

Iowa Department of Public Health

✓ The Check-Up

An update on issues and ideas related to health reform in Iowa

The Check-Up is a monthly health care reform newsletter designed to keep interested Iowans up to date on the progress of health reform initiatives.

The Check-Up will feature updates on activities of the health reform councils as authorized by [HF 2539](#) (2008) including the Legislative Health Care Coverage Commission, activities related to the Federal Patient Protection and Affordable Care Act ([HR 3590](#)), and other activities related to the focus of the councils.

The Check-Up will be archived on the main IPDH Health Care Reform Website at http://www.idph.state.ia.us/hcr_committees/

Electronic Health Information Advisory Council

Iowa e-Health has received notice the Iowa e-Health Strategic and Operational Plan has been approved by the federal Office of the National Coordinator for Health IT (ONC). This releases \$8,375,000 in funding over the next four years to implement Iowa's statewide health information exchange (HIE).



Iowa e-Health also recently launched a new informational website - www.iowaehealth.org. There are two sections of the website that tailor website content to either providers or the general public. The **General Public** section of the site features an introductory video offering a powerful example of how consumers can benefit from Iowa e-Health. The **Health Care Provider** section highlights best practices and technical assistance available to providers implementing and using electronic health records and the HIE. Common to all website visitors are: 1) frequently asked questions; 2) calendar of events; 3) news and announcements; 4) information about the Iowa e-Health Executive Committee and Advisory Council; 5) reports and studies; and 6) links to the e-Health blog.

Find more information about Iowa e-Health at <http://www.iowaehealth.org/>.

Next Meeting: March 25th 10am – 2pm at the Urbandale Public Library
May 13th 10am – 2pm at the Urbandale Public Library

December/January
2011

Websites

Advisory Councils

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Other Iowa HCR Activities

[Iowa Healthy Communities Initiative](#)

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[Legislative Health Care Coverage Commission](#)

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Prevention and Chronic Care Management Advisory Council

The Prevention and Chronic Care Management (PCCM) Advisory Council Initial Report is available [here](#). The PCCM Advisory Council's Annual Report has been finalized and is available [here](#).

Issue Briefs:

- [Chronic Disease Management](#)
- [Disease Registries](#) (developed collaboratively by the PCCM Advisory Council, the Medical Home System Advisory Council, and the eHealth Advisory Council)
- [Prevention](#)
- Next issue briefs – Social Determinants of Health and Community Utility

The **Chronic Disease Management Subgroup** is focusing on [SF 2356](#) to develop a plan to coordinate care for individuals with diabetes who receive care through safety net providers. As a first step, IA/NEPCA conducted focus groups in the Federally Qualified Health Centers (FQHC) to determine the barriers that people with diabetes face. IA/NEPCA produced a report for the Council summarizing the results of the focus groups. The report can be found [here](#). PCCM Staff have been meeting with members of the Iowa Collaborative Safety Net Provider Network, including the free clinics, community health centers, family planning clinics, and rural health clinics to discuss this legislative charge and begin collaboration for the diabetes care coordination plan.

- The Subgroup will be finalizing an Iowa diabetes issue brief which will include recommendations to establish a framework for the diabetes care coordination plan.

The **Prevention Subgroup** is focusing on [HF 2144](#) to develop recommendations by December 15, 2011 on strategies to collect and provide statistically accurate data concerning chronic disease in multicultural groups of racial and ethnic diversity in the state. Following implementation of the strategies and collection of data, the council shall also make evidence-based recommendations to the director to address and reduce identified disparities. The subgroup will submit the recommendations to the full Council, then the Council will submit them to the Director of IDPH. An agreement has been made that the subgroup and IDPH's Office of Multicultural and Minority Health Advisory Council will collaborate closely in the work of this legislative charge.

- The [Iowa Center on Health Disparities](#) presented the PCCM Advisory Council at their last meeting (January 20th) to give their expertise and advice on the current barriers in Iowa to collecting disparities data. Some of the major barriers include, but are not limited to:
 - The unique demographics of Iowa (mostly aging whites, few minorities)
 - Small sample sizes that limit the validity of calculating incidence and prevalence rates
 - Potential violation of HIPPA/confidentiality regulations due to small sample sizes, especially by age, gender, disease
- Their presentation, which includes the barriers and strategies to overcome them, can be found [here](#).

