

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 health reform councils as authorized by HF 2539 (2008) including activities related to the Federal Patient Protection and Affordable Care Act (HR 3590) and other activities related to the focus of the councils.

The Check-Up will be archived on the main IPDH Health Care Reform Website at http://www.idph.state.ia.us/hcr_committees/

March – April 2012

Websites

Advisory Councils

[Iowa e-Health](#)

[Prevention and Chronic Care Management](#)

[Medical Home](#)

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

[Direct Care Worker](#)

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

Other Iowa HCR Activities

[Iowa Healthy Communities Initiative](#)

[Small Business Qualified Wellness Program Tax Credit Plan](#)

[Health Benefits Exchange](#)

Iowa e-Health (Electronic Health Information Advisory Council)

2012 continues to be incredibly busy with the hard work resulting in great progress. On April 12, 2012 the e-health bill (SF 2318) was signed by Governor Branstad and effective upon enactment. This legislation provides a number of much needed legal



items including new definitions and changes the statewide health information exchange name from The Health Information Technology System to the Iowa Health Information Network or IHIN. SF 2318 establishes a non-revertible fund for e-health, gives the department the ability to spend those funds and collect fees, sets the Business and Financial Sustainability Plan as the source for fee amounts, and gives basic guidelines on annual processes for reviewing fees and setting budgets.

Additionally, the new bill gives providers several liability protections thereby removing possible adoption concerns by establishing that creators of health information remain responsible for the accuracy of that information. It describes some of the IHIN technical requirements and the department's duties going forward such as creating the means by which a patient may opt out.

With the current funding and financial tools now in place the work focuses largely on the implementation. The next Check-Up will provide an implementation status update as well as detailed information about the services that will be going live in July and those going live in December of 2012. We will include information about the services being provided to the Iowa Medicaid Enterprise that supports both the EHR incentive payment program and Health Home program.

**Next Meetings: June 1st 10am – 2pm at the Urbandale Public Library
August 3rd 10am – 2pm location TBD**

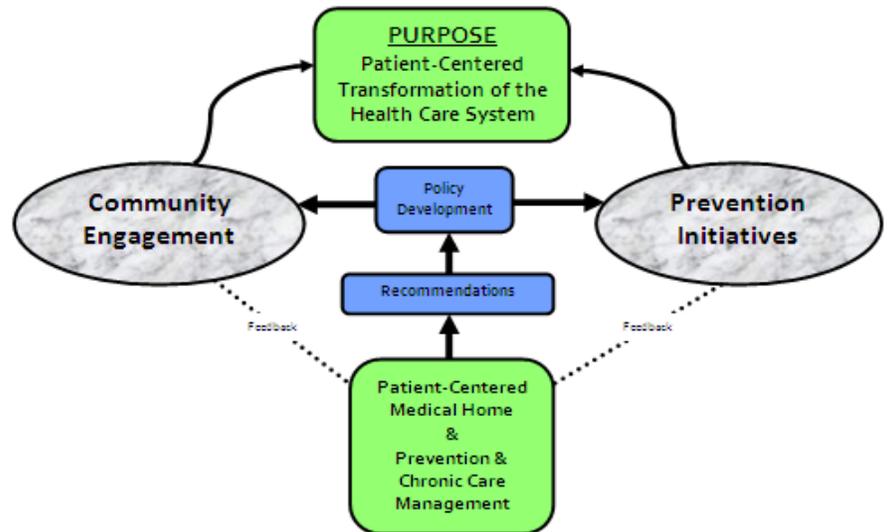
Medical Home and Prevention and Chronic Care Management Advisory Council

In 2008, [HF 2539](#) tasked IDPH with developing recommendations for state initiatives addressing health promotion, prevention and chronic care management, as well as the development of recommendations and planning for implementation of a statewide patient-centered medical home (PCMH) system. To do this, the [Medical Home System Advisory Council \(MHSAC\)](#) and [Prevention and Chronic Care Management \(PCCM\) Advisory Council](#) were formed which includes representation from health care, state agencies, academia and consumers. The vision of the Council is below.

