

## Iowa Department of Public Health

# ✓ The Check-Up

## An update on issues and ideas Related to health reform in Iowa

The Check-Up is a health care reform newsletter designed to keep interested Iowans up to date on the progress of health reform initiatives.

The Check-Up will feature updates on activities of the Office of Health Care Transformation, which is a key point-of-contact for health care reform initiatives within IDPH including Accountable Care Organizations, Health Benefits Exchange, Chronic Disease Management Initiatives, and Patient-Centered Medical Homes/Health Homes. The Check-Up also features health reform councils as authorized by HF 2539 (2008) including activities related to the Federal Patient Protection and Affordable Care Act (ACA) (HR 3590) and other activities related to the focus of the councils.

## Office of Health Care Transformation (OHCT)

The OHCT is the key point-of-contact for ACA related initiatives at IDPH including Health Benefit Exchange, Accountable Care Organizations, Patient-Centered Medical Home/Health Homes, prevention and chronic care management initiatives, community utility and care coordination. The mission of the OHCT is to promote community care coordination and advance the patient-centered transformation of the health care system, which will improve care and reduce cost. The overarching goals of the OHCT are:

- Convening stakeholders
- Building relationships and partnerships
- Streamlining efforts
- Presents to and offer technical assistance to a variety of organizations including Local Public Health Agencies and Maternal and Child Health grantees to prepare for ACA implementation by encouraging:
  - Improved overall health of Iowans
  - Patient focused & increased patient satisfaction
  - Preventing and managing chronic diseases
  - Increased access to health care
  - Less use of emergency departments and hospital readmissions

The OHCT also coordinates the [Prevention and Chronic Care Management and Medical Home \(PCCM/MH\) Advisory Council](#). The Council includes representation from health care, state agencies, academia and consumers. The vision of the Council is below. The PCCM/MH Advisory Council [2012 Annual Report](#) gives an overview of the Councils, lays out their progress reports with recommendations, and summarizes the activities that the Councils have accomplished since their creation.

September - December  
**2012**

## Websites

### Advisory Councils

[Prevention and Chronic Care Management](#)

[Medical Home](#)

[Iowa e-Health](#)

[Health and Long-Term Care Access](#)

[Direct Care Worker](#)

[Patient Autonomy in Health Care Decisions Pilot Project \(IPOST\)](#)

### Other Iowa HCR Activities

[Community Transformation Grant](#)

[Health Benefits Exchange](#)

### Council Reports

The MHSAC and PCCM Advisory Council have released annual progress reports that provide background information on development of a medical home system, prevention, and chronic disease management initiatives, describe the current efforts in Iowa, and establish recommendations.

- [MH/PCCM 2012 Annual Report](#)
- [MHSAC Progress Report #1](#)
- [MHSAC Progress Report #2](#)
- [MHSAC Progress Report #3](#)
- [PCCM Advisory Council Initial Report](#)
- [PCCM Advisory Council- 2011 Report](#)
- [Data Collection of Chronic Diseases in Multicultural Groups of Racial & Ethnic Diversity in Iowa](#)

### Issue Briefs

The MHSAC and PCCM Advisory Council develops issue briefs on a variety of important topics related to prevention, chronic disease management, and the spread of the PCMH in Iowa. The issue briefs educate stakeholders and policymakers on Iowa specific information and data and may include recommendations from the Council related to the topic.

- [Chronic Disease Management](#)
- [Disease Registries](#)
- [Prevention](#)
- [Diabetes in Iowa](#)
- [Patient Centered Care- What Does it Look Like?](#)
- [Social Determinants of Health](#)
- [Community Utility](#)

**Council Workgroups-** The Council has broken down into the following three workgroups:

1. Community Care Coordination Workgroup
2. Health Care Transformation Workgroup
3. Patient and Family Engagement Workgroup

**Next Meeting: Wednesday, February 20<sup>th</sup> 9:30am – 3:00pm at the YMCA Healthy Living Center**

**Diabetes Care Coordination Plan-** The Council was charged by [SF 2356](#) to develop a plan to coordinate care for individuals with diabetes who receive care through safety net providers. As a first step, the Iowa Primary Care Association (Iowa PCA) conducted [focus groups](#) in the FQHC to determine the barriers that people with diabetes face. The Council has finalized an [Iowa Diabetes Issue Brief](#) which will include initial recommendations concerning issues that have quickly become high priority while working on the diabetes care plan. Additionally, a Diabetes Clinical Subcommittee was created to provide input and make clinical recommendations for the diabetes care coordination plan. The Subcommittee has finalized [11 recommendations](#) and a number of Iowa specific documents to be used in the clinic to manage and prevent diabetes, including a [Diabetes Care Flowsheet](#), [Diabetes Patient Action Plan](#), and an [Algorithm for Prediabetes and Type 2 Diabetes](#).

