

**Health Resources and Services Administration  
Bureau of Primary Health Care  
Health Center Quality Improvement Awards  
December 18, 2014, 1 to 2 pm ET**

Coordinator: Welcome and thank you for standing by. At this time all participants will be on a listen-only mode until the question and answer session of today's call. At that time you can press star 1 to ask a question from the phone lines. I'd also like to inform the parties that today's call is being recorded. If you have any objections you may disconnect at this time. I'd now like to turn the call over to Mr. Jim Macrae. Thank you.

Jim Macrae: Thank you. And good afternoon and good morning to those out on the West Coast. Thank you so much for joining us in today's call on the Health Center Quality Improvement Awards. I hope everybody is actually gearing up for a happy holiday season also. It is the end of a very, I think, critically important year for the Health Center Program in terms of its growth as well as its movement on a variety of different areas including a lot of activities around outreach and enrollment, building new access points and what we're really going to focus on today, which is around quality improvement. So it's been a very exciting year. 2015 promises to be an even more exciting year in terms of some activities going on, but very excited about working with you all this past year and look really forward to working with you in 2015.

In particular we were very pleased, I think it was just about a week ago to announce our Health Center Quality Improvement Awards. We made available about \$36 million to support overall 1100 health centers in terms of different aspects of their quality journey. We're actually very excited that as many health centers were ultimately eligible and did receive funding through

this opportunity and we tried to identify some key areas for us in terms of what it was that we were focused on.

Today's call is going to focus on really more the nuts and bolts about how we got to where we were in terms of those awards. Providing a little bit more detail on each of the different categories, the methodologies and I think most importantly giving you sort of a framework for a springboard to where we might go for next year. I think with all of this we always are interested in any kind of feedback that you may have. We don't expect any kind of perfection in terms of this. This is like quality improvement that you all experience in your clinics and in your health centers. You know, we try to do something. We see what the impact is and then we move forward and that's really the way we look at it.

The other thing is that it builds on our overall quality journey here in the Bureau of Primary Health Care and in the Health Center program writ large. We'll spend a little bit more time on the specifics, but just to remind you all we have been focused on this quality journey for quite a period of time. In particular we really see it being built on a foundation of a strong quality improvement system because we think that's really the ultimate foundation of what it is that we're trying to accomplish.

Then, as you know, we've been working to help all of our health centers become electronic adopting EHRs and now beginning the process of working through all the meaningful use steps to get there. One of the things as you recognized even in these Quality Improvement Awards is actually to recognize those health centers that have taken that additional step to report all of their data through EHR into the UDS because we think that's critically important. So we want to continue to support you in this electronic journey.

We also are very happy to have invested significant resources into the patient center medical home process. I just actually had the opportunity to share just actually this morning really I think some incredible success of health centers moving from really not being recognized as patient center medical homes, you know, just three years ago we had less than 1% were nationally recognized to now more than 57% of our health centers are recognized as patient-centered medical homes and we invested a little over \$25 million to support health centers with that aspect of their work. In particular, recognizing any health center that had at least one site recognized and then giving an additional bump for every additional site that was recognized. And we do plan to continue that into 2015. We're looking at probably an as of date of July 1, 2015 very similar to what we did for 2014. So we're excited about that.

The fourth leg of our quality journey or strategy really is around measuring the impact of our programs. So in terms of improving the quality of care and ultimately improving health outcomes for our patients in our population. And that's what the majority of these health center Quality Improvement Awards are looking at in terms of both recognizing where health centers are today and recognizing those that have made improvements - at least 10% in terms of our measures, but then also looking at those health centers that are providing based on our clinical performance measures the highest quality care and risk adjusted based on their patient population, which is critical because we definitely heard that from you and so we didn't want to create any disincentives in terms of recognizing the highest performing health centers based on their patient populations.

So we'll go into much greater detail, but just quickly adjusting for whether the health center was seeing a significant number of special populations, racial and ethnic minorities, uninsured patients and whether they had reported their

data through EHR actually giving more credit to those that reported through EHR.

And then finally the last part of all of our work was really to hit that sort of national benchmark in terms of our clinical performance and recognizing those that had actually exceeded healthy people 20-20 goals or even national standards for health centers. So really recognizing those health centers that are not just health center leaders, but really are national leaders in terms of some of their performance.

