

Strategic Plan
Recommended to the Iowa Department of Public Health
By the
Health and Long-Term Care Access Advisory Council
January 2010

Working document showing discussion through 6/25/09 meeting conclusion

Mission:

The Council will

- assist the Iowa Department of Public Health to develop, update and monitor a strategic plan for implementation of health care delivery infrastructure and health care workforce resources; and
- inform and advise the department and policymakers regarding issues relevant to health care access for Iowans.

Vision:

Assure a diverse, sustainable, and well-qualified workforce that provides access to quality health care for all Iowans.

Focus:

Year 1: Workforce

Year 2: To be determined –

- workforce ongoing
- health care infrastructure

Year 3: To be determined --

- workforce ongoing
- health care infrastructure ongoing

Future ongoing: To be determined

Guiding Principles:

1. Promoting and maintaining the health of all Iowans.
2. Providing accessible health care services through the maintenance of an adequate supply of health facilities and an adequate workforce.
3. Controlling excessive increases in costs.
4. Applying specific quality criteria and population health indicators.
5. Recognizing prevention and wellness as priorities in health care programs.
6. Addressing periodic priority issues including disaster planning, public health threats, and public safety dilemmas.

7. Coordinating health care delivery and resource development efforts among state agencies including those tasked with facility, services, and professional provider licensure; state and federal reimbursement; health service utilization data systems; and others.
8. Recognizing long-term care as an integral component of the health care delivery infrastructure and as an essential service provided by the health care workforce.
9. Assessing the availability of health resources in rural and urban areas of the state, assessing the unmet needs of these communities, and evaluating how federal and state reimbursement policies can be modified, if necessary, to more efficiently and effectively meet the health care needs of rural and urban communities.
10. Addressing underserved populations and resources, recognizing that cultural competency and health literacy are key components to access and quality.
11. Assuring affordable health care.
12. Assuring optimal coordination between primary and specialty care.

Public comment: Residency reimbursement from Medicare and Medicaid – have lost about \$11 million for Iowa. Affects both primary care and specialty care. Consider other funding alternatives. Fee-based?

Insert under every goal;

Where does this go? Objective: -- Facilitate the ability for Iowan's to benefit from successful efforts in other Iowa communities. Enable communities and stakeholders to take advantage of best practices and resources that will build capacity to assure access and avoid unnecessary duplication.

Action Step: Identify existing programs
Promote best practices through Web site or other venues
Avoid reinventing the wheel

Overriding goals at some point in the plan.

Data collection ... collect the right data.

Data on impact to care of nurses, value added.

Organizations that may have immediate impact:

Task – identify all existing entities, efforts, programs

Range of professions that will affect access:

Task – develop a list of professions

Task – identify/list/explore interdisciplinary models of care as a solution to health access

Technology

Re-look at allocation of HCBS Waiver services and waiting lists – access – if fully funded, would become a workforce issue -

Paid insurance deductibles and co-pays

Back-door to Medicaid

Use one hour of homemaker every 3 months to keep access to Medicaid

Keeps people who really need the services on the waiting list while others fill existing slots

Ill and Handicapped clients are really highly intense medical services

Level/quality of service – not just numbers of providers ... Iowans should have a well-qualified workforce to provide quality care and innovative models of delivery

Goal 1. Assure access for all Iowans living in *rural areas*.

Discussion around development of objectives and action steps around rural access:

Physician – specialty choice – now, not enough primary care. But, if health care reform changes so that primary care is better-reimbursed, will this change?

Council is interested in U of I study on why physicians leave. Much has to do with what is going on in that practice. Retention is more cost efficient than recruitment.

About 1/3 of U of I's residency programs in family medicine are occupied by international medical graduates. IMGs don't stay. Training mostly sponsored by host hospitals, reimbursed via Medicare, not a loss of state dollars.

Don't lose sight of fact that Iowa has done a good job of addressing fears over last 20 years that we would not have enough primary care providers, but as time goes on and things change, we want to make sure we continue to plan for the changes.

Need to watch specialty care access (physician) while we keep an eye on primary care.

Rural track programs. If we can attach loan repayment or other incentive programs to the rural track programs, it could be even stronger incentive. Mention of Title 7 requirements to show impact on rural.

Students don't know where to go to find all of the resources related to loan repayment and incentives.

Do students understand what it means to be in a rural community? How can we make sure they understand what that is?

Only 30% of Iowa-educated medical students do their residency in Iowa. If you do your training here, you're more likely to stay here.

IMGs make up 17% of the physician population, but of relocators, they make up about 1/3. Go to the next-size-up city.

Objective 1.1. _____recruitment and retention incentive programs_____

Action Steps	Responsible party	Target date	Performance Target	Progress
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Column to be added in

				future reporting versions
Access to the programs				
Information available about the programs				
Additional educational venues for health professions students and health professionals to mentor students				
Assistance to local practices about how to structure local loan repayment programs				
Programs to help practices retain physicians				
Addressing transportation issues for health professionals				

Objective 1.2. _____mental health within reasonable commute_____

Physicians in rural areas sending patients to larger areas (Iowa City, Mayo) because there is no provider within the local area.

60% of kids at Iowa Lutheran receiving mental health services are from rural areas (outside Des Moines metro). (Rich Daumueller, finding from their work.) Magellan working on video-seeing patients so physicians don't have to travel to see them. U of I program in Iowa City has worked on this as well. Telemedicine. Study by Center for Health Workforce Planning revealed problems getting practitioners on both sides of the tele-connection reimbursed. University of Iowa also working with Keokuk for psychological services. Also University of Kansas City with Leon hospital.

