IowaCare Expansion Update

Joint HHS Appropriations Subcommittee

February 9, 2012

Presentation Agenda

- Kelly Huntsman, Executive Director, Primary Health Care, Inc.
  - Provide overview of FQHCs and their involvement in the program
  - Describe experience of the six participating FQHCs
  - Share patient successes
  - Highlight programmatic challenges
  - Questions

What is a FQHC?

- Must submit an application and receive a federal designation to be a FQHC.
- Located in or serve a high need community (designated Medically Underserved Area or Population).
- Governed by a community board composed of a majority (51% or more) of health center patients who represent the population served.
- Provide primary health care services as well as supportive services (health education, interpretation, etc.) that promote access to health care.
- Provide services available to all with fees adjusted based on ability to pay.
- Meet other performance and accountability requirements regarding administrative, clinical, and financial operations.

Why FQHCs Agreed to Be Part of the Expansion

- Provide easier access and closer primary and preventive care services to IowaCare patients
- Providing care to low-income, uninsured, and underserved populations is consistent with the mission of FQHCs
- An opportunity to pilot a PCMH model

FQHCs Involved with the IowaCare Expansion

- Six of the 14 FQHCs in the state participate in the program
  - Community Health Center of Fort Dodge – Fort Dodge
  - Council Bluffs Community Health Center – Council Bluffs
  - Crescent Community Health Center – Dubuque
  - Peoples Community Health Clinic – Waterloo and Clarksville
  - Primary Health Care, Inc. – Marshalltown and Des Moines
  - Siouxland Community Health Center – Sioux City

Growth of IowaCare Program in FQHC Service Areas

Total Enrollment – December 2011

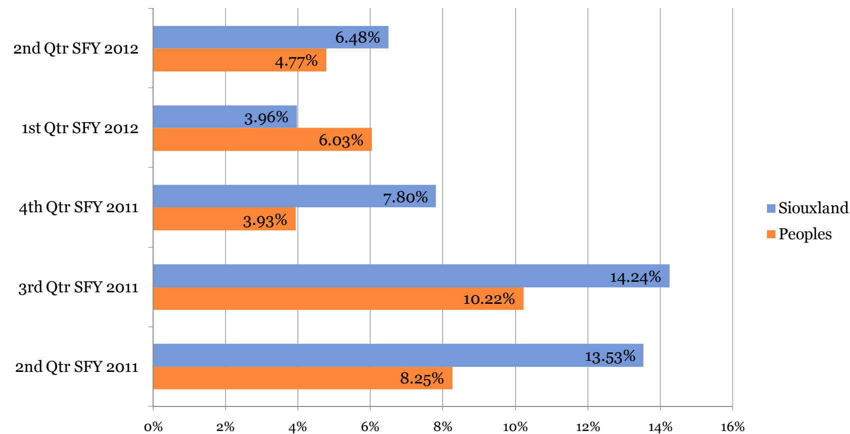
- CHC of Fort Dodge – 2,794 patients in 14 counties
- Council Bluffs CHC – 1,109 patients in 13 counties
- Crescent CHC – 2,629 patients in 8 counties
- Peoples CHC – 3,589 patients in 4 counties
- Primary Health Care – 1,354 patients in 4 counties
- Siouxland CHC – 2,352 patients in 17 counties

Growth from October 2010 – December 2011

- CHC of Fort Dodge – 36% or 731 patients
- Council Bluffs CHC – 60% or 406 patients
- Crescent CHC – 25% or 515 patients
- Peoples CHC – 54% or 1,428 patients
- Primary Health Care – 63% or 397 patients
- Siouxland CHC – 92% or 1,125 patients

**Program expansion occurred at various points in 2010, 2011, and 2012*

Changes in Growth Over Expansion



What FQHCs Can Offer IowaCare Patients

- Primary health services (i.e. family medicine, internal medicine by physicians, physician assistants, and nurse practitioners)
- Preventive health services (i.e. screenings, immunizations)
- Limited diagnostic laboratory and radiology services
- Reduced prices for primary care-related medications
- Case management and care coordination services
- Patient education and counseling

*Services available at FQHCs vary based on their federal application and community needs

Positive Feedback from Patients

- Many patients are grateful to have access to covered primary care services closer to home (less driving time).
- Some patients that were paying out of pocket for services at non-participating providers now have access to covered benefits locally.
- Access to timely appointments has been increased for patients who need primary care.
- Some patients have experienced strong coordination between FQHCs and the hospitals for needed care.

Challenges for Patients

- Lack of patient choice among eight participating providers
- Limited benefits (i.e. no transportation, no medications, etc.)
- Long wait times depending on specialty care needed
- Existing patient care transitions with expansion
- Confusion about what is available to patients through the program
- Continuous changes to the list of services available to patients
- Under-resourced referral centers

Patient Examples of What's Not Working

- "Patient presented to the FQHC on October 17th after being evaluated in the ER at a participating hospital on multiple occasions. Patient has a condition called chiari malformation in which a cyst on his cerebellum is spreading over his spinal cord causing paralysis, facial deformation, disabling headaches, and instability. The patient was told after trying to schedule in Neurosurgery that he would need a referral from us for this department or would need to be seen in the primary care clinic at the participating hospitals, which could take up to 2 months to get an appointment, before that referral could be made."

Patient Examples of What's Not Working, Cont.

- "A patient that was referred in January 2012 was notified on February 6 that her appointment in Endocrinology is scheduled for August 3, 2012. This department only offers appointments on two half days a month."
- "An IowaCare member presented to one of our IM physicians with symptoms indicating she needed care in GYN but was not able to get the required ultrasound examination as a prerequisite to being accepted in the department at one of the participating hospitals. While waiting for the exam her condition seriously deteriorated and she required hospitalization locally."

Patient Examples of What's Not Working, Cont.

- A referral was made for a patient with a history of malignant melanoma. Several emails back and forth between the two participating hospitals were sent and it was unclear where the patient should be referred for ongoing care.

Challenges for FQHCs

- Lack of clear delineation between primary and specialty care services
- FQHCs being asked to provide or manage care beyond the scope of primary care providers
- Disagreements between hospitals about who should provide certain specialty care services
- FQHCs often find it easier to get care for uninsured patients
- Deterioration of established relationships with local providers/partners
- Mission issues for FQHC providers
  - Not able to do all that is needed for patients

Program Issues

- True PCMH model not possible with program limitations
- Unintended consequences with the expansion
  - Lab/Radiology Pool – need clarification in rules
- Funding issues
- Large percentage of patient population with acute and chronic care needs
- Incredible growth in the program since 2005
- Communication challenges among all entities
  - Lack of understanding about providers' capacity
  - Delay in making process and program improvement changes

Next Steps

- We have shared the programmatic issues we highlighted today with the program partners.
- Although a highly complex program, the FQHCs would like to work with all program partners toward solutions.
- It is essential that these issues are solved as quickly as possible as patients are being impacted on a daily basis.
- The FQHCs are interested in participating in the 2703 SPA with IME as a way to build true PCMHs.

Questions?

- Contact Information

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