

DIVISION VIII

31 27

MEDICAL HOME

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DIVISION XXII

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MEDICAL HOME

31 30 Sec. 44. NEW SECTION. 135.157 DEFINITIONS.

31 31 As used in this chapter, unless the context otherwise

31 32 requires:

31 33 1. "Board" means the state board of health created

31 34 pursuant to section 136.1.

31 35 2. "Department" means the department of public health.

32 1 3. "Health care professional" means a person who is

32 2 licensed, certified, or otherwise authorized or permitted by

32 3 the law of this state to administer health care in the

32 4 ordinary course of business or in the practice of a

32 5 profession.

32 6 4. "Medical home" means a team approach to providing

32 7 health care that originates in a primary care setting; fosters

32 8 a partnership among the patient, the personal provider, and

32 9 other health care professionals, and where appropriate, the

32 10 patient's family; utilizes the partnership to access all

32 11 medical and nonmedical health-related services needed by the

32 12 patient and the patient's family to achieve maximum health

32 13 potential; maintains a centralized, comprehensive record of

32 14 all health-related services to promote continuity of care; and

32 15 has all of the characteristics specified in section 135.158.

32 16 5. "National committee for quality assurance" means the

32 17 nationally recognized, independent nonprofit organization that

32 18 measures the quality and performance of health care and health

32 19 care plans in the United States; provides accreditation,

32 20 certification, and recognition programs for health care plans

32 21 and programs; and is recognized in Iowa as an accrediting

32 22 organization for commercial and Medicaid-managed care

32 23 organizations.

32 24 6. "Personal provider" means the patient's first point of

32 25 contact in the health care system with a primary care provider

32 26 who identifies the patient's health needs, and, working with a

32 27 team of health care professionals, provides for and

32 28 coordinates appropriate care to address the health needs

32 29 identified.

32 30 7. "Primary care" means health care which emphasizes

32 31 providing for a patient's general health needs and utilizes

32 32 collaboration with other health care professionals and

32 33 consultation or referral as appropriate to meet the needs

32 34 identified.

32 35 8. "Primary care provider" means any of the following who

33 1 provide primary care and meet certification standards:

33 2 a. A physician who is a family or general practitioner, a

33 3 pediatrician, an internist, an obstetrician, or a

33 4 gynecologist.

33 5 b. An advanced registered nurse practitioner.

33 6 c. A physician assistant.

33 7 d. A chiropractor licensed pursuant to chapter 151.

33 8 Sec. 45. NEW SECTION. 135.158 MEDICAL HOME PURPOSES ==

33 9 CHARACTERISTICS.

33 10 1. The purposes of a medical home are the following:

33 11 a. To reduce disparities in health care access, delivery,

33 12 and health care outcomes.

33 13 b. To improve quality of health care and lower health care  
33 14 costs, thereby creating savings to allow more Iowans to have  
33 15 health care coverage and to provide for the sustainability of  
33 16 the health care system.

33 17 c. To provide a tangible method to document if each Iowan  
33 18 has access to health care.

33 19 2. A medical home has all of the following  
33 20 characteristics:

33 21 a. A personal provider. Each patient has an ongoing  
33 22 relationship with a personal provider trained to provide first  
33 23 contact and continuous and comprehensive care.

33 24 b. A provider-directed medical practice. The personal  
33 25 provider leads a team of individuals at the practice level who  
33 26 collectively take responsibility for the ongoing health care  
33 27 of patients.

33 28 c. Whole person orientation. The personal provider is  
33 29 responsible for providing for all of a patient's health care  
33 30 needs or taking responsibility for appropriately arranging  
33 31 health care by other qualified health care professionals.  
33 32 This responsibility includes health care at all stages of life  
33 33 including provision of acute care, chronic care, preventive  
33 34 services, and end-of-life care.

33 35 d. Coordination and integration of care. Care is  
34 1 coordinated and integrated across all elements of the complex  
34 2 health care system and the patient's community. Care is  
34 3 facilitated by registries, information technology, health  
34 4 information exchanges, and other means to assure that patients  
34 5 receive the indicated care when and where they need and want  
34 6 the care in a culturally and linguistically appropriate  
34 7 manner.

34 8 e. Quality and safety. The following are quality and  
34 9 safety components of the medical home:

34 10 (1) Provider-directed medical practices advocate for their  
34 11 patients to support the attainment of optimal,  
34 12 patient-centered outcomes that are defined by a care planning  
34 13 process driven by a compassionate, robust partnership between  
34 14 providers, the patient, and the patient's family.

34 15 (2) Evidence-based medicine and clinical decision-support  
34 16 tools guide decision making.

34 17 (3) Providers in the medical practice accept  
34 18 accountability for continuous quality improvement through  
34 19 voluntary engagement in performance measurement and  
34 20 improvement.

