

✓ The Check-Up



Iowa Department of Public Health

The Check-Up is a health care transformation newsletter designed to keep interested Iowans up-to-date on the progress of health reform initiatives. The Check-Up features updates on activities of the Iowa Department of Public Health's (IDPH) Office of Health Care Transformation (OHCT) and partners. The OHCT is a key point of contact for health care transformation initiatives within IDPH including State Innovation Model, Health Insurance Marketplace, care coordination, social determinants of health, and Patient-Centered Medical Homes. The OHCT monitors federal health care issues and disseminates the key information, opportunities and impacts to the public and IDPH's internal and external partners.

August 2017

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Iowa Palliative Care Awareness Survey

This past legislative session, IDPH's [Patient-Centered Health Advisory Council](#) was charged by [House File 393](#) to review the public's awareness of palliative care, provide recommendations to increase awareness and address barriers. A report to the governor and the general assembly must be completed by December 31, 2017. The Council has developed a brief survey consisting of 10 multiple choice questions to gauge the public's awareness.

Please click on the following link to fill out a short survey about your awareness of palliative care

Survey: <https://www.surveymonkey.com/r/2R38GM5>

Please share this with your partners, colleagues, acquaintances and anyone else you think would be interested in filling out a survey on palliative care. If you would like the survey in a different format, contact abby.less@idph.iowa.gov. The final report, including the results of the survey, will be made available on the Patient-Centered Health Advisory Council website at <https://idph.iowa.gov/ohct/advisory-council>.

What is Palliative Care?

Palliative care, also known as comfort care, supportive care and symptom management, is specialized medical care for people living with a serious illness. It focuses on managing the symptoms caused by the treatment of the serious illness, such as pain, nausea and fatigue. Palliative care also provides an extra layer of support for practical needs, particularly for care provided at the patient's home. The goal is to improve the quality of life for both the patient and the family.

Palliative care is provided by a team of experts (palliative care physicians, nurses, social workers and others) who work together with the primary specialist treating the patient for their specific illness to provide an extra layer of support. It is appropriate at any age and at any stage of a serious illness, and can be provided at the same time as medical treatment.

Patient-Centered Health Advisory Council

The Patient-Centered Health Advisory Council last met Friday, May 19 at the West Des Moines Learning Resource Center from 9:30 a.m. to 3:00 p.m. Agenda items included an update from the Iowa Medicaid Enterprise, a legislative update and an overview of the Medical Assistance Advisory Council recommendations. This meeting's social determinant of health focus was on **"Exploring Health Inequities"** and the Council received presentations and discussed the following topics:

- Dr. Bery Engebretsen and Will Walker from Primary Health Care discussed addressing disparities from a provider's perspective.
- Janice Edmunds-Wells from the Iowa Department of Public Health's Office of Multicultural and Minority Health gave an overview of health equity and the social determinants of health.
- Joshua Barr, the director of the Des Moines Civil and Human Rights Commission, discussed its work and mission of promoting equality, advancing justice and ensuring the protection of human rights for all persons in Des Moines.
- A panel discussion took place comprised of a variety of organizations exploring health inequities different populations are facing in Iowa today. The panel was comprised of:
 - Ana Coppola- **Polk County Health Department**
 - Lian Puii- **EMBARC- Ethnic Minorities of Burma Advocacy and Resource Center**
 - Janice Edmunds-Wells- **Iowa Department of Public Health- Office of Minority and Multicultural Health**
 - Carlene Russell- **Iowa Department on Aging**
 - Daniel Hoffman-Zinnel- **One Iowa**
 - Becky Harker- **Iowa Developmental Disabilities Council**

The [agenda](#), [minutes](#) and meeting materials can be accessed [here](#).

Meeting Schedule

- Friday, August 11, 2017- Polk County River Place
- Friday, November 3, 2017- West Des Moines Learning Resource Center
- Friday, February 16, 2018 from 9:30 – 3:00 location TBD
- Friday, May 11, 2018 from 9:30 – 3:00 location TBD
- Friday, August 17, 2018 from 9:30 – 3:00 location TBD
- Friday, November 2, 2018 from 9:30 – 3:00 location TBD

Issue Briefs

The Council has developed issue briefs as educational tools for the public and stakeholders on emerging health care transformation topics.

- [Social Determinants of Health Issue Brief](#)
- [Population-Based Health Care Issue Brief](#)

Iowa State Innovation Model (SIM)

Iowa is one of 11 states holding a SIM Testing grant. The grant will be used to align and transform Iowa's delivery system to one focused on population health. The updated [SIM Vision Diagram](#) will guide Iowa's SIM work from May 1, 2017, through April 30, 2019. The Iowa SIM Vision of "Iowans experience better health and have access to accountable and affordable healthcare in every community" will be implemented through two primary drivers: delivery system reform and payment reform. Three cross cutting drivers further support the SIM implementation. IDPH, through the Iowa Department of Human Services, will provide oversight to one of these cross cutting drivers, the [Roadmap to Improve Population Health](#) (Roadmap).

