# For Reference

Health and Long-Term Care Access Advisory Council Report

Goals and Objectives Recommended to IDPH

IDPH convened a technical advisory committee "to assist in the development of the strategic plan." A list of members can be found in Appendix 4. Since the recommendations the council developed were broad and far-reaching, IDPH chose to narrow the number of overall objectives before making recommendations to the Governor and General Assembly.

The council recommended consideration of the following goals and objectives for the strategic plan. All goals are listed with their corresponding objectives on this page and the following pages. These goals and objectives are consistent with the overall objectives submitted by IDPH to the Governor and General Assembly with the exception that while they are all related to Iowan's access to health care, they are not all focused specifically on workforce considerations.

The council recognizes that in addition to the goals and objectives listed in this section, a variety of strategies may address several of the goal areas and overall health and long-term care workforce issues at the same time. These would include, but not be limited to, strategies to increase the number of nurse faculty, address the shortage of mental health providers, assist Community Mental Health Centers with recruitment and retention, and increase and improve data collection on the health and long-term care professions. Specifically, the council suggests attention to the summary document of the strategic planning discussion at its July meeting, presented as Appendix 13.

A full record of the council's discussions and considerations is available at: <a href="http://www.idph.state.ia.us/hcr\_committees/care\_access.asp">http://www.idph.state.ia.us/hcr\_committees/care\_access.asp</a>.

In addition, the council recommends consideration of the following goals and objectives for the strategic plan. Items are not necessarily in priority order. This list reflects council discussion as follows:

- Items in bold type were voted as priority items for that goal.
- Items in regular type were kept as key items but were not top priorities for that goal.
- Items in italics were considered but not kept as its priorities. They remain captured for future dialogue.

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

# **Objectives**

- 1. Target and fund loan repayment programs to recruit clinicians to work in rural areas. Make funds available to individual rural communities and educational programs to be used for recruitment, training, and retention of necessary health professionals (options: loan repayment, rural scholar, tax incentives).
- 2. Support technology that improves rural access to health care providers (telemedicine/telehealth/call center or resource line/electronic health records).
  - Working with Magellan Behavioral Care in Iowa, Inc., expand telehealth to all 99
    counties and fund training programs for psychiatrists and practitioners. Eventually
    expand to include other payers. (Iowa Psychiatric Society, for a couple of years, act
    as the central coordination entity.)
- 3. Establish best practices for multi-disciplinary care models for rural areas.
  - Develop interprofessional core curricula.
- 4. Remove funding and reimbursement barriers to multi-disciplinary care models.

• Address legal/regulatory rules that impede the practice of all rural health care providers, especially mid-level practitioners.

Additional notes (dialogue that the council did not include in its priorities):

- a. For item 1 above, the words, "at safety net provider facilities" was removed prior to "in rural areas." And, the sentence, "Create a pool of funds that a rural community could apply to for funding depending on that community's need(s)." was taken off the last part of the recommendation.
- b. Incentivize health care providers and organizations to create meaningful access of Electronic Health Records (EHR) for multidisciplinary team members.

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

## **Objectives**

- 1. Promote co-locations and integration between Federally Qualified Health Centers (FQHCs) and Community Mental Health Centers (CMHCs).
- 2. Create a multi-lingual educational campaign including outreach staff to inform the population regarding health care programs available in their areas.
  - a. Fund a multi-lingual educational campaign to increase health care literacy among consumers residing in urban underserved areas.
- 3. Recruit multi-cultural clinicians and staff for urban community health centers (CHCs) and clinics (loan repayment, etc.).
  - a. Expand interpreter services in Federally Qualified Health Centers (FQHCs).

