

Minutes
 Health & Long-Term Care Access Advisory Council
 January 28, 2010
 10:30 a.m. – 3:00 p.m.
 West Des Moines Community Schools: Learning Resource Center

Members Present

Roy Bardole
 Libby Coyte

 Molly Guard

 Ryan Hopkins

 Steve Johnson

 Laura Malone
 Daniel Otto

Members Absent

Cindy Baddeloo
 Shelly Chandler

 Bobbretta Brewton

 Conway Chin

 Betsy Chrischilles

 Sue Curry
 Michele Devlin
 Angela Johnson
 David A. Plundo
 Sabra Rosener
 Julie Stauch
 Roger Tracy

Others Present

Julie McMahon, Iowa Department of Public Health
 Leah McWilliams, Iowa Osteopathic Medical Association (rep for Conway Chin)
 Daphne Pearson, Iowa Pharmacy Association (rep for Betsy Chrischilles)
 Phil Wise, Planned Parenthood (rep for Julie Stauch)
 Carol Alexander, The University of Iowa (rep for Roger Tracy)
 Michele Greiner, Iowa Psychological Association
 Beth Jones, Iowa Department of Public Health
 Abby McGill, Iowa Department of Public Health
 John Hale, Iowa CareGivers Association
 Sandy Nelson, Iowa Medical Society
 Kory Schnoor, Iowa Department of Public Health
 Michelle Holst, Iowa Department of Public Health
 Kevin Wooddell, Iowa Department of Public Health

*Health and Long-Term Care Advisory Council Web site http://www.idph.state.ia.us/hcr_committees/care_access.asp

| Topic | Discussion |
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| Call to Order Introductions and Welcome | Michelle Holst <ul style="list-style-type: none"> ▪ Conference call initiated at 10:30 ▪ Members and guests introduced themselves |
| Recap of 2010 Phase 1 Strategic Plan – IDPH Priorities & Discussion, Julie McMahon | <p>Julie McMahon expressed her appreciation to council members for their time, advice, and expertise. Julie indicated that the council has a lot of work yet to accomplish. The council’s work is divided up into phases. The first phase of the strategic plan was focused on workforce. Included within the plan the department explained to the legislators and governor that not all components of the legislation could be completed during the first effort. Instead, we established a Logic Model, <i>Appendix 2 - Strategic Plan</i>, for how the department would accomplish this for 2012, which was accepted by the legislative body. The Logic Model developed includes our strategies for 2012.</p> <p>Council reviewed the Logic Model and expectations for 2012. There are six areas of focus for the 2012 report including revisiting, evaluating, and revising the workforce component. Stage two of the Strategic Plan will be submitted in 2012 and cover all components of the legislation and a review/evaluation of workforce.</p> <p>The goal for 2014 is to continue to evaluate and report on the progress of the Strategic Plan. This includes what differences the plan is making within Iowa. There will be a strict evaluation process that Michelle Holst will coordinate.</p> <p>It is important to not duplicate the efforts of another group. One of the Iowa Department of Public Health’s priorities is to examine each component within health reform to determine how they integrate with each other. Therefore, it is important that the council collaborates with public and private entities and other councils involved with health care reform.</p> |

