# Iowa Safety Net, the ACA and Related **Primary Care Delivery System Changes**

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Medical Home and Prevention and Chronic Care **Management Advisory Council** Des Moines, IA

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### In this talk

- The Iowa Safety Net and ACA project
  - Organization of project
  - Efforts so far
  - Inventory of safety net to date
  - Future efforts
  - Questions being raised
  - Your thoughts





# **Background**

ACA creates changes and opportunities for safety net providers-currently uncertain environment

- Increasing public and private coverage
- Funds for FQHCs
- Establishment of ACOs
- Funds for IHIN, HIE, EHRs and meaningful use
- Funds for prevention
- Medical home development





# **Major Goals**

- Conduct large scale strategic planning effort not otherwise possible
- Using national and state-level experts with academic assistance to evaluate the potential impacts of ACA on states
- Identify opportunities for integration and coordination in the health care delivery system.
- Assist policymakers and safety net providers to plan for change-financial and organizational





## **Objectives**

- Determine the current funding, expenditures, and infrastructure of the health care safety net at the state level, using lowa as an example.
- Evaluate the potential implications of PPACA on funding, expenditures and infrastructure of safety net-related activities at the state level.
- Develop strategies for improving integration and coordination of safety net providers and organizations within the health care delivery system using lowa as a model for change.





# **Emphasis on primary care**

- 1. Medical
- 2. Preventive
- 3. Dental
- 4. Mental health
- 5. Pharmacy





## **Background being collected-Providers**

#### **Primary Care Safety Net Providers in Iowa**

- 1. Federally Qualified Health Centers (FQHCs)
- 2. Rural Health Clinics (RHCs)
- 3. Free Clinics
- 4. Family Planning Clinics
- 5. Mental Health/Substance Abuse Treatment Centers





## **Background being collected-Payers**

#### Payers of Primary Care Safety Net Services in Iowa

- 1. Medicare
- 2. Medicaid
- 3. Children's Health Insurance Program (CHIP)
- 4. Public Health Block Grants
- 5. Ryan White





# **Project activities**

- 1. Holding weekly steering committee meetings
- 2. Hold quarterly State Leadership Group calls
- 3. Hold quarterly State Advisory Group meetings
- 4. Researching/writing inventory reports of safety net providers/payers
- 5. Conducting legal analysis of ACA as it relates to safety nets
- 6. Developing subcommittees to delve deeper into questions for a safety net provider, payer and service area





## **Steering Committee**



Pete Damiano-PI



Chris Atchison Safety Net Adv. Chair



Ted Boesen IAPCA Exec Dir.



Jennifer Steenblock IDHS



Astha Singhal PPC Graduate Res. Asst.



Sarah Dixon Gale IAPCA



Keith Mueller UI CPH Professor



Michelle Holst IDPH





# **National Advisory Committee**



Catherine Hess

NATIONAL ACADEMY
for STATE HEALTH POLICY

Andrew Hyman

Robert Wood Johnson Foundation



Barbara Wynn





**Daniel Hawkins** 





Leighton Ku











Replacement invited







# **Inventory reports for Safety net Providers**

#### Financing, Delivery System, Patients:

- 1. Federally Qualified Health Centers (FQHCs)\*
  - State advisory committee review
- 2. Rural Health Clinics (RHCs)\*
  - State advisory committee review
- 3. Free Clinics\*
  - Draft being finalized
- 4. Family Planning Clinics\*
  - Draft being finalized
- 5. Mental Health/Substance Abuse Treatment Centers
  - Child draft being finalized





# **Inventory Reports for Safety Net Payers**

#### Financing, clients:

- 1. Public Health Block Grant and related services\*
  - State advisory committee review
- 2. Medicare
  - State advisory committee review
- 3. Medicaid
  - State advisory committee review
- 4. Children's Health Insurance Program (CHIP)
  - Draft being finalized
- 5. Ryan White
  - Draft being finalized





# **Inventory Reports for other important issues**

- Public Health Block Grant and related services\*
  - Steering committee review
- 2. Uninsured in Iowa
  - Draft being finalized





