The state of Iowa spreads out over more than 56,000 square miles—a lot of territory to cover, especially when much of it is sparsely populated. While the reputation of University of Iowa Health Care reaches all corners of the state, actual physical practice can only go so far.

Our physicians and nurses have provided outreach services for more than 60 years, helping to support Iowa’s community-based health care system. UI Physicians currently extend their practice to 50 locations in 36 Iowa cities. Primarily in or near critical access hospitals, these physicians bring unique expertise to areas that may lack specialization, and bring the UI Health Care brand to patients who might not be able to easily travel to Iowa City.

Participating physicians receive a variety of support, which can include IT services, nurses, practice administration, and outreach vehicles. “Physicians can volunteer or be recruited to participate in our outreach programs,” said Kristin McGowan, Senior Project Manager with Strategic Relations. “We are also transitioning to a new model of reimbursement that may make outreach more appealing.”

Extensive planning takes place behind the scenes of all outreach programs to ensure they serve our physicians, satisfy our patients, and are run as efficiently as possible. From scrutinizing gaps in service to analyzing our own patient base, research is constant. “We continually look at how we can focus our resources,” McGowan said. “That could mean consolidating services, or shifting to telemedicine to cut down on travel time.” Telemedicine and similar technologies are being pursued as particularly attractive options for less populated and more remote areas.

While the outreach program focuses primarily on bringing services to patients, it has the added and important benefit of attracting patients to our services. “This is an alternative way of getting to know patients, and getting new patients,” McGowan said. “As relationships grow in a community, so does the possibility of gaining new referrals for tertiary care right here.”

Decisions on outreach locations are based on a variety of criteria, including supply and demand, current market share, referrals from the area, patient volume, growth potential, quality of current services, and level of competition.

Where should we grow?

Clinical Outreach Locations

- Adult Outreach Clinics ■
- Pediatric Community Clinics ■

- Amana ■
- Ames ■
- Bettendorf ■
- Clinton ■
- Clive ■
- Coralville ■
- Davenport ■
- Des Moines ■
- Dubuque ■
- Fairfield ■
- Fort Dodge ■
- Fort Madison ■
- Grinnell ■
- Iowa City ■
- Johnston ■
- Keokuk ■
- Keosauqua ■
- Manchester ■
- Marengo ■
- Mason City ■
- Mount Pleasant ■
- Muscatine ■
- North Liberty ■
- Ottumwa ■
- Pella ■
- Sigourney ■
- Sioux City ■
- Sioux Falls, SD ■
- Spencer ■
- Sterling, IL ■
- Vinton ■
- Washington ■
- Waterloo ■
- Wellman ■
- West Burlington ■
- Williamsburg ■
- Winfield ■

Join the outreach team!

Interested in joining the outreach team? Contact your department administrator.

Where should we grow?

Decisions on outreach locations are based on a variety of criteria, including supply and demand, current market share, referrals from the area, patient volume, growth potential, quality of current services, and level of competition.
University of Iowa Performs First Percutaneous Double Heart Valve Replacement

UI interventional cardiologists and cardiac surgeons recently performed the first transfemoral double – aortic and mitral – transcatheter valve replacements in the United States.

Treatment of aortic valve stenosis by percutaneous prosthetic valve implantation (TAVR, transcatheter aortic valve replacement), has been performed at UI Heart and Vascular Center since 2011. Nearly 500 patients have been evaluated for aortic valve disease here in the past five years, resulting in more than 250 transcatheter replacements and more than 150 surgically repaired valves.

Performing transcatheter valve implantation for stenosis of multiple heart valves in a single procedure is a new treatment option for extremely ill patients who are not candidates for conventional surgical valve replacement. This was particularly important for one of the patients receiving transcatheter mitral and aortic valve replacement: “He was terminally ill from heart failure,” said James Rossen, MD, Professor of Internal Medicine. “He had been to at least three other major medical centers seeking help, but they had declined care.”

Two patients received the new double valve replacement procedure on the same day at UI Heart and Vascular Center, under the care of cardiac surgeon Mohammed Bashir, MBBS and interventional cardiologists Rossen and Firas Zahr, MD.

While several US institutions have performed double valve replacements through a small chest incision, one of the UI double valve procedures was unique in that it used a transfemoral, completely percutaneous approach. “We think it is applicable to some patients who have inoperable mitral stenosis,” Zahr said. “This procedure may offer hope when there are no other viable options.”

The multi-disciplinary UI TAVR Program has consistently excellent clinical outcomes and has the most comprehensive valve treatment and research programs in the state of Iowa, and is also the only program in the state participating in new clinical trials to offer intermediate risk surgical AVR candidates access to TAVR.

MACRA: Navigating the New Medicare Maze

At 962 pages, the proposed Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) is a long and complex read. The final rule, which will most likely be just as complicated, is expected in November – giving providers a brief window to understand the intricacies before the performance year starts in 2017.

An official project team has been assembled to research and interpret every aspect of MACRA for UI Health Care. The core team for this large-scale, high-impact project includes representatives from UIP, finance, legal, compliance, the UI Health Alliance, clinical department administration, and more – all experts in their respective fields. Every bit of news about MACRA is being examined and discussed to ensure that UI Health Care is on the forefront of understanding this game-changing directive.

Lisa Zavala, Senior Project Manager with Health Care Information Systems, explained some of the efforts underway. “The team is discussing the comparative benefits of the Merit-Based Incentive Payments System (MIPS) vs. the Alternative Payment Models Track (APM),” Zavala said. “They are sorting out reporting structures to determine which would be most beneficial and least burdensome.

They are assessing risks in both the long and short term, calculating direct and indirect costs, and considering what the new infrastructure will look like.”