And that leads to the last prong of our strategy, which is ultimately to become both employers of choice and providers of choice. We've gotten and I hope you all have received the really good feedback in terms of these awards. We have received multiple inquiries. Some asking about the methodology, but a lot just really I think, appreciating what it is that we're trying to do, which is to further recognize the quality of care that's provided in health centers and having it be aligned with some of the national standards and benchmarks that are going to be out there in terms of more of this movement towards paper performance. But I think also, just also celebrating what it is that health centers do and debunking some of the myths that sometimes are out there about the quality of care that we provide and other aspects of our work.

And so we've seen a number of different articles picked up, you know, in national press, in local press that have a really highlighted, I think, the incredible contributions that you all are all making to improving in the health of your patients and ultimately of your community. So we are very excited about this. Our intent is to continue to do this as an annual process like I said we are going to look to improve it as we go along. Nothing like this is ever perfect the first time, but we do think it's important to continue this journey and to continue to, again, to recognize really the incredible work that you all

have done. So thank you on behalf of all of the team here for all that you do every day. It makes a big difference and clearly it showed up in terms of a lot of these performance measures and clinical outcomes that you've been able to achieve.

Lastly, I just want to thank the team who I think has done a remarkable job in terms of taking all of this data, working through it and really, I think, coming up with a very I don't know what the word is elegant approach in terms of how we have done these Quality Improvement Awards. They have done just a remarkable amount of work associated with this and I really want to thank them personally for all that they've done.

So with that I'm going to turn it over to Dr. Laura Makaroff who is going to talk a little bit about more the background of just how we got here and then we have several other presenters that are going to talk more about some of the specifics. So with that I'll turn it over to Laura and thanks again everybody.

Dr. Laura Makaroff: Great, thanks so much Jim. Thank you all for joining us today. I'm really happy to be here to share some more about the background and the history around our Quality Improvement Awards. And as Jim mentioned I'm Laura Makaroff, I'm the Senior Clinical Advisor in the Bureau of Primary Health Care and I sit in our office of Quality and Data with Sue Nair, our Director.

I'm a Family Physician by training and I'm really pleased to be a part of our team and to work with you all in improving quality for our patients in the communities that we serve.

So first we'll go through slide two. Just to go through the overview today of what we're going to talk through. I'm going to spend a little bit of time going into more detail on some of the things that Jim mentioned around the history

and background of the QI awards and then I'll pass it off to my colleague Dr. Alek Sripipatana who is the Chief of our Data branch and he'll discuss the awards in more detail and the award criteria and also the terms of the awards and then I'll be back with you to review some of the technical assistance resources that are available to support your continued work and your continued quality journey.

Before we get going I also just wanted to talk a little bit about some of the logistics of the webinar. For the Q and A portion we're actually going to take all questions through the chat pod there on the lower left-hand side of your screen. It says chat 3 at the top. So any questions you have about the history or generally about the QI awards please feel free to put those questions into the chat pod there. We will address those questions at the end. If you have specific questions about your individual health center you can email - we have a special inbox setup to take those questions and so that inbox is bphcqi so it's b-p-h-c-q-i @hrsa.gov. And that's on one of the later slides so you'll have that available to you also. So we'll move onto the next slide.

So really I just wanted to frame our discussion a little bit more and Jim set us up nicely to talk about the background and history of where we've been and where we want to go with the QI awards. So just you've all seen this and know this submission of the Bureau of Primary Health Care. And the mission really remains to improve the health of the nation's underserved communities and vulnerable populations by sharing access to comprehensive, culturally competent, quality primary health care services. And the next slide.

Along with our mission we've identified really these four major goals to help guide our activities. And these goals are ones who increase access to primary health care services for underserved populations, to modernize the primary health care safety net infrastructure and delivery system, to improve health

outcomes for patients, which as Jim said is a lot of the focus for the QI awards and also to promote a performance driven and innovative organizational culture. Moving on to the next slide.

I think you're - a lot of you are probably familiar with this slide and have seen it before. This is the health center program's quality strategy and it really gives us a good foundation for where we have come from and where we are going in terms of the QI awards. So remember that the mission of the health center program is to insure access to comprehensive culturally competent high quality health care like we just talked about. So there on the bottom left of your screen.

