

# MINUTES

## Prevention and Chronic Care Management Advisory Council

Wednesday, September 16, 2009

10:00 am – 2:00 pm

Urbandale Public Library

### Members Present

Jose Aguilar  
 Mary Audia  
 Bill Appelgate  
 Krista Barnes  
 Trula Foughty  
 Terri Henkels  
 Melanie Hicklin  
 Noreen O'Shea  
 Rev. Dr. Mary E. Robinson  
 Suzan Simmons  
 John Swegle  
 Debra Waldron

### Members Absent

Steve Flood  
 Della Guzman  
 Tom Kline  
 Kathryn Kvederis  
 Patty Quinlisk  
 Peter Reiter  
 Donald Skinner  
 Steve Stephenson  
 Jacqueline Stoken  
 David Swieskowski  
 Jenny Webber

### Others Present

Tom Newton  
 Angie Doyle-Scar  
 Beth Jones  
 Jill Myers Geadelmann  
 Kala Shipley  
 Abby McGill  
 Kay Corriere  
 Leslie Grefe  
 Nicole Schultz  
 Deborah Helsen  
 Karla Fultz McHenry  
 Judy Collins  
 Jennifer DeWall  
 Leah McWilliams  
 Daniel Garrett  
 Lynh Patterson  
 Shirley Roberts  
 Sara Schivert  
 Jane Schadle

\* **Prevention & Chronic Care Management Advisory Council Website (handouts found here):**  
[http://www.idph.state.ia.us/hcr\\_committees/prevention\\_chronic\\_care\\_mgmt.asp](http://www.idph.state.ia.us/hcr_committees/prevention_chronic_care_mgmt.asp)

Topic	Discussion
Welcome/Introductions	<ul style="list-style-type: none"> <li>• Council members and others introduced themselves.</li> <li>• Angie Doyle Scar introduced herself. She has recently filled the position of the new coordinator for this Council. Angie has spent the last seven years serving as the statewide <i>hawk-i</i> Outreach Coordinator for IDPH.</li> </ul>
Common Themes among IDPH Councils	<p><i>Tom Newton</i></p> <ul style="list-style-type: none"> <li>• The initial report produced by the PCCM Council is a great start and something everyone should be proud of. The next step is to determine how to move into implementation phase.</li> <li>• The report has been shared with Iowa legislators, the Governor's Office, and State Board of Health.</li> <li>• At IDPH we are looking at overlap issues between the initial health care reform reports of each council and are working hard to coordinate the Councils' efforts and support each other.</li> <li>• One issue that has been brought up in PCCM, Medical Home (MH) and eHealth is the need for a statewide registry and a way to track chronic diseases. At the same time, the eHealth Council is trying to implement a statewide electronic health record (EHR) system through the stimulus funding coming to Iowa as result of the American Recovery and Reinvestment Act.</li> </ul>

- We want to make sure this new health information technology (HIT) system promotes and enhances chronic disease management and prevention. It is also important to make sure our immunization registry is in line with eHealth's plan.
  - There's also stimulus money available for prevention and chronic care management, and we should know more about this fairly soon.
  - It will be a tight budget from a state perspective, but at the same time there is a bit of federal money coming.
- Integration of HCR Councils at IDPH*
- The Medical Home and PCCM Council staff meets on a regular basis to coordinate.
  - A Health Care Reform Connections and Integration Team has been formed at IDPH which consists of lead staff from all Councils. They meet once a month to communicate, coordinate, and collaborate with one another.
  - The Check-Up is a monthly health care reform newsletter designed to keep interested Iowans up to date on the progress of health reform initiatives assigned to IDPH. These newsletters are archived on the main IDPH HCR website:  
[http://www.idph.state.ia.us/hcr\\_committees/](http://www.idph.state.ia.us/hcr_committees/)

Trula Foughty mentioned that the Iowa Healthcare Collaborative developed content for their Cardiovascular and Stroke Taskforce. The taskforce was amazed by all the community and state initiatives currently in existence. There is a high level of energy and we need to identify the initiatives that are successful to look at and potentially replicate.

Q- What has IDPH done so far to communicate and work with smaller organizations?

A- IDPH publishes The Focus quarterly to share information. Information such as council agendas, minutes, and handouts are loaded on our website as quick as possible. When IDPH staff becomes aware of something, they try to get that information out to the locals as quick as possible.

Tom Newton- From a budgetary standpoint, IDPH is planning on submitting a status quo budget for FY11. For the current FY budget, we are waiting to see what the Revenue Estimating Conference comes back with in October. There will most likely be an across the board cut, and it is unknown what that reduction will be.

Q- How do the recommendations in this PCCM report get budgeted for?

A- State funds will be very tight to do these things, so therefore we need to look at federal funds and other grants as much as possible. We should also look at recommendations that will not take state funds to implement.

