



THE

ACCESS

Update

DECEMBER 2012

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## Iowa a National Leader in Prescription Drug Recycling



Iowa's Drug Donation Repository Program has emerged as a leader in prescription drug recycling and has received positive media coverage as a national model.

Through this program, Iowans in need of assistance can receive medications and medical supplies for little or no cost. Donations are received from long-term care dispensing pharmacies, medical facilities, and individuals. The medications and supplies are inspected by a pharmacist, distributed to medical facilities, and dispensed to Iowans in need. At the end of fiscal year 2012, over \$5.8M in donated medication and supplies has been provided to over 26,000 Iowans since the program was launched in 2007.

"This is a practical solution that provides critical medications and supplies to Iowans needing assistance, and at the same time provides a valuable service to pharmacies and other dispensing medical facilities. Other states continually point to our program as evidence that prescription drug recycling can work," says Jon Rosmann, Executive Director of the Iowa Prescription Drug Corporation.

The Iowa Prescription Drug Corporation serves as the statewide repository for donated medications and supplies. The majority of medications entering the program are received from long-term care dispensing pharmacies; however donations are also received from retail pharmacies, physicians' clinics, home health care organizations and individuals from across the country. The Drug Donation Repository Program can accept previously dispensed but unused medications and supplies that have not expired. The drugs must be in their original, sealed, tamper-evident packaging, such as single-unit doses, blister packs, or bottles with a manufacturer's seal still intact. Controlled substances or drugs that require refrigeration cannot be accepted into the program.

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Once the donated medications and medical supplies are received, all of the items are inspected by licensed pharmacist. Medications and supplies suitable for the program are de-identified (all HIPAA information is removed) and entered into an online inventory where participating medical clinics and pharmacies can place orders for patients in need of assistance. The orders are filled and shipped to the facility free of charge. The Iowa Prescription Drug Corporation is currently filling approximately 230 orders per month.

Enrolling your medical facility is an easy process. If you would like to make a donation or dispense donated medications and supplies to your patients, please contact the [Iowa Prescription Drug Corporation](http://www.iowapdc.org) at 1-866-282-5817 or email [jon.rosmann@iowapdc.org](mailto:jon.rosmann@iowapdc.org). The Administrative Rules and other program information are available online at <http://www.iowapdc.org>.

*"Patients are extremely grateful for the assistance. They can't believe that we are able to help them with something like that. Previously, some patients didn't fill their prescriptions and ended up in the emergency room."*

*— Villanueva-Whitman, Estela. "Iowa Drug Donation Program Growing."  
Des Moines Register  
5 Jul. 2011: 3E-4E. Print.*

## Primary Care Recruitment and Retention Endeavor Awards Announced

The Primary Care Recruitment and Retention Endeavor (PRIMECARRE) loan repayment program has just completed its 2012 application process. A record 41 applications were received, and the following health professionals will receive awards for a two-year contract period starting January 1, 2013:

- Angela Nelson, PA-C; Exira Medical Clinic, Audubon County
- Vicki Novak, PA-C; Gundersen Lutheran-W. Union Clinic, Fayette County
- Rachel Pfeifer, RDH; River Hills CHC, Keokuk County
- Heidi Prose, ARNP; Allison Family Practice, Butler County
- Allison Schoenfelder, MD; Akron Mercy Med. Clinic, Plymouth County
- Amber Wessels, ARNP; Regional Family Health, Delaware County
- Allison Wetzel, PA-C; Alegent Creighton Health Clinic, Taylor County
- Rachel Wurth, ARNP; Siouxland CHC, Woodbury County

The purpose of the PRIMECARRE program is to recruit and retain health professionals to designated health professional shortage areas. Successful grant applicants must work in a public or non-profit facility for a minimum of two years. Grants are available for part-time providers up to \$25,000 per year and for full-time providers up to \$50,000 per year.

The program is administered by the Bureau of Oral and Health Delivery Systems at IDPH, and applications are accepted each fall through a request for proposal process. For additional information, contact Sara Schlievert, program coordinator, at (515) 281-7630 or [saralyn.schlievert@idph.iowa.gov](mailto:saralyn.schlievert@idph.iowa.gov) or visit the PRIMECARRE website at <http://www.idph.state.ia.us/OHDS/RuralHealthPrimaryCare.aspx?prog=RHPC&pg=PRIMECARRE>.

# Rational Service Area and Nearest Source of Care in HPSA Designation

The Access Update continues a series of articles about Health Professional Shortage Areas (HPSAs). Please refer to the August and October issues for background information.

