Rural Health and Primary Care Advisory Committee

August 14, 2013

Kathy Nichols – Wright County
Angela Halfwassen – Dental Hygienist, Wright
Shari Burgus, Dallas – Farm Safety for Just Kids
Gayle Olson, CH Educ. Spec. – ICASH
Greg Randolph, PA Gladbrook
Jon Rosmann, IA Prescription Drug Organization
Mark Segebart - State Senator, NW Iowa
Julie McMahon – IDPH Div. Dir.
Patrick Pucelik ARNP-- Harlan
Bob Russell, IDPH Dental Director
Sheila Frink, Jones Co., EMS
Dr. Dennis Mallory, family practice, Geriatrician, Dubuque Mgd. Care, Util. Rev. Tama BOH
Michelle Holst – IDPH PCO
Jim Atty, Humboldt Co. Memorial Hospital
Mary Spracklin -- DIA
Gloria Vermie, IDPH SORH
Margaret Thomson – Ag. And Land Stewardship
George Zarakpege – IDPH Committee Support
Katie Jerkins IDPH Committee Staff

ACTION: Minutes Approved -Minutes from last teleconference meeting were approved with one correction --- Legislative number needs to be corrected. Moved by Margaret Thompson and Seconded Jim Atty.

ACTION: New Chair. Nominations opened and Dr. Dennis Mallory was nominated to be the chair. Mark Segebart moved that nominations cease. VOTE: nomination passed. Kathy Nichols announced Dr. Dennis Mallory as new chair.

Gloria Vermie: SORH report. The SORH federal grant application has been submitted and notice of award was received with a smaller award as a result of sequestration. Iowa RH got some federal notice and will be recognized this year at IRHA annual meeting this fall. Brochures for the meeting are in your packets. Rural Health Clinics: There are 142 Iowa RHC. As a pilot national project several Iowa RHCs are focusing on performance safety and quality measures. Gloria is on a national committee looking at performance measures (16 performance measures in the pilot pool of measures – from meaningful use measures). The Iowa RHC pilots will need to gather data and a final report will help Iowa advance this practice across the state. Some data correlates with shared savings data measures -- also ties into nursing home measures. Iowa will be on ground floor and helping making decisions for this initiative.

Michelle Holst: PCO – Primary Care Office Each state has a federal grant to establish state PCO to designate health professional shortage areas; work with safety net network provider networks; coordinate National Health Scholarship Funds; and in Iowa the PCO works with Community Care Coordination projects with the safety networks. Michelle notes her work with the Advisory Committee will be around health workforce. The Council for Health Workforce Shortages is not renewed but the Legislature has recommended the Office work more closely with the RHPCAC and that it do some cost projections regarding their recommendations and what implementation of would cost. The strategic plan that the Council developed is quite broad in relation to direct care workforce – there was a need to identify what the cost for this would be. There is growing concern around a continuing shortage of providers and an aging population with growing and greater needs for home support, clinical and social support services. Then, is there going to be some money to pay for some of these services? Behavioral Health access and cost issues are surfacing as behavioral health clinics have recently closed. With privacy issues it is really difficult to deliver effective care to people. EMS is difficult as there are fewer volunteers, and we soon will be mandating EMS meet national standards increasing the shortage. In

one town there is no fire or EMS service during the day because all of the volunteers work in other places and can't get to the site fast enough. EMS funding is varied and funded by entities such as county government, city government, and even united way. There is no Iowa funding stream for EMS. Billing for runs is difficult. 54% of Iowa hospitals support and run rural ambulance services. Pharmacy services that are part of the safety net are doing some research about access to primary care and access to pharmacies. Step two of that research will be looking at opportunities for telemedicine. APGAR program identifies and assesses communities and scores them to facilitate their physician recruitment. It is important to bring all of these perspectives to this committee to hear about initiatives and best practices and what the different hospitals are doing. There is so many dynamics and local relationships.

Workforce and health care delivery are going to be on going issues.