So we established this foundation of access and then we can move upwards to providing comprehensive services and integrated services including oral health, behavioral health, HIV care and really with the goal of health centers being functioning as a medical home and then the ultimate goal being that health centers are part of an overall integrated health system. So we really aim to accomplish this through the priorities and goals that are here on the right-hand side of the slide, which includes implementation of QI systems, which we talked about and you've all been working very hard on for several years many years really.

Secondly, EHR adoption in meaningful use. Third, PCMH recognition. Next, improving clinical outcomes and supporting team base care and becoming employers and providers of choice. And really health centers have made incredible progress in all of these areas over the last few years as you know. So moving on to the next slide.

This is a map showing EHR adoption across the country broken down by state. And as you can see there really has been tremendous effort by health

centers to adopt and implement electronic health records. We really see HIT as a key transformative tool in supporting and realizing our goals of increased quality, improved access and reductions in health disparities. And it's really no surprise that health centers have become and remain national leaders in electronic health record adoption.

So as of 2013 96% of health centers have implemented an electronic health record and really I think in comparison the last NAMSA survey that I saw said 78% of office based physicians had implemented an EHR. So health centers really are leading the way in this area. In addition, 76% of eligible providers at health centers who participate in the health center controlled network program have attested to meaningful use.

So the next slide, just one other area to highlight is PCMH Recognition. So this also, as Jim said, has been area of really incredible progress. We see here on this map showing PCMH recognition by state and as of September 30, 58% of health centers have at least one site recognized as a patient centered medical home and I expect as we do our next quarterly data update that we'll see an even greater percentage.

So we really appreciate all your continued efforts around PCMH, both Recognition and as well kind of ongoing transformation. We understand that it's really an ongoing process. PCMH Recognition is also an HHS level priority and there we have related 2015 goal to have at least 55% of grantees with at least one site recognized. So it's really remarkable that we've already achieved that.

Now moving on to the next slide, let's look a little deeper at some of the background for the QI Awards. So the QI Awards are really intended to both reward all of your hard work and encourage continued efforts in quality

improvement. If we think about paper performance in the broader sense we see that this term is really used to describe initiatives aimed at improving the quality, efficiency, and overall value of health care while also rewarding providers and systems financially. And as we've mentioned, I think as, hopefully, you know from us we really understand that QI is an ongoing process and it really requires continuous work and resources.

So we've included multiple incentive types within the QI awards, which we will review in detail on the following slides. The intent here was to recognize health centers as different points in their quality journeys and, like Jim said, about 1100 health centers received some type of award, which we're really pleased with and proud of and congratulate all of you. We also developed a methodology for the QI awards with disparities in mind. With a goal of really further reducing health disparities among populations served by health centers.

So moving on to the next slide the QI awards, like we've mentioned, really grew out of both of our mission, the quality strategy for the Bureau of Primary Health Care and our goals of improving health center clinical quality. Also, an effort to recognize health centers continued work at developing and enhancing their data driven QI processes and overall systems of care.

So now we're going to talk a little bit about the different buckets or award categories. So the next slide. So I think as you've seen and heard there has funding has been available in four award categories. And Dr. Sripipatana is going to go into all of this in more detail, but I'll just briefly discuss each of the buckets now.

So the four award categories are, first, EHR reporters. Second, clinical quality improvers. Third, health center quality leaders and, fourth, national quality

leaders. And these awards are based on your 2012 and 2013 UDS data. So the next slide really shows that the award categories really build on each other and that health centers were eligible and can receive awards in multiple categories.

So the first category is for EHR reporters. Like we mentioned this is for health centers who use their EHR to report their UDS clinical quality measures on the whole universe of patients.

The second category is for health centers who have improved against themselves, the clinical quality improvers. So this is improvement against yourself in your UDS measures from 2012 to 2013.

The next category, the third category, is for health centers who have demonstrated good quality when compared to other health centers like them using the adjusted quartile rankings and Alek will discuss that in more detail and go through all the specifics of that.

And lastly, the top category, it's really for those health centers that are demonstrating excellent clinical quality when compared to national benchmarks such as Healthy People 2020 or the health center national averages. So that's a really brief overview of where we've been, where we're going and kind of our thinking around the QI awards. We're happy to answer questions in the Q and A pod and I'm going to turn it over to Alek now and he'll go through all the award criteria in much more detail. Alek?

Dr. Alek Sripipatana: Great, thank you so much Laura and thank you all, again, for participating on this call and thank you so much for your hard work. So now I get to share with you the nuts and bolts of the Quality Improvement Awards. As Laura mentioned earlier there are four main buckets of QIAAs, each are reporters.

