

Rural Health & Primary Care Advisory Committee
Lucas State Office Building
June 7, 2012 • 9:30 a.m.–12:30 p.m.

M i n u t e s

Members Present

Angela Halfwassen
 Debora Hinnah
 Julie McMahan
 Kathy Nicholls, Chair
 Maureen Reeves Horsley
 Mike Rosmann
 Ron Schafer
 Lisa Schnedler
 Mary Spracklin
 Diane Telfer

Members Excused

Roy Bardole
 Kelley Donham
 Laine Dvorak
 Curtis Hanson
 Dave Heaton
 Jeffrey Messerole
 James Seymour
 Julie Sproull
 Mary Jo Wilhelm

Others Present

Katie Jerkins
 Deborah Thompson
 Kate Payne
 Jane Schadle
 Sara Schlievert
 Kim Norby
 Bob Russell, D.D.S.
 Gloria Vermie

Rural Health and Primary Care Advisory Committee website:

http://www.idph.state.ia.us/hpcdp/rural_health_primary_care.asp

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| Minutes Recorded by: Secretary, Bureau of Oral & Health Delivery Systems | |
| Call to order | Kathy Nicholls, Chair, called the meeting to order at 9:35 |
| Introductions | Members and guest introductions. |
| Minutes | No quorum, therefore no action taken. Approval of the September, December, February minutes tabled until the September 2012 meeting. |
| <p>2012 Legislative Summary <i>Deborah Thompson, Iowa Department of Public Health</i></p> | <p>Deborah Thompson provided the committee a summary of legislative activities from 2012 that affect the department.</p> <p>Health Professionals/IHIN</p> <ul style="list-style-type: none"> • SF 2318: Iowa Health Information Network • HF 2458: Rural Iowa primary care loan repayment program <p><i>Questions:</i></p> <p>Q: Is the rural Iowa primary care loan repayment program different than what is already established? A: It is my understanding that the professionals targeted in PRIMECARRE are not the same as what is being targeted in this program. This could be called an extension/complement to PRIMECARRE focusing on primary care.</p> <p>Q: Is the Iowa primary care loan repayment program a state funded program because PRIMECARRE includes federal funding? A: The intent in that the private advocacy groups will also contribute to the program.</p> <p>Q: How does this expand on what we are currently doing? A: It adds new categories of providers. It is also an appropriation of an intra-state transfer from the PRIMECARRE appropriations to Iowa College Student Aid.</p> <p>Q: Does it possibility expand into area such as occupational therapy, dieticians, and speech therapy. Those are the areas that are of critical shortage within hospitals across the state. A: I do not know the full list of providers included in the program.</p> <p>Q: Does this take away from PRIMECARRE funding? A: No, there was no reduction in PRIMECARRE funding.</p> <ul style="list-style-type: none"> • SF 2298: Direct Care Workers. Did not pass. • SF 2270: Alzheimer's disease/dementia in IDPH. Did not pass. |

