

MINUTES

Medical Home System Advisory Council

Wednesday, June 30th, 2010

10:00 am – 3:00 pm

Urbandale Public Library

Members Present

Chris Atchison
 Melissa Bernhardt
 David Carlyle
 Libby Coyte
 Berry Engebretsen
 Tom Evans
 Carrie Fitzgerald
 Nat Kongtahworn
 Petra Lamfers
 Mary Larew
 Tom Newton
 Jane Reinhold
 Anne Tabor
 CoraLynn Trewet
 Jennifer Vermeer

Members Absent

Jen Badger
 Kevin de Regnier
 Ro Foege
 Rep. Wayne Ford
 Naomi Guinn-Johnson
 Richard Haas
 Jeffery Hoffmann
 Don Klitgaard
 Bret McFarlin
 Bruce Steffen

Others Present

Beth Jones
 Angie Doyle-Scar
 Abby McGill
 Tracy Rodgers
 Jason Kessler
 Matthew Fensker
 Samm Anderegg
 Nicole Schultz
 Leah McWilliams
 Jenny Schulte
 Linda Goeldner
 Hannah Chung
 Audra Hudrlik
 Stacy Livingston
 Karla Fultz McHenry
 Jen DeWall
 Daniel Garrett
 Bob Anderson
 Debra Waldron
 Ken Chaney

* **Medical Home System Advisory Council Website (Agenda/handouts found here):**
http://www.idph.state.ia.us/hcr_committees/medical_home.asp

Topic	Discussion
Introductions	<ul style="list-style-type: none"> • The meeting was called to order at 10:00. • Council members and others present introduced themselves. <ul style="list-style-type: none"> ○ Anne Tabor has joined the Council representing the Iowa Dietetic Association. ○ Jane Reinhold is leaving the Council and she was representing consumers.
Medical Home for Iowa Children and Youth <i>Iowa AAP- Bob Anderson Debra Waldron Ken Chaney Mary Larew</i>	<ul style="list-style-type: none"> • The Iowa Chapter of the American Academy of Pediatrics (AAP) gave a presentation on Medical Home for Iowa Children and Youth PowerPoint and provided the document Medical Home for Iowa Children and Youth Document. • Ken Chaney is the new president for the Iowa Chapter of the AAP. • The presentation started out by giving background information and an overview about medical home for children. The Iowa Chapter of the AAP is here to support the Council in advancing medical home for Iowa children and youth. • Based on HF 2539, the first population Iowa will target to spread the Patient Centered Medical Home (PCMH) is children enrolled in Medicaid. There needs to be a focus and emphasis on key elements of PCMH, but

with a stronger pediatric perspective for the 0-21 year population. Iowa applied for the CHIPRA Quality Demonstration Grant and was not awarded. It was realized that Iowa was not as far along as thought- the application was a good vision for the future. Now, Iowa is looking at a phased in approach with two tiers- one for well-child care that is based on best practices for providing care for children and youth and one for children and youth with special health care needs that will focus on two specific sub-populations.

- Iowa submitted an application for the Children’s Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant funded by the Centers for Medicare and Medicaid Services. Unfortunately, Iowa did not receive funding for the CHIPRA Quality Demonstration Grant. However, the partnerships that were formed when writing the grant and the medical home implementation plan that was created for children in Medicaid are very valuable and will be utilized in the future. The application is a great framework for advancing the medical home system for children and youth.
- The AAP Strategic Plan is centered on the three tiers of access, quality, and finance. Health equity, medical home, and the profession of pediatrics circle these three tiers.
- The overall goal of the Iowa AAP is “improved health outcomes for all Iowa children and youth” with the objectives:
 - All children and youth have access to appropriate, quality health care within a medical home.
 - Medical practices utilize quality measures and quality improvement methodology to achieve optimal outcomes (e.g. health status, family satisfaction)
- Certification for all medical homes for children and youth will be through the national committee for quality assurance (NCQA)
- Special Attention to Children and Youth with Special Health Care Need (CYSHCN)
 - A screen must be done on all children to identify CYSHCN.
 - A care plan must be developed for any CYSHCN in coordination with a care coordinator from the community utility.
- More information and resources can be found on the new National Center Web site: www.medicalhomeinfo.org
- Bob Anderson commented that part of this work has come from [Healthy Iowans 2010](#) noticing that we need a medical home system in Iowa.
- NCQA doesn’t fit for the pediatric population. The AAP has developed a number of tools that can help make it compatible. These tools are available at www.medicalhomeinfo.org under "[Building Your Medical Home Toolkit](#)". The toolkit is organized into six building blocks that provide guidance for Medical Home implementation with links to downloadable tools. The six building blocks are:
 1. [Care Partnership Support](#)
 2. [Clinical Care Information](#)

