

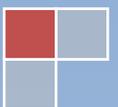
January

2011

# Prevention and Chronic Care Management Advisory Council

## Annual Report

Produced by the  
Iowa Department of  
Public Health



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## Introduction

The dramatic growth of chronic diseases is a huge burden to America. An alarming 75 cents of every health care dollar is spent on chronic diseases, and they account for 7 out of every 10 deaths.<sup>i</sup> If this problem is ignored, the cost of treating chronic conditions such as diabetes, cancer, and obesity could overwhelm American health care. Keeping people healthier by increasing preventive care and managing chronic conditions are very effective strategies to reduce health care costs and improve the health of Iowans.

### *History*

The 2008 Iowa Legislative Assembly created wellness, promotion, and chronic disease prevention priorities within Iowa's Health Care Reform legislation, House File 2539.<sup>ii</sup> This legislative language created the Prevention and Chronic Care Management (PCCM) Advisory Council<sup>iii</sup> to study and develop recommendations for state initiatives that would address health promotion, prevention and chronic care management in Iowa.

## Initial Report & Recommendations

The PCCM Advisory Council produced an initial report to the Director of the Iowa Department of Public Health (IDPH) and the State Board of Health in July 2009 to identify prevention and chronic care management priorities in Iowa. The initial report gives six broad recommendations needed to take a proactive approach by putting a major emphasis on prevention and wellness, along with chronic disease management. The Council later decided to add the seventh recommendation. The recommendations are:

- 1. Create the Iowa Prevention and Chronic Care Advisory Council to provide guidance and oversight for prevention and chronic care management.**
- 2. Empower people with the knowledge and resources to live healthy lives and manage their own chronic illnesses.**
- 3. Identify and recommend consensus guidelines for the use in chronic care management beginning with those that address the state chronic disease and prevention priorities.**
- 4. Establish a chronic disease practice registry product that could be easily and readily incorporated into medical practices.**
- 5. Improve incentives for prevention and chronic disease management by providing support for care through payment systems, organization and delivery of care, and care coordination.**
- 6. Improve the health workforce and their skills in prevention and chronic disease management.**
- 7. Create a societal commitment to health through implementing policies to remove barriers that prevent Iowans from leading healthy lives. Empower and expect Iowans to take personal responsibility for being as healthy as genetically possible and improving their own health, as well as the health of those around them.**

The recommendations and accompanying report can be found at:

[http://www.idph.state.ia.us/hcr\\_committees/common/pdf/prevention\\_chronic\\_care\\_mgmt/pccm\\_ac\\_first\\_report.pdf](http://www.idph.state.ia.us/hcr_committees/common/pdf/prevention_chronic_care_mgmt/pccm_ac_first_report.pdf).

## PCCM Advisory Council Structure

The PCCM Advisory Council has face-to-face meetings quarterly throughout the year. A chair and co-chair for the Council have been designated, each chairing a subgroup.

### *Subgroups*

Prevention and chronic disease management are distinctively different and require separate strategies for intervention. To acknowledge this, two different priorities have been identified:

- Prevention Priority – Obesity
- Chronic Disease Priority - Diabetes.

The Council has broken into two subgroups- one representing Chronic Disease Management and the other representing Prevention. The work of the subgroups include developing issue briefs related to their priority, moving forward with legislative charges (described below), and discussing other strategies and policy solutions related to prevention and chronic disease management.

### *New Members*

At the start of 2010, four new members have joined the PCCM Advisory Council to ensure comprehensiveness and have broader representation. The new members are representatives from the Iowa Public Health Association, Iowa Dietetic Association, YMCA of Central Iowa and a community advocate.

## Iowa Legislation Assigned to PCCM Advisory Council

The PCCM Advisory Council was written into two pieces of legislation in the 2010 session.

