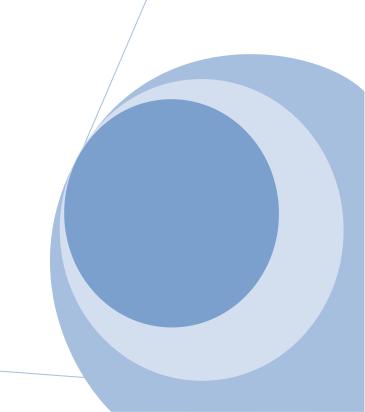


Medical Home System Advisory Council Progress Report #2

Iowa Department of Public Health



May 2010

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Introduction

During the 2007 legislative session, HF 841 established a commission on health care coverage affordability that met to establish plans to provide health care coverage to all Iowa children and analyze needs for broader statewide health reform. The commission developed recommendations, which included a plan that would assure a patient-centered medical home (PCMH) for all Iowans.

In 2008, the Iowa General Assembly enacted HF 2539, the Health Care Reform Act ⁱⁱ, which created the Medical Home System Advisory (MHSAC) to develop recommendations on implementing a PCMH model. The Health Care Reform Act provides a blueprint for the future of a PCMH system in Iowa. The blueprint focuses on the joint principles of a patient-centered medical home (as agreed to by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, and American Osteopathic Association), defines PCMH, and outlines needs for a statewide structure. In addition, the Health Care Reform Act outlines implementation phases that start with children enrolled in Medicaid.

What is a Patient-Centered Medical Home?

Iowa's Medical Home Definition (HF 2539 and adopted by the Medical Home System Advisory Council): "medical home" means a team approach to providing health care that:

- originates in a primary care setting;
- fosters a partnership among the patient, the personal provider, other health care professionals, and the patient's family when appropriate;
- utilizes the partnership to access all medical and non-medical health-related services needed by the patient and family to achieve maximum health potential; and
- maintains a centralized, comprehensive record of all health-related services to promote continuity of care; and
- includes the following characteristics: a personal provider; a provider-directed medical practice; whole person orientation; coordination and integration of care; quality and safety; enhanced access to health care; and payment.

The PCMH system will strive to:

- reduce disparities in health care access, service delivery, and health status;
- improve quality of health care and lower health care costs, thereby creating savings to allow more Iowans to have health care coverage within a sustainable health care system; and
- provide a pragmatic method to document that each Iowan has access to health care.

MHSAC Structure

The MHSAC has face-to-face meetings quarterly throughout the year. Four workgroups have been created to plan and eventually implement a comprehensive Iowa-based PCMH system. A MHSAC Leadership Team (consisting of the IDPH coordinator, the MHSAC chair, and the chairs of the four workgroups) has been formed to effectively communicate on a bi-weekly basis information and progress of moving the medical home system in Iowa.



MHSAC Workgroups

Certification Workgroup

This workgroup has reviewed a crosswalk of the definitions for the PCMH available through the National Committee for Quality Assurance (NCQA), the Joint Principles and HF 2539. Based on this crosswalk, they reached consensus that Iowa will use the definition established in HF 2539.

- Four key core components of a medical home were established. They are:
 - Team approach (care coordination and comprehensiveness)
 - 2. Patient-centered and include family involvement/engagement
 - 3. Include a disease registry function
 - 4. Quality improvement measures and accountability

The certification workgroup is having in-depth discussions on how medical homes should be certified in Iowa. Currently, the only national medical home accreditation is NCQA. NCQA uses nine standards, including 10 must pass elements, which can result in one of three levels of recognition.

IowaCare Expansion- SF 2356 has been signed by the Governor and includes a section that expands the IowaCare program. The IowaCare Program expands Medicaid to 200% of the Federal Poverty Level for adults who don't otherwise qualify for Medicaid. The coverage includes single adults and childless couples. The IowaCare program has a limited benefit package and a limited provider network (limited to 2 providers – Broadlawns Medical Center in Polk County and the University of Iowa Hospitals and Clinics in Iowa City), which provides service statewide. SF 2356 expands the provider network under the current IowaCare program to include a regional primary care provider network, beginning with a phased in approach of Federally Qualified Health Centers (FQHC). The bill mandates the FQHC's selected by the Department of Human Services to provide primary health care services to the IowaCare population and to comply with certification requirements of a Medical Home.

