

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/

Iowa ehealth (Electronic Health Information Advisory Council)

The beginning of 2012 has been incredibly busy, but Iowa e-Health has already accomplished several noteworthy milestones. On January 12-13 ACS joined the Iowa e-Health team in Iowa to officially kick off the Iowa Health Information



Network (IHIN) Project. ACS, along with their subcontracting organizations and the Iowa e-Health team, met with some of the collaborative's largest stakeholder organizations to begin discussions about specific activities, milestones, and deadlines. It was an exciting two-day event that further clarifies how Iowa e-Health will successfully develop and implement the IHIN.

Additionally, the Iowa e-Health bill has passed out of committee in both the House and the Senate with new bill numbers HF 2283 and SF 2166 respectively. Making it past first funnel is a positive first step and a hopeful indicator that the e-Health bill will be passed this session.

The Iowa Medicaid Enterprise (IME) recently notified Iowa e-Health that CMS approved the funding request to support the IHIN. This funding, which will support the build of the IHIN, is provided through IME as a significant stakeholder of the Iowa e-Health collaborative. The IHIN will support many IME activities, including the EHR incentive payment program. Through the IHIN, Medicaid providers will have the health information exchange tools necessary to meet the information exchange requirements of meaningful use.

Next Meetings: **April 13th 10am – 2pm at the Urbandale Public Library**
June 1st 10am – 2pm at the Urbandale Public Library

January -
February 2012

Websites

Advisory Councils

[Electronic Health Information](#)

[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](#)

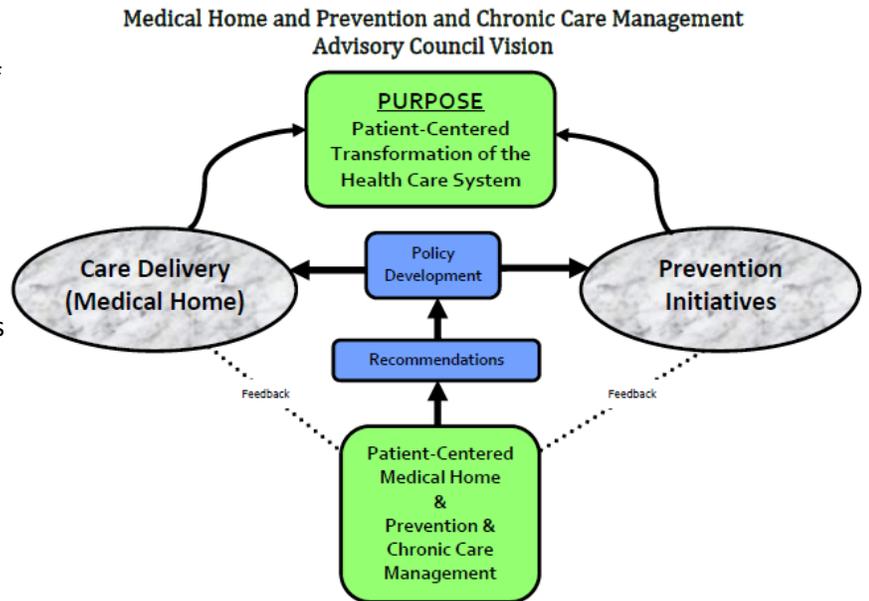
[Health Benefits Exchange](#)

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 in a plan in Iowa. IDPH was also tasked with 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.

Legislation recently passed which has combined the PCCM Advisory Council and the MHSAC. The [Council](#) meeting held on January 25th was the first meeting of the merged MH and PCCM Advisory Councils. The purpose of the meeting was to provide an opportunity for Council members of the combined group to meet and begin building productive working relationships, and to bring clarity to the vision, purpose and goals of the newly combined Council. Michelle Clark (from Jensen Consulting) facilitated this meeting and a [strategic planning framework](#) for moving forward was produced. As a result of this meeting, the Council came up with a diagram/vision for the MH/PCCM Advisory Council (right).

2012 Annual Report- The MH/PCCM Advisory Council [2012 Annual Report](#) is the first of the combined Council and 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.



MH/PCCM Advisory Council Purpose

The purpose of the MH/PCCM Advisory Council is to recommend strategies to IDPH, the legislature, and other stakeholders to advance patient-centered transformation of the health care system and incorporating increased prevention and better chronic care management to promote the health of all Iowans.

