Minutes recorded by the Bureau of Oral and Health Delivery Systems Secretary

<table>
<thead>
<tr>
<th>Topics</th>
<th>Discussion/Action</th>
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<tr>
<td>Call to order</td>
<td>Dennis Mallory, Chair, called the meeting to order at 9:30 with a quorum.</td>
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<tr>
<td>Introductions</td>
<td>Members and guests introduced themselves.</td>
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<td>Minutes</td>
<td>The April 22, 2014 minutes were distributed to all attendees for review. Patrick Pucelik moved to approve the minutes as written. Angie Halfwassen seconds the motion. Minutes approved unanimously.</td>
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<td>IDPH Update, Gerd Clabaugh</td>
<td>Since the committee has last heard from Gerd Clabaugh he has been appointed by the Governor as the Director to the Iowa Department of Public Health. The department recently submitted in collaboration with the Iowa Medicaid program an application to the federal government for funding under the State Innovation Model (SIM) testing program. Within the last two years, the state had been working on the development of the SIM proposal. In May 2014, the additional funding opportunity came available allowing states to develop a testing - or implementation - program proposal. The funding opportunity announcement not only focused on implementation of the earlier proposal, but also substantially on health improvement opportunities. Funding opportunity announcement asked states to focus fundamentally on three areas of healthcare improvement: diabetes, obesity, and tobacco prevention. Our proposal focused on these and three others: early elective deliveries, patient and family engagement, and healthcare associated infections. The strategy we are proposing to implement to both impact healthcare transformations in the delivery system as well as health improvement is to redeploy the hospital engagement network strategy earlier used by the Iowa Healthcare</td>
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Collaborative (IHC). The strategy of the hospital engagement network will be expanded to include more than just hospitals, but all providers and healthcare organizations within targeted communities in the state. Iowa Medicaid and the department anticipate receiving notice of award some time later this fall.

**Bureau of Oral and Health Delivery Systems Update, Dr. Bob Russell**

- Success in defending two grant proposals – Sealant & I-Smile silver
- Iowa Smile Silver – Pilot in three counties to see how it works before the possibility of rolling it out
- Dental Hygienists will be hired to go into the 3 local Public heath agencies
- State of Iowa through Title 5 program has a dental sealant program, in past had about 20 schools were programs were in. There will now be 11 programs in 32 counties. Allowing to provide more opportunities for sealants to underserved children
- Public Health Service Block Grant – CDC grant. Have been seeing decrease in funding each year. Funding was given to IDPH to do an RFP for Water Fluoridation tracking and promotions.
- Entering a new cycle of federal grant year.
- Medical Residency program is about ready to roll out. Currently doing Q&A. About ready to release final RFP.
- Shari Burgus – asked about ISMILE focusing on low income – is that for children and elderly? Answer: Not necessarily. Could be both – currently I-Smile is children.

**Rural Health Policies, Dr. Keith Mueller**

Dr. Keith Mueller is from the Department of Health Management and Policy College of Public Health.

Handout (The Patient Protection and Affordable Care Act of 2010: Impacts on Rural People, Places and Providers: A Second Look) – review for background information. – Titled a Second look as this is the second time ACA has been reviewed by the RUPRI Health Panel.

Adapting to changing environment:

- Integrating systems of care in the marketplace, driven by financial pressure and changes in deliver.
- Aligning public and private policies with what is now state of the art in care to improve sustainability of high quality services in rural places.
- Emphasizing value instead of service volume: translation is population health, which means need to think of the total community being served in the places the live, work, and play.
- Blending health and human services – groups like RHPC AC important to bring this together.
- Maintaining the appropriate, sustainable service mix locally.

The Changes in health insurance coverage:

- Will influence “patient flow”
- Will also direct “consumers” to use system differently
- Will affect revenue – making changes we learn from the community health needs assessments may not be profitable right
now but will be long term.

- Creates backdrop for different investment strategies.

Changes in Medicaid:

- No categorical eligibility
- Increased population covered, brings increased focus on cost and value
- Moves closer to insurance model

New Medicaid enrollment:

- Some in all states, woodwork effect and marketplace redirecting some
- Total new enrollment: 6 million
- Variation by state (affected by expansion decision)
  - Nebraska: -8,308 (3.4% decrease)
  - Iowa: 90,304 (18.3% increase)
  - Minnesota: 131,603 (15.1% increase)
  - Illinois: 222,477 (8.5% increase)

What the change means:

- New sources of payment
- New rules associated with the sources of payment
- Initial federal involvement in raising payment for primary care (2013 and 2014)
- Rating areas, service areas, and network contracts with commercial insurers

Commercial Insurance and employers:

- Value-based insurance design to steer utilization: wellness, disease management, medication management
- Payment methodologies shifting to value-driven, at least in part
- Engagement in care management, population health
- Use of narrow networks

Healthcare Organizations of the future:

- Accepting insurance risk
- Focus on population health
- Trimming organization costs
- Using the data being captured (e.g., electronic health records)
- Health care as retail business

Actions to consider:

- Measure organizational performance
- Inform key stakeholders regarding performance
- Consider employees for care management
- Negotiate payment for measurable quality and patient satisfaction
- Collaborate with health care and human services providers
- Strategic focus on patients/community

Pursuing the possible:

