

**IOWA COLLABORATIVE  
SAFETY NET PROVIDER  
NETWORK**

Joint HHS Appropriations Subcommittee – February 1, 2012

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**Presentation Agenda**

- Theodore J. Boesen, Jr., Executive Director
  - SFY12 Provider Awards and Grantees
  - Outcomes from the Network and Key Data Points
  - Mission and Strategic Goals of the Network
  - New Partnerships and Opportunities
- Dr. Bery Engebretsen, Primary Health Care, Inc.
- Jon Rosmann, Iowa Prescription Drug Corporation
- Dr. Steve Eckstat, Free Clinics of Iowa

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**SFY12 Provider Awards**

- Free Clinics (\$124,050)
  - 38 out of 43
  - Each clinic will receive \$3,264
  - Used to support medical home development
- Rural Health Clinics (\$106,430)
  - 66 out of 140
  - Each clinic will receive \$1,612
  - Used to support medical home development

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SFY12 Grantees	
<input type="checkbox"/>	<b>Pharmacy (\$270,000)</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Iowa Prescription Drug Corporation (Funded: \$270,000)</li></ul>
<input type="checkbox"/>	<b>Specialty Care (\$260,000)</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Linn Community Care (Funded: \$50,000)</li><li><input type="checkbox"/> Polk County Medical Society (Funded: \$128,000)</li><li><input type="checkbox"/> Primary Health Care (Funded: \$82,000)</li></ul>

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SFY12 Grantees, cont.	
<input type="checkbox"/>	<b>Local Health Departments – Medical Home Development (\$77,609 available)</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Dallas County (Funded: \$25,869)</li><li><input type="checkbox"/> Johnson County (Funded: \$25,869)</li><li><input type="checkbox"/> O'Brien County (Funded: \$24,520)</li></ul>
<input type="checkbox"/>	<b>Maternal/Child Health Centers – Medical Home Development (\$77,609 available)</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Dubuque VNA (Funded: \$25,869)</li><li><input type="checkbox"/> Siouxland CHC (Funded: \$25,869)</li><li><input type="checkbox"/> VNS of Iowa (Funded: \$25,869)</li></ul>

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Key SFY11 Outcomes	
<input type="checkbox"/>	88.7% of funding allocated supported direct services to safety net patients from across the state
<input type="checkbox"/>	Provided funding to 129 clinics or grantees
<input type="checkbox"/>	Nearly 9,500 patients received direct services from the 10 grantees (discussed below)
<input type="checkbox"/>	Over \$7,196,292 in free care was provided by five grantees <ul style="list-style-type: none"><li><input type="checkbox"/> For every state dollar invested, the state received over \$6 in free care for safety net patients in return</li></ul>
<input type="checkbox"/>	Several of the SFY12 grantees are on pace to exceed patients served during SFY11

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**Annual Data Collection**

- Data is collected annually
- Request for 2011 data will be made in the next few weeks
- In 2010, the clinics that make up the Network are serving their intended safety net population:
  - Low income, uninsured, underinsured, and racial and ethnic minorities

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**Overall Patient Demographics**

- Just over 13% belongs to a racial minority (6% in IA)
- 15% identify as being Hispanic/Latino (4% in IA)
- Women are using Network clinics at far higher rates than men among all clinic types (65% compared to 51% in IA)
- Young adults, ages 18-24 years old, are also among the highest Network clinic users (make up 19% of total)
- Compared to the state of Iowa's 21% combined uninsured and Medicaid population, the Network has a combined uninsured and Medicaid population of 63%
- Majority of patients are being seen for treatment of chronic diseases (encounters)

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**Total Unduplicated Patients and Encounters**

2009	2010
<input type="checkbox"/> Unduplicated Patients – 342,826	<input type="checkbox"/> Unduplicated Patients – 398,449
<input type="checkbox"/> Encounters – 1,245,353	<input type="checkbox"/> Encounters – 1,502,806

