Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

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Cost Projection
Implementation of the Strategic Plan per Iowa Code 135.164

Purpose

Senate File 446, Section 81, requires the Iowa Department of Public Health to develop cost projections for implementing the strategic plan for health care delivery infrastructure and health care workforce resources as specified in Iowa Code 135.164 by December 15, 2013.

Background

Iowa Code 135.164 was established with House File 2539 during the 2008 Legislative Session. The section calls for a strategic plan for health care delivery infrastructure and health care workforce resources. It sets forth several detailed requirements for content of a strategic plan as well as conceptual premises on which the plan should be based. The plan was initially required to be submitted January 1, 2010 and every two years thereafter, although this requirement was eliminated by Senate File 446 in the 2013 legislative session. Also removed with Senate File 446 is the technical advisory committee that was originally required. The technical advisory committee was called the Health and Long-Term Care Access Advisory Council and met from late 2008 through early 2013.

The Health & Long-Term Care Access Advisory Council focused on health care workforce issues with the first Strategic Plan, which was submitted in January 2010 as a "Phase 1" plan. This strategic plan included, as an appendix, an extensive summary of existing recommendations for the health and long-term care workforce in Iowa. It also arrived at three recommendations: 1) Codify the Iowa Health Workforce Center as the state's coordination point to address health workforce concerns in Iowa; 2) Target and fund loan repayment programs and other recruitment and retention; and 3) support efforts to create or update training and providing continuing education.

Work began immediately toward the development of the strategic plan due 2012. The council received input from and collaborated with a variety of initiatives and workgroups such as the Rural Health and Primary Care Advisory Committee, the Direct Care Workforce Initiative, the State Office of Rural Health, and experts on Certificate of Need, Iowa Health Information Network, Community Health Needs Assessment, and other relevant efforts and topics. The resulting 2012 Strategic Plan provided robust descriptions of contributing efforts and programs required in the strategic plan. It highlighted results of the Community Health Needs Assessment and Health Improvement Plan results, showing that access to health services was an identified need by nearly all counties. It identified effectiveness and efficiency with a focus on quality and accomplishing more with less as tenets for health infrastructure. Four primary workforce directions were targeted, including "issues no one is raising," recruitment and retention, new types of professionals, and scope of practice for health professionals.

Following submission of the 2012 plan, the advisory council initially planned to divide into two subgroups, infrastructure and workforce; however, with the uncertainty of the political climate and the Affordable Care Act

legislation, members found it difficult to address infrastructure. Members also noted that a variety of other initiatives (Medical Home initiative, e-Health initiative, mental health redesign) addressed infrastructure issues. Further, IDPH did not and does not have regulatory authority over all segments of the health care sector to address the multiple charges set forth for the strategic plan. As a result, the discussions focused primarily on workforce issues, including development of a workforce fact sheet and on recommendations that were identified by the Healthy Iowans process. The themes were: education adjustments to focus on population-based and value-added delivery models; loan repayment and other incentive programs; and programs to further the health professions training components that occur after coursework is completed.

Cost Projections

Through some efforts that have already been initiated, the need for training programs is currently being funded and addressed. Governor Branstad recently announced the launch of a program that will train physicians at the University of Iowa and at Des Moines University to practice in rural areas of Iowa through a public private partnership. Funding has also been appropriated for the medical residency training state matching grants program (Iowa Code 135.176). The Iowa College Student Aid Commission is administering the Rural Iowa Primary Care Loan Repayment Program (Iowa Code 261.113) and the Rural Iowa Advanced Registered Nurse Practitioner and Physician Assistant Loan Repayment Program (Iowa Code 261.114). Funds have been appropriated for both of these programs as well.

Educational programs for health professionals encompass such a wide gamut of levels of training and types of institutions that it is not feasible to complete a generalized cost projection to implement adjusted curricula. The higher education system has and is anticipating these needs and creating adjustments within. Potential partners to explore costs of both curriculum development and assurance of clinical experiences would include health profession education programs with Iowa higher education institutions, the Board of Regents and the Iowa Department of Education. Additional potential partners could include the health professions licensing boards and professional associations. The Advisory Council for State Innovation Models (SIM) initiative has identified a need for professionals equipped to perform care coordination and health coaching functions, and this may be a priority for further education program development.

Support for loan repayment initiatives can include a variety of programs with various parameters. One way to project costs is to base the analysis on data from one existing state loan repayment program called PRIMECARRE. Created in Iowa Code 135.107, this initiative has funded six to eight health professionals each year since its inception in the mid-1990s. Recently, the program has seen an increase in the number of applicants. While the reasons for the increase aren't entirely clear, there is some evidence that reductions in funding for the nation-wide National Health Service Corps loan repayment program, following brief periods of increased funding due to the Affordable Care Act and American Recovery and Reinvestment Act, could be shifting interest to state programs.

PRIMECARRE is available for primary care physicians, psychiatrists, clinical psychologists, dentists, dental hygienists, physician assistants, registered nurse practitioners, certified nurse midwives, clinical social workers (LISW), and psychiatric nurse specialists in the amount of $50,000 for full-time and $25,000 for part-time practice. The financial incentive is provided in exchange for a two-year commitment to provide service in an underserved area. In each of the past two years, the program has seen about 15 to 20 more applications than funding is available to support. Based on program history, a majority of these applications would be for full-time service. The PRIMECARRE program currently uses the State Loan Repayment Program grant from the Health Resources and Services Administration to obtain a dollar-for-dollar match. In the event that this federal program

could be leveraged, any state funds may be able to receive a federal match. The timing of opportunities to apply for increased federal funding and the availability of federal funding may be a barrier. Language to allow a non-reverting revolving fund may allow the flexibility to assure that opportunity for matching funds is maximized because it would allow flexibility across federal and state fiscal years and across grant application cycles.

Support for post-doctoral training programs for psychiatrists was mentioned by the Health and Long-Term Care Access Advisory Council and can best be quantified according to an existing program operated by the Iowa Psychological Association through a contract with the Iowa Department of Public Health. The IPA has reported that six entities in Iowa have interest in supporting a post-doctoral candidate. Specific training sites may experience a range of expenses, and coordination of the program also has a cost. This program received a $50,000 appropriation in FY 2014. Reports from this project indicate that an amount of $15,000 to $20,000 helps support one training site for one year. Program administration costs of about $25,000 per year help support administration of the training program statewide. A projected additional cost could range from $50,000 to $100,000 to provide for full or partial additional training opportunities. Reports from this project also indicate that the timing of a typical post-doctoral training year does not align well will the state fiscal year. Language to allow a non-reverting revolving fund may allow the flexibility to assure that sites can be assured of funding so that they can adequately plan. A non-reverting revolving fund would also help assure that opportunity for non-state matching funds is maximized.

In conclusion, several existing programs are underway to carry forward strategies recommended by stakeholders through the strategic planning effort. Other programs and models may serve as foundational for further development. The Iowa Department of Public Health appreciates the time and efforts of the advisory council members who assisted with the strategic planning process.