√ The Check-Up



Iowa Department of Public Health

The Check-Up is a health care transformation newsletter designed to keep interested lowans up-to-date on the progress of health reform initiatives. The Check-Up features updates on activities of the lowa 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.

April 2017

IDPH Websites

- Office of Health Care Transformation
- <u>Patient-Centered</u> <u>Health Advisory Council</u>
- <u>State Innovation Model</u>

DHS Websites

- State Innovation Model
- IA Health Link
- <u>Iowa Health and</u>
 Wellness Plan

Patient-Centered Health Advisory Council

The Patient-Centered Health Advisory Council last met Friday, February 10, at the Polk County River Place from 9:00 a.m. to 3:00 p.m. This meeting focused on addressing incarceration/institutionalization as a social determinant of health. The agenda, minutes and meeting materials can be accessed below:

- Agenda
- Minutes
- Abbreviated Minutes
- Comparison of Key Repeal and Replace Proposals- Manatt
- Crossroads of Iowa- Trauma Flyer
- Iowa Department of Corrections Position Paper
- Iowa's Statewide Strategic Plans- PPT
- NASHP-ACA Repeal Impacts Chart
- RWJF- A New Way to Talk About Social Determinants of Health
- SafeNetRx Pharmaceutical Safety Net Programs- PPT
- Therapeutic Alternatives to Incarceration- Polk County Health Services PPT

Meeting Schedule

- Friday, May 19, 2017- West Des Moines Learning Resource Center
- Friday, August 11, 2017- Polk County River Place
- Friday, November 3, 2017- Polk County River Place

The next Patient-Centered Health Advisory Council meeting will be held Friday, May 19, from 9:30 a.m. to 3:00 p.m. at the West Des Moines Learning Resource Center. The social determinant of health focus for this meeting will be "Exploring Health Equity."

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

lowa's Statewide Strategy Plans

Improving the Health of Iowans through Interventions Across the Three Buckets of Prevention

Part of Iowa's State Innovation Model (SIM) population health initiative is the development of Statewide Strategy Plans. These plans are developed and monitored by multi-sector stakeholder groups, and consist of tactics and strategies that are applicable to a broad range of collaborative partners and structured across all three buckets of prevention (clinical, community, and clinical-community linkages). Many of the plans include tactics for prevention, detection, management, and data.

Statewide Strategy Plan Topic Areas

The statewide strategy plan topic areas include tobacco, diabetes, obesity, medication effectiveness and safety, person and family engagement, health care associated infections, and care coordination. Tactics included in many of the statewide strategy plans support SIM's health improvement goals of reducing the prevalence of diabetes and the rate of preventable inpatient re-admissions and preventable ED visits. Health care providers, public health professionals, community-based providers, and policy-makers are encouraged to use the evidence-based tactics included in the strategy plans, which can be found on the IDPH website at idph.iowa.gov/SIM.

Iowa Public Health Modernization

Public Health Delivery in Iowa

The structure of governmental public health is comprised of the State Board of Health, Iowa Department of Public Health, 100 local boards of health (98 counties, one city, and one district), and many local public health providers. Local public health agencies (governmental and non-governmental) provide a variety of direct services, while the state provides funding, technical assistance, training, and consultation. Recognizing the need for an integrated and fully funded public health system, the director of the Iowa Department of Public Health commissioned a workgroup in 2004 made up of state and local public health partners to assess the current structure of public health service delivery and to make recommendations for redesigning public health in the state. This effort led to the work of Modernizing Public Health in Iowa.

What is Public Health Accreditation?

The national public health standards are published by the Public Health Accreditation Board (PHAB). PHAB's public health department accreditation process seeks to advance quality and performance within public health departments, and provides a framework to identify performance improvement opportunities, improve management, develop leadership, and improve relationships with the community. The Public Health Accreditation Board (PHAB) Standards (Version 1.5) are the current national standards for health departments seeking national accreditation. Use of these standards in Iowa will bring more consistency to public health service delivery across the state. Meeting standards or becoming accredited signifies the role public health plays in assuring a healthy Iowa.

Iowa Applied to Become Accredited

On March 31, 2017, the Iowa Department of Public Health officially applied for national PHAB accreditation. IDPH staff are busy identifying documentation that will be used to submit to PHAB as they review for compliance with the national public health standards. It is IDPH's goal to have all documentation submitted to PHAB by December.

Iowa Medicaid Managed Care Monthly & Quarterly Reports

Performance monitoring and data analysis are critical components in assessing how well the managed care organizations (MCO) are maintaining and improving the quality of care delivered to members. DHS examines the data from a compliance perspective and conducts further analysis if any issues are identified.

Quarterly Reports

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. Below is the SFY17, Quarter 1 Report:

Medicaid Managed Care, State Fiscal Year 2017, Quarter 1 (July-September)

For more information, visit https://dhs.iowa.gov/ime/about/performance-data/MC-quarterly-reports.

Monthly Reports

The monthly data reports are a snapshot of information about major contract compliance areas and member enrollment. DHS examines the data from a compliance perspective and conducts further analysis if any issues are identified. Below is the December 2016 Report.

• Medicaid Managed Care, December 2016

For more information and to find archived monthly reports, visit https://dhs.iowa.gov/ime/about/performance-data/MC-monthly-reports.

Managed Care Ombudsman Program Reports

The <u>Managed Care Ombudsman Program</u> 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 <u>seven</u> 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)

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. Access the IA Health Link 2017 Public Comment Meeting Schedule. 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 here at https://dhs.iowa.gov/iahealthlink/IHL-Public-Comment-Meetings.

