

# MINUTES

## Medical Home System Advisory Council

Friday, February 26, 2010

10:00 am – 2:00 pm

State Library, Room 310

Members Present

Chris Atchison  
 Jen Badger  
 David Carlyle  
 Libby Coyte  
 Kevin de Regnier  
 Tom Evans  
 Carrie Fitzgerald  
 Richard Haas  
 Jeffery Hoffmann  
 Nat Kongtahworn  
 Mary Larew  
 Tom Newton  
 Jane Reinhold  
 CoraLynn Trewet  
 Jerry Wickersham

Members Absent

Melissa Bernhardt  
 Bernie Elliott  
 Berry Engebretsen  
 Ro Foege  
 Wayne Ford  
 Naomi Guinn-Johnson  
 Don Klitgaard  
 Petra Lamfers  
 Bret McFarlin  
 Bruce Steffen  
 Jennifer Vermeer

Others Present

Beth Jones  
 Julie McMahon  
 Abby McGill  
 Jane Borst  
 Sara Schlievert  
 Angie Doyle-Scar  
 Jodi Tomlonovic  
 Anne Kinzel  
 Nicole Schultz  
 Anne Tabor  
 Janelle Nielsen  
 Leah McWilliams  
 Jenny Craven

\* **Medical Home System Advisory Council Website (Agenda/handouts found here):**  
[http://www.idph.state.ia.us/hcr\\_committees/medical\\_home.asp](http://www.idph.state.ia.us/hcr_committees/medical_home.asp)

Topic	Discussion
Introductions <i>Tom Evans</i>	<ul style="list-style-type: none"> <li>The meeting was called to order at 10:00.</li> <li>Council members and others present introduced themselves.</li> </ul>
Legislative Healthcare Coverage Commission Update  <i>Anne Kinzel</i> <i>David Carlyle</i>	<ul style="list-style-type: none"> <li>See PowerPoint found here: <a href="#">Anne Kinzel PPT - Health Care Coverage Commission Update</a></li> <li>The Legislative Health Care Coverage Commission was created by legislation in 2008 and began work in September 2009.</li> <li>The Commission is made up of 11 citizen (voting) members, 4 legislators, and 3 department heads.</li> <li>Three workgroups were formed:               <ul style="list-style-type: none"> <li>Administration of Health Care Reform in Iowa Workgroup</li> <li>Coverage of Adults Workgroup</li> <li>Use/Creation of State Pool Workgroup</li> </ul> </li> <li>Their charge is to submit recommendations to increase access to health care coverage to low income adults in Iowa.</li> <li>The Commission completed their progress report to the General Assembly which summarizes the Commission's activities from September through December 2009. The report with their recommendations can be found <a href="#">here</a>.</li> <li>A major concern that the Commission focused on is affordability. The 2009 Iowa Employer Benefits Study done by David Lind found that average premiums are increasing in Iowa. People are having increasing difficulties paying for health care. Employer premiums have gone up dramatically over the last 10 years.</li> </ul> <p><b><u>SF 2356</u></b></p> <ul style="list-style-type: none"> <li>11 recommendations were developed from the Commission's report submitted on January 1<sup>st</sup>. Three of them became parts of SF 2356 (language is located <a href="#">here</a>). This bill was submitted</li> </ul>

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.
    - IowaCare Plus program- provides care to uninsured adults 200-300 of the Federal Poverty Level. This program would be partially state subsidized, and rest patients would pay through increased premium.
      - Q- Regarding IowaCare how is the infrastructure to the 18 Federally Qualified Health Centers (FQHC) going to be set up?
      - A- Much of this is determined by HHS. They will study transportation issues. HHS will be assigning IowaCare members to FQHC's to distribute in an order.
  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. It will include links to the private sector and public sector.
  3. Diabetes Care Coordination Plan- IDPH will develop a plan to coordinate care for individuals with diabetes who receive care through community health centers (CHC), 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.
    - The CHCs participating in this will need to be certified medical homes. This Council should create a strong process for certifying medical homes, and should think about how it will apply to private insurance and others. There needs to be only one model in Iowa, and it should be linked with HIT and meaningful use as well.
- Libby Coyte commented that linking this to CHCs makes a lot of sense. A large portion of the patients that they see are IowaCare members. The community utility model would allow the CHCs to share information and provide services to the health dept and community, because many CHCs are not located in the rural areas.

For more information about the Legislative Health Care Coverage Commission visit their website [here](#).

**Updates**

*Beth Jones  
Abby McGill*

**CHIPRA**

- 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.
- 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.

**NASHP**

- 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 8<sup>th</sup>, 2010**. The entire council does not need to be involved in this site visit. The leadership team may have a one-hour conference call this day.

