

# MINUTES

## Medical Home System Advisory Council

Thursday, April 16<sup>th</sup>, 2010

10:00 am – 2:00 pm

Pleasant Hill Public Library

Members Present

Chris Atchison  
 Melissa Bernhardt  
 David Carlyle  
 Tom Evans  
 Carrie Fitzgerald  
 Berry Engebretsen  
 Ro Foege  
 Rep. Wayne Ford  
 Naomi Guinn-Johnson  
 Richard Haas  
 Jeffery Hoffmann  
 Nat Kongtahworn  
 Mary Larew  
 Jennifer Vermeer  
 Jerry Wickersham

Members Absent

Jen Badger  
 Libby Coyte  
 Kevin de Regnier  
 Don Klitgaard  
 Petra Lamfers  
 Bret McFarlin  
 Tom Newton  
 Jane Reinhold  
 Bruce Steffen  
 CoraLynn Trewet

Others Present

Beth Jones  
 Angie Doyle-Scar  
 Abby McGill  
 Tracy Rodgers  
 Deborah Helsen  
 Daniel Garrett  
 Sarah Sullivan  
 Anne Kinzel  
 Janelle Nielsen  
 Ted Boesen  
 Anna Dolezal  
 Jenny Schultz  
 Nicole Schultz  
 Jonathan Kallenbach  
 Marshall Tuetken  
 Anne Tabor  
 Tom Kline  
 Leah McWilliams  
 Carlene Russell

\* **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	<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> <li>• This will be Jerry Wickersham's last meeting.</li> </ul>
Legislative Health Care Coverage Commission Update	<ul style="list-style-type: none"> <li>• <a href="#">SF 2356</a> has been signed by the Governor which includes three of the Commission's recommendations. The Commission's Progress Report to the General Assembly including their recommendations can be found <a href="#">here</a>.</li> <li>• Iowa, being an early exchange state, is a very positive thing. There are only three functioning exchanges in the country right now.</li> <li>• The three sections of SF 2356 are:             <ol style="list-style-type: none"> <li>1. IowaCare Expansion</li> <li>2. Iowa Insurance Information Exchange</li> <li>3. Diabetes Care Coordination Plan</li> </ol> </li> <li>• Jerry Wickersham shared a resource: <a href="http://www.hipiowa.com/">http://www.hipiowa.com/</a> which is the Iowa Comprehensive Health Association. It provides health insurance information to Iowa residents who have been denied coverage.</li> </ul>

<p>Iowa Healthcare Collaboratives Medical Home Learning Community (MHLC)</p>	<ul style="list-style-type: none"> <li>• Session 1 of the MHLC is on April 21<sup>st</sup>, 2010. Session 2 is scheduled for September 22<sup>nd</sup>, 2010.</li> <li>• The purpose of the MHLC is to equip practices in becoming a PCMH and to bring practices together to focus on practice transformation and to explore the standards for NCQA recognition of medical home status.</li> <li>• It is tentatively planned to have a strong pediatric focus at the 2<sup>nd</sup> MHLC session.</li> </ul>
<p>NASHP Site Visit Feedback</p>	<ul style="list-style-type: none"> <li>• The NASHP Site Visit was held on Thursday, April 8<sup>th</sup>.</li> <li>• The first part of the day was spent discussing the history of the MHSAC and activities done throughout 2009.</li> <li>• Beth Jones shared an announcement about a new 0 to 5 MH pilot project. IDPH received state funds through an agreement with the Department of Management's Office of Community Empowerment to implement a medical home pilot project. The project seeks to develop of a model for a community based utility that will comprehensively serve children 0-5 to address their specific needs by providing a PCMH. <ul style="list-style-type: none"> <li>○ The awarded applicant is Visiting Nurse Services of Iowa (VNS of Iowa) partnering with Iowa Health Physicians Walnut Creek Pediatrics. VNS of Iowa will serve as the community utility and Walnut Creek Pediatrics will serve as the pediatric healthcare provider. The Pilot will show what it takes for a practice to get at the PCMH level.</li> </ul> </li> <li>• NASHP staff discussed a variety of ideas and options for advancing PCMH's in Iowa. They discussed how Iowa's structure and elements look to others from the outside. Iowa has a very strong base with the potential to move PCMH very fast. <ul style="list-style-type: none"> <li>• Legislation (<a href="#">HF 2539</a>) requires the MHSAC to develop a plan &amp; recommendations for implementing PCMH, starting with children in Medicaid.</li> <li>• New legislation (<a href="#">SF 2356</a>) expands the IowaCare program and mandates that the sites comply with certification requirements of a MH.</li> <li>• Iowa has an existing Medicaid Primary Care Case Management Program.</li> <li>• Iowa has a very strong provider interested to advance PCMH (Medical Home Learning Community participation).</li> <li>• EPSDT Coordinators are locally based and have potential for being a great resource for the pediatric population, especially for care coordination.</li> <li>• The issue briefs being produced are great and provide an understanding of what the topics actually mean.</li> <li>• Iowa needs to focus on the policy side to continue to build and sustain the movement of PCMH.</li> </ul> </li> <li>• Four states were highlighted that relate to where Iowa is currently at: Oklahoma, Rhode Island, Colorado, and Montana.</li> <li>• Discussions took place with Jennifer Vermeer about</li> </ul>