An interim set of minimum standards have been developed for IowaCare that the FQHC's will be required to meet the first year:

- 1. Access to care and information
 - Accessibility-24 hours/day, physician on call
- 2. Care Management
 - Comprehensive physical exam, and Personal Treatment Plan on annual basis
 - Disease Management Program
 - Wellness/Disease Prevention Program
- 3. Health Information Technology (HIT)
 - Demonstrate evidence of acquisition, installation and adoption of an electronic health record (EHR) system
 - Established plan for meaningful use of health information exchange (HIE) in accordance with the Federal Register requirement
 - Registry Function/Immunization Registry

IDPH will draft and adopt rules for certification of medical homes and will be in place after this initial year.



Reimbursement Workgroup

This workgroup is bringing together partners to develop a multi-payer reimbursement model that supports PCMH spread. It was announced late last year that Medicare will join selected state-based, multi-payer medical home initiatives in an Advanced Primary Care (APC) Demonstration Project. The workgroup is investigating reimbursement strategies and collaborating with Medicaid and Wellmark to prepare for the APC Demonstration Project. The workgroup realizes that a multi-payer reimbursement model gains provider buy-in, and the providers will be more likely to invest their time and resources if their administrative burden is reduced because of the aligned expectations among payers. Public and private payers want to spread the costs and risks of medical home investments across all those that benefit.

Policy Workgroup

This is a newly formed workgroup that will look at policy goals for implementing PCMH in Iowa. Some of the policy goals are to:

- Assist in determining the certification method of PCMH in Iowa.
 - o Promote the widespread implementation and certification of patient-centered medical homes, which will in turn improve the effectiveness, quality, and value of health care.
- Assist in reforming payment policies in the private and public sector to support the PCMH.
 - o Increase primary care fees to appropriately value the work of primary care,
 - compensate medical home for care coordination and other work outside face-to-face encounters, and
 - o promote and reward high value in the delivery of services by the PCMH.
- Assist in engaging consumers and providers as active partners in the PCMH.

Education Workgroup

This Workgroup is assisting in developing the curriculum for the Medical Home Learning Community (MHLC) for 2010 (described on page 6). The MHLC is geared towards primary care providers with the goal of aligning and equipping practices to become a PCMH. Participants in the MHLC work together to share best practice and lessons learned in deploying the nationally recognized PCMH model (NCQA).

MHSAC Initial Report & Building Block Recommendations

The MHSAC released an initial Progress Report in March 2009 and was designed to provide background information on development of a PCMH system, describe the current PCMH-building efforts in Iowa, and recommend pertinent building blocks to a PCMH system that meets the needs of all Iowans. The initial report can be found here.

To build, spread, and sustain the PCMH model to benefit all Iowans, the following building block recommendations are considered top priority by the MHSAC and will continue to be built upon in 2010:



- 1. Continue to develop and sustain the Iowa Medical Home System Advisory Council to promote the PCMH concept as a standard of care for all Iowans.
- 2. Encourage and support the identification and implementation of a multi-payer reimbursement model that supports the PCMH.
- 3. Support the current efforts to implement and expand the PCMH through existing infrastructures that educate providers and demonstrate best practices.
- 4. Support health reform initiatives that address health care workforce needs, health care information technology, prevention, and chronic care management.

MHSAC 2009 Activities

The MHSAC has participated in a variety of activities and projects throughout 2009 that support the four building block recommendations. The following underlined activities are categorized under the related recommendation:

Recommendation 1

Continue to develop and sustain the Iowa Medical Home System Advisory Council to promote the PCMH concept as a standard of care for all Iowans.