Clinical quality improvers, health center quality leaders and national quality leaders. As illustrated in on the previous slide in the pyramid EHRs really are the building blocks for quality improvement initiatives.

EHR reporter awardees are those health centers that leverage their electronic health records systems to report on all clinical quality measures on the universe of their patients in the UDS. These EHR reporter health centers will be awarded \$15,000 for this achievement.

The next quality improvement award bucket is for clinical quality improvers. Clinical quality improver awardees are health centers that improved on their clinical measures by at least 10% between the 2012 and 2013 UDS. These health centers are awards \$2500 for each clinical measures that improved by 10% or more and a \$.50 per patient bonus. A couple of notes health centers that did not report data or non-applicable or clinical measures in the 2012 UDS, 2013 UDS or both 2012 and 2013 UDS were not eligible for this award bucket. Two clinical measures were not included for this award bucket childhood immunizations and cervical cancer screenings because their definitions were revised from 2012 to 2013 and are not comparable.

The next quality improvement award bucket is for health center quality leaders. Health center quality leader awardees are the very top 30% of all health centers based on the average of their adjusted quartile rankings across all of their 2013 reported clinical measures. Now the adjusted quartile ranking process helps to make apples to apples comparisons across our diverse health centers by accounting for specific differences in health center patient and organizational characteristics. These characteristics include the proportion of uninsured patients, proportion of racial ethnic minority patients, proportion of homeless patients, proportion of farmworker patients and the use of electronic health records to report on UDS clinical quality metrics.

So the top - the awards for the top 30% of health centers are broken into three categories. Health centers in the very top 10% are awarded \$25,000 and a \$.50 per patient bonus. Health centers in the next 10% are awarded \$20,000 and a \$.50 per patient bonus. Finally, health centers in the third 10% are awarded \$15,000 and a \$.50 per patient bonus. The final quality improvement award bucket is reserved for national quality leaders. These health centers are showcased for exhibiting clinical excellence in three domains chronic disease management, preventive care and perinatal care.

National quality leaders are the top 1 to 2% of all health centers that met or exceeded national clinical benchmarks in their 2013 UDS. These benchmarks are drawn from healthy people 2020 targets where they exist and clinical quality thresholds above health center national averages. Now understandably this is the very top award. I mean these are the health centers that are exhibiting clinical excellence. So the doorway to walk through to earn the national quality leaders award is pretty narrow. Each of the three domains under this award bucket consists of multiple clinical measures.

The chronic disease management domain includes diabetes control, appropriate asthma medications, hypertension control, coronary artery disease and lipid therapy and the ischemic vascular disease in aspirin therapy. So what this means is that a health center has to meet or exceed the national benchmarks for all of the clinical measures under the sub-category in order to qualify for this national quality leader award.

The second national quality leader domain is preventive care. This domain includes -- adult weight screening, child and adolescent weight screening, Cervical Cancer screening, Colorectal Cancer screening and childhood immunizations.

The final domain of national quality leaders is the perinatal-prenatal care. These are the early entry into prenatal care and low birth weight measures in the UDS. So now that I've summarized the criteria used to identify quality improvement awardees I'm going to talk a little bit about the actual awards.

As you may have read in the December 9 press release HRSA awards approximately \$36.3 million to over 1100 health centers in all 50 states, the District of Columbia and 7 US territories. Among these awardees 332 health centers earned EHR Reporter Awards, 1058 health centers earned Clinical Quality Improver Awards, 361 health centers earned Health Center Quality Leader Awards and 57 health centers earned National Quality Leader Awards.

So how does a health center become eligible for the Quality Improvement Awards? Well the first order of eligibility for the QIAs begins with health centers that reported clinical data into the 2013 UDS. Health centers were not considered for funding if their health center grant was discontinued or relinquished. As a note, a small number of health centers had awards placed on hold due to progressive action conditions. Health centers are welcome to email the Quality Improvement Awards mailbox that Laura mentioned earlier at [bphcqi@hrsa.gov](mailto:bphcqi@hrsa.gov) for more information if they believe that they are in this category.

