

Iowa Collaborative Safety Net Provider Network

Update

Monday, December 8, 2008

The Iowa Collaborative Safety Net Provider Network was created in 2005 by the Iowa General Assembly. The Network provides a forum for safety net health care providers from across the state to identify common unmet needs that can be addressed cooperatively. Network participants include community health centers, free clinics, rural health clinics, family planning agencies, maternal and child health centers and local boards of health. The Network is administered by the Iowa/Nebraska Primary Care Association.

What's Next?

The Network's Advisory and Leadership Groups participated in a strategic planning session in mid-October to help chart the future direction of the network. It was agreed the network is uniquely positioned with an opportunity and a responsibility to provide input to the health care reform efforts on behalf of the individuals we all serve whose voices need to be heard. Collecting more specific data on the safety net patients was identified as a high priority at this planning session. A work group was formed and will begin work on gathering data to better inform the impact proposed reform strategies will have on meeting needs and reducing the cost of care.

In the near term, it is not unreasonable to think we may be headed for some tough sledding in trying to deliver care to our existing safety net patients, and possibly many more people, if the economy continues to struggle. We should be thinking about what we will do if access to health care services worsens.

The Safety Net Network is in its fourth year of existence. The number of safety net provider organizations partnering with the network has grown each year. We have credibility and a higher profile with each successive year of our existence. We need to be prepared to use that credibility and profile to help those residents of our state who might need us the most in the coming months. We have demonstrated to policy makers that we can direct resources very efficiently to meet the goals they have established for us. If circumstances take a significant turn for the worse, we need to be positioned to attract resources and direct them to safety net providers for services to residents of this state who need us and the health care services we provide.

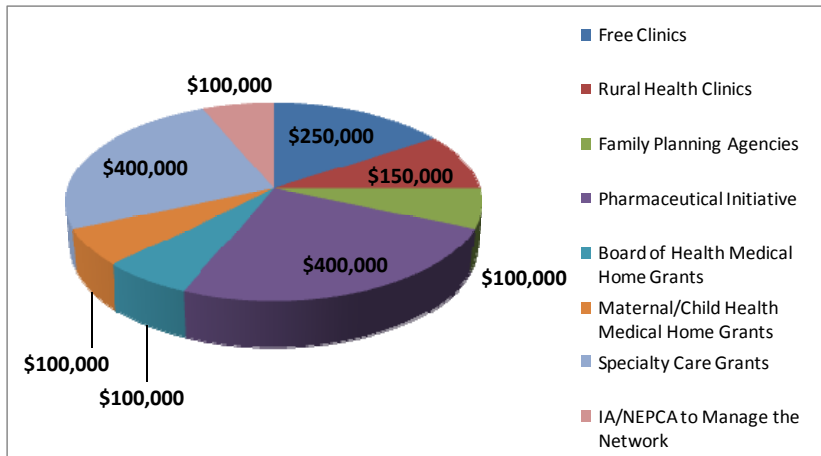
We ask you to be prepared to heed the call to action for advocacy. We will be monitoring the situation very closely and will be communicating with you as we get distress signals. Please keep us informed of any conditions affecting access to health care which change dramatically in the near term.

Thank you for all that you do.

-Ted Boesen, Executive Director, Iowa Collaborative Safety Net Provider Network

Funding Update

During the 2008 legislative session, the Iowa General Assembly renewed its commitment to the Network by maintaining level funding of \$1.6 million for the effort. Below is a chart that illustrates how the Safety Net funds are allocated.



Direct Provider Awards

This fiscal year, the direct provider awards for free clinics, rural health clinics, and family planning agencies were distributed earlier than in previous years. Safety Net staff mailed and emailed information to all eligible entities regarding this funding opportunity, which was made available in September. All of these entities are charged with assisting patients in determining an appropriate medical home. Below is the summary of awards:

	Amount Available	Clinics Requesting Funds	Amount Per Center
Free Clinics*	\$100,000	29 (29 eligible)	\$3,448.27
Rural Health Clinics	\$150,000	86 (153 eligible)	\$1,744.18
Family Planning Agencies	\$100,000	16 (17 eligible)	Based on number of patients served

**Amount shown does not depict the entire appropriation for free clinics. Safety Net staff continue to work with leadership from the free clinics to determine the allocation of remaining funds.*

Pilot Grant Awards

Specialty Care Networks

Four grants were provided to organizations to further develop or build capacity for improving access to specialty care for safety net patients. The following organizations received funding:

- **Healthy Linn Care Network – Linn County (\$74,052):** Healthy Linn is following the nationally recognized Project Access model as they develop a specialty care referral network in Linn County. The network is called *Linn County Project Access*, which is a volunteer physician specialty care referral network that will be assisting patients in determining an appropriate medical home. Healthy Linn is focusing on engaging physicians to serve as volunteers, developing community partnerships and a business plan to guide the network, beginning to make referrals for patients in need, and determining outcome measures to evaluate the effectiveness of the network.

