IOWA’S COMMUNITY HEALTH CENTERS PROFILE AND LEGISLATIVE AGENDA
OUR MISSION

The Iowa Primary Care Association’s mission is to provide leadership by promoting, supporting, and developing quality health care for underserved populations in Iowa.
Last year, Iowa’s community health centers (CHCs) continued their important mission of providing high quality, affordable primary and preventive health care services to vulnerable populations. In 2016, Iowa’s CHCs provided care to over 184,500 individuals through more than 641,000 visits for medical, dental, behavioral health, vision, enabling services, and other needs. Many of our patients live in poverty, with 93% having household incomes 200% or below the Federal Poverty level. Nearly 25% of our patients are uninsured, 45% access care through Medicaid, and 8% are covered by Medicare.

Our work in 2016 built a strong foundation for priorities, including high quality, affordable primary healthcare services, addressing social determinants of health, integrating behavioral health care, and partnering value-based purchasing. The Iowa PCA piloted a tool to screen social environmental factors of health and brought in national leaders to facilitate the discussion on behavioral health integration. IowaHealth+, a clinically integrated network of Iowa CHCs, was recognized as a national innovator amongst safety net programs serving vulnerable populations.

In 2017, the PCA looks forward to working with our health centers and other state and national partners to continue these efforts. Together, we will pursue innovative plans to improve the care our patients receive through expanded screening, integrated care, telehealth services, and value-based purchasing.

Patients are the heart of our work at Iowa’s CHCs. That means serving every Iowan who walks through our doors, whether it be in rural or urban Iowa; for primary, dental, behavioral health, or vision services; for immediate care, enabling services or a referral; and regardless of the person’s insurance status.

This year’s legislative book provides our state and federal priorities for 2017, a look into the CHCs of Iowa, and a summary of the tremendous work we accomplished in 2016.

We look forward to the next year and hope you will join us in caring for the underserved population of Iowa.

Theodore J. Boesen, Jr.
Chief Executive Officer
Iowa Primary Care Association, InConcertcare, and IowaHealth+
45% of CHC patients receive Medicaid

STATE PRIORITIES
ENSURE ACCESS TO HIGH QUALITY, AFFORDABLE PRIMARY HEALTHCARE SERVICES

Iowa community health centers (CHCs) serve as a critical component of the healthcare delivery system, ensuring that vulnerable and lower-income Iowans can access high quality, affordable services. The viability of CHCs also enhance the quality of life offered by rural and urban communities alike by providing critical and expected local services when other providers are lacking. We request:

Prior Authorization Reform
Ensure prior authorizations by managed care organizations (MCOs) are timely, consistent and give providers adequate notice of new requirements. Remove barriers to health care by requiring managed care organizations to approve or disapprove all urgent and non-urgent prior authorization requests in timeframes similar to those in the Iowa Code for commercial prescription drug prior authorizations.

Recommendations:
- Urgent prior authorizations must be responded to within 72 hours and non-urgent prior authorizations are responded to within five days or it will be deemed approved.
- No prior authorizations for emergency services.
- Require MCOs to publicly post new or amended prior authorizations for sixty (60) days before providers are required to seek approval for the service or prescription drug.
- Require prior authorizations for stable conditions to be valid for one year.
- Require MCOs to jointly develop and utilize the same prior authorization review process, including shared forms (electronic and hardcopy).

Recruit and Retain Qualified Healthcare Workforce
Like the rest of the country, Iowa is engaged in an intense battle to recruit and retain qualified healthcare professionals at all levels. This issue is especially pronounced in rural areas and for some specialties such as behavioral health providers.

Recommendation: Add healthcare provider workforce shortages to the conversation and study done by the Future Ready Iowa Initiative through the Iowa Department of Workforce Development.
SOCIAL DETERMINANTS OF HEALTH

Recent studies show the importance of considering an holistic approach to a patient’s health. In fact, many researchers now note that around sixty percent of a person’s health outcomes are influenced or caused by social and environmental factors such as adequate housing, social interactions, food security, education, access to transportation, personal and community economic factors and much more. Working to eliminate these factors will increase positive health outcomes and reduce healthcare costs.

Support the Iowa Collaborative Safety Net Provider Network
Maintain funding for the Iowa Collaborative Safety Net Provider Network to address ongoing gaps and needs of the safety net patients and providers. Especially given the uncertainty of healthcare policy at the federal level, ensuring that we protect our robust safety net providers is essential. The Safety Net Collaborative provides space for safety net providers to have an open and honest dialogue and develop innovative programs and partnerships to improve the health status of Iowans while reducing long-term healthcare costs. Current priorities include behavioral health integration, social determinants of health, the move from volume to value-based payments, and enhancing access for veterans and rural residents.


Reduce Socio-Economic Barriers to Healthcare Access
Require non-emergency medical transportation (NEMT) to be covered for all Medicaid patients who have a demonstrated mobility issue. Studies have concluded that one of the largest barriers to care is inadequate transportation to acute and prevention-focused appointments, resulting in the delay of lower-cost medical services and increases in the use of costly emergency department visits. Including coverage of NEMT will reduce missed appointments and decrease preventable healthcare costs.

Recommendation: Amend Iowa Code Chapter 249N to include non-emergency transportation services as a reimbursable service for enrolled persons who have a demonstrated mobility issue.
BEHAVIORAL HEALTH

Access to high quality, affordable and integrated behavioral health care is a vital part of ensuring a person’s good physical health. Adequate, accessible behavioral health care also is a key element of reducing healthcare costs and reducing economic costs due to untreated behavioral health issues. Iowa Primary Care Association shares the concern that a severe shortage of behavioral health care access exists in Iowa and we urge the legislature and state and local organizations to work with the Iowa PCA and other partners to address this issue.