### *Diabetes Care Coordination Plan- Senate File 2356*

The Chronic Disease Management Subgroup is focusing on Senate File 2356<sup>iv</sup> to develop a plan to coordinate care for individuals with diabetes who receive care through community health centers (CHC), rural health clinics, free clinics, and other safety nets. The plan may include a diabetic registry to provide drugs and to collect data to assist providers in tracking the care of their patients with diabetes.

The “Disease Registries” issue brief<sup>v</sup> (elaborated in the “Issue Briefs” section below) was developed as a first step when this legislation was initially introduced. It was developed collaboratively by the PCCM Advisory Council, the Medical Home System Advisory Council, and the eHealth Advisory Council to give definitions, benefits, considerations, and recommendations specific to Iowa.

Focus groups were conducted in the Federally Qualified Health Centers (FQHC) to determine the barriers that people with diabetes face. The Iowa Nebraska Primary Care Association produced a report<sup>vi</sup> for the Council summarizing the results of the focus groups. Focus groups were done on participants whose diabetes were in control, and also on participants whose diabetes were poorly controlled. Three overall barriers were determined:

1. Stress is the biggest issue.
2. Family engagement is very important. Families need to be more engaged and understanding their family members' disease.
3. The participants wanted more information about the disease itself, and want it in a focus group type setting.

The Iowa Nebraska Primary Care Association analyzed disease registry data from their Federally Qualified Health Centers (FQHC) to determine the prevalence of chronic diseases. A report was produced called "i2iTracks Disease Registry Data on the Prevalence of Chronic Disease for the Iowa Population Served in 2009 by Health Centers".<sup>vii</sup> The data shows that Iowa's FQHCs care for a significant number of vulnerable Iowans with the common chronic diseases identified for this report. This patient registry data is an important tool to help public health professionals, health care providers, policy makers and other stakeholders understand the actual burden of chronic disease in Iowa. The data can also be used to increase public awareness and prevent chronic disease – thus shifting the focus to primary prevention activities. Furthermore these data can help inform the state and the nation in relation to the chronic disease objectives outlined in Healthy People 2020, and whether those objectives are being met.

PCCM Advisory Council staff has been meeting with members of the Iowa Collaborative Safety Net Provider Network, including the free clinics, community health centers, family planning clinics, and rural health clinics to discuss this legislative charge and begin collaboration for the diabetes care coordination plan. The Iowa Pharmacy Association, Iowa Prescription Drug Corporation, and the Iowa Board of Pharmacy have also been involved in educational discussions. The initial framework for the diabetes care coordination plan is being laid out.

### ***Disparities Report- House File 2144***

The Prevention Subgroup is focusing on House File 2144<sup>viii</sup> to submit recommendations by December 15, 2011 on strategies to collect and provide statistically accurate data concerning chronic disease in multicultural groups of racial and ethnic diversity in the state. Following implementation of the strategies and collection of data, the council shall also make evidence-based recommendations to the director to address and reduce identified disparities.

Iowa, being small rural state, is currently experiencing considerable demographic shifts. Iowa has a high percentage of aging residents and immigrants are coming to work at the many meatpacking and agricultural processing companies. These new Iowans bring upon the need for health disparities research, training, and community outreach.

The PCCM Advisory Council has formed a working relationship with the University of Northern Iowa's Iowa Center on Health Disparities<sup>ix</sup> (Iowa Center) to aid in this legislative charge. The Iowa Center provides statewide academic leadership in addressing and reducing health disparities among minority, immigrant, and medically underserved populations in Iowa. The Iowa Center provides a number of services including applied research, community education and outreach programs with diverse and underserved populations, and trainings and workshops on health disparities and culturally competent health care for educators and providers.

An agreement has also been made between IDPH's Office of Multicultural and Minority Health Advisory Council and the PCCM Prevention Subgroup that these groups will collaborate closely in the work of this legislative charge.

The majority of the work for this legislative charge involves an environmental and research scan to determine the data currently being collected on multicultural groups of racial and ethnic diversity in Iowa. From this, the Council will determine the barriers Iowa is faced with accurately collecting this data.