So the next set of slides summarize the terms of the award. The Quality Improvement Awards provides one time funding for use during the use 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 and they must be consistent with federal cost principals. Quality Improvement Awards funding's, however, may not be used for costs unallowable under the H80 grant to plant existing resources, to support bonuses or other staff

incentives, for moveable equipment individually valued at \$5000 or greater, except for equipment related to HIT and certified EHR systems and for construction costs.

So the next couple of slides I'm going to talk about some examples of how quality improvement how these funds can be used, but they're not limited to developing and improving health center quality improvement systems and infrastructure. So like train staff, developing policies and procedures, enhancing health information technology, certified electronic health records and data systems, data analysis, implementing targeted quality improvement activities.

You can also apply your award to developing and improving care delivery systems like 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 base care, clinical integration of behavioral health, oral health, HIV care and other services as well as patient engagement activities. So as you can see there's a broad range of quality improvement activities the health center could pursue and, again, these weren't an exhaustive list.

I did want to note that if quality improvement award funds are not expended in the current budget period the grantee must submit a prior approval request to carry over the remaining funds to the next budget period. And, finally, grantees must describe quality improvement activities and or purchases in their FY-16 SAC and BPRs. So I'm going to hand the presentation back to Laura to discuss some of the technical assistant resources that are available for you all. Laura

Dr. Laura Makaroff: Great, thanks Alek. So just briefly just a couple of slides with some technical assistance resources to make sure you are aware of. HRSA is really committed to assisting and providing technical assistance to strengthen your operations and your quality improvement efforts. So the available technical resources - technical assistance resources, excuse me, listed here all have an overall focus on performance improvement and can help support you in your work in various ways.

So there are national and state based support available through our national cooperative agreements, through the state and regional PCAs and the health center controlled networks. And grantees are also always encouraged to discuss any technical assistance needs with your project officer and to access available technical assistance resources through PCA, through the BPHC TA website that's listed here on this slides and via a request for onsite TA to your project officer or through one of our national cooperative agreement partners.

You also see there at the bottom of the slide the BPHC TA website, which is continually updated as new opportunities arise. So we encourage you to check this website frequently. And also if you are not already signed up for the Primary Health Care Digest we encourage you to sign up for this. This is a weekly email digest that includes helpful and informative updates.

So the next slide - these are just a few more resources for you, including where to find the list of recipients of the QI awards there at the top and as we mentioned this is the email address to send any questions about the QI awards, especially any questions specific to your individual health center. You can send those questions to this email box [bphcqi@hrsa.gov](mailto:bphcqi@hrsa.gov). And lastly, there are FAQs about the adjusted quartile ranking methodology that Alek just reviewed posted at this link that's here on your slide.

In addition we also wanted to highlight the available UDS web tools, which includes the UDS website, which has UDS grantees, state and national summaries, it has health center trend reports available, state and national rollup reports in training and reporting resources. We hope that all these tools help you in your daily QI work as well. Also, the UDS mapper is available and is a valuable tool that we encourage you to take advantage of. The website is listed here.

So thank you, again, for joining us today. Congratulations to you for all of your hard work and the high quality care that you're delivering each day. We appreciate it and appreciate your work and see such a huge impact by your efforts. So, for now, I'll turn it back to Alek and Matt for the Q and A portion of the call.

Matt Kozar: Great, thanks Laura. Thank you for those of you that are asking questions in the chat pod. Perhaps we can make the chat pod a little bit larger so we can see some of the questions that are coming in. During the presentation, you know, we are taking note of some of the questions and at this point I'll direct some of them to Alek. One of the questions was does a health center have to improve on only one clinical quality measure to receive clinical quality improver funding?

Dr. Alek Sripipatana: Yes, so you'd be awarded the base award and the per patient award for each clinical measure that you improve. So you would only have to improve on one of the clinical measures then.

Matt Kozar: All right, is the bonus per patient based on the numerator of the denominator for the measure?

Dr. Alek Sripipatana: So the per patient bonus award is for the denominator for all of the patients that you served at your health center.

Matt Kozar: November questions too that I think are coming in that are very specific to your specific circumstance, we want to remind you to send some of your very specific cases to the [bphcqi@hrsa.gov](mailto:bphcqi@hrsa.gov) email account. I'm seeing here Aaron Scaper if you could send that email to [bphcqi@hrsa.gov](mailto:bphcqi@hrsa.gov) then we can explain the situation with your notice of award. We've had a couple questions about are you going to use the same award criteria for 2014? Will the QI awards next year use 2014 UDS data? Alek, do you want to address that?

