



PRIMARY CARE PRIORITY AREA

Program Evaluation of Projects Awarded in 2008-2012

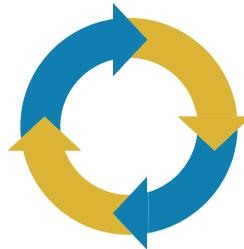
GOAL

Increase utilization, quality, and accessibility of comprehensive primary care services to individuals and communities identified as high risk, underserved, underinsured, or uninsured populations in South Florida.

STRATEGIES



Assessment of safety net primary care capacity and primary care needs



Adoption, implementation, and sustainability of primary care “best practice” interventions



Advocacy for policy change

INVESTMENT OVERVIEW



Amount Awarded
\$4,758,977



Amount Leveraged
\$13,932,289



Grants
Awarded

TO



Grantee
Organizations

1ST STRATEGY:



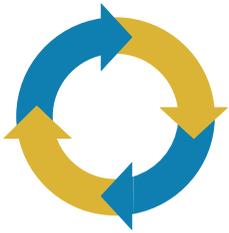
Assessment of safety net primary care capacity and primary care needs

INVESTMENTS BY STRATEGY

Safety Net Provider Inventory:

- Assessment conducted by HFSF staff, which resulted in a Safety Net Provider inventory.

2ND STRATEGY:



Adoption, implementation, and sustainability of primary care “best practice” interventions

Safety Net Primary Care Clinic Additions & Expansion:

\$650,000

through 8 grants

- Added 6 new sites to tri-county primary care safety net and 8 new staff to the primary care workforce.

Provision of Direct Primary Care Services & Charity Care:

\$1,894,000

through 15 grants

- Provided direct primary health care services in a variety of settings; including free clinics, Federally Qualified Health Centers, and mobile units.

Clinical Adherence by Primary Care Providers to Evidence Based Practices & Clinical Practice Guidelines:

\$441,700

through 8 grants

- Supported 28 primary care safety net sites to receive designation as Patient Centered Medical Homes (PCMH) by the National Committee for Quality Assurance (NCQA).

Chronic Disease Management:

\$558,175

through 8 grants

- Promoted the chronic care model for diabetes, hypertension, and high cholesterol.

3RD STRATEGY:



Advocacy for policy change

Access to Primary Care:

\$135,000

- Developed a plan with Jackson Health System to increase access to primary care services for uninsured and underserved individuals.
- Promoted Medicaid reform and increase Kidcare enrollment.

OVERALL IMPACT



87,847
direct primary care
service encounters

to

51,271
unduplicated
patients



84,785 of all encounters and **41,343 unduplicated patients** at sites were either added to or maintained within the Primary Care Safety Net with Health Foundation funding.



472,154
people



benefited from general outreach, education, and organizational-level capacity building efforts.



CHRONIC DISEASE MANAGEMENT PROGRAMS



Diabetes

13 grants
2,065 patients with diabetes
10 OUT OF 13 PROJECTS
demonstrated patient-level
improvements in HbA1c levels.



of patients served lowered
HbA1c.



Hypertension

7 grants
666 patients with hypertension
6 OUT OF 7 PROJECTS
demonstrated patient-level
improvements in blood pressure.



of patients served lowered
their blood pressure and
38% exhibited a blood
pressure within normal range.



High Cholesterol

3 grants
160 patients with high cholesterol
3 OUT OF 3 PROJECTS demonstrated
patient-level improvements in
low-density lipoprotein (LDL) levels.



of patients served lowered
their LDL levels.



QUALITY IMPROVEMENT: OBTAINING NCQA PATIENT MEDICAL HOME RECOGNITION

28 PRIMARY CARE SAFETY NET SITES
ACROSS 2 NETWORKS

Memorial Hospital Foundation:
Level 3 PCMH recognition for 5 centers

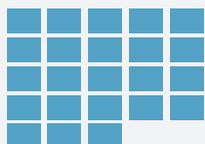


5 centers
provide

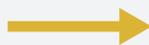


150,000+
patient visits per year

Health Choice Network:
Level 3 PCMH recognition for 23 sites operated by 8
Federally Qualified Health Centers within HCN.



23 Sites
provide



200,000+
patient visits per year



KIDCARE ENROLLMENT

With Foundation support, Florida CHAIN provided education and advocacy to lawmakers to facilitate the 2009 Federal reauthorization of the Children's Health Insurance Program (CHIP). This provided additional funding to enroll more children in to KidCare Programs.

In 2012:

\$4.6 million = **4%**
increase in funding growth

and added...



11,600 children

to KidCare including children of public
employees who were previously
prohibited from KidCare



CHALLENGES



Most grantees did not have baseline data or the capacity to establish baselines. This made demonstrating an increase in utilization and accessibility of primary care services difficult.



Capturing change over time proved to be difficult. Grantees had limited data collection capabilities or lacked standardized tracking mechanisms to establish baseline values.



The Affordable Care Act provided significant opportunities to increase primary care access in Florida. However, the state legislature's refusal to expand Medicaid eligibility requirements for adults prohibited full implementation of many benefits of the health care law.



Sustainability is a challenge. Health Foundation invested in increasing the number of primary care access points, but some failed due to the inability to sustain clinic operations once grant funding ended.



LESSONS LEARNED

- ✓ Sustainability is greatly enhanced if the provider organization can operate as Federally Qualified Health Centers, bill for services, and/or tap into federal funding opportunities.
- ✓ The needs of primary care safety net providers did not always align with the goals of the Primary Care Priority Area. The goal was to increase utilization, quality, and accessibility of comprehensive primary care services. However, the majority of HFSF funds were in support of maintaining the provision of services within existing safety net access points.
- ✓ Ability of Foundation staff to identify and promote best practices and industry trends, coupled with Foundation support for capacity building efforts, can generate positive and enduring impact at the organizational and systems level, improving cost, quality, and patient experience.



FUTURE DIRECTIONS

- Organizations can be supported by the Health Foundation as they tap into HRSA New Access Point funding to support the development of new FQHCs to serve our region.
- FQHCs can look at existing data sets such as UDS and HEDIS to help establish baselines and track changes over time.
- Health Foundation can form relationships with key players at the federal and state level.
- For greater, systemic change Health Foundation can continue to pair its Primary Care Priority Area grant making with policy and advocacy efforts.