Iowa Department of Public Health – Bureau of Oral & Health Delivery Systems

ACCESS UPdate

June 2011

The ACCESS Update is a bi-monthly information source from the Iowa Department of Public Health: Bureau of Oral & Health Delivery Systems.

Contents

7th Annual FLEX Conference

On April 27-28, 2011, over 100 health care professionals and other stakeholders convened in West Des Moines, Iowa, for the Seventh Annual Conference for the Iowa Medicare Rural Hospital Flexibility (FLEX) Program. This yearly event focuses on Iowa's critical access hospitals (CAH) and rural health delivery systems, and the theme for this conference, "Healthcare: Fast Forward," centered on the developing changes within health care. Attendees had the opportunity to network with other CAHs from across the state, visit several informative booths and exhibits, and learn from local, state, and national presenters during the two days.

Dr. Keith Mueller, director of the Rural Policy Research Institute – Center for Rural Health Policy Analysis, was the conference's keynote speaker and opened the conference with an overview of the Patient Protection and Affordable Care Act of 2010 and how it will change financial access to health care, payment policy, and investment in public health. Dr. Mueller also detailed other changes within health care such as the topic of telehealth and other health information technology and reported how it is changing service delivery. The emergence of integrated services and its effect on the organization of services was discussed, too, as were the changes in financing.

Iowa Department of Public Health's FLEX Coordinator Kate Payne echoed Dr. Mueller's emphasis on change and stated, "It is so important for our CAHs to stay up-to-date on the ever-changing regulations and trends. This conference provides a great way for everyone to get updated information and share best practices, and we are proud to sponsor this annual venue for our CAHs."

By supporting CAHs and the communities they serve, the Iowa FLEX Program fosters the growth and sustainment of the state's rural health care system. The program is intended to preserve access to primary and emergency health care services and improve the quality of rural health services. It also has a commitment to helping partners provide health services that meet community needs and fostering a health delivery system that is efficient and effective.

For more information on critical access hospitals and the Iowa FLEX Program, please contact Kate Payne at kathleen.payne@idph.iowa.gov or visit http://www.idph.state.ia.us/hpcdp/flex_program.asp.

Featured Articles

New Strategies for Improving Iowans' Oral Health

Sara Schlievert, RDH, BS, CPH

Millions of Americans lack access to oral health care services. Recognizing the seriousness of this issue, Secretary Kathleen Sebelius and the leadership of the U.S. Department of Health and Human Services (HHS) instituted a cross-agency oral health initiative in 2010. As part of this initiative, the Institute of Medicine (IOM) and the Centers for Medicare and Medicaid Services (CMS) released reports in April to provide new direction to states for improving oral health care for children and families.

In its report, ***Advancing Oral Health in America***, the IOM states that "while there have been notable improvements in the oral health of Americans, oral disease remains prevalent across the county, posing a major challenge for the U.S. Department of Health and Human Services." The purpose of the IOM report is to emphasize the important role that HHS can play in improving oral health and in making recommendations for HHS agencies. These recommendations include: integrating oral health with primary care, promoting evidence-based preventive services, improving oral health literacy, and enhancing oral health care delivery, particularly in underserved areas.

The 10 organizing principles for the new oral health initiative include:

1. Establish high-level accountability
2. Emphasize disease prevention and oral health promotion
3. Improve oral health literacy and cultural competence
4. Reduce oral health disparities
5. Explore new models for payment and delivery of care
6. Enhance the role of non-dental health care professionals
7. Expand oral health research and improve data collection
8. Promote collaboration among private and public stakeholders
9. Measure progress toward short-term and long-term goals and objectives
10. Advance the goals and objective of Healthy People 2020

The CMS report, ***Improving Access to and Utilization of Oral Health Services for Children in Medicaid and CHIP Programs,*** announced new goals and strategies that will guide states and the federal government in sustaining progress already made and accelerating new oral health efforts.

Featured Articles Cont.

