MINUTES
Clinicians Advisory Panel
Monday, February 22, 2010
12:00 pm – 1:00 pm

Members Present
Daniel Allen
David Carlyle
Judith Collins
Tom Evans
Mary Larew

Members Absent
Charles Caughlan
Gregory Peterson
Ed Friedman
John Heffernan

Others Present
Tom Newton
Beth Jones
Angie Doyle Scar
Abby McGill
Jane Schadle
Jill Myers Geadelmann
Kory Schnoor

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| **Introductions and Welcome**  
*Tom Newton* | • The meeting was called to order at 12:00.  
• Attendees introduced themselves.  
• Review of the language in HF2539 on the Clinicians Advisory Panel:  
  1. The director shall convene a clinicians advisory panel to advise and recommend to the department clinically appropriate, evidence-based best practices regarding the implementation of the medical home as defined in section 135.157 and the prevention and chronic care management initiative pursuant to section 135.161. The director shall act as chairperson of the advisory panel.  
  2. The clinicians advisory panel shall consist of nine members representing licensed medical health care providers selected by their respective professional organizations. Terms of members shall begin and end as provided in section 69.19. Any vacancy shall be filled in the same manner as regular appointments are made for the unexpired portion of the regular term. Members shall serve terms of three years. A member is eligible for reappointment for three successive terms.  
  3. The clinicians advisory panel shall meet on a quarterly basis to receive updates from the director regarding strategic planning and implementation progress on the medical home and the prevention and chronic care management initiative and shall provide clinical consultation to the department regarding the medical home and the initiative. |
| **Legislative Updates** | **Legislative Update- Tom Newton**  
• This year is a shorter 80 day session.  
• Visit the Iowa Legislature Website at http://www.legis.state.ia.us/index.html to learn about the current bills.  
• IDPH is waiting to see if there is an extension to the favorable Medicaid match amount. This will be a big determining factor for next year’s budget.  

**Legislative Healthcare Coverage Commission Update- David Carlyle**  
• The Legislative Healthcare Coverage Commission completed their progress report to the General Assembly which summarizes the Commission’s activities from September through December 2009. The report can be found here. |
Three workgroups were formed:
- Administration of Health Care Reform in Iowa Workgroup
- Coverage of Adults Workgroup
- Use/Creation of State Pool Workgroup
For more information about the Legislative Health Care Coverage Commission and to view these recommendations, click here

**SF 2356 Overview**

- 11 recommendations were developed from the report submitted on January 1st. Three of them became parts of SF 2356 (originally SF 2092). SF 2536 language is located here. This bill was submitted by Senator Jack Hatch and Representative Mark Smith.
- There are three main parts of the bill--
  1. Expand the IowaCare Program- Provides healthcare to uninsured adults below 200 percent Federal Poverty Level. This is the only part of the bill that has funding- 24 million dollar expansion. 8 million of this is state matched. The other 24 million is divided in half- 8 million going to the University of Iowa hospitals, and the other 8 million going to primary care networks, focusing on community health centers. The community health centers will follow a medical home certification process.
  
  o IowaCare Plus program- provides care to uninsured adults 200-300 percent of the Federal Poverty Level. This program would be partially state subsidized, and rest patients would pay through increased premium.
  
  2. Iowa Insurance Information Exchange- an informational clearinghouse where Iowans can obtain information about health care coverage that is available in the state including comparison of benefits, premiums, and out-of-pocket costs.
  
  3. Diabetes Care Coordination Plan- IDPH will develop a plan to coordinate care for individuals with diabetes who receive care through community health centers, rural health clinics, free clinics, and other safety nets. The plan may include a diabetic registry, to provide drugs through the Iowa Prescription Drug Corporation and to collect data to assist providers in tracking the care of their patients with diabetes.

**Health Care Reform Council Updates**

**Medical Home System Advisory Council- Beth Jones**

- 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. Iowa’s application is titled *Navigating the Neighborhood: Improving Child Health Quality in Iowa*. The project will be organized around a medical neighborhood model of care. The medical neighborhood approach will take place in two targeted Iowa communities, one rural and one urban.
  
  o The goal the grant is to establish and evaluate a national quality system for children’s health care which encompasses care provided through the Medicaid program and the Children’s Health Insurance Program (CHIP). It will:
    - experiment with and evaluate the use of new and existing measures of quality for children covered by Medicaid & CHIP
    - promote the use of health information technology (HIT) for delivery of care for children covered by Medicaid and CHIP
    - evaluate provider-based models to improve the delivery of Medicaid and CHIP children’s health care services;
    - demonstrate the impact of the model electronic health record (EHR) format for children on improving pediatric health, and pediatric health care
quality as well as reducing health care costs.