Iowa Department of Public Health Legislative Update

The Iowa Department of Public Health (IDPH) Legislative Update is distributed to IDPH staff, department regulatory and advisory board members, local health departments and contract agencies, and public health leaders in the community. The current and archived issues can be found at http://idph.iowa.gov/do/legislative-updates?utm medium=email&utm source=govdelivery.

Wellmark and Aetna to Exit Iowa Individual Market in 2018

The <u>Des Moines Register reported</u> on April 3, 2017, that Wellmark Blue Cross & Blue Shield of Iowa plans to exit the Iowa individual health insurance market in 2018, following \$90 million in losses over three years. The move impacts more than 21,400 enrollees, including 18,900 with coverage purchased off-Exchange, and 2,500 with coverage purchased on the Exchange. Individual and family policies will remain in effect until the end of calendar 2017. Approximately 77,000 Wellmark individual plan members who bought policies that took effect before January 1, 2014, will not be affected.

Three days after Wellmark's announcement, <u>Aetna informed lowa regulators</u> that it also decided to stop selling such policies, which would affect 36,205 customers. Only one other insurer, Medica, currently sells individual policies in most Iowa counties.

I-Smile™ Silver Pilot Project

It's a fact: the number of Americans age 65 and older is increasing rapidly thanks to the Baby Boomer generation and public health measures that have increased our lifespan. In 2014, 15 percent of Americans were 65 or older, projected to be at 21 percent by 2030. The rate in lowa is even higher, with 16 percent of our population age 65 and older in 2014, projected to be 23 percent by 2030.

This growth will place additional demands on the health care system, including dentistry. The new cohort of older Americans will likely have had more preventive dental care than past generations, invested in more comprehensive restorative treatment, and as a result, retained more of their natural teeth that they will want to maintain. Many will face growing dental needs due to changes in health, fixed incomes, and limitations in the ability to pay for regular dental care. The needs are clear:

- Poor oral health can affect the ability to chew, swallow, and speak, which leads to tooth loss, malnutrition, inflammation or lesions, and decreased self-esteem.
- Nursing home/homebound elderly may already have compromised immune systems and there are strong correlations between poor oral health and systemic conditions.
- Nearly 70 percent of individuals over age 65 will require long-term care at some point during their lives.
- The Administration on Aging acknowledges that barriers in access to oral health care include the cost of care; individuals living on a fixed income; limited dental insurance, such as lack of inclusion in Medicare; transportation and mobility limitations; and translation issues for immigrant older adults.

The I-Smile™ Silver pilot project provides an opportunity to learn more about the current oral health status and needs of older lowans, evaluate successful strategies that address the growing need for dental access, and develop ways to improve that access. The project began in November 2014, designed to develop local systems that help older lowans access oral health services and maintain overall health in Scott, Lee and Van Buren Counties. I-Smile™ Silver is focused on Iowans age 60 and older who are residents of nursing facilities, clients of the Medicaid Elderly Waiver program, and those who receive home and community based services. I-Smile™ Silver was created using successful, innovative strategies from the I-Smile™ dental home initiative for children. IDPH contracts with county health departments who use a coordinator to serve as the community liaison for older Iowans and dental offices, nursing facilities, community organizations, businesses, and the local Area Agency on Aging offices.

In November 2016, I-Smile™ Silver expanded to include Calhoun, Des Moines, Hamilton, Humboldt, Pocahontas, Webster, and Wright counties, in addition to Scott, Lee, and Van Buren counties. Contractors are the Lee, Scott, and Webster County Health Departments. This project is supported by the <u>Lifelong Smiles</u> Coalition, Delta Dental of Iowa Foundation, and the Health Resources and Services Administration., and is administered through IDPH.

Federal News

CMS Announces Participants for Accountable Health Communities (AHC) Model

On Thursday, April 6, 2017, the Centers for Medicare & Medicaid Services (CMS) announced the participants for the Assistance and Alignment Tracks of the Accountable Health Communities (AHC) Model. By addressing critical drivers of poor health and high health care costs, the model aims to reduce avoidable health care utilization, impact the cost of health care, and improve health and quality of care for Medicare and Medicaid beneficiaries. The organizations in the Accountable Health Communities Model Assistance Track will provide person-centered community service navigation services to assist high-risk beneficiaries with accessing needed services. The organizations in the Accountable Health Communities Model Alignment Track will also provide community service navigation services, as well as encourage community-level partner alignment to ensure that needed services and supports are available and responsive to the needs of beneficiaries.

The Assistance and Alignment Tracks of the Accountable Health Communities Model will begin on May 1, 2017, with a five-year performance period.

To view a list of the Assistance and Alignment Tracks bridge organizations in the Accountable Health Communities Model, please visit https://innovation.cms.gov/initiatives/ahcm.

Status of Affordable Care Act Repeal and Replacement

The American Health Care Act of 2017 (H.R. 1628), referred to by the acronym AHCA, was a United States Congress bill to repeal the Affordable Care Act. The AHCA would have repealed the parts of the Affordable Care Act within the scope of the federal budget, including provisions contained within the Internal Revenue Code such as the individual and employer mandates and various taxes, and also modifications to the federal Medicaid program.

The bill was withdrawn on March 24, 2017, after it failed to gain sufficient House Republican support to pass it.

To stay up-to-date on current news and analysis of the repeal and replacement of the ACA efforts, visit:

- Kaiser Family Foundation- http://kff.org/
- The Commonwealth Fund- www.commonwealthfund.org
- Health Affairs- www.healthaffairs.org
- National Academy for State Health Policy (NASHP)- www.nashp.org
- Health Management Associates (HMA)- www.healthmanagement.com