



**Health Resources and Services Administration (HRSA)  
Bureau of Primary Health Care (BPHC)  
Office of Quality Improvement (OQI)**

**Quality Improvement Awards**

Frequently Asked Questions (FAQs)

**1. What are the Health Center Quality Improvement Awards?**

To further its commitment to improve the overall quality, efficiency, and value of health care services for the patients served at health centers, HRSA established an annual recognition and quality investment fund. These awards recognize the highest performing health centers nationwide as well as those health centers that have made significant quality improvement gains in the past year. HRSA's fiscal year (FY) 2016 Health Center Quality Improvement Award (QIA) one-time grant supplements recognize health center achievements in expanding access to care, improving care quality and outcomes, increasing comprehensive care delivery in a cost effective way and promoting health equity.

**2. How much funding will HRSA award?**

For FY 2016, HRSA awarded more than \$100.2 million in one-time, supplemental QIAs to 1,304 health centers\* in five areas:

Improving Quality of Care: More than \$43.3 million (1,282 health centers recognized)

Enhancing Access to Care: More than \$4.7 million (449 health centers recognized)

Delivering Value: More than \$5.3 million (197 health centers recognized)

Advancing Health Equity: More than \$6.2 million (212 health centers recognized)

Maintaining PCMH Recognition: More than \$40.4 million (923 health centers recognized)

\* Note: Some health centers were recognized in more than one area.

**3. What types of organizations were eligible for Health Center QIAs?**

Organizations eligible for the QIAs were existing health center program grantees that reported clinical and financial information to the Uniform Data System (UDS) for calendar years 2014 and 2015. The UDS is a core set of data used by HRSA to ensure compliance with legislative and regulatory requirements, improve health center

performance and operations, demonstrate overall program accomplishments, and identify trends over time.

**4. Are the QIAs awarded annually?**

HRSA established the Health Center QIAs to recognize the highest performing health centers nationwide as well as those health centers that have made significant quality improvement gains in the past year. Each year since 2013, QIAs were awarded annually based on a center's performance. If the budget allows, QIAs may continue annually.

**5. How will health centers use these funds?**

Health centers that receive QIAs will use these funds to expand current quality improvement systems and infrastructure and to improve primary care service delivery in the communities they serve.

Health centers must use these funds for quality improvement activities, which include but are not limited to:

- Developing and improving health center quality improvement systems and infrastructure, including training staff; developing policies and procedures; enhancing health information technology, certified electronic health record, and data systems; data analysis; and/or implementing targeted quality improvement activities (including hiring consultants).
- Developing and improving care delivery systems, including purchasing supplies to support care coordination, case management, and medication management; developing and implementing 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; and/or patient engagement activities.

**6. What are the different award categories?**

The QIAs are based on annual health center program UDS data. The UDS is a core set of information used to review the operation and performance of health centers, and track a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues. Health centers are eligible for QIAs in the following eight categories:

**Quality Awards** went to health centers that used clinical quality measures (CQMs) as levers for improving patient services and outcomes in four categories:

**Electronic Health Record (EHR) Reporters** employed EHRs to report on all CQM data for all of the health center's patients.

**Clinical Quality Improvers** demonstrated notable improvement in one or more CQMs between 2014 and 2015.

**Health Center Quality Leaders** achieved the best overall clinical performance among all health centers.

**National Quality Leaders** exceeded national clinical quality benchmarks, including Healthy People 2020 goals, for chronic disease management, preventive care, and perinatal/prenatal care.

#### **Access Awards**

**Access Enhancers** increased the total number of patients served and the number of patients receiving comprehensive services between 2014 and 2015.

#### **Value Awards**

**High Value Health Centers** delivered better, smarter, healthier care by improving cost efficient care delivery compared to the national average while also increasing quality of care and improving access to comprehensive services.

#### **Health Equity Awards**

**Health Equity Advancers** met or exceeded Healthy People 2020 goals by each race/ethnic group, or made marked advances in moving each race/ethnic group towards the Healthy People 2020 goals.

**PCMH Recognition Awards** went to health centers that achieved Patient-Centered Medical Home (PCMH) recognition. To learn more about HRSA's Patient Centered Medical Home Initiative go to:

<http://bphc.hrsa.gov/qualityimprovement/clinicalquality/accreditation-pcmh/index.html>.

**7. How are these awards different than the QIAs made last year?**

The FY 2016 Health Center QIAs uses data submitted by grantees in the 2014 and 2015 UDS, and includes a new category recognizing health centers that advanced health equity for their patients. Also, FY 2016 QIAs have subsumed PCMH recognition awards, which were previously separate.

**8. Where can I find the list of organizations that received QIAs?**

For a list of fiscal year 2016 Quality Improvement Awards go to:

<http://bphc.hrsa.gov/programopportunities/qualityimprovement/fy16awards/>.

**9. How many QIAs were made for FY 2016? How many of the awards were made to rural/urban health centers, or Tribal/Urban Indian health centers?**

HRSA awarded QIAs to 1,304 health centers, including 607 rural, 697 urban, 23 Tribal and 7 Urban Indian health centers.

**10. How do I find out how to qualify for a QIA?**

Health center program grantees can send inquiries regarding QIAs to the BPHC Quality Improvement mailbox ([BPHCQI@HRSA.gov](mailto:BPHCQI@HRSA.gov)).

**11. Where can I find more information on the clinical performance of health centers?**

For individual health center program grantee profiles go to:

<http://bphc.hrsa.gov/uds/datacenter.aspx?q=d>. The information includes data on patient demographics, services provided, clinical indicators, utilization rates, costs, revenues, and a health center's adjusted quartile ranking on clinical quality measures compared to health centers nationally.

**12. For per patient bonus, is this the entire health center population or patients within the denominator of the measure?**

The per patient bonus is applied to the total number of unduplicated patients for that particular health center.

**13. For the National Quality Leaders Award, if a health center has a denominator of "0" in one of the clinical quality measures incorporated in one of the overarching categories (chronic disease management, preventive care, or perinatal/prenatal care), is the health center automatically ineligible for the award?**

If a health center did not serve any patients that met the measure definition for one of the clinical quality measures (CQMs) incorporated in one of the categories of the National Quality Leaders Award, it will still be considered for the award. For example, if a health center did not serve any patients 18 years or older with a diagnosis of coronary artery disease, or any patients ages 18 to 75 with a diagnosis of Type I or II diabetes, but met or exceeded the benchmarks for the other CQMs in the Chronic Disease Management category, it would still be considered for the award.