34 21 (4) Patients actively participate in decision making and  
34 22 feedback is sought to ensure that the patients' expectations  
34 23 are being met.

34 24 (5) Information technology is utilized appropriately to  
34 25 support optimal patient care, performance measurement, patient  
34 26 education, and enhanced communication.

34 27 (6) Practices participate in a voluntary recognition  
34 28 process conducted by an appropriate nongovernmental entity to  
34 29 demonstrate that the practice has the capabilities to provide  
34 30 patient-centered services consistent with the medical home  
34 31 model.

34 32 (7) Patients and families participate in quality  
34 33 improvement activities at the practice level.

34 34 f. Enhanced access to health care. Enhanced access to

34 35 health care is available through systems such as open  
35 1 scheduling, expanded hours, and new options for communication  
35 2 between the patient, the patient's personal provider, and  
35 3 practice staff.

35 4 g. Payment. The payment system appropriately recognizes  
35 5 the added value provided to patients who have a  
35 6 patient-centered medical home. The payment structure  
35 7 framework of the medical home provides all of the following:

35 8 (1) Reflects the value of provider and nonprovider staff  
35 9 and patient-centered care management work that is in addition  
35 10 to the face-to-face visit.

35 11 (2) Pays for services associated with coordination of  
35 12 health care both within a given practice and between  
35 13 consultants, ancillary providers, and community resources.

35 14 (3) Supports adoption and use of health information  
35 15 technology for quality improvement.

35 16 (4) Supports provision of enhanced communication access  
35 17 such as secure electronic mail and telephone consultation.

35 18 (5) Recognizes the value of provider work associated with  
35 19 remote monitoring of clinical data using technology.

35 20 (6) Allows for separate fee-for-service payments for  
35 21 face-to-face visits. Payments for health care management  
35 22 services that are in addition to the face-to-face visit do not  
35 23 result in a reduction in the payments for face-to-face visits.

35 24 (7) Recognizes case mix differences in the patient  
35 25 population being treated within the practice.

35 26 (8) Allows providers to share in savings from reduced  
35 27 hospitalizations associated with provider-guided health care  
35 28 management in the office setting.

35 29 (9) Allows for additional payments for achieving  
35 30 measurable and continuous quality improvements.

35 31 Sec. 46. NEW SECTION. 135.159 MEDICAL HOME SYSTEM ==  
35 32 ADVISORY COUNCIL == DEVELOPMENT AND IMPLEMENTATION.

35 33 1. The department shall administer the medical home  
35 34 system. The department shall adopt rules pursuant to chapter  
35 35 17A necessary to administer the medical home system.

36 1 2. a. The department shall establish an advisory council  
36 2 which shall include but is not limited to all of the following  
36 3 members, selected by their respective organizations, and any  
36 4 other members the department determines necessary to assist in  
36 5 the department's duties at various stages of development of  
36 6 the medical home system:

36 7 (1) The director of human services, or the director's  
36 8 designee.

36 9 (2) The commissioner of insurance, or the commissioner's  
36 10 designee.

36 11 (3) A representative of the federation of Iowa insurers.

36 12 (4) A representative of the Iowa dental association.

36 13 (5) A representative of the Iowa nurses association.

36 14 (6) A physician licensed pursuant to chapter 148 and a  
36 15 physician licensed pursuant to chapter 150 who are family  
36 16 physicians and members of the Iowa academy of family  
36 17 physicians.

36 18 (7) A health care consumer.

36 19 (8) A representative of the Iowa collaborative safety net  
36 20 provider network established pursuant to section 135.153.

36 21 (9) A representative of the governor's developmental

36 22 disabilities council.

36 23 (10) A representative of the Iowa chapter of the American  
36 24 academy of pediatrics.

36 25 (11) A representative of the child and family policy  
36 26 center.

36 27 (12) A representative of the Iowa pharmacy association.

36 28 (13) A representative of the Iowa chiropractic society.

36 29 (14) A representative of the university of Iowa college of  
36 30 public health.

36 31 b. Public members of the advisory council shall receive  
36 32 reimbursement for actual expenses incurred while serving in  
36 33 their official capacity only if they are not eligible for  
36 34 reimbursement by the organization that they represent.

36 35 3. The department shall develop a plan for implementation  
37 1 of a statewide medical home system. The department, in  
37 2 collaboration with parents, schools, communities, health  
37 3 plans, and providers, shall endeavor to increase healthy  
37 4 outcomes for children and adults by linking the children and  
37 5 adults with a medical home, identifying health improvement  
37 6 goals for children and adults, and linking reimbursement  
37 7 strategies to increasing healthy outcomes for children and  
37 8 adults. The plan shall provide that the medical home system  
37 9 shall do all of the following:

37 10 a. Coordinate and provide access to evidence-based health  
37 11 care services, emphasizing convenient, comprehensive primary  
37 12 care and including preventive, screening, and well-child  
37 13 health services.