Julie McMahon – Retiring September 20th - Julie wants to thank everyone by attending groups and task forces and committees to say goodbye and recognize the public health work over the past decades. Julie reviewed and reflected on her career in public health and the roles she played over her career. Her work wetted her interest in public health. Julie returned to Iowa in 1987. She became a public health administrator and leader. In thinking about what public health is today – Julie talked of her aunt who was poor, uninsured and died in her 40's of breast cancer. Her two daughters also had breast cancer. In rural Iowa, her doctor was in Storm Lake, her dentist in Sac City. As a public health nurse she almost got fired because she supported her county getting WIC – as the last county in the country to get the Women, Infants and Children's health program. Julie remembered Carl Kulczyk, she remembered when home and community based and public health nurses were not considered "real nurses" by their colleagues. She remembered when turnover in public health was 5% -- now it is 33% annually. "I remember when I was diagnosed with ovarian cancer", she said. I had all the best – best insurance, best docs, best support and great colleagues at work. Each step she saw in others the impact of lack of insurance, lack of access, long and difficult travel to an oncologist. "I hope we will always remember our past and remember that these things are core to what this committee is about. Progress will be slow and difficult but so important. I want to be able to spend more time in volunteering for public health; I want to spend more time with my grandchildren." Julie wants to thank all who contribute and volunteer in public health to serve the health of Iowans. What Julie has been most proud of – is local and state public health entities that get along and partner together so well; when she works with other states nationally, that is not so.

Bob Russell – talked about the range of programs that are part of the bureau. From a vision perspective, all health care is integrated and all parts of health have to be part of our vision of public health and or of healthy people. When we think about fully integrated public health – we have to start in our own home, our own house and in our own programs to build a vision of integration and comprehensive approaches to public health. Bureau Overview: In the new fiscal year funding is relatively solid, we have had some losses – we have new programs and some removed. We are planning and recalibrating to handle the new responsibilities we have been given. I am optimistic that this will be a good year and we will continue to serve Iowans in even broader ways.

Gayle Olson - ICASH – youth injury prevention mini grants -- $500 grants and this year 13 small projects across Iowa are underway. Road safety projects delivered road safety info for driving on rural gravel roads. ATV safety is a new committee with ATV injury prevention task force to share what research is showing about safety. Agri-Safe Clinics – a new one in Johnson County serving the surrounding counties. In Iowa the Agri-Safe Clinics have run like a medical clinic in the past. But things are changing and now there is more emphasis on engaging Agri-Safe members to beef up their skills to serve a rural

population. There is a shift to build capacity of providers – an Ag-medicine class is offered each year in Iowa City and in Omaha in Nebraska. This weeklong intense training looks at all kinds of health issues relative to agriculture. It looks at behavioral health, cancers, pesticide exposures, muscular-skeletal issues and serves a wide range of health professional providers. Gayle manages the Midwest Rural and Agricultural Safety and Health Conference which will be in Ames November 19-20, 2013. Agriculture is much different now in Iowa and the program is adapting to serve the current agricultural client and meet the new health needs. Kelly Dunham has been director since it started and Kelly will become emeritus October 1st. A new physician position is open to be part of ICASH and professor in the school of medicine, the associate director position is also open. If you know of any people who might be of interest – let us know. This week we had an opportunity to integrate another interest with the conference – an OSHA provided train the trainer program for grain bin rescue/retrieval is being considered within our conference planning. Another program called Agriability – focuses on individuals with disabilities being able to farm – both as farmers who have been disabled and also for returning veterans building their capacity to farm. Dr. Mallory noted he attended the Ag-medicine course along with 3 other physicians 20 years ago and it was very helpful. Kelly Dunham recently presented to the association of physicians – for proper connection of diagnosis and cause of death from farm accidents. It will be hard to replace Kelly, his national work and his local work has made this organization what it is now.

Committee Update and facilitation

Katie called for a 10 minute break before the committee update and facilitation at 11:10 am. During the update, Katie described the responsibilities of the committee to IDPH as including providing advice and making recommendations on rural health issues to the center for rural health, providing expertise and technical assistance necessary to review and recommend policies pertinent to rural health issues, as well as guidelines for grants and other programs. Others include reviewing reports, prepare for the general assembly and make recommendations regarding the reports compiled and elevate new care delivery concepts arising to meet the need of the rural population.

Jane facilitated the session. Please see facilitation report below.

Meeting was called for adjournment at 2:23 pm by Gregory Rudolph and seconded by Jim Atty.

Overview

As the newly appointed Rural Health and Primary Care Advisory Committee met for their first meeting in Des Moines the staff for the group took the opportunity to build into the agenda some time for focused conversation about the role the Committee might play in support of the mission and work of the Iowa Department of Public Health, and specifically in an advisory capacity for the Bureau of Oral and Health Delivery Systems. The Bureau programs include those in rural health, primary care (workforce, health manpower shortage areas and National Health Service Corps), oral health and hospitals (FLEX and SHIP programs).

