Iowa Department of Human Services

IowaCare Medical Home: The First Year

Jason Kessler, MD, FAAP – Medical Director

Iowa Medicaid Enterprise

- IowaCare Overview:
  - IowaCare Act (House File 841) passed FY2005
    - IowaCare is a 1115 demonstration waiver – not an entitlement
    - Provides a limited benefit package, limited provider network
  - Replaced Indigent Care Program ("State Papers") program at University of Iowa
- Goals of IowaCare:
  - Expand access to health care coverage for low-income, uninsured adults who are not eligible for Medicaid
  - Provide financial stability for safety net hospitals that have high amounts of uncompensated care
  - Experiment with heath care innovations

- IowaCare
  - 1115 demonstration waiver
  - Adults 19-64 with adjusted income of up to 200% of federal poverty level
    - Are not eligible for Medicaid
    - Pay a premium if income over 150% of federal poverty level
    - Roughly 45,000 members
  - Population similar to those that will be covered by health care reform
  - Capped appropriation

- IowaCare members have a high incidence of unmanaged chronic disease
  - 23% have never had health insurance; 59% have not had insurance for more than 2 years
  - 42% of patients have one or more chronic conditions (diabetes, chest pain, coronary artery disease, cancer, high blood pressure, pain)
  - IowaCare patients self report poorer health status than the general Medicaid population
  - 36% of IowaCare patients self report depression

- IowaCare Expansion – 2010. Waiver renegotiation and state legislation (2010 SF 2356)
  - Phased-in Expansion
  - Implement a medical home pilot – will serve to inform regular Medicaid
  - Provide reimbursement to non-covered hospitals for emergency room visits resulting in an inpatient stay – capped at $2 million

Goals of IowaCare Expansion

- Increase IowaCare member satisfaction
- Improve statewide access of IowaCare members to quality health care
- Reduce duplication of services
- Enhance communication among providers, family, and community partners
- Improve the quality of healthcare through the patient-centered medical home model

Medical Home Background

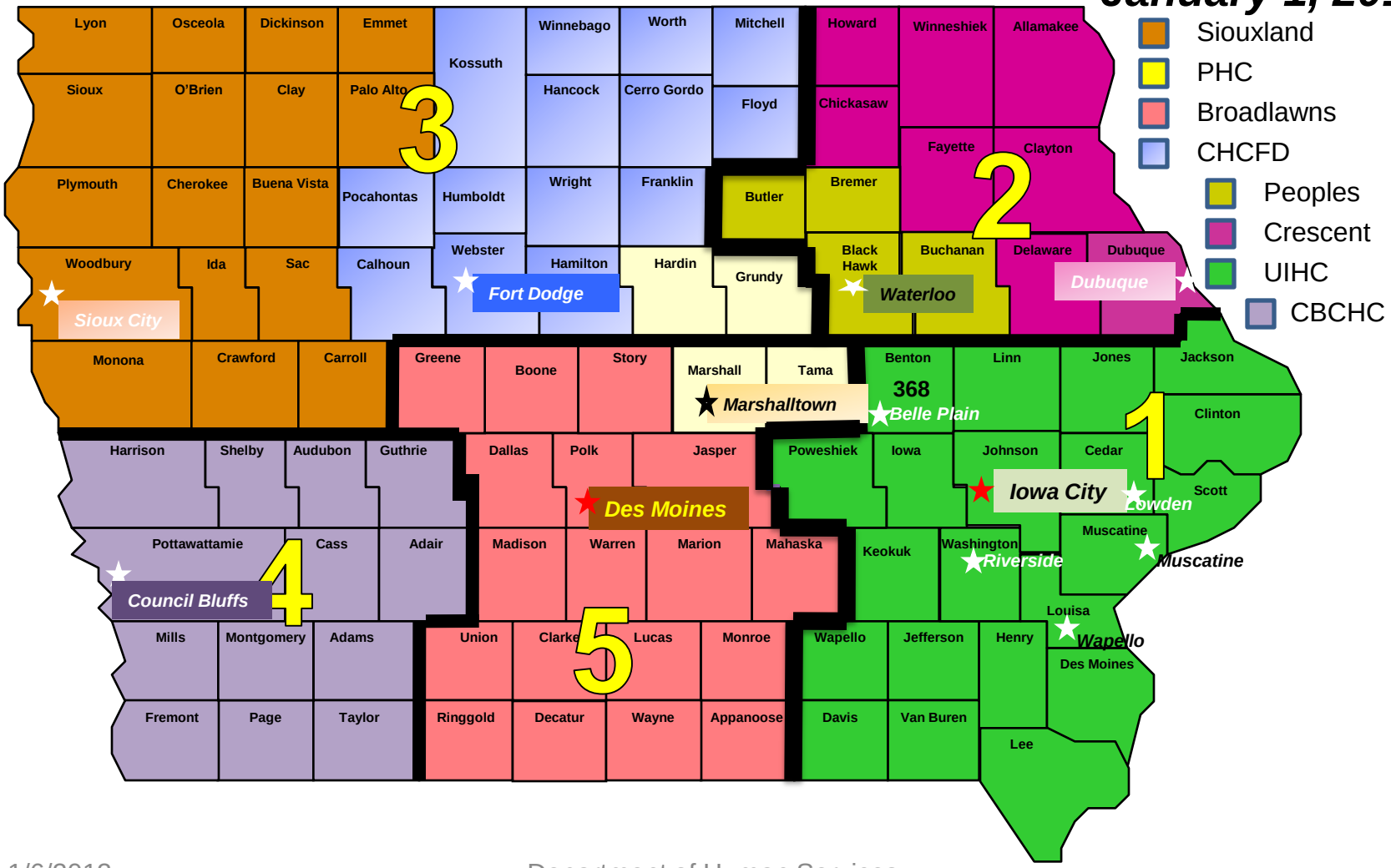
- Joint Principles of Patient Centered Medical Home (PCMH)
  - Personal Physician
  - Physician Directed Medical Practice
  - Whole Person Orientation
  - Coordinated/Integrated Care
  - Quality & Safety
  - Enhanced Access
  - Payment

