

# MEDICAL HOME IN IOWA: BEST PRACTICES AND LESSONS LEARNED

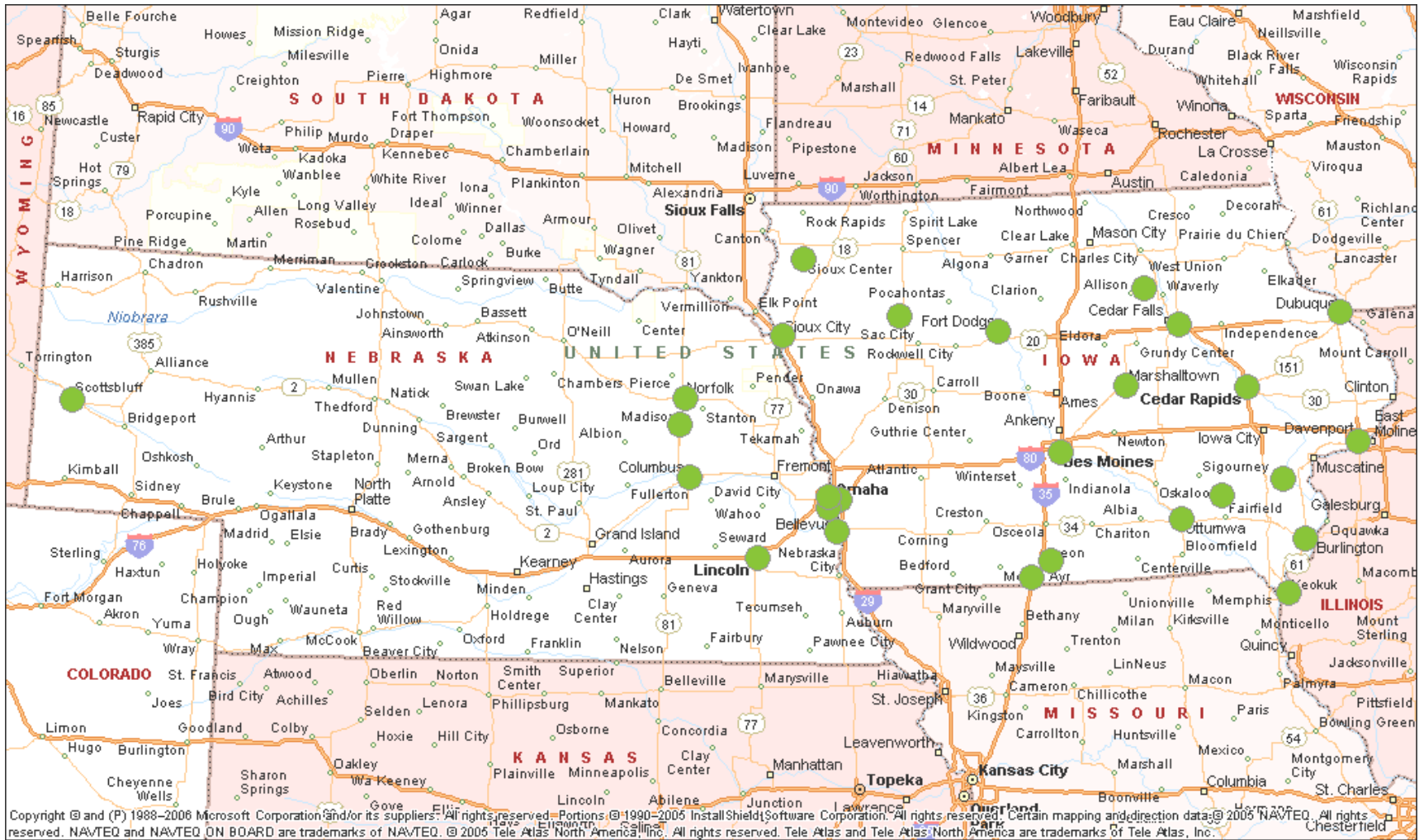
Medical Home Advisory Committee – November 14, 2008  
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# Iowa/Nebraska Primary Care Association