RHPC Committee

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Facilitation Plan

The goal for this meeting was to provide an opportunity for new committee members to meet and to hold a focused conversation about rural health, rural health issues and to identify some opportunities for active support of the IDPH Rural and Primary Care programs and the Oral and Health Delivery Systems Bureau as well.

An opening **focused conversation** allowed members to discuss the following:

> Committee members voiced some very specific **benefits to participating on the Committee** including: Learning about models in different places; building my knowledge about issues; helping to solve problems; hearing about issues from the state perspective, identifying the best use of scarce health funding; building understanding for health organizations; doing my part to help citizens; becoming a better leader; and fulfilling my responsibility to educate.
>
> The **benefit to IDPH and the OHDS Bureau** was also identified as an opportunity to provide: real stories from communities; feedback information regarding community health status; identify what is working; commitment to the committee; recognize the positive impacts; identify and discuss health issues; deliberate oral health as a health issue; discuss strategies for care delivery to address key issues; identify key issues arising out of communities; and Networking across rural entities for larger impact.

Some of the **opportunities that may arise for Committee support of IDPH** or the Bureau activities might include: Sustaining a diverse leadership group for collaborative deliberation; pre-emptive preparation around rural health issues; collective thinking things through; take opportunities to be out in front of issues; provide information for policy or testimony for workgroups of policy makers, and offer group authority for positions on issues.

Rural Iowa's Health Issues

Continuing the focused conversation, the Committee identified health issues and established action priorities for their work over the next year or two. The question used to identify issues was: **From your background and experiences, what are some of rural Iowa's health issues?** The issues identified were:

- Transportation
- Access
- Providers
- Community capacities
- Psychiatrists (provider shortage)
- Infrastructure for behavior health
    - System for mental health services and cares
    - Justice/mental health network
- Population changes
    - Migrations
    - Aging
    - Culture changes
- Rules and Regulations around
    - Critical Access Hospitals: Nursing Homes
    - Safety Net Providers
    - Trauma Designations
    - Level of care certifications – stroke centers, hospital cardiac catherization rules, etc.
- Scope of Practice
    - Board licensing criteria/mandates for practice
    - Credentialing as a barrier for entry into practice
- Health Manpower Shortages
    - Physician recruitment and retention
    - Nursing recruitment
    - Dentists
- Health Business Models
    - Don't see many small practices any more
    - Few private practices
    - Complicated models
    - Costs of administration an issue for offices and clinics
- Systems don't communicate with each other

    - Use of HIT (health information systems) or electronic medical records takes a lot of knowledge and expertise
- Water issues
    - Water quality
    - Fluoridation

Identifying how we choose our work created the following selection criteria. **How do we decide what work we want to undertake? What criteria will we use to decide whether to take on an issue?**

- Its history/precedence
- Immediacy of the issue
- Builds on long term [solutions]
- Opportunity to collaborate
- Learn * Grow* Inform
- Low Hanging Fruit

Action Priorities

Given our criteria, what priority rural health issues do we want to address?

- **Health access** by learning more about the issues and problems and sharing that information widely. This would be a long term and addressed frequently.

- **Population changes** and population trends because of the impact on our work individually and on the work of the Bureau and IDPH. This would be monitoring and learning and looking for trends.

- **Health provider shortages** and this too would be a long term initiative but could have both long and short term goals established for addressing the issue.

To identify specific committee activities the group participated in a brainstorming process answering the following question:

What activities and actions and strategies could we use to bring our rural expertise to guide, advise and enhance the capacities of the Center for Rural Health and Primary Care?

Influence Policy Direction	Analyze Rh Issues to Impact Change	Educate Communities	Increase Group Capacity	Cultivate Collaborative Relationships with IDPH and other stakeholders	
Educate Key Decision Makers	Survey for community and organizational input (do this	Resources to treat rural residents	Remain Solutions Oriented	Exchange feedback from Center	Personal experiences (good and bad)

	yearly)				
Recommendations to licensing governing bodies	Standard Problem Definitions	Professional Development Study Groups	Forum to improve our own organizations and communities	What does IDPH want from us?	Develop / Cultivate Relationships
	Identify Emerging Rural Health Issues	Speakers	Not just 4 times a year	Meet with IDPH staff to align priorities	Engage Youth
		Sharing Best Practices Models	Do pre-work when asked	IDPH Issues	

Facilitator Note: The facilitation processes used in this meeting are the Technology of Participation (ToP) Focused Conversation and Consensus Workshop group process methods and these notes are the work product of the August 14th meeting. Thank you for allowing me to be a part of this great beginning.