

Minutes  
 Health and Long-term Care Access Advisory Council  
 February 03, 2012  
 10:00 a.m. – 3:00 p.m.  
 Urbandale Public Library

**Members Present**

Cindy Baddeloo  
 Brian Farrell  
 Susan Lutz  
 Laura Malone  
 Leah J. McWilliams

**Members Absent**

Carol Alexander  
 Roy Bardole  
 Shelly Chandler  
 Libby Coyte  
 Michele Devlin  
 Wendy Gray  
 Ryan Hopkins  
 Steve Johnson  
 Brian Kaskie  
 Daniel Otto  
 Catherine Simmons  
 Kyle Carlson

**Others Present**

Michelle Holst, Iowa Department of Public Health  
 Kevin Wooddell, Iowa Department of Public Health  
 Carole Kron, The University of Iowa (rep for Carol Alexander)  
 Doreen Chamberlin, Iowa Department of Public Health

\*Health and Long-Term Care Access Advisory Council Web site [http://www.idph.state.ia.us/hcr\\_committees/care\\_access.asp](http://www.idph.state.ia.us/hcr_committees/care_access.asp)

Topic	Discussion
Introductions and Welcome	Michelle Holst welcomed the attendees to the meeting. Members and guests introduced themselves. Michelle provided an overview of today's agenda.
Review of 2012 Strategic Plan Action Steps  Discussion of Statute in 135.163 and 135.164  Alignment with Strategic Direction and IDPH Mission	Michelle Holst provided a brief history of the council and how it reached splitting off into subcommittees focusing on Infrastructure and Workforce. Each subcommittee would address the four main areas of the strategic direction for the next report.  The action steps and timeline for addressing Infrastructure and Workforce were provided to Council Members as a handout of the Executive Summary of the Strategic Plan. This lays out the expectations of the subcommittees.  Due to limited attendance the group decided to work as one group today, rather than splitting into subcommittees for the afternoon.  An action step in the Strategic Plan is to review the Iowa Code to consider realignment of statute with strategic direction and IDPH mission and develop recommended revisions if appropriate. Review of Iowa Code 135.163 and 135.164 Sec 58, 1, b. – the council suggested this topic is not for this group. Sec 58, 1, c – the council asked if there is any funding for these activities.
Mental Health Redesign Update	Rick Shults from the Iowa Department of Human Services provided an overview of the Mental Health and Disabilities Services Redesign project. <a href="#">Senate File 525</a> established a

plan to redesign Iowa's mental health and disabilities services. The Iowa Department of Human Services was charged with engaging workgroups to develop recommendations to implement the plan. Activities DHS carried out include: hiring the Technical Assistance Collaborative to facilitate the workgroups; established six workgroups; conducted 10 listening post meetings across the state (12 conducted with a 13<sup>th</sup> scheduled for February 4, 2012); surveyed over 1,600 MHDS consumers and families; submitted an interim report of the work groups' recommendations; and submitted a final report with the department's recommendations.

The workgroup and DHS recommendations fall into the areas of services; management and structure; and financing.

Key service recommendations include: all services should be provided locally and available within the region; new critical core services should be phased-in over time within each region; gather and publish outcome data; implement improved workforce practices; and service management should include a uniform services assessment tools.

Key management and structure recommendations include a proposed MHDS system with the state setting standards, regions administering services, and services provided locally. Region size should range from 200,000 to 700,000 populations with between 10-15 regions across the state and include a three county minimum. When size requirement and parameters are not workable, DHS should be able to provide a waiver. Waterloo area has an eight county collaborative currently. The regions should manage and fund non-Medicaid services and establish local access to services and designate case management.

The Governor's budget recommendations include enhancements to begin MHDS redesign a year sooner than stipulated in SF 525. The Governor's budget includes funding from the State General Fund, the Balancing Initiative, and Magellan claims recovery for a total of \$30 million.

Peer support services to provide family support have a critical role in the system. Individuals in the survey identified community support services were as important in their life and recovery as therapeutic services. The use of peer support and family support is one tool in addressing workforce issues.

The bi-partisan interim workgroup recommended legislation based on the recommendations of the workgroup report. The House is anxious to enroll a bill and start working on it. While the Senate also wants to enroll a bill but with a more methodical approach. Financing is always big issue

**Questions:**

Do the sub acute services, for example residential care facilities, fit into redesign somewhere?

It could. The challenge is how to describe the service being provided and what do people need in sub acute services. We do not have a lot of these services, and people might be providing these types of services but they are not clearly defined.

Did I hear you say that consumers and providers will have input when the regions are determined?

The regions will probably be defined by the counties. However, at some point, if a county has yet to form or be included within a region the department director should have the authority to ensure every county is accounted for. But it would be the county supervisors that identify the regions. Once the regions are identified, we do believe consumers and providers have a role in advising on what goes on within the region.