## Issue Briefs

Throughout 2010, the PCCM Advisory Council has developed a number of issue briefs on a variety of important topics related to prevention and chronic care management in Iowa. The issue briefs create a solid foundation for understanding and expanding on the seven recommendations. They also aim to increase education for legislators and other key stakeholders about chronic disease prevention and management and include Iowa-specific information and data.

### ***Chronic Disease Management***

The "Chronic Disease Management" issue brief:<sup>x</sup>

- defines a chronic disease
- gives statistics on chronic diseases including obesity and diabetes in Iowa
- displays the cost of chronic disease
- provides effective strategies to manage chronic disease
- showcases successful chronic disease management efforts in Iowa

### ***Prevention***

The "Prevention" issue brief<sup>xi</sup> focuses on keeping people healthier and preventing chronic disease from occurring. The issue brief includes:

- Definitions
- Health Benefits of Prevention
- Prevention in Federal Health Care Reform
- CDC's Six Winnable Battles
- Return on Investment
- Obesity Prevention
- Oral Health
- Musculoskeletal Health
- Physical Activity & Health Eating
- Pediatrics
- Mental Health
- Iowa Examples of Successful Prevention Programs

### ***Disease Registries***

The “Disease Registries” issue brief<sup>xii</sup> was developed collaboratively by the PCCM Advisory Council, the Medical Home System Advisory Council, and the eHealth Advisory Council. It will summarize the definition of a disease registry, how electronic health records and disease registries interrelate, and provide improvement strategies and recommendations for the development of state level chronic disease registry.

A disease registry can be an effective tool for providing this systematic and comprehensive care, and provides an introduction for many providers about how to effectively integrate and use health information technology in care settings. It is a cornerstone to effectively implement the medical home model and is crucial in the management of patients with chronic diseases. When using a disease registry, providers are able to track their patients individually and by population subset, which allows them to provide proactive care and treatment to individual patients or groups of similar patients.

### **Future Issue Briefs**

#### ***Social Determinants of Health***

Social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. They are shaped by the distribution of money, power and resources at global, national and local levels, which are influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.<sup>xiii</sup>

#### ***Community Utility***

The Community Utility Concept a topic for a future issue brief produced by the PCCM Advisory Council and the Medical Home System Advisory Council.

National data from 2006-2007 demonstrated that insufficient practice infrastructure exists to support widespread implementation of the PCMH model. Perhaps the greatest challenge to reform of the health care delivery system is that 32 percent of U.S. physicians practice solo or in two-person partnerships. Some of the physicians in these smaller practices are eager to implement change but lack the resources to do so.<sup>xiv</sup>

The “Community Utility” concept is an effective method to address this lack of resources. The *medical home* community utility concept follows the same logic as a *public* utility. It is a service that is provided to the community that everyone contributes to and everyone benefits from, and is something that cannot be accomplished efficiently alone, such as electricity, water, and public transportation.

*Medical Home* community utility examples include:

- care coordination,
- health information technology,
- consumer (patient/family) health information and family support,
- interpretation and translation services,

- child care,
- after-hours access,
- specialty services (genetic counseling, mental health consultation, nutrition consultation, pharmacy review),
- patient education and coaching,
- transportation, and
- home visiting or other off-site care.

The community utility concept has a unique role to play in medical home development, especially among the safety net population and primary care practices that are smaller or located in rural areas. Many primary care practices in Iowa will be challenged to meet the requirements of serving as a medical home without partnering with local community organizations. If these community utility resources can be connected with primary care delivery sites, many aspects of becoming a medical home will be addressed.

### ***Care Coordination***

Care coordination is a collaborative process that links patients to resources in a coordinated manner to maximize the potential of patient and provide them optimal health care. Care coordination is a vital component of the medical home and is a key component for prevention and chronic care management.

