Healthy Iowans 2017-2021
Iowa’s Health Improvement Plan

Health System Improvement
March 2017

Coordinated by the Bureau of Planning Services
Iowa Department of Public Health
Health System Improvement

**Iowa Health Issue:** Health System Improvement & Evidence-Based Decision Making

Iowa Counties with Local Strategies


These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: [http://idph.iowa.gov/chnahip/health-improvement-plans](http://idph.iowa.gov/chnahip/health-improvement-plans)

### Health System Improvement & Evidence-Based Decision Making

**Goal #1**

Increase person and family engagement in decision making.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
</table>

**Objective 1-1**

By 2018, increase the number of hospitals who have a Person and Family Advisory Council or patient representation on a patient safety or quality improvement work group, committee, or team.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>41.5</td>
<td>2018</td>
<td>50</td>
</tr>
</tbody>
</table>

Data Source & Location

Hospital self-report through Hospital Engagement Network/Hospital Improvement Innovation Network (HIIN) reporting; Iowa Healthcare Collaborative

### Strategy 1-1.1

Disseminate person and family engagement best practice resources to hospitals through learning communities, web-based events, and communities of practice.

**Strategy Source & Location**

Iowa Healthcare Collaborative HIIN program strategy

<table>
<thead>
<tr>
<th>Who's Responsible</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa Healthcare Collaborative</td>
<td>Sep 29, 2018</td>
</tr>
</tbody>
</table>

### Health System Improvement & Evidence-Based Decision Making

**Goal #2**

Improve care provided by critical access hospitals and emergency medical service providers to patients presenting with sudden cardiac arrest (SCA).

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
</table>

**Alignment with National Plans**


**Alignment with State / Other Plans**

### Objective 2-1
Distribute approximately 435 Lucas Assistive Devices for Cardiac Arrest Program (LADCAP) to emergency medical services and critical access hospitals across the state.

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>109</td>
<td>2019</td>
<td>435</td>
</tr>
</tbody>
</table>

**Data Source & Location:** Iowa Department of Public Health, Bureau of Emergency and Trauma Services records

### Strategy 2-1.1
Equip EMS agencies and critical access hospitals with Lucas Device Systems.

**Strategy Type:** Professional/provider-focused

**Strategy Source & Location:** Iowa Department of Public Health, Bureau of Emergency and Trauma Services

**Who’s Responsible:** Iowa Department of Public Health, Bureau of Emergency and Trauma Services

**Target Date:** 12/31/2019

### Objective 2-2
Increase the number of emergency medical providers and hospital personnel who have received train the trainer education on how to efficiently and safely use the Lucas device system.

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>220</td>
<td>2019</td>
<td>870</td>
</tr>
</tbody>
</table>

**Data Source & Location:** Bureau of Emergency and Trauma Services spreadsheet

### Strategy 2-2.1
Contract with Physio Control to provide train the trainer education to hospital and EMS staff.

**Strategy Type:** Professional/provider-focused

**Strategy Source & Location:** Iowa Department of Public Health, Bureau of Emergency and Trauma Services

**Who’s Responsible:** Iowa Department of Public Health, Bureau of Emergency and Trauma Services

**Target Date:** Dec 31, 2019

### Objective 2-3
Improve data systems to track the equipment and report usage and performance of the equipment.

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>0</td>
<td>2019</td>
<td>1</td>
</tr>
</tbody>
</table>

**Data Source & Location:** Iowa Department of Public Health, Bureau of Emergency and Trauma Services

### Strategy 2-3.1
Continue to improve on process to track usage and number of lives saved while using the devices.

**Strategy Type:** Policy-focused

**Strategy Source & Location:** Iowa Department of Public Health, Bureau of Emergency and Trauma Services

**Who’s Responsible:** Iowa Department of Public Health, Bureau of Emergency and Trauma Services

**Target Date:** Dec 31, 2019
### Goal #3
Increase the use of standardized methods to assess the development of young children.

<table>
<thead>
<tr>
<th>Objective 3-1</th>
<th>Increase the percent of Iowa children, ages 10-71 months, receiving a developmental screening using a parent-completed screening tool from 34.3% in 2012 to 40.3% in 2021.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>Target</td>
</tr>
<tr>
<td>Year</td>
<td>Value</td>
</tr>
<tr>
<td>2012</td>
<td>34.3%</td>
</tr>
</tbody>
</table>

Data Source & Location: National Survey of Children's Health (NSCH), National Performance Measure #6

<table>
<thead>
<tr>
<th>Strategy 3-1.1</th>
<th>Bureau of Family Health will promote parent and caregiver awareness of developmental screening.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy Type</td>
<td>Individual/interpersonal-focused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy Source &amp; Location</th>
<th>Iowa Department of Public Health, Bureau of Family Health</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Who's Responsible</th>
<th>Iowa Department of Public Health, Bureau of Family Health</th>
</tr>
</thead>
</table>

Target Date: July 1, 2017

### Goal #4
Increase the percentage of Iowa school districts and accredited non-public schools with concussion management protocols supporting students returning to the classroom following concussion.

