SAFETY NET NETWORK & COMMUNITY UTILITY UPDATE

Prevention and Chronic Care Management Advisory Council
12/5/2012

Provider Award Funding

- Free Clinics
  - Total funding available: $274,050
- Rural Health Clinics
  - Total funding available: $142,192
- Federally Qualified Health Centers
  - Total funding available: $75,000

Other Initiatives

- Pharmaceutical Initiative
  - Total funding available: $320,000
- Specialty Care Initiative
  - Total funding available: $310,000
- Medical Home Development Initiative
  - LBH: Total funding available: $77,609
  - MCH: Total funding available: $95,582
- Sexual Assault Response Team Initiative
  - Total Funding Available: $50,000

Key SFY12 Outcomes

- 87.8% of funding allocated supported direct services to safety net patients from across the state
- Provided funding to 115 clinics or grantees
- 10,600 patients received direct services from the 10 grantees
- Over $3.1 million in free care was provided by four grantees

Overall Patient Demographics

- 12% of safety net patients belong to a racial minority
- 17% identify as being Hispanic/Latino
- Women are using Network clinics at far higher rates than men among all clinic types
- Children and young adults, ages 0 to 34, make up 60% of the safety net patient population
- Compared to the state of Iowa's 22% combined uninsured and Medicaid population, the Network has a combined uninsured and Medicaid population of 61%
- Majority of patients are being seen for treatment of

Top Five ICD9 Codes

CHCs

- Diabetes Mellitus
- Hypertension
- Routine Infant /Child health check
- Depressive Disorder
- Hyperlipidemia

