



# **Iowa Care Medical Home - Results**

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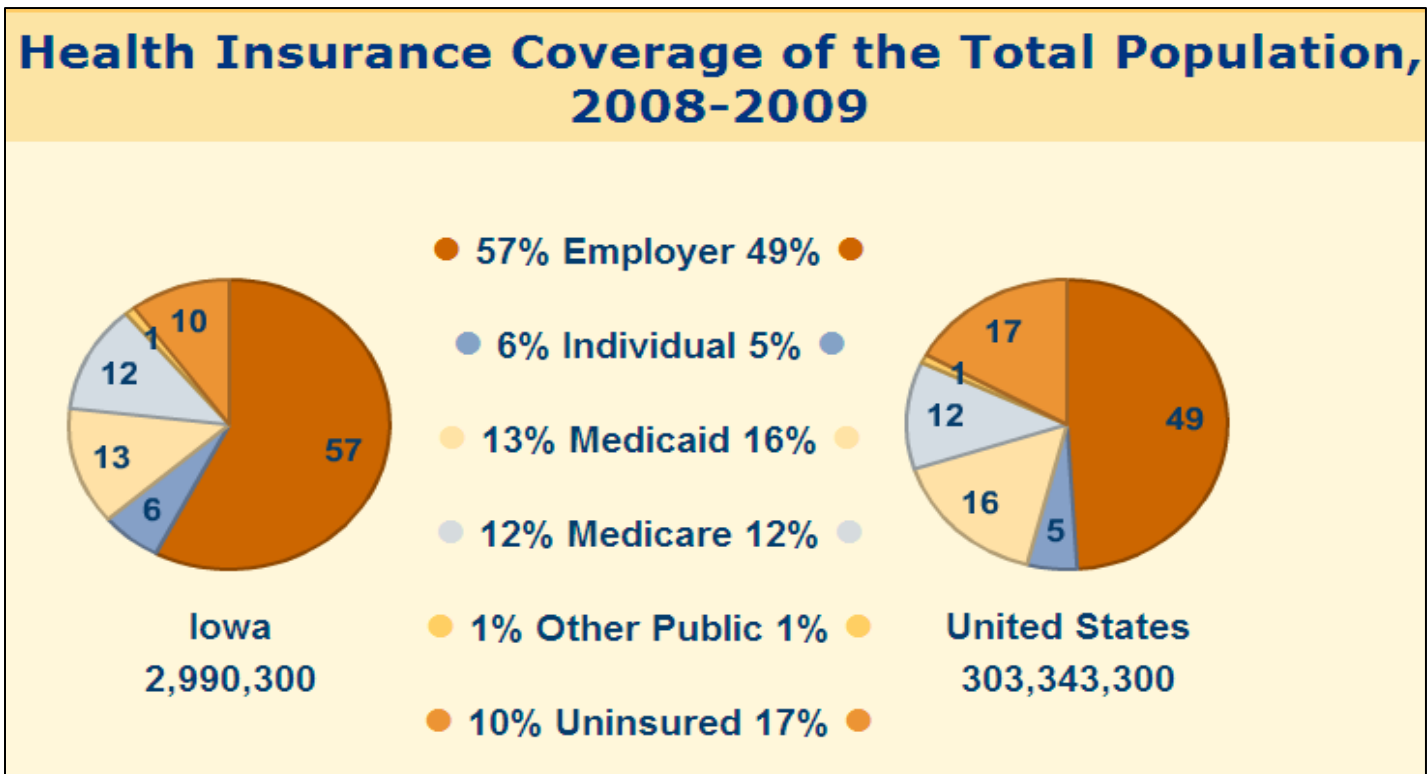


# Outline

- Iowa
- Medicaid
- Medical Home Journey
- Medical Home Implementation
- Medical Home Results
- Next Steps on the Journey