<table>
<thead>
<tr>
<th>Objective 4-1</th>
<th>By 2018, 25% of school districts will have a concussion management protocol for supporting students returning to the classroom following concussion.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>Target</td>
</tr>
<tr>
<td>Year</td>
<td>Value</td>
</tr>
<tr>
<td>2017</td>
<td>0%</td>
</tr>
</tbody>
</table>

Data Source & Location: To be developed.

<table>
<thead>
<tr>
<th>Strategy 4-1.1</th>
<th>By June 2017, develop and conduct a baseline survey for school districts and accredited non-public schools to determine whether or not they have a protocol in place.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy Type</td>
<td>Professional/provider-focused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy Source &amp; Location</th>
<th>Iowa Department of Public Health, Brain Injury Program</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Who's Responsible</th>
<th>Iowa Department of Public Health, Brain Injury Program</th>
</tr>
</thead>
</table>

Target Date: Aug 1, 2017

<table>
<thead>
<tr>
<th>Strategy 4-1.2</th>
<th>By August 2017, concussion management guidelines will be drafted and distributed to all Iowa school districts and accredited non-public schools.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy Type</td>
<td>Professional/provider-focused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy Source &amp; Location</th>
<th>Iowa Department of Public Health, Brain Injury Program</th>
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<table>
<thead>
<tr>
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<th>Iowa Department of Public Health, Brain Injury Program</th>
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</thead>
</table>
Guidelines will be modeled off recommendations outlined in the Remove/Reduce, Educate, Adjust/Accommodate Pace (REAP) post-concussion model and from concussion guidelines produced by other states, such as Colorado, Kansas, and New York. [http://biaia.org/ICC/reap-full-publication.pdf](http://biaia.org/ICC/reap-full-publication.pdf)

Who’s Responsible
Iowa Department of Public Health, Brain Injury Program and Iowa Department of Education

Target Date
Aug 1, 2017

Health System Improvement & Evidence-Based Decision Making

**Strategy 4-1.3** Through June 2018, provide training and technical assistance to school districts and accredited non-public schools wishing to develop and implement concussion management protocols.

Strategy Source & Location
Training and technical assistance will be based on REAP manual and the concussion management guidelines, to be developed in strategy 4-1.2 [http://biaia.org/ICC/reap-full-publication.pdf](http://biaia.org/ICC/reap-full-publication.pdf)

Who’s Responsible
Iowa Department of Public Health, Brain Injury Program and Iowa Department of Education

Target Date
Jun 30, 2018

Goal #5 Improve the quality of cause of death data collected on mortality records.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Center for Health Statistics <a href="https://www.cdc.gov/nchs/nvss/deaths.htm">https://www.cdc.gov/nchs/nvss/deaths.htm</a></td>
<td>CDC Technical Grant</td>
</tr>
</tbody>
</table>

**Objective 5-1** Improve the quality of death data by decreasing the number of unspecified cancer mortality records as the underlying cause of death (defined as Code 80) within 90 days after submission to the National Center for Health Statistics (NCHS) from 1% to 0.3%.

Baseline Year | Baseline Value | Target Year | Target Value
---|---|---|---
2015 | 1.0% | 2018 | 0.3%

Data Source & Location
Iowa Department of Public Health, Bureau of Health Statistics. Iowa Vital Events System.

Health System Improvement & Evidence-Based Decision Making

**Strategy 5-1.1** Create an on-line training module for deaths certifiers.

Strategy Source & Location
CDC Technical Proposal 2016-Q-00953

Who’s Responsible
Iowa Department of Public Health, Bureau of Health Statistics

Target Date
Apr 1, 2018

**Objective 5-2** Increase the quality of death records by decreasing unspecified drug mortality records so that there are no more than 5% of the mortality records with a drug poisoning death containing only the code of T50.9 (i.e., T50.9 is defined as other and unspecified drugs) within 150 days after submission to NCHS.

Baseline Year | Baseline Value | Target Year | Target Value
---|---|---|---
2015 | 5.825% | 2018 | 5%

Data Source & Location
Iowa Department of Public Health, Bureau of Health Statistics. Iowa Vital Events System.
**Health System Improvement & Evidence-Based Decision Making**

**Strategy 5-2.1** Create an on-line training module for deaths certifiers.  
*Strategy Type*  
Professional/provider-focused

**Strategy Source & Location**  
CDC Technical Proposal 2016-Q-00953

**Who's Responsible**  
Iowa Department of Public Health, Bureau of Health Statistics  
**Target Date**  
Apr 1, 2018

**Health System Improvement & Evidence-Based Decision Making**

**Objective 5-3**  
Increase the quality of mortality records so that no more than 0.3% of the mortality records containing an ill-defined cause of death (i.e., ill-defined causes of death are defined as those records containing an underlying cause code of R00-R94 or R96-R99 AND neither the manner nor the cause of death code is pending) within 90 days after submission to NCHS.

