

## 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 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 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/](http://www.idph.state.ia.us/hcr_committees/)

## May - August 2012

### Websites

#### Advisory Councils

[Iowa e-Health](#)

[Prevention and Chronic Care Management](#)

[Medical Home](#)

[Health and Long-Term Care Access](#)

[Direct Care Worker](#)

[Patient Autonomy in Health Care Decisions Pilot Project \(IPOST\)](#)

#### Other Iowa HCR Activities

[Iowa Healthy Communities Initiative](#)

[Small Business Qualified Wellness Program Tax Credit Plan](#)

[Health Benefits Exchange](#)

## Iowa e-Health

The [Iowa e-Health](#) initiative is moving forward with an important step in the process toward development of a statewide health information exchange —the establishment of [direct secure messaging](#).



“Direct secure messaging is sort of like what happens behind the scenes when banks have to communicate with one another,” said Kim Norby, executive director of Iowa e-Health at the Iowa Department of Public Health. “Doctors and other providers will be able to send patient health information via the internet but in a secure and encrypted format that is available only to other providers with an address assigned to them through the IHIN.”

In July and August, 20 Direct email addresses will be assigned to various providers and/or organizations across Iowa. The addresses will be used for piloting (testing) the IHIN’s direct secure messaging system. This is an important milestone toward realization of a statewide health information exchange, known in Iowa as the IHIN, in early 2013.

Although the IHIN’s direct secure messaging solution functions similar to standard email, Norby stressed the security features over traditional methods such as fax and un-secured email. In addition, these many benefits help providers stay in compliance with industry regulations such as the [Health Insurance Portability and Accountability Act](#).

Perhaps the most important benefit of the direct service is that it allows for the exchange of all types of care-related information such as notes, referrals, care coordination details, and images.

“In the past, care coordination was done with a lot of phone calls if the patient didn’t have that information,” says Jane Brokel, assistant professor at the University Of Iowa College Of Nursing. “It makes a big difference to have the right data at the point of care,” Dr. Brokel says. “One of the things patients realize is they don’t have to be asked the same questions over and over again because their provider already has the information needed.”

## Iowa e-Health (cont.)

To prepare for the direct secure messaging pilots, Iowa e-Health is partnering with the state's HIE vendor, Xerox. Xerox brings several sub-contracted entities to assist in the complex process of preparing, connecting and supporting providers as they begin to use the system, including Informatics Corporation of America, Genova Technologies, and LightEdge Solutions. Each partner organization brings dedicated expertise to assist Iowa providers in getting on board with direct secure messaging. Additionally, Iowa e-Health has conducted and archived a webinar to educate providers about direct secure messaging, in cooperation with Iowa Medicaid Enterprise and Iowa's Health Information Technology Regional Extension Center, [Telligen](#).

Once the direct secure messaging pilot projects are complete, enrollment for this service will open to all provider types. The service will be offered without charge to providers through December, 2012. Fees following this period will be assessed, according to the IHIN services and fees document published in the [Iowa e-Health Business and Financial Sustainability Plan](#).

**Next Meeting: October 12<sup>th</sup> 10am – 2pm location TBD**

## Medical Home and Prevention and Chronic Care Management Advisory Council

In 2008, [HF 2539](#) tasked IDPH with developing recommendations for state initiatives addressing health promotion, prevention and chronic care management, as well as the development of recommendations and planning for implementation of a statewide patient-centered medical home (PCMH) system. To do this, the [Medical Home System Advisory Council \(MHSAC\)](#) and [Prevention and Chronic Care Management \(PCCM\) Advisory Council](#) were formed which includes representation from health care, state agencies, academia and consumers. The vision of the Council is below.

The MH/PCCM Advisory Council [2012 Annual Report](#) gives an overview of the Councils, lays out their progress reports with recommendations, and summarizes the activities that the Councils have accomplished since their creation.

The Council met on Wednesday, July 25<sup>th</sup> at the YMCA Healthy Living Center in Clive. Agenda items included the Wellmark ACO model, Webster County's Pioneer ACO, Asheville-like Pharmacy Mode, Hospital Engagement Network, Iowa Collaborative Safety Net Provider Network's NASHP Technical Assistance opportunity with Iowa Medicaid, and ACA's Health Homes for Medicaid Enrollees with Chronic Conditions.

### Council Reports

The MHSAC and PCCM Advisory Council have released annual progress reports that provide background information on development of a medical home system, prevention, and chronic disease management initiatives, describe the current efforts in Iowa, and establish recommendations.