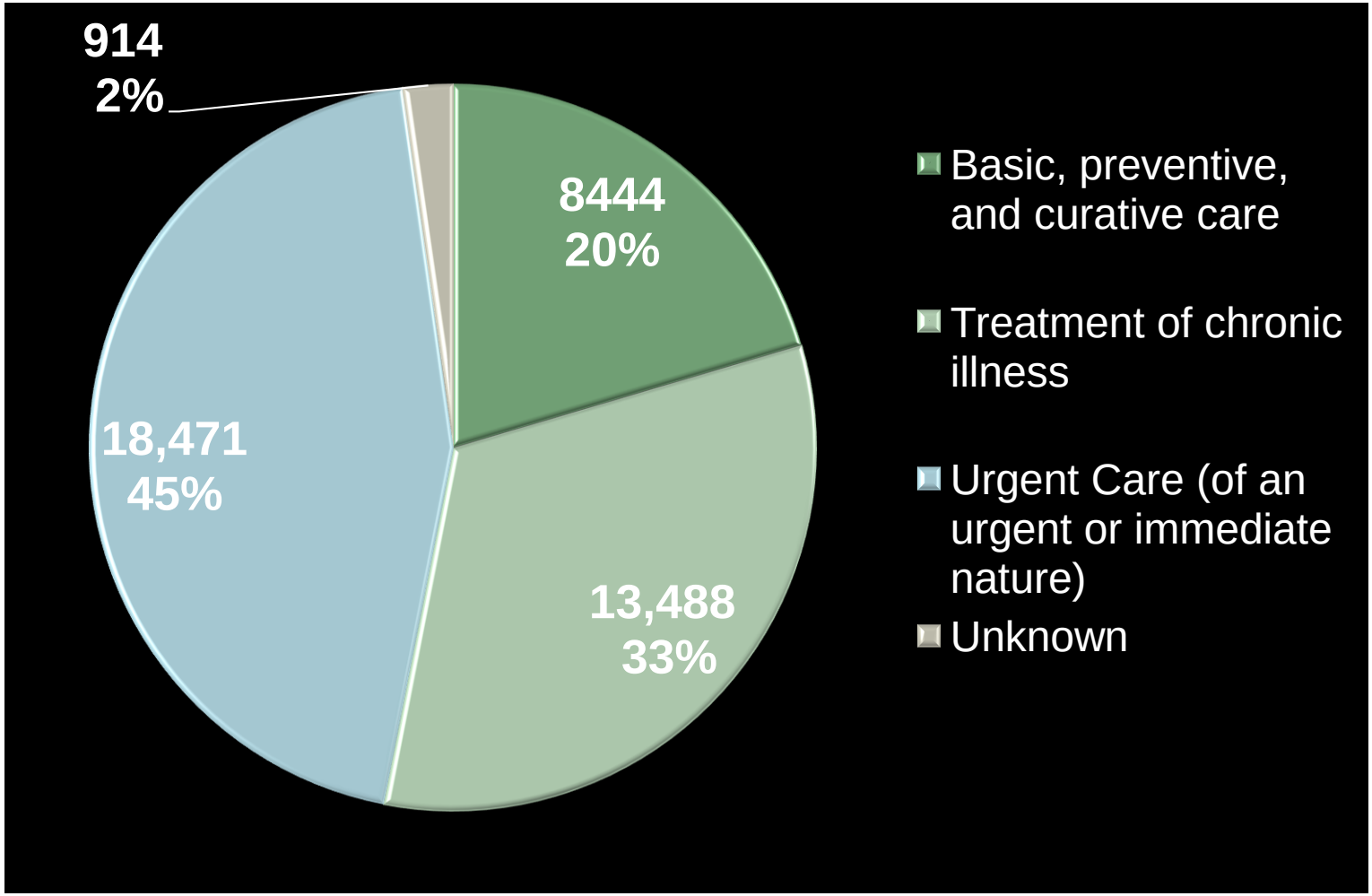
RHCs

- Hypertension
- Diabetes Mellitus
- Acute Upper Respiratory
- Hyperlipidemia
- Allergic rhinitis

FPAs

- OB global visits
- Comprehensive Preventive Medicine exam
- Comprehensive Preventive Services (18 to 39 years)
- Surveillance; Contraceptive Pill
- Gynecologic Exam

Level of Service Provided – Free Clinics 2011



Oral Health Subcommittee: Expected Deliverables

- Activity #1: Current state of access to oral health services in Iowa:
  - Inventory reports
  - Policy briefs

- Activity #2: Public dental delivery system capacity assessment:
  - Peer reviewed manuscripts with survey results
  - Policy briefs with interpretation

Oral Health Subcommittee: Expected Deliverables, cont.

- Activity #3: Private dental delivery system capacity assessment for Medicaid patients:
  - Report & peer reviewed manuscript- Medicaid participation survey
  - Report & peer reviewed manuscript- Conjoint analysis

- Activity #4: Collaboration with key stakeholders

FQHC/RHC Subcommittee

- Investigating funding opportunities for continuing activities
  - Would like to continue capacity study of FQHCs/RHCs paralleling oral health subcommittee activities
  - Capacity, workforce, infrastructure, and care coordination

Medicaid Subcommittee

- First meeting on 11/9
- Looking specifically at community care team development as part of Iowa Medicaid Enterprise's 2703 Health Home Program
- Technical assistance will be provided by the National Academy of State Health Policy

Policy Briefs

- Committed to complete four by March 2013
- CMWF most interested in:
  - A comparison of funding sources and impact of ACA, ACO and other delivery system changes
  - How to integrate primary care in the safety into secondary, tertiary and other related services in the area-ties into ACOs
  - A comparison of current HIT capabilities and perceived need for the future

Policy Briefs

Other possibilities:

- Issues for incorporating safety net providers into ACOs
- A comparison of the funding sources and patient characteristics of FQHCs and RHCs
- A comparison of safety net workforce and issues/needs for the future
- Care coordination/care management and the role for the safety net

NASHP Activities In Progress

- Collection and reconciliation of various sources of data for Rural Health Clinics (RHCs) and electronic medical record adoption, including the Iowa Association of Rural Health Clinics (IARHC), Safety Net Network, and Telligen (HIT-REC).
- Review and sorting of Medicaid data to identify RHCs with higher than average Medicaid rates
- Targeting of RHCs to promote the IME 2703 Health Home program. A webinar was completed with specific RHCs.

