfactory course of chronic disease among minority populations and reveal the first time measures of the impact of social determinants for these populations within Iowa. Partnership has been formed with the University of Northern Iowa's Center for Health Disparities to develop their report. • The "Data Collection of Chronic Diseases in Multicultural Groups of Racial and Ethnic Diversity in Iowa" report to be developed by the PCCM Prevention Subgroup will link to the Chronic Disease Disparities Report. • The Subgroup then had a discussion addressing the collection of data related to mental health. This will likely remain a data collection barrier. • Discussion took place on chronic diseases that the report will focus on. The following chronic disease were brainstormed: <ul style="list-style-type: none"> ○ Diabetes ○ Obesity ○ Cancer ○ Cardiovascular disease ○ Mental Illness ○ Neurological ○ HIV/AIDS ○ Pulmonary Disease ○ Musculoskeletal Disease

- Tobacco Use
 - Further discussion took place on the racial and ethnic categories that will be used:
 - African American/Black
 - Hispanic/Latino
 - Asian/pacific islander
 - Native American/American Indian
 - Other
 - The Subgroup will be developing a recommendation to the Diabetes Issue Brief related to the prevention of diabetes.
 - The Community Utility and Social Determinants of Health issue brief drafts will be sent to Subgroup members in July, and a finalization process through email will take place.
- Chronic Care Management Subgroup**
- IDPH staff and Sarah Dixon Gale from the Iowa Primary Care Association updated the subgroup about the collaboration that is taking place in creating a diabetes care plan for patients with diabetes that are seen in the safety net collaborative. Sarah asked if there were any members from the chronic disease workgroup that would like to participate in the Diabetes Clinical Subcommittee that will also consist of members from the Safety Net Collaborative. This Subcommittee will focus on clinical aspects of the care plan.
 - The Chronic Disease Subgroup discussed edits to the diabetes recommendations. The following edits will be made to the recommendations;
 - Include a prevention recommendation.
 - Add the CDSMP program to the diabetes education recommendation.
 - Add a purpose to the introduction.
 - Shorten the recommendations and add background information to the body of the piece.
 - Include pictures of a healthy plate of food and individuals exercising.
 - The workgroup decided that the diabetes recommendations will go through one more round of edits and then it will be final.
 - Members discussed diabetes education in Iowa and suggested that the group look at other models being used by other states. Other suggestions to enhance the existing programs such as making the education available on-line and peer-teaching were also discussed. Members also talked about tools in Identifying patient's readiness to change and then engaging them to take an active role in their care. There are a lot of tools available for people with diabetes and their providers but there needs to be a push to integrate them in the larger health care system and reduce some of the barriers in using them. Care coordination is another strategy that needs to be implemented statewide.
 - Quite a bit of discussion centered on the CDSMP program. It was agreed that this program can make a difference in the lives of Iowans with chronic diseases. Members talked about ideas in making this program available to more people and outreach ideas to make more Iowans aware of the program.
 - Members discussed programs that they had knowledge about from other states. More information is available about these programs from the following links:
 - How's Your Health- <http://www.howsyourhealth.org/>
 - CareSouth South Carolina- <http://www.caresouth-carolina.com/default.asp>
 - Project Dulce:
 - http://promisingpractices.fightchronicdisease.org/programs/detail/project_dulce
 - <http://www.scripps.org/services/diabetes/project-dulce>
 - http://www.nctimes.com/lifestyles/health-med-fit/article_3b821a18-1d27-5fb1-83dc-7b838bdfaf68.html
 - The subgroup also discussed people who have chronic diseases that are incarcerated in Iowa's penal system. The subgroup agreed that they are open in exploring a possible program in the prisons to see if proper disease management could make a positive influence on patient and disease management. Ms. Collins will discuss this with corrections personnel to see if this is an option.

The next PCCM Advisory Council meeting is Friday, September 9th, 10 – 3 at the YMCA Healthy Living Center

The purpose of the PCCM Advisory Council is to advise and assist IDPH to develop a state initiative for prevention and chronic care management as outlined in HF 2539.