

Rural Health & Primary Care Advisory Committee
Lucas State Office Building, Room 517
September 13, 2007
9:30 a.m. – 12:30 p.m.

M i n u t e s

Members Present

Maureen Reeves Horsley, ARNP
David Crow
Laine Dvorak, MD
Representative Eric Palmer
Senator Becky Schmitz

Members Excused

Joan Blundall
Nancy Norman
Kelley Donham, DVM
Mary Spracklin
Kathy Nicholls
Senator Dave Mulder
Roy Bardole
Ron Schafer, PA
Julie McMahon

Others Present

Doreen Chamberlin
Bob Russell, DDS
Kathy Williams
Michelle Holst
Kevin Wooddell

Topics	Discussion/Action
Call to order	Maureen Reeves Horsley, Chair, called the meeting to order at 9:37 a.m.
Introductions	Members and guests introduced themselves.
Minutes	The March 8, 2007, June 14, 2007, minutes and the August 3, 2007 Barn Raising Open Form notes were distributed to all attendees. The minutes were reviewed but not approved due to the lack of a quorum.
I-Smile Dental Program Update	<p>Dr. Russell shared with the committee the I-Smile activities. The handout provides an overview of the current activities within the 23 Child Health districts of the I-Smile program. The handout also provides a brief overview of Iowa legislature HF841 of 2005.</p> <p>There are four basic objectives within the I-Smile project. They are:</p> <ol style="list-style-type: none"> 1. Improve the dental support system for families. 2. Improve the dental Medicaid program. 3. Implement recruitment and retention strategies for underserved areas. 4. Integrate dental services into rural and critical access hospitals. <p>Objective 1 is currently being phased in and has been ongoing for approximately one and a half years. I-Smile coordinators have been established in all 23 child health agencies throughout the state. I-Smile coordinators are currently performing what is being called a get acquainted session. I-Smile coordinators are to reach out to each local provider, dentists and primary care providers, informing them that the coordinators are their as a resource for the community and begin to organize public awareness to oral health needs of children specifically Medicaid access.</p> <p>I-Smile coordinator's primary responsibility is as a care coordinator. They will be using the CARES (Child and Adolescent Reporting System) data system to identify children who are newly eligible to Medicaid. Then they will use a system of referrals to a dentist or to talk with a primary care physician for a referral.</p> <p>A hospital in Wayne County has a working program that would potentially address Objective 4. The hospital purchased a practice of retiring dentist and refurbished the office. Then they located and recruited a dentist out of Indiana who is working as part of Mercy Hospital in Corydon as of August 1. Mercy Health Systems is using this as a pilot and are looking at the possibility of implementing this in other hospitals within their Health system.</p>

I-Smile coordinators have started to network with local physicians and referring clients. However, they are finding it difficult to locate a dentist willing to see their clients. Therefore, I-Smile coordinators, hygienists, and dentist are showing up at Lt. Governor Judge's Wellness Commission regional meetings with their complaints. I-Smile coordinators and hygienist's complaints are that dentists will not see Medicaid recipients. The dentists are complaining that they do not receive enough reimbursement from Medicaid.

The longer we delay improving the Medicaid dental program the I-Smile system could come apart. This brings us to the new legislative session and there have been hints that this years session will consist of a level budget. If this leads to no opportunities to improve Medicaid this year we will miss the Iowa CARES Act deadline. This could possibly lead to the I-Smile project coming completely apart. This would be a unfortunate because the plan is very sound, evidence based, and it contains outstanding components.

Dr. Russell feels the problem is a lack of knowledge and understanding of the I-Smile project within our legislators and policy makers. We need inform them with a strong message about what they are purchasing and what the benefits are of this endeavor.

The Iowa Department of Human Services is developing an RFP in accordance with HF 909. The RFP is for bids to provide a support network to get dentist to work within the system. DHS previously released two RFI to gather information for the RFP. In addition, DHS is looking for a base model.