NASHP Activities In Progress, cont.

- Compilation of patient-centered medical home resources for RHCs, all of which have been posted on the IARHC website.
- Sought technical assistance from NASHP on patient outreach for IME 2703 Health Home program.
- Schedule an on-site visit to Iowa with the NASHP team during the next six months.
- A future focus on primary care/behavioral health integration will occur based on the updated project work plan.

Community Utility

CCNC Areas of Focus

- Asthma (1998 – 1st Initiative)
- Diabetes (began in 2000)
- Pharmacy Management
  - Prescription Advantage List (PAL) - 2003
  - Nursing Home Poly-pharmacy (piloted for the state 2002 - 2003)
  - Pharmacy Home (2007)
  - E-prescribing (2008)
  - Medication Reconciliation (July 2009)
- Emergency Department Utilization Management (began with Pediatrics 2004 / Adults 2006)

CCNC Areas of Focus, cont.

- Case Management of High Cost-High Risk (2004 in concert with rollout of initiatives)
- Congestive Heart Failure (pilot 2005; roll-out 2007)
- Chronic Care Program – including Aged, Blind and Disabled
  - Pilot in 9 networks 2005 – 2007
  - Began statewide implementation 2008 - 2009
- Behavioral Health Integration (began fall 2010)
- Palliative Care (began fall 2010)
- Pregnancy Home and Care Coordination for Children with Special Needs (began April 2011)

CCNC Results

- CCNC is in the top 10 percent in US in HEDIS for diabetes, asthma, heart disease compared to commercial managed care
- Adjusting for severity, costs are 7 % lower than expected. Costs for non-CCNC patients are higher than expected by 15 percent in 2008 and 16 percent in 2009
- 2010: Savings of $382 million according to the Milliman analysis

What's In It For the Practice?

- Motivation to improve care
  - Many seeking PCMH recognition
  - Align PCMH high risk populations with network priorities
  - Decrease unnecessary ER use ("frequent fliers")
  - Improve care transitions
- Care management support
  - Help with Medicaid policy, billing
  - Difficult patients
  - No-shows
  - Quality improvement coaching
  - Support self management
- Practice level quality data

Dr. Wroth, CCNC

Community Care Team Goals

- Improve quality, population health, cost at local level
- Become extension of primary care team
  - Care management of high risk patients
  - Support Diabetes, Heart Failure, Asthma, COPD… self management
- Engage practices in quality improvement initiatives
  - Practice support and coaching
  - Feedback of quality data
- *After initial focus on clinical needs of patients, begin to address social/behavioral needs of patients*

Lessons Learned

- Primary care is foundational
- Data essential (timely and patient specific)
- Additional community based resources to help manage populations needed (best is located in practice)
- Collaborative local networks builds local accountability and collaboration
- Physician leadership essential
- Must be flexible (health care is local) and incremental
- Make wise choices of initiatives (where you can make a difference, success breeds success)

Key Factors for Success

- State level accountability combined with local autonomy
- Clinician leadership and engagement
- Focus on high-risk/high-need patient populations
- Use of informatics to identify areas of focus (i.e. pharmacy management, poorly controlled asthma, improvement to care transitions, etc.)

Return on Investment

Number of patients needing to receive transitional care in order to avert 1 hospital admission in the coming year:

- Complex, chronic patients = 6
  - non-mental health discharges = 5.6
  - mental health discharges = 7.2
- Healthier patients = 133