Expanded Access to Behavioral Health Care through Telehealth

Long wait lists, in many areas six to eight weeks, create barriers to care and discourage individuals from accessing care. Often this is caused by a shortage of providers in both rural and urban areas. Increasingly telehealth technology can bridge that gap and remove some of the barriers to mental health and substance abuse treatment in rural or provider shortage areas. The use of telehealth services will ensure patients receive the care they need, increase the likelihood of care coordination and integration, and decrease overall health costs.

Recommendation: Require rate parity for services provided by telehealth technology by commercial insurance plans.

INNOVATION AND VALUE BASED PURCHASING

Protect Rural Provider Participation in Innovation Programs

Many rural and safety net providers utilize physician extenders to expand access to underserved markets, including rural communities. However, there are instances when public and private insurance programs do not recognize these providers in innovation programs for purposes of patient attribution, putting rural communities and providers at a disadvantage. Iowa Code language concerning primary care physician designation is currently permissive. Requiring health plans to count physicians, nurse practitioners, and physician assistants does not expand their scopes of work but insures that they may all be assigned patient panels for the purpose of general patient care and care coordination.

Recommendation: Insert language in Iowa Code Chapter 249A requiring Iowa Medicaid and MCOs to recognize physicians, nurse practitioners, and physician assistants as primary care providers.
93% of patients are 200% or below the federal poverty level.
ACCESS TO HIGH QUALITY, AFFORDABLE HEALTHCARE

Iowa community health centers (CHCs) serve as a critical component of the healthcare delivery system, ensuring that vulnerable and lower-income Iowans can access high quality, affordable services. The viability of CHCs also enhance the quality of life offered by rural and urban communities alike by providing critical and expected local services when other providers are lacking. We request:

**Provide Adequate Funding for Health Centers and Primary Care Associations**

CHCs and primary care associations are funded through two appropriations mechanisms: $1.5 billion “discretionary funding” and $3.6 billion “mandatory funding.” Counterintuitively, the mandatory funding must be re-appropriated each year and was last extended in 2015 with bipartisan support. In addition to maintaining the mandatory funding, Congress should seek a longer-term appropriations solution to this funding to allow more stability and consistency for health center services and budgeting.

**Recommendation: Maintain full funding for health centers, including the mandatory funding, which is set to expire in 2017.**

**Recruit and Retain a Qualified Healthcare Workforce**

One of the biggest factors limiting a CHCs’ ability to provide patients quality care is recruiting and retaining qualified providers. Continued investment in programs such as the National Health Service Corps (which provides scholarships and loan repayment to clinics willing to serve in shortage areas) and the Teaching Health Centers program (which supports residency training in health centers) must continue, along with other programs, to ensure a strong workforce.

**Recommendation: Continue funding Health Services Corp and Teaching Health Centers programs.**

**Ensure Access to High Quality, Affordable Health Insurance**

Many members of Congress and President Trump have advocated the “repeal and replace” of the Affordable Care Act (ACA). The ACA “replacement” needs to ensure that vulnerable and low-income persons can access high quality, affordable health insurance (such as through Iowa’s innovative Medicaid expansion program called the Iowa Health and Wellness Plan) and other safeguards to maintain historically low uninsured rates. It’s imperative that an effective replacement plan be enacted at the same time that repeal language is passed to ensure minimal disruptions to patient health insurance coverage and mitigate provider business instability.

**Recommendation: If all or portions of the ACA are repealed by Congress, we request that the following concepts be included and enacted at the same time that the repeal is passed:**

- If Medicaid expansion is repealed, a safety net option must be implemented that ensures that vulnerable and lower-income citizens can access high quality, affordable healthcare services.
- If greater flexibility is granted to states to operate the Medicaid program, ensure that safety net provider protections are maintained.
- Maintain eligibility of persons aged 25 and younger to maintain coverage through a parent’s employer-based health insurance.
- Do not allow prior health conditions to be factored into health insurance cost and eligibility criteria.
Providing Senior Citizens with Basic Dental Care
American senior citizens are living longer, more active lives, increasing the need for non-cosmetic dental services which are not covered under Medicare. Over one third of American senior citizens living under 200% of the Federal Poverty Level have untreated tooth decay (American Dental Association). Most seniors pay for dental costs out of pocket.

For those who are unable to afford these dental services, their oral health degenerates and increases the likelihood of poorer overall health, thus increasing healthcare costs. Basic dental coverage for seniors would relieve the pressure on CHCs which provide free or sliding fee scale dental coverage to seniors and allow resources to be redirected to other sliding fee scale services for the 18-64 population.

Recommendation: Expand Medicare Part B to include dental coverage.

VETERANS

Honor our Veterans by Ensuring Access to High Quality Primary and Behavioral Health Care
The Veterans Choice Program became law in 2014 to increase healthcare options for veterans. The law allows veterans enrolled before 2014 (or newly discharged combat veterans) to seek primary, specialty, and mental health care from non-VA providers due to a lack of providers, long wait periods or extreme distance to a VA facility. Issues are further exasperated by the limited number of providers who accept or are in-network for Tri-Care for behavioral health care. The Veterans Choice program has greatly expanded options, but more can be done to ensure access.

Recommendations:

- Department of Veteran Affairs and state/local public health agencies administer the program; require further collaboration and efforts to raise awareness of the program and participating providers.
- Simplify the credentialing and referring process for providers to be “in-network” for Veterans Choice and for Tri-Care insurance.
- Consider expanding telehealth options for Tri-Care members.
2,569
VETERANS RECEIVED SERVICES AT IOWA CHCs IN 2015
35% of patients are 18 years of age or younger.
ORAL HEALTH
The Iowa PCA continues to expand its support to Health Centers’ oral health efforts.

- In 2016, five Iowa CHCs received HRSA Oral Health Expansion Grants. These expansion grants fit into the larger mission of health centers. With the funding, the centers will increase the number of patients accessing primary care services who also receive oral health services, modernize infrastructure and integrate care, improve outcomes and equity, and increase dental specific measures such as increasing the use of dental sealants. The overarching goal is to increase the value of the health center program.

