

# ACCESS UP *date*

June 2010



The ACCESS Update is a bi-monthly information source from the Iowa Department of Public Health: Bureau of Health Care Access.

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## Critical Access Hospitals Integrating Into State Trauma Systems

By: Gloria Vermie RN, MPH, director State Office of Rural Health

Agriculture is the most hazardous industry in the United States, with a rate of 27.9 deaths per 100,000 full-time equivalent workers as reported for 2007 by the [Census of Fatal Occupational Injuries](#). That compares to a rate of 3.8 deaths per 100,000 full-time equivalent workers in all industries. Most of these fatalities involve traumatic injury and occur in hard to reach locations.

Additionally, high rates of motor vehicle accidents occur in rural areas. Our nation's great interstate highway system runs for miles through rural and frontier areas. Important considerations for traumatic injury are 1) a timely first response and the transport time and 2) distance to emergency and trauma care. Access to trauma care can be a challenge for rural residents. Iowa is fortunate to have a well-developed trauma system.



In a recent report, the federal Rural Medicare Hospital Flexibility (FLEX) Program was identified as having Emergency Medical Services (EMS) program components which were resulting in the integration of Critical Access Hospitals (CAH) into state trauma programs. Also, the [Briefing Report](#) looked at the degree to which CAHs are involved in trauma system development, trauma team training, and trauma center designation.

Nationally, sixty-two percent of FLEX programs throughout the nation are involved with at least one EMS trauma related activity through their grant programs. Additionally, more than one-third (560) of all CAHs have been designated as trauma centers in their state.

In Iowa, the [FLEX Program](#) supports the development and participation of rural EMS system development through the following: 1) Activities: Provide funding to the Bureau of EMS to assist with staff salary toward a Community Health Consultant to provide state and regional EMS activities. 2) Action Steps: The Bureau of EMS

# Critical Access Hospitals Integrating Into State Trauma Systems Cont.

Community Health Consultant will provide regional EMS site visits, meetings or workshops to improve the rural EMS infrastructure and CAH/EMS community services. 3) Projected Outcomes: Rural EMS providers (e.g., service directors, medical directors, paramedics) will receive training on a variety of topics (e.g., EMS standards, rules, best practices, system building) and have knowledge and skills to improve the system of trauma care and implement strategies and standards to improve rural EMS infrastructure and community services.

## **Iowa's Trauma System is All-Inclusive**

Traumatic injury is the leading cause of death for persons in Iowa from 1 to 44 years of age and is often the most common cause of hospitalization. The expense of injuries is staggering, costing billions of dollars in health care and social support services. Annually, an estimated 30,000 Iowans present to hospitals for emergency treatment due to injury.

The 1995 state legislative session established the [Iowa Trauma Care System Development Act](#). It designated the Iowa Department of Public Health through the Bureau of Emergency Medical Services as the lead agency for trauma care system development and implementation. Iowa's trauma system went "online" January 1, 2001.

The goal of Iowa's trauma system is to match the injured patient's needs to existing resources so optimal and cost-effective care is achieved. A systems approach to trauma care involves the collaboration of health care providers across the continuum of care extending from prevention, to acute care, through rehabilitation. All hospitals, ambulance services and rehabilitation centers are participating in Iowa's trauma system, which makes in an all-inclusive system.

All of Iowa's 82 Critical Access Hospitals (CAH) are categorized as Community (Level IV) Trauma Care Facilities. These vital facilities are most often located in rural areas and have the resources to provide initial stabilization for all trauma patients while preparing the patient for transfer when appropriate. [Click here](#) to view map of Iowa's Trauma Care Facilities.

Iowa's trauma system is designed to assure that everyone throughout the state has access to an organized delivery system for trauma care, and time-critically injured patients are rapidly stabilized and provided with the appropriate resources to care for their injuries. Iowa's trauma care system is an "all-inclusive" system involving out-of-hospital emergency medical services (EMS) providers and hospital medical providers throughout the state. The system also assists ambulance service programs in determining appropriate trauma care facility destination based upon the patient's condition and travel time.

