

Minutes
 Health & Long-Term Care Access Advisory Council
 May 27, 2010
 10:30 a.m. – 3:00 p.m.
 West Des Moines Community Schools: Learning Resource Center

Members Present

Bobbretta Brewton
 Libby Coyte

Ryan Hopkins
 Catherine Simmons

Members Absent

Cindy Baddeloo
 Roy Bardole

Shelly Chandler
 Conway Chin
 Betsy Chrischilles
 Michele Devlin
 Brian Ferrell
 Steve Johnson
 Brian Kaskie
 Laura Malone
 Daniel Otto
 David A. Plundo
 Jill Scott-Cawiezell
 Julie Stauch

Roger Tracy

Others Present

Lynh Patterson, Iowa Department of Public Health
 Francisco Olalde, The University of Iowa (rep for Roger Tracy)
 Nicole Schultz, Iowa Pharmacy Association
 Sandy Nelson, Iowa Medical Society
 Beth Jones, Iowa Department of Public Health
 Hillary Carmichael, Iowa Pharmacy Association
 Stacy Livingston, Iowa Pharmacy Association
 Megan Ostrem, Iowa Pharmacy Association
 Michelle Holst, Iowa Department of Public Health
 Kevin Wooddell, Iowa Department of Public Health
 Julie McMahan, Iowa Department of Public Health
 Gloria Vermie, Iowa Department of Public Health
 Julie McMahan, Iowa Department of Public Health
 Doreen Chamberlin, Iowa Department of Public Health

*Health and Long-Term Care Advisory Council Web site http://www.idph.state.ia.us/hcr_committees/care_access.asp

Topic	Discussion
Introductions and Welcome	Michelle Holst welcomed the attendees to the meeting. Introductions will be completed during the joint session with the Rural Health and Primary Care Advisory Committee.
Brief Review of March Meeting and Update on Overall Strategic Planning Progress Michelle Holst, IDPH	<p>The committee reviewed the meeting structure along with an overview of the committee's work. The three standing agenda items will continue to be on the agenda.</p> <p>The three standing items are (with examples):</p> <ol style="list-style-type: none"> 1. Integration of related activities. <ol style="list-style-type: none"> a. A representative from Senator Harkin's staff to discuss federal health reform. b. A representative from Certificate of Need Council – Barb Nervig, Iowa Department of Public Health. c. Other councils (e.g. other health reform councils/committees). d. Members are welcome to submit ideas for potential speakers. 2. Members sharing information and awareness of what is happening (e.g. state and federal legislation, grant opportunities, and other efforts). 3. Strategic plan discussion (e.g. progress of current goals and objectives, progress on the January 2012 strategic plan). <p>Review of last meeting's activities as they relate to the integration of related activities.</p> <ul style="list-style-type: none"> • Anne Kinzel presented information on the Legislative Health Care Coverage Commission and the health insurance exchange. • Jennifer Furler presented on the Direct Care Worker Advisory Council. • Gloria Vermie presented on the State Office of Rural Health. • Julie Stauch provided an update on the Iowa Needs Nurses Now legislation. • The committee discussed the Area Health Education Center state legislation that did not pass.