- Eastern Iowa Health Center has worked diligently to develop a plan to expand their scope of services to include onsite dental services. The dental clinic should be operational in early 2017. With the addition of this dental clinic, thirteen of the supported fourteen Health Center members will offer onsite dental services.

- The PCA continues to support the work of the Lifelong Smiles Coalition. The mission of the coalition is to assure optimal oral health for aging Iowans. The work of the coalition is accomplished through three strategic initiative committees.

PREVENTION AND SCREENING SERVICES
Based on the expansion of preventive services covered by the Affordable Care Act, as well as the CDC and USPSTF’s recommendations for routine HIV, STD (Chlamydia, gonorrhea and syphilis), and Hepatitis C, a preventive services screening project was implemented by the Iowa PCA through funding provided by the Iowa Department of Public Health. The project assists Health Centers in implementing/improving routine screenings during primary care visits with all patients based on the screening recommendations. Routine screening is critical as Iowa ranks 47th out of 50 states on early detection and treatment of HIV. Identifying undiagnosed individuals through routine screenings as early as possible and getting them into treatment is critical.

- Ten Health Centers are participating in the screening project.

- 2016 routine screening data through October 2016 shows:
  - 4,203 HIV routine screenings completed (compared to 1,389 in 2014) with four positive screens
  - 2,297 Chlamydia and gonorrhea routine screenings completed with 262 positive screens
  - 706 Syphilis screenings completed with two positive screens.
  - 903 Hepatitis C screening completed with 84 antibody positive screens and 59 RNA positive screens.

HEALTH INSURANCE MARKETPLACE AND IOWA MEDICAID ENROLLMENT
Iowa’s Health Centers continue to play a key role in educating and enrolling Iowans into coverage through the Health Insurance Marketplace and Medicaid.

- During the 2015-2016 grant reporting year, more than 170 Certified Application Counselors (CACs) at Iowa’s Health Centers provided education to 46,927 Iowans and enrolled 8,818 into insurance coverage.
MATCHING PROVIDERS WITH UNDERSERVED AREAS

The Iowa PCA Recruitment Center provides candidate sourcing and screening services to match providers with open clinical positions in health centers. The market for recruiting primary care providers continues to be tight. The program also assists with sourcing and screening of allied health professionals, management professionals, or any other positions sought by our members.

- Last year, the Recruitment Center placed six providers in Health Centers, including two pediatric nurse practitioners, two dentists, one Clinical Pharmacist, and one Physician Assistant.

- Since the Recruitment Center began in 2009, we have placed 52 providers in Iowa’s health centers.

PERFORMANCE IMPROVEMENT LEARNING COLLABORATIVE

The PCA initiated a broader Performance Improvement Learning Collaborative that began in October of 2014 and is continuing. Eleven of the Health Centers are participating in this Collaborative, which has focused on both clinical and operational improvements within the Health Centers. The Performance Improvement Learning Collaborative is providing participants with the opportunity to develop and refine core performance improvement skills including project design and management, change management techniques, performance measurement and analysis, and process analysis and redesign. In addition to learning new technical skills, participants will work in smaller groups to practice applying new technical skills to areas within their clinics in need of improvement.

Top priority activities for 2017 Performance Improvement include: Access, Inpatient and Emergency Department High Utilizer, Cancer Screening, including cervical and colorectal, Diabetes, and Childhood Immunizations.
Organizational Alignment to Serve Iowa Health Centers

INConcertCare
- Funding: HRSA, Fees
- 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

Iowa
- Funding: Dues, State, HRSA, Other
- Iowa PCA Services:
  - Policy & Advocacy
  - Quality & Performance Improvement
  - Emerging Programs
  - Workforce Development
  - Outreach & Enrollment
  - Health Center Development & Expansion
  - Communications

IowaHealth+
- Funding: MCOs, Health Center Investments
- IowaHealth+ Services:
  - Performance Improvement Learning Collaborative
  - Value-Based Contracting & Payment Reform
  - Data Analytics & Reporting
  - Attribution
  - Risk Stratification
  - Care Coordination
  - Population Health Focused
IOWAHEALTH+

As the healthcare environment continues to change both in Iowa and across the country, expectations by payers and consumers that providers will achieve healthcare’s Triple Aim continue to grow.

IowaHealth+ positions its member centers to navigate the evolving healthcare landscape by centralizing strategic resources, sharing best practices, and fostering confidence in payers and other partners in our ability to meet expectations.

As a clinically and financially integrated primary care network, IowaHealth+ members have adopted a unified model of care, which in turn informs the network’s prioritization of performance improvement projects and guides the network in our establishment of partnerships with Medicaid and other payers.

**Key Accomplishments:**

- Between March 2015 and March 2016, IowaHealth+ moved from near the bottom of the pack to being recognized as the highest performing ACO in Iowa, per the Iowa Medicaid Enterprise’s Value Index Score.

- In 2016, IowaHealth+ entered value-based partnerships with all three of the state’s Medicaid managed care organizations. Each partnership includes some version of a shared savings component, emphasizing increasing value to our patients while continuing to drive down costs. All three partnerships also align in providing financial support to the network’s performance improvement capacity, which will empower the network’s performance improvement initiatives in 2017 and beyond.

- IowaHealth+ received national recognition of our work through a grant from The National Safety Net Advancement Center. The grant identified IowaHealth+ as a leader in the effort to move the U.S.’s safety net organizations toward the continuum of value-based contracting, and supported the network’s development of a comprehensive care management system that will further enable IowaHealth+ to respond to payment and care delivery reforms in the future.
IowaHealth+ Model of Care

Ensure patients’ timely access to care.

- Manage patient care transitions.
  - Post Emergency Department follow-up as a means of reducing avoidable encounters.
  - Post inpatient stay follow-up as a means of reducing readmissions and avoidable admissions.

