

MINUTES

Prevention and Chronic Care Management/Medical Home

Advisory Council

YMCA Healthy Living Center
Wednesday, August 21st, 2013
9:30 am – 3:00 pm

Members Present

Chris Atchison
Melissa Bernhardt
David Carlyle
Marsha Collins
Tom Evans
Michelle Greiner
Petra Lamfers
Linda Meyers
Patty Quinlisk
Trina Radske-Suchan
Peter Reiter
John Swegle
Jennifer Vermeer
Kurt Wood (John Stites)

Members Absent

Charles Bruner
Anna Coppola
Chris Espersen
Kevin de Regnier
Mary Larew
Steve Flood
Ro Foege
Jeffery Hoffmann
Don Klitgaard
Teresa Nece
Tom Newton
Bill Stumpf
Debra Waldron

Others Present

Angie Doyle Scar
Anthony Pudlo
Andy Eastwood
Dennis Tibben
Nicky Cooney
Denise Wheeler
Judith Collins
Karith Remmen
Frann Otte
Gloria Symons
Leah McWilliams
Michelle Holst
Debra Thompson
Victoria Brenton
Patty Funaro
Erin Davison-Rippey
Aaron Todd
Michelle Stephens
Sarah Dixon Gale
Angela Rubino
Jeremy Whitaker
Jill Myers Gadelmann
Jodi Tomlonovic
Danna Harvy
Joe Sample
Pete Damiano
Sandy Swallow

Meeting Materials

- [Agenda](#)
- [Wellness Plan- Jennifer Vermeer PPT](#)
- [Integrated Health Homes Magellan PPT](#)
- [Community Care Coordination PPT](#)
- [1st Five PPT](#)
- [HBE Consumer Survey Results PPT](#)

Topic	Discussion
<ul style="list-style-type: none"> • Revisit Council's Strategic Plan • New Legislation • Council Name <p><i>Tom Evans</i></p>	<ul style="list-style-type: none"> • The Council revisited the PCCM-MH Advisory Council Vision document and discussed that this document is still relevance and should guide the council in its discussions for not only today's meeting but in the future. • Dr. Evans set the stage for the Council meeting today. The presentations given at today's Council meeting will provide information concerning emerging topics in the transforming health care system and prepare us as council members to make informed and substantiated recommendations to policymakers and decision makers. • Discussion then took place about the name of the Council and revisiting changing the name. Angie Doyle Scar commented that IDPH's Legislative Liaison has said that describing the work to the legislature can be difficult. The name of the Council makes it appear that the Council's focus is rather narrow. It would be better the name truly represented the broad work that the Council focuses on. In addition, the name of the Council is too long and needs to be more concise. Many Council members voiced their agreement that a Council name change is needed. Angie reminded members that a survey had gone out in the past soliciting ideas for names. The top results were "Community Care Coordination Council" and "Healthcare Transformation Council." Much discussion followed about possible name changes. Some additional suggestions that were made: <ul style="list-style-type: none"> ○ Patient Centered Care Coordination Advisory Council ○ Advisory Council on Health Care Coordination ○ Advisory Council on Patient Care Coordination ○ Advisory Council for Health Coordination ○ Advisory Council for Patient Centered Care Coordination • Council members decided that the topic was too important to make a decision at this meeting. Council members asked for time to think about it and that a larger amount of time is added to the next meeting's agenda. Angie reminded members that this would be ideal to have a new name going into the next legislative session. • Angie also went over the legislative language that was included in the meeting packets. Staff wanted to let members know that IDPH was directed to collaborate with DHS to administer Medical Homes in the medical assistance program and the new Iowa Health and Wellness program. The legislation also directed that in development of Medicaid's ACO that medical home be the foundation of the system and that medical home be the catalyst of future integrated home models. Dr. Evans discussed how this will put medical home back in the forefront in the development of new systems and practices of care. The work of this council is gearing up for a new set of mandates and work that must be accomplished. The work of this council is as relevant now as much if not more as it was five years ago. This discussion has been a great bridge into the next presentation.
<p><u>Health Care Transformation Focus</u></p> <p>Iowa Wellness Plan</p> <p><i>Jennifer Vermeer</i></p>	<ul style="list-style-type: none"> • Jennifer Vermeer presented on the Iowa Wellness Plan. This presentation focused on member engagement, provider payment and delivery system strategies for the Iowa Wellness Plan. This plan is for adults age 19-64 with an income at/below 100% of the FPL, and it will be administered by Iowa Medicaid Enterprise. • Year 1 strategies related to access to care include enhanced per-member per-month payments for primary care physicians, use the MediPASS or HMO choice model (physician PCP), and Wellness Plan Medical Home Incentives and ACO option. • Member engagement strategies include incentive (premium waived) for demonstrating <i>Healthy Behaviors</i>, physician incentives for driving improved patient