Timeline

- July 1, 2005 – IowaCare in effect
- October 1, 2010 – IowaCare Medical Home in effect for 4 Medical Homes and surrounding counties
- January 1, 2012 – All IowaCare Members in Medical Homes

IowaCare Medical Home Expansion

January 1, 2012



2011 Modifications – Regional Expansion

- Created 2 new pools to attempt to address significant issues with non-covered services:
  - FQHC lab and x-ray services
  - UIHC/Broadlawns care coordination for services post-hospitalization

Measures - *caveats*

- There is no baseline data
- IME did not publish measures specifications
  - Variability in reporting and calculation methods
- Some measures reporting only

Quality Measures

Measure Name				
Colon Ca screening (65%)	57%	24%	25%	67%
BMI Measurement (75%)	95%	81%	57%	94.5%
Appropriate Pt. Ed. Material	N/A	N/A	N/A	N/A
Referral tracking	N/A	N/A	N/A	N/A
Med List (80%)	98%	26%	85%	98.4%

Quality Measures

Measure Name				
DM Registry	100%	100%	100%	100%
Tobacco Use Documented (75%)	92%	73%	91%	75.1%
Annual Immunizations (report=pass)	27%	49%	24%	34.2%
Cervical Ca Screen (70%)	61%	26%	38%	20%
Annual A1c (80%)	87%	89%	71%	84%

Iowa Department of Human Services

	2011 Q1					2010 Q4
Diabetes Diasease Management					Overall	Overall
% with A1c in last 12 mths	94%	74%	89%	79%	85%	83%
less than 7	38%	45%	40%	43%	41%	42%
7 and 9	36%	19%	28%	27%	30%	29%
greater than 9	20%	10%	20%	9%	14%	12%
eye exam	18%	8%	13%	2%	9%	9%
LDL-C checked	71%	40%	58%	67%	66%	67%
LDL-c<100 mg/dL	56%	66%	49%	55%	56%	63%
Microalbumin	73%	3%	58%	46%	55%	56%

Top ten primary diagnoses for Medical Home primary care-Second quarter 2011

Diagnosis Code	Description	Number of claims
401.9	Hypertension, unspecified	1,324
250.0	Diabetes	1,147
719.4	Joint pain	924
786.5	Chest pain	821
724.5	Backache	734
789.0	Abdominal pain	732
724.2	Lumbago	484
V70.0	Well person exam	449
729.5	Limb pain	448
401.1	Hypertension, benign	320

Iowa Department of Human Services

November 22, 2010

Dear Ms. [redacted]

First of all, I hope I have the correct spelling of you name. If not, please forgive me.

