

Iowa Department of Public Health


The Check-Up
**An update on issues and ideas
Related to health reform in Iowa**

The Check-Up is a health care reform newsletter designed to keep interested Iowans up to date on the progress of health reform initiatives.

The Check-Up will feature updates on activities of the Office of Health Care Transformation, which is a key point-of-contact for health care reform initiatives within IDPH including Accountable Care Organizations, Health Benefits Exchange, Chronic Disease Management Initiatives, and Patient-Centered Medical Homes/Health Homes. The Check-Up also features health reform councils as authorized by HF 2539 (2008) including activities related to the Federal Patient Protection and Affordable Care Act (ACA) (HR 3590) and other activities related to the focus of the councils.

Office of Health Care Transformation (OHCT)

The OHCT is the key point-of-contact for ACA related initiatives at IDPH including Health Benefit Exchange, Accountable Care Organizations, Patient-Centered Medical Home/Health Homes, prevention and chronic care management initiatives, community utility and care coordination. The mission of the OHCT is to promote community care coordination and advance the patient-centered transformation of the health care system, which will improve care and reduce cost. The overarching goals of the OHCT are convening stakeholders, building relationships and partnerships, streamlining efforts, presents to and offer technical assistance to a variety of organizations including outside stakeholder groups, Local Public Health Agencies and Maternal and Child Health grantees to prepare for ACA implementation.

****The OHCT has a new website that can be accessed here: www.idph.state.ia.us/OHCT**

[Prevention and Chronic Care Management/Medical Home \(PCCM/MH\) Advisory Council](#)- The OHCT also coordinates the PCCM/MH Advisory Council. The Council includes representation from health care, state agencies, academia and consumers. The vision of the Council is below. The PCCM/MH Advisory Council [2012 Annual Report](#) gives an overview of the Councils, lays out their progress reports with recommendations, and summarizes the activities that the Councils have accomplished since their creation. The Council last met on Wednesday, May 29th. Information about the meeting including the PowerPoint presentations can be found [here](#). Agenda items included:

- YMCA Healthy Living Center - *Trina Radske-Suchan- YCMA Healthy Living Center*
- Iowa Department on Aging Initiatives (ADRC's)- *Joe Sample- Iowa Department on Aging*
- Community Care Coordination- *Ted Boesen- Iowa Primary Care Association*
- Wellmark ACO- *Tom Newton- Wellmark*
- University of Iowa ACO- *Stacey Cyphert- University of Iowa*
- Current NCQA certified Medical Homes in Iowa- *Janelle Nielsen- Iowa Hospital Association*

Next Meeting: August 21st, 2013 from 9:30 – 3:00 at the YMCA Healthy Living Center

**April - June
2013**
Websites
Advisory Councils

[Prevention and Chronic Care Management/Medical Home](#)

[Iowa e-Health](#)

[Health and Long-Term Care Access](#)

[Direct Care Worker](#)

[Patient Autonomy in Health Care Decisions Pilot Project \(IPOST\)](#)

Other Iowa HCR Activities

[Community Transformation Grant](#)

[Office of Health Care Transformation](#)

[Health Benefits Exchange](#)

Issue Briefs

The PCCM/MH Advisory Council develops issue briefs on a variety of important topics related to prevention, chronic disease management, and the spread of the PCMH in Iowa. The issue briefs educate stakeholders and policymakers on Iowa specific information and data and may include recommendations from the Council related to the topic.