- [MH/PCCM 2012 Annual Report](#)
- [MHSAC Progress Report #1](#)
- [MHSAC Progress Report #2](#)
- [MHSAC Progress Report #3](#)
- [PCCM Advisory Council Initial Report](#)
- [PCCM Advisory Council- 2011 Report](#)
- [Data Collection of Chronic Diseases in Multicultural Groups of Racial & Ethnic Diversity in Iowa](#)

### Issue Briefs

The MHSAC and PCCM Advisory Council develops issue briefs on a variety of important topics related to prevention, chronic disease management, and the spread of the PCMH in Iowa. The issue briefs educate stakeholders and policymakers on Iowa specific information and data and may include recommendations from the Council related to the topic.

- [Chronic Disease Management](#)
- [Disease Registries](#)
- [Prevention](#)
- [Diabetes in Iowa](#)
- [Patient Centered Care- What Does it Look Like?](#)
- [Social Determinants of Health](#)
- [Community Utility](#)

**[Diabetes Care Coordination Plan](#)**- The Council was charged by [SF 2356](#) to develop a plan to coordinate care for individuals with diabetes who receive care through safety net providers. As a first step, the Iowa Primary Care Association (Iowa PCA) conducted [focus groups](#) in the FQHC to determine the barriers that people with diabetes face. The Council has finalized an [Iowa Diabetes Issue Brief](#) which will include initial recommendations concerning issues that have quickly become high priority while working on the diabetes care plan. Additionally, a Diabetes Clinical Subcommittee was created to provide input and make clinical recommendations for the diabetes care coordination plan. The Subcommittee has finalized [11 recommendations](#) and a number of Iowa specific documents to be used in the clinic to manage and prevent diabetes, including a [Diabetes Care Flowsheet](#), [Diabetes Patient Action Plan](#), and an [Algorithm for Prediabetes and Type 2 Diabetes](#).

## Medical Home and Prevention and Chronic Care Management Advisory Council (cont.)

**Guidelines for the Management of Chronic Conditions in Schools-** This past session IDPH was given a legislative charge through [SF 2336](#) for IDPH along with the Department of Education to work on guidelines for the management of chronic conditions for distribution in Iowa schools. The Council will be leading this effort for IDPH's responsibilities and working closely with the Department of Education and other key stakeholders.

**Health Homes for Medicaid Enrollees with Chronic Conditions-** Section 2703 of the ACA gives states the option to submit a State Plan Amendment (SPA) depicting a health home model of care. There is a drawdown of funding a 90/10 Federal match rate for eight quarters. Initially, the health homes must adhere with a minimum set of [Health Home Provider Standards](#). Within the first year, the FQHCs must seek [NCQA Medical Home Recognition](#) or equivalent. Eligible individuals include those who have at least two chronic conditions or one and is at risk for a second from the following: Mental Health Condition, Substance Use Disorder, Asthma, Diabetes, Heart Disease, Obesity, and Hypertension.

**\*On June 8<sup>th</sup>, Iowa Medicaid Enterprise received word that the SPA for Health Homes had been approved by CMS. Currently enrolled are 9 health home entities covering 39 different practice locations in 10 counties with more than 330 individual practitioners. IME projects over the coming months, several more practices will join the program and expects that health home services will be offered to as many as 5,000 members across Iowa. A second SPA is currently being developed which is a "specialized" Health Home focusing on Medicaid members with serious or consistent mental illness for adult and children.**

**Accountable Care Organizations (ACO)-** The ACA includes a number of policies to improve the safety and quality of patient care and make health care more affordable. By focusing on the needs of patients and linking payments to outcomes, these delivery system reforms will help improve the health of individuals and communities and slow cost growth. On March 31, 2011, HHS released proposed [new rules](#) to help doctors, hospitals, and other providers better coordinate care for Medicare patients through ACOs. An ACO is an entity that is clinically and fiscally accountable for the entire continuum of care that patients may need. They are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their patients. The [Pioneer ACO Model](#) was launched on January 1<sup>st</sup>, 2012 with 32 organizations to test the ACO model. One Iowa community was selected to participate in the Pioneer ACO Model- TriHealth, Inc. in Fort Dodge.

**Commonwealth Fund Project- Safety Net in Iowa- Post Health Care Reform-** Implementation of the ACA has the potential to significantly alter the health care delivery system. It is unknown how these changes will impact the health care safety net that delivers care to vulnerable citizens. This study, done through the University of Iowa Public Policy Center, is one of four projects funded by The Commonwealth Fund to assess the impact of the ACA on Iowa's safety net. The MH/PCCM Council will continue to be a resource on state level health reform issues, in particular the HBE. More information about the project can be found at the following website: <http://ppc.uiowa.edu/pages.php?id=263>.

