

# MINUTES

## Medical Home System Advisory Council

Friday, September 18, 2009

3:30 am – 4:30 pm

Marriott, Coralville

### Members Present

Chris Atchison  
Melissa Bernhardt  
Libby Coyte  
Berry Engebretsen  
Tom Evans  
Carrie Fitzgerald  
Ro Foege  
Wayne Ford  
Richard Haas  
Jeffery Hoffmann  
Don Klitgaard  
Nat Kongtahworn  
Petra Lamfers  
Jane Reinhold  
CoraLynn Trewet  
Jerry Wickersham

### Members Absent

Jen Badger  
David Carlyle  
Kevin de Regnier  
Naomi Guinn-Johnson  
Mary Larew  
Bret McFarlin  
Tom Newton  
Bruce Steffen  
Jennifer Vermeer

### Others Present

Beth Jones  
Tracy Rodgers  
Abby McGill  
Angie Doyle-Scar  
Claudia Corwin  
Kyla Kiester  
Dan Garrett  
Leah McWilliams  
Kala Shipley  
Lynh Patterson  
Judith Collins  
Mary Audia  
Ann Tabor

\* **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 3:30.</li></ul>
Review & Reflections from Conference	<ul style="list-style-type: none"><li>Wayne Ford's comment on racism and trust was recognized. He expressed a voice that the Council has not yet heard.</li><li>It is important that safety nets be included in the medical home model because they will expand in the future. Therefore there needs to be outreach and care coordination for patient populations. We also need to think about diversity in everything we do.</li><li>To address diversity, practices should consider the patients perspective when transforming into a medical home. This could be done through patient advisory groups, patient surveys, etc.</li><li>Chris Atchison expressed appreciation to the Council for convening this meeting in Iowa City. It was a great opportunity to learn from some important national players. There are many other leaders in other states, such as Pennsylvania and North Carolina, that we might not be aware of that can assist us in this transformation.</li><li>The Medical Home Learning Community had Vermont come speak, and we were very encouraged and realize that Iowa can do this. Click <a href="#">here</a> to view Vermont's presentation.</li></ul>

Discussion of  
NASHP  
Opportunity

- Iowa was recently 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.
- NASHP is supported through a grant from The Commonwealth Fund, to develop and implement policies that increase Medicaid and CHIP program participants' access to high performing medical homes.
- Each state will receive a one-year program of technical assistance to support their efforts. The technical assistance program will provide opportunities for consortium members to exchange insights and experience with national experts and their peers, as well as both in-person and distance learning and both group and individual assistance.
- The Consortium will launch with a Learning Session to be held in Baltimore, Maryland in October 2009. To view the press release click [here](#).
- The learning session will not just be presentations, it will give us a chance to sit down with them and work through our plan. If there is another state that we are interested in, we can ask them to come and provide us one-on-one technical assistance.
- Iowa is a step ahead of many states, because many other states want to plan a symposium similar to the one that took place today.
- The application we submitted to NASHP laid out where Iowa currently is, in terms of the legislation, the Council, the MH Learning Community, etc. Iowa has strong commitment, but needs some extra help in implementing it.

**Medicare to join state reform**

- The Advanced Primary Care Model (also known as the PCMH) is a leading model for advanced medical care. CMS is offering states that have initiatives to apply for a multistakeholder demonstration project to move forward. This is separate from the traditional CMS demo.
- This pilot is structured so that states can apply to established advanced primary care in all or parts of their state, Medicaid as well as private. We could submit an application for part of the state and build from there. We need it to be multilayered and a statewide strategy.
- We need to have caution when starting out with a portion of the state. For example, Iowa Cares started out that way in Iowa City and Des Moines, and never expanded from there. We need to have Plan B and C to deploy through the rest of Iowa
- Dave Carlyle provided a note to the Council:
  - "Given the previous recommendation of the Advisory Council to proceed with a multi-payer pilot for medical home and given the advance work done by the IAFP and IHC's MHLC, I recommend the Advisory Council call for state recognition, support, and aid for the formal multi-payer project for medical home to start in 2010 to include private insurers, Medicaid, and Medicare, using the IHC as a state recognized lead organization for this state effort"
- Iowa needs to start on this early with a smaller pilot, and then roll it out later to the entire state.

**The Council agreed to move forward and apply for this.**

**The next meeting of the Medical Home System Advisory Council will be held December 9<sup>th</sup>, 2009 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.