### **Health Benefits Exchange**

IDPH staff from the Medical Home System Advisory Council and the Prevention and Chronic Care Management Advisory Council has been very involved in the Health Benefits Exchange (HBE). Iowa was awarded a one-year planning grant for \$1 Million dollars. An Interagency Workgroup has been formed with IDPH, Iowa Department of Human Services, Iowa Insurance Division, and the Iowa Department of Revenue to begin the initial planning.

### ***Background of Insurance Exchange***

Beginning in 2014, tens of millions of Americans will have access to health coverage through newly established Exchanges in each State. Individuals and small businesses can use the Exchanges to purchase affordable health insurance from a choice of products offered by qualified health plans. Exchanges 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 Exchanges may qualify for premium tax credits and reduced cost-sharing if their household income is between 133 percent and 400 percent of the Federal poverty level. The Exchanges will coordinate eligibility and enrollment with State Medicaid and Children's Health Insurance Programs to ensure all Americans have affordable health coverage.

### ***Regional Meetings and Focus Groups***

A series of regional meetings and focus groups were held across Iowa to ensure considerable 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. Information that was collected included such items as what benefits should be incorporated in the benefits packages, how should information be delivered and what tools should be available to access services. The information gathered from the meetings will be shared with stakeholders and policymakers as part of the planning process. A Stakeholder Advisory Council will also be formed to lead this effort.

## Legislative Health Care Coverage Commission

The Legislative Health Care Coverage Commission<sup>xv</sup> (Commission) was created by 2009 Iowa Acts, Chapter 118, §1 (SF 389) and is charged to develop an Iowa health care reform strategic plan which includes a review and analysis of and recommendations and prioritization of recommendations for various options for health care coverage of Iowa's children, adults, and families, with a particular emphasis on coverage of adults.

The Commission is made up of 11 citizen (voting) members, 4 legislators, and 3 department heads. They began their work in September 2009 and completed their progress report<sup>xvi</sup> to the General Assembly which summarizes the Commission's activities from September through December 2009.

Four workgroups were created to focus on particular aspects of health care coverage. The passage of the Federal Patient Protection and Affordable Care Act has changed the charges of these workgroups to reflect the Commission's new role in assuring that national health reform is implemented in Iowa in an efficient, high-quality, and practical way. The workgroups include:

- **Workgroup I- IowaCare Expansion, Medicaid Expansion Readiness, and High-Risk Pool** will focus on reviewing, analyzing, recommending, and prioritizing options to provide health care coverage to uninsured and underinsured adults. The Workgroup will concentrate on the expansion of the IowaCare program as specified in SF 2356, how to prepare the state for Medicaid expansion set to take place in 2014, and how to maximize the effectiveness of the existing (state) and new (federal) high risk pools in providing care to uninsurable individuals between 2010 and 2014.
- **Workgroup II- Value-based Health Care** will focus on how to create opportunities for the most cost-effective use of health care resources throughout Iowa in both the publicly and privately purchased health care.
- **Workgroup III- Insurance Information Exchange** will work with the Iowa Insurance Commissioner on the development of the new Insurance Information Exchange.
- **Workgroup IV- Wellness** intends to take testimony from 20-30 organizations from both within and outside the state to discuss cutting edge cost-control efforts, including how to design incentives to change behavior for clients that will bend the curve on health care costs.
  - The PCCM Advisory Council's coordinator sat on this workgroup and helped craft their recommendations. The coordinator also presented to the other Commission workgroups on prevention and disease management initiatives. Additionally, the PCCM Advisory Council coordinator was available to Commission staff throughout 2010 to provide reports, issue briefs, and other information.

## Medical Home Collaboration

The PCCM Advisory Council continues to collaborate closely with the efforts of the Medical Home System Advisory Council.