**Baseline**  
Year: 2015  
Value: 0.91%

**Target**  
Year: 2018  
Value: 0.3%

**Data Source & Location**  
Iowa Department of Public Health, Bureau of Health Statistics

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**Health System Improvement & Evidence-Based Decision Making**

**Goal #6**  
Assure equitable public health services across the state.

**Alignment with National Plans**

Public Health National Center for Innovation at the Public Health Accreditation Board.  

**Alignment with State / Other Plans**

N/A

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**Health System Improvement & Evidence-Based Decision Making**

**Objective 6-1**  
Increase the percentage of Iowa's population provided with the foundational public health services by the governmental public system.

**Baseline**  
Year: 2017  
Value: Unknown

**Target**  
Year: 2021  
Value: TBD

**Data Source & Location**  
To be developed. Data will be collected by the Public Health Advisory Council.

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**Health System Improvement & Evidence-Based Decision Making**

**Strategy 6-1.1**  
Using the foundational public health services model, develop a description of baseline public health services provided by the governmental public health system.  
*Strategy Type*  
Policy-focused

**Strategy Source & Location**  
Public Health Advisory Council. The plan is not formalized at this time.
### Health System Improvement & Evidence-Based Decision Making

#### Strategy 6-1.2

**Determine the percentage of Iowa's population that are provided with the foundational public health services by the governmental public health system.**

**Strategy Source & Location**

Public Health Advisory Council. The plan is not formalized at this time.

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### Health System Improvement & Evidence-Based Decision Making

**Goal #7** Use data governance to ensure consistent practices at the Iowa Department of Public Health related to data.

**Alignment with National Plans**


**Alignment with State / Other Plans**

- Iowa Department of Public Health, Unpublished Data Management Work Plan

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### Health System Improvement & Evidence-Based Decision Making

**Objective 7-1** Improve the cycle time from request to data sharing for Iowa Department of Public Health Data Sharing Agreements (DSAs) and Research Agreements (RAs).

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>54 days</td>
<td>2018</td>
<td>30 days</td>
</tr>
</tbody>
</table>

**Data Source & Location**

Iowa Department of Public Health, Data Management Program

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### Health System Improvement & Evidence-Based Decision Making

**Strategy 7-1.1** Conduct a quality improvement project to review the data sharing process and identify areas for improvement.

**Strategy Source & Location**

Iowa Department of Public Health, Data Management Program

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### Health System Improvement & Evidence-Based Decision Making

**Goal #8** Increase the number of Data Sharing Agreements (DSAs) to ensure that data are being provided to internal and external Iowa Department of Public Health stakeholders to promote evidence-based decisions.

**Alignment with National Plans**


**Alignment with State / Other Plans**

- Iowa Department of Public Health, Unpublished Data Management Work Plan

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### Health System Improvement & Evidence-Based Decision Making

**Objective 8-1** Increase the number of new DSAs by 10 per year.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>76</td>
<td>2020</td>
<td>116</td>
</tr>
</tbody>
</table>

**Data Source & Location**

Iowa Department of Public Health, Data Management Program
Health System Improvement & Evidence-Based Decision Making

**Strategy 8-1.1** Educate Iowa Department of Public Health staff on the need for DSAs for data sharing through trainings and bureau meeting presentations.

**Strategy Type** Professional/provider-focused

**Strategy Source & Location**
Iowa Department of Public Health, Data Management Program

**Who's Responsible**
Iowa Department of Public Health, Data Management Program

**Target Date**
Dec 31, 2017

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**Strategy 8-1.2** Conduct outreach with public health stakeholders in the state, including local public health, researchers, and state-level organizations to promote the use of Iowa Department of Public Health data.

**Strategy Type** Professional/provider-focused

**Strategy Source & Location**
Iowa Department of Public Health, Data Management Program

**Who's Responsible**
Iowa Department of Public Health, Data Management Program

**Target Date**
Dec 31, 2020

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**Goal #9** Integrate services for Children and Youth with Special Health Care Needs (CYSHCN).

**Alignment with National Plans**
Title V State Priority Measure

**Alignment with State / Other Plans**
Iowa Title V CYSHCN Program Goal

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**Objective 9-1** By 2020, increase the percent of families of CYSHCN who report being very satisfied with communication with and between their health providers and other programs.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>44%</td>
<td>2020</td>
<td>49%</td>
</tr>
</tbody>
</table>

**Data Source & Location**
National Survey of Children's Health, Quality of Care Composite
http://www.census.gov/programs-surveys/nsch.html

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**Strategy 9-1.1** Develop and implement protocols for the utilization of a Shared Plan of Care to improve coordination of care for children and youth with special health care needs.

**Strategy Type** Professional/provider-focused

**Strategy Source & Location**
https://mchbtvis.hrsa.gov/Print/StateActionPlanTable/556e4c7f-a47f-4a72-938c-3e24b58034d6

**Who's Responsible**
Child Health Specialty Clinics, Division of Child and Community Health Integration Strategy Team

**Target Date**
Jan 1, 2020

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**Objective 9-2** By 2020, increase the percent of CYSHCN that report having access at the community level to pediatric specialty and ancillary therapies and other follow-up services needed for CYSHCN.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>44%</td>
<td>2020</td>
<td>49%</td>
</tr>
</tbody>
</table>

**Data Source & Location**
National Survey of Children's Health, Quality of Care Composite
http://www.census.gov/programs-surveys/nsch.html
**Strategy 9.2.1** Collaborate with Division of Child and Community Health to support increased use of telemedicine, consultative models, and other electronic communications to enhance access to pediatric specialty care and ancillary services for CYSHCN particularly for children living in rural Iowa.

