

# MINUTES

## Prevention and Chronic Care Management Advisory Council

Friday, March 25<sup>th</sup>, 2011

10:00 am – 3:00 pm

YMCA Healthy Living Center

### Members Present

Krista Barnes  
Judith Collins  
Marsha Collins  
Ana Coppola  
Eileen Daley  
Bery Engebretsen (for Aguilar)  
Terri Henkels  
Teresa Nece  
Janelle Nielsen  
Patty Quinlisk  
Suzan Simmons  
John Stites  
Jacqueline Stoken  
John Swegle  
Debra Waldron

### Members Absent

Jose Aguilar  
Bill Appelgate  
Steve Flood  
Della Guzman  
Jason Kessler  
Noreen O'Shea  
Peter Reiter  
Kim Stewart

### Others Present

Angie Doyle-Scar  
Abby McGill  
Jill Myers Geadelmann  
Laurene Hendricks  
Sarah Dixon Gale  
Dawn Gentch  
Michelle Holst  
Monica-Lee Parker  
Annie Wood-Long  
Mary Ann Abrams  
Heth Bronson  
Carlene Russell  
Kay Corriere  
Dan Garrett

\* Prevention & Chronic Care Management Advisory Council Website (handouts found here):

<http://www.idph.state.ia.us/ChronicCare/>

## Handouts

- [Agenda](#) 
- [Preliminary Summary of HBE Regional Meetings-Focus Groups](#) 
- [CMS Incentives Grant Overview](#) 
- [Childhood Obesity Demo Grant- FOA](#) 
- [Chronic Disease Care in the Safety-Net- PPT](#) 
- [Birth to Five Patient-Centered Medical Home Pilot PPT](#) 
- [Health Literacy Iowa- Creating A Shared Vision for Health Literacy in Iowa- PPT](#) 
- [Health Literacy Iowa- One Page Overview](#) 
- [Reach Out and Read Iowa- PPT](#) 
- [Reach Out and Read Iowa Programs in Iowa](#) 
- [Reach Out and Read- One Page Overview](#) 

