

Iowa Collaborative Safety Net Provider Network Progress Report

December 31, 2008

The Iowa/Nebraska Primary Care Association (IA/NEPCA) is under contract with the Iowa Department of Public Health (IDPH) to direct and manage the Iowa Collaborative Safety Net Provider Network (Network). The following information serves as the progress report on Network activities from July 1 through December 31, 2008 and is broken down into sections summarizing funded initiatives, provider awards, additional partner funding made available through competitive bid, governance, and evaluation.

Information about each grantee is provided based on the first quarterly report, due to the Network in October. The second quarterly report is due to the Network in January. The first quarterly reports are also attached for additional information.

Initiatives

The Network continues to manage initiatives funded in two areas: access to specialty care and access to affordable pharmaceuticals. An additional priority of the Network – provider recruitment was not funded but is also addressed in this section. These areas were identified by Network members as priority issues that impact safety net patients' ability to access needed services and supports.

Specialty Care Networks - \$350,000

All four grantees that received funding last year were again funded to continue to build capacity or to implement specialty care networks or provide/ensure access to specialty care. A brief highlight of each grantee and first quarter activity is below.

- ❖ *Polk County Medical Society – Polk County* (\$175,000): Polk County Medical Society (PCMS) is using Network funding to operate, expand and improve their Volunteer Physician Network (VPN). PCMS has set goals to increase the number of participating volunteer physicians and referrals made for specialty care. Additional areas of focus include improvements to operational practices and securing ongoing funding to support the work of the VPN. In their first quarterly report, the VPN reported an increase from 250 – 278 participating specialists and 91 completed referrals.
- ❖ *Primary Health Care, Inc. – Des Moines* (\$75,000): Primary Health Care (PHC) is now working to fully integrate behavioral health care into their primary care setting through a partnership with Behavioral Health Resources, a community mental health center in Polk County. The integrated model will focus on improving the quality and efficiency of referrals between the two organizations, provide on-site behavioral health consultations and facilitate referrals for patients requiring higher levels of

behavioral health services. Near the end of the first quarter, PHC had hired a physician assistant with 15 years of mental health experience to fill this role for PHC. By the end of the second quarter, PHC should have some early program data to report.

- ❖ *Healthy Linn Care Network – Linn County* (\$75,000): Healthy Linn is developing their program based on the nationally recognized Project Access model. Linn County Project Access is focusing on engaging physicians to serve as volunteers, developing community partnerships and a business plan to guide development of the network. They are beginning to make referrals to safety net patients and working to determine outcome measures to evaluate the program's effectiveness. In the first quarter, an advisory committee was established that worked to develop and finalize referral forms and processes and enrollment criteria with the goal of beginning to refer patients in November.
- ❖ *University of Northern Iowa – Cedar Falls* (\$25,000): The University of Northern Iowa (UNI) is also focusing on the Project Access model in developing its network in Black Hawk County. This grantee is still in the capacity building phase and has set a goal of beginning implementation of a referral network for specialty care in July 2009.

Pharmacy - \$350,000

The Network continued the contract with the Iowa Prescription Drug Corporation (IPDC) to continue and expand the pharmacy initiatives discussed below.

Network funds were used to expand the Drug Donation Program, which has proven to be very helpful to free clinics in Iowa, initially, and has since expanded to include some of the community health centers and specialty practices in Iowa as well. By the end of the first quarter, the program expanded by adding one long term care dispensing pharmacy and ten new sites accepting the donated medications. The number of individuals receiving medications grew from 628 to 653 for a total of 66,762 units dispensed at 19 sites in Iowa.

The Prescription Discount Card is the second major initiative under the contract with IPDC. Unfortunately, the pharmacy benefits manager (PBM) that partnered with IPDC to establish this program notified IPDC that they would be discontinuing this contract effective December 31, 2008. IPDC will work in the coming months to notify safety net providers distributing the cards and request that they inform patients using the cards that they are no longer valid and that a search for another PBM is underway by IPDC. Analysis of geographic maps detailing patient access to, at a minimum, four dollar prescriptions is in process to guide a more focused distribution of a new card by areas that have the most need.

Primary Care Provider Recruitment - (\$0)

The Iowa General Assembly has not directed funding to address this Network priority. Because it continues to be a priority issue for Network partners, the Network is working

to address this issue as it can without funding and will continue to partner with the Iowa Department of Public Health's Center for Workforce Development to address statewide recruitment issues. In addition, the Iowa/Nebraska Primary Care Association has a newly formed, member-driven recruitment effort that, if successful, may be able to expand to include Network partners in the future.

Provider Awards

Provider awards are another component of the safety net legislation and contract with the IDPH. The legislation established awards for the following safety net partners: rural health clinics, free clinics, and family planning agencies.

During the first quarter Network staff worked to solicit agreements with the three partner organizations on the methodology to distribute funds. Notifications of the availability of funds were distributed to all three groups and agreements were received. Checks were mailed to participating centers on November 7.

Below is a summary of the awards and additional, specific information is included in the attachments section of this report.