A foundational component of a HPSA is a "rational service area". A rational service area (RSA) can be defined as a whole county, a group of counties, an urban region, or a grouping of census tracts that have a population with similar characteristics.

Once an RSA is identified, a step to determining whether it has a shortage is ruling out the "nearest source of care". Providers of "like care" in an area next to the RSA (also known as a "contiguous area") have to be ruled out as a potential source of care for the population in the RSA. Providers of like care would be providers who serve the same population (those in need of Medicaid or a sliding fee schedule, for example).

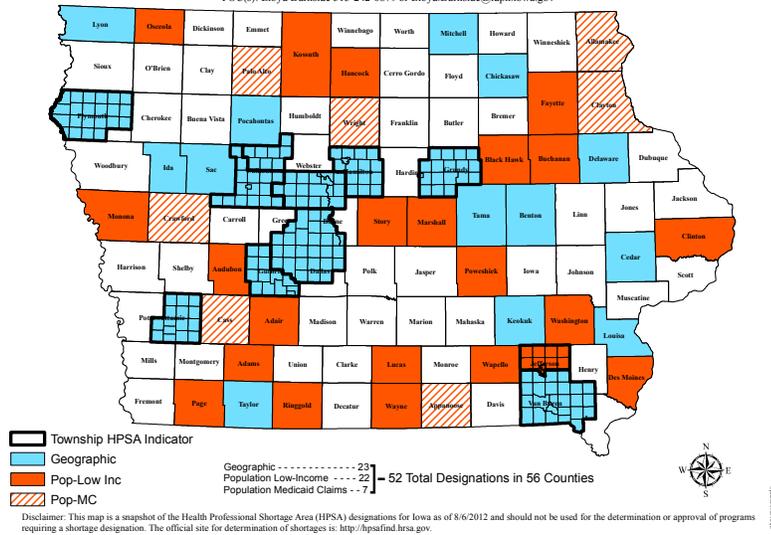
A nearest source of care can be ruled out if clinics and providers in the contiguous area are already seeing too many patients to provide care to people from the RSA. This is known as "over-utilized". A nearest source of care can also be ruled out by proving that patients within the RSA would have to travel too far to get care in the contiguous area. There are specific distance and time criteria for this. Distance and time are measured from the RSA population center to the provider being considered as the nearest source of care. If these two points are too far away from each other, this is called "excessively distant".

Other types of barriers can make a contiguous area inaccessible, but these types of barriers are rare in Iowa communities. A large railroad yard located between a neighborhood on one side and a clinic on the other, one that would make it unlikely that patients would cross the area to receive care, would be an example of this.

Rational Service Area and Nearest Source of Care are two parts to the multifaceted HPSA designation process. Please look for explanations of other portions of the process in upcoming Access Updates.

## Federal Primary Health Care Shortage Designations July 2012

Iowa Department of Public Health  
POC(s): Lloyd Burnside 515-242-6879 or Lloyd.Burnside@idph.iowa.gov



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[join-HCA@lists.ia.gov](mailto:join-HCA@lists.ia.gov)

## Transportation Brochure

Not everyone makes the connection between transportation and health care, but the numbers are growing. The economy, gas prices, lack of exercise and obesity, patients who cannot find a way to get to the doctor, health care reform, and the environmental impact of automobiles are all factors that have people looking more at public transit in relation to overall health.

The growing numbers of people recognizing transportation as an issue is evidenced by the goals in Healthy Iowans. Healthy Iowans 2012–2016 is Iowa's five-year health assessment and health improvement plan. It focuses attention on Iowa's critical issues and provides a blueprint for addressing them. See the full report at [http://www.idph.state.ia.us/adper/healthy\\_iowans.asp](http://www.idph.state.ia.us/adper/healthy_iowans.asp).