Patient-Centered Medical Home Symposium

A Patient-Centered Medical Home Symposium was held in September 2009 in Coraville, Iowa. It was a collaborative effort of the University of Iowa's Public Policy Center Forkenbrock Series and the College of Public Health's Hansen Award Lecture. It was designed to bring together the Iowa health community to learn about, and discuss strategies to achieve, patient-centered medical homes. Special attention was focused on redesign, reimbursement and incentives in Iowa. The symposium provided Iowa with an extensive amount of valuable information, included background and national perspectives, as well as examples of current practice.

Iowa Healthcare Collaborative- Medical Home Learning Community

The Iowa Healthcare Collaborative (IHC) is a provider-led and patient-focused nonprofit organization dedicated to promoting a culture of continuous improvement in healthcare. In 2009 a joint initiative of the IHC and the Iowa Academy of Family Physicians brought together physician leaders from across the state in a Medical Home Workgroup. Iowa's major health systems, community health centers, large physician groups and independent practices are represented. This provider group is working together to share best practice and lessons learned in deploying the nationally recognized PCMH model. The workgroup also works to align other healthcare stakeholders, including Wellmark, Iowa Medicaid Enterprises, and the MHSAC, as interest in the PCMH continues to grow.

To equip practices in becoming a PCMH, the workgroup developed a Medical Home Learning Community (MHLC) which brings practices together to focus on practice transformation and to explore the standards for NCQA recognition of medical home status. The first MHLC session was held in April 201. To access the agenda and handouts visit www.ihconline.org.



Community Utility Concept

National data from 2006-2007 demonstrated that insufficient practice infrastructure exists to support widespread implementation of the PCMH model. Perhaps the greatest challenge to reform of the health care delivery system is that 32 percent of U.S. physicians practice solo or in two-person partnerships. Some of the physicians in these smaller practices are eager to implement change but lack the resources to do so.ⁱⁱⁱ

The "Community Utility" concept is an effective method to address this lack of resources. The *medical home* community utility concept follows the same logic as a *public* utility. It is a service that is provided to the community that everyone contributes to and everyone benefits from, and is something that cannot be accomplished efficiently alone, such as electricity, water, and public transportation.

Medical Home community utility examples include:

- care coordination,
- health information technology,
- consumer (patient/family) health information and family support,
- interpretation and translation services,
- child care,
- after-hours access,
- specialty services (genetic counseling, mental health consultation, nutrition consultation, pharmacy review),
- patient education and coaching,
- transportation, and
- home visiting or other off-site care.

The community utility concept has a unique role to play in medical home development, especially among the safety net population and primary care practices that are smaller or located in rural areas. Many primary care practices in Iowa will be challenged to meet the requirements of serving as a PCMH without partnering with local community organizations. If these community utility resources can be connected with primary care delivery sites, many aspects of becoming a PCMH will be addressed.

Recommendation 2

Encourage and support the identification and implementation of a multi-payer reimbursement model that supports the PCMH.

CMS Multi-Payer Advanced Primary Care Practice Demonstration Project

In September 2009, the U.S. Secretary of Health and Human Services announced that Medicare will join selected state-based, multi-payer medical home initiatives in an Advanced Primary Care (APC) Demonstration. This demonstration marks the first time Medicare will participate as a full partner in these experiments, where the practice model would align compensation offered by all insurers to primary-care physicians. To view the news release, click here.

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The five overall goals of the demonstration are:

- 1. Reduction of unjustified variation in utilization and expenditure
- 2. Improvement in safety, timeliness, effectiveness, and efficiency
- 3. Increased patient participation in decision making
- 4. Increased access to evidence-based care in underserved areas
- 5. Contribute to 'bending the curve' in Medicare/Medicaid expenditures

The MHSAC has agreed to move forward to develop a plan for application. Medical homes provide enhanced primary care in which care teams attend to the multi-faceted needs of patients, and provide whole person, comprehensive, ongoing, and coordinated patient-centered care. Many experts say the medical home model shows great promise to improve the quality, accessibility, and value of health care in the United States.

