

North Dakota Legislative Health Care Task Force

Subcommittee on Improving Access to Care

July 30, 2024

Combined areas of underperformance Commercial and Medicaid

Measure	Medicaid Score	PercentileL/ML /MH/H	Commercial Score	PercentileL/M L/MH/H
Primary and Preventive				
Well-Child Visits in the First 30 Months of Life (First 15 Months)	36.5	Low	75.0	Low
Well-Child Visits in the First 30 Months of Life (15 Months-30 Months)	39.3	Low	81.3	Low
Cervical Cancer Screening (Ages 21 to 64)	41.3	Low	71.9	ML
Colorectal Cancer Screening	41.3	Low	66.0	MH
Breast Cancer Screening (Ages 50 to 64)	36.3	Low	71.1	MH
Prenatal and Postpartum Care: Postpartum Care	43.8	Low	82.1	ML
Chronic Disease Management				
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)*	35.8	High	65.9	Low
Plan All-Cause Readmissions*	0.85	High	0.64	Low

* Lower rate is better for the measure.

Source: Centers for Medicare & Medicaid Services published data based on Mathematica analysis of MACPro and FORM CMS-416 reports.

Successful Actions

Mobile Health Clinics

Outcomes: Lower Cost, Greater Access, More Connections to Community Resources

Key Mobile Clinic services to address quality improvement areas:

- Immunizations
- Primary care
- Pediatrics, including well child visits
- Maternal and Infant Care
- Preventive health screenings
- Mammography

Family HealthCare (Fargo, ND) is currently utilizing a mobile unit to provide both medical and dental care. The mobile unit routinely visits local public schools to provide vaccinations and preventative dental care services.

Rolette County ND Public Health offers a mobile unit for certain services:

Marketing and Education

Outcomes: Improved quality measures, More well child and screenings completed

- Be sure providers know the population of patients they are responsible for. (Empanelment, shared data)
- Scheduling efficiencies like scheduling next visit at check in, weekend & evening appointments, online or text scheduling
- Reminder phone calls, post cards, email, and texts
- Collaborate with community orgs on health fairs
- Mass media including television, radio, newspapers, magazines, and billboards
- Use prevalent languages and culturally responsive messaging
- Offer incentives such as gift cards
- Make referrals to address gaps in health-related social needs
- Embrace innovations such as use of Fecal immunochemical test (FIT) for colorectal cancer screen