### ***What is a Patient-Centered Medical Home?***

*Iowa's Medical Home Definition (HF 2539 and adopted by the Medical Home System Advisory Council): "medical home" means a team approach to providing health care that:*

- originates in a primary care setting;
- fosters a partnership among the patient, the personal provider, other health care professionals, and the patient's family when appropriate;
- utilizes the partnership to access all medical and non-medical health-related services needed by the patient and family to achieve maximum health potential; and
- maintains a centralized, comprehensive record of all health-related services to promote continuity of care; and
- includes the following characteristics: a personal provider; a provider-directed medical practice; whole person orientation; coordination and integration of care; quality and safety; enhanced access to health care; and payment.

The PCMH system will strive to:

- reduce disparities in health care access, service delivery, and health status;
- improve quality of health care and lower health care costs, thereby creating savings to allow more Iowans to have health care coverage within a sustainable health care system; and
- provide a pragmatic method to document that each Iowan has access to health care.

### ***IowaCare Expansion***

Iowa Medicaid Enterprise is advancing in the IowaCare Expansion project<sup>xvii</sup>, established in Senate File 2356. The expansion is phasing in Federally Qualified Health Centers (FQHC) to provide primary health care services to the IowaCare population and to comply with certification requirements of a Medical Home. Initially, the FQHC's will be required to meet a set of medical home minimum standards.

### ***Medical Home Multipayer Collaborative Workgroup***

A Medical Home Multipayer Collaborative Workgroup has been formed to develop a multipayer pilot project for Iowa. The workgroup includes payors and key stakeholders. The shared goals of a transformative pilot project include:

- Improve quality of care and reduce costs
- Simple methods of measurement and payment
- Create synergies on common ground ex. Meaningful use, 90% match for Medicaid, reimbursing for outcomes
- Sustainability
- Consumers need to be at the table

### ***State Option to Provide Health Homes for Enrollees with Chronic Conditions***

Under the Federal Patient Protection and Affordable Care Act, there is an option that Iowa is looking into to get a state match through a State Plan Amendment.<sup>xviii</sup> It is Title XIX of the Social Security Act- "State Option to Provide Health Homes for Enrollees with Chronic Conditions". This starts January 1<sup>st</sup>, 2011 and is for implementing health homes for people with chronic conditions. There is a 90% match for medical home payments in the first 2 years. After that, it goes back to the normal reimbursement rate of 65%. The language mentions that payment mythologies can be tiered and are not limited to per member per month.

The language defines that chronic conditions shall include but are not limited to:

- A mental health condition
- Substance use disorder
- Asthma
- Diabetes
- Heart disease
- Being overweight, as evidenced by having a BMI over 25.

The services to be provided by the health home are:

- Comprehensive care management
- Care coordination and health promotion
- Comprehensive transitional care, including appropriate follow-up from inpatient to other settings
- Patient and family support
- Referral to community and social support services
- Use of health information technology to link services, as feasible and appropriate.

### **"Addressing Chronic Diseases in Iowa" - Ed Wagner Hansen Award Conference**

Ed Wagner received the University of Iowa's Public Policy Center Forckenbrock Series and the College of Public Health's Hansen Award. A conference was held on October 27th to present Ed Wagner with this award. Ed Wagner developed the Chronic Care Model<sup>xix</sup>, which is the leading framework for improving care for chronic diseases. The Chronic Care Model identifies the essential elements of a health care system that encourage high-quality chronic disease care. PCCM Advisory Council staff partnered closely with the University of Iowa to plan and promote this conference.

### **Iowa Collaborative Safety Net Provider Network**

Almost 700,000 Iowans under age 65, approximately 27% of the total population, do not have health insurance (Families USA, March 2009). Thousands more have insurance that only covers catastrophic illnesses and accidents. For these individuals and families, there are limited options available for affordable health care.

