

IOWA DEPARTMENT OF PUBLIC HEALTH  
SUMMARY RESPONSE TO PUBLIC COMMENT (AUG 2016) RE: TCC SERVICE AREAS

Comment Themes:	IDPH Response:
<p><b><i>The service areas are too large</i></b></p> <p>(18 comments)</p>	<p>IDPH has reviewed these concerns and has maintained the 7 service areas based on the data provided earlier. However, to address the concerns about how to manage service areas, IDPH has introduced “12 response districts” as a structure for issuing FTE and contracts. The FTEs for each response district will be expected to engage within the service area to ensure long term planning addresses the “best interest of the patient” within the entire service area and spectrum of care.</p>
<p><b><i>Just go back to the EMA regions</i></b></p> <p>(10 comments)</p>	<p>IDPH considered the use of EMA regions. However, this recommendation seems to contradict the comments that the service areas are too large. Six regions are larger in size than the 7 proposed service areas. Furthermore, the six EMA regions do not align with TCC service areas and no data was provided to demonstrate otherwise.</p>
<p><b><i>I’m going to lose money to the big counties</i></b></p> <p>(4 comments)</p>	<p>The spending history for these funding sources has demonstrated an average of \$350,000 per year carry-over from under-spent dollars in the last 3 years. This suggests there is funding left on the table, and by all “sizes” of counties. To help alleviate these concerns, IDPH is reconsidering models for funding distribution and may consider a transition phase where initial awards are based on historical awards and possibly a per capita or competitive award in the future.</p>
<p><b><i>XX County should be aligned with XX county/service area – but it didn’t move</i></b></p> <p>(21 comments)</p>	<p>IDPH did make a few modifications based on this feedback. Those decisions were impacted by data/relationships that outweighed the IPOP data used to create the initial map. That said, IDPH will remain open to modification as service areas and response districts further evaluate their system needs after year one (FY18 or 7/1/17-6/30/18) implementation.</p>
<p><b><i>The Service Areas do not align with other “Service Maps” such as regional Epi, Regional Community Health Consultant, EMA regions, etc.</i></b></p> <p>(8 comments)</p>	<p>The other “service area maps” referenced in the comments received are not based on <i>service areas</i>. The other maps referenced are largely created to distribute staff workloads equitably, not to address “services” in the same way IDPH is attempting to impact TCC service areas. In addition, no data was provided to describe how the referenced maps (Epi, RCHC, EMA, etc.) would support systems development.</p>
<p><b><i>Let the counties determine their own service areas utilizing current partnerships and agreements</i></b></p> <p>(3 comments)</p>	<p>The intent of TCC is full system collaboration, planning and development. The proposed service areas have been established by data according to patient transfer patterns, systems of care, and existing working partnerships that are addressing system development. IDPH will remain open to modification as service areas and response districts further evaluate their system needs after year one implementation</p>