

MINUTES

Patient-Centered Health Advisory Council

Iowa Labs Facilities

Wednesday, June 18th, 2014

9:30 am – 2:00 pm

Members Present

Chris Atchison
 Melissa Bernhardt
 Charles Bruner
 Marsha Collins
 Anna Coppola
 Chris Espersen
 Michelle Greiner
 Petra Lamfers
 Mary Larew
 Linda Meyers
 Teresa Nece
 Patty Quinlisk
 Trina Radske-Suchan
 Bill Stumpf
 John Swegle
 John Stites

Members Absent

David Carlyle
 Kevin de Regnier
 Steve Flood
 Ro Foege
 Jeffery Hoffmann
 Jason Kessler
 Don Klitgaard
 Tom Newton
 Peter Reiter
 Debra Waldron

Council Staff

Angie Doyle Scar
 Abby Less

Others Present

Gerd Clabaugh
 Gretchen Hageman
 Marni Bussell
 Lindsay Buechel
 Debbie Abben
 Anthony Pudlo
 Judith Collins
 Kim Norby
 Joe Sample
 Deborah Thompson
 Jess Benson
 Michael Wolnerman
 Ann Cochran
 Tracy Rodgers
 Joyce Taylor
 Kim Downs
 Pam Lester
 Erin Davison-Rippey
 Michelle Stephen
 Patty Furano
 Emily Hockins
 Kala Shipley
 Kyle Carlson
 Bill Burch
 Gloria Symons

Meeting Materials

- [Agenda](#) 
- [IHAWP Healthy Behaviors Program PPT](#) 
- [Dental Wellness Plan PPT](#) 
- [CTG Medication Therapy Management PPT](#) 
- [Outcomes MTM Handout](#) 
- [Community Care Coordination PPT](#) 
- [State Innovation Model PPT](#) 

Topic	Discussion
<ul style="list-style-type: none"> • Welcome/ Introductions <i>Council Members</i> 	<ul style="list-style-type: none"> • Council members and interested parties introduced themselves. • Chris Espersen chaired the meeting and she introduced the day by expressing how innovative Iowa's initiatives are and how well we work together with stakeholders. Approaches also seem to be very holistic and patient-centered. The Council is an excellent venue in Iowa to bring together stakeholders and discuss the emerging issues.

<p>Iowa Health and Wellness Plan Healthy Behaviors Program- Council Comment Forum <i>Lindsay Buechel</i></p> <p>PowerPoint: IHAWP Healthy Behaviors Program PPT </p>	<p>Iowa Health and Wellness Plan</p> <ul style="list-style-type: none"> • The Iowa Health and Wellness Plan began on January 1 and covers Iowans age 19-64 with income up to and including 133 percent of the Federal Poverty Level (FPL). The Plan provides a comprehensive benefit package and provider network, along with important program innovations that will improve health outcomes and lower costs. • Under the full Iowa Health and Wellness Plan, there are two separate programs. The “Iowa Wellness Plan” is for individuals with incomes between 0 and 100 percent of FPL and they will have access to health insurance coverage similar to the health insurance plan offered to State of Iowa employees. The “Iowa Marketplace Choice Plan” is for individuals with incomes between 101 and 133 percent of the FPL and they will have access to health insurance coverage through the federal Marketplace utilizing the subsidies provided under the ACA. • For current enrollment numbers, click here: http://dhs.iowa.gov/sites/default/files/IHAWPEnrollment%20Maps_June2014.pdf • Iowa Wellness Plan members have 1,322 primary care providers available, in addition to other contracted Medicaid providers. All members have access to local providers and in 88 counties and members will be assigned to a primary care physician of their choice in their county. For more information: Iowa Medicaid Managed Care Fact Sheet and Iowa Wellness Plan Managed Care Map. • DHS has released an Iowa Health and Wellness Plan Provider Toolkit that provides fact sheets, talking points, and sample media materials. The materials will help educate how the Iowa Health and Wellness Plan will benefit individuals and families in Iowa communities. A Stakeholder Toolkit will also be released in the next few weeks. • The Healthy Behaviors Program is a new way for all Iowa Health and Wellness Plan (both Iowa Wellness Plan and Iowa Marketplace Choice Plan) members to work with health care providers to be healthy and stay healthy. Having a good relationship with a primary care provider is an important part of taking responsibility for individual health. Participating in the Healthy Behaviors Program helps Iowa Health and Wellness Plan members begin the conversation with providers and saves money. • A new logo and look called “Iowa Health Link” has been established with the tag line “Care on Your Own Term” • Iowa Health and Wellness Plan members who complete the Healthy Behaviors requirements will not be responsible for a monthly contribution. Click here for more information: Healthy Behaviors Program - Rewards White Paper • Healthy behaviors and monthly contributions key features include: <ul style="list-style-type: none"> ○ No copayments except for using the emergency room when it is not an emergency ○ No monthly contributions during the first year (2014) ○ No contributions for those with income below 50% FPL ○ Iowa Wellness Plan contribution: \$5 per month ○ Iowa Marketplace Choice Plan contribution: \$10 per month • To participate in the Healthy Behaviors Program and avoid paying a monthly contribution after the first year of coverage I-HAWP members must: <ol style="list-style-type: none"> 1) Get a wellness exam (annual physical) from a health care provider 2) Complete a health risk assessment (HRA) • The HRA engages patients in their care and helps primary care practices and patients work in close cooperation. Assess My Health is an online tool in English and Spanish, written at the eighth grade reading level. The IME has contracted with Treo Solutions to utilize the Assess My Health online tool for completing member HRAs. The Assess My Health tool allows providers to receive a report of the member’s results, from which a care plan can be developed. A member with computer access can complete the assessment in 15 minutes (if healthy) up to 40 minutes (if very high needs and low computer literacy). The assessment expands based on issues raised by the person: e.g. if
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someone identifies themselves as having diabetes, they are asked an additional series of questions about that condition.

