STAY ENGAGED. STAY INFORMED.

TUESDAY, MARCH 12:
COLLABORATING WITH A COMMUNITY HEALTH CENTER
Sarah Dixon, MPA
Senior Director – Emerging Programs
Iowa Primary Care Association

Aaron Todd
Chief Strategy Officer
Iowa Primary Care Association
Who We Serve

779,547
PATIENT VISITS

216,738
TOTAL PATIENTS

3,618
VETERANS SERVED

10,013
HOMELESS PATIENTS

*Preliminary 2018
IOWA'S COMMUNITY HEALTH CENTERS

Community health centers provide primary and preventive healthcare services at 44 full-service sites and an additional 40 sites that include schools, nursing homes, homeless shelters and other locations where special populations are served. In total, Iowans can access healthcare services at 84 sites statewide.
What is a Community Health Center (CHC)?

- Community-based nonprofit organization
- Integrated model of care (medical, behavioral, oral health, pharmacy, vision, enabling services)
- Consumer-driven boards
- 13 CHCs in Iowa, along with a migrant farmworker program; all are members of the PCA
- CHCs are also known as Federally Qualified Health Centers (FQHCs)
Organization Alignment to Serve Iowa Health Centers

INCC Services:
- Hosted Applications and Vendor Management
- EMR Implementations and Training
- Practice Management and Revenue Cycle
- Clinical Analytics and Data Warehouse
- Performance Improvement Coaching
- Interoperability
- HIPAA Privacy and Security

INConcertCare
- Management Agreement
- Funding:
  - HRSA
  - Fees

iowa health^+ Services:
- Performance Improvement Learning Collaborative
- Value-Based Purchasing & Payment Reform
- Data Analytics & Reporting
- Attribution
- Risk Stratification
- Care Coordination
- Population Health Focused
- Funding:
  - MCCs
  - Health Center Investments

Iowa PCA Services:
- Policy & Advocacy
- Quality & Performance Improvement
- Emerging Programs
- Workforce Development
- Outreach & Enrollment
- Health Center Development & Expansion
- Communications

Iowa Primary Care Association
- Funding:
  - Dues
  - State
  - HRSA
  - Other

Health Center
- Management Agreement
Key Drivers & Priorities

• Much greater focus on quality improvement and value-based care
  • Population health, social determinants of health, and total cost of care
• New focus on building behavioral health depth
• Enhanced focus on ROI for health center, PCA and HCCN investment
  • Key for federal funding
  • Prove funds are leveraged to maximum outcome
• Data analytics and interoperability is key
• Compliance expectations increasing
Purpose of PCAs

- Each state is served by a PCA
- Recent Congressional and HRSA reorientation away from compliance to quality & performance improvement, value-based care focus
- Yet compliance expectations are increasing

Other focus areas:
- Policy and advocacy
- Community development (health center expansion)
- Workforce development
- Outreach and enrollment support
Policy & Advocacy

• New federal and state policymakers to educate
• Significant pressure to demonstrate return on investment (ROI)
• Federal issues being monitored: federal funding cliff, opioid legislation, Title X, Medicare drug pricing, 340B drug program, Medicare burden reduction, public charge (immigration), HPSA modernization
• State issues being monitored: managed care, value based purchasing, provider productivity screens, wrap reporting, Dental Wellness Plan Annual Benefit Maximum, health homes, State Innovation Model, Iowa Health Information Network
Other Focus Areas

• Community Development
  • Statewide Strategic Growth Plan completed in 2017
  • New site in Mason City
  • Possible growth areas in future = Muscatine, Iowa City, Oskaloosa

• Workforce
  • Recruitment Center at the Iowa PCA
    • Job Postings/Sourcing
    • Career Fairs
    • Education on loan programs nationally and in Iowa
    • Workforce Committee

• Communications
  • Positioning health centers as trusted partners and experts
  • Raising awareness of health centers to elected officials, government staff, media, prospective providers and staff, and partners
Emerging Programs

- NACHC FQHC Alternative Payment Methodology Academy
- Behavioral Health Integration
  - Delta Center for a Thriving Safety Net Contract (RWJ funding)
  - State Opioid Response with IDPH
  - PIPBHC with IDPH (SAMHSA funding)
  - Board Behavioral Health Strategy Sessions (April & May)
- NACHCElevate Initiative (CDC funding)
- Pilot Program with VA Office of Rural Health Resource Center and Community Health Centers of Southeastern Iowa (VA funding)
- Implementation of PRAPARE, a standard SDOH screening tool, which will better inform enabling services offerings at many health centers (SIM, MIHF, and TCI funding)
- Telehealth
- Gilead Foundation Funding for Hep C Screening and Patient Navigation
- Project Catalyst: Statewide Transformation on Health and Intimate Partner Violence
INCC is a Health Center Controlled Network (HCCN). HCCNs are a group of health centers working together to address operational and clinical challenges related to the use of HIT.

HCCNs are the HRSA chosen vehicle to help health centers utilize and optimize technology.