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Community Health Centers	
2009	2010
<ul style="list-style-type: none"> <li><input type="checkbox"/> Unduplicated Patients – 154,020</li> <li><input type="checkbox"/> Uninsured – 38%</li> <li><input type="checkbox"/> Medicaid – 32%</li> <li><input type="checkbox"/> Non-White/Non-Caucasian – 16%</li> <li><input type="checkbox"/> Hispanic – 20%</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Unduplicated Patients – 172,312</li> <li><input type="checkbox"/> Uninsured – 39%</li> <li><input type="checkbox"/> Medicaid – 33%</li> <li><input type="checkbox"/> Non-White/Non-Caucasian – 16%</li> <li><input type="checkbox"/> Hispanic – 18%</li> </ul>

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Community Health Centers	
2009	2010
<ul style="list-style-type: none"> <li><input type="checkbox"/> Patient Encounters – 556,862</li> <li><input type="checkbox"/> Provider FTEs                             <ul style="list-style-type: none"> <li><input type="checkbox"/> DOs/MDs – 53</li> <li><input type="checkbox"/> PAs/NPs/ARNPs – 55</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Patient Encounters – 602,001</li> <li><input type="checkbox"/> Provider FTEs                             <ul style="list-style-type: none"> <li><input type="checkbox"/> DOs/MDs – 66</li> <li><input type="checkbox"/> PAs/NPs/ARNPs – 63</li> </ul> </li> </ul>

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Family Planning Agencies	
2009	2010
<ul style="list-style-type: none"> <li><input type="checkbox"/> Unduplicated Patients – 75,976</li> <li><input type="checkbox"/> Uninsured &amp; Medicaid – 71% (combined)</li> <li><input type="checkbox"/> Female – 95%</li> <li><input type="checkbox"/> Non-White/Non-Caucasian – 10%</li> <li><input type="checkbox"/> Hispanic – 8%</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Unduplicated Patients – 82,633</li> <li><input type="checkbox"/> Uninsured &amp; Medicaid – 70% (combined)</li> <li><input type="checkbox"/> Female – 95%</li> <li><input type="checkbox"/> Non-White/Non-Caucasian – 11%</li> <li><input type="checkbox"/> Hispanic – 8%</li> </ul>

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Family Planning Agencies	
2009	2010
<ul style="list-style-type: none"> <li>□ Patient Encounters – 242,550</li> <li>□ Provider FTEs                             <ul style="list-style-type: none"> <li>■ DOs/MDs – 5</li> <li>■ PAs/NPs/ARNPs – 38</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>□ Patient Encounters – 220,942</li> <li>□ Provider FTEs                             <ul style="list-style-type: none"> <li>■ DOs/MDs – 6</li> <li>■ PAs/NPs/ARNPs – 37</li> </ul> </li> </ul>

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Rural Health Clinics	
2009	2010
<ul style="list-style-type: none"> <li>□ Unduplicated Patients – 94,401                             <ul style="list-style-type: none"> <li>■ Uninsured &amp; Medicaid – 30% (combined)</li> <li>■ Medicare – 25%</li> <li>■ Non-White/Non-Caucasian – &lt;1%</li> <li>■ Hispanic – 2%</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>□ Unduplicated Patients – 124,886                             <ul style="list-style-type: none"> <li>■ Uninsured &amp; Medicaid – 23% (combined)</li> <li>■ Medicare – 31%</li> <li>■ Non-White/Non-Caucasian – 3%</li> <li>■ Hispanic – 8%</li> </ul> </li> </ul>

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Rural Health Clinics	
2009	2010
<ul style="list-style-type: none"> <li>□ Patient Encounters – 358,167</li> <li>□ Provider FTEs                             <ul style="list-style-type: none"> <li>■ DOs/MDs – 55</li> <li>■ PAs/NPs/ARNPs – 51</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>□ Patient Encounters – 587,874</li> <li>□ Provider FTEs                             <ul style="list-style-type: none"> <li>■ DOs/MDs – 85</li> <li>■ PAs/NPs/ARNPs – 74</li> </ul> </li> </ul>

