**MINUTES**
Clinicians Advisory Panel
Thursday, March 26, 2009
12:00 – 1:00
Lucas Building, Directors Conference Room

* Clinicians Advisory Panel Website:
  [http://www.idph.state.ia.us/hcr_committees/clinicians.asp](http://www.idph.state.ia.us/hcr_committees/clinicians.asp)

* Medical Home System Advisory Council Website:
  [http://www.idph.state.ia.us/hcr_committees/medical_home.asp](http://www.idph.state.ia.us/hcr_committees/medical_home.asp)

* Prevention & Chronic Care Management Advisory Council Website:
  [http://www.idph.state.ia.us/hcr_committees/prevention_chronic_care_mgmt.asp](http://www.idph.state.ia.us/hcr_committees/prevention_chronic_care_mgmt.asp)

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**Members Present**
- Daniel Allen
- David Carlyle
- Charles Caughlan
- Judith Collins
- Ed Friedman
- John Heffernan
- Gregory Peterson

**Members Absent**
- Tom Evans
- Mary Larew

**Others Present**
- Tom Newton
- Beth Jones
- Debra Waldron
- Abby McGill
- Jane Schadle
- Marvin Finch
- Jill Myers Geadelmann
- John Hedgecoth

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<th>Discussion</th>
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<td><strong>Introductions and Welcome</strong></td>
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<td>Tom Newton</td>
<td>The meeting was called to order at 12:00.</td>
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<td>Tom introduced himself and thanked the panel for their participation. This panel is very important because IDPH does not have people with clinical experience and this group will provide ongoing guidance and oversight as we move forward with health care reform.</td>
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<th>Legislative Update</th>
<th><strong>IDPH Bills of Interest</strong></th>
<th>Tom Newton</th>
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<td><strong>HF 382</strong> - Public Health Modernization Act. It is a partnership between local and state public health to work on advancing the quality and performance of public health in Iowa. A set of standards for public health services were developed to push to accredit health departments. We may be the only segment of the health care industry that does not have some form of accreditation. CDC will put expectations that if you want to receive grant funds, you need to be an accredited public health agency.</td>
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<td><strong>SF 389</strong> - Health Care Reform II. It recently passed through the house with considerable reductions. It is now addressing covering all kids, and there is also some language left addressing health workforce. The original bill talked about pharmacy, drug payments,</td>
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establishing an Office of Health Care Reform, insurance pooling into the State health plan, transparency, and health exchange. We are not sure if senate will accept the edits that the house made.

- David Carlyle asked about the health workforce piece. Did they talk about any specific actions steps? They were going to set up a health workforce account and there are two major health systems in Iowa that are willing to donate money into this. A big piece had to do with medical residencies. Safety net providers would have access to state workforce fund. It is still up in the air, but it did make it though.

- **Budget** - It is something that changes by the day. Back in November, IDPH experienced an administrative cut. The Governor's Office and the Dept. of Management took action that would freeze expenditure of state dollars. That equated to a 3 percent reduction. Two weeks later, the governor took a 1.5 cut across the board which equaled the administrative cut. A lot of this money came through not hiring open positions. There were eight or nine positions that were not filled. We also had to do a few contract reductions. The governor recommended a 6.5 percent cut across the board in addition to the 1.5. We will be facing a 10 percent cut in FY 2010. We don't know yet what the governor will propose to the legislature. They are having ongoing meetings with leadership to try and develop a final budget. We will see an additional cut for 2010. For 2009 we hope to be able to use stimulus funding, but it will probably result in cutting of services.

  - Gregory Peterson- The Supreme Court mentioned that there would be a backlog of services. What services would be cut back on?

  - Tom Newton- We would reduce testing and lab reporting, such as STD, childhood lead testing, immunizations, less investigating of communicable diseases, There will be fewer home visits done with local public health agencies, fewer pool inspections and other environmental inspections.

  - David Carlyle asked if there would there be situation where children would be forced to go without immunizations. Answer- Not this year because of the stimulus dollars.

  - What can we do about trying to get more funding? We will identify programs that are duplicative, and programs that do not have as much incoming dollars or are not having the type of impact that we would like to see. The legislators want to lessen the impact to Iowans, but they also need to look at the budget. Every state agency is in the same predicament as we are. If they give more funding to public health, than another agency will have less.

  - David Carlyle made a comment that when proposing an across the board budget cut, it is saying that all state agencies are equal. He thinks that public health should be at the top. At IDPH, we need to prioritize and find the programs that are most critical to Iowans.

