



**IOWA'S COMMUNITY HEALTH CENTERS PROFILE
AND LEGISLATIVE AGENDA**



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A MESSAGE FROM OUR CEO

STATE PRIORITIES

FEDERAL PRIORITIES

ACCOMPLISHMENTS IN 2016

2017 UNDERSERVED CHAMPION

STATEWIDE SUMMARY

ALL CARE HEALTH CENTER

COMMUNITY HEALTH CARE, INC.

COMMUNITY HEALTH CENTER OF FORT DODGE

COMMUNITY HEALTH CENTERS OF SOUTHEASTERN IOWA

COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA

CRESCENT COMMUNITY HEALTH CENTER

EASTERN IOWA HEALTH CENTER

PEOPLES COMMUNITY HEALTH CLINIC

PRIMARY HEALTH CARE, INC.

PROMISE COMMUNITY HEALTH CENTER

PROTEUS, INC.

RIVER HILLS COMMUNITY HEALTH CENTER

SIouxLAND COMMUNITY HEALTH CENTER

UNITED COMMUNITY HEALTH CENTER

IOWA COLLABORATIVE SAFETY NET PROVIDER NETWORK

IOWA PCA, INCC, & IOWAHEALTH+ STAFF

WHAT IS A COMMUNITY HEALTH CENTER?

MAP OF IOWA CHCs

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.

A MESSAGE FROM OUR CEO



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.

A handwritten signature in black ink that reads "Theodore J. Boesen, Jr." The signature is fluid and cursive.

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.

Recommendation: Maintain funding for the Iowa Collaborative Safety Net Network appropriated in the Health and Human Services Appropriations Act.

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

FEDERAL PRIORITIES

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

A young girl with dark hair in two pigtails is smiling and brushing her teeth with a yellow toothbrush. She is wearing a light green tank top. The background is a plain, light gray color.

35%

.....
OF PATIENTS ARE 18 YEARS
OF AGE OR YOUNGER

2016 ACCOMPLISHMENTS

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



INCC Services:

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

iowaHealth+ Services:

- Performance Improvement Learning Collaborative
- Value-Based Contracting & Payment Reform
- Data Analytics & Reporting
- Attribution
- Risk Stratification
- Care Coordination
- Population Health Focused

Iowa PCA Services:

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

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.

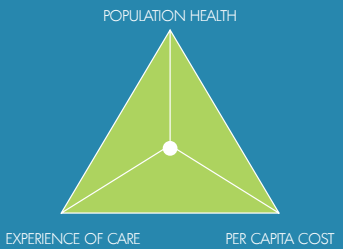
Key Accomplishments:

- 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.





THE IHI TRIPLE AIM



2017 UNDERSERVED CHAMPION



HOPE. DIGNITY. JUSTICE.

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.

PREVIOUS WINNERS

2016

THE UNIVERSITY OF IOWA COLLEGE OF DENTISTRY AND DENTAL CLINICS

2015

JOE BOLKOM, STATE SENATOR

2014

AMANDA RAGAN, STATE SENATOR
LINDA UPMEYER, STATE REPRESENTATIVE

2013

IOWA PRESCRIPTION DRUG CORPORATION

2012

DELTA DENTAL OF IOWA FOUNDATION

2011

JENNIFER VERMEER, DIRECTOR,
IOWA MEDICAID ENTERPRISE

2010

BRUCE BRALEY, U.S. CONGRESSMAN

2009

CHRIS ATCHISON, UNIVERSITY OF IOWA

2008

RO FOEGE, STATE REPRESENTATIVE

2007

DAVE HEATON, STATE REPRESENTATIVE
JIM LEACH, U.S. CONGRESSMAN

2006

JACK HATCH, STATE SENATOR

2005

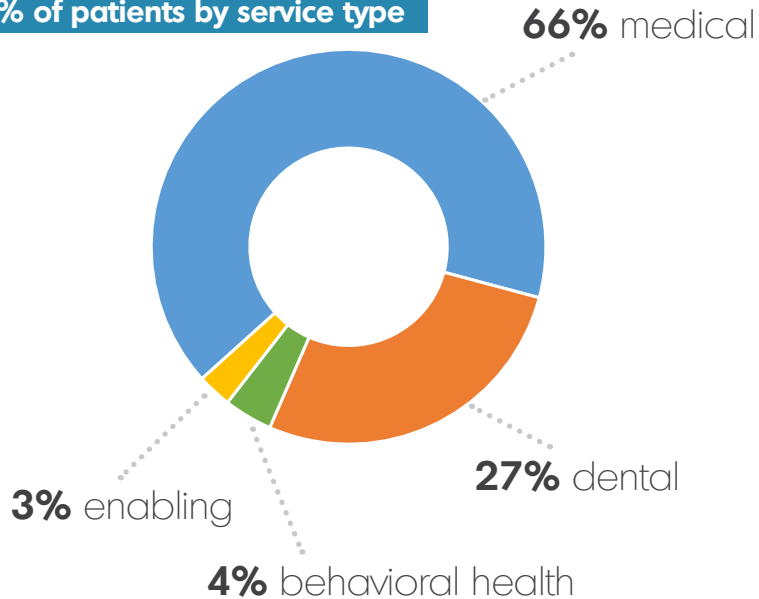
DR. BERY ENGBRETSSEN, EXECUTIVE DIRECTOR,
PRIMARY HEALTH CARE, INC.

2004

TOM HARKIN, U.S. SENATOR

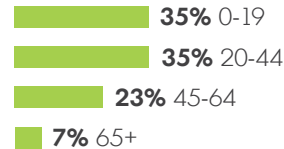
STATE SUMMARY: WHO DO WE SERVE?

