Minutes
Health and Long-term Care Access Advisory Council
November 07, 2011
10:00 a.m. – 2:30 p.m.
Urbandale Public Library

Members Present	Members Absent	Others Present
Brian Farrell	Carol Alexander	Michelle Holst, Iowa Department of Public Health
Ryan Hopkins	Cindy Baddeloo	Kevin Wooddell, Iowa Department of Public Health
Susan Lutz	Roy Bardole	Doreen Chamberlin, Iowa Department of Public Health
Laura Malone	Shelly Chandler	Meghan O'Brien Iowa Department of Public Health
Leah J. McWilliams	Libby Coyte	Gloria Vermie, Iowa Department of Public Health
Catherine Simmons	Michele Devlin	Julie McMahon, Iowa Department of Public Health
Wendy Gray	Steve Johnson	John Hale, Iowa Care Givers Association
	Brian Kaskie	Sandy Nelson, Iowa Medical Society
	Daniel Otto	Michele Greiner, Iowa Psychological Association
	Kyle Carlson	Sarah Dixon Gale, Iowa Primary Care Association (rep. for Libby Coyte)

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

Topic	Discussion
Introductions and Welcome	Michelle Holst welcomed the attendees to the meeting. Members and guests introduced themselves. Michelle provided an overview of today's agenda.
Iowa Department of Public Health Updates and Looking Ahead Julie McMahon, Iowa Department of Public Health	Julie McMahon, Division Director, Health Promotion and Chronic Disease Prevention, Iowa Department of Public Health updated the council on IDPH activities. The department's budgets and objectives need to be aligned with the Governor's objectives. The Governor's objectives are increase family income by 25 percent, return Iowa to number one in education, decrease government by 15 percent, and create 200,000 new jobs. An item that could be viewed as a possible fifth objective is the Healthiest Sate in the Nation initiative. Budget The department started receiving budget questions for state fiscal year 2013 earlier than normal. The 2013 budget is currently 50 percent of the 2012 budget and the department will have to justify any funding over the 50 percent. The department is also required to submit a cost per participant estimate for the department's programs for 2010, 2011, 2012, and 2013. The federal budget is currently running on a continuing resolution because a budget for 2012 has not passed. There is talk that there will be reductions in the federal budget. This will impact the department because ~61 percent of the department's budget is federal dollars. Public health modernization continues to be a priority of the department and one part of the Iowa Public Health Standards is workforce.

	The department was awarded a Community Transformation Grant. The grant is a five year project with requirements that 50 percent of funding to local partners and 43 percent of the total award be rural partners. This program is to prevent heart attack, stroke, cancer and other leading causes of death or disability through evidence and practice-based policy, environmental, programmatic, and infrastructure changes.
Community Health Needs Assessment – "Understanding Community Health Needs in Iowa" Meghan O'Brien, Iowa Department of Public Health	Meghan O'Brien, Iowa Department of Public Health presented an overview the 2010-2011 Community Health Needs Assessment and Health Improvement Planning *Understanding Community Health Needs in Iowa* in Iowa. CHNA & HIP is a fundamental piece of statewide health planning and the needs identified in CHNA & HIP will be incorporated into *Healthy Iowans*, the statewide needs assessment and planning process. The classifications used in CHNA & HIP were IDPH focus areas, broad category/Healthy People 2020 topic areas, and detailed needs. The detailed need allowed for a broad picture of health needs across Iowa. CHNA & HIP revealed that a number of needs were identified in assessments that were not addressed in health improvement plans. Reasons why needs were not addressed include a lack of financial resources, a lack of human resources, competing projects and priorities, and other ongoing organizational plans. Some of the most frequent broad category areas identified in CHNA & HIP include access to health services; maternal, infant, and child health; environmental health; nutrition and weight status; mental health and mental disorders; and chronic disease. A lack of health services was identified as an issue by 93 counties and a lack of transportation was identified by 41 counties. What does this mean to the Health and Long-term Care Access Advisory Committee? Access to health services issues were identified across the entire state. Rural communities to urban areas identified access to health services needs throughout the entire needs assessment. *Understanding Community Health Needs in Iowa* and additional information on CHNA & HIP can be found on the department's website at http://www.idph.state.ia.us/chnahip/default.asp.
Iowa Rural and Agricultural Health and Safety Resource Plan – What's Happened Since the Report Gloria Vermie, Iowa Department of Public Health	Gloria Vermie, Iowa Department of Public Health provided the council with an update on the Iowa Rural and Agricultural Health and Safety Resource Plan and what has happened since the report was released. The final report was released in July 2011. The report is 121 pages and is available on the State Office of Rural Health's website at http://www.idph.state.ia.us/hpcdp/rural_health.asp. There is also an Executive Summary version available. The report has been distributed at conferences and meetings; promoted in newsletters; promoted on other websites; distributed to congressional offices; presented to three boards and advisory committees; and at national meetings. Because of the inclusion of ATV information in the report, Dr. Chuck Jennissen, Director of Pediatric Emergency Medicine, Department of Emergency Medicine at The University

	of Iowa, presented to the Iowa Rural Health and Primary Care Advisory Committee. This information and Dr. Jennissen's presentation lead to the submission of ATV data surveillance objective to Healthy Iowans by the committee.
What's the Connection Next Steps Evaluation of Meeting and Planning for Next Michelle Holst, IDPH	Michelle Holst facilitated discussion on the information presented to the council in the morning sessions. What's the connection with the HLTCA Advisory Council? Flip charts: Complexity of the issue Collaboration by different partners including consumers/rural citizens Reimbursement for what's expected (over/above what the providers already do) Increase telemedicine Increase care coordination and/or case management Social/Economic factors Federal legislation External forces The council identified the following gaps/issues on flip charts during their discussion. Transportation Fragmented Infrastructure Separate planning System silos Diversity of population Gap between care coordination and services Retiring workforce Turnover (public health) Aging population Technology Technology capacity Technology interoperability Hardware Economies of scale Rural and urban integration Financial and Human resources Hardware, software, and annual maintenance Workforce Distribution of workforce (rural/urban) and effect of case loads Services for the elderly Scope of practice Smaller range of services for the elderly in rural areas Barriers – regulatory and cultural – to expanding the array of services for the elderly Regulatory barriers (doing more with less) More hands-on care and less "compliance" Increase efficiency via technology Expansion of services (e.g. telemedicine) Reimbursement Regulations that are unnecessary

	Special needs populations (children with disabilities) Rural Looking forward 10-15 years -- planning Consumer awareness of what's coming Information deficit to make informed decisions (system) Public health professionals Rural & Urban underserved More efficient delivery systems Case management/care coordination – caseloads to high The council discussed council membership and structure. Discussed strategies to enable increased member involvement. It was suggested that the council be divided into its different components. The topic of "access" should be narrowed into more manageable pieces. The council proposed the sub-components of the council and to refocus the council structure. The proposed division is to divide the council into effectiveness/delivery infrastructure and workforce. An outline of the division/components discussed by the council is as follows. Infrastructure Effectiveness Efficiency Quality Care coordination Case management Delivery systems Reimbursement for what's expected, product and service Workforce Identify issues that are customarily not raised Scope of practice for health professionals Recruitment and retention of health professionals Expansion of workforce (new types of professions) Age cohort population change projected by 2030 for Iowa 85+ 61% increase 65-84 52% increase 45-64 9% increase All other cohorts are projected to have a decrease in population

Next meeting: To Be Announced