Other States with Community Care Team Development

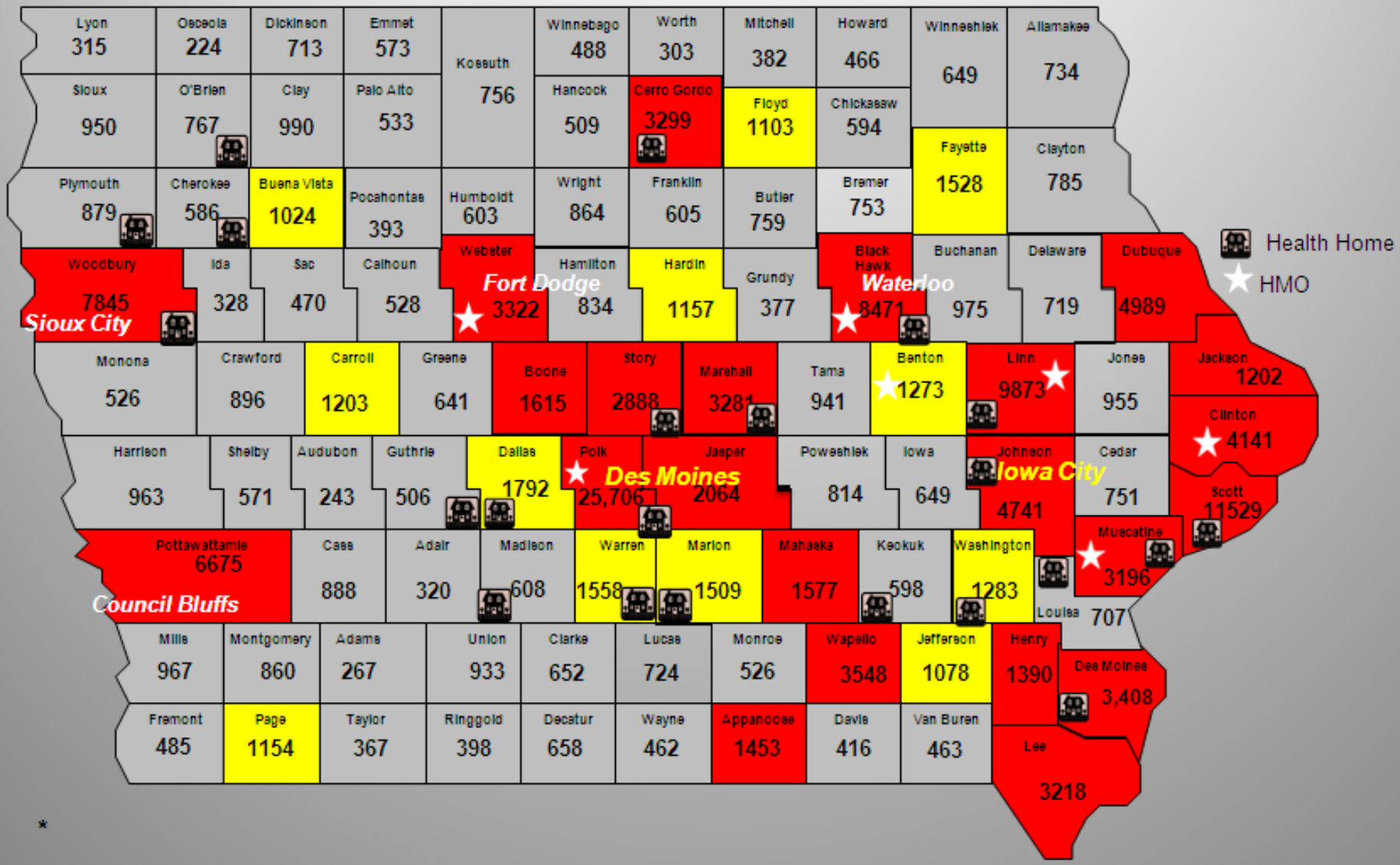
- Alabama
- Maine
- Maryland
- Minnesota
- Montana
- New York
- North Carolina
- Oklahoma
- Oregon
- Vermont

Development Opportunities in Iowa

- Iowa's 2703 SPA Health Home Program
- PCMH Recognition Efforts
- Medicaid Subcommittee – CMWF Project
- National Academy of State Health Policy Technical Assistance
- PCCM Advisory Council Meeting Discussion
- Community Transformation Grant in Iowa
- ACO Development
- State Innovation Model Application to CMS