**Strategy Source & Location**
https://mchbtvis.hrsa.gov/Print/StateActionPlanTable/556e4c7f-a47f-4a72-938c-3e24b58034d6

**Who’s Responsible**
Child Health Specialty Clinics, Division of Child and Community Health Integration Strategy Workgroup

**Target Date**
Jan 1, 2020

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**Goal #10** Expand the impact of the Iowa Public Health Tracking Portal in evidence-based decision-making.

### Alignment with National Plans
- Centers for Disease Control and Prevention (CDC)
- National Environmental Public Health Tracking Network
  https://ephtracking.cdc.gov

### Alignment with State / Other Plans
- Iowa Department of Public Health, Unpublished Data Management Work Plan

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**Objective 10-1** Increase the number of hits on the Iowa Public Health Tracking Portal pages by 10% per year.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>16,159</td>
<td>2020</td>
<td>23,658</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Piwik Web Analytics - annual report, page views sum for PHT and PHT_Secure

*Note* Baseline value for Jan1-Nov18, 2016. Need to update at end of year and to calculate target value.

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**Strategy 10-1.1** Conduct outreach and promotion of the tracking portal among Iowa Department of Public Health staff members and external public health stakeholders in Iowa.

**Strategy Source & Location**
Iowa Department of Public Health, Environmental Public Health Tracking Communication Plan

**Who’s Responsible**
Iowa Department of Public Health, Data Management Program/Environmental Public Health Tracking Team

**Target Date**
Dec 31, 2020

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**Objective 10-2** Increase the number of data sets on the Iowa Public Health Tracking Portal by one data set per year.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>14</td>
<td>2020</td>
<td>18</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Iowa Department of Public Health, Data Management Program

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**Strategy 10-2.1** Use the Data Needs Assessment conducted by the University of Iowa in 2016-17 to determine key data sets to include on the Iowa Public Health Tracking Portal.

**Strategy Source & Location**
Iowa Department of Public Health, Data Management Program
### Health System Improvement & Evidence-Based Decision Making

**Strategy 10-2.2**  
**Develop Business Requirements with key program staff to define how data are presented and work with Iowa Department of Public Health, Information Management to develop data visualizations.**  
**Strategy Type**  
Policy-focused  

**Strategy Source & Location**  
Iowa Department of Public Health, Data Management Program

<table>
<thead>
<tr>
<th>Who’s Responsible</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa Department of Public Health, Data Management Program</td>
<td>Oct 31, 2017</td>
</tr>
</tbody>
</table>

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**Objective 10-3**  
Increase the number of programs that have data on the tracking portal by one per year, using existing portal data sets.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>6</td>
<td>2020</td>
<td>10</td>
</tr>
</tbody>
</table>

**Data Source & Location**  
Iowa Department of Public Health, Data Management Program

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**Strategy 10-3.1**  
Use the data needs assessment and other department strategy plans to identify key programs to engage with the tracking portal.  
**Strategy Type**  
Policy-focused

**Strategy Source & Location**  
Iowa Department of Public Health, Data Management Program

<table>
<thead>
<tr>
<th>Who’s Responsible</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa Department of Public Health, Data Management Program</td>
<td>Dec 31, 2018</td>
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**Strategy 10-3.2**  
Develop Business Requirements with key program staff to define how data are presented and work with Iowa Department of Public Health, Information Management to develop data visualizations.  
**Strategy Type**  
Policy-focused

**Strategy Source & Location**  
Iowa Department of Public Health, Data Management Program

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<tbody>
<tr>
<td>Iowa Department of Public Health, Data Management Program</td>
<td>Dec 31, 2020</td>
</tr>
</tbody>
</table>

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**Goal #11**  
Increase participation in all services of the Iowa Health Information Network (IHIN) to create a complete network for health information exchange.

**Alignment with National Plans**
- Office of the National Coordinator for Health Information Technology. *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap*  

**Alignment with State / Other Plans**
- Iowa Health Information Network Strategic and Operational Plan  
**Objective 11-1**

Increase the number of IHIN participants to meet ongoing sustainability needs by increasing the number of clinics and ambulatory physician practices, care facilities groups, and health/therapies groups.

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>178</td>
</tr>
<tr>
<td>2018</td>
<td>225</td>
</tr>
</tbody>
</table>

Data Source & Location: IHIN Executive Summary

http://iowaehealth.org/documents/cms/docs/Plans_and_Reports/Executive_Summary/2016.08_IHIN_Executive_Summary.pdf

**Strategy 11-1.1**

Connect all hospitals for submission of ADTs to the alert engine for ER/Admit/Discharge/Transfer.

