

Iowa Collaborative Safety Net Provider Network

Community Utility Development

September 2012

Background on Network-Funded Medical Home Development Projects and Community Utility Concept

In state fiscal year 2008, the Iowa Collaborative Safety Net Provider Network (Safety Net Network) was provided funding by the state for distribution to three local boards of health and three maternal/child health centers for the purpose of developing medical home projects within their communities. Funding has continued through SFY2013 and all of the annual awards made to the communities have ranged from \$20,000-35,000. Knowing that most local boards of health and maternal/child health centers are unlikely to seek patient centered medical home (PCMH) recognition, the projects have focused on building local capacity to support primary care providers as they become recognized PCMHs.

Lessons Learned from the Safety Net Network-Funded Projects

Following are several successes the projects have experienced based on an independent evaluation of the grantees conducted by Rural Health Solution as well as regular reporting from the grantees to the Network.

Successes

- Local public health agencies have successfully partnered with primary care providers to improve access to and the quality of care delivered to underserved Iowans.
- Helping to address unmet needs of patients identified by primary care clinics in the communities.
- Assisting primary care providers with 'difficult to serve' patients by providing follow up to 'no shows' as well as addressing other patient needs that could improve the overall health of the patient.
- Development of policies and procedures focused on care coordination and case management to underserved patients.
- Creation of referral networks that involve a variety of community-based organizations in the grantee communities.
- Significant outreach and education has been provided to primary care providers, community-based organizations, and consumers about the PCMH concept.

Medical Home Community Utility Development

During the Safety Net Network's strategic planning session in 2011, community utility development emerged as an ongoing priority for the Network to pursue. Originally described by Dr. Ed Schor of The Packard Foundation (formerly of The Commonwealth Fund), the community utility concept follows the same logic as a public utility – it is a service that is provided to the community that everyone contributes to and everyone benefits from for something that cannot be accomplished efficiently alone, like the provision of electricity. Examples of the community utility model that apply to medical home are care management/care coordination, data aggregation and analyses around shared quality priorities, health education and prevention, and coordination of existing services in the community. The community utility concept has a unique role to play in medical home development especially among the safety net population and for primary care practices that are smaller or located in rural areas.

In the case of medical home development, many primary care practices will be challenged to meet the requirements of serving as a PCMH without partnering with local community organizations. Case management, care coordination, and health education resources, for example, may already exist within most counties in Iowa. If these resources can be connected with primary care delivery sites, some aspects of becoming a PCMH can be addressed.

Recent Activities

The Iowa Primary Care Association, which manages the Safety Net Network, was awarded a contract with the Iowa Department of Public Health through its Community Transformation Grant (CTG) to make funding available to local organizations to build referral networks, a piece of a community utility. This funding has been directed to the selected medical home development counties in order to enhance their Safety Net Network-funded projects. As part of the CTG contract, Denise Levis Hewson, a key leader from Community Care of North Carolina was retained to provide technical assistance to the six counties and also led an educational session with a state level focus on their model. Both sessions were well-received by attendees. Staff members from the Iowa Primary Care Association, Iowa Medicaid Enterprise, and the University of Iowa Public Policy Center were also exposed to the North Carolina and other state models as part of Iowa's participation in the National Academy of State Health Policy's Medicaid-Safety Net Learning Collaborative.

Key Aspects of North Carolina's Model

North Carolina's vision included building a delivery system where:

- Physicians and providers are the champions
- Primary care is the foundation
- Patients with chronic illnesses are the target
- Physicians and other health care providers are engaged
- Local collaboration and support is in place
- Meaningful data is available and used to enhance quality which results in cost reductions
- Performance expectations are clear and aligned
- Performance is tracked and constructive feedback is provided
- Processes are in place to drive on-going improvement

As part of Denise's presentation, the following aspects were shared regarding how their model works:

- Primary care medical homes available to 1.4 million individuals in all 100 counties.
- Provides 4,600 local primary care physicians (94% of all NC primary care physicians) with resources to better manage Medicaid population
- Links local community providers (health systems, hospitals, health departments and other community providers) to primary care physicians
- Every network provides local care managers (600), pharmacists (26), psychiatrists (14) and medical directors (20) to improve local health care delivery
- The State identifies priorities and provides financial support to community networks
- Networks pilot potential solutions and monitor implementation (physician-led)
- Networks voluntarily share best practice solutions and best practices are spread across all networks
- The State provides the physicians and networks access to data
- Cost savings / effectiveness are evaluated by the State and third-party consultants (Mercer, Milliman, Treo Solutions)

Next Steps

The Safety Net Network, with guidance from its Leadership and Advisory Group members, will continue to provide information about the North Carolina model as well as look at other models nationally congruent with its strategic plan. Based on feedback received from the Leadership and Advisory Group members as well as other policymakers and state associations, additional technical assistance in this area can be requested from the National Academy of State Health Policy. If interest exists, the Safety Net Network could convene a planning session focused on how Iowa could adapt what has been built by other states and communities to support community utility development throughout the state.