- [Chronic Disease Management](#)
- [Disease Registries](#)
- [Prevention](#)
- [Diabetes in Iowa](#)
- [Patient Centered Care- What Does it Look Like?](#)
- [Social Determinants of Health](#)
- [Community Utility](#)

Legislative Charges

The OHCT has led a number of legislative charges to address chronic disease management. These include:

- House File 2144 directed IDPH to develop recommendations on strategies to collect and provide statistically accurate data concerning chronic disease in multicultural groups of racial and ethnic diversity in Iowa.
 - [Report- Data Collection of Chronic Diseases in Multicultural Groups of Racial & Ethnic Diversity in Iowa](#)
- Senate File 2336 charged IDPH to partner with the Iowa Department of Education and other key stakeholders to work on developing guidelines for the management of chronic conditions in Iowa schools.
 - [Report- Guidelines for the Management of Chronic Conditions in Iowa Schools](#)
- Senate File 2356 charged IDPH to develop a plan to coordinate care for individuals with diabetes who receive care through safety net providers. A number of different Iowa specific tools have been created for this:
 - [Diabetes Focus Groups Report](#)
 - [Iowa Diabetes Issue Brief](#)
 - [Diabetes Clinical Subcommittee Recommendations](#)
 - [Iowa Diabetes Action Plan](#)
 - [Iowa Diabetes Care Flowsheet](#)
 - [Iowa Algorithm for Prediabetes and Type 2 Diabetes](#)

Community Care Coordination Plan- This legislative session, [Senate File 446](#) allocated \$1,158,150 to the Iowa Collaborative Safety Net Provider Network to be used for the development and implementation of a statewide regionally based network (often times referred to as community utility) to provide an integrated approach to health care delivery through care coordination that supports primary care providers and links patients with community resources necessary to empower patients in addressing biomedical and social determinants of health to improve health outcomes. The PCCM/MH Advisory Council had made a recommendation to pursue a community utility model in Iowa and the OHCT is a key partner in the development of this plan. The Safety Network will work in conjunction with DHS to align the integrated network with the health care delivery system model developed under the SIM grant. On April 25th, the Iowa Collaborative Safety Net Provider Network held a [Community Care Coordination Learning Opportunity](#) in which national experts presented. An implementation plan is being developed based on these presentations and what Iowa has learned from other states with similar initiatives. Additionally, technical assistance is being given to Iowa through NASHP's Medicaid-Safety Net Learning Collaborative, as well as technical assistance resources funded by Iowa's Community Transformation Grant.

In Sec. 176 of SF 446 that relates to the Iowa Health and Wellness Plan, IDPH is directed to collaborate with DHS in developing reimbursement methodology to compensate providers participating under the Medicaid program as a medical home.

OHCT Partner News-

State Innovation Model (SIM)- On September 24, 2012, Iowa applied for a SIM Cooperative Agreement with CMS. On February 21, 2013 Iowa received notice that our application was selected for a Model Design Award to commence April 1, 2013. The goal is to test whether new payment and service delivery models will produce superior results when implemented in the context of a state-sponsored State Health Care Innovation Plan. These plans must improve health, improve health care, and lower costs for citizens through a sustainable model of multi-payer payment and delivery reform, and must be dedicated to delivering the right care at the right time in the right setting. The SIM initiative was created for states that are prepared for or committed to planning, designing, testing, and supporting evaluation of new payment and service delivery models in the context of larger health system transformation. The DHS website has more information about Iowa's SIM can be located [here](#).

Office of Health Care Transformation (cont.)

Health Homes for Medicaid Enrollees with Chronic Conditions- Section 2703 of the ACA gives states the option to submit a State Plan Amendment (SPA) depicting a health home model of care. There is a drawdown of funding a 90/10 Federal match rate for eight quarters. Iowa Medicaid Enterprise has developed a Primary Care Health Home Program which was effective on July 1st, 2012. Eligible individuals include those who have at least two chronic conditions or one and are at risk for a second from the following: Mental Health Condition, Substance Use Disorder, Asthma, Diabetes, Heart Disease, Obesity, and Hypertension. Currently enrolled are 22 health home entities covering 54 different clinic locations in 21 counties with 5354 individual practitioners. There are over 2270 members assigned to Health Homes. A second SPA is currently being developed called Specialized Health Homes for members with a Serious and Persistent Mental Health (SPMI) Condition. More information can be found here: <http://www.ime.state.ia.us/providers/healthhome.html>