# State of Iowa Population

- Residents equal 3+ million



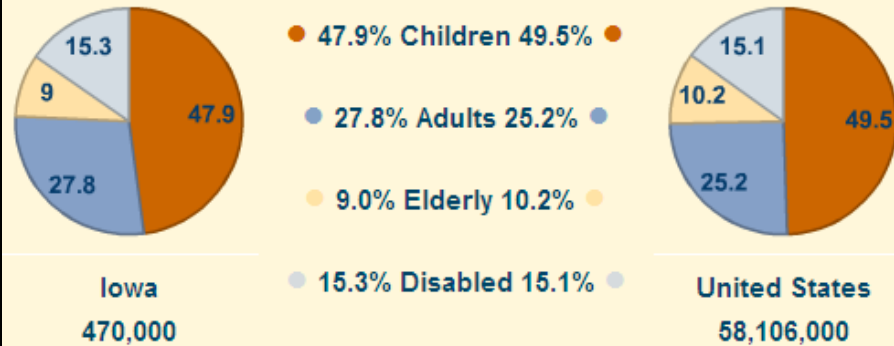
- What is Medicaid?
  - Health coverage for categories of low-income lowans
  - Medicaid is a ‘payor’ (a health plan), not a provider
  - Iowa Medicaid Enterprise (IME) pays over 23 million medical claims per year
  - IME Contracts with over 38,000 health care providers
    - Physicians, pharmacies, labs, hospitals, long-term care facilities, dentists, etc.
  - 378,778 lowans covered as of November 2011

- Key Characteristics
  - Created by Title XIX of the Social Security Act in 1965
  - Under federal law, an entitlement program - everyone who meets the federal defined eligibility criteria must be served in order for states to receive federal matching dollars
  - States can opt to cover additional groups of people
  - Operated jointly by states and the federal government, on a statewide basis

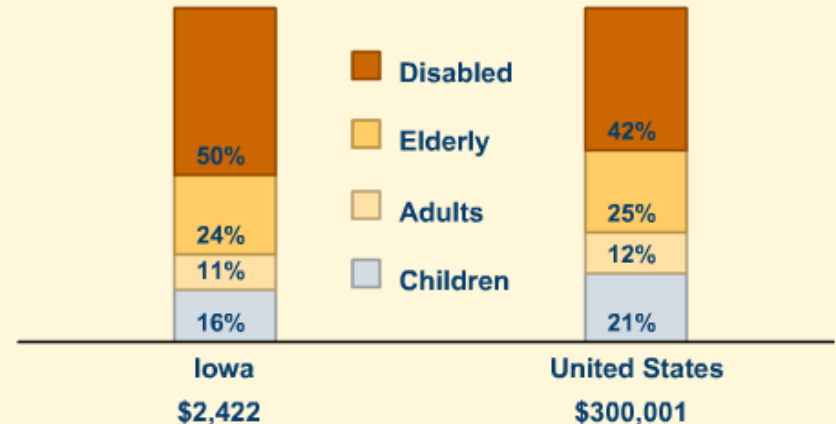
- Who is covered?
  - In general, Medicaid covers:
    - Children
    - Pregnant women
    - Parents with a dependent child
    - Age 65 and over (elderly)
    - Blind and disabled
  - Must meet income limits and fit into one of the categories above – not just low income

- Iowa's Medicaid population & spending mirrors U.S. population

**Distribution of Medicaid Enrollees by Enrollment Group, FY2007**



**Medicaid Payments by Enrollment Group, FY2007**



**There's No Place Like Medical Home:  
The Iowa Care Expansion**





# Medical Home Background

- Joint Principals of Patient Centered Medical Home (PCMH)
  - Personal Physician
  - Physician Directed Medical Practice
  - Whole Person Orientation
  - Coordinated/Integrated Care
  - Quality & Safety
  - Enhanced Access
  - Payment



# IowaCare Background

- IowaCare
  - 1115 demonstration waiver
  - Adults 19-64 with adjusted income of up to 200% of federal poverty level
    - Are not eligible for Medicaid
    - Pay a premium if income over 150% of federal poverty level
    - Roughly 45,000 members
  - Population similar to those that will be covered by health care reform



