

IOWA'S MEDICAID-SAFETY
NET LEARNING
COLLABORATIVE EXPERIENCE

*TED BOESEN, CEO
IOWA PRIMARY CARE ASSOCIATION*

Iowa's NASHP Learning Collaborative Goals

- Maximizing the participation of eligible safety net providers in the state's 2703 Health Home Program, and;
- Developing strategies to better integrate primary and behavioral health care for the population served through program, and;
- Exploring potential roles for safety net providers in accountable care organizations and other value-based purchasing arrangements.

Learning Collaborative Members

- Jennifer Vermeer, Director, Iowa Medicaid
- Jennifer Steenblock, ACA Coordinator, Iowa Dept. of Human Services
- Marni Bussell, Health Home Coordinator, Iowa Medicaid
- Chris Atchison, Associate Dean, UI College of Public Health
- Ted Boesen, CEO, Iowa PCA

Learning Collaborative Members

- Libby Coyte, PA-C, Past President, Iowa Association of Rural Health Clinics
- Dr. Pete Damiano, Director, UI Public Policy Center
- Dr. Keith Mueller, Director of the UI Department of Health Management and Policy
- Michelle Holst, Executive Officer, Iowa Department of Public Health
- Deb Kazmerzak, Director of Clinical Services, Iowa PCA

In-Person Learning Collaborative

- July 16 – 18, 2012, Portland, Maine
- Six states participating: Alaska, Iowa, Maryland, Maine, Minnesota, and Texas
- Featured communities/organizations/states:
 - Cambridge, MA, Camden, NJ
 - CMS, Health Management Associates, Qualis Health, The National Council for Community Behavioral Healthcare, Collaborative Healthcare Strategies, Association of Community Affiliated Plans, NCQA
 - Maine Quality Counts (Community Care Teams), Community Care of North Carolina, Oregon Health Authority

Attraction of Community Utility Model For Iowa

- Dr. Ed Schor, The Packard Foundation
- Recognized as Solution for Meeting PCMH Infrastructure Needs for Safety Net, Rural, and Independent Providers
- Determinants of Health
 - #1 Social/societal characteristics and total ecology
 - #2 Health behaviors
 - #3 Medical care
 - #4 Genes and biology

Other States/Communities Doing This Work

- Alabama
- Camden, New Jersey
- Chicago, Illinois (Medical Home Network)
- Maine
- Maryland
- Minnesota
- Montana
- New Mexico (Health Commons Model)
- New York
- North Carolina
- Oklahoma
- Oregon
- Vermont

