

✓ THE CHECK-UP

An update on issues and ideas related to health reform in Iowa.

❖ In This Issue – May 15, 2009

Welcome to the inaugural edition of a health care reform newsletter designed to keep interested Iowans up to date on the progress of health reform in our state!

We will feature updates on the activities of active health reform councils as authorized by HF 2539 (2008). Find the text of the legislation, which contains the authorizing language for the advisory councils, [here](#).

If you are interested in learning more about a specific council or project, at the end of each entry you will find a web link to more information including council minutes, agendas and important documents.

❖ Advisory Council Updates

▶ Electronic Health Information Advisory Council and Executive Committee

– The council met on April 10 and pulled together action steps from each of the seven active workgroups. The Executive Council approved the formation of a Governance Workgroup to address issues of legal business entity, makeup of the control group for that entity and policies, rules, articles and bylaws of the organization, among other tasks.

The advisory council and eHealth project participants continue to await guidance from our federal partners on grants to be awarded under the American Recovery and Reinvestment Act (ARRA) of 2009. It is anticipated the timeline could be longer than anticipated by some months.

At the same time, the council is moving forward on the preparation of a report due to legislators on July 1, 2009. An initial draft of that report is expected to be reviewed at the May 22 council meeting.

NEXT MEETING: 10 a.m., FRIDAY May 22

MEETING LOCATION: Legislative Dining room at the Capitol (G-15)

Additional information about this council can be found on the council web page:

http://www.idph.state.ia.us/hcr_committees/electronic_health_info.asp

▶ **Iowa Choice Advisory Council** – The legislature passed Senate File 389, which includes coverage provisions for Iowa kids. This legislation is considered perhaps the most progressive under the new SCHIP program of any state. Important portions of the bill with regard to kids' coverage are as follows:

The department shall provide medical assistance to individuals under age 19 who meet the income eligibility requirements for the state medical assistance program and for whom federal financial participation is or becomes available for the cost of such assistance and **hawk-i**.

- Make **hawk-i** creditable coverage
- allow for the use of one pay stub as verification of income for Medicaid and **hawk-i**
- allow for the averaging of three years of income for self-employed people to establish eligibility for Medicaid and hawk-i
- extend the period of renewal by Medicaid members by mailing the renewal form on the first day of the month prior to the month of renewal
- In order to be eligible for the federal performance bonuses the state will:
- Utilize joint applications and supplemental forms, and the same applications and renewal application processes for the medical assistance and **hawk-i** programs.
- Implementation of administrative or paperless verification at renewal -medical assistance program & **hawk-i**
- Utilization of presumptive eligibility for the medical assistance program and **hawk-i**
- Utilization of the express lane option, including utilization of other public program databases to reach and enroll children in the Medicaid and and **hawk-i** programs
- Dept of Human Services in cooperation with the Dept of Public Health and other appropriate agencies, shall apply for grants available under CHIPRA to promote outreach and quality child health outcomes under Medicaid and **hawk-i**
- Allows for reimbursement for translation and interpretation services under Medicaid and **hawk-i**
- Creates a dental-only option in **hawk-i** for children who have medical but not dental coverage.

More information about this council can be found on the council web page:
<http://www.insurealllowakids.org>

► **Medical Home System Advisory Council (MHSAC)**

The MHSAC met most recently on April 3 and participated in further discussions on the components of and moving forward development of a Medical Home System. The MHSAC has three workgroups that are exploring the definition/certification of medical homes, developing multi-payer reimbursement strategies and provider education through learning collaboratives.

The workgroups are keyed to the specific provisions of HF 2539 (2008) which governs the work of the council. The council's first progress report is out and is posted on the Department's website (see below.)

One announcement: the Medical Home Learning Collaborative will host two meetings that will share information about the concept of medical home and ways in which Iowa practitioners might make use of it. Those dates are June 17 and September 9. Beth Jones or Abby McGill can provide additional information.

The council decided a recommendation it should make is related to IRIS at IDPH. It is "inadequate and needs to be fixed. There should be one single system." Other conclusions:

- It is not compatible with other systems and information needs to be entered manually for all children.
- IDPH has committed to provide give an update on IRIS and other health IT issues.
- The stimulus money can really have an impact on these issues. A strong recommendation needs to be made about this.

