

# NOTES

## MH/PCCM Advisory Council January 25<sup>th</sup> Strategic Planning

The goal for the day is to bring together the goals of both the MH and PCCM Advisory Councils and walk away with a vision and a direction for the future.

### Ground Rules

Council members agreed to and voted upon a set of ground rules (behaviors, attitudes, and approaches) to follow during meetings. The responses were documented and will be posted at every meeting.

- Be open to new ideas by smiling, looking the person in the eyes, and uncrossing your arms.
- Be respectful by listening, actively being present, not talking when somebody else is.
- Do not put others down for an idea that they share and be acceptance of all thoughts- everyone has an expertise that they bring to the table.
- Be willing to defend your position and disagree respectfully. Have real dialog and real disagreement to come to a common direction.
- Do not have a "meeting after the meeting".
- Fully express what you are thinking at the meeting.
- Everybody participates but nobody dominants. Meet in the middle of dominant versus quiet personalities.
- Put your own self-interest on the back shelf. Wear two hats- one being your expertise hat and the other hat being a good citizen of Iowa and see the bigger picture.
- Look for commonality in where we are headed.
- Stay on task- Don't spend a long time discussing topics that we don't have any control over and cant impact. Make the meeting meaningful and worthwhile

### Workgroups

Council members broke into five workgroups to discuss the following three questions:

- 1. What is our purpose?**
- 2. What are the top four outcomes we need to accomplish in 2012?**
- 3. What work-groups do you suggest to accomplish those outcomes?**

### Workgroup #1

1. What is our purpose?
  - To promote the health of Iowans in a cost effective manner.
  - To integrate the priorities that both Councils previously identified into a shared agenda.
  - Community collaborative.
  - Collaboration between various groups.
2. What are the top four outcomes we need to accomplish in 2012?
  - Update the Council and provide ongoing guidance to Iowa Medicaid Enterprise to IowaCare and Health Home Projects.
  - Provide recommendations and guidance for the essential health benefit and basic health plan for the HBE.
  - Address chronic diseases by providing a foundation to address all chronic diseases by utilizing the diabetes care coordination plan.
  - Provide recommendation for the establishment of a statewide chronic disease registry.
  - Provide guidance/recommendation to make necessary resources available to address chronic disease prevention and management through things such as insurance reimbursement, community utility (access, program spread- matter of balance, better health better choices, walking school buses, eat play 521)
3. What work-groups do you suggest to accomplish those outcomes?
  - Community utility- Linking community resources to health care
  - Finance
  - Education/Outreach Spread
  - Policy/Standard/Guidelines
  - Information Technology/Electronic Medical Records

## Workgroup #2

### 1. What is our purpose?

- Recommend strategies and policies to IDPH and the Iowa Legislature in order to advance the medical home delivery of care, incorporating increased prevention and better chronic care management to improve the health of all Iowans.

### 2. What are the top four outcomes we need to accomplish in 2012?

- Enhance community grants program for improving wellness (make exercise more accessible in communities, assist in smoking cessation).
- Roll out additional Better Choices, Better Health (Chronic Disease Self-Management Program) to more counties with the goal of the program being statewide by 2015.
- Increase Medicaid incentives for medical home certification.
- Place more of an emphasis on immunizations. This is a major prevention point. Continue to improve IRIS (Iowa's Immunization Registry). Developing a better information clearinghouse and push information out to the public and providers.
- Re-distribute the issue briefs and reports that the Council has already created. Revisit the issue brief topics and determine which of them could be more of a focus for 2012. Many of the issue briefs have recommendations and we could push for those.

