



Volume 2 - Summer 2009 [www.ihconline.org](http://www.ihconline.org)

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## ***President's Report by Tom Evans, MD***

The commitment of Iowa hospitals, physicians, employers, patients, and other stakeholders make the work of the Iowa Healthcare Collaborative effective. Every day, I see evidence of this. It is the vision that Iowa's community leaders have for quality and patient safety improvements that makes our work worthwhile.

Many of you know that with the tightening of Iowa's economy, IHC is currently facing some challenging times. As I go around the state talking with our partners, people and organizations who share our vision of quality improvement and patient safety, it is clear that our work is very much respected and valued. In fact, each day, we're asked to do more, not less. Our efforts to promote transparency by our public data reporting initiatives have opened opportunities for consumers and providers to see health performance in new ways. Our work to diffuse Lean

process improvement techniques into Iowa hospitals have had the effect of improving quality and efficiency. IHC's medical home efforts are laying the groundwork for new ways of providing healthcare among Iowa's physicians. Our active discussions with members of our Community Advisory Council are ensuring that our work meets the needs of the broad community of healthcare stakeholders across the state.

All of these efforts depend on your active engagement, as Iowans committed to making improvements in healthcare. And you are definitely committed. We have more stakeholder organizations providing funding to our work today than ever before. Commitment and engagement from among Iowa's hospital leaders is very high. Over 150 people registered an interest in joining our medical home learning community earlier this year, nearly outstripping our ability to manage the training!

Obviously, our success is dependent upon your success. IHC continues to build Iowa solutions for Iowa problems. I appreciate your active engagement in our work. Together, our teamwork demonstrates why the healthcare system in this state is highly rated. In these days of breath-taking healthcare reform, our commitment and collaboration demonstrate to the rest of the country effective strategies that can be broadly applied to improve care.

### *Summer Interns added to the IHC Staff*

Terri Berger, an MHA student at the University of Iowa, is spending her summer supporting IHC's work effort, and learning about quality of healthcare in Iowa. Terri comes to IHC having just completed her first year in the MHA program in Iowa City. In her first year in the program, she's had experiences as a clerk at the Holden Comprehensive Cancer Center and working on an independent study project at Mercy Hospital in Iowa City. Her first major task for IHC was in supporting the work of the statewide Cardiovascular Task Force ([see news item this issue](#)) by writing their report. Thanks for joining IHC this summer, Terri!

Anju Chandran, a senior at Carleton College, has also joined the IHC staff as a summer intern. Anju recently completed her medical school entrance exam and is looking forward to finishing her senior year at Carleton. Anju also spent the summer of 2007 with IHC, so we're glad to have her back!



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## ***Medical Home Update***

The Medical Home Workgroup, convened by IHC and the Iowa Academy of Family Physicians, has continued to meet regularly over the past year. The group consists of innovative physicians from across the state and continues to promote the deployment of the patient-centered medical home model of care in Iowa.

There has yet to be an announcement from CMS regarding the eight states selected to participate in the Medical Home demonstration project, and the site selection announcement is now expected sometime this summer. Unfortunately, all indications from Washington are that Iowa

is an unlikely selection due to our already low cost, high quality healthcare.

The primary work product of the group to date has been the Medical Home Learning Community (MHLC), a series of educational sessions focusing on practice transformation and exploring the standards for NCQA recognition of medical home status. See the “Upcoming Conferences” section below for additional information on the MHLC.

Lastly, the workgroup has continued to participate in the work of the HF 2539 State Medical Home System Advisory Council by providing leadership on three subcommittees: Definition and Certification, Reimbursement and Policy, and Education. The state council has been working to develop and endorse a medical home definition and criteria for certification of medical homes in Iowa. Please visit the [State Medical Home System Advisory Council website](#) for more information.

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## ***Upcoming Conferences and Meetings***

### **Lean Learning Community**

This year’s LLC is focusing on A3 and Standard Work. No prior knowledge of Lean was required for participation in this program, and attendees are getting their hands dirty by applying these two tools to a team project throughout the program.

The kickoff meeting was held on March 31, and participants learned about the A3 problem solving tool. Teams practiced their new skills by working on a healthcare case study throughout the day, and have spent the past two and a half months applying these skills to a process at their home facility. Projects range from identifying and scheduling patients who are overdue for a mammogram to improving the claims submission process to reduce the number of rejected claims.

The second session, held on June 16, started with a review of lesson one. Teams had the opportunity to share their experiences using the A3 tool on their own, and many had projects that were progressing nicely. Vicki Baum (Indian Hills Community College) provided coaching, suggestions and encouragement to the group.