# **Examples of information being inventoried**





### **FQHCs** in Iowa

- Finances
  - Patient and non-patient revenue: 2007-2010
    - By source
- Provider network
  - Clinic sites
  - FTEs of providers/site
- Patient characteristics
  - Total number
  - Insurance type
  - Age
  - Race
  - Income





### FQHCs in Iowa: Finances, 2010

- Total Patient Related Revenue: \$91,063,313
  - o Medicaid: \$33,025,599
  - Medicare: \$9,015,723
  - Other Public:\$1,675,637
  - o Private: \$16,228,388
  - Self-pay: \$31,117,966
- Total Other Revenue: \$33,741,875 (with detail)
  - o BPHC Grants: \$18,201,213
  - Other Federal Grants: \$9,742,645
  - Non-federal Grants & Contracts: \$5,074,198
  - o Other Revenue: \$723,819

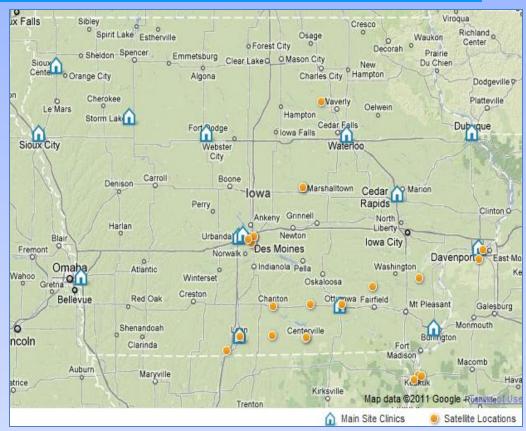




### **FQHC Provider Network**

- 13 FQHCs; 1 FQHC look-alike
- 108 delivery sites\*

Source: Kaiser Health Facts



Source: http://www.ianepca.com/displaycommon.cfm?an=1&subarticlenbr=37

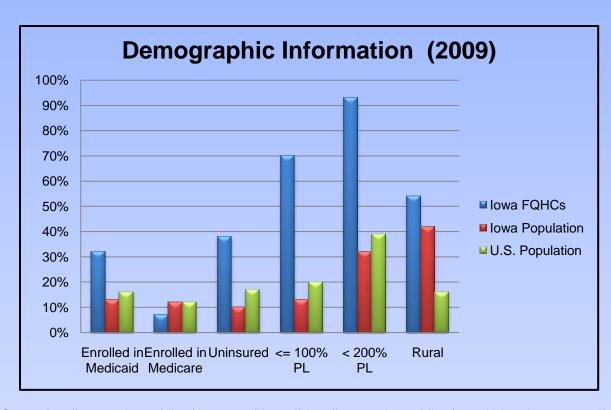




## **FQHCs** in Iowa

- Patient characteristics, 2010
  - 172,312 patients
  - 602,001 encounters

Data Source: Safety Net Provider Network Report for 13 FQHCs and one CHC



Data Source: http://www.nachc.org/client/documents/IA10.pdf; http://www.nachc.org/client/state X key facts 2009.pdf





# Federally Qualified Health Centers (FQHCs) in Iowa

#### Data Sources

- U.S. Department of Health and Human Services HRSA Health Center Data
  - o Uniform Data System Reports 2006-2010
  - http://bphc.hrsa.gov/healthcenterdatastatistics/index.html
- Kaiser Family Foundation
  - http://www.statehealthfacts.org/profileind.jsp?cat=8&sub=99&rgn=17
- Iowa Primary Care Association
  - http://iowapca.com/displaycommon.cfm?an=1
  - http://www.ianepca.com/displaycommon.cfm?an=1&subarticlenbr=37
- Rural Assistance Center
  - o http://www.raconline.org/info\_guides/clinics/fqhcfaq.php#whati
- Greater Sioux Community Health Center, Inc.
  - http://www.greatersiouxchc.org/index\_files/Page385.htm
- National Association of Community Health Centers
  - o <a href="http://www.nachc.org/client/documents/IA10.pdf">http://www.nachc.org/client/documents/IA10.pdf</a>;
  - o http://www.nachc.org/client/state\_X\_key\_facts\_2009.pdf
- Iowa Collaborative Safety Net Provider Network CY 2009 Data Report





