



Swatches

Connecting Rural Iowa

February/March 2014

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President's Message

It was the second day of the Shelby County Fair. I was a third-grader, nine years old, and just starting my second year of 4-H. My dad and I had spent all summer preparing for this moment. I entered the show ring with our prized full-blood Simmental cow, Stacey. At the time, she was an outstanding specimen of the breed with a large frame, deep body, dark-red color, with a white-head and one red eye patch. She was a powerful animal, 1,700 lbs., and I was handling her beautifully. I led her up to the judge's line so she and her calf were even with the other, lesser entrants. It was a proud moment for a little kid. Then her calf bellered. Stacey sensed her baby was in distress. She bolted. I bolted with her. She dragged me across the show ring, circling her calf to make sure there was no danger. It was incredibly hot and Stacey decided it was time to wrap things up. She headed straight for the cool shade of the cattle barn, dragging me behind, leaving a rooster tail of sawdust. My dad jumped into the show ring and slowed the beast. When the judging was finished I left the arena - embarrassed, crying, and feeling defeated.

When we got back to our cattle stalls, Charlie and Larry, both veteran cattle showmen and fathers, approached me to say that I had been nominated for the junior showmanship contest that followed after the cattle judging. My mom and I protested. Charlie pulled me aside and said, "You have to get back in there so you get your confidence back." Larry lent me a new show stick and showed me how to keep Stacey calm by gently scratching her belly. I led her back into the ring with tears still running down my cheeks. She handled like a dream, and I was selected as the junior 4-H showman.

Thank you for your IRHA Membership!

2014 renewal notices have been sent. If you have already renewed your IRHA membership, thank you for your continued support. If you have not yet renewed, please take a minute and do so right now. Renewing will prevent any suspension of member benefits, such as this newsletter, list serv notices, and more.

Benefits of being an IRHA member:

1. Health advocacy with a rural perspective
2. Access to resources through the IRHA and NRHA websites and email distribution lists
3. Networking opportunities with professionals from diverse disciplines
4. Input opportunities for State and Federal

This isn't just a story about a kid and a big cow. There is a point. We are a small rural state, but we have a rich history of leading enormous things. Iowa has led the nation in a long list of civil rights landmarks; is the leading producer of corn, soybeans, and pork; has paved the way for wind energy and renewable fuels; and even kick starts our country's Presidential nominating process. And we are now at a crossroads in health care where it is up to us, as rural Iowans, to embrace yet another opportunity to lead. Our state is small, unique and progressive. We have ready access to state and national leaders that is simply not possible elsewhere. Iowa can be a laboratory for innovative health models that efficiently provides all patients with access to the full continuum of care. The timing is right, but it's up to organizations like the Iowa Rural Health Association to grab the reins and lead.

The Iowa Rural Health Association is focused on strengthening health systems for rural residents and communities. Members of our association represent some of the nation's top leaders in rural health policy and innovation but we lack breadth and size. Throughout the year, we will be seeking opportunities to expand our network of rural health stakeholders by building meaningful relationships with a larger cross-section of rural health professionals and like-minded organizations. Please do not hesitate to contact me if there is a meaningful way IRHA can collaborate on rural health initiatives in your community. I am available at jon.rosmann@iowapdc.org or 515-282-5405.

To continue with these and other IRHA initiatives, we need your support. If you have not yet done so, please renew your membership by completing and returning the membership renewal form you recently received by email or you can download a membership form from the IRHA website - click the "Join Now" option on the main menu at www.iaruralhealth.org. Questions on membership can be directed to Melissa Primus at mprimus@iarurahealth.org or 515-282-8192.

As a final reminder, we are seeking ways to make our educational webinars more accessible and to reflect current health care and community topics. If you have participated in any of our webinars, please take a few minutes to complete the online survey you received via email.

All the best,

Jon-Michael Rosmann

Policy issues

5. Discounted rates for Annual Conference

6. Opportunities for leadership development

On January 14th, Governor Terry Branstad delivered his Condition of the State to mark the commencement of the legislative session, which is expected to last into April. The Governor emphasized that "Iowa is working" which includes working to improve the health of Iowa citizens. Iowa is ranked 10th in overall wellbeing with the goal of becoming number one in the nation by 2016. In order to achieve this goal, the Governor highlighted the need to make available more doctors for rural and underserved populations and the importance of implementing the Health and Wellness Plan and Marketplace Choice Plan as Iowa's solution to Medicaid expansion under the Affordable Care Act. He will also be working with the Legislature to pass a budget and need to decide what to do with the state's projected \$900 million surplus.

