

**MINUTES**  
**Medical Home System Advisory Council**  
**Friday, April 3, 2009**  
**10:00 am – 2:00 pm**  
**Urbandale Public Library, Meeting Room A**

Members Present

Chris Atchison  
 Jen Badger  
 Melissa Bernhardt  
 David Carlyle  
 Kevin de Regnier  
 Berry Engebretsen  
 Tom Evans  
 Carrie Fitzgerald  
 Ro Foege  
 Naomi Guinn-Johnson  
 Richard Haas  
 Jeffery Hoffmann  
 Don Klitgaard  
 Nat Kongtahworn  
 Petra Lamfers  
 Mary Larew  
 Bob Osterhaus (Craig Logemann)  
 Jane Reinhold  
 Jerry Wickersham

Members Absent

Libby Coyte  
 Bret McFarlin  
 Tom Newton  
 Bruce Steffen  
 Jennifer Vermeer

Others Present

Beth Jones  
 Tracy Rodgers  
 Abby McGill  
 Angie Doyle-Scar  
 John Hedgecoth  
 Lynh Patterson  
 Jane Schadle  
 Kyla Kiester  
 Karla Fultz McHenry  
 Leah McWilliams  
 Matt Fitzgerald  
 Derek Lomas  
 Brent Salen  
 Tom Kline  
 Claudia Corwin  
 Jodi Tomlonovic  
 Larry Carl

\* **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	<p><i>Beth Jones</i></p> <ul style="list-style-type: none"> <li>• The meeting was called to order at 10:00.</li> <li>• Introductions were given</li> </ul>
IDPH Staff Update	<p><i>Beth Jones</i></p> <ul style="list-style-type: none"> <li>• Tom Evans is the chair of the Council.</li> <li>• Workgroups/Chair               <ul style="list-style-type: none"> <li>○ Definition and Certification- Bery Engebretsen</li> <li>○ Reimbursement Strategies – David Carlyle</li> <li>○ Education/Learning Collaborative – Don Klitgaard</li> </ul> </li> <li>• MHSAC Progress Report # 1 has been posted on the Website. Director Newton sent it to the Iowa Legislatures and he individually sent it to Senator Hatch. It was delivered to the Health and Long-Term Care Access Advisory Council. MHSAC Members should send it out to your constituents.</li> <li>• April 17<sup>th</sup> 10:00 am – 1:00 pm- The University of Iowa College of Public Health is hosting a 2009 Spring Colloquium. See Handout. The focus of this event is “Medical Homes &amp; Role of Public Health”. There is a section</li> </ul>

	<p>on this agenda for an update of the work of the MHSAC presented by Beth. She will share the progress report. Contact Chris Atchison for more information on this event.</p> <ul style="list-style-type: none"> <li>September 18<sup>th</sup> All day 8:00-4:00, Marriott Hotel in Coralville, Iowa. The College of Public Health Hansen Award Lecture to be presented by Dr. Stephen Shortell from University of California at Berkeley. This is presented by the Forkenbrock Series on Public Health and is part of a conference on strategies to connect patients to care. The focus of this event is on Medical Homes. <b>The MHSAC Meeting will be held in the afternoon on this date.</b></li> </ul>
Legislative Update	<p><i>Lynh Patterson</i></p> <ul style="list-style-type: none"> <li><b>SF 389</b>- 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, 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.</li> <li><b>Budget</b>- The Governor will release his budget this week. HHS posted the budget spreadsheet on their website under "additional information." 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. Some programs at IDPH will be eliminated, others will be left harmless. The House and Senate have been working jointly on recommendations and talking to the Governor's Officers. Medicaid is being held harmless in FY 2010. FY 2011 will be much more difficult because the stimulus dollars will be gone.</li> </ul>
Other Health Reform Councils	<p><i>Jane Schadle- Prevention and Chronic Care Management</i></p> <ul style="list-style-type: none"> <li>The Council is charged with making recommendations addressing 14 focus areas listed in the legislation. To do this, workgroups were formed: <ul style="list-style-type: none"> <li><b>Group 1</b>- Identifying/Engaging Professionals</li> <li><b>Group 2</b>- Health Care Technology/Disease Registry</li> <li><b>Group 3</b>- Increasing patient education/community resources</li> <li><b>Group 4</b>- Evaluation</li> </ul> </li> <li>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:</li> </ul>