- **Polk County Medical Society – Polk County (\$175,000):** Polk County Medical Society (PCMS) had an active volunteer physician specialty care referral network last year and is working to expand and improve this network. They have set goals around increasing the number of volunteer physicians and referrals they make through the network. PCMS has also placed an emphasis on improving their operational practices for the network and securing other funding opportunities to support the network. PCMS has sought feedback from the referring primary care providers in Polk County and has also

discussed expanding the program into Dallas County.

- Primary Health Care, Inc. – Des Moines (\$75,000): Primary Health Care (PHC) is building on a successful planning process and will now fully implement an integrated primary care/behavioral health model in partnership with Behavioral Health Resources (BHR), a community mental health center. The model will focus on improving the quality and efficiency of the referral process between PHC and BHR. A mental health provider has been placed at PHC and will serve as a critical member of the primary care team. The provider is available for on-the-spot consultations with PHC patients and facilitates appropriate referrals to BHR for patients that require more intense behavioral health services. PHC was also able to leverage additional funds from the federal government to implement and expand this program.

- University of Northern Iowa – Cedar Falls (\$25,000): UNI is also following the nationally recognized Project Access model as they develop a specialty care referral network in Black Hawk County and the more rural contiguous counties in the area. They have partnered with Peoples Community Health Clinic and the two hospital systems in Waterloo to determine how to operate the network and secure additional funding streams to launch and support the network.

Local Boards of Health Medical Home Capacity Building Grants

Three local boards of health were provided medical home capacity building grants to assist patients in determining an appropriate medical home, including:

- Calhoun County – Calhoun County (\$33,333): Calhoun County plans to expand their case management services with private primary health care providers in the community. These services allow patients to receive more comprehensive and preventive care from the provider they consider to be their medical home. Calhoun plans to expand these services to two additional primary care providers, will serve as a central point of service coordination and information delivery, and will maintain a formalized list of individuals enrolled in medical homes. They also plan to seek additional funding to expand the initiative.

- Dallas County Board of Health – Dallas County (\$33,000): Dallas County is focusing on assisting patients in determining a medical home, but will also work to improve access for safety net patients seeking specialty care services. Dallas County has also worked with local primary care providers to educate them on the value of the medical home concept. They are in the process of reviewing several medical home assessment tools, which they plan to use with local providers. Finally, Dallas County will establish the platform and process on order to make referrals to medical homes and better coordinate care for patients.

- Polk County Health Department – Polk County (\$33,300): Polk County has partnered with Visiting Nurse Services and Health Access Partnership to take the information gathered during last year's capacity building grant about patient and provider perspectives of medical homes and further develop a community vision of medical home as a standard of care. They will continue to engage patients and providers in improving access to medical homes among safety net patients.

Maternal and Child Health Centers Medical Home Capacity Building Grants

Three maternal/child health clinics were provided medical home capacity building grants to assist patients in determining an appropriate medical home, including:

- Dubuque Visiting Nurse Association – Dubuque (\$35,068): The Visiting Nurse Association (VNA) continues to provide case management services to patients at Crescent Community Health Center. In this capacity, VNA works with patients to establish medical and dental homes at Crescent. VNA plans to expand these case management services to other primary care providers in the Dubuque area. They will also improve developmental screening for children 0 to 3 in all primary care offices where they provide case management services.

- Siouxland Community Health Center – Sioux City (\$29,812): Siouxland Community Health Center is now managing this grant, which was previously managed by the Crittenton Center. Crittenton and Siouxland continue to partner on this project, which is supporting patients in establishing a medical

home at Siouxland. Siouxland has hired an individual whose responsibility is to coordinate care for patients in conjunction with the Mission Health program, which is a partnership between Siouxland and the two local hospitals. Patients are able to use the same sliding fee scale they receive at Siouxland at the two local hospitals.