In Affordable Care Act news, the federal government recently released updated enrollment statistics for those applying for coverage through Iowa's health insurance marketplace between October 1, 2013 and February 1, 2014. The marketplace found 33,511 Iowans eligible to enroll in a marketplace plan, 19,661 of which were deemed eligible for financial assistance. 11,788 have selected a marketplace plan at this point, while 25,566 Iowans were deemed eligible for Medicaid/CHIP. Marketplace open enrollment for qualified health plans continues through March 31st.

The Legislature is debating a range of health bills this session, including legislation to smooth the transition to the new marketplace for healthcare coverage. The House is considering legislation to adopt an asset, income and identity verification program in Medicaid to ensure those receiving benefits are entitled to them. Another House bill would require completion of a health risk assessment and patient compliance with any individualized health plan subsequently developed by their provider as a condition of continued Medicaid eligibility. The Senate unveiled legislation to ensure that any Iowan who completes an application for Medicaid or a qualified health plan through the marketplace, in good faith and timely fashion, is considered provisionally accepted such that coverage can begin, so long as monthly premiums are paid. Meanwhile, there are a variety of other health bills pending, including legislation to improve access to mental health professionals, telemedicine, and home and community based services for the elderly.

Health Insurance Marketplace & Iowa Health and Wellness Plan Update

After a slow start, enrollment in the Health Insurance Marketplace and Iowa Health and Wellness Plan continues to increase. Most recent reports show that 11,788 Iowans have purchased insurance through the Marketplace and another 69,363 have enrolled in coverage through the Iowa Health and Wellness Plan, the state's Medicaid expansion program.

Marketplace open enrollment ends March 31, 2014, with the next open enrollment period scheduled for November 15, 2014-January 15, 2015. Individuals may apply during special enrollment periods if they experience certain qualifying life events such as losing employer-sponsored coverage, moving to a new state, or changes in family size. More information on qualifying life events can be found by clicking [here](#).

Individuals may apply for coverage through the Iowa Health and Wellness Plan at any time throughout the year.

Consumers needing help enrolling in either the Marketplace or Iowa Health and Wellness Plan can receive assistance through local Navigators and Certified Application Counselors. To find local assisters, consumers can search online at <https://localhelp.healthcare.gov/>.

Dental Wellness Plan

In creating the Iowa Health and Wellness Plan (IHWP), the State chose to include adult dental services. Iowa Medicaid Enterprise (IME) continues to work with stakeholders in developing and implementing these services by May 1, 2014. Earlier this month, IME announced that urgent dental services for IHWP patients will be payable to any enrolled Medicaid dentist until the program is implemented May 1. Additional information on urgent dental services can be found in IME's [Informational Letter No. 1353](#) issued on February 12, 2014. More on the Dental Wellness Plan can be found at IME's website [here](#).

A Message from Iowa Medicaid Enterprise Communications

Help Consumers Share their Story: The Centers for Medicare and Medicaid (CMS) has announced a new feature on HHS.gov/HealthCare website. "Share Your Story", encouraging people benefiting from the Affordable Care Act to share their coverage stories, including those newly covered through the Health Insurance Marketplace. In the ongoing efforts to educate the public on the ACA, CMS has found that personal stories are a critical piece to that education. Sharing experiences can help others to be motivated to find out what is in it for them. Click here for the link to the story submission <http://www.hhs.gov/healthcare/facts/my-story/>

Tele-Emergency as a Rural Hospital Asset: Results of an Evaluation by Keith J. Mueller, Ph.D

An article recently published in *Health Affairs* reports an evaluation of tele-emergency in rural hospitals.[1] The specific application of telehealth technology connects a physician board-certified in emergency medicine, and supporting professionals, with emergency rooms in 71 rural locations. Clinicians at the local hospital have immediate, synchronous audio/video connection to the central site and physician located there. Live consultation occurs, with the remote physician able to see the patient, order tests, and have instant access to the medical record. The expanded medical team then decides issues such as immediate treatment and whether or not transfer to a different facility is required.