Also over note: September 18th 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. **The MHSAC Meeting will be held in the afternoon on this date.**

NEXT MEETING: 10 a.m., FRIDAY, MAY 15

MEETING LOCATION: Via Conference Call originating from Lucas 517

Additional information about this council and the MHSAC Progress Report #1 can be found on the council web page:

http://www.idph.state.ia.us/hcr_committees/medical_home.asp

► **Prevention and Chronic Care Management Advisory Council** – The most recent meeting of the council took place on Friday, April 24.

- The council made a great deal of progress on the selection of two chronic diseases that will be the focus of our Iowa project. Working from a long list of candidates and following substantive presentations, the council rank-ordered what members believed should be the selected diseases from two lists – one for prevention, one for chronic disease. Obesity led the prevention list, and diabetes led the chronic disease list. The list is reflected in the minutes of the meeting.
- The council worked through a significant prioritization process that identified criteria for the selection of the diseases to be focused on, and the kinds of interventions contemplated.
- The Council prioritized that the top 5 policy changes or new policies that could be recommended that would make changes in population are:
 1. Focus on community for wellness- worksites, school systems etc.
 2. Prevention is important
 3. Disease registry
 4. Efforts need to be measurable- show outcomes
 5. Cost effectiveness efficacy.
- At the April 24 meeting the council identified key recommendations to be included in its eventual report, and built consensus around those recommendations.

- The council also heard a presentation from Steve Flood entitled “Leveraging a New Understanding to Eliminate Trend,” that provided an interesting perspective on the council’s work. That presentation can be found at:

http://www.idph.state.ia.us/hcr_committees/common/pdf/prevention_chronic_care_mgmt/eliminate_trend_ppt.pdf

NEXT MEETING: 10 a.m., FRIDAY, MAY 15

MEETING LOCATION: Via Conference Call originating from Lucas Room 517

Additional information about this council can be found on the council web page:

http://www.idph.state.ia.us/hcr_committees/prevention_chronic_care_mgmt.asp

► **Governor’s Council on Physical Fitness and Nutrition** – The council is developing a strategy for implementing the revised “Iowans Fit for Life Statewide Comprehensive Nutrition and Physical Activity Plan.” Proposed revisions to the plan include developing nutrition and physical activity challenges in three areas:

- Organizations – collaborating with Wellness Council of Iowa
- Communities – collaborating with Wellness Council of Iowa
- children/youth - collaborating with Live Healthy Iowa Kids.

At the most recent Council meeting on April 9, the Council determined the criteria for the individual nutrition and physical activity challenge; and for organizational and community recognition.

The council also:

- Approved its budget
- Discussed the challenge communications plan
- Reviewed web page ideas
- Reviewed the Iowa Department of Public Health-Iowans Fit for Life Statewide Comprehensive Plan for Nutrition and Physical Activity timeline for final comments
- Approved the final Council logo

NEXT MEETING: 8 a.m., TBD

MEETING LOCATION: Ola Babcock Miller Building (Old Historical Building)

► **Health and Long Term Care Access Advisory Council** – This council met most recently on April 23 at the Iowa Workforce Development building.

- This council continues to work on strategic planning, visioning, goals and objectives. A work-session on the strategic plan for the development of Iowa’s health and long-term care workforce was held, with the council participating as a committee of the whole.
- The council heard a presentation from Dr. Michele Devlin, about minority and underserved populations in the Iowa health care system, and the

demographic challenges that face employers as well as providers. Devlin manages the Center on Iowa Health Care Disparities at the University of Northern Iowa. By 2035, there will be no majority race or ethnicity in the United States, and health care providers need to be mindful of the need for training across any number of cultures, languages and customs. That will become an important part of health care training moving forward.

- The council previously heard presentations on existing Iowa workforce recruitment and retention initiatives. The council heard a presentation by Roger Tracy of the Office of Statewide Clinical Education Programs (OSCEP) located at the University of Iowa about the unique tracking system for practicing physicians in Iowa that his office maintains. He also discussed other practitioners the office tracks, including some types of nurses.
- The council's next steps are to flesh out the language of the strategic plan the council is required to produce on or before Jan. 1, 2010.