**Strategy Type**

Professional/provider-focused

**Strategy Source & Location**

Event notification (alerting) is part of the Statewide Innovation Model grant program plan. https://dhs.iowa.gov/ime/about/initiatives/newSIMhome

Who’s Responsible

Iowa Department of Public Health, Iowa Health Information Network Team

Target Date

Feb 1, 2019

**Strategy 11-1.2**

Increase providers connected to query function of the IHIN by leveraging EHR vendors.

**Strategy Type**

Professional/provider-focused

**Strategy Source & Location**

Iowa Health Information Network Strategic and Operational Plan

Who’s Responsible

Iowa Department of Public Health, Iowa Health Information Network Team

Target Date

Dec 29, 2017

**Goal #12**

Develop, sustain, and enhance laboratory testing capabilities to detect and confirm novel anti-microbial resistance mechanisms to prevent transmission of difficult-to-treat pathogens.

Alignment with National Plans


Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Cooperative Agreement - Antimicrobial-resistant bacteria https://www.cdc.gov/ncezid/dpei/epidemiology-laboratory-capacity.html

Alignment with State / Other Plans


**Objective 12-1**

Develop, sustain, and enhance laboratory testing capabilities to detect and confirm novel anti-microbial resistance mechanisms to prevent transmission of difficult-to-treat pathogens.

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>0</td>
</tr>
<tr>
<td>2020</td>
<td>1</td>
</tr>
</tbody>
</table>

Data Source & Location: Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

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Healthy Iowans: Iowa’s Health Improvement Plan
March 2017

Health System Improvement Focus Area
Page 11 of 20
Health System Improvement & Evidence-Based Decision Making

**Strategy 12-1.1**  
Train and educate State Hygienic Laboratory (SHL) and in-state laboratorians to identify and submit those organisms that the CDC designated as urgent and serious threats (e.g., multi drug resistant organisms).

**Strategy Type**  
Professional/provider-focused

**Strategy Source & Location**  
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

**Who’s Responsible**  
State Hygienic Laboratory (SHL) Microbiology staff, ILRN and Lab Benchmarking Google Group

**Target Date**  
Jan 1, 2019

Health System Improvement & Evidence-Based Decision Making

**Strategy 12-1.2**  
Increase SHL laboratory capacity to perform routine confirmatory CLIA-compliant antibiotic susceptibility testing.

**Strategy Type**  
Professional/provider-focused

**Strategy Source & Location**  
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

**Who’s Responsible**  
State Hygienic Laboratory Microbiology staff

**Target Date**  
Jan. 1, 2019

Health System Improvement & Evidence-Based Decision Making

**Strategy 12-1.3**  
Increase laboratory capacity to perform carbapenem-resistance mechanism testing for the most common and important resistance mechanisms as recommended and updated annually by CDC.

**Strategy Source & Location**  
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23; K6 State CRE Laboratory Capacity  
https://www.cdc.gov/drugresistance/biggest_threats.html

**Who’s Responsible**  
State Hygienic Laboratory Microbiology staff

**Target Date**  
Jan. 1, 2019

Health System Improvement & Evidence-Based Decision Making

**Objective 12-2**  
Improve laboratory coordination and outreach/information flow for antimicrobial resistance monitoring throughout Iowa.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>0</td>
<td>2020</td>
<td>1</td>
</tr>
</tbody>
</table>

**Data Source & Location**  
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

Health System Improvement & Evidence-Based Decision Making

**Strategy 12-2.1**  
Coordinate connections between epidemiology and laboratory functions at state, city, county, and local levels. Develop testing and communication protocols, reporting process, and IT infrastructure to ensure timely testing and reporting of results to submitting facilities, state prevention epidemiologists, jurisdictional public health laboratories, and regional prevention partners.

**Strategy Type**  
Community-focused

**Strategy Source & Location**  
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23
### Health System Improvement & Evidence-Based Decision Making

**Strategy 12-2.2**  
Utilize connections with the state HAI/AR prevention programs to improve outbreak response capacity for carbapenemase-producing *Enterobacteriaceae*.  
*Strategy Type*  
Community-focused

**Strategy Source & Location**  
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

**Who’s Responsible**  
Iowa Department of Public Health CADE staff, SHL Microbiology staff, ILRN and Lab Benchmarking Google Groups  
**Target Date**  
Jan. 1, 2020

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**Strategy 12-2.3**  
Coordinate connections with hospitals in the state to receive isolates in a timely manner.  
*Strategy Type*  
Community-focused

**Strategy Source & Location**  
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

**Who’s Responsible**  
Iowa Department of Public Health CADE staff, SHL Microbiology staff, ILRN and Lab Benchmarking Google Groups  
**Target Date**  
Jan. 1, 2020

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**Goal #13**  
Increase the laboratory workforce in Iowa to meet future demands.

