Health & Long-Term Care Access Advisory Council
Discussion Document

135.163 HEALTH AND LONG-TERM CARE ACCESS.

The department 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 the health care workforce shall address the broad spectrum of health care needs of Iowans throughout their lifespan including long-term care needs. The department shall, at a minimum, do all of the following:

1. Develop a strategic plan for health care delivery infrastructure and health care workforce resources in this state.
2. Provide for the continuous collection of data to provide a basis for health care strategic planning and health care policymaking.
3. Make recommendations regarding the health care delivery infrastructure and the health care workforce that assist in monitoring current needs, predicting future trends, and informing policymaking.

Section History: Recent Form

2008 Acts, ch 1188, §57
Referred to in § 135.153A, 135.175

http://coolice.legis.state.ia.us/Cool-ICE/default.asp?category=billinfo&service=IowaCode&ga=83&input=135.163

135.164 STRATEGIC PLAN.

1. The strategic plan for health care delivery infrastructure and health care workforce resources shall describe the existing health care system, describe and provide a rationale for the desired health care system, provide an action plan for implementation, and provide methods to evaluate the system. The plan shall incorporate expenditure control methods and integrate criteria for evidence-based health care. The department shall do all of the following in developing the strategic plan for health care delivery infrastructure and health care workforce resources:

a. Conduct strategic health planning activities related to preparation of the strategic plan.

b. ~~Develop a computerized system for accessing, analyzing, and disseminating data relevant to strategic health planning. The department may enter into data sharing agreements and contractual arrangements necessary to obtain or disseminate relevant data.~~

c. Conduct research and analysis or arrange for research and analysis projects to be conducted by public or private organizations to further the development of the strategic plan.

d. Establish a technical advisory committee to assist in the development of the strategic plan. The members of the committee may include but are not limited to health economists, representatives of

Comment [HM1]: Suggest removal (2/3/2012 meeting) In consideration of funds and effort going into the Health Information Exchange, it seems unnecessary to keep this here because the item is being handled elsewhere.

Comment [HM2]: Does funding exist to implement this? (2/3/2012 meeting)

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the university of Iowa college of public health, health planners, representatives of health care purchasers, representatives of state and local agencies that regulate entities involved in health care, representatives of health care providers and health care facilities, and consumers.

2. The strategic plan shall include statewide health planning policies and goals related to the availability of health care facilities and services, the quality of care, and the cost of care. The policies and goals shall be based on the following principles:

a. That a strategic health planning process, responsive to changing health and social needs and conditions, is essential to the health, safety, and welfare of Iowans. The process shall be reviewed and updated as necessary to ensure that the strategic plan addresses all of the following:

(1) ~~Promoting and maintaining the health of all Iowans~~.

(2) Providing accessible health care services through the maintenance of an adequate supply of health facilities and an adequate workforce.

(3) Controlling excessive increases in costs.

(4) Applying specific quality criteria and population health indicators.

(5) ~~Recognizing prevention and wellness as priorities in health care programs to improve quality and reduce costs~~.

(6) ~~Addressing periodic priority issues including disaster planning, public health threats, and public safety dilemmas~~.

(7) Coordinating health care delivery and resource development efforts among state agencies including those tasked with facility, services, and professional provider licensure; state ~~and federal reimbursement~~; health service utilization data systems; and others.

(8) ~~Recognizing long-term care as an integral component of the health care delivery infrastructure and as an essential service provided by the health care workforce~~.

b. That both consumers and providers throughout the state must be involved in the health planning process, outcomes of which shall be clearly articulated and available for public review and use.

c. That the supply of a health care service has a substantial impact on utilization of the service, independent of the effectiveness, medical necessity, or appropriateness of the particular health care service for a particular individual.

d. That given that health care resources are not unlimited, the impact of any new health care service or facility on overall health expenditures in this state must be considered.

e. That excess capacity of health care services and facilities places an increased economic burden on the public.

f. That the likelihood that a requested new health care facility, service, or equipment will improve health care quality and outcomes must be considered.

g. That development and ongoing maintenance of current and accurate health care information and statistics related to cost and quality of health care and projections of the need for health care facilities and services are necessary to developing an effective health care planning strategy.

h. That the certificate of need program as a component of the health care planning regulatory process must balance considerations of access to quality care at a reasonable cost for all Iowans,

Comment [HM3]: Consider consumer engagement.