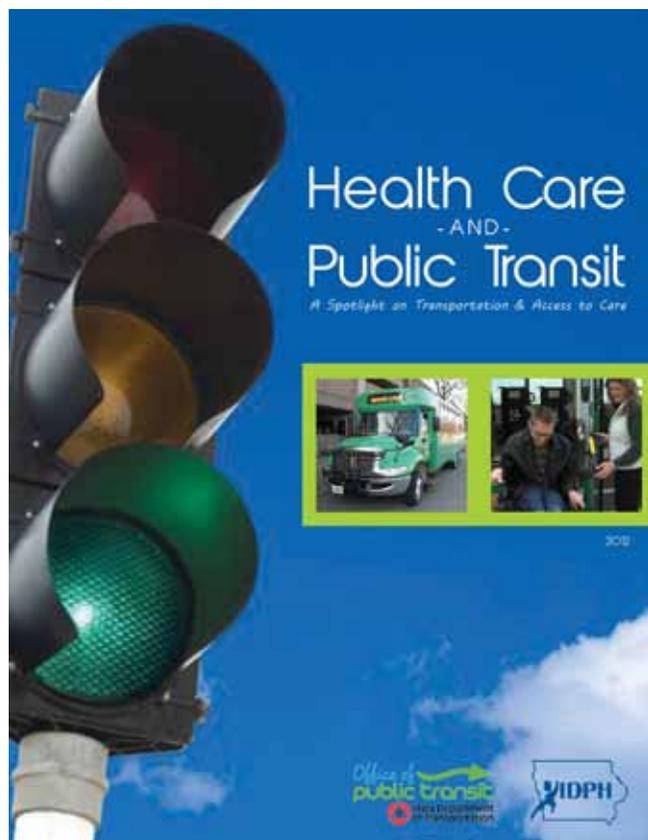
In the chapter, "Access to Quality Health Services and Support," state agencies are focusing on two main objectives:

Increasing awareness of the availability of public transit service for accessing health care in all counties.

Promoting the non-emergency medical transportation services that are available for Medicaid members through trainings, presentations, and other channels.

To address the awareness and promotion issues, the Governor's Transportation Coordination Council, a group of state and local agencies, has developed a brochure aimed at assisting public health professionals, health care providers, and community leaders in understanding how to utilize public transit to achieve their goals. This group has posted the brochure at the Department of Transportation, Office of Public Transit's website, <http://www.iowadot.gov/transit/publications.html> and the Iowa Department of Public Health, Bureau of Oral and Health Delivery Systems' website, <http://www.idph.state.ia.us/OHDS/RuralHealthPrimaryCare.aspx?prog=RHPC&pg=Resources>

According to Doreen Chamberlin, MPH, RD, who works with the Iowa Office of Rural Health, "Bridging the gap between the transportation world and the health sector through greater understanding of the workings of public transit will give us one more tool in creating greater access to health care services for Iowans."



# Resources

## **2012-13 HRSA Office of Rural Health Policy Grant Funding – Grant Resources**

A comprehensive sheet with information on upcoming rural health grants and resources for grant applications and community planning is now available. [Click here](#).

## **2013 Small Healthcare Provider Grants Available**

A new Office of Rural Health Policy grant designed to assist rural providers with quality improvement activities has just been announced. The Small Health Care Provider - Health Care Quality Improvement Program grants will provide support for implementation of activities around diabetes, cardiovascular disease, and obesity. Eligible applicants include rural, non-profit or public entities, Critical Access Hospitals, and rural health clinics, regardless of whether they are non-profit or for-profit. The program aims to promote the development of an evidence-based culture and delivery of coordinated care in the primary care setting. Grantees will be expected to use health information technology for collection and reporting of data. The maximum award is \$100,000 per year. Grant applicants should contact their State Office of Rural Health for a letter of support (per 330a program guidelines). For program information, click [here](#). The application deadline is January 30, 2012.

## **RFA Notice - Iowa Affiliate of Susan G. Komen for the Cure**

The request for applications and supporting documents are available on the Komen Iowa website at <http://www.komeniowa.org/grants/>. Beginning with the 2013-2014 Komen Iowa Grant cycle, we will be using an online grant application. Applications are due by January 18, 2013. Please forward this information to anyone that may have a program qualifying for funding support. Additional funding support with slightly different emphases are available through the Komen Iowa - Small Grant program as well. For more information about the Small Grant program, please visit <http://www.komeniowa.org/grants/how-to-apply-for-funding/small-grants-program.html>.

## **Rural Assistance Center Launches Rural Obesity Prevention Toolkit**

In an effort to help rural communities better address the current obesity epidemic, the Rural Assistance Center has launched a [Rural Obesity Prevention toolkit](#).

This toolkit contains resources to help communities develop obesity prevention programs, building on best practices of successful obesity prevention programs.

## **National Health Service Corps—Iowa Site Application Guide**

National Health Service Corps sites due for three-year recertification are encouraged to use the NHSC – Iowa Site Application Guide available on the [Primary Care Office](#) webpage under Additional Resources.

## **Thank you!**

Thank you to communities assisting with information for Health Professional Shortage Area fourth-year mandatory updates. This year, 43 updates are due for Iowa by February 28, 2013. With your assistance, 19 have been completed.