### Alignment with National Plans

- **Healthy People 2020, Access to Quality Health Services and Support**  
  [https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services](https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services)

- **American Society for Clinical Pathology (ASCP). Building a Laboratory Workforce to Meet the Future**  
  [https://www.ascp.org/content/docs/default-source/pdf/advocacy/c8d427b2-aa0b-43b9-8b00-743af471a27a.pdf?sfvrsn=2](https://www.ascp.org/content/docs/default-source/pdf/advocacy/c8d427b2-aa0b-43b9-8b00-743af471a27a.pdf?sfvrsn=2)

### Alignment with State / Other Plans

- **Kirkwood Community College Plan**

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**Objective 13-1**  
Increase the total number of available training programs in Iowa.

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Value</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

**Data Source & Location**  
National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) accredited and approved program listing. In Iowa there are currently 4 medical laboratory technician (MLT) programs that offer a 2 year training course culminating in an AS and national certification. There are 5 medical laboratory scientist (MLS) programs that can be completed either as a 1 year post-baccalaureate program or a 3 + 1 year BS program.  
[http://www.naacls.org/Find-a-Program.aspx](http://www.naacls.org/Find-a-Program.aspx)

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**Strategy 13-1.1**  
Utilize educational and technical expertise from SHL staff to develop adjunct instructors and increase professional development.  
*Strategy Type*  
Professional/provider-focused
**Strategy Source & Location**
Develop training and case based scenarios for the HS science academy students. Develop staff educational training.

**Who's Responsible**
State Hygienic Laboratory

**Target Date**
Jan. 1, 2019

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**Health System Improvement & Evidence-Based Decision Making**

**Strategy 13-1.2**  
Work with state legislators to develop a bill to reinstate or reauthorize and fund HRSA's Allied Health Special Projects Program (D37) in order to recruit and retain faculty and students, develop curriculum, support the distribution of clinical laboratory personnel practitioners in underserved areas, or support the continuing development of these professions.

**Strategy Type**  
Policy-focused

**Strategy Source & Location**
Health Resources and Services Administration (HRSA) grants listing

**Who's Responsible**
State Hygienic Laboratory

**Target Date**
Jan 1, 2019

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**Strategy 13-1.3**  
Establish a new medical laboratory technician (MLT) program at Kirkwood Community College

**Strategy Type**  
Policy-focused

**Strategy Source & Location**
New strategy

**Who's Responsible**
State Hygienic Laboratory

**Target Date**
Jan 1, 2019

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**Iowa Health Issue:**  
Transportation

**Iowa Counties with Local Strategies**

Dallas, Davis, Greene, Henry, Humboldt, Iowa, Lee, Linn, Lucas, Mills, Pocahontas, Pottawattamie, Poweshiek, Sioux, Van Buren

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: [http://idph.iowa.gov/chnahip/health-improvement-plans](http://idph.iowa.gov/chnahip/health-improvement-plans)

**Transportation**

**Goal #1**  
Provide transportation to health care services by making available State Transit Assistance Special Project funds to Iowa's 35 public transit agencies.

**Alignment with National Plans**
National Prevention Council Action Plan

**Alignment with State / Other Plans**
Transportation Coordination in Iowa
[http://publications.iowa.gov/23108/1/2016%20Transportation%20Coordination%20in%20Iowa.pdf](http://publications.iowa.gov/23108/1/2016%20Transportation%20Coordination%20in%20Iowa.pdf)

**Transportation**

**Objective 1-1**  
Through regional transportation planning agencies and public transit agencies, identify projects for persons needing access to public transit for health prevention and medical-related services.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>TBD</td>
<td>2021</td>
<td>5</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Iowa Department of Transportation, to be developed.
Transportation

**Strategy 1-1.1** Encourage local public health agencies to work with regional planning agencies and the public transit agencies in identifying projects related to accessing health-related services.

**Strategy Type** Community-focused

**Strategy Source & Location**
Iowa Department of Transportation

**Who's Responsible**
Iowa Transportation Coordination Council and the Iowa Department of Public Health

**Target Date**
Jan 1, 2020

**Transportation**

**Strategy 1-1.2** Update and promote the Health Care and Public Transit publication.

**Strategy Type** Professional/provider-focused

**Strategy Source & Location**
Iowa Department of Transportation

**Who's Responsible**
Iowa Department of Public Health, Iowa Department of Transportation Office of Public Transit, the state-wide mobility manager, and the Iowa Transportation Coordination Council.

**Target Date**
Jan 1, 2020

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**Iowa Health Issue: Insurance Affordability & Coverage**

**Iowa Counties with Local Strategies**
Calhoun, Louisa, Poweshiek, Ringgold, Scott, Sioux

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNAaHIP) website: [http://idph.iowa.gov/chnahip/health-improvement-plans](http://idph.iowa.gov/chnahip/health-improvement-plans)

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**Insurance Affordability & Coverage**

**Goal #1** Reduce the number of Iowa’s children and pregnant women who are un- or under-insured.

**Alignment with National Plans**
Healthy People 2020, Access to Health Services
[https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services](https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services)

**Alignment with State / Other Plans**
N/A

**Insurance Affordability & Coverage**

**Objective 1-1** Increase the number of children enrolled in Iowa’s Child Health Insurance Program (CHIP) by 10% by 2020.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>58,199</td>
<td>2020</td>
<td>64,019</td>
</tr>
</tbody>
</table>

**Data Source & Location**

**Insurance Affordability & Coverage**

**Strategy 1-1.1** [hawk-i] outreach coordinators will promote outreach activities for the following: schools, faith-based, medical & dental providers and diverse ethnic populations.