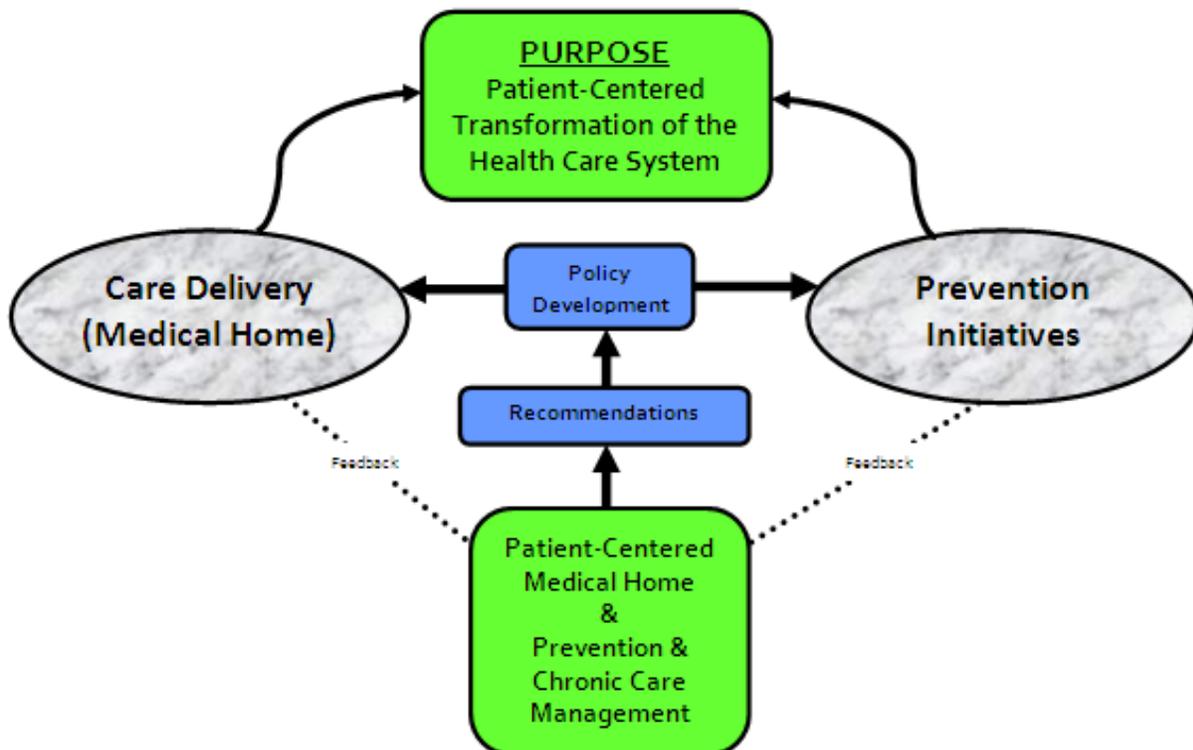
### 3. What work-groups do you suggest to accomplish those outcomes?

- Healthy Policy Development
- Data
- Payment and Incentives
- Administrative and/or implementation process oversight

## Workgroup #3

### 1. What is our purpose?

- This workgroup drew a diagram of the vision of the Council. It was suggested that a one-page document be developed with this diagram, along with the workgroups and goals.



2. What are the top four outcomes we need to accomplish in 2012?

- Determine what the process is for accomplishing the outcomes.
- Review and evaluate the current priorities. Address current priorities and revisit the work that has already been done and potentially make a priority for the upcoming year.
- Structure for the Advisory Council. Determine how we can hold council members, staff and workgroups responsible for getting the work done.
- Improving care coordination

**Workgroup #4 (Interested Parties)**

1. What is our purpose?

- The overarching purpose is ensuring access to services.
- Promote the recommendations for health promotion, prevention, chronic care management, patient-centered medical home statewide systems.

2. What are the top four outcomes we need to accomplish in 2012?

- Have baseline information available to providers to make informed decisions. Influence the Iowa Health Information Network to insure aggregated data will be available to support prevention and chronic care management interventions and establishment of baseline data.
- Providing provider and patient information about the patient-centered medical home in the broad sense-focus on strategies for providers to promote weight loss, metabolic syndrome, etc.)
- Encourage the use of multiple providers within the broader patient-centered medical home system and look at this payment structure. Educate the providers about the opportunities of interdisciplinary providers being able to care for the patient
- Funding and reimbursement.