Topic	Discussion
<p data-bbox="152 159 272 186"><b>Welcome</b></p> <p data-bbox="152 203 285 264"><b>Discussion Items</b></p> <ul data-bbox="152 275 347 520" style="list-style-type: none"> <li data-bbox="152 275 261 302">• Health Benefits Exchange</li> <li data-bbox="152 384 305 445">• ACA Grant Opportunities</li> <li data-bbox="152 455 305 516">• Legislative Discussion</li> </ul>	<ul data-bbox="380 159 1208 195" style="list-style-type: none"> <li data-bbox="380 159 1208 195">• Council members and others present introduced themselves.</li> </ul> <p data-bbox="380 203 721 233"><b><u>Health Benefits Exchange</u></b></p> <ul data-bbox="380 243 1533 1982" style="list-style-type: none"> <li data-bbox="380 243 1533 352">• The Health Benefit Exchange (HBE) website with resources and meeting information can be found here: <a href="http://www.idph.state.ia.us/hcr_committees/health_benefit_exchange.asp">http://www.idph.state.ia.us/hcr_committees/health_benefit_exchange.asp</a></li> <li data-bbox="380 363 1533 472">• IDPH has been awarded a one-year grant to plan for the Health Benefits Exchange. An Interagency Workgroup has been formed with IDPH, Iowa Medicaid Enterprise, Iowa Insurance Division, and the Iowa Department of Revenue to begin the initial planning.</li> <li data-bbox="380 483 1533 898">• <b><u>Background of Insurance Exchanges-</u></b> Beginning in 2014, tens of millions of Americans will have access to health coverage through newly established Exchanges in each State. Individuals and small businesses can use the Exchanges to purchase affordable health insurance from a choice of products offered by qualified health plans. Exchanges 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 Exchanges may qualify for premium tax credits and reduced cost-sharing if their household income is between 133 percent and 400 percent of the Federal poverty level. The Exchanges will coordinate eligibility and enrollment with State Medicaid and Children's Health Insurance Programs to ensure all Americans have affordable health coverage.</li> <li data-bbox="380 909 1533 1018">• The Interagency Workgroup held a series of regional meetings and focus groups across Iowa to ensure considerable stakeholder involvement throughout the planning of the HBE.</li> <li data-bbox="380 1029 1533 1218">• Joel Ario, Director of the U.S. Health and Human Services Center of Health Insurance Exchange, attended the first of five regional meetings in Des Moines on December 13th. They gained consumer buy-in and created transparency. Community stakeholder groups were given a chance to voice concerns and solicit ideas and expectations from what Iowans want out of an HBE.</li> <li data-bbox="380 1228 1533 1417">• Information that was collected included such items as what benefits should be incorporated in the benefits packages, how should information be delivered and what tools should be available to access services. The information gathered from the meetings will be shared with stakeholders and policymakers as part of the planning process. A Stakeholder Advisory Council will also be formed to lead this effort.</li> <li data-bbox="380 1428 1533 1680">• Video presentations from the regional meetings can be viewed <a href="#">here</a>. Educational whitepapers were created by the Interagency Workgroup: <ul data-bbox="428 1497 1169 1680" style="list-style-type: none"> <li data-bbox="428 1497 662 1524">• <a href="#">HBE Overview</a></li> <li data-bbox="428 1535 802 1562">• <a href="#">HBE Consumer Overview</a></li> <li data-bbox="428 1572 1146 1600">• <a href="#">HBE Whitepaper- Key Decisions and Activities Table</a></li> <li data-bbox="428 1610 1110 1638">• <a href="#">HBE Whitepaper- Difference Between Exchanges</a></li> <li data-bbox="428 1648 1169 1675">• <a href="#">HBE Whitepaper- Medicaid Expansion Under the ACA</a></li> </ul> </li> <li data-bbox="380 1690 1533 1982">• Three additional focus groups took place in the month of March to ensure that a true representation of Iowa's population is included in the final results. One of these focus groups took place in Des Moines with a group from the Iowa Caregivers Association. Another focus group took place in Wright County to ensure the rural voice was heard. The third focus group is targeting the multicultural population in Iowa. The interagency workgroup partnered with the HOLA Center (a community resource center for the Hispanic population) in Des Moines to create a translated survey, which explained in simple terms what the HBE is and asked the same questions asked during</li> </ul>

face-to-face focus groups.

- A [Preliminary Summary of HBE Regional Meetings-Focus Groups](#) is available, and a full report is currently being developed.
- Iowa has submitted a letter of intent to apply for the Level One of the Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges by December 31<sup>st</sup>, 2011. The letter of intent can be viewed [here](#).

**Affordable Care Act (ACA) Grant Opportunities**

PCCM Advisory Council staff is collaborating in applying for two grant opportunities:

- Medicaid Incentives for Prevention of Chronic Diseases- ACA Section 4108: This grant opportunity allows states to offer incentives to Medicaid enrollees who adopt healthy behaviors. An effective way to encourage healthy lifestyle changes is to offer incentives to those who reach goals. States will adopt such strategies as rewarding Medicaid enrollees who meet goals established for them such as weight loss, smoking cessation or diabetes prevention or control. Rewards could range from direct cash incentives, gift cards to grocery stores or other retailers, reduced Medicaid program fees or offering services not normally available through Medicaid. For more information <http://www.cms.gov/MIPCD/>
- Childhood Obesity Research Demonstration: IDPH’s Bureau of Nutrition and Health Promotion is the lead in coordinating and writing this grant. This grant opportunity will determine whether an integrated model of primary care and public health approaches in the community can improve underserved children’s risk factors for obesity. These approaches may include policy, systems, and environmental supports that encourage nutrition and physical activity for underserved children and their families. Grantees will develop, implement, and evaluate multiple settings (childcare, school, community, health care), multiple levels (child, family, organization, community, policy) intervention demonstration projects for underserved children ages 2-12 years and their families. To view the Funding Opportunity Announcement, click [here](#).

