Health Center
Quality Improvement Awards

December 18, 2014

U.S. Department of Health and Human Services
Health Resources and Services Administration
Bureau of Primary Health Care
Overview

• Quality Improvement Awards

• Award Details

• Terms of the Award

• Technical Assistance Resources
Primary Health Care Mission

Improve the health of the Nation’s underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services
Primary Health Care Goals

• Increase access to primary health care services for underserved populations

• Modernize the primary health care safety net infrastructure and delivery system

• Improve health outcomes for patients

• Promote a performance-driven and innovative organizational culture
Priorities & Goals

1. Implementation of QA/QI Systems
   *Health Centers fully implement their QA/QI plans*

2. Adoption and Meaningful Use of EHRs
   *Health Centers implement EHRs across all sites & providers*

3. Patient Centered Medical Home Recognition
   *Health Centers receive PCMH recognition*

4. Improving Clinical Outcomes
   *Health Centers meet/exceed HP2020 goals on at least one UDS clinical measure*

5. Workforce/Team-Based Care
   *Health Centers are employers/providers of choice and support team-based care*
Health Center Program
Modernize Care – PCMH Recognition

National PCMH Recognition in Health Centers - FY 2014
(54% of Health Centers Achieving PCMH Recognition as of July 2, 2014)

Percent Recognition
- 0
- 1 - 20%
- 21 - 40%
- 41 - 60%
- 61 - 80%
- 81 - 100%

Pacific Island Territories
American Samoa 0%
Guam 0%
Marshall Islands 0%
Micronesia 0%
Republic of Palau 0%

Alaska 14%
Hawaii 65%
Puerto Rico 0%
Virgin Islands 0%

MA 78%
RI 100%
CT 69%
NJ 60%
DE 100%
MD 44%
DC 86%

WA 81%
OR 97%
ID 42%
MT 53%
ND 25%
MN 88%
WI 50%
MI 56%
PA 40%
NY 68%
VT 82%
WV 61%
VA 65%
GA 48%
AL 64%
SC 60%
FL 48%
OH 58%
IN 39%
KY 50%
TN 37%
MS 48%
AR 67%
OK 37%
KS 50%
NE 57%
IA 71%
MO 64%
IL 49%
Pay for performance is a broad term used to describe initiatives aimed at improving the quality, efficiency, and overall value of health care while also rewarding providers and systems financially.

Multiple incentive types are included in the Quality Improvement Awards.

Methodology developed with disparities in mind and a goal of further reducing health disparities among health center patients.
Quality Improvement Awards
Goals

• Improve health center clinical quality

• Improve patient health outcomes

• Recognize efforts at building systems and processes that support ongoing quality improvement and practice redesign
Quality Improvement Awards
Summary

• Funding available in 4 award categories:
  1. EHR Reporters
  2. Clinical Quality Improvers
  3. Health Center Quality Leaders
  4. National Quality Leaders

• Based on 2012 and 2013 UDS data
Building Blocks of Clinical Quality

- EHR Reporters
- Clinical Quality Improvers
- Health Center Quality Leaders
- National Quality Leaders
### EHR Reporters

**Data Source** | **Criterion** | **Award**
--- | --- | ---
2013 UDS | Used EHRs to report clinical quality measure data on all of their patients | $15,000 per health center
Clinical Quality Improvers

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Criterion</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012 and 2013 UDS</td>
<td>10% or greater improvement on clinical quality measures from 2012 to 2013</td>
<td>$2,500 for each clinical measure improved plus $0.50 per patient</td>
</tr>
</tbody>
</table>

Note: Childhood immunizations and cervical cancer screening measures are not included due to definition changes from 2012 to 2013
### Data Source

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Criterion</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013 UDS</td>
<td>The top 30% of all health centers who achieved the best overall clinical outcomes</td>
<td>$15,000-$25,000 base award plus $0.50 per patient</td>
</tr>
</tbody>
</table>

Note: Based on average adjusted quartile ranking
## Health Center Quality Leaders

