



Annual Report

JANUARY
2012

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

Council Background Iowa's Health Care Reform Act, [House File 2539](#), has tasked the Iowa Department of Public Health (IDPH) with developing recommendations for state initiatives addressing health promotion, prevention and chronic care management in a plan in Iowa. IDPH was also tasked with 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. Legislation recently passed which combines the MHSAC and the PCCM Advisory Council by January 1, 2012.

2012 Annual Report This annual report is the first of the combined MH/PCCM Advisory Council and 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.

Progress Reports & Recommendations 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.

- The [MHSAC Progress Report #1](#) gives four high-level building block recommendations:
 1. Continue to develop and sustain the MHSAC 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.
- The [MHSAC Progress Report #2](#) gives updates on the key PCMH activities in Iowa and describes the work of the Councils four workgroups (Reimbursement, Policy, Education, and Certification). The workgroups have explored certification options of medical homes, developing multi-payer reimbursement strategies, providing education through learning collaboratives, and determining policy goals.
- The [MHSAC Progress Report #3](#) includes six priority areas with recommendations:
 1. Support state and federal efforts to reverse the decline in primary care workforce and access to dental services in Iowa by addressing the utilization of alternative staffing models including mid-levels.
 2. Continue to monitor and discuss the federal direction of the Accountable Care Organization model and determine implications for Iowa.
 3. Support additional resources to advance the IowaCare Medical Home Pilot Project to sustain continued rollout of the Federally Qualified Health Centers (FQHC).
 4. Continue to develop and sustain the Medical Home Multipayer Collaborative Workgroup to advance the development of a multipayer pilot in Iowa.
 5. Collaborate with the PCCM Advisory Council to improve incentives for prevention and chronic disease management by providing support for care through payment systems, delivery of care, and care coordination through a PCMH.
 6. Support the implementation of the statewide Health Information Network in Iowa.

Progress Reports & Recommendations (cont.)

The PCCM Advisory Council has developed an [Initial Report](#) and a [2011 Annual Report](#) with the following recommendations:

1. Continue the Iowa Prevention and Chronic Care Advisory Council to provide guidance and oversight for prevention and chronic care management.
2. Empower people with the knowledge and resources to live healthy lives and manage their own chronic illnesses.
3. Identify and recommend consensus guidelines for the use in chronic care management beginning with those that address the state chronic disease and prevention priorities.
4. Establish a chronic disease practice registry product that could be easily and readily incorporated into medical practices.
5. Improve incentives for prevention and chronic disease management by providing support for care through payment systems, organization and delivery of care, and care coordination.
6. Improve the health workforce and their skills in prevention and chronic disease management.
7. Create a societal commitment to health through implementing policies to remove barriers that prevent Iowans from leading healthy lives. Empower and expect Iowans to take personal responsibility for being as healthy as genetically possible and improving their own health, as well as the health of those around them.

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.

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

The Check-Up

The Check-Up is a health care reform newsletter designed to keep interested Iowans up to date on the progress of health reform initiatives assigned to IDPH. MHSAC and PCCM Advisory Council updates are a key component of each issue. The Check-Up is sent to a large number of stakeholders and policymakers. Current and archived newsletters can be found [here](#).

Iowa's PCMH Definition

The MHSAC has voted that Iowa will adopt the definition of a PCMH that was laid out in HF 2539. *Iowa's Medical Home Definition is:* "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.



PCMH Certification/Administrative Rules

IDPH is working on drafting and adopting rules for PCMH certification in Iowa. The MHSAC voted that Iowa will use national certification mechanisms such as the [National Committee for Quality Assurance \(NCQA\)](#) with the exception that Nurse Practitioners will be able to be certified as well.



Health Benefit Exchange (HBE)

MHSAC and PCCM Advisory Council staff at IDPH are the lead in Iowa's HBE planning and implementation. Council members are regularly updated about this process and are given opportunity to provide input and feedback in the planning process. In 2010, IDPH was awarded \$1 million to begin the initial planning of a HBE. In November 2011, IDPH was 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 the grant and is collaborating closely with IID and DHS as part of an Interagency Planning Workgroup.

Background on HBE's- Beginning in 2014, HBEs will operate in every 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 Iowans have affordable health coverage. The ACA requires states to have an exchange certified or conditionally certified on January 1, 2013, or the federal government will operate an exchange for the state. Significant IT infrastructure must be in place to coordinate public and private programs and determine eligibility.