Provide high quality care.
- Improve access to preventive services, screening opportunities, and community supports to overcome social determinants of health.
- Improve chronic disease management among patients living with prioritized chronic diseases (for example, diabetes, hypertension, substance use disorder, etc).

Improve high risk care coordination.
- Drive down total cost of care for people with complex conditions and related inpatient utilization.

Supported by Health Information Data and Analytics

THE IHI TRIPLE AIM

POPULATION HEALTH

EXPERIENCE OF CARE

PER CAPITA COST
In recognition of Iowa Legal Aid’s commitment to ensuring the vulnerable Iowans have access to services and resources to meet their basic needs, the Iowa Primary Care Association is pleased to honor them with the 2017 Underserved Champion of the Year Award.

Through federal funding, the non-profit organization has provided critical legal care to low-income Iowans since 1977. Iowa Legal Aid is an important resource for those facing socioeconomic and environmental challenges, which can increase the likelihood of health problems and hospitalizations. By addressing the complex social issues faced by low-income people, the societal factors causing the need for health care services will be addressed, stress will be reduced, access to preventative medicine will be increased and general well-being will be improved, all of which are factors associated with better health outcomes.

Iowa Legal Aid implemented its Health and Law Project in 2006 as the first medical legal partnership (MLP) in Iowa. A MLP is an innovative project that seeks to bring together medicine and law to improve low-income Iowans’ lives by addressing the legal problems that affect their health. In the beginning, Iowa Legal Aid collaborated with six community health centers, but the project has now transitioned to collaborating with several hospitals in Iowa and a pilot project between Iowa Legal Aid, Primary Health Care, Inc. and Siouxland Community Health Center through a grant provided by the Telligen Foundation.

Since inception of the MLP, Iowa Legal Aid has provided legal services to patients and support for community health center staff on a range of issues, including, but not limited to public benefits, housing, educational supports, disability services, and domestic violence.

We applaud Iowa Legal Aid’s dedication to meeting the needs of low-income Iowans.

“I can speak firsthand about the value of medical and legal professionals working together to address the needs of vulnerable, low-income Iowans. The partnership my primary care clinic has had with Iowa Legal Aid has ensured we can meet the broader needs of our patients by also addressing some social determinants of health. The MLP is a valuable resource to our patients and staff and allows us to more meaningfully serve our patients and better coordinate their care by trying to address all of the needs they face to live a healthier life.”

Bery Engebretsen, MD, Chief Medical Officer, Primary Health Care, Inc.
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<thead>
<tr>
<th>Year</th>
<th>Award Name</th>
<th>Winner</th>
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<tr>
<td>2016</td>
<td>THE UNIVERSITY OF IOWA COLLEGE OF DENTISTRY AND DENTAL CLINICS</td>
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<td>2015</td>
<td>JOE BOLKOM, STATE SENATOR</td>
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<td>AMANDA RAGAN, STATE SENATOR</td>
<td>LINDA UPMeyer, STATE REPRESENTATIVE</td>
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<td>IOWA PRESCRIPTION DRUG CORPORATION</td>
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<td>DELTA DENTAL OF IOWA FOUNDATION</td>
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<td>JENNIFER VERMEER, DIRECTOR, IOWA MEDICAID ENTERPRISE</td>
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<td>BRUCE BRALEY, U.S. CONGRESSMAN</td>
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<td>CHRIS ATCHISON, UNIVERSITY OF IOWA</td>
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<td>RO FOEGE, STATE REPRESENTATIVE</td>
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<td>JIM LEACH, U.S. CONGRESSMAN</td>
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<td>JACK HATCH, STATE SENATOR</td>
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<td>2005</td>
<td>DR. BERY ENGBRETSEN, EXECUTIVE DIRECTOR, PRIMARY HEALTH CARE, INC.</td>
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<td>TOM HARKIN, U.S. SENATOR</td>
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STATE SUMMARY: WHO DO WE SERVE?

% of patients by service type

- 66% medical
- 27% dental
- 3% enabling
- 4% behavioral health

race & ethnicity

- 4% Asian
- 1% American Indian/Alaska Native
- 15% Black/African American
- 70% White
- 2% More Than One
- 8% Unreported

age of patients

- 35% 0-19
- 35% 20-44
- 23% 45-64
- 7% 65+

patient income

- 70% Below 100% FPL
- 23% 101-200% FPL
- 7% Over 200% FPL

insurance source

- 25% Uninsured
- 45% Medicaid
- 8% Medicare
- 22% Private
PATIENT PROFILE

641,600 patient visits
184,520 total patients*
6,817 homeless patients
2,569 veterans served

PATIENT VISITS BY SERVICE RECEIVED

141,646 medical
58,963 dental
8,554 behavioral health
6,048 enabling^ 464 other
157 vision

* Some patients receive multiple services
^ Enabling Services are those such as outreach, transportation, and language interpretation that enable individuals to access the services of a health center
ALL CARE HEALTH CENTER

% of patients by service type

- 66% medical
- 14% dental
- 16% enabling
- 4% behavioral health

17,474 patient visits

5,029 total patients
* some patients receive multiple services

263 homeless patients

3,491 medical

752 dental

183 behavioral health

858 enabling services
* Enabling Services are those such as outreach, transportation, and language interpretation that enable individuals to access the services of a health center.

