VALUE IN HEALTH CARE: PRINCIPLES FOR REFORM

LESSONS LEARNED ABOUT HIGH-VALUE HEALTH CARE IN IOWA

Iowa Committee For Value in Healthcare

A Note from the Steering Committee about the Iowa Committee for Value in Healthcare

The Iowa Committee for Value in Healthcare was established as part of The Concord Coalition's Fiscal Stewardship Project. Recognizing the increasing role of rising health care costs in our nation's long-term fiscal challenges, The Concord Coalition partnered with the College of Public Health at the University of Iowa and the Iowa Healthcare Collaborative to establish the Iowa Committee for Value in Healthcare, this committee is comprised of health care leaders from across the state who represent a variety of perspectives on Iowa's high-quality, low-cost system, and can provide expert advice on how best to promote the notion of value in health care reform.

Between April and July of 2009, the Iowa committee convened two public forums and three advisory meetings in Des Moines. At the public forums, national and local experts discussed the role health care plays in the United States' long-term fiscal challenges and highlighted the successes in delivering high-value care in Iowa. During the advisory meetings, the committee engaged these national and local experts in discussions about national reform efforts and considered how Iowa's successes could inform national efforts.

Upon completing these activities, the committee identified five *Principles for Value-Based Health Reform*. These principles were distributed on July 27 to President Obama's administration, the state's Congressional delegation and other leaders on Capitol Hill, members of the Iowa General Assembly and Iowa's executive branch agencies. This final report expands upon the *Principles* and highlights the "Iowa experience" of providing high-value care.

The Steering Committee extends a sincere thank you to each advisor who participated in this process.[1] The principles and the stories they are based upon reflect the best of Iowa. While these principles may not necessarily meet with full agreement by each advisor, they do identify many of the key ingredients that make Iowa's health system so beneficial and cost-effective to our residents.

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[1] The advisors to the Iowa Committee for Value in Healthcare are listed on page 12 of this report.

Overview

The United States health care system, with annual expenditures of more than $2.5 trillion, is larger than the gross domestic product of all but five other nations. Over the past several decades, health care cost growth has outpaced economic growth, inflation and personal incomes. One out of every six dollars of the nation's current annual production is devoted to health care.

Numerous problems come from such a large, costly and growing health care system. In the private sector, Americans with employer-sponsored insurance increasingly are paying more out of their own pocket to cover premiums. Meanwhile their wages stagnate as employers allocate increasing amounts for providing health coverage to their employees. In the public sector, Medicare and Medicaid -- the two largest sources of payment for America's health care bills -- are the dominant contributors to the nation's unsustainable fiscal outlook. In addition to the pressure that health care costs put on the federal budget, a 2007 report by the Government Accountability Office (GAO) concluded "it is the growth in health-related costs that is a primary driver of the fiscal challenges facing the state and local government sector."[2] A consensus exists that health care spending in the United States is on an unsustainable path.

An expensive health care system is not necessarily good or bad. As consumers, Americans choose between costs and benefits every day, and we generally find more value when the costs of a good or service equal or are less than the benefits. Health care is no different. If more expensive care generally led to better outcomes, many people would find value in spending extra money. However, our nation spends roughly two times more per capita on health care than other developed nations without producing better results.[3] While the American system can produce individual outcomes that are among the best in the world, there are too many examples where the health of the U.S. population lags behind other countries. That is why this committee believes that increasing value in American health care should be a top priority for federal, state and local reform efforts.

We recognize there are several reasons why the American health care system has not succeeded in improving the value of care. One example is how many fee-for-service payment structures have created incentives to provide high-intensity care regardless of the severity of a person's condition. We also recognize that there is no single approach, no magic bullet that can be used to reform the American system. Simply cutting benefits or limiting provider payments may leave the system better off in a strictly fiscal sense but would likely have profoundly negative consequences for access to quality care. Similarly, raising new revenues to fund the current (and broken) system or to expand coverage will do nothing to control spiraling costs or improve the value of services.