The article includes an extensive literature search, completed surveys from administrative and clinical staff at the 71 rural hospitals, interviews of hospital administrators in 26 locations, and interviews of clinical staff at 21 locations. Several roles of tele-emergency care discussed in the literature were confirmed. First, clinical resources, including care from a board-certified emergency physician, enable high quality trauma care provision within a critical time frame for patients brought to the local rural hospital emergency room. Local clinicians are able to consult with the "hub" physician who has more experience with unusual cases. Second, care coordination is improved between the rural and hub sites, beneficial if the patient needs to be transferred. Third, enhancing emergency care adds to value of the local hospital to patients treated and to the community's health care infrastructure. Fourth, local clinicians benefit from access to specialists, for the patients being treated and for building knowledge/capacity to handle future cases.

Implementing telehealth increases the capacity of locally-based care to be responsive to patient needs in ways not always recognized in current policies. Regulations and payment systems will need to keep pace through modifications of conditions of participation, rules concerning presence of physicians when patients are seen in emergency rooms, and payment that may exceed historic costs of care on site in an emergency room but lower overall costs by reducing transfers. The study results demonstrate the use of telehealth as a means to achieve connections among providers that translate into seamless, coordinated and integrated care for patients. Tele-emergency is becoming a means of strengthening regional systems of care by enhancing the role of the local primary care provider. Keeping care

local by bringing specialty consultation to the local site in real time increases satisfaction of primary care providers and patients. As health care systems evolve in ways that emphasize delivering higher value to patients, tele-emergency will have an important role to play.

[1] Mueller KJ, Potter AJ, MacKinney AC, and Ward MM (2014) Lessons from Tele-Emergency: Improving Care quality And Health Outcomes By Expanding Support For Rural Care Systems. Health Affairs 33:2. 228-234.

IRHA New Board Members

We are excited to welcome four new board members to the IRHA Board of Directors. Dr. Steve Eckstat, Gale Herrera, Barbara Morrison, and Angela Mortoza each bring a unique perspective, a passion for rural Iowa, and years of knowledge to the Board and to IRHA.

Steve Eckstat, DO, FAAFP

Dr. Eckstat received his DO from the College of Osteopathic Medicine and Surgery. Throughout his career, Dr. Eckstat has served in numerous positions in the Des Moines area including: Assistant Professor of Clinical Medicine at the College of Osteopathic Medicine and Surgery, Adjunct Assistant Professor of Family Medicine at Des Moines University, Director of Medical Education at the Evelyn Davis Health Center, Emergency Physician with Mercy Hospital, Co-Founder of Mercy Medical Clinics, Chairman of Family Practice Department, President of Medical Staff, and VP Primary Care Division all at Mercy Medical Center, Family Practice of Medicine, CEO of Mercy Clinics, Inc. He also served as Medical Director of Proteus Migrant Workers Healthcare Program, President of Polk County Medical Society, and as a member of the National Advisory Committee on Rural Health for the US Department of Health and Human Services. He currently serves as President and Chairman of the Board and Medical Director of Free Clinics of Iowa and as President of B'nai B'rith in Des Moines.

Gale Herrera, BSN, RN

Gale is currently Chief Nursing Officer at Monroe County Hospital. Monroe County Hospital is a Critical Access Hospital (CAH) located in Albia, Iowa. Gale has served as a member of the administrative team at two other CAHs (in Nevada and in Webster City). Formerly, she was the Network Nurse Executive for Mercy Medical Center's (Des Moines) seventeen rural hospitals. She has served on the board of the Iowa Organization of Nurse Leaders and was

the former president of the Central Iowa Health Education Network. Gale is a graduate of the University of Memphis (Tennessee). She is a strong advocate for healthcare availability in rural areas.