Dr. Russell cannot assist DHS in developing the RFP. The reason Dr. Russell cannot assist is because he serves on a number of boards, councils, and groups. One board is the Public Benefits Board of Delta Dental which automatically disqualifies Dr. Russell from communicating with DHS regarding the RFP.

The responses DHS received where concept based and did not contain costs. This created another barrier to the program. Dr. Russell has taken action to gather estimated costs in collaboration with Doral Dental and Delta Dental. The overall cost will depend on what the legislation purchase.

Dr. Russell had the opportunity to speak with State Senator Heaton about the program. After a lengthy discussion, Senator Heaton proposed the idea of a phased in approach. The original legislation called for a 0 – 12 age group which would cost approximately 30 million in total state and federal money. However, we could use the phased in approach with a different age group (e.g. 0 – 6 similar to Rhode Island).

Dr. Russell would like to come into this legislation session with the ability to show multiple packages instead of one giant number. This would give the legislators the ability to select tailored packages. The tailored packages would allow the utilization of phased in approach and keep overall costs within budget constraints.

Dr. Russell is more then willing to educate/talk to any legislators who are willing to listen. This discussion will include the frame work for I-Smile and the direction I-Smile needs to progress.

In discussion that occurred between Dr. Russell and the Iowa Dental Association (IDA), the IDA indicated that I-Smile program is workable and they are in support of the I-Smile program. However, the IDA's objective for this legislative session is to lobby for an amendment to HF 841. The reason for the amendment is to change the definition of Dental Home to include treatment to reflect a comprehensive dental package.

The IDPH's advice to IDA is to support I-Smile as the legislation is written and to work with IDPH to give the legislation a program they can support. However, the IDA wants a hawk-i look alike which will pay their customary rates without any compromise. Unfortunately this hard-line position would not address the I-Smile program.

	<p>Question: Dr. Dvorak – Would it be possible to have hygienists in a comparable position to PA and NP in the medical field working independently or under the guidance of a dentist to increase the workforce?</p> <p>This is a scope of practice issue which could possibly be addressed by state committees. The dental industry has spent approximately a million dollars fighting the State of Alaska and their mid-level practitioner program through the Indian health agreement. In addition, approximately 40 other nations utilize mid-level technicians in the dental industry.</p> <p>Question: Maureen Reeves Horsley – Someone within the public health sector informed me that the I-Smile program was added to their duties without additional compensation. Is this true?</p> <p>This is <u>not true!</u> The department is providing funding to the Title V agencies for an I-Smile coordinator. The department is also providing resources and a support system. This includes trainings, materials, manual, and providing them with protocols.</p> <p>Future steps for I-Smile is to push the agenda with our governor and policy makers. Educate the governor and legislators so they can understand what can be accomplished with I-Smile. Also, provide them with option as to what can be accomplished this year within budget limitations.</p> <p>Dr. Russell is also developing a resource guide (pocket guide) for physicians. The guide book will be piloted at Blank Children’s Hospital with the pediatric residence.</p> <p>The Bureau of Oral Health is also working with a marketing person to develop a campaign for healthy wellness for children’s oral health.</p> <p>Maureen Reeves Horsley is going to refer to the state nurse practitioner groups, PEDS nurse practitioner group, and the general nurse practitioner group to Dr. Russell for a potential featured speaker.</p>
<p>Discussion of Oral Health Summit</p>	<p><u>Oral Health Summit/Forum</u></p> <p>The goal of the Summit will be to discuss new models of care.</p> <p>Dr. Russell would like to bring oral health policy leaders in for the Oral Health Summit. These leaders are cutting edge thinkers who have already considered the types of issues facing Iowa. They would be able to provide Iowa with ideals of where we can progress in the future.</p> <p>One of the state’s future problems is ageing workforce issues. Iowa has a cohort of dentist with a mean age of approximately 55 to 56. These dentists are starting to look into retirement however; they are unable to sell their practices. The reason is there is no cohort of dentists to replace those who are retiring.</p> <p>The University of Iowa College of Dentistry claims to take 75 percent Iowa residents as part of their entering classes each year. This amounts to approximately 74 to 80 students per year. Of that number 31 percent stay within the State of Iowa. This amounts to approximately one third of the amount of numbers necessary to replace those retiring dentists or those leaving the state.</p> <p>Currently we are trying to assemble stakeholders to help organize the summit. Looking at the possibility of having the overall summit organizer as the Iowa Public Health Association. The reasoning is to have a diverse group of experts in multiple fields and multi-disciplinary (e.g. medicine, dentistry, business, public health and other disciplines) instead of the traditional partners.</p> <p>Doreen hopes to know if the carry over is approved by the end of November or beginning</p>