**Strategy Type** Community-focused
### Strategy Source & Location

**Title V Child and Adolescent Health Program Strategy**


<table>
<thead>
<tr>
<th>Who’s Responsible</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa Department of Public Health, Title V Child and Adolescent Health Program - local contract agencies</td>
<td>Sep 30, 2020</td>
</tr>
</tbody>
</table>

### Insurance Affordability & Coverage

**Objective 1-2**

Increase the number of children approved for presumptive eligibility by 10% by 2020.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>5,753</td>
<td>2020</td>
<td>6,328</td>
</tr>
</tbody>
</table>


### Insurance Affordability & Coverage

**Strategy 1-2.1**

Iowa Department of Human Services will enroll additional qualified entities who are eligible to submit presumptive eligibility applications.

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional/provider-focused</td>
<td>Jan 1, 2020</td>
</tr>
</tbody>
</table>

**Strategy Source & Location**

Iowa Department of Human Services, Medicaid initiatives

https://dhs.iowa.gov/ime/providers/tools-trainings-and-services/medicaid-initiatives/pe

<table>
<thead>
<tr>
<th>Who’s Responsible</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa Department of Human Services - hawk-i program</td>
<td></td>
</tr>
</tbody>
</table>

### Iowa Health Issue: Lack of Primary Care Services

#### Iowa Counties with Local Strategies

Davis, Keokuk, Linn, Muscatine, Scott

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: http://idph.iowa.gov/chnahip/health-improvement-plans

### Lack of Primary Care Services

#### Goal #1

Coordinate care for children and youth with special health care needs (CYSHCN) through a medical home.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa Title V CYSHCN Program Goal</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lack of Primary Care Services</th>
<th>Objective 1-1</th>
</tr>
</thead>
<tbody>
<tr>
<td>By 2020, 20% of CYSHCN served by the University of Iowa, Division of Child and Community Health (DCCH) will have a Shared Plan of Care.</td>
<td>Baseline Year</td>
</tr>
<tr>
<td></td>
<td>2015</td>
</tr>
</tbody>
</table>

Data Source & Location: DCCH Chart Reviews

Healthy Iowans: Iowa’s Health Improvement Plan

March 2017
Lack of Primary Care Services

**Strategy 1-1.1**
In collaboration with family representatives, provide feedback on the Iowa Shared Plan of Care template that can be used by multiple systems and programs.

**Strategy Type**
Policy-focused

**Strategy Source & Location**
Iowa Title V Maternal and Child Health State Action Plan, 2016

**Who's Responsible**
DCCH Medical Home Workgroup

**Target Date**
Jan 1, 2021

**Strategy 1-1.2**
Define the entities involved in a Shared Plan of Care and educate those entities about the definition and importance of a Shared Plan of Care.

**Strategy Type**
Professional/provider-focused

**Strategy Source & Location**
Iowa Title V Maternal and Child Health State Action Plan, 2016

**Who's Responsible**
DCCH Medical Home Workgroup

**Target Date**
Jan 1, 2021

**Strategy 1-1.3**
Disseminate Shared Plan of Care template broadly and provide Shared Plan of Care training to families and other stakeholders of CYSHCN.

**Strategy Type**
Individual/interpersonal-focused

**Strategy Source & Location**
Iowa Title V Maternal and Child Health State Action Plan, 2016

**Who's Responsible**
DCCH Medical Home Workgroup

**Target Date**
Jan 1, 2021

**Objective 1-2**
By 2020, 20% of primary care practices who serve children are educated about use of the Shared Plan of Care to share information and coordinate care with specialists and the care team serving CYSHCN.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>0</td>
<td>2020</td>
<td>20%</td>
</tr>
</tbody>
</table>

**Data Source & Location**
DCCH program records

**Strategy 1-2.1**
Develop tools and trainings that will inform providers, staff, and families of CYSHCN on the importance of the Shared Plan of Care and how to use it, assuring that families receive coordinated, family-centered care that is documented. This would include providing information on how to refer CYSHCN to relevant care coordinators and other resources in their communities.

**Strategy Type**
Professional/provider-focused

**Strategy Source & Location**
Iowa Title V Maternal and Child Health State Action Plan, 2016

**Who's Responsible**
DCCH Medical Home Workgroup

**Target Date**
Jan 1, 2021
Lack of Primary Care Services

**Strategy 1-2.2**
Provide trainings to families on coordinated, family-centered care.

- **Strategy Type:** Individual/interpersonal-focused
- **Strategy Source & Location:** Iowa Title V Maternal and Child Health State Action Plan, 2016
- **Who's Responsible:** DCCH Medical Home Workgroup
- **Target Date:** Jan 1, 2021

**Strategy 1-2.3**
Develop or select a tool that increases provider's, teacher's, and family's knowledge on shared decision making practices. Knowledge of shared decision-making practices will enhance and promote the use of the Shared Plan of Care.