In the report, CMS features two new national oral health goals, which are based on stakeholder feedback and Healthy People 2020 objectives:

- To increase the rate of children ages 1-20 enrolled in Medicaid or CHIP who receive any preventive dental service by 10 percent over a 5-year period
- To increase the rate of children ages 6-9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth by 10 percent over a 5-year period

The CMS goals will serve as potential outcome objectives for oral health access for children and provide targets for health information technology and meaningful use measures now being established within CMS guidelines. Each state will be asked to develop specific action plans to help achieve these goals, and progress on the goals will be tracked nationally and by individual states, with the intent that state-specific goals will drive achievement of national goals.

With an emphasis on enhancing the role of non-dental professionals and improving access in underserved areas, these reports will guide the Iowa Department of Public Health in efforts to enhance collaboration between medical and dental providers, especially in rural areas.

According to Dr. Bob Russell, Iowa's public health dental director, "the IOM report will give Iowa a perspective on what avenues to pursue in addressing the complexities surrounding oral health access. The report will also provide potential strategies to engage as part of our policy development. The CMS measures are benchmarks that Iowa can use to determine the effectiveness of our Medicaid program delivery. Along with the Healthy People 2020 indicators, these benchmarks will help us to assure that Iowa children and families continue to have improved access to care."

The IOM report is available at: http://www.iom.edu/Reports/2011/Advancing-Oral-Health-in-America.aspx.

The CMS report is available at: http://www.cms.gov/MedicaidDentalCoverage/Downloads/CMSDentalStrategyFINAL040411.pdf.

Fund will Help Hospital Employees Affected by Recent Disasters

In response to the recent natural disasters across the country, the Care Fund announced that it will resume providing assistance to hospital employees and their families in need. The fund originally began helping those affected by Hurricane Katrina and will now provide assistance to hospital employees affected by tornadoes and the recent flooding of the Mississippi River. The American Hospital Association (AHA) generously contributed $50,000 to the fund. The fund is administered locally by state hospital associations in Alabama, Arkansas, Georgia, Mississippi, Tennessee, Louisiana, and Missouri. For more information, visit http://www.thecarefund.net.

Featured Articles Cont.

New Affordable Care Act Support to Improve Care Coordination for Nearly 200,000 People with Medicare

The Department of Health and Human Services (HHS) announced the Federally Qualified Health Center Advanced Primary Care Practice (FQHC APCP) demonstration project, a new Affordable Care Act initiative that will pay an estimated $42 million over three years to up to 500 FQHCs to coordinate care for Medicare patients. This demonstration project, operated by the Centers for Medicare and Medicaid Services (CMS) in partnership with the Health Resources Services Administration (HRSA), will test the effectiveness of doctors and other health professionals working in teams to improve care for up to 195,000 Medicare patients.

"FQHCs provide essential primary care services to seniors and others in underserved communities," said CMS Administrator Donald Berwick. "This project will go a long way toward creating comprehensive and coordinated health care opportunities for the many people with Medicare who rely on FQHCs as their primary medical providers."

The FQHC Advanced Primary Care Practice demonstration will show how the patient-centered medical home (PCMH) model can improve quality of care, promote better health, and lower costs. Participating FQHCs are expected to achieve Level 3 PCMH recognition, help patients manage chronic conditions, as well as actively coordinate care for patients. To help participating FQHCs make these investments in patient care and infrastructure, they will be paid a monthly care management fee for each eligible Medicare beneficiary receiving primary care services. In return, FQHCs agree to adopt care coordination practices that are recognized by the National Committee for Quality Assurance (NCQA). CMS and HRSA will provide technical assistance to help FQHCs achieve these goals.

"The transformation to a patient-centered medical home is designed to improve the coordination of care for Medicare beneficiaries by helping doctors and other health professionals work in teams," said Dr. Mary Wakefield HRSA administrator. "FQHCs in this project can increase access to important primary care services and thus reduce the need for costly hospitalizations or emergency department visits."

FQHCs that have provided medical services to at least 200 Medicare beneficiaries in the previous 12-month period will be invited by letter to apply to participate in the demonstration. Applications for the project will be accepted from June 6, 2011, through August 12, 2011, and the demonstration will be conducted September 1, 2011, through August 31, 2014.

Details about the demonstration and the application process can be found on the CMS web site at: http://www.cms.gov/DemoProjectsEvalRpts/MD/ and linking to the demonstration web page or by visiting the CMS Innovation Center website at http://innovations.cms.gov. Questions about this CMS demonstration should be directed to: fqhc_med_home@cms.hhs.gov.