Bill Wypyski, Executive Director
bwypyski@allcarehealthcenter.org

902 South 6th Street
Council Bluffs, IA 51501
(712) 325-1990
www.allcarehealthcenter.org
age of patients: % of patients in age groups
- 16% 0-19
- 40% 20-44
- 37% 45-64
- 7% 65+

race & ethnicity: 16% indicate they’re of Hispanic/Latino origin
- 1% Asian
- 5% Black/African American
- 76% White
- 1% More Than One
- 17% Unreported

patient income: as % of federal poverty level based on # of patients
- 54% Below 100% FPL
- 32% 101-200% FPL
- 14% Over 200% FPL

insurance source: based on # of patients
- 26% Uninsured
- 41% Medicaid
- 8% Medicare
- 25% Private

Congressional District: 3
State Senate Districts: 8, 11
State House Districts: 15, 16, 21, 22
% of patients by service type

- 70% medical
- 30% dental

92,486 patient visits

33,095 total patients*  
* some patients receive multiple services

976 homeless patients

323 veterans served

26,209 medical

10,997 dental

Tom Bowman, CEO  
tbowman@chcqca.org

COMMUNITY HEALTH CARE, INC.

500 West River Drive  
Davenport, IA 52801  
(563) 336-3112  
www.chcqca.org

CHC Medical Clinic  
500 West River Drive  
Davenport, IA 52801

CHC Dental Clinic  
125 Scott Street  
Davenport, IA 52801

CHC Homeless Clinic  
303 West 6th Street  
Davenport, IA 52801

Moline Clinic  
1106 4th Avenue  
Moline, IL 61265
**age of patients**: 46% 0-19  
28% 20-44  
21% 45-64  
5% 65+

**race & ethnicity**: 6% Asian  
28% Black/African American  
50% White  
5% More Than One  
11% Unreported

**patient income**: 69% Below 100% FPL  
27% 101-200% FPL  
4% Over 200% FPL

**insurance source**: 22% Uninsured  
57% Medicaid  
6% Medicare  
15% Private

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Congressional District: 2  
State Senate Districts: 44, 45, 46, 47, 49  
State House Districts: 88, 89, 90, 91, 92, 93, 94, 97, 98

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East Moline Clinic  
708 15th Avenue  
East Moline, IL 61244

Rock Island Clinic  
2750 11th Street  
Rock Island, IL 61201

Robert Young Center  
2200 3rd Avenue  
Rock Island, IL 61201

Adult Rehabilitation Center  
4001 North Brady Street  
Davenport, IA 52806

Clinton Clinic  
925 South 4th Street  
Clinton, IA 52732

Edgerton Clinic  
1510 E. Rusholme Street  
Davenport, IA 52803
age of patients: % of patients in age groups

- 22% 0-19
- 39% 20-44
- 29% 45-64
- 10% 65+

race & ethnicity: 11% indicate they're of Hispanic/Latino origin

- 9% Black/African American
- 80% White
- 2% More Than One
- 9% Unreported

patient income: as % of federal poverty level based on # of patients

- 34% Below 100% FPL
- 39% 101-200% FPL
- 27% Over 200% FPL

insurance source: based on # of patients

- 15% Uninsured
- 51% Medicaid
- 10% Medicare
- 24% Private

Congressional District: 4
State Senate Districts: 5, 24
State House Districts: 9, 10, 48
COMMUNITY HEALTH CENTERS OF SOUTHEASTERN IOWA

% of patients by service type

- 65% medical
- 30% dental
- 5% behavioral health

57,420 patient visits
17,459 total patients*
130 homeless patients
56 veterans served
12,876 medical
5,916 dental
978 behavioral health

* some patients receive multiple services

Ronald W. Kemp, CEO
rkemp@chcseia.com
1706 West Agency Road
West Burlington, IA 52655
(319) 753-2300
www.chcseia.com

Keokuk Clinic
400 North 17th Street
Keokuk, IA 52632

Louisa County Clinic
2409 Spring Street
Columbus City, IA 52737

Hamilton Clinic
951 Broadway Street
Hamilton, IL 62341
**age of patients**: % of patients in age groups

- 35% 0-19
- 34% 20-44
- 23% 45-64
- 8% 65+

**race & ethnicity**: 12% indicate they’re of Hispanic/Latino origin

- 3% Asian
- 7% Black/African American
- 85% White
- 2% More Than One
- 3% Unreported

**patient income**: as % of federal poverty level based on # of patients

- 97% Below 100% FPL
- 2% 101-200% FPL
- 1% Over 200% FPL

**insurance source**: based on # of patients

- 13% Uninsured
- 47% Medicaid
- 9% Medicare
- 31% Private

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**service area**

Congressional District: 2
State Senate Districts: 42, 44
State House Districts: 83, 84, 87, 88

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**West Burlington Clinic**
1706 West Agency Road
West Burlington, IA 52655
COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA

% of patients by service type

- 60% medical
- 19% dental
- 21% behavioral health

39,135 patient visits

7,307 total patients*
* some patients receive multiple services

77 homeless patients

40 veterans served

4,861 medical

1,535 dental

1,655 behavioral health

Samantha Cannon, CEO
scannon@chcsi.org

302 NE 14th Street
Leon, IA 50144
(641) 446-2383
www.chcsi.org

Leon Facility
302 NE 14th Street
Leon, IA 50144

Lamoni Facility
802 East Ackerly
Lamoni, IA 50140

Albia Facility
12 West Washington Avenue
Albia, IA 52531
CRESCENT COMMUNITY HEALTH CENTER

% of patients by service type

52% medical

48% dental

19,118 patient visits

6,228 total patients*
* some patients receive multiple services

204 veterans served

3,821 medical

3,513 dental

Julie Woodward, Executive Director
jwoodward@crescentchc.org

1789 Elm Street, Suite A
Dubuque, IA 52001
(563) 690-2860
www.crescentchc.org
- **age of patients**: % of patients in age groups
  - 28% 0-19
  - 38% 20-44
  - 30% 45-64
  - 4% 65+

- **race & ethnicity**: 9% indicate they’re of Hispanic/Latino origin
  - 1% Asian
  - 17% Black/African American
  - 1% Hawaiian/Pacific Islander
  - 78% White
  - 2% More Than One
  - 1% Unreported

- **patient income**: as % of federal poverty level based on # of patients
  - 68% Below 100% FPL
  - 26% 101-200% FPL
  - 6% Over 200% FPL