Barbara Morrison

Barbara Morrison is the CEO of Connections Area Agency on Aging headquartered in Council Bluffs, Iowa. She has 35 years of experience in the aging network beginning her aging career in 1980 as the State Nutrition Program Specialist for the Nebraska Department on Aging. She then went on to serve as the Director of Nutrition services for the Eastern Nebraska Office on Aging before becoming the Executive Director of Southwest 8 Senior Services in 1991. This past July Southwest 8 combined with two other Area Agencies in Iowa and Connections Area Agency on Aging was born. Prior to her aging career, she was an Assistant Professor of Hotel and Foodservice Management at The Pennsylvania State University. Ms. Morrison holds a Master of Science degree in Food, Systems Management from the University of Missouri-Columbia and a Bachelor of Science degree in Food and Nutrition from the University of Nebraska-Lincoln. Ms. Morrison has been involved with several professional groups and currently serves on the National Advisory Committee on Rural Health and Human Services, and on the Boards of the Council Bluffs Chamber of Commerce, Kaneshville Heights (a HUD 202 PRAC), and the National Association of Area Agencies on Aging.

Angela Mortoza

Angela Mortoza is the Chief Executive Officer of Adair County Health System (ACHS) in Greenfield, Iowa. Prior to her position at ACHS, Angela was the Nurse Manager and Outreach Coordinator of the Children's Emergency Center at Mercy Medical Center. While at ACHS her focus has been on quality and safety for the patients. She has been instrumental in implementing improvement programs that have resulted in patient and employee satisfaction. Angela is a Trustee for the Iowa Rural Hospital Association and a Member of the Iowa Hospital Association Advocacy and Outreach Committee. Angela received her Bachelor of Science in Nursing, Summa cum Laude/Highest Honors from Mercy College of Health Sciences, Des Moines, Iowa. She then went on to receive her Masters of Healthcare Administration from the University of St. Francis, Joliet, Illinois.

**Programs Addressing High Rates of Recidivism
Among Offenders with Behavioral Health
Disorders Show Promise**

Individuals transitioning from our state and local corrections systems face a number of immediate challenges. Released offenders must secure housing, find a medical care provider, be evaluated, apply for financial assistance, and explore employment opportunities. During this time of transition, many released offenders also lack access to affordable behavioral health medications, further complicating the individual's reintegration into the community. Discontinuing many types of psychiatric medications can lead to the underlying illness or illnesses no longer being under control, an outcome of which could lead to reincarceration. In the Spring of 2013, two programs were launched to address the behavioral health medication needs of offenders released from Iowa's state and local corrections systems. Both programs are designed to connect offenders with up to 90 days of behavioral health medications upon release and show significant promise in positively impacting the rate of recidivism among offenders with behavioral health disorders.

Case Study:

A young female with bipolar disorder was recently released from the Polk County Jail. Prior to release, the individual was advised that she could obtain primary care services and up to 90 days of behavioral health medications at no cost.

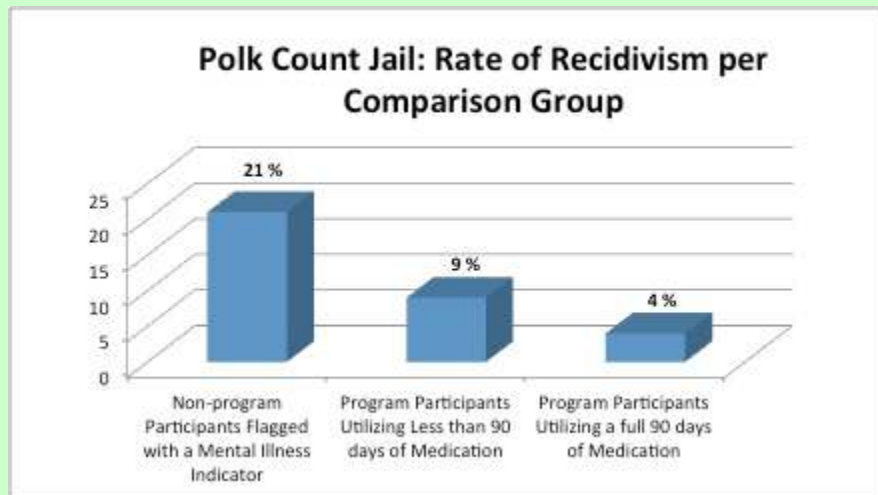
Three days after being released the individual was seen at Primary Health Care's outpatient clinic. She was in need of risperidone and was worried about her ability to effectively participate in an upcoming job interview. The individual was seen immediately and was provided a 30-day supply of medication. She has stabilized her condition and is currently working part-time as a Certified Nurse Assistant.