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| <p>Discussion of full requirements of this council/effort in health care reform legislation (now Iowa Code 135.163 and 135.164), Michelle Holst</p> | <p>Michelle Holst led discussion and review of the Iowa Code that established the council and how we will move forward. There has been discussion on how to incorporate existing efforts and knowledge into our work. The required parts of the strategic plan and how they will be approached are:</p> <ol style="list-style-type: none"> a. health care system assessment <ol style="list-style-type: none"> 1. IDPH staff will lead on gathering input, data and completing the assessment. 2. The council will be asked for input and other data sources. 3. The council will also provide information through council discussions b. health care facilities and service plan <i>and</i> c. health care data resources plan <ol style="list-style-type: none"> 1. Michelle will collaborate with certificate of need staff to assess existing information and what they are working with. 2. It is anticipated that the department's certificate of need staff will lead the efforts for parts B and C. <ol style="list-style-type: none"> a. Michelle will incorporate this into the strategic plan. 3. The health care facilities council receives data quarterly. <ol style="list-style-type: none"> a. Michelle will work with the health care facilities council to find out what is included in their data and whether there is beneficial data missing. b. Michelle will bring this information back to the council for discussion. d. assessment of emerging trends in health care delivery and technology <ol style="list-style-type: none"> 1. We will build upon the e-health assessment being conducted by the department. e. rural health care resources plan <ol style="list-style-type: none"> 1. The State Office of Rural Health is compiling a rural health plan. <ol style="list-style-type: none"> a. This plan will be integrated into our strategic plan. f. health care workforce resources plan <ol style="list-style-type: none"> 1. Workforce review will be ongoing and objectives updated as appropriate. |
| <p>Open discussion on various efforts and other issues of interest to the council</p> | <p>HSB 634 is related to nursing workforce efforts.</p> <ul style="list-style-type: none"> • The bill has provisions related to nursing workforce with directives for Iowa Workforce Development, the College Student Aid Commission, and the Iowa Department of Public Health. • Would create Iowa Needs Nurses Now initiative • Would add components to SF 389 from last year's legislation • Includes infrastructure, equipment for training, financial incentives (scholarship initiatives), and data related components. <p>SSB 3129 Community Mental Health Center Bill</p> <ul style="list-style-type: none"> • This legislation is about the role of community mental health centers. • Is this legislation costly? <ul style="list-style-type: none"> ○ It could be but under Medicaid, they are paid at cost. <p>Michelle asked council members "What and how much information are you willing/wanting to receive?"</p> <ul style="list-style-type: none"> • The council agreed that it is ok to continue to send informational emails. <p>The Iowa Department of Public Health is hosting a meeting for recruiters across the state. This meeting will be providing information about the different programs we offer. The meeting will also gather information from the attendees.</p> <p>Doreen Chamberlin, bureau chief, Health Care Access, is attending the National Rural Health Policy Institute in Washington. Doreen will present Senator Harkin with an award for his contributions to rural health.</p> <p>The University of Iowa is conducting a study on why physicians relocate. The university</p> |

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| | <p>also has a Physician’s Advisory Council that is focusing on retention of physicians. A workgroup from the council will be developing a physician retention toolkit.</p> <p>SF 2092 is regarding expansion of the network for IowaCare and eligibility.</p> <ul style="list-style-type: none"> • Part of the bill is to expand access to all Iowa hospitals. • Are we going to get someone to present to the council? <ul style="list-style-type: none"> ○ We certainly can arrange for someone to present to the council. <p>Allen Hospital has upgraded their psychiatric nurse practitioner program. Steve Johnson will attempt to gather additional information for the council.</p> <p>What is the status of the plan regarding closing one of the four mental health institutes?</p> <ul style="list-style-type: none"> • Director Krogmeier, Iowa Department of Human Services, indicated that it is one of the recommendations. • This recommendation is contained within the state government reorganization legislation. <p>State Senator Tinsman requested information on the Strategic Plan that could be taken forward to the February meeting of The National Advisory Committee on Rural Health and Human Services.</p> <ul style="list-style-type: none"> • Michelle sent an email response to State Senator Tinsman. The email contained key objectives that are affected by federal issues. Michelle’s email was shared with the council. • If council members have additional thoughts to share, email them to Michelle. |
| <p>e-Health assessment, Kory Schnoor</p> | <p>Kory Schnoor with the Iowa Department of Public Health presented on Iowa e-Health, what the state is doing as a collaborative effort to advance health information technology, and what the assessment is doing with primary care providers within Iowa. The Iowa e-Health council is striving to coordinate with the other health reform advisory councils.</p> <p>Iowa e-Health’s vision is for a healthier Iowa through the use and exchange of electronic health information to improve patient centered health care and population health. This initiative will produce a public good that will: Improve quality of health care, Assure patient safety, Increase efficiency in health care delivery, Promote and protect the health of Iowans.</p> <p>Guiding Principles include; Engage in a collaborative, public-private, multi-stakeholder effort; Create a sustainable health information exchange which makes information available when and where it is needed; Ensure the system incorporates provider priorities and appropriate user education; Instill confidence in consumers that their health care information is secure, private, and accessed appropriately; and Build on smart practices and align with federal standards to ensure interoperability within and beyond the state.</p> <p>Some benefits of e-health include helping to make the best health care decision with real-time information; help with care coordination with patients; patient safety; and continuity of care.</p> <p>Iowa e-Health submitted the Iowa Electronic Health Information Technology Plan to the legislature and governor in 2009. The plan is available on the Iowa e-Health Website: http://www.idph.state.ia.us/ehealth/default.asp.</p> <p>Iowa e-Health is waiting to receive ARRA funding, award of \$8, 375,000, for e-health through U.S. Department of Health and Human Services, Office of the National Coordinator for Health Information Technology (ONC). This is a four-year program and the award will cover approximately one-third the cost of developing the infrastructure. In addition, Iowa Foundation for Medical Care has applied to be Iowa’s Regional Extension Center, which will provide technical assistance to providers in the adoption of electronic health records (EHRs).</p> <p>We just released an RFI for business plan vendors to submit information to develop an</p> |

