

Office of Quality Improvement (OQI)

Director: Suma Nair

OQI serves as the organizational focus for program performance including, clinical and operational quality improvement, patient safety and risk management, data reporting, and program evaluation. Specifically: (1) provides leadership for implementing BPHC clinical quality and performance improvement strategies/initiatives, including health information technology; (2) oversees BPHC Federal Tort Claims Act (FTCA) medical malpractice liability programs, reviewing, risk management and patient safety activities to improve policies and programs for primary health care services, including clinical information systems; (3) leads and coordinates BPHC National and State technical assistance/programs and activities, including those focused on special populations; (4) identifies and provides assistance to BPHC programs around quality improvement and performance reporting activities; (5) oversees BPHC programs related to health information technology and quality improvement; (6) serves as BPHC focal point for the design and implementation of program evaluations; and (7) coordinates BPHC/quality improvement and performance reporting activities within HRSA and HHS, and with other Federal agencies, State and local governments, and other public and private organizations concerned with primary health care, eliminating health disparities, and improving the health status of the Nation's underserved and vulnerable populations.

OQI has four Divisions that carry out these key functions:

FTCA Division

Provides leadership and oversight of patient safety and risk management activities for over 1,200 health centers and over 200 free clinics participating in BPHC FTCA medical malpractice liability programs:

- Health Center and Free Clinic FTCA Program Operations—develops and oversees program policies and operations, including deeming application and review process.
- FTCA Medical Malpractice Claims Management—collaborates with U.S. Department of Justice (DOJ), HHS, and FTCA program participants and oversees portions of the medical malpractice claims process.
- Patient Safety and Risk Management Technical Assistance Resources—develops and implements patient safety, quality assurance, and risk management technical assistance based on program data and information.
- Reviews clinical, quality improvement, risk management, and patient safety activities to improve policies and programs for primary health care services, including clinical information systems.
- Coordinates BPHC FTCA program activities within HRSA and HHS, and with other Federal agencies, State and local governments, and other public and private organizations.

Data and Evaluation Division

Demonstrates the impact of the Health Center Program through program evaluation and research, and promotes data driven quality improvement across the BPHC and the Health Center Program:

- Demonstrates the value and impact of BPHC Programs through data collection, analysis, and dissemination.
- Identifies and provides assistance to BPHC programs around performance reporting and data activities, including the Uniform Data System (UDS) reports.
- Analyzes and reports on data and findings to provide insights and support data-driven program and policy improvement.
- Coordinates design and implementation of program evaluations, including keeping abreast of health center related research, identifying, and filling gaps, as appropriate.
- Coordinates BPHC performance reporting activities within HRSA and HHS, and with other Federal agencies, State and local governments, and other public and private organizations.
- Leads and coordinates the development of data and information to support clinical and operational quality improvement efforts of Health Center Program stakeholders.

Quality Division

Oversees BPHC program clinical and operational quality improvement:

- Provides leadership for developing and implementing BPHC clinical quality and performance improvement strategies/initiatives, including Patient-Centered Medical Home (PCMH) Accreditation, and Quality Improvement performance supplements.
- Leads or supports the development of clinical and operational integration initiatives—HIV, Behavioral Health, Oral Health, and Public Health/Primary Care Integration.
- Identifies and provides technical guidance on integration and quality initiatives for health centers, including those focused on special populations.
- Coordinates BPHC clinical quality and performance improvement activities within HRSA and HHS, and with other Federal agencies, State and local governments, and other public and private organizations.

Strategic Partnerships Division

Oversees a coordinated network of National, regional/State, and local technical assistance to support operational and clinical quality improvement across the Health Center Program:

- Manages BPHC National and State technical assistance programs (cooperative agreements), including programs targeted to special populations and State/regional specific programs.
- Coordinates BPHC programmatic technical assistance and health information technology activities within HRSA and HHS, and with other Federal agencies, State and local governments, and other public and private organizations.
- Oversees BPHC health center controlled network programs related to health information technology adoption and Meaningful Use.
- Identifies and provides assistance to BPHC programs around special population health.

OQI Key Facts

- 80 staff (at full capacity)
- The diverse, interdisciplinary team has backgrounds that include MD, DO, DDS, RN, MSW, RD, JD, PhD, MBA, and MPH, and experience in:

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| Public Health Program Management | Clinical and Operational Quality Improvement | Informatics/Health Information Technology |
| Legal/Policy | Biostatistics/Epidemiology/ | Behavioral Health, Primary Care, |
| Risk Management/ | Health Economics | Oral Health |
| Patient Safety | Business Operations | Human Resources |
- Supported more than 600 health centers with more than 2,500 sites across the Nation in achieving PCMH recognition.
- Supported more than 800 health centers with Electronic Health Record Adoption and Meaningful Use.
- Facilitated almost 550 site visits to health centers to review compliance and provide technical assistance in 2014.
- Responded to almost 1,000 data requests and shared findings on the impact of the Health Center Program through 14 peer reviewed publications and numerous, invited presentations.
- In Fiscal Year 2014, oversaw:
 - 20 contracts that supported quality, accreditation, data, patient/safety risk management, and training and technical assistance efforts totaling more than \$40 million
 - 43 Health Center Controlled Network grants totaling almost \$21 million
 - 69 cooperative agreements with State and National partners to provide technical assistance to health centers totaling more than \$66 million