

Iowa Physician Orders for Scope of Treatment (IPOST) Work Plan

Mission: To promote community care coordination and advanced care planning

Vision: Seamless communication and execution of individual patient care choices across the healthcare continuum

Goal 1: Develop and implement statewide IPOST strategy

Objective 1.1: Convene an IPOST Coalition to develop and oversee the deployment of a statewide Iowa IPOST strategy

Tactic 1.1.1: Develop a task force charter describing focus, scope and responsibilities

Tactic 1.1.2: Align strategies in Iowa to improve care coordination (Iowa Department of Public Health-IDPH, Iowa Healthcare Collaborative -IHC, Iowa Department of Aging-DoA, Telligen Medicare Quality Improvement Organization-QIO, etc.)

Tactic 1.1.3: Develop a plan for ongoing evaluation of the program

Objective 1.2: Develop a coordinated IPOST communications strategy

Tactic 1.2.1 : Work with the Iowa Department of Public Health (IDPH) to promote IPOST within the Emergency Medical Services (EMS), long-term care organizations (LTC), Medical Home, and Home Health communities.

Tactic 1.2.2: Promote IPOST to the physician community through membership organizations such as Iowa Medical Society and the Iowa Osteopathic Medical Association.

Tactic 1.2.3: Promote IPOST to the Long Term Care community through membership organizations.

Tactic 1.2.4: Promote IPOST to the hospitals through the Iowa Hospital Association

Tactic 1.2.5: Promote IPOST to the palliative care community.

Goal 2: Spread the community-wide application of IPOST in Iowa

Objective 2.1: Establish form management and distribution strategy

Tactic 2.1.1: Promote one common format for IPOST in Iowa.

Tactic 2.1.2: Post standard form format on the IDPH website.

Tactic 2.1.3: Advise on revision of the form as needed.

Tactic 2.1.4: Designate form repository resource to produce and distribute form.

Objective 2.2: *Generate awareness of IPOST among Consumers and Providers (statewide/vertical strategy)*

Tactics 2.2.1: Create awareness about national physician's orders for life-sustaining treatment (POLST) (care coordination) standards.

Tactic 2.2.2: Spread best practices for IPOST use and deployment through venues of IDPH, IHC and others.

Tactic 2.2.3: Identify training options by weaving IPOST content into existing educational venues

- a. IHC Hospital Engagement Network (HEN) Meeting – November 19, 2013
- b. IHC Care Coordination Conference – June 2014
- c. Governor's Public Health Conference
- d. Iowa Emergency Medical Services Association (IEMSA) annual conference
- e. Medical Home training opportunities
- f. Long term care opportunities
- g. Iowa Hospital Association
- h. Legal community

Tactic 2.2.4: Use IPOST training to promote care coordination across the community.

Objective 2.3: *Develop resources to support deployment (community/horizontal strategy)*

Tactic 2.3.1: Create a local dialogue with critical partners necessary to execute this strategy (hospital, EMS Medical Services Director, Long Term Care Administrator, etc.)

Objective 2.4: *Develop strategies to spread learning and best practice across the community continuum.*

Tactic 2.4.1: Explore statutory and regulatory barriers to community deployment

Tactic 2.4.2: Explore other dissemination opportunities such as faith-based organizations and the Iowa State Extension.

Goal 3: Monitor IPOST deployment, spread and effectiveness (measuring spread separate from outcomes)

Objective 3.1: *Track IPOST deployment and spread (measuring vertical vs. horizontal deployment)*

Tactic 3.1.1: Define IPOST deployment parameters (what are the deployment metrics?)

Tactic 3.1.2: Monitor deployment across select delivery communities.

Objective 3.2: *Establish outcome measurement strategy*

Tactic 3.2.1: Develop metrics to measure effectiveness.

Tactic 3.2.2: Explore a data collection & aggregation strategy for IPOST.

IPOST Structure

