

Executive Summary

Health Access Partnership

HAP

Primary Care Safety Net Integration Strategy For Polk County

Submitted by:

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Acknowledgements

Staff of the Iowa/Nebraska Primary Care Association (IA/NEPCA) are pleased to offer this Executive Summary to the Health Access Partnership (HAP) Board of Directors. This summary, and the full report, would not have been possible without the commitment of Board members and additional safety net providers in Polk County who contributed valuable information to this report. Special thanks to Rick Kozin, Board Chair, for his ongoing attention to detail and leadership throughout this important planning phase for HAP.

The Board's commitment to take HAP to another level toward full integration is evident, and the significance of this move, if realized, will have far reaching impacts. IA/NEPCA is proud to be part of this innovative work.

Overview

In July 2005, the Health Access Partnership (HAP) Board of Directors retained the Iowa/Nebraska Primary Care Association (IA/NEPCA) to conduct a short-term planning process designed to assist the HAP Board to establish a direction for future planning. A member of the HAP Board, IA/NEPCA's Executive Director, Theodore Boesen, has a lesser role in the daily activities of the various safety net providers but an ongoing commitment to the mission of HAP. That measure of distance helped ensure objectivity while the history of involvement was instrumental in leading to the development of the strategies identified. Through this planning process, a suggested vision for HAP's future direction is proposed and will be articulated in this report.

The methodology of the IA/NEPCA staff was to develop a template to enable each safety net provider to provide a snapshot of activities, barriers, funding needs and history, and direction each initiative desires to take. The role IA/NEPCA staff played in assisting the individuals reporting varied based on the needs of the lead person for each initiative and ranged from providing little assistance to facilitating planning sessions and completing the template information. The information provided by the initiatives laid the groundwork for developing the proposed strategic decisions for the Board's consideration.

Summaries and complete information from each initiative are included in the body and attachments section of the full report.

Creating a System of Care in Polk County

The safety net health care system has been significantly strengthened over the past four years through the commitment and efforts of HAP. The opportunity now exists to realize the vision of a well-coordinated system of care for thousands of central Iowans who have no health insurance and reduced access to healthcare services. Language barriers, costs, transportation, cultural differences, and simply the lack of knowledge that help is available all contribute to lend confusion to an already complicated

healthcare system. Large numbers of African Americans and “new lowans” are in need, including Hispanics, Bosnians, Sudanese, Asians, and other immigrants. For these children and adults, routine health care is not available or accessible on a daily basis.

No single organization, public or private, can provide all the answers alone; achieving 100% access to healthcare requires a community partnership and an integrated system of care. While there are a number of organizations that could provide the coordinating function and a permanent home for the various initiatives, a new entity will offer a spirit of neutrality and singular focus of mission to the formation of an integrated network. This neutrality is critical to the system of care approach.