<p><i>PowerPoint:</i> Wellness Plan- Jennifer Vermeer PPT</p>	<p>outcomes, and aligning the member and physician incentives for health engagement. The Healthy Behaviors are outlined in the PowerPoint.</p> <ul style="list-style-type: none"> ● Iowa Wellness Plan includes incentives for <i>Healthy Behaviors</i>: <ul style="list-style-type: none"> ○ Year 1: Premium waived for everyone ○ Year 2: Premium is waived if defined healthy behaviors were completed in year 1 ○ Year 3: Premium is waived if defined healthy behaviors were completed in year 2 ● The structure of the Wellness Plan is that the member selects a primary care physician (PCP), then the physician is contracted similar to MediPASS. The PCP is eligible to earn three additional types of payments above the regular fee for service payment: <ul style="list-style-type: none"> ○ \$4 PMPM- Primary Care Case Manager Monthly Payment ○ \$10 PM annually- Wellness Exam Incentives ○ Up to \$4 PMPM Wellness Plan Medical Home Value Index Score (VIS) Bonus. <ul style="list-style-type: none"> ▪ The VIS is outlined in the PowerPoint ● The Council members had very positive responses to the presentation. There was quite a bit of discussion about provider access for the newly eligible population. Community Health Centers will be a large key in working with this population.
<p><u>Health Care Transformation Focus</u></p> <p>Magellan- Integrated Health Homes for Iowa Plan Members <i>Maria Montanaro Kelley Pennington</i></p> <p><i>PowerPoint:</i> Integrated Health Homes Magellan PPT</p>	<ul style="list-style-type: none"> ● In partnership with Iowa Medicaid Enterprise and community-based providers, Magellan is supporting the development of specialized health homes for Iowa Plan members with: <ul style="list-style-type: none"> ○ Serious and persistent mental illness (SPMI) ○ Serious emotional disturbances (SED) ● Iowa Plan members include approximately 411,000 members. Most all Medicaid members are eligible for the Iowa Plan ● The goals of the Integrated Health Home under the new State Plan Amendment include: <ul style="list-style-type: none"> ● Expand BH led integrated health homes across the state <ul style="list-style-type: none"> ○ Develop the capacity of BH providers such as CMHCs and providers of children’s services to function as health homes ○ Expand the program in phases from the more urban to very rural areas ● Improve the quality and coordination of care for the SMI and SED populations. <ul style="list-style-type: none"> ○ Improve the management of chronic illnesses ○ Avoid unnecessary hospital admissions, ER use and other institutional care ○ Measure and improve the cost of care ○ Support the sharing of clinical information between providers ○ Increase community tenure ○ Optimize the use of community resources ● Support the state in the implementation of the mental health redesign ● The need for this is that people with chronic mental illness die 25 to 30 years younger than their peers who do not have a mental health condition, often due to unaddressed physical conditions. Much of this is preventable. ● The target populations are: <ul style="list-style-type: none"> ○ Two or more chronic health conditions – e.g., mental health or substance use condition, asthma, diabetes, heart disease, or overweight; OR ○ One chronic condition and at risk for another; OR ○ One serious and persistent mental health condition ● Health Home Services include: comprehensive care management, care coordination and health promotion, comprehensive transitional care, individual and family support services, and referral to community and social support services. ● The Integrated Health Home is a team approach where Magellan selects Health