Source: US Department of Health and Human Services (June 6, 2011)

Partner Spotlight

Iowa Emergency Medical Services (EMS) – Partners for Life and Safety

On May 12, 2011, the Governor signed a proclamation designating May 15-21 as Emergency Medical Services (EMS) Week in Iowa, to honor the vital essential public health function of EMS, which provide the day-to-day lifesaving services of medicine's "front line safety net."

There are more than 12,000 certified EMS providers in Iowa, and more than half of them are volunteers. Providing prompt access to quality emergency medical services dramatically improves the survival and recovery rate of those who experience sudden illness or injury in Iowa.

Within the state and nationally, EMS partners work in cities and with rural communities, hospitals and agencies to provide direct patient care, and also to deliver provider training and safety promotion and injury prevention services.

Iowa EMS Systems Standards: "What Every Iowan Can Expect from Emergency Medical Services"

Merrill Meese, PS, EMS field coordinator, Bureau of EMS, Iowa Department of Public Health

Emergency Medical Service (EMS) is a system that provides emergency medical care to someone with serious illness or injury. EMS systems must be more than just a ride to the hospital; they must be a coordinated response that involves multiple people and agencies working in concert to provide a seamless response that ensures adequate resources are available to meet the needs of the emergency. Currently there are over 850 authorized EMS service programs in the state of Iowa. All service programs are authorized by the state and function under rigorous operational standards. All EMS providers are trained using a nationally-recognized standard curricula and are certified using a nationally recognized and standardized evaluation processes. However, Iowa lacks statewide response standards that ensure no matter where EMS is dispatched to in the state; the response from EMS will meet minimum standards.

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Partner Spotlight Cont.

Imagine for a moment that a bus load of elementary school children is traveling across the state on a field trip when the unthinkable happens. If that happened in a rural area, what would the response from EMS look like? With over 850 authorized EMS services, there could be many response scenarios. While most parts of the state are covered by some level of ground ambulance service, there is no guarantee is would be staffed on that day. Therefore, it would be possible for delays in transport while waiting for the neighboring town's ambulance to respond.

The Intervention

Because there are no statewide minimum standards that define the EMS infrastructure for Iowans, the Bureau of EMS requested that the Emergency Medical Services Advisory Council support a change initiative that involved the development and eventual implementation of minimum EMS system standards. Those discussions lead to the development of the Iowa EMS System Standards document. This document identified eight core attributes that form the foundation of system standards for Iowa. They are:

- System Administration
- Staffing/Training
- Communications
- Facilities/Critical Care
- Data Collection/System Evaluation
- Public Information/Education
- Disaster Medical Response/Planning

The next step was to evaluate the standards. A pilot project funded through the IDPH Medicare Rural Hospital Flexibility (FLEX) Program was initiated involving four counties. Three of the counties were very rural with populations under 20,000. The remaining county was a combination of rural and urban areas with a population of 50,000. The project was designed to identify the standards that counties already had in place, which standards were not in place, what were the barriers standing in the way of meeting the standards, what measures were needed to remove the barriers, and what are the costs to meet and maintain the standards. The final goal of the project was to develop a "roadmap" that will guide the provision of EMS in Iowa and clearly define, "what every Iowan can expect from EMS".

Impact

Because of the work done in the development and evaluation of statewide EMS System Standards, five priority areas for change were identified that EMS needs to focus on in order to fully implement minimum EMS System Standards.

Funding

Legislation will be needed so that local governments can have a reliable source of money to ensure that the resources needed in their system are ready and available.

Governance

There needs to be a governing body, at a minimum, at the county level. This body would be responsible for system administration and monitoring EMS operations so that the system is accountable.

Partner Spotlight Cont.

Planning

System support personnel, such as a county-wide Medical Director or active medical direction council, Continuous Quality Improvement (CQI) Coordinator, Educator, Data Administrator, and others, need to be in place. Improved communications with current stakeholders and other groups not currently involved need to be accomplished. Counties need to develop positive relationships with their Board of Supervisors, either by having supervisors directly participate (EMS board position) or having a board member attend EMS governance meetings.