% of patients by service type



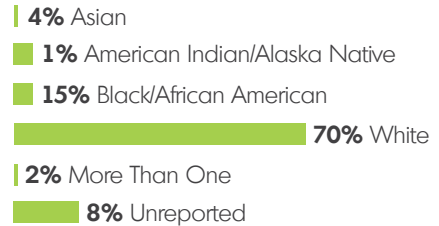
age of patients

% of patients in age groups



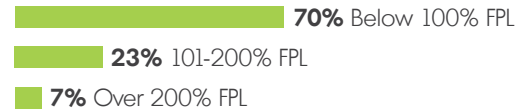
race & ethnicity

23% indicate they're of Hispanic/Latino origin



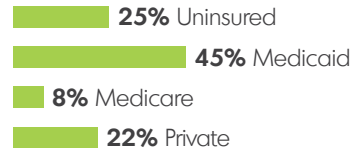
patient income

as % of federal poverty level based on # of patients



insurance source

based on # of patients



PATIENT PROFILE



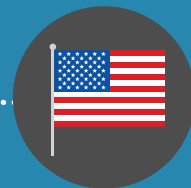
641,600
patient visits



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



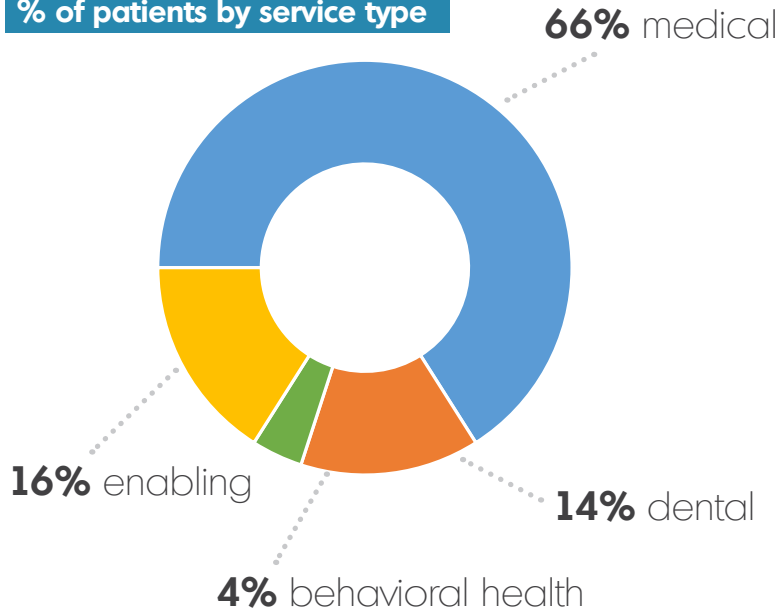
157
vision

* 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



17,474 patient visits



5,029 total patients

* some patients receive multiple services



263 homeless patients



3,491 medical



752 dental



183 behavioral health



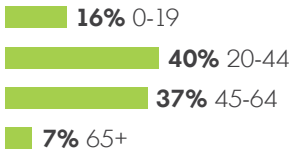
858 enabling services

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

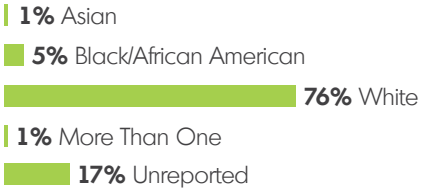
Bill Wypyski, Executive Director
bwypyski@allcarehealthcenter.org

902 South 6th Street
Council Bluffs, IA 51501
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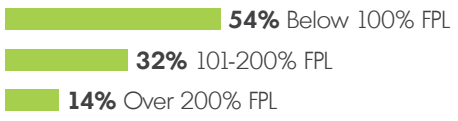
age of patients : % of patients in age groups



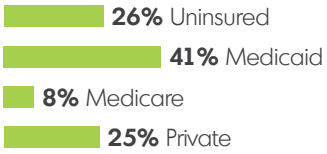
race & ethnicity : 16% indicate they're of Hispanic/Latino origin



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



insurance source : based on # of patients



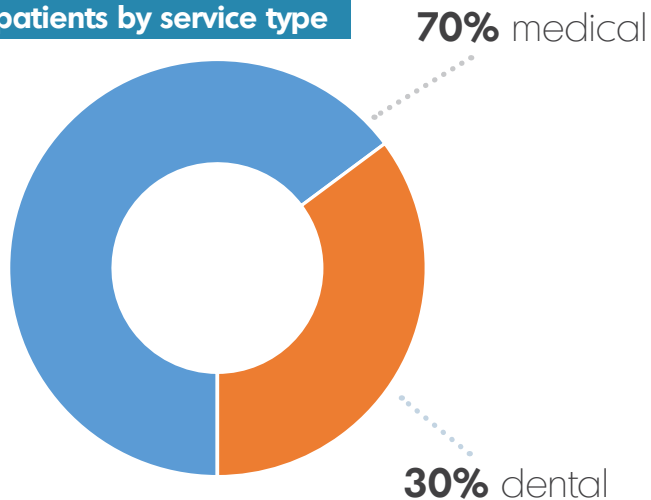
service area



Congressional District: 3
 State Senate Districts: 8, 11
 State House Districts: 15, 16, 21, 22

COMMUNITY HEALTH CARE, INC.

% of patients by service type



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

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

CHC Medical Clinic
500 West River Drive
Davenport, IA 52801

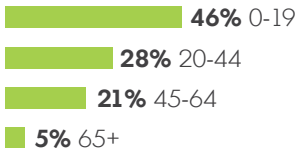
CHC Dental Clinic
125 Scott Street
Davenport, IA 52801

