

**Iowa Collaborative Safety Net Provider Network Legislative Report 12.15.16**

**CONTRACT: 5887SN01**

The Iowa Primary Care Association (Iowa PCA) is under contract with the Iowa Department of Public Health (IDPH) to provide network administration to the Iowa Collaborative Safety Net Provider Network (Network). The following information serves as the legislative progress report activities for 2016. This report summarizes progress made in development and implementation of the network including distribution of funds.

The Iowa PCA negotiated contracts with the entities designated in legislation and funds were awarded as follows per legislative mandate:

SafeNetRx	\$413,415
Free Clinics of Iowa	\$223,322
Free Clinics Direct Awards	\$125,000
Iowa Coalition Against Sexual Assault	\$50,000
Polk County Medical Society	\$213,748

In addition, \$25,000 was awarded to the Iowa Association of Rural Health Clinics (IARHC) for necessary infrastructure, technical assistance and service delivery transformation to include information, education and networking opportunities. Much of this funding has been used to assist rural health clinics in the transition to managed care, particularly both billing and reimbursement difficulties, and to educate on value based payment.

SafeNetRx is continuing to provide pharmaceutical infrastructure to safety net providers via the drug donation repository, behavioral health medication voucher and medication assistance, and medication discount card. SafeNetRx has worked closely with county jails to ensure released offenders have access to behavioral health medications and are linked with a primary care provider. SafeNetRx also, in collaboration with the Iowa Cancer Consortium and Iowa Department of Public Health, expanded its capacity to collect and distribute cancer drugs to safety net patients.

Free Clinics of Iowa (FCI) continues to provide necessary infrastructure, statewide coordination, provider recruitment, and service delivery assistance to the free clinics operating in Iowa. This included resources which allowed free clinics to recruit over fifty new volunteers in 2016 and supply support including IT, insurance, marketing and fiscal services to the free clinics.

Free Clinics operating in Iowa were notified of available funding. Thirty (30) clinics applied for and were awarded funding to provide services and assistance to patients in securing a medical home inclusive of oral care. These clinics served over 11,000 patients in 2016.

Iowa Coalition of Sexual Assault (IowaCASA) continues to provide training and scholarships for training for Sexual Assault Response Team (SART) members and Sexual Assault Nurse Examiners (SANEs). New training this year includes: refresher courses for rural SANEs, community and region specific SART training and topic specific training including: human trafficking, transgender training and rural concerns.

Polk County Medical Society (PCMS) continues to provide patient access to specialty health care via the Polk County Volunteer Physician Network (VPN). This included providing nearly 600 referrals in FY 2016 equaling \$5.5 million in services provided.

Iowa Primary Care Association continues to work to serve as a resource for credible, accurate information on health care related needs and services for vulnerable populations; and, to support partner engagement, program management and statewide coordination of the Network. New work in 2016 included: planning and hosting a statewide behavioral health integration conference attended by 110 persons with national expert speakers; focused discussion on social determinants of health including the PRAPARE data collection tool, a Robert Wood Johnson Foundation speaker, discussions and reports on the successes and challenges of local program and opportunities to look for outside partners in the non-health related non-profits, state government, business and insurance sectors; and beginning conversations on alternative payment methods. Ongoing work during this timeframe included: reviewing applications for funding, negotiating and issuing subcontracts, reworking reporting templates, reviewing and processing subcontractor invoices, compiling and distributing Safety Net e-newsletters, convening and facilitating quarterly Safety Net Leadership & Advisory Group meetings, surveying and evaluating the work of safety net providers, convening and facilitating quarterly Pharmacy Oversight Committee meetings, and maintain a database of safety net providers.