**NASHP Technical Assistance-** NASHP has selected Iowa as one of seven states to participate in an initiative that seeks advance partnerships to improve access to care for vulnerable populations. The UI Public Policy Center joins the Iowa Primary Care Association and IME in the [Medicaid-Safety Net Learning Collaborative](#). This opportunity will provide TA to states through access to expert consultation, implementation resources, and a forum for state-to-state exchange.

**Next Meeting: Friday, September 21<sup>st</sup> 9:30am – 3:00pm at the Iowa Hospital Association**

### Affordable Care Act Resources

- Confused about how the new health reform law really works? This short, animated movie "[Health Reform Hits Main Street](#)" explains the problems with the current health care system, changes that are happening now, and big changes coming in 2014.
- Learn more about how the health reform law will affect the health insurance coverage options for individuals, families and businesses with the interactive feature "[Illustrating Health Reform: How Health Insurance Coverage Will Work.](#)"
- The [Health Care Reform Implementation Timeline](#) is an interactive tool designed to explain how and when the provisions of the ACA will be implemented over the next several years. You can show or hide all the changes occurring in a year by clicking on that year. Click on a provision to get more information about it. Customize the timeline by checking and unchecking specific topics.
- [HHS.gov has an ACA Resource Page](#) that offers brochures, factsheets, PowerPoint presentations, and other materials related to the implementation of the ACA.

# Direct Care Worker Initiative

## What is the Direct Care Workforce Initiative?

The Direct Care Workforce Initiative is the result of the work of the many members of the Direct Care Worker Advisory Council and additional direct care professionals (DCP), employers, state agency representatives, and other individuals and organizations that contribute their expertise and assistance to IDPH. The Council was charged with advising IDPH on training standards and the creation of a credentialing board for the direct care workforce in Iowa. IDPH applied for and received a federal grant from the US Department of Health and Human Services to conduct a pilot of the training and credentialing recommendations. The purpose of the pilot project is to evaluate the impact of the standardized training and additional retention supports on DCPs knowledge, job satisfaction and retention in their employment. Participating DCPs will receive interim credentials and participate in leadership, mentoring and retention activities. Control groups that will not receive the pilot training or the retention interventions have been selected to enable the project to compare evaluation outcomes. The sites participating in the training are:

- Bright Star, Ankeny
- Candeo, Ankeny
- Centerville Community Betterment, Centerville
- ChildServe, Johnston
- Des Moines Area Community College
- Easter Seals, Des Moines
- First Resources Corporation, Sigourney
- Home Instead, West Des Moines, Clive and Ottumwa

- H.O.P.E., Inc., Des Moines
- Indian Hills Community College, Ottumwa
- Iowa Home Care, West Des Moines
- Monroe County Professional Management, Albia
- Mosaic, Des Moines
- REM-Iowa, Adel
- Woodward Resource Center, Woodward

The sites participating in the pilot training and credentialing have begun providing the standardized training. Approximately 50 instructors have been certified to teach, and more than 70 direct care professionals have taken at least one of the courses. Feedback from DCPs has been positive so far, with many of them expressing interest in pursuing one or more of the credentials being offered. All direct care professionals participating in the project take a job satisfaction survey and a pre- and post-assessment of the curriculum. Retention is also being tracked, and leadership and mentoring trainings are being made available to direct care professionals within the pilot sites.

Progress continues on development of the information management system that will manage, track and credential the direct care workforce. The initiative will be asking employers and direct care professionals to assist with testing and reviewing the draft website and processes to help us work out any 'bugs' as we strive to develop an efficient and user-friendly system.

About 100 people attended local forums last month on the Direct Care Workforce Initiative, learning about the progress and next steps in the effort to strengthen Iowa's largest profession. The events in Mason City, Dubuque, Waterloo and Ankeny featured updates on the Initiative and the pilot project testing the recommendations for training and credentialing, panel discussions, and lots of good questions from attendees. Panelists included:

Ronda Barry, Iowa Home Care  
Matt Clevenger, DCP  
Rob Denson, President, DMACC  
Kim Foltz, Director, Iowa Alliance in Home Care  
Kris Hansen, CEO, Western Home Communities  
Senator Jack Hatch  
Senator Pam Jochum  
Becky Johnson, DCP

Laura Malek, DCP  
Fran Mancl, DCP  
Lorrie Meier, CEO, G&G Living Centers  
Barbara Murphy, Administrator, Harmony House  
Sherry Oswald, DCP  
Senator Amanda Ragan  
Cindy Ramer, DCP  
Kent Sovern, Director, AARP Iowa

## 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. DCPs provide 70-80% of all direct hands-on services, assisting individuals with daily living tasks, personal care, independent living skills, and basic health care services. DCP 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.