- **insurance source**: based on # of patients
  - 32% Uninsured
  - 57% Medicaid
  - 5% Medicare
  - 6% Private

- **service area**
  - Congressional District: 1
  - State Senate District: 29, 50
  - State House Districts: 57, 58, 99, 100
EASTERN IOWA HEALTH CENTER

% of patients by service type

100% medical

33,705 patient visits

7,206 total patients*
* some patients receive multiple services

703 homeless patients

80 veterans served

7,206 medical

Joe Lock, President and CEO
jlock@eihc.co

1201 3rd Avenue SE
Cedar Rapids, IA 52403
(319) 730-7300
www.easterniowahealthcenter.com

Women’s Health Center
4251 River Center Court NE
Cedar Rapids, IA 52402
age of patients: % of patients in age groups
- 32% 0-19
- 45% 20-44
- 18% 45-64
- 5% 65+

race & ethnicity: % indicate they’re of Hispanic/Latino origin
- 2% Asian
- 28% Black/African American
- 61% White
- 4% More Than One
- 5% Unreported

patient income: as % of federal poverty level based on # of patients
- 78% Below 100% FPL
- 18% 101-200% FPL
- 4% Over 200% FPL

insurance source: based on # of patients
- 5% Uninsured
- 66% Medicaid
- 10% Medicare
- 19% Private

service area

Congressional District: 1
State Senate Districts: 33, 34, 35, 37, 38, 39, 48
State House Districts: 58, 65, 66, 67, 68, 69, 70, 73, 74, 75, 76, 77, 85, 86, 95, 96

Eastern Iowa Dental Center
1225 3rd Avenue SE
Cedar Rapids, IA 52403

Eastern Iowa Walk-In Clinic
947 14th Avenue SE
Cedar Rapids, IA 52403
PEOPLES COMMUNITY HEALTH CLINIC, INC.

% of patients by service type

- 70% medical
- 21% dental
- 5% behavioral health
- 2% enabling
- 2% other

56,565 patient visits

16,576 total patients*
* some patients receive multiple services

632 homeless patients

246 veterans served

14,507 medical

4,252 dental

1,031 behavioral health

400 enabling services
* Enabling Services are those such as outreach, transportation, and language interpretation that enable individuals to access the services of a health center

433 other

Jennifer Lightbody, CEO
jlightbody@peoples-clinic.com
905 Franklin Street
Waterloo, IA 50703-4407
(319) 272-4300
www.peoples-clinic.com

Peoples Clinic
905 Franklin Street
Waterloo, IA 50703

Peoples Clinic Butler County
118 South Main Street
Clarksville, IA 50619
**age of patients**

- 38% 0-19
- 31% 20-44
- 25% 45-64
- 6% 65+

**race & ethnicity**

- 5% Asian
- 29% Black/African American
- 1% Hawaiian/Pacific Islander
- 63% White
- 1% More Than One
- 1% Unreported

**patient income**

- 63% Below 100% FPL
- 28% 101-200% FPL
- 9% Over 200% FPL

**insurance source**

- 15% Uninsured
- 49% Medicaid
- 11% Medicare
- 1% Other Public
- 24% Private

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**service area**

Congressional District: 1, 4
State Senate Districts: 25, 27, 30, 31, 32, 36
State House Districts: 50, 54, 59, 60, 61, 62, 72
PRIMARY HEALTH CARE INC.

% of patients by service type

- 67% medical
- 22% dental
- 5% behavioral health
- 6% enabling

138,286 patient visits

36,478 total patients*
* some patients receive multiple services

3,880 homeless patients

679 veterans served

30,075 medical

9,699 dental

2,563 behavioral health

2,221 enabling services

*Enabling Services are those such as outreach, transportation, and language interpretation that enable individuals to access the services of a health center

Kelly Huntsman, CEO
khuntsman@phcinc.net

Administrative Office
1200 University Ave., Ste. 200
Des Moines, IA 50314
(515) 248-1447
www.phciowa.org

Marshalltown Clinic
412 East Church Street
Marshaltown, IA 50158

Marshalltown Dental Clinic
112 East Linn Street
Marshaltown, IA 50158

Story County Clinic
3510 Lincoln Way
Ames, IA 50010

Engebretsen Clinic
2353 SE 14th Street
Des Moines, IA 50320

138,286 patient visits

36,478 total patients*
* some patients receive multiple services

3,880 homeless patients

679 veterans served

30,075 medical

9,699 dental

2,563 behavioral health

2,221 enabling services

*Enabling Services are those such as outreach, transportation, and language interpretation that enable individuals to access the services of a health center
138,286 patient visits
36,478 total patients*  
3,880 homeless patients
679 veterans served

7% Asian
11% Black/African American
77% White
2% More Than One
3% Unreported

7% 0-19
40% 20-44
22% 45-64
9% 65+

36% indicate they’re of Hispanic/Latino origin

67% Below 100% FPL
27% 101-200% FPL
6% Over 200% FPL

35% Uninsured
37% Medicaid
9% Medicare
19% Private

Congressional District: 1, 3, 4
State Senate Districts: 10, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 36
State House Districts: 19, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 45, 46, 48, 49, 71, 72

East Side Clinic
3509 East 29th Street
Des Moines, IA 50317

PHC at Mercy
250 Laurel Street
Des Moines, IA 50314

Scavo High School
1800 Grand Ave.
Des Moines, IA 50309

University Clinic
1200 University Ave., Ste.120
Des Moines, IA 50314

The Project of PHC
1200 University Ave., Ste. 120
Des Moines, Iowa 50314

PHC Pharmacy
1200 University Ave., Ste.105
Des Moines, IA 50314

Homeless Outreach & Advocacy/Centralized Intake
1200 University Ave.
Des Moines, IA 50314
PROMISE COMMUNITY HEALTH CENTER