The Iowa Committee for Value in Healthcare took these difficult issues head-on in its discussions on health reform. In this report the committee offers five principles for value-based reform and the Iowa stories that illustrate them.

[2] Persistent Fiscal Challenges Will Likely Emerge within the Next Decade, July 18, 2007. GAO-07-1080SP.
[3] Data available at: http://www.oecd.org/document/30/0,3343,en_2649_34631_12968734_1_1_1_37407,00.html

The "Iowa Experience"

Stories from Iowa to Support Our Principles for Value-Based Health Care Reform

Iowa has been nationally recognized for delivering high-quality, low-cost health care. In 2007, the Commonwealth Fund ranked Iowa second in the nation for providing accessible, quality, equitably delivered health care.[4] To learn more about high-value care and identify principles that could frame discussions about health reform, The Concord Coalition collaborated with the University of Iowa's College of Public Health and the Iowa Healthcare Collaborative to bring together a diverse group of health care leaders from across the state.

The Iowa Committee for Value in Healthcare identified and in July, 2009 publicly presented five *Principles for Value-Based Health Reform*:

- Achieve fiscal sustainability through high-value care;
- Innovate through collaboration;
- Expand the role of primary care;
- Increase wellness and prevention;
- Promote individual involvement in obtaining high-value care.

In this final report, we expand upon these principles by highlighting some of the best examples of the "Iowa experience." These stories have been collected by the committee from the state's most influential leaders in providing and financing health care and managing government-based and employer based health care programs. The stories were selected because they reveal key ingredients for a high-value health care state.

Principle 1:
Achieve Fiscal Sustainability through High-Value Health Care

The continued rise in the costs of health care makes the current U.S. system fiscally unsustainable. Without explicitly addressing how to lower costs and increase value in the system, reform proposals will be useless as health care consumes ever more resources in our nation's economy. We simply cannot pretend that resources are unlimited or that sure and swift savings will come from investments in comparative effectiveness research, health information technology, and prevention programs. While these all are promising strategies that can improve our nation's health care system, none of them provide an explicit method for increasing value. Their potential to significantly reduce long-term costs remains uncertain. Continuing to provide insurance coverage to those who have it, let alone all Americans, will necessitate new ways of managing resources so that costs are controlled and value maximized.

The committee recognizes that many reform proposals have lacked this concern with increasing health value. Congressional Budget Office (CBO) Director Douglas Elmendorf has discussed the lack of the fundamental changes needed to increase value in care. Even more troubling is CBO's

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[4] Commonwealth Fund Commission on a High Performance Health System. *Aiming Higher: Results from a State Scorecard on Health System Performance.* The Commonwealth Fund. Washington, DC. June, 2007.

conclusion that at least one of the main proposals (H.R. 3200) “would probably generate substantial increases in federal deficits during the decade beyond the current 10-year budget window.”

To that end, this committee maintains that federal, state and local health reform efforts must be evaluated explicitly in terms of fiscal responsibility. For example, any health reform proposal needs to be paid for in the short term so that it would not add to the mounting national debt. Additionally, the committee supports instituting a process to continually review reform’s success in achieving fiscal responsibility. This would provide independent monitoring of the financial health of the system as well as its costs and benefits. This process should facilitate Congressional consideration of reform recommendations, provide justification for shedding outdated, antiquated policies, and support new and innovative initiatives that improve overall value. The committee believes that specific policy changes to control costs over the long term are necessary to improve value, and such policy changes would need to be continually revisited to evaluate their impact.

Achieving More With Less

Iowa has shown its ability to provide fiscally responsible health care. Iowa receives the eighth lowest per capita Medicare reimbursement rate in the nation[5] and has the second-highest percentage of residents aged 85 and older. Yet Iowa ranks second for being a state with a high-performance health system. This suggests that lower spending does not necessarily yield lower quality -- a finding often echoed in research on the nation’s health care system.

