Recommendations to
GOVERNOR REYNOLDS
—on—
IMPROVING THE HEALTH OF IOWANS
from the
Healthcare Innovation and Visioning Roundtable
Socio-economic challenges in providing access to high quality healthcare in Iowa’s communities threaten the sustainability of the healthcare system and the health of Iowans. To address these challenges, Governor Reynolds established the Healthcare Innovation and Visioning Roundtable (Roundtable) engaging a diverse group of business leaders, payers, providers and public agency leaders from rural and urban communities across the state to recommend strategies to improve the health and well-being of all Iowans.

The Roundtable, launched in December 2017 and convened through August 2018, developed a three-year transformation vision, guiding principles, and recommendations through a robust public-private partnership and multi-stakeholder engagement process. The recommendations were developed with consensus-driven support and focus on elements deemed most critical to improving outcomes while controlling costs across the health care sector. The Roundtable has established concrete recommendations that could be phased in over the next three years with an incremental approach to maximize the likelihood of success. The recommendations focus on two key and interconnected areas: creating healthy communities for all Iowans and establishing effective data sharing that will support healthy communities throughout Iowa.

The Roundtable established a vision that “Working inside and outside the healthcare system, we will create healthier communities and transform the delivery and financing of care to enable all Iowans to live longer and healthier lives.” With this vision, the Roundtable recommended building economically viable healthy communities that enhance the ability of Iowans with complex healthcare needs and high healthcare costs (high needs, high costs populations) to better manage their health conditions and reduce the cost of care while improving their outcomes. The Roundtable also
determined that a cornerstone of building healthy communities is ensuring there is effective data sharing and use of data. This led to an emphasis on promoting data sharing where providers are making informed, real time decisions about the care and services provided to high need high cost Iowans to allow for the transition to care and services in the community and reducing the need for acute medical care that is more costly.

The Roundtable members would like to acknowledge Governor Reynolds for her leadership in establishing a forum to share ideas and build consensus across a variety of public and private leaders. These recommendations are the beginning of an important public-private partnership that can continue to guide Iowa’s path to improving the health and well-being of all Iowans.

GUIDING PRINCIPLES FOR IOWA’S TRANSFORMATION

In building the recommendations identified below, the Roundtable members identified key principles that are critical to achieving success with any health care transformation strategies in Iowa. These principles include:

- Promote accountability, sustainability, high quality care, coordinated efforts, equitable participation, affordability, patient-centeredness, and transparency.

- Consider the impact of all strategies on rural communities because Iowa is a predominantly rural state.

- Maximize opportunity to secure federal funds in support of new services and infrastructure development.

- Minimize administrative and reporting requirements for providers, payers and patients.
To achieve economically viable healthy communities, the engagement of a diverse group of stakeholders in communities is critical to address the economic and societal impact of unsustainable healthcare costs.

Building healthier environments in homes, schools, workplaces, parks, business areas and roads are a longer-term and ongoing goal for Iowa. Much work is underway to focus on broad population outcomes through projects such as Iowa’s Healthiest State Initiative including 5-2-1-0 Healthy Choices Count, Healthy Hometown powered by Wellmark, and the Community and Clinical Care (C3) Initiative under Iowa’s State Innovation Model (SIM). These initiatives, and others focused on building healthy communities, described in Appendix D should continue to be supported and sustained.

To complement these initiatives, we recommend strategies with a shorter-term goal of addressing the rising cost of healthcare. Working with individual communities to enhance the ability of high need, high cost Iowans to more effectively manage their health conditions will reduce the cost of care for the individual and across the system. Among the most vulnerable are those with complex health, behavioral health and social support needs who have limited access to best practice interventions in the community and, therefore, rely on acute care and other costly sites of care for those supports, otherwise known as “high need, high cost” populations.

**KEY STRATEGIES**

**State and Community Engagement Strategy**

Engage relevant managed care partners, clinical and social service providers, state agencies and other members of the community to identify how to leverage existing initiatives and build needed infrastructure to address the needs of this population collaboratively. Adaptable strategies and applications are necessary to ensure holistic interventions that work for all communities. Iowa’s communities come in all sizes and with varying strengths and opportunities. Resources also vary dramatically, from accountable care organizations in urban communities to critical access hospitals and more limited access to primary care in rural areas.

- Statewide and local partnerships are important resources to support community health infrastructure. Through these partnerships, communities can build a system to support high need, high cost populations with community-based services and supports, effective care coordination and navigation assistance across clinical care and community support systems.