	<p>Home providers and provides care management support through claims-based reporting to identify gaps in care, risk analysis, and the development of online tools to support daily service delivery and population management needs. The Community Integrated Health Home Provider will develop care teams to work with members, use data and technology to oversee and intervene in the total care of the member, works with community services and supports to address member/family needs and develop whole-health approaches for care.</p> <ul style="list-style-type: none"> • There will be a phased statewide roll-out: <ul style="list-style-type: none"> ○ Phase 1: July 2013- Dubuque (pediatric only); Linn, Polk, Warren, and Woodbury counties ○ Phase 2: March 2014- 30 counties ○ Phase 3: July 2014- 64 counties • For more information visit: www.Magellanoflowa.com
<p><u>Community Care Coordination Focus</u></p> <p>1st Five- Community Utility Example <i>Gretchen Hageman</i></p> <p><i>PowerPoint:</i> 1st Five PPT</p>	<ul style="list-style-type: none"> • Iowa’s 1st Five Healthy Mental Development Initiative is an example of a community utility model. 1st Five bridges primary care practices with community service providers to improve early detection of social–emotional delays and prevention of mental health & developmental problems among young children birth-5 and their families. • Social-emotional development is as important as other developmental domains and it is very important to support child-caregiver relationships. What medical practices can do is to integrate social-emotional developmental surveillance and screening into well-child exams. 1st Five Can Help as a community resource to save time for medical practices • More than a decade of scientific research tells us that developmental and behavioral problems are often (not always) strongly influenced from social and environmental factors within communities and families. • The core purpose of 1st Five is to build partnerships between primary care and public service providers to enhance high quality well-child care. 1st Five supports assessing social and emotional developmental skills of infants, toddlers and young children concurrent with development of the child’s motor, language, cognitive and adaptive skills. There is no other system that more universally provides services to young children and their families than health providers. In Iowa, over 90% of children 0-5 participate in these preventative health care visits. • There was quite a bit of discussion after the presentation about how the 1st Five Initiative could be made statewide and available to more children. There was also discussion as to how this would fit into other care coordination models and ACOs. • For more information visit: www.idph.state.ia.us/1stfive
<p><u>Community Care Coordination Focus</u></p> <p>Community Care Coordination Plan <i>Michelle Stephan</i> <i>Sarah Dixon Gale</i></p> <p><i>PowerPoint:</i> Community Care Coordination PPT</p>	<ul style="list-style-type: none"> • The Iowa Collaborative Safety Net Provider Network is managed by the Iowa Primary Care Association and they award funding to Free Clinics, Rural Health Clinics, Family Planning Agencies and Federally Qualified Health Centers (FQHCs). • The National Academy for State Health Policy (NASHP) has selected Iowa as one of seven states chosen competitively to participate in an initiative that seeks advance partnerships to improve access to care for vulnerable populations. The University of Iowa Public Policy Center joins the Iowa Primary Care Association and the Iowa Medicaid Enterprise (IME) in the Medicaid-Safety Net Learning Collaborative. This is part of NASHP’s ongoing work to provide information and technical assistance to states to help them improve their Medicaid programs. • This past legislative session, Senate File 446 allocated \$1,158,150 to the Safety Net Network to be used for the development and implementation of a statewide regionally based network (community utility) to provide an integrated approach to

- health care delivery through care coordination. This legislation still needs to be signed by the Governor.
- The [Community Utility](#) concept has a unique role to play in medical home development, especially among the safety net population (to make sure people don't fall through the cracks) and primary care practices that are smaller or located in rural areas. Many primary care practices in Iowa will be challenged to meet the requirements of serving as a patient-centered medical home without partnering with local community organizations. The Community Care Coordination/Community Utility concept is a method to address this lack of resources
 - On April 25th, the Safety Net Network held a Community Care Coordination Learning Opportunity in which national experts presented. An implementation plan is being developed based on these presentations and what Iowa has learned from other states with similar initiatives. The presentations from the Learning Opportunity on April 25th are located [here](#).
 - The PCCM/MH Advisory Council made a recommendation last year to pursue a community utility model in Iowa and the Office of Health Care Transformation who staffs the Council has been working closely with the Iowa Primary Care Association in the development of the plan.
 - The vision of the plan is to develop regional community care coordination entities across Iowa to coordinate care for high-risk patients and to support primary care providers.
 - The goals of the plan are to:
 - Provide assistance to local primary care providers to meet the unique needs of their highest risk patients
 - Deploy care coordinators and additional support to help assist practices in providing services for their highest need patients such as targeted disease and care management interventions, addressing gaps in care, education, self-management support, transitional care, connection to community resources, pharmacy management, and behavioral health management
 - Improve quality, population health, and cost of care at local level
 - Develop regional community care coordination entities that become extension of primary care teams
 - Engage practices in quality improvement initiatives
 - Establish connections with other community resources to link patients to support systems that address social and behavioral needs
 - Demonstrate value of community care coordination and linkages to community resource approaches to payers in meeting the Triple Aim goals
 - Foster community innovation and response by building upon local champions and early adopters
 - Safety net providers are accustomed to working with various community partners to ensure care, provided to high risk populations, is based on the needs of the patients including but not limited to financial barriers and other social determinants of health. This model allows for a coordinated comprehensive effort that will assist in minimizing the gaps to quality health care, thus reducing the overall total costs expended for care.
 - The desired outcomes are to build an infrastructure through care coordination management within participating regions to provide better, more efficient and more cost-effective health care for our state's most vulnerable individuals.
 - The Iowa Primary Care Association will have a contract with the Iowa Department