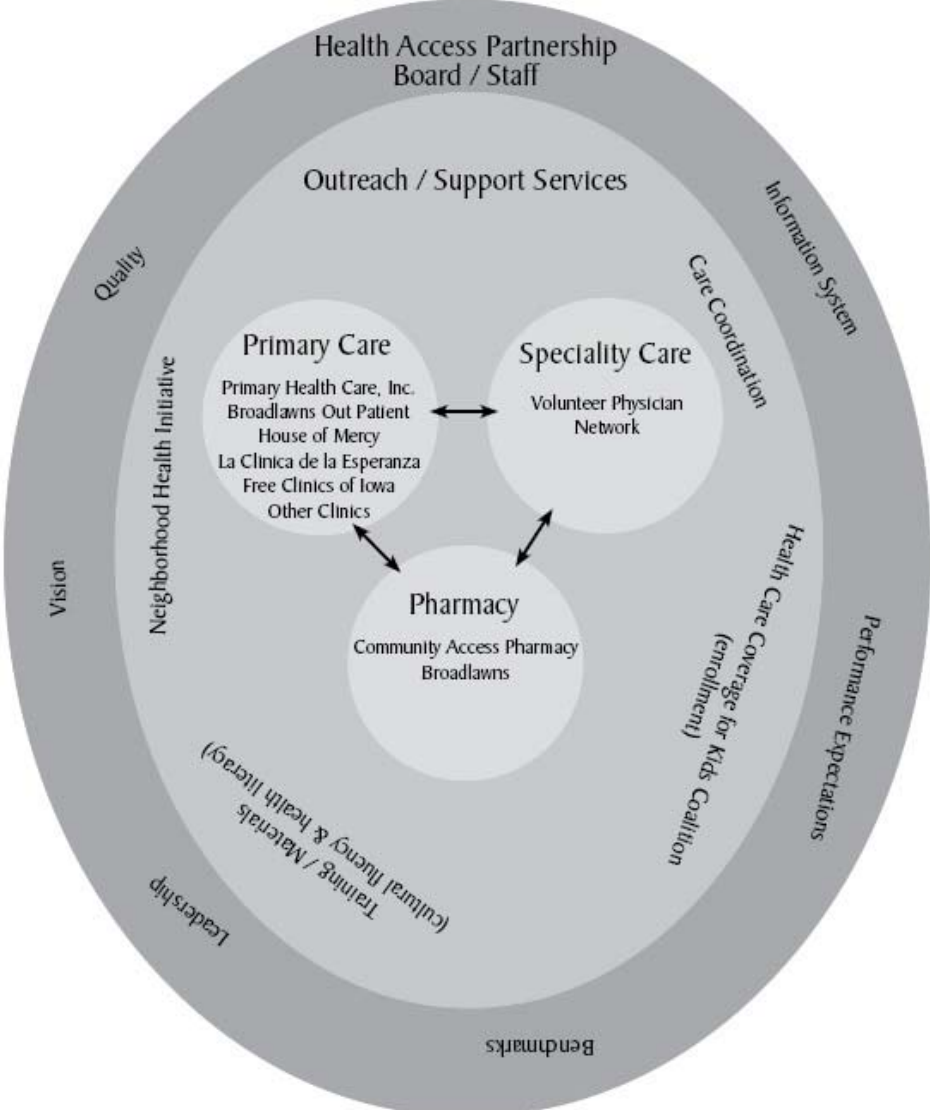
Establishing a collaborative and comprehensive system of care has many challenges. Issues of communication, quality, accountability, turf, and equity all enter into the discussion, no matter how committed the partners. But overcoming these barriers reap many rewards in terms of cost efficiency and access. In short, this is a discussion worth having.

Many of the components are already in place. While there seems to be general support, what is lacking at this time is formal agreement and commitment on the vision for taking the individual components and organizing them into a structure that makes sense, finds cost efficiencies, and facilitates communication and coordination of care. To date, quality measurement has not been an overall focus. Effort should be made to tie the initiatives together to assess progress made as a whole, rather than its individual components.

In order to ensure HAP is viewed as a singular community-wide initiative that has a number of distinct elements, the HAP leadership structure needs to be enhanced. Members of the HAP Board of Directors need to “see” the vision, be able to articulate it, and commit to it. Carrying out the Board’s vision and directives will require dedicated staff. Although subcontracts will continue to those partners providing services to HAP, effective oversight of these efforts will require an infrastructure capable of oversight while moving the Board and partners ahead.

The network has the ability to reduce competition for funding through an organized, well-coordinated plan. This kind of systemic approach to the safety net system has been endorsed by local funding partners over the past three years. Significant investments have been made by local funders in the network functions. HAP is poised to engage local funders in a significant way by organizing services in a non-competitive model.

Polk County System of Care Representation



System of Care Components

The visual illustration on the preceding page depicts the integrated vision for the Polk County System of Care. At its core are the services most critical to a comprehensive safety net: access to primary care, pharmacy, and specialty care. Supplementing these core services with outreach and support systems to focus on awareness, enrollment and coordination are of utmost importance – the system of care cannot be accessed if the people who need it are not aware of its existence. Finally, leadership and performance could be viewed as the glue that binds all the services together into a comprehensive and effective safety net. Monitoring quality, setting performance expectations, and ensuring services stay true to the overall vision are functions of leadership.

