Fiscal Year 2018
Quality Improvement Awards
Technical Assistance Webinar

September 13, 2018

Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)
Overview of Health Center Program Goals

Bonnie Ohri, MSc
Deputy Director, Data and Evaluation Division
Office of Quality Improvement
Overview

• Purpose and impact of the Fiscal Year (FY) 2018 Quality Improvement Awards (QIA)
• Eligibility and award criteria
• Summary of the FY2018 QIA
• Terms of the award
We made a number of strategic investments in the Health Center Program this past while at the same time navigating the many, many challenges of the mandatory cliff—that was just 6 months ago—remember? And yet we made significant progress on our three core strategic goals:

Increase Access to Care

Advance Quality and Impact

Optimize Operations

Health Center Program Mission: Improve the health of the nation’s underserved communities and vulnerable populations
Health Center Program Growth

From 2016 to 2017 the Health Center Program increased the number of patients, sites, and staff

- The patient population has increased more than 5%, from 25.9 million to 27.2 million
- The number of service sites increased more than 6%, from 10,404 to 11,056
- The total number of health center staff increased by 8%, bringing the total from 207,656 in 2016 to 223,840 in 2017

Source: Uniform Data System 2016 & 2017 - Table 3A and Health Center Site Information
Health Center Program Goals and Overview of FY 2018 Quality Improvement Awards

Hank Hoang, PharmD
Team Lead, Data Analytics Team
Data and Evaluation Division
Office of Quality Improvement
Quality Improvement Awards: Improved Health Outcomes and Impact

- Increasing Access
- Improving Quality
- Enhancing Value
- Addressing Disparities
- Advancing Health Information Technology
- Patients & Communities Providers Payers
Purpose and Impact of Quality Improvement Awards

• Improve health center clinical quality
• Improve patient health outcomes
• Recognize efforts to build systems and processes that support ongoing quality improvement and practice redesign
• Increase access to comprehensive primary health care services
• Recognize health centers delivering high value that have improved quality, access, and cost effectiveness
Quality Improvement Award Categories
Eligibility and Award Criteria

- Health centers that submitted a complete and on-time 2017 Uniform Data System (UDS) report and Patient-Centered Medical Home (PCMH) recognition data were eligible for the QIA
  - Health centers that did not submit a UDS Report are not eligible for PCMH funding
- Health centers were not considered for QIA if their H80 grant was discontinued or relinquished
- Health centers were determined to be ineligible at the time of the funding decision based on the status of progressive action (PA) conditions in the following categories:
  - 1 or more quality improvement-related PA condition(s)
  - 1 or more 30-day PA condition(s)
  - 3 or more 60-day PA condition(s)
# Quality Improvement Awards: $125 Million

<table>
<thead>
<tr>
<th>Award Category</th>
<th>Number of Health Centers</th>
<th>Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EHR Reporters</td>
<td>1,051</td>
<td>$5,255,000</td>
</tr>
<tr>
<td>Clinical Quality Improvers</td>
<td>1,135</td>
<td>$29,202,400</td>
</tr>
<tr>
<td>Health Center Quality Leaders</td>
<td>411</td>
<td>$18,108,006</td>
</tr>
<tr>
<td>National Quality Leaders</td>
<td>36</td>
<td>$2,008,380</td>
</tr>
<tr>
<td><strong>Access</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increasing Access to Care</td>
<td>510</td>
<td>$6,020,000</td>
</tr>
<tr>
<td><strong>Value</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivering High Value Health Care</td>
<td>69</td>
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<tr>
<td><strong>HIT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advancing Health Information Technology for Quality</td>
<td>1,336</td>
<td>$6,851,000</td>
</tr>
<tr>
<td><strong>PCMH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Achieving PCMH Recognition</td>
<td>1,030</td>
<td>$48,170,000</td>
</tr>
</tbody>
</table>

**Award Amounts by Category**

- **Quality**: $54.6M
- **Access**: $6.0M
- **High Value**: $2.0M
- **Health Disparities**: $7.7M
- **PCMH Recognition**: $48.2M
- **Advancing HIT**: $6.9M
Improving Quality of Care

Four Clinical Quality Award Categories
Awarded to health centers that used clinical quality measures (CQMs) as levers for improving patient services and health outcomes

1. Electronic Health Record Reporters (EHR)
2. Clinical Quality Improvers
3. Health Center Quality Leaders
4. National Quality Leaders
## Improving Quality of Care Awards