**Legislative Discussion**

The PCCM Advisory Council will continue with their current work, and fulfill the two legislative charges assigned. Check the Iowa Legislature website for current information: <http://www.legis.iowa.gov/index.aspx>

**Diabetes Work-Safety Nets**  
*Dr. Bery Engebretsen*

- Dr. Engebretsen gave an overview of Iowa’s Federally Qualified Health Centers’ (FQHC) experience with diabetes. He described the data that has been collected from people with diabetes at the FQHCs:
  - In 2009, there were over 9000 people with diabetes seen by FQHC’s in Iowa, with 26,000 total visits.
  - The incidence of diabetes in Iowa’s FQHC’s is 9.4%, compared to 8% in Iowa as a whole.
  - The social determinants of health are a large factor.
- A number of approaches to chronic care were described including a disease registry to manage patients, a team approach, a full-time quality director, bilingual material and staff, (1/3 of patients are native Spanish speakers) and access to low-cost medication for the uninsured
- Screenshots from the FQHC’s disease registry were displayed, which they call “population health management software”. They use an incentive program which is tied to quality indicators.

<p><b>Birth to Five Patient-Centered Medical Home Pilot Results/Community Utility</b>  <i>Annie Wood-Long</i>  <i>Monica-Lee Parker</i>  <i>Abby McGill</i></p>	<ul style="list-style-type: none"> <li>• A number of “special studies” were described including a self-management study, focus groups (report can be found <a href="#">here</a>), health coaching, and nutrition and exercise. An overview of these studies can be found on the slides.</li> </ul> <ul style="list-style-type: none"> <li>• IDPH received state funds through an agreement with the Department of Management’s Office of Community Empowerment to implement a medical home pilot project.</li> <li>• 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.</li> <li>• 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. <ul style="list-style-type: none"> <li>○ Visiting Nurse Services of Iowa was chosen as to be this community utility working with Walnut Creek Pediatrics in Des Moines.</li> </ul> </li> <li>• The overall goal of the project is to gain an understanding of the requirements needed to create a PCMH for children working with other community providers and resources</li> <li>• IDPH’s role in the project is to: <ul style="list-style-type: none"> <li>○ Provided technical assistance to VNS of Iowa and Walnut Creek Pediatrics</li> <li>○ Educated on key aspects of the medical home concept</li> <li>○ Convened meetings bringing together VNS of Iowa and Walnut Creek Pediatrics</li> </ul> </li> <li>• The measures that were used in the project are:</li> <li>• TransforMED Medical Home Implementation Quotient (MHIQ) <ul style="list-style-type: none"> <li>○ A question was asked why this tool was used over the Medical Home Toolkit. MHIQ was used because it seemed to be the easiest tool to use for the practices.</li> </ul> </li> <li>• Walnut Creek Pediatrics hired a RN Care Coordinator who tracked care coordination referrals and did screenings for well-child visits. Walnut Creek Pediatrics also added a number of additional screenings during this pilot including healthy eating/exercise and BMI.</li> <li>• 1<sup>st</sup> Five Surveillance form for all children age 2 weeks-5 years at well-child exams</li> <li>• Screening Tools: <ul style="list-style-type: none"> <li>○ Edinburgh Postnatal Depression Scale- used to screen mothers of all infants seen for their first newborn weight check, 2 week check-up, and 2 month check-up</li> <li>○ Ages and Stages Questionnaire- used to screen children for developmental delays at well-child exams at 9 months, 18 months, and 24 months of age</li> <li>○ Modified Checklist for Autism in Toddlers- used to screen children for autism at well-child exams at 18 months and 24 months of age.</li> </ul> </li> <li>• Family Care Plan</li> <li>• Family Satisfaction Survey</li> </ul> <p><b>Results</b></p> <ul style="list-style-type: none"> <li>• Project served 458 children at Walnut Creek Pediatrics</li> <li>• Provided additional screening and care coordination services to 19% of their 2,400 patients during well child check-ups who would not normally have such services</li> <li>• TransforMED Survey <ul style="list-style-type: none"> <li>○ Pre- Score: 225 of 341 points.</li> </ul> </li> </ul>
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- Post- Score: 229 of 341 points
- Level III: Good progress, continue improvement