Duties and Responsibilities

EMS manpower is a problem. Planning is needed to look at ideas to help address this problem.

Continuous Quality Improvement

A plan for a CQI system and for developing system-wide policies and procedures will facilitate and allow continuous evaluation of the system design and operation. There is a need to ensure that education, training and remedial programs are in place to address identified needs through the CQI process. CQI indicators, thresholds and milestones should be established for all aspects of EMS.

Implications

"Standards are statements that define the performance expectations that must be in place for EMS to assure high-quality patient care services." The Bureau of Emergency Medical Services is committed to the implementation of EMS System Standards, and we believe these standards are the future of EMS. The implementation of the System Standards is the top priority of our strategic plan. The FLEX program supports these goals as a part of the program's mission to enhance system development and quality improvement efforts in Iowa's rural health delivery systems. Every decision we make will take into account how it will affect system standards.

Contact Information

If you would like more information about EMS System Standards, contact Merrill Meese at merrill.meese@idph.iowa.gov or visit the Bureau of EMS website at http://www.idph.state.ia.us.

Scholarships Available for IRHA Membership

The Iowa Rural Health Association (IRHA) announced that twelve scholarships are now available to subsidize the cost of an IRHA organizational membership fee. Scholarships offer a discount of $87.50, which is a 50 percent reduction for a membership. The scholarships are available to rural hospitals and clinics that want to stay involved in activities that help frame rural and underserved health care access but may have limited budgets. The twelve available scholarships are offered on a first-come basis. For more information, contact Melissa Primus at (515) 282-8192.

Program Success Story

Support Provided to Critical Access Hospitals Engaged in Flood Planning

Gloria Vermie, RN, MPH

The Iowa State Office of Rural Health, Medicare Rural Hospital Flexibility Program, and Small Hospital Improvement Program coordinated efforts to enhance funding support for two Critical Access Hospitals (CAH) that are currently engaged in flood planning and preparedness.

The limited funds are provided from the Health Resources and Services Administration, Office of Rural Health Policy grant programs and assist with health access and quality care in rural Iowa. This funding support will help ensure the CAHs have a continuity of operations and facilitation of flood preparedness planning. Hospitals are currently involved in long-term planning on the impact of potential flooding and how they can decrease any direct impact on their patient services. Through their planning efforts, the hospitals will be better equipped to disseminate information about safety during flooding and how the hospital has prepared to help. Other coordination includes additional staff training to ensure continuity of care and alternative travel routes for staff and EMS transports. Rural Health Clinics will be included in this coordination.

The two involved CAHs are Grape Community Hospital in Fremont County, and Burgess Health Center in Monona County. The hospitals reported that up to 20 percent of their staff will be personally affected by the flooding. Many employees potentially affected by flood waters have reported that they may be cutoff or detoured for several miles from the CAHs, and one staff member has noted that she has already started to prepare to evacuate her home.

The Iowa Department of Public Health is involved in the statewide flood preparedness and response efforts. For more information on flood-related resources, visit http://www.idph.state.ia.us/EmergencyResponse/Flooding.aspx.

Stories from the Field: I-Smile™ and Emily

Shaela Meister, MPA

Seven-year old Emily Sandborn had a great day at school. In fact, it was a day that changed her life and improved her health. Her local I-Smile™ Coordinator, Kati McNeme, visited her elementary class that school day, and Emily received a free dental screening. Upon examining Emily's teeth and mouth, Kati, a registered dental hygienist, found multiple areas of severe tooth decay on both the child's baby teeth and permanent teeth.

Kati contacted Emily's mother, Diane, and arrangements were made for Emily to receive care for the painful tooth decay. Emily had several appointments with dentists to treat her condition, and she was found to also have an abscess that would need to be removed by an oral surgeon, which is an expensive procedure.

Program Success Story Cont.