Public comment – psychology – innovative models of care – how can psychologists practice differently – part of a physician’s office, not necessarily all 50-minute visits, perhaps a 15-minute visit. Not all innovative models of care need to be distance related. Psychologist licensure is a lengthy process requiring one year of supervised clinical work prior to private practice, not reimbursed. Post-doc students are being placed in community mental health centers who can bill as an agency to complete this training in Iowa. Recently had 8 strong candidates for one position.

Action Steps	Responsible party	Target date	Performance Target	Progress
				Column to be added in future reporting versions
Medicare and Medicaid reimburse telemedicine, but other providers don't				
Alternative models of care				

Objective 1.3 __supply pipeline_____(replicate this objective under other goal areas – or as overall)

Action Steps	Responsible party	Target date	Performance Target	Progress
				Column to be added in future reporting versions
K-12 emphasis in math and sciences				
Critical thinking skills taught in secondary institutions				
Mentoring programs for behavioral health/children in school				
Helping existing health				

professionals to grow into other health professionals (like career teaching program at Drake)				
Educational programs/opportunities that target non-traditional students				
Retool educational programs to allow non-traditional students to be successful				
Technology for health professions education				
Advocate increased compensation/rewards for nurse educators				
How can we modify requirements to RN that can easily enter nurse educator track?				

Objective 1.4 _____ substance abuse treatment within reasonable commute _____

Action Steps	Responsible party	Target date	Performance Target	Progress
				Column to be added in future reporting versions

Objective 1.5 ___Enhancing innovative and distance based models of care (telehealth)

~~telemedicine, telemonitoring, use of providers in different ways, patient centered medical home, telepharmacy/e pharmacy (medication is local, but professional is far away), telehealth~~ _____

Are we using health professionals efficiently? If not, perhaps the focus is on technology solutions. If we are already maximizing use of existing professionals, then perhaps focus on supply.

Are we underutilizing professionals (pharmacists? Dental hygienists) who could relieve other professions experiencing shortage?

- Prevention and disease management by pharmacists
- Medication management for chronic disease patients
- Primary care professional can then see more patients
- Is reimbursement structure aligned to support this?
- Annual review of medications for patients with 2 or more chronic conditions or 5 or more medications can reduce annual cost of care from somewhere between \$800 and \$2,500.
- Access – pharmacist – no up-front cost to talk to them, and they are glad to talk to the patient.

Action Steps	Responsible party	Target date	Performance Target	Progress Column to be added in future reporting versions
Reducing the number of steps people have to go through to gain access				
Training professionals to use them				
Reciprocity with other states – licensure				
Remove barriers to innovative models of care – identify possible				

models that would work in Iowa and ... ?				
Define what services will be provided via technology				
Health literacy				
Cultural competence				

Goal 2. Assure access for all Iowans living in *urban underserved areas*.

Objective 2.1. _____

Action Steps	Responsible party	Target date	Performance Target	Progress
				Column to be added in future reporting versions
Multiple languages				

Objective 2.2. _____

Action Steps	Responsible party	Target date	Performance Target	Progress
				Column to be added in future reporting versions

Goal 3. Assure access for *people with disabilities*.

Public comment at 4.23.09 meeting indicated that personal experience when taking child with disabilities to Iowa City for care was that providers both in her local area and at Iowa City were clearly stressed by the numbers of patients they need to see within the time allowed.

Objective 3.1 _____dental for those with behavioral challenges_____

Action Step	Responsible party	Target date	Performance Target	Progress
				Column to be added in future reporting versions

Objective 3.2 ___expanding knowledge-base among providers___

Action Step	Responsible party	Target date	Performance Target	Progress
				Column to be added in future reporting versions

Goal 4. Assure access for *the elderly*.

Objective 4.1 _____nurses willing to work second and third shifts and weekends_____

Action Step	Responsible party	Target date	Performance Target	Progress
				Column to be added in

				future reporting versions

Objective 4.2 ___education about hospice as less expensive end-of-life alternative ___

Action Step	Responsible party	Target date	Performance Target	Progress
				Column to be added in future reporting versions

Objective 4.3 ___expand the knowledge base among providers___

Action Step	Responsible party	Target date	Performance Target	Progress
				Column to be added in future reporting versions

Objective 4.4 Expand use of technology to keep people in their homes.

Objective 4.5 Annual comprehensive medication review for elderly and people with multiple chronic conditions.

Goal 5. Assure access for *ethnic and racial minorities*.

Objective 5.1 ___increasing minorities in the health workforce___ health]

[indicator – reduced disparity in determinants of population

Action Step	Responsible party	Target date	Performance Target	Progress
Work with school systems and local medical institutions to reach kids and let them know the wide variety of possibilities in health care AND their value to the health care system by virtue of ethnic and cultural skills and awareness				Column to be added in future reporting versions
Career ladders/pathways within health care settings and educational settings (strategies for retention)				
Population “pockets” Not even distribution across the state				

Objective 5.2 ___increasing cultural competence among the health workforce_

Action Step	Responsible party	Target date	Performance Target	Progress
Language <ul style="list-style-type: none"> • School district data • English language learners • Child translators especially 				Column to be added in future reporting versions

inappropriate for some health concerns, such as reproductive health; serious health problems; (really, never)				

Objective 5.3 ___health literacy_

Action Step	Responsible party	Target date	Performance Target	Progress
				Column to be added in future reporting versions

Goal 6. Assure access for *the uninsured and underinsured.*

Objective 6.1 ___dental providers to see patients with Medicaid_____

Action Step	Responsible party	Target date	Performance Target	Progress
				Column to be added in future reporting versions

Objective 6.2 _____

Action Step	Responsible party	Target date	Performance Target	Progress
				Column to be added in future reporting versions

working document - conclusion of 6/25/09 meeting