Medical Homes in Iowa- Currently, there are 37 clinics and 288 practitioners in Iowa that are NCQA medical homes. Visit [NCQA's website](#) to access the current list of NCQA certified physicians/practices in Iowa. Be sure to select in the drop-down list "Physician Practice Connection- Patient Centered Medical Home" and then select "Patient Centered Medical Home 2011". These two lists combined equal the full list in Iowa. NCQA has a new certification called "*Patient-Centered Medical Home Certified Content Expert™*". The PCMH Content Expert has comprehensive knowledge of the requirements, the application process and the documentation of the NCQA PCMH Recognition Program. Certified content experts are required to complete two NCQA educational seminars, pass a comprehensive exam and commit to continuous learning and recertification to maintain the credential. The list of PCMH Content Experts can be accessed [here](#). Iowa Primary Care Association's Pamela Lester is a certified PCMH Content Expert.

Accountable Care Organizations (ACO)- The ACA includes a number of policies to improve the safety and quality of patient care and make health care more affordable. By focusing on the needs of patients and linking payments to outcomes, these delivery system reforms will help improve the health of individuals and communities and slow cost growth. An ACO is an entity that is clinically and fiscally accountable for the entire continuum of care that patients may need. They are groups of doctors, hospitals, and other health providers, who come together voluntarily to give coordinated, quality care to patients.

- The [Pioneer ACO Model](#) was launched on January 1st, 2012 with 32 organizations to test the ACO model. One Iowa community was selected to participate in the Pioneer ACO Model- TriHealth, Inc. in Fort Dodge. There is a [new video on the Pioneer ACO](#) in which you can hear directly from the health care professionals making this care possible.

More information about ACO's in Iowa:

- Wellmark is collaborating with 5 health systems in an ACO- <http://www.wellmark.com/Member/HealthInsurance101/ACO.aspx>
- University of Iowa Hospitals and Clinics and MercyCare Community Physicians- <http://uimercyaco.org>.

ACO Toolkit- The Toolkit is designed to serve as a reference guide for those in the health care industry who are interested in learning more about ACOs and how they can prepare to participate.

Affordable Care Act Resources

- New Report from the *Journal of Public Health Management and Practice* - [Public Health's Role in Health Care Reform: Lessons Learned in Massachusetts](#)
- Healthcare.gov has released a new educational video explaining what a HBE is. This video can be found [here](#).
- "[Health Reform Hits Main Street](#)" is a short, animated video explaining the ACA.
- Healthcare.gov has put together a collection of [online personal videos and blog stories](#) of Americans helped by the ACA.
- Learn more about how the health reform law will affect the health insurance coverage options for individuals, families and businesses with the interactive feature "[Illustrating Health Reform: How Health Insurance Coverage Will Work.](#)"
- The [Health Care Reform Implementation Timeline](#) is an interactive tool designed to explain how and when the provisions of the ACA will be implemented over the next several years.
- [HHS.gov has an ACA Resource Page](#) that offers brochures, factsheets, PowerPoint presentations, and other materials related to the implementation of the ACA.

Iowa Health and Wellness Plan- The Governor has signed [Senate File 446](#) which includes the Iowa Health and Wellness Plan. An overview of the Iowa Health and Wellness Plan can be found here [here](#).

Health Benefit Exchange

Beginning in 2014, tens of millions of Americans will have access to health coverage through newly established Exchanges (Marketplaces) in each State. Individuals and small businesses can use HBEs to purchase affordable health insurance from a choice of products offered by qualified health plans. HBEs will ensure that participating health plans meet certain standards and facilitate competition and choices by rating health plans' quality. Individuals and families purchasing health insurance through HBEs may qualify for premium tax credits and reduced cost-sharing if their household income is between 133% and 400% of the FPL. HBEs will coordinate eligibility and enrollment with State Medicaid and CHIP ensure all Americans have affordable health coverage

Iowa's Interagency Workgroup

Iowa has formed a HBE Interagency Workgroup with the Iowa Insurance Division the Iowa Department of Human Services, and Iowa Department of Public Health. On December 14, 2012, it was declared that Iowa would pursue a state-federal partnership HBE. On February 15th, Iowa submitted an exchange [blueprint](#) to HHS indicating the state's plan to operate a state-federal partnership HBE.