Contributing writer: Kirk Schmitt, MS, bureau chief, Iowa Bureau of EMS

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# Featured Article

## Iowa Partnership for Public Health Cultural Competency

By Doreen Chamberlin, bureau chief, Bureau of Health Care Access



Kimberly Kim

Serving as a committee member and partner with the [Upper Midwest Public Health Training Center](#) (UMPHTC), the Iowa Department of Public Health (IDPH) identified common ground where progress could be made to assure Iowa has a culturally competent public health care workforce. A common mission to improve access to health care for vulnerable populations was identified. UMPHTC, the [IDPH Office of Multicultural Health](#), the [Bureau of Health Care Access](#) and others partnered to develop and fund a plan to improve cultural competence training in Iowa.

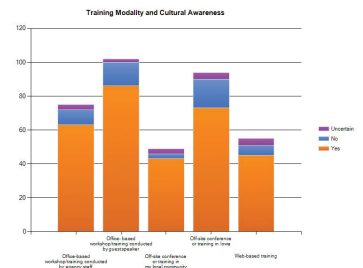
The first step was to provide a student intern who would work with IDPH and UMPHTC to complete activities and research necessary for public health practitioner cultural competency training. We were fortunate to get Kimberly Kim, a bright [University of Iowa College of Public Health](#) MPH candidate.

Kimberly's work, funded by the [Iowa State Office of Rural Health](#) federal grant, culminated in a new document that will provide resources and baseline data to increase training for cultural competence.

Knowing our public health cultural competency baseline and identifying reliable resources will assist in developing realistic goals for future projects.

The Cultural Competency project draws recognition to the fact that in Iowa we need to strengthen and integrate cultural competency strategies into every day public health practice to better assure health care access to all populations.

[Click here](#) to view the Cultural Competency Survey Final Report



### Iowa Gains Physicians in 2009

Information from Roger Tracy, assistant dean/director of the [University of Iowa Office of Statewide Clinical Education Programs](#)

In 2009, Iowa experienced its second largest net gain in physicians since annual benchmarking began in 1977. Last year Iowa's physician supply increased by 132, just shy of the record gain of 137 in 1999. The gain in 2009 resulted from 353 physicians entering Iowa practices while 221 relocated to other states, retired, or left practice for other reasons. Individual specialties varied greatly in terms of their contributions to the overall net gain. For example, 25 psychiatrists entered Iowa practices and 11 left practice for a net gain of 14. In family medicine, 68 entered Iowa practices, but 59 left practice for an annual net gain of only 9. [Click here](#) to view an Iowa 2009 map with total physicians and crude rates by county group.

# Provider News

## Rural Health Clinics: Providing Primary Care in Underserved Rural Iowa

By Gloria Vermie RN, MPH, director State Office of Rural Health

Currently Iowa has 139 Rural Health Clinics (RHC) certified by Centers for Medicare and Medicaid Services (CMS) in 59 counties. This number varies as clinics decertify, change ownership or apply and receive certification. The clinics are truly rural community clinics in that they are located in small towns, the staff and providers usually reside in the communities and the clinics bring economic benefit to their county. [Click here](#) to see the Iowa RHC map.

[Nationwide there are 3,755 RHCs](#). They are part of a federal program implemented through the Rural Health Clinic Services Act (Public Law 95-210) which addresses the inadequate supply of physicians serving Medicare beneficiaries and Medicaid recipients in rural areas. RHCs receive reasonable cost-based reimbursement from CMS for a defined set of core physician and certain nonphysician outpatient services. The additional reimbursement incentive help RHCs remain financially viable. To extend medical care to more patients, one of the RHC stipulations is that a physician assistant, nurse practitioner or nurse-midwife must be working 50 percent of the time the clinic operates. RHCs are classified as provider-based (owned by a hospital) or free-standing (provider owned). In Iowa approximately 76 percent of RHCs are provider-based.

Thirteen states including Iowa have a [Governor's Designation process](#) which identifies counties for RHC certification according to state criteria. Clinics in these counties are also eligible to apply for RHC certification status. This process allows counties which may not meet federal criteria to qualify as eligible and it helps maintain established RHCs. In August 2009, Iowa received federal approval for the Governor's Designation recommendation.