- As communities identify barriers, gaps and opportunities, state agencies can coordinate to direct available resources, needed information and technical assistance to support communities in building on what works and filling gaps to achieve health and wellbeing. These agencies include: Department of Human Services, Public Health, Insurance Division, Education, Economic Development, Aging, Workforce Development, Iowa Finance Authority, and others.

**"Working inside and outside of the healthcare system to create healthy communities"**
High Need, High Cost Identification Strategy

Identify specific high need, high cost populations that are defined by potentially preventable high emergency department use and high hospital inpatient use, as well as individuals with multiple chronic conditions whose issues are best addressed with community-based care. A significant number of hospitalizations and resulting healthcare costs are related to chronic disease, especially among the elderly.

- Use medical and pharmacy data for an initial scan, followed by hospital admission, discharge and emergency department data, along with population health and demographic data to identify target individuals.

- Identify those populations with conditions having the highest potential to benefit from community-based best practices interventions that may result in potentially avoidable use of costly sites of care.

Social Supports Strategy

Identify the social supports that can positively impact high need, high cost individuals. These supports may include access to primary care, mental health and substance use services, and community-based services and supports outside of the healthcare system such as housing, food, transportation, and others. Many of the largest drivers of healthcare cost fall outside the clinical care environment.

- Conduct individual screening and assessment for mental health, substance misuse, and social support needs.

- Scan the community for opportunities to increase access to primary care services (e.g., extended hours of operation, urgent care clinics, telehealth) and behavioral health services.

- Assess the availability of community resources to address identified social support needs and identify barriers to be addressed by community partners and state agencies.

Payment and Payer Strategy

Identify delivery and payment strategies to incentivize best practice interventions, care coordination, and linkages to community resources and ensure sustainability of these activities and resources for high need high cost populations and beyond. Separate approaches in urban and rural communities are needed and it is likely that approaches will also vary among the rural communities. For rural solutions, multi-year glidepaths may be needed for value-based payment: providing time to test, time to realize outcomes and conduct process improvement, and time to adjust to the economic impacts could be necessary.

- Engage payers and community partners to determine what payment models will incentivize how to address gaps in care for high need high cost populations, including patient engagement and moving towards value for providers and plans.

- Engage the Centers for Medicare & Medicaid Services and major commercial payers to determine willingness to adapt value-based payment strategies for rural areas and to address issues encountered within communities where healthcare access is limited.
The cornerstone of transformation toward healthier communities will be to ensure that effective data sharing and data use to support changes in the delivery and payment of care. As a result, the Roundtable identified key strategies to move forward in technology change that will lower healthcare costs and support care coordination, along with supporting the goal of building healthy communities and addressing high need, high cost populations to improve the value of the care they are receiving while reducing costs.

**KEY STRATEGIES**

**Real Time Healthcare Information Strategy**

To support economically viable, healthy communities, create a system that enables Iowans to receive the right care at the right time with real time information. Establish a sustainable statewide shared platform to facilitate real time standardized notification at point of service.

- Establish expectation and garner public commitment from entities within the healthcare sector throughout the state (payers, providers, skilled nursing facilities, pharmacy, labs, etc.) to participate in real time and statewide exchange of healthcare information.

- Establish a governance model for data sharing with multi-stakeholder participation that formalizes the service approach of a
federated data sharing model (e.g. no one entity owns all the data and no centralized repository), membership, and funding strategies. Topics to address through the body would include privacy, security, limitations on use of data use, and data standards.

• Initially target the high need, high cost population that is defined by potentially preventable high emergency department and hospital inpatient use and potentially individuals taking high cost medications to promote care coordination and reduce spending.

• Facilitate participation and utilization of data for users with varying data needs, capacity, and technical capabilities by developing functionality for different types of data exchange users (e.g. inclusion of prescription drug monitoring program data), providing technical assistance support for onboarding, identifying funding strategies for operations infrastructure, and maximizing use of information through data user learning networks.

• Phase-in approach to onboarding providers starting with hospitals and primary healthcare providers within the state of Iowa. In subsequent phases, onboard specialists, other entities within the healthcare sector, and community supports outside of the healthcare system, and neighboring states serving Iowans.

Data Privacy Strategy
Facilitate information sharing needed to support healthy communities by supporting efforts to streamline state privacy laws and clarify federal requirements

• Support alignment of state privacy laws with the Health Insurance Portability and Accountability Act (HIPAA) through modification of laws pertaining to confidentiality of information related to HIV and mental health as set forth in Iowa Code 228.2 and 228.7.

• Seek clarification from federal government and issue state guidance clarifying the sharing of substance use information as specified under Code of Federal Regulations 42 Part 2.