Essential Health Benefits (EHB)

The ACA requires that all non-grandfathered individual and small-group plans sold in a state, including those offered through an exchange, cover certain defined health benefits. States must decide whether to benchmark their EHB plan to one of ten plans operating in the state or default to the largest small-group plan in the state. Iowa's [Benchmark EHB plan](#) defaulted to the largest small-group plan in the state- Wellmark (Blue Cross Blue Shield)- Alliance Select, PPO.

Iowa Department of Human Services HBE Activities

- DHS is working on the development of a new, integrated eligibility system that will have the functionality to determine eligibility for exchange tax credits as well as for Medicaid, CHIP and other state programs. This new eligibility system is called **Eligibility Integrated Application Solution**, or the **ELIAS** Project. ELIAS is the eagerly anticipated replacement for the current outdated system. ELIAS is a user-friendly hybrid Commercial Off-The-Shelf system that:
- DHS and contractors also conducted a series of HBE research reports to provide information needed to make key decisions regarding the HBE. The reports can be found below:
 - [2012 Summary of Consultant Findings on Medicaid Expansion](#)
 - [Milliman 138% Impact](#)
 - [Milliman 100% Impact](#)
 - [Milliman Benchmark](#)
 - [Milliman Basic Health Program](#)
 - [CSG Basic Health Program](#)
 - [CSG Simulation Modeling](#)
 - [CSG Medicaid Benchmark Benefits](#)
 - [CSG Navigator Programs Background](#)
 - [CSG Planning for Small Business Health Options](#)
 - [CSG Essential Health Benefits and Implications](#)
 - [CSG Non-Modified Adjusted Gross Income](#)
 - [CSG Health Coverage Marketplace](#)
 - [CSG Program Integrity](#)

Iowa Insurance Division HBE Activities

- Conduct insurance market research and analysis to inform policy decisions on the design of an Iowa HBE.
- Conduct a financial assessment and budget analysis to determine the financial resources required to establish a HBE.
- Accountable for oversight and program integrity and will address specific audit, financial integrity, oversight and prevention of fraud, waste and abuse,
- Provide assistance to individuals and small businesses, coverage appeals, and complaints by completing an inventory of current systems and programs in place that provide assistance. This will ensure accurate planning for leveraging capabilities as well as building appropriate capacities for consumer assistance resources for a HBE.
- Develop a detailed HBE business process, and associated business requirements for the Exchange IT system.

Health Benefit Exchange Survey

This is your opportunity to offer input!!

When key parts of the Affordable Care Act take effect in 2014, there will be a new way to get health insurance: the Health Benefit Exchange (Marketplace). The Marketplace is designed to help consumers and small businesses find health insurance that fits their budget, with less hassle.

To assist with the implementation of this new marketplace, you have the opportunity to participate in a survey to help in the planning process. The Iowa Department of Public Health has contracted with the University of Iowa Public Policy Center to conduct a survey targeted at consumers and small businesses in Iowa to find out preferences for things like how to purchase health insurance and where you would like to receive information. This information will be very valuable when planning the exchange and targeting the education and outreach in Iowa.

You can access the survey by clicking here:

<http://iowahealthinsurancesurvey.com/>.

A factsheet that gives more detail on what the Marketplace is can be accessed [here](#).