- Association of Community Health Centers and other Safety Net Providers
- Manager of Iowa Collaborative Safety Net Provider Network



# IA/NEPCA CHC Map



# Patient Trends - Total Patients

STATEWIDE (IA)



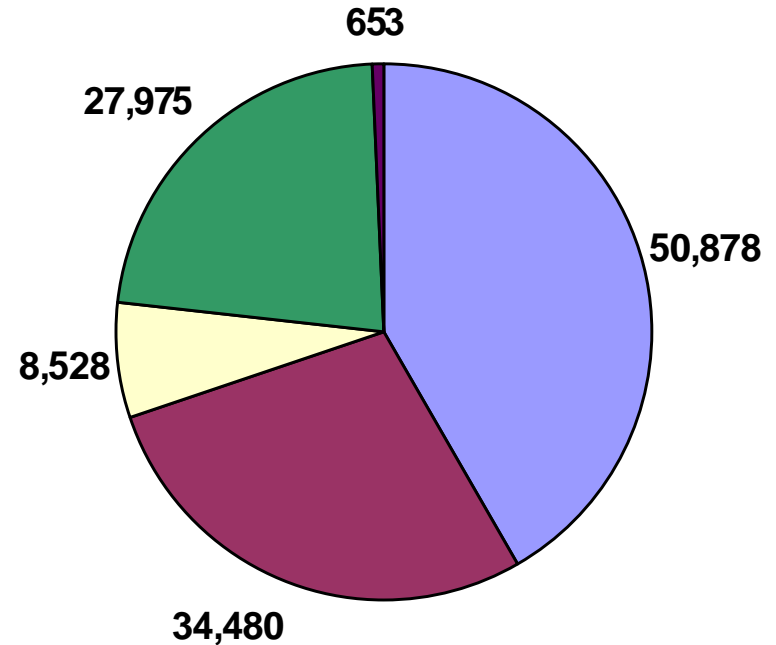
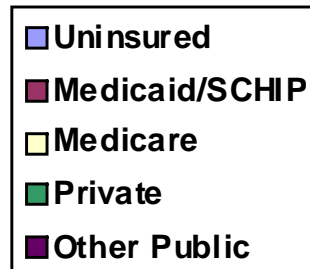
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# Patients - by Insurance Status

STATEWIDE (IA)

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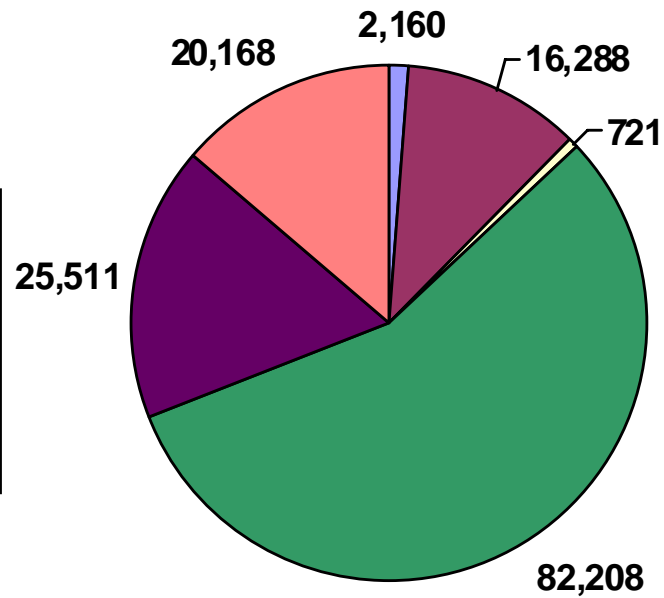
Data Year: 2007



# Patients - by Race

STATEWIDE (IA)