Continuous System Evaluation

One example of how Iowa continuously attempts to improve the value in health care can be found in the services provided by the Iowa Healthcare Collaborative (IHC). The collaborative is a provider-led and patient-focused organization devoted to raising the standard of health care. IHC promotes public reporting of data to illuminate provider performance and to engage consumers. This information is presented annually through its *Iowa Report.* IHC uses this information to develop initiatives to improve quality, patient safety and cost effectiveness. Initiatives to date have focused on patient safety and reducing healthcare-associated infections. In 2008, IHC estimates, reductions in infections associated with coronary artery bypass graft surgery saved nearly $200,000 and reduced Iowa hospital stays by 400 days. On patient safety initiatives, improvement in hospital performance from 2004 to 2007 reduced lengths of stays by over 600 days. In 2007, 31 fewer Iowans are estimated to have received an infection from the insertion of a central-line catheter near the heart, avoiding $250,000 in costs.

Deploying “Lean” Techniques in Health Care

The Iowa Healthcare Collaborative promotes the use of performance improvement models traditionally used outside of health care to promote efficiency. IHC disseminates cost-effective practices across the state through its Lean Learning Communities, Lean Annual Conference, and a Lean Learning Tools page on its Website. These resources teach techniques for cutting costs and increasing productivity at clinics and hospitals. IHC began promoting “Lean” techniques in

[5] http://www.dartmouthatlas.org/data/download/State_HRR_spending_table.xls

2004. At that time, only a handful of hospitals reported using them. A survey earlier this year showed that over 50 percent of Iowa hospitals are using Lean in some fashion, with many establishing formal departments with dedicated staff for Lean projects. And these efforts are making a difference. IHC indicates that in two years of facilitating Lean activities among Iowa hospitals, the return-on-investment for those projects is substantial, especially in lab and pharmacy operations and the reduction of healthcare-associated infection.

Principle 2:
Innovation through Collaboration

The future of health care will rely more than ever on innovation. In Iowa, innovation in health care is routinely achieved through formal and informal collaborations among all of the key stakeholders: patients, providers, government and private organizations that finance health care. Such collaboration exists because Iowa's system delivers care across a large rural landscape with few specialty providers. Per capita reimbursement rates among the lowest in the country have led to collaboration among patients and providers. This collaboration has become an engine for innovation. The high degree of collaboration and communication across Iowa's health care system is remarkable and has produced many compelling stories.

Iowa Chronic Care Consortium

The Iowa Chronic Care Consortium, a partnership of the Iowa Farm Bureau, the Iowa Health System, the Mercy Health Network, and Iowa United Auto Workers that is coordinated by Des Moines University, established a telehealth[6] outreach program for diabetic and congestive heart failure patients. The goal of the project was to help patients manage their chronic diseases and, when necessary, help them access the most appropriate level of care. By engaging in this collaborative telehealth outreach program to Iowans across the state, the consortium led to a decrease in inpatient hospitalization by 64 percent and emergency room visits by 61 percent at the Mercy Health Network and by 31 percent and 24 percent at Iowa Health System hospitals for enrolled patients. Decreased hospital utilization was not done at the cost of patients' health; their functionality improved as the cost of care was decreased. The effects of this program expanded to state and federal savings as well. One significant way this program added value to the Iowa system is that during the intervention year, medical costs for participants with congestive heart failure receiving Medicaid decreased by $3 million while costs for a matched cohort of Medicaid beneficiaries increased by $2 million.[7]

Business, Provider, and Community Commitment to Collaboration

Ten years ago the Pella Corporation observed a data trend of a high emergency room use among its employees in Pella, Iowa. Upon meeting with the local hospital and medical clinic, an investigative team found that there was a significant gap in services within the local community outside of normal business hours. Based on the commitment and collaboration of the hospital, the community and local organizations, a 24-hour clinic was created adjacent to the emergency room so that they could share resources (including doctors, nurses and equipment). The clinic