- **Strategy Type:** Professional/provider-focused
- **Strategy Source & Location:** Iowa Title V Maternal and Child Health State Action Plan, 2016
- **Who's Responsible:** DCCH Medical Home Workgroup
- **Target Date:** Jan 1, 2021

**Goal #2**
Increase in the number of young children who receive a vision screening.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020, Vision <a href="https://www.healthypeople.gov/2020/topics-objectives/topic/vision">https://www.healthypeople.gov/2020/topics-objectives/topic/vision</a></td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Objective 2-1**
Provide vision screenings in communities throughout Iowa to children 6 months of age through kindergarten at no charge to families.

- **Baseline:**
  - **Year:** 2015
  - **Value:** 46,025
- **Target:**
  - **Year:** 2018
  - **Value:** 50,000

- **Data Source & Location:** Iowa KidSight Screening Stats. Iowa Children Screened by Year/Month. [http://www.medicine.uiowa.edu/kidsight/Screening_Statistics/](http://www.medicine.uiowa.edu/kidsight/Screening_Statistics/)

**Strategy 2-1.1**
Train volunteers to conduct vision screenings for young children in their local communities.

- **Strategy Type:** Community-focused
- **Strategy Source & Location:** Department of Ophthalmology & Visual Sciences, University of Iowa
- **Who’s Responsible:** Lions Clubs of Iowa and the University of Iowa Stead Family Children’s Hospital, Department of Ophthalmology & Visual Sciences
- **Target Date:** Dec 31, 2018
## Lack of Primary Care Services

### Goal #3

Improve access to preventive care and chronic care management services through pharmacists in Iowa communities.

### Alignment with National Plans

- Community pharmacy enhanced services network  

### Alignment with State / Other Plans

- Aligns with the state innovation model  

- Iowa Healthcare Collaborative has a Statewide Strategy designated to increasing vaccination rates.  

### Lack of Primary Care Services

#### Objective 3-1

Expand Iowa Community Pharmacy Enhanced Services Network (CPESN) and development of quality assurance, network requirements, and outcome measures.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>90 pharmacies signed agreement</td>
<td>2018</td>
<td>200 pharmacies signed agreement</td>
</tr>
</tbody>
</table>

Data Source & Location: Internal data from CPESN and Iowa Pharmacy Association

#### Strategy 3-1.1

Iowa Pharmacy Association will administratively support the CPESN leaders to foster growth of pharmacist services including immunizations, chronic disease management, medication reconciliation, and other services that will help meet community needs with the lack of primary care services in Iowa.

**Strategy Source & Location:**
There are 5 pharmacists leading this initiative (called luminaries) and committees formed to include leaders in the CPESN. Iowa following a similar model which began in North Carolina to form the Iowa CPESN:  

Who's Responsible: Iowa Pharmacy Association  
Target Date: Jan 1, 2018

#### Strategy 3-1.2

Iowa Pharmacy Association will continue to encourage our members to advocate to pass federal provider status legislation for pharmacists.

**Strategy Source & Location:**
Patient Access to Pharmacists’ Care Coalition  

Who's Responsible: Iowa Pharmacy Association  
Target Date: Jan 1, 2018

#### Objective 3-2

Expand preventive care and chronic care management services that are covered at local pharmacies by their health plan.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>0 payers</td>
<td>2019</td>
<td>2 payers</td>
</tr>
</tbody>
</table>

Data Source & Location: New objective, to be developed.
Lack of Primary Care Services

**Strategy 3-2.1** Share successful models from other states with the Medicaid Managed Care Organizations and commercial payers to expand coverage to pharmacist services.  

**Strategy Type** Professional/provider-focused

**Strategy Source & Location**  
New strategy

**Who's Responsible**  
Iowa Pharmacy Association

**Target Date** Dec 31, 2017

---

**Goal #4** Ensure a stable health and long-term care direct care workforce prepared to provide quality care and support to Iowans.

**Alignment with National Plans**  
Healthy People 2020, Access to Health Services  
https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

**Alignment with State / Other Plans**  
Iowa Workforce Survey 2016: Direct Care, Supports, and Service Workers  

---

**Objective 4-1** Collaborate and work in partnership on a common agenda of taking ACTION and implementing SOLUTIONS to build the health and long-term care workforce of the future, inclusive of the direct care workforce, and be prepared for the changes in the health care delivery system.

**Baseline**  
Year: 2015  
Value: No common agenda

**Target**  
Year: 2018  
Value: 1 common agenda

**Data Source & Location**  
Iowa Caregivers

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**Strategy 4-1.1** Take advantage of opportunities to collaborate with partners/stakeholders; e.g., Elevate Aging, Skills to Compete, Future Ready Iowa, on a common agenda and inform public policy about the current and future health and long-term care delivery system in Iowa, workforce barriers and challenges, and models of policies or initiatives that are working in Iowa and other states.

**Strategy Type** Community-focused

**Strategy Source & Location**  
Iowa Caregivers

**Who's Responsible**  
Iowa Caregivers

**Target Date** Jun 30, 2017