Many of these Iowans turn to Iowa's safety net providers for affordable primary and preventive health care. Through a unique partnership created in 2005 by the Iowa Legislature, the Iowa Collaborative Safety Net Provider Network (Network), Iowa's health care safety net providers

have united to identify common unmet needs that can be addressed cooperatively. Access to pharmaceuticals, specialty care referrals, and health professionals recruitment were identified as the first three areas for collaboration and medical home was most recently added as a priority issue area.

In the beginning, the Network was comprised of Community Health Centers, Free Clinics, and Rural Health Clinics, but has grown tremendously in the past few years to include Family Planning Agencies, Local Boards of Health, and Maternal/Child Health Centers. Because the demand for these providers' services greatly outweighs their resources, there is an ongoing need to coordinate efforts. The recession and dramatic increases in unemployment have amplified the challenges these clinics face of remaining fiscally solvent while providing care for an increasing uninsured population.

In addition to the safety net clinics identified above, many other organizations are key partners in the Network's efforts. Following is a list of Network member organizations. The Iowa/Nebraska Primary Care Association coordinates and manages the Network.

- Child Health Specialty Clinics
- Community Health Centers
- Critical Access Hospitals
- Des Moines University
- Family Planning Agencies
- Free Clinics
- IowaCare organizations
- Iowa Academy of Family Practice
- Iowa Department of Public Health
- Iowa Department of Human Services
- Iowa Farm Bureau
- Iowa Foundation for Medical Care
- Iowa Medical Society
- Iowa Medicaid Enterprise
- Iowa Pharmacy Association
- Local Boards of Health
- Maternal/Child Health Centers
- Polk County Medical Society
- Principal Financial Group
- Project Export Center on Excellence on Health Disparities, UNI
- Rural Health Clinics
- State Board of Health
- The University of Iowa
- Wellmark Blue Cross & Blue Shield

### ***PCCM Advisory Council Collaboration***

The Iowa Collaborative Safety Net Provider Network is a strong partner in the initiatives of the PCCM Advisory Council including the diabetes care coordination plan, IowaCare Expansion, and prevention initiatives. The PCCM Advisory Council coordinator has presented at a number of the Network's meetings on these initiatives.

### ***Medical Home Development***

In FY2010, the Iowa Collaborative Safety Net Provider Network approved four grants to two Local Boards of Health and two Maternal/Child Health centers to work on medical home development in their communities, which are listed below.

- Local Boards of Health
  - Calhoun County
  - Dallas County
- Maternal/Child Health Centers
  - Siouxland Community Health Center – Sioux City

An issue brief was developed by the Network that focused on lessons learned from these projects, which is available [here](#).

### ***ChopChop Magazine***

Chop Chop is an educational healthy living magazine for children and families that will be distributed to Iowa's Community Health Centers and Safety Nets. ChopChop's mission is to educate kids to cook and be nutritionally literate, empower them to actively participate as health partners with their families and help establish and support better eating habits for a lifetime of good nutrition. ChopChop's vision is to reverse and prevent childhood obesity.

## **Healthy Iowans**

Healthy Iowans is Iowa's five year health assessment and health improvement plan. It focuses attention on Iowa's critical issues/needs and provides a blueprint for addressing them. Healthy Iowans will link with other planning efforts, including county health improvement plans. To develop Healthy Iowans, numerous partners are engaged in health planning through health-related advisory committees, community-based planning, and other initiatives. The Healthy Iowans Steering Committee, appointed by the director of the Iowa Department of Public Health, will use recommendations from these sources in developing Iowa's health assessment and health improvement plan. In addition, the steering committee will call for input from the public and stakeholder groups. The PCCM Advisory Council was called upon to assist in submitting recommendations for Healthy Iowans.

## **IDPH Health Reform Team**

Iowa's Health Care Reform Act established a number of advisory councils charged with making recommendations for health in Iowa. The IDPH Health Reform Team consists of coordinators for each council, and was created to ensure regular communication, coordination and integration among the advisory councils.

