

Data Report Calendar Year 2008

As part of legislation passed in 2005 that created the Iowa Collaborative Safety Net Provider Network, the Network is required to collect periodic data from safety net providers. This is the fourth period of data collected by the Network.

Data is collected from the following entities:

- Community Health Centers
- Family Planning Agencies
- Free Clinics
- Rural Health Clinics

When reviewing the data in this report, the following should be noted:

- Submission of data and participation in the direct funding opportunity was on a *voluntary* basis by each provider group. Providers were required to submit data to access the direct funding opportunity made available through the Network in September 2008.

The following was the rate of data submission by provider group:

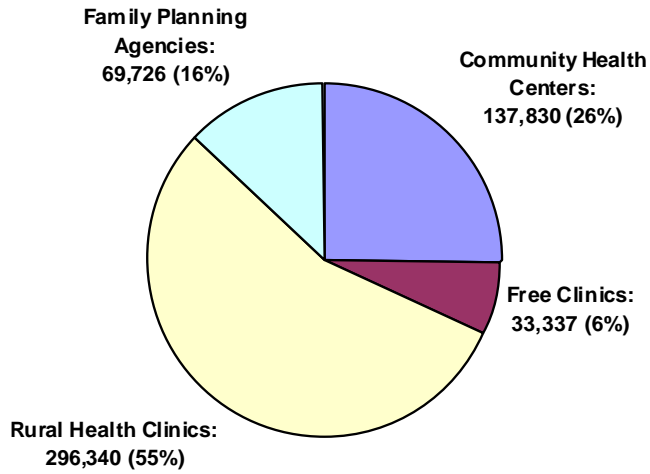
Provider Type	# of Total Providers in Iowa	# Requesting and Receiving Funding	# of Clinics that Submitted Data	% of TOTAL Providers that Submitted Data
Community Health Centers	13	0 ¹	13	100%
Family Planning Agencies	17	16	16	94%
Free Clinics	29	29	28	97%
Rural Health Clinics	152	86	78	51%

- As a condition of receiving funding from the U.S. Department of Health and Human Services, Community Health Centers and Family Planning Agencies are required to track and report comprehensive data. Free Clinics and Rural Health Clinics do not have similar requirements; therefore, data collected by these entities is not uniform and there is a lack of common data elements collected by all provider groups.
- All data presented in this report is aggregated for all four provider groups unless otherwise noted.

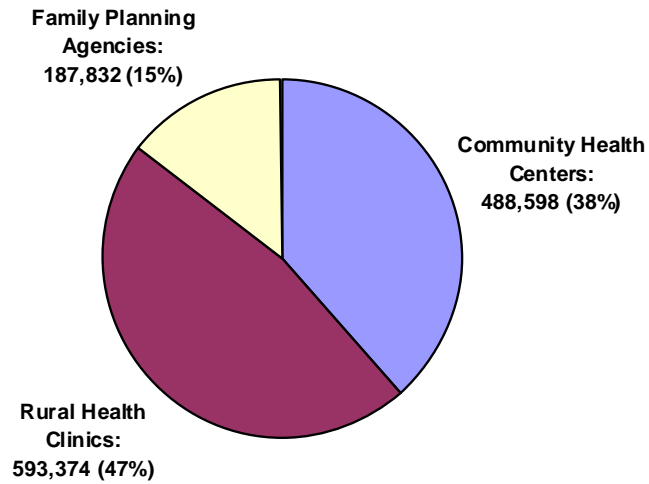
¹ Community Health Centers do not receive direct funding through the Iowa Collaborative Safety Net Provider Network, but do provide annual data.

Calendar Year 2008

Number of Patients



Number of Encounters (CHCs/FPAs/RHCs)



Provider FTEs (CHCs/FPAs/RHCs)

Physician (M.D. or D.O.)	
CHCs	50.61
FPAs	1.7
RHCs	<u>79.49</u>
TOTAL	131.80

Mid-level	
CHCs	48.91
FPAs	30.74
RHCs	<u>61.37</u>
TOTAL	141.02

Mid-level providers include physician assistants and nurse practitioners (adult nurse practitioner, advanced practice nurse, certified nurse midwife, certified nurse practitioner, certified registered nurse anesthetist, clinical nurse specialist, clinical specialist in mental health nursing, family nurse practitioner, gerontological nurse practitioner, neonatal nurse practitioner, pediatric nurse practitioner, and school nurse practitioner).