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| | <ul style="list-style-type: none"> • SF 2322: \$50 tax credit for volunteer EMS & fire fighters. <p><i>Mental Health Redesign</i></p> <p>The Iowa Department of Human Services is responsible for implementing mental health redesign. DHS has outlines of mental health redesign which include timelines. The outlines were sent to committee member electronic.</p> <ul style="list-style-type: none"> • SF 2247: Mental retardation to intellectual disabilities. <ul style="list-style-type: none"> ○ Change definition of mental retardation to Intellectual Disabilities • SF 2312: Judicial bill <ul style="list-style-type: none"> ○ Law enforcement training, involuntary commitment study, feasibility of have a patient advocacy programs/coordinators • SF 2315: Redesign Policy Bill <ul style="list-style-type: none"> ○ Core service requirements, regionalization process, and eligibility for non-Medicaid eligible services. • SF 2336: FY 2013 HHS Appropriations Bill <p>Council member: a couple other categories of funding that are part of the consideration. There is a requirement that every county participate in the delivery of mental health services. This has become an emerging problem of the last number of years because some counties cannot afford to operate a mental program even in cooperation with other counties which is being addressed within this legislation. Funding for persons who are hospitalized for evaluations and/or long-term care is also being addressed.</p> <p>The council discussed the possibility of having future presentations from DHS about mental health redesign and a local organization that is participating in the redesign process.</p> <p><i>Themes for next session?</i></p> <p>It is an unknown political landscape but there will be an influx of new legislators.</p> <ul style="list-style-type: none"> • HF 394: Allowed the sale of raw milk. Did not pass. • Direct Care Professionals Board • Alzheimer’s Disease • Plumbing • Licensing of new professionals • Fluoridation <p><i>Iowa Department of Public Health State Fiscal Year 2013 Budget</i></p> <ul style="list-style-type: none"> • SF 2336 (SFY 2013 HHS Appropriations Act) <ul style="list-style-type: none"> ○ There were some general reductions in funding (e.g. office supplies, office equipment, printing & binding, marketing, purchasing) to be applied equally among all programs. • Total SFY 2013 Budget is \$48.5 million • Noted differences (SFY 2012 vs. SFY 2013): <ul style="list-style-type: none"> ○ Tobacco increase \$400,000 ○ Cervical cancer screening increase \$500,000 ○ Iowa Collaborative Safety Net Provider Network increase \$383,000 ○ General reductions of \$230,000 ○ New: \$25,000 to U of I College of Dentistry ○ New: \$106,000 per HF 2458 Iowa primary care loan repayment program ○ New: \$50,000 for an anti-bullying effort (HF 2465) <p><i>Comments:</i></p> <p>Concerns were expressed regarding the connectivity/links with the QuitLine. Deborah indicated that there have been some changes with the contractor and that she would relay the concerns to the program.</p> |
| <p>FLEX Program Overview <i>Kate Payne and Jane</i></p> | <p>The Medicare Rural Hospital Flexibility Program was created by the Balanced Budget Act of 1997. The program was modified by the Balanced Budget Refinement Act of 1999 and</p> |

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| <p><i>Schadle, Iowa Department of Public Health</i></p> | <p>again by the Medicare Modernization Act of 2003.</p> <p>The federal grant is administered by CMS and HRSA. CMS provides Medicare funding to hospitals designated as Critical Access Hospitals and HRSA provides grant funding to the States to assist CAH's in grant specified areas. Medicare reimbursement on a cost-basis rate of 101percent of reasonable costs. Funding provides support to CAHs in three core areas (i.e. quality improvement, operational and financial improvement, health system development and community engagement).</p> <p>CAH designation requirements include: more than 35 miles from another hospital, no more than 25 inpatient beds, an average patient stay is less than 96 hours, must provide 24-hour emergency services, must develop networks with other hospitals, credentialing and patient referral & transfer. The 'Necessary Provider' eligibility sunset in 2006.</p> <p>Partners and stakeholders</p> <ul style="list-style-type: none"> • Telligen (QIO & HIT Regional Extension Center) • Iowa Healthcare Collaborative (P4P, HEN) • Iowa Hospital Association (ICD-10, Community Health Needs Assessments) • Iowa Department of Public Health (e.g. Iowa e-Health, Iowa Primary Care Office, Iowa State Office of Rural Health, EMS, Family Health, Cardio Vascular) <p>Iowa Hospitals that are community organizations or 501(c)(3) organizations are required to submit a community needs assessment with the IRS 990 reports. This is documentation that the hospitals are serving the community along documentation of the needs of their community. IDPH is working with the Iowa Hospital Association to provide educational forums and regional workshops for hospital and community teams to begin working on collaborative needs assessment and building a county or community plan for integration with the public health needs assessment. The forums/workshop will begin this August with pilot workshops/forums and we will conduct four workshops in 2013. The locations will be determined by the Iowa Hospital Association regions. We want to bring the key leaders of the community together to use existing coalition to focus on a strategy that would span three to five years that would include assessment, planning, implementation, and reevaluation.</p> <p><i>Questions:</i></p> <p>Q: Do you have guideline on where the teams should focus or what should be their priority? A: No, during this community process they will determine what their focus/priorities should be.</p> <p>Q: Where are your other training going to be located. A: There will be a total of six trainings. The locations are being determined by the hospital association.</p> <p><i>Comments:</i></p> <p>Maureen Reeves-Horsley: Last year I received a grant from rural health to attend a workshop in Texas about electronic health records systems. I learned from the workshop how difficult it is for rural areas to have different records systems within the community. Could you look at how the systems could be networked so there could be a linkage between the systems? A: This is a great question to ask Kim Norby this afternoon. Also, the USDA has funding available for electronic health records.</p> |
| <p>PRIMECARRE <i>Sara Schlievert</i></p> | <p>Sara Schlievert provided an update on the PRIMECARRE program. Sara assumed the responsibilities of the PRIMECARRE program last fall as part of the bureau consolidation efforts.</p> <p>The PRIMECARRE program was authorized in 1994 by the state legislature to recruit and retain health care practitioners to provide primary care services in Iowa. This included</p> |

