

IDPH Webinar  
Time Critical Conditions Update  
Sept 15, 2016

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# Today's Webinar

- Due to the number of participants no open mic will be available
- Session will be moderated by the “chat box”
- Please type questions/feedback into the chat box on the right side of your screen
- Answers/responses will be provided throughout the webinar - “Like” questions will be addressed in a consolidated answer

# Definitions

*Time Critical Conditions* – Events/conditions that require timely action and coordination among multiple partners. Resist focusing ONLY on trauma, stroke, cardiac events.

*System Development* – Efforts to develop a structured and integrated network of partners (PH, Hospital, EMS) to prevent, identify, and provide timely and appropriate response & care for TCC patients.

# Service Area Comments

## Themes & IDPH Response

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>

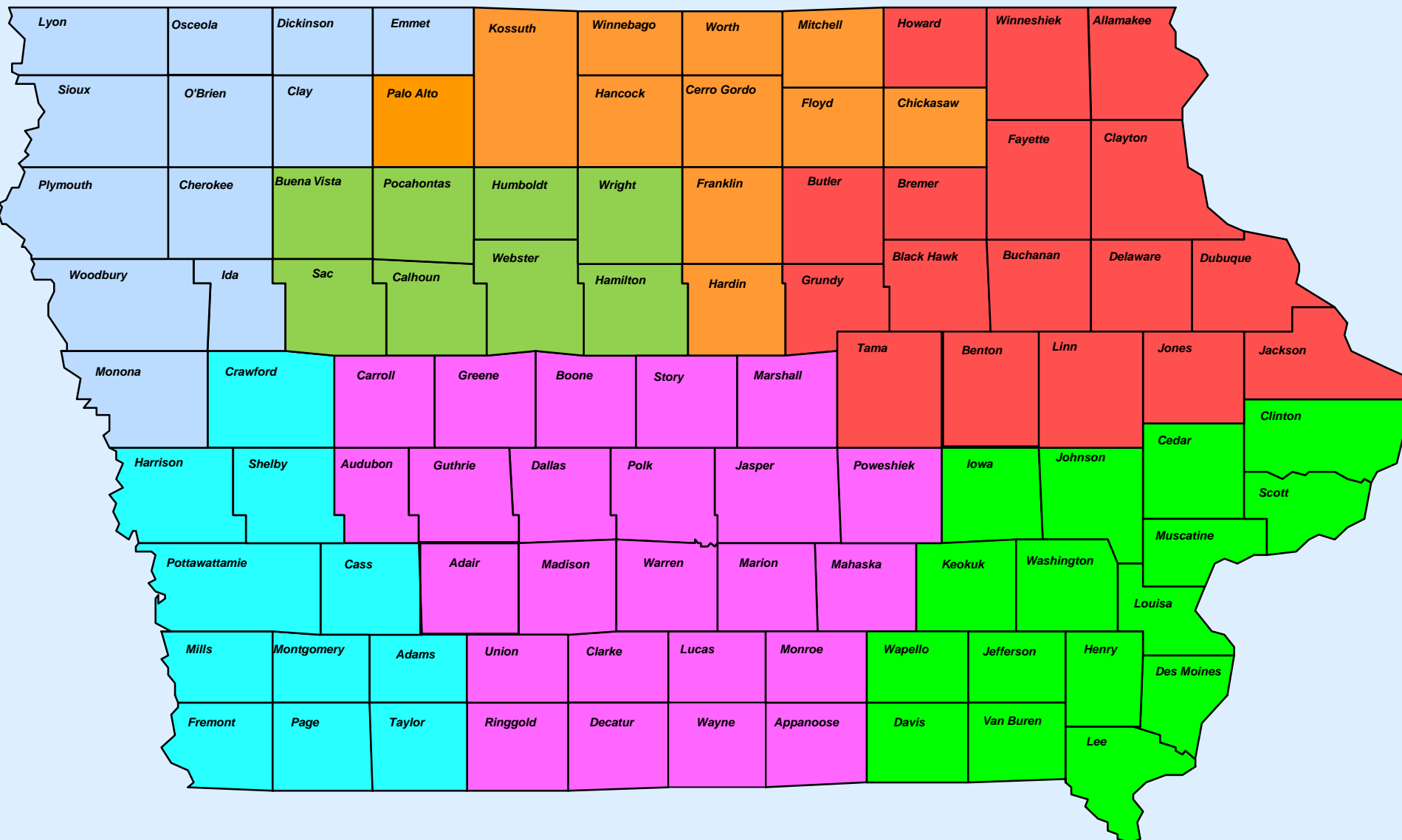
# Service Areas Maintained

- IDPH feels it is important to maintain the concept of Service Areas, as supported by data related to patient care
- IDPH acknowledges the concerns over such a significant transition from current funding model (coalitions) to the Service Area proposals
- “Response Districts” introduced in the largest Service Areas based on public comment.