The Iowa Association of Rural Health Clinics (IARHC) organized in 1995. The IARHC operates through a volunteer Board. Current Board members are: Nancy Buckalew, Libby Coyte, Jody Buhr, Jody Ricklefs, Charlotte Fett, Doris Hott, and Jill Breach. The association is managed by staff at the [Iowa Nebraska Primary Care Association \(IANEPCA\)](#). Kate Burgener is the lead contact and can be reached at [kburgener@ianepca.com](mailto:kburgener@ianepca.com) or (515) 333-5025. The association works to promote RHCs, advocates locally and nationally, provides technical assistance and communications, and promotes quality RHC care services. Many RHCs also participate in the [Iowa Collaborative Safety Net Provider Network \(the Network\)](#). The Network brings together the state's community health centers, free clinics, local boards of health, maternal and child health agencies, family planning agencies, and rural health clinics work together to gather information and identify and address common challenges in providing care to the uninsured and underserved.



The Redfield Medical Clinic in Dallas County was established in 1988. Physician Assistants Ed Friedmann and Libby Coyte operate the clinic. In addition to their busy clinic practice Ed and Libby are long time advocates for rural health care.

# Provider News Cont.

Rural Health Clinic Resources - In addition to the IARHC, Iowa RHCs can seek information and assistance from the following state and national entities.

[Iowa State Office of Rural Health](#), determines RHC location eligibility, education, grant and outreach services. (515) 281-7224

[Iowa Primary Care Office](#) Health Professional Shortage Area designations, National Health Service Corp loans, and J-1 Visa Waiver program information. (515) 281-7223

[Iowa PRIMECARRE](#) Iowa Loan Repayment Program and assists with National Rural Recruitment and Retention Network (3RNet) program information. (515) 281-3166

[Iowa Department of Inspection and Appeals – Health Facilities Division](#) designated state survey, regulations and certification agency. (515) 242-5022

[National Association of Rural Health Clinics](#) dedicated exclusively to improving cost-effective care for RHCs (several resources)

[Federal Office of Rural Health Policy](#) funds the RHC Technical Assistance Series to connect staff with useful information and policy issues

[CMS Rural Health Clinics Services](#) important links, regulations and guidance information

Contributing writer Kate Burgener, MPH, program manager, IANEPCA

## Health Information Technology Regional Extension Center: Helping Providers Achieve Meaningful Use

Iowa Foundation for Medical Care (IFMC) was named [Iowa's Health Information Technology Regional Extension Center \(HITREC\)](#). The Regional Center will provide primary care providers, Critical Access Hospitals (CAH) and other rural hospitals with direct technical assistance to select install and utilize a certified electronic health record (EHR) to meet meaningful use criteria.

Currently the HITREC team is assisting primary care providers and preparing to work with Iowa's critical access and rural hospitals.

IFMC's HITREC team will address each point of the meaningful use criteria and help clinicians and hospitals meet the requirements to improve patient care. Eligible professionals and hospitals who meet meaningful use criteria can receive federal incentive payments through Medicare or Medicaid to help defray the cost of EHR implementation and/or system upgrades.

The Iowa Medicare Rural Hospital Flexibility (FLEX) program will be working in partnership with the HITREC to assist Iowa's CAHs with implementing or improving use of electronic health systems to meet meaningful use criteria. CAHs will receive future information about grant funding and educational opportunities. Please send your contact information, including e-mail address, to Kate Payne, Iowa FLEX Program, at: [kpayne@idph.state.ia.us](mailto:kpayne@idph.state.ia.us). For more information, visit <http://www.iowaHITREC.org> or call (800) 373-2964.



# Worth Noting

## Financial Comparison of Rural Hospitals with Special Medicare Payment Provisions to Hospitals Paid Under Prospective Payment

This finding brief compares the profitability of hospitals with the four classifications of rural hospitals that can qualify for special payment provisions under Medicare (Critical Access Hospitals, Medicare Dependent Hospitals, Sole Community Hospitals, and Rural Referral Centers) to urban and rural hospitals paid under prospective payment over a recent three-year period. To view the full brief, visit [http://www.shepscenter.unc.edu/research\\_programs/rural\\_program/pubs/finding\\_brief/FB95.pdf](http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB95.pdf).