- 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.

- Iowa was chosen as one of eight states for the National Academy for State Health Policy (NASHP) Consortium to Advance Medical Homes for Medicaid and Children's Health Insurance Program (CHIP) Participants. Iowa's NASHP team attended the Consortium's kick-off learning session to in Baltimore, Maryland in October. NASHP staff will be coming to Iowa for a more in depth technical assistance site visit on April 8th, 2010.

- CMS will join as a payer in selected state-based, multi-payer medical home initiatives in an Advanced Primary Care (APC) Demonstration. The Council has been having many discussions to prepare for the release of further guidance from CMS on the application. It is helping bring together payers in Iowa and creating a strong movement. This project will align well if SF 2356 passes.

- The Council is working on their annual report and will also begin developing issue briefs, the first one being “Patient Centered- What Does it Look Like?”

- A fourth workgroup was formed to discuss policy to advance MH and is chaired by Chris Atchison with the UI College of Public Health. The four workgroups are:
  1. Certification Workgroup
  2. Reimbursement Workgroup
  3. Certification Workgroup
  4. Policy Workgroup

**Prevention and Chronic Care Management Advisory Council - Angie Doyle Scar**

- The Council finalized their first brief “Chronic Disease Management”, which aims to increase education about chronic disease prevention and management and includes Iowa-specific information and data. The purpose of these issues briefs is to expand on the six recommendations laid out in the council’s initial report. The next issue brief will be developed collaboratively with the Medical Home System Advisory Council and eHealth Advisory Council on Disease Registries.

- A seventh recommendation was created to add to the recommendations that were developed in their initial report. The seventh recommendation is:
  - Create a societal commitment to health through implementing policies to remove barriers that prevent Iowans from leading healthy lives. Empower and expect Iowans to take personal responsibility for being as healthy as genetically possible and improving their own health, as well as the health of those around them.

- A survey was given to the Council prior to the last meeting, and after further discussions it was decided that the Council will break into two subgroups- one representing Chronic Disease Management and the other representing Prevention. The subgroups will meet in the mornings of the Council meetings, and then we will come back as a full Council in the afternoon. It was also decided that there will be a Chair and Co-Chair of the Council, each representing a different subgroup.
  - Results for Chair and Co-Chair have been calculated and determined. We are excited to announce:
    - **Chair** - Dr. Don Skinner (representing the Chronic Disease Management subgroup)
    - **Co-Chair** - Terri Henkels (representing the Prevention subgroup)
- Ed Wagner will be presented with this year’s Hansen Lecture Award in October. Dr. Wagner is the creator of the Chronic Care Model. To learn more about the model click [here](#).

### eHealth Advisory Council - Kory Schnoor
- The Council is waiting on award notification for the State HIE Cooperative Agreement program. The Office of National Coordinator for Health Information Technology (ONC) is currently reviewing each state’s proposal. IDPH submitted this cooperative agreement application in October 2009, and anticipates a funding notice within the next 1 – 2 months.
- In order to receive HIE implementation funding, Iowa e-Health must submit an approved strategic and operational plan to ONC. This “state plan” is currently being developed with the help of the Executive Committee, Advisory Council, and several stakeholder workgroups.
- Other areas of focus that workgroups were formed to discuss are
  - Continuity of Care Document and Interoperable EHRs
  - HIE Infrastructure and Networks
  - Safeguard Privacy and Security
  - Provider Adoption of EHRs
  - HIT Workforce and Education
  - Governance and Finance
- A State HIE Coordinator will be hired within next 2-3- weeks.

### Next Steps

#### Tom Newton

- At IDPH, we are communicating among the HCR Councils formed under HF 2539. The IDPH Health Care Reform Connections and Integration Team was formed to coordinate the efforts of all the councils and to pool our resources and expertise.

#### Next Steps

- Discussion took place about different ways to utilize this valuable group.
  - SF 2356- The Diabetes Care Coordination Plan and the IowaCare expansion piece.
  - If IDPH has issues that the Clinicians Advisory Panel should consider, we will send it out to you. Also, if a member of the Clinicians Advisory Panel sees an issue that the group should discuss, let us know.

The next Clinicians Advisory Panel meeting will be held on **Monday, May 17th** from 12:00 – 1:00 Call In: 1-866-685-1580 Pass code: 0009990487#. More information will be sent out later.