## **Rural Health clinics**





# Rural Health Clinics: Provider Network

#### 140 RHCs in 58 counties in Iowa

- 78%- provider based (hospital owned)
- 22%- freestanding (provider owned)

#### Provider FTEs<sup>1</sup>:

Provider Type	FTEs
Physician	198.92
Physician Assistant	78.49
Nurse Practitioner	62.65
Other Personnel	523.12

1. Rural Health Clinics Health Systems (POS) Site Directory. HRSA Database. <a href="http://ersrs.hrsa.gov/ReportServer?/HGDW\_Reports/CMS\_Reports/RuralHealthClinics&rs:Format=HTML3.2">http://ersrs.hrsa.gov/ReportServer?/HGDW\_Reports/CMS\_Reports/RuralHealthClinics&rs:Format=HTML3.2</a>





## **Rural Health Clinics: Finances**

#### Federal funding:

 Reimbursement from Medicare and Medicaid patients on a cost basis\*

#### State funding:

 About half receive \$1300/yr from state for providing data to safety net network





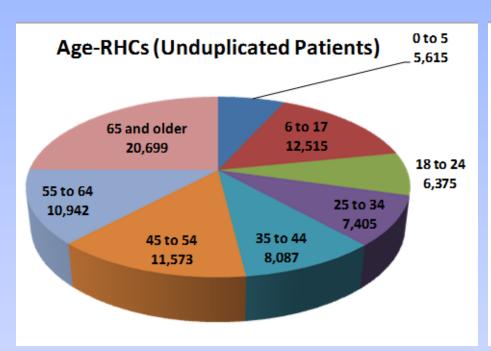
# Rural Health Clinics: Patient Characteristics

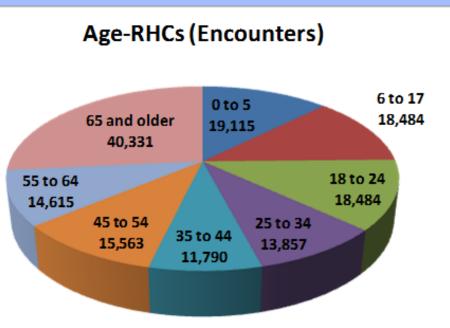
- According to 2009 RHC Data from Iowa Safety Net 2010 report, 66 of 139 RHCs provided the following:
  - Total Patients = 124,886 (Data from 49 of 66 RHCs)
  - Total Encounters = 587,874 (Data from 63 of 66 RHCs)
  - 12% of patients were below 200% FPL
  - Insurance status:
    - 45% Privately insured
    - 31% Medicare
    - 12% uninsured
    - 11% Medicaid





# Rural Health Clinics: Patient Characteristics-Age





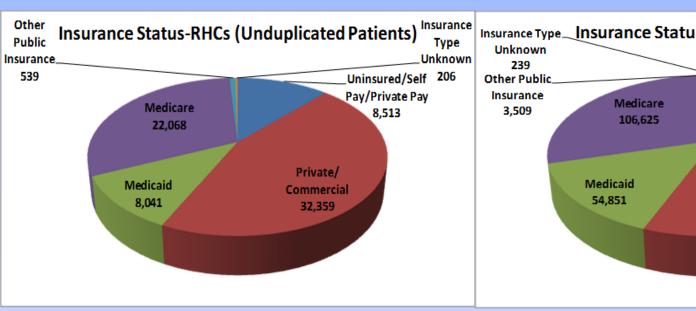
N= 37-38 RHCs

N=15-16 RHCs





# Rural Health Clinics: Patient Characteristics- Insurance Status



Insurance Type Insurance Status-RHCs (Encounters)
Unknown
239
Other Public
Insurance
3,509