## 2010 Legislative Summary now available

The 2010 legislative session was one to be remembered for a number of reasons. In addition to a tough economy and tight state budget, the shortened session (80 days versus 100 days) presented its own challenges and opportunities. For a complete public health-specific overview of this year's session, see the recently posted 2009 Legislative Summary on the IDPH Legislative Updates page. Visit [http://www.idph.state.ia.us/adper/legislative\\_updates.asp](http://www.idph.state.ia.us/adper/legislative_updates.asp) for information, a PowerPoint presentation about the 2010 session, and a summary of the Enrolled State Government Reorganization bill.

## New publication asks "What does 'patient-centered' care look like?"

The concept of patient-centered care is gaining attention and has become a central aim for our nation's health system. Despite growing recognition of the importance of patient-centered care, as well as evidence of its effectiveness, the nation's health care system falls short of achieving it. To dig deeper into this important topic, the Iowa Medical Home System Advisory Council released its first issue brief, titled "Patient-Centered: What Does it Look Like?" summarizing what patient-centered care encompasses and how it can be achieved. The new publication targets both health care practices and systems in implementing patient-centered care. To read the new brief, visit [http://www.idph.state.ia.us/hcr\\_committees/medical\\_home.asp](http://www.idph.state.ia.us/hcr_committees/medical_home.asp) and scroll down the page to "Issue Briefs."

### Mueller named head of the Department of Health Management and Policy



Keith Mueller, Ph.D., has been named head of the [Department of Health Management and Policy at The University of Iowa College of Public Health](#). Dr. Mueller comes to Iowa from the University of Nebraska Medical Center. He is one of the top rural health researchers in the United States and currently serves as director of the Rural Policy Research Institute (RUPRI) Center for Rural Health Policy Analysis and as chair of the RUPRI Rural Health Panel. He will continue both appointments at the University of Iowa. Dr. Mueller is well-known nationally for his research articles and health policy briefs, and as a rural health advocate. Click [here](#) to read the news release about the appointment.

# Worth Noting Cont.

## **Please check your links to the IDPH home page**

On June 1, the IDPH Information Management team will be making a change to the IDPH homepage that will allow for additional functionality in the future. Most users will not notice a change. IDPH will still be accessible through the URL <http://www.idph.state.ia.us>. The longer address <http://www.idph.state.ia.us/default.asp> however; will not bring up the IDPH homepage after May 30. The reason is that the ".asp" suffix will change to ".aspx." If your personal bookmarks or links on your organization's website currently point to the IDPH homepage at <http://www.idph.state.ia.us/default.asp>, simply remove ["/default.asp"](#) from the address. Any questions, call John Warming at (515) 281-7993.

## **The Prevention and Public Health Fund**

Health and Human Services Secretary Kathleen Sebelius said Wednesday that the federal government will spend \$250 million in programs to increase the number of doctors, nurses and other care providers. A fact sheet detailing these efforts can be found at <http://www.healthreform.gov/newsroom/primarycareworkforce.html>.

### **Midwest Rural Agricultural Safety and Health Forum – Call for Abstracts**

[Iowa's Center for Agricultural Safety and Health \(I-CASH\)](#) and the Great Plains Center for Agricultural Health, both based in The University of Iowa College of Public Health, will host the Midwest Rural and Agricultural Safety and Health Forum November 17-18 at the Hotel Vetro, Iowa City, Iowa.

Call for Abstracts: This conference will provide an opportunity for researchers, practitioners, and agricultural producers to communicate on rural and agricultural needs, rural health care and agricultural safety and health. Information regarding the conference can be found at <http://www.public-health.uiowa.edu/icash/programs/MRASH/2010/Call-for-Abstracts.pdf> or by contacting Abby Harper at [abby-harper@uiowa.edu](mailto:abby-harper@uiowa.edu) or 515-480-3643. The deadline for abstract submission is July 7, 2010.

