

Spotlight on the Safety Net

A Community Collaboration

The Health Outcomes Initiative of the North Carolina Association of Free Clinics

The North Carolina Association of Free Clinics (NCAFC) is a private, nonprofit organization that provides advocacy, resource development, grant funding opportunities, training, and technical assistance for its member clinics and the uninsured individuals they serve. The 81 free clinics and pharmacies belonging to the NCAFC provide medical care, dental care, and prescription medications for low-income, uninsured, or medically underserved people in both rural and urban locations in 79 counties across North Carolina.

In 2009 the Health Outcomes Initiative was developed by the NCAFC in partnership with the Blue Cross and Blue Shield of North Carolina Foundation to increase the capacity and strengthen the infrastructure of the free clinic network in order to enhance the clinics' ability to provide high-quality care for underserved individuals in their communities. This initiative, which was the first of its kind among free clinic associations in the United States, began by using the NCAFC's Annual Outcomes Survey to systematically track and report health outcomes for patients with chronic diseases. Clinics participating in the survey receive funding to bolster their work based on patient volume, health outcome gains, and improvement compared with the previous year. The overarching goal of the initiative is to develop a culture of continuous quality improvement (QI) within the free clinics by helping them collect and analyze health outcomes data and eventually implement QI activities based on these data.

In a 2012 report to the US Congress about quality incentives for safety-net providers, George Washington University used this North Carolina model as an example of financial support "driven by achievement of quality measures and improvements in same" [1]. The report notes that quality-based grant making of this sort reinforces the role

that free clinics have historically played as "incubators of innovation in cost-effective, quality care" [1].

In the health care safety-net system, the collection of health outcomes data is unique and innovative; furthermore, the data show that free clinics play a prominent role in North Carolina's safety net. In 2012, the NCAFC provided health care services worth more than \$211.2 million to 91,597 patients—free of charge—through the work of 8,445 health care professionals and other community volunteers [2]. On average, \$6.45 in health care was provided for every \$1 spent to operate a free clinic [2]. These data show that free clinics are widely supported by communities across the state and that free clinics provide accessible health care to uninsured patients.

Beyond playing a prominent role in their communities, free clinics provide high-quality care that is on par with state and national benchmarks. In 2012, 40% of patients with diabetes seen at free clinics in North Carolina had a glycosylated hemoglobin level lower than 7% on their most recent assessment; in comparison, among North Carolina participants in the Health Resources and Services Administration (HRSA) Health Center Program, 42% of patients with diabetes met this goal [3]. Also in 2012, 65% of free-clinic patients with hypertension had a blood pressure reading lower than 140/90 mm Hg during their most recent visit; of the patients with hypertension seen at North Carolina's 32 HRSA health centers, 60%

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Address correspondence to Ms. Taylor Riley, PO Box 25893, Winston-Salem, NC 27114 (taylor@ncfreeclinics.org).

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achieved that target in 2012 [3]. Another indicator of evidence-based practice is that 72% of free-clinic patients with hypertension who achieved adequate blood pressure control in 2012 received at least 2 additional blood pressure assessments after meeting that goal.

Before the NCAFC Health Outcomes Initiative was implemented, most clinics did not know how often they were following evidence-based practice guidelines. For example, the Wayne Action Team for Community Health (WATCH)—which operates a free, mobile, primary care medical unit—found that they had performed comprehensive foot exams for only 27% of patients with diabetes treated in 2012. Wanting to provide more foot exams for their patients, they focused their QI activities on increasing this rate by training staff members, creating reminders in the electronic medical record system, and streamlining the process of documenting that an exam had been performed. By the end of 2013, the foot exam rate had jumped to 83%. This is just one example of how clinics have improved quality of care by implementing QI strategies based on the collection and analysis of their outcomes data.

The culture of QI in free clinics began in 2009 with the implementation of data collection and continues today with quarterly reporting from 21 member clinics and with the NCAFC's provision of QI training and assistance. The free clinics are making strides toward high-quality health care, as demonstrated by health outcomes data for the past 4 years and their active efforts in the QI program. By 2015 all health outcomes data from participating clinics will be submitted quarterly.

By getting results throughout the year, clinics will be better able to implement continuous QI. Data collection through the Annual Outcomes Survey will continue to play a crucial role as the state's safety-net system plans for the changing future of accountable health care, and as free clinics seek to prove that they provide essential health care for uninsured individuals across the state. **NCMJ**

Taylor Riley, BA associate director of programs, North Carolina Association of Free Clinics, Winston-Salem, North Carolina.

Jason Baisden, BS executive director, North Carolina Association of Free Clinics, Winston-Salem, North Carolina.

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References

1. Department of Health Policy, School of Public Health and Health Services, George Washington University. Quality Incentives for Federally Qualified Health Centers, Rural Health Clinics and Free Clinics: A Report to Congress. Washington, DC: George Washington University; 2012. <http://www.healthit.gov/sites/default/files/pdf/quality-incentives-final-report-1-23-12.pdf>. Accessed March 21, 2014.
2. North Carolina Association of Free Clinics (NCAFC), Blue Cross and Blue Shield of North Carolina Foundation. 2013 Annual Outcomes Report. Winston-Salem, NC: NCAFC; 2013. <http://www.ncfreeclinics.org/wp-content/uploads/2013/10/2013-ANNUAL-OUTCOMES-REPORT-Section-1.pdf>. Accessed April 16, 2014.
3. Health Resources and Services Administration (HRSA). Primary Care: The Health Center Program. 2012 Health Center Data: 2012 North Carolina Data, 32 grantees. Table 7, Sections B and C. <http://bphc.hrsa.gov/uds/datacenter.aspx?q=tall&year=2012&state=NC>. Accessed August 4, 2013.