[6] The use of medical information exchanged from one site to another via electronic communications for the health and education of the patient or healthcare provider and for the purpose of improving patient care.
[7] See Iowa Chronic Care Consortium: http://www.iowaccc.com/projects.cfm

met non-emergency needs (e.g., sick children, minor broken bones) on a 24-hour basis at a cost much lower than emergency room and also freed up the emergency room for true emergencies. After three years of experience and data, the collaborative team revised the approach to drive improved efficiency and better manage costs; currently the clinic hours are narrower (Monday through Friday 4 p.m.to 9 p.m., Saturday 9 a.m. to 2 p.m., and Sunday noon to 5 p.m.) but appropriate to provide what was most needed by Pella Corporation employees and the community at large.

Continuous Communication and Collaboration with Patients

Medical professionals take an understandable pride in delivering personalized and quality care. Even under ideal circumstances, however, patients can still struggle to navigate the complex health care system and find the correct supports for their situation. The Principal Financial Group, with a well-administered employer-based health plan, has a robust coordinated-care program that shows collaborations between insurers and patients can be just as important for achieving value as collaborations among patients and providers. Their commitment to collaboration and communication can be seen in the story of a young couple who were expecting twins and were enrolled in the Principal prenatal program. The pregnant woman was connected to a registered nurse and case manager who acted as sounding boards and personal advocates for her as she faced a complicated pregnancy full of risks. The nurse and case manager provided her with information and guided her over the course of the pregnancy. They talked on a regular basis, often following her prenatal visits, and based on specific needs expressed by the woman, the nurse and case manager connected her to appropriate community resources. With each contact, the nurse reassured the young woman, took the time to discuss and reinforce the treatment plan prescribed by the physician, provided additional education and answered questions, particularly about possible scenarios for the labor and delivery process. With inexpensive and targeted collaborations between the nurse and case manager, along with expert medical care throughout the 36-week pregnancy, the woman successfully delivered twin boys.

Iowa Medcard

In 2007, the Wellmark Foundation provided funds to the Iowa Healthcare Collaborative to develop and execute a plan to distribute 150,000 MedCards[8] statewide. The Collaborative worked cooperatively with several partners including the Iowa Hospital Association, the Iowa Medical Society, the Iowa Pharmacy Association and the Iowa Foundation for Medical Care to develop the distribution strategy for the statewide effort. The program worked to increase health literacy by improving the ability of patients and health care providers to communicate, share and understand information related to medication use and medical history. This program has been an outstanding example of various stakeholders within the health care system (providers, insurers and the state quality improvement organization) all working together to accomplish the goal of improved health literacy for Iowa consumers.

[8] A Medcard is a piece of paper patients carry and share with their providers and pharmacists; it contains information including name, age, medical conditions and allergies, a list of current medications, and probing questions the patients should ask their providers and pharmacists about their medications.

Health Information Technology
Iowa is establishing a statewide Health Information Exchange, an information technology infrastructure that health leaders feel can be part of the solution to maintaining and improving the value of care. Led by the three major health systems in the state, several providers are working collaboratively to ensure that this system is implemented for the benefit of quality, safety and value for the consumer as well as all users of the system.

Principle 3: Expand the Role of Primary Care

The role of primary care services should expand as a way to increase value. In particular, primary care should provide comprehensive well-care and offer prevention and promotion programs to individual patients. Primary care also should support health management so individuals can increase the value they receive from acute-care specialty services and long-term care services. In particular, primary care should ensure that more intensive sub-acute specialty services or long-term care services are provided to those who need them. Health reform should expand primary care to facilitate partnerships between individual patients and the health care system. Further, reform efforts must ensure that a viable workforce of appropriate providers (medical, nursing and ancillary) exists to meet the increasing demand that will occur as the role of primary care increases.