The PCCM Advisory Council has been very involved in the work of the Legislative Health Care Coverage Commission. The PCCM Advisory Council's coordinator sat on Workgroup IV- Wellness and helped craft their recommendations. The coordinator also presented to the other Commission workgroups on prevention and disease management initiatives. Additionally, the PCCM Advisory Council coordinator was available to Commission staff throughout 2010 to provide reports, issue briefs, and other information.

Next Meetings: Friday, March 25th 10am – 3pm Location TBA
Thursday, June 23rd 10am – 3pm Location TBA

Medical Home System Advisory Council

The Medical Home System Advisory Council's (MHSAC) Progress Report #2 is now finalized and is available [here](#). Progress Report #1 is available [here](#). Their Progress Report #3 is currently being drafted and will be finalized soon. Their issue brief on "Patient Centered Care" is available [here](#). The issue brief on "Disease Registries" is available [here](#). Future issue briefs include "Social Determinants of Health" and "Community Utility".

The MHSAC continues to collaborate with Medicaid in the development of the [IowaCare Medical Home Model](#), established in SF 2356. The expansion will phase in Federally Qualified Health Centers (FQHCs) to provide primary health care services to the IowaCare population and to comply with certification requirements of a Medical Home. The FQHC's and other medical homes (the University of Iowa Hospitals and Clinics and Broadlawn Medical Center) will be required to meet a set of medical home minimum standards and provide quarterly and annual reports. On October 1, the rollout began with FQHCs in Waterloo and Sioux City. The IowaCare Steering Committee, Medical Home Subcommittee, and Pharmacy Subcommittee continue to meet to address challenges as they arise. Plans are still being developed for the next roll out.

IDPH is working on drafting and adopting rules for certification. The Council voted that Iowa will use NCQA's [Physician Practice Connections®- Patient-Centered Medical Home™](#) as the method to certify medical homes with the exception that Nurse Practitioners will be able to be certified as well.

Under the Federal Patient Protection and Affordable Care Act, there is an option to get a state match through a [State Plan Amendment](#) that Iowa Medicaid is exploring. It is Title XIX of the Social Security Act- "State Option to Provide Health Homes for Enrollees with Chronic Conditions". This starts January 1, 2011 and is for implementing health homes for people with chronic conditions. There is a 90% match for medical home payments in the first 2 years. After the 2 years, it goes back to the normal reimbursement rate of 65%. The language mentions that payment methodologies can be tiered and are not limited to per member per month. States will need to coordinate with SAMSA for providing mental health services.

The language defines that chronic conditions shall include but are not limited to:

- A mental health condition
- Substance use disorder
- Asthma
- Diabetes
- Heart disease
- Being overweight, as evidenced by having a BMI over 25.

The services to be provided by the health home are:

- Comprehensive care management
- Care coordination and health promotion
- Comprehensive transitional care, including appropriate follow-up from inpatient to other settings
- Patient and family support
- Referral to community and social support services
- Use of health information technology to link services, as feasible and appropriate.

**Next Meetings: Friday, February 18th 9:30 – 12:30 at the Iowa Hospital Association
Friday, April 29th at the Urbandale Public Library**

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

IDPH is charged with supplying the Governor and General Assembly with a biennial strategic plan, to be submitted in January of each even numbered year, providing recommendations regarding access to health care for Iowans. The first strategic plan was submitted in January 2010 and is available [here](#). The strategic plan is broad in scope, encompassing the following concepts:

- (1) Promoting and maintaining the health of all Iowans.
- (2) Providing accessible health care services through the maintenance of an adequate supply of health facilities and an adequate workforce.
- (3) Controlling excessive increases in costs.
- (4) Applying specific quality criteria and population health indicators.
- (5) Recognizing prevention and wellness as priorities in health care programs to improve quality and reduce costs.
- (6) Addressing periodic priority issues including disaster planning, public health threats, and public safety dilemmas.
- (7) Coordinating health care delivery and resource development efforts among state agencies including those tasked with facility, services, and professional provider licensure; state and federal reimbursement; health service utilization data systems; and others.
- (8) Recognizing long-term care as an integral component of the health care delivery infrastructure and as an essential service provided by the health care workforce.