State efforts to promote APC through the provision of medical homes often begin with Medicaid and the Children's Health Insurance Program (CHIP). In 2008, Medicaid and CHIP covered more than 42 million poor and low-income people, accounting for more than \$340 billion in health care spending. More than 30 states have been seeking to improve Medicaid and CHIP beneficiaries' access to high functioning medical homes. Several are advancing medical homes as a core component of comprehensive health care reform, and several states are using their clout as purchasers to promote medical homes beyond the safety net through state employee health benefit plans, the private sector, and multi-payer collaboratives.

States that participate in multi-payer collaboratives report that they do so to gain provider buy-in. Providers are more likely to invest time and resources if their administrative burden is reduced because of aligned expectations among payers. In addition, public and private payers—including states with Medicaid fee for service, and purchasers (employers and states with managed care contracts)—want to spread the costs and risks of medical home investments across all those that benefit.

In December 2009, a National Academy for State Health Policy (NASHP) scan found that at least 12 states are participating in multi-payer medical home initiatives: Colorado, Iowa, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, New York, Pennsylvania, Rhode Island, Vermont, and West Virginia. Medicare fee for service has not participated in any of these 12 multi-payer initiatives. The absence of Medicare fee for service in multi-payer medical home efforts limits pilots to fewer providers, payers, and patients.

Recommendation 3

Support the current efforts to implement and expand the PCMH through existing infrastructures that educate providers and demonstrate best practices.



NASHP Consortium to Advance Medical Homes for Medicaid and CHIP Participants

Iowa was chosen as one of eight states for the National Academy for State Health Policy (NASHP) Consortium to Advance Medical Homes for Medicaid and Children's Health Insurance Program (CHIP) Participants. NASHP is supported through a grant from The Commonwealth Fund, to develop and implement policies that increase Medicaid and CHIP program participants' access to high performing medical homes.

Each state will receive a one-year program of technical assistance to support their efforts. The technical assistance program will provide opportunities for consortium members to exchange insights and experiences with national experts and their peers, as well as both in-person and distance learning and both group and individual assistance. To view the press release click **here**.

Iowa's NASHP team attended the Consortium's kick-off learning session to in Baltimore, Maryland in October. This meeting brought together the newly selected state teams to share information regarding medical home initiatives and policy developments with other teams in a collaborative setting. Eight state teams were selected— Alabama, Iowa, Kansas, Maryland, Montana, Nebraska, Texas, and Virginia. Selection was based on specific criteria:

- The state's documented commitment to improving the quality and availability of medical homes to Medicaid and/or SCHIP participants;
- The comprehensiveness of the state's plans;
- The strength of the project team;
- The likelihood that the state's experience, challenges, and goals for medical home advancement will offer lessons and guidance for other states; and
- The extent to which a state's work to date offers it potential to realize maximum benefit from Consortium resources.

NASHP has provided Iowa's team with a wealth of knowledge and resources from other states. They have identified five major strategies being used to advance medical homes for Medicaid and CHIP beneficiaries.

- 1. Forming partnerships with key players (including patients, providers and private sector payers) whose practices the state seeks to change.
- 2. Defining medical homes to help establish provider expectations and implementing processes to recognize primary care practices that meet those expectations.
- 3. Aligning reimbursement and purchasing to support and reward practices that meet performance expectations.
- 4. Supporting practices to help advance patient-centered care, and
- 5. Measuring results to assess whether their efforts are succeeding not only in changing primary care practices but also containing costs and improving quality, including patient experience.

May 2010

<u>Iowa's NASHP Site Visit-</u> NASHP staff came to Iowa for an in depth technical assistance site visit on April 8th, 2010. Their staff, along with Iowa's medical home stakeholders, discussed current barriers in implementing and spreading the medical home concept in Iowa. They also discussed medical home implementation strategies utilized by states similar to Iowa's structure. Iowa's Medicaid Director and the Iowa Medicaid Enterprise attended the site visit to gain information and assistance in deciding on the medical home model for the IowaCare expansion.

