#### **Strategic Plan**

# Recommended to the Iowa Department of Public Health By the

### Health and Long-Term Care Access Advisory Council January 2010

Working document showing 5/22/09 meeting discussion

#### **Mission:**

The Council will

- assist the Iowa Department of Public Health to develop, update and monitor a strategic plan for implementation of health care delivery infrastructure and health care workforce resources; and
- inform and advise the department and policymakers regarding issues relevant to health care access for Iowans.

#### Vision:

Assure a diverse, sustainable, and well-qualified workforce that provides access to quality health care for all Iowans.

#### **Focus:**

Year 1: Workforce

Year 2: To be determined –

- workforce ongoing
- health care infrastructure

Year 3: To be determined --

- workforce ongoing
- health care infrastructure ongoing

Future ongoing: To be determined

#### **Guiding Principles:**

- 1. Promoting and maintaining the health of all Iowans.
- 2. Providing accessible health care services through the maintenance of an adequate supply of health facilities and an adequate workforce.
- 3. Controlling excessive increases in costs.
- 4. Applying specific quality criteria and population health indicators.
- 5. Recognizing prevention and wellness as priorities in health care programs.
- 6. Addressing periodic priority issues including disaster planning, public health threats, and public safety dilemmas.

- 7. Coordinating health care delivery and resource development efforts among state agencies including those tasked with facility, services, and professional provider licensure; state and federal reimbursement; health service utilization data systems; and others.
- 8. Recognizing long-term care as an integral component of the health care delivery infrastructure and as an essential service provided by the health care workforce.
- 9. Assessing the availability of health resources in rural and urban areas of the state, assessing the unmet needs of these communities, and evaluating how federal and state reimbursement policies can be modified, if necessary, to more efficiently and effectively meet the health care needs of rural and urban communities.
- 10. Addressing underserved populations and resources, recognizing that cultural competency and health literacy are key components to access and quality.
- 11. Assuring affordable health care.
- 12. Assuring optimal coordination between primary and specialty care.

Public comment: Residency reimbursement from Medicare and Medicaid – have lost about \$11 million for Iowa. Affects both primary care and specialty care. Consider other funding alternatives. Fee-based?

Insert under every goal;

Where does this go? Objective: -- Facilitate the ability for Iowan's to benefit from successful efforts in other Iowa communities. Enable communities and stakeholders to take advantage of best practices and resources that will build capacity to assure access and avoid unnecessary duplication.

Action Step: Identify existing programs

Promote best practices through Web site or other venues

Avoid reinventing the wheel

Overriding goals at some point in the plan.

Data collection ... collect the right data.

Data on impact to care of nurses, value added.

## Goal 1. Assure access for all Iowans living in rural areas.

Discussion around development of objectives and action steps around rural access:

Physician – specialty choice – now, not enough primary care. But, if health care reform changes so that primary care is better-reimbursed, will this change?

Council is interested in U of I study on why physicians leave. Much has to do with what is going on in that practice. Retention is more cost efficient than recruitment.

About 1/3 of U of I's residency programs in family medicine are occupied by international medical graduates. IMGs don't stay. Training mostly sponsored by host hospitals, reimbursed via Medicare, not a loss of state dollars.

Don't lose sight of fact that Iowa has done a good job of addressing fears over last 20 years that we would not have enough primary care providers, but as time goes on and things change, we want to make sure we continue to plan for the changes.

Need to watch specialty care access (physician) while we keep an eye on primary care.

Rural track programs. If we can attach loan repayment or other incentive programs to the rural track programs, it could be even stronger incentive. Mention of Title 7 requirements to show impact on rural.

Students don't know where to go to find all of the resources related to loan repayment and incentives.

Do students understand what it means to be in a rural community? How can we make sure they understand what that is?

Only 30% of Iowa-educated medical students do their residency in Iowa. If you do your training here, you're more likely to stay here.

