

Minutes
Health and Long-term Care Access Advisory Council
 September 11, 2012
 10:00 a.m. – 3:00 p.m.
 Urbandale Public Library

Members Present

Cindy Baddeloo
 Libby Coyte
 Wendy Gray
 Susan Lutz
 Leah J. Mc Williams
 Catherine Simmons

Members Absent

Carol Alexander
 Roy Bardole
 Kyle Carlson
 Shelly Chandler
 Michele Devlin
 Brian Farrell

 Ryan Hopkins
 Steve Johnson
 Brian Kaskie
 Laura Malone
 Daniel Otto

Others Present

Michelle Holst, Iowa Department of Public Health
 Doreen Chamberlin, Iowa Department of Public Health
 Kevin Wooddell, Iowa Department of Public Health
 Sarah Dixon Gale, Iowa Primary Care Association
 Sandy Nelson, Iowa Medical Society
 Francisco Olalde, The University of Iowa (rep for Carol Alexander)
 Carol Watson, The University of Iowa
 Kathy Weinberg, Iowa Board of Nursing

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

Topic	Discussion
<p>Introductions and Welcome</p>	<p>The meeting started with a brief welcome and introductory comments from Michelle Holst followed by members and guests introducing themselves.</p>
<p> ACA, ACOs and What's Happening in Iowa Carol Watson, Ph.D., RN, CENP, FAAN, The University of Iowa College of Nursing </p>	<p> Carol Watson, Ph.D., RN, CENP, FAAN, The University of Iowa College of Nursing presented on ACAs and ACOs in Iowa. The objectives of the presentation included: review key components of ACA & ACOs related to redesign of care delivery; examine how ACA & ACOs impact the health care workforce; and outline actions to proactively respond to the health care workforce challenges. </p> <p> The current care delivery model is: the hospital is the hub; reimbursement is volume-based; access to care is unequal; poor access is linked to poor quality; delivery is inefficient; insurance system fragmentation makes it difficult to control costs; financing of care for uninsured and underinsured is inefficient; and the lack of incentives to change. </p> <p> Assumptions of ACA: the expansion of coverage; reimbursement and incentives will be value-based not volume-based; reimbursements will be bundled payments; care delivery will move from hospital-based to community-based; and the focus will move to management of population health, coordination of care, and disease management. </p> <p> Key components of ACA are Title I: "Quality, Affordable Care for All Americans"; Title II: "Role of Public Programs"; Title III: "Improving the Quality and Efficiency of Health Care"; Title IV: "Prevention of Chronic Disease and Improving Public; and Title V: "Health Care Workforce". </p> <p> Definition of Accountable Care Organizations: Groups of health care providers who voluntarily work together within a specific legal structure to provide high quality, coordinated care to their patients. The Accountable Care Organizations participating in Iowa are Genesis Accountable Care Organization, LLC; Iowa Health Accountable Care, L.C.; Mercy ACO/Mercy, DM; and The University of Iowa Affiliated Health Providers, L.C. </p>