**Strengths**

- TransformMED Survey allowed for identified areas in which practice improvements can be implemented and reassessed
- Family Care Plan & Family Survey were effective in providing valuable information which can be used in enhancing the quality of care and practice management
- VNS of Iowa is extremely knowledgeable about available community resources to families in the Des Moines area
  - Ideal organization to serve as the community utility
  - Can address a vast variety of needs that a referred family may have.

**Limitations**

- Lack of time- pilot began at the beginning of the six month time frame
  - preparation time was not available to:
    - educate on the patient-centered medical home components
    - Take and assess the TransformMED MHIQ initial survey
    - collect data regarding the results of referrals
    - develop the Family Care Plan & Family Survey
- Access to patient’s health information unavailable
  - Walnut Creek Pediatrics' nurse had to duplicate the care coordination encounters from the EMR to an Excel Spreadsheet
- Collaboration of other state initiatives was not strong throughout the project
  - 1<sup>st</sup> Five Healthy Mental Development Initiative
  - Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health)
  - Early Access

**Recommendations**

- Additional pediatric practices should take the TransformMED MHIQ Survey to identify improvement areas and get baseline score of where they fall in the medical home continuum.
- Community utility utilization protocols should be determined so that the practices know appropriate situations to refer a family to VNS of Iowa to serve as the community utility and link the family with the needed resources.
- Family Care Plan utilization protocols should be determined so practices know appropriate situations (i.e. multiple referrals, children with special health care needs) to use the Family Care Plan.
- Practices should utilize developmental screenings vs. developmental surveillance.
- The extended pilot year should expand beyond the current 1<sup>st</sup> Five screening of well-child visits by including 1<sup>st</sup> Five screening during sick child visits and screening of pregnant women.
- Collaborate with Iowa’s 1<sup>st</sup> Five Initiative, Project LAUNCH, and Early Access throughout the entire project by holding monthly meetings with project staff.
- Utilize a “release of information” that would allow the VNS of Iowa to work directly with families receiving social service referrals.
- Discussion took place about the community utility concept. This is a reach beyond the clinical referral and encompasses the social determinants of health.

Could you have a pediatric practice without utilizing a community utility? It would have to be a very large practice. The families need to be linked to community resources to improve the health of children in the home.

**Reach Out and  
Read Iowa**

**Health Literacy  
Iowa**

Dr. Mary Ann  
Abrams

**Health Literacy Iowa**

- The mission of Health Literacy Iowa is to promote and facilitate the ability of all Iowans to use effective communication to optimize their health.
- The definition of health literacy is “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.
- This is a universal issue- anyone can experience low health literacy, depending on the situation. Health literacy is considered a social determinant of health.
- 13 percent of American adults below basic or basic health literacy.
- Health literacy is a growing concern and it can cause:
  - Excess hospitalization
  - Reduced use of preventive care
  - Lack of health knowledge
  - Decreased adherence
  - Increased medication error
  - Lack of *informed* consent
  - Poor health outcomes
- The teach-back method has proven effective when talking with patients about their medical plan. Teach-back is asking people to explain in their own words what they need to know or do, in a friendly way. It is **not** a test of people, but of how well **you** explained a concept.
- Guidelines for printed educational material were discussed.
- For more information: [www.healthliteracyiowa.org](http://www.healthliteracyiowa.org)

