



Healthcare Coalition Workgroup (PAC subcommittee)

October 11, 2017 10:00am to 3:00pm
Learning Resource Center: Indian Hills and Stilwell Rooms
3550 Mills Civic Parkway, West Des Moines, 50265

Notes

- 1) Follow-up from June 21 meeting
 - EMA participation - HSEMD representation
 - i) Homeland security joined us for some of the service area “system development 101” meetings.
 - ii) IDPH has met with IEMA board over the last three or four months and will continue to do that.
 - (1) Brent was just there Friday - many of the misconceptions from 6 months ago have been alleviated with clarification in terminology.
 - iii) Report from EMAs at 10/11 meeting - At local level there are still a lot of questions. Homeland security conference is next week and there may be some discussion there on this issue.
 - EMS participation - this will continue to be a challenge especially in rural areas and with volunteer services.
 - i) We have been attending IEMSA meetings. They are working on legislation to designate EMS as essential service, but this will not fix all of the problems. There are bigger social context that are impacting services.
 - ii) We heard from firefighters associations that they are interested in hearing more about systems development. Ken spoke with the professional firefighter’s association, Rebecca spoke with fire chief’s association. There was interest in getting more engaged.
 - (1) Note - These are paid firefighters, not volunteer.
 - iii) There is still concern from EMS that they will be left out of the funding piece if they don’t engage. Many are volunteers and not able to attend.
 - (1) Michelle and Merrill at IDPH are serving to bring EMS partners the info if they are not able to make it to the HCC meetings.
 - Systems 101 meetings - feedback
 - i) Partner engagement - Iowa State Association of Counties (ISAC) still on Ken’s “to do” list as well as League of Cities as related to EMS. Iowa Hospital Association (IHA) and Hospital Alliance for Preparedness in Iowa (HAPI) Ken has been in touch with.
 - (1) Hospital Preparedness - IDPH has heard from partners that hospital executives have been hard to engage, especially in smaller hospitals. . Ken will be presenting these folks through the



- IHA education committee and policy committee; he will be speaking with these two groups later this year/early next year.
- (2) Ken discussed the potential benefit of a hospital preparedness PMG group through IHA with Jennifer Nutt (IHA), and will continue to explore this formalization as a way for more engagement with hospital executives.
- ii) IDPH agenda items for HCC meetings - IDPH is requesting dedicated time on the HCC meeting agendas; Brent has already worked with fiscal agents on this.
- (1) Any feedback from “system development 101” meetings? Committee feedback indicates they were well received. Thank you for coming out to us. Meetings spurred good dialog and people are continuing to ask questions of Brent and his team.
- (2) IDPH provided clarification are not necessitating work toward district departments or even 7 coalitions; if 12 coalitions work for Iowa and progress is seen in advancing the work of the seven primary service areas, the current 12 HCC funding model can be maintained.
- 2) Grant roll out status
- o Challenges and successes
 - i) EMS struggle
 - (1) What else can be done to engage EMS? Pushing info out to them is hit and miss. There are challenges with communications because there are so many different ways to reach them all (providers, service director, medical director, paid, volunteer, etc.).
 - (a) It was suggested IDPH target medical directors; all services have a medical director.
 - (b) When the association wants action they target cities, counties, farm bureaus, etc.
 - (2) The recommendation was made to work with EMAs on getting in front of emergency response commissions and gain support for systems development.
 - (a) Could IDPH help develop talking points for EMAs to get to that point? Between IEMA and homeland security we need to communicate about this issue at upcoming commission meetings.
 - (b) There needs to be empowerment at the local level.
 - ii) Communication is not one size fit all, but it should be the same message.
 - (1) Struggles with local boards of health and supervisors understanding systems development.



- Organizational management issues - Service area discussion about who all should be at the table?
 - i) Historically it has been that everyone wants a say and wants a piece of the pie, but maybe it should be separate meetings for disciplines and then bring those issues to a smaller group of representatives which will make decisions about healthcare coalitions. A variety of models have been implemented and this committee can play a role in sharing successes and failures to help advance successful management models.
 - ii) We need to get buy in from those that are in control of our budgets as well
 - iii) CMS piece with exercise requirements for healthcare partners has been an added twist.

- Report out by each service area on governance structure and other grant related items.
 - i) **1a.**
 - (1) Win - Hired a coordinator, Looking forward to getting assessment done. Central Iowa EMS has been helpful.
 - (2) Challenge - Working to get the smaller counties more engaged.
 - ii) **1b.**
 - (1) Win - Have interviewed for a coordinator, but still looking.
 - (2) Challenge - From admin standpoint people are still working on expectations of coalition; hard time getting people to do a new way of business.
 - (a) It will take some time, and IDPH asks for persistence and patience. We have been communicating this concept since 2015 and are just starting to see progress...it will take newcomers and equal amount of time to adjust..
 - (3) Looking to identify a mentor for the new public health nurse in the area. IDPH staff should be able to talk at high level about systems development. Does IDPH need to do a once a year orientation to systems development?
 - (4) RCHCs meets with boards of supervisors to discuss PH board of health piece. How else can we use RCHCs to get in with boards of supervisors?
 - iii) **1c.**
 - (1) Both absent
 - iv) **2.**
 - (1) Service area meeting was today; both absent.
 - v) **3a.**
 - (1) Both absent