Public Health Emphasizing Primary Care
Iowa’s policy landscape has emphasized primary care for some time. The Iowa Department of Public Health, focused on the goals of disease prevention and health promotion, and specifically its Iowa Medical Home System Advisory Council, has created an extensive public health infrastructure including strong links between the public health community, payers, patients and providers. The advisory council notes that a key to care coordination has been attention to chronic care management in the community. This includes counseling, transportation and a mobile health care workforce able to support patients outside of an inpatient or clinic care setting. By providing patients with access to comprehensive medical and wellness care, a medical home system works to keep Iowans healthy, to deliver care at the appropriate level, and to help coordinate care with specialists for patients needing more complex treatment.

Rural Primary Care Demonstration Projects
Private collaborative initiatives emphasizing the integration of patient-centered medical home concepts into everyday physician practices are common in Iowa. For instance, one rural Iowa hospital and satellite clinics participated in a medical home TransforMed[9] demonstration project that emphasized flexible and same-day scheduling to best meet acute care patient needs, electronic health records, and chronic care management with primary care as the point-of-care. Thus far the project has resulted in more satisfied patients and medical staff, and it has facilitated the development of a more efficient and appropriate service delivery process. This process emphasizes a team-based and standardized approach to provide the best care for the patient.

[9] See http://www.transformed.com/

Safety Net System Based on Primary Care

The Iowa Safety Net Collaborative Network is another example of Iowa's emphasis on primary care. This legislatively-funded network of providers is helping expand primary care to those for whom it is often most inaccessible – the poor, the uninsured and those living in federally designated primary care shortage areas. The network works with community health centers, free medical clinics, rural health clinics and other safety net entities to expand the scope of their services. An initial survey identified access to specialty care (particularly mental health) and access to pharmaceuticals as the greatest needs. One initiative innovatively re-programmed unused nursing home pharmaceuticals to the safety net system. In 2008, $600,000 worth of medication was re-distributed to safety net patients. Another successful initiative is in its second year of integrating mental health specialty care within primary care. A mental health provider works as a member of the primary care team, not only seeing patients on site, but also improving the skills of primary care professionals to handle most common mental health issues, thus reducing waiting time for care. And finally, a county health department has organized resources in their community in a form analogous to an "accountable care organization"[10] to enable the implementation of the medical home model.

Principle 4:
Increase Wellness and Prevention

Wellness and prevention must be supported by purchasers, government and employer-based programs alike. While the CBO has suggested such initiatives might not reduce overall federal spending, and the benefits of those initiatives might not be immediate, the committee maintains that wellness and prevention efforts are critical ingredients in a high-value health care system, particularly with respect to chronic conditions. Over the long term, targeted wellness and prevention activities may offer a better use of limited financial resources, in addition to improving health status. Specifically, wellness and prevention are important so that individuals require less access to a "sick care system" and increasingly rely on a "health system."

This concern with wellness and prevention is one of Iowa's defining ingredients. Tax incentives to employers that offer comprehensive wellness programs, including early and routine use of primary care services, reflect our state's preference on these matters. Iowa's business community has achieved returns-on-investment for undertaking aggressive corporate wellness initiatives, similar to the successful story of Safeway, Inc.[11] Investment in wellness and prevention is a key ingredient in increasing value in health care.

Lighten Up Iowa

Lighten Up Iowa was an initiative of the Iowa Sports Foundation[12]. In 2001, the *Lighten Up Iowa* 6-month pilot program, launched in central Iowa, had 1,400 participants. After six months, the

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[10] Medicare Payment Advisory Commission analysts define an ACO as an integrated health care delivery system that relies on a network of primary care physicians, one or more hospitals, and subspecialists to provide care to a defined patient population. Under the model, hospital and physician networks would be responsible for the quality of care delivered to patients and would receive bonuses for providing high-quality, low-cost care.