The Iowa SIM Roadmap is comprised of three main components:

- System Care Coordination and Management;
- Evidence-Based Care Coordination and Patient Self-Management & Support; and
- Linkages to Community-Based Resources to Address Patients' Social Needs.

In order to prove the effectiveness of these three main Roadmap components and the related subcomponents in the two-year time period, the Iowa SIM project is testing this structure specifically on improving the management and reducing the incidence of diabetes. The Roadmap structure could then be used to improve other health conditions.

Interventions in the Iowa SIM Roadmap occur at either the state level or at the local level, primarily in the Community & Clinical Care (C3) regions. [Here](#) is a map of the six C3 regions that became effective on May 1, 2017. The C3 pilot will use Accountable Communities of Health common elements to test whether specific clinical tactics, enhanced referral systems to community-based resources, and subject-matter technical assistance will lead to better quality outcomes for health care providers in the C3 regions, and ultimately improved health outcomes and quality of life for patients.

Iowa Dental Wellness Plan Redesign

Background: On December 13, 2016, a Request for Information (RFI) was issued regarding the delivery of dental services for the Dental Wellness Plan (DWP) and adult Medicaid members. The IME currently provides dental benefits to adult members via two different benefit packages and management strategies which vary based on a members Medicaid eligibility group.

Responses were received from 22 stakeholders. All RFI respondents showed interest in a unified adult dental program that eliminates complications due to Medicaid eligibility changes and churn. Respondents showed interest in a simplified program design to streamline administration and ease confusion. In addition to the review of the RFI responses, DHS considered information provided through the DWP evaluations conducted by the University of Iowa Public Policy Center. As a result of this information, DHS believes changes are necessary to improve and refine the adult dental programs.

Effective July 1, 2017: Adult Medicaid members, age 19 and older, will be combined into a single, improved dental program. The movement of all adult Iowa Medicaid members to the DWP will result in a more seamless experience for members and providers.

The new DWP will incentivize members to utilize preventative dental services and to maintain good oral health. A simplified earned-benefit structure will address concerns about a member's ability to understand and access benefits due to eligibility churn between two programs. Delta Dental of Iowa and MCNA Dental will be administering the new DWP. For more information, view [Informational Letter No. 1788](#).

IA Health Link Public Comment Meetings

The Iowa Department of Human Services is holding public comment meetings to gather input on the IA Health Link managed care program. Meetings will be held in eight different locations throughout Iowa. There is no pre-registration required to attend the meetings and they will be open to anyone who wishes to hear the latest updates and make comments regarding the program. Summaries of each public meeting and the meeting schedule can be found at <https://dhs.iowa.gov/iahealthlink/IHL-Public-Comment-Meetings>.

Upcoming IA Health Link Public Comment Meetings

Meeting Date	Meeting Time	Meeting Location	Location Details
August 29, 2017	5 p.m. – 7 p.m.	Bettendorf	Scott Community College Student Life Center 500 Belmont Road Bettendorf, IA 52722
October 11, 2017	5 p.m. – 7 p.m.	Dubuque	Grand River Center Meeting Room 1 500 Bell Street Dubuque, IA 52001
December 14, 2017	5 p.m. – 7 p.m.	Des Moines	Polk County River Place Room 1 2339 Euclid Avenue Des Moines, IA 50310

Iowa Medicaid Managed Care Monthly & Quarterly Reports

Quarterly Reports

Performance monitoring and data analysis are critical components in assessing how well the MCOs are maintaining and improving the quality of care delivered to members. The quarterly reports, with a number of elements required through oversight legislation, are comprehensive and focus on compliance areas, as well as health outcomes over time. DHS examines the data from a compliance perspective and conducts further analysis if any issues are identified. While there are specific performance standards in the contract for a limited set of items, not all data reported is directly linked to a contractual requirement. Items which do have contractual requirements are indicated in the reports. Below is the most recent quarterly report:

- [Medicaid Managed Care, Quarter 3 \(January-March 2017\)](#) published June 19, 2017

Monthly Reports

Demographic Reports

Demographic reports are published each month identifying the Medicaid population by program, MCO and by county. Below is the most recent demographic report:

- [June 2017](#)

Monthly Performance Reports

Monthly Managed Care Performance Reports were created during the first year of the IA Health Link managed care program (April 2016, to March 2017). The [Quarterly](#) and [Annual](#) Managed Care Performance Reports will continue to be published ongoing. These reports contain more detailed data to assess how well the MCOs are maintaining and improving the quality of care delivered to members. Below is the most recent Monthly Managed Care Performance Report:

- [March 2017](#)

Managed Care Ombudsman Program Reports

The [Managed Care Ombudsman Program](#) advocates for the rights and needs of Medicaid managed care members who live or receive care in a health care facility, assisted living program or elder group home, as well as members enrolled in one of Medicaid's [seven](#) home and community-based services waiver programs. The Managed Care Ombudsman Program develops monthly and quarterly reports which can be accessed below:

- [February 2017 Managed Care Ombudsman Program Report](#)
- [Managed Care Ombudsman Program Quarterly Report- 2016 Quarter 3 \(October, November, December\)](#)

A Guide on How to Navigate Managed Care in Iowa

The Managed Care Ombudsman Program just released *How to be Your Own Best Advocate Guide*, a new resource for Medicaid members and their support system. The guide is intended to assist members and their loved ones with navigating the managed care system in Iowa. This guide was developed in collaboration with Disability Rights Iowa and the Iowa Developmental Disabilities Council, and is aimed at addressing various issues and questions expressed by members and their loved ones, empowering them to better advocate for themselves if issues arise. The guide can be accessed at

<https://www.iowaaging.gov/how-be-your-own-best-advocate-guide-how-navigate-managed-care-iowa>.

Iowa Seeks Federal Approval of Health Insurance Stopgap Measure

Iowa's Insurance Division has [proposed a Stopgap Measure](#) to the Centers for Medicare & Medicaid Services (CMS) to ensure all Iowans have access to health insurance in 2018. The Affordable Care Act (ACA) has left Iowa's individual health insurance market without a participating carrier in 2018. Iowans throughout all 99 counties will likely be left without access to purchase health insurance on the individual market. Iowa needs an individual market that works in all of Iowa's 99 counties. The proposed Stopgap Measure is the only solution in which a health insurance carrier has committed to sell health insurance in every county of Iowa's individual market. The proposed measure will provide consumers with age- and income-based tax credits, and will utilize a reinsurance mechanism for costly medical claims.

The health coverage sold under the Stopgap Measure to Iowans during the 2018 open enrollment period (beginning November 1, 2017) will be guaranteed issue, include all of the Essential Health Benefits of the ACA and any additional benefits required by Iowa law, and will protect consumers from annual and lifetime caps. The Stopgap Measure is a short-term solution, but Iowa and many other states need a long-term fix from Congress to stabilize the damage done by the ACA.

Iowans may comment on the proposed Stopgap Measure directly online at www.iid.iowa.gov/PublicComments through Monday, August 14, 2017, or attend the following public hearing:

Thursday, August 10, 2017

5:30 – 6:30 p.m.

Cedar Rapids Public Library Beems A/B Room
450 5th Avenue SW, Cedar Rapids, 52401

Iowa MAAC Recommendations & Responses

What is MAAC?

The Medical Assistance Advisory Council (MAAC) is a federal requirement for all state Medicaid programs. The purpose of MAAC is to monitor the Medicaid program and to advise the Director of Iowa Department of Human Services (DHS) about health and medical care services under the medical assistance program. MAAC is mandated by federal law and further established in Iowa Code. The Director of the Iowa Department of Public Health (IDPH) is the co-chair, along with a public member. Visit [Iowa's MAAC website](#) for the meeting schedule, meeting materials and the list of members.

Recommendations & Responses

The MAAC made a number of [recommendations](#) regarding the IA Health Link Public Comment Meetings held in Quarter 3 of 2016. Responses to these recommendations can be found as item #7 in the [MAAC meeting packet](#).

Community Health Workers in Iowa

What is a Community Health Worker?

Community Health Workers (CHWs) are trusted, knowledgeable frontline health personnel who typically come from the communities they serve. CHWs expand access to coverage and care, improve health outcomes, especially for those at risk, and bridge cultural and literacy barriers. CHWs provide a critical link between their communities, the health care system and social support services. CHWs impact the health status of individuals in a community by reducing health disparities, increasing access to care, elevating cultural competence and affordability, and empowering individuals and communities toward better health. *(Definition adapted from the American Public Health Association)*

Other titles commonly used include: navigator, community health advisors, peer educators, promotor(a) de salud, community health representatives, community health advisors, lay health advisors, outreach workers, care guides. These can be paid employees or volunteers.

CHWs are uniquely positioned to help individuals and communities achieve better health outcomes, especially those who are underserved and hardest hit by negative socioeconomic determinants of health. CHWs typically come from and are trusted by the communities they serve, and help other members of the health team bridge cultural and literacy barriers.

Iowa Community Health Workers Alliance

The Iowa Community Health Worker Alliance was formed to raise awareness about the existence and value of the CHW workforce, to consider the need for coordinated training and support, and to promote expanded utilization of CHWs in reaching and assisting underserved populations in Iowa. The Alliance is comprised of individuals from various organizations within Iowa's health and human services systems, including public health, payers, safety net organizations and academia.

C.O.R.E. Training for Iowa Community Health Workers

The Iowa Chronic Care Consortium, with guidance from the Alliance, recently developed and hosted a pilot training session for CHWs. The three-day training program was held March 28-30 in Ankeny.

For more information about the work of the Alliance and Iowa Chronic Care Consortium's work in support of CHWs, contact Deb Kazmerzak, dgzkazmerzak@gmail.com or 515-554-3788.