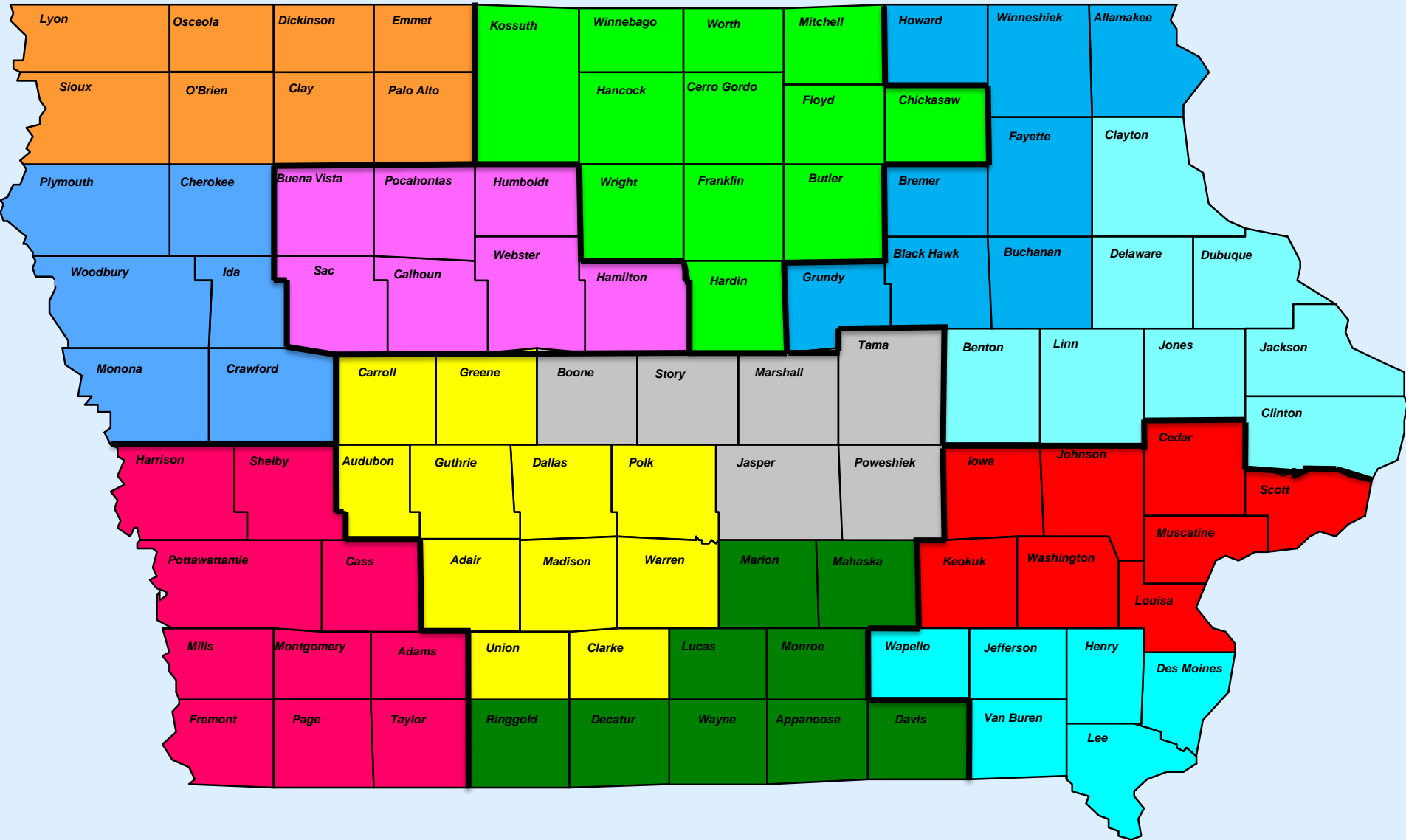
# “Response Districts” Concept

- Established as a primary means of addressing concerns related to the # of counties in each Service Area
- “Response Districts” should be considered a “sub-group” of the Service Area...with eventual goal of Service Area development
- Each “Response District” (in applicable Service Areas) will be awarded unique contracts
- Considering renaming to avoid confusion regarding partner roles

# Proposed TCC Service Areas – DRAFT 7/31/16



# TCC Service Areas/Response Districts Map – FINAL 09/01/16





# Key Reminders

- Application process *has not* been finalized
- Next two months will be used to establish final funding strategies and grant expectations for year 1
- Concepts will continue to evolve as IDPH receives constructive feedback
- Speak up, call us, and let's talk through remaining questions and concerns...there's still time

# Funding Strategy Proposal

- Each “Response District” will receive an award, where present. Otherwise, Service Area
- Will not implement a competitive application process for year 1, will reassess in future years
- Applicant areas (Service Areas / “Response Districts”) must start discussion NOW in budgeting for FY18 award
- Considering EITHER:
  - Issuing award based on recent award amounts
    - IDPH has preference for this method
  - Issuing award based on per capita award. IDPH has concerns about this model due to significant impacts in awards

# Funding Alignment/Accountability

- While funding will be “lumped” into a single award, appropriate uses of the individual funding sources must be preserved
- Allocations will not be “earmarked” to specific PH, Hospital, EMS agencies. Application will identify and define use of grant funds within award area
- IDPH will pre-identify the total funding award with a breakdown of each funding source

# Funding Alignment/Accountability

- The FTE will be supported from the “lump sum” award. \$120,000 cap, any savings will be retained for other uses within award area work plan