CHIPRA Quality Demonstration Grant

The Iowa Department of Human Services and the Iowa Department of Public Health together submitted an application for the Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant funded by the Centers for Medicare and Medicaid Services. Iowa's application is titled *Navigating the Neighborhood: Improving Child Health Quality in Iowa*. The project will be organized around a medical neighborhood model of care. The medical neighborhood approach will take place in two targeted Iowa communities, one rural and one urban.

The goal the grant is to establish and evaluate a national quality system for children's health care which encompasses care provided through the Medicaid program and the Children's Health Insurance Program (CHIP). It will:

- experiment with and evaluate the use of new and existing measures of quality for children covered by Medicaid & CHIP
- promote the use of health information technology (HIT) for delivery of care for children covered by Medicaid and CHIP
- evaluate provider-based models to improve the delivery of Medicaid and CHIP children's health care services;
- demonstrate the impact of the model electronic health record (EHR) format for children on improving pediatric health, and pediatric health care quality as well as reducing health care costs.

Unfortunately, Iowa did not receive funding for the CHIPRA Quality Demonstration Grant. However, the partnerships that were formed when writing the grant and the medical home implementation plan that was created for children in Medicaid are very valuable and will be utilized in the future.

Birth to Five Patient Centered Medical Home Pilot Project

IDPH received state funds through an agreement with the Department of Management's Office of Community Empowerment to implement a medical home pilot project. This project seeks to develop a model for a community based utility that will comprehensively serve children 0-5 to address their specific needs by providing a patient centered medical home. A Title V Child Health agency in Iowa that operates 1st Five Healthy Mental Development implementation project will partner with a (pediatric) primary care practice to provide care to children birth to five that meets the Joint Principles of a Patient Centered Medical Home. Emphasis will be placed on providing an enhanced level of care coordination both within the primary care setting and within the community utility (Title V Child Health agency).



The four key concepts (borrowed from Community Care of North Carolina) the pilot would be based on to build an optimum health care system for children would be:

- The importance of local control and physician leadership in building sustained community care systems;
- A primary focus on improving quality of care through population management;
- The necessity of creating a true public/private partnership that brings together all the key local health care and social service providers;
- A shared state/local responsibility to develop tools needed to manage well child/child health services including a system of new incentives that better align state and community goals with desired outcomes.

The awarded applicant is Visiting Nurse Services of Iowa (VNS of Iowa) partnering with Iowa Health Physicians Walnut Creek Pediatrics. VNS of Iowa will serve as the community utility and Walnut Creek Pediatrics will serve as the pediatric healthcare provider. The project will provide VNS of Iowa and Walnut Creek Pediatrics an opportunity to participate in a pilot to understand the requirements to create a PCMH for children birth to five working with other community providers and resources.

Iowa Collaborative Safety Net Provider Network

Almost 700,000 Iowans under age 65, approximately 27% of the total population, do not have health insurance (Families USA, March 2009). Thousands more have insurance that only covers catastrophic illnesses and accidents. For these individuals and families, there are limited options available for affordable health care.

Many of these Iowans turn to Iowa's safety net providers for affordable primary and preventive health care. Through a unique partnership created in 2005 by the Iowa Legislature, the Iowa Collaborative Safety Net Provider Network (Network), Iowa's health care safety net providers have united to identify common unmet needs that can be addressed cooperatively. Access to pharmaceuticals, specialty care referrals, and health professionals recruitment were identified as the first three areas for collaboration and medical home was most recently added as a priority issue area.

In the beginning, the Network was comprised of Community Health Centers, Free Clinics, and Rural Health Clinics, but has grown tremendously in the past few years to include Family Planning Agencies, Local Boards of Health, and Maternal/Child Health Centers. Because the demand for these providers' services greatly outweighs their resources, there is an ongoing need to coordinate efforts. The recession and dramatic increases in unemployment have amplified the challenges these clinics face of remaining fiscally solvent while providing care for an increasing uninsured population.

In addition to the safety net clinics identified above, many other organizations are key partners in the Network's efforts. Following is a list of Network member organizations. The Iowa/Nebraska Primary Care Association coordinates and manages the Network.

