IOWA RURAL HEALTH ASSOCIATION

Optimal Health for All Iowans

Swatches

Connecting Rural Iowa

May 2015

In This Issue:

2015 IRHA Conference SAVE THE DATE

IRHA will hosts our annual conference on

President's Message

Keith J. Mueller, Ph.D.

As the Iowa Legislature completes its work for the 2015 session, this is good time to remind ourselves that our work on behalf of rural residents and communities includes seizing opportunities to turn changes in health care delivery and finance into positive results; and to minimize any adverse consequences. We are living in a time of dramatic change, with renewed spread of managed care organizations (MCOs), the advent and growth of accountable care organizations (ACOs), reorganized systems of care that bring providers into new affiliations, and what the US Department of Health and Human Services (HHS) is pushing as delivery system reform (DSR).

In Iowa, we have seen actions paralleling those occurring across the nation. During the past several months we have witnessed the start of significant changes in the Medicaid program as it transitions to contracts with MCOs while implementing other changes through an ACO-based approach. Both are intended to generate savings for the state treasury while improving quality of care for Medicaid clients. Iowa health care providers continue their involvement with the Medicare ACO program as well as using the shared savings approach in contracts with commercial plans. As a state with high participation in the Medicare ACO program we are well on the way to the HHS goals for DSR, linking Medicare payment to quality measures and value.

What do these changes mean for rural residents and communities? Viewing the changes as opportunities, the increased emphasis on lowering expenditures by more appropriate use of the delivery system (i.e., fewer hospital admissions for conditions that could be treated by other means, keeping people with chronic conditions well through changes in

Thursday, September 10 at the Animal Rescue League's Conference Center in Des Moines.

Planning has started on possible speakers and the agenda. You won't want to miss this year's conference! More details will be shared as they are finalized. For now, please mark September 10 on your calendars and plan to join us for a day of sharing and learning.

Have you renewed your IRHA Membership?

The IRHA membership year runs with the calendar year. If you have not yet renewed your membership for 2015, please do so today to avoid missing out on your membership benefits.

Renewal is easy and

processes of care and increased patient engagement in treatment plans) is an opportunity to support community-based programs focused on wellness. While we need to be vigilant in our advocacy efforts to be sure that the fragile infrastructure of rural health is not damaged by unintended consequences of abrupt changes in health care finance, we should be strong advocates for the local role in positive change. I encourage you to participate in the IRHA discussions described elsewhere in this newsletter to learn more about what can be done.

Rural Health Conversations

On May 15, IRHA launched a new educational initiative we are calling Rural Health Conversations. These conversations take place in a simple conference call setting. The conversation will begin with a short presentation from an expert in the topic area. Following the presentation, all participants are encouraged to join the conversation by asking questions, sharing their experiences, and making connections with others on the line.

The May conversation featured Shari Burgus, MEd, EdS, Education Director for Farm Safety for Just Kids. Shari's topic was "Rural Kids Still at Risk".

In June, IRHA Board Members Kate Walton and Eric Tempelis will provide a recap of the legislative session, focusing on the issues that impact rural health. The June Conversation will take place on Thursday, June 11. Registration information will be posted to the website and shared through the list serv soon.

The Rural Health Conversations are free and open to members and non-members. We hope you will join us for a future conversation.

Iowa Legislative Update

submitted by Kate Walton

The Iowa General Assembly is working past their scheduled adjournment date as they struggle to resolve budget differences between the House, Senate and the Governor. There are still a number of issues being tracked by the Iowa Rural Health Association that remain part of the end of session negotiations.

Telehealth Services

The legislative session began with advocates promoting legislation that would create reimbursement parity for health care services

can now be completed online.

To renew online, click here to be redirected to the online membership form. If you prefer to renew by mail, click here to download a copy of the membership form.

If you have any questions, please contact the IRHA Office.

Thank you for your IRHA Membership!

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 Policy issues

5. Discounted rates for

provided via telemedicine. While the legislation enjoyed bi-partisan support over the acknowledged benefits for patient access, the insurance industry opposed the bill on the grounds that it created a mandate for payment. Coupled with the insurance industry opposition was some concern over incomplete practice standards for physicians. The legislation was amended and narrowed to include reimbursement for the Medicaid program only, then it failed to advance through the second funnel deadline.

While the reimbursement legislation is no longer in play for this session, work telemedicine standards continues. The Iowa Board of Medicine adopted final rules for telemedicine practice standards and the Health and Human Services Budget Committee included the Medicaid-specific language in both the House and Senate versions of their budget bill. That bill is currently sitting in conference committee, but since the language was included in both versions it stands a high probability of being included on final passage. The language also clarifies that the patient relationship can be established and maintained via telemedicine.

Interstate Compact for Physician Licensure

Despite a coalition of more than 20 supporting organizations, a bill establishing an Interstate Compact for Physician Licensure in Iowa failed clear the hurdle of the second legislative funnel. The legislation has been enacted in seven states, which triggers the establishment of the Compact Commission. The surrounding states of South Dakota, Minnesota, Wisconsin and Illinois have either passed or are likely to pass the bill during the current legislative session.

Based upon the updated status of the compact legislation, advocates successfully included the compact language in the Senate Standing Appropriations bill. The House recently passed their version of the Standings bill, which did not include the compact. This bill is all but certain to go to conference committee where the differences between the House and Senate will be resolved. IRHA was one of the 20 supporting organizations of the original legislation.