### Criteria and Payout

<table>
<thead>
<tr>
<th>Category</th>
<th>Criteria</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. EHR Reporters</td>
<td>Used EHR system to report on all CQMs for all of the health center’s patients</td>
<td>$5,000 total base award</td>
</tr>
<tr>
<td>2. Clinical Quality Improvers</td>
<td>Demonstrated notable improvement in one or more CQMs between 2016 and 2017</td>
<td>$2,750 base for each clinical measure improved and $1.00 per patient</td>
</tr>
<tr>
<td>3. Health Center Quality Leaders</td>
<td>The top 30% of all health centers who achieved the best overall clinical outcomes using adjusted rankings</td>
<td>Top 10%: $25,000 base award Second 10%: $20,000 base award Third 10%: $15,000 base award and $1.00 per patient</td>
</tr>
</tbody>
</table>
EHR Reporters
Criteria and Payout

• Used an EHR system to report on all clinical quality measures (CQMs) and
• Used an EHR system to report CQMs on the universe of patients served by the health center
• Base award of $5,000

77% (1,051) of all health centers received an EHR REPORTER AWARD

QIA 1.0  QIA 2.0  QIA 3.0  QIA 4.0  QIA 5.0

332  491  716  909  1,051
Clinical Quality Improvers

Criteria and Payout

- Demonstrated at least a 10% improvement on any CQM from 2016 to 2017
- Base award of $2,750 per CQM improved, and $1.00 per unduplicated patient

83% (1,135) of all health centers received a Clinical Quality Improvers Award
Health Center Quality Leaders
Criteria and Payout

Based upon Adjusted Quartile Rankings of the top 30% of health centers:

- Quartile rankings account for differences that influence clinical performance such as percent of patients that are uninsured, minority, special populations, and EHR status
- See the Health Center Adjusted Quartile Ranking Frequently Asked Question for more information

Top 10% of Health Centers
- Base Award of $25,000
- Per Patient Award of $1.00

Second 10% of Health Centers
- Base Award of $20,000
- Per Patient Award of $1.00

Third 10% of Health Centers
- Base Award of $15,000
- Per Patient Award of $1.00
### 1. Perinatal/Prenatal Care

- **Access to prenatal care**
  - > 88.05%† and
- **Low birth weight**
  - ≤ 6.78%†

- **Access to prenatal care**
  - > 88.05%† and
- **Low birth weight**
  - ≤ 6.78%†

### 2. Preventive Care

- **Adult weight screening**
  - 63.85% and
- **Child/adolescent weight screening**
  - > 65.85% and
- **Cervical cancer screening**
  - > 55.67% and
- **Colorectal cancer screening**
  - > 42.02% and
- **Childhood immunizations**
  - > 80.00% and
- **Depression screening and follow-up**
  - > 66.15% and
- **Tobacco use screening and cessation**
  - > 87.50%

### 3. Chronic Disease Management

- **Uncontrolled diabetes (HbA1c > 9%)**
  - ≤ 16.20% and
- **Appropriate asthma treatment**
  - > 86.62% and
- **Hypertension control**
  - > 61.20% and
- **Coronary artery disease and lipid therapy**
  - > 80.72% and
- **Ischemic vascular disease and aspirin therapy**
  - ≥ 79.27%

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*Indicates a Healthy People 2020 Benchmark
†Indicates the critical threshold was adjusted to recognize top 2-3% of health centers
## Enhancing Access to Care

<table>
<thead>
<tr>
<th>Award Category</th>
<th>Number of Health Centers</th>
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<tr>
<td>Increasing Access to Care</td>
<td>510</td>
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### Award Amounts by Category

- **Access**: $6.0 M
- **High Value**: $2.0 M
- **Health Disparities**: $7.7 M
- **PCMH Recognition**: $48.2 M
- **Advancing HIT**: $6.9 M
- **Quality**: $54.6 M

Total Award: $54.6 M
Access Enhancers

Criteria

Increased access to comprehensive primary health care services:

- Must qualify for one “Quality” Award.
- Made at least 5% increase in total patients served from 2016 to 2017.
- Demonstrated a 5% patient increase in at least one of the comprehensive service categories:
  - Mental Health
  - Substance Use Disorder
  - Vision
  - Dental
  - Enabling Services

37% (510) of all health centers received an Access Enhancers Award
## Access Enhancers

### Payout

<table>
<thead>
<tr>
<th>Award Categories</th>
<th>Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 5% increase in total patients and at least 5% patient increase in 5 comprehensive service categories.</td>
<td>$40,000.00</td>
</tr>
<tr>
<td>At least 5% increase in total patients and at least 5% patient increase in 4 comprehensive service categories.</td>
<td>$30,000.00</td>
</tr>
<tr>
<td>At least 5% increase in total patients and at least 5% patient increase in 3 comprehensive service categories.</td>
<td>$20,000.00</td>
</tr>
<tr>
<td>At least 5% increase in total patients and at least 5% patient increase in 2 comprehensive service categories.</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>At least 5% increase in total patients and at least 5% patient increase in 1 comprehensive service category.</td>
<td>$5,000.00</td>
</tr>
</tbody>
</table>
# Enhancing Delivery of High Value Health Care