	of December. This will enable us to fund approximately 20,000 dollars towards the summit. Doreen is confident that HRSA will allow this carry over.
Barn Raising Open Forum Review	The Barn Raising Open Forum provided and fulfilled a real need for those in attendance. The main issues were workforce related issues, Title V agency being over burdened with responsibilities placed on them by the IDPH without additional funding, and the overall lack of funding. Those in attendance suggested that we continue to conduct an open forum during Barn Raising.
Legislative Breakfast	<p>The committee discussed the Legislative Breakfast and decided on the following.</p> <ul style="list-style-type: none"> • Date & Time – February 7, 2007 from 7:30 a.m. to 9:00 a.m. (set-up at 7:00 a.m.) • Send invitations to all recipients of PRIMECARRE funding. • Set the following agenda items. <ul style="list-style-type: none"> ○ Oral health issues including Dr. Russell’s talking point hand-out ○ PRIMECARRE information and Workforce Report ○ Overview of the advisory committee • Packets to include the following. <ul style="list-style-type: none"> ○ Summary sheet on front cover (use clear folders or staple summary on front of folder) <ul style="list-style-type: none"> ▪ Disseminate summary sheet to all 154 legislators the day before the Legislative Breakfast. ▪ Permission is needed to disseminate to all legislators, contact either Representative Palmer or Senator Schmitz. ○ Simple visuals (maps, charts, graphs, etc.) • Construct an I-Smile display using posters.
Area Health Education Center (AHEC) Grant	Two entities (University of Iowa and Des Moines University) received the HRSA AHEC grant. The University of Iowa’s program will work with Community Health Centers and consist of the area south of Interstate 80. Des Moines University’s program will be a physician’s tract and consist of the area north of Interstate 80.
Health and Long-Term Workforce Review and Recommendations	<p>HF 909 charged the Iowa Department of Public Health to collaborate with the Iowa Department of Human Services, Iowa Department of Inspections and Appeals, Iowa Workforce Development and other state agencies to conduct a comprehensive review of Iowa’s health and long-term-care workforce.</p> <p>During the Iowa State Fair, a brochure was developed for distribution at the fair. The brochure was also distributed to the Commission on Affordable Healthcare during their August 2007 meeting. During their meeting the commission discussed funding for this endeavor and decided on approximately 30,000 dollars. However, the commission also requested a preliminary report for their October 2007 meeting.</p> <p>The preliminary report will not contain all the content/data however it will provide the commission an overview of the direction of the report. This will allow the commission to provide guidance if the direction of the report is not consistent with their view.</p> <p>Committee comments:</p> <ul style="list-style-type: none"> • Dr. Dvorak expressed the need to include a workforce repopulation timeline within the report. • Dr. Russell suggested using a farm analogy that is easily understood and relatable. (e.g. planting a crop vs. Harvesting) <p>For the October report we are attempting to include state agency collaboration input. We met with the other state agencies this week along with IDPH representatives. The IDPH representatives are Dr. Russell and Eileen Gloor. Doreen Chamberlin and Michelle Holst are acting as facilitators.</p>