Oversight Strategy
Develop a formal multi-stakeholder governance infrastructure for effective information sharing and metrics of success to guide the development and progress of the data sharing and use strategies to achieve goals such as establishing healthier communities.


ENSURING SUSTAINABILITY OF STRATEGIES TO IMPROVE THE LIVES OF ALL IOWANS

Ensuring sustainability of strategies to improve the lives of all Iowans

The Roundtable and workgroups had strong consensus on the need to continue this important work that has brought together business leaders, payers, providers and public agency leaders from rural and urban communities. Together these leaders can ensure the implementation of these recommendations and continue to build and maintain a strong public-private partnership and multi-stakeholder process.

KEY STRATEGIES

Sustainability Strategy

Sustain the Healthcare Innovation and Visioning Roundtable to continue to refine and develop implementation steps for these recommendations and future actions. Information on the work of the Roundtable can be accessed at https://dhs.iowa.gov/ime/about/initiatives/newSIMhome/roundtable.

Convening Strategy

Establish a routine frequency for convening the Healthcare Innovation and Visioning Roundtable and provide periodic reporting of progress on implementing recommendations and future actions.

Stakeholder Engagement Strategy

Establish a stakeholder engagement plan, including opportunities for public engagement and interaction of communities and consumers to share community successes and encourage replication and adaptation of successful community approaches.

Evaluation Strategy

Evaluate the impact of work advanced by the Roundtable using measures and milestones of success that are meaningful for stakeholders in communities and reflect what is important to different constituencies in the community. For sustainability of the healthcare system, these measures may include the cost of unnecessary or potentially preventable emergency department use and hospital utilization, cost measures to facilitate calculation of return on investment, as well as primary care utilization.

These strategies are presented to Governor Reynolds and her administration to address the economic challenges occurring both inside and outside Iowa’s healthcare system. Implementing these strategies will ensure that Iowa is a leader in promoting change in the health care system that will reduce cost while improving the lives of all of its citizens.

APPENDICES

A. Roundtable membership
B. Workgroup charges
C. Roundtable process
D. Related initiatives for healthy communities
E. Suggested Focus Areas for Future Multi-Stakeholder Engagement
VISIONING AND INNOVATION ROUNDTABLE MEMBERS

Jerry Foxhoven | Chair | Iowa Department of Human Services
Ted Boesen | Iowa Primary Care Association
Ed Brown | Iowa Clinic
Marni Bussell | Telligen
Gerd Clabaugh | Iowa Department of Public Health
Tom Evans, MD | Iowa Healthcare Collaborative
Matt Everson | National Federation of Independent Business
Michael Flesher | Iowa Medical Society
Nick Gerhart | Farm Bureau
Jamie Haberl | Healthiest State Initiative
Pam Halvorson | Unity Point Accountable Care
Bror Hultgren | UnitedHealthcare
Jessica Hyland | Association of Business and Industry
Laura Jackson | Wellmark Blue Cross Blue Shield
Jeff Jones | Amerigroup of Iowa
Linda Miller | Iowa Department on Aging
Doug Ommen | Iowa Insurance Division
Andrew Perry | McFarland Clinic
Mike Randol | Iowa Medicaid Enterprise
Michael A. Romano, MD | Iowa Medical Society
Dan Royer | Iowa Hospital Association
Mikki Stier | Iowa Department of Human Services
David Swieskowski, MD | Mercy ACO
Paige Thorson | Office of the Governor of Iowa
Georgia Van Gundy | Iowa Business Council
Jennifer Vermeer | University of Iowa Health Care
DATA SHARING AND USE WORKGROUP PARTICIPANTS

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Laura Jackson | Sponsor | Wellmark Blue Cross Blue Shield
Ted Boesen | Iowa Primary Care Association
Tom Evans, MD | Iowa Healthcare Collaborative
Mike Fay | Wellmark Blue Cross Blue Shield
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Sarah Reisetter | Iowa Department of Public Health
Dan Royer | Iowa Hospital Association
Tom Scholz, MD | University of Iowa Health Care
Mikki Stier | Iowa Department of Human Services
Christi Taylor, MD | Iowa Clinic
Aaron Todd | Iowa Primary Care Association
Anne Wright | Mercy ACO
APPENDIX B: WORKGROUP CHARGES

HEALTHY COMMUNITIES WORKGROUP CHARGE

The Healthy Communities Workgroup is charged with creating a three (3) year Roadmap that:

• Defines the attributes of a healthy community;
• Outlines partners inside and outside the healthcare system needed to develop healthy communities;
• Recommends strategies and methods for educating and equipping communities which incorporates payer agnostic principles;
• Acknowledges and plans for dependencies and economic impacts with transition; and
• Includes measures and milestones of success.