% of patients by service type
- 69% medical
- 31% dental

9,059 patient visits
3,071 total patients*
* some patients receive multiple services
40 homeless patients
11 veterans served
2,454 medical
1,120 dental

Nancy Dykstra, Executive Director
ndykstra@promisechc.org

338 1st Avenue, NW
Sioux Center, IA 51250
(712) 722-1700
www.promisechc.org
**age of patients**

- 44% 0-19
- 41% 20-44
- 13% 45-64
- 2% 65+

**race & ethnicity**

- 1% Asian
- 1% Black/African American
- 87% White
- 1% More Than One
- 10% Unreported

**patient income**

- 52% Below 100% FPL
- 41% 101-200% FPL
- 7% Over 200% FPL

**insurance source**

- 38% Uninsured
- 36% Medicaid
- 2% Medicare
- 24% Private

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**service area**

Congressional District: 4
State Senate Districts: 2
State House Districts: 3, 4
% of patients by service type

- 66% medical
- 5% dental
- 2% vision
- 26% enabling
- 1% behavioral health

2,301 patient visits

1,009 total patients*
* some patients receive multiple services

345 migrant workers
an individual whose principal employment is in agriculture, who has so been so employed within the last 24 months, and who establishes for the purposes of such employment a temporary abode.

1,009 seasonal workers
an individual whose principal employment is in agriculture on a seasonal basis and who is not a migratory agricultural worker.

819 medical

68 dental

11 behavioral health

325 enabling services^
^ Enabling Services are those such as outreach, transportation, and language interpretation that enable individuals to access the services of a health center

23 vision

Jesus Soto, CEO
jesuss@proteusinc.net

3850 Merle Hay Road, Ste 500
Des Moines, IA 50310
(515) 271-5303
www.proteusinc.net

Des Moines Office
3850 Merle Hay Road, Ste. 500
Des Moines, IA 50310

Fort Dodge Office
107 North 7th Street
Fort Dodge, IA 50501
age of patients: 19% 0-19
45% 20-44
30% 45-64
6% 65+

race & ethnicity: 34% White
64% Unreported
4% More Than One

patient income: 92% Below 100% FPL
7% 101-200% FPL
1% Over 200% FPL

insurance source: 100% Uninsured

Iowa City Office
1548 South Gilbert Street
Iowa City, IA 52240
49,888 patient visits
15,983 total patients*

86 homeless patients
402 veterans served

9,116 medical
8,220 dental
1,009 behavioral health

1% Asian
5% Black/African American
88% White
1% More Than One
5% Unreported

53% Below 100% FPL
32% 101-200% FPL
15% Over 200% FPL

40% Uninsured
30% Medicaid
6% Medicare
24% Private

Pediatric Clinic
931 Pennsylvania Avenue
P.O. Box 458
Ottumwa, IA 52501

Keokuk County Clinic
100 West Main Street
Richland, IA 52585

Appanoose County Clinic
1015 North 18th Street, Ste. C
Centerville, IA 52544
SIOUXLAND COMMUNITY HEALTH CENTER

% of patients by service type

- 60% medical
- 29% dental
- 7% enabling
- 4% behavioral health

% of patients by service type

99,390 patient visits
25,909 total patients*
* some patients receive multiple services
63 homeless patients
234 veterans served
19,742 medical
9,466 dental
1,141 behavioral health
2,244 enabling services^ ^Enabling Services are those such as outreach, transportation, and language interpretation that enable individuals to access the services of a health center
134 vision

Mari Kaptain-Dahlen, CEO
mkaptaindahlen@slandchc.com

Siouxlnd Community Health of Nebraska
3410 Futures Drive
South Sioux City, NE 68776

1021 Nebraska Street
Sioux City, IA 51105
(712) 252-2477
www.slandchc.com
Siouxland Community Health
an iowa health center

Service Area

Congressional District: 4
State Senate Districts: 3, 7, 9
State House Districts: 5, 6, 13, 14, 17

Patient Income:

- 85% Below 100% FPL
- 5% 101-200% FPL
- 10% Over 200% FPL

Insurance Source:

- 21% Uninsured
- 44% Medicaid
- 8% Medicare
- 27% Private

Race & Ethnicity:

- 2% American Indian/Alaska Native
- 4% Asian
- 10% Black/African American
- 61% White
- 3% More Than One
- 20% Unreported

Age of Patients:

- 35% 0-19
- 37% 20-44
- 23% 45-64
- 5% 65+

* some patients receive multiple services

% of Patients in Age Groups

40% indicate they're of Hispanic/Latino origin

County Map

46
UNITED COMMUNITY HEALTH CENTER

% of patients by service type

- 62% medical
- 38% dental

10,616 patient visits
3,266 total patients*
   * some patients receive multiple services
6 homeless patients
26 veterans served

2,369 medical
1,439 dental

Rich Gehrig, Executive Director
rich@uchcsl.com

715 West Milwaukee
Storm Lake, IA 50588
(712) 213-0109
www.uchcsl.com
10,616 patient visits
3,266 total patients*
6 homeless patients
26 veterans served
2,369 medical
1,439 dental

8% Asian
5% Black/African American
2% Hawaiian/Pacific Islander
84% White
1% Unreported

37% 0-19
37% 20-44
22% 45-64
4% 65+

55% indicate they're of Hispanic/Latino origin

52% Below 100% FPL
43% 101-200% FPL
5% Over 200% FPL

27% Uninsured
34% Medicaid
3% Medicare
1% Other Public
35% Private

Congressional District: 4
State Senate Districts: 6
State House Districts: 11
Established by the Iowa Legislature in 2005, and managed by the Iowa Primary Care Association, the Iowa Collaborative Safety Net Provider Network serves as a space to share ideas and be innovative for Iowa’s vulnerable healthcare populations. The Safety Net also issues funding to support safety net provider capacity, medical home development and access to affordable pharmaceuticals specialty care for safety net patients.