# IowaCare Background

- IowaCare members have a high incidence of unmanaged chronic disease
  - 25% have never had health insurance; 66% have not had insurance for more than 2 years
  - 80% of patients have one or more chronic conditions (diabetes, chest pain, coronary artery disease, cancer, high blood pressure, pain)
  - IowaCare patients self report poorer health status than the general Medicaid population
  - 80% of IowaCare patients self report depression
- The population accessing IowaCare continues to grow

# IowaCare Background

- Limited Services
  - Inpatient/outpatient hospital
  - Physician
  - Limited dental
  - Limited prescription coverage
  - No Transportation coverage
- Providers (Historically)
  - Broadlawns Hospital – (Polk County)
  - University of Iowa – (All other counties)
- Capped appropriation



# IowaCare Expansion

- SF2356 Expands the provider network for IowaCare
- Requires medical home component
- October 1, 2010 two Federally Qualified Health Centers medical homes added
  - 13 FQHC's in total across Iowa
- Requires Electronic Health Record & Health Information Exchange
- Improve access to specialty care
  - Peer to peer conferencing
  - Telemedicine





# Goals of IowaCare Expansion

- Increase IowaCare member satisfaction
- Improve statewide access of IowaCare members to quality health care
- Reduce duplication of services



# Goals of IowaCare Expansion

- Enhance communication among providers, family, and community partners
- Improve the quality of healthcare through the patient-centered medical home model
- Promote and support a Health Information Exchange (HIE)

# Medical Home + Iowa Care =







# ICMH Project Buy-In

- Steering Committee Council
  - Key State and provider stakeholders
  - Oversight on conflicts and budgetary concerns
- Subcommittees
  - HIT, Medical Home, Pharmacy
  - Includes State and provider stakeholders
  - Group oversees model requirements, payment system, reporting and implementation strategies
- FQHCs
  - In-the-field readiness meetings

# Medical Home Research

- Models and methods researched
  - Minnesota Medicaid
  - Vermont Medicaid
  - South Carolina Medicaid
  - TransforMed
  - NCQA Recognition

# Medical Home Requirements

- National Committee for Quality Assurance (NCQA) recognition
  - Encourages providers to gain recognition by increased payment
- Continuity of care document (CCD)
- Enhanced access to care and information
- Care coordination
- Disease Management Program
  - Diabetes focus for the first year





# Medical Home Requirements

- Wellness/Disease Prevention Programs
- Health Information Technology (HIT)
  - EHR and Meaningful Use
  - Registry Data
- Reminder service
- Communication with University of Iowa Hospitals and Clinics (UIHC) and referral tracking system

# Payment Methodology

- Per Member Per Month (PMPM) Care Coordination Payment
- PMPM at end of year based on performance reporting and outcome measurement





# Payment Methodology

*Level of Recognition/Year	Monthly Care Coordination PMPM	Performance Based Reimbursement	Possible Total Reimbursement PMPM
Initial 18 Months of operation	\$3.00	\$1.00	\$4.00
No Medical Home Recognition	\$1.00	\$1.00	\$2.00
Medical Home Recognition at any level	\$2.50	\$1.50	\$4.00
Highest level of Recognition	\$3.50	\$1.50	\$5.00

# Performance Reporting and Outcome Measurement

- Year One expectations
  - Colon Cancer Screen/need 50+ (65%)
  - BMI Charted (75%)
  - Provide Translated Educational Material
  - Referral Tracking
  - Active Medication List (80%)





# Performance Reporting and Outcome Measurement

- Year One expectations
  - Diabetes Registry
  - Tobacco Use Status (75%)
  - Immunizations
  - Cervical Screen/need (70%)
  - One HbA1c (80%)