The MH/PCCM 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.

The Council had a meeting on April 12th at the YMCA Healthy Living Center in Clive. Discussion topics included the structure of Council workgroups, the Commonwealth Fund Project with UI Public Policy Center (Health Care Safety Net in Iowa- Post Health Care Reform), Iowa Collaborative Safety Net Provider Network's NASHP Technical Assistance opportunity with Iowa Medicaid, Iowa e-Health, Health Benefit Exchange, Consumer Oriented and Operation Plan, medical home certification, ACA's Health Homes for Medicaid Enrollees with Chronic Conditions, and IowaCare Year One Data.

Medical Home and Prevention and Chronic Care Management Advisory Council Vision



Advisory Council Mission

The mission of the Advisory Council is to promote community care coordination and advance patient-centered transformation of the health care system by recommending strategies to IDPH, the legislature, and other stakeholders.

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.

- [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](#)

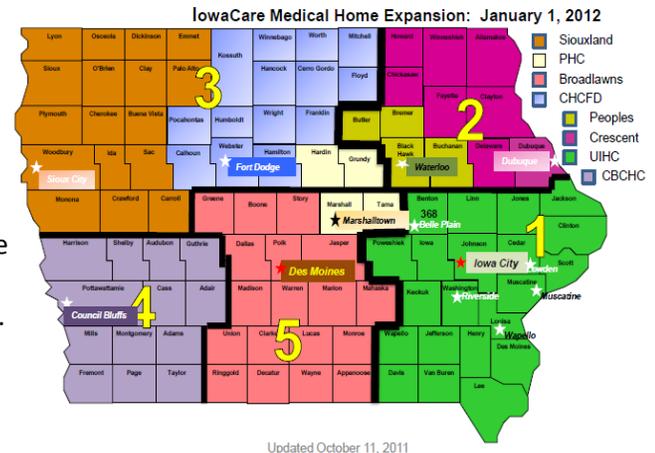
Diabetes Care Coordination Plan- The Council was charged by [SF 2356](#) to develop a plan to coordinate care for individuals with diabetes who receive care through safety net providers. As a first step, the Iowa Primary Care Association (Iowa PCA) conducted [focus groups](#) in the FQHC to determine 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](#).

Medical Home and Prevention and Chronic Care Management Advisory Council (cont.)

IowaCare Expansion

The Council continues to collaborate with Medicaid in the development of the [IowaCare Medical Home Model](#). The expansion has phased in FQHCs to provide primary health care services to the IowaCare population and to comply with certification requirements of a Medical Home. All counties were assigned a Medical Home as of January 1, 2012.

[Data from the first year](#) of the Expansion shows that IowaCare members are receiving significantly more preventative and coordinated care for individuals with key chronic diseases compared to the Medicaid population. The expansion has had its challenges and successes. The Medical Home does improve care, but a limited benefit program is a difficult testing ground. Lessons learned will be applied to future Medical Home projects such as the Health Home for Medicaid Enrollees with Chronic Conditions.



Health Homes for Medicaid Enrollees with Chronic Conditions-

The Council is collaborating with Medicaid in the development of Section 2703 of the ACA which 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](#). Within the first year, the FQHCs must seek [NCQA Medical Home Recognition](#) or equivalent. Medicaid anticipates beginning enrolling providers starting mid 2012. Eligible individuals include those who have at least two chronic conditions or one and is at risk for a second from the following list: Mental Health Condition, Substance Use Disorder, Asthma, Diabetes, Heart Disease, Obesity, and Hypertension.

*Input needed- “Dual Eligibles” Proposal-

DHS is currently seeking approval from CMS to move forward with implementation of a comprehensive approach aimed at integrating care and improving patient health for dually-eligible Medicaid and Medicare members. The proposal focuses on care coordination, the reduction of avoidable hospital readmissions and transitions from an inpatient stay to other settings. Medicaid will use previously unavailable data to unlock details which will let us target interventions where needed. The whole person, care coordination envisioned in the proposal has the potential to improve care for nearly 66,000 disabled and elderly, vulnerable Iowans while realizing savings in the system. The proposal utilizes current systems and builds upon current assets and delivery systems to create this new opportunity.