37 14 b. Provide access to appropriate specialty care and  
37 15 inpatient services.

37 16 c. Provide quality-driven and cost-effective health care.

37 17 d. Provide access to pharmacist-delivered medication  
37 18 reconciliation and medication therapy management services,  
37 19 where appropriate.

37 20 e. Promote strong and effective medical management  
37 21 including but not limited to planning treatment strategies,  
37 22 monitoring health outcomes and resource use, sharing  
37 23 information, and organizing care to avoid duplication of  
37 24 service. The plan shall provide that in sharing information,  
37 25 the priority shall be the protection of the privacy of  
37 26 individuals and the security and confidentiality of the  
37 27 individual's information. Any sharing of information required  
37 28 by the medical home system shall comply and be consistent with  
37 29 all existing state and federal laws and regulations relating  
37 30 to the confidentiality of health care information and shall be  
37 31 subject to written consent of the patient.

37 32 f. Emphasize patient and provider accountability.

37 33 g. Prioritize local access to the continuum of health care  
37 34 services in the most appropriate setting.

37 35 h. Establish a baseline for medical home goals and  
38 1 establish performance measures that indicate a child or adult  
38 2 has an established and effective medical home. For children,  
38 3 these goals and performance measures may include but are not  
38 4 limited to childhood immunizations rates, well-child care  
38 5 utilization rates, care management for children with chronic  
38 6 illnesses, emergency room utilization, and oral health service  
38 7 utilization.

38 8 i. For children, coordinate with and integrate guidelines,

38 9 data, and information from existing newborn and child health  
38 10 programs and entities, including but not limited to the  
38 11 healthy opportunities to experience, success=healthy families  
38 12 Iowa program, the community empowerment program, the center  
38 13 for congenital and inherited disorders screening and health  
38 14 care programs, standards of care for pediatric health  
38 15 guidelines, the office of multicultural health established in  
38 16 section 135.12, the oral health bureau established in section  
38 17 135.15, and other similar programs and services.

38 18 4. The department shall develop an organizational  
38 19 structure for the medical home system in this state. The  
38 20 organizational structure plan shall integrate existing  
38 21 resources, provide a strategy to coordinate health care  
38 22 services, provide for monitoring and data collection on  
38 23 medical homes, provide for training and education to health  
38 24 care professionals and families, and provide for transition of  
38 25 children to the adult medical care system. The organizational  
38 26 structure may be based on collaborative teams of stakeholders  
38 27 throughout the state such as local public health agencies, the  
38 28 collaborative safety net provider network established in  
38 29 section 135.153, or a combination of statewide organizations.  
38 30 Care coordination may be provided through regional offices or  
38 31 through individual provider practices. The organizational  
38 32 structure may also include the use of telemedicine resources,  
38 33 and may provide for partnering with pediatric and family  
38 34 practice residency programs to improve access to preventive  
38 35 care for children. The organizational structure shall also  
39 1 address the need to organize and provide health care to  
39 2 increase accessibility for patients including using venues  
39 3 more accessible to patients and having hours of operation that  
39 4 are conducive to the population served.

39 5 5. The department shall adopt standards and a process to  
39 6 certify medical homes based on the national committee for  
39 7 quality assurance standards. The certification process and  
39 8 standards shall provide mechanisms to monitor performance and  
39 9 to evaluate, promote, and improve the quality of health of and  
39 10 health care delivered to patients through a medical home. The  
39 11 mechanism shall require participating providers to monitor  
39 12 clinical progress and performance in meeting applicable  
39 13 standards and to provide information in a form and manner  
39 14 specified by the department. The evaluation mechanism shall  
39 15 be developed with input from consumers, providers, and payers.  
39 16 At a minimum the evaluation shall determine any increased  
39 17 quality in health care provided and any decrease in cost  
39 18 resulting from the medical home system compared with other  
39 19 health care delivery systems. The standards and process shall  
39 20 also include a mechanism for other ancillary service providers  
39 21 to become affiliated with a certified medical home.

39 22 6. The department shall adopt education and training  
39 23 standards for health care professionals participating in the  
39 24 medical home system.

39 25 7. The department shall provide for system simplification  
39 26 through the use of universal referral forms, internet-based  
39 27 tools for providers, and a central medical home internet site  
39 28 for providers.

39 29 8. The department shall recommend a reimbursement  
39 30 methodology and incentives for participation in the medical

39 31 home system to ensure that providers enter and remain  
39 32 participating in the system. In developing the  
39 33 recommendations for incentives, the department shall consider,  
39 34 at a minimum, providing incentives to promote wellness,  
39 35 prevention, chronic care management, immunizations, health  
40 1 care management, and the use of electronic health records. In  
40 2 developing the recommendations for the reimbursement system,  
40 3 the department shall analyze, at a minimum, the feasibility of  
40 4 all of the following:

40 5 a. Reimbursement under the medical assistance program to  
40 6 promote wellness and prevention, provide care coordination,  
40 7 and provide chronic care management.