- 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 PCCM and MH Councils need to be working closer together. They are grouped together in the budget. The Councils need to reference each others' reports, regarding disease registries, prevention, chronic care management, and medical homes.
- A discussion took place on disease registries and how they should look.
- There is a distinct difference between practice level registries and state registries. You really need both for different reasons and purposes. State registries can be used to build policy and to see the big picture.
- If you have an EHR at the practice level, it needs to also have the disease registry function to drive process change and manage patients with a higher level of knowledge and skills.
- Chris Atchison mentioned short-term monitoring and the direct effect it has on physiology from an environmental point-of-view. It is an area of research that is going to challenge confidentiality as you look at the need to take information about people from one source and cross it with a different source. We need to look at social policy aspects reflecting on confidentiality. If we implement this poorly it will cause more harm than good.
- Which is the best place to start, insurance reform or cost control? The answer is that this is a transformational process and we need to figure out how to do more with less. We can't tweak the existing system and expect it to be sustainable. Acute treatment will always triumph over wellness and prevention unless we can find a way to build a parallel mechanism that allows us to do both equally. Acute care is much easier to charge for because there is an entire code system around acute care and nothing around wellness and prevention. The medical home system will completely flip this around. The payment reimbursement will need to be system level change.
- State and Federal funding has ups and downs, and right now we are in a down cycle. Therefore it is the perfect time to plan for the new system when the money becomes available.
- The Clinicians Advisory Panel discussed that the PCCM council was asked to do too much, along with the budget cut. It is a big task taking on wellness and prevention against the current health system.
- Tom Evans mentioned that there are some large policy and system issues on how much wellness and preventions fits in with the medical home model. The infrastructure for public health and wellness keeps getting cut, and yet it is probably the most important thing we are currently facing i.e. obesity. This has to be a broadly focused effort he is not sure if practices will succeed with this large focus on wellness.

	<ul style="list-style-type: none"> <li>• Don Klitgaard replied to this by saying that the consumers are the ones that will need to do the majority of the work. We will need to build relationships with existing resources and utilize health coaches and disease registries. Medical home is about building teams in the community and utilizing those resources. It is not redesigning the practice to take on the role; it is about the referring to the resources.</li> <li>• The PCCM Council's next meeting is in April, and their report is due July 1.</li> </ul> <p><u><i>E-Health Advisory Council</i></u></p> <ul style="list-style-type: none"> <li>• The council met on March 13 and received reports from each of the seven workgroups. The groups have proceeded to action items around specific tasks that would be undertaken as part of any planning grant for which Iowa would apply. It is anticipated federal guidance will be forthcoming within a few weeks and that work can then begin on the grant application itself. In preparation for the anticipated federal grant process, IDPH has formed a grant writing team.</li> <li>• A recommendation this Council should make should be related to IRIS. It is inadequate and needs to be fixed. There should be one single system. <ul style="list-style-type: none"> <li>○ It is not compatible with other systems and information needs to be entered manually for all children.</li> <li>○ Mary Larew mentioned HL&amp; and all medical software uses the same language.</li> <li>○ IDPH will give an update on IRIS and other health IT issues.</li> <li>○ The stimulus money can really have an impact on these issues. A strong recommendation needs to be made about this.</li> </ul> </li> </ul> <p><u><i>Beth Jones- Health and Long-Term Care Access/Clinicians Advisory Panel</i></u></p> <ul style="list-style-type: none"> <li>• Health and Long-Term Care Access Advisory Council- This council is building a strategic plan focusing on primary care workforce. The members have heard presentations on existing Iowa workforce recruitment and retention initiatives.</li> <li>• Are there things the MH Council would like to include have included in their report? Think about this question and email us your thoughts.</li> <li>• Clinicians Advisory Panel- This panel meets quarterly to provide clinical oversight to MH and PCCM Councils. We are using them to do a full scan of HCR and any other clinical issues at IDPH. At their last meeting, they made a recommended that PCCM be separated into two separate issues (prevention AND chronic care management).</li> <li>• David Carlyle met with Tom Newton after to discuss the lack of understanding of the Medical Home model by Governor Culver. This Council needs to make a major push with a 2010 theme. It was suggested to be in the form of a whitepaper. The workgroups will work on this.</li> </ul>
<p>Medical Home Learning Community Session #1</p>	<p><u><i>Tom Evans</i></u></p> <ul style="list-style-type: none"> <li>• The MHLC is a series of 3. The 1<sup>st</sup> session was held on April 1<sup>st</sup>. The next two are <b>June 17<sup>th</sup> and September 9<sup>th</sup></b>.</li> <li>• The focus is on NCOA Certification. Over 150 people showed up to this 1<sup>st</sup> session. The site for the next 2 sessions will be moving.</li> <li>• Don Klitgaard mentioned that the most helpful thing for their practice as they went through the transformation was the periodic learning collaboratives.</li> <li>• Encourage everyone to take the TransforMed self-assessment to find out</li> </ul>