- Child Health Specialty Clinics
- Community Health Centers
- Critical Access Hospitals
- Des Moines University
- Family Planning Agencies
- Free Clinics
- IowaCare organizations
- Iowa Academy of Family Practice
- Iowa Department of Public Health
- Iowa Department of Human Services
- Iowa Farm Bureau
- Iowa Foundation for Medical Care
- Iowa Medical Society

- Iowa Medicaid Enterprise
- Iowa Pharmacy Association
- Local Boards of Health
- Maternal/Child Health Centers
- Polk County Medical Society
- Principal Financial Group
- Project Export Center on Excellence on Health Disparities, UNI
- Rural Health Clinics
- State Board of Health
- The University of Iowa
- Wellmark Blue Cross & Blue Shield

Medical Home Development

In FY2010, the Iowa Collaborative Safety Net Provider Network approved four grants to two Local Boards of Health and two Maternal/Child Health centers to work on medical home development in their communities, which are listed below.

- Local Boards of Health
 - Calhoun County
 - Dallas County
- Maternal/Child Health Centers
 - o Siouxland Community Health Center Sioux City

An issue brief was developed by the Network that focused on lessons learned from these projects, which is available here.

Recommendation 4

Support health reform initiatives that address health care workforce needs, health care information technology, prevention, and chronic care management.

IDPH Health Reform Team

In 2008, the Iowa General Assembly enacted HF 2539, Iowa's Health Care Reform Act, which established advisory councils charged with making recommendations for health in Iowa. The IDPH Health Reform Team consists of coordinators for each council, and was created to ensure regular communication, coordination and integration among the advisory councils.

Each council has a different charge with areas including a statewide patient-centered medical home system, prevention and chronic care management, electronic health information technology, health and long-term care access, a credentialing system for direct care workers, physical fitness and nutrition, and end-of-life care. The IDPH Health Reform Team facilitates the work of the councils with the goal of driving rich discussions at their meetings, which leads to the formation of important recommendations to be included in reports and issue briefs. The



team also gathers and distributes studies and reports related to the council's topic and forms partnerships with key stakeholders throughout Iowa.

Nationally, health reform is one of President Obama's top priorities. His comprehensive health reform proposal focuses on offering affordable, comprehensive, and portable coverage; containing spiraling costs and improving quality of care; and promoting and strengthening prevention and public health. To ensure that the work of the councils are aligned with any future developments at the national level, the IDPH Health Reform Team pays close attention to related proposals, particularly those regarding enhancements in the delivery of primary care, prevention, and public health.

The Check-Up

The Check-Up is a monthly health care reform newsletter designed to keep interested Iowans up to date on the progress of health reform initiatives assigned to IDPH. The Check-Up features updates on activities of the health reform councils and other activities as authorized by House File 2539. The Check-Up is archived on the main IPDH Health Care Reform Website at http://www.idph.state.ia.us/hcr_committees/

Goals for the Next Year

Issue Briefs

Throughout 2010, the MHSAC will develop issue briefs on a variety of important topics related to the spread of the PCMH in Iowa. The issue briefs will distill the complex information on the topic so that the reader can easily understand the heart of the issue. They will educate stakeholders on Iowa specific information and data and may include recommendations from the Council related to the topic.

The first issue brief is entitled "Patient Centered- What Does it Look Like?" and is available here. It summarizes what patient-centered care encompasses, including family-centered care, and how it can be achieved. The concept of patient-centered care is gaining political attention and has become a central aim for our nation's health system. Yet despite growing recognition of the importance of patient-centered care, as well as evidence of its effectiveness, the nation's health care system falls short of achieving it. To dig deeper into this important topic, the issue brief gives improvement strategies at a practice and system level to help leverage widespread implementation of patient-centered care.

An issue brief on "Disease Registries" will be released collaboratively by the MHSAC, Prevention and Chronic Care Management (PCCM) Advisory Council, and eHealth Advisory Council. It will summarize the definition of a disease registry, how electronic health records and disease registries interrelate, and provide improvement strategies and recommendations for the development of state level chronic disease registry. "Community Utility Concept" (refer to section on page 6) will also be a topic of a future issue brief produced by the MHSAC and PCCM Advisory Council this year.