[Click here](#) to review the proposal & share your comments to mbussel@dhs.state.ia.us by May 16th.

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 1st, 2012 with 32 organizations to test the ACO model. One Iowa community was selected to participate in the Pioneer ACO Model- TriHealth, Inc., a Fort Dodge, Iowa-based system including a regional hospital and a physicians' group.

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. IDPH and DHS play an active role in the Safety Net Collaborative and will be assisting in this project. 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.

Next Meeting: Wednesday, July 25th 9:30am – 3:00pm at the YMCA Health Living Center

Direct Care Worker Advisory Council

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 is charged with advising IDPH on training and credentialing recommendations 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

March was an exciting month for the initiative! We launched our early retention program – Penny for Your Thoughts© – aimed at enhancing job satisfaction among direct care professionals early in their careers to improve job retention. We have received positive feedback from the DCPs who have participated. The training modules are also complete and ready to be taught by trained instructors. Anita Stineman, Curriculum Director of the project and Clinical Assistant Professor at the University of Iowa College of Nursing, trained more than 40 individuals in March to teach the curriculum. The sites delivering the curriculum (listed below) are making final touches to peer-to-peer mentor programs that will also be implemented throughout the project. All direct care professionals participating in the project will take a job satisfaction survey and a pre- and post-assessment of the curriculum. Retention is also being tracked, and leadership and mentoring trainings in May and June are being made available to direct care professionals within the pilot sites.

Progress continues on development of the information management system that will manage, track and credential the direct care workforce. The initiative will be asking employers and direct care professionals to assist with testing and reviewing the draft website and processes to help us work out any ‘bugs’ as we strive to develop an efficient and user-friendly system.

Legislation to establish the Board of Direct Care Professionals was introduced this year in the Iowa General Assembly. The Senate passed the bill, [SF2298](#), but it did not survive the second funnel to be eligible for debate in the House. However, the language to establish the Board was included in the Senate’s version of the Health and Human Services Appropriations bill, [SF 2336](#). The House passed a different version of the bill, and now the two chambers will work to reconcile differences in the waning days of this legislative session.

The Direct Care Worker Advisory Council will meet again **Thursday, June 14, 2012, 10 a.m. to 3 p.m.**, location to be determined. The Council will receive an update on progress with initiative activities and view an early draft of the website and information management system. To keep up to date on progress/activities, go to www.idph.state.ia.us/directcare and click the button to be added to our E-Update.

Next Meeting: Thursday, June 14th 10am – 1pm location TBD

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.

Maternal, Infant, and Early Childhood Home Visiting Program

A key provision in the ACA authorizes the creation of the [Maternal, Infant, and Early Childhood Home Visiting Program \(MIECHV\)](#) to respond to the diverse needs of children and families in at-risk communities. It provides a unique opportunity for collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. The program is designed to strengthen and improve the programs and activities carried out under Title V and other community service providers. It is also designed to improve coordination of the following services for at-risk communities: health care, mental health, early childhood development, substance abuse, domestic violence prevention, child maltreatment prevention, child welfare, education and other social and health services.

IDPH was recently awarded a competitive expansion grant of 6.6 million dollars, per year, for three years. The grant period is March 30, 2012 to March 30, 2015. The grant allows Iowa to expand evidence-based home visiting into our remaining at-risk communities as identified in the 2010 Iowa Needs Assessment. IDPH will continue to work with the four original MIECHV communities as well, which include Black Hawk, Appanoose/Wapello and Lee Counties. Counties are clustered where geographically possible, for maximizing cost effectiveness, in addition to other factors.