A requirement of IDPH in the development of the strategic plan is to convene a technical advisory committee for assistance. This technical advisory committee is called the [Health & Long-Term Care Access Advisory Council](#).

The council most recently met on October 28, 2010. Work continued toward integration of all required sub-components of the strategic plan:

- A system assessment & objectives component
- A health care facilities and services plan (Certificate of Needs)
- A health care data resources plan (Certificate of Needs)
- An assessment of emerging trends in health care delivery and technology
- A rural and agricultural health and safety resource plan
- A health care workforce resources plan

Those familiar with the specifics of the [strategic plan requirements](#) will note a significant emphasis on the need for health facilities. The October meeting included a presentation from the Iowa FLEX program, providing council members with specifics about this program. Staff from Iowa's eHealth initiative shared potential strategic plan content pertinent to emerging trends in health care delivery and technology. And, Sarah Cottingham from the Iowa Foundation for Medical Care explained the role of the Health Information Technology Regional Extension Center (HITREC) grant. Detailed minutes are available [here](#).

When the council meets in January, members will hear from IDPH staffers leading development efforts for a rural and agricultural health and safety resource plan and a health care facilities and services plan. This will include presentation of drafts to date of these components of the 2012 strategic plan. In addition Dr. Bob Russell, Dental Director and Bureau Chief, will provide information about the newly organized Bureau of Oral and Health Delivery Systems.

Next Meeting: Wednesday, January 26th 10am – 3pm at the Urbandale Public Library

Direct Care Worker Advisory Council

The Direct Care Worker Advisory Council continues to make progress on its recommendations to develop training and credentialing system for direct care professionals in Iowa. Their activities guide IDPH as it prepares to meet the Iowa General Assembly's charge to develop a Board of Direct Care Professionals by July 1, 2014. IDPH recently submitted the interim progress report on the Council's activities to the Iowa Legislature. It can be found [here](#). The report includes an update on the Council's recommendations, including:

- Estimating the size of the direct care workforce
- Identifying information management system needs for the Board of Direct Care Professionals
- Information about a pilot of the training and credentialing recommendations
- Conducting education and outreach about the Direct Care Workforce Initiative
- Additional recommendations regarding the governance and regulation of direct care professionals in the state

What is a Direct Care Professional?

A direct care professional (DCP) is an individual who provides supportive services and care to people experiencing illnesses or disabilities and receives compensation for such services. Direct care professionals provide 70-80 percent of all direct hands-on services, assisting individuals with daily living tasks, personal care, independent living skills, and basic health care services. Direct care professional is the umbrella name for the workforce. DCPs are commonly called direct support professionals, direct care workers, supported community living workers, home health aides, certified nurse aides, and others.

IDPH also launched the *Direct Care Workforce Initiative: Improving direct care professional education to ensure a qualified and stable direct care workforce in Iowa*. The introduction of the initiative coincides with increased education, outreach, and activities to test and promote training and credentialing of direct care professionals in Iowa. IDPH successfully applied for and Iowa was one of six states awarded the Personal and Home Care Aide State Training Demonstration grant from the Health Resources and Services Administration within the Department of Health and Human Services. The federally-funded pilot project will offer training, continuing education, and mentoring and retention support to direct care professionals in two regions in the state over a three-year period. Personal and home care aides, a subset of the workforce who will be targeted for this project, work primarily in home and community-based settings and provide support and services to individuals who are aging and individuals with disabilities.

IDPH hosted two webinars in December and January to inform stakeholders about the Direct Care Workforce Initiative, the Council's recommendations, and the process for identifying participating regions for the pilot. To learn more and listen to a recording of the webinar, visit the Council's website [here](#). Major activities of the pilot project include:

- Free training for new and incumbent direct care professionals in the pilot regions.
- Mentoring and continuing education activities to support professional growth and promote retention of direct care professionals.
- Development of an information management system to issue credentials and collect data on the workforce.
- Evaluation activities, which will provide feedback about the training and credentialing recommendations that have been developed by the Council and inform future implementation of a Board of Direct Care Professionals.