RFP for a business plan. The plan will include how to fund the initiative and maintain the initiative in the long term.

A state strategic and operational plan needs to be submitted to ONC in order to receive the funding. The goals of the plan are:

- Goal 1: Build awareness and trust of health IT
- Goal 2: Promote statewide deployment and use of EHRs
- Goal 3: Enable the electronic exchange of health information
- Goal 4: Enable the exchange of clinical data
- Goal 5: Safeguard privacy and security of electronic health information
- Goal 6: Advance coordination of activities across state and federal governments
- Goal 7: Establish a governance model for statewide health information exchange
- Goal 8: Ensure sustainable business and technical operations for health IT
- Goal 9: Secure financial resources to develop and sustain a statewide HIE
- Goal 10: Monitor and evaluate health IT progress and outcomes

e-Health Assessment

The Iowa Hospital Association already conducted an assessment the hospitals within Iowa to determine what their capacities are for health information technology and what their systems they are using. Since this was done for hospitals, Iowa e-Health's plan was to assess provider practices across the state. Attendees received a copy of the assessment.

Iowa State University was contracted to conduct the assessment. Information from the assessment will be integrated into the strategic plan. The assessment was distributed to providers by utilizing mailing list from different partners and organizations. The deadline for completing the assessment was extended to February 15, 2010. A report will be available to the executive committee, advisory council, and public by late March or early April 2010.

If you have specific questions regarding the assessment, contact Kory Schnoor at the Iowa Department of Public Health at kschnoor@idph.state.ia.us. Additionally, if you know any organizations to distribute the assessment to, let Kory know and he will send them an electronic copy or they could visit http://www.surveymonkey.com/ia_practicepoc to sign up and receive the assessment.

The next round of providers to be assessed are home health agencies, long-term care centers, Rehabilitation hospitals, ambulatory surgery centers, and others to-be-determined Iowa e-Health is working with their advisory council to develop the assessment.

Iowa e-Health will conduct on-going evaluation activities that will provide data regarding adoption of health information technology, improvements in patient safety, health care efficiency, and quality.

Iowa e-health is in the process of recruiting consumers to take part in a consumer interest group. Kory distributed an information sheet on the interest group to attendees.

Kory Schnoor's e-Health assessment presentation is available on the council's Webpage.

Questions

How do you see HIPAA complicating this effort?

- We are working with the Iowa Attorney General's office to examine Iowa and Federal law, and develop the framework for a comprehensive legislative package for 2011 legislative session.

Do you know what the setup cost as opposed to the ongoing costs?

- In 2009, the department released an RFI for health IT vendors, which included some cost. It is estimated between two and five million a year. This will all depend on the vendor selected.