Dean Bliss (Iowa Health System) delivered lesson two, which focused on standard work instructions. He explained that once a process has been improved, it is important to develop standard work instructions to ensure that the new process is executed consistently and predictably by all who do the work. Next steps for the teams include creating standard work instructions for their projects. Sarah Pavelka (Iowa Quality Center) rounded out the day by providing information on encouraging daily improvement in an organization. LLC teams will reconvene for the third and final learning session on September 8 where they will share their project results.

### **Medical Home Learning Community**

The interest and engagement in the topic of patient-centered medical home (PCMH) has been remarkable, and it continues to grow. Over 160 people registered for the June 17<sup>th</sup> session, and registrations continue to come in for this year's final meeting, held on September 9, 2009.

With a goal of working towards overall practice transformation and improved patient-centered care, MHLC curriculum has focused on the nine NCQA PCMH standards. These standards have been accepted nationally as a way to objectively determine a clinic's medical home capabilities.

Keynote speaker Joe Scherger, MD, returned to Iowa for a second time to discuss Standard 9 – Advanced Electronic Communications. Dr. Scherger shared his knowledge about patient portals and the ability to e-mail patients. He also described ways of implementing a patient portal with or without an electronic health record, and options for reimbursement for these services.

Two panel-like discussions covered Standard 2 – Patient Tracking and Registry Functions, Standard 6 – Test Tracking, and Standard 7 – Referral Tracking. Six different Iowa healthcare organizations shared a variety of perspectives on how these standards have been implemented in their clinics. Perspectives ranged from pediatric clinics to community health centers, from large health systems to small independent physicians.

Attendees also heard a presentation from IHC partner MMIC, a medical liability insurance company, who discussed medical home from a liability perspective. Information included ways an effective and efficient medical home would reduce liability exposure, but also pointed out things clinics should be aware of in the new model of care.

The third and final learning session of 2009 will be held on September 9 at the Foxboro Conference Center in Johnston. Curriculum will address care management, patient self-management support, electronic prescribing, and performance reporting and improvement. The fee is \$60 and [registrations](#) must be received by August 26.

*Questions about any of the above conferences can be directed to Kyla Kiester at 515.283.9332 or [kiesterk@ihconline.org](mailto:kiesterk@ihconline.org)*

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## ***Doing More with Less in a Lean Organization***

Hospitals, clinics and other healthcare organizations across the state are feeling the pressures of the current economic situation. Fortunately many organizations are realizing gains by implementing the Lean methodology, and are utilizing Lean tools to reduce cost and improve efficiency.

The 4th Annual IHC Lean Conference will be held on August 26, 2009, at the Scheman Building in Ames, where many success stories will be showcased. Keynote speaker Patrick Anderson is the executive director of Chugachmiut, a non-profit Alaskan Native Tribal organization based in Anchorage, Alaska. Relating specifically to Iowa's rural facilities, Mr. Anderson will share his fascinating story about how Chugachmiut's Lean journey has allowed them to start an initiative

to restore the health of 1350 patients in an area encompassing 10 million acres.

A variety of breakout sessions will allow those from any level in a healthcare organization to understand their role in driving a Lean culture:

- Geared towards senior leaders, the **Leadership and Champion Building** track will discuss the role of a champion, how to create leadership engagement within your organization, and how an organizational culture related to continuous improvement can be achieved.
- **Clinical Application of Lean Tools** track will illustrate how Lean tools have allowed Iowa organizations to make improvements and standardize processes in a variety of healthcare settings
- Get your feet wet with an assortment of Lean tools in the **Interactive Simulations** track, where hands-on exercises will drive home a variety of Lean concepts.

Take advantage of the “Early Bird” rate of \$166 per person by [registering online](#) before August 7th. Registrations received on August 7th or later will be \$191 per person. IHC has secured a room block at the Gateway Hotel and Conference Center in Ames. The room rate for this block is \$89 per night plus tax. To make reservations contact the hotel directly at 515-292-8600.

[Download the brochure](#) for additional conference details.

Questions about the conference can be directed to [Kyla Kiester](#).

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## ***Save the Date! IHC 2009 Annual Conference***

The 6<sup>th</sup> Annual IHC Conference on Quality, Patient Safety and Value will be held on Wednesday, November 18 at the Scheman Building in Ames.

The keynote address will be delivered by Terry McGeeney, MD, president and CEO of TransforMED and a national expert on patient-centered medical home (PCMH). Dr. McGeeney will provide the most current information on the PCMH initiative both regionally and nationally based on the latest information from the various PCMH stakeholders including primary care, specialty care, hospitals, payers, employers and government.