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| | <p>medical, dental and mental health services. Applicant eligibility includes but not limited to being a U.S. citizen, practice at a public or non-profit entity, facility is located in a HPSA. In 2012 part-time status was added to the eligibility requirements. During the 2012 application process there was one application submitted that was part-time. The application process is usually completed in the fall.</p> <p>There are currently 19 recipients of PRIMECARRE funding equaling ~\$880,000 in awards. Nurse practitioners continue to be top profession utilizing the program with social workers emerging in the last application process. Patient visits remain stable with ~67,000. The majority of recipients are located in rural counties.</p> <p>HRSA announced that state have the option to expand professions to include registered nurses and pharmacists. Included in this announcement was also the option to expand the eligible facilities to include critical access hospitals; nursing facilities; and county, state and local mental hospitals. Staff within the bureau met to discuss whether was should apply for the change in the program scope. The recommendation was to conduct research into the viability of program expansion due-to program implications (e.g. determining shortage designation for pharmacists).</p> <p>There is no connection between PRIMECARRE and HF 2458. The funding for HF2458 is a pass through directly to Iowa College Student Aid Commission. Also, eligibility for HF2458 is limited to U of I or DMU students. It is also limited to primary care physicians.</p> <p><i>Questions:</i></p> <p>Q: Is it public information about whom received PRIMECARRE funding? A: Yes, it is announced who received a PRIMECARRE award.</p> <p>Q: Is there any funding for speech therapists, occupational therapists, or physical therapists? We continually see an acute shortage of these types of professionals. A: There is nothing currently within PRIMECARRE that would allow adding these types of professions.</p> |
| <p>Minute Approval</p> | <p>A quorum was established with the addition of Ron Schafer and Julie McMahon via telephone.</p> <p>Maureen Reeves-Horsley moved to approve the September, December, February minutes as written. Second by Angela Halfwassen. Minutes approved by a unanimous oral vote.</p> <p>After the approval of minutes Ron Schafer and Julie McMahon ended their phone conversations and the committee no longer had a quorum.</p> |
| <p>Rural Road Crashes <i>Iowa Department of Transportation</i></p> | <p>Deferred until later in the meeting. Committee did not readdress the topic during this meeting due to time.</p> |
| <p>e-Health <i>Kim Norby</i></p> | <p>Kim Norby, executive director of Iowa e-Health, Office of Health IT</p> <p>Iowa e-Health is a multi-stakeholder collaborative and the advisory council is made up of all types of providers, insurers, and consumers.</p> <p>Within a month we are piloting the first services of the Iowa Health Information Network (IHIN). Direct secure messaging is the first service to be piloted in the IHIN. The second service going live later this year is the query system for patient information. Direct secure messaging sends information in a structured format and is a national standard. Direct secure messaging allows users to attach other files to the message.</p> |