Each council has a different charge with areas including a statewide patient-centered medical home system, prevention and chronic care management, electronic health information technology, health and long-term care access, a credentialing system for direct care workers, physical fitness and nutrition, and end-of-life care. The IDPH Health Reform Team facilitates the work of the councils with the goal of driving rich discussions at their meetings, which leads to the formation of important recommendations to be included in reports and issue briefs. The team also gathers and distributes studies and reports related to the council's topic and forms partnerships with key stakeholders throughout Iowa.

Nationally, health reform is one of President Obama's top priorities. His comprehensive health reform proposal focuses on offering affordable, comprehensive, and portable coverage; containing spiraling costs and improving quality of care; and promoting and strengthening prevention and public health. To ensure that the work of the councils are aligned with any future developments at the national level, the IDPH Health Reform Team pays close attention to related proposals, particularly those regarding enhancements in the delivery of primary care, prevention, and public health.

## The Check-Up

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. The Check-Up features updates on activities of the health reform councils and other activities as authorized by House File 2539. The Check-Up is archived on the main IDPH Health Care Reform Website at [http://www.idph.state.ia.us/hcr\\_committees/](http://www.idph.state.ia.us/hcr_committees/)

## Council Members

<b>Name</b>	<b>City</b>	<b>Position</b>
Jose Aguilar, MD	Des Moines	Iowa Nebraska Primary Care Association
Bill Appelgate, PhD	Des Moines	Iowa Chronic Care Consortium
Krista Barnes, PA-C	Des Moines	Proteus Migrant Health
Judith Collins, MA, ARNP, BC	Davenport	Iowa Nurses Association
Ana Coppola, MPH	Des Moines	Community Advocate
Marsha Collins, PA-C	Des Moines	Iowa Physician Assistant Society
Eileen Daley, RN, MPH	Waterloo	Iowa Public Health Association
Steve Flood	Des Moines	Holmes Murphy and Associates
Della Guzman	Des Moines	Iowa Health System
Terri Henkels	Des Moines	Iowa State Association of Counties
Jason Kessler, MD, FAAP, CHBE	Des Moines	Iowa Medicaid Medical Director
Karen Loihl	Des Moines	Iowa Psychiatric Society
Teresa Nece, MS, RD, LD, SNS	Des Moines	Iowa Dietetic Association
Janelle Nielsen	Des Moines	Iowa Healthcare Collaborative
Noreen O'Shea, DO	Elk Point	Iowa Academy of Family Physicians
Patty Quinlisk, MD	Des Moines	State Government
Peter Reiter, MD, FACP	Ottumwa	Internal Medicine
Suzan Simmons, PhD	Des Moines	Iowa Psychological Association
Kim Stewart	Des Moines	YMCA of Central Iowa
John Stites, DC, DACBR	Davenport	Iowa Chiropractic Association
Jacqueline Stoken, DO	West Des Moines	Iowa Osteopathic Medical Association
John Swegle, PharmD, BCPS	Mason City	Iowa Pharmacy Association
Debra Waldron, MD, MPH	Iowa City	Iowa Department of Public Health