During 2016, the Safety Net focused on improving health outcomes through social determinants of health, behavioral health integration and value based purchasing. The Safety Net also spent time during quarterly meetings helping providers and patients navigate the transition to Medicaid managed care and seek solutions. In addition to hosting local and national experts on different areas of social determinants of health, the Safety Net also hosted, in collaboration with the Iowa Primary Care Association and the Iowa Behavioral Health Association, a Behavioral Health Integration Summit which featured national experts from the University of Massachusetts Center for Integrated Primary Care, SAMSHA-HRSA Center for Integrated Health Solutions, and Cherokee Health Systems.

16% of patients are best served in a language other than English.
During SFY16, the Safety Net grantees achieved the following outcomes:

**SafeNetRx (formerly Iowa Prescription Drug Corporation)**
- SafeNetRx filled nearly 17,000 orders at a value of over $16.5 million.
- SafeNetRx’s County Jail Behavioral Health Medication Assistance Program study was completed in FY16 and found that recidivism dropped from 22.8% to 8.4% in the first ninety days post release for program participants.

**Free Clinics of Iowa (including 32 direct awards to direct clinics)**
- Individual direct awards to clinics provided for infrastructure, provider recruitment and service delivery. The Free Clinics of Iowa grant facilitates the initiation, operation and collaboration of free clinics in Iowa.
- Over 11,400 patients were served equaling a contribution of over $2 million to Iowa’s healthcare delivery system and 22,000 hours of provider service.

**Sexual Assault Response Teams and Sexual Assault Nurse Examiners (Iowa Coalition Against Sexual Assault)**
- Training was provided to 135 SANE’s, 107 of which are rural SANEs.
- Forty-two members of SART teams received training from 18 counties.

**Volunteer Physician Network (Polk County Medical Society)**
- The Volunteer Physician Network provided free specialty care to 595 uninsured or underinsured patients with incomes below 200% of the Federal Poverty Level.
- Donated specialty care equaled an estimated $5 million to Iowa’s healthcare delivery system.

**Iowa Association of Rural Health Clinics (IARHC)**
- IARHC provided technical assistance and held fall and spring rural health clinic innovation and billing conferences for the over 70 IARHC member clinics.
leadership team

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  - Emerging Programs
  - Clinical Quality
  - Community Development
  - PCMH Support

quality & performance improvement

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- IowaHealth+ Business Planning & Operations
- Public Policy & Advocacy
- Iowa Collaborative Safety Net Provider Network
- Iowa Association of Rural Health Clinics
- Communications
- Outreach & Enrollment
- Workforce Development/Provider Recruitment

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iowahealth+

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WHAT IS A CHC?

25% OF IOWA CHC PATIENTS ARE UNINSURED
**what are community health centers?**

- Local, non-profit, community-owned health care providers serving low income and medically underserved communities.
- CHCs are located in areas where care is needed but scarce, and work to improve access to care for millions of Americans regardless of their insurance status or ability to pay. Their costs of care rank among the lowest, and they reduce the need for more expensive hospital-based and specialty care, saving billions of dollars for taxpayers.
- CHCs provide quality, affordable, comprehensive primary care and preventive services, including dental, mental health, and substance abuse services, as well as affordable pharmaceuticals. CHCs are recognized leaders in treating chronic diseases and reducing health disparities.

**who do health centers serve?**

- 20 million people across the country, including more than 184,000 individuals in Iowa.
- 93% of health center patients in Iowa have family incomes at or below 200% of the federal poverty level.
- 25% of Health Center patients in Iowa are uninsured.

**how do health centers overcome barriers to care?**

- Located in high-need areas identified as having elevated poverty, higher than average infant mortality, and where few physicians practice.
- Open to all, regardless of income and insurance status, and provide free or reduced cost care based on ability to pay.
- Services are tailored to fit the special needs and priorities of the community, and provide services in a linguistically and culturally appropriate setting.
- Offer services that help patients access health care, such as transportation, interpretation, case management, health education, and home visitation.

**how do health centers make a difference?**

- **Improve access to primary and preventive care.** Uninsured people living within close proximity to a Health Center are less likely to have an unmet medical need, less likely to visit the emergency room or have a hospital stay, and more likely to have had a general medical visit compared to other uninsured.
- **Effective management of chronic illness.** Health Centers meet or exceed nationally accepted practice standards for treatment of chronic conditions. In fact, the Institute of Medicine and the Government Accountability Office have recognized Health Centers as models for screening, diagnosing, and managing chronic conditions such as diabetes, cardiovascular disease, asthma, depression, cancer, and HIV. Health Centers’ efforts have led to improved health outcomes for their patients, as well as lowered the cost of treating patients with chronic illness.
- **Reduction of health disparities.** Because of their success in removing barriers to care, the Institute of Medicine and U.S. General Accounting Office recognized Health Centers for reducing or even eliminating the health gaps for racial and ethnic minorities, as well as for the poor in the U.S.
- **Cost-effective care.** Care received at Health Centers is ranked among the most cost-effective. Several studies have found that Health Centers save the Medicaid program around 30% in annual spending for Health Center Medicaid beneficiaries. Furthermore, Health Centers generate savings for the entire health care system of up $176 billion per year. These savings are the result of less reliance on costly specialty, inpatient, and emergency room care. Furthermore, if avoidable visits to emergency rooms were redirected to Health Centers, over $18 billion in annual health care costs could be saved nationally.
- **High quality care.** Studies have found that the quality of care provided at Health Centers is equal to or greater than the quality of care provided elsewhere. Moreover, 99% of surveyed patients report that they were satisfied with the care they receive at Health Centers.

Information courtesy of the National Association of Community Health Centers
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# OF DELIVERY SITES IN IOWA

1,348
# OF PEOPLE EMPLOYED AT IOWA CHCs