Volunteer Hours (FCs)

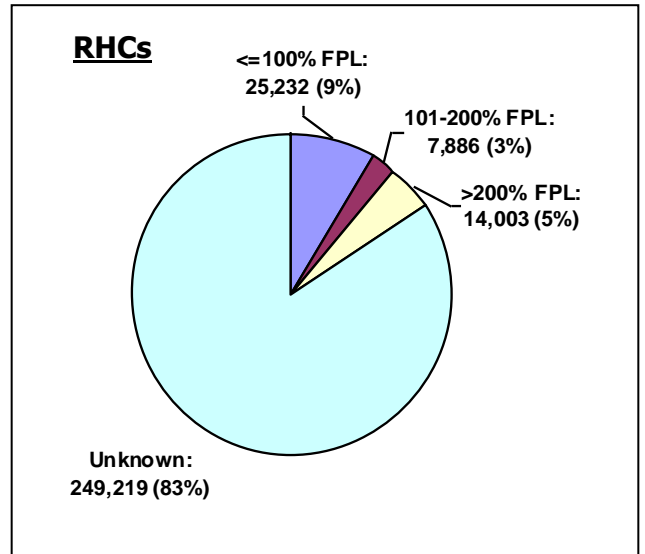
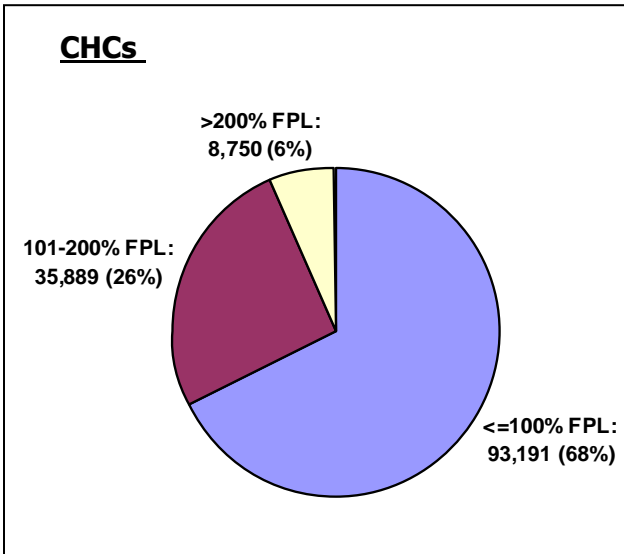
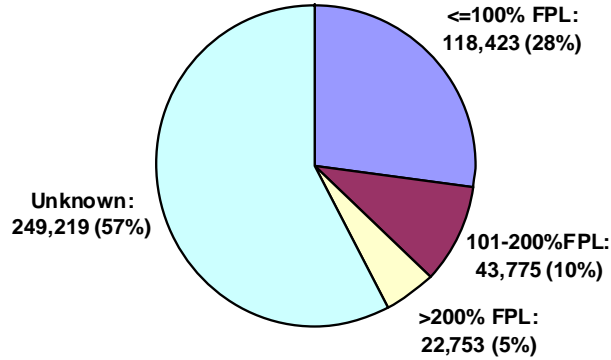
These numbers reflect the number of hours volunteered at free clinics for the calendar year.

Physician	7,972.7
Nursing	11,167.67
Reception	6,953.65
Medical Student	4,780.3
Pharmacist	456.0
Other	<u>7,187.35</u>
TOTAL	38,517.67 hours

Income Level by Number of Patients (CHCs/RHCs)

Income levels are defined using the U.S. Department of Health and Human Services' definition of Federal Poverty Level (FPL).