IDPH HBE Activities

- During the planning grant phase, Iowa held a series of regional meetings and focus groups to ensure stakeholder involvement throughout the planning of the HBE. Community stakeholder groups were given a chance to voice concerns and solicit ideas and expectations from what Iowans want out of an HBE. The information gathered from the meetings was compiled into a [Final HBE Regional Meeting and Focus Group Summary](#).
- IDPH has developed an [Iowa HBE Consumer Education and Outreach Report](#) which outlines consumer education and outreach research and strategies for Iowa's HBE. Recommendations include:
- IDPH is partnering with the Safety Net Network to develop a toolkit and hold regional meetings targeted at safety net providers and patients to educate participants on the implementation process and how use of the HBE once it is live.
- IDPH is contracting with the University of Iowa to conduct a consumer and business research survey (see text box on the previous page). This survey will expand beyond the initial focus group questions to include a more comprehensive set of questions. A number of business and consumer groups are disseminating the survey to their members. These groups include:
 - Professional Developers of Iowa
 - Iowa Association of Business and Industry
 - Iowa Chamber Alliance
 - Iowa Public Health Association
 - Iowa CareGivers Association
 - Iowa State University Extension
 - AARP
 - Local Public Health/Title V Agencies
 - Safety Network

Iowa e-Health



The Iowa Health Information Network continues to add organizations and providers across the state. To date, over 50 organizations and 720 providers are using IHIN's first service, Direct Secure Messaging, to send and receive confidential patient information via the secure network. Testing is being completed with the University of Iowa Hospitals and Clinics and Genesis Health Care prior to enable the IHIN's second service, Patient Look-Up (query) functionality. It is expected this service will "go live" by July and will be widely available to health care organizations by August of this year.

Physicians, nurses, other health care providers along with information technology experts will learn how they can access up-to-date patient health records at the 2013 Iowa e-Health Summit. The one-and-a-half-day summit will take place June 11 and June 12 at the Meadows Events and Conference Center in Altoona and is being co-sponsored by Iowa e-Health, Telligen, and Iowa Medicaid Enterprise. Summit participants will have the opportunity to hear the latest from national experts as well as real-life experiences from local clinicians and patients. Presenters will explain how access to information through electronic health records has helped achieve better clinical outcomes and reduced the cost of care. Clinical professionals can obtain Continuing Education Unit (CEU) contact hours for participating at the Iowa e-Health Summit. For more information, visit www.telligenhitrec.org.

**Next Meeting: August 2nd, 2013 from 10:00 – 2:00 at Mercy Medical Center-
East Auditorium**

Direct Care Worker Initiative

What is the Direct Care Workforce Initiative?

The Direct Care Workforce Initiative is the result of the work of the many members of the Direct Care Worker Advisory Council and additional direct care professionals (DCP), employers, state agency representatives, and other individuals and organizations that contribute their expertise and assistance to IDPH. The Council was

charged with advising IDPH on training standards and the creation of a credentialing board for the direct care workforce in Iowa. IDPH applied for and received a federal grant from the US Department of Health and Human Services to conduct a pilot of the training and credentialing recommendations. The purpose of the pilot project is to evaluate the impact of the standardized training and additional retention supports on DCPs knowledge, job satisfaction and retention in their employment. Participating DCPs will receive interim credentials and participate in leadership, mentoring and retention activities. Control groups that will not receive the pilot training or the retention interventions have been selected to enable the project to compare evaluation outcomes. The sites participating in the training are Bright Star, Ankeny, Candeo, Ankeny, Centerville Community Betterment, Centerville, ChildServe, Johnston, Des Moines Area Community College, Easter Seals, Des Moines, First Resources Corporation, Sigourney, Home Instead, West Des Moines, Clive and Ottumwa, H.O.P.E., Inc., Des Moines, Indian Hills Community College, Ottumwa, Iowa Home Care, West Des Moines, Monroe County Professional Management, Albia, Mosaic, Des Moines, REM-Iowa, Adel, Woodward Resource Center, Woodward.