Medicare
106,625

Private/
Commercial
189,920

54,851

N=29-33 RHCs

N=23-31 RHCs





### **Data Sources:**

- 1. Calendar Year 2010 Data Report Iowa Collaborative Safety Net Provider Network.
- 2. Center for Rural Health and Primary Care. 2010
  Annual Report. Iowa Department of Public Health.
- 3. HRSA Data Warehouse- Rural Health. Accessed from: <a href="http://datawarehouse.hrsa.gov/ruralHealthDetail.aspx">http://datawarehouse.hrsa.gov/ruralHealthDetail.aspx</a>
- 4. Rural Health Clinics Health Systems (POS) Site Directory. HRSA Database. Accessed from:

  <a href="http://ersrs.hrsa.gov/ReportServer?/HGDW\_Reports/C\_MS\_Reports/RuralHealthClinics&rs:Format=HTML3.2">http://ersrs.hrsa.gov/ReportServer?/HGDW\_Reports/C\_MS\_Reports/RuralHealthClinics&rs:Format=HTML3.2</a>





## **Free clinics**





# Free Clinics—State Appropriations

2007 (thousands of \$)	2008	2009	2010
250	250	204.5	184

For necessary infrastructure, statewide coordination, provider recruitment, service delivery, and assisting with locating appropriate medical home

Source: Iowa Legislature.





### **Free Clinics--Access**

- As of July 2011:
- 42 clinics serving
- 19 counties

Source: Iowa Department of Public Health





# Free Clinics-Utilization, 2009

Unique Patients	Encounters	
18,429	87,774	





## Free Clinics—Provider Participation, 2009

Provider Type	Number of Hours
Reception	14,355
Physician	9,506
Nurse	21,885
Medical Student	2,087
Pharmacist	5,322
Other	24,149





### Free Clinics—Racial Distribution

Race	Unique Patients	Encounters
White	10,291	10,439
Black	717	1,169
American Indian	120	20
Asian/Pacific Islander	348	349
Other	2,949	510
>1 race	111	21
Unknown	871	1,292





## Free Clinics—Ethnic Distribution

Ethnicity	Unique Patients	Encounters
Hispanic/Latino	3,917	1,921
Not Hispanic/Latino	12,778	5,945
Unknown	49	5,788





## Free Clinics—Sex Distribution

Sex	Unique Patients	Encounters
Male	7,349	3,041
Female	10,205	4,849
Unknown	11	454





# Free Clinics—Age Distribution

Age Range	Unique Patients	Encounters
0-5	329	2,038
6-17	852	2,095
18-24	2,654	3,293
25-34	3,509	6,061
35-44	2,708	3,605
45-54	2,616	3,917
55-64	1,562	2,376
65+	339	224





#### Free Clinics—Insurance Distribution

Status	Unique Patients	Encounters
Uninsured	16,764	11,367
Private	74	613
Medicaid	171	206
Medicare	12	216
Other Public	167	309
Unknown	411	404

Source: Iowa Collaborative Safety Net Provider Network. Calendar Year 2009 Data Report.





#### Free Clinics-Level of Service

Service	Encounters	
Basic, preventive, curative	23,669	
Chronic illness	36,977	
Urgent Care	26,493	

Source: Iowa Collaborative Safety Net Provider Network. Calendar Year 2009 Data Report.





## **Family Planning Clinics**





## **Family Planning Clinics**

- Finances
  - Title X
  - Medicaid
- Provider network
  - Clinic sites
  - FTEs of providers/site
- Patient characteristics (for some)
  - Insurance type
  - Age
  - Race
  - Income





# Public Health Block Grants & Programs





# Federal-State Title V Block Grant Partnership <u>Budget</u> FY 2011

#### By source of funds:

Total	Federal MCH Allocation	Total State Funds (Match and Overmatch)	Other non- MCH Funds	Program Income	Total
Iowa	\$6,528,937	\$5,399,077	\$4,537,311	\$300,000	\$16,765,325
% of Total	38.9 %	32.2 %	27.1 %	1.8 %	100%