Medical Home Learning Community

The Iowa Healthcare collaborative (IHC) is a not-for-profit organization dedicated to leading the charge to educate and equip health care providers across Iowa. The IHC, in conjunction with the Iowa Academy of Family Physicians, has convened the [Medical Home Learning Community \(MHLC\)](#) to align and equip practices to become a PCMH. Geared towards primary care providers, this learning community has brought together innovator teams from across the state interested in deploying the PCMH model. The IHC leads Iowa in providing on-the-ground support to primary care practices across Iowa to provide technical assistance for practice transformation.

IowaCare Medical Home Expansion Project

The Iowa Medicaid Enterprise (IME) has expanded the [IowaCare](#) provider network to a regional medical home model. IowaCare is a limited health care program that covers adults ages 19-64 who would not normally be covered by Medicaid. As of January 1, 2012, all members have been assigned to a PCMH where they receive routine care, preventive services, and disease management at designated clinics (six FQHC and two safety net hospitals/clinics).

ACA's Health Homes for Enrollees with Chronic Conditions

The IME is implementing a health home model of care for Iowa's Medicaid population through the Affordable Care Act (ACA). There is a 90/10 Federal match rate for specific health home services for individuals diagnosed with at least one serious and persistent mental health condition, at least two chronic conditions, or one chronic condition and being at risk for a second chronic condition from the following list of categories: mental health condition, substance use disorder, asthma, diabetes, heart disease, obesity (overweight- a BMI over 25), and hypertension.

NASHP Consortium to Advance Medical Homes for Medicaid and CHIP Participants

In 2009-2010, 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. A new report has been released called "[Building Medical Homes: Lessons from Eight States with Emerging Programs](#)" which profiles the eight states (Alabama, Iowa, Kansas, Maryland, Montana, Nebraska, Texas, and Virginia). The consortium states' experience demonstrate that states can play critical roles in convening stakeholders, helping practices improve performance, and addressing antitrust concerns that arise when multiple payers collaborate. Each state received a one-year program of technical assistance which provided opportunities to exchange insights and experiences with national experts and peers, as well as both in-person and distance learning.



Iowa Collaborative Safety Net Provider Network

The MHSAC and PCCM Advisory Council have a strong partnership with [Iowa Collaborative Safety Net Provider Network \(Network\)](#). Iowa's FQHCs, RHCs, and free clinics – along with maternal and child health clinics, family planning clinics, local public health agencies, and others – collectively represent Iowa's safety net providers. With the aid of funding from the state legislature, the Network was established in 2005 with the goal of improving the coordination and quality of services for Iowa's safety net population. When the Network was established, access to affordable pharmaceuticals and specialty care services were identified as two of the top needs for safety net patients. The Network make funds available to three organizations for specialty care access projects, one of which is focused on integrating primary and behavioral health services, as well as a number of free or low-cost pharmaceutical programs. A more recently established priority was medical home development at the community level and the Network funds six counties in Iowa, specifically local boards of health and maternal/child health centers to work on medical home development locally with their primary care providers and other partners.

Community Utility Development

Over the past few years, there has been growing recognition in Iowa that the development of community utilities could be a solution to addressing some of the more challenging aspects of becoming a PCMH. Much like an electric cooperative, community utilities could be developed at the local level and include services like care coordination, some aspects of health information technology, health education and prevention, and the coordination of existing services in the community. The community utility concept has a unique role to play in PCMH 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 community utilities can be connected with primary care delivery sites, many aspects of becoming a PCMH will be addressed. The [Community Utility Issue Brief](#) describes the issue and highlights a number of examples of components of community utility that currently exist in Iowa. Additionally, the Safety Net Network will have funds through the state's Community Transformation Grant, funded by the CDC, to make funding available to six communities to develop community utilities over a five-year period.