The Council will play a significant role in the pilot project by lending expertise in the development of the curriculum, development of publications and outreach activities, guidance on the credentialing process, and assistance with the evaluation. The Department will be seeking input and participation by statewide stakeholders, including direct care professionals and employers.

Next Meetings: (second Thursday of every month)

- **February 10th 10am – 3pm at the Urbandale Public Library**
- **March 10th 10am – 3pm at the Johnston Public Library**

Healthy Iowans

[Healthy Iowans](#) is Iowa's 5 year health assessment and health improvement plan. It focuses attention on Iowa's critical issues/needs and provides a blueprint for addressing them. Healthy Iowans will link with other planning efforts, including county health improvement plans. Health assessment and health planning are ongoing activities and they regularly inform and guide efforts to promote and protect the health of Iowans. Healthy Iowans provides Iowa with an opportunity to bring together a broad array of planning activities in a framework that becomes much more valuable than the sum of its parts.

To develop Healthy Iowans, numerous partners are engaged in health planning through health-related advisory committees, community-based planning, and other initiatives. The Healthy Iowans Steering Committee will use recommendations from these sources in developing Iowa's health assessment and health improvement plan. A number of IDPH's Health Care Reform Advisory Council's submitted recommendations to consider for Healthy Iowans:

Prevention and Chronic Care Management Advisory Council:

- Sustain the Iowa Prevention and Chronic Care Advisory Council to provide guidance and oversight for prevention and chronic care management.
- Improve incentives for prevention and chronic disease management by providing support for care through payment systems, organization and delivery of care, and care coordination.
- Create a societal commitment to health through implementing policies to remove barriers that prevent Iowans from leading healthy lives. Empower and expect Iowans to take personal responsibility for being as healthy as genetically possible and improving their own health, as well as the health of those around them.

Medical Home System Advisory Council:

- Increase number of children (birth - five) utilizing preventive health care services through a medical home and dental home.

Health and Long-Term Care Access Advisory Council:

- The need to address recruitment and retention of health professionals to underserved areas. This need is impacted by demographic trends such as the retirement of the baby boom generation, increases in the number of aged Iowans, migration from rural to urban settings, and migration of young Iowans to other states.
- The need to strengthen and expand the health professions education infrastructure. "Iowa educational institutions have a shortage of advanced credentialed faculty which limits graduation of sufficient numbers of nurses to meet demand" (Governor's Nursing Task Force, 2008). "If medical students are exposed to more clinical leaders within the state, they may become better attuned to the advantages of practicing in Iowa and serving Iowa's health care needs" (Iowa Medical Society, 2008). "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" (Phase 1 Strategic Plan, IDPH, 2010).

Governor's Council on Physical Fitness and Nutrition:

- Increase the consumption of fruits and vegetables. Only 18% of Iowa adults and 19% of Iowa youth reported consuming the recommended 5 servings of fruit and vegetables per day in 2009. The national median is 24%.
- Increase the number of Iowans who are at a healthy weight. Over 67% of Iowa adults are overweight or obese, up from 55% in 1995.
- Increase the number of Iowans that meet daily physical activity recommendations.
- Increase breastfeeding initiation and duration rates in Iowa. Data from the 2009 PedNSS survey show that among mothers enrolled in the Iowa Women, Infants, and Children (WIC) Program, the percentages who have ever breastfed their infants (68.1%), breastfed for 6 months (33.2%), and breastfed for 12 months (15.8%) are lower than the percentages for the nation as a whole (73.9, 43.4%, and 22.7%, respectively). The Healthy People 2020 objectives for breastfeeding are: 82% ever breastfed, 61% at 6 months, and 34% at one year.

Iowans Fit for Life Leadership Committee:

1. Increase the number of Iowans that meet daily physical activity recommendations.
2. Increase the number of Iowans who are at a healthy weight including policy and environmental changes to make the healthy choice the easy choice.
3. Increase the percentage of Iowans who consume a healthy diet.

Iowa Healthy Communities Initiative

2011 marks the 10th anniversary of the Live Healthy Iowa 100 Day Wellness Challenge. The challenge is a fun, easy and affordable way to engage Iowans in healthy behaviors. This team-based physical activity, nutrition and weight loss program is designed to promote positive changes leading to a healthier lifestyle. Friends, families and co-workers form teams that track weight loss and/or minutes of activity.