  - Gregory Peterson agrees. If we have a major epidemic, such as bird flu, public health will be vital. He worries that the legislators do not understand the importance of public health.
**Health Care Reform Councils Update & Discussion**

- **Medical Home System**
- **Prevention and Chronic Care Management**
- **E-Health**

**Beth Jones - Medical Home Coordinator**

- Tom Evans is going to chair this council.
- The council recently submitted their Progress Report #1. The one-page summary of this report give a background of the council related to HS 2539, a definition of a medical home, and identifies four major building block recommendations.
  - **Building Block Recommendation 1:** Continue to develop and sustain the Iowa Medical Home System Advisory Council to promote the PCMH concept as a standard of care for all Iowans.
  - **Building Block Recommendation 2:** Encourage and support the identification and implementation of a multi-payer reimbursement model that supports the PCMH.
  - **Building Block Recommendation 3:** Support the current efforts to implement and expand the PCMH through existing infrastructures that educate providers and demonstrate best practices.
  - **Building Block Recommendation 4:** Support health reform initiatives that address health care workforce needs, health care information technology, prevention, and chronic care management.

- The Council will meet once in April and once in June. After that they will be meeting quarterly. Workgroups have been formed and those will still meet monthly over conference call. The workgroups are:
  - **1- Definition and Certification** - Bery Engebretsen (Chair)
  - **2- Reimbursement Strategies** - David Carlyle (Chair)
  - **3- Education/Learning Collaborative** - Don Klitgaard (Chair)
- The Iowa Healthcare Collaborative is hosting a Medical Home Learning Community focusing on helping practices become NCQA certified. There are three sessions (April 1, June 17, and Sept. 9)

**Debra Waldron - Prevention and Chronic Care Mgmt**

- The Prevention and Chronic Care Management Advisory Council has met twice since the last Clinicians Advisory Panel meeting. There has been a lot of background information given on what other states are doing. We broke up the 14 priorities listed in the legislator into 4 workgroups.
  - **Group 1** - Identifying/Engaging Professionals
  - **Group 2** - Health Care Technology/Disease Registry
  - **Group 3** - Increasing patient education/community resources
  - **Group 4** - Evaluation

- In the March meeting, the Council decided that they needed to deal with prevention separately from chronic disease management. Prevention needs to focus on wellness and health promotion, while chronic disease management needs to focus on how to manage specific diseases. They then created two different priority lists for each:
  - **Prevention**
    1. Obesity
    2. Cancer
    3. Coronary Artery Disease
    4. Diabetes
    5. HIV
• **Chronic Disease Management**
  1. Diabetes
  2. Congestive Heart Failure
  3. Hypertension
  4. Mental Illness
  5. Hyperlipidemia

• The Council had a lengthy discussion on disease registries and how they should look. They would like to provide a cost-benefit analysis to the legislature to show that there will be cost savings down the line.

• Their next meeting is in April, and their report is due July 1st.

• David Carlyle made a suggestion that the Clinicians Advisory Panel could make a recommendation to the legislator that prevention and chronic care management should be separated into two.

**Tom Newton - E-Health**

• Seven workgroups have been formed to address various issues in the formation of an Iowa eHealth network, with an expected federal grant opportunity on the horizon. Iowa is in the “planning” phase of the eHealth project, but stakeholders from across the health care spectrum are involved in the formation of policy related to the eHealth system. The workgroups are:
  • Continuity of Care and Interoperable EHR
  • Provider Adoption of EHR
  • Patient ID
  • HIE Infrastructure and Networks
  • Safeguard Privacy and Security
  • Finance and Sustainability
  • IT Workforce and Education

• They are working on specific action items that will become a part of an anticipated grant application submitted at the federal level later this spring in which IDPH will be the single applicant for Iowa (this is a multi-stakeholder approach and not competitive within states.)

• The stimulus package has assigned 2 billion dollars to states to use on E-health. It is unclear yet on how they are going to distribute that money. We know that only 1 application per state can be submitted. There is a great potential that we will see significant resources coming into Iowa for this. We are sitting in a waiting mode and have not received any guidance from HHS on when the applications are due and other further details.

### Next Steps

**Tom Newton**

• The next meeting will be held Thursday, June 25th. This will be a face-to-face meeting, but we will still keep the conference call option.

The next meeting of the Clinicians Advisory Panel will be held June 25th, 2009.