DATA SHARING AND USE WORKGROUP CHARGE

The Data Sharing and Use Workgroup is charged with creating a three (3) year Roadmap that:

• Defines the attributes of successful use and sharing of data including type of data, resource needs, information exchange needs.
• Outlines the barriers to success for use and sharing of data and recommends strategies for overcoming barriers regarding capabilities, alignment and standards needed to promote data exchange across the following domains:
  - Interoperability at the point of service;
  - Identification of high needs/high utilizers; and
  - Access to claims data for measuring and monitoring total cost of care.
• Acknowledges and plans for emerging technology; and
• Includes measures and milestones of success.
The Iowa Healthcare Innovation and Visioning Roundtable is committed to engaging leaders around the state in developing consensus and transforming how the healthcare system operates to best serve the needs of all Iowans. It is working to identify and prioritize elements necessary for reform and will bring recommendations forward that will inform key healthcare market actors as well as recommendations to Governor Reynolds and her administration regarding necessary steps to implement cost-effective reform that improves the health of Iowans. The Roundtable is a 2-year commitment for invited leaders that will help Iowa develop a post-SIM sustainability work plan and is open to the public. The Roundtable began in late 2017.

LEADERSHIP
- DHS Director serves as Chair of the Roundtable

AUTHORITY
- The Roundtable serves an advisory role, making recommendations to the Governor’s Office
- The Roundtable oversees the workgroups
- Workgroups are charged with developing recommendations to be approved by the Roundtable for presentation to the Governor’s Office

DECISION-MAKING
- Decisions are made by consensus of the Roundtable members

COMPOSITION
- Participants are leaders from around the state of Iowa appointed by DHS

MEETINGS
- Meetings are held quarterly, at minimum, but often bi-monthly
APPENDIX D: RELATED INITIATIVES FOR HEALTHY COMMUNITIES

IOWA HEALTHIEST STATE INITIATIVE
http://www.iowahealthieststate.com/

The Healthiest State Initiative is a nonpartisan, nonprofit organization driven by the goal to make Iowa the healthiest state in the nation. It is supported by dedicated members of the community serving on the board of directors, as well as a team of devoted and passionate staff who understand that good health enriches the lives of Iowans and the state’s economy.

The organization works to engage worksites, communities, schools, retail food, organizations, institutions and individuals to inspire Iowans and their communities to improve their health and happiness, and ultimately become the healthiest state in the nation. In addition to providing valuable resources, the Healthiest State Initiative holds several events throughout the year to engage community contributors and leaders in constructive conversation to improve the health and well-being of Iowans.

HEALTHY HOMETOWN POWERED BY WELLMARK
https://www.wellmark.com/about/community/community-health-improvement/iowa

Healthy Hometown Powered by Wellmark is working to provide a way to make Iowa communities an even better place to live, work, and play by using proven strategies and techniques that help make the healthy choice the easy choice. At no cost, individuals can work with Healthy Hometown experts to identify ways to make positive and lasting changes that enhance well-being in the community, such as planting a community garden, improving community walkability or bikeability, or establishing nicotine-free areas. Healthy Hometown experts are available to assist in prioritizing and implementing a plan to make healthy choices that are available and easy for community residents to adopt.
C3s are multi-sector groups of stakeholders that include clinical-based healthcare providers, other community-based providers, and public health organizations implementing innovative strategies and referral processes to meet the clinical and social needs of a defined population. The C3s addressing social determinants of health through care coordination and implement population-based, community-applied interventions related to the Iowa SIM Statewide Strategies. These initiatives are intended to enhance care coordination and transitions for both providers and patients by identifying population risks and addressing barriers to health, such as social determinants, by connecting patients (and providers) to community resources and developing and/or implementing strategies to address needs.

All C3s address predetermined tactics from Iowa’s Statewide Strategy Plans. The six objectives of the C3s include: identifying target population by risk; improving diabetes management; linking individuals to community resources and clinical-community programs and services; improving healthcare transitions; decreasing the incidence of diabetes; and, addressing community-wide prevention.
APPENDIX E: SUGGESTED FOCUS AREAS FOR FUTURE MULTI-STAKEHOLDER ENGAGEMENT

1. Promote transition to increased value-based payment strategies for providers
2. Consider policies to support a thriving economy across the state
3. Evaluate strategies to increase workforce capacity throughout the state
4. Identify common mechanisms to calculate total cost of care
5. Improve informed consumer decision-making through education
6. Increase availability of transparency information using standard quality reporting and cost information
7. Maximize opportunity to improve connectivity telehealth- and how does it connect to data sharing
8. Consider implications of emerging technology