Staying Safe - Burn Safety

submitted by Brandi Janssen, PhD

Spring is a time for cleanup; we wash our windows and organize closets. It's also an ideal time to burn off brush and grassy areas to prepare a garden space or rejuvenate a pasture. Researchers at the University of Iowa Hospitals and Clinics state that burning trash, brush, and grass is an "underappreciated" cause of injuries in rural areas. One-fifth of patients who come into UIHC's burn

Annual Conference

6. Opportunities for leadership development

unit have been injured by fire in an open space. In some southern Iowa counties, the majority of flame-related emergency room visits were the result of burning trash or brush. Young men ages 16 to 44 are the most likely to be injured, but older patients were more likely to suffer complications or die from their burns. Nearly 20% of all of UIHC's burn patients were over the age of 65. Between fall 2012 and spring 2014, six patients died from brush-related burns at UIHC; five of those were over the age of 75.

One of the key causes of injury is use of an accelerant, like gasoline, kerosene, or diesel fuel. Eighty-one percent of UIHC admissions related to trash and brush burning involved accelerant use, most predominantly gasoline. If you're planning a spring burn, observe the following safety strategies:

- Check for local burn restrictions or permit requirements.
- Take note of weather conditions, especially wind and humidity. Ideal relative humidity ranges from 25%-50%.
- Never burn in gusty or variable wind conditions
  .
- Have a "Burn Buddy" who can stay until the burn is completed.
- Never use an accelerant.
- Have fire extinguishment tools on hand, including water supply, shovels, and rakes.
- Do not delay a call for help; call 911 immediately at the first sign of the fire getting out of control.

UIHC General Burn Prevention Tips and First Aid:
http://www.uihealthcare.org/2column.aspx?id=21792

ISU Extension Burn Plan Guide:
http://www.extension.iastate.edu/forestry/publications/pdf_files/pm2088a.pdf

Brandi Janssen, PhD directs Iowa's Center for Agricultural Safety and Health based at the University of Iowa College of Public Health. She can be contacted at brandi-janssen@uiowa.edu or 319-335-4190.

Addressing High Rates of Recidivism through Medication Access

submitted by Jon Rosmann

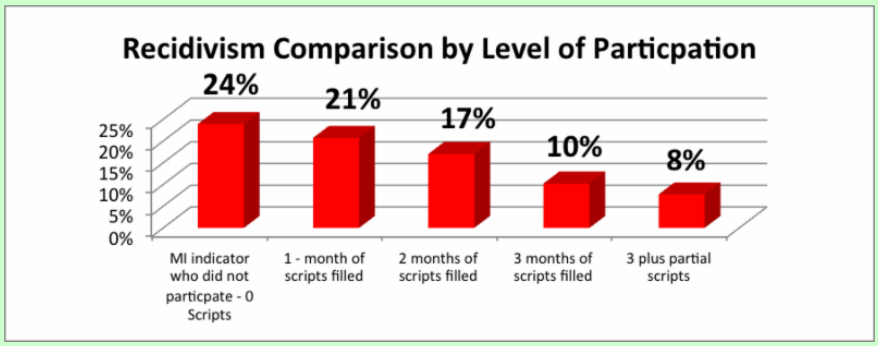
Individuals transitioning from our state and local corrections systems face a number of immediate challenges. Released offenders must secure housing, find a medical care provider, be evaluated and apply for financial assistance, and explore

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, a program in Polk County was launched to address the behavioral health medication needs of offenders released from the Polk County Jail, and shows significant promise in positively impacting the rate of recidivism among offenders with behavioral health disorders.

Year Two 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, 2014, 341 offenders utilized the program to fill 1,301 prescriptions for behavioral health medications at a cost of $19,942. The medications were dispensed from Primary Health Care's 340B pharmacy. Each offender used an average of 3.8 prescriptions at a cost of approximately $15.32 per prescription. Of the 341 program participants, 306 offenders had been released for a period of 90 days. Due to the recent establishment of the program, recidivism analysis was limited to this critical 90-day period. Nine percent of program completers (persons utilizing three, 30-day supplies of behavioral health medications) recidivated during the first 90 days after release. Comparatively, twenty-four percent of non-participants with mental illness recidivated during the first 90 days.

Further, the longer program participants utilize the program, the lower the rate of recidivism is among that group. Among the program participants, the rates of recidivism were 21, 17, 10, and 8 percent for persons that utilized one 30-day supply, two 30-day supplies, three 30-day supplies or three 30-day supplies plus a short term, 7-day supply of behavioral health medications. Persons receiving a short-term supply of medications could not be immediately scene by a Primary Health Care provider. They were given a 7-day supply of medication and returned for an additional health appointment where they received a full 30-day supply of behavioral health medications plus two subsequent 30-day refills.



Years one and two of this project were made possible through generous grants from the Mid-Iowa Health Foundation, the Prairie Meadows Community Betterment Program, and the Polk County Board of Supervisors. IPDC is currently collaborating with the Office of the Attorney General to launch this model in Iowa's most populous counties. For a copy of the full report or for more information, please contact IPDC at 515-327-5405 or visit www.iowapdc.org.