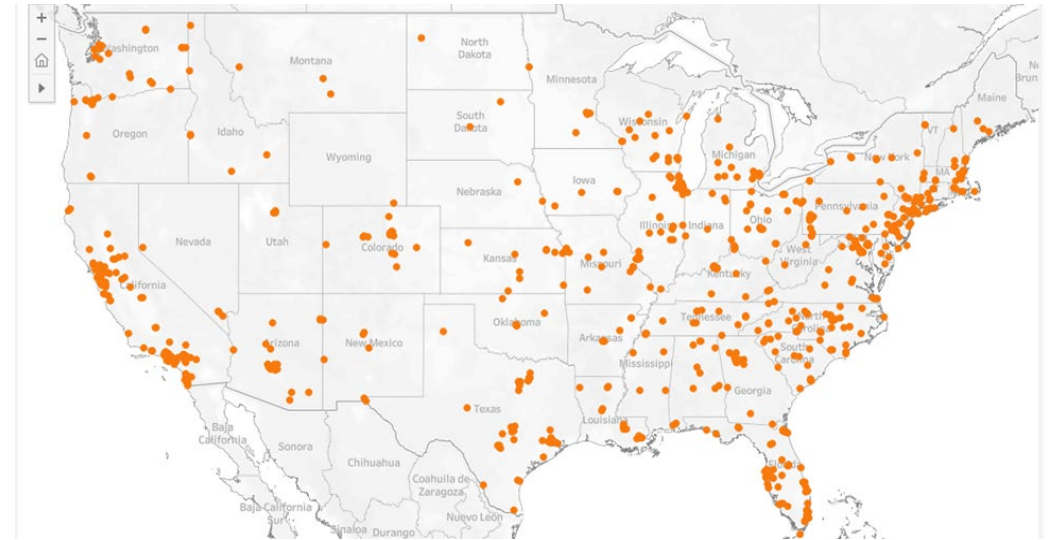
Mobile Units

Mobile Health Clinics Nationwide

How Mobile Health Clinics Improve Access to Health Care

- **Lower cost:** According to [Mobile Health Map](#), for every \$1 spent on mobile health, \$12 are saved, resulting in a return on investment of 12:1.
- **Greater access:** Mobile health clinics improve access to health care in rural areas and may also operate in urban spaces to serve a specific population, such as unhoused or transitory individuals for whom healthcare costs may be a major deterrent to seeking treatment. According to a 20-year study, patients who sought care at mobile health clinics reported feeling more empowered to navigate the broader healthcare systems' complex medical scheduling and billing processes.
- **Connections to wider community resources.** Through collaborations with local agencies such as community health centers, churches, and other hospitals and clinics mobile health clinics offer their patients a range of medical and social services.

Mobile Health Clinics across the country



Most prevalent services offered in Mobile Clinics

1. Preventive health screenings
2. Immunizations
3. Enabling services
4. Outreach and enrollment
5. Primary care
6. Dental
7. Pediatrics
8. Chronic disease mgmt
9. Behavioral Health
10. Urgent Care
11. Maternal or infant care
12. Disaster relief
13. Pharmacy services and OTC medicines
14. Vision
15. Mammography

Mobile Health Clinics in North Dakota

Family HealthCare (Fargo, ND) is currently utilizing a mobile unit to provide both medical and dental care. The mobile unit routinely visits local public schools to provide vaccinations and preventative dental care services. Services offered include:

- Medical Services: Physical Examinations, Immunizations, Covid Testing
- Optometry
- Dental Services: Examinations, Teeth Cleanings, Fluoride, X-ray, Sealants, Fillings

Rolette County ND Public Health offers a mobile unit for certain services:

- Vaccines for all ages
- Blood Pressure testing
- Fluoride Varnish Application
- STD Testing
- HIV/Hep C Testing
- Blood-Lead Testing
- Breast Pump Rental
- Quit Tobacco

Family HealthCare Mobile Health Clinic



Rolette County Public Health Mobile Clinic



Mobile Health Clinics Policy and Advocacy

According to the National Association of Community Health Centers the number of mobile healthcare units has jumped by 40 percent since 2019

[Community HealthCare Association of the Dakotas \(CHAD\)](#) is actively working to increase use of mobile health units. They provide training and technical assistance to support mobile unit growth and development at health centers in North Dakota and South Dakota.

Under the new federal [Mobile Healthcare Act of 2023](#), existing Section 330 grantees (community health centers) may apply for New Access Points (NAP) funds to support a mobile health unit without including a permanent site in the application, providing much-needed operational flexibility.

FY25 New Access Points funding from the Bureau of Primary Health Care, Health Resources and Services Administration (HRSA)

Key funding details

- We expect to award \$50 million in FY25 to 77 applicants.
- Funding will support primary health services at new access points.
- You must plan to provide health services and comply with Health Center Program requirements within 120 days of award.

You must:

- Be a private, non-profit entity or a public agency. Tribal and urban Indian organizations may apply.
- Propose at least one new site to deliver primary health services for medically underserved populations.



Marketing and Education

Marketing and Education — Strategies

- Provider and / or Consumer focused campaigns
- Leverage prior Public Health Campaign Experience
- Identify current in-state initiatives that can be brought to scale
- Identify adjacent state efforts that can be adopted in North Dakota
- Identify National successes that have not gotten traction in North Dakota previously
- Establish processes for annual review of measures
- Establish processes for payer alignment / consensus on priority focus areas
- Align annual investments in Marketing and Education with priority focus areas

Marketing and Education — Provider actions

- Be sure providers know the population of patients they are responsible for
- Assign patients to clinic rather than provider. Make it easy to change PCP of record.
- Schedule next appointment at time of check in
- Offer provider trainings on effective communication and patient engagement
- Train office personnel on tactful and confidential communication about insurance status
- Add weekend or evening appointments
- Contact patient family twice to schedule appointment and phrase as opt out rather than opt in (“we are calling to schedule an appointment” rather than “do you want to schedule an appointment?”)
- Offer for parents to ask questions before and in-between visits
- Educate providers on screenings/immunization periodicity schedule and related HEDIS measures
- Facilitate providers learning from each other