## Direct Care Worker Initiative

Five more cities across Iowa will host community forums on the Initiative in September. Direct care professionals, employers, supporters, consumers, and all interested members of the public are invited for the interactive forum and refreshments. Location details will be announced soon.

### [In Our Community - Iowa's Direct Care Professionals Step Forward](#)

**Council Bluffs: Wednesday, Sept. 12, 3:30-5:00 p.m.**

**Cedar Rapids: Wednesday, Sept. 19, 3:30-5:00 p.m.**

**Sheldon: Monday, Sept. 24, 3:30-5:00 p.m.**

**Sioux City: Tuesday, Sept. 25, 3:30-5:00 p.m.**

**Ottumwa: Thursday, Sept. 27, 3:30-5:00 p.m.**

To keep updated on progress, go to [www.idph.state.ia.us/directcare](http://www.idph.state.ia.us/directcare) and click the button to be added to our E-Update.

**Next Meeting: September 20<sup>th</sup> from 9:00 – 12:00 at the Urbandale Public Library**

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

In follow-up to its April 23 meeting, Charles Bruner, Executive Director of the Child & Family Policy Center, spoke at the July 11 meeting regarding the topic of Community Utility. His presentation is available [here](#). The Medical Home System Advisory Council defined Community Utility: A community utility is a service offered in a community and is linked to patients through a PCMH. The community utility addresses the needs of a patient beyond the medical encounter. A PCMH is a medical office or clinic where a team of health professionals work together to provide a new, expanded type of care to patients. Having a PCMH feels like having an old style family doctor, but with a team of professionals, using modern knowledge and technology, to provide the best possible care. The team coordinates care with specialists and links patients to community utility resources. An issue brief on Community Utility is available [here](#).

Council members have been working on the goal this council established in [Healthy Iowans: Iowa's Health Improvement Plan 2012-2016](#), published in May. The council will recommend three policy directions for expanding retention and recruitment of the health workforce. One of the concerns addressed by the council is related to the time it takes to hire direct care professionals. Lori Lipscomb attended the July 11 meeting to provide information about the Department of Human Services (DHS) process for completing a Record Check Evaluation. Her presentation is available [here](#). The presentation includes the list of employers and workers who are covered by this requirement for DHS to conduct a review if a person has a criminal record.

Council members have also been working to develop fact sheets on Iowa's health sector workforce and on health delivery infrastructure. The council has conducted conference calls between meetings and is working to determine the most critical facts, next steps, and desired outcomes to include.

**Next Meeting: September 11<sup>th</sup> 10am – 3pm at the Urbandale Public Library**

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

The Iowa Physician Orders for Scope of Treatment (IPOST) legislative report can be accessed here: [Patient Autonomy Pilot Report 2012](#). The IPOST pilot project began in Cedar Rapids in late 2008 as a result of legislative language included in HF 2539. In 2010, the project was extended with a rural pilot authorized in Jones County. The finalized report is of the Cedar Rapids project and Jones County pilot and of the deliberations of the State Advisory Council. This report supplements the [2010 Legislative Report](#), provides a project update and documents the IPOST State Advisory Council's recommendations for the 2012 Legislative Assembly. The Council has made several recommendations- the most comprehensive of which is to expand the successful pilots authorizing community IPOST projects anywhere in Iowa.

The Iowa Healthcare Collaborative will take lead for the implementation and expansion of IPOST into communities beyond the pilots. The Statewide Advisory Council is being expanded to provide guidance and support for the community development of local IPOST projects. Both IHC and IDPH will maintain web sites for community education and resources and will link together to expand the support services for the community developers. The IDPH website is under construction and will provide the template and guidance for use of the IPOST form and will link to the community development toolkit posted on the IHC site.