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

Moline Clinic
1106 4th Avenue
Moline, IL 61265

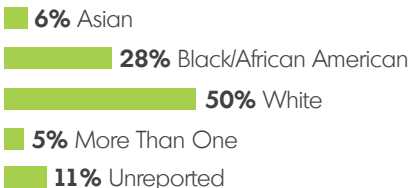
age of patients

% of patients in age groups



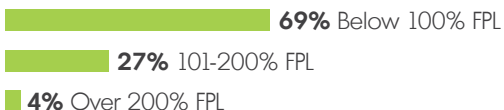
race & ethnicity

18% indicate they're of Hispanic/Latino origin



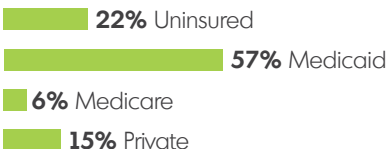
patient income

as % of federal poverty level based on # of patients

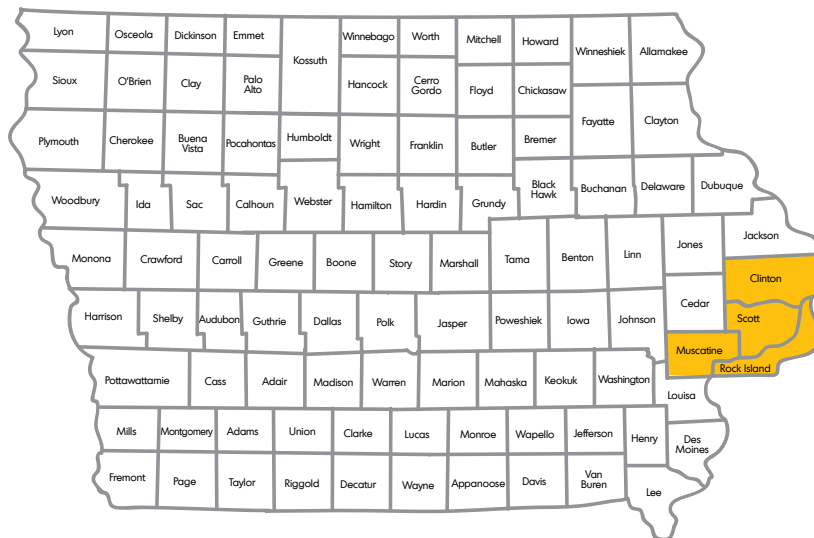


insurance source

based on # of patients



service area



Congressional District: 2

State Senate Districts: 44, 45, 46, 47, 49

State House Districts: 88, 89, 90, 91, 92, 93, 94, 97, 98

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

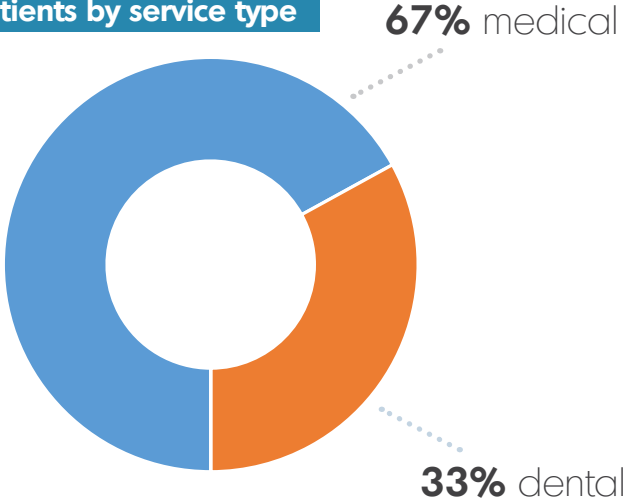
925 South 4th Street
Clinton, IA 52732

Edgerton Clinic

1510 E. Rusholme Street
Davenport, IA 52803

COMMUNITY HEALTH CENTER OF FORT DODGE

% of patients by service type



16,157 patient visits



5,904 total patients*

* some patients receive multiple services



4,100 medical



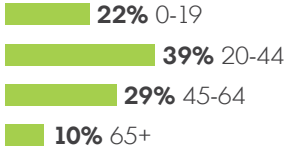
1,986 dental

Renaë Kruckenberg, CEO
rkruckenberg@chcfordodge.com

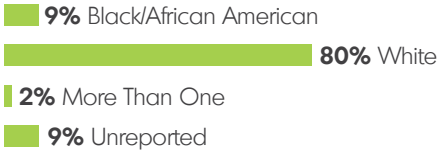
126 North 10th Street
Fort Dodge, IA 50501
(515) 576-6500
www.chcfid.com

Dayton Clinic
24 South Main Street
Dayton, IA 50530

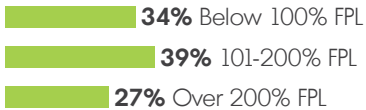
age of patients % of patients in age groups



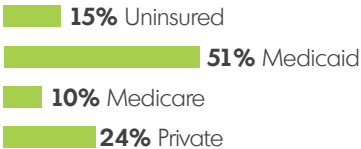
race & ethnicity 11% indicate they're of Hispanic/Latino origin



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



insurance source based on # of patients



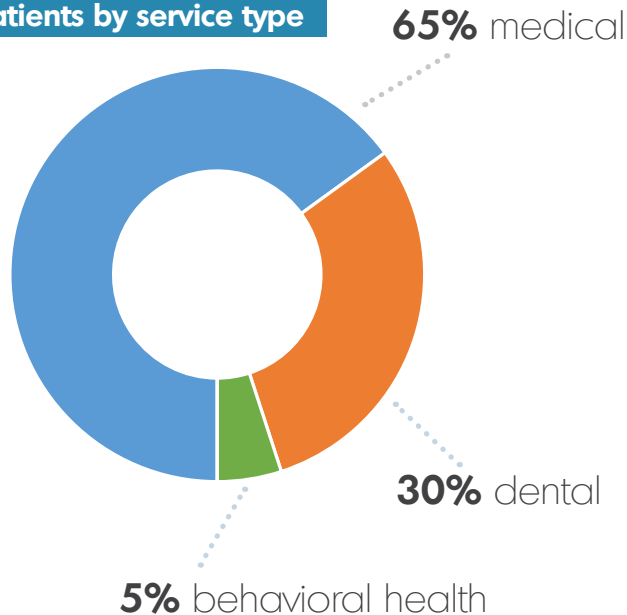
service area



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



57,420 patient visits



17,459 total patients*

* some patients receive multiple services



130 homeless patients



56 veterans served



12,876 medical



5,916 dental



978 behavioral health

Ronald W. Kemp, CEO
rkemp@chcseia.com

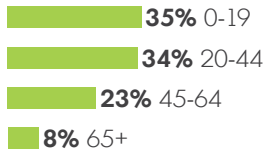
1706 West Agency Road
West Burlington, IA 52655
(319) 753-2300
www.chcseia.com

Keokuk Clinic
400 North 17th Street
Keokuk, IA 52632

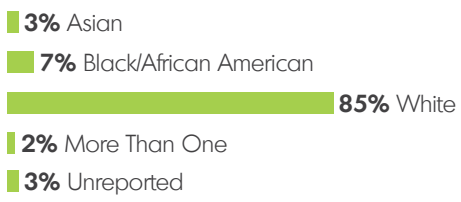
Louisa County Clinic
2409 Spring Street
Columbus City, IA 52737

Hamilton Clinic
951 Broadway Street
Hamilton, IL 62341

age of patients % of patients in age groups



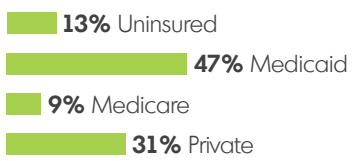
race & ethnicity 12% indicate they're of Hispanic/Latino origin



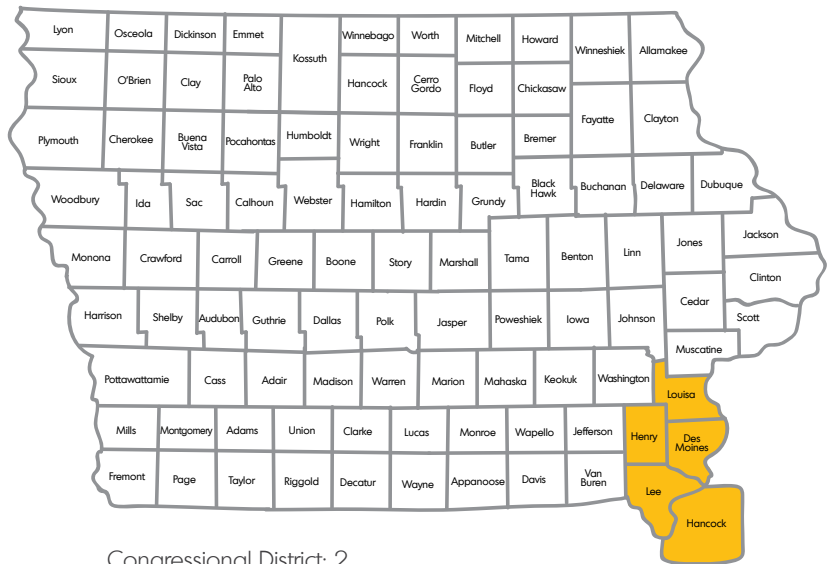
patient income as % of federal poverty level based on # of patients