Marketing and Education — Consumer/Patient/Caregiver actions

Outreach to patients and their families in creative and ever-changing ways

- Collaborate with schools, childcare, head start programs, and other agencies on health fairs, parenting classes, and other educational opportunities.
- Give caregivers a checklist of screenings, immunizations, and procedures to include those needed and those completed
- Offer convenient scheduling options such as online booking, patient portals, and text messaging
- Create social media posts to highlight the importance of well child visits
- Post and distribute informational flyers, brochures, reminder postcards, and other materials in Spanish and other prevalent languages
- Make reminder phone calls before appointments
- Convene patient advisory councils to understand barriers and generate ideas
- Offer incentives such as gift cards for completing visits and for referring other families

Marketing & Education — Intervention Examples : Engagement

Addressing Cancer Disparities Through Community Engagement: Lessons and Best Practices

[This review](#) synthesizes approaches and summarizes best practices utilized in community engagement initiatives to empower and involve diverse populations in the fight against cancer. The review discusses key lessons learned from successful programs

From Awareness to Action: A Review of Efforts to Reduce Disparities in Breast Cancer Screening

[The reviewed interventions](#), including policy and legislation changes, community-based programs, culturally competent interventions, technological advancements, and patient navigation programs, have shown promise in improving screening rates and reducing disparities among underserved populations.

Innovation Example — (FIT) Community Screening Programs

Community Outreach Can Increase Access to Colorectal Cancer Screening in Underserved Populations

[Three recent studies](#) explored how fecal immunochemical test (FIT) -based community screening programs could promote CRC screening in underserved groups. (2021)

- 1. Eligible individuals who visited the outpatient department were invited to participate in the screening program.** Of the 6,737 patients who were provided a FIT kit, 92.8 percent completed and returned the kit. (Brazil)
- 2. Researchers partnered with health care workers and a local church to establish a socially distant drive-by FluFIT clinic to simultaneously administer flu vaccines and FIT kits for colorectal cancer screening** to eligible individuals in a predominantly Black neighborhood. To date, more than 80 percent of the 192 participants have completed and returned the FIT kit. (Philadelphia, PA)
- 3. Participants were randomly assigned to either the control group that received only a text message reminder about CRC screening, or the intervention group that automatically received a FIT kit by mail (unless they chose to opt out) and follow-up text message reminders.** After 12 weeks, the screening rate was significantly higher in the intervention group compared with the control group (19.6 percent vs. 2.3 percent). (Philadelphia, PA)

Improve Access Via Removing Grandfathering of NDPers Plans

Proposed Changes to the North Dakota State Employee Health Plan Affecting Grandfathering

Current Status:

The North Dakota state employee health plan is currently a grandfathered plan under the Affordable Care Act (ACA). This status exempts the plan from certain ACA mandates, allowing it to avoid providing some coverages required by non-grandfathered plans.

Potential Changes and Their Implications:

1. Senator Davison (in drafting):

- **Proposal:** Remove grandfathering of state employee health plan.
- **Details:** This new plan would enhance coverages for state employees by removing the grandfathered status for the ND uniform group insurance program. This program provides coverage to ND government employees today. It would be a non-grandfathered plan under the ACA.
- **Cost Implications:** TBD
- **Outcome:** TBD

2. Senate Bill 2171 (2021 ND Legislative session):

- **Proposal:** Introduce a third health insurance option for state employees.
- **Details:** This plan would include enhanced coverages for colonoscopies, breast pumps, and contraceptives. It would be a non-grandfathered plan under the ACA.
- **Cost Implications:** The additional coverages would result in an extra cost of about \$700 per year for employees opting for this plan.
- **Outcome:** The bill was passed by the Senate but failed in the House. Concerns included the potential for adverse selection and increased costs, as well as the impact on the premiums of other state health plans.