Emily had no dental insurance. Although Diane was a full-time manager at a local fast-food eatery, the insurance coverage that was offered was too expensive for her family, and her take-home pay was not enough to afford much-needed dental care for Emily and her two siblings. Kati and Diane discussed resources and options for Emily's treatment, and Diane was in the process of applying for Medicaid for all three children. Her application process had been delayed, though, because she was having difficulty obtaining copies of the children's birth certificates and getting them submitted to the Department of Human Services. Kati understood and noted, "Diane works a lot of hours and is the only one working in the family, trying to provide for three kids. Trying to keep up on seeing that her kids are being taken care of medically is a strain." Kati advised Diane that the children would be eligible for presumptive Medicaid eligibility and mailed her a new application.

During a follow-up call to Diane, Kati found out that Emily had been taken to the hospital with a bloody nose, and soreness and swelling in her face. Initially, she had been sent home with antibiotics, but the swelling worsened. Diane and Emily returned to the hospital the next day, and a CT scan showed that Emily had an abscess in her nasal cavity causing the swelling. She was taken by ambulance to University of Iowa Hospital where the abscess was removed. She stayed under hospital care for three days and was on IV fluids.

Emily is doing much better now and has also had the oral abscess extracted. The family was approved for presumptive Medicaid eligibility, and Kati and Diane have worked together to get Emily's two siblings dental exams and well-child screenings, too. Diane is thankful for the assistance and is now better-educated about preventive oral health care. She stated, "I appreciate Kati's follow-up to make sure things were taken care of. Kati and the I-Smile™ program have helped my family tremendously."

Without Kati's I-Smile™ visit to Emily's school that day, these events may not have ended with such positive results. In 2007, a 12-year old Maryland boy, Deamonte Driver, died from a brain infection that resulted from an infected tooth. His family was unable to pay for preventive dental care and treatment, lived in poverty, and had difficulties applying for the state's Medicaid program. There were also no programs like I-Smile™ to intervene and assist the boy's family with finding oral health resources. On this subject, Kati offered a simple explanation, "Programs like I-Smile™ are necessary for families in situations like these. And, unfortunately, there are a LOT of these types of situations."

To refer a child to an I-Smile™ Coordinator, please call 1-866-SMILE-15 or visit us at http://www.ismiledentalhome.org to find local contact information.

Worth Noting

National Rural Health Association Announces 2011 Rural Health Award Recipients

The National Rural Health Association (NRHA) honored its 2011 Rural Health Award recipients during the 34th Annual Rural Health Conference, which attracted more than 900 rural health professionals and students to Austin, Texas in May. Nine recipients were awarded, which included recognition of one Iowa member.

Colin Buzza received the Student Achievement Award. Buzza is a medical student at the University of Iowa in Iowa City, where he is also pursuing his master's degree in public health. He volunteers with the University of Iowa Mobile Clinic, which delivers care to rural areas, especially farm workers and uninsured populations, and he is a coordinator for the Iowa City Free Mental Health Clinic.

NRHA's Annual Rural Health Conference is the largest gathering of rural health professionals in the nation. John Snow Inc. provides scholarships to the student awardees to participate in the event.

"Every year, rural Americans come together to gain education and raise awareness on behalf of the 62 million Americans who live in rural areas and desperately need access to affordable health care," said Morgan. NRHA is a nonprofit organization working to improve the health and well-being of rural Americans and providing leadership on rural health issues through advocacy, communications, education and research. NRHA membership is made up of 20,000 diverse individuals and organizations, all of whom share the common bond of an interest in rural health.
Source: National Rural Health Association (May 10, 2011)

Rural Health Reports Released

Two important reports highlighting rural and agricultural health and safety in Iowa are now available to the public. Both reports capture vital information and data and include valuable resources. The reports involved the contributions, efforts, and expert knowledge from Iowans who are committed to improving policy, quality health care, and health care access.

The Iowa Rural & Agricultural Health & Safety Resource Plan (RAHSRP)
This document fulfills the following three purposes:

1. It serves as the Iowa rural health care resource plan required in Iowa Code §135.164.
2. It replaces the 2009 State Rural Health Plan required by HRSA/Office of Rural Health Policy.
3. The RAHSRP is a stand-alone resource for the public, constituents and stakeholders. The document and the accompanying Executive Summary Report are available for download at http://www.idph.state.ia.us/hpcdp/rural_health.asp.

Worth Noting Cont.

