

Rural Health & Primary Care Advisory Committee
Ola Babcock Miller Building
November 12, 2013
9:30 a.m. – 2:00 p.m.

M i n u t e s

Members Present

Jim Atty
 Representative Bruce Bearinger
 Shari Burgus
 Sheila Frink
 Angela Halfwassen
 Debora Hinnah
 Dennis Mallory
 Kathy Nicholls
 Patrick Pucelik
 Gregory Randolph
 Jon-Michael Rosmann
 Senator Mark Segebart

Members Excused

Representative Mark Costello
 Kelley Donham, D.V.M.
 Mary Spracklin
 Margaret Thomson
 Senator Mary Jo Wihelm

Others Present

Katie Jerkins
 Michelle Holst
 Gloria Vermie
 Deborah Thompson
 George Zarakpege
 Gayle Olson

Minutes Recorded by: Secretary, Bureau of Oral & Health Delivery Systems

Call to order	Committee called to order at 9:35 am by Dennis Mallory
Introductions	All in attendance introduced themselves.
Minutes	<p>Dennis Mallory welcomed all members and encouraged people with new ideas to feel free to express them without holding back. Previous meeting minutes was reviewed and a few minor corrections were made. Motion to approve the minutes, Angela Halfwassen. Seconded by Jim Atty.</p> <p>IDPH Division update</p> <p>Gerd Clabaugh, Iowa Department of Public Health (IDPH) Health Promotion and Chronic Disease Management (HPCDP) deputy director was not available as scheduled to present. He Will be scheduled for the following meeting</p> <p>IDPH Legislative update</p> <p>Deborah Thompson introduced herself and provided updates on plans for legislative sessions and related issues. The department has reached the point in the legislative process where budget recommendations have been submitted to the Governor’s Department of Management. DOM assists the Governor in crafting the budget recommendations he’ll make to the General Assembly in January. The department has requested status quo funding for all of its recruitment and retention programs like PRIMECARRE, and the Rural Health & Primary Care Program, a loan repayment program. IDPH has also had its legislative package submissions approved by the Governor’s policy staff and Deborah will be sending them to the bill drafters at the Legislative Services Agency in the next couple of days. They are placed in line so she is not sure of when the language can be made available to the public but could share the general components of the three bill that are available.</p> <ul style="list-style-type: none"> (a) One will be a technical bill with one section to update a change in name for a national body the Iowa Board of Dietetics uses for their credentialing process. (b) The second bill is an omnibus bill with several components. The main ones also deal with licensure boards. The Boards Barbering and Cosmetology Arts & Sciences have asked to codify their current complaint based structure for inspections of salons and barber shops. The Board of Mortuary Science has requested similar changes for places where bodies (guests) are handled by the professionals they license (e.g. crematoriums). The Bureau of HIV, STDs, and Hepatitis have had requests by

professionals in medical community to update training requirements for blood borne pathogens. (Required professionals include, licensed hospice workers, state funded home health aide staff, and agencies that provide respite care services. Also, EMS, firefighters, and law enforcement are required.)

- (c) The third bill relates to the Iowa Health Information Network. The Iowa e-Health Advisory Council is responsible for providing advice and guidance regarding the IHIN. The IHIN is Iowa's statewide health information exchange system managed by IDPH. The Council has identified a gap between the technology anticipated at the time the policy framework for the IHIN was passed in 2011 and the current capabilities of electronic health records system (EHRs). The gap creates a technical roadblock for participants' adoption and use of the IHIN. So it's something that's come up as a potential barrier to adoption and the department will work to get it correct this session.

Deborah mentioned that IDPH's Bureau of EMS participated in a legislative interim study committee that is charged with reviewing Iowa's system. A major point of discussion was whether or not EMS should be an essential service like fire protection and law enforcement. This issue might likely continue on during session. IDPH is also participating in a legislative interim study committee on health reform. The agenda is still being finalized. This session is likely to be calmer than last year's as far as the amount of policy that is considered; although the rhetoric may still be a little sharp because it's an election year. The rumor is that they are moving major deadlines up with the hopes of getting done on time or earlier.