	<p>Prior to the meeting, a questionnaire was sent to agencies asking for input. In addition to the agencies listed in the legislation we added the Iowa Department of Correction and Iowa Department of Education. An invitation was also extended to the Iowa Department of Economic Development.</p> <p>We are planning on including input from external partners/constituents. A survey is being developed for distribution to interest groups for input for inclusion into the preliminary report.</p> <p>Workforce Summit, facilitated by Jane Schadle, is being organized for the first week in November and will be held in the Des Moines area. The surveys returned will be evaluated for use in the workforce summit. Currently we have identified approximately 50 organizations identified for invitations to the summit. The department will be releasing a press advisory for the summit.</p> <p>Maureen Reeves Horsley suggested that we extend invitations to all state legislators. Representative Palmer suggested sending an email invitation to all legislators and follow up with a personal invitation to those serving on the committees.</p> <p>Senator Beck Schmitz heard of a draft of EMS Standards from constituents. David Crow has not heard of these new standards. The Bureau of Health Care Access will contact EMS and send the draft standards to David Crow for review. David Crow will provide comments to Senator Schmitz for discussion with her constituents.</p>
<p>Bureau of Health Care Access Update</p>	<p>Doreen updated the committee about the Bureau of Health Care Access activities.</p> <p>The bureau received a grant award for the FLEX program. The part of the funding will be utilized to fund .5 FTE of a Program Planner II, provide patient safety training, provide learning opportunities, telecommunication, and user group meetings. There are 82 Critical Access Hospitals (CAH) in Iowa.</p> <p>The Primary Care Office received notification of new funding for Community Health Centers (CHC). In Iowa Butler County, Keokuk County, and Louisa County received this CHC funding under the 200 poorest counties initiative.</p> <p>Through the Safety Net legislation, an Incubator Program will allow communities to have a CHC look-alike program. This will give the communities access to funds to become a CHC. The Incubator Program has been funded since 2005. Dubuque County had previously received these funds however; this year Dubuque County has received federal funding and hence dropped off the state funded program. This will allow IDPH to fund, through sole source, the only county eligible for the funding which is Sioux County.</p> <p>HPSA shortage designations for this year have all been submitted. Extra designations have been requested and are being analyzed. These include Story County primary care HPSA, Palo Alto primary care HPSA, Appanoose County primary care HPSA, and mental health HPSA in catchment area 12.</p> <p>Carl Kulczyk will be traveling to Chicago, IL to present at two separate conferences on the J-1 Visa program. This will allow Carl the opportunity to converse with physicians whom have interest in practicing in Iowa.</p> <p>Carl Kulczyk is writing rule and regulations for the psychiatric medical director incentive program. Funding will be provided to the Iowa psychiatric Association to develop an RFP for dispersion of incentive payments to psychiatrist/mental health professional who serve as a medical director to a community mental health center or a hospital psychiatric unit.</p> <p>Received continuation funding for the psychiatric postgraduate training programs. Cherokee Mental Health received funding to train physician assistants in psychiatry. As</p>

	<p>does the University of Iowa for their physician assistant and nurse practitioner program.</p> <p>The PRIMECARRE Request for Proposal (RFP) was issued. This year, funding will be available for approximately eight candidates.</p> <p>3Rnet had 41 health professionals added in a month whom expressed interest in Iowa. Michelle Holst and Doreen Chamberlin will be attending the annual 3Rnet conference in Richmond Virginia. Michelle Holst and Carl Kulczyk have been nominated for the 3Rnet Board. Michelle was unable to run do to prior obligations however Carl is running for the board.</p>
<p>Plan Next Meeting Agenda</p>	<p>Next meeting is Thursday December 13, 2007 from 9:30 a.m. to 12:30 p.m. tentatively at Ola Babcock Building room to be announced (ICN Room?). We will possibly have a catered lunch along with beverages.</p> <p>Dr. Dvorak suggested that the committee revisits the other rural health issues the committee had but on the back burner (water issues, pharmacy, transportation, etc.).</p> <p>Doreen Chamberlin suggested that Martha Gelhaus be invited to discuss public health redesign. Also, Ken Sharp was suggested to discuss environmental health.</p>
<p>Adjournment</p>	<p>Meeting adjourned at 12:27p.m.</p>