Birth to Five PCMH Pilot Project

IDPH received state funds to implement a medical home pilot project which develops of a model for a community utility that will serve children 0-5. A Title V Child Health agency that operates 1st Five Healthy Mental Development implementation project partnered with a (pediatric) primary care practice to provide care to children 0-5 that meets the Joint Principles of a PCMH. The awarded applicant was Visiting Nurse Services of Iowa (VNS of Iowa) partnering with Iowa Health Physicians Walnut Creek Pediatrics. VNS of Iowa served as the community utility and Walnut Creek Pediatrics served as the pediatric healthcare provider. Emphasis of the pilot is placed on providing an enhanced level of care coordination both within the primary care setting and within the community utility. The project provides 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.

CHIPRA Quality Demonstration Grant Application

IDPH and Iowa DHS and together submitted an application for the CHIPRA Quality Demonstration Grant funded by CMS. Iowa's application was titled *Navigating the Neighborhood: Improving Child Health Quality in Iowa* and was organized around a medical neighborhood model of care. The medical neighborhood approach would have taken place in two targeted Iowa communities, one rural and one urban. The goal was to establish and evaluate a national quality system for children's health care which encompasses care provided through the Medicaid program and CHIP. Unfortunately, Iowa did not receive funding for the Grant. However, 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.

Patient-Centered Medical Home Symposium

A PCMH Symposium was held in September 2009 to bring together Iowa's 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. 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.



“Addressing Chronic Diseases in Iowa” Conference

Ed Wagner, who developed the [Chronic Care Model](#), received the University of Iowa’s College of Public Health’s Hansen Award as a collaborative effort with the Public Policy Center Forkenbrock Series. A conference titled “Addressing Chronic Diseases in Iowa” was held on October 2010 to present Ed Wagner with this award. The conference brought together Iowa stakeholders to discuss the national issue of the rise in chronic diseases and the cost associated with it. The conference also discussed Iowa’s current environment from a national perspective.

Diabetes Care Coordination Plan

The PCCM Advisory Council’s Chronic Disease Management Subgroup is focusing on [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 Federally Qualified Health Centers to determine the barriers that people with diabetes face. Iowa PCA produced a [report](#) for the Council summarizing the results of the focus groups. PCCM Staff have been meeting with members of the Iowa Collaborative Safety Net Provider Network (Safety Net Network), including the free clinics, community health centers, family planning clinics, and rural health clinics to collaborate for the diabetes care coordination plan. The Subgroup has also 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. The recommendations are:

1. Coordinate with existing programs to ensure that test-strips are made available for underinsured and uninsured people with diabetes in Iowa.
 2. Ensure that certified diabetes education is available statewide and that outreach is conducted to patients to ensure awareness of this critical service.
 3. Ensure the utilization of educational tools, resources, and programs to promote the engagement of people with diabetes and self-management of both obesity and its complications, including diabetes and metabolic syndrome.
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Diabetes Clinical Subcommittee

A Diabetes Clinical Subcommittee was created to provide input and make clinical recommendations for the diabetes care coordination plan. The Diabetes Clinical Subcommittee is made up of members from the PCCM Advisory Council and the Safety Net Network. 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](#).

Data Collection of Chronic Diseases in Multicultural Groups of Racial and Ethnic Diversity in Iowa

The PCCM Advisory Council’s Prevention Subgroup has been focusing on [HF 2144](#) to develop recommendations by December 15, 2011 on strategies to collect and provide statistically accurate data concerning chronic disease in multicultural groups of racial and ethnic diversity in the state. Following implementation of the strategies and collection of data, the council shall also make evidence-based recommendations to the director to address and reduce identified disparities. The report has can be accessed here: [Data Collection of Chronic Diseases in Multicultural Groups of Racial & Ethnic Diversity in Iowa](#).

The recommendations are listed below and supporting language can be found in the report.

1. Identify and educate Iowans on the existence of health disparities in multicultural groups of racial and ethnic diversity in the state.
 2. Support alternative means of collecting statistically accurate data concerning chronic diseases in multicultural groups of racial and ethnic diversity in Iowa, including qualitative techniques often practiced by global health organizations working with mobile and difficult-to-reach populations.
 3. Reconsider confidentiality regulations in an agency, where possible, to allow access to data to those that need it for programming and policy purposes.
 4. Utilize a consistent approach to collecting racial and ethnic data by following the Office of Management and Budget (OMB) categories.
 5. Support increased training and ongoing education targeted at data staff on diversity by language and culture.
 6. Encourage efforts to collaborate with minority and immigrant populations as partners in gathering information and implementing targeted health programs based upon that data.
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