Training, Outreach, and Infrastructure-Building Continues

The Direct Care Workforce Initiative has now trained more than 400 direct care professionals at its pilot training sites in Des Moines and Ottumwa. DCPs at those sites are accessing the Core training as well as advanced training modules, and we are receiving positive feedback about the classes. Evaluation so far shows:

- *100% of participating DCPs are gaining knowledge, and of those who score low on the pre-test (scoring less than 5 out of 10), their knowledge gain is significant and high (from 3.94 to 7.52).*
- *97% of DCPs are very or somewhat satisfied with the training.*
- *Most DCPs (67%) say they plan to stay in direct care as long as possible and 84% say they speak highly of direct care work to their friends.*

Educating Iowans about the Initiative continues to be a focus of our efforts. Most recently, staff of the Initiative exhibited at the Iowa Governor's Conference on Public Health and the Iowa School Nurse Organization Annual Conference. Erin Drinnin, project manager of the Initiative, presented at Iowa CareGivers' Regional Conferences in Carroll, Creston, Calmar, and Muscatine. In June, Erin will co-present with Anne Peters, Owner of Home Instead Senior Care in West Des Moines and Becky Johnson, Home Health Aide for Mitchell County Home Health Care and Public Health at the Iowa Alliance in Home Care's annual conference. Staff also had the opportunity to present at the YAI Seeing Beyond Disability International Conference in New York in May. Kellee McCrory, Evaluator from the University of Iowa School of Social Work and Jamie Bargman, Direct Care Professional and Instructor at Easter Seals accompanied Erin on the trip. It was especially exciting to hear about other states' efforts to develop standardized training and consistent expectations for direct care professionals.

DCPs are participating in sessions in June when they will test the new website and online functions for tracking and credentialing the workforce. The sessions will provide the Initiative with feedback about the site's look, usability, and functionality.

What is a Direct Care Professional?

A direct care professional (DCP) is an individual who provides supportive services and care to people experiencing illnesses or disabilities and receives compensation for such services. DCPs provide 70-80% of all direct hands-on services, assisting individuals with daily living tasks, personal care, independent living skills, and basic health care services. DCP is the umbrella name for the workforce. DCPs are commonly called direct support professionals, direct care workers, supported community living workers, home health aides, certified nurse aides and others.

Direct Care Worker Initiative (cont.)

Legislative Update

The 2013 Iowa Legislature included funding to continue implementing the recommendations of the Direct Care Worker Advisory Council. Specifically, language was included in the Health and Human Services Appropriations bill, SF446, directing the Iowa Department of Public Health and the Advisory Council to:

- Finalize core and advanced competencies and curricula and make them available statewide
- Conduct education and outreach about the competencies and curricula
- Establish a means of tracking and evaluating the impact of the training, including retention and job satisfaction
- Work with stakeholders to promote adoption and utilization of the competencies, curricula, training programs, and impact tracking
- Conduct an initial study of differential reimbursement rates in partnership with Iowa Department of Human Services and Iowa Medicaid Enterprise.

The Direct Care Worker Advisory Council will discuss next steps to ensure progress continues on activities during the next fiscal year.

To keep updated on progress, go to www.idph.state.ia.us/directcare and click the button to be added to our E-Update.

Next Meeting: June 20th at the Urbandale Public Library from 9:30-12:00

Strategic Plan for Health Care Delivery Infrastructure & Health Care Workforce Resources

Senate File 446 included language specific to the [Health & Long-Term Care Access Advisory Council](#) (HLTCA AC). The bill struck language from Iowa Code 135.164 which called for establishment of the Council. The bill also struck language calling for the strategic plan to be submitted to the Governor and General Assembly every two years. A cost project report is required by December 15, 2013 to include cost projections and recommendations to implement the strategic plan. The Iowa Department of Public Health wishes to thank members of the HLTCA AC for their commitment and service to Iowans.