Data Year: 2007



# Quality Data: Cardiovascular Disease

September 2008

	Hypertension patients with blood pressure in control	CVD patients with 2 blood pressures in the last 12 months	CVD patients with self management goal set in the last 12 months	CVD patients with fasting lipid profile documented appropriate
<b>Iowa Average</b>	46.1%	66.26%	52.5%	71%
<b>Nebraska Average</b>	48.1%	67.4%	47.5%	58.2%
<b>National Average</b>	31.7%	58.2%	39.9%	63.6%
<b>National Goal</b>	>50%	>90%	>70%	>80%

# Quality Data: Diabetes

September 2008

	Average HbA1c for diabetic patients	Diabetic patients with 2 or more HbA1c tests in the last year (>90 days apart)	Diabetic patients with self management goal set in the last 12 months
Iowa Average	7.7%	36.7%	36.2%
National Average	7.7%	35.0%	40.6%
National Goal	<7%	>90%	>70%

# Quality Data: Asthma

September 2008

	<b>Current severity assessment</b>	<b>Appropriate treatment with anti-inflammatory medication</b>	<b>Current self management goal</b>	<b>Average symptom-free days in previous 2 weeks</b>
<b>Iowa Average</b>	72%	93.1%	69.1%	0
<b>National Average</b>	49.7%	86.9%	35.2%	10.5
<b>National Goal</b>	>90%	>95%	>70%	10

# Quality Data: Depression

September 2008

	<b>CSD patients with 50% reduction in PHQ</b>	<b>CSD patients with a 5 point reduction in PHW score within 6 months</b>	<b>Patients who have a diagnosis of depression and a documented PHQ score within the last 6 months</b>	<b>Depressed patients with a documented self management goal set in last 12 months</b>
<b>Iowa Average</b>	14.9%	22%	49.4%	69.4%
<b>National Average</b>	28.3%	51.2%	38.4%	39.6%
<b>National Goal</b>	>50%	>45%	>70%	>90%

# Medical Home Concepts

*are not new, but have evolved*

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- Pediatrics proposes in the 1960s
- Family Practice emerges in the 1960s
- First US Community Health Centers in the 1960s
  - CHCs first began in S. Africa in the 1950s
- Primary Care evolves in the 70s and 80s
- HMOs present the “gatekeeper” in 90s
- The Chronic Care Model appears in the 90s
- Medical Home gains momentum in the 2000s

# CHC Study of Implementing “Medical Home” Among 5,500 Diabetics in 2006

- Funding from Wellmark Foundation
- Monthly “registry” summary reports to track:
  - Average HgA1Cs from CHC patients
  - Total number of patients
  - Other pertinent measures
- Iowa CHC patients average HgA1Cs collected and aggregated to determine average over time
- The IMPACT tool used to determine cost savings over three years

# Principal Findings

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- Quality improved:
  - ▣ Average HgA1C declined – 8.3 to 7.5
  - ▣ 5,500 diabetic patients tracked
- Projected a cost savings of \$4.2 million over three years to the health care system

## Principal Findings (cont.)

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- Savings do not accrue to the CHCs (medical homes):
  - Wellmark diabetic patients in our centers (8%), would save Wellmark ~ \$293,000
  - Medicaid diabetic patients in our centers (20+%), would save Medicaid ~ \$750,000

# Study Conclusions



- Patient-centered medical home concepts can improve care, even in challenging populations
- The costs were assumed by our member CHCs
- Medical home interventions cost \$550,000 – total savings of \$3.6 million to the health care system

# Study Conclusions (cont.)

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- Costs included:
  - ▣ Data entry
  - ▣ Additional patient visits for the uninsured
  - ▣ Extra time spent with patients
  - ▣ Team education
  - ▣ Tracking
- Cost may be underestimated
- Savings accrue to the insurers, not to the primary care system

