

Summary of Iowa Collaborative Safety Net Provider Network Grantee Projects June 2009

Pilot Grant Awards

Local Boards of Health Medical Home Capacity Building Grants

Three local boards of health were provided medical home capacity building grants to assist patients in determining an appropriate medical home, including:

- Calhoun County Department of Health – \$33,333: Calhoun County Department of Health (CCDH) has expanded their case management services with two private primary health care providers within the county. A Health Resource Coordinator serves as the central point of service coordination and information delivery for safety net patients and provider clinics. This allows the patients to receive more comprehensive and preventive care from the provider they consider to be their medical home and assists patients in identifying a medical home. CCDH plans to expand these services to one additional primary care provider in the county. CCDH has also issued a satisfaction survey to the patients involved in the program and feedback demonstrates the patients are highly satisfied.
- Dallas County Board of Health – \$33,000: Dallas County Board of Health (DCBH) is focusing on educating providers about the value of becoming a medical home as well as assisting patients in determining a medical home. DCBH has also partnered with Polk County Medical Society’s Volunteer Physician Network referral program, another Safety Net grantee, to improve access for safety net patients seeking specialty care services. DCBH is working with local providers to assess their level of “medical homeness” and what steps they need to take to become a medical home. Finally, DCBH will establish the platform and process to establish a Health Navigation Project in order to make referrals to medical homes and better coordinate care for patients.
- Polk County Health Department – \$33,300: Polk County Health Department (PCHD) has partnered with Visiting Nurse Services and Health Access Partnership to build upon the information they learned during last year’s capacity building grant about patient and provider perspectives of medical homes. Central to every definition of a medical home is the idea of an on-going relationship between consumers and a provider. Yet, because of how they feel they are treated, the medically homeless in Polk County do not value a long term, on-going relationship with a provider. Polk County and its partners plan to create the conditions to allow relationships of mutual respect and trust to be established between consumers and providers. Thus far, over 60 interviews with medically homeless Polk County residents have been completed to gather even more stories about consumer experiences and to support the development of a consumer-led agenda for change. A parallel effort is underway to explore the challenges facing primary care providers as they seek to provide medical homes for individuals who lack insurance or whose insurance does not cover basic health care services. This spring, the consumer leadership team and representatives of the health care provider community gathered to develop a common list of priorities that they will commit to working on together to improve access to medical homes in Polk County.

Maternal and Child Health Centers Medical Home Capacity Building Grants

Three maternal/child health clinics were provided medical home capacity building grants to assist patients in determining an appropriate medical home, including:

- Dubuque Visiting Nurse Association – \$35,068: The Visiting Nurse Association (VNA) continues to provide case management services for patients of Crescent Community Health Center. In this capacity, VNA works with patients to establish medical and dental homes at Crescent. The VNA is working with local private health care providers in order to expand these case management services and has already been successful partnering with the dental community to provide case management services to safety net patients. VNA is also working to improve the frequency of developmental screenings for children age zero to three in all primary care offices where they provide case management services.
- Siouxland Community Health Center (Sioux City) – \$29,812: Siouxland Community Health Center (SCHC) is assisting patients in establishing a medical home at the Community Health Center in conjunction with the Mission Health

program, which involves a partnership with both St. Luke's and Mercy hospital systems locally. Patients at or below 200% of the federal poverty level can enroll in the Mission Health program and receive the same sliding fee scale (based on income) at SCHC and the two local hospitals. Ongoing communication between SCHC and the two hospitals ensures patients are aware they can receive preventive and acute services from SCHC rather than having to seek non-emergency care at the hospitals' emergency rooms. SCHC has hired a staff person that is charged with coordinating care for patients in conjunction with the Mission Health program and who also conducts outreach to other community partners serving safety net patients.

- Des Moines Visiting Nurse Services – \$35,117: see description of the Polk County Health Department project above.

Specialty Care Networks

Four grants were provided to organizations to further develop or build capacity for improving access to specialty care for safety net patients. The following organizations received grants:

- Healthy Linn Care Network (Linn County) – \$74,052: Healthy Linn is following the nationally recognized Project Access model as they develop and employ a specialty care referral network in Linn County. The network is called *Linn County Project Access*, which is a volunteer physician specialty care referral network. The network has begun making referrals to volunteer physicians in a variety of specialty areas and also assists patients in determining an appropriate medical home. Healthy Linn has placed a continued focus on engaging physicians to serve as volunteers, ensuring patients have access to affordable medications, developing community partnerships and a business plan to guide the network, and determining outcome measures to evaluate the effectiveness of the network.
- Polk County Medical Society – \$175,000: Polk County Medical Society (PCMS) had an active volunteer physician specialty care referral network last year and continues working to expand and improve the network. PCMS's VPN program currently involves 335 voluntary specialty care physician from various specialty care areas as well as partnership with all of the Des Moines hospitals. During 2008, over 331 referrals from safety net providers to the volunteer physicians were made and as well as hospitalizations when needed; referrals have continued in 2009. PCMS has placed an emphasis on providing network clinics with operational manuals and physicians with procedure manuals. The VPN is securing other funding streams to support the services provided. PCMS has also sought feedback from the referring primary care providers in Polk County and has expanded the program to include safety net patients referred by Dallas County's rural health clinics and free clinics across the state of Iowa.
- Primary Health Care, Inc. (Des Moines) – \$75,000: Primary Health Care (PHC) is has built upon a successful Safety Net-funded planning process and is implementing an integrated primary care/behavioral health model in partnership with Behavioral Health Resources (BHR), a Community Mental Health Center. The model focuses on improving the quality and efficiency of the referral process between primary care providers and mental health specialists, and between PHC and BHR. A mental health provider has been placed at PHC and will serve as a critical member of the primary care team. The provider is available for on-the-spot consultations with PHC patients and also facilitates appropriate referrals to BHR for patients that require more intense behavioral health services.
- University of Northern Iowa (Black Hawk County) – \$25,000: The University of Northern Iowa (UNI) is also following the nationally recognized Project Access model as they develop a specialty care referral network in Black Hawk County and the more rural contiguous counties in the area. UNI has partnered with Peoples Community Health Clinic and the two hospital systems in Waterloo to determine how to operate the network and secure additional funding streams to launch and support the network. Dr. Suzanne Landis, a Project Access expert and volunteer physician, has provided technical assistance to UNI and their partners as they work toward the implementation phase of the project.