INCC supports the Federal Health Information Technology Strategic Plan by:

• Improving access to care
• Enhancing quality of care
• Achieving cost efficiencies through the redesign of practices.

INCC exists to serve our members through:

• HIT hosting solutions
• Training & Technical Assistance
• Data analytics
• Practice transformation programs
Priority Initiatives of INConcertCare

Network-Wide Analytics Solutions
- Population Health & Care Management (ENLI)
- Business Intelligence (Arcadia)

Training & Technical Assistance
- Reduce provider burden & create efficiencies
- Increase patient engagement

Increased Interoperability
- Enhanced connectivity to community & statewide clinical partners
- Increased use of digital TOC and CCD via Direct Secure Messaging (DSM)

HIT Strategy
- Ongoing review of vendor landscape & vendor accountability
- Evaluation of existing and future HIT technology & solutions
IowaHealth+ = Integrated Primary Care Network

IowaHealth+ is a limited liability corporation owned and managed by 11 Iowa FQHCs and the Iowa PCA.

170,650 Patients served in 2018
The Value of IowaHealth+

• Safeguard our mission
• Build and better leverage capacity, share investment
• Hold each other accountable to shared standards
• Focus on primary care and successful experience
• Ensure vulnerable patients’ access to care
• One-stop shop for patients/payors/partners
• Vehicle to facilitate practice transformation and payment reform
IowaHealth+ Innovation & Partnership

IH+ is one of 3 joint investors of the Transformation Collaborative.

Two-year partnership increased rates of same-day access, ER and IP follow-up, and PCP visits for high-risk patients.

IH+ partners with IDPH to address hypertension, preventive screenings, and ER utilization.

IH+ centers are working together to prepare for and engage in value-based payment and delivery redesign.

Multiple partnerships since managed care rollout, focused on data sharing and quality measures.

IH+ centers are currently participating in the NACHC Value Transformation cohort.
Network Philosophy

• Increasingly, centralizing technical assistance across our three organizations to fully leverage and pool resources. Goal to expand performance improvement, patient navigation, and HIT resources.

• Utilize a data-driven approach to identify priority initiatives, develop appropriate interventions, strategically deploy resources/assistance, and evaluate success.

• Ensure each of the three organizations are moving in a similar strategic direction.
Quality & Transformation

- **Mission:** Improve patient outcomes while lowering costs through evidence-based practice transformation
- **IowaHealth+, Iowa PCA, and INCC joint investment, a mix of network and center priorities**
- **Implementation vehicle**
  - **Multidisciplinary team at the PCA to support the health centers**
    - Director of Transformation
    - Nurse Clinical Informaticist
    - Data Analyst
    - Nurse Care Manager
    - Behavioral Health Manager
    - Dental Hygienist
    - Revenue Cycle Manager
- **Next in-person meeting: March 14th**
  - Focus on care for persons with diabetes
# Quality & Transformation

## IowaHealth+ Model of Care

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<thead>
<tr>
<th>Integration of Care</th>
<th>Ensure Patients’ Timely Access to Care</th>
<th>Manage Patient Care Transitions</th>
<th>Improve High Risk Care Coordination</th>
<th>Provide High Quality Care</th>
<th>Social Determinants of Health</th>
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**Supported by Health Information Data and Analytics**
- VBCAnalytics & Enli implementation

**Supported by Patient Engagement Strategies**
- Motivational Interviewing & Teach-Back
# Quality & Transformation: IH+ Model of Care

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| • Behavioral Health Integration Strategy  
  • Oral Health Integration Pilots | • PCMH Recognition | • Transitions of Care Minimum Set of Services  
  • ERUtilization Reduction |
# Quality & Transformation: IH+ Model of Care

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<td>PRAPARE/ Tableau</td>
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<td>Diabetes Control</td>
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**UHC** stands for the **Unifying Health Care** approach, focusing on improving patient outcomes through coordinated care and addressing social determinants of health.
Pharmacy Programming

• All Care Health Center, Council Bluffs – in-house pharmacy, recently implemented clinical pharmacy services
• Community Health Care, Inc., Quad Cities – in-house pharmacy, unsure about clinical pharmacy services
• Community Health Centers of Southern Iowa, Leon – in-house pharmacy, unsure about clinical pharmacy services
• Crescent Community Health Center, Dubuque – clinical pharmacy services
• Peoples, Waterloo – in-house pharmacy, clinical pharmacy services
• Primary Health Care, Des Moines – in-house pharmacy, clinical pharmacy services
• Promise Community Health Center, Sioux Center – working to implement clinical pharmacy services
• Siouxland Community Health Center, Sioux City – in-house pharmacy, clinical pharmacy services
Thank You & Questions

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THANKS FOR ATTENDING!

JOIN US TUESDAY, APRIL 9:
STATEWIDE PROTOCOLS: NEXT STEPS

Questions? Contact David Schaaf at dschaaf@iarx.org or 515-270-0713