	<p>of Public Health to implement this model which includes the following:</p> <ul style="list-style-type: none"> ○ Planning and Model Development: July – September 2013 ○ Implementation of State Level Resources: October – December 2013 ○ Regional Implementation: December 2013 – June 2014 <ul style="list-style-type: none"> ● Below are several high-level phases of implementation for the model for care coordination entities: <ul style="list-style-type: none"> ○ Letter of Intent Released August 12, 2013 ○ Letter of Intent Due September 13, 2013 ○ Release of Request for Proposal September 23, 2013 ○ Answers to Questions Posted As available ○ Proposals Due by 5 pm CT October 25, 2013 ○ Contract Award Notification November 15, 2013 ○ Begin Work December 2, 2013 ○ Contract End Date June 30, 2014 ● Discussion and questions about sustainability. Dixon-Gale commented that the pressure is on IPCA to build a strong initiative that can show outcomes quickly to be able to demonstrate the value in expanding it. There was also discussion as to how this would fit in with or not duplicate other initiatives such as 1st five and the integrated care model.
<p>SIM Workgroup Reports/Council Feedback</p>	<ul style="list-style-type: none"> ● The State Innovation Model (SIM) is an effort funded by the CMS and led by Iowa Medicaid Enterprise to develop a Medicaid ACO model for Iowa. In February 2013, Iowa was awarded around 1.4 M dollars for a Design phase to develop a State Health Care Innovation Plan over a six month period. When the design phase is complete, Iowa will have six months to submit a Health Care Innovation Plan to CMS as an application for a Model Testing Award. ● Metrics and Contracting Workgroup <ul style="list-style-type: none"> ○ Overarching Principles: <ul style="list-style-type: none"> ▪ The ACO model provides an opportunity to transform Iowa Medicaid into a patient-centered system that provides more coordinated and integrated care, improves the patient experience of care, achieves better health outcomes, and reduces cost. ▪ IME’s overall vision is to implement a multi-payer ACO methodology across Iowa’s primary health care payers ● Long Term Care Workgroup <ul style="list-style-type: none"> ○ Overarching Principles: <ul style="list-style-type: none"> ▪ The inclusion of long-term care services and supports (LTCSS) into the ACO value-based framework will reduce duplication of effort and increase use of home and community-based services, thereby lowering use of more costly institutional services and allow beneficiaries to remain in their homes and communities. ▪ The success of an ACO model in Medicaid will be determined by the State's success in being able to integrate care for the highest cost/highest risk populations with very intense needs for social and community-based supports. ▪ As the primary payer for health and community-based supports for persons with disabilities, the State has sufficient leverage to influence delivery system change. ● Mental Health and Substance Abuse Workgroup <ul style="list-style-type: none"> ○ Overarching Principles: <ul style="list-style-type: none"> ▪ Integration of behavioral health care services and physical health care