	<p>The council needs to continually monitor and assess federal health reform’s impact on the council’s work along with the impact on the strategic plan.</p> <p>The legislation from HF 2539 as it pertains to the Health and Long-Term Care Access Advisory Council and the development of a strategic plan is in Iowa Code Section 135.163 and 135.164.</p> <p>The 2012 revision of the Strategic Plan, due January 2012, will include the additional components outlined in Iowa Code section 135.164. The additional components are</p> <ol style="list-style-type: none"> 1. system assessment and objective component, 2. health care facilities and services plan, 3. health care data resources plan, <ul style="list-style-type: none"> o Items 2 and 3 refer to Certificate of Need. o Barb Nervig, Iowa Department of Public Health works with the Certificate of Need Council and is leading these efforts. 4. assessment of emerging trends in health care delivery and technology, <ul style="list-style-type: none"> o This part will rely on the ehealth initiative’s assessment regarding emerging trends in health information technology and delivery. 5. rural health care resources plan, and <ul style="list-style-type: none"> o This part will be coordinated by the State Office of Rural Health Director Gloria Vermie. 6. health care workforce resources plan. <p>There are factors within the code that guide the development of the strategic plan. For the 2014 revision of the Strategic Plan, the council will evaluate and report on the progress and revisit and update the goals and objectives.</p> <p>One key to moving forward is how can council member’s constituencies and organization work toward moving the plan forward, working together to ensure the direction everyone is headed is the same and we have support for the plan.</p> <p>Sharing information</p> <p>Michelle asked the council to emphasis different aspects about the council’s experience and how the council should address this.</p> <ul style="list-style-type: none"> • Presentation to other organizations and associations about the Health and Long-Term Care Access Advisory Council. • The department visiting individual groups to present on health reform. • Based on attendance to our meetings, what would be better options for our meetings? <ul style="list-style-type: none"> o Create workgroups to address certain issues/task. Other councils use workgroups for specific tasks. This might energize council members and help move the agenda forward.
<p>Joint Session with Rural Health and Primary Care Advisory Committee</p> <p>Michelle Holst, IDPH</p> <p>Laine Dvorak, M.D., Rural Health and Primary Care Advisory Committee Chair</p> <p>Gloria Vermie, IDPH</p>	<p>Members and attendees introduced themselves and provide information about what council/committee they are on along with what constituencies they represent.</p> <p>Michelle Holst provided an overview of the Health and Long-Term Care Access Advisory Council. Michelle’s presentation included a background of the council, the council’s charge, and required components of the strategic plan, a logic model, a list of council members, and a list of other health reform councils/committees. Michelle’s presentation is available at http://www.idph.state.ia.us/hcr_committees/common/pdf/care_access/20100527_council.pdf</p> <p>The Health and Long-Term Care Access Advisory Council and the requirement of a strategic plan were created in HF 2539, Health Care Reform Legislation, 2008 (now Iowa Code section 135.163 and 135.164). Some of the code requirements include:</p> <ul style="list-style-type: none"> • The department (IDPH) shall coordinate public and private efforts to develop and maintain an appropriate health care delivery infrastructure and a stable, well-qualified, diverse, and sustainable health care workforce in this state.

- The health care delivery infrastructure and health care workforce shall address the broad spectrum of health care needs of Iowans throughout their lifespan including long-term care needs.
- Develop a strategic plan (due January 2010 and every two years thereafter).
- Provide for the continuous collection of data
- Make recommendations that assist in monitoring needs, predicting trends, and informing policy making.

Information on other health care reform councils/committees at http://www.idph.state.ia.us/hcr_committees/default.asp.

Questions

In the past month, we had an Iowa Needs Nurses Now session. Is that part of this?

Julie Stauch has presented an update at our last meeting. Julie's attendance today is uncertain but she will give more information to the advisory council at future meetings. Lynh Patterson will cover some of the Iowa Needs Nurses Now legislation during her presentation. Iowa Needs Nurses Now was not part of what this group is working on but Julie was participatory in both efforts.

Iowa Needs Nurses Now has conducted forums across the state talking with nurses, employers, and others about the future of their project.

Would it be fair to say that what this council is supposed to provide a little bit of focus?

That would be fair. To sort out what is happening and how to get the State of Iowa where it needs to be as a whole.

Laine Dvorak, M.D., provided an overview, history, and evolution of the Office of Rural Health and its Advisory Committee. The office and advisory committee were created by legislation in 1989. The committee held its first meeting on September 21, 1989. Over the years the functions and activities assigned to the Center for Rural Health and Primary Care have changed but the Committee's advisory role remained constant.

The committee was formed to act as a source of direction and guidance to the Office of Rural Health staff in coordinating and collaborating with all Iowa agencies concerned with rural issues. It was essential that access to health care services be improved without duplication of efforts.

The Center for Rural Health and Primary Care was established in 1994. Also in the 1990s, the structure of the advisory council changed. Two or three advisory committees were merged into the [Rural Health and Primary Care Advisory Committee](#).