State Office of Rural Health briefing

Gloria Vermie talked about her current activities which include working on state and national projects to improve access to quality health care and promote rural and public health care organizations in Iowa. She updated committee members on 3 grants she is currently working on as well as changes in human resources. Jane Schadle now working with Chronic disease prevention bureau, while Doreen Chamberlin is now the Program Coordinator for the FLEX program. According to Gloria, IDPH – Iowa Rural Health Programs are funded federally through HRSA office of Rural Health Policy and obligated to fulfill their federal grant work plan. The grants are for State Office of Rural Health, Medicare Rural Hospital Flexibility (FLEX) program and Small Rural Hospital Improvement Program (SHIP). Other topics discussed include Iowa Hospital Engagement Network (HEN) which is coordinated by the Iowa Healthcare Collaborative and Medicare Beneficiary Quality improvement Program (MBQIP). IA hospitals are recognized nationwide as one of the top 5 for quality delivery. Gloria also indicated that the National Rural Health Day is November 21. During this period, the power of Rural communities are celebrated by honoring the selfless, community and “can do” spirit that prevails in Rural America. Rural health photos will be shared and people will be recognized for their activities. She also indicated that the Governor will sign a National Rural health Day Proclamation in his office November 14 and requested as many as are interested to indicate.

Primary Care Office updates

Michelle Holst talked about what the PCO is working on. They are currently working on the federal cooperative agreement that funds the PCO. The 5 year grant is now open for competition. One of the programs administered by the PCO is the National Health Service Corps. Currently, applications for clinics to become approved as NHSC sites are being reviewed. There are 25 applications being reviewed in the online portal and 21 days are allowed for review. These sites are reviewed every 3 years. The application window for clinicians to apply for loans for loan repayment will open soon. Each state is allowed to recommend up to 30 waivers each year through this program. Iowa opened the application window for this year on September 3rd. Michelle also talked briefly about Health Professional Shortage Areas and how HPSAs are used to assist in determining which clinicians receive loan repayment awards. She is gathering and formalizing information for submission of a final report on the ARRA Retention and Evaluation Activities grant. The group discussed challenges with recruitment and retention of health professional in rural areas.

	<p>Bureau of Oral Health</p> <p>The Oral and Health Delivery Systems (OHDS) received a grant from CDC to Prevent oral disease and improve oral health by: Building and maintaining effective public health capacity, and Implementing, evaluating, and disseminating best practices associated with oral disease prevention and improvement of oral health. This is made up of two components namely Component 1 Basic Capacity for Collective Impact and Component 2 Evidence-based Interventions and Services. IDPH will add .5FTE epidemiology position; 1.0FTE I-Smile Outreach Position. A large focus of grant is on enhancing and integrating partnerships – and establishing a state OH coalition. The coalition will assist with completing state environmental scan, an oral health burden of disease document, and an Iowa state oral health plan With the new epi position, another key focus will be on program evaluation – with TA from CDC</p> <p>ICASH Report</p> <p>Gayle Olson informed committee members about an upcoming workshop for fire/rescue instructors interested in conducting a basic first responder class on incidents involving grain storage, processing, and handling facilities. The purpose of the class is to equip current fire/rescue instructors to conduct a 7.5 hour class for first responders with a high probability of responding to grain facility-related incidents. The workshop will be held in conjunction with the Midwest Rural Agricultural Safety and Health (MRASH) conference at Ames on November 19 and 20, 2013. She also informed members that an Ag Safety and Health legislative body has been put together and is made up of committees operating within I-CASH. This is made up of youth Safety grant of \$500 to address safety and health, ATV safety initiative and UTV with an on-going research at University of Iowa.</p> <p>Lunch was provided to committee members at about 11:45 am to 12:15 pm</p> <p>Committee Member sharing/updates</p> <p>Each Committee members shared and updated information about themselves or their agencies. This allowed for committee members to learn more about one another and learn about all organizations represented on the committee.</p> <p>Suggested Speakers for 2014</p> <p>Dennis Mallory suggested inviting Dr. Miller Meeks so as to hear the priorities of IDPH.</p>
<p>Plan Next Meeting Agenda</p>	<p>Katie will send out suggested date to all members to select</p>
<p>Adjournment</p>	<p>Moved by Deborah Hinnah and seconded by Gregory Randolph</p>