- Visiting Nurse Services – Des Moines (\$35,117): Visiting Nurse Services (VNS) has partnered with Polk County and Health Access Partnership to take the information gathered during last year's capacity building grant about patient and provider perspectives of medical homes. VNS and its partners plan to develop a community vision of medical home as a standard of care and will continue to engage patients and providers in improving access to medical homes among safety net patients.

Grantee Update

Free Clinics of Iowa Medical Home Workshop

On November 1, the Free Clinics of Iowa and Iowa Collaborative Safety Net Provider Network hosted a medical home workshop. Drs. Andy Penziner and Claudia Corwin from The University of Iowa, Iowa Medical Home Initiative presented on the concept of the medical home and facilitated a discussion about how medical home was viewed in the context of free clinics. The audience included free clinic managers and administrators from across the state, representing clinics of various sizes.

The University of Iowa team provided a definition of the medical home concept and made a case for why it is worthwhile to consider as a model of care. They reviewed how the medical home concept has developed in Iowa, including summarizing the 2008 health care reform legislation, identifying key professional support, and potential obstacles.

A subset of the participants agreed to work with Drs. Penziner and Corwin to develop a white paper about free clinics and medical home to share with policy makers.

Medical Home Grantee Conference Call

Safety Net staff hosted a conference call with the six medical home grantees to discuss challenges and lessons learned associated with the pilot projects, as well as possible technical assistance topics for the coming year. Challenges the grantees noted included the following: differing definitions of medical home; establishing community partnerships; reimbursement issues such as return on investment and making the business case; health information technology costs; access to primary care providers and the primary care workforce shortage; and, the various medical home initiatives that exist in the state and nation.

Lessons learned captured during the call include the following: local public health agencies are key partners with primary care; collaborative relationships are critical; and targeted technical assistance around medical home is needed.

The six medical home grantees are: Calhoun County Board of Health, Dallas County Board of Health, Dubuque Visiting Nurse Association, Polk County Board of Health, Siouxland Community Health Center (Sioux City), and Visiting Nurse Services (Des Moines).

Data Committee

One of the areas of interest among the Safety Net Leadership Group and Advisory Group members is data. During the Safety Net's October 17 Strategic Planning Session, a Data Committee was formally established. This committee will be chaired by Dr. Rahul Parsa, a Professor of Actuarial Science at Drake University and member of the State Board of Health. This committee will meet in the near future to define its work and respond to requests for data from Safety Net members and partners.

Pharmacy Update

The Iowa Drug Donation Program began operation on March 7, 2007, with funding from the Iowa Department of Public Health and the Iowa Collaborative Safety Net Provider Network. The program continues to collect prescription medications and distribute the medication throughout Iowa. Prescription medications are being redistributed to 18 counties and are being dispensed at more than 40 medical facilities to Iowans that are uninsured, underinsured, or low income.

Since the inception of the program, 2,556 individuals have received 171,941 pills at no cost. The major drug treatment categories are anti-psychotic, anti-hypertensive, anti-depressant, diabetes, asthma, anti-seizure, and antibiotics.

The following scenarios have taken place in 2008, which assisted the uninsured or underinsured:

- A 23-year-old uninsured male was hospitalized for treatment of an antibiotic resistant infection that was going to require a 10-day IV antibiotic therapy. The donation program was able to provide the oral medication at a retail value of \$1,876.80, allowing the individual to recuperate at home. The hospital cost for the 10-day treatment would have been \$41,936.50, not including physician fees.
- An elderly woman had lost her Medicare coverage and needed anti-psychotic medications. Her family was ready to admit her to a hospital to ensure she would receive her medications. The donation program was contacted by her doctor and the medications were provided, thus avoiding hospitalization.
- A chest and infectious disease patient had lost her job, had no insurance, her home was being foreclosed on, and she had no money and was in need of asthma medications. The medications were provided by the program to the physician's office, assuring that her asthma was being treated.
- One medical clinic whose staff travels to nine rural sites in central Iowa, transports the donated medications to each clinic site to assist with the treatment of their uninsured patients.

The need for donated medications continues to grow as the number of uninsured and underinsured continues to climb. Without the donation program all the medications donated in 2008 at a retail value of \$1,000,000 would have been destroyed at the expense of the donating facilities. Many of the individuals that have received donated medications from the program would otherwise go without their prescription medications.

Questions about the Network?

For more information on the Iowa Collaborative Safety Net Provider Network, visit our website at www.iowasafetynet.com. We can also be contacted at info@iowasafetynet.com or 515-244-9610.