# Other Reported Measures

- Diabetes registry
  - Number in registry
  - HbA1c in last 12 months
    - Number or percent who are less than seven percent, 7-8.999 percent or nine percent or greater
  - Eye exam in last 12 months
  - LDL in last 12 months
    - Percent <100 mg/dl
  - Microalbumin





# Other Reported Measures

- Progress of NCQA and meaningful use
- Referral activity
  - For covered and non-covered services
- Access
  - Next available appointments
  - Same day encounters
- Wellness/Disease prevention efforts
- HIT – meaningful use and electronic health records (EHR) acquisition/installation/adoption

# Medical Home Rollout

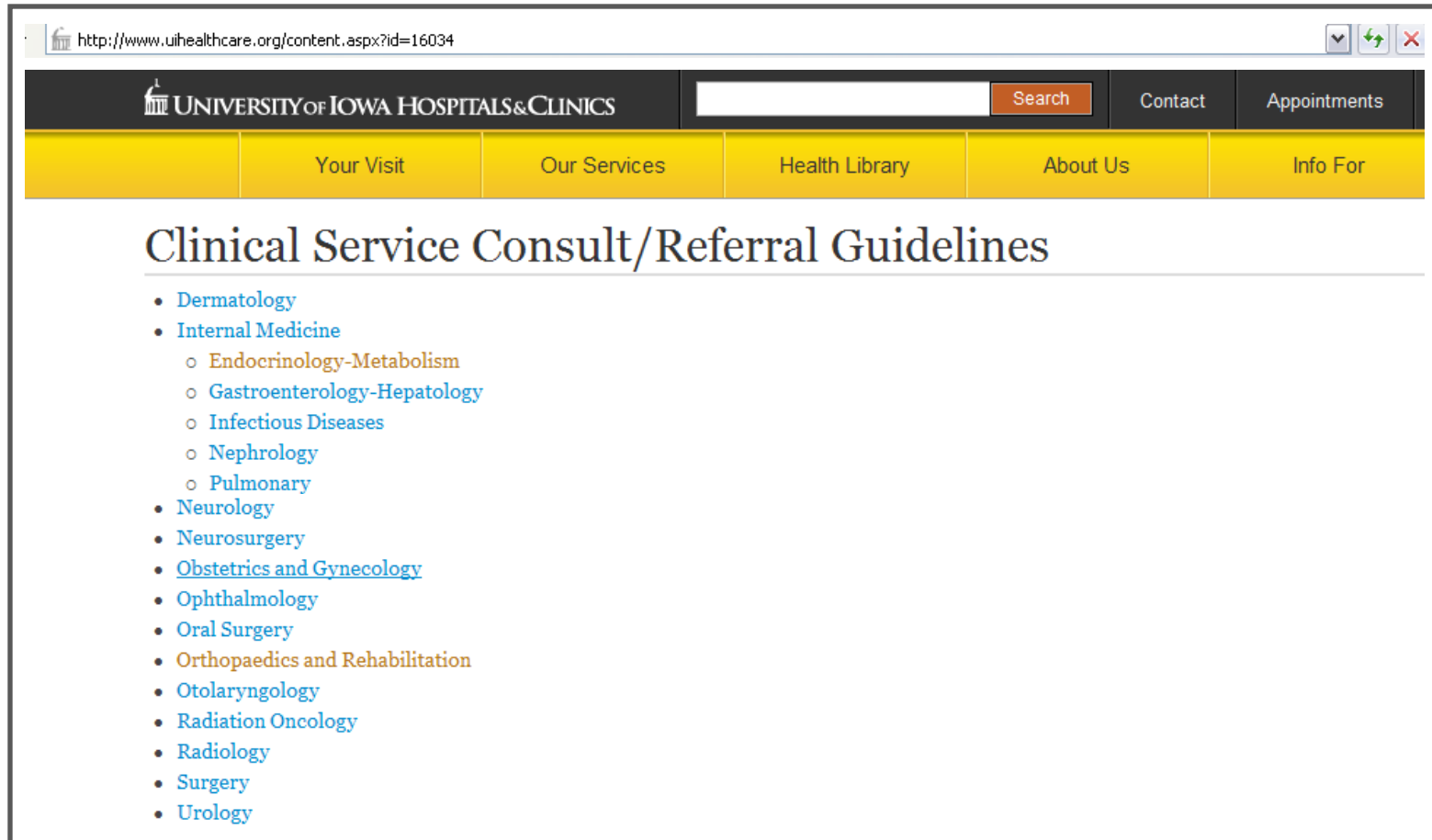
- Successes
  - Providers
    - Collaboration
    - Referral Protocols
    - HIT
  - Members
    - Convenient Access
    - Increased enrollment in IowaCare
  - Medicaid