There are a number of different vendors that have been used across the state. How are

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| | <p><i>these systems going to talk to each other?</i></p> <ul style="list-style-type: none"> At the federal level, there are different credentialing organizations and committees that are looking at how to make these products interoperable. There are standards at the federal level that most of the large vendors have incorporated. Part of what the regional extension center will do is advise practices they work with to not purchase any products that are not certified at the federal level. <p><i>How voluntary is this going to be from the provider and patient side?</i></p> <ul style="list-style-type: none"> The health information exchange is voluntary for providers. For patients, privacy and security policies are being developed. <p><i>How do the county public health offices interact with the exchange?</i></p> <ul style="list-style-type: none"> The county public health departments are involved on the periphery. They have not been actively involved however; one of the exchanges is population health/disease surveillance, which they will be actively involved. <p><i>What is the return on investment?</i></p> <ul style="list-style-type: none"> Part of the business plan will look at return on investment. Some of the data that will be analyzed is decrease in paper usage, reduces lab tests, quality of health, and quality of care. <p><i>Have you look at the other disease registries?</i></p> <ul style="list-style-type: none"> Yes, we are looking at how we are going to connect any registries that are available in a provider practice or hospital weather inside an EHR or external. With disease surveillance and immunization, we want to make sure that the health department can receive that information. <p><i>Are you looking at Iowa rules and regulations along with Medicaid and Medicare in order for them to keep up with technology?</i></p> <ul style="list-style-type: none"> If they are state regulation, we will have more control over them. We are developing a legislative package to introduce in next year's legislative session. <p><i>Part of our charge as it relates to technology is how it impacts cost and quality. Where quality and cost on the radar and what this is supposed to tease out versus what is not.</i></p> <ul style="list-style-type: none"> Quality and cost from our framework it is too early to approach that subject. However, this is part of our ongoing evaluation that starts this year and continues at least four years, during the ONC grant funding period. Quality is part of our state plan. We will pull together individuals to look at what aspects of quality of care we need to consider when we talk about health information technology and efficiencies. Cost goes into this as well. Kory will send information regarding the quality committee to Michelle for distribution to the council. If anyone from this council is interested, you may attend the meetings. <p><i>When I looked at the executive committee, most of the members are from urban communities. Have you made an effort to ensure that rural interests in health care are addressed? One group that is not represented is rural health clinics.</i></p> <ul style="list-style-type: none"> We are working closely with the office of rural health. We have focused on rural and several members on the advisory council are from rural communities and organizations. <p>As we move forward, we will come back and present additional information. Also, Michelle will receive information to forward to the council.</p> |
| <p>Additional steps needed to fulfill requirement for full strategic plan, Michelle Holst</p> | <p>Michelle asked if council members have particular interest in areas of the different plans of if they interested in opportunities with the other connected efforts or if they want to receive information regarding particular areas. Having ambassadors between different areas could be helpful. Michelle ran through the different areas within the legislation to determine the interest of council members.</p> |

The council reviewed the goals and objectives within the strategic plan. During review, the council determined if there was any cross over to other phases of our strategic plan.

Goal 1

- Obj 2 – cross over to e-Health assessment and with technology.
- Obj. 3 – cross over with health care system assessment.

Goal 2

- Obj. 1 – cross over with health care facilities and service plan.

Goal 3

Obj. 2 – cross over with health care system assessment. If the policies were addressed to increase access, there would be a huge issue with workforce. Along with the need for direct care workers, this would include increase in need for services like home and vehicle modification including the workforce needed to install the modifications.

Goal 4

- Obj. 1 – cross over with rural health care resources plan.
- Obj. 2 – cross over with health care system assessment.
- Obj. 3 – cross over with health care system assessment and with health care facilities and services plan. It would be beneficial to investigate the different state and federal regulations/policies to ensure they are aligned in order to provide effective care and cost savings can happen.