	<p>services is critical to better patient-centered care, improving patient experience of care, achieving better health outcomes, and reducing cost.</p> <ul style="list-style-type: none"> ▪ Integration of care will improve care coordination for patients and communication between different providers, resulting in better care and better health outcomes. <ul style="list-style-type: none"> • Member Engagement Workgroup <ul style="list-style-type: none"> ○ Overarching Principles: <ul style="list-style-type: none"> ▪ True health reform must be led by individuals becoming healthier and taking ownership of their own health and well-being. ▪ The Governor has set the goal for Iowa to become the healthiest state in the nation by 2016 and has established the Healthiest State Initiative. The initiative seeks to improve the health of individuals by encouraging active lifestyles and healthier choices. • Council members discussed some similar overarching themes for all the workgroups: <ul style="list-style-type: none"> ○ Workforce issues and shortages ○ Patient-Centered Medical Home as the foundation ○ The need for care coordination
<p>Iowa Health Benefit Exchange Survey Results <i>Pete Damiano</i></p> <p><i>PowerPoint:</i> HBE Consumer Survey Results PPT</p>	<ul style="list-style-type: none"> • Pete Damiano presented the preliminary findings on the Health Insurance Marketplace survey for consumers. As background, when key parts of the Affordable Care Act take effect in 2014, there will be a new way to get health insurance: the Health Benefit Exchange (Marketplace). The Marketplace is designed to help consumers and small businesses find health insurance that fits their budget, with less hassle. • To assist with the implementation of this new marketplace, the Iowa Department of Public Health has contracted with the University of Iowa Public Policy Center to conduct a survey targeted at consumers and small businesses in Iowa to find out preferences for things like how to purchase health insurance and where you would like to receive information. This information will be very valuable when planning the exchange and targeting the education and outreach in Iowa. <p>Overall conclusions about the preliminary results for those most likely to use the Marketplace include:</p> <ul style="list-style-type: none"> ○ Current insurance situation worse ○ Much less aware and knowledgeable about change ○ Similarly supportive ○ Need help with choice <ul style="list-style-type: none"> – Not as comfortable with on-line system – Want one on one help <p>General conclusions about the survey include:</p> <ul style="list-style-type: none"> ○ Cost most important for choice of marketplace plan ○ Most likely to learn about Marketplace from: <ul style="list-style-type: none"> – Employer, TV ○ Trusted sources for marketplace information <ul style="list-style-type: none"> – Work Human Resources, Public Health Agencies ○ Trusted sources for marketplace purchase help <ul style="list-style-type: none"> – Work Human Resources, Print, Community resources ○ Trusted sources for post-purchase help <ul style="list-style-type: none"> – Work Human Resources, Marketplace website, Community resources, providers – Preferred the “Marketplace” name over “Exchange”

	<p>Implications for Iowa include:</p> <ul style="list-style-type: none"> ○ Enrollment and outreach is important <ul style="list-style-type: none"> – Minimize uncompensated care – Decline in DSH, Medicare reimbursement ○ Health status of IowaCare enrollees a challenge and opportunity <ul style="list-style-type: none"> – Challenging population with multiple chronic illnesses – Provide opportunity to reap savings due to current high utilization <ul style="list-style-type: none"> • Risk based payment – Have some care seeking behavior unlike those in other states <ul style="list-style-type: none"> • Mostly at FQHCs and UIHC/Broadlawns ○ Health homes, community care teams and others outside of hospitals/doctors/NPs/PAs/nurses are essential to improve health status <ul style="list-style-type: none"> – Need behavior change <ul style="list-style-type: none"> • Care coordinators, navigators • Dietitians • Exercise/wellness – How system connects with these community providers important ● Discussion afterward about the Certified Application Counselors, who will they be and what will be required to become one. ● Iowa Insurance Division will be hosting Bi-Weekly Stakeholder Outreach and Education Meetings which will take place on Thursdays. More information will be sent out to the Council about these calls once it is available. Additionally, there will be a series of statewide Marketplace Meetings.
<p>Networking Opportunity</p>	<ul style="list-style-type: none"> ● Council members and others in the room were given an opportunity to share what their organization is currently working on to increase networking. They also shared the topics that are most important to them. ● Tom Evans closed the meeting informing the group that he felt that he saw a lot of alignment today with all the different moving parts and that after five years, today we are starting to see the hard work pay off. The Council has a great foundation to continue to move these efforts forward. ● Chris Atchison commented that the Council is really the conduit for the information provided by stakeholders at these meetings to discuss all the changes and opportunities that Iowa is facing in this new dynamic environment. ● Marsha Collins also commented that she uses these Council meetings to gather all the information to take back to the Iowa Physician Association. She is not aware of another venue to get all this information in a timely fashion. She commented that she sends the notes out to her membership so that they can stay abreast of the information. Angie reminded others to do the same to not forget about the Check Up. The information discussed at the meetings is also available in this newsletter. Angie reminded the group that the Council meetings are open to the public and that other interested parties should feel welcome to participate.
<p>The next meeting of the Medical Home and Prevention and Chronic Care Management Advisory Council will be held Friday, November 15th, 9:30 – 3:00 at Iowa Hospital Association</p>	

Meeting Schedule

- **Friday, November 15th, 2013- Iowa Hospital Association, Education Center**