40 8 b. Increasing reimbursement to Medicare levels for certain  
40 9 wellness and prevention services, chronic care management, and  
40 10 immunizations.

40 11 c. Providing reimbursement for primary care services by  
40 12 addressing the disparities between reimbursement for specialty  
40 13 services and primary care services.

40 14 d. Increased funding for efforts to transform medical  
40 15 practices into certified medical homes, including emphasizing  
40 16 the implementation of the use of electronic health records.

40 17 e. Targeted reimbursement to providers linked to health  
40 18 care quality improvement measures established by the  
40 19 department.

40 20 f. Reimbursement for specified ancillary support services  
40 21 such as transportation for medical appointments and other such  
40 22 services.

40 23 g. Providing reimbursement for medication reconciliation  
40 24 and medication therapy management service, where appropriate.

40 25 9. The department shall coordinate the requirements and  
40 26 activities of the medical home system with the requirements  
40 27 and activities of the dental home for children as described in  
40 28 section 249J.14, subsection 7, and shall recommend financial  
40 29 incentives for dentists and nondental providers to promote  
40 30 oral health care coordination through preventive dental  
40 31 intervention, early identification of oral disease risk,  
40 32 health care coordination and data tracking, treatment, chronic  
40 33 care management, education and training, parental guidance,  
40 34 and oral health promotions for children.

40 35 10. The department shall integrate the recommendations and  
41 1 policies developed by the prevention and chronic care  
41 2 management advisory council into the medical home system.

41 3 11. Implementation phases.

41 4 a. Initial implementation shall require participation in  
41 5 the medical home system of children who are recipients of full  
41 6 benefits under the medical assistance program. The department  
41 7 shall work with the department of human services and shall  
41 8 recommend to the general assembly a reimbursement methodology  
41 9 to compensate providers participating under the medical  
41 10 assistance program for participation in the medical home  
41 11 system.

41 12 b. The department shall work with the department of human  
41 13 services to expand the medical home system to adults who are  
41 14 recipients of full benefits under the medical assistance  
41 15 program and the expansion population under the IowaCare  
41 16 program. The department shall work with the centers for  
41 17 Medicare and Medicaid services of the United States department

41 18 of health and human services to allow Medicare recipients to  
41 19 utilize the medical home system.

41 20 c. The department shall work with the department of  
41 21 administrative services to allow state employees to utilize  
41 22 the medical home system.

41 23 d. The department shall work with insurers and  
41 24 self-insured companies, if requested, to make the medical home  
41 25 system available to individuals with private health care  
41 26 coverage.

41 27 12. The department shall provide oversight for all  
41 28 certified medical homes. The department shall review the  
41 29 progress of the medical home system and recommend improvements  
41 30 to the system, as necessary.

41 31 13. The department shall annually evaluate the medical  
41 32 home system and make recommendations to the governor and the  
41 33 general assembly regarding improvements to and continuation of  
41 34 the system.

41 35 14. Recommendations and other activities resulting from  
42 1 the duties authorized for the department under this section  
42 2 shall require approval by the board prior to any subsequent  
42 3 action or implementation.

42 4 Sec. 47. Section 136.3, Code 2007, is amended by adding  
42 5 the following new subsection:

42 6 NEW SUBSECTION. 12. Perform those duties authorized  
42 7 pursuant to section 135.159.

42 8 Sec. 48. Section 249J.14, subsection 7, Code 2007, is  
42 9 amended to read as follows:

42 10 7. DENTAL HOME FOR CHILDREN. By ~~July 1, 2008~~ December 31,  
42 11 2010, every recipient of medical assistance who is a child  
42 12 twelve years of age or younger shall have a designated dental  
42 13 home and shall be provided with the dental screenings, ~~and~~  
42 14 ~~preventive care identified in the oral health standards~~  
42 15 services, diagnostic services, treatment services, and  
42 16 emergency services as defined under the early and periodic  
42 17 screening, diagnostic, and treatment program.

42 18 Sec. 49. MEDICAL HOME SYSTEM == APPROPRIATION. There is  
42 19 appropriated from the general fund of the state to the  
42 20 department of public health for the fiscal year beginning July  
42 21 1, 2008, and ending June 30, 2009, the following amount, or so  
42 22 much thereof as is necessary, for the purpose designated:

42 23 For activities associated with the medical home system  
42 24 requirements of this division and for not more than the  
42 25 following full-time equivalent positions:

42 26 .....	\$	165,600
42 27 .....	FTEs	4.00