Dr. Alek Sripipatana: I mean this is a rule of thumb, we will be using the UDS data as the empirical basis for the next set of awards. Since this is the first time we've conducted these I think we're going to analyze, you all, the awardees and see if these were the most appropriate ways of assigning award. Again, I think it's an iterative process. I think we've done a pretty good job trying to think things through, but, yes, we will likely be releasing some more information on the next round of funding.

Matt Kozar: Okay. I see a question from Susanne to confirm for the national quality leaders health centers that received the awards had to meet all of the 12 measures listed?

Dr. Alek Sripipatana: No, no problem. So all of the clinical measures that they submitted they've got an adjusted quartile ranking. So it would be an average of all of the clinical measures that they had submitted and to fall into the very the top 30% among all health centers.

Dr. Laura Makaroff: This is Laura, I'll just jump in here. I'm not sure Susanne if you're what Alek is saying is right for the National Health Center Leaders and then the

National Quality Leaders there were three buckets basically - so three buckets within the bigger buckets and then those buckets were, one, chronic disease management, two, preventive care and, there, perinatal or prenatal care. So health centers that met the criteria in any or all of those three areas were eligible for the awards. If you download the slides - the slides are over on the left-hand side of your screen under files. You can download the slides there and that description sort of starts on slide 16. I hope that was helpful.

Matt Kozar:

We have a couple questions coming in that are related to the reporting associated with this QI funding and I believe Alek mentioned during the presentation that the reporting related to these funds would be in the SAC or BPR reporting and more information related to that will be forth coming when those items are due. There's stills, quite a few questions that are coming in.

They're very specific to, I guess, activities that, you know, health centers are interested in whether the QI funding can be used and I think that those specific questions should be directed to the [bphcqi@hrsa.gov](mailto:bphcqi@hrsa.gov) email box so that way we can delve into a little bit more about the specifics of what you're asking about as it relates to whether it's the planting. We had a question earlier about hiring new staff.

I think in order for us to be able to respond effectively we'd have to have some more detail about your specific situation. And just remind you in the notice of award that was issued last week for this funding there were some very good guidance about what the expectations are for the activities that are expected to be used with the funding and just, we highlighted this briefly in the presentation but developing and improving the health center QI system's infrastructure, training staff, developing policies and procedures, developing and improving care delivery systems, those sort of activities are what we're expecting health centers to use the funding for.

And as we continue to wait for some of the questions to come in I just want to remind you that there are or there will be some polling questions related to the presentation today. So if you have an opportunity to provide that feedback it's very helpful for us here in the bureau to make sure we're meeting your needs as we conduct these presentations.

Dr. Alek Sripipatana: Actually, there's a good question from Susanne. If you could reiterate that please.

Matt Kozar: Yes. Okay, so the very last one? So even if they just met the diabetes control measure listed for chronic disease management then the health center would have been seen as a national quality leader or they'd have to meet all the chronic disease management measures and or the preventative care measures and or the perinatal-prenatal care measures. So it's a very long question.

Dr. Alek Sripipatana: Yes, no it is and it's a very good question and I know we kind of raced through a lot of these slides. Let me just say that so under the National Quality Leader Awards there are 30 - 3 sub-domains that's the chronic disease management, preventive care and prenatal care. So under the chronic disease management you would have to meet, in order to get that sub-bucket award, diabetes control as well as the appropriate asthma treatment as well as the hypertension control, lipid therapy and aspirin therapy. So you would have to at least meet or exceed the benchmarks for those 1, 2, 3, 4, 5 measures.

Matt Kozar: We received some questions about how we can download the copies of the slides and there's actually a couple of resources that we can point you to. One is not quite ready just yet, but we are going to be providing the slides from this presentation as well as a transcript and the audio of this presentation at

[bphc.hrsa.gov/policiesregulations/quality](http://bphc.hrsa.gov/policiesregulations/quality). That will sort of be the landing spot for the information associated with this call and the QI Awards.

As I mentioned the information is not there, but hopefully in the near future in the next days few days or so we'll have that information updated. And then a number of you have asked about specific breakdowns associated with the funding that you receive and there was a press release issued last week when the funds were provided and if you follow the press release web link there's an overview of all the funding provided to every health center and it details out how the funding for each category - or the overall funding, how that was derived. So the specific funding in each category is identified for each health center.