**Reach Out and Read Iowa**

- The Reach Out and Read program prepares America’s youngest children to succeed in school by partnering with doctors to prescribe books and encourage families to read together.
- The program makes literacy promotion a standard part of pediatric primary care, so that children grow up with books and a love of reading.
- The Reach Out and Read program is an evidence-based model. At every health care visit for children aged 6 months through 5 years:
  - Medical providers encourage parents to read aloud and offer age-specific anticipatory guidance.
  - Providers give a new developmentally-appropriate book to take home and keep
  - Literacy-rich waiting areas foster early literacy
- The program is recognized nationally in over 4,500 locations in all 50 states and serves 3.9 million children from low-income families annually. Over 6 million books are distributed every year.
- Children who grow up without books or reading are highly likely never to catch up to their peers. 88% of first graders who are below grade level in reading will continue to read below grade level in fourth grade.
- Iowa is ranked 23rd in percentage of 4th grade public school students who scored below proficient reading levels. Iowa ranks 16<sup>th</sup> in number of children aged 0-5 years read to every day.
- Health literacy should be a key concept when educating about the Health Benefits Exchange. People need to understand it and trust it.
- Discussion took place about training in medical school about health literacy and interacting with patients. Health literacy needs to be a part of their curriculum.
- For more information: [www.reachoutandreadiowa.org](http://www.reachoutandreadiowa.org)

<p><b>Safety Net Strategic Planning</b> Sarah Dixon Gale</p>	<ul style="list-style-type: none"> <li>• The framework for the Iowa Collaborative Safety Net Provider Network (Network) strategic plan was presented to the Council. A number of areas in the strategic plan focus on what the PCCM Advisory Council is working on.</li> <li>• The Network is working with their Advisory Group and Steering committee to determine additional initiatives to take on beyond the scope of their legislatively directed areas of focus. They completed a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis in December. Their final strategic plan will be completed in April. This will be sent out to the PCCM Advisory Council.</li> <li>• One initiative is centered on the patient-centered medical home model. Provider awards are given to the free clinics to implement medical home initiatives, as well as pharmacy and specialty care. The Network participated in the medical home multipayer initiatives that took place with Medicaid and Wellmark.</li> <li>• They also have a goal around improving the Networks communication and education efforts, which includes increasing their web presence and making sure Iowa’s universities are aware of the Network</li> <li>• Return-on-investment of safety net providers is another goal in their strategic plan. Pete Damiano has submitted for large grant with the Commonwealth Foundation to research this, and if funded, the Network will play a key role.</li> <li>• Another goal in their strategic plan is to increase the underserved population to safety net access. They will measure patient satisfaction and develop a protocol for those transitioning out of the corrections facilities regarding medications.</li> <li>• Another goal is to increase the number of health care providers volunteering in safety net sites, as well as increase health care system integration with a focus on safety net services.</li> <li>• The goal that most closely pertains to the work of the PCCM Advisory Council is regarding the diabetes care coordination plan. The Network is written to the legislative charge and they will work with the PCCM Advisory Council to meet this goal.</li> </ul> <p>A strong partnership is being formed between the Network and the PCCM Advisory Council. Sarah Dixon Gale attends the PCCM Advisory Council meetings, and Angie Doyle Scar goes to the Safety Net Provider Network meetings to ensure our efforts are collaborating.</p>
<p><b>Subgroups</b></p>	<p><b><u>Prevention Subgroup</u></b></p> <p>Discussion took place around the draft issue briefs about Community Utility and Social Determinants of Health.</p> <p><b><u>Community Utility</u></b></p> <ul style="list-style-type: none"> <li>• A number of different initiatives in Iowa were brainstormed to include as examples in the issue brief to highlight best practices. <ul style="list-style-type: none"> <li>- Diabetes education program with a nutritional component (Polk County Health Department)</li> <li>- Support groups for Hepatitis C and Herpes- it is open to any physician in the community Polk County Health Department)</li> <li>- I-Smile Dental Home Initiative</li> <li>- Pick-a-Better Snack</li> </ul> </li> <li>• It was suggested to include a section on payment. Give a statement saying that it is a struggle to address the various needs in the community, and the community utility is the ideal resource.</li> </ul>