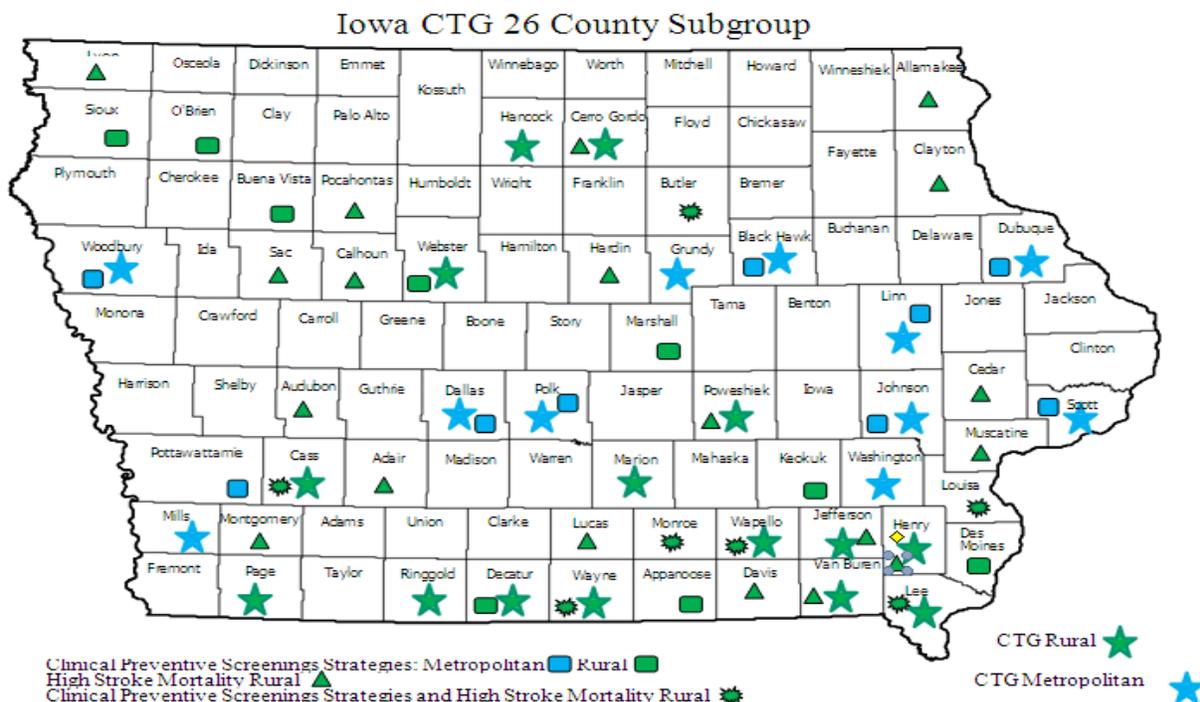
The following additional communities have been selected to implement or expand evidence-based home visiting with the new grant funding. These counties are based on the 2010 Iowa Needs Assessment and include:

- Buena Vista
- Cerro Gordo
- Clinton
- Des Moines
- Hamilton
- Jefferson
- Marshall
- Montgomery
- Muscatine
- Page
- Pottawattamie
- Scott
- Webster
- Woodbury

Iowa will also focus efforts on statewide infrastructure enhancements including web-based data collection system, professional development, Virtual Home Visitor, and Statewide Coordinated Intake System.

Community Transformation Grant

The Community Transformation Grants (CTG) in Iowa are continuing to evolve. Below is the Iowa CTG map. An overview of the projects will be featured in the next edition of the Check-Up.



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'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.
- 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](#).

Planning Review- HBE staff participated in Iowa's Establishment Review in D.C. on April 23-24. Staff presented a PowerPoint presentation to CCIIO describing the activities that Iowa has done and plans on doing related to the planning of Iowa's HBE.

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.

2012 Legislative Session

To stay up-to-date on Weekly news about topics relating to public health discussed in the Iowa General Assembly during legislative session, please visit [IDPH's Legislative Updates](#) page.