## Award Amounts by Category

<table>
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<tr>
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## Award Details

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<thead>
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<th>Award Category</th>
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<tr>
<td>Delivering High Value Health Care</td>
<td>69</td>
<td>$1,965,000</td>
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</table>
**Value Enhancers**

**Criteria and Payout**

**Health centers providing cost-efficient care:**

- Must qualify for a “Quality” Award, other than EHR
- Must qualify for an Access Enhancer Award
- Between 2016 and 2017, these health centers performed better than the national average*, while increasing health care quality and comprehensive access

<table>
<thead>
<tr>
<th>Award Categories</th>
<th>Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest Value</td>
<td>$45,000.00</td>
</tr>
<tr>
<td>Medical Cost per Medical Visit less than -0.490332</td>
<td></td>
</tr>
<tr>
<td>Higher Value</td>
<td>$35,000.00</td>
</tr>
<tr>
<td>-0.490332 ≤ Medical Cost per Medical Visit &lt; -0.315444</td>
<td></td>
</tr>
<tr>
<td>High Value</td>
<td>$25,000.00</td>
</tr>
<tr>
<td>-0.315444 ≤ Medical Cost per Medical Visit &lt; -0.140556</td>
<td></td>
</tr>
</tbody>
</table>

*Health center cost of care was compared to 2013-2014 results from the Medical Expenditure Panel Survey
Addressing Health Disparities

<table>
<thead>
<tr>
<th>Health Disparities</th>
<th>Award Category</th>
<th>Number of Health Centers</th>
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<tr>
<td></td>
<td>Addressing Health Disparities</td>
<td>354</td>
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![Award Amounts by Category Pie Chart]

- **Quality** $54.6 M
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Health Disparities Reducers

Criteria

Increased access to comprehensive primary health care services:

- Must be eligible for at least EHR Reporters award.
- And Must be eligible for an Access Enhancer award.
- Clinical quality measures included: Low Birth Weight, Hypertension, Diabetes Control

Tiers:
1. Each race/ethnic group that met or exceeded Healthy People (HP) 2020 goal
2. Each race/ethnic group that made an improvement from 2016 to 2017 by at least 10% if the health center did not meet the HP 2020 goal

26% (354) of all health centers received a Health Disparities Reducer Award
## Health Disparities Reducers
### Payout

<table>
<thead>
<tr>
<th>Number of Racial/Ethnic Groups Meeting Goals</th>
<th>Tier 1: HP2020 Base Award Amount</th>
<th>Tier 2: Demonstrated 10% Improvement Base Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>For 7 racial/ethnic groups</td>
<td>$52,500</td>
<td>$50,000</td>
</tr>
<tr>
<td>For 6 racial/ethnic groups</td>
<td>$45,000</td>
<td>$42,000</td>
</tr>
<tr>
<td>For 5 racial/ethnic groups</td>
<td>$37,500</td>
<td>$34,000</td>
</tr>
<tr>
<td>For 4 racial/ethnic groups</td>
<td>$30,000</td>
<td>$26,000</td>
</tr>
<tr>
<td>For 3 racial/ethnic groups</td>
<td>$22,500</td>
<td>$18,000</td>
</tr>
<tr>
<td>For 2 racial/ethnic groups</td>
<td>$15,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>For 1 racial/ethnic groups</td>
<td>$7,500</td>
<td>$2,000</td>
</tr>
</tbody>
</table>
### Advancing Health Information Technology for Quality

#### Award Amounts by Category

<table>
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<td>1,336</td>
<td>$6,851,000</td>
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</table>
Advancing HIT for Quality

Criteria

Demonstrated leadership in providing telehealth and HIT services.

Award winners participated in at least one of five HIT services:

• e-Prescriptions
• Clinical Decision Support
• Health Information Exchange
• Health IT – Patient Engagement
• Health IT – Patient Portal

AND/OR

• Telehealth Services

Health centers providing all six HIT services were awarded with an HIT badge

35% (483) of all health centers received an Advancing HIT for Quality Award
## Advancing HIT for Quality

### Payout

<table>
<thead>
<tr>
<th>Tiers</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>All five Health Information Technology services</td>
<td>$5,000</td>
</tr>
<tr>
<td>At least four Health Information Technology services</td>
<td>$4,000</td>
</tr>
<tr>
<td>At least three Health Information Technology services</td>
<td>$3,000</td>
</tr>
<tr>
<td>At least two Health Information Technology services</td>
<td>$2,000</td>
</tr>
<tr>
<td>At least one Health Information Technology service</td>
<td>$1,000</td>
</tr>
<tr>
<td>Health center provides telehealth service</td>
<td>$1,000</td>
</tr>
</tbody>
</table>
Patient-Centered Medical Home Recognition

Jannette E. Dupuy, PhD MS
Team Lead, Accreditation and Patient Centered Medical Home
Quality Division
Office of Quality Improvement
Patient-Centered Medical Home (PCMH) (1/2)

Percentage of Health Centers with PCMH Recognition

Source: HRSA Accreditation and Patient-Centered Medical Home Report, 2013-18

Recognitions. Transformation. Value-Based Care.