# Successes - Collaboration

- Provider to Provider Collaboration
  - UHIC and BMC
  - Referral protocols
- Pharmacy Subcommittee
  - Generic RX list
  - Iowa Prescription Drug Corporation
    - Drug donation program
    - Discount card
    - 340B pharmacies

# Successes – Referral Protocols



http://www.uihealthcare.org/content.aspx?id=16034

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## Clinical Service Consult/Referral Guidelines

- [Dermatology](#)
- [Internal Medicine](#)
  - [Endocrinology-Metabolism](#)
  - [Gastroenterology-Hepatology](#)
  - [Infectious Diseases](#)
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# Successes – Referral Protocols



## *Consult/Referral Guidelines*

<b>Neck/Back Pain</b>	
Suggested Pre-Referral Evaluation and Management Guidelines	Document onset, severity, and location of pain, radicular distribution if present, and previous treatments, including surgery and medical therapy as well as injections.
Suggested Additional Test/Management Prior to Specialty Visit	MRI/CT of spine in region of pain. Upright AP and lateral x-ray of spine in region of interest.
Patient Education/Information (includes preps)	
How to Get Results to Consultant	Fax: Demographics, Radiology Results and most recent Clinic Note to Department of Neurosurgery, Fax#: <span style="background-color: black; color: black;">XXXXXXXXXX</span>  For Iowa Care Patients fax records to: IowaCare Assistance Center



# Successes - HIT

- UIHC/Broadlawns SFTP
- Extracting EHR CCD data via SFTP



# Successes – Member Access

November 22, 2010

Dear Ms. [REDACTED]

First of all, I hope I have the correct spelling of you name. If not, please forgive me.

My corbra ran out, and I am now on Iowa Care, which is a very humbling experience for me. I am going to [REDACTED], and I have been down there twice.

It is so easy to always write a letter when something is not right, however, in my experience, sometime one forgets to write a letter of praise.

.From the time I walked into the clinic, until the time I left I was treated with respect, professionalism, and a caring from all staff members. I am very observant, and what I saw is team work.

Doctor [REDACTED] so knowledgeable, respectful, professional, with an attitude plus. I am so confident in her care especially since I have chronic health concerns. I cannot say enough, and administration at the [REDACTED] Health Facility are extremely fortunate to have her.

Thank you for time and thought. May you have a blessed Christmas.