- Providers will be eligible for a \$25.00 payment for incorporating HRA results into patient's care plans. The use of any other HRA tool besides "Assess My Health" will not be reimbursed by Iowa Medicaid.
- CoOpportunity Health utilized their own incentive if their members use CoOpportunity Health's HRA tool.
- All members received a letter and flyer at the end of May. These can be accessed here: http://dhs.iowa.gov/sites/default/files/HealthyBehaviors_MemberComm_Wellness.pdf
- Council members and interested parties were encouraged to contact Lindsay Buechel at IME (lbueche@dhs.state.ia.us) if they know of any community events, meetings, or newsletters to help educate Iowans about this program and spread the word.

Comments and questions from Council members and interested parties include:

- A question was asked if the Iowa Health and Wellness Plan will affect the waiver population at some point. The response was that at this point, it is just the Iowa Health and Wellness Plan population. If this program is successful, other populations could be looked at to model this after.
- A question was asked on the impact will this program have on the Health Insurance Premium Program. Iowa Health and Wellness Plan members can still enroll in the Health Insurance Premium Program and they would still need to complete the Healthy Behavior Program requirements.
- A comment was made that it is great that this program is moving towards wellness and health. It is extremely hard to change behaviors and this is an opportunity for them to be linked to the community for things like exercise and nutrition programs to help them take action.
- A comment was made about the importance of health literacy and education. Members will not automatically know how to use their insurance coverage and a strong educational component will be very important.
- A question was asked about the future of the Healthy Behavior Program. The second year of the Healthy Behaviors Program has not been established yet, and there will likely be a "menu" of options for members to choose from to complete their Healthy Behaviors requirements. There will also be an incentive piece which is still being developed.
- A comment was made about already seeing practices putting in place infrastructure to help with changing behaviors such as health coaches.
- A concern was raised about the resources and access barriers that rural Iowa might face. For example, there are very few Dietitians available in rural Iowa. IME will be working with IDPH to figure out how to reach rural communities utilizing community-based organizations, local public health agencies, community action organization etc.
- A suggestion was made to reach out to public libraries in communities.
- A question was asked if the HRA tool "Assess My Health" includes social determinants of health questions. The response was yes this is one of the main reasons this HRA tool was chosen and it has been tested in the safety net population.
- When the provider incorporates the patient's HRA into their care plan, does the patient need to come back into the office, or can the next step be taken over the phone? The response was that it is fine if it is over the phone, as long as action is being taken on it. This will be helpful with transportation issues. The ideal situation is that the patient completes the HRA prior to the physical exam and brings the HRA results to their exam.
- A question was asked about available materials and the ability to customize materials for organizations. The response was that the Provider Toolkit and