- In the most simple terms, preparedness funding must be used for preparedness activities, and EMS funding must be used for EMS activities
- If no application is received, no funding will be awarded. Funding will be reallocated to remaining awardees

# FTE & Fiscal Agent

- Applicant must serve as fiscal agent
- FTE must be an employee of BOS, BOH, Hospital, Authorized EMS Service, or County Emergency Management Commission from within the applicant coverage area

# Year 1 Grant Requirements

- Establish Administrative and fiscal processes
- Hire FTE
- Conduct system assessments against guidance documents
- Assess planning needs and strategies for education
- Develop exercise plan, and conduct table top exercise
- For Service Areas with multiple “Response Districts” - expectation of communication and coordination across the Service Area...starting “small” and transitioning to more integration over future grant award periods
- **REMINDER**, still a work in progress!!!

# IDPH Support to Grantees

- Provide samples duties for FTE
- Provide contact information for LPHA, EMS, and Hospitals
- Will work to develop success stories/case studies to share with local partners to help demonstrate system development.
- Creating IDPH multi-disciplinary teams to support local FTE and service areas/districts. Intended to be a TA/Consultative role to support system development efforts

“Life is about making some things happen,  
not waiting for something to happen.”



# Q & A Period

- **Reminder** - Session is moderated by “chat box”, no open mic will be available
- Please type questions/feedback into the box on the right side of your screen
- Answers will be provided in the order received, and “like” questions will be addressed in a consolidated answer
- Comments following this session can be submitted to:
  - [Rebecca.Curtiss@idph.iowa.gov](mailto:Rebecca.Curtiss@idph.iowa.gov)
  - [Kenneth.Sharp@idph.iowa.gov](mailto:Kenneth.Sharp@idph.iowa.gov)