## Resources

- <sup>i</sup> Centers for Disease Control and Prevention, [http://www.cdc.gov/pcd/issues/2009/apr/08\\_0236.htm](http://www.cdc.gov/pcd/issues/2009/apr/08_0236.htm)
- <sup>ii</sup> <http://coolice.legis.state.ia.us/Cool-ICE/default.asp?Category=billinfo&Service=Billbook&menu=false&ga=82&hbill=HF2539> accessed January 2009.
- <sup>iii</sup> Iowa Department of Public Health, Prevention and Chronic Care Management Advisory Council, [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)
- <sup>iv</sup> [http://www.idph.state.ia.us/hcr\\_committees/common/pdf/prevention\\_chronic\\_care\\_mgmt/082710\\_sf2356.pdf](http://www.idph.state.ia.us/hcr_committees/common/pdf/prevention_chronic_care_mgmt/082710_sf2356.pdf)
- <sup>v</sup> [http://www.idph.state.ia.us/hcr\\_committees/common/pdf/prevention\\_chronic\\_care\\_mgmt/disease\\_registry\\_issue\\_brief.pdf](http://www.idph.state.ia.us/hcr_committees/common/pdf/prevention_chronic_care_mgmt/disease_registry_issue_brief.pdf)
- <sup>vi</sup> [http://www.idph.state.ia.us/hcr\\_committees/common/pdf/prevention\\_chronic\\_care\\_mgmt/082710\\_diabetes\\_group.pdf](http://www.idph.state.ia.us/hcr_committees/common/pdf/prevention_chronic_care_mgmt/082710_diabetes_group.pdf)
- <sup>vii</sup> [http://www.idph.state.ia.us/hcr\\_committees/common/pdf/prevention\\_chronic\\_care\\_mgmt/082710\\_ianepca.pdf](http://www.idph.state.ia.us/hcr_committees/common/pdf/prevention_chronic_care_mgmt/082710_ianepca.pdf)
- <sup>viii</sup> [http://www.idph.state.ia.us/hcr\\_committees/common/pdf/prevention\\_chronic\\_care\\_mgmt/082710\\_hf2144.pdf](http://www.idph.state.ia.us/hcr_committees/common/pdf/prevention_chronic_care_mgmt/082710_hf2144.pdf)
- <sup>ix</sup> <http://www.iowahealthdisparities.org/welcome.php>
- <sup>x</sup> [http://www.idph.state.ia.us/hcr\\_committees/common/pdf/prevention\\_chronic\\_care\\_mgmt/issue\\_brief\\_chronic\\_disease.pdf](http://www.idph.state.ia.us/hcr_committees/common/pdf/prevention_chronic_care_mgmt/issue_brief_chronic_disease.pdf)
- <sup>xi</sup> [http://www.idph.state.ia.us/hcr\\_committees/common/pdf/prevention\\_chronic\\_care\\_mgmt/prevention\\_issue\\_brief.pdf](http://www.idph.state.ia.us/hcr_committees/common/pdf/prevention_chronic_care_mgmt/prevention_issue_brief.pdf)
- <sup>xii</sup> [http://www.idph.state.ia.us/hcr\\_committees/common/pdf/prevention\\_chronic\\_care\\_mgmt/disease\\_registry\\_issue\\_brief.pdf](http://www.idph.state.ia.us/hcr_committees/common/pdf/prevention_chronic_care_mgmt/disease_registry_issue_brief.pdf)
- <sup>xiii</sup> World Health Organization, [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)
- <sup>xiv</sup> Rittenhouse, D., & Shortell, S. (2009). The Patient-Centered Medical Home- Will It Stand the Test of Health Reform? *Journal of the American Medical Association*, 301, 2038-2040. Retrieved from [http://www.idph.state.ia.us/hcr\\_committees/common/pdf/medical\\_home/jama\\_pcmh.pdf](http://www.idph.state.ia.us/hcr_committees/common/pdf/medical_home/jama_pcmh.pdf)
- <sup>xv</sup> <http://www.legis.state.ia.us/aspx/Committees/Committee.aspx?id=484>
- <sup>xvi</sup> <http://www.legis.state.ia.us/Isadocs/IntReport/2010/IPSL000.PDF>
- <sup>xvii</sup> [http://www.idph.state.ia.us/hcr\\_committees/common/pdf/medical\\_home/063010\\_iowacare\\_model.pdf](http://www.idph.state.ia.us/hcr_committees/common/pdf/medical_home/063010_iowacare_model.pdf)
- <sup>xviii</sup> [http://www.idph.state.ia.us/hcr\\_committees/common/pdf/medical\\_home/063010\\_language.pdf](http://www.idph.state.ia.us/hcr_committees/common/pdf/medical_home/063010_language.pdf)
- <sup>xix</sup> <http://www.improvingchroniccare.org/>