# Program Announcements

## **Medicare Rural Hospital Flexibility Program (FLEX)**

The Bureau of Health Care Access is pleased to announce Andria Seip is now working with the Iowa FLEX program. Andria has a Masters degree in Public Health Administration from Spertus University in Chicago, IL, and a law degree from Hamline University in Minnesota. Ms Seip has worked in the non-profit sector, specifically the Epilepsy Foundation of Greater Chicago.



Andria Seip

## **Primary Care Office Upcoming Site Visits**

Bobbi Buckner Bentz, Primary Care Office director, will be conducting site visits at National Health Service Corps sites and J-1 Visa Waiver sites during July and August. You may be contacted to set up a site visit if you are a National Health Service Corps site with clinicians under obligation as loan repayors or if you are a site currently employing J-1 visa waiver physicians. The purpose of the site visits are to check in with the clinicians under obligation, insure adherence to program requirements, answer questions the site or clinicians may have regarding the programs, discuss retention planning beyond the obligation time period, and to familiarize the Primary Care Office with specific Iowa practice sites and the health workforce needs at those sites. If your site participates in either of these programs and would like Bobbi to visit your site and your clinicians, please contact her at [bbuckner@idph.state.ia.us](mailto:bbuckner@idph.state.ia.us) to set up a site visit during July or August.

## **Loan Repayment Funds Available**

The Iowa Department of Public Health has announced the availability of \$155,000, on a competitive basis, for student loan repayment for eligible health care providers practicing in health professional shortage areas in Iowa. Iowa's Loan Repayment Program, known as PRIMECARRE (Primary Care Recruitment and Retention Endeavor), received federal stimulus funds matched by private partners. We would like to take this opportunity to express our gratitude to our partners on this project – Des Moines University, Iowa Health System, Mercy Medical Center-Des Moines, and the University of Iowa Health Care – their contributions will help us improve access to primary care services for Iowans living in rural and underserved areas. For more information about PRIMECARRE and eligibility guidelines, visit our [website](#) or contact Erin Drinnin [edrinnin@idph.state.ia.us](mailto:edrinnin@idph.state.ia.us), (515) 281-3166. The Request for Proposal is posted on the "Grants, Bids and Proposals" link on the IDPH [website](#). Applications are due August 6, 2010.

## **State Office of Rural Health**

Recently the State Office of Rural Health (SORH) has been working with state and federal partners to increase resources, technical assistance, and educational offerings to Rural Health Clinics (RHC).

Iowa SORH is working with five other states to provide one-hour no-cost webinars to RHCs. The topics will be helpful for clinic financial operations and clinical issues. The first webinar will be July 8. The Iowa Association of Rural Health Clinics and the Iowa Rural Health Association partnered to help distribute the webinar invitations. For additional information contact [gvermie@idph.state.ia.us](mailto:gvermie@idph.state.ia.us).



# Program Announcements Cont.

## **Rural Health Clinic TIPS**

To facilitate smooth clinic relocation and avoid jeopardizing certification status, please follow the steps below:

Steps for RHC relocation in Iowa: Before moving or signing a contract to move.

1. Contact [State Office of Rural Health](#) ((515) 281-7224) to determine eligibility for new location. SORH will make determination and then notify the [Iowa Department of Inspections & Appeals](#) (DIA) of the determination.
2. Send relocation letter to:  
Iowa Department of Inspections and Appeals  
Health Facilities Division  
Attention: Rural Health Clinics Coordinator  
Lucas State Office Building  
321 East 12th Street  
Des Moines, Iowa 50319-0083
3. Complete form 855 (check change of Medicare information) and send to your Fiscal Intermediary (FI). It takes 30-60 days for the FI to process. They will send an approval letter. The FI will also notify DIA
4. DIA will not necessarily do a "re-inspection"

## **3RNet – Iowa’s Participation in the National Rural Recruitment and Retention Network**

3RNet is the acronym for the National Rural Recruitment and Retention Network. This national organization includes one member from each of 49 states, one tribal nation, and one U.S. territory. Iowa’s membership is with the Iowa Department of Public Health, Bureau of Health Care Access. Contact Erin Drinnin at [edrinnin@idph.state.ia.us](mailto:edrinnin@idph.state.ia.us) or (515) 281-3166.