The 2011 Report to the Secretary: Rural Health and Human Services Issues

In September of 2010, the IDPH Office of Rural Health worked with the Health Resources and Services Administration (HRSA) to coordinate Iowa visits by the National Advisory Committee on Rural Health and Human Services (NACRHHS). Three site visits to Iowa communities were completed to gather information for the three topic areas the committee was researching. NACRHHS submitted a report of their findings to the U.S. Secretary of Health and Human Services. The report can be accessed at http://www.hrsa.gov/advisorycommittees/rural/2011secreport.pdf.

Public Health Supervision 2010 Year End Report

Public health supervision of dental hygienists has been a significant step forward in improving access to preventive dental care for many underserved Iowans. Under this rule, a dental hygienist can enter into a collaborative agreement with a dentist, which allows the hygienist to provide services to patients prior to those patients being seen by a dentist.

Each dental hygienist who has rendered services under this type of supervision must complete a report annually, including information related to the number of individuals seen and services provided. The Oral Health Center, in collaboration with the Iowa Dental Board, is responsible for collecting these annual reports. In calendar year 2010, the following number of services and referrals were provided:

Service	Total Provided	Total Clients Age 0-20	Total Clients Age 21+
Sealant	20,433	4,090	3
Prophylaxis	1,086	731	355
Open Mouth Screening	54,442	52,842	1,600
Fluoride Application	32,469	30,849	1,043
Education	17,377	19,658	1,470
Other (x-rays)	71	53	18

Referral to Dentist(s)			
Clients Age 0-20		Clients Age 21+	
Regular Care	Urgent Care	Regular Care	Urgent Care
25,724	3,982	1,151	288

Currently, a total of 63 dental hygienists have established agreements with 42 dentists. The majority of the services listed above were provided in school settings. Other locations where services were provided included state and federal public health programs.

This report, in addition to past yearly reports, can be found on the IDPH Oral Health Center website at http://www.idph.state.ia.us/hpcdp/oral_health_reports.asp.

Worth Noting Cont.

Improvements in Medicaid-enrolled Children Receiving Oral Health Care

Tracy Rodgers, RDH, BS, CPH

Each year, the Oral Health Center (OHC) receives data from the Centers for Medicare and Medicaid Services (CMS) that illustrate the ability of Medicaid-enrolled children to receive oral health care. The OHC uses the information to determine program impact and need for policy or program changes.

In 2010, even more at-risk Iowa children received care than in previous years! Particularly exciting is the improvement seen for very young children (birth through age 5). Regular preventive services for children once teeth erupt will result in not only healthier children who are ready to learn, but also lower restorative costs in the future.

From 2009 to 2010:

- 1.4 percent more children ages 0-5 received a service
- 2.8 percent more children ages 0-14 received a service
- 2.7 percent more children ages 0-20 received a service

This year's reports, as well as several past years' reports, are available on the Oral Health Center website at http://www.idph.state.ia.us/hpcdp/oral_health_reports.asp. The online reports include state totals, as well as data for each county.

Although the improvements are exciting to see, there are still too many low-income children who received no care in 2010. The OHC will continue to develop strategies for the I-Smile™ dental home initiative that will work toward all children having access to care and good oral health.

Medicaid-enrolled Children In Iowa Receiving A Dental or Oral Health Service* (codes 0100 – 9999)

Age Group	FFY2010 rate
0-5	45.8%
0-14	52.4%
0-20	51.6%

**Includes services provided by a dentist (or staff in a dental office or clinic), a medical practitioner, or nurses and dental hygienists within the state's Title V child health program*

Links, Resources and Maps

Children's Safety Network

The Children's Safety Network includes rural and farm safety resources on their website. Several fact sheets have been developed recently and include topics on creating safe play areas on farms and rural injury prevention of teen motor vehicle injuries. The resources at this site offer detailed information and statistical data. For more information, contact Erica Streit-Kaplan or visit http://www.childrenssafetynetwork.org/publications_resources/showPubByTopic.asp?pkTopicID=21.

Centers for Medicare and Medicaid Quarterly Provider Update

The Centers for Medicare and Medicaid Services (CMS) release a Quarterly Provider Update that often includes recent changes to instructions and regulations. A monthly "What's New" page is also offered within the publication and it provides a great way to stay informed on new CMS regulations and reimbursement. Sign up to receive updates at https://subscriptions.cms.hhs.gov/service/subscribe.html?code=USCMS_460.