**Guidelines for the Management of Chronic Conditions in Schools-** This past session IDPH was given a legislative charge through [SF 2336](#) for IDPH along with the Department of Education and other stakeholders to work on guidelines for the management of chronic conditions for distribution in Iowa schools. The taskforce working on this legislative charge has chosen to focus on guidelines and tools for the following life-threatening chronic conditions: asthma, allergies/anaphylaxis, diabetes, and seizures/epilepsy. The final report is due on December 15<sup>th</sup>.

**Commonwealth Fund Project- Safety Net in Iowa- Post Health Care Reform-** Implementation of the ACA has the potential to significantly alter the health care delivery system. It is unknown how these changes will impact the health care safety net that delivers care to vulnerable citizens. This study, done through the University of Iowa Public Policy Center, is one of four projects funded by The Commonwealth Fund to assess the impact of the ACA on Iowa's safety net. The MH/PCCM Council will continue to be a resource on state level health reform issues, in particular the HBE. More information about the project can be found at the following website: <http://ppc.uiowa.edu/pages.php?id=263>.

**NASHP Technical Assistance-** NASHP has selected Iowa as one of seven states to participate in an initiative that seeks advance partnerships to improve access to care for vulnerable populations. The UI Public Policy Center joins the Iowa Primary Care Association and IME in the [Medicaid-Safety Net Learning Collaborative](#). This opportunity will provide TA to states through access to expert consultation, implementation resources, and a forum for state-to-state exchange.

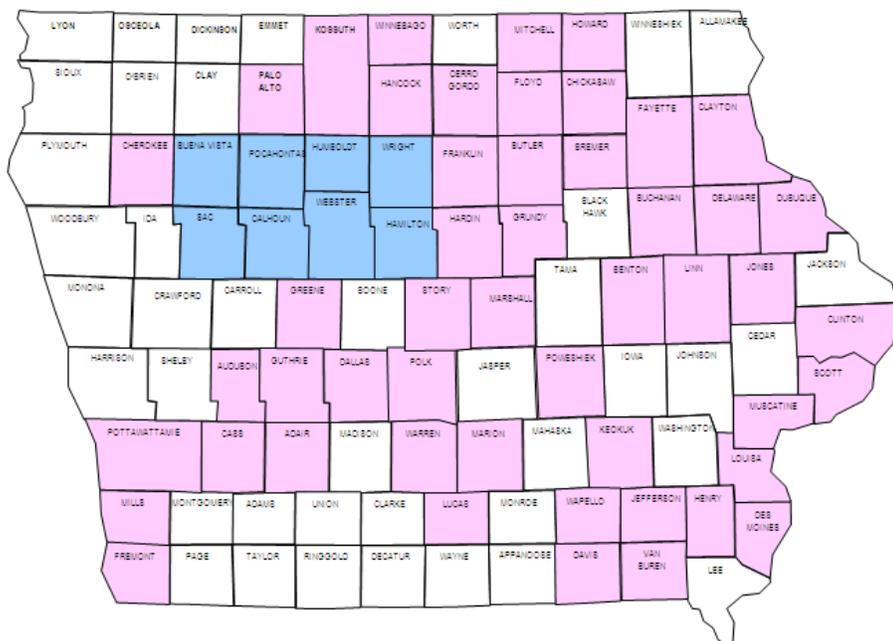
## Office of Health Care Transformation (cont.)