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| | <p>The pricing of the service is currently based as a package of both services. However, Iowa e-Health has been thinking about the possibly of separating the messaging for entities that only want the messaging service. The original financial stability plan was developed by a workgroup who met with different providers types like hospitals, private practice, and pharmacies.</p> <p>Iowa e-Health is not mandatory and entities need to sign up for the service. We don't see that this would become mandatory. The thinking is that if it is such a good system people will want to use it.</p> <p>The basis was privacy and security is starting at a simple state-wide opt-in/opt-out level. There were requests for visit level but to get to this level the consent and education are different. At the beginning people who have information they do not want shared will need to opt-out. However, once the visit level becomes available, people will be able to opt back - in.</p> <p>State resources are available at: http://www.iowahealth.org/provider/resources_stateresources.html</p> <p><i>Questions:</i></p> <p>Q. So basically this is like a system that is used by organization that can pull up any patient record, share and refer. A..IHIN accomplishes this in two ways, the push (direct messaging) and the query system. The four largest health systems and Wellmark will be piloting the system.</p> <p>Q: Can home health agencies use this? A. Yes, home health agencies can use this service.</p> <p>Q. What plans are there to cross state boundaries? A. I met about every other month with Deb Bass who runs the Nebraska system and we will be piloting state-to-state messaging exchange later this year.</p> <p>Q. How does this link with IRIS? A. IRIS will be linked in with this system. There will be two different linkages with IRIS. One will be within the immunization module of an EHR. The other will be with the querying system when requesting additional encounters.</p> <p>Q. What about funding? A. The 5-year cost of the system to build and implement the system is ~16million dollars and we have ~16million in federal grants. There is some state match with the federal grants.</p> <p>Q. If we are signed up for how do we/you get the information to/from the system? A. The push can happen because you're only sending information. If you have an EHR, the EHR is linked to the system and the EHR sends/receives the information.</p> <p>Q. Do you know how many providers (hospitals, clinics, and practices) are on EHRs? A. Yes, the number is growing rapidly. Hospitals are ~ 25percent and practices are 50%.</p> |
| <p>Iowa Department of Public Health, Bureau of Oral and Health Delivery Systems Update <i>Dr. Bob Russell</i></p> | <p>Dr. Bob Russell updated the committee on activities in the Bureau of Oral and Health Delivery System. The budget was reduced some due to the efficiency standard but we will be able to maintain our level of functionality. The biggest thing on the horizon is Title V funding. They are predicting a 6 percent cut in the federal budget starting October 1. Are current budget incorporates a 3 percent cut and if the 6 percent occurs we would be looking at some changes.</p> <p>What's happening in Iowa: There were two more cities (Graettinger, Ossian) that discontinued water fluoridation. We are now around 90-91% community water fluoridation.</p> <p>HRSA is looking at core competencies of primary care providers specific to oral health. They believe it should be a factor of the entire health care spectrum not just in dentistry. This will probably be piloted with safety net provider before full implementation.</p> <p>CMS is looking at beefing up prevention and are encouraging states to address preventive</p> |

