IBC FOUNDATION BLUE SAFETY GRANTEE NEEDS ASSESSMENT
Executive Summary

INTRODUCTION

The Drexel University School of Public Health was contracted by the IBC Foundation to conduct a needs assessment of the Blue Safety Net Program and its grantees, in order to maintain IBC's commitment to the local safety net. The Drexel team was led by Jennifer Kolker, Associate Dean for Public Health Practice and Dennis Gallagher, Interim Chair in the Department of Health Management and Policy. The Drexel team was comprised of staff and faculty at the Center for Public Health Practice, the overarching entity for scholarship in public health practice at the School of Public Health.

WHAT WE DID

Drexel's *Center for Public Health Practice (CPHP)* reviewed all interim and final reports from Blue Safety Net grantees from 2012 and 2013. In the summer of 2014, the CPHP conducted three focus groups with Blue Safety Net grantees to gather information regarding needs and opportunities related to health care services, financing, meaningful use of health information technology and data, impact of the Affordable Care Act (ACA), and experiences with the Blue Safety Net grant program. Grantees were divided into clusters using location and overseeing agency. Grantees who did not fall into a natural cluster were invited to participate in telephone interviews. The CPHP team developed and administered an electronic survey to all grantees. The data was analyzed collectively and according to organization patient load and clinic model.
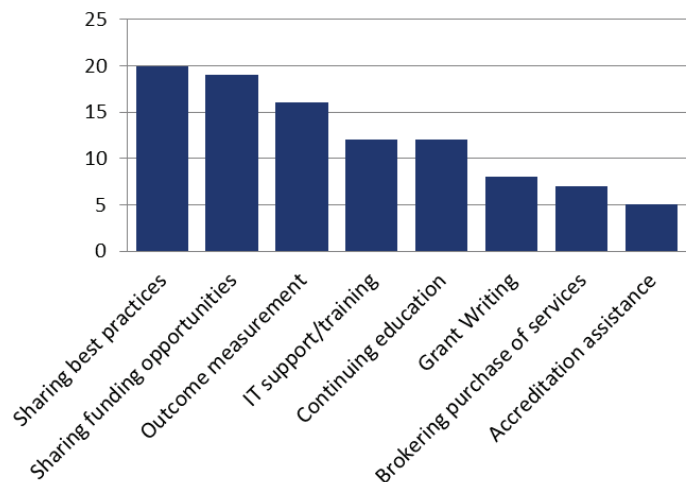
WHAT WE HEARD

Thirty-seven of the forty-three Blue Safety Net grantees responded to the survey. Twenty three sites were represented in the focus groups. Four grantees engaged in follow up telephone interviews.

Funding

The most common use of funds was the supplementation of general operating expenses. Respondents indicated that the availability of funds for discretionary spending is valuable and uncommon. They expressed the importance of maintaining this funding stream for the provision of patient care. Most respondents did not expect to change their use of funding in the upcoming grant year.

Figure 1. Types of technical assistance preferred by the clinics/organizations.

Impact of the ACA

Many respondents are still uncertain of how Medicaid expansion and the ACA will affect them. Some expect to see more patients, some expect to see a new patient population. Many respondents emphasized that large segments of their patient population will remain uninsured or underinsured. Overall, it appears to be too early to anticipate the implications of the ACA or Medicaid expansion.
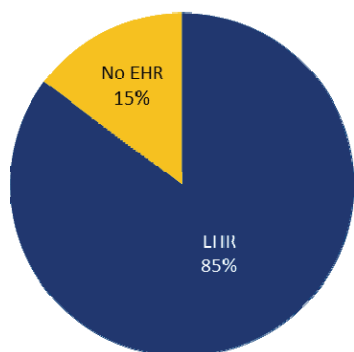
"Our healthcare centers are seeing an influx of patients presenting chronic illnesses who had little or no previous care."

"While the ACA will provide healthcare for most Americans, we see many low-income undocumented people who also need access to care. The IBC Blue Safety Net program allows us to continue to provide these services to all people in

Health Information Technology (HIT)

There is a wide range of IT needs and capacity, particularly regarding health information exchange networks, but funding for technical assistance for new systems or implementation would be welcome.

Figure 2. Percentage of clinics/organizations that use electronic health records.

No EHR
15%

EHR
85%

Application Process

Clinics/organizations appreciate the accessibility of IBC Foundation staff and foundation's interest in maintaining and strengthening the safety net. The vast majority of respondents indicated that they were pleased with the process and did not suggest any changes. Suggestions for improvements included:

- Increasing the funding cycle to two years
- Clearly identifying funding priorities and decisions to applicants

1. RECOMMENDATIONS FOR INDIVIDUAL GRANTEES

a. Maintain discretionary funding

Throughout this process, grantees have repeatedly expressed the importance of IBC discretionary funding to be put towards general operating expenses. This flexibility allows grantees to provide continuous health services to their under and uninsured populations.
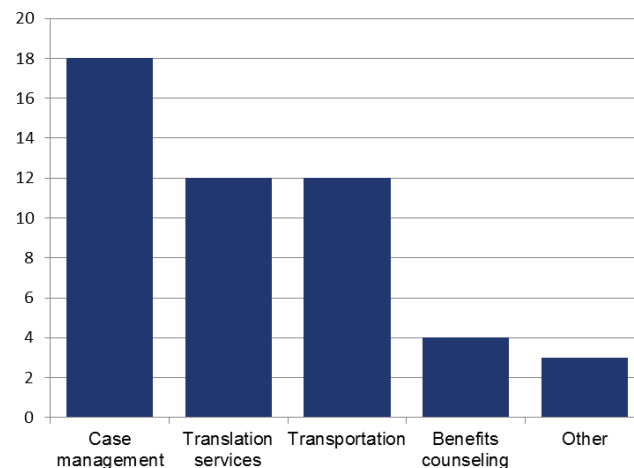
b. In addition to discretionary funding, dedicate funds for targeted programs, depending on clinic size

In addition to providing general operating funds, there is an opportunity to allocate a smaller proportion of funds for targeted initiatives, based on the grantee's demonstrated needs. The programmatic funding and outcome requirements for this funding may only be possible for clinics with high tech and financial capaci-

"The support both financially and educationally had been extensive. We have met many other centers through the conferences. The people from IBC Foundation have all been very professional and supportive of our health center. We appreciate the ease of the grant application and follow up needed. Thank you for helping us improve our patients' lives."

These targeted funds could encompass either medical programs and non-medical services. Almost 70% of respondents identified the integration of behavioral health services as a priority area for additional funds. Other areas of interest for programmatic funding are shown in Figure 3.

Figure 3. Clinics/organization priority areas for potential additional funds for non-medical services.

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Category	Value
Case management	18
Translation services	12
Transportation	12
Benefits counseling	4
Other	3

2. RECOMMENDATIONS FOR THE BLUE SAFETY NETWORK

a. In the event of additional IBC Foundation funding, suggested new initiatives include:

- Technical support for grantees, specifically in the areas of development of EHRs and participation in the regional Health Information Exchange/ network
- Workforce development, such as training for non-clinical staff or continuing education opportunities
- Expanding the Blue Safety Net program to communities with demonstrated need, either with a high number of low-income or uninsured residents.

"The IBC Foundation is a very important and welcome source of support that allows for unrestricted use."

NEXT STEPS

The final report will consist of:

- Detailed, synthesized data from formative research, focus groups, phone interviews, and electronic survey
- Additional maps and charts in key areas of interests
- Fully detailed recommendations for next steps