- Another suggestion was made to develop an example of a flow chart of how the patient will receive the community utility resource
- The phrase “Community Utility” might push people away. It is a new term for an old concept that has been around for years.
- Emphasize in the issue brief that every community’s resources will be different, and that these resources are not always state-wide.

#### Social Determinants of Health

- An emphasis should be placed on the early childhood piece and describe the importance of preschool.
- The issue brief should make the “big picture connection” in that the social determinants of health are a larger factor than health care itself. The social determinants of health are a much larger percentage of what impacts our health outcomes, yet we don’t invest as much money in it.
- When you balance out lifestyle, there is no control over a majority of the social determinants of health. It takes a large population to change the environment and economy of a community.
- The subgroup brainstormed a number of examples to showcase as “best practices” in the issue brief:
  - Walkability studies in school district areas. Missouri has a “walking school bus” which has been very effective to allow children walk to school in a safe fashion.
  - Almost every county in Iowa has a “Healthy Polk” type plan and they’re doing activities which would address many areas of the social determinants of health.
  - The Reach Out and Read program should be highlighted in this issue brief.
  - Address the infrastructure issues such as green spaces, bike paths, accessibility of public transportation, community gardens and food desserts/access to healthy food.
  - The [B-Cycle system](#) in Des Moines could be another highlighted example.
  - The HOLA center is going to have community gardens this summer. They are also going to have an event at the HOLA center to promote physical activity.

#### **Chronic Care Management Subgroup**

- This subgroup reviewed the draft Diabetes Issue Brief and recommendations. Most of the decisions on the issue brief had already been decided on earlier though email, but some final edits were made.
- There was discussion as to when this issue brief should be released since the following week was the second funnel of the legislative session. The impact on this session would most likely be minimal. The group decided that the best time to prepare for the next session would be right after this current session is finished. The Diabetes Issue Brief will be shared with policymakers once their work is finished this session.
- The workgroup spent time discussing the next steps in the Diabetes Care Coordination Plan. Members discussed the goal of coordination is to align moving parts and integrating public health and medical homes. There was lengthy discussion on community services that could enhance the diabetes care such as Iowa’s CDSMP (Chronic Disease Self-Management Program) classes and diabetes education programs. This is a time for a “call to action” in community programs assisting in the management and prevention of diabetes.
- Staff from the Iowa Collaborative Safety Net Provider Network (Network) agreed to assist in working with their members on the diabetes care plan. For instance, creating a mechanism for free clinics to refer patients to Community Health Centers for primary care.

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|  | <ul style="list-style-type: none"><li>• The Network is considering including the work on the diabetes care plan in their strategic plan. The PCCM council will assist in this process and create a structure outside of provider offices such as referrals to CDSPM classes. The council will also work on making a business case for expanding self-management classes and diabetes education programs. The subgroup also discussed the need to find avenues in engaging consumers in their care.</li><li>• The subgroup also discussed access to care and the IowaCare expansion. A number of subgroup members voiced concern with the distance patients are required to travel and the waiting list times to access primary care.</li></ul> |
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The next meeting of the Prevention and Chronic Care Management Advisory Council will be **Thursday, June 16<sup>th</sup>, 10:00 – 3:00 at the YMCA Healthy Living Center in Clive.**

**The purpose of the Prevention and Chronic Care Management Advisory Council is to advise and assist the Iowa Department of Public Health to develop a state initiative for prevention and chronic care management as outlined in HF 2539.**