In the months of April and May, Iowa’s 3RNet site had:

- 380 visitors
- 1158 views of job opportunities listed
- 45 new health professionals seeking jobs with Iowa on 3RNet

Currently, there are 185 Iowa health professions vacancies posted at <http://www.3RNet.org>.

	April	May
New vacancies posted by Iowa Facilities	8	1
New candidates interested in working in Iowa	36	9

# Links, Resources and Maps

## **A Manual on Effective Collaboration Between Critical Access Hospitals and Federally Qualified Health**

**Centers:** The central point of this manual is to illustrate that through cooperation and collaboration, CAHs and FQHCs, especially those in proximity to each other and serving similar communities, can better meet community need, enhance each other's roles, and stabilize and expand needed services and rural delivery systems. [Click here](#) to download the manual.

**Rural Hospital Replacement Study:** Stroudwater Associates is beginning the process for the 2010 Rural Hospital Replacement Study. The 2009 study provided the entire CAH industry with important information related to replacement hospital. [The study report](#) offers information to help a unique and valuable to communities and Critical Access Hospitals.

**A Positive Approach to Negative People:** How do we create the sort of positive workplace environment where employees want to be proud of doing their best on the job? [Click here](#) to view the entire article from Hospitals & Health Networks Weekly.

**Strengthening the Rural Economy Report, Released by President's Council of Economic Advisers:** The White House Council of Economic Advisers released a report that describes the current state of rural America. The report states "Improvements in health status in rural areas have not kept pace with those in urban areas, and access to doctors and health services has been an important challenge in rural areas". [Click here](#) to see the report.

**Iowa 2010 Health Outcomes:** Health outcomes are the primary ranking used to rank the overall health of counties. The county ranked number 1 is considered the healthiest county in the state. [Click here](#) to view state and county rankings.

## ***The Engaged Workforce: Proven Strategies to Build a Positive Health Care Workplace***

From the book's cover: "The Engaged Workforce shows leaders how to build a positive workforce committed to its work. Workforce shortages are reported to top the list of the health care executive's concerns in this and future decades. Creating a positive work culture is a key factor in retaining good people within organizations. Citing research from the fields of business, sociology, psychology, and organizational development, The Engaged Workforce identifies the most effective strategies and tools to create such a culture. It expands upon and updates Jo Manion's acclaimed 2005 book *Create a Positive Health Care Workplace!*" Published by [AHA Press](#).

## ***Switch: How to Change Things When Change is Hard***

A hospital administrator wanted to reduce the number of errors made when administering medications. She realized the main culprit wasn't carelessness but constant interruptions. The solution was having staff wear bright orange vests when giving meds that told everyone to leave them alone so they could focus. Medication errors dropped 47 percent.

# Calendar and Events

## **CAH QI Coordinators Workgroup Meeting in partnership with IHA**

July 20, 2010 – 9:00 a.m.  
Foxboro Conference and Business Center  
Johnston, Iowa

## **EHR Selection: Tips for Choosing**

July 8, 2010  
IFMC Webinar  
website: <http://www.iowahitrec.org/>

## **CAH Peer User Group**

July 20, 2010 – 10:00 a.m. **Note Date Change**  
Foxboro Conference and Business Center  
Johnston, Iowa

## **6th Annual Iowa e-Health Summit**

August 5, 2010  
Meadows Events and Conference Center  
Altoona, Iowa  
website: <http://www.ifmc.org/events/item/2010-e-health-summit>

## **Implementation: The EHR Checklist**

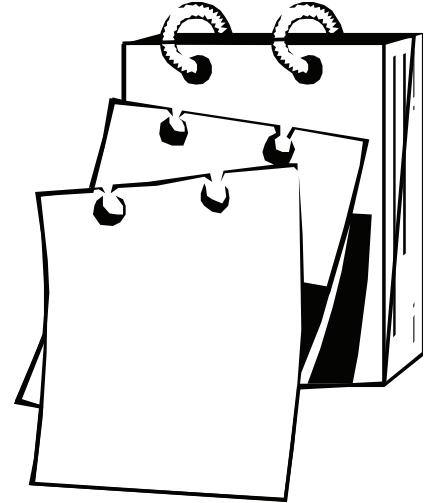
August 12, 2010  
IFMC Webinar  
website: <http://www.iowahitrec.org/>

## **CAH HIT Interest Group Meeting in partnership with IMFC HIT REC.**

August 2010  
Date and location to be determined.  
Please e-mail Kate at [kpayne@idph.state.ia.us](mailto:kpayne@idph.state.ia.us), to be sure we have your HIT/CIO's e-mail address and if you want to receive the official meeting notice.