So if you go to the [hrsa.gov](http://hrsa.gov) I won't read the whole URL, but there should be information related to the news and events section that will allow you to navigate to the release of these QI funds and then you should be able to navigate to each state and or health center breakdown of funding.

Matt Kozar: We have Ellen Comcool for National Quality Leader is an award of \$25,000 whether you achieve in one, two or three of the areas noted?

Dr. Alek Sripipatana: That's actually a really good question. You are eligible to receive 25,000 for each of those sub-buckets. So if you meet all the clinical measure criteria for the chronic disease management you would earn 25,000 for that sub-bucket, but if you also met or exceed all of the benchmarks for preventive care you would also - you would get an additional \$25,000 plus the per patient bonus. So these three domains under the National Quality Leaders award are additive and I believe in this round of funding there were a handful of health centers that earned two out of three. I don't think any of the health centers had met all the criteria to earn all three of the domains.

Matt Kozar: A question about how many health centers were eligible for the awards? Want to put in contact for our staff as we congratulate them. So, I'm not sure of the exact number, but I know that if you submitted UDS that was an initial sort of eligibility for criteria. Alek may have better numbers.

Dr. Alek Sripipatana: Yes, the 1202 health centers that submitted, 1013 health centers were eligible for a Quality Improvement Award in one way, shape or form.

Matt Kozar: So question about where can a CHC see other award were calculated, so as I mentioned before if you navigate to [hrsa.gov](http://hrsa.gov) there's a news and event section. If you follow the links to the press release announcing these awards it'll give you a state-by-state breakdown, which you can click on and then look at each health center's funding distribution for the categories. Can be awarded funds used to support new staff.

Again, I want to direct your attention to the specific activities were outlined both in the presentation and in the notice of award associated with this funding that outline the specific expectations of HRSA and the bureau as to what the fund should be used for. Is it to say that new staff couldn't be supported?

Not necessarily, but as was mentioned in the presentation these are one time funds and there's some very sort of discreet specific activities that we think, you know, would suit this funding best. So if you have specific questions related to that, again, we want to, you know, make sure that you're emailing the [bphcqi@hrsa.gov](mailto:bphcqi@hrsa.gov) email account and we can work with you specifically on your circumstance. Question, what is the adjusted quartile ranking? You want to maybe delve into that?

Dr. Alek Sripipatana: Sure, I think that - well we saw the link to the adjusted quartile ranking's FAQ as well as a formal presentation we did on the adjusted quartile rankings on our website, but if you send that inquiry to the bphcqi email address I can - it's a pretty lengthy discussion. I just want to make sure that some of the Q and A's we take on now address a broad range of the health center queries.

Matt Kozar: We had a question about will these questions be added to the BPR and SAC that health centers have to answer about this funding? And I think at this stage, you know, we know that that would be the mechanism to report on the activities associated with this funding how they will look and I think will be, you know that will be determined, you know, in the months to come as those reported mechanisms are developed for fiscal year 16.

Dr. Alek Sripipatana: I see that inquiry from Mary Beth Brown. If you could email the bphcqi email box and we can specifically address how we calculate your health center's award.

Matt Kozar: We're still here if you have any additional questions that you'd like to put in the chat pod. You know, I think we've given you a number of resources to make reference to for a lot of the general questions and for the very specific questions, you know, it would be best for you to reach us directly at the bphcqi@hrsa.gov email account and just for another reminder of the polling questions related to this presentation. So if you, you know, have an opportunity to provide feedback we'd greatly appreciate that. It looks like we're making those available now.

Dr. Alek Sripipatana: Again, please make use of the bphcqi email address and mailbox. This way we can tailor responses specifically to your health center. And I know that folks are very enthusiastic about this information so if they can help position them for the next rounding of awards.

Matt Kozar: So I think at this point, you know, we're going to go ahead and proceed with ending the call. We appreciate all the feedback and all the questions we receive. If we weren't able to get to your question today during the presentation we apologize, but please direct your questions to the [bphcqi@hrsa.gov](mailto:bphcqi@hrsa.gov) email account and we'll provide you with a response there. And, again, on behalf of Alek, Laura, and Jim thanks everyone to participating in the call. Operator we can proceed with closing the call out.

Coordinator: That concludes today's conference. Thank you for participating. You may disconnect at this time.

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