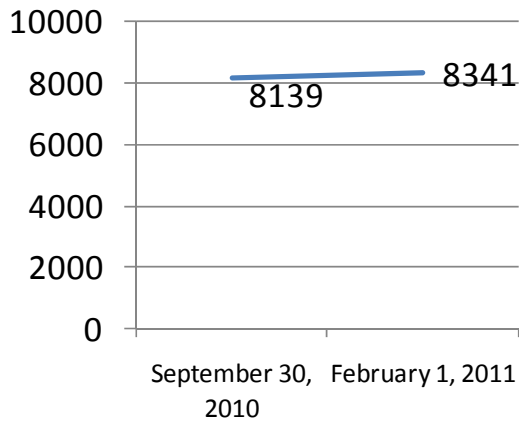
Respectfully,



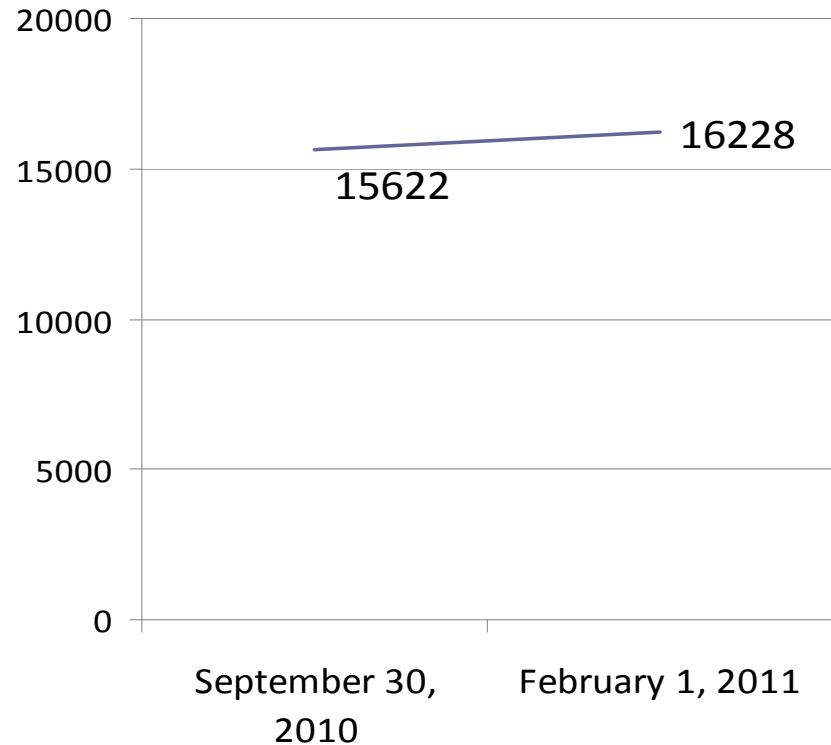


# Enrollment Growth

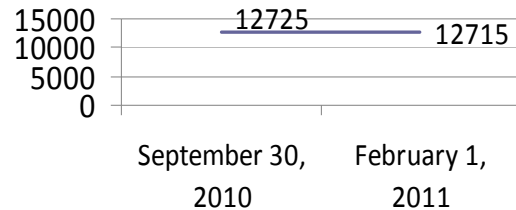
### UIHC



### Non-Medical Home

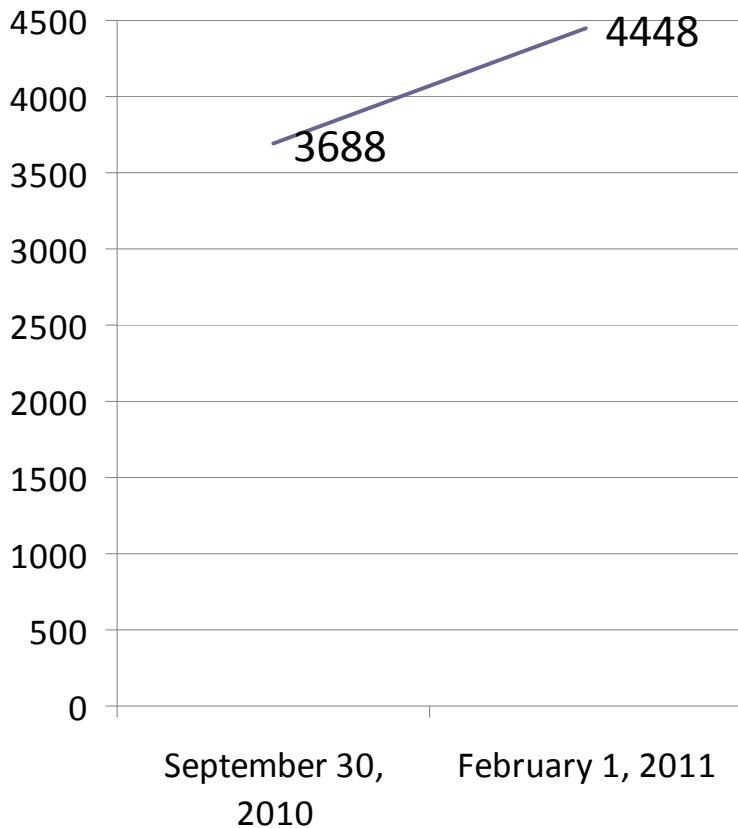


### Broadlawns

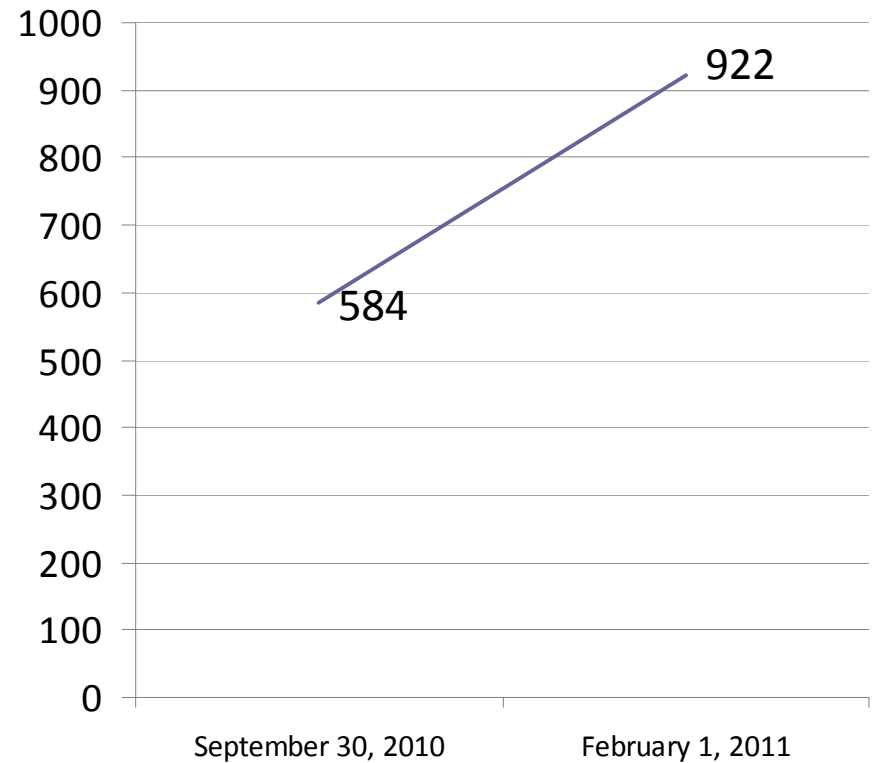


# Enrollment Growth

## Peoples, Waterloo



## Siouxland, Sioux City





# Successes – Member Access

- A 47-year old female
  - Located in NW Iowa--250 miles from Iowa City
  - Had not been seen by a physician in over 5 years
  - Uninsured and could not afford a doctor
  - Nine months ago, was enrolled in IowaCare and waiting to get into the UIHC
  - Once the medical home in Sioux City, IA opened (Siouxland), she had an office visit in 2 weeks
  - Completed PE and lab work for health screenings long overdue



# Successes – Member Access

- Another Siouxland IowaCare member
  - Battling a leg ulcer for several years
  - Received education from the nurse and provider on how to care for the ulcer
  - Reported significant improvement in less than a month due to the information they received

# Medical Home Rollout

- Lessons Learned
  - Providers
    - Capacity
    - Information Sharing
  - Members
    - Response
    - Non-covered services



# Medical Home Rollout

## Lessons Learned - Capacity to Serve Enrolled Members

### **Challenge:**

New providers overwhelmed by the volume of members assigned to their medical home and the complexity/severity of these members' conditions.