The Iowa Association of Rural Health Clinics

The Iowa Association of Rural Health Clinics has launched a new website. The site includes resources, links, and maps targeted towards rural health clinics and the general public. Visit this new website at http://www.iarhc.org.

Critical Access Hospitals and Hospital Compare Participation

The Flex Monitoring Team has released a briefing paper examining the participation and quality measure results for Critical Access Hospitals (CAH) and their input for the Hospital Compare public reporting database. In Iowa, over 86 percent of CAHs reported their 2009 discharges (Inpatient Measures) to Hospital Compare. To read the full brief, visit http://www.flexmonitoring.org.

Agency for Healthcare Research and Quality Initiates Patient-centered Outcomes Research Program

The Agency for Healthcare Research and Quality (AHRQ), part of the U.S. Department of Health and Human Services, is the first federal agency to have a legislatively mandated center for conducting patient-centered outcomes research. AHRQ's Effective Health Care Program supports research that compares treatments for common health conditions and summarizes the findings in easily assessable formats for clinicians and consumers.

AHRQ's Effective Health Care Program supports systematic reviews of available evidence to compare the effectiveness, benefits, and potential risks of different treatment options. These unbiased findings are then synthesized into comprehensive reports. The products generated from these reports are designed to encourage conversations between clinicians and patients to enhance shared decision-making.

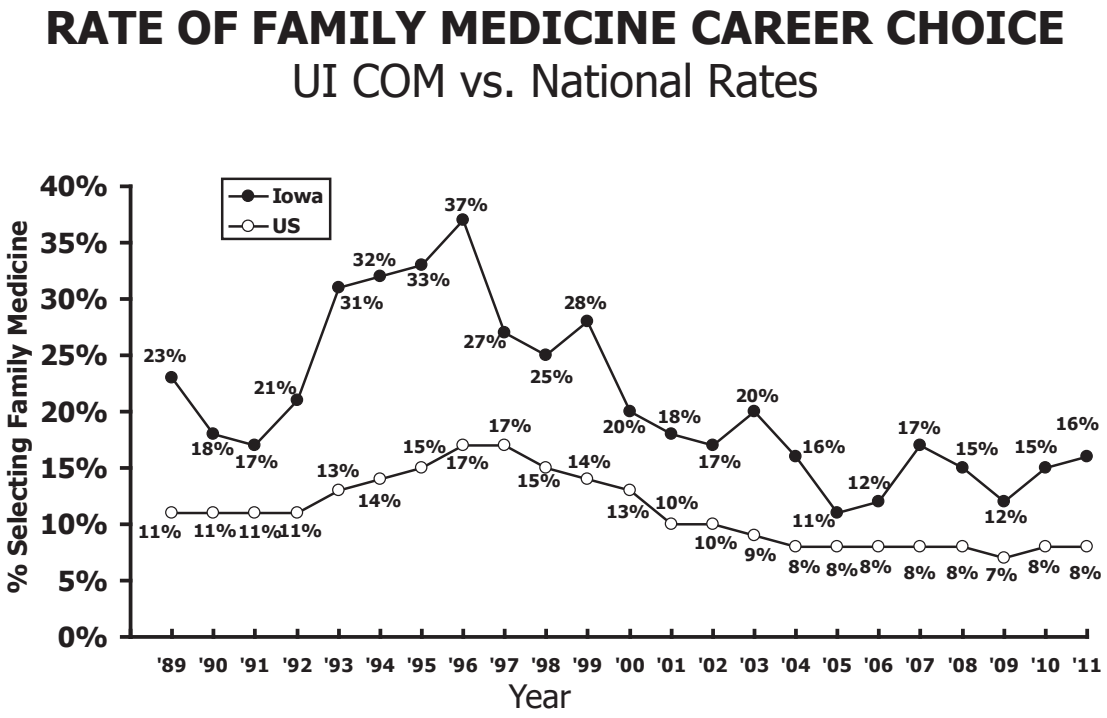
In addition to the guides and reports, AHRQ offers other products for clinicians and patients about patient-centered outcomes research. To access these products and learn more about AHRQ's work, please visit http://www.effectivehealthcare.ahrq.gov.

