# 2012 Strategic Plan: Health & Long-Term Care Access <u>Executive Summary</u>

As a result of assessing health needs in their local communities, Iowans in 93 counties have identified Access to Health Services as a need.

# Lyon Oscela Dickinson Emmet Sioux O'Brien Clay Palo Allo Clay Palo Allo Plymouth Cherokee Buena Visita Pocahontas Humboldt Webster Hamilton Hardin Grundy Monona Crawford Carroll Greene Boone Story Manshall Tama Benton Linn Harrison Sheiby Audubon Guthrie Dallas Polik Jasper Poweshiek Iowa Johnson Muscaline Pottawattamie Cass Adair Madison Warren Marion Mahaska Keokuk Washington Louisa Mills Montgomery Adams Union Clarke Lucas Monroe Wapelio Jefferson Henry Des Moines Fremont Page Taylor Ringgold Decatur Wayne Appanoose Davis Van Buren Legend Counties Not Identified Identified Need

# Access to Health Services Issues

The Health and Long-Term Care Access Advisory Council plans to address this need through concentration on two areas of focus: Health Infrastructure and Workforce.

## **Health Infrastructure**

The Council concluded that there can be no expectation that new funding will be available to address issues due to the already strained economic situation affecting the health system. Therefore, the key to strategic direction moving forward will be Effectiveness and Efficiency with a focus on Quality. Discussion must focus on how the system can accomplish more with less, increasing the use of cost- and time-saving tools and methods. Examples cited by the Council included telemedicine and case management or care coordination. The group also believes it is necessary to move to reimbursement methods that pay for what is expected (services, products, and outcomes).

## Workforce

Although the focus for the Council during the first phase of the strategic plan was workforce, the Council concludes that there are still needs in this area. There are four main areas of strategic direction for the next work cycle of the Council. These include:

- 1. Issues no one is raising
- 2. Recruitment and retention
- 3. New types of professionals (expansion)
- 4. Scope of practice of health professionals

In the timeline below, the subcommittee(s) responsible for the action step is labeled with "I" for the Infrastructure subcommittee and with "W" for the Workforce subcommittee. If no label is present, this indicates the action step happens outside the HLTCA AC. This timeline is subject to adjustment by the Health and Long-Term Care Access Advisory Council in collaboration with the IDPH.

	Action Steps	Timeline
I/W	Review and approve Action Steps and Timeline	February 2012
I/W	Determine subcommittee membership and assess needed additional participation	February 2012
I/W	Review HLTCA AC Goals & Objectives Recommended to IDPH from 2010 Strategic Planning. Determine which recommended items should be carried forward	February 2012
I/W	Review statutory language in 135.163 and 135.164 and consider realignment of statute with strategic direction and IDPH mission – develop recommended revisions if appropriate	February 2012
Ι	Determine efficiency strategies to target for further examination (cost- and time-saving tools and methods); if further research is needed to further define targeted strategies, determine necessary steps to gather needed information and responsible parties	February 2012
W	Assess and list existing recruitment and retention strategies used in Iowa	February 2012
W	Specify the health and long-term care workforce issues to be addressed by this group to address gaps in Iowa's workforce strategies (issues no one is raising); if needed, determine additional research needed to fully identify gaps	February 2012
I	Create a list of factors and stakeholders influencing the implementation of targeted efficiency strategies; stakeholder list should include specific individuals and contact information where possible	April 2012
I	Develop communication strategies explaining targeted efficiency strategies and rationale	April 2012
W	Report progress on identified gaps (issues no one is raising) and determine top three gaps to be addressed; determine steps	April 2012
W	List anticipated new types of professionals needed along with rationale and background for each; where further expertise is needed, engage appropriate partners	April 2012
W	Specify the areas of scope of practice to be addressed in order of priority and identify gaps in information to move forward; identify stakeholders for each area of priority, including entity, contact person, and contact information	April 2012

	Action Steps	Timeline
	Authorize funding to continue implementation of requirements in 135.163 and 135.164	May 2012
W	Examine effectiveness of existing recruitment and retention strategies used in Iowa	May 2012
I	Inform HLTCA AC about at least one chosen efficiency strategy through presentation to the Council; design detailed action steps to expand the strategy in Iowa	July 2012
I	Members provide inventory of telemedicine use within organizations they represent	July 2012
I	Create list of telemedicine stakeholders with contact information	July 2012
I	Members provide status of care coordination initiatives within organizations they represent	July 2012
I	Create list of care coordination stakeholders	July 2012
W	Research recruitment and retention strategies used by other states that have not been implemented in Iowa; list results	July 2012
W	Conduct literature review regarding overall effectiveness of recruitment and retention methods	July 2012
W	Report on research regarding new types of professionals needed; determine next steps including information-gathering or decision to pursue	July 2012
W	Identify specific scope of practice issue(s) to address in the coming year; determine first three steps for each	July 2012
I	Determine three specific low-cost or no-cost strategies to increase use of telemedicine and identify potential grants or other funding sources	September 2012
I	Determine three specific low-cost or no-cost strategies to increase use of care coordination and identify potential grants or other funding sources	September 2012
W	Carry out steps determined regarding new professionals needed; report on progress; assign next tasks	September 2012
W	Analyze results of previous action steps regarding recruitment and retention strategies and determine the top three most promising strategies for Iowa	September 2012
W	Report on scope of practice progress on steps identified in July; identify next steps	September 2012
W	Report progress on gaps (issues no one was raising); identify next steps	September 2012
I/W	Prepare, post, and distribute interim progress report and plan on strategic directions, including enhanced detail; include action steps for December 2012 through December 2013	November 2012
I/W	Assess needed changes to Advisory Council and Subcommittee Membership	November 2012
I/W	Carry out action steps per interim progress report and plan	December 2012 – October 2013
	2014 Health & Long-Term Care Access Strategic Plan Submitted	October 2013

i Iowa Department of Public Health. (2011, December 14). Bureau of Communication and Planning.

\*\*Access to Health Services Issues.\*\* Des Moines, IA, USA: Iowa Department of Public Health.