IMGs make up 17% of the physician population, but of relocators, they make up about 1/3. Go to the next-size-up city.

Objective 1.1. \_\_\_\_\_recruitment and retention incentive programs\_\_\_\_\_

<b>Action Steps</b>	Responsible party	Target date	Performance Target	Progress
	O'			Column to be added in
				future reporting

			versions
Access to the programs			
Information available			
about the programs		0	
Additional educational			
venues for health			
professions students and			
health professionals to			
mentor students			
Assistance to local			
practices about how to			
structure local loan			
repayment programs			
Programs to help	A	2	
practices retain			
physicians			
Addressing	$\bigcirc$		
transportation issues	/		
issues for health	X.		
professionals			

Objective 1.2.	mental health within reasonable commute	

Physicians in rural areas sending patients to larger areas (Iowa City, Mayo) because there is no provider within the local area.

60% of kids at Iowa Lutheran receiving mental health services are from rural areas (outside Des Moines metro). (Rich Daumueller, finding from their work.) Magellan working on video-seeing patients so physicians don't have to travel to see them. U of I program in Iowa City has worked on this as well. Telemedicine. Study by Center for Health Workforce Planning revealed problems getting practitioners on both sides of the tele-connection reimbursed. University of Iowa also working with Keokuk for psychological services. Also University of Kansas City with Leon hospital.

Public comment – psychology – innovative models of care – how can psychologists practice differently – part of a physician's office, not necessarily all 50-minute visits, perhaps a 15-minute visit. Not all innovative models of care need to be distance related. Psychologist

licensure is a lengthy process requiring one year of supervised clinical work prior to private practice, not reimbursed. Post-doc students are being placed in community mental health centers who can bill as an agency to complete this training in Iowa. Recently had 8 strong candidates for one position.

<b>Action Steps</b>	Responsible party	Target date	Performance Target	Progress
				Column to be added in future reporting versions
Medicare and Medicaid reimburse telemedicine, but other providers don't				
Alternative models of				
care		A. C.		
		A	)	

Objective 1.3 \_\_supply pipeline\_\_\_\_\_(replicate this objective under other goal areas – or as overall)

<b>Action Steps</b>	Responsible party	Target date	Performance Target	Progress
				Column to be added in
				future reporting
				versions
K-12 emphasis in math		V'		
and sciences				
Critical thinking skills				
taught in secondary				
institutions	0,			
Mentoring programs for				
behavioral	A 1			
health/children in school	Ameng			
Helping existing health				
professionals to grow 🔝				
into other health				

professionals (like career teaching program at Drake)			. 000
Educational			
programs/opportunities			
that target non-			
traditional students			
Retool educational			
programs to allow non-			
traditional students to be			
successful			
Technology for health		100	
professions education			
Advocate increased	A	) .	
compensation/rewards			
for nurse educators			
How can we modify	$\bigcirc$		
requirements to RN that			
can easily enter nurse	X		
educator track?			

Action Steps	Responsible party	Target date	Performance Target	Progress
				Column to be added in
	00			future reporting
				versions
•				

Objective 1.4 \_\_\_\_\_substance abuse treatment within reasonable commute \_\_\_\_\_

Objective 1.5Enhancing innovative and distance based models of care (via phone, via computer, via circuit rider)
telemedicine, telemonitoring, use of providers in different ways, patient centered medical home, telepharmacy/e-pharmacy (medication i
local, but professional is far away), telehealth
Are we using health professionals efficiently? If not, perhaps the focus is on technology solutions. If we are already maximizing use of
existing professionals, then perhaps focus on supply.

Are we underutilizing professionals (pharmacists? Dental hygienists) who could relieve other professions experiencing shortage?

- Prevention and disease management by pharmacists
- Medication management for chronic disease patients
- Primary care professional can then see more patients
- Is reimbursement structure aligned to support this?
- Annual review of medications for patients with 2 or more chronic conditions or 5 or more medications can reduce annual cost of care from somewhere between \$800 and \$2,500.
- Access pharmacist no up-front cost to talk to them, and they are glad to talk to the patient.