Health centers with longer periods of PCMH recognition see more improvement on adult weight screening, child weight assessment, and prenatal care clinical quality measures (CQMs).

PCMH transformation is critical to advance value-based care system through the following:

- Maximizing health IT
- Rapid adoption of bold new care delivery models
- Optimizing care coordination
- Increasing access to comprehensive primary care
- Enhancing patient experience
- Improving population health and outcomes

National Patient-Centered Medical Home (PCMH) Recognition in Health Centers
(75% as of July 1, 2018)

Source: HRSA Accreditation and Patient-Centered Medical Home Report, 2018
Overview of the Award Terms and Conditions

Jennifer Williams Clarke, MPH
Public Health Analyst, Strategic Initiatives and Planning Division
Office of Policy and Program Development
Notice of Award:

The purpose of the Fiscal Year (FY) 2018 Health Center Quality Improvement (QI) one-time grant supplement is to support health centers that displayed high levels of quality performance in Calendar Year 2017 Uniform Data System reporting to continue to strengthen quality improvement activities, including achieving new and/or maintaining existing patient centered medical home recognition.
Use of QIA Funds

• The funding should be used within 12 months of receipt to support quality improvement activities

• Health centers have flexibility in using the funds to:
  • Develop and improve health center QI systems and infrastructure; and
  • Develop and improve care delivery systems

• Use of funds must be consistent with federal cost principles at 45 CFR 75
Examples of Activities

<table>
<thead>
<tr>
<th>Develop and improve health center QI systems and infrastructure</th>
<th>Develop and improve care delivery systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training staff</td>
<td>Purchasing supplies to support care coordination</td>
</tr>
<tr>
<td>Enhance HIT, EHR, and data systems</td>
<td>Lab reporting and tracking</td>
</tr>
<tr>
<td>Data analysis</td>
<td>Training and workflow redesign</td>
</tr>
<tr>
<td>Implementing targeted QI activities</td>
<td>Clinical integration of services</td>
</tr>
<tr>
<td>Purchase of medically accessible clinical equipment</td>
<td></td>
</tr>
</tbody>
</table>
Use of Funds

The funding may not be used:

• To supplant existing resources.
• To support bonuses or other staff incentives.
• For construction costs (including minor alterations and renovation and fixed equipment).
• For fundraising, lobbying, incentives (gift cards, food), construction/renovation, facility or land purchases, or vehicle purchases.
Reporting and Carry-over

• Reporting – You will be required to provide information on the QI activities supported through the FY 2020 Budget Period Progress Report (BPR) and identify whether or not equipment was purchased within 90 days of end of budget period
  • If items purchased – submit to EHB an itemized list with purchase price, of all items over $5,000 purchased with grant funds.
  • If no items purchased – submit a letter of verification from financial officer confirming.

• Request for Information (RFI) – You will be required to provide a SF-424A and a Budget Narrative
  • Outline plans for utilization of this funding to continue to strengthen quality improvement activities, including achieving new and/or maintaining existing patient centered medical home recognition.

• Carry-over – This funding can be carried over into your FY 2019 budget period per the prior approval process to request carry over
  • Consult your Grants Management Specialist for questions.
Technical Assistance Resources

QIA webinars and frequently asked questions (FAQs):
https://www.bphc.hrsa.gov/programopportunities/fundingopportunities/quality/index.html

FY 2018 QIA recipients:
http://bphc.hrsa.gov/programopportunities/fundingopportunities/qualityimprovement/index.html

Health Center AQRs FAQs:
http://bphc.hrsa.gov/datareporting/reporting/rankingfaq.html

UDS Performance Data publicly available at:
http://bphc.hrsa.gov/uds/datacenter.aspx

UDS resources:
https://bphc.hrsa.gov/datareporting/reporting/index.html
Congratulations to all FY2018 Quality Improvement Awardees!
Thank You!

Hank Hoang  
Team Lead, Data Analytics  
Office of Quality Improvement

Jennifer Williams Clarke  
Public Health Analyst, Strategic Initiatives and Planning Division  
Office of Policy and Program Development

Jannette Dupuy  
Team Lead, Accreditation and Patient Centered Medical Home  
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Bureau of Primary Health Care (BPHC)  
Health Resources and Services Administration (HRSA)

http://www.bphc.hrsa.gov

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