# Community Transformation Grant

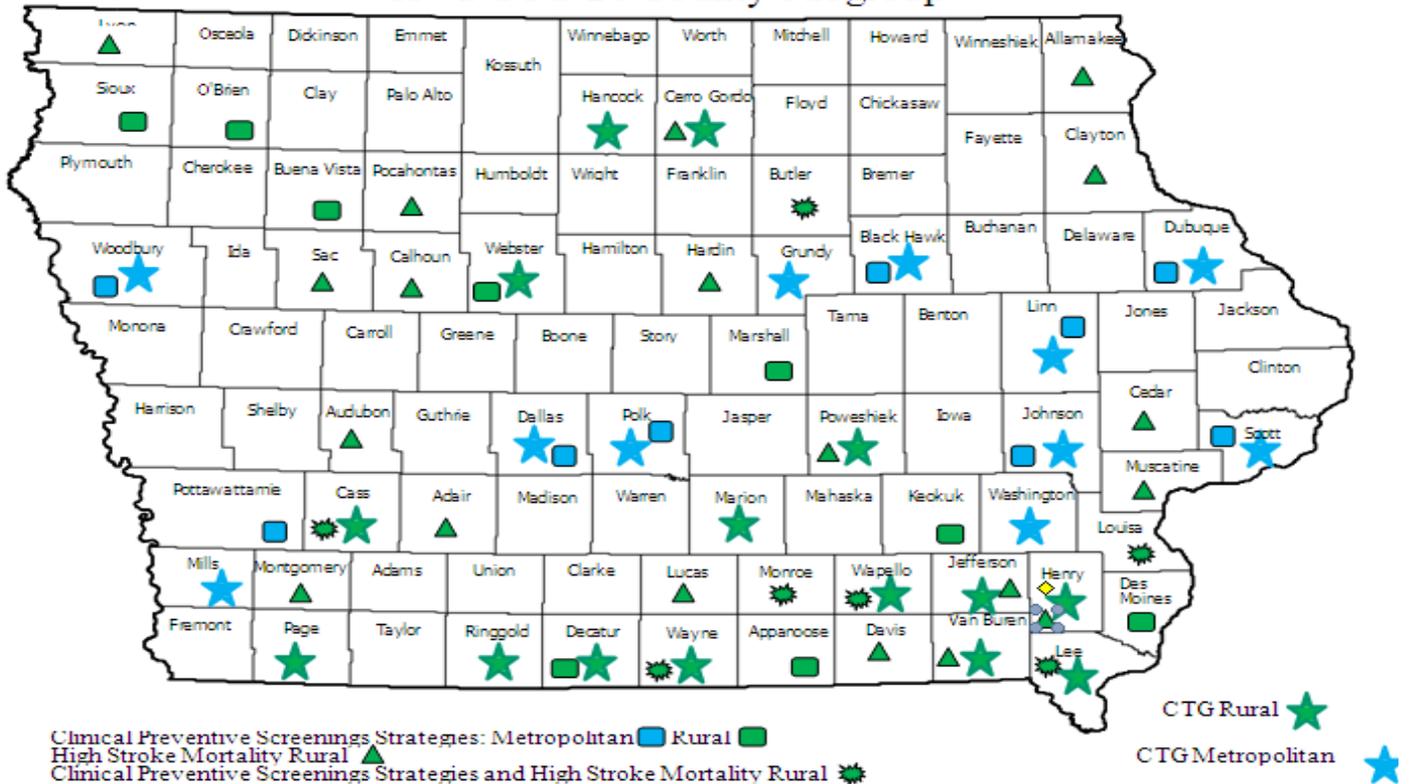
The IDPH CTG team met with the Advisory Committee in May. The CTG team is continuing to develop infrastructure to promote initiatives for improving the health and wellness of Iowans. The team is working on developing a website and informational materials. Training Webinars have been presented to the 26 county partners. The partners have already begun putting initiatives in to practice and many “success stories” are occurring. Two such success stories come from Cerro Gordo County and Scott County Public Health Departments.

Cerro Gordo’s success story began with the recognition that 46 percent of their restaurants were classified as fast food. In February of 2012 the health department began a project to analyze the nutritional value of menu items at county restaurants utilizing NEMS-R criteria. Their goal is to assess more than 350 county eating establishments. Once these assessments are completed, restaurant managers will be approached with best practices to adopt for improving their Nutrition Score. In future years, the health department hopes to develop a smart phone application which would allow local residents to quickly locate nearby restaurants which offer healthy, nutritious menu options.