insurance source based on # of patients



service area

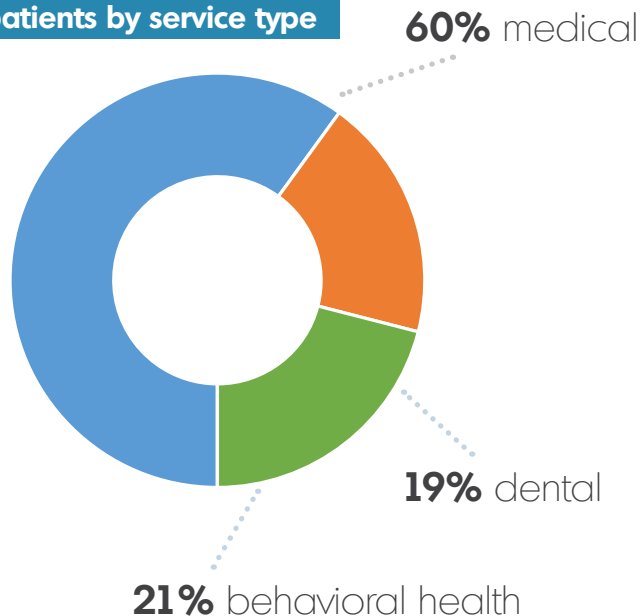


Congressional District: 2
 State Senate Districts: 42, 44
 State House Districts: 83, 84, 87, 88

West Burlington Clinic
 1706 West Agency Road
 West Burlington, IA 52655

COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA

% of patients by service type



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

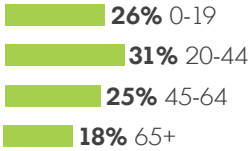
Leon Facility
302 NE 14th Street
Leon, IA 50144

Lamoni Facility
802 East Ackerly
Lamoni, IA 50140

Albia Facility
12 West Washington Avenue
Albia, IA 52531

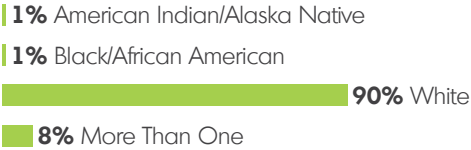
age of patients

% of patients in age groups



race & ethnicity

2% indicate they're of Hispanic/Latino origin



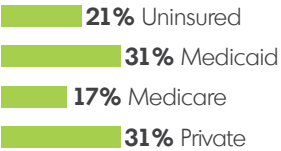
patient income

as % of federal poverty level based on # of patients



insurance source

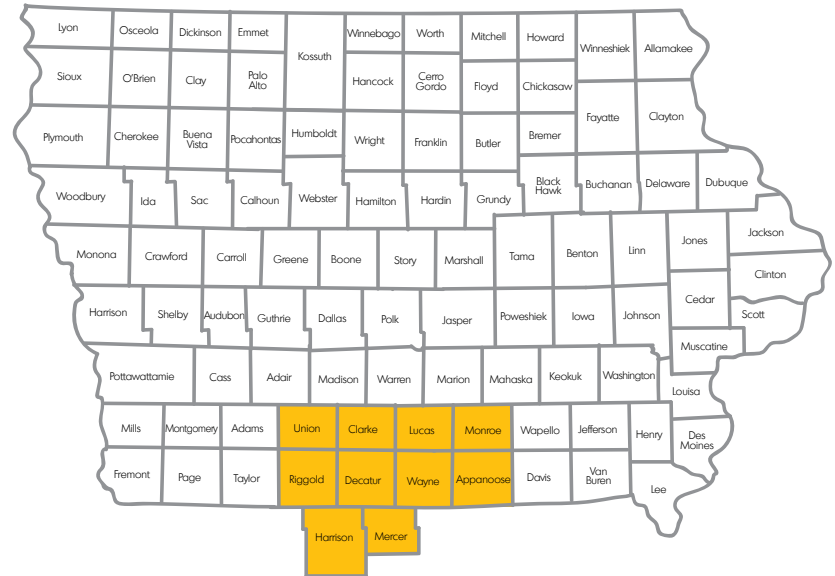
based on # of patients



Community Health Centers
of Southern Iowa

an iowa health+ center

service area



Congressional District: 2, 3

State Senate Districts: 11, 12, 14, 40

State House Districts: 21, 24, 27, 28, 80

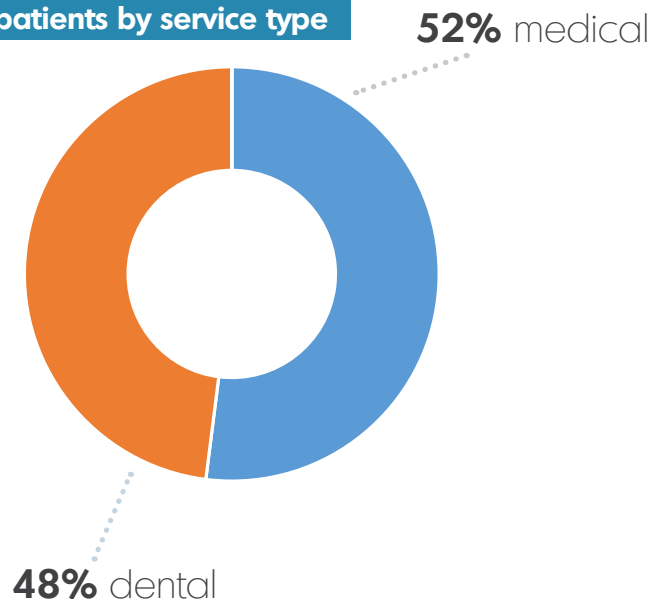
Centerville Facility
221 East State Street
Centerville, IA 52544

Chariton Facility
125 South Grand
Chariton, IA 50049

Corydon Facility
102-104 North Franklin
Corydon, IA 50060

CRESCENT COMMUNITY HEALTH CENTER

% of patients by service type



19,118 patient visits



6,228 total patients*

* some patients receive multiple services



204 veterans served



3,821 medical

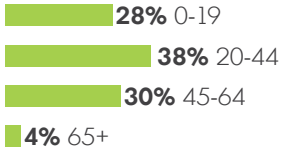


3,513 dental

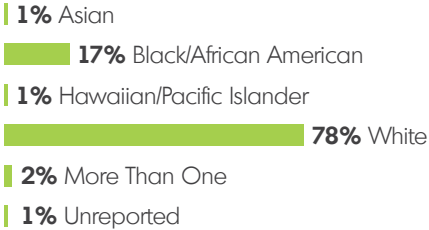
Julie Woodyard, Executive Director
jwoodyard@crescentchc.org

1789 Elm Street, Suite A
Dubuque, IA 52001
(563) 690-2860
www.crescentchc.org

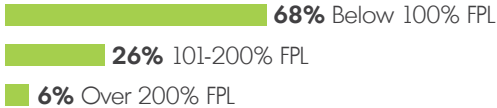
age of patients % of patients in age groups



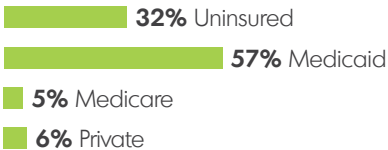
race & ethnicity 9% indicate they're of Hispanic/Latino origin