3. [Care Delivery Management](#)
4. [Resources & Linkages](#)
5. [Practice Performance Measurement](#)
6. [Payment & Finance](#)

- The “Medical Home for Iowa Children and Youth” document was then discussed.
- Certification will be done through NCQA with the medical home toolkit. Practices wishing to participate in the pilot must become NCQA certified within 12 months. Two tools will be required for all practices wishing to participate:
 1. A [screen](#) must be done on all children to identify CYSHCN.
 2. A care plan must be developed for any CYSHCN in coordination with a care coordinator from the community utility. Examples are available through the toolkit.
- Page 7 of the “Medical Home for Iowa Children and Youth” document was discussed regarding the community utility system of care model for CYSHCN. The four concepts of a services system are:
 1. State Program Collaboration with Other State Agencies and Private Organizations
 2. State Support for Communities
 3. Coordination of Health Components of Community-Based Systems
 4. Coordination of Health Services with Other Services at the Community LevelThese four things should be handled with a community utility, which could be done by an external care coordinator.
- Debra Waldron stated that pediatricians are only doing the correct well child care 40% of the time. The top three chronic conditions for children are allergies, asthma, and then ADHD.
- It was mentioned that parent consultants could be employed who are parents of CYSHCN to enforce family centered care. These parent consultants are trained and there is current effort to have their certification process enforced by the state to get reimbursed.
- [Bright Futures](#) Guidelines is in the legislation as the standard for well child care.
- Chris Atchison is interested in the public policy pieces that need to be aligned to support the development of the medical home for children system. Carrie Fitzgerald responded that in the Federal Health Care Reform legislation, it does say that private insurance has to pay for a certain standard of care for children (bright futures). They are currently looking at that transitioning process to implement by 2011 and are still waiting for further guidance. Bery Engebretsen also replied by enforcing that when looking at policy we need to align measure that the practices will have to report on such as meaningful use.
- Tom Evans mentioned that patient competence issues are unique to the pediatric population. They also have more rapid change over time (changes with every birth). Because of that, screening is constantly being

	<p>done for well child care.</p> <ul style="list-style-type: none"> • Libby Coyte asked if children that are obese or have diabetes considered CYSHCN. Yes- A recent study shows that in the future, obesity will be considered the number one chronic medical condition, once it is classified as a chronic medical condition.
<p>State Plan Amendment</p> <p><i>Jennifer Vermeer</i></p>	<ul style="list-style-type: none"> • Under Federal Health Care Reform’s Patient Protection and Affordable Care Act, there is an option that Iowa is looking into to get a state match through a State Plan Amendment. It is Title XIX of the Social Security Act- “State Option to Provide Health Homes for Enrollees with Chronic Conditions”. • This starts January 1st, 2011 and is for implementing health homes for people with chronic conditions. There is a 90% match for medical home payments in the first 2 years. After that, it goes back to the normal reimbursement rate of 65%. The language mentions that payment mythologies can be tiered and are not limited to per member per month. States will need to coordinate with SAMSA for providing mental health services. • The language defines that chronic conditions shall include but are not limited to: <ul style="list-style-type: none"> ○ A mental health condition ○ Substance use disorder ○ Asthma ○ Diabetes ○ Heart disease ○ Being overweight, as evidenced by having a BMI over 25. • The services to be provided by the health home are: <ul style="list-style-type: none"> ○ Comprehensive care management ○ Care coordination and health promotion ○ Comprehensive transitional care, including appropriate follow-up from inpatient to other settings ○ Patient and family support ○ Referral to community and social support services ○ Use of health information technology to link services, as feasible and appropriate. • The Council discussed the advantages of moving forward with this. <ul style="list-style-type: none"> ○ It is a win-win situation with the 90% match, since the Council is legislative charged to do this anyway. ○ The “overweight” inclusion for a chronic condition will qualify a large amount people. ○ The language states that there can be pilots and it waives state-wideness. ○ This wouldn’t expand coverage for new children; it will however identify more CYSHCN and allow them to qualify for further coverage. • David Carlyle commented that from the Councils standpoint, everything we do is a step forward to a universal medical home system. We need to ensure that the plan will ultimately expand from children in Medicaid to fit