	<p>Stakeholder Toolkit will have drop in articles for local newspapers. There will also be customizable poster and business cards for clinics, as well as social media posts.</p>
<p>Dental Wellness Plan <i>Gretchen Hageman</i></p> <p>PowerPoint: Dental Wellness Plan PPT </p>	<ul style="list-style-type: none"> • The Dental Wellness Plan began on May 1, 2014 and serves both the Iowa Wellness Plan members and the Iowa Marketplace Choice Plan members. • It focuses on population health and an earned benefits approach which provides incentives for additional health and dental care services and improves member awareness about the importance of wellness, oral health and compliance with treatment plans. • The Dental Wellness Plan also uses health and oral health risk assessment tools to facilitate data collection and improve understanding of the health and oral health care status of the population. • It is estimated that 140,000 Iowa Wellness Plan and Marketplace Choice Plan will be eligible for this program. • The Dental Wellness Program is administered by Delta Dental under an Iowa Department of Human Services contract until 2017. • The Dental Wellness Plan the 1st in the nation government dental program with an earned benefits and a risk assessment to improve oral health for adults. • Delta Dental worked closely with the State of Iowa and key stakeholders to create a plan design that focuses on prevention and incorporates member responsibility. Plan design features includes: <ul style="list-style-type: none"> ○ Teach good oral health to members ○ Get the population to a healthier state ○ Accomplish this within 3 years prior to Federal government changing program funding ○ Members must return for preventative care visits in order to be eligible for additional benefits ○ Members continue with preventative care schedule to stay eligible for all benefits • The PowerPoint presentation lists what benefits are available to members and at what time they become eligible for the benefits. • Members must continue to see a dentist for preventative care every 6-12 months to have full benefits available to them on an on-going basis. If a member misses preventative care guidelines, they start the program from the beginning with core benefits • The tool for the Oral Risk Assessment (PreViser) takes minutes to complete and follows comprehensive exam collection information. This will be completed annually by General Dentist. The assessment will provide a result of low, medium, or high risk to assist the dentist with creating a care plan. Dentists can send in a claim for PreViser and receive a \$10 reimbursement one time per year. There was discussion and concern that this is not much of a provider incentive to engage the member and talk through the HRA. • There are currently 105,572 members enrolled in the Dental Wellness Plan. • A comment was made that it would be helpful if there was a list of Delta Dental providers easily accessible to members. • A question was asked about expanding this program to children and other adults on Medicaid. If the program is successful, that is certainly something that can be looked into down the road. • A comment was made that there is strong interest in having access to the data and results of this program. • Delta Dental is currently working on creating a reminder system for appointments. • For more information, click here: http://www.dwpiowa.com/ddpahi/index.jsp?DView=Home
<p>Community Transformation</p>	<ul style="list-style-type: none"> • Medication Therapy Management, also referred to as MTM, is a term used to describe a broad range of health care services provided by pharmacists,