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



insurance source based on # of patients



Crescent Community
HEALTH CENTER

an iowa *health+* center

service area



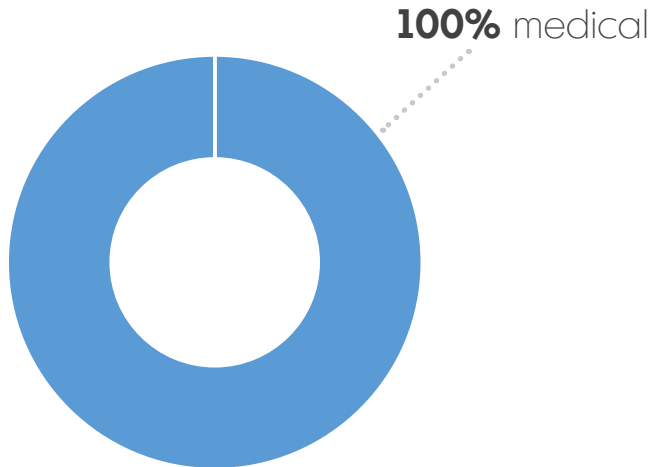
Congressional District: 1

State Senate District: 29, 50

State House Districts: 57, 58, 99, 100

EASTERN IOWA HEALTH CENTER

% of patients by service type



33,705 patient visits



7,206 total patients*

* some patients receive multiple services



703 homeless patients



80 veterans served



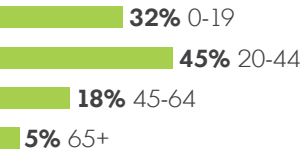
7,206 medical

Joe Lock, President and CEO
jlock@eihc.co

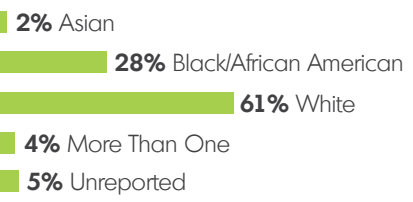
1201 3rd Avenue SE
Cedar Rapids, IA 52403
(319) 730-7300
www.easterniowahealthcenter.com

Women's Health Center
4251 River Center Court NE
Cedar Rapids, IA 52402

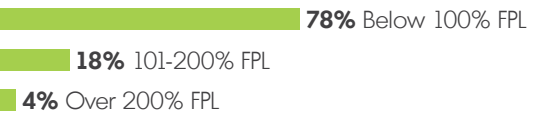
age of patients 6% of patients in age groups



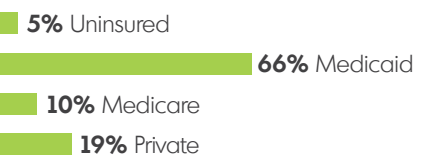
race & ethnicity 6% indicate they're of Hispanic/Latino origin



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



insurance source based on # of patients



service area



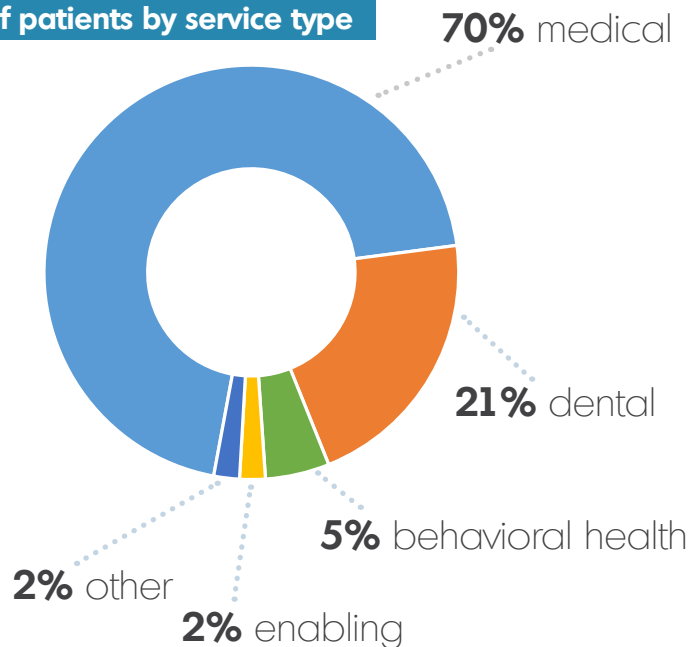
Congressional District: 1
 State Senate Districts: 33, 34, 35, 37, 38, 39, 48
 State House Districts: 58, 65, 66, 67, 68, 69, 70, 73, 74, 75, 76, 77, 85, 86, 95, 96

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



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

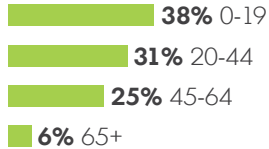
Jennifer Lightbody, CEO
jlightbody@peoples-clinic.com

905 Franklin Street
Waterloo, IA 50703-4407
(319) 272-4300
www.peoples-clinic.com

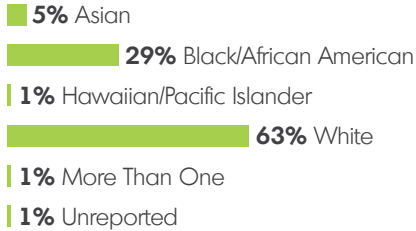
Peoples Clinic
905 Franklin Street
Waterloo, IA 50703

Peoples Clinic Butler County
118 South Main Street
Clarksville, IA 50619

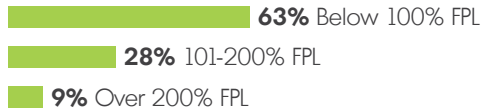
age of patients % of patients in age groups



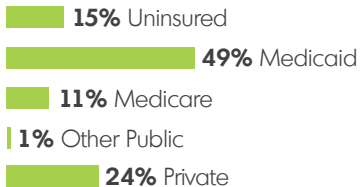
race & ethnicity 10% indicate they're of Hispanic/Latino origin