Core Services

Primary Care Access- The intention of the access initiative is to organize the delivery capacity of safety net primary care providers recognizing their place as the anchor of the medical home centered system of care. This approach involves bringing together Primary Health Care, Inc., La Clinica de la Esperanza, House of Mercy, Broadlawns Hospital outpatient clinics, and other Polk County free clinics, as well as private practice providers who would agree to provide the required data to the system-wide information system. These partners would also agree to the standards of care developed for chronic disease management and other evidence-based quality measures, to ensure the system of care delivers high quality and culturally competent care. This aggregation also positions the community to respond to Option Four in the George Washington University Assessment, which could yield more federal and state funding.

Pharmacy- Primary Health Care, Inc. has managed the operations of the Community Access Pharmacy located on the Mercy Capitol campus. The pharmacy has the capacity for preferential pricing available to patients of Federally Qualified Health Centers as well as aggregating the purchasing power for other patients needing access to pharmaceuticals. Capacity also needs to be maintained for efficient access to the patient assistance programs (PAP) available through the drug manufacturers. Available now to

a limited number of the safety net providers, the pharmacy will work to increase capacity and expand to serve patients of additional safety net provider programs in the coming years.

Specialty Care Access- Polk County Medical Society has organized a volunteer physician network and has created the capacity to manage and balance the referrals to specialty physicians. Additional work needs to be done in securing funding for the necessary diagnostic testing not conducted in physicians' offices (i.e. laboratory, radiology, etc.). Recognizing the importance of having this capacity in Polk County and across the state, Senator Harkin earmarked funding for this activity. Access to specialty care is an essential component of the system of care that is being proposed. The number of patients seen by each participating volunteer physician from the private practice community needs to be projected and monitored so the burden doesn't become too great for any one provider or group. The capacity of Boadlawn's Medical Center's special clinics to participate in this effort needs to be explored.

Outreach and Support Systems

The system of care will coordinate the care process and provide services not usually provided in the traditional medical care setting. The framework of an information system to track eligibility, referrals, and basic patient information has already been developed with Healthy Community Access Program (HCAP) funding. This needs to be maintained and more fully utilized. Additionally, the safety net patient population has unique and often more extensive needs, such as for an interpreter, transportation, or low-literacy patient information. In large part, the resources for these enabling services already exist inside the outreach effort of the Neighborhood Health Initiative, the training and materials developed by the Mercy Medical Center-based cultural fluency initiative, Broadlawn's outreach and interpreter capacity, the City of Des Moines budget for ambulance service, and many more efforts which are not identified here but will be included as the system of care develops. The care coordination required to ensure access to needed specialty care, prescribed medications, and improving health literacy on patient conditions and self-care requirements will be the core activities required to manage care most cost effectively.

Leadership and Performance

High quality leadership and performance are required and will be ultimately responsible for the success of the system of care. Utilizing the information system and administrative capacity to support the electronic collection of the data required to ensure high quality and culturally competent care is delivered is one goal. Leadership will also facilitate the development of performance expectations for the activities of the access initiative and system support initiative and report back on performance to the Board. The capacity to share information is very necessary to accomplish the goal of providing a medical home for these patient populations. If the information sharing is in place a virtual medical home can be created to direct patients to more appropriate care settings as needed.

Recommended HAP Strategic Decisions

1. Agreement on a System of Care Model

Although creating a coordinated health care system is part of the HAP vision, members should revisit their commitment to fully growing the initiatives into a system of care. With this as the foundation of the entire effort, there should be Board agreement on this basic tenet, which has major implications to some of the partners.

2. Agreement on Year One Funding Requirements

An estimate of the cost of many of the safety net programs in Polk County, and the funding projections for certain initiatives is available. IANEPCA recommends the initial funding requirements be analyzed to assure assumptions for projections are accurate (i.e. only essential activities to maintain initiative, allowing for some level of growth in program activities). The Board should gain assurance there is an independent review of the forecasted expenses of planned activities. This information will be essential to making decisions on funding priorities if funding for all of the initiatives is not possible.

3. Coordination of Funding Appeals

IANEPCA recommends the HAP Board coordinate the funding appeals each of the individual initiatives develop. This creates an opportunity to

standardize the message to funders around the “medical home centered system of care” as well as avoid competition among partners for funding.

4. Development of Year One Funding Priorities

As indicated in “*Agreement on Year One Funding Requirements*” above, if funding for all of the initiatives is not possible, the Board and leadership must prioritize the programs to be funded. The Board should consider discussion of this prioritization in the short-term rather than upon discovery that available funds are inadequate to meet the needs, should that occur.