[11] See: http://online.wsj.com/article/SB124476804026308603.html

[12] See: http://www.livehealthyiowa.org/

teams lost a total of 5,992 pounds. The Iowa Department of Public Health and Iowa State University Extension have since joined in supporting and expanding the program to become *Live Healthy Iowa*, part of the national *Live Healthy America* program. Since 2002, this nationwide program has helped 150,122 participants lose 618,139 pounds and record more than 26 million miles of activity.

Promoting a Culture of Prevention and Wellness

Roughly ten years ago the Pella Corporation was experiencing double-digit increases in annual health care costs. Data analysis revealed that a significant contributor to this trend had been large claims, many related to conditions or events that were controllable with proper preventive medical care and lifestyle changes. In 2005, the company embarked on a wellness strategy that included free on-site health screenings during paid time, disease management services and, over time, increases in preventive care benefits. In addition a culture of wellness, including enhanced smoking cessation support, weight loss programs, healthy eating programs, exercise events, health fairs and incentives, was introduced throughout the company. Technology allowed the Pella Corporation to connect wellness data with claims data to evaluate the health care costs of low-, medium- and high-risk groups of employees. Its initiatives paid off. After four years, many Pella team members moved from higher to lower risk levels. The positive financial impacts became evident in lower annual health care cost increases. Specifically, in the past two years medical cost increases per employee were reduced from about 15 percent to 20 percent per year down to 5 percent and 4 percent. Pella's goal is to maintain or improve the health of its team members, including increasing the proportion of them who are in the low-health risk category. As this initiative matured, the Pella Corporation evolved its plan design so that it now pays more for preventive care and includes higher levels of coverage for a few critical maintenance drugs to encourage team members to take their medication and better manage their medical conditions. Team members have reported that they feel that the wellness strategy literally saved their lives because the health screening process provided critical information to them about how at-risk they were for a heart attack, stroke, or other critical conditions.

The benefits from experiments like those in Iowa as well as formal research across the country can be easily translated. As a nation, we should support reform efforts that support wellness and prevention.

Principle 5:
Promote Individual Involvement in Obtaining High-Value Health Care

The committee determined that reform initiatives should engage all of the individuals who use health care, and specifically encourage individuals to choose high-value care. Accordingly, reform efforts should increase health literacy and provide usable information about costs, risks, benefits and outcomes of interventions so that patients and families can be more meaningfully engaged with their providers in making informed choices. Reform efforts also should encourage healthy behaviors. As individuals increase their involvement in health promotion and prevention and take greater responsibility for managing their own treatment plans, value increases.

In Iowa, our public and private health sectors are committed to creating such a culture of individual involvement in health care. One indication of Iowans' level of involvement in their own care is demonstrated by the state's individual health insurance coverage rates, which are among the highest in the country. There are several other stories that further illustrate how Iowa supports health literacy and healthy behaviors.

Welcome to Medicare Seminars

The state of Iowa sponsors a program that helps seniors learn about the Medicare program and how to maximize their benefits to remain healthy or manage chronic conditions. In particular, Iowa's Insurance Division sponsors the Senior Health Insurance Information Program (SHIIP), which holds "Welcome to Medicare" seminars throughout the state to help people who are shifting from private insurance (or no insurance) to Medicare. In addition, the Iowa Healthy Links program, sponsored jointly by the Iowa Departments of Aging and Public Health, is illustrative of innovation that engages and holds the consumer accountable in a high-value system. Iowa Healthy Links serves as an umbrella for lifestyle management programs conducted with partners in the community such as area agencies on aging, local medical facilities and churches. These programs are evidence-based (i.e., based on clinical trials, have known outcomes, and can be replicated in various settings and patient populations. They engage seniors and their loved ones to better manage chronic conditions on their own. The Chronic Disease Self-Management Program (CDSMP) is a 2.5-hour layman-led workshop conducted each week for six weeks. Participants set personal goals that can be built upon for ongoing success and confidence in the self-management of diseases that would be more expensive for health-care professionals to manage.