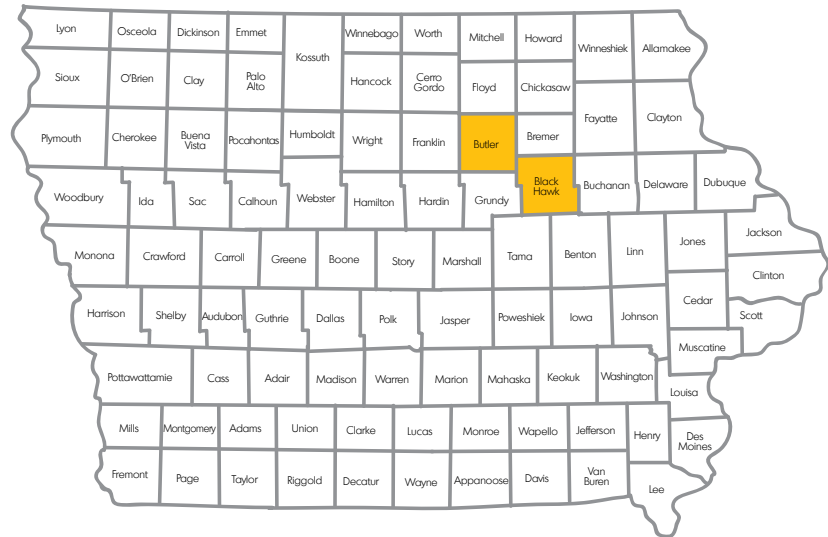
patient income as % of federal poverty level based on # of patients



insurance source based on # of patients



service area



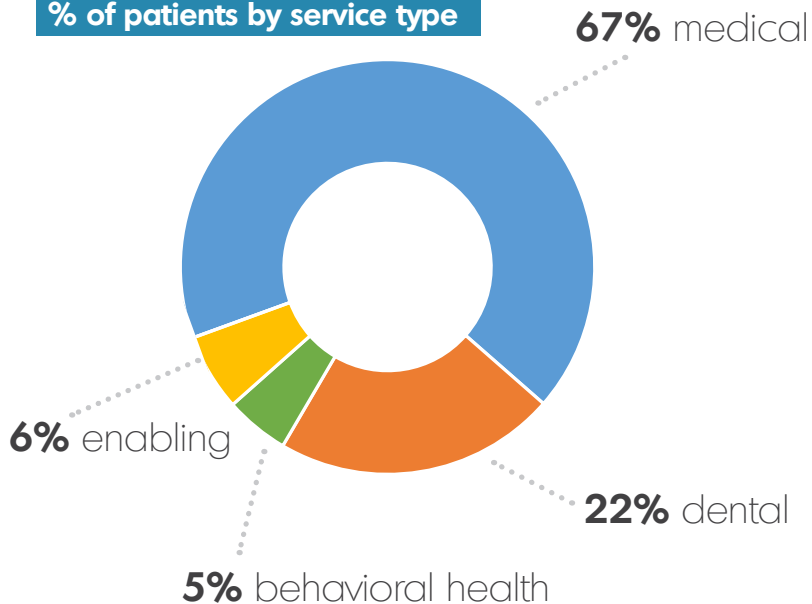
Congressional District: 1, 4

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



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

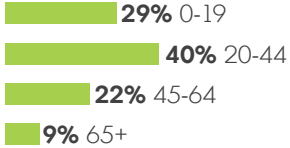
Marshalltown Clinic
412 East Church Street
Marshalltown, IA 50158

Marshalltown Dental Clinic
112 East Linn Street
Marshalltown, IA 50158

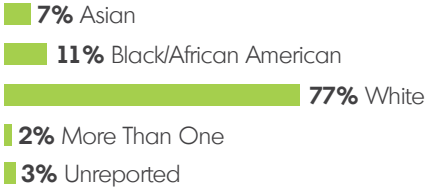
Story County Clinic
3510 Lincoln Way
Ames, IA 50010

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

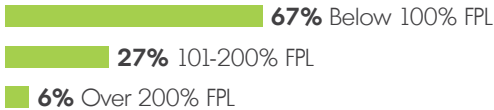
age of patients : % of patients in age groups



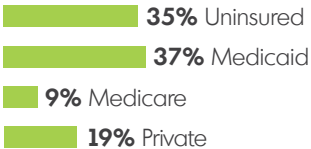
race & ethnicity : 36% indicate they're of Hispanic/Latino origin



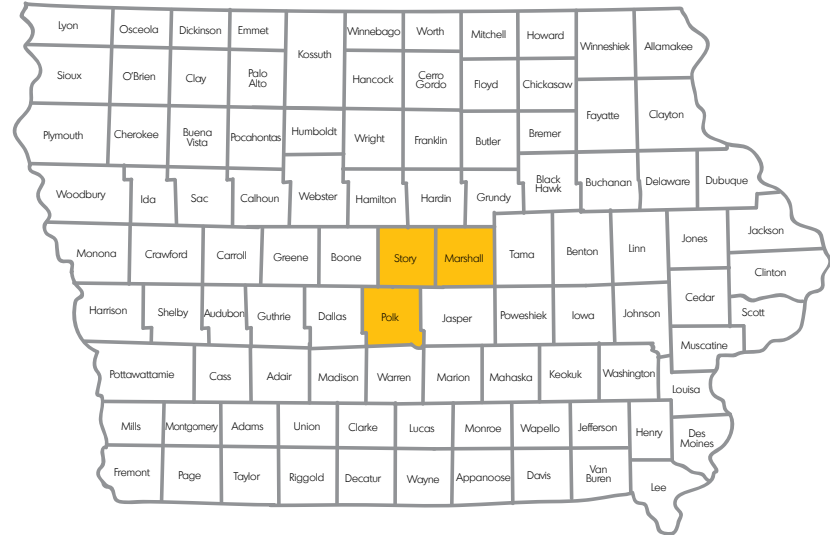
patient income : as % of federal poverty level based on # of patients



insurance source : based on # of patients



service area



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

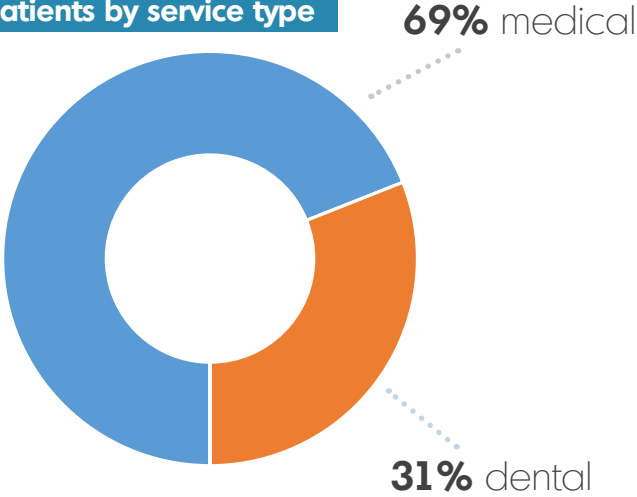
The Project of PHC
1200 University Ave., Ste. 120
Des Moines, Iowa 50314

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



9,059 patient visits



3,071 total patients*

* some patients receive multiple services



40 homeless patients



11 veterans served



2,454 medical

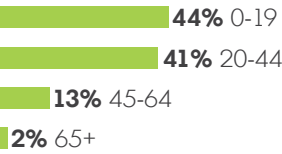


1,120 dental

Nancy Dykstra, Executive Director
ndykstra@promisechc.org

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

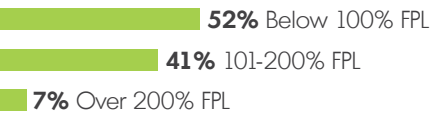
age of patients % of patients in age groups