	<p><b>Issue Briefs</b></p> <ul style="list-style-type: none"> <li>• Prior to the meeting, Council members completed an electronic survey regarding developing issue briefs. The results of the survey show that there is a strong interest in developing these.</li> <li>• The purpose of the issue briefs is to educate legislators, members of other HCR councils, interested parties, and other stakeholders. They will summarize the topic and provide Iowa specific information and data.</li> <li>• The Council voted on what the first issue brief should be, and the top choice is <b>“Patient Centered- What Does it Look Like”</b>. We will go ahead and start to draft this. Feedback and comments will be gathered through email.</li> <li>• The Prevention and Chronic Care Management Advisory Council is also developing issue briefs. They finalized their first brief <a href="#">“Chronic Disease Management”</a> which aims to increase education about chronic disease prevention and management and include Iowa-specific information and data.</li> </ul> <p><b>MHSAC Annual Report</b></p> <ul style="list-style-type: none"> <li>• This Council is legislatively required to submit an annual report to the Governor and General Assembly.</li> <li>• An outline of the report and the draft is provided. This is the very first draft of this report and it still needs a lot of work. <ul style="list-style-type: none"> <li>A. Introduction</li> <li>B. What is a Patient-Centered Medical Home?</li> <li>C. MHSAC Progress Report #1 <ul style="list-style-type: none"> <li>a. MHSAC Building Block Recommendations</li> </ul> </li> <li>D. MHSAC Workgroups <ul style="list-style-type: none"> <li>a. Certification Workgroup</li> <li>b. Reimbursement Workgroup</li> <li>c. Education Workgroup</li> <li>d. Policy Workgroup</li> </ul> </li> <li>E. MHSAC 2009 Activities <ul style="list-style-type: none"> <li>a. NASHP Consortium to Advance Medical Homes for Medicaid and CHIP Participants</li> <li>b. CHIPRA Quality Demonstration Grant</li> <li>c. Patient-Centered Medical Home Symposium</li> <li>d. CMS Multi-Payer Advanced Primary Care Practice Demonstration Project</li> <li>e. Birth to Five Patient Centered Medical Home Pilot Project</li> <li>f. Community Utility Process</li> <li>g. Iowa Collaborative Safety Net Provider Network</li> </ul> </li> <li>F. Recommendations</li> <li>G. Future plans and goals for next year <ul style="list-style-type: none"> <li>a. Issue Briefs</li> </ul> </li> <li>H. Conclusion</li> </ul> </li> <li>• We will work on getting your input and feedback for recommendations soon.</li> </ul>
<p>CMS Multi-Payer Primary Care Practice Demonstration Project</p> <p><i>Beth Jones</i> <i>Tom Evans</i></p>	<p>Refer to the NASHP briefing <a href="#">“State Multi-Payer Medical Home Initiatives and Medicare’s Advanced Primary Care Demonstration”</a>, and the <a href="#">CMS PowerPoint- Multi-payer Advanced PCP Demonstration</a>.</p> <ul style="list-style-type: none"> <li>• As of January 2010, CMS has not issued the RFP. To provide anticipatory guidance for states, CMS outlined key considerations that will guide state selection for the Demonstration.</li> <li>• It is a 3 year demonstration open to states with the intent to promote transformation of primary care practices.</li> <li>• The overall goals of the project include: <ul style="list-style-type: none"> <li>○ Reduction of unjustified variation in utilization and expenditure,</li> <li>○ Improvement in safety, timeliness, effectiveness, and efficiency,</li> <li>○ Increased patient participation in decision making,</li> <li>○ Increased access to evidence-based care in underserved areas, and</li> <li>○ Contribute to ‘bending the curve’ in Medicare/Medicaid expenditures.</li> </ul> </li> <li>• Anticipated content of the application (Slide 9 from CMS PowerPoint)</li> </ul>