Other Health Reform Councils

- *Medical Home*
- *E-Health*

**Medical Home**

- The Medical Home Symposium will take place on September 18<sup>th</sup> at the Marriott Hotel in Coralville. The College of Public Health Hansen Award Lecture to be presented by Dr. Stephen Shortell from University of California at Berkeley. This is part of a conference on strategies to connect patients to care. The focus of this event is on Medical Homes. The MH Council will be having a meeting in the afternoon on this date.
- Iowa was recently chosen as 1 of 8 states for the National Academy for State Health Policy (NASHP) Consortium to Advance Medical Homes for Medicaid and Children's Health Insurance Program (CHIP) Participants (through a grant from The Commonwealth Fund) Each state will receive 1 year technical assistance to support their efforts. It will kick off with a Learning Session in October 2009. For the press release click [here](#).
- The Definition/Certification Workgroup met on September 2<sup>nd</sup> for a workday where they had discussions about certifying medical homes in Iowa. No final consensus was made, but they gave important guidance and input for next steps. They don't want to rush their decision, and are going to see where things go nationally in the near future. Iowa has many providers that could be a medical home, but would not pass NCQA certification.

**eHealth**

On August 20, 2009, the Office of the National Coordinator for Health IT (ONC) released grant guidance for the State Health Information Exchange (HIE) Grant Program. This cooperative, 4-year grant program is a funding opportunity to advance the development of a statewide HIE, one of the key deliverables of the Iowa e-Health Project.

Quick Facts about the State HIE Grant:

- **Funding Source:** American Recovery and Reinvestment Act, HITECH Act Section 3013
- **Number of agreements:** 1 cooperative, non-competitive agreement per state
- **Lead applicant:** Iowa Department of Public Health
- **Available Funding for Iowa:** Minimum of \$4 million (Final amount will be determined by ONC based on funding formula). Match requirements will begin October 1<sup>st</sup>, 2010.
- **Timeline:** Letter of Intent due September 11; Full application due October 16

The biggest thing they are working on right now is the budget and it is required that they estimate it for 4 years.

Another grant of particular interest to the e-Health Executive Committee and Advisory Council is the ONC's funding opportunity for regional extension centers. Also a cooperative, 4-year grant, this program will facilitate the adoption and use of electronic health

records (EHR) by providing hands-on technical support to providers. The type of assistance the centers will provide includes, but is not limited to, EHR product selection, workflow redesign, progress towards meaningful use, and education and outreach. Eligible applicants for this competitive grant are nonprofit organizations.

Q- Who will have access to the HIE?

A- Anybody who has access to an EHR *could* have access to the HIE. The auditing is important in terms of privacy and security.

Medication will include in the system. One of the criteria of meaningful use is e-prescribing.

Mary Robinson was wondering if the consumer would be able to have access. One component is personal health records, but it is something that is down the road.

In the long run, there will be nationwide linkage through the National Health Information Network. The goal is to get states up and running during the first 2 years with the stimulus money.

### **Governor's Council on Physical Fitness and Nutrition**

A big change to the council is that they added "and nutrition" to their title.

This council met with the Small Business Qualified Tax Credit Committee. They plan on rolling out a pilot that will give tax credit to small businesses with 2 to 200 employees. There will need to be an education and evaluation component.

**Youth Individual Challenge:** The Governor's Council is partnering with the Live Healthy Iowa Kids program through the Iowa Sports Foundation. New tracking posters were designed to add the healthy behaviors fruit, vegetable, water & milk and limiting screen time to the current physical activity tracking system. The Council invited 7 statewide organizations working with schools to provide input on the changes to the program in July. The Live Healthy Iowa Kids/Iowa Governor's Youth Challenge will begin in January, 2010.

**School Challenge:** The Governor's Council has agreed to support the criteria of the USDA's HealthierUS School Challenge ([click here](#)) for the school award. They have developed a core set of strength training exercises, in instructional picture format, for use as a resource to develop the physical activity criteria of the challenge.

**Healthy Iowa Awards:** The Council is partnering with the Wellness Council of Iowa to provide Healthy Iowa awards for communities, schools, colleges, and visionaries. Applications for the 2009 Healthy Iowa/Iowa Governor's Council on Physical Fitness and Nutrition awards were due August 31, 2009. For a description of the awards, click [here](#). The awards banquet will be held October 1st, 2009.