# How CHCs Have Made “Medical Home” Progress

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- Engaged leadership
  - ▣ Commitment to change management
- Access
  - ▣ Reduce financial, language, and geographic barriers, and provide “enhanced access”
- Implemented shared HIT - PMS, **i2iTracks (Registry)**, Practice Analytics, Dentrix
  - ▣ An incremental approach

# CHC Medical Home Progress (Cont.)

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- Quality and process improvement:
  - ▣ Evidence-based reminders at the point of care (from Registry)
  - ▣ Data sharing
  - ▣ HRSA funding
  - ▣ Process redesign
- Culturally and ethnically effective care
- Development of new partnerships
- Patient-directed care and self-management

# CHC Next Steps: Key Features of Commonwealth Application

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- ❑ Expand patients in panels
- ❑ Improve self-management with HIT
- ❑ Manage patient populations through our registry
- ❑ Study Medicaid options
- ❑ Expand access options
- ❑ Expand care coordination and monitoring

# Iowa Collaborative Safety Net Provider Network

- Through this unique partnership created by the Iowa Legislature, Iowa's health care safety net providers have united to identify common unmet needs that can be addressed cooperatively.
- The Medical Home is a key component of the legislation

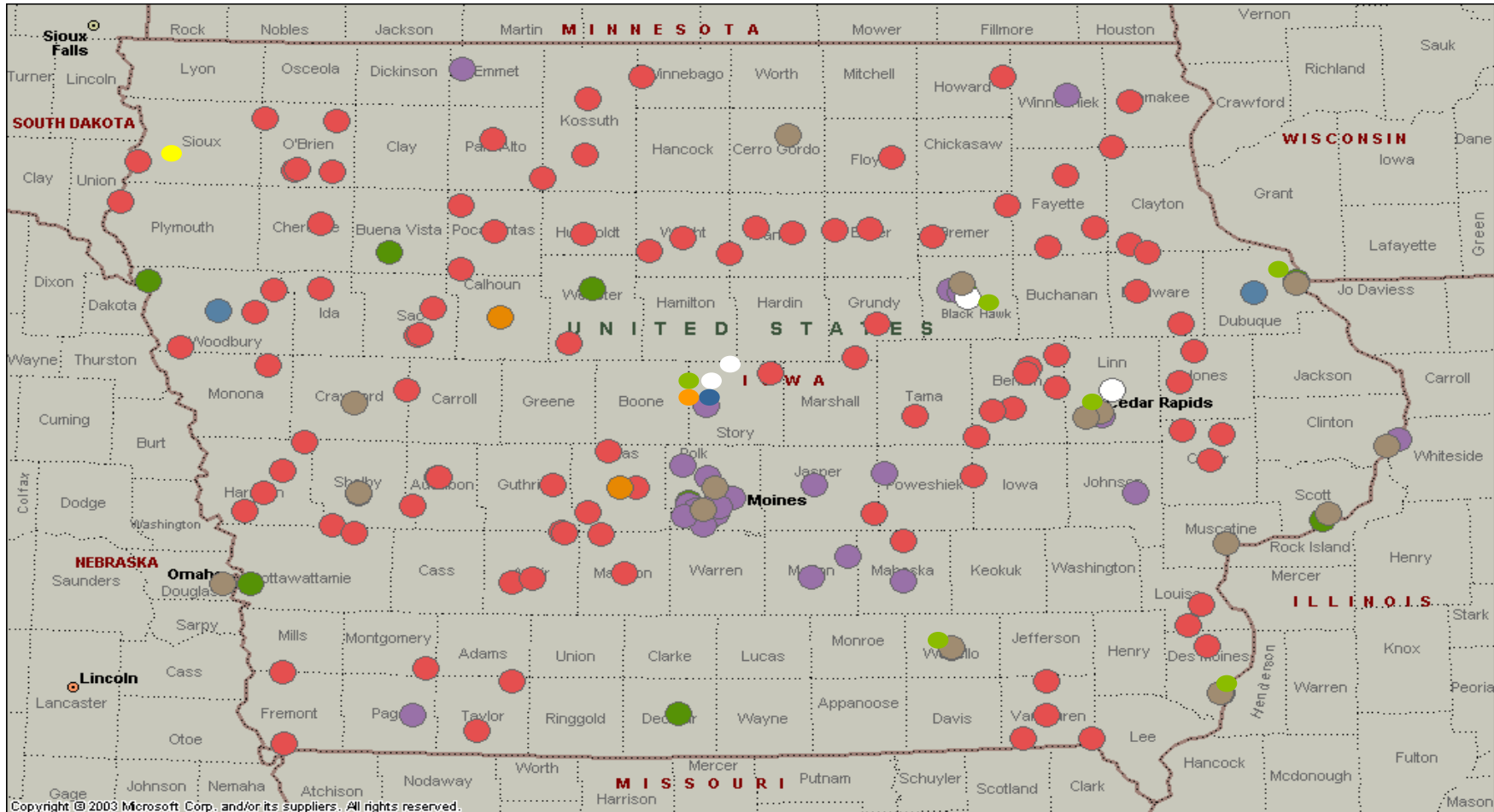


Iowa  
Collaborative  
Safety  
Net  
Provider  
Network

# Safety Net Priority Areas and Partners

- Priorities based on survey of partners
  - ▣ Access to pharmaceuticals
  - ▣ Specialty care referrals
  - ▣ Health professionals recruitment
- Medical home development - “to assist patients in determining an appropriate medical home”
- Rural Health Clinics
- Free Clinics
- Community Health Centers
- Local Boards of Health
- Maternal/Child Health Clinics
- Family Planning Agencies
- Other Safety Net Providers and Statewide Partners (IDPH as state agency partner)

# Iowa Collaborative Safety Net Provider Network Partners



- |   |  |
|---|--|
| <span style="color: green;">●</span> Community Health Centers | <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">○</span> Specialty Care Funding through RFP Process |