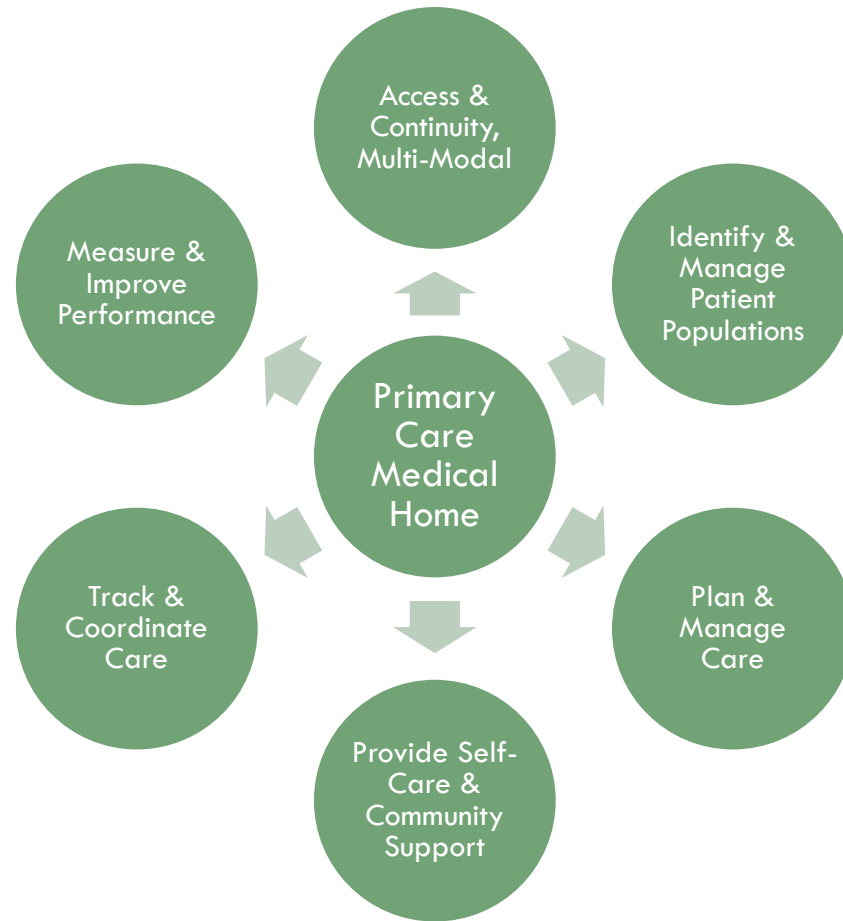
Community Utility Definition

- A service provided to the community that everyone contributes to and benefits from and cannot efficiently or effectively be accomplished alone.
- Examples of other utilities:
 - Electric cooperatives
 - Water systems
 - Public transportation
- May be most necessary for safety net, rural, and independent providers.

Partners in Community Utility

- Primary care providers
- Long-term care
- Public health departments
- Maternal/child health providers
- Area Agencies on Aging
- Family planning agencies
- Community action organizations
- Patient/family advocates
- Specialists/hospitals
- Legal aid services
- Organ associations
- Behavioral health providers
- Oral health providers

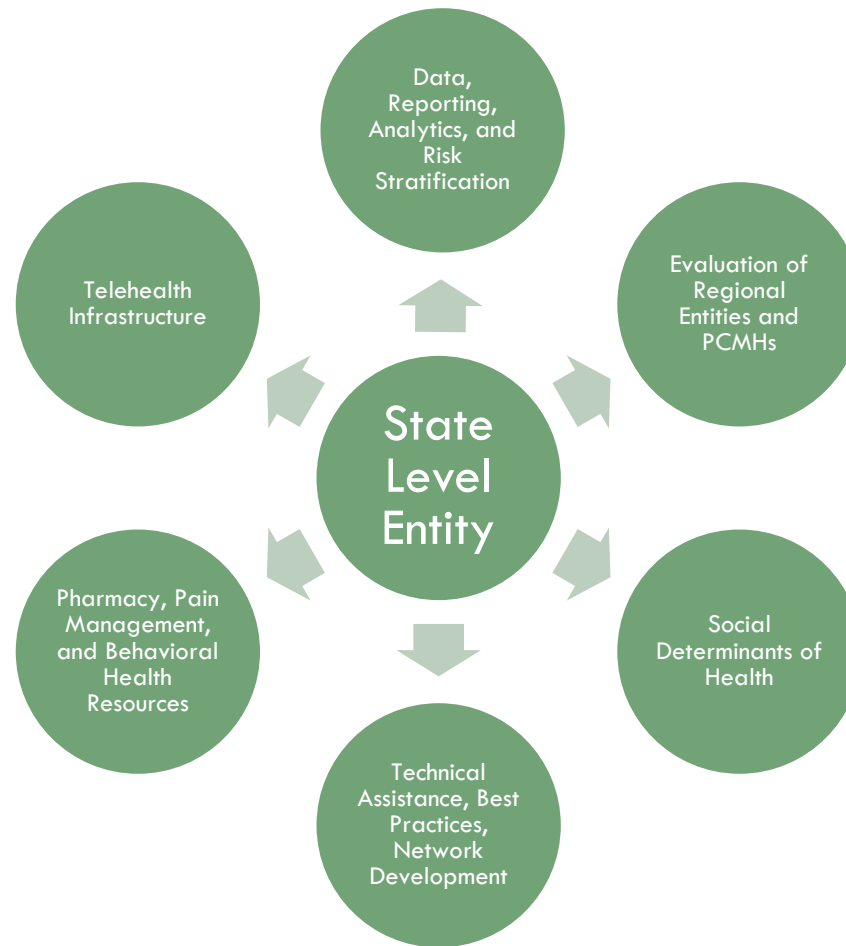
High-Level Primary Care Medical Home Functions



High-Level Regional Functions



High-Level State Functions



Political Environment in Iowa

- IowaCare 1115 CMS Waiver Extension
 - Governor Supports At This Point
- Medicaid Expansion
 - Governor Opposes At This Point
- Medicaid Expansion and Integrated Care Model Legislation (introduced in State Senate)
 - Includes community utility model concepts

Concept Development Opportunities in Iowa

- National Academy of State Health Policy Medicaid-Safety Net Learning Collaborative Site Visit
- 2703 Health Home SPA Program
- ACO Development
 - State Innovation Model proposal for multi-payer ACO
- Commonwealth Fund Project Re: Impact of ACA on Safety Net
- Community Transformation Grant
- Blue Zones Communities
- Healthiest State Initiative

Contact Information

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