Currently the committee meets quarterly. Every year the committee develops a legislative agenda, and conducts an annual Legislative Breakfast.

The legislative priorities for the committee for 2010 are

- I-Smile – maintain funding,
 - One in seven children have an unmet oral health need
- Local public health – maintain funding, and
 - This is where a lot of services are provided to Iowa's rural residents.
- PRIMECARRE loan repayment program – continue funding for providers in underserved/shortage areas.

Dr. Dvorak's presentation is available at http://www.idph.state.ia.us/hcr_committees/common/pdf/care_access/20100527_rhpc_intro.pdf.

A list of current committee members is available at http://www.idph.state.ia.us/hcpdp/common/pdf/health_care_access/ruralhealth_primarycare.pdf. Committee membership is dictated by Iowa Code and the requirements are available at

	<p>http://www.idph.state.ia.us/hpcdp/common/pdf/health_care_access/rural_health_primary_care_code.pdf.</p> <hr/> <p>Gloria Vermie provided an overview of the National Advisory Committee on Rural Health and Human Services. The advisory committee was created in 1987 and consists of a 21 member citizen panel of experts – three are from Iowa. The panel provides recommendations to the Secretary of the Department of Health and Human Services. A HRSA Designated Federal Official supports the advisory committee. The committee’s Website is http://ruralcommittee.hrsa.gov.</p> <p>Each year the committee selects topics of focus for the year. The committee produces a report with recommendations on the selected topics focus for the Secretary of the Department of Health and Human Services. The 2010 report should be available soon. Chances are the next report will encompass health reform implementation. The 2008 report was a retrospective of 20 years on rural health and human services. The 2009 report focused on medical homes in rural communities, workforce and community development, and children-at-risk in rural areas.</p> <p>The Office of Rural Health Policy currently funds six rural health research centers and three rural health policy analysis initiatives. Website: http://www.ruralhealthresearch.org/centers.php</p> <p>Gloria also distributed printed versions of the Center for Rural Health and Primary Care 2010 Annual report.</p> <p>Questions Are they asking specific questions about next year’s report? Do you know what next year’s report is? No, they will have met a couple of times before they come to us. It’s hard telling what the next report will be. However, there is speculation that the report will be on health reform implementation.</p> <p>Do you have a feeling that they will be around in Iowa for a week or two? Yes, they will usually visit farms, agribusinesses, rural health clinics, and rural hospitals.</p> <p>What relationship do they have with RUPRI (Rural Policy Research Institute (RUPRI) Center for Rural Health Policy Analysis)? Yes, they have collaborated with RUPRI.</p> <p>We can provide a comprehensive list of all the resource centers and their websites.</p>
<p>Legislative Update Lynh Patterson, IDPH Legislative Liaison</p>	<p>Lynh Patterson, Legislative Liaison provided a Public Health 2010 Legislative Wrap Up. Lynh also provided member with copies of the 2010 Legislative Session Summary of Enacted Bills of Public Health Interest and Bill Summary SF 2088 signed by Governor, State Government Reorganization.</p> <p>The 2010 political climate included a tough economy and tight state budget, shorter legislative session, and the 2010 election year. An election year cycle the political priorities are a little different. The second session of the General Assembly it was 80 day versus a 100 day. This is the shortest session in decades.</p> <p>Notes on the legislative process:</p> <ul style="list-style-type: none"> • If you are searching for the signed version, look for “Enrolled” version of the bill. • Bills are effective July 1 unless otherwise designated. • The Governor has 30 days to act on passed bills during the last three days of session. • If there is a veto message on the bill, the veto message is attached to the bill on the General Assembly website.

SF 2088 Government Reorganization was one of the biggest bills for this session. A summary, provided by the House Democrat Research Staff, of the State Government Reorganization is available at http://www.idph.state.ia.us/hcr_committees/common/pdf/care_access/20100527_sf2088.pdf.

