# MINUTES
Clinicians Advisory Panel  
Thursday, June 25, 2009  
12:00 pm – 1:00 pm  
Directors Conference Room

<table>
<thead>
<tr>
<th>Members Present</th>
<th>Members Absent</th>
<th>Others Present</th>
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<tbody>
<tr>
<td>Daniel Allen</td>
<td>David Carlyle</td>
<td>Tom Newton</td>
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<td>Charles Caughlan</td>
<td>Tom Evans</td>
<td>Beth Jones</td>
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<tr>
<td>Judith Collins</td>
<td>Ed Friedman</td>
<td>Debra Waldron</td>
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<td>Gregory Peterson</td>
<td>John Heffernan</td>
<td>Abby McGill</td>
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<td>Mary Larew</td>
<td>Jane Schadle</td>
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<td>Jill Myers Geadelmann</td>
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<td>Leslie Grefe</td>
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## Topic

### Introductions and Welcome

*Tom Newton*

The meeting was called to order at 12:00. Attendees introduced themselves.

### Updates

- **Budget**
- **H1N1**

*Tom Newton*

IDPH took a reduction to general fund appropriation for FY10 of 2.9 million dollars on top of a 1 million dollar reduction. We are still under a hiring freeze and have travel restrictions. Large expenditures are getting scrutinized and efforts are being made to reduce unnecessary spending. The next legislative session will be very tight. The stimulus money that was used to fill the holes in 2010 will not be there again. We would be going into 2011 with a 7 million dollar reduction. The state amount of money going to public health is decreasing, but the federal dollars have been increasing.

The Public Health Modernization Act was passed. 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. This is a system to hold people accountable and measure progress as a public health entity.

**H1N1**
This is the first pandemic since the 1960’s. IDPH was able to adequately communicate with health care providers. H1N1 will most likely be coming back in the fall and it could be a more serious strain of virus. We will be working closely with the CDC, state health officials, and Health and Human Services to talk about aligning efforts. There is an Immunization Advisory Committee and an Infectious Disease Advisory Committee that are going to work on this. The Clinicians Advisory Panel has a good opportunity to work on this as well. It was asked if there was any cost-benefit analysis being done before dealing with the fall strain. There is not. We will see the cost-benefit done after the fact on days missed at school/work etc.

<table>
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<th>Health Care Reform Councils Updates and Discussion</th>
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<td><strong>Medical Home System</strong> - Beth Jones</td>
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<tr>
<td><strong>Prevention and Chronic Care Management</strong> – Jane Schadle</td>
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<td><strong>E-Health</strong>- Leslie Grefe</td>
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**Medical Home System Advisory Council**
There has been a significant amount of work done since the MHSAC Progress Report #1 went out. Three workgroups have been developed around the main components of a medical home to move the system forward and get the work done. The workgroups are:

1. **Definition and Certification** - They put together a comparison matrix of the definitions of a medical home from NCQA, HF 2539, and Joint Principles. Four core components were decided on. They are 1) team approach with care coordination and accountability, 2) patient-centered and include family involvement/engagement, 3) includes a registry function, and 4) quality improvement measures are collected. They are also discussing the implications certifying medical homes in house versus NCQA certification.
2. **Reimbursement Strategies and Policy** - focusing on a
patient-centered payment system. They are looking at different pilots across the state. It is unlikely that Iowa will receive CMS funding for a demonstration project, so they are looking at other resources such as grants.

3. **Education/Learning Collaborative** - Working on the Medical Home Learning Community through the Iowa Healthcare Collaborative (IHC). There have been two learning community sessions so far. It started out with the NCQA certification process, but they expanded it to what a medical home really should look like. They are also looking at putting together a website that would be Iowa based focused on medical home resources for purchasers, providers, and patients.

A Leadership Group was also formed to oversee the work of the workgroups and the direction of the Council.

If any members of the Clinicians Advisory Panel identify any gaps that have been left out, please email them to Abby.

On September 18th, there will be a medical home summit held in Coralville. The University of Iowa College of Public Health is planning it and we are working with them. The Medical Home System Advisory Council will have their council meeting in the afternoon.

**Prevention and Chronic Care Management Advisory Council**

This council has been meeting regularly since November. Report. They are charged with looking at a very broad systems approach and identify priorities to address prevention and chronic care management.

The first report to the director and state board of health has been completed. It is due on July 1st. The report gives six main recommendations that are the foundations for
strategies foundation development and action steps. The recommendations are:

1. Create the Iowa Prevention and Chronic Care Advisory Council to provide guidance and oversight for prevention and chronic care management.

2. Empower people with the knowledge and resources to live healthy lives and manage their own chronic illnesses.

3. Identify and recommend consensus guidelines for the use in chronic care management beginning with those that address the state chronic disease and prevention priorities.

4. Establish a chronic disease practice registry product that could be easily and readily incorporated into medical practices.

5. Improve incentives for prevention and chronic disease management by providing support for care through payment systems, organization and delivery of care, and care coordination.

6. Improve the health workforce and their skills in prevention and chronic disease management.

The council was also charged with coming up with two main priorities for prevention and chronic care management. They decided that these needed to be looked at separately. Therefore there are two different priority lists. Number one for prevention is obesity and number one for chronic care management is diabetes.

The Health Care Reform Connections and Integration Team was formed at IDPH to integrate all of the council and determine overlapping issues. In July there will be a new staff person hired for the PCCM Council. Jane Schadle, from Healthy Communities at IDPH, stepped in when there was a hiring freeze.
eHealth Advisory Council
This council has a report due to the legislature July 1st. Their council is aligned with what is going on in health IT at the federal level. The council’s vision is for a healthier Iowa through the use and exchange of electronic health information to improve patient centered health care and population health. Their initiative will produce a public good that will:
• Improve quality of health care
• Assure patient safety
• Increase efficiency in health care delivery
• Promote and protect the health of Iowans

Their report has six primary goals:
1. Build awareness and trust of health IT
2. Promote statewide deployment and use of EHR’s and HIE
3. Enable the electronic exchange of health information
4. Safeguard privacy and security of electronic health information
5. Build an appropriately-trained, skilled health IT workforce
6. Develop a framework for implementation and sustainability of health IT

Goal 3 is where they will need to see a lot of the stimulus dollars go because it is the big technology infrastructure piece. Different systems will need to talk to each other and exchange data. There is a lot of information and resources already out there, but it is a matter of pulling it all together and making sure everyone is on the same page.

Meaningful use is something that this Council is discussing heavily. ONC has published a draft matrix with five goal areas and specific objectives for 2011, 2013, and 2015. They are looking for feedback from providers and clinics to determine if the objectives for each year are feasible. What are we missing and what concerns do providers
have? Go to [http://healthit.hhs.gov/portal/server.pt](http://healthit.hhs.gov/portal/server.pt). There is a box on the top right hand side with the link. IDPH’s eHealth Council will submit comments and if you have any to add please send to Abby and she will forward on.

| Next Steps | Federal stimulus dollars will be distributed around health IT, and prevention, wellness, and community-based and clinical efforts to reduce chronic diseases. The Prevention and Chronic Care Management Council will have access to those resources. There has not been any guidance yet on how those would be distributed. We will definitely be taking advantage of the opportunity to compete for these resources. |
| Final thoughts and follow up | Tom Newton | The next Clinicians Advisory Panel meeting will be held in September. More information will be sent out later. |