Goal 5

- Obj. 1 –
How has the U of I AHEC evolved since last fall and what potential do you have on impacting recruitment and retention of minorities. (Des Moines University AHEC was not present)
We are working hard on is do our pipeline programs in schools with higher levels of diversity. We are talking about starting to look at retention and how we can assist in needs assessment and what can be offered to retain our workforce.

Goal 6

- Obj. 1 – cross with health care system assessment and/or health care facilities and services plan.
- Obj. 3 –
Possibility of bringing in someone to present on IowaCare.

How specific do you get with different aspects of workforce?

- We have not yet but we could in the future. This depends somewhat on interests of this group.

How do you see the general recruitment and retention goals fitting into the way this is laid out?

- Recruitment and retention falls under workforce. We are not limited to working on only the current goals and objectives. However, there is responsibility and accountability to ensure the current goals and objectives are addressed.

I have listened to this recruitment and retention problem in health care, a week ago I attended an agriculture meeting and exactly the same discussion took place. What comes to mind is where are our high school students going? Agriculture has an extremely large employment range, health care is every bit as broad if not broader, both of us are suffering the same and with the same PR problems.

- If you talked to engineering field and technology, they would tell you the same thing. Part of it is a larger demographic that impacts these different careers. That is what pipeline in the AHEC programs are largely about – encouraging students into health care (e.g. physicians from rural areas are those most likely to practice in rural areas).

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| | <p><i>What can we do to communicate with high school students in their freshman year and present them with opportunities in health care?</i></p> <ul style="list-style-type: none"> • Part of that is school to work programs that are increasing in some communities (e.g. Achieve Quad Cities). Achieve Quad Cities is a coalition of schools, health care providers, businesses that are providing shadows, mentorships, and speakers, to teach children before they reach that decision making level. <ul style="list-style-type: none"> ○ Who those mentors are and their attitude is important. Everyone involved in these types of programs needs to step back and examine what types of messages they are providing to students who are in the decision-making stages. • “I Have a Plan Iowa” is another effort that is addressing this issue. <ul style="list-style-type: none"> ○ There are competing mechanisms to accomplish this. There are a number of school districts and community colleges that have chose not to use “I Have a Plan Iowa.” There is no statewide consensus or strategy. ○ DMACC for instance has gone another direction with their high school students program. • As a matter of policy, students in the eighth and ninth grade level are supposed to receive counseling so they have these types of conversation. However, it appears that a number of students are not receiving career guidance. • Another model to look at is Kirkwood Community College in the Cedar Rapids Area (Workplace Learning Connection). They are working on science, math, engineering, and technology stem as which health care/medical is one. <ul style="list-style-type: none"> ○ Things are happening where there is leadership and not happening in places where the leadership does not exist. • There is something to be said about regional approaches and having a group that knows the areas and conducts outreach to other parts of their county/area. There are some best practices out there, but they are not enough. • Iowa Central in Fort Dodge has a program focusing on wind technology. • Part of the idea of the workforce center is to collaborate with other state agencies. • Iowa Workforce Development is working on this right now with health care being part of it. Conducting assessment and examine and make policies for future workforce needs. <p>Michelle will funnel the existing objectives to the other phases within the strategic plan. Work will happen outside of the council and then be brought before the council for review and input.</p> <p><i>When it comes to workforce, how specific do you get in terms of areas/aspects (e.g. nursing, physicians, and radiologist) of health care? The reason I raise this is that you can find significant resources on nursing through the Robert Wood Johnson Foundation.</i></p> <ul style="list-style-type: none"> • Add an objective or goal to the strategic plan pursue outside resources for workforce/health profession outside of tax dollars. |
| <p>Next Steps <i>Plans for future meetings</i></p> <p><i>Conclusions/directions from today</i></p> | <p>Time for sharing information about existing and planned efforts related to infrastructure and workforce will be incorporated into council meetings in the future.</p> |

Next meeting: Thursday, March 25, 2010, 10:00 a.m. to 3:00 p.m.
Location: West Des Moines Community Schools: Learning Resource Center, West Des Moines, IA