Promoting Health Literacy for Engaged, Responsible Consumers

The Iowa Department of Human Services targets education efforts to qualified individuals of all ages. For young children and their families the Medicaid Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) program provides a care coordinator who helps them access a medical home, reminds them of well-child exams and helps them find transportation to the exams. Further, the care coordinator works with the children and their families on any identified stressors or other social-emotional issues and helps them improve their health literacy and healthy behaviors. The program has resulted in increasing patient satisfaction and controlled Medicaid expenditures.

Iowa Committee For Value in Healthcare

Advisory Meetings

April 2, 2009: Health Care Financing and Reform

Karin Peterson -- Pella Corporation
John Aschenbrenner -- Principal Financial
Chris Atchison – UI College of Public Health
John Brooks – UI College of Pharmacy
Lisa Charnitz – SPHR, Iowa State SHRM Council
Stacey Cyphert – UI Health Care
Bery Engebretsen – Primary Health Care, Inc.
Tom Evans – Iowa Healthcare Collaborative
Eugene Gessow – Iowa Department of Human Services
Sara Imhof – The Concord Coalition
Brian Kaskie – UI College of Public Health
Mike Kitchell – Iowa Medical Society, McFarland Clinic PC
Bruce Koeppl – AARP-Iowa
Eric Kohlsdorf – Iowa Association of Health Underwriters and Prisma LLC
Tom Newton – Iowa Department of Public Health
Kirk Norris – Iowa Hospital Association
Ronald R. Reed – Mercy Hospital Iowa City
Peter Roberts – Wellmark
Elliott Smith – Iowa Business Council
Karon Perlowski – Child and Family Policy Center

May 28, 2009: Value in Health Care: Lessons Learned in Iowa

William Applegate -- Des Moines University
John Aschenbrenner, Principal Financial
Chris Atchison – UI College of Public Health
Greg Boattenhamer – Iowa Hospital Association
John Brooks – UI College of Pharmacy
Anthony Carroll – AARP- Iowa
Stacey Cyphert – UI Health Care
Bery Engebretsen – Primary Health Care, Inc.
Tom Evans – Iowa Healthcare Collaborative
Carrie Fitzgerald – Child and Family Policy Center
Sara Imhof – The Concord Coalition
Brian Kaskie – UI College of Public Health
Mike Kitchell – Iowa Medical Society, McFarland Clinic PC
Eric Kohlsdorf – Iowa Association of Health Underwriters and Prisma, LLC
Dan Kueter – UnitedHealth Illinois and Iowa
Bill Leaver – Iowa Health System
Karin Peterson—Pella Corporation
Ronald R. Reed – Mercy Hospital Iowa City
Elliott Smith – Iowa Business Council

July 10, 2009: Principles derived from the "Iowa Experiences" to Guide National Reform

William Applegate -- Des Moines University
Chris Atchison – UI College of Public Health
John Brooks – UI College of Pharmacy
Anthony Carroll – AARP- Iowa
Lisa Charnitz – SPHR, Iowa State SHRM Council
Bery Engebretsen – Primary Health Care, Inc.
Tom Evans – Iowa Healthcare Collaborative
Carrie Fitzgerald – Child and Family Policy Center
Dawn Gentsch –Iowa Public Health Association
Sara Imhof – The Concord Coalition
Brian Kaskie – UI College of Public Health
Mike Kitchell – Iowa Medical Society, McFarland Clinic PC
Eric Kohlsdorf – Iowa Association of Health Underwriters and Prisma, LLC
Rick Miller –Wellmark
Tom Newton—Iowa Department of Public Health
Karin Peterson—Pella Corporation
Ronald R. Reed – Mercy Hospital Iowa City
Elliott Smith – Iowa Business Council
Shannon Strickler –Iowa Hospital Association
Jennifer Vermeer –Iowa Medicaid Enterprise