TOTAL

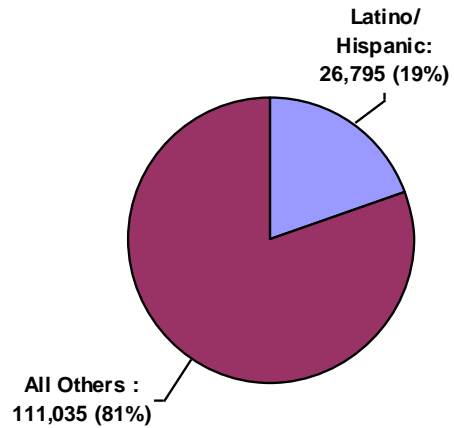
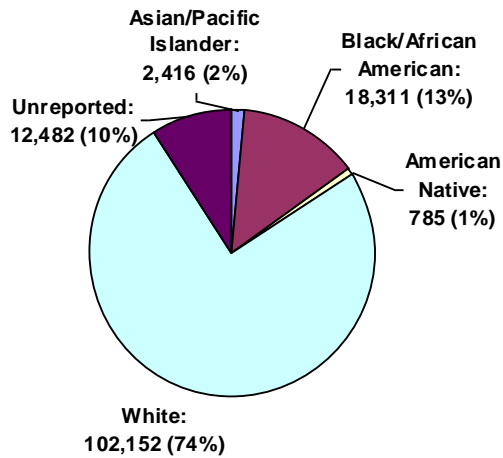


Race/Ethnicity by Number of Patients

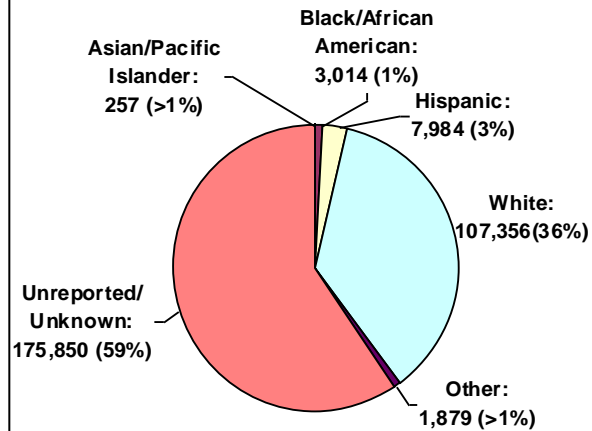
Because each provider group collects information on race/ethnicity differently, these data are only provided by provider group.

Community Health Centers

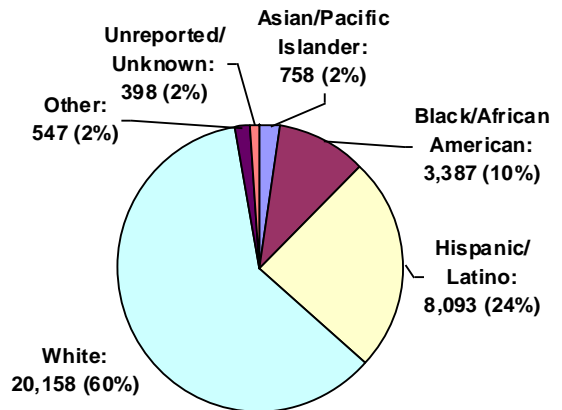
The data for Black/African American, Native American and White includes patients who indicate they also are of Latino/Hispanic descent.