**Health Homes for Medicaid Enrollees with Chronic Conditions-** Section 2703 of the ACA gives states the option to submit a State Plan Amendment (SPA) depicting a health home model of care. There is a drawdown of funding a 90/10 Federal match rate for eight quarters. Initially, the health homes must adhere with a minimum set of [Health Home Provider Standards](#). Eligible individuals include those who have at least two chronic conditions or one and is at risk for a second from the following: Mental Health Condition, Substance Use Disorder, Asthma, Diabetes, Heart Disease, Obesity, and Hypertension. Currently enrolled are 17 health home entities covering 54 different clinic locations in 20 counties with more than 492 individual practitioners. There are over 1900 members assigned to Health Homes as of December 1<sup>st</sup>, 2012. A second SPA is currently being developed which is a “specialized” Health Home focusing on Medicaid members with serious or consistent mental illness for adult and children.

**Accountable Care Organizations (ACO)-** The ACA includes a number of policies to improve the safety and quality of patient care and make health care more affordable. By focusing on the needs of patients and linking payments to outcomes, these delivery system reforms will help improve the health of individuals and communities and slow cost growth. On March 31, 2011, HHS released proposed [new rules](#) to help doctors, hospitals, and other providers better coordinate care for Medicare patients through ACOs. An ACO is an entity that is clinically and fiscally accountable for the entire continuum of care that patients may need. They are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their patients.

- The [Pioneer ACO Model](#) was launched on January 1<sup>st</sup>, 2012 with 32 organizations to test the ACO model. One Iowa community was selected to participate in the Pioneer ACO Model- TriHealth, Inc. in Fort Dodge. There is a [new video on the Pioneer ACO](#) in which you can hear directly from the health care professionals making this care possible.
- [Wellmark and Iowa Health System enter into Accountable Care Organization:](#) The ACO includes the following Iowa Health System hospitals, their affiliated medical clinics, and home health care services: St. Luke’s Hospital in Cedar Rapids; Iowa Health-Des Moines, including Iowa Methodist Medical Center, Iowa Lutheran Hospital, and Blank Children’s Hospital in Des Moines and Methodist West Hospital in West Des Moines; Trinity Regional Medical Center in Fort Dodge, and Allen Memorial Hospital in Waterloo. For more information click [here](#).
- [ACO Toolkit-](#) The Toolkit is designed to serve as a reference guide for those in the health care industry who are interested in learning more about ACOs and how they can prepare to participate. It strives to be both specific enough to allow organizations to clearly understand the steps needed to become an ACO, and stay broad enough to make sure the path put forward for implementation is possible for a diverse range of health care provider groups.

Below is a map on the number of Local Public Health Agencies who have had Preliminary Discussions with Hospitals or Providers about the Role of Local Public Health in ACOs. 58 of Iowa’s 99 counties have had preliminary discussions with hospitals or providers about the role of local public health in ACO’s (shaded in pink). This includes the 8 CMS Pioneer ACO pilot counties (shaded in blue). The map can be found online here: [Iowa Accountable Care Organization Map](#).



## Health Benefit Exchange

IDPH has been awarded IDPH has been awarded \$7,753,662 for Level 1 of the Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges. The grant narrative can be found here: [Iowa HBE Level 1 Narrative](#). IDPH is the lead applicant for this grant and is collaborating closely with IID and DHS as part of an Interagency Planning Workgroup. Iowa was also awarded another Level 1 Grant for \$26,623,003 for the DHS IT System. Iowa's Level 1 Establishment Grant narrative includes the following activities:

### IDPH Program Activities:

- Develop a plan for a comprehensive public education and outreach campaign to educate Iowans on the HBE.
- Partner with the Safety Net Network to develop a toolkit and hold regional meetings targeted at safety net providers and patients to educate participants on the implementation process and how to make use of the HBE once it is live.
- Conduct a consumer and business research survey to allow Iowa to predict the feasibility of the HBE and will help design and structure the education and outreach programs. IDPH has contracted with the University of Iowa to conduct this survey. The group has met with business groups in Iowa to plan for the distribution of the survey. They have met with Professional Developers of Iowa, Iowa Association of Business and Industry, and are planning to be in contact with a variety of others.
- Assist with and be a key resources for the Commonwealth Fund grant project (through the Safety Net Network and the University of Iowa) to determine how Iowa's health care safety net will be impacted by health care reform.