Community Transformation Grant (CTG)

The Community Transformation Grant (CTG) has recently initiated a dental project within Iowa rural counties. This project partners CTG with the University of Iowa, College of Dentistry and the I-Smile™ Dental Home Initiative, and its goal is to increase clinical preventive screenings within rural dental practices. Currently, counties that are included in the project must be rural and are either a CTG grantee or have a high rate of heart disease and stroke.

Beginning in fall 2012, six rural CTG counties in southeast Iowa were selected for the project, and CTG teams initiated trainings to dental offices on how they could incorporate blood pressure and tobacco use screenings into their daily practice. To date, 21 dental offices have volunteered to participate and have taken the training. Next year, the project will expand to nine additional counties and will result in more Iowans being screened for blood pressure and tobacco use.

To provide greater reach of this project, the Iowa Primary Care Association's Oral Health Manager attended the CTG train-the-trainer program and provided training to a Federally Qualified Health Center (FQHC) Dental Clinic. Afterwards, the clinic and the Oral Health Manager collaborated to draft a workflow chart that tracks blood pressure and Quitline Iowa referrals. This process will be integrated into the electronic medical records.

After the first six months, the clinic has screened 627 patients, and total of 12 percent were referred for medical follow-up for hypertension. Additionally, 189 patients were identified as using tobacco products, and four percent were given Quitline Iowa information. As a result of this successful outcome, a second FQHC has been trained for this CTG project.

The IDPH CTG team is in the process of completing the CTG Continuation Application. The FY14 application is due in early July and includes activities to be completed between September 30, 2013 and September 29, 2014. FY14 planning continues at level funding for year three of the five year CTG project period.

Iowa Physician Order Life-Sustaining Treatment (IPOST) Project

On July 1, 2012 the Iowa Physician Orders for Scope of Treatment (IPOST) became a usable form for individuals who are frail and elderly or who have a chronic, critical medical condition or terminal illness. The new law provided Iowans facing end-of-life care with greater certainty that their treatment choices will be followed. The document is a legal doctor's order that notes the patient's preferences for life-sustaining treatments.

In September of 2012 a state wide task force was formed to develop a strategic plan in which to disseminate education concerning the IPOST under the new law. After several conference calls a face to face meeting has been set up for mid-June to refine the plan and assure utilization of the IPOST is being done.

The University of Iowa Children's Hospital along with the IDPH-Bureau of EMS EMS for Children program has worked extensively for over three years to provide Iowans under the age of eighteen with the same availability for end of life choices as those over the age of eighteen. The group has developed a tool-kit and a parent packet to assist in the process of effectively utilizing a IPOST. To date the U of I Children's Hospitals have tracked twenty-nine individuals under the age of eighteen across the state of Iowa that have a IPOST in place. The U of I along with the EMS for Children program have reached out to Blank Children's and other hospitals to expanded the reach of the tool kit.

Katrina Altenhofen, program director for Iowa's EMS for Children at IDPH has been serving as the department's liaison for IPOST. If you have any questions please feel free to contact her- Katrina.Altenhofen@idph.iowa.gov or 515-344-1618.

Mental Health and Disabilities Workgroup

IDPH facilitates a Legislatively-directed Mental Health and Disabilities Workforce Workgroup (SF 2315) to deliberate and create recommendations regarding the Iowa mental health workforce. In May the group will convene for the last time to produce a report with their recommendations for the 2014 Legislative Assembly. Notes and Workgroup documents can be found at the following site: <http://www.idph.state.ia.us/MentalHealthWorkforce/> or alternatively, posted on the DHS Mental Health Redesign website. As part of the process, the Workgroup gathered professional providers and educators to talk about workforce issues, the group gathered data related to provider preparation, licensing, and credentialing as well as typical educational-preparation costs and average wages. Throughout the meetings discussions deliberated issues such as telemedicine, provider team approaches, use of social support staff, and provider issues such as scope of practice and roles. The target date for production of the final report is June 30 for presentation to the Legislature by the deadline date of December 17, 2013.