

Meeting Minutes

January 24, 2020, 10:00 a.m. – 12:00 p.m.
Greater Des Moines Botanical Garden
DuPont West Room
909 Robert D. Ray Drive, Des Moines, IA 50309

	Meeting Attendees	
Kyle Carlson, Amerigroup	Lee Carmen, UIHC (via phone)	Gerd Clabaugh, IDPH (via phone)
Michael Flesher, Iowa Medical Society	Kelly Garcia, DHS	Nick Gerhart, Farm Bureau
Jamie Haberl, Iowa Healthiest State Initiative	Pam Halvorson, Unity Point Accountable Care	John Hedgecoth, Amerigroup
Liz Matney, Governor's Office	Joe Murphy, Iowa Business Council	Meaghan O'Brien, Governor's Office
Roger Kluesner, McFarland Clinic Administration	Mike Ralston, Iowa Association of Business and Industry	Mike Randol, Iowa Medicaid
Dr. Mark Reece, The Iowa Clinic (via phone)	Mikki Stier, DHS	Dr. Christina Taylor, The Iowa Clinic (via phone)
Aaron Todd, Iowa Primary Care Association	Jennifer Vermeer, University of Iowa Health Care	Amy Muhlenbruck, Iowa Total Care
Dr. Paul Mulhausen, Iowa Total Care		

Welcome, Introductions and Overview

Mikki Stier, Deputy Director, Department of Human Services, opened the meeting and welcomed participants, thanking each for attending and for their ongoing commitment to serve on the Roundtable. Deputy Director Stier reviewed the vision of the Roundtable and called attention to two handouts provided to attendees.

Deputy Director Stier then introduced Department of Human Services Director Kelly Garcia.

Director Garcia commented that she came from a meeting this morning at the Capitol talking about data and how to make data driven policy decisions. DHS is thinking through how we as an Agency set markers in our system that will assist us in measuring our success in driving outcomes with the levers that we have within our Agency and other State Agencies (IDPH, Department of Aging, Iowa Workforce Development, etc.). It is going to take a partnership with key community organizations as well. Director Garcia sees the Roundtable as a collaborative and comprehensive effort with our stakeholders.

Data Steering Workgroup Update

Nick Gerhart, co-chair of the Data Steering Workgroup, provided an update. The data workgroup discussion has been around data governance and developing the right framework to ensure that we have the data we need to drive the decisions related to healthcare transformation. We have been working on the right framework for the providers, payers, and the role of the state. We all need to be aligned on the Governance framework for data in order to move forward and drive our healthcare transformation decisions. In addition, the Data Workgroup has reviewed and prioritized the Use cases into tiers for the Iowa Health Information Network (IHIN) to begin to develop strategies to operationalize these Use cases. Finally, the Data Steering Workgroup has developed a Charter that clarifies the roles of the workgroup and the IHIN. There was discussion around the IHIN and the strategy and implementation for the tiers.

The IHIN Board has been reviewing the Charter as well as discussing what additional committee the Board will need to put into place to be able to operationalize the recommended tier projects from the Data Steering Committee.

The next step is to reconvene the Data Steering Workgroup in late February to review and finalize its Charter as well as have the IHIN provide an update to the Steering Committee regarding the IHIN Committee structure and the implementation of the Tier projects.

Healthy Communities Update

Pam Halvorson, co-chair of the Healthy Communities Workgroup, provided an update on the Workgroup's activities. Discussion points included building on the success of the SIM innovation model, Iowa's Healthiest State Initiative, social determinants, C3s, and Health Community Partnerships. These are the underpinnings of those, as part of the strategy to move the community forward and begin to address social determinants issues happening in communities, as well as what may be happening in healthcare. The group finds these conversations to be very important in terms of sustaining some type of learning collaborative that continues to support communities as they begin to do this work, respecting the Individuality of those communities so that not every problem is the same problem from neighborhood to neighborhood. At our last meeting each of the participating organizations presented their strategies for community outreach related to population health management.

In addition, Iowa HealthCare Collaborative has been collecting the data on all of the C3 activities around population health which is a beginning to understanding our communities and their unique needs. Ms. Halvorson shared that next steps are: how do we bring cohorts together?

There was discussion regarding the Toolkit that has been created as a guide to assist other communities in establishing a C3. We also discussed sustaining funding methodologies for the C3's now that the SIM innovation grant has ended.

The next step for the Healthy Communities workgroup is to reconvene and to discuss the potential opportunity regarding the Governor's rural health pilot program grants. How can we embrace the work of the Healthy Communities workgroup and explore the opportunities of these grant funds.

Iowa Rural Healthcare Discussion

Liz Matney, Health Policy Advisor to the Governor's Office, provided an overview on the importance of rural healthcare issues and options available to provide assistance. It cannot just be one payer like Medicaid but has to be everybody at the table. We have to think collectively as far as what our communities need. So a few steps that were highlighted in the governor's budget and her policy priority include funding. Health care is changing, and Iowa must adapt. Declining populations in some communities are resulting in lower volumes of patients, and local hospitals and health systems are struggling to sustain all the services they have historically provided. As a State we need to identify ways to provide quality, sustainable care that meets the needs of the communities. One program highlighted was the Center of Excellence pilot program which will help communities maintain local access to central services. Matney reviewed the program requirements. The proposed Center of Excellence pilot project is to encourage innovation and collaboration among regional health care providers with the goal of transforming the care delivery.

Initially, there will be two pilot grants available for \$250,000 each, these will be supplemented by community investments for this matching grant program.

The grant proposal needs to demonstrate regional collaboration to assess targeted medical needs of local residents, and develop partnerships between rural hospitals and health systems to leverage resources and develop a business model for sustainability.

The Roundtable shared thoughts on the data needed in order to monitor and evaluate these pilots. Consensus is that the Healthy Communities workgroup is the right workgroup to gather the data needed to support the pilot program.

The roundtable members discussed that there are two lanes that we are discussing. The first is patient management and ensuring the patient is addressing their individual needs. The other lane is System of Care and is it adequate to provide the access to services the patient needs today or are they going to have to travel long distances to receive care. As a Roundtable, the

second swim lane is very important as we need to understand the state-wide delivery system, its adequacy, and its ability to sustain itself.

Roundtable Participant Expansion

Discussion regarding expanding participation to include behavioral health representation, maternal health, possibly a critical access hospital administrator, a rural doctor, and a Chief Financial Officer for policy and regulation changes, and potentially representatives from the Department of Education and Workforce Development.

If the Roundtable Members have names of individuals that they would recommend to the Roundtable please send them to Trudy Crawford.

Next Roundtable Meeting

IDPH should bring back a presentation on community health needs assessments (CHNA) in the 99 counties, and reflecting those CHNAs done in conjunction with Iowa hospitals, to share information on community-based health care needs. This could also include data that IDPH maintains on those highest priority health challenges to help quantify the need on a statewide, regional and/or local basis.

Medicaid will also bring a breakdown of data on co-morbidities by member in five ranges; and also births by location, i.e.: hospital/county.

A potential future agenda item would be a discussion on what each organization is using to measure healthcare and develop a matrix of these measurements and working towards potential alignment.

The next Roundtable meeting will tentatively be held in March 2020.