Comment [HM4]: Think this may be covered by other councils and efforts such as Healthy Iowans.

Comment [HM5]: Some struggle with what we would be able to impact as a council related to supply of facilities.

Comment [HM6]: Does relate to general concern of ever-increasing costs of health care – could be the role as supporting payment reform – how to ensure we are getting access to the workforce in ways that help control costs. CMS and payers will be a driving force in where costs go, but we can promote value-based purchasing. Do we have enough PAs and NPs?

Comment [HM7]: Using data like cancer rates, maps, etc., smoking and council reviewing results to see where there are gaps or opportunities in the state. We have a lot of hospital data, but care is going to be moving to the community and not as much data from ambulatory care centers and private practice. Assessing smaller provider organizations might be a good step.

Comment [HM8]: Is this covered by Healthy Iowans and Blue Zones/Healthiest State?

Comment [HM9]: Robust system of response exists through EMS, Homeland Security and Emergency Management and State & Local Public Health.

Comment [HM10]: Consider rewording – coordinating among state agencies and stop or clarify further.

Comment [HM11]: Based on population health indicators.

Comment [HM12]: Have a coordinated effort as to how we are going to respond to health care needs and coordinate health care.

Comment [HM13]: Could bring together different data sets around workforce for a coordinated at needs.

Comment [HM14]: This council doesn't have a lobbyist that is present during Medicaid discussions at state level. But, coordination of care the best way – we would need to be up-to-date on the reimbursement situation in order to understand the impact of reimbursement on coordinated care.

Comment [HM15]: Unnecessary to single out long-term care when other components of the system are not singled-out. See the charge of the group as looking at all care transitions throughout the continuum.

Comment [HM16]: Items c through f speak to supply and capacity and may be condensed.

Comment [HM17]: CON has significant impact in part of the health care industry so needs to be a consideration.

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optimal use of existing health care resources, fostering of expenditure control, and elimination of unnecessary duplication of health care facilities and services, while supporting improved health care outcomes.

i. That strategic health care planning must be concerned with the stability of the health care system, encompassing health care financing, quality, and the availability of information and services for all residents.

3. The health care delivery infrastructure and health care workforce resources strategic plan developed by the department shall include all of the following:

a. A health care system assessment and objectives component that does all of the following:

(1) Describes state and regional population demographics, health status indicators, and trends in health status and health care needs.

(2) Identifies key policy objectives for the state health care system related to access to care, health care outcomes, quality, and cost-effectiveness.

b. A health care ~~facilities and~~ services plan that assesses the demand for ~~health care facilities and~~ services to inform state health care planning efforts and direct ~~certificate of need~~ determinations for those ~~facilities and~~ services subject to ~~certificate of need~~. The plan shall include all of the following:

(1) An inventory of each geographic region's existing health care facilities and services.

(2) Projections of the need for each category of health care facility and service, including those subject to certificate of need.

(3) Policies to guide the addition of new or expanded health care facilities and services to promote the use of quality, evidence-based, cost-effective health care delivery options, including any recommendations for criteria, standards, and methods relevant to the certificate of need review process.