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 is phasing in FQHCs to provide primary health care services to the IowaCare population and to comply with certification requirements of a Medical Home. As of Dec. 1, 2011:

- Council Bluffs Community Health Center joins the IowaCare Provider Network
- Broadlawns Medical Center begins serving as a secondary hospital for central and western Iowa (see map regions 3,4,& 5)

All counties were assigned a Medical Home as of January 1, 2012.

Iowa Chronic Condition Health Home Project

The Council is also collaborating continues to collaborate 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 for specific health home services. Individuals eligible for the program include those who have at least two chronic conditions or has one chronic condition and is at risk for a second chronic condition from the following list of categories: Mental Health Condition, Substance Use Disorder, Asthma, Diabetes, Heart Disease, Obesity, Hypertension. Medicaid anticipates beginning enrolling providers starting mid 2012.

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.

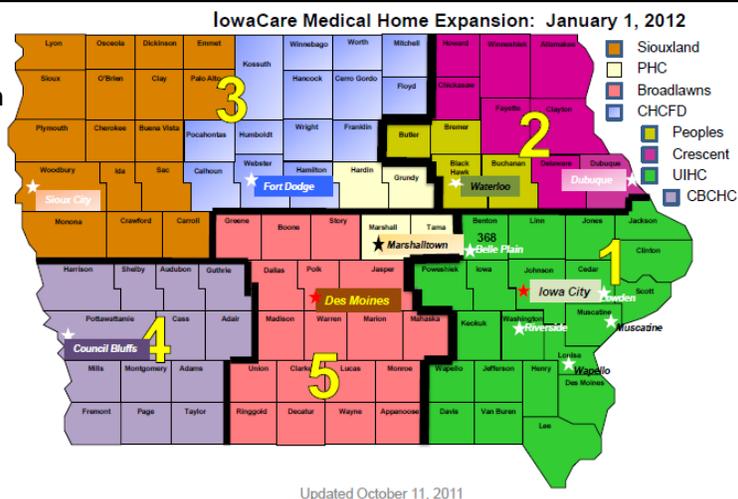
An ACO is an entity that is clinically and fiscally accountable for the entire continuum of care that patients may need. They are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their Medicare patients. ACO's create incentives for health care providers to work together to treat an individual across care settings. The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.

The [Pioneer ACO Model](#) was launched on January 1st, 2012 with 32 organizations to test the ACO model. The selected organizations are designed to save \$1 billion over 5 years by promoting coordination between doctors and hospitals and ensuring that people with chronic conditions get the care they need to stay out of the hospital. All of these organizations have made progress toward, or are already largely functioning as ACOs and will serve as a guide for the dozens of organizations expected to apply for a much larger program, called the Medicare Shared Savings Program, set to launch later next year. 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.

New Reports

- [Secrets to Success: An Analysis of Four States at the Forefront of the Nation's Gains in Children's Health Coverage](#)- This analysis from the Kaiser Foundation is based on site visits and interviews with key stakeholders, examines the experiences of Alabama, Iowa, Massachusetts and Oregon in improving health coverage of children through Medicaid and CHIP.
- [2011 Inside I-Smile™ Report](#)- The I-Smile™ initiative was created to ensure that Medicaid-enrolled children in Iowa have a dental home. Governor Branstad declared **February as Children's Dental Health Month** in support of the professionals who provide dental services and to support efforts to eradicate dental disease in our state.
- [Building Medical Homes: Lessons from Eight States with Emerging Programs](#)- In 2009-2010, Iowa was chosen as one of eight states for the NASH Consortium to Advance Medical Homes for Medicaid and CHIP Participants. The consortium states' experience demonstrate that states can play critical roles in convening stakeholders, helping practices improve performance, and addressing antitrust concerns that arise when multiple payers collaborate.

Next Meetings: Thursday, April 12th 9:30 – 3:00 at the YMCA Healthy Living Center
Friday, May 25th, 9:30 – 3:00 at the Iowa Hospital Association



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, 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 HHS 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 pilot are:

- Bright Star, Ankeny
- Centerville Community Betterment, Centerville
- 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
- REM-Iowa, Adel
- Tenco Industries, Ottumwa

Current Status of the Project

After countless hours of work by employers, DCPs, and other experts, the five training modules are almost finalized and training is set to begin at the end of March. Instructors from the pilot sites will be trained on the module content and principles of adult learning before delivering the training to direct care professionals. Instructors in the pilot sites will play a key role in adding value to the curriculum by providing additional resources as well as direct feedback about the curriculum. All DCPs 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.