My corbra ran out, and I am now on Iowa Care, which is a very humbling experience for me. I am going to [redacted], and I have been down there twice.

It is so easy to always write a letter when something is not right, however, in my experience, sometime one forgets to write a letter of praise.

From the time I walked into the clinic, until the time I left I was treated with respect, professionalism, and a caring from all staff members. I am very observant, and what I saw is team work.

Doctor [redacted] so knowledgeable, respectful, professional, with an attitude plus. I am so confident in her care especially since I have chronic health concerns. I cannot say enough, and administration at the [redacted] Health Facility are extremely fortunate to have her.

Thank you for time and thought. May you have a blesssed Christmas.

Respectfully,

Successes – Member Access

- A 47-year old female
  - Located in NW Iowa--250 miles from Iowa City
  - Had not been seen by a physician in over 5 years
  - Uninsured and could not afford a doctor
  - Nine months ago, was enrolled in IowaCare and waiting to get into the UIHC
  - Once the medical home in Sioux City, IA opened (Siouxland), she had an office visit in 2 weeks
  - Completed PE and lab work for health screenings long overdue

Successes – Member Access

- Another Siouxland IowaCare member
  - Battling a leg ulcer for several years
  - Received education from the nurse and provider on how to care for the ulcer
  - Reported significant improvement in less than a month due to the information they received

Iowa Department of Human Services

"…two weeks later they called me up to see if I was doing ok"

came in with a smile, I found he
was the most outstanding Doctor I
have met. He answered my questions
and checked me out from head to toes.
Dr Bahi took his time with me and
didn't rush off. I left Peoples Clinic
in Waterloo Iowa very happy with
the wonderful care I got that day.
Than two weeks later they called me
up to see if I was doing ok.
"Just fantastic Care"

CHALLENGES

- Delay in Federal approval for revised MH expansion. Planned for 7/1/11, received 11/1/11.
- Delay in ability for providers to bill the pools. CMS delays, changes in parameters, programming delays – delay to 3/1/12. Billing will go back to 11/1/11.

Challenges

- Conflicts regarding services not covered by IowaCare led to creation of additional limited funding pools for ER, care coordination, radiology and lab.
- Some providers overwhelmed by volume and not fully prepared to provide services required.

CHALLENGES

- Unintended consequence of the pools: private providers and drug companies no longer willing to donate care for non-covered items now that the pools exist.
- Differences of opinion about the intended use of the pools.
- Cost pressures and volume pressures on the providers. Enrollment is over 53,000.
- Continued difficulty with non-covered services.
- Frustration and fatigue for providers, staff, and program members given the amount of change and challenges in the past 18 months is real.

Positives

- FQHC's report many positive comments about closer access
  - Definite improvements in overall access!
- Results from medical home quality data is very good in all medical homes – IowaCare members are receiving significantly more preventative and coordinated care for individuals with key chronic diseases compared to the Medicaid population
  - For example, 85% of medical home diabetic members have had an A1c in the last twelve months, compared to 44% of Medicaid patients.

Summary

- IowaCare expansion into Medical Homes has had its challenges and successes.
- The Medical Home does improve care, but a limited-benefit program is a difficult testing ground.
- Lessons learned will be applied to future Medical Home projects such as the Health Home for people with chronic conditions.
- Will also help prepare IME for new membership under ACA.

Questions?

Contacts: Deanna Jones

djones1@dhs.state.ia.us

Dr. Jason Kessler

jkessle@dhs.state.ia.us