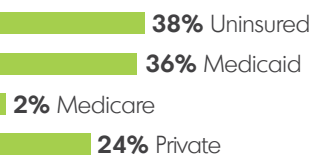
race & ethnicity 59% indicate they're of Hispanic/Latino origin



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



insurance source based on # of patients



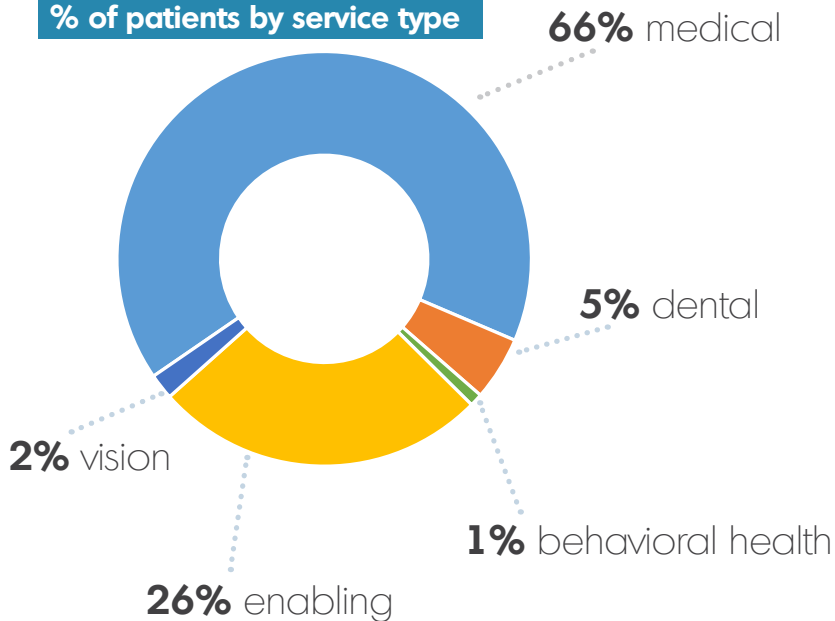
service area



Congressional District 4
 State Senate Districts: 2
 State House Districts: 3, 4

PROTEUS, INC.

% of patients by service type



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

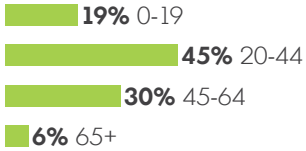
Jesus Soto, CEO
jesuss@proteusinc.net

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

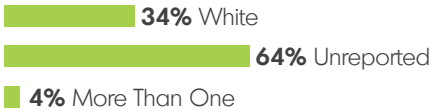
Des Moines Office
3850 Merle Hay Road, Ste. 500
Des Moines, IA 50310

Fort Dodge Office
107 North 7th Street
Fort Dodge, IA 50501

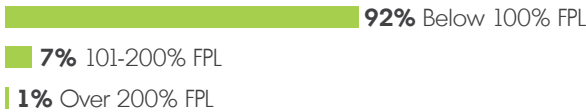
age of patients % of patients in age groups



race & ethnicity 99% indicate they're of Hispanic/Latino origin



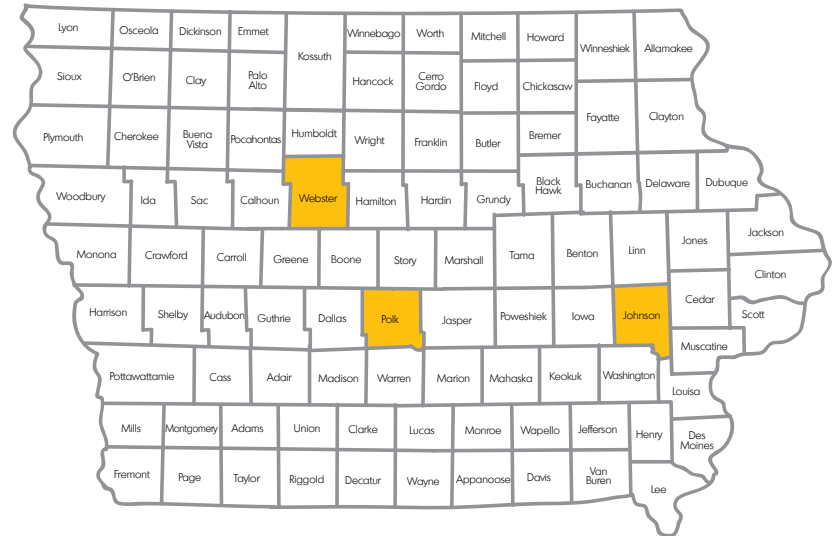
patient income as % of federal poverty level based on # of patients



insurance source based on # of patients

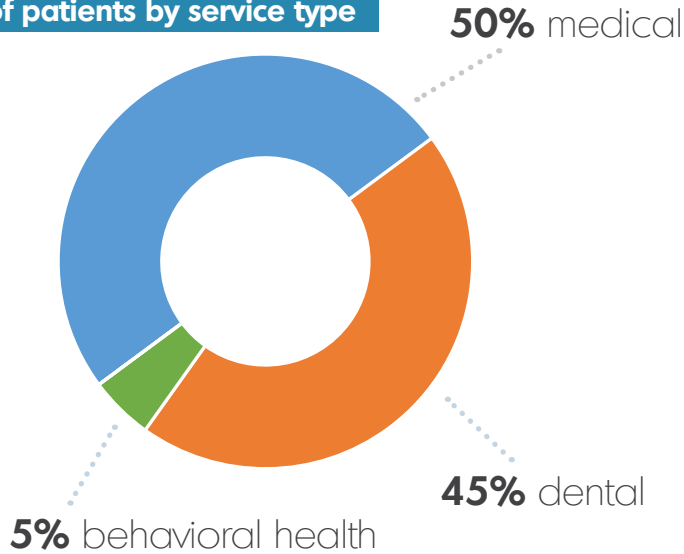


service area



RIVER HILLS COMMUNITY HEALTH CENTER

% of patients by service type



49,888 patient visits



15,983 total patients*

* some patients receive multiple services



86 homeless patients



402 veterans served



9,116 medical



8,220 dental



1,009 behavioral health

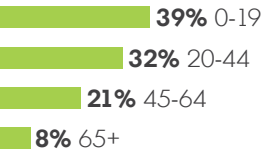
Rick Johnson, CEO
rjohnson@riverhillshealth.org

216 South Market Street
P.O. Box 458
Ottumwa, IA 52501
(641) 954-9971
www.riverhillshealth.org

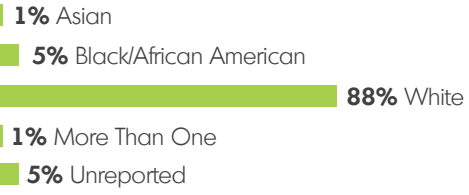
Administrative Office
216 South Market Street
P.O. Box 458
Ottumwa, IA 52501