The 2011 Live Healthy Iowa 100 Day Wellness Challenge begins January 20, 2011 and runs through April 29, 2011. Visit www.livehealthyiowa.org for more information. Registration opens December 15th, so start forming your team today!

The Iowa Healthy Communities Wellness Initiative provides funding and technical assistance communities to implement local health improvements through prevention and health promotion strategies. Live Healthy Iowa is a community-based wellness strategy promoted by many of the Community Wellness Grant communities.

The Mills County Board of Health in collaboration with the Healthy Mills County Coalition promoted "Live Healthy Mills County," as a community-based team challenge to encourage increased physical activity and selection of healthy food options as part of their 2009-10 Community Wellness Grant activities. The coalition also created "Live Healthy Mills County Kids." As a result of their efforts 720 youth in Mills County participated with 75% reporting an increase in physical activity and 60% reporting making healthier food selections.

For more information on the Iowa Healthy Communities Initiative (Community Wellness) Grant Program, visit http://www.idph.state.ia.us/hcr_committees/physical_fitness.asp

Governor's Council on Physical Fitness and Nutrition

Over 10,000 Iowa youth participated in the 2010 Live Healthy Iowa Kids/Governor's Challenge. The 2011 event begins on January 18, 2011 and runs through April 27, 2011. During the 100 day challenge, teams track their physical activity, television time, and fruit, vegetable, low-fat milk and water intake. Supporting classroom activities are available that align with the Iowa Core Curriculum. For more information on the Live Healthy Iowa Kids/Governor's Challenge, click [here](#).

Small Business Qualified Wellness Program Tax Credit Plan

Click [here](#) for a copy of the plan. A separate, but supportive resource for employee wellness programs is the IDPH Iowans Fit for Life worksite wellness toolkit. "Healthy Iowa Worksites: A collection of active and eating smart tools for building your worksite wellness program" has been posted to the Iowans Fit for Life Web site.

Patient Autonomy in Health Care Decisions in Pilot Project Advisory Council (IPOST)

The final report of the Patient Autonomy in Health Care Decisions Pilot Project is available [here](#)

IPOST Pilots (Cedar Rapids and Jones County) continue with Jones County completing the formation of its Advisory Committee. Both pilot projects meet each month and have committees and working groups doing much of the planning. Click [here](#) to view the June 2010 newsletter.

Legislative Health Care Coverage Commission

The [Legislative Health Care Coverage Commission](#) was created by 2009 Iowa Acts, Chapter 118, §1 ([SF 389](#)) and is charged to develop an Iowa health care reform strategic plan which includes a review and analysis of and recommendations and prioritization of recommendations for various options for health care coverage of Iowa's children, adults, and families, with a particular emphasis on coverage of adults.

The Commission is made up of 11 citizen (voting) members, 4 legislators, and 3 department heads. They began their work in September 2009 and completed their progress report to the General Assembly which summarizes the Commission's activities from September through December 2009. The report with their recommendations can be found [here](#).

Four workgroups were created to focus on particular aspects of health care coverage. The workgroups include:

- [Workgroup I- IowaCare Expansion, Medicaid Expansion Readiness, and High-Risk Pool](#) 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 II- Value-based Health Care](#) 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 III- Insurance Information Exchange](#) will work with the Iowa Insurance Commissioner on the development of the new Insurance Information Exchange.
- [Workgroup IV- Wellness](#) intends to take testimony from 20-30 organizations from both within and outside the state to discuss cutting edge cost-control efforts, including how to design incentives to change behavior for clients that will bend the curve on health care costs.

****The Commission has finalized their [2010 Health Commission Recommendations for Presentation to the 2011 General Assembly](#).**

Health Benefits Exchange

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.

Background of Insurance Exchanges- 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.

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. 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.

Video presentations from the regional meetings can be viewed [here](#). Educational whitepapers were created by the Interagency Workgroup:

- [HBE Overview](#)
- [HBE Consumer Overview](#)
- [HBE Whitepaper- Key Decisions and Activities Table](#)
- [HBE Whitepaper- Difference Between Exchanges](#)
- [HBE Whitepaper- Medicaid Expansion Under the ACA](#)