Scott County Health Department worked with Homz Management Corporation to help with the adoption of smoke-free multi-unit housing initiatives, which the management corporation plans to put in place for an eight building multi-unit complex by July 1, 2012. Thanks to this collaborative effort, people in this complex will be protected from the dangers of second hand smoke. The Scott County Health Department plans to continue to work with other multi-unit housing facilities in Scott County to provide similar assistance in creating smoke-free dwellings. Look for more success stories from the CTG in future months.

The Community Transformation Grants (CTG) in Iowa are continuing to evolve. Below is the Iowa CTG map. An overview of the projects will be featured in the next edition of the Check-Up.

Iowa CTG 26 County Subgroup



## Health Benefit Exchange

IDPH has been awarded IDPH has been awarded \$7,753,662 for Level 1 of the Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges. The grant narrative can be found here: [Iowa HBE Level 1 Narrative](#). IDPH is the lead applicant for this grant and is collaborating closely with IID and DHS as part of an Interagency Planning Workgroup. Iowa's Level 1 Establishment Grant narrative includes the following activities:

### IDPH Program Activities:

- Develop a plan for a comprehensive public education and outreach campaign to educate Iowans on the HBE.
- Partner with the Safety Net Network to develop a toolkit and hold regional meetings targeted at safety net providers and patients to educate participants on the implementation process and how to make use of the HBE once it is live.
- Conduct a consumer and business research survey to allow Iowa to predict the feasibility of the HBE and will help design and structure the education and outreach programs.
- Assist with and be a key resources for the Commonwealth Fund grant project (through the Safety Net Network and the University of Iowa) to determine how Iowa's health care safety net will be impacted by health care reform.

### Contract with Insurance Division and Department of Human Services to:

#### o Iowa Department of Human Services

- By October 2013, it is anticipated that Iowa will have developed a new, integrated eligibility system that will have the functionality to determine eligibility for exchange tax credits as well as for Medicaid, CHIP and other state programs. DHS will continue to plan and develop an integrated, automated eligibility system that meets the requirements of all programs, and plan for workforce training to reflect operations upon HBE implementation.
- Conduct a series of HBE research reports to provide information needed to make key decisions regarding the HBE. The reports are on the following topics: Essential Health Benefits, Benchmark Benefits, Basic Health Benefits, Navigators, Simulation Modeling, Program Integrity, SHOP, Non-MAGI Group, and IT Gap Analysis.

#### o Iowa Insurance Division

- Conduct insurance market research and analysis to inform policy decisions on the design of an Iowa HBE.
- Conduct a financial assessment and budget analysis to determine the financial resources required to establish a HBE.
- Accountable for oversight and program integrity and will address specific audit, financial integrity, oversight and prevention of fraud, waste and abuse,
- Provide assistance to individuals and small businesses, coverage appeals, and complaints by completing an inventory of current systems and programs in place that provide assistance. This will ensure accurate planning for leveraging capabilities as well as building appropriate capacities for consumer assistance resources for a HBE.
- Develop a detailed HBE business process, and associated business requirements for the Exchange IT system.

**Regional Meetings & Focus Groups-** During the planning grant phase, Iowa held a series of regional meetings and focus groups to ensure stakeholder involvement throughout the planning of the HBE. 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. The information gathered from the meetings was compiled into a [Final HBE Regional Meeting and Focus Group Summary](#). Video presentations and educational whitepapers from the meetings can be found [here](#).

**Exchange Blueprint-** A State choosing to establish its own Exchange or participate in the Partnership Model must complete and submit an [Exchange Blueprint](#) that documents how its Exchange meets all of the legal and operational standards. The Blueprint is due on November 16<sup>th</sup>, 2012.

**Iowa HBE 101 Webinar-** An Iowa HBE 101 Webinar was held on May 30<sup>th</sup>. To access a recording of the webinar and slides from the presentation, please use the link below, which also contains other HBE-related resources.

[http://www.idph.state.ia.us/hcr\\_committees/health\\_benefit\\_exchange.asp](http://www.idph.state.ia.us/hcr_committees/health_benefit_exchange.asp)

## Background of Health Benefit Exchanges

Beginning in 2014, tens of millions of Americans will have access to health coverage through newly established HBEs in each State. Individuals and small businesses can use HBEs to purchase affordable health insurance from a choice of products offered by qualified health plans. HBEs 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 HBEs may qualify for premium tax credits and reduced cost-sharing if their household income is between 133% and 400% of the FPL. HBEs will coordinate eligibility and enrollment with State Medicaid and CHIP ensure all Americans have affordable health coverage. Affordable Care Act requires states to have a HBE certified or conditionally certified on January 1, 2013, or the federal government will operate a HBE for the state.