	<ul style="list-style-type: none"> <li>○ Problem definition</li> <li>○ Description of program/how it addresses problem</li> <li>○ Organizational structure and capabilities</li> <li>○ Financial / payment arrangements (with supporting budget)</li> <li>○ Evidence supporting projection of budget neutrality</li> <li>● Administrative functions have changed since the release of the initial guidance from CMS. <ul style="list-style-type: none"> <li>● <i>Initially- State agency or non-profit organization</i> would administer: <ul style="list-style-type: none"> <li>● selection/qualifications of practices</li> <li>● Tracking/attribution of beneficiaries</li> <li>● Performance reporting</li> <li>● Disbursement of dollars to practices and support organizations</li> </ul> </li> <li>● <i>Now- CMS will engage its own contractor</i> to administer these functions. <ul style="list-style-type: none"> <li>● States are expected to offer prospective assurance to support budget neutrality for Medicare’s participation and will be expected to provide ongoing monitoring of Medicare data for the budgetary impact</li> </ul> </li> </ul> </li> <li>● Initial conversations with Wellmark and Medicaid have been had regarding the demonstration project. Wellmark is interested in working with this, and they are evaluating their current programs to move in this direction.</li> <li>● Iowa’s CHIPRA application can be used as the groundwork for the application.</li> <li>● Dr. Carlyle suggested submitting a letter on behalf of the MHSAC to Senator Harkin and Senator Grassley asking about the status of the CMS Demonstration Project. The Council agreed and will move in doing this.</li> </ul>
Workgroups	<p><b><u>Certification Workgroup</u></b></p> <ul style="list-style-type: none"> <li>● The certification process needs to be determined by July 1<sup>st</sup> to comply with the medical home certification of CHCs to participate in diabetes care coordination/registry.</li> <li>● Two different certification options: <ol style="list-style-type: none"> <li>1. TransforMED (free self-reported online tool. We would use an auditing process to confirm their results.</li> <li>2. NCQA</li> </ol> </li> <li>● Next Steps- <ul style="list-style-type: none"> <li>○ Review both tools, especially <a href="#">TransforMED</a>.</li> <li>○ What would we do with their scores?</li> <li>○ This Council needs an official lesion for HHS (either Jennifer Vermeer or Tom Kline).</li> </ul> </li> </ul> <p><b><u>Education Workgroup</u></b></p> <ul style="list-style-type: none"> <li>● Creating an Iowa based website to increase understanding of the PCMH and to provide enhanced resources would be very beneficial for providers. Alternate social marketing methods should be used for consumers. <ul style="list-style-type: none"> <li>○ The information provided on the website would need to be accurate, updated frequently, and easy to access.</li> <li>○ The content of the website should focus heavily on meaningful use, medical home, and chronic care guidelines. Other areas of focus could include toolkits and provider engagement including information on the Medical Home Learning Community. The information should align with the state HIT initiative.</li> </ul> </li> <li>● We need to educate consumer in Iowa to help them understand what a medical home is and how it will benefit them. <ul style="list-style-type: none"> <li>○ This workgroup should push a social marketing strategy, such as PSAs, newspapers, and radio to educate the public about medical homes.</li> <li>○ A community needs assessment could be done to look at each county’s population and setting. Rural counties have much different population than urban counties, and communication strategies need to be targeted.</li> <li>○ A public education strategy is a great idea. It also can drive practice behavior by getting parents and patients to as if their provider office is a medical home.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• The Iowa Healthy Links Program is a great resource. It is a Chronic Disease Self Management program that helps older adults ages 55 and older manage the symptoms of chronic diseases. For more information about the program, click <a href="http://www.iowahealthylinks.org/">http://www.iowahealthylinks.org/</a></li> <li>• A barrier for education is that many practices are located in rural areas. Toolkits should be provided to them to prepare and educate them about medical homes and other related topics.</li> <li>• The workgroup discussed considering a regional strategy for the Medical Home Learning community, rather than just holding it in central Iowa. The learning community could be held in eastern Iowa and western Iowa as well.</li> </ul> <p><b><u>Reimbursement Workgroup</u></b></p> <ul style="list-style-type: none"> <li>• The workgroup had an initial discussion regarding the 6 million dollars going to Medicaid to invest in the CHCs IowaCare program. The starting date for this is July 1<sup>st</sup>.</li> <li>• This workgroup should present a formal statement to Medicaid regarding the Council's recommendations on how the money could be used most efficiently. <ul style="list-style-type: none"> <li>○ These statements should then be made into in issue brief.</li> </ul> </li> <li>• The workgroup estimated that 1.4 million of the money should be used for initial core equipping pieces, including IT infrastructure, care coordination, and access.</li> <li>• Elements of access include same day appointments, open access, online visits, email exchange, and increased hours. Elements of care coordination include health coaches, agreements on shared protocols, after office visits with primary care/specialists.</li> </ul> <p><b><u>Policy Workgroup</u></b></p> <ul style="list-style-type: none"> <li>• The workgroup had a discussion about child health, and how could we better demonstrate the outcomes?</li> <li>• They also discussed how directive the medical home is. If there is a patient in a medical home, is there limitation to where that patient could go?</li> <li>• Strategies for Accountable Care Organizations- there needs to be a policy direction begun about how this will be governed.</li> <li>• We should further integrate with other HCR councils. For example, we could collaboratively produce the disease registry issue brief that the Prevention and Chronic Care Management Advisory Council is working on.</li> <li>• Other states that the workgroup is interested in gaining further information about are Iowa's neighboring states- Minnesota, Missouri, and Nebraska.</li> </ul>
Next Steps	<ul style="list-style-type: none"> <li>• Reminder- IHC's Medical Home Learning Community is April 21<sup>st</sup>. Register online at <a href="http://www.ihconline.org">www.ihconline.org</a></li> </ul>
<p>The next meeting of the Medical Home System Advisory Council will be held <b>April 16</b>, 2010 from 10am-2pm at the <b>Pleasant Hill Public Library</b>.</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.