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| | <p>services in oral. The state plan needs to address a 10 percent increase in dental services and sealant use. CMS has also offered technical assistance to states to achieve this There also might be a workgroup convened to address this issue.</p> <p><i>Questions:</i></p> <p>Q. Is the Iowa League of Cities involved with fluoridation in anyway?</p> <p>A. IPHA has an action intern working on fluoridation. Contact Jeneane Moody at IPHA for additional information on their intern. They are collecting data counties, fluoridation levels and participation, community water supplies, and public water systems.</p> <p>Q. How many people substitute with fluoride that doesn't have fluoridated water?</p> <p>A. That is a complicated question because many people are not getting fluoride at all because they are using bottled water where the fluoride has been removed. While others are getting fluoride from multiple sources.</p> <p>Q. Have you received any questions or feedback from the letter we distributed in April?</p> <p>A. Katie Jerkins indicated the letter was emailed to the county boards of health via the email distribution list. The letter indicated that questions should be directed to the Rural Health and Primary Care Advisory Committee.</p> <p>Katie Jerkins will mail hard copies of the letter to the boards of health. Included with the letter will be a member list, FAQ sheet on fluoridation, and cover letter. The committee will draft a cover letter.</p> |
| <p>Rural Health Update Care Transitions and Hospital Readmissions <i>Gloria Vermie</i></p> | <p>Gloria Vermie, RN, MPH, Iowa Office of Rural Health director updated the committee on activities in the Iowa Office of Rural Health. Activities include the following:</p> <ul style="list-style-type: none"> • The federal grant was submitted in February and we should be receiving the notice of grant award soon. Next year's grant is a competitive application. • Certified rural health clinic eligibility is determined by the State Office of Rural Health and we are experiencing an increase in requests. After eligibility is determined, the Iowa Department of Inspections and Appeals coordinates the certification process. <ul style="list-style-type: none"> ○ Iowa is one of 15 states that utilize a Governor's RHC designation process to help determine eligibility. This process is renewed every 4 years and is up for renewal in 2013. ○ Analysis of geography and health professional shortage criteria using 2010 census and other data has begun. It is anticipate that the request will go to the Governor's office in late 2012 then submitted to the federal Bureau of Health Professions in early 2013. • The State Office of Rural Health is in partnership with the Iowa FLEX program, Iowa e-Health, USDA, Telligen, Iowa Hospital Association, and Iowa Medicaid Enterprise to increase the ability of rural hospitals and clinics to achieve electronic health records/meaningful use. We are currently working with 5 hospitals and will be expanding to rural health clinics. • Care transition is the term used when addressing the issue of avoidable hospital readmissions. At least 20 percent of all patients who are admitted to a U.S. hospital make a repeat visit within 30 days of discharge. In Iowa, there are two initiatives to implement well-coordinated care transition programs. The Iowa Healthcare Collaborative received the Centers for Medicare & Medicaid Services, Hospital Engagement Network contract. The Iowa Department of Aging examines another federal program that deals specifically with care transitions from the community perspective. The State Office of Rural Health serves on the steering and patient safety committees. • Gloria Vermie presented a webcast a couple weeks ago. The webcast was "Care Transition 101". Information included: public health, area agencies on aging, and what they can do to help care for patients. • National Rural Health Day 2012 beginnings November 12. November 15 is National Rural Health Day. <ul style="list-style-type: none"> ○ The Iowa Rural Health Association Board committed support the 2012 National Rural Health Day by having daily Iowa Rural Health Spotlight web posting from |

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| | <p>November 12–15.</p> <ul style="list-style-type: none"> ○ Iowa Rural Health Association is dedicating their website for unique stories for each day. ○ The Kick-off date for Rural Health day is September 20 at the Iowa Rural Health Association’s fall meeting. |
| <p>IPOST <i>Jane Schadle</i></p> | <p>Jane Schadle presenting information on the Iowa Physician Orders for Scope of Treatment (IPOST) program. Nationally, over half of individuals will not have their wishes honored at end of life. Physician Orders for Life Sustaining Treatment (POLST) is a national movement. Four years, a group of Iowans petitioned the Iowa legislature for a pilot program. The legislation created for the pilot gave physicians indemnity for honoring the patient’s wishes. Linn County created a pilot program giving physicians indemnity and allowing institutions to implement the program. The form used by the patient is completed by a specially trained interviewer and requires their physician’s signature. The form allows the patient to identify the types of treatment they do not wish to receive. Recent legislation expanded the program into Jones County. Current legislation allows this program to be implemented state-wide (i.e. indemnity, IPOST form). State-wide implementation will be community-by-community which will include educating local providers, health care entities, and the community about the program. Two communities wishing to implement the program are the Dubuque area and Webster County and surrounding counties. We are in the process of developing a website and a newsletter (made by the pilot programs).</p> |
| <p>Committee Business/Member Updates</p> | <p>Draft cover letter for inclusion with the fluoridation letter was read aloud and agreed upon by those members in attendance.</p> <p>Katie Jerkins asked the committee for recommendation on reserving room 2013 legislative breakfast. Recommendation: February before funnel week on a Thursday in the legislative dining room. Other items the committee needs to address are the mission statement and the chairperson term when a quorum is present.</p> |
| <p>Plan Next Meeting Agenda</p> | <p>Topics</p> <ul style="list-style-type: none"> • Alternative viewpoints of CFOs • New rural health training program (I-CASH) • Legislative priorities/breakfast topics • Legislative update • Mental Health Redesign CPC or Black Hawk (DHS September & CPC December) • Fluoride – Delta Dental (December meeting) • Rural EMS (December meeting) |
| <p>Adjournment</p> | <p><i>Meeting adjourned at 2pm</i></p> |