Would you have a suggestion that the mental health piece of delivery infrastructure and

	<p>workforce is in good hands with the redesign or is there a role this council can assume or participate?</p> <p>We need to work together to complement one another. One thing that might be within the legislation is a workforce workgroup. What I'm worried about is a duplicated effort and we need to complement what we do, along with collaboration.</p> <p>Psychiatry and psychiatric specialty should be/remain on the council's radar.</p>
<p>Subcommittees: Infrastructure and Workforce</p> <p>Membership, Structure, and Getting Started.</p> <p>Subcommittee Reports</p>	<p>Because of limited attendance the council did not break into subcommittees. Instead, all the members present discussed infrastructure and workforce.</p> <p><b>Workforce</b></p> <p>Issues no one is raising</p> <p>Mental health and disability services redesign plans to (projects) covering some aspects of mental health workforce through their effort ... potentially the peer support and family support and direct support and crisis support.</p> <p><i>Mental Health Workforce</i></p> <ul style="list-style-type: none"> <li>• Health and Long-term Care Access Advisory Council could conduct a forum with mental health stakeholders to discuss mental health workforce to assess who is addressing which issues and where there are gaps.</li> <li>• Expanding the scope of services provided by of pharmacists as part of a health care team role in providing access to health care information <ul style="list-style-type: none"> <li>○ Improvement of medication compliance and medication therapy management</li> </ul> </li> <li>• Would the council have a role in assessing the supply of health professionals in the mental health regions? <ul style="list-style-type: none"> <li>○ The council could focus on professionals who can diagnose and treat (i.e. psychiatrists, ARNPs, PAs).</li> </ul> </li> <li>• Assessment of whether existing professionals are practicing to the maximum extent of their scope of practice and if not, why not? <ul style="list-style-type: none"> <li>○ It is by their professional choice? <ul style="list-style-type: none"> <li>▪ If so, <ul style="list-style-type: none"> <li>• Can education/information be provided to influence these choices?</li> <li>• Can incentives be provided to influence these choices?</li> </ul> </li> <li>▪ If not, <ul style="list-style-type: none"> <li>• Are there barriers that can be resolved at a system/policy level?</li> </ul> </li> </ul> </li> </ul> </li> <li>• Strategies include recruitment and retention <ul style="list-style-type: none"> <li>○ Based on the agreed-upon level of services to be available as a result of MH Redesign, assess the types of professionals that need to be recruited and to what locations</li> <li>○ Include recruitment of individuals who are willing to provide services via telemedicine (not only recruitment of people to physically move their practice to a community)</li> </ul> </li> </ul> <p>Should we have a separate section here on Intellectual Disabilities and Developmental Disabilities?</p> <p>Revisit 2010 Council Recommendations on ID/DD</p> <p><b>Infrastructure</b></p> <p><i>Care Coordination</i></p> <p>Assuring increased collaboration among health delivery systems to improve care coordination to manage transition from one level of care to another and to the home. (Working together to figure out how we're going to manage patients.)</p> <p>Multiple initiatives around reducing recidivism to acute care (i.e. hospital readmission).</p>

	<p>External factors that are impacting the infrastructure:</p> <ul style="list-style-type: none"> <li>• Forces that want to reduce re-hospitalization</li> <li>• Assuring compliance with meaningful use</li> <li>• Bundling of payment/reimbursements through medical home initiatives and accountable care organizations</li> <li>• CBO report on physician payment</li> <li>• Aging facilities</li> </ul> <p>Convene multiple parties working on these issues.</p> <ul style="list-style-type: none"> <li>• HLTCAC could hold a meeting/forum that would allow each delivery system to explain the initiatives around care coordination that they are undertaking and the scope and limits of those initiatives. HLTCAC would document the discussion. HLTCAC would identify and document gaps, potential areas of collaboration, and resources needed.</li> <li>• We are all working on the same thing, and we all need to be talking, but we're not. Increased understanding of what each is doing.</li> </ul> <p><i>Broadband Network</i> FCC grants to Hospital Association and Iowa Health System are taking care of broadband network backbone. Iowa Hospital Association has mapped the availability of the backbone across the state. Infrastructure needs in this area seem to be being met through existing grants and through the eHealth Initiatives.</p> <p><i>Electronic Health Records</i> - Some entities and systems well-prepared, and others are not. Barriers include:</p> <ul style="list-style-type: none"> <li>• No funding to purchase EHR software package</li> <li>• No funding to increase staffing to allow staff to attend training</li> <li>• No funding to pay for someone to come train the staff</li> <li>• No funding to hire ongoing staff support for the IT needs</li> <li>• No funding for hardware</li> </ul> <p>Barriers exist for:</p> <ul style="list-style-type: none"> <li>• Long-term care providers</li> <li>• Nursing homes</li> <li>• Home health agencies</li> <li>• Clinics</li> <li>• Pharmacies</li> </ul> <p>Which of these issues are being addressed by eHealth Initiative and which ones are not? The council decided to table discussion on this issue because it is unclear whether there is a role for this council in the issue.</p>
<p>Wrap-up and Public Comment</p>	<p>Council members expressed concern that the Strategic Plan should not "sit on a shelf". Members discussed questions about what the Governor and General Assembly do with the 2012 Strategic Plan now that it is submitted. There were questions about how previously-submitted plans have been used and what the legislature wants next. Does the council need to hone in on any specific topics for the next installment of the plan? It was suggested that the council ask IDPH director for their thoughts about the plan. Future subcommittee meetings could be conducted via alternative means (i.e., web, telephone).</p>

**Next meeting:** Monday, April 23, 2012 10:00 – 3:00 Urbandale Public Library