	<p>certification/reimbursement of medical homes regarding the IowaCare expansion.</p> <p>Overall, the group was leaning toward an interim set of minimum standards the FQHC's will be required to meet the first year. After that, a national model (NCQA) would be most ideal for certification.</p>
<p>Annual Report Patient-Centered Issue Brief</p>	<p><u>Annual Report</u></p> <ul style="list-style-type: none"> <li>• It was suggested to add: <ul style="list-style-type: none"> <li>○ Language about SF 2356</li> <li>○ A recommendation to focus on spreading PCMH starting with children in Medicaid (distinguished in HF 2539)</li> </ul> </li> </ul> <p><u>Patient-Centered Issue Brief</u></p> <ul style="list-style-type: none"> <li>• Discussion took place on distinguishing patient-centered care vs. family-centered care. It was decided that the "Family-Centered Care" section should be expanded on to include examples and some of the complexities that can occur, especially for adolescents.</li> </ul>
<p>Medicaid Discussion</p>	<p><b><u>Background</u></b></p> <ul style="list-style-type: none"> <li>• <a href="#">SF 2356</a> has been signed by the Governor and includes a section that expands the IowaCare program. IowaCare expands Medicaid to 200% of the FPL for adults who don't otherwise qualify for Medicaid. The coverage includes single adults and childless couples. The IowaCare program has a limited benefit package and a limited provider network (limited to 2 providers – Broadlawns Medical Center in Polk County and the UI Hospitals and Clinics in Iowa City), which provides service statewide. SF2356 expands the provider network under the current IowaCare program to include a regional primary care provider network, beginning with a phased in approach of FQHCs. The bill mandates the FQHC's selected by the DHS to provide primary health care services to the IowaCare population and to <u>comply with certification requirements of a Medical Home</u>.</li> <li>• IowaCare currently serves around 35,000 Iowans, and grows around 1,000 each month. Medicaid is not able to implement a waiting list.</li> <li>• They are going to start with 2 FQHC's in western Iowa, and use a phased in approach.</li> </ul> <p><b><u>Medical Home Certification</u></b></p> <p>An interim set of minimum standards have been developed for IowaCare that the FQHC's will be required to meet the first year:</p> <p><u>Medical Home minimum standards</u></p> <ol style="list-style-type: none"> <li>1. Access to care and information; <ul style="list-style-type: none"> <li>➤ Accessibility-24 hours/day, physician on call</li> </ul> </li> <li>2. Care Management <ul style="list-style-type: none"> <li>➤ Comprehensive physical exam, and Personal Treatment Plan on annual basis</li> <li>➤ Disease Management Program</li> <li>➤ Wellness/Disease Prevention Program</li> </ul> </li> </ol>

3. Health Information Technology (HIT);
- Demonstrate evidence of acquisition, installation and adoption of an electronic health record (EHR) system
  - Established plan for meaningful use of health information exchange (HIE) in accordance with the Federal Register requirement
  - Registry Function/Immunization Registry
- These standards will need to be met by the FQHCs the first year.
  - Discussion took place on what certification would be after that. A national model (NCQA) is most ideal. They could easily become NCQA level 1 certified in 1 year. It was recognized that NCQA will improve.
  - Iowa will work with NCQA to create an NCQA+ to include Nurse Practitioners. Colorado did this also.
  - It was recognized that NCQA will not work for the pediatric population. The June MHSAC meeting will focus on this. We will look into Colorado's structure.
  - Rep. Ford asked if race/ethnicity was measured in IowaCare data? No, this is not measured. IA/NEPCA collects the data, but it is optional.
- **A motion was made by Chris Atchison and was seconded by David Carlyle on certification recommendation for IowaCare:**  
**Initially, the FQHC's will be required the meet a set of medical home minimum standards. IDPH will draft and adopt rules for certification of medical home.**

The next meeting of the Medical Home System Advisory Council will be held **Wednesday, June 30<sup>th</sup>**, 2010 from 10am-3pm at the Urbandale Public Library.

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.