5. Establishing a Leadership Agenda

Contract leadership engaged for the first three months while funding for year one is secured

Attracting the right candidate for the leadership position will be difficult without a three-year funding commitment. In order to avoid losing momentum while funding commitments are secured, it is recommend the Board immediately retain contracted leadership services to carry out the Board’s directives regarding:

- Funding requirements.
- Proposed funding strategy.
- Search for staff leadership.

With funding committed, contract leadership should coordinate a search for staff leadership

It is recommended the Board remain committed to initiating the search for staff leadership when the funding requirements and funding commitments are secured.

Organization of initiatives

As the report is organized, IA/NEPCA recommends the Polk County System of Care be organized similarly into the following three components:

- Core Services, which include primary outpatient care, pharmacy and specialty referral.
- Support and Outreach Systems, which includes outreach and care coordination as well as training and materials development.

- Leadership and Performance, which includes the information system that will help ensure quality and set performance expectations, as well as provide overall vision and leadership to HAP.

This leadership agenda is one proposed way of organizing the HAP structure. As change is anticipated in the method of determining the community value of an integrated system of care, it is also expected the suggested organization of initiatives could be modified. This proposal is intended to provide one model for optimally organize the initiatives, and may not fully reflect the model ultimately established by the Board.

Develop a system of care value model

This integration strategy proposes the development of a “System of Care Value Model” to forecast savings in the delivery system. A preliminary model is included in the full report. The final value model developed with input from the partners may not resemble this proposal. This model provides a framework for the deliberation required to identify the savings to the community for high quality culturally competent care being delivered in the most appropriate setting. The model also provides an opportunity to set access goals for uninsured Polk County residents.

6. Identify Board Decision Making Process

The strategic decisions suggested in this report are significant and will require some thoughtful deliberations on the part of the HAP Board. Two suggestions for how the Board might approach this decision making process follows:

- The Board could request a sub-committee (i.e. executive committee, an ad hoc committee) to work with leadership to make recommendations on the timetable and plan to make decisions.
- The Board could schedule a strategic planning session in the very near term to agree on a timetable and plan to make the recommended decisions.

The Consequences of Doing Nothing

A safety net is only as strong as it is comprehensive and coordinated. Weaknesses and gaps can ultimately render the safety net useless. Just as a person's chronic health condition cannot be successfully treated in isolation from one's living conditions, socio-economic status, and support system, it takes all components of the safety net working together to assure full access and quality care for the uninsured and underserved residents of Polk County.

Inadequate funding, a lack of commitment of key partners, or major changes in the economy could all seriously compromise the safety net. Though the HAP Board of Directors may be required to prioritize efforts due to funding or other constraints, every effort should be made to ensure a strong infrastructure is in place that can be repaired and expanded when conditions improve. And the vision of creating an integrated, comprehensive, coordinated health care system that ensures access for the uninsured and underinsured of Polk County should drive all decision-making.

Absent funding and ongoing commitment of the partners, it is not known which safety net providers would continue on their own, and the community well being would be compromised. Certainly individuals and families would suffer, access would be reduced, use of the emergency room would increase, and the public health of the community would be negatively impacted.

HAP is now at a critical juncture, not only in funding but in timing as well. The next logical step is of major significance: one of truly weaving the individual initiatives that have emerged into a comprehensive, community-wide strategy. Could these activities be housed within an existing organization of one of the partners? It probably could, but the neutrality and broad representation that HAP offers is absolutely essential to securing the long-term commitment and true collaboration of all of the partners and the ultimate development of a comprehensive and cost effective safety net. Losing the opportunity to construct a system of care after achieving the gains already made would be a step backwards. Polk County's effort to improve the quality of life of its workforce and their families is important. Polk County's success is also important to the statewide effort to construct a safety net provider network.



Health Access Partnership
Committed to healthcare in our community.

HAP Mission, Vision

MISSION: The Health Access Partnership (HAP) is a collaborating group of individuals and organizations committed to assuring 100% access to quality health care in Polk County.

VISION: HAP is committed to create an integrated, comprehensive, coordinated health care system ensuring access for the uninsured of Polk County.

www.healthaccesspartnership.org