Health Center Program
Quality and Data Updates
NACHC Community Health Institute
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Health Resources and Services Administration (HRSA)
Overview

• Quality and Data Updates
  – Health Center Program Strategic Goals
  – FTCA Program
  – Comprehensive, Integrated, Patient-Centered Care
  – Learning Health Center System
  – Diabetes Quality Improvement Initiative
  – UDS Reporting and Modernization

• Q & A
Health Center Program 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.
Increasing Access to Primary Health Care

Nearly 26 million people – 1 in 12 people across the United States – rely on a HRSA-funded health center for care, including:

- ABOUT 2.7 MILLION PUBLICLY HOUSED
- NEARLY 1.3 MILLION HOMELESS
- NEARLY 1 MILLION AGRICULTURAL WORKERS
- MORE THAN 750,000 SERVED AT SCHOOL-BASED HEALTH CENTERS
Bureau of Primary Health Care: Strategic Goals

- Increase Access to Primary Health Care
- Advance Health Center Quality and Impact
- Optimize Bureau of Primary Health Care Operations

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
Strategic Goal 1: Increase Access to Primary Health