## **Evaluation and Improvement: Optimizing EHR Benefits**

September 9, 2010  
IFMC Webinar  
website: <http://www.iowahitrec.org/>



## **The Seeds of Change**

Iowa Rural Health Association Annual Meeting  
September 30, 2010  
Hilton Garden Inn  
Johnston, Iowa  
For more information contact Melissa Primus at [mprimus@assoc-mgmt.com](mailto:mprimus@assoc-mgmt.com) or (515) 282-8192

## **Rebalancing Health Care in the Heartland Enhancing Geriatric Care Across Iowa**

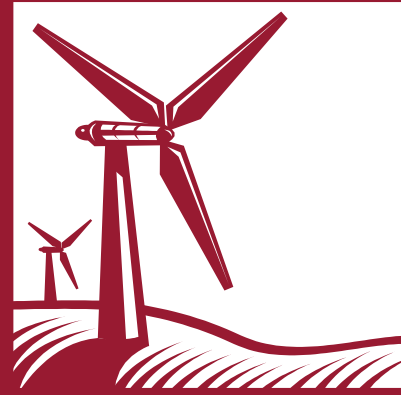
The University of Iowa Center on Aging  
September 30, 2010  
Embassy Suites on the River  
Des Moines, Iowa  
registration: <http://www.centeronaging.uiowa.edu>

## **Health Information Exchange: Protecting Your Patient and Your Practice**

October 14, 2010  
IFMC Webinar  
website: <http://www.iowahitrec.org/>

## **2010 Midwest Rural Agricultural Safety & Health Forum: "Cultivating Change"**

November 17-18, 2010  
Hotel Vetro  
Iowa City, Iowa  
For more information contact Abby Harper [abby-harper@uiowa.edu](mailto:abby-harper@uiowa.edu) or (319) 480-3643



# ACCESS UP *date*

## Staff Directory

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**FAX (515) 242-6384**

Name	Phone	E-mail
Diane Anderson, Conference Planner, Bureau Liaison with Local Public Health Services	(515) 242-6522	<a href="mailto:danderso@idph.state.ia.us">danderso@idph.state.ia.us</a>
Bobbi Buckner Bentz, Iowa Primary Care Office	(515) 281-7223	<a href="mailto:bbuckner@idph.state.ia.us">bbuckner@idph.state.ia.us</a>
Lloyd Burnside, Primary Care Office, Shortage Designation	(515) 242-6879	<a href="mailto:lburnsid@idph.state.ia.us">lburnsid@idph.state.ia.us</a>
Doreen Chamberlin, Bureau Chief	(515) 281-8517	<a href="mailto:dchamber@idph.state.ia.us">dchamber@idph.state.ia.us</a>
Rachel Davis, Secretary	(515) 242-6383	<a href="mailto:rdavis@idph.state.ia.us">rdavis@idph.state.ia.us</a>
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Katie Jerkins, Iowa SHIP Program	(515) 233-2831	<a href="mailto:kjerkins@idph.state.ia.us">kjerkins@idph.state.ia.us</a>
Kate Payne, Iowa FLEX Program	(515) 331-2402	<a href="mailto:kpayne@idph.state.ia.us">kpayne@idph.state.ia.us</a>
Andria Seip, Iowa FLEX Program	(515) 281-4808	<a href="mailto:aseip@idph.state.ia.us">aseip@idph.state.ia.us</a>
Gloria Vermie, Iowa State Office Rural Health	(515) 281-7224	<a href="mailto:gvermie@idph.state.ia.us">gvermie@idph.state.ia.us</a>
Kevin Wooddell, Administrative Assistant	(515) 281-6765	<a href="mailto:kwooddel@idph.state.ia.us">kwooddel@idph.state.ia.us</a>