

# **North Carolina Hospital Association Safety Net Initiatives, Programs and Partnerships**

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## **Care Share Health Alliance and HealthNet**

- Both HealthNet and Care Share focus on the development of provider-based networks of care for low income and uninsured populations.
- NCHA is a founding partner of Care Share, based on The Duke Endowment's Free Days of Care program.
- Urban and rural hospitals are integral partners in Care Share and HealthNet projects.

## **Community Health Center Grant Program/Safety Net Advisory Council (SNAC)**

- NCHA is an active partner in SNAC and the Community Health Center grant program.
- Hospitals sponsor free clinics, rural health centers, primary care services, urgent care clinics and outpatient programs that provide essential care for low-income and uninsured patients.
- Many primary care operations and partnerships sponsored by hospitals are participants in the CHC Grant program.

## **340B Drug Discount Program**

- 340B is a program that allows disproportionate share hospitals (DSH .... hospitals that serve high proportions of low-income and uninsured clients) to participate in federal drug purchasing programs, saving an average of 25% on outpatient drug purchases.
- NC has 53 urban and rural DSH hospitals enrolled in 340B, one of the highest proportions in the nation.
- NC DHHS partners with NC hospitals to encourage 340B enrollment.
- In 2010, ACA added Critical Access Hospitals, sole community hospitals and rural referral centers to the 340B drug program, allowing 20 to 25 more NC hospitals to be eligible.
- Newly eligible NC hospitals have been notified of the 340B expansion and are enrolling.

## **Critical Access Hospital (CAH) and FLEX**

- CAH is a small, rural hospital that serves less than 25 inpatients. Most CAHs serve high proportions of Medicare, Medicaid and uninsured clients.
- CAHs are regulated and funded under the federal Rural Hospital Flexibility (FLEX) program. NCHA partners with the NC Office of Rural Health to support CAH enrollment and FLEX grant investments.
- NC has 23 CAHs. Most CAHs are linked with regional health systems and networks.

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continued

### **Community Benefit Reporting and Financial Assistance Policies**

- NCHA supports public transparency for NC hospitals. While federal community benefit initiatives are focused on non-profit hospitals, all NC hospitals are encouraged to publically share and post community benefit reports and financial assistance policies.
- NCHA is national leader in helping define and standardize community benefit reporting and in encouraging public transparency. More than 90% of NC hospitals post their community benefit reports and financial assistance policies to NCHA's website.
- NC hospitals reported \$2.3B in community benefit provided in 2009. Charity care costs are estimated at \$690M annually. Unreimbursed Medicare and Medicaid costs total \$1.25B annually.

### **NC Triple Aim Collaboratives**

- The Institute for Healthcare Improvement (IHI) created the Triple Aim to drive improvement of the healthcare system through enhancing the experience of care, improving the health of populations and reducing per capita costs of healthcare.
- Triple Aim concept design: focus on individuals and families, redesign of primary care services and operations, population health management, cost control platform and system integration/execution.
- NCHA supports the development of Triple Aim projects. NC hospitals participate in and sponsor three Triple Aim collaboratives. A fourth collaborative is developing. The NC Triple Aim collaboratives are focused on low-income and uninsured populations.

### **Partnerships with NC AHEC Programs**

- AHECs and hospitals partner to provide graduate medical education and allied health professions education across the state.
- AHECs and hospitals that sponsor medical training programs usually staff and manage primary care clinics and outpatient clinics/services that provide significant volumes of care for low income and uninsured clients.