<p>Grant Medication Therapy Management Model</p> <p><i>Anthony Pudlo</i></p> <p><i>PowerPoint:</i> CTG Medication Therapy Management PPT</p>	<ul style="list-style-type: none"> • This presentation is an update on Iowa’s MTM program over the past year through Iowa’s Community Transformation Grant (CTG). • Iowa’s CTG goal is to improve statewide awareness for clinical prevention screenings and healthy lifestyle behaviors through consistent messaging in public health, primary health care, business, and community settings; and to create community –based strategies for systems and environmental changes in a 26 county subgroup to improve access for healthy opportunities. • CTG was a 5 year grant and it was cut short in 2014. • The Clinical Prevention Strategies include: <ul style="list-style-type: none"> ○ By September 29, 2013, increase from 0 to 6 of the number of counties that have developed local referral systems to support control of high blood pressure, high cholesterol, diabetes, and cancer. ○ By September 29, 2016, increase the number of dental practices having systems in place for blood pressure and tobacco use screening and referral. ○ By September 29, 2016, increase the number of self-insured employers in the state who support an Asheville-like pharmacist model for employees addressing at minimum the control of high blood pressure, high cholesterol, and diabetes. ○ By September 29, 2014, increase the number of counties with access to evidence-based chronic disease programs. • Iowa’s Pharmacist MTM Model uses pharmacist-provided care to provide MTM intervention & disease management to support the patient-centered medical home model and provide positive individual/patient outcomes. • Changes to medication regimens only occur with approval of appropriate prescriber within the medical home. Information will be communicated back to the primary care provider and pharmacist will communicate needed interventions to the medical home. • Through CTG, they have been working to find 3 self-insured employers to receive mini seed grants to help the employer to kick start a MTM benefit for their employees • Key elements for success in Iowa include: <ul style="list-style-type: none"> ○ Patients have frequent, consistent and face-to-face interaction with pharmacists ○ The patients’ information is communicated between pharmacist and other health care providers to ensure safe medication use and that self-management goals are in line with MD treatment plan. ○ Organized process to implement MTM services into the self-insured employer’s health benefit package • OutcomesMTM is the national leader in the design, delivery and administration of Medication Therapy Management programs. The company's service line benefits health care purchasers by delivering a cost-effective approach to advancing patient care and controlling utilization through the provision of patient-friendly, face-to-face Personal Pharmacist™ services. OutcomesMTM covered services include Comprehensive Medicaid Review, Prescriber Consultation, Patient Compliance Consultation, Patient Education & Monitoring. They encourage face-to-face visits with patients. • Discussion took place about Estimated Cost Avoidance (ECA). There are 7 levels that the pharmacists can choose for a claim. If the pharmacist avoided an emergency room visit or additional prescription, the pharmacist selects the level for that. This information is shared with the health plan.
<p>Community Care Coordination Project- Mercy Medical Center- North Iowa’s Project- Cerro</p>	<ul style="list-style-type: none"> • Senate File 446 allocated funding to the Safety Net Network to be used for the development and implementation of a statewide regionally based network (community utility) to provide an integrated approach to health care delivery through care coordination. The purpose of the network is to provide an integrated approach to health care delivery through care coordination that supports primary care providers and links patients with community resources necessary to empower patients in addressing biomedical and social determinants of health to improve health outcomes. The two Iowa

Gordo

Debbie Abben

PowerPoint:

[Community Care
Coordination PPT](#) 

- organizations that have been selected to pilot this approach in their communities within the state are **Mercy Medical Center-North Iowa** and **Webster County Health Department**.
- Debbie is the Care Coordination Project Manager at Mercy Medical Center-North Iowa.
 - The Mercy Medical Center Community Care Coordination Program focuses on creating an “Accountable Community”. It uses many different ways to identify patients (data and referrals) and focuses on networking and coordinating with community partners. The program also is very patient-centered and aligns the patients with the resources they need to be successful.
 - The key partners of this program include Mercy Medical Center- North Iowa, Cerro Gordo County Public Health, and North Iowa Community Action Organization. These partners use signed Business Associate Agreements (BAAs) and Memorandum of Understandings (MOUs) between all parties. Participants sign and Enrollment Form between the three core community partners.
 - Collaboration is intended to facilitate the community’s ability to manage the following needs of the region’s most vulnerable, high-risk populations:
 - Insurance- Assist participants in obtaining health care coverage
 - Pharmaceutical- focus on using the 340b program/pricing and medication assistance programs
 - Clinical- alignment with a primary care provider and health coach as needed
 - Socio/Economical- Connect with community resources
 - Behavioral health- focus on what the patient wants to work on, and work to improve coordination with appropriate behavioral health resources
 - The PowerPoint demonstrated screenshot examples of how the program works with their IT system.
 - The total number served by the program is currently 142. For those 142 individuals- 455 encounters for services provided including:
 - Financial counseling
 - Primary care provider appointments
 - Community resource appointments
 - Pharmacy visits
 - Behavioral health visits
 - Also, out of the 142 individuals served, 953 assistance was provided including:
 - Prescription assistance
 - Housing
 - Transportation
 - Financial
 - Access to care
 - Dental
 - Health literacy
 - Transportation is the highest need they are seeing and providing assistance with for this program. Another large barrier that is also at the top of their list is access to dental services.
 - A story was given that shows the need for connecting patients with community resources and demonstrating the community utility concept.
 - This program will continue to grow and expand. Strategic planning for year 2 includes:
 - Increased focus on integration of behavioral health
 - Expansion into surrounding counties
 - Expansion of other populations
 - Continued integration with Accountable Care initiatives
 - The program will also expand the information technology platform including an electronic way to refer patients into the program and a bi-directional access of system with case management, home care, mental health center, and addiction treatment centers.