### Contract with Insurance Division and Department of Human Services to:

#### o Iowa Department of Human Services

- By October 2013, it is anticipated that Iowa will have developed a new, integrated eligibility system that will have the functionality to determine eligibility for exchange tax credits as well as for Medicaid, CHIP and other state programs. DHS will continue to plan and develop an integrated, automated eligibility system that meets the requirements of all programs, and plan for workforce training to reflect operations upon HBE implementation.
- Conduct a series of HBE research reports to provide information needed to make key decisions regarding the HBE. The reports are on the following topics: Essential Health Benefits, Benchmark Benefits, Basic Health Benefits, Navigators, Simulation Modeling, Program Integrity, SHOP, Non-MAGI Group, and IT Gap Analysis.

#### o Iowa Insurance Division

- Conduct insurance market research and analysis to inform policy decisions on the design of an Iowa HBE.
- Conduct a financial assessment and budget analysis to determine the financial resources required to establish a HBE.
- Accountable for oversight and program integrity and will address specific audit, financial integrity, oversight and prevention of fraud, waste and abuse,
- Provide assistance to individuals and small businesses, coverage appeals, and complaints by completing an inventory of current systems and programs in place that provide assistance. This will ensure accurate planning for leveraging capabilities as well as building appropriate capacities for consumer assistance resources for a HBE.
- Develop a detailed HBE business process, and associated business requirements for the Exchange IT system.

**Regional Meetings & Focus Groups-** During the planning grant phase, Iowa held a series of regional meetings and focus groups to ensure stakeholder involvement throughout the planning of the HBE. They gained consumer buy-in and created transparency. Community stakeholder groups were given a chance to voice concerns and solicit ideas and expectations from what Iowans want out of an HBE. The information gathered from the meetings was compiled into a [Final HBE Regional Meeting and Focus Group Summary](#). Video presentations and educational whitepapers from the meetings can be found [here](#).

**Iowa HBE 101 Webinar-** An Iowa HBE 101 Webinar was held on May 30<sup>th</sup>. To access a recording of the webinar and slides from the presentation, please use the link below, which also contains other HBE-related resources.

[http://www.idph.state.ia.us/hcr\\_committees/health\\_benefit\\_exchange.asp](http://www.idph.state.ia.us/hcr_committees/health_benefit_exchange.asp)

## Background of Health Benefit Exchanges

Beginning in 2014, tens of millions of Americans will have access to health coverage through newly established HBEs in each State. Individuals and small businesses can use HBEs to purchase affordable health insurance from a choice of products offered by qualified health plans. HBEs will ensure that participating health plans meet certain standards and facilitate competition and choices by rating health plans' quality. Individuals and families purchasing health insurance through HBEs may qualify for premium tax credits and reduced cost-sharing if their household income is between 133% and 400% of the FPL. HBEs will coordinate eligibility and enrollment with State Medicaid and CHIP ensure all Americans have affordable health coverage. Affordable Care Act requires states to have a HBE certified or conditionally certified on January 1, 2013, or the federal government will operate a HBE for the state.

## Affordable Care Act Resources

- Confused about how the new health reform law really works? This short, animated movie "[Health Reform Hits Main Street](#)" explains the problems with the current health care system, changes that are happening now, and big changes coming in 2014.
- Learn more about how the health reform law will affect the health insurance coverage options for individuals, families and businesses with the interactive feature "[Illustrating Health Reform: How Health Insurance Coverage Will Work.](#)"
- The [Health Care Reform Implementation Timeline](#) is an interactive tool designed to explain how and when the provisions of the ACA will be implemented over the next several years. You can show or hide all the changes occurring in a year by clicking on that year. Click on a provision to get more information about it. Customize the timeline by checking and unchecking specific topics.

## Iowa e-Health



Iowa e-Health is moving forward with the development and implementation of the statewide health information exchange, the Iowa Health Information Network (IHIN). The IHIN's first service, Direct Secure Messaging (DSM), has been in production since August.

As of October, over 65 individual DSM accounts have been assigned for 11 different participating organizations. Numerous departments and bureaus in state government are now looking into using DSM to be able to communicate PHI with providers and other organizations. Everyone is encouraged to consider how having a DSM account might be beneficial for them.