### Goal 3 – Assure access for people with disabilities.

### **Objectives**

- 1. Increase access to professionals providing medication therapy management for people with disabilities who are not on federal programs.
- 2. Fully fund Medicaid waiver programs to eliminate waiting lists.
- 3. Assure adequate, specific training for health care providers that work with people with disabilities.
  - a. Develop professional training that meets the health delivery needs of people with disabilities (including behavioral challenges).
  - b. Enhance training opportunities for Community Mental Health Center (CMHC) clinicians who serve individuals who are dually-diagnosed (i.e., experiencing mental retardation/developmental disability while also experiencing mental illness). Once trained, clinicians can become Medicaid Home and Community Based Services (HCBS) crisis intervention providers (billable service) to serve as local resources to residential providers. (Utilize telehealth for training.)
  - c. Iowa Medicaid Enterprise purchase permanent license to make College of Direct Support (CDS) available to all Intermediate Care Facilities (ICF) habilitative and Home and Community Based Services (HCBS) providers and build into rules ability of providers to be reimbursed for training time.
- 4. Address transitional care issues for persons with disabilities moving from children's services to adult status.

- 5. Provide public education to promote awareness of existing services and programs for people with disabilities.
- 6. Explore Minnesota model of alternative mid-level provider type (dental therapists).
- 7. Investigate solutions to geographic access problems for people with disabilities to access health care.

Additional notes (dialogue that the council did not include in its priorities):

i. Establish an ongoing data collection for monitoring health and needs of persons with disabilities.

# Goal 4 – Assure access for the *elderly*.

# **Objectives**

- 1. Remove barriers to patient choice of providers, especially in rural communities.
- 2. Create compensation programs that will increase the number and quality of health care professionals providing direct patient care who are willing to work in long-term care facilities, hospice, and home health care.
- 3. Synchronize rules and regulations between Department of Inspections and Appeals (DIA) and the Department of Human Services (DHS) with the goal of improving access and quality and eliminating non-value-based regulations (regulations that do not add value).
- 4. Fund a pilot program to integrate transportation service into three different local health delivery systems (encourage use of patient-centered medical home concept).
- 5. Reduce age-related health disparities.
  - a. Promote better identification and treatment of depression in the aging by primary care providers.
- 6. Fund implementation of recommendations of the Direct Care Worker Advisory Council regarding core curriculum and training to serve older Iowans.
- 7. Evaluate models that provide home and community based care as an alternative to hospitals and long-term care facilities.
- 8. Fund public awareness of hospice and palliative care as end-of-life care options.

# Goal 5 - Assure access for ethnic and racial minorities.

### **Objectives**

- 1. Cultivate interest, create incentives and offer early career counseling, planning and recruitment in health professions among minority and disadvantaged students:
  - a. Support Area Health Education Center (AHEC) partnerships with state and local organizations beginning in underserved urban and rural elementary school settings.
  - b. Create pipeline programs within education settings and health care settings targeted toward minority students (use DMACC 2+2, Buena Vista College, and Siouxland Health Center programs as models).
- 2. Create career ladders with increased financial assistance for minority and disadvantaged students in health professions education programs.
- 3. Increase cultural competence among existing members of the health and long-term care workforce, including faculty members, particularly within population "pockets"

- experiencing a large increase in minority populations. Fund continuing education opportunities specific to cultural competence and expand core curriculum in health education programs specific to cultural competence.
- 4. Create community based, participatory training development programs to form and promote a culturally competent health and long-term care workforce.

#### Goal 6 - Assure access for the uninsured and underinsured.

# **Objectives**

- 1. Expand and strengthen current primary care programs (rural clinic, free clinic, Community Health Centers (CHCs)) that serve uninsured/underinsured.
- 2. Fund research to determine effective streamlined practice models such as establishment of a new dental workforce model with a mid-level provider, or others as recommended by previous reports (Minnesota model).
- 3. Retool, reinvent, and expand the IowaCare program to allow for coverage in additional settings through the state as recommend by The Iowa Medical Society: Report of the Task Force on Iowa's Health Care Infrastructure so that it truly provides access to less expensive models of care while maintaining the same outcomes.
- 4. Raise the poverty level for existing programs to cover more people.
- 5. Increase the reimbursement rates for state participation in federal programs.
  - a. Investigate innovative programs that would improve reimbursement and include interdisciplinary care (dentistry).
- 6. Establish minimum insurance coverage levels for preventive care.

Council members submitted Appendices 5 - 12 in support of the recommendations and to be used in the development of the strategic plan. Where submissions are large and available via Internet, links are provided in lieu of the document itself.