### **IME Solutions:**

- Compiling population reports to inform the medical home of the health status of the assigned population.
- Conducting pre-implementation, on-site visits to answer staff questions, review medical home requirements, and start the process to readiness.
- Researching options to slowing and staggering rollouts by county instead of implementing the entire service area.
- Conducted on-site visits with FQHCs that have already implemented to examine lessons learned and how to improve subsequent rollouts.



# Medical Home Rollout

## Lessons Learned - Information Sharing

### Challenge:

Patient records cannot be shared unless a release form is signed.

### Solution:

Release forms will be sent earlier in future implementations.

### Challenge:

HIT capabilities different at each provider.

### Solution:

UIHC and FQHCs have interim solutions and are working well together to implement new solutions as FQHCs continue to improve HIT capacity.



# Medical Home Rollout

## Lessons Learned – Member Response

### Challenge:

Enrollment growing faster than expected, and will continue as medical homes are added and members are seeing the medical home more than the expected increase.

-Saw a 10% increase in brand new IowaCare members during the first quarter of the project.

### Solution:

Phase-in schedule slowed down to mitigate budget concerns. New projections being worked out with the newly required data.





# Medical Home Rollout

## Lessons Learned - Non-Covered Services

### **Challenge:**

Limited pharmacy benefit

### **Solution:**

Pharmacy subcommittee working on \$4 generic list and Iowa RX program

### **Challenge:**

Rehab, physical therapy, DME, wound care, etc, services not covered under the IowaCare program are challenging for providers to coordinate or provide

### **Solution:**

IowaCare Steering Committee meets monthly or more often to develop new solutions to these challenges. Communication between providers is also critical to successfully managing patients during transitions/discharge.



# Medical Home Results

- Quarterly Reports
- Claims – Fee for Service
- Communications?
- Costs?



# ICMH – Quarterly Rpt Results

Diabetes Registry Outcomes – 1 <sup>st</sup> Quarter operating as a medical home	Four Medical Homes reporting % from least to greatest			
Population Referred*	1.4%	28%	40%	113%
Diabetes w/ HbA1C in the last 12 months	26%	79%	89%	93%
HbA1c less than 7	18%	42%	47%	56%
HbA1c 7 to 9	32%	34%	40%	45%
HbA1c greater than 9	10%	16%	21%	36%
Diabetes with retinal eye exam	4%	11%	22%	73%
LDL-C Check	60%	72%	85%	91%
LDL-C <100	47%	58%	60%	80%
Microalbumin in last 12 months	18%	60%	62%	77%

\*Reflects the total population for the medical home and not just the patients presented at the clinic during the reporting quarter.

- This slide intentionally blank – placeholder for results discussion during presentation

“...two weeks later they called me up to see if I was doing ok”

Came in with a smile, I found he was the most outstanding Doctor I have met. He answered my questions and checked me out from head to toes. Dr Bahi took his time with me and didn't rush off. I left Peoples Clinic in Waterloo Iowa very happy with the wonderful care I got that day. Then two weeks later they called me up to see if I was doing ok.

"Just fantastic Care"

# Future Directions

- More Advanced Medical Home Models
  - Multipayer model
    - More comprehensive
    - Likely specifically inclusive of high risk populations
- 2014 Patient Protection and Affordable Care Act
  - Will bring IowaCare members and others onto regular Medicaid





- ✓ Increase IowaCare member satisfaction with health care
  - ✓ Testimonials
- ✓ Improve statewide access of IowaCare members to quality health care
  - ✓ Increased member population
- Reduce duplication of services
  - Too early in process



- ✓ Enhance communication among providers, family, and community partners
  - ✓ ???
- ✓ Improve the quality of healthcare through the patient-centered medical home model
  - ✓ ???
- ✓ Promote and support a Health Information Exchange (HIE)
  - ✓ Early results utilizing SFTP

- Contacts

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