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Free Clinics	
2009	2010
<ul style="list-style-type: none"> <li>□ Unduplicated Patients – 18,429</li> <li>□ Patient Encounters – 87,774                             <ul style="list-style-type: none"> <li>■ Uninsured – 95%</li> <li>■ Non-White/Non-Caucasian – 28%</li> <li>■ Hispanic – 23%</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>□ Unduplicated Patients – 18,618</li> <li>□ Patient Encounters – 91,989                             <ul style="list-style-type: none"> <li>■ Uninsured – 94%</li> <li>■ Non-White/Non-Caucasian – 28%</li> <li>■ Hispanic – 13%</li> </ul> </li> </ul>

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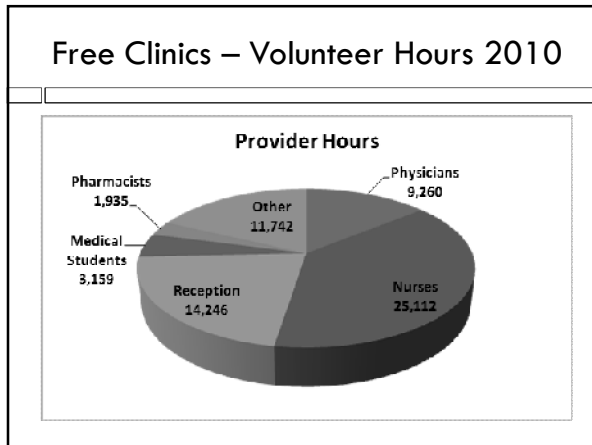
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Free Clinics – Hours of Operation 2010	
<p>□ Number of hours of operation during 2010 was provided by 17 of 37 Free Clinics. These hours ranged from 92 to 2,274, with an average of 691 hours. If one takes the average number of hours the reporting clinics were open (691 hours per year), those clinics were open 33% of the time compared to a clinic that operated 40 hours a week for 52 weeks a year.</p>	

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Enabling Services 2010	
<b>Community Health Centers</b> <ul style="list-style-type: none"> <li>❑ Case Management and Patient/Community Education (14) – 19,454</li> <li>❑ Patients Best Served in a Language Other Than English (14) – 19,576</li> </ul>	<b>Family Planning Agencies</b> <ul style="list-style-type: none"> <li>❑ Transportation (11) – 125</li> <li>❑ Interpretation (11) – 944</li> <li>❑ Eligibility Assistance (8) – 5,482</li> <li>❑ Food Assistance (10) – 286</li> <li>❑ Outreach (8) – 3,902</li> <li>❑ Referrals (7) – 1,344</li> </ul>

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Enabling Services 2010 (cont.)	
<b>Free Clinics</b> <ul style="list-style-type: none"> <li>❑ Transportation (14) – 52</li> <li>❑ Interpretation (16) – 12,232</li> <li>❑ Eligibility Assistance (16) – 943</li> <li>❑ Food Assistance (12) – 14</li> <li>❑ Case Management (12) – 990</li> <li>❑ Referrals (18) – 1,688</li> <li>❑ Other (15) – 389</li> </ul>	<b>Rural Health Clinics</b> <ul style="list-style-type: none"> <li>❑ Transportation (4) – 65</li> <li>❑ Interpretation (2) – 26</li> <li>❑ Eligibility Assistance (2) – 185</li> <li>❑ Referrals (8) – 3,642</li> </ul>

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Top Five ICD9 Codes
<ul style="list-style-type: none"> <li>❑ <b>All Clinics (CHCs, FPAs, RHCs)</b></li> <li>❑ Essential hypertension</li> <li>❑ Diabetes mellitus</li> <li>❑ Hyperlipidemia</li> <li>❑ Routine examinations</li> <li>❑ Upper respiratory infections</li> </ul>

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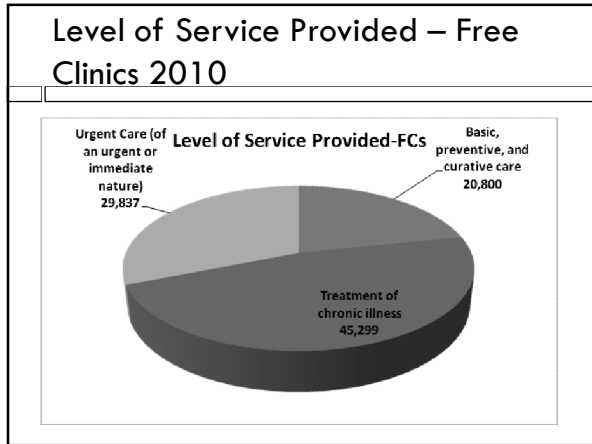
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### Network Mission

Through collaboration, innovation, and advocacy, the Iowa Collaborative Safety Net Provider Network improves access to health services, quality of patient care, and the health of underserved patients in Iowa.