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### **National Health Service Corps Application Window**

The application window for new sites wishing to become approved to participate in the National Health Service Corps (NHSC) is now closed. The next application window for new sites will be July through October, 2013. If you plan to apply, please go to our Primary Care Office webpage and look for the NHSC—Iowa Site Application Guide under Additional Resources. Contact information is also there if you have questions. If you aren't sure whether your site should consider participation in this program, a helpful resource is available at <http://nhsc.hrsa.gov>. Click "Sites" in the top navigation or "NHSC Sites" near the middle of the screen.

National Health Service Corps Sites! There are just a few days left to update your profile so that you'll be able to use the award-winning NHSC Jobs Center to post your openings. To set up your profile, go to the National Health Service Corps website, choose Sites, and click on Complete Your Site Profile before January 1, 2013. For more information on the NHSC Jobs Center, please visit <http://www.nhscjobs.hrsa.gov>.

### **Direct Secure Messaging FREE for Six Months**

Iowa health care professionals now have an efficient and secure tool for transferring patient information to other providers outside their organizations. The Iowa Health Information Network (IHIN) is offering Direct Secure Messaging FREE for six months to any health care provider who returns a completed and signed Direct Secure Messaging Participation Agreement & User Listing Form to Iowa e-Health by December 31, 2012.

Direct Secure Messaging through the IHIN allows you to send and receive referral documents, test results, continuity of care documents, patient encounter notes, billing information and more. Please visit <http://www.iowahealth.org>. Questions? Call 1-866-924-4636.

# Worth Noting

## Iowa Rural Health IT Collaborative—White Paper Release

In 2011, the U.S. Department of Agriculture and the U.S. Department of Health and Human Services signed Memorandum of Understanding to link rural hospitals and clinicians to existing capital loan programs that enable them to purchase software and hardware needed to implement health information technology. State entities were encouraged to partner to implement initiatives that would assist rural health care in their state.

In Iowa, a Rural Health IT Collaborative was established. They offered designated rural hospitals and providers, technical assistance to initiate or enhance EHR processes, consultation and advice on financial matters, guidance to receive federal and State Medicaid incentives, and consultation on hospital administration and operations. By December 2012, the Iowa partners from five major organizations successfully completed their initial collaboration goal: **To initiate a state level project to examine the issues and work on solutions that could assist rural hospitals and health providers on the path to electronic health records/meaningful use.**

The Iowa Rural HIT partners completed a white paper to share information about the collaborative efforts and results. The document can prove helpful to others who are pursuing solutions related to integration of health information technology in rural areas. The white paper can also be found at <http://www.idph.state.ia.us/ohds/RuralHealthPrimaryCare.aspx?prog=RHPC&pg=SORH>.

## Veterans Affairs Seeks Comments on New Non-VA Provider Networks for Veterans

The Department of Veterans Affairs encourages hospitals and other interested parties to submit comments regarding a new VA program that will allow non-VA facilities to provide medical-surgical care to VA patients. Veterans would continue to go to a VA health clinic or medical facility for primary care needs but could get follow-up specialty care at a hospital or other non-VA facility that participates in the network. The department plans to release information by January on how hospitals and others can apply to administer one of the networks. Iowa is in Region 4 VISN 23. To see the announcement, visit [https://www.fbo.gov/index?s=opportunity&mode=form&id=0ee47543bab82ebe670d48ce6a9f5a56&tab=core&\\_cview=0](https://www.fbo.gov/index?s=opportunity&mode=form&id=0ee47543bab82ebe670d48ce6a9f5a56&tab=core&_cview=0).

## Join the Iowa Cardiovascular Collaborative E-Network!

The E-Network is an online community of more than 500 health care providers, clinics, and local public health agencies working together to improve the cardiovascular health of Iowans. As part of the e-network, providers receive ongoing communications from the Iowa Department of Public Health Heart Disease and Stroke Prevention Program with news, clinical guideline updates, resources, and tools to use in clinics to provide to patients. Members of the e-network will receive access to toolkits, webinar and training updates, patient education materials mailings, and FREE continuing education credits. Please click here [http://www.idph.state.ia.us/hpcdp/hdsp\\_providers.asp#TK](http://www.idph.state.ia.us/hpcdp/hdsp_providers.asp#TK) to enroll.

## The Health & Long-Term Care Access Advisory Council

The Health & Long-Term Care Access Advisory Council has posted “The Facts on Iowa’s Health Sector Workforce” to its [webpage](#). The Health and Long-Term Care Access Advisory Council advises the Iowa Department of Public Health in the development of a biennial strategic plan 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 Iowa.