Without access to primary care and behavioral health medications, the individual's disorder may have gone untreated, resulting in a subsequent non-violent offense. In Polk County the average length of stay for individuals with behavioral health disorders is 36 days at a cost of \$2,160. As an alternative, the individual is employed and positively contributing to her community. This savings is greater than the cost of providing behavioral health medications to all participating released offenders in Polk County for one month.

Preliminary Findings: The Polk County Jail Behavioral Health Medication Assistance Program was launched March 4, 2013. Through this program, offenders released from the Polk County Jail are referred to Primary Health Care, Inc., a Federally Qualified Health Center located in Des Moines, where patients are seen on an appointment or walk-in basis. Patients with household incomes

200% of the federal poverty level or below are eligible to receive up to 90 days of behavioral health medications and primary health services at no cost. During the 90-day benefit period, patients are referred to Eyerly Ball Community Mental Health Services or Broadlawns Medical Center where longer-term behavioral health services are available.

Between March 4, 2013 and December 31, 2013, 151 offenders utilized the program to fill 621 prescriptions for behavioral health medications at a cost of \$7,896. The number of prescribed drugs filled per offender per visit ranged from one to 18 and averaged 4.1. Of the 151 program participants, 115 offenders had been released for a period of 90 days. Due to the recent onset of the program, recidivism analysis was limited to this critical 90-day period. Seven percent of program participants (nine of 115 offenders) recidivated during the first 90 days after release. Comparatively, twenty-one percent of non-participants with mental illness (687 of 3,210 offenders) recidivated during the first 90 days. Further, the longer program participants utilize the program, the lower the rate of recidivism is among that group. Of the 115 program participants, 87 offenders utilized less than a 90-day supply of behavioral health medications and 28 offenders utilized a full 90 day supply of behavioral health medications. Just 4% (one of 28 offenders) of offenders that utilized a full 90-day supply recidivated compared to 9% (eight of 87 offenders) of program participants that utilized less than a 90-day supply.



Preliminary findings from a statewide pilot project established with the Iowa Department of Corrections (DOC) has demonstrated similar results. The DOC Behavioral Health Medication Voucher Program (DOC Central Pharmacy Pilot Program) provides offenders released from one of Iowa's prisons with up to 90 days of behavioral health medications at no cost. At the time of release,

the individual is provided a 30-day supply of all medications. The individual may also have up to two 30-day refills of behavioral health medications transferred to a participating community pharmacy and filled at no cost to the individual. This program is available to any uninsured or underinsured offender released from one of Iowa's DOC facilities with an individual or household income 200% of the federal poverty level or below. During the time period of March 8, 2013 and December 15, 2013, 590 separate drug prescriptions were filled for 165 offenders in 266 pharmacy visits (an average of 1.6 visits per offender). The number of prescriptions filled per offender per visit ranged from one to six, and averaged 2.2. Of the 165 participants in the program, 119 had been out of prison at least ninety days. During this time period, five participants (five of 119 offenders) or 4.2% had new charges entered in the Iowa Department of Corrections database (ICON). Although more research is needed to determine if the increased access to behavioral health medications will have a long term positive impact on the rate of recidivism among offenders with behavioral health disorders, preliminary data provided by the DOC indicates that free access to behavioral health medications is of great assistance to participants' successful reentry. Specifically, a substantial number of participating offenders were medication compliant; the mental health adjustment among participating offenders is mainly positive; and positive mental health adjustment among participating offenders is strongly associated with success under supervision.

Funding from the Office of the Attorney General, the Mid-Iowa Health Foundation, the Prairie Meadows Community Betterment Program, Polk County Board of Supervisors, and the Iowa Prescription Drug Corporation (IPDC) will allow both programs to operate for an additional year. IPDC is currently pursuing additional opportunities to integrate the models in communities and states across the country. For a copy of the full reports or for more information, please contact IPDC at 515-327-5405 or visit www.iowapdc.org



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