Lynh pointed out a few divisions of interest to the department and the advisory councils/committees. The divisions are:

- Division V (Span of Control)
 - Reduces the number of middle managers in state government to 1 supervisor to every 14 employees. IDPH already has a ratio of 1 to 13.
- Division XXIV (Early Childhood Iowa Initiative)
 - The Governor's initiative was originally to have all programs under the Department of Education. In the end, the Empowerment program will stay within the Department of Management but the authority over the program was clarified as to whom it answers to.
 - Creates more oversight for the program.
 - The Early Childhood Iowa Council within IDPH no longer exists. It was moved to a new early childhood state board under the Department of Management.
- Division XLI (Health Advisory Bodies)
 - Originally the intent was to reduce the number of advisory bodies. However, what was discovered is if by reducing several of the bodies there was only a savings of a few thousand dollars.
- Division LII (State Government Efficiency Review Committee)
 - This is a legislative committee that is set to meet at a minimum of every two years to review the operations of state government and recommend additional changes that are needed.
- Division LIII (Boards and Commissions – Establishment Criteria)
 - Establishes criteria to use in establishing new boards and commissions.
 - This will apply to board, etc., established by the Code on or after July 1, 2010.

Who does the background work to determine what the cost estimates are?

The Legislative Services Agency (LSA) provides nonpartisan staff services to all members of the General Assembly including committee staffing, legal drafting, budget analysis, research, publishing, and computer technology support.

SF 2201 Mental Health and Substance Abuse for Veterans

This is an insurance department bill. Within the bill, there is language mandating insurance coverage for mental health and substance abuse for veterans.

What are the rules and regulations or haven't they been written?

The rules and regulations have yet to be written. The [Iowa Insurance Division](#) will write them.

HF 2531 Pharmacy Technicians

HF 2531 is a standing appropriations bill that has a section pertaining to the requirement of certification for pharmacy technicians enacted by the Pharmacy Board in 2006-2007 and effective July 1, 2010. One part of HF 2531 applies to all pharmacy technicians. Technicians are required to get certified by December 31, 2013. Part of [HF 2531](#) was [vetoed](#) by the Governor.

SF 2388 Hospital Health Care Assessment

The Hospital Association, Iowa Medical Society, and other groups worked together on this proposal. The intent is that hospitals would pay an assessment/fee in exchange for the ability to use the money to increase their Medicaid reimbursement rates. The Department of Human Services would coordinate the program. This plan might have to be approved by CMS before it goes into effect.

SF 2356 2010 Health Care Reform

The three main components of the bill are:

1. Creates an IowaCare Regional Network under the Department of Human Services.
 - a. Individuals in the IowaCare program would open to go for services to University of Iowa Hospitals and Clinics and Broadlawns.
 - b. Part of the network would be using Federally Qualified Health Centers (FQHCs).
 - c. DHS would create two pilot projects in western Iowa using community health centers (i.e. Sioux City, Council Bluffs).
 - d. All participating providers in the regional provider networks have to be a certified medical home.
 - i. They are also looking at including the medical home criteria within the commission certification for the community health centers. This would be an easier way for the health centers to be certified.
2. Diabetes Care Coordination Plan will be under the Iowa Department of Public Health
 - a. The Prevention and Chronic Care Management Advisory Council will look at how to develop the plan and what components should be included. The council will work on the plan throughout this year.
3. Creation of an Iowa Insurance Information Exchange under the Insurance Division
 - a. The initial exchange will be information only.
 - b. The Insurance Division will utilize the Legislative Affordable Health Care Commission as a resource on development of the exchange.

SF 2384 Iowa Needs Nurses now

The legislation modifies some of the workforce language in the health care reform legislation to focus more on nurse educators. Creates a workforce data clearinghouse within the Department of Workforce Development. It also creates new accounts (e.g. scholarship programs, loan repayment/forgiveness) to promote nurse educators and the nurse workforce.

*The legislation contains no appropriations and the bill's language indicates it is contingent on funding.

SF 2266 Local Board of Health

Some of the legislation is to cleanup language for local boards of health. The big portion of the bill establishes the legal parameters for the development of district boards of health.