The e-Health collaboration between the Iowa Regional Extension Center (Telligen), Iowa Medicaid Enterprise and IDPH's Office of Health IT set a national goal for 2012 of getting 57 rural Eligible Hospitals (EHs) paid by the Medicare or Medicaid Meaningful Use programs. As of October 2012, 62 rural EHs have already been paid, exceeding the 2012 goal by 5. Only 422 of the targeted 800 rural Eligible Providers (EPs) have been paid at that time. There are separate goals for both the Medicare and Medicaid programs by total EPs and total EHs which will all be on e-Health's website and the total results shared after the year ends.

**Next Meeting: December 14<sup>th</sup> 10am – 2pm at the Urbandale Public Library**

## Direct Care Worker Initiative

### What is the Direct Care Workforce Initiative?

The Direct Care Workforce Initiative is the result of the work of the many members of the Direct Care Worker Advisory Council and additional direct care professionals (DCP), employers, state agency representatives, and other individuals and organizations that contribute their expertise and assistance to IDPH. The Council was charged with advising IDPH on training standards and the creation of a credentialing board for the direct care workforce in Iowa. IDPH applied for and received a federal grant from the US Department of Health and Human Services to conduct a pilot of the training and credentialing recommendations.

The purpose of the pilot project is to evaluate the impact of the standardized training and additional retention supports on DCPs knowledge, job satisfaction and retention in their employment. Participating DCPs will receive interim credentials and participate in leadership, mentoring and retention activities. Control groups that will not receive the pilot training or the retention interventions have been selected to enable the project to compare evaluation outcomes. The sites participating in the training are Bright Star, Ankeny, Candeo, Ankeny, Centerville Community Betterment, Centerville, ChildServe, Johnston, Des Moines Area Community College, Easter Seals, Des Moines, First Resources Corporation, Sigourney, Home Instead, West Des Moines, Clive and Ottumwa, H.O.P.E., Inc., Des Moines, Indian Hills Community College, Ottumwa, Iowa Home Care, West Des Moines, Monroe County Professional Management, Albia, Mosaic, Des Moines, REM-Iowa, Adel, Woodward Resource Center, Woodward.

### What is a Direct Care Professional?

A direct care professional (DCP) is an individual who provides supportive services and care to people experiencing illnesses or disabilities and receives compensation for such services. DCPs provide 70-80% of all direct hands-on services, assisting individuals with daily living tasks, personal care, independent living skills, and basic health care services. DCP is the umbrella name for the workforce. DCPs are commonly called direct support professionals, direct care workers, supported community living workers, home health aides, certified nurse aides, and others.

# Direct Care Worker Initiative

## [Iowa's Direct Care Workforce Efforts Featured on National Stage](#)

Iowa's trail-blazing work to ensure a stable and qualified direct care workforce was in the spotlight on Capitol Hill last month at a briefing for policymakers in Washington D.C. The briefing on states' training standards for personal care aides was co-sponsored by the U.S. Senate Special Committee on Aging, the U.S. Senate Health, Education, and Labor and Pension (HELP) Committee, and PHI. PHI found that training requirements vary widely from state to state and even lack uniformity between the publicly funded programs within each state. Direct Care Workforce Initiative project manager Erin Drinnin shared Iowa's experiences piloting a standardized training and credentialing system, along with representatives from other states in the Personal and Home Care Aide State Training (PHCAST) grant program.

Read more about the briefing [here](#), and about PHI's state-by-state analysis of training standards [here](#). [The Hill](#) and [Bloomberg](#) also have articles about Iowa and the other grantee states' work on education standards. For more on the five other states' PHCAST projects, [click here](#).



### [Special Thanks to the Panelists:](#)

Ann Aulwes Allison, Advisory Council  
Sara Drish, REM  
Senator Bob Dvorsky  
Elizabeth Fishler, DCP  
Vicky Garske, DCP/Advisory Council  
Representative Mary Gaskill  
Senator Mike Gronstal  
Representative Chris Hall

Jo Heidt, DCP  
Peg Hinkeldey, Methodist Manor Retirement Community  
Jennifer McCabe, Opportunities Unlimited  
Emily Noel, Iowa Home Care/American Institute of Caring  
Cindy Ramer, DCP  
Lori Reeves, Indian Hills Community College  
Anita Stineman, Curriculum Director/Advisory Council  
Anthony Wells, DCP/Advisory Council

### [In the Media](#)

Local media covered the community forums in September. Click the links for stories:

- [Council Bluffs Nonpareil/Southwest Iowa News](#)
- [Omaha World-Herald](#)
- [Northwest Iowa Review \(Sheldon\)](#)
- [KTIV-TV \(Sioux City\)](#)

Several newsletters feature the Direct Care Workforce Initiative this fall:

- Iowa Department of Public Health's [Iowa Health Focus](#) Sept./Oct. 2012 (p. 4-5)
- IDPH Bureau of Oral & Health Delivery Systems' [The Access Update](#) Aug. 2012 (p. 1-2)
- Iowa Public Health Association's [Public Health Matters](#) Fall 2012 (p. 13-14)

A letter to the editor from **Matt Clevenger**, a DCP and a Direct Care Worker Advisory Council member, was published in the [Des Moines Register](#) and [Altoona Herald](#).

To keep updated on progress, go to [www.idph.state.ia.us/directcare](http://www.idph.state.ia.us/directcare) and click the button to be added to our E-Update.

## Strategic Plan for Health Care Delivery Infrastructure & Health Care Workforce Resources

At the September meeting, the [Health & Long-Term Care Access Advisory Council](#) heard from Carol Watson, PhD, RN, CENP, FAAN, from the University of Iowa, College of Nursing. She provided information, including maps, showing the involvement of Iowa healthcare organizations in Accountable Care Organizations. She outlined new demands on the healthcare workforce and how Iowa can prepare for emerging changes in care delivery such as managing care and transitions across sites of care. Her presentation is available [here](#). Dr. Watson's presentation was very helpful toward development of policy directions for the Healthy Iowans goal and for the workforce fact sheet.

As part of [Healthy Iowans](#), the Council agreed to "... recommend three policy directions for expanding retention and recruitment of the health workforce." This goal has been fulfilled, and the policy directions document is posted to the Council's webpage: [http://www.idph.state.ia.us/HLTC Advisory Council/Default.aspx](http://www.idph.state.ia.us/HLTC_Advisory_Council/Default.aspx). The workforce fact sheet will also be available at this location.

The Council has also continued collaboration with Lori Lipscomb from the Iowa Department of Human Services. This work involves the [Record Check Evaluation](#) system used by DHS to conduct a review if a person applying for a healthcare position has a criminal record and sharing of ideas to improve efficiency.

For the November 7<sup>th</sup> meeting, the Council turned to the infrastructure portion of its charge. Kari Prescott (Director, Webster County Health Department) provided the Public Health Perspective on Community Partnership with the ACO. Members discussed the Accountable Care Organization model as it is implemented in the Fort Dodge area, and the specific role the local public health department plays in the collaboration. Sarah Dixon Gale (Lead Contract Manager, Iowa Primary Care Association) described the Iowa Collaborative Safety Net Network; a project looking at impact of health care reform on the safety net; and a concept called Community Care Team Models that is implemented by Community Care of North Carolina (CCNC).

## Iowa Physician Order Life-Sustaining Treatment (IPOST) Project

The IPOST pilot project began in Cedar Rapids in late 2008 as a result of legislative language included in HF 2539. In 2010, the project was extended with a rural pilot authorized in Jones County. The finalized report is of the Cedar Rapids project and Jones County pilot and of the deliberations of the State Advisory Council. This report supplements the [2010 Legislative Report](#), provides a project update and documents the IPOST State Advisory Council's recommendations for the 2012 Legislative Assembly. The Council has made several recommendations- the most comprehensive of which is to expand the successful pilots authorizing community IPOST projects anywhere in Iowa.

The Iowa Physician Orders for Scope of Treatment legislative report can be accessed here: [Patient Autonomy Pilot Report 2012](#).

The Iowa Healthcare Collaborative (IHC) is taking the lead for the implementation and expansion of IPOST into communities beyond the pilots. The Statewide Advisory Council is being expanded to provide guidance and support for the community development of local IPOST projects. Both IHC and IDPH will maintain web sites for community education and resources and will link together to expand the support services for the community developers.

IPOST toolkits are posted on the IHC site and can be found below:

- [IPOST Toolkit](#)
- [How-to Navigate Toolkit Portfolio](#)
- [IPOST Informational Webcast](#)
- [IPOST Webcast for Healthcare Providers](#) (Dr. Bell presentation to Iowa Hospital Association on 11/30/12)