As in years past, attendees will have the opportunity to attend a variety of breakout sessions including **Value in Healthcare, Culture and Leadership** and **Clinical Best Practices**. This year the **Transformation of Primary Care** track will be geared towards physicians and teams from primary care offices, and present topics related to medical home.

Mark your calendars for November 18! Additional information will soon be available on the [IHC website](#).

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## ***Community Advisory Council Discusses Priorities***

The Iowa Healthcare Collaborative's Community Advisory Council (CAC) held a substantive discussion at its June meeting regarding the opportunities available to it in collaborating on healthcare improvement initiatives. Many members of the Council, comprised of healthcare providers, insurers, employers, and consumers, voiced strong support for IHC and the opportunities the Collaborative provides in improving healthcare quality. The Council discussed focusing on these issues: chronic disease improvement projects with high return on investment potential, physician data initiatives, emphasizing the results of quality improvement efforts, and consumer information.

The Council has been very active during the past several months in developing a series of recommendations on healthcare data for the Iowa General Assembly, resulting in the issuance of a report in January 2009 titled "Report on Healthcare Quality and Cost Transparency". A copy of the report can be obtained by contacting Gerd Clabaugh at [clabaughg@ihconline.org](mailto:clabaughg@ihconline.org).

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## ***Cardiovascular Task Force Facilitated by IHC***

Under an agreement with the Iowa Department of Public Health, IHC has been actively supporting the work of a statewide task force to develop "The Iowa Comprehensive Heart Disease and Stroke Plan." Dr. Evans, IHC's President, was asked by the Department to chair the task force.

The work of the task force began in early April with its initial meeting. With a high degree commitment from members, the task force was able to complete its work by early June, enabling IHC staff to deliver a draft of the plan to the Department. Additional review will be accomplished by the Department within the next few months, with eventual release of the report coming later in 2009.

Dr. Evans was appreciative of the Task Force's hard work, which included 3 face-to-face meetings between April and June, as well as several conference calls of subcommittees of the full task force. He indicated, "The plan is a thoughtfully constructed, goal-oriented statement of Iowa's priorities in fighting cardiovascular disease and stroke. The 45-member Task Force was very committed to the work, and the product will be very useful in setting a positive direction for Iowa's efforts in combating these importance diseases."

For more information on the Task Force reporting, contact Trula Foughty at IHC at [foughtyt@ihconline.org](mailto:foughtyt@ihconline.org).

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## ***IHC Board discusses Leapfrog Reporting***

The Iowa Healthcare Collaborative Board of Directors met April 9th, and among the topics discussed was the request from The Leapfrog Group that Iowa hospitals report in its annual survey. IHC has had a long-standing recommendation to Iowa hospitals against reporting to The Leapfrog Group. The Board's position statement was recently added to the IHC website (<http://www.ihconline.org/documents/news/IHCLeapfrogPosition.pdf>). In brief, IHC believes that the information collected in The Leapfrog Group survey is subject to bias in its collection, resulting in inaccurate comparisons between hospitals, and provides information that is of little value to patients in their decision-making. IHC would rather Iowa hospitals continue to engage in work to ensure responsible public reporting of comparable, national standard healthcare data and quality information to better inform both providers and consumers about the status of performance in Iowa's healthcare system.

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### ***IHC MedCard Available in Limited Supply***

Many clinics, hospitals, public health agencies, and pharmacies across Iowa have made use of the IHC MedCard during the past year. In early 2008, IHC distributed 150,000 MedCards to Iowa healthcare providers.. The MedCard is a pocket-sized medication card that includes space to record use of prescription medications, medical history, and other information that would be useful to a physician or other healthcare personnel providing care to a patient. Its function is to improve communication between patient and provider, and encourage patient responsibility as it relates to recording and communicating their medical history and medication status. The program, funded originally by The Wellmark Foundation and supported by the Iowa Medical Society, Iowa Hospital Association, Iowa Pharmacy Association, and the Iowa Foundation for Medical Care, was a great success.

Recently, a supplemental printing of the MedCard – funded by Iowans for Wellness and Prevention- has been made. Additionally, a small supply of a Spanish version of the card is also now available. To access these limited supplies, call or write Gerd Clabaugh at the Iowa Healthcare Collaborative office to place an order. He can be reached at 515-283-9365 or [clabaughg@ihconline.org](mailto:clabaughg@ihconline.org).

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