HF 2193 Revisions to Chapter 147A EMS

EMS is adopting national scope of practice levels. The intent is to standardize practice levels along with education and training standards. EMS is working on rules and adopting new education and training standards for the scope of practice levels.

HF 2144 IDPH Omnibus

Contained within the legislation are modifications to the dental screening requirements. The legislation amends the current age/timeframe limitations, allows acceptance of screenings and examination by non-Iowa providers, allows greater flexibility in who is allowed to complete the screening certificate, and adjusts the audit timeframe to better coincide with the school year.

Some of the bills that did not pass are mental health and substance abuse coverage for all Iowans; direct-entry lay midwives licensure; naturopathic physicians licensure; audiological coverage for children; breastfeeding in the workplace; authorizing sale of raw milk; labor bills; and gambling expansion bills.

Lynh's legislative updates and summaries are available at http://www.idph.state.ia.us/adper/legislative_updates.asp.

Members Sharing

Continued discussion from the morning.

<p>Information and Awareness</p> <p>Strategic Plan</p> <p>Michelle Holst</p> <p>Members</p>	<p>How do we go about completing the work and where do we see the council headed?</p> <ul style="list-style-type: none"> • Michelle will look into the possibility of creating workgroups for specific tasks. <p>Michelle asked attendees are seeing things/insights that weren't so clear earlier on in our work?</p> <p>Is there any data on nurses like OSCEP's data on physicians?</p> <ul style="list-style-type: none"> • OSCEP conducted a pilot project on nursing data <ul style="list-style-type: none"> ○ Funding for this project was through a Senator Harkin grant for the Center for Health Workforce Planning. It was a 3 year project and the state was divided up into 5 regions and they complete 3 of the regions. OSCEP's reports are located at <ul style="list-style-type: none"> ○ http://www.idph.state.ia.us/hpcdp/common/pdf/workforce/oscep_rn_tracking_2006.pdf ○ http://www.idph.state.ia.us/hpcdp/common/pdf/workforce/oscep_rn_tracking.pdf ○ http://www.idph.state.ia.us/hpcdp/common/pdf/workforce/oscep_report.pdf • ISU conducted a study of nurse. Mark Imerman, ISU, Department of Economics, presented to the council at the March 27, 2010, meeting. <ul style="list-style-type: none"> ○ Mr. Imerman's presentation was based on two project reports produced for the Iowa Department of Public Health. The two projects are "<i>Expected Wages and Other Labor Market Factors Affecting the Labor Force Decisions of Nurses in the State of Iowa</i>" and "<i>Wages, benefits, hours, commuting time, and license renewal for Iowa Registered Nurses</i>" which was summarized in an article in the November 2008 issue of <i>Nursing Economics</i>. • Iowa Needs Nurses Now bill has language for a nursing data system within the Iowa Workforce Development (IWD). <ul style="list-style-type: none"> ○ IWD is seeking funding to develop the data system. ○ Michelle has been meeting with Todd McGee and Joe Hogue from IWD. IWD is discussing ways to get existing data closer to usable data. ○ Michelle plans on meeting with IWD on a bi-weekly basis. <p>As part of the 2010 strategic plan is the strategy of bringing the Iowa Health Workforce Center concept to other state agencies. This strategy will start with IWD collaboration and then expanding to other agencies. There is a lot of overlap and collaboration potential with other state agencies.</p> <p>August and/or October meeting agenda items:</p> <ul style="list-style-type: none"> • Barb Nervig present on Certificate of Need. • Someone from Senator Harkin's staff (Rob Barrons, Janelle Krishnamoorthy) give an update/present on federal legislation. • Iowa Physician Workforce Council at The University of Iowa wants to connect and share their view points and work with other organizations, boards, councils, etc. • State Senator Jack Hatch on IowaCares enhancements. • Safety Net providers, local boards of health, or local health departments <ul style="list-style-type: none"> ○ Ted Boesen could suggest a presenter. ○ Michelle will schedule a meeting with Ted, Libby, and herself to discuss a presentation and what elements to include. • Someone to present on CHNA-HIP. • Someone to present on workforce planning grant. • Someone to present on Community College view of workforce. <p>Who are the representatives/organizations on the council? How do we reach the people who talk to/ influence policymakers?</p> <ul style="list-style-type: none"> • Provide a questionnaire for council members to take back to their constituents/groups to complete. • A summary page with bullet points regarding the work of the council. <ul style="list-style-type: none"> ○ This would be a good workgroup task/project.
---	---