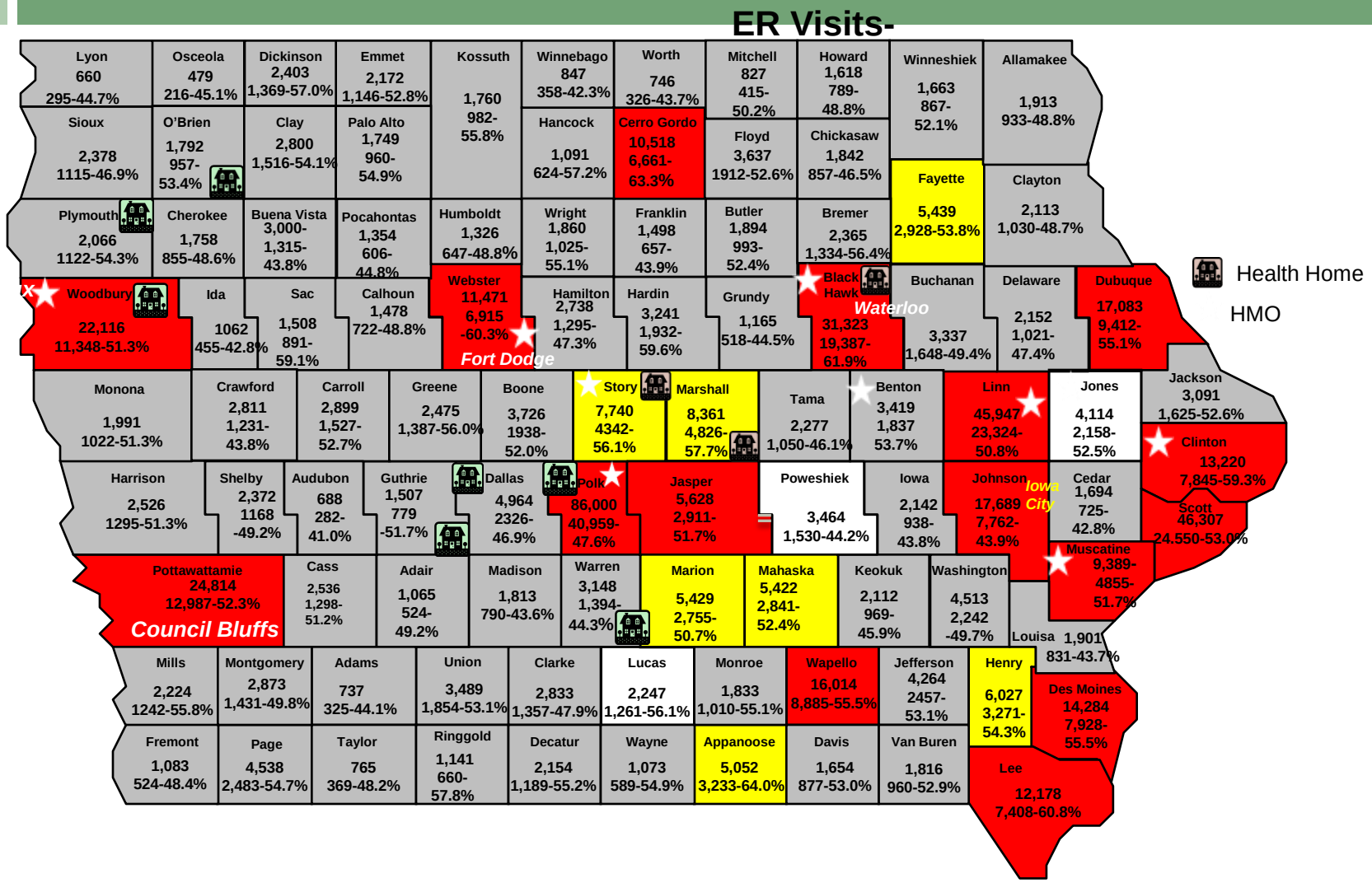
Iowa Department of Human Services

Potential Health Home Candidates



*

ER visits per County & Potential Health Home Candidates



Contact Information

Sarah Dixon Gale, MPA

Iowa Primary Care Association

515-333-5016

sdixongale@iowapca.org