Recommendations

The MHSAC will continue to build and expand on the four building block recommendations developed from the initial report. They have added a fifth recommendation to put a greater focus on developing a plan for implementing a PCMH system for children in Medicaid.

- 1. Continue to develop and sustain the Iowa Medical Home System Advisory Council to promote the PCMH concept as a standard of care for all Iowans.
- 2. Encourage and support the identification and implementation of a multi-payer reimbursement model that supports the PCMH.
- 3. Support the current efforts to implement and expand the PCMH through existing infrastructures that educate providers and demonstrate best practices.
- 4. Support health reform initiatives that address health care workforce needs, health care information technology, prevention, and chronic care management.
- 5. Focus on developing a medical home implementation plan for children enrolled in Medicaid as directed in HF 2539, Iowa's Health Care Reform Act.

Council Members

| Name | City | Position |
|------------------------|-----------------|---|
| Chris Atchison | Iowa City | University of Iowa College of Public Health |
| Jen Badger | Carroll | Dental Hygienist |
| Melissa Bernhardt, DDS | West Des Moines | Iowa Dental Association |
| David Carlyle, MD | Ames | Iowa Academy of Family Physicians |
| Libby Coyte, PA | Redfield | Iowa Physician Assistant Association |
| Kevin de Regnier, DO | Winterset | Iowa Osteopathic Medical Society |
| Bernie Elliott, MD | Des Moines | Federation of Iowa Insurers- United Health Care |
| Bery Engebretsen, MD | Urbandale | Iowa Nebraska Primary Care Association |
| Tom Evans, MD | Des Moines | Iowa Healthcare Collaborative |
| Carrie Fitzgerald | Des Moines | The Child and Family Policy Center |
| Ro Foege | Mt. Vernon | Consumer |
| Rep. Wayne Ford | Des Moines | Urban Dreams |
| Naomi Guinn-Johnson | Des Moines | Governor's Developmental Disabilities Council |
| Richard Haas, DC | Mason City | Iowa Chiropractic Society |
| Jeffrey Hoffmann, DO | Guttenberg | Iowa Academy of Family Physicians |
| Don Klitgaard, MD | Harlan | Iowa Medical Society |
| Nat Kongtahworn | Des Moines | Wellmark Blue Cross Blue Shield |
| Petra Lamfers, ARNP | Belmond | Iowa Nurses Association |
| Mary Larew, MD | Iowa City | American Academy of Pediatrics, Iowa Chapter |
| Bret McFarlin, DO | Des Moines | Broadlawns Medical Center |
| Tom Newton | Des Moines | Iowa Department of Public Health |
| Jane Reinhold | Bettendorf | Consumer |
| Bruce Steffen, MD | Moline | Federation of Iowa Insurers |
| CoraLynn Trewet | Des Moines | Iowa Pharmacy Association |
| Jennifer Vermeer | Des Moines | Department of Human Services |
| Jerry Wickersham | Des Moines | Iowa Insurance Division |
| | | |



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ⁱ http://coolice.legis.state.ia.us/Cool-ICE/default.asp?Category=billinfo&Service=Billbook&menu=false&ga=82&hbill=HF841 accessed January 2009.

ii http://coolice.legis.state.ia.us/Cool-ICE/default.asp?Category=billinfo&Service=Billbook&menu=false&ga=82&hbill=HF2539 accessed January 2009.

iii Rittenhouse, D., & Shortell, S. (2009). The Patient-Centered Medical Home- Will It Stand the Test of Health Reform? *Journal of the American Medical Association*, *301*, 2038-2040. Retrieved from http://www.idph.state.ja.us/hcr_committees/common/pdf/medical_home/jama_pcmh.pdf

iv J. Buxbaum, M. Takash. National Academy of State Health Policy, (2010, February). State Multi-Payer Medical Home Initiatiaves and Medicaire's Advanced Primary Care Demonstration. Accessed February 2010 from http://www.nashp.org/sites/default/files/MedHomesWebinar.pdf