(4) An assessment of the availability of health care providers, public health resources, transportation infrastructure, and other considerations necessary to support the needed health care facilities and services in each region.

c. A health care data resources plan that identifies data elements necessary to properly conduct planning activities ~~and to review certificate of need applications~~, including data related to inpatient and outpatient utilization and outcomes information, and financial and utilization information related to charity care, quality, and cost. The plan shall provide all of the following:

(1) An inventory of existing data resources, both public and private, that store and disclose information relevant to the health care planning process~~, including information necessary to conduct certificate of need activities~~. The plan shall identify any deficiencies in the inventory of existing data resources and the data necessary to conduct comprehensive health care planning activities. The plan may recommend that the department be authorized to access existing data sources and conduct appropriate analyses of such data or that other agencies expand their data collection activities as statutory authority permits. The plan may identify any computing infrastructure deficiencies that impede the proper storage, transmission, and analysis of health care planning data.

Comment [HM18]: Question about what "regional" means. Think it means "regional" within the state. However, also discussed that it could mean Iowa within the region of surrounding states because trends in surround states could impact Iowa. Conclusion due to following language seems that it is regions within the state; however, the council sees a potential need to address benchmarks/comparisons with surrounding states.

Comment [HM19]: Think it is critical to look at this. Mentioned importance of knowing where the need is within the state.

Comment [HM20]: Keep in as is.

Comment [HM21]: From the IDPH website - The State Health Facilities Council is a five-member body appointed by the governor and confirmed by the State Senate. Members are appointed to a six-year term. Authority for the State Health Facilities Council is contained in the Code of Iowa Chapter 135.61-.83. The responsibility for providing administrative support for the Council rests with the Iowa Department of Public Health. It is the Council's mandate to assure that growth and changes in the heath care system occur in an orderly, cost-effective manner and that the system is adequate and efficient.

Comment [HM22]: Discussed potential for splitting out facilities from services.

Comment [HM23]: Check wording related to services to include.

Comment [HM24]: Isn't there an entity that already does this? Is this duplicative? Think we should pull out the services piece and address that and that the State Health Facilities Council is already in place to address facilities.

Comment [HM25]: DIA already has an Entities Book that lists all facilities by type and county.

Comment [HM26]: This item should stay in because it is related to services.

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(2) Recommendations for increasing the availability of data related to health care planning to provide greater community involvement in the health care planning process and consistency in data used ~~for certificate of need applications and determinations~~. ~~The plan shall also integrate the requirements for annual reports by hospitals and health care facilities pursuant to section 135.75, the provisions relating to analyses and studies by the department pursuant to section 135.76, the data compilation provisions of section 135.78, and the provisions for contracts for assistance with analyses, studies, and data pursuant to section 135.83.~~

d. An assessment of emerging trends in health care delivery and technology as they relate to access to health care facilities and services, quality of care, and costs of care. ~~The assessment shall recommend any changes to the scope of health care facilities and services covered by the certificate of need program that may be warranted by these emerging trends. In addition, the assessment may recommend any changes to criteria used by the department to review certificate of need applications, as necessary.~~

Comment [HM27]: Could be other trends such as payment reform, etc. Broader than technology.

e. A rural health care resources plan to assess the availability of health resources in rural areas of the state, assess the unmet needs of these communities, and evaluate how federal and state reimbursement policies can be modified, if necessary, to more efficiently and effectively meet the health care needs of rural communities. The plan shall consider the unique health care needs of rural communities, the adequacy of the rural health care workforce, and transportation needs for accessing appropriate care.

f. A health care workforce resources plan to assure a competent, diverse, and sustainable health care workforce in Iowa and to improve access to health care in underserved areas and among underserved populations. The plan shall include the establishment of an advisory council to inform and advise the department and policymakers regarding issues relevant to the health care workforce in Iowa. The health care workforce resources plan shall recognize long-term care as an essential service provided by the health care workforce.

4. The department shall submit the initial statewide health care delivery infrastructure and resources strategic plan to the governor and the general assembly by January 1, 2010, and shall submit an updated strategic plan to the governor and the general assembly every two years thereafter.

Section History: Recent Form

2008 Acts, ch 1188, §58
Referred to in § 135.153A, 135.175

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