	<p>the entire population.</p> <ul style="list-style-type: none"> • Jennifer Vermeer stated that we have a great starting point with the newly created pediatric document. <p>It was agreed to pursue the State Plan Amendment opportunity.</p>
<p>IowaCare Expansion- Rules <i>Jennifer Vermeer</i></p>	<ul style="list-style-type: none"> • See documents: <ul style="list-style-type: none"> • IowaCare Medical Home Model - Final  • IowaCare Regional Primary Care Network  • IowaCare Rules  • Medical Home Committees and Timeline • Jennifer Vermeer presented the final document of the IowaCare Medical Home Model. It has some minor changes from last time including the performance reporting and outcome measures. This document will continue to evolve. • The medical home pilots will start October 1st. • The IowaCare Rules document is still in draft form. The rules are more broadly stated than in their concept paper because it takes 6 months to go through the rule process, and once it's established it cannot be changed. • Workgroups were created to implement the IowaCare medical home system. They include: <ul style="list-style-type: none"> ○ Implementation Steering Committee ○ Medical Home Clinical Committee ○ Health Information Technology Committee • See above document for committee members and responsibilities. • IowaCare Medical Home Model <u>Timeline</u>: By October 1, 2010: <ul style="list-style-type: none"> • By June 23, 2010 final rules draft • Finalize contracts between IME and providers relative to Medical Home • Finalize Medical Home performance measures and evaluation design • Finalize rates and billing guidelines for peer to peer consultation • Finalize the nonparticipating hospitals operating protocols • Start up first FQHCs • IowaCare Regional Primary Care Network- FQHC roll-out – Preliminary and Draft Roll-out <ul style="list-style-type: none"> ○ October 1, 2010: Sioux City & Waterloo ○ January 1, 2011: Fort Dodge & Ottumwa ○ May 1, 2011: Council Bluffs & Storm Lake • FY 2012 – Dates not specified <ul style="list-style-type: none"> ○ Phase 1: Burlington, Southern Iowa CHC & Primary Health Care (for outside Polk County only) ○ Phase 2: Dubuque & Marshalltown ○ Phase 3: Davenport & Cedar Rapids • This schedule is tentative and subject to change. All of the following

	<p>Conditions must be met in order to proceed for each location:</p> <ul style="list-style-type: none"> ○ If projected expenditures / budget is available ○ If the provider is ready to meet medical home standards ○ If the State is ready ○ If all agreements are in place ○ If rules are in place <ul style="list-style-type: none"> ● Bery Engebretsen commented that UI could better interact with outside primary care sites. UI has recently established an internal medical home committee, and hopefully it will apply to primary care and also specialty care. ● Libby Coyte commented that the biggest problem for the community health centers when referring to UI is determining which is the medical home- the community health center or UI? The UI medical home committee recently discussed this and talked about incorporating the EHR and establishing what exactly needs to be done at the visit- that would be a better tracking component. ● The Council had a conversation about ensuring that the consumer/patient has input in this, and that their barriers are determined. It was suggested to have a patient interest group or have a patient on the UI medical home committee. ● Jennifer Vermeer mentioned that the contract will need to be modified to incorporate certification for year 2. <ul style="list-style-type: none"> ● David Carlyle motioned to approve IowaCare Medical Home Model/Rules. Libby Coyte seconded. The entire Council is in favor.
<p>CMS Multi-Payer Advanced Primary Care Demonstration Project</p> <p><i>Beth Jones</i></p>	<ul style="list-style-type: none"> ● On June 2nd, the Centers for Medicare & Medicaid Services (CMS) released details on the Multi-payer Advanced Primary Care Practice Demonstration. This information (available here) includes: <ul style="list-style-type: none"> ○ Demonstration Fact Sheet ○ Solicitation for the Demonstration ○ Summary of Eligibility Requirements ○ Demonstration Q & As ● Under this demonstration, CMS will participate in multi-payer reform initiatives that are currently being conducted by states to make advanced primary care practices more broadly available. The demonstration will evaluate whether advanced primary care practice will reduce unjustified utilization and expenditures, improve the safety, effectiveness, timeliness, and efficiency of health care, increase patient decision-making and increase the availability and delivery of care in underserved areas. To be eligible, states will need to demonstrate that they can meet certain requirements, including having a state agency responsible for implementing the program, being ready to make payments to participating practices six months after being selected for participation, and having mechanisms in place to connect patients to community-based resources. CMS anticipates making awards to up to six states and will perform an independent evaluation. IDPH has submitted a letter of intent; however it is not positive that Iowa will be applying.