	<p>Trula Foughty mentioned that the Cardiovascular and Stroke Taskforce deals with a lot of things about salt intake reduction. Currently, it is at 400 mg of sodium per product.</p> <p>Noreen O’Shea would like to see one central location of information/resources where she can direct her patients to after normal work hours. This aligns with the medical home community utility model. For example, a 211 for health issues or the University of Iowa’s “Go Local” program. Click <a href="#">here</a> for link.</p> <p><b><u><i>Patient Autonomy in Health Care Decisions in Pilot Project Advisory Council (IPOLST)</i></u></b></p> <p>IPOLST is often called patient autonomy. The concept is that people work with their physicians, hospitals and nursing homes to develop a set of physician orders that transfer from institution to institution with the patient and are honored by each as the patient’s last wishes. These physician orders, in addition to the durable power of attorney and the end of life care documents can give caregivers a guide for the last treatments. In Iowa we have begun a community pilot in Cedar Rapids.</p> <p>The Cedar Rapids IPOLST Committees continue to meet monthly and to carry out their pilot initiative. They have successfully educated health providers, created forms, and are developing community awareness campaigns. For the first six months of the initiative, they met at St. Luke’s and for this last six months the meeting place has switched to Mercy Medical Center. The Data committee has been collecting the identified data pieces for the evaluation process and the group is preparing their information for a report to the state IPOLST Advisory Council which will meet later in the year to review the pilot and develop a set of recommendations for the Director and the Legislature.</p> <p><b><u><i>Direct Care Worker Advisory Council and Health and Long-Term Care Access Advisory Council</i></u></b></p> <p>See <a href="#">September Check-Up</a></p>
Next Steps	<p><i>Council Discussion</i></p> <ul style="list-style-type: none"> <li>● <b>Report feedback- SBOH Feedback</b></li> </ul> <p>The report was presented to the State Board of Health on July 8<sup>th</sup>. The recommendations given from the State Board of Health regarding the report are</p> <ol style="list-style-type: none"> <li>(1) The council should include evidence-based, population-based public health strategies in future efforts</li> <li>(2) Substance abuse and hepatitis should be recognized and included in the prioritized list for chronic conditions (page 4)</li> <li>(3) The council should       <ol style="list-style-type: none"> <li>(a) include a focus on pediatric/childhood prevention and chronic disease management strategies</li> <li>(b) be mindful of newer populations entering the state so the issues of those populations are also addressed (multicultural</li> </ol> </li> </ol>

awareness).

- Terri Henkels would like to see more emphasis on community health and wellness from a public health standpoint.
- According to the National Children's Health Quality group from the American Academy of Pediatrics, childhood obesity is the source of a lot of diseases that children acquire as they move into adulthood. Many times, obesity is much a mental health/depression issue and needs to be treated that way first.
- IDPH will distinguish from the Board of Health what type of hepatitis they are referring to. In 1-2 years, we are going to have much more opportunity for treatment of hepatitis, therefore, it is a huge talking point right now.
- In regards to the multicultural issue, we should have a focus group to determine barriers and other issues that we may not have considered. A focus group could include just a few consumers to solicit feedback. For example, some immigrants make health decisions based on different criteria than normally thought of. In different cultures/backgrounds, it is usually the women who in charge of the families health, and she is the person that the provider needs to focus the families health information to.
- Meeting the patient where they are physically, emotionally, culturally and economically as a provider is very important. There are a lot of resources out there that we need to know how to use and think outside of the box. It can be very hard to reach many people from an 8-4 schedule. For example, you could go to the community basketball games to get screenings done.

- **Where do we go from now?**

Issue Briefs Options

- What is prevention?
- What is chronic disease management?
- Return on investment of prevention
- Care coordination
- Prevention and chronic disease management in the medical home
- Disease registries
- Best practices in community based wellness
- Health literacy in prevention and chronic care management
- Payment methodologies for prevention and chronic care management services
- Health disparities (more than numbers, but some possible solutions)
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We should deliver issue briefs with context and relevance to the report. They need to be very concrete and basic.

Disparities can be incorporated into all these issue briefs and the recommendations. One suggestion is to invite a subgroup of consumers from the multicultural areas to provide guidance and

	<p>input. The Health and Long-Term Care Access Advisory Council is also working with disparities. We could have a workgroup with a couple people from each council to address this issue.</p> <p>Terri Henkels suggested that we connect with resources at the local level and find demonstration projects that are already in existence to build from, such as Healthy Polk. We could focus one recommendation to do a demonstration project with them to bring back to the legislature.</p> <p>Iowa is ranked last in the country for mental health. Clinics are closing all over the state, and they are unable to recruit psychiatrists. This is an important issue that needs more focus.</p> <p>Judy Collins brought up the issue that people in jail are not receiving mental health treatment or care in those settings. There are no resources for the prisons to pay for these services, and many of these people are in worse shape when they come out.</p> <p><b><u>Is anybody missing from the council?</u></b></p> <ul style="list-style-type: none"> <li>• The institutions or people doing continuing education (for public health or medical providers) they can be a resource for us and they can also learn from us at the same time.</li> <li>• Health care advocacy group</li> <li>• National alliance for the mentally ill</li> </ul> <p>We need one central commanding office for rural recruitment. Part of the workforce solution is that we need an easy way to recruit providers. IDPH will take this to the Direct Care Worker Advisory Council.</p>
Closing	<p>At the next meeting, we will convene a panel focusing on mental health issues, and this meeting will also be opened up to other Advisory Councils members to attend. If you have a suggestion for the panel, please send the contact information of that person to Abby.</p> <p>The first Issue Brief will be "What is chronic disease management, including self-management." This correlates to Dr. Applegate #3 on his handout. The Department of Aging has a very successful program, and there are things already going on in Iowa that we can provide success stories to bring back to the legislatures. We will write a rough draft and send it to the Council for changes and feedback.</p> <p>Abby will send a MeetingWizard with four different dates and times in October and early November for the next Council meeting.</p>
<p>The next meeting of the Prevention and Chronic Care Management Advisory Council will be held To Be Determined via MeetingWizard.</p>	

**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.**