Reports have been submitted to the Iowa General Assembly by both IDPH and the Council. IDPH's report was submitted January 15th and provides a general update on activities of the Council and progress with the federally-funded pilot project. The Council's report, submitted March 1st, provides detailed information about the recommendations of the Council, including standardized training, career pathways, and grandfathering of the existing workforce. Both reports can be found on the [Initiative's website](#). The Senate State Government Committee passed [SSB 3078](#) on February 22, 2012, a bill to establish the Board of Direct Care Professionals. This bill is a result of the Council's efforts and is the next step in implementing their recommendations.

The Council continues to meet and provide feedback to the department regarding the IT system, the development of a Board of DCP, the curriculum, and education and outreach. They are currently reviewing state and federal regulations related to direct care training to ensure alignment of current practices and requirements with the recommendations of the Council.

Community Transformation Grant (CTG)

The infrastructure is continuing to be built for the Iowa Community Transformation Grant (CTG), Community-Based Strategies for a Healthier Iowa. Meghan O'Brien joined the IDPH CTG team as the Community Transformation Grant Evaluator. She formerly worked for the IDPH Bureau of Communication and Planning where she recently completed a report on the Community Health Needs Assessment and Health Improvement Plan, [Understanding Community Health Needs in Iowa](#). Mattie Mouw has also joined the IDPH CTG staff providing temporary fiscal and contract support. The IDPH CTG Team is refining the details of the project work plan and drafting the five year evaluation plan. The Iowa CTG Leadership Team and Advisory Committee are tentatively scheduled to meet in early May.

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.

Strategic Plan for Health Care Delivery Infrastructure & Health Care Workforce Resources

At the February 3rd meeting, Council Members received an update on [Mental Health and Disability Redesign](#) from Rick Shults, Iowa Department of Human Services. This provided opportunity for council members to gain awareness of the activities that have taken place with Mental Health Redesign and the recommendations that have been made in the [Iowa MHDS Redesign Final Reports](#).

The council reviewed the Action Steps and Timeline in the [2012 Strategic Plan](#) and began its work on several items in the plan. The two main focus areas are Workforce and Infrastructure. Within each focus area, several action steps are scheduled throughout the coming year.

In the area of Workforce, the Council discussed areas where its work can support the redesign effort without being duplicative. In the area of Infrastructure, discussion centered on two different focus areas: care coordination, and readiness for electronic health records.

The Council began discussion of the statute in 135.163 and 135.164 to provide recommendations about which areas of the statute belong within the scope of the Council's work and which do not. The Council will continue these discussions in the future. Members also discussed membership on the council, attendance, and whether new or different membership is appropriate.

Next Meeting: Monday, April 23rd 10:00 – 3:00 at the Urbandale Public Library

Patient Autonomy in Health Care Decisions in Pilot Project Advisory Council (IPOST)

The Iowa Physician Orders for Scope of Treatment (IPOST) legislative report is completed and has been distributed to the Legislative Assembly fulfilling the legislative mandate in HF2539. The finalized report can be accessed here: [Patient Autonomy Pilot Report 2012](#). The IPOST pilot project began in Cedar Rapids in late 2008 as a result of legislative language included in HF 2539. In 2010, the project was extended with a rural pilot authorized in Jones County. The finalized report is of the Cedar Rapids project and Jones County pilot and of the deliberations of the State Advisory Council. This report supplements the [2010 Legislative Report](#), provides a project update and documents the IPOST State Advisory Council's recommendations for the 2012 Legislative Assembly. The Council has made several recommendations- the most comprehensive of which is to expand the successful pilots authorizing community IPOST projects anywhere in Iowa.

The Iowa House of Representatives passed the IPOST bill, [House File 2165](#), on February 10th with a 83-12 vote. Only positive comments were made about the bill on the floor, and Representative Joel Fry floor managed the bill. Debate provided an opportunity to clarify the difference between IPOST and advanced directives. The Senate passed the companion legislation (SF 2125) on a vote of 48 to 0. The bill will be signed by the Governor at a signing event scheduled for March 7th at 9.30 a.m.

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 statewide comprehensive public education and outreach campaign to educate Iowans on the HBE.
- Partner with the Iowa Collaborative Safety Net Provider Network (Safety Net Network) to hold six regional meetings targeted at safety net providers and patients to allow them to provide input on the implementation of the HBE, as well as an opportunity 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 resource 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 analysis to explore implications of possible CHIP coverage alternatives permitted under current law, including coverage within the HBE, for children who currently qualify for *hawk-i*.
- Conduct analysis to explore the Basic Health Plan and essential health benefits option and the implications for Iowa.
- Continue to build upon the 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's Interagency Workgroup held a series of regional meetings and focus groups 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. 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](#).

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.