<b>Action Steps</b>	Responsible party	Target date	Performance Target	Progress
				Column to be added in
				future reporting
				versions
Reducing the number of				
steps people have to go		~		
through to gain access				
Training professionals to				
use them				
Reciprocity with other	90			
states – licensure	• • •			
Remove barriers to	A13			
innovative models of	A The state of the			
care – identify possible				
models that would work				
in Iowa and ?				

Define what services will be provided via technology			.00
Health literacy		A	
Cultural competence			

# Goal 2. Assure access for all Iowans living in *urban underserved areas*.

Objective 2.1. \_\_\_\_\_

Action Steps	Responsible party	Target date	Performance Target	Progress
		C TO		Column to be added in future reporting versions
Multiple languages				

Objective 2.2.

<b>Action Steps</b>	Responsible party	Target date	Performance Target	Progress
				Column to be added in future reporting versions

# Goal 3. Assure access for people with disabilities.

Public comment at 4.23.09 meeting indicated that personal experience when taking child with disabilities to Iowa City for care was that providers both in her local area and at Iowa City were clearly stressed by the numbers of patients they need to see within the time allowed.

Objective 3.1 \_\_\_\_\_dental for those with behavioral challenges\_\_\_\_\_

Action Step	Responsible party	Target date	Performance Target	Progress
				Column to be added in future reporting versions

Objective 3.2 \_\_\_\_\_

Action Step	Responsible party	Target date	Performance Target	Progress
				Column to be added in future reporting versions

# Goal 4. Assure access for the elderly.

Objective 4.1 \_\_\_\_\_nurses willing to work second and third shifts and weekends\_\_\_\_\_

Action Step	Responsible party	Target date	Performance Target	Progress
				Column to be added in
	(0)			future reporting
				versions

		4
Objective 4.2		

Action Step	Responsible party	Target date	Performance Target	Progress
				Column to be added in future reporting versions

# **Goal 5**. Assure access for *ethnic and racial minorities*.

Objective 5.1 \_\_increasing minorities in the health workforce\_\_health]

[indicator - reduced disparity in determinants of population

Action Step	Responsible party	Target date	Performance Target	Progress
				Column to be added in
				future reporting
		V. 7		versions
Work with school				
systems and local	40			
medical institutions to				
reach kids and let them				
know the wide variety of				
possibilities in health				
care AND their value to				
the health care system	ACT.			
by virtue of ethnic and				
cultural skills and				

awareness		4
Career ladders/pathways		
within health care		
settings and educational		
settings (strategies for		
retention)		
Population "pockets"		
Not even distribution		
across the state		

Objective 5.2 \_\_\_increasing cultural competence among the health workforce\_

			. \ \	
Action Step	Responsible party	Target date	Performance Target	Progress
Language		A.	) .	Column to be added in
<ul> <li>School district</li> </ul>				future reporting
data				versions
<ul> <li>English language</li> </ul>				
learners				
<ul> <li>Child translators</li> </ul>		X		
especially				
inappropriate for				
some health				
concerns, such as				
reproductive		V'		
health; serious				
health problems;				
(really, never)				
	Q <sub>0</sub>			

Objective 5.3 \_\_\_health literacy\_

Action Step Responsible party	Target date	Performance Target	Progress
			Column to be added in

		future reporting versions

# **Goal 6**. Assure access for *the uninsured and underinsured*.

Objective 6.1

Action Step	Responsible party	Target date	Performance Target	Progress
		>	)	Column to be added in future reporting
				versions
		( ) '		
		/		

Objective 6.2 \_\_\_\_\_

Action Step	Responsible party	Target date	Performance Target	Progress
				Column to be added in future reporting versions
	A Company of the Comp			