NEXT MEETING: 10 a.m., FRIDAY, MAY 22

MEETING LOCATION: Urbandale Public Library. 3520 86th Street, Urbandale, Room B

Additional information about this council can be found on the council web page:

http://www.idph.state.ia.us/hcr_committees/care_access.asp

► **Clinicians Advisory Panel** – The panel met for the second time March 26. The agenda included an update from IDPH Director Tom Newton on the Iowa Public Health Modernization Act, the health care reform legislation in Senate File 389 and the health and Human Services Appropriations process. The panel also heard from Beth Jones on the Medical Home advisory council and Deb Waldron on the Prevention and Chronic Care advisory council. Director Newton returned to update the panel on the work of the eHealth

The council's next meeting will be held Thursday, June 25

Time and location: TBD

More information about this council can be found on the council web page:

http://www.idph.state.ia.us/hcr_committees/clinicians.asp

► **Direct Care Worker Advisory Council** – This council continues work that began in 2005 with the first Iowa Direct Care Worker Task Force. The Advisory Council has very broad representation. It is made up of representatives of direct care workers, consumers of direct care services, educators of direct care workers, other health professionals, employers of direct care workers, and appropriate state agencies.

The Council met Monday, May 2 with an ambitious agenda to determine objectives and action steps which include defining the roles of Direct Care Workers at various levels of care. The guiding principles of the Council are that it develop recruitment, retention and respect for the profession of providing direct care.

Proposed recommendations discussed at the meeting include:

- **Governance** – formation of an Iowa Board of Direct Care workers to be located inside the Iowa Department of Public Health (perhaps in the Bureau of Professional Licensure, but that remains open for discussion) and composed of 9 members, the majority of whom are DCW's.
- **Certification** – The profession would form along three levels (CDCW 1-3) that would be available for certification. These are separated out by function and there was some discussion that a modular continuing education system would allow for additional certification. The levels also would allow for certification based on various specialty skills.

Council members discussed the perceived strengths and challenges of the system as it is being proposed and brainstormed potential obstacles to enactment. The council is expected to meet quarterly, with a next meeting date to be set at a later time.

The full text of the report, along with additional information about council activities can be found on the council web page located at:
http://www.idph.state.ia.us/hcr_committees/direct_care_workers.asp

► **Patient Autonomy in Health Care Decisions Pilot Project** - The Iowa Department of Public Health (IDPH) has been tasked with establishing a two-year community coalition to consider implementation of a Physician Order Life-Sustaining Treatment pilot project. To aid the Department in this charge, an Advisory Council has been convened of interested parties to develop recommendations for expanding the pilot project statewide.

More information about this council can be found on the council web page:
http://www.idph.state.ia.us/hcr_committees/patient_autonomy_pilot.asp

❖ Health Reform Contact Information

Below is a list of active councils, related to the current Iowa health reform effort. Additional information including background materials, presentations and proposed recommendations will be placed on the web page maintained by each council as they become available. In many cases, councils have posted meeting minutes for review.

- Coordinated by the Iowa Department of Public Health (IDPH):

Medical Home System Advisory Council
 Report Due: "Annually" to Governor and General Assembly
http://www.idph.state.ia.us/hcr_committees/medical_home.asp

Health and Long Term Care Access Advisory Council:
 Report Due: January 1, 2010
http://www.idph.state.ia.us/hcr_committees/care_access.asp

Direct Care Worker Advisory Council
 Report Due: November 2008 (Complete)
http://www.idph.state.ia.us/hcr_committees/direct_care_workers.asp

Electronic Health Information Advisory Council:

Report Due: July 1, 2009

http://www.idph.state.ia.us/hcr_committees/electronic_health_info.asp

Clinicians' Advisory Panel: http://www.idph.state.ia.us/hcr_committees/clinicians.asp

Patient Autonomy in Health Care Decisions Pilot Advisory Council:

Report Due: January 1, 2010

http://www.idph.state.ia.us/hcr_committees/patient_autonomy_pilot.asp

Prevention and Chronic Care Management Advisory Council:

Report Due: July 1, 2009

http://www.idph.state.ia.us/hcr_committees/prevention_chronic_care_mgmt.asp

- Coordinated by the Iowa Department of Human Services (DHS):

hawk-i and Medicaid Expansion Advisory Council

Medicaid Quality Improvement Council

Family Opportunity Act Advisory Council

- Coordinated by Iowa Insurance Division (IID):

Iowa Choice Advisory Council <http://www.insurealllowakids.org/>

- Coordinated by Iowa Healthcare Collaborative:

Health Care Transparency Council:

<http://www.ihconline.org/iowareport/2007/buildtransparency.cfm>

Additional Information

IDPH Health Reform Headlines is published monthly by the Iowa Department of Public Health. You are receiving this email because you have been identified as a participant or interested party in Iowa's comprehensive health care reform effort as enacted by House File 2539 (2008). If you have received this email in error, please delete it immediately and reply to the sender that you are not an intended recipient.