	<p>where their practice stands.</p> <ul style="list-style-type: none"> <li>• It is sensed that practices are now realizing something is happening in the country and that they need stay on top of things so they are not “left behind.”</li> <li>• Don Klitgaard reinforced that becoming a medical home is much more than becoming NCQA certified. NCQA leaves out the focus on patient-centered, wellness, and prevention perspectives.</li> <li>• Nat realized at the 1<sup>st</sup> session that becoming a certified medical home is very hard and time consuming. Change management is profoundly challenging.</li> <li>• There was an exercise that was done that was very impacting. Participants were asked to raise their hand if their practice had an EMR. Around 150 hands went up. Then, they were asked how many had a disease registry and maybe 50 of those hands stayed up. <ul style="list-style-type: none"> <li>○ <b>Integrating a disease registry into practices is a top priority. If you don't have a registry, you don't know what you are doing.</b></li> </ul> </li> </ul>
<p>Workgroup Meetings</p>	<p><i>Council Discussion</i></p> <p><b><u>Definition and Certification- Bery Engebretsen</u></b></p> <ul style="list-style-type: none"> <li>• Short-term goal: <ol style="list-style-type: none"> <li>1. Create a matrix comparing the MH definitions from the legislation, NCQA, and the Joint Principles. The workgroup decided that NCQA does not adequately address many important issues, such as pediatrics.</li> <li>2. Recommend broad characteristics</li> <li>3. Define operational aspects on how we can make these characteristics happen. i.e. Define “personal provider”- is it a team, a practice, or an individual?</li> </ol> </li> <li>• Long-term goal: <ol style="list-style-type: none"> <li>1. Utilize operational criteria to create a tiered certification process.</li> </ol> </li> </ul> <p><b><u>Reimbursement Strategies- David Carlyle</u></b></p> <p>Short-term goal:</p> <ul style="list-style-type: none"> <li>• Develop a framework graph in response to Building Block Recommendation 1 from the Progress Report (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).</li> </ul> <p>Long-term goal:</p> <ul style="list-style-type: none"> <li>• Create a 2 year pilot project starting at the low end of the MH key factors. One could be patient registry, another could health coach. The goal would be to have the practice become a MH in 2 years. This pilot project will engage both Wellmark and Medicaid. It would make them an Accountable Care Organization (ACO). They envisioned a triangle that allows the practice to choose their level of “medicalhomness”. At the very top would be full capitation. There would be incentives at each level.</li> </ul> <p><b><u>Education/Learning Collaborative- Don Klitgaard</u></b></p> <p><u>Discussion</u></p> <ul style="list-style-type: none"> <li>• Some provider groups lack a sense of urgency or desire to change for many reasons, including a lack of education and incentives. Many may</li> </ul>

be unclear as to how all the various stakeholders fit into the medical home model of care and how that interface will take place. Additionally, there is a general lack of comprehension regarding the medical home concept in the purchaser and consumer communities.

Purpose/goal of the workgroup

- Create a common understanding of Medical Home for the state through education targeted to each of the different audiences.
  - Providers
  - Patients/Consumers
  - Employers
  - Legislators/Policy Makers
  - Media

Short-term goal

- To increase awareness and understanding in the provider community:
  - Continue the Medical Home Learning Community through the Iowa Healthcare Collaborative to align, educate and equip providers
  - Send a letter from the MHSAC to all professional organizations in the state offering to speak at conferences or meetings about medical home

For those organizations that typically attend conferences or other similar venues, a resource should be created for them to access at their convenience.

- Inventory the educational resources already available
- Create a central location for easy access to these resources

Long- term goal

- Develop a video geared towards the various audiences (providers, consumers, employers) that could be posted to a website for download at any time. The video would have an "Iowa" flavor and include local experts such as Dr. Klitgaard or Dr. Evans.
  - There is a 9 minute video AAFP put together that explains the MH system, what it would look like for consumers, for providers, how your office might change, and them implications of transforming. The video is found at: [it.http://www.transformed.com/pcmh\\_video.cfm](http://www.transformed.com/pcmh_video.cfm)
- Identify where the various communities are at from a comprehension level of medical home
- Medical Home Learning Communities should be expanded to include other important stakeholders:
  - Residency programs
  - Medical schools
  - Nursing schools
  - Public Health
  - Business Schools
  - Hospital CEOS
  - IMGMA

The next meeting of the Medical Home System Advisory Council will be held June 26<sup>th</sup>, 2009 from 10am-2pm.

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.