	<p>Other initiatives within ACA include: Center for Medicare & Medicaid Innovation; hospital readmissions reduction program; community-based care transitions program; independence at home demonstration program; school-based health centers; and nurse-managed health clinics.</p> <p>Other drivers of the redesign of delivery in Iowa are patient-centered medical home, Iowa Healthcare Collaborative, Iowa Hospital Association’s Physician Leadership Institute of Iowa, and the Institute of Medicine Report on The Future of Nursing.</p> <p>Workforce shortages are in most areas of the country and for most health care practitioner roles and many support and administrative roles. The presentation focused on physicians, nurses, and information technology. There is a projected need for 35,000 – 50,000 more health information technology workers in 5–10 years. The demand for physician and nursing services is growing faster than supply. Without an increase in number of new graduates from U.S. medical and nursing schools, we cannot to provide the same level of health care.</p> <p>Challenges in addressing workforce shortages are: how to determine correct number of health care professionals, educating new health care professionals, reallocation of health care professionals’ site of care and roles, and retraining health care professionals. Recommendations to address these challenges include: establishing a state health workforce commission; support efforts to educate health care workforce differently; support efforts to retrain current workforce; and recommend regulatory changes that facilitate health care delivery redesign.</p>
<p>Recommend three policy directions for expanding retention and recruitment of health workforce</p>	<p>The council discussed what three policy directions they would recommend. After discussion the council agreed on the following recommendations. A document summarizing the recommendations is posted to this council’s webpage: http://www.idph.state.ia.us/HLTC Advisory Council/Default.aspx.</p> <p>Healthy Iowans Goal*: “By 2012, recommend three policy directions for expanding retention and recruitment of the health workforce.”</p> <p><u>Recommended Policy Directions</u></p> <ol style="list-style-type: none"> 1. Support innovative education models that focus on patient centered care by transforming from acute and episodic care to population based and value added delivery models, targeting <ol style="list-style-type: none"> a. population health, b. primary care, c. health promotion and disease prevention, d. chronic disease management, e. care coordination, and f. team based practice models. 2. Support loan repayment programs and other incentive programs to recruit and retain health professionals and health profession educators in all disciplines to Iowa, particularly underserved areas of Iowa. 3. Develop more in-state opportunities for health professionals to complete the required clinical/practice component of their education and enable professionals to move into practice. <ol style="list-style-type: none"> a. Streamline state employment evaluation process for health care workers. b. Increase number of post-doctoral training opportunities for psychologists. c. Assure adequate numbers of primary care physician residency slots. d. Assure availability of clinical experiences for nurses, physicians and other health professionals in a variety of community-based and ambulatory care

	<p>settings.</p> <p>* <u>Healthy Iowans: Iowa's Health Improvement Plan 2012-2016</u> focuses on 39 critical health needs and provides a blueprint for addressing them. Healthy Iowans builds on health planning that is already taking place by numerous private and public sector organizations across the state. Iowa's health improvement plan provides a starting point to identify strategies and initiatives that are addressing critical health needs with the understanding that no one plan could reflect everything that is being done to tackle Iowans' needs. Iowa's health improvement plan is intended to be a flexible document that will be updated annually to reflect new and changed strategies and to monitor progress in meeting the plan's goals.</p>
Update: DHS Review/Approval process – workers with criminal records	Lori Lipscomb was unable to attend the meeting. Therefore, this topic was postponed and will be addressed at a future meeting.
Workforce Fact Sheet	<p>A draft of the fact sheet was distributed to council members. The fact sheet being developed is to provide information to the general public and those individuals who are not readily familiar with the facts and figures of Iowa's health workforce. Prior discussion indicated that the fact sheet should include key data, outcomes, and next steps. Data elements included in the fact sheet should consist of data that have well defined sources and references to those sources (e.g. health professional shortage area data, provider ratio data, data from the Office of Statewide Clinical Education Programs at the University of Iowa, Kaiser Family Foundation).</p> <p>Next steps should include the recommendation of a state health workforce commission. Suggested discussing models in other states that are effective. It was also recommended that next steps should reflect the three policy recommendations that were discussed in the morning session.</p> <p>Outcome statements could include: an adequate workforce that is appropriately prepared for new health delivery models, access to cost efficient, and value added care; support for loan repayment programs; retention of current workforce; system improvements that increase access and quality of care; new educational programs/professional development that utilize the current workforce.</p>
Public Comment	<p>If this is the advisory council, who are you to advise?</p> <p>A: The Iowa Department of Public Health is required to develop and submit a strategic plan for health care delivery infrastructure and health care workforce resources to the Governor and General Assembly every two years. Within this charge was the formation of this council, (the words in Iowa Code are “a technical advisory committee”) to advise the department on the development of the strategic plan.</p> <p>Who implements the strategic plan?</p> <p>A: Implementation of the plan is not addressed specifically in Iowa Code.</p>
Wrap-up and Public Comment	Decisions from today's meeting will be incorporated into the fact sheet to finalize. Also, potential to further discuss what a workforce commission might look like. Next meeting likely to include infrastructure focus and discussion of a fact sheet related to infrastructure.

Next Meeting: Wednesday, November 7, 2012; 10:00 a.m. – 3:00 p.m.; Urbandale Public Library, Meeting Room A