#### By category of services:

Total	Direct Health Care Services	Enabling Services	Population-Based Services	Infrastructure	Total
Iowa	\$4,332,382	\$3,930,801	\$1,970,058	\$6,532,084	\$16,765,325
% of Total	25.8 %	23.4 %	11.8 %	39.0 %	100%



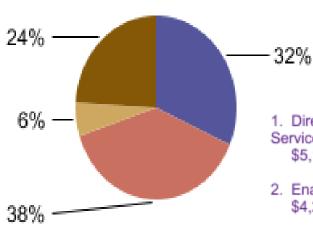


# Federal-State Title V Block Grant Partnership Expenditures FY 2009



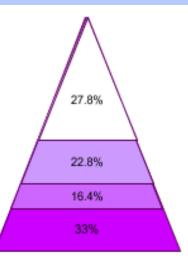
- State Funds 7,094,149 (38.4%)
- 3. Local MCH Funds 0 (0%)
- 4. Unobligated Balance 0 (0%)
- 5. Program Income 1,079,449 (5.9%)
- 6. Other Funds 4,449,314 (24.1%)

← By Source of Funds



 Direct Health Care Services \$5,122,100 (27.8%)

- Enabling Services \$4,214,826 (22.8%)
- Population-Based Services \$3,035,052 (16.4%)
- Infrastructure-Building Services \$6,080,132 (33%)



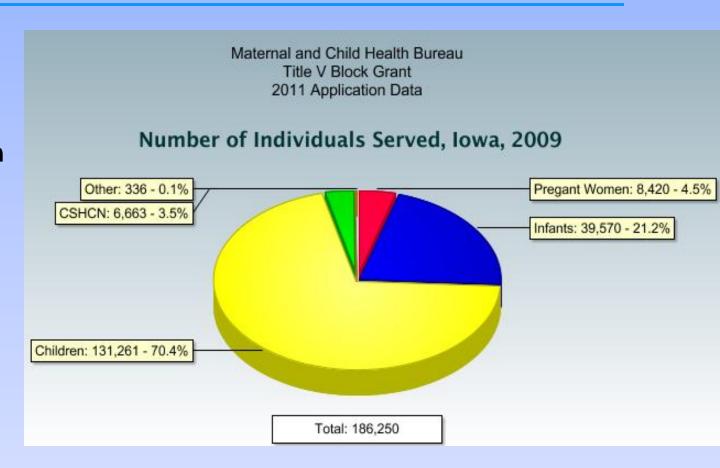
By Category of Services Provided →





## **Title V: Population Served**

- 24 Maternal Health Centers
- 22 Child Health
   Centers







# Population Served in Iowa, by insurance status

Summary	Title V Total Served	Title XIX %	Title XXI %	Private/ Other %	None %	Unknown %
	186250					
Pregnant Women	8420	75.2 %	0.0 %	9.5 %	14.1 %	1.2 %
Infants < 1 year old	39570	38.2 %	0.0 %	57.6 %	2.8 %	1.4 %
Children 1 to 22 years old	131261	84.9 %	0.2 %	2.2 %	12.7 %	0.0 %
CSHCN	6663	57.0 %	0.0 %	41.0 %	2.0 %	0.0 %
Others	336	32.0 %	1.0 %	57.0 %	10.0 %	0.0 %





#### **SubcommitteeS**

- 1. Safety Net Provider: FQHCs/RHCs
- 2. Safety Net Payer: Medicaid
- 3. Primary care service: Dental care





## Safety Net Provider Subcommittee

- Based on Safety Net Network Strategic Plan
- Will explore via FQHCs/RHCs:
- 1. Access-patient flow and workforce
- 2. Finances-source of payment, ACOs, other contractual/strategic partnerships
- 3. Health System integration-ACOs, health systems, health insurers, health care providers
- 4. Communications and Advocacy-how to share new information and use these activities as a model for other safety net providers





#### **FQHC/RHC Subcommittee**

- Evaluate current capacity
  - Survey sample of FQHCs/RHCs
  - Questions like:
    - # of providers,
    - # of patients served include provider type
    - Number of encounters,
    - Types and acuity of patients
    - Time to third next available appointment
    - Active recruitment of additional providers (currently funded but unfilled positions by provider type)
    - Projected workforce needs for 2014 prior to ACA. Haven't considered yet
    - Qualitative questions-how optimally are they now operating?