Iowa Needs Nurses Now coalition coordinated forums across the state. Julie Stauch was going to present the summaries of the forums at the May council meeting. IDPH will be responsible for writing rules for two sections in the legislation. The first rules to be written are for distribution of grant funds.

Are there any incentives for recruiting seasoned nurses to become educators?

Attendees did not recall any incentives for recruiting nurse educators are to become employees are included in the bill.

There are incentives/funding to encourage nurse managed health clinics through the federal government.

The current economy is affecting the number of nursing opportunities. Home care, hospital, and long-term care look for specific skill sets to meet their needs. In addition, the workforce's attitude has changed. For example they want to work specific hours, Monday – Friday 8:00 a.m. to 5:00 p.m.

Attendee comment: Home Health did an assessment on the impact of federal health reform. The way they are interpreting the legislation, they are looking at a cut of 17 percent in Medicare reimbursements over the next five years. The home health industry will be evolving over the next few years to adapt to the federal health reform requirements.

The doctor reimbursement rate fix received an extension but a short term and/or long term solution might be acted on soon.

There are several bits of money through federal funding. It will be interesting to see how it is distributed and what the priorities will be.

It would be nice to hear from the AHECs about how they see their mission going forward with federal health reform legislation and about their data collection.

This year is a competitive year for the PRIMECARRE (state loan repayment program) grant. The department is requesting the same amount of funding. Erin Drinnin is submitting the grant May 28, 2010.

The department received an ARRA PRIMECARRE grant that was made possible through public private partnerships with Iowa Health Systems, Mercy Des Moines, Des Moines University, and The University of Iowa. The department utilized more outreach and advertising than in previous years. The department did not receive enough applications from the RFP to award all of the funds. Therefore, the RFP will be reissued.

A couple other grants due soon or recently submitted are the Upper Midwest Public Health Training Consortium grant and the Geriatric Education Center grant at The University of Iowa.

Clarke County received the [Distance Learning and Telemedicine Program \(USDA/RUS\)](#) grant last year. This year, two rural hospitals will be seeking funding. The grant is available annually.

It would be nice if our council had a Bulletin Board System for grants and other information. It could be a place to form collaboration among organizations and entities. They could form rural partnerships and collaborate on network grants. The new grants to states for workforce development require 60 percent of the funds granted out to regional partnerships. The partnership requirements will not be known until the guidance is released.

Michelle has been working on bring together the sub-plans for the strategic plan. She has met with Barb Nervig and Jim Goodrich about different states guidelines for certificate of need; worked on a timeline for the sub-plans; sifted through health indicator data; met

	<p>with Lynh Patterson and completed a plan for code language for health workforce center; met with Iowa Workforce Development; and ongoing meetings with Doreen and Julie regarding the center.</p> <p>Who is going to write up the initial rural resources section in the sub-plans? The process is yet to be determined, but it might be Gloria Vermie completing initial draft then taking it to the Rural Health and Primary Care Advisory Committee and then to the Health and Long-Term Care Access Advisory Council.</p>
Public Comments	None
Michelle Holst, IDPH	
Public Attendees	
Next Steps <i>Plans for future meetings</i> <i>Conclusions/directions from today</i> Michelle Holst, IDPH Members	<p>Michelle will create a bulleted summary by reviewing the Iowa Code and seek information about related public policies.</p> <p>Michelle will revisit the 2011 meeting schedule and might revise the meeting dates.</p> <p>Future meetings formats could be online meetings/webinars and small workgroups to complete specific tasks/projects.</p>

Next meeting: Thursday, August 26, 10:30 a.m. to 3:00 p.m.
Location: To Be Determined