	<ul style="list-style-type: none"> • From CHIPRA, Iowa learned from the feedback that we did not have the capacity to implement what we said we would do. CMS will only be awarding 6 states this grant. • IDPH, Medicaid, Wellmark and other stakeholders have been having discussions on if Iowa is fit to apply and the next steps. • Chris Atchison posed a question- what is the problem statement for Iowa? This needs to be incorporated throughout the application. • The main parameters of the project are: <ul style="list-style-type: none"> ○ it must be lead by a state agency ○ the state can't be involved in other Medicare demonstration projects ○ The preference for statewide deployment ○ It requires alignment for community utilities ○ it must be budget neutral • Iowa has low cost and high quality, therefore our chances of being budget neutral and competitive is limited. • Tom Newton suggested that if Iowa does not apply, we look at the problem statements on page 10 of the solicitation: • The application must provide a clear and comprehensive description of: <ol style="list-style-type: none"> 1. The nature of the problem(s) it addresses; 2. The extent (prevalence) and magnitude of the problem(s); 3. The causes of these problem(s); 4. How the State initiative addresses these problem(s); and 5. The specific goals for the State initiative. • Examples of problems might include: <ul style="list-style-type: none"> ○ lack of access to primary care ○ inappropriate use of hospital emergency rooms for primary care ○ fragmentation of care ○ lack of coordination between primary care providers & specialists ○ unnecessary or avoidable duplication of testing ○ patient non-adherence to recommended treatment or regimen ○ provider non-adherence to evidence-based guidelines for treatment of acute episodes and chronic disease • Iowa could set up their own pilot project from one of these areas and once the project is successful, we could look into a CMS waiver. • Jennifer Vermeer emphasized that we need to do <i>something</i> to prepare ourselves for a future opportunity that we would better qualify for. We currently have great energy and collaboration among Medicaid, Wellmark, and the providers in Iowa and we need to do something with that soon.
<p>Updates</p> <ul style="list-style-type: none"> • Medical Home Certification Rules • Disease Registry Issue Brief 	<ul style="list-style-type: none"> • Medical Home Certification Rules- At the last meeting, it was decided that IDPH would create rules for certification using NCQA as the foundation. With the Medical Home for Iowa Children and Youth presentation, it is reassured that NCQA would fit for children with the utilization of the additional tools available from AAP. <ul style="list-style-type: none"> ○ Bery Engebretsen mentioned that at the NASHP site visit, discussion took place about multiple certifying entities. One was joint

<ul style="list-style-type: none"> • MHSAC Progress Report #2 • Medical Home Learning Community (MHLC) <p><i>Beth Jones</i> <i>Tom Evans</i></p>	<p>commission, which he had a long conversation with regarding their certification requirements and certifying community health centers. Having a medical home certification tacked on to an already existing process has appeal. A long list of entities in Iowa that are certified as ambulatory facilities by the joint exists. He thinks we should consider an equivalency certification that tacks on to make it easier.</p> <ul style="list-style-type: none"> ○ Beth Jones responded that the rules being created could be more open ended to write in that there can be multiple certification vehicles as more become nationally accepted. Again, the state will not be the certifying body, they will just write the rules. ○ David Carlyle suggested that we move quickly in the creation of the rules and have them almost completed by session. The rules process can be very lengthy. <ul style="list-style-type: none"> • The Disease Registry Issue Brief is finalized and available here. This issue brief was developed collaboratively by the PCCM Advisory Council, the Medical Home System Advisory Council, and the eHealth Advisory Council. • The Medical Home System Advisory Council's Progress Report #2 is now finalized and is available here. The table of contents serves as an executive summary- a brief description is given for each section of the report, and the activities are organized around the 4 original building block recommendations. • Medical Home Learning Community (MHLC) - This is the third year of the MHLC. Currently there are around 33-36 practice participating. This year is structured a little differently in that there is 2 sessions and they are asking every participating practice to pick a project to implement on site. The project involves a registry and change steps, gathering data, and reporting back to the group. The 2nd MHLC session will be held on September 22nd. • Chris Atchison gave dates of the University of Iowa College of Public Health's upcoming events: <ul style="list-style-type: none"> ○ July 20th- Symposium on Health Reform at Coralville Marriott Hotel. The Symposium will discuss action items states must consider as a result of recently enacted federal health reform legislation ○ September 30th- Rebalance Health Care in the Heartland 4- Enhancing Geriatric Care Across Iowa at Embassy Suites in Des Moines. ○ October 27th- "Addressing Chronic Diseases in Iowa"- Forkenbrock Series and the College of Public Health's Hansen Award where Ed Wagner will be presented the award.
<p>The next meeting of the Medical Home System Advisory Council will be held Wednesday, September 8th, 2010 from 10am-2pm at the West Des Moines Public Library.</p>	

The purpose of the Medical Home System Advisory Council is to advise and assist the Iowa Department of Public Health to develop a medical home system as outlined in HF 2539.