- When community objectives and payment and other policy align
- Community action is where policy and program streams can merge
- Community leadership a critical linchpin
- Pursuing a vision

All about value:
<table>
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<th>Committee updates</th>
<th>Lunch was provided for committee members and speakers. Committee members took turns in sharing updates from their organizations.</th>
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| **I-CASH update, Brandi Janssen** | - Brandi Janssen is the new director of I-CASH. Kelley Donham has retired.  
- Developing a new strategic plan for I-CASH, the last one was completed in 2000.  
- Anticipate I-CASH will continue to focus on older farmers.  
- Trying to change safety culture with beginning farmers (new within the last ten years).  
- Migrant farmers, ATV, Tractor rollovers, Rural Roadways – all future possible topics to be addressed by I-CASH.  
- Spring is a big time for farm equipment and road accidents.  
- Youth grants with farm safety just for kids.  
- MRASH coming up November 19-20 – partnering with IRHA. |
| **State Office of Rural Health briefing, Gloria Vermie** | Handouts: Memo, National Rural Health Day, MRASH conference.  
- Information was shared regarding renewed actions for the State Office of Rural Health (SORH), Medicare Rural Hospital Flexibility (FLEX) program and the Small Hospital Improvement Program (SHIP). The three programs will work in tandem to build strong collaborative partnerships, increased timely communications, and effective use of federal funding resulting in noticeable health care outcomes and impacts. The rural health programs will actively support State and federal health care triple aim goals; better care for individuals, reduce per capita costs, and better population health.  
- 2014 National Rural Health Day is November 20. There will be a variety of activities and events to celebrate the day including a dedicated website with tools and resources for local activities and a special Celebrate Rural Iowa video. On the 20th Rural Health Day will be acknowledged at the Transforming Safety and Health In the Heartland conference. There will also short radio promotions announced on rural radio stations be the week leading up to Rural Health Day. |
| Primary Care Office update, Michelle Holst | **PCO Cooperative Agreement Activities**

The Primary Care Office (Michelle Holst, Director and Lloyd Burnside, Shortage Designation Analyst) attended a Reverse Site Visit in Rockville, Maryland this quarter. The purpose was to educate Primary Care Office staff about the new computer system that will be used to submit HPSA Applications.

The PCO is also working with the IDPH Community Health Needs Assessment and Health Improvement Plan (CHNA/HIP) staff toward inclusion of relevant resources for including health professions access issues in local assessments and plans.

**Shortage Area Designations**

Applications for designations are on hold at this time while the Health Resources and Services Administration transitions from the ASAPs (current) system to the Shortage Designation Management System (SDMS). No new HPSAs can be designated at this time. No HPSAs can be reviewed at this time.

HRSA is working to increase the standardization of data sets used for the determination of HPSAs. At the Reverse Site Visit, HRSA announced its intent to use the NPI dataset maintained by CMS as the standardized data set for provider counts. HRSA intends to send the NPI data to Primary Care Offices soon so that PCOs can become familiar with the data format and begin to understand how they will work with this dataset to establish the provider portion of the ratio. The intent is that this is what states will be working on while HRSA is preparing the launch of the new system.

**National Health Service Corps**

The PCO processed 13 applications from new sites in the summer application cycle. The majority of these were from Community Mental Health Centers. Several of these are still pending site visits, and the PCO has tentative plans to accompany HRSA on those visits in November.

Two Critical Access Hospitals applied. One has been approved and the other is still under review at HRSA.

An application window for current sites to recertify will open in September and will remain open for two months. Every approved site is required to recertify at the end of three years. Sites are responsible to track this requirement; however, reminders are also provided through a variety of communications. In Iowa, we have approximately 50 sites due to participate in this cycle.

The PCO reviews site applications to assure that the requirements of NHSC participation are met. Sites must offer comprehensive primary care services (comprehensive behavioral health services, or comprehensive dental services). They must offer referrals for services that they don’t provide directly. They must be located in a HPSA, must offer a sliding fee scale and treat all patients regardless of their ability to pay. Sliding fee scales must be based only on income and family size. The PCO provides comments and a recommendation to HRSA about each site. HRSA is the final decision point regarding whether a site is approved or not.
Health Center Development
A New Access Point application process has been open during this quarter for locations that wish to become Health Centers (FQHCs). The PCO assists the Iowa Primary Care Association with this process by helping with determination of underserved area status or verification of existing status. The Primary Care Association works directly with communities on the application process and the community communications and decision-making that are necessary for development of an application. Discussions have taken place regarding potential for a site in north central Iowa; however, indications are that the area may not be applying at this time.

Conrad 30 J1 Visa Waiver
The Conrad 30 J1 Visa Waiver process begins each fall with a new set of 30 slots available to each state. We will begin accepting applications September 2nd. The process will continue until all 30 slots are filled or until September 30, 2015, when the federal program will stop taking applications for this year. Typically, Iowa fills all 30 slots by sometime in the spring, near the end of March. Iowa is one of a slowing increasing number of about 16 states who maximize the use of the program each year.

Plan Next Meeting Agenda
Katie will send out a meeting wizard to find the best date available for the committee members. Meeting will be in November.

Adjournment
Gregory Randolph moved to adjourn the meeting with a second by Representative Mark Segebart. Committee voted unanimously to adjourn. Dennis Mallory adjourned the meeting at 1:30 p.m.