While hundreds of man-hours have already been spent on MACRA, Zavala pointed out it is just part of the overall picture. “All this effort covers only Medicare Part B: The Group Practice Reporting Option and Meaningful Use reporting are in addition to MACRA,” she said.

And when all is said and done, a new political climate could change everything. “We have to prepare ourselves and identify what’s needed and how quickly we’ll have to act,” Zavala said, “but there is an election-year risk: it could all be put on hold.”

UI Physicians pledges to keep its members informed. When the final rule is announced, and our internal procedures are solidified, a communications plan will go into force that includes MACRA champions within each service area, webinars, slide decks, email broadcasts, forums, and newsletters.
Telehealth and Autism: Bringing Treatment Home

A University of Iowa study recently published in the journal Pediatrics, “Telehealth and Autism: Treating Challenging Behavior at Lower Cost,” examined whether parents of children on the autism spectrum could effectively interact with their children’s specialists to address challenging behavior.

In the study, Scott Lindgren, PhD, Professor of Pediatrics and Co-Director of the UI Children’s Hospital Autism Center, and David Wacker, PhD, Professor of Pediatrics in the Stead Family Department of Pediatrics at UI Carver College of Medicine, along with other UI colleagues, examined whether these families could be served by using telehealth to train parents to use applied behavior analysis (ABA), a common intervention for children with autism spectrum disorder (ASD).

They found that specialists were able to successfully train parents to use ABA procedures via telehealth, an especially valuable service for families in outlying rural areas. “There are a limited number of professionals with the training and expertise needed to work with these children, which means a lot of families can’t get access to the services they need,” Lindgren said. “That’s the situation we have in Iowa.”

The availability of telemedicine not only allows families to connect with a distant provider, but also reduces disruptions in routine. And the cost difference is significant: the study showed that total costs for treating a child for challenging behaviors was cut from nearly $6,000 per child to just over $2,100. Savings were seen in various areas, including travel expenses and staff travel hours.

The study was published in February, and has garnered significant attention from clinicians, online autism resources, and mainstream media. “There is a lot of interest in telehealth as a way to deliver behavioral services,” Lindgren said, noting that the Iowa group is working with colleagues at major autism centers in Houston and Atlanta to further streamline the system and make it even more efficient. “This is starting to shape practice and beginning to have a major impact.”

UIeCare Celebrates its First Anniversary

As Medical Director and Assistant Vice President for eHealth and eNovation Center, Patrick Brophy, MD, oversees multiple telehealth solutions that extend across Iowa. “These tools give us the opportunity to keep patients in their communities, seeing their own doctors, while offering access to University of Iowa Physicians and specialists,” he said.

A year ago, eHealth launched UIeCare, an internet-based service that brings UI Health Care to every smart phone in Iowa. UIeCare combines the extraordinary convenience of a phone, tablet or computer consultation with what Brophy calls “a brick and mortar landing pad” - which is an important issue for telemedicine providers. With a 95% satisfaction rate, patients are finding UIeCare to be a valuable service.

Behind-the-scenes work is opening new doors for patients. Last year, Medicare, TriCare and Medicaid patients were prohibited from utilizing “virtual visits.” Since then, Medicare and TriCare have relaxed their stance, though patients still have to cover the $50 fee on their own.

All three Iowa Medicaid MCOs have also agreed to a more open approach to virtual medicine. Multiple payers and employers are working with UIeCare to cover the service for their constituents. Coverage is also expanding beyond Iowa’s borders, so that Iowans traveling in Minnesota and Wisconsin can use UIeCare on the road.

So who calls UIeCare and why? As expected, utilization has proven to be highest at the most inconvenient times and locations: after hours, in the middle of the night, on vacation, in a strange city, etc. The most common complaints are allergies, UTIs, and upper respiratory infections. The average length of a call is about 20 minutes, with most of that health education. Antibiotic prescription rates have proven to be no greater than with traditional office visits.

“There is always a worry that these services will replace face-to-face primary care, but that just hasn’t been borne out at all,” said Brophy. “If anything these services provide an avenue that brings more people into our system seeking long term relationship development with a Primary Care physician.”
**Announcements**

**Breast Health Clinic Services Now Available at Iowa River Landing**

To improve access for patients who are seeking breast health services, the UI Hospitals and Clinics breast care team is now seeing patients at both Holden Comprehensive Cancer Center and Iowa River Landing.

“We are pleased to be able to offer services at both the main hospital in the cancer center and at Iowa River Landing,” said Sonia Sugg, MD, Clinical Professor of Surgery and Medical Director of the Breast Health Clinic. “This offers women and referrers easy access to UI breast care expertise at two locations.”

The Breast Health Clinic at IRL offers the following services:

- Surgical consultations
- Post-surgical check-ups
- Image-guided breast biopsies
- Screening mammography, including the only Tomosynthesis (3D mammography) units in Iowa City
- Diagnostic mammography in case further imaging is necessary
- Whole breast ultrasound for dense breasts

The breast health clinical team at UI Health Care – Iowa River Landing includes:

- **SONIA SUGG, MD**
  Clinical Professor of Surgery

- **INGRID LIZARRAGA, MBBS**
  Clinical Assistant Professor of Surgery

- **LILLIAN ERDAHL, MD**
  Clinical Assistant Professor of Surgery

- **DIANA BESLER, ARNP, DNP**
  Advanced Registered Nurse Practitioner

- **FABIANA POLICENI, MD**
  Clinical Assistant Professor of Radiology

- **LIMIN YANG, MD, PhD**
  Clinical Associate Professor of Radiology

- **LEONEL VASQUEZ, MD, FACR**
  Clinical Associate Professor of Radiology

To refer a patient to any UI Breast Health Clinic location, please call 319-384-9717.