	<p>Michelle Stephan mentioned that the RFP for year 2 funding for the Community Care Coordination project can be accessed here: http://iowapca.org/displaycommon.cfm?an=1&subarticlenbr=107. Regions can submit proposals for either a Developmental Initiative or an Implementation Initiative to support their projects ranging from \$50,000 to \$200,000 for the period of September 1, 2014 through June 30, 2015.</p>
<p>State Innovation Model- Medicaid ACO Development Marni Bussell</p> <p>PowerPoint: State Innovation Model PPT</p>	<ul style="list-style-type: none"> • Three participating Wellness Plan ACOs as of July 1, 2014 include: <ul style="list-style-type: none"> ○ Broadlawns Medical Center - a community hospital serving Polk County and Central Iowa. Broadlawns Medical Center has recently been recognized by Iowa Medicaid as an ACO to encourage healthy behaviors and improve health outcomes for thousands of Iowans on the Iowa Health and Wellness Plan ○ University of Iowa Health Alliance, LLC - comprised of health systems, county hospitals, RHCs, and Federally Qualified Health Centers across Iowa and include systems like, Genesis Health System, Mercy Health Network, and the University of Iowa Health System. ○ UnityPoint Health Partners - comprised of UnityPoint Clinic, Trimark Physicians Group (Fort Dodge), Central Iowa Hospital Corporation (Blank Children's) and St. Luke's Health Resources (Sioux City). • To date, more than 107,000 individuals have signed up for the Iowa Health and Wellness Plan. Of those enrolled in the Iowa Wellness Plan, more than 26,000 have a primary care provider affiliated with the three ACOs. • The State Innovation Model (SIM) is an effort funded by the CMS and led by Iowa Medicaid Enterprise to develop a Medicaid ACO model for Iowa. In February 2013, Iowa was awarded around 1.4 M dollars for a Design phase to develop a State Health Care Innovation Plan over a six month period. Iowa will be applying for round two funding for test assistance which is due on July 21st. 12 states will be awarded this second round of funding and the states will be announced on October 31st, 2014. • The vision for Iowa's SIM is to transform Iowa's health care economy so that it is affordable and accessible for families, employers, and the state, and achieves higher quality and better outcomes for patients. • The three strategies that DHS submitted to CMS include: <ul style="list-style-type: none"> ○ Strategy 1- Implement a multi-payer ACO methodology across Iowa's primary health care payers ○ Strategy 2- Expand on the multi-payer ACO methodology to address integration of long term care services and supports and behavioral health services ○ Strategy 3- Population health, health promotion, and member incentives • Four workgroups with specific design objectives met four times between July and early September. More information about the four workgroups can be found here: <ul style="list-style-type: none"> ○ Metrics and Contracting Workgroup ○ Long Term Care Workgroup ○ Mental Health and Substance Abuse Workgroup ○ Member Engagement Workgroup • Two consumer focused workgroups were held in October. Consumer advocates and consumers were given the educational overview/presentation and then were given an opportunity to provide comments and ask questions. • The first step in implementation was the completion and submission of the State Healthcare Innovation Plan. This document was submitted to the Centers for Medicare & Medicaid Services in December 2013. It outlines Iowa's approach to ACOs, research and stakeholder input received, and lays the groundwork for the next steps. It also includes a 5 year visionary plan and 19 required components. The State Healthcare Innovation Plan is targeted to be implemented in 2016.

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| | <ul style="list-style-type: none">• The key concepts of the State Healthcare Innovation Plan are to:<ul style="list-style-type: none">○ Develop a regional approach to care coordination and contract requirements for Medicaid ACOs with clearly defined accountability at the community level and provider relationships with other systems is important.○ Align with other payers in reimbursement, quality, measurement, and reporting○ Increased transparency/data sharing○ Member engagement/healthy behaviors• A question was asked about how the Health Home program will be affected. From Iowa Medicaid's perspective, the health home is a key piece for the ACO to be successful. These two initiatives are concurrent and it will build the infrastructure to be successful.• A comment was made about how most of the time, Registered Dietitian services are not reimbursable. There are, however, around 800 RD's across Iowa.• More information about the SIM can be found here: http://www.ime.state.ia.us/state-innovation-models.html |
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The next meeting of the Patient-Centered Health Advisory Council will be held
Wednesday, October 15th, 9:30 – 2:00 at the Iowa Hospital Association

Meeting Schedule

- **Wednesday, October 15th, 2014 from 9:30 – 2:00 at the Iowa Hospital Association**
- **Friday, November 21st, 2014- Location TBD**