Potential Committee Recommendations

- Recommend mobile health clinics and education and marketing as avenues to improve quality scores in targeted ND geographies.
 - Connect with Community Health Care Association of the Dakotas (CHAD) to understand successes and challenges of current ND mobile clinics
 - Identify what Public Health in ND has found to be most successful in marketing and education of consumers & providers to drive improvement in recommended health screenings and wellness visits with a focus on well child, immunizations, & cancer screenings
 - Adopt recommended marketing and education initiatives prior to legislative session as a formal recommendation
 - Support legislative funding for mobile clinics combined with annual all payer consensus recommendations and geographic and population specific targeting.
- Support legislation to remove grandfathering of NDPers plans to improve access to colonoscopies and other screenings

Appendix

Appendix – Cancer Screening

Cancer Screening Type	State	Initiative	Description	Outcome
Breast Cancer	NY	ASK ME Campaign	Volunteers in local businesses and community centers wear buttons and distribute information cards to promote free cancer screening services.	Increased awareness and enrollment in screening programs.
Breast Cancer	AR	BreastCare Program	Outreach to women in shelters and similar facilities, including mobile mammography vans.	Enrolled 7 women in the program. 4 received mammograms, and 1 was diagnosed with breast cancer.
Breast Cancer	NC	Women's Health Awareness Day	Staff provided information and connected uninsured women to screening programs with the help of patient navigators and medical interpreters.	75 women enrolled in the screening program.
Breast Cancer	HI	Kalihi-Palama Health Center	Advisory group of bilingual community health workers conducted group appointments and provided transportation and child care.	Increased screening rates among Filipino women.

Appendix – Cancer Screening

Cancer Screening Type	State	Initiative	Description	Outcome
Cervical Cancer	NY	Cancer Services Program	Agreements with over 5,000 doctors to provide screenings and follow-up diagnostic tests.	Screened 26,126 uninsured New Yorkers, with 118 diagnosed with cervical cancer or precancerous cells.
Cervical Cancer	HI	Kalihi-Palama Health Center	Similar to breast cancer initiative, using culturally tailored outreach and group appointments.	Increased cervical cancer screening rates among underserved populations.
Colon Cancer	MO	State Employee Education	Distributed educational materials and used email campaigns to promote screening among state employees.	Improved awareness and screening rates among state employees.
Colon Cancer	NY	Cancer Services Program	Outreach and education through neighborhood visits and contractor assistance for follow-up tests.	Screened numerous individuals, with 434 diagnosed with colorectal cancer or precancerous cells.

Appendix – Well Child Visits

State/Organization	Program Name	Description	Link
Oregon	Coordinated Care Organizations Quality Incentive Strategy	Incentivizes progress on HEDIS measures and state-designed pediatric measures, including social-emotional health service access for infants and children	Oregon Health Authority
Michigan	Managed Care Organization Disparity Reduction Initiative	Requires MCOs to identify and publish disparities in well-child visit rates and encourages plans to reduce disparities	Michigan DHHS
North Carolina	Keeping Kids Well Program	Aims to increase well-child visit and immunization rates while reducing disparities. Offers practice coaches and customized vaccination notices	NC DHHS
Partnership HealthPlan of California	Well-Child Visit (Birth to 15 Months) Quality Improvement Program	Uses a dashboard to track completion rates by race/ethnicity and language to address inequities	Partnership HealthPlan
Children's Hospital Colorado	"First Five" Quality Improvement Program	Multifaceted approach to improve well-child care adherence and provider continuity for the first five visits	NCBI Article
Horizon Blue Cross Blue Shield	HEDIS Measurement Year Provider Tips	Provides best practices for providers to optimize HEDIS results for well-child visits	Horizon BCBS

Appendix – Additional Sources

[How Do Mobile Health Clinics Improve Access to Health Care? \(2021\)](#)

[Mobile Health Map \(2024\)](#)

[Making the Most of Mobile Care \(2023\)](#)

[The MOBILE Health Care Act: Everything You Need to Know \(2023\)](#)

[Medicaid and CHIP Improvement Initiatives: Improving Infant Well-Child Visits \(2024\)](#)

[Multicomponent Interventions Recommended to Increase Cancer Screening \(2022\)](#)

[Use of Community Health Workers to Increase Cancer Screening \(2022\)](#)

[Addressing Cancer Disparities Through Community Engagement: Lessons and Best Practices \(2023\)](#)

[From Awareness to Action: A Review of Efforts to Reduce Disparities in Breast Cancer Screening \(2023\)](#)

[Community Outreach Can Increase Access to Colorectal Cancer Screening in Underserved Populations \(2021\)](#)