Wapello County Clinic
201 South Market Street
P.O. Box 458
Ottumwa, IA 52501

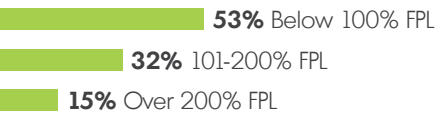
age of patients % of patients in age groups



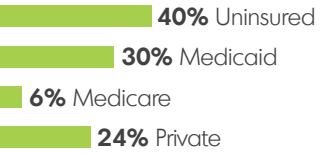
race & ethnicity 12% indicate they're of Hispanic/Latino origin



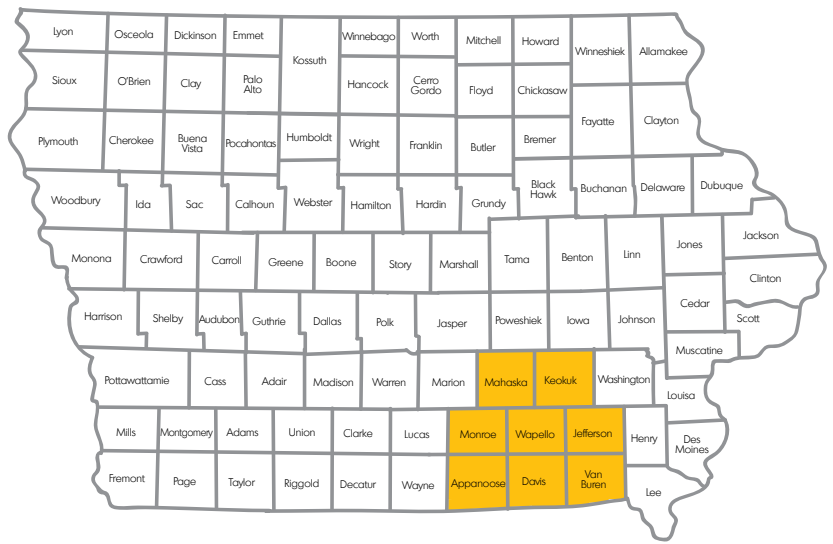
patient income as % of federal poverty level based on # of patients



insurance source based on # of patients



service area



Congressional District: 2
 State Senate Districts: 39, 40, 41, 42
 State House Districts: 78, 79, 80, 81, 82, 84

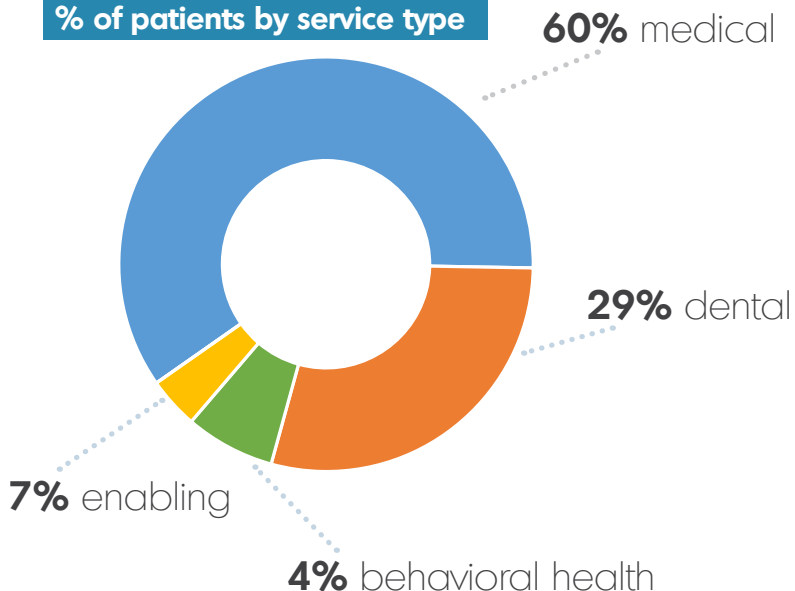
Pediatric Clinic
 931 Pennsylvania Avenue
 P.O. Box 458
 Ottumwa, IA 52501

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



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



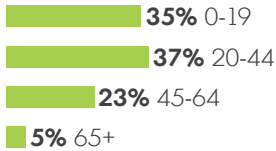
134 vision

Mari Kaptain-Dahlen, CEO
mkaptaindahlen@slandhc.com

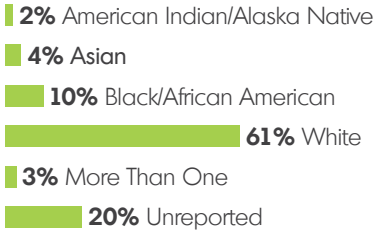
1021 Nebraska Street
Sioux City, IA 51105
(712) 252-2477
www.slandhc.com

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

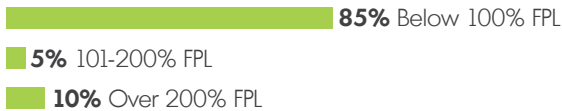
age of patients % of patients in age groups



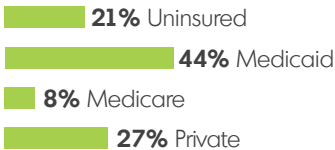
race & ethnicity 40% indicate they're of Hispanic/Latino origin



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



insurance source based on # of patients



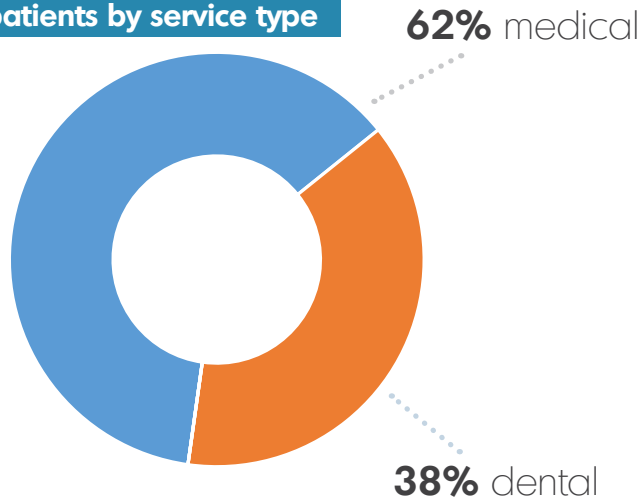
service area



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

UNITED COMMUNITY HEALTH CENTER

% of patients by service type



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

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16%

OF PATIENTS ARE BEST
SERVED IN A LANGUAGE
OTHER THAN ENGLISH

THE SAFETY NET

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.

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 SANE's.
- 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.

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- Iowa Collaborative Safety Net Provider Network
- Iowa Association of Rural Health Clinics
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- Workforce Development/Provider Recruitment

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25%

.....
OF IOWA CHC PATIENTS
ARE UNINSURED

WHAT IS A CHC?

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

Proven, effective, and easy-to-use solutions for your business. We're here to help you grow your business, increase your productivity, and improve your customer service. Our solutions are designed to help you do it all. Contact us today to learn more.



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