Health and Human Services Appropriations Subcommittee
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I would like to thank the Committee for providing this forum to examine Iowa's health services system. The draft legislation circulated pursuant to these hearings is clearly complex in its many elements but could be profoundly beneficial in its impact. In short, though the challenge is difficult the outcome is worth the effort.

The subject of this legislation is one I have worked on for a long time. I served as Director of the Iowa Department of Public Health from 1991 until 1999 and since then I have been Associate Dean for Public Health Practice at the U of I college of public health. The commitment of the College to serve the state has allowed me to also chair the Prevention of Disabilities Policy Council, the Safety Net Collaborative Advisory Committee, as well as the NFP Child and Family Policy Center. As a result these ongoing experiences I have opinions on each and every section of this legislation but will restrict my comments to Divisions 8 and 9.

Division VIII: Whether one views health care as a "right" or not it seems to me that we have acted on a morally based sense that we ought to enable access to health services for those in need. For example, we have emergency rooms at every hospital that will provide care to anyone who requires it as the result of a health crisis. We also have provided for certain preventative and early screening services such as vaccines for children which prevents a number of potentially disabling or fatal diseases. Division 8 affirms this public engagement in health services and responds to the fact that, through public and private efforts, clinics and health centers have been established which provide a fuller range of services including disease prevention and diagnostic care. We also understand that we can do better by trying to align individual service providers into a "safety net" system of services. This makes sense from the individual's care perspective ala the "medical home" strategy advocated by organizations such as the Iowa Academy of Pediatrics. It also makes intuitive sense from the business perspective as we have seen every health care organization contemplate business partnerships with other providers and vendors.

Two years ago this legislature approved the Safety Net Collaborative Network which has pursued the goal of coordination among three critical components of our health access system, Free Medical Clinics, Rural Health Clinics and the Community Health Centers. It has been my privilege to Chair the Advisory committee set up under this authority. In that capacity, I would like to assure the committee that the principals in this effort have undertaken serious efforts to establish a collaborative service system in three critical areas: 1) Pharmaceutical access; 2) Specialty Care Access; and 3) the Recruitment of Health Professionals. You will hear more of this tomorrow from the Executive Director of the Iowa Nebraska Primary Care Association, Ted Boesen. This is a good effort which is making progress. However, at the risk of trimming enthusiasm I would offer a cautionary note. The inclusion of additional partners to this embryonic Collaborative is a laudable goal, but it is one which must be undertaken with the understanding that each new partner brings unique responsibilities and practice patterns into an already complex equation.

Nonetheless, certainly no Iowan deserves this kind of an integrated system more than our young and Division IX provides a placeholder for more attention to this important topic. Allow me to now address

Division IX [Sec. 46 through Sec. 49] Children's Healthy Development Initiative

For more than a dozen years I have been a participant in Iowa's effort to support healthy child development from beyond the immediate preschool ages of 3-5 into the 0-3 population. As Iowa's medical director for Maternal and Child Health Services Dr. Ed Schor repeatedly reminded us, by the age of 3 a child's brain has reached 90% of its full potential. Dr. Healy has reinforced that point today.

However, we also know, as Melinda Abrams, senior program officer with The Commonwealth Fund, shared with Iowans last December, "Improving services does not guarantee better health for children. What's needed is a better system – better coordination, increased integration, new payment models, increased focus on primary care, increased accountability."

Iowans have moved to develop the components of this system. Members of this Committee are familiar with the Early Childhood Initiative. I am pleased that Ms. Abrams was here as part of our effort to develop a "health" component to that Initiative. With the sponsorship of a number of organizations, including the Prevention of Disabilities Policy Council and the Assuring Better Childhood Development project funded by the Commonwealth Fund we have developed a system description in the: "Off to a Good Start: Framing Policy for Early Childhood Health Systems Integration". The participants in our process represented early childhood health, education and human services providers, health care providers, business, education, parents/families and state and community people and identified six goals and priorities for action. Copies of the full report are available but I would like to highlight a few:

GOAL 1: Increase access to and utilization of quality social, emotional and mental health services.