#### **FQHC/RHC Subcommittee**

- Evaluate future capacity
  - Survey sample of FQHCs/RHCs
  - Questions like:
    - o Are they considering needs yet?
    - Projected workforce needs
    - Projected shift in patients
    - Are they pursuing PCMH designation
    - Where are they with EMR and IHIN





#### **FQHC/RHC Subcommittee**

- System integration questions of FQHCs/RHCs and health systems/clinics in area
  - Private health care system and insurers perception of the role of FQHCs/RHCs and other SN providers post ACA (e.g., ACOs)
  - Opportunities for collaboration
  - Perceived barriers to collaboration
  - Differences, if any between FQHCs and RHCs regarding collaboration
  - Changes that would improve opportunities for collaboration
  - Care coordination capabilities in area





# Dental Care Primary Care Service Subcommittee

#### **Primary research questions:**

- Current state of access to dental care in Iowa
- Capacity of the current dental safety net providers
- Current gaps in the system
- Implications of the ACA for public and private dental providers





## **Primary Care Service Subcommittee**

#### **Proposed membership:**

- UI College of Dentistry
- The Iowa Department of Public Health
- At least two safety net providers (FQHCs, Broadlawns, Des Moines Health Center)
- The Iowa Dental Association
- Delta Dental Foundation of Iowa
- The American Dental Association
- The National Network for Oral Health Access





#### Other ACA-related issues

- Your thoughts
- Our thoughts
- NAC's thoughts





# Your Concerns, Benefits and Opportunities regarding ACA in Iowa

Provider	Concerns	Benefits	Opportunities
RHC	Manpower shortage Changes necessary to take advantage Smaller clinics not prepared to take advantage	Reimbursed for services Access to specialty care	Depends on RHC inclusion Work with local boards RHC affiliate with private providers
Free Clinics	Concern about it being overturned staff shortages	Access to affordable insurance easier People feel more welcome	Not hopeful
Local Public Health Dept.	<b>Certain</b> groups and industries attempting to carve out their piece to remain viable as ACA develops	Remove fragmentation and streamlining will help make better use of public \$\$	Benefits of partnerships between private providers and state/federal public health programs
An FQHC	Congress won't support ACA	Fewer uninsured More resources	<b>Integration</b> and coordination with private providers
An FQHC	Unfamiliarity in navigating system (patients) Worker shortage (provider) Funding stream uncertainty (primary care) Disjointed funding stream (Care system)	Iowa as a leader Health improvements with basic primary care Reimbursement for group previously uncovered	Developing capacity Managing chronic illness improvements Greater patient empowerment





# Your Concerns, Benefits and Opportunities regarding ACA in Iowa

Provider	Concerns	Benefits	Opportunities
lowa Dept of Public Health	Individual groups and industries will try to carve out their "piece" in order to remain viable, as opposed to integrating and de-fragmenting the system.	Removing fragmentation should make direct state/federal funding more efficient	More partnering by IDPH with private providers for federal and state-funded public health programs (i.e cancer screenings and child wellness)
Family Planning	How safety net providers who deal with specialty areas of practice are incorporated and included.  2.PCP utilize expertise of family planning clinics (collaboration is necessary)  3. What to do about undocumented workers, people transitioning between jobs, life stages- not included? How will FPA provide services?		More opportunities for services to be available to





## Other Safety Net Questions

- 1. Ability to integrate with ACOs
- Ability to be part of products offered by health benefits exchanges
- Impact on workforce shortages in primary care, behavioral health, etc. --more challenging for safety net providers to address
- 4. Patient-centered medical homes/community utilities/enabling services needed to help patients be successful.
- 5. Impact on social determinants of health for patients
- 6. Implications of barriers such a stigmas with government-funded program expansion





### Your thoughts

The most important issues facing your organization related to the safety net and ACA