Links, Resources and Maps Cont.

Fewer Medical Students Choose Family Medicine Careers

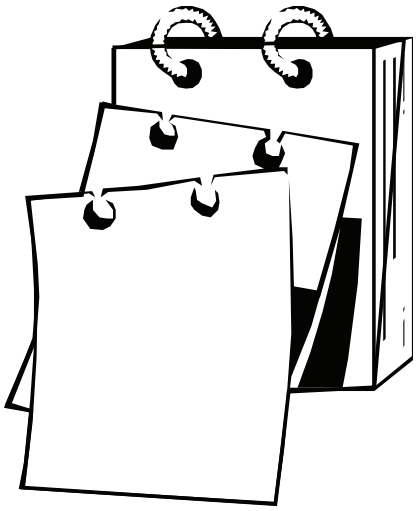
Roger Tracy, associate dean/director of Office of Statewide Clinical Education Programs, University of Iowa

Market demand for primary care physicians is a nationwide concern which is likely to grow worse as parts of the Affordable Care Act come on line. A contributing factor for the past 12 years has been the decline in the number of USMDs choosing to enter family medicine residencies. (A similar pattern has occurred with primary care internal medicine.) The accompanying graph traces the decline in USMDs selecting family medicine careers from a high of 17 percent to a steady 8 percent of all US allopathic graduates annually. The University of Iowa has had a parallel experience though the rate of UI medical students electing to train in family medicine is roughly twice the national rate in most years. This workforce issue is certain to draw more attention in the coming months because there is no underlying policy to steer the nation or the state toward a solution.



Source: Office of Statewide Clinical Education Programs, UI Carver College of Medicine, April 2011 (COM TRENDS103.PPT)

Calendar and Events



PRIMECARRE Loan Repayment Applications Due

Proposal Due Date: July 13, 2011, 4 p.m. CDT
For more information, visit http://www.idph.state.ia.us/IDPHGBP/IDPHBGP.aspx 2011

The State of Weight in Iowa - Tools for Communities to Address Obesity

Iowa Public Health Association & The Wellmark Foundation
September 28, 2011
For more information and to register, visit http://www.iowapha.org or call (515) 491-7804

Fall Regional Dental Public Health Conference

"Core Public Health Function and Oral Health Access: A Workforce Discussion"
October 9-10, 2011
Holiday Inn, Coralville, Iowa
For more information, contact Raymond Kuthy at raymond-kuthy@uiowa.edu or Susan McKernan at susan-mckernan@uiowa.edu.

2011 Iowa Rural Health Association Annual Conference

"Rural Health: Staying Connected"
October 13, 2011
Hilton Garden Inn, Johnston, Iowa

2011 Midwest Rural Agricultural Safety and Health Forum

"Weathering the Elements"
November 16-17, 2011
Ramada Tropics Resort and Conference Center, Des Moines, Iowa
For more information, visit http://cph.uiowa.edu/icash/events/MRAS/2011/

Healthy People 2020 Community Innovation Awards

Building upon the success of the 2009 project: Evaluating Healthy People, Places, and Practices in the Community, the Office of Disease Prevention and Health Promotion (ODPHP) will be evaluating the use and integration of Healthy People 2020 goals and objectives in community initiatives related to Healthy People.

On June 20, 2011, ODPHP released a Request for Proposals for the Healthy People 2020 Community Innovations Project. Through this competitive process, community based organizations will be eligible for awards of $5,000 to $10,000 to address one or more Healthy People 2020 topic areas, with special emphasis on environmental justice, health equity, or healthy behaviors across all life stages. Funding may only be used to support activities above and beyond general operations. ODPHP anticipates making 85 to 170 awards. Proposals are due on August 5, 2011, with awards to be announced in early November. The project period will run from December 1, 2011, to May 31, 2012.

For more information and to download the RFP, please go to http://www.healthypeople.gov/2020/implementing/funding.aspx.

Iowa Department of Public Health – Bureau of Oral & Health Delivery Systems

ACCESS UPdate

June 2011

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