- Health insurance coverage for all children
- Access to and treatment for mental health services
- Improve and increase identification of children who need health services
- Incentives that impact quality, funding processes and pay for performance
  - Pay for performance requires measurement to get it done
- Local systems of care with public-private partnerships are needed

GOAL 2 – INCREASE ACCESS TO AND UTILIZATION OF PREVENTIVE HEALTH SERVICES

- Accountability by providers regarding provision of services and quality of care
- Incentives for providers (pay for performance)
- Incentives for families (access for all birth to 21)
- Systems that promote team care to facilitate care coordination

GOAL 3 – INCREASE THE NUMBER OF CHILDREN WITH A MEDICAL HOME

- Consistent use of family centered care principles
- System of care developed with leadership from IDPH and Empowerment
- Training is needed for providers
- Care coordination by providers
- Quality of services and coverage
- Establish a pay for performance system

GOAL 4 – INCREASE THE NUMBER OF CHILDREN WITH A DENTAL HOME

- Dental hygienist funding for all Title V agencies (sustain)
- Develop a Medicaid dignity card (regular insurance card)
- Increase Medicaid reimbursement rates

- Increase health coverage with dental care
- Incentive programs for providers (recruitment and retention)
- Mandatory oral health screening for school entry

GOAL 5: INCREASE THE NUMBER OF CHILDREN WITH HEALTH CARE COVERAGE

- Determine minimum set of services that children deserve
- Expand who is covered
- Obtain consistency between Medicaid and ***hawk-i*** regarding reimbursement, payment to providers
- Wrap around service needs to be available with access to pediatric subspecialty care
- Obtain reimbursement for tele-medicine
- Electronic Medicaid enrollment is needed
- Proof of identification process causes time delays
- SCHIP reauthorization in full

GOAL 6: INCREASE ACCESS TO AND UTILIZATION OF PREVENTIVE HEALTH SERVICES AND PRENATAL CARE FOR WOMEN & MEN OF REPRODUCTIVE AGE.

- Enhance adolescent's care in EPSDT periodicity schedule
- Expand family support/home visiting programs to include a prenatal component

Many of the strategies are identified in various Divisions or Sections of this draft bill being discussed today with the HHS Subcommittee echo these priorities, especially with our first goal, the Social, Emotional and Behavioral Health of Children.

Specifically, as chair of the Iowa Prevention of Disabilities Policy Council, I want to stress that the Council sees developing an effective system that promotes healthy mental development in the first three years of a child's life is one of the most important steps Iowa can take in preventing disability and in helping a child succeed. The Council was one of the partners in obtaining the Assurring Better Childhood Development grant and I co-chaired, with Gene Gessow, the Board that oversaw the initiative and dealt with policy issues within Medicaid's Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) program. In that capacity, I'd also like to take this opportunity to share some lessons learned and strategies that I see as critical to developing a healthy mental development system of care.

As a cornerstone of the system, children's development must be monitored and those experiencing difficulty must be identified. The primary health care provider and EPSDT are keys to accomplishing this. Through ABCD II we developed a process and tools for primary health care providers to use in identifying young children with developmental issues. Pilot testing showed these were effective and practical for use. These practice guidelines and tools should be adopted for use by health care providers across the state. The new health provider training project offered through a partnership between the Children's Hospital of Iowa Center for Disabilities and Development, Iowa health care provider associations, and Medicaid, is addressing this need. Unfortunately, there is only one year of funding to support this initiative.

Identifying children in need accomplishes little if there is no access to follow-up services. ABCD II tested the use of a care coordination model that shows great promise in linking children and families to existing community services. The Iowa Department of Public Health community-based healthy mental development demonstration projects you funded last year and would expand as part of this new legislation are critical to developing the public-private partnerships needed to link children and families at the community level. The initiatives for Early ACCESS and Empowerment you also address in this legislation will expand these community-based efforts even further.

Providing a mechanism to promote and fund both identification and intervention for the young child and family with developmental concerns is a third piece that needs to be addressed. Here is where EPSDT can and should assume a leadership role. ABCD II has identified a number of barriers and missed opportunities within EPSDT. Discussions are now underway between the ABCD II Board and Iowa Medicaid about how to address these issues. We have another meeting scheduled later this week. We should have more information to share with this committee after that meeting and can keep you informed about our progress.

In conclusion, I again observe that the issues related to early childhood and childhood health are complex. Models for the healthy development of children that emphasize coordination and integration exist and have been demonstrated to be effective in Iowa. Division IX is indeed complex in its many elements but will be profoundly beneficial in its impact for the youngest Iowans and their families. In short, though the challenge is difficult the outcome is worth the effort and there are many partners willing and able to work together to develop an early childhood health system that is integrated. A system that is designed to address quality, access, efficiency and capacity will result in long, healthy, and productive lives for our children.