| <span style="color: purple;">●</span> Free Clinics            | <span style="color: blue;">●</span> Maternal/Child Health Clinics Funding through RFP Process                                |
| <span style="color: red;">●</span> Rural Health Clinics       | <span style="color: orange;">●</span> Local Boards of Health through RFP Process   |
| <span style="color: brown;">●</span> Family Planning Agencies | <span style="color: yellow;">●</span> State Community Health Center Incubator  |

# Safety Net Awards and Grantees

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- Rural Health Clinics (85 of 153)
- Free Clinics (29 of 29)
- Family Planning (16 of 17)
- Iowa Prescription Drug Corporation
- Specialty Care Grantees (4)
- Medical Homes Grantees (6)
  - 3 local boards of health
  - 3 maternal/child health clinics

# Medical Home Grantees

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- Challenges
  - Different definitions of medical home
  - Establishing community partnerships
  - Reimbursement: ROI and the business case
    - HIT costs
  - Access to primary care providers
    - Primary care workforce shortage
  - Various medical home initiatives

# Medical Home Grantees (cont.)

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- Lessons Learned

- Local public health agencies are key partners with primary care
- Collaborative relationships are critical
- Targeted technical assistance needed

# Opportunities



- Policy advancements
- Expand current HIT
- Identify new partnerships
- Expand programs
  - Tobacco cessation
  - Integrated behavioral health

# Opportunities (Cont.)

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- Diverse funding streams
  - Commonwealth / Qualis / MacColl Institute
- Spread medical home to other safety net providers

# Future Keys to Success for Medical Home Initiatives

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- Policy decisions first, then funding discussion
- Organizational leadership
- Provider champions
- Use of data to drive change
  - Patient registry (or EHR)
- Empowered teams representing staff at all levels
- Patient and community engagement
- Reimbursement addressed

# Questions