**Workgroup #5**

1. What is our purpose?

- The purpose of the Council is to recommend strategies and policies to IDPH and the Legislature in order to advance the medical home delivery of care, incorporating increased prevention and better chronic care management to improve the health of all Iowans.
- Make recommendations on addressing prevention and chronic care management through (but not exclusively through) a patient-centered medical home.

2. What are the top four outcomes we need to accomplish in 2012?

- Opportunities include consumer engagement, care coordination (reduce fragmentation and align community resources), behavioral health, effectiveness of the system (through data), and financial incentives
- Based on these opportunities:
  - Promote the CDC's Million Hearts Campaign within the medical home. This campaign focus on the management of the ABCDS of heart disease -- **A**spirin for high risk patients -- **B**lood pressure control -- **C**holesterol management -- **D**iabetes -- **S**moking cessation.
  - Increase preventative screenings (mammograms, colorectal etc.) This could be the entry to developing a relationship with a primary care provider and establishing a patient-centered medical home.
  - Endorse goal of reducing hospital readmissions by 20% by utilizing a patient-centered medical home.
  - Continue to work with partners and stakeholders to create incentives for care coordination.
  - Become involved in mental health reform via the medical home.

3. What work-groups do you suggest to accomplish those outcomes?

- Health policy development/HBE
- Incentives for developing the patient-centered medical home
- Community-based programs
- state agency involvement/implementation

## Commonalities

### What is our purpose?

- The purpose of the Council is to recommend strategies and policies to IDPH the Legislature, and other stakeholders to advance the medical home delivery of care, incorporating increased prevention and better chronic care management to improve the health of all Iowans.
- The main overarching goal is patient-centered transformation of the health care system.
- A one-page summary of the Council's vision will be created with the visual and bullet points listing the workgroups and their focuses. The page should include Wagner's Chronic Care Model.

### **Discussion about Goals**

- What is the method of accomplishing these goals?
  - Going to the legislature, primary care practices, public etc.
  - Groups that we can find consistent goals are:
    - Data-Continuity of Care Document, Health Benefit Exchange, registries, electronic health records. Dig into the IowaCare data that has been compiled and determine how to disseminate.
      - Medical Home Learning Community data- these show that medical home will be the new push regardless of what happens to the Affordable Care Act.
        - Payment/incentives/financing- moving the system to a proactive approach
          - Administration and/or implementation/process oversight
          - Look at the issue briefs and determine if we can continue with that priority
- Convene experts- Set aside part of each meeting to explore other statewide expert organizations to promote discussion and relationships

## Workgroup Next Steps/Focus Areas

### **Prevention and Engagement**

- Diabetes self-management
- Community Utilities
- Education of providers and public about preventative screening programs

### **Health Care Transformation**

- Mental Health Redesign
- Health Benefit Exchange developments
- Accountable Care Organizations

### **Data**

- Chronic Disease Registry/BMI Registry
- Disseminating Data- IowaCare year 1 data and Medical Home Learning Community data

### **Care Coordination**

- Diabetes Care Coordination Plan
- Patient-Centered Medical Home

## Thoughts from the Day

Council members shared their thoughts on how the strategic planning session went:

- It was great that members were thinking about the big picture and not invested in their own interest
- We are all here for the same overall reason- to make Iowa healthier
- Appreciation of the wide variety of perspectives
- Everybody listened to everyone else and synthesized where they were coming from
- Respectful disagreements and conversations were had
- Thank you to Michelle for great facilitation
- Everyone works well together, good listeners, and followed the ground rules
- Great meeting to share their expertise without feeling threatened
- The diversity of the group and different perspectives and views made for a rich discussion
- This was a great opportunity to get to know the members that were on the opposite Council