	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 the free clinics. Safety Net staff continue to work with leadership from the free clinics to determine the allocation of remaining funds. The total appropriation for the free clinics is \$250,000.*

Competitive Grants

Legislation provided continued funding for two additional safety net partners: three local boards of health that provide direct services and three maternal and child health organizations. With the approval of a subcommittee of the Network's Leadership Group, contracts were continued with the same grantees that received funding in the last contract year, in order to allow more time for capacity building efforts to move into implementation. Contracts were negotiated with the following organizations:

Local Boards of Health Medical Home Capacity Building - \$100,000

- ❖ *Dallas County Board of Health – Dallas County* (\$33,000): Grant funds are being utilized to assist patients in determining an appropriate medical home and to improve access to specialty care services for safety net patients. During the first quarter, Dallas County reviewed medical home assessment tools, received technical assistance from the Child Health Specialty Clinics, which provided training on the

medical home concept, and began work to establish a process to refer patients in need of specialty care to the Polk County VPN.

- ❖ *Polk County Health Department – Polk County* (\$33,300): Grant funds were used in partnership with the Visiting Nurse Services and Health Access Partnership to further develop a community vision of medical home as a standard of care for Polk County. Patients and providers will continue to be engaged as the partnership works to improve access for safety net patients.
- ❖ *Calhoun County – Calhoun County* (\$33,333): Grant funds were used to expand case management services with private family practice providers in the County. Plans include expanding services to include additional practices in the area, developing a centralized point of coordination and information delivery, and developing and maintaining a database of individuals enrolled in medical homes. Securing funding to expand the initiative is an area of focus for this grantee as well.

Maternal and Child Health Centers Medical Home Capacity Building - \$100,000

- ❖ *Siouxland Community Health Center – Sioux City* (\$29,812): Siouxland Community Health Center is now managing this grant, per mutual agreement with the Crittenton Center, which held the grant last year. Both organizations continue to partner in this work with Siouxland assuming the lead in partnering with the local Mission Health initiative. Under that program, patients receiving care at the two local hospitals are able to use the same sliding fee scale used at Siouxland Community Health Center, which improves access to care and facilitates establishing medical homes for these patients.
- ❖ *Dubuque Visiting Nurse Association – Dubuque* (\$35,068): The Visiting Nurse Association (VNA) utilizes grant funds to provide enhanced case management services to patients of Crescent Community Health Center. VNA plans to expand these services to other primary care providers in the area, and is also working to improve developmental screening for children aged zero to three in the offices where case management services are provided.
- ❖ *Visiting Nurse Services – Des Moines* (\$35,117): Grant funds are being used in partnership with Polk County and the Health Access Partnership to further develop a community vision of medical home as a standard of care for Polk County. Patients and providers will continue to be engaged as the partnership works to improve access for safety net patients.

Governance

The Network is governed by the Leadership Group which is comprised of safety net partners from legislatively mandated organizations. The Network looks to the Leadership Group to guide decision making and provide guidance on the distribution of funds identified in the legislation. The Leadership Group meets periodically on an as needed basis via conference call or in-person. Additional guidance is sought and

provided on issues electronically as needed. The Leadership Group met twice in this reporting period.

The Network Advisory Group provides broader perspective to the Network and focuses more on policy issues related to safety net issues. The Leadership and Advisory Groups met in October for a strategic planning session that was facilitated by Roger Chaufournier of CSI Solutions. The planning session resulted in development of a clarified and re-energized role for the Advisory Group and development of a workgroup to focus on safety net data.

Data

The data committee, which was formulated at the October strategic planning session, will be chaired by Dr. Rahul Parsa, Professor of Actuarial Science at Drake University and member of the State Board of Health. The committee will meet early next year to begin its focus on refining data collected from grantees and awardees as well as to study broader safety net data that can inform Network planning and health care reform efforts as well. The data work group will conduct their work with assistance and support from CSI Solutions.

Evaluation

The Network continued its contract with Rural Health Solutions (RHS) to conduct the evaluation of Network activities and funded initiatives. Rochelle Spinarski, lead investigator, attended meetings and met with Network staff and grantees at the front-end of this contract year. RHS worked with grantees to develop measurable outcomes specific to grantee work as well as broader, common outcomes that will provide data useful to the Network. Grantee contracts were amended to include the outcomes devised with the assistance of RHS.

Plans for Next Reporting Period

Outreach has, and will continue to be, a focus of Network staff activities during this contract year. Two presentations were made to critical access hospital representatives during the last quarter. Network staff has plans to make site visits to grantee sites, and an ongoing offer of technical assistance to sites has been made and continues to be available.

The Network will also continue to explore opportunities to promote and facilitate development of medical homes in Iowa by taking the work of existing grantees to a new level through development of common strategies that are consistent with innovative thinking, such as that of 'community utilities' as outlined by Dr. Edward Schor at the "Rebalancing Healthcare in the Heartland" event sponsored by the University of Iowa College of Public Health in early December. This effort will be

conducted in concert with the medical home health care reform work currently underway.

The Network continues to enjoy and appreciate the positive working partnership with the Iowa Department of Public Health, the responsiveness of staff, and the commitment to working together on behalf of the people who depend on Iowa's safety net.

Enclosures:

- First Quarter Progress Reports from Grantees
 - Polk County Medical Society
 - Primary Health Care
 - Healthy Linn Care Network
 - University of Northern Iowa
 - Dallas County Board of Health
 - Polk County Health Department / Visiting Nurse Services
 - Calhoun County Board of Health
 - Siouxland Community Health Center
 - Dubuque Visiting Nurse Association
 - Iowa Prescription Drug Corporation

- Provider Awards
 - List of Rural Health Clinics received funding
 - List of Free Clinics that received funding
 - List of Family Planning Agencies that received funding