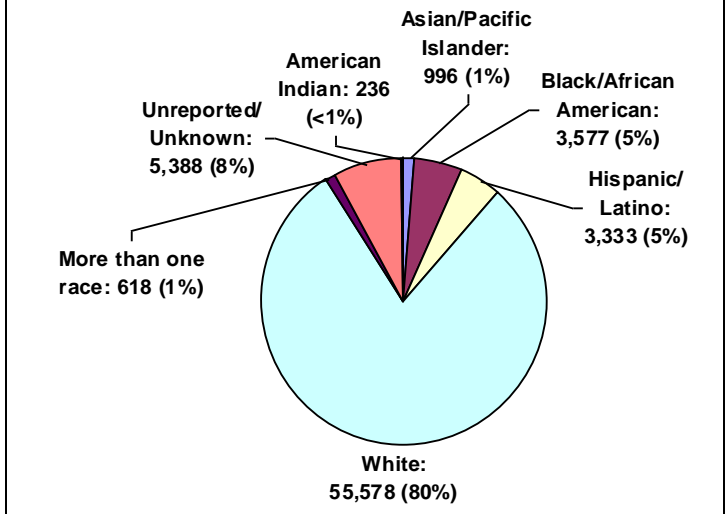
Rural Health Clinics



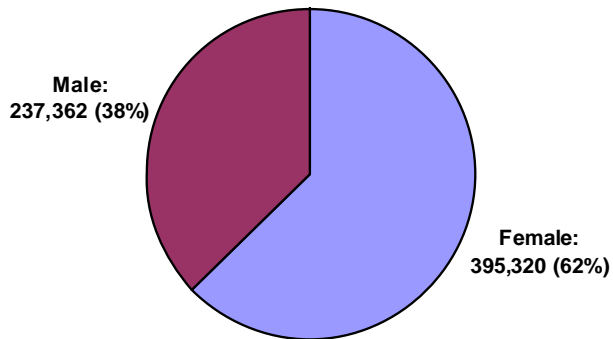
Free Clinics



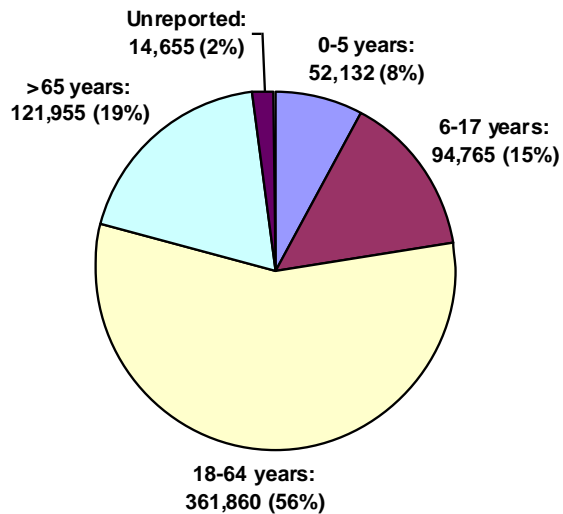
Family Planning Agencies



Gender by Number of Patients

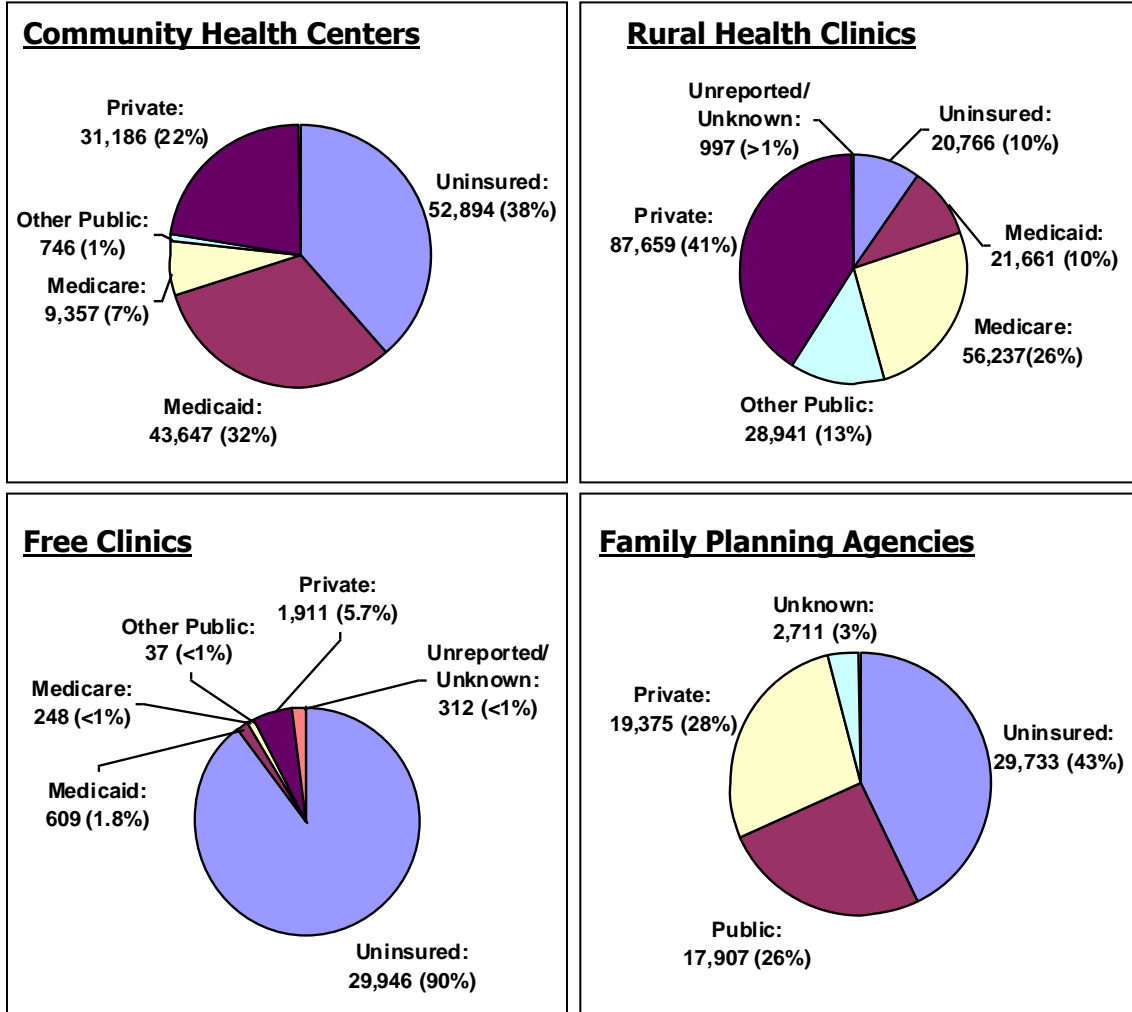


Age by Number of Patients



Insurance Status

Although insurance status by encounters was requested, some rural health clinics provided the data by number of patients; therefore, the numbers reported below do not correspond with total number of patients or encounters.



Enabling Services (CHCs/RHCs/FCs)

These data reflect the number of non-health care services provided by the clinic during the year.

Community Health Centers

Number of patients best served in another language 17,871

Enabling services, including eligibility assistance, transportation, etc., that increases access to health care services or assists CHC patients in accessing other critical services (number of encounters) 16,635

Rural Health Clinics

Language interpretation during clinic visit 979

Transportation to clinic to access services 736

Food 525

Employment 200

Eligibility Assistance (e.g. Medicaid/S-CHIP/Medicare) 282

Free Clinics

Number of patients provided language interpretation during clinic visit 2,093

Referrals (FCs)

Free clinics were asked to report the number of referrals made to other providers for specialty care or for other services they were not able to provide.

Community Health Center 310

Rural Health Clinic 1

Emergency Room 135

Private Provider 197

Specialty 639

Behavioral Health 155

Substance Abuse 22

Other 365

Level of Service Provided

Rural Health Clinics were asked to provide their top five services (Current Procedural Terminology (CPT) codes) provided in 2008. Seventy-three (73) RHCs provided their top five CPT codes:

1. 99213: Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of the following three key components: an expanded problem focused history; an expanded problem focused examination; or, medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to

moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

2. 99214: Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of the following three key components: a detailed history; a detailed examination; or, medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.
3. 99212: Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of the following three key components: a problem focused history; a problem focused examination; or, straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
4. 85025: Blood count; complete blood count; automated (hemoglobin (Hgb), hematocrit (Hct), red blood count (RBC), white blood count (WBC), and platelet count) and automated differential WBC count.
5. 99396: Periodic comprehensive preventive medicine re-evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years.

Reason for Service Provided

Rural Health Clinics were asked to provide their top five reasons for services provided (International Classification of Diseases, 9th revision (ICD-9) codes) during 2008, which are listed in order of frequency below. Fifty-eight (58) RHCs provided their top five ICD-9 codes.

1. 401: Essential hypertension (high blood pressure)
2. 272: Disorders of lipid metabolism (high cholesterol)
3. 250: Diabetes mellitus
4. 465: Acute upper respiratory infections of multiple or unspecified sites
5. 724: Other and unspecified disorders of back