### Base Awards

<table>
<thead>
<tr>
<th>Top 30% Health Centers</th>
<th>Base Award</th>
<th>Per patient</th>
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</thead>
<tbody>
<tr>
<td>1 – 9.9%</td>
<td>$25,000</td>
<td>$0.50</td>
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<tr>
<td>10 – 19.9%</td>
<td>$20,000</td>
<td>$0.50</td>
</tr>
<tr>
<td>20 – 30.0%</td>
<td>$15,000</td>
<td>$0.50</td>
</tr>
<tr>
<td>Data Source</td>
<td>Criterion</td>
<td>Award</td>
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<tr>
<td>2013 UDS</td>
<td>Meeting or exceeding clinical benchmarks for:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Chronic Disease Management</td>
<td>$25,000 base award plus $0.50 per patient</td>
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<tr>
<td></td>
<td>2. Preventive Care</td>
<td></td>
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<td></td>
<td>3. Perinatal/Prenatal Care</td>
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Note: Tobacco screening and tobacco cessation intervention measures are not included because 94-95% of health centers are already meeting national benchmarks.
Chronic Disease Management

- Diabetes control > 84%
- Appropriate asthma treatment > 78%
- Hypertension control > 61%
- CAD and lipid therapy > 75%
- IVD and aspirin therapy > 75%
Preventive Care

- Adult weight screening > 53%
- Child/adolescent weight screening > 52%
- Cervical cancer screening > 58%
- Colorectal cancer screening > 33%
- Childhood immunizations > 80%
Perinatal/Prenatal Care

- Early entry into prenatal care > 78%
- Low birth weight < 8%
Award Information
Summary of Funding

- HRSA awarded approximately $36.3 million to 1,113 health centers in all 50 states, the District of Columbia, and 7 U.S. Territories


- Health centers received funding in the 4 categories as follows:
  - EHR Reporters: 332
  - Clinical Quality Improvers: 1,058
  - Health Center Quality Leaders: 361
  - National Quality Leaders: 57
• Health centers that submitted their 2013 UDS were potentially eligible for the QIA funding.

• Health centers were not considered for funding if their health center grant (H80) was discontinued or relinquished.
Quality Improvement Award
Term on Notice of Award
The Quality Improvement Award provides one-time funding for use during the period of December 1, 2014 through November 30, 2015.

QIA funding must be used:

- Within 12 months of receipt of funds to support quality improvement activities.
- Consistent with federal cost principles at 2 CFR Part 230.
Quality Improvement Award funding may **not** be used:

- For costs unallowable under the H80 grant.
- To supplant existing resources.
- To support bonuses or other staff incentives.
- For moveable equipment individually valued at $5,000 or greater (except equipment related to HIT and certified EHR systems).
- For construction costs (including minor alterations and renovation and fixed equipment).
Funds must be used for quality improvement activities, which include but are not limited to:

- Developing and improving health center quality improvement systems and infrastructure:
  - training staff
  - developing policies and procedures
  - enhancing health information technology, certified electronic health record, and data systems
  - data analysis
  - implementing targeted quality improvement activities
Term – Activities continued

• Developing and improving care delivery systems:
  – supplies to support care coordination, case management, and medication management
  – developing contracts and formal agreements with other providers
  – laboratory reporting and tracking
  – training and workflow redesign to support team-based care
  – clinical integration of behavioral health, oral health, HIV care, and other services
  – patient engagement activities
If Quality Improvement Award funds are not expended in the current budget period, the grantee must submit a prior approval request to carryover the remaining funds to the next budget period.

Grantees must describe quality improvement activities/purchases in the FY16 SAC/BPR.
Technical Assistance Resources
Technical Assistance (TA) Resources

- National and state-based support for training and technical assistance:
  - National Cooperative Agreements
  - State/Regional Primary Care Associations
  - State Primary Care Offices

- Health Center Controlled Networks

- Federal TA Support:
  - Project Officer
  - TA Calls/Trainings
  - Onsite Consultant Support
  - BPHC Website

For more information visit the BPHC Website: http://www.bphc.hrsa.gov/technicalassistance/index.html

Send Quality Improvement Awards-related questions to [BPHCQI@HRSA.gov](mailto:BPHCQI@HRSA.gov)

Health Center Adjusted Quartile Ranking

UDS Website

- UDS Grantee/State/National Summaries
- Health Center Trend Reports
- State and National Roll-up Reports
- Reporting and Training Resources

UDS Mapper
http://www.udsmapper.org/

- HRSA has developed a mapping and support tool driven primarily from data within the UDS
- Webinar trainings on using UDS Mapper functionalities available at http://www.udsmapper.org/webinars.cfm
Thank You