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- ### Goal A: Access
- Increase the underserved population's access to health services.
    - Objective 1: Identify and assess the capacity of and demands for safety net services.
    - Objective 2: Support efforts to provide access to a standard behavioral health pharmaceutical benefit.
    - Objective 3: Continue developing and expanding the work of the Iowa Prescription Drug Corporation.
    - Objective 4: Develop a protocol to connect and/or refer persons transitioning out of the corrections system with a safety net provider within 30 days of release.
    - Objective 5: All safety net patients have access to a diabetes care program.

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### Goal B: Finances

- Improve the financial viability of safety net providers.
  - Objective 1: Develop a financial model to quantify the financial impact of health system changes on the safety net and the population it serves.
  - Objective 2: Develop a baseline fiscal impact report of safety net organizations' combined services by service provider, focusing on revenues and expenditures.
  - Objective 3: Identify models for value-based purchasing/care (i.e. Accountable Care Organizations) or others as determined.

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### Goal C: Health System Integration

- Increase health system integration and collaboration across the continuum of care with a focus on safety net services.
  - Objective 1: Identify barriers for health care providers and safety net providers to participate in federal and state health information technology (HIT) opportunities.
  - Objective 2: Demonstrate the benefits of a functional community utility in Iowa encompassing patient centered medical home (PCMH) through a pilot project.
  - Objective 3: All safety net patients have a medical home.
  - Objective 4: All safety net patients have access to specialty care services.

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### Goal D: Communications and Education

- Enhance the Iowa Collaborative Safety Net Provider Network's communications and education efforts.
  - Objective 1: Safety net stakeholders and decision makers in Iowa are aware of the Safety Net Network.
  - Objective 2: Maintain data collection and reporting for all safety net providers, increase data reporting by rural health clinics (RHCs), and expand data collection and reporting to behavioral and oral health providers.
  - Objective 3: Collaborate with the UI PPC and other organizations to develop reform-related recommendations.

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**Health Care Reform Impact on Safety Net System in Iowa Project**

- Grant funded by The Commonwealth Fund to The University of Iowa Public Policy Center
  - Support from Wellmark too
- Study impact of health care reform (access to care, financing, health system integration)
- Safety Net Network serving as key partner
  - Existing structure and partnerships make analysis and recommendations easier
- Completing analysis phase with a series of data reports on specific safety net providers and payors

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**Health Care Reform Impact on Safety Net System in Iowa Project, cont.**

- Legal and Economic Review of the Affordable Care Act by UI team
- Subcommittee Work
  - Safety Net Providers – RHCs and FQHCs
    - Access, finances, health system integration, and communications (4 Network Goals)
  - Safety Net Payor – Medicaid
    - Population characteristics, basic health plan, benchmark plan, access and provider capacity, etc.
  - Primary Care Service Area – Oral Health
    - Access, capacity of providers, implications of reform

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**Emerging Opportunities**

- Corrections Population
  - Identified need to connect returning citizens to primary care and community-based services in partnership with the IDOC, IPDC, and others
- Veterans and Their Families
  - Identified need to connect veterans to primary, behavioral health, and other community-based services in partnership with the Veterans Administration

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## New Partnerships

- Iowa Department of Public Health
  - Community Transformation Grant
    - Funding from the Centers for Disease Control and Prevention
    - Serving on Leadership Team for project
    - Working to better connect primary care and public health at the local level
  - Health Benefits Exchange Outreach
    - Outreach targeted to providers and patients
      - Information about health insurance and the exchange
    - Dependent on Iowa's design and implementation plan

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