- vi) **3b.**
 - (1) Win - Grant coordinator hired. Two committees developed: Executive committee and Special population. HVA completed. EMS - developed subcommittees of the healthcare coalition. EMS working on getting a class started to educate about nurse exemption as a recruitment tool.
 - (2) Challenge - Trust issues with people that are trying to understand the fiscal process; working to make it more transparent. EMS Siouxland Paramedic is closing.
- vii) **4.**
 - (1) Win - Grant coordinator hired by Friday maybe. EMA and EMS has stepped up to the plate and are playing along now. Focus is on caring about southwest Iowa.
- viii) **5a.**
 - (1) Both absent
- ix) **5b.**
 - (1) Win - Grant coordinator hired. Appreciation of Drew, Michelle, and Diana at the meetings. Good sharing between 5a and 5b. As a service area they are looking at how to get people at the table and how to keep them accountable.
- x) **6a.**
 - (1) Win - Outstanding work by Julie in working with people and bringing them together.
 - (2) Challenge - Big county, little county issues still come up.
- xi) **6b.**
 - (1) Win - Just finished governance structure and strategic plan. Two subcommittees developed. Institute for decision making at UNI came out to help them with strategic plan and it went great.
 - (2) Challenge - Money issues are the biggest problem. They are looking at funds for sustainability, but need to look at it from identified problem and pay for solution.
- xii) **7.**
 - (1) Win - Grant coordinator has been hired. Things are moving along smoothly so far. There are subgroups for each discipline. EMA relationships improving.
 - (2) Challenge - Looking ahead to next year. A heads up on RFP requirements for next year if there are going to be big changes would be nice.
 - (a) IDPH has to be careful on this issue due to rules on RFP process.
- xiii) **IEMSA report -**



- (1) slow acceptance as people begin to understand what systems development is. People immediately think of regionalization and someone taking over their job.
- Identify resources needed to advance system development efforts in HCCs
 - i) Ongoing campaign about systems development - who are the “next” 8-10 organizations we need to contact to educate about system development and work with to engage in the HCC?
 - (1) IDPH needs to help develop messaging around two questions: What do we want the organizations to do/support? What is the purpose of HCC? Committee discussed two main concepts for messaging:
 - (a) Serving patients and the best potential outcomes for those patients through collaboration with EMS, public health, preparedness, trauma, infectious disease, and environmental health. Improved outcomes for your community during an emergency or natural disaster by working together to fill gaps.
 - (b) Can we develop/remind/educate partners about standards we should strive to meet? Provide guidance and education on how to use available data to inform and guide efforts at the local level on how to advance these standards. The committee discussed a couple examples. (e.g. how long does it take for an ambulance to get to your home or repeat patient data [a single patient transported 193 times in a 7 month time period]; do we know what the conditions are that put them in the back of the ambulance and how we can stop such use?)
 - (2) IDPH will continue to work on who the key players are that need education (IHA, ISAC, league of cities, etc) and what the message should be.
 - ii) Service areas would like to know the five year plan for the grant from CDC now.
 - (1) Brent has that info and will get it out to service areas.
 - (2) A request for a crosswalk/matrix of compatibilities, standards, NTHSA and ACS recommendations etc. was also requested.
 - (a) IDPH has it, but it is very overwhelming, is there a summary document?
 - (b) IDPH will work with regional staff to make sure they are familiar with these.



- iii) Discussion occurred regarding counties versus healthcare coalitions versus service area.
 - (1) There is a perception that HCC are to replace county coalitions and their day to day operations. IDPH needs to work on clarifying that county level partnership remain vital, with the understanding that systems development relies on partnerships outside of the county boundaries...this is where the HCC for the service areas provides value.
 - (2) HCC should be used to help potential fill gaps in local system capacity to ensure when the bad day does happen everyone is able to respond effectively.

- 3) HCC workgroup members - communication expectations
 - o In the 7 service area meetings held this summer there were only 2 where attendees had seen the documents that IDPH created to help explain systems development. IDPH shares communication and supporting documents through fiscal agents and through you all; please make sure to pass on to other HCC partners as communication and resources come from IDPH.
 - o HAN document library - Sharing documents across service areas. Is this something IDPH should create to encourage sharing between service areas?
 - i) Service area 3 has been using a shared folder in the HAN to post and share info and it has worked nicely.
 - ii) A fiscal agent folder would be nice or maybe a training folder. Email Brent with thoughts on what would be helpful and useful to have there.
 - o Healthcare Coalitions System Development Page
<https://idph.iowa.gov/BETS/partnerships>
 - i) Please share with others and let IDPH know if there is anything else that needs to be on that page.

- 4) Next Steps -
 - o long term needs of this group - What should this group be doing?
 - i) It was suggested that future meetings should be lead by Brent talking more about priorities and areas of concern within service areas.
 - ii) We will take a break from meetings for now to allow HCC's to get assessments done; will have another meeting in March .
 - o FY19 RFA development has begun - Late 2017 release of application with due date of February is the tentative plan.
 - i) IDPH is working on the balance between “tell us what to do” versus “local decision making and implementation” for year two.
 - (1) IDPH will continue to provide recommendations for system development priorities and service areas can leverage and use them as needed.



- (a) There are a lot of local issues that need to be addressed before IDPH should dictate what HCC should work on as priorities.
- ii) FY19 grant year will include a federally required updated HVA, training plan and completed training example from previous year, coalition surge tool exercise, response plan completion, and TEPW (training and exercise planning workshop).
 - (1) Committee requested whether a conference call for RFP before it is rolled out? There may be some flexibility with that. We will check into it to see if we can meet before it is officially rolled out.
- iii) Consistency with HVA tools? Franny is working in her area on this issue and trying to get everyone to use THIRA (threat and hazard identification and risk assessment) tool. Could serve as a model for other HCCs.