# Calendar of Events

## **Health & Long-Term Care Access Advisory Council Conference Call**

January 8, 2013

2:30 p.m. – 3:30 p.m.

Des Moines, Iowa

Public attendance available at Lucas State Office Building, room 418

## **Iowa Legislative Session Begins**

January 14, 2013

## **Health & Long-Term Care Access Advisory Council**

January 29, 2013

10:00 a.m. - 3:00 p.m.

Urbandale, Iowa

Urbandale Public Library

# Staff Directory

| NAME                                                                  | PHONE          | EMAIL                                                                                  |
|-----------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------|
| Mary Kay Brinkman<br>Title V                                          | (515) 281-8309 | <a href="mailto:marykay.brinkman@idph.iowa.gov">marykay.brinkman@idph.iowa.gov</a>     |
| Lloyd Burnside<br>Primary Care Office, Shortage Designation           | (515) 242-6879 | <a href="mailto:lloyd.burnside@idph.iowa.gov">lloyd.burnside@idph.iowa.gov</a>         |
| Doreen Chamberlin<br>Bureau Coordinator                               | (515) 281-8517 | <a href="mailto:doreen.chamberlin@idph.iowa.gov">doreen.chamberlin@idph.iowa.gov</a>   |
| Erin Drinnin<br>Direct Care Workforce Initiative                      | (515) 281-3166 | <a href="mailto:erin.drinnin@idph.iowa.gov">erin.drinnin@idph.iowa.gov</a>             |
| Michelle Holst<br>Iowa Health Workforce Center, Primary Care Office   | (515) 954-5674 | <a href="mailto:michelle.holst@idph.iowa.gov">michelle.holst@idph.iowa.gov</a>         |
| Amy Janssen<br>Contracts & Budget                                     | (515) 281-5069 | <a href="mailto:amy.janssen@idph.iowa.gov">amy.janssen@idph.iowa.gov</a>               |
| Katie Jerkins<br>Iowa SHIP Program, 3RNet                             | (515) 423-2690 | <a href="mailto:katherine.jerkins@idph.iowa.gov">katherine.jerkins@idph.iowa.gov</a>   |
| Shaela Meister<br>Health Promotion & Communications                   | (515) 281-4302 | <a href="mailto:shaela.meister@idph.iowa.gov">shaela.meister@idph.iowa.gov</a>         |
| Kate Payne<br>Iowa FLEX Program                                       | (515) 331-2402 | <a href="mailto:kathleen.payne@idph.iowa.gov">kathleen.payne@idph.iowa.gov</a>         |
| Tracy Rodgers<br>I-Smile™, Early Childhood                            | (515) 281-7715 | <a href="mailto:tracy.rodgers@idph.iowa.gov">tracy.rodgers@idph.iowa.gov</a>           |
| Dr. Bob Russell<br>Bureau Chief, Public Health Dental Director        | (515) 281-4916 | <a href="mailto:bob.russell@idph.iowa.gov">bob.russell@idph.iowa.gov</a>               |
| Jane Schadle<br>Iowa FLEX Program                                     | (515) 281-0917 | <a href="mailto:jane.schadle@idph.iowa.gov">jane.schadle@idph.iowa.gov</a>             |
| Sara Schlievert<br>I-Smile™, School Screening Requirement, PRIMECARRE | (515) 281-7630 | <a href="mailto:saralyn.schlievert@idph.iowa.gov">saralyn.schlievert@idph.iowa.gov</a> |
| Gloria Vermie<br>State Office of Rural Health                         | (515) 281-7224 | <a href="mailto:gloria.vermie@idph.iowa.gov">gloria.vermie@idph.iowa.gov</a>           |
| Kevin Wooddell<br>Administrative Assistant II                         | (515) 281-6765 | <a href="mailto:kevin.wooddell@idph.iowa.gov">kevin.wooddell@idph.iowa.gov</a>         |
| George Zarakpege<br>Secretary                                         | (515) 242-6383 | <a href="mailto:george.zarakpege@idph.iowa.gov">george.zarakpege@idph.iowa.gov</a>     |



Iowa Department of Public Health  
 Bureau of Oral and Health Delivery Systems  
 Lucas State Office Building  
 321 E 12th Street  
 Des Moines, IA 50319  
 (515) 242-6383  
<http://www.idph.state.ia.us/ohds/Default.aspx>