Rural Health & Primary Care Advisory Committee Ola Babcock Miller Building January 28, 2014 9:30 a.m. – 2:00 p.m.

Attendance:

Members
Jim Atty
Shari Burgus
Gerd Claubaugh
Angela Halfwassen
Mark Costello
Sheila Frink
Deborah Hinnah
Dennis Mallory
Patrick Pucelik
Jon-Michael Rosmann
Mary Spracklin
Margaret Thomson

Non Committee MembersExcusedGloria VermieBruce BearingerKatie JerkinsKevin KincaidGayle OlsonShelby KroonaDr. Bob RussellGregory RandolphAngie Doyle ScarMark SegebartAbby LessMary Jo Wilhelm

Meeting was called to order by Committee Chair: Dennis Mallory and previous minutes were approved by Jim Atty and seconded by Jon Rossman after committee members introduced themselves.

IDPH Division Updates

Interim director Gerd Clabaugh was present via conference call and highlighted some important updates from the department of public health division. He informed committee members of the governor's announcement of an increase of \$215,000 for a new, joint Emergency Medical Services (EMS) and trauma software system. He also revealed that there is another increase of \$1.0 million from the General Fund to continue to support and expand medical residency training programs in lowa. He encouraged questions from committee members to reach out through emails if needing further information.

Katie Jerkins asked the director a frequently encountered question regarding how the role of the committee, which is to advise the department, will be carried out. Mr. Clabaugh responded that the committee would need to know what they would like the newly appointed director to know as per the rural health care in lowa, what type of information will be needed to brief the director on key background, demographics, ground work for key policy questions to strengthen rural healthcare. On the question of what time frame the new director was expected in, Gerd responded that it was uncertain considering that it's an election year and the governor was also using some recruitment process which he is not aware of at the moment. An announcement is anticipated anytime soon on this, he added.

Dr. Bob Russell was yet unavailable so the Committee members who were not present at the beginning of the meeting were given opportunity to introduce themselves.

State office of Rural Health Briefing

The 2014 Congressional appropriation bill passed, Gloria Vermie briefed the committee on some of the national and federal issues and topics. HRSA office did much better than previously anticipated. The 3 grants that come to IDPH (SORH, SHIP & FLEX) funded projects, initiatives, healthcare providers, Clinics, EMS, trainings for hospitals, healthcare providers etc should be available. She indicated that tele-health and rural communities' defibrillator (AED) programs will hopefully be available to rural lowa. There were other issues addressed in the federal appropriation bill. It is expected that the CMS will provide a list of critical access hospitals that will be re-designated under the admin proposal to renew critical access hospital status from facilities located less than 10 miles from other hospitals. According to the appropriations bill, CMS is encouraged to work with the Federal Office of Rural Health Policy to ensure that rural patients maintain access to necessary healthcare services. Dennis Malloy asked in the event that the hospital was de-designated, will they receive funding from Medicare and medicaid? Gloria responded that they will still receive Medicare and medicaid reimbursement but not the additional federal funding for CAH designation. Dennis Mallory remarked her target; the entire process makes her job very challenging, and she responded that some of her job include providing accurate information and this makes it more challenging as well. A question was asked what she thinks was responsible for the good outcome for rural in the appropriation bill. According to her, data was one of the valuable reasons.

PCO Cooperative agreement application for funding the Primary Care Office activities was submitted in December to the Health Resources and Services Administration. A new name was assigned to the project by the cooperative agreement as Primary Care Services Resources Coordination and Development. This will assure assessment of needs throughout the state, coordinate shortage designation activities, coordinate National Health Service Corps (NHSC) program and provider recruitment and retention, collaborate on health center development, and collaborate with HRSA and other partners to support access to primary care services. On shortage area designation, the HRSA Division of Policy and Shortage Designation required HPSA applications to be submitted by end of September to allow time for their two level review and decision prior to the end of the calendar year. An increase in activity is anticipated this quarter in the beginning to look at the communities due for review and gathering information directly from clinics to verify clinician hours. For the National Health Service Corps, the loan repayment program application cycle for 2014 is expected to open in January. The maximum awards have been posted on NHSC's website. This is \$50,000, a \$10,000 reduction from the previous years. Iowa saw 66 applications but 3 were ineligible. 45 out of the 63 were awarded (42 full-time and 3 part-time) for a total amount of \$1,615,277.24. Activity for development of Federally Qualified Health Centers has not been much during this quarter. He highlighted their role as to continue to assist with designation of an underserved area if the area hasn't already been designed. She concluded that for the Conrad 30 J1 Visa Waiver program, as of January 6, Iowa has used 25 of the potential 30 slots for the entire year. This is consistent with the timeframe that the slots are typically used.

Bureau of Oral and Health Delivery System Update

Dr. Bob Russell

Dr Russell mentioned several programs within the bureau of oral and health delivery systems that are receiving legislative attention including, normal payment program and propositions- fed match program. Medical residency program is another that recently received substantial amount of funding. There are 6 residency programs in lowa and the department was looking into how they will be funded. Such directives will come from the governor's office. For Primecarre program, loan repayment and placement of providers are receiving more attention considering the ACA. He indicated that the governor was also reviewing programs that would assimilate veterans into healthcare programs.

Health professional designation affects everyone and has more to it as there are federal criteria making some communities rated more than others. He reminded the committee members that their role to the department will be to fill in some areas to understand the issues as they begin to make some changes. The J1 visa waiver program is for health professionals who are recruited to serve underserved areas for a period of three years. He further highlighted some of the activities and successes of the I-Smile program as linking children to dental providers. 1100 practicing dentists are enrolled in Medicaid but not all see Medicaid patients thereby maximizing the dental workforce for dentists seeing these Medicaid patients. In Iowa, the IA health and medical program is coming up in May and the goal is to create a medical incentive plans that dentists will like and be willing to see patients. There will be some conditions as to the outcome measures. This is a Medicaid improvement program to serve ages 19 – 64.

Committee members shared updates on their various programs and activities after lunch.

I-CASH UPDATE

The faculty position on Agric. and Safety handout was provided to committee members. Gayle updated members that her contract as an assistant to the director has been extended to the end of June. This period would enable her to obtain a better understanding of many ongoing activities such as, the I-CASH organizational activities and many more. It also now requires a Ph.D or various other work experiences and not just the academic background as the position is now expected to do more that has to do with I-CASH. She encouraged committee members to make referrals. She also highlighted programs that I-CASH was directly involved in such as the Youth grant Program that provides up to 9 youth organizations up to \$500 each and who are engaged in projects that reduce risk of injuries. The one page application could be found on their website and the deadline is March 3 while the evaluations are due sometimes in September. A question was asked if the applications are due March 3rd when they will be made aware that they received the money. Sherry responded that they will let them know by March 31st a quick turnaround so they can do a program in spring. Gayle further informed committee members of upcoming summer courses coming up. Iowa has two opportunities, one in Iowa City from June 9-13 and the other in Omaha from July 5-11. The sessions will cover all kinds of Ag specific information sessions including illnesses as well as ergonomics. More information could be found on their website.

ACA and the impacts on Public health

The office of healthcare transformation council works with different programs at the Iowa department of public health. Recently their name changed from being just an Advisory Council to Patient-Centered Health Advisory Council about 6 years ago, which reflects their new role include policy development, community engagement and prevention initiatives. Their mission is to promote community care coordination and advance patient-centered transformation of the health care system by recommending strategies to IDPH, the legislature, and other stakeholders. Community utility as one of its activities provides enhanced resources to those who lack access to services, some of which go beyond medical care and focus on the social determinants of health such as childcare, transportation, food/clothing as well as domestic violence. Some of the community utility legislative activities include, SF446 – Funding for community care coordination development. Over one million dollar to provide an integrated approach to healthcare delivery through care coordination that supports primary care providers and links patients with community resources necessary to empower patients in addressing biomedical and social determinants of health to improve health outcomes. Its initiatives for local public health/mch agencies are the community utility/care coordination, ACO's, State Innovation Model, ACA changes and new information, Health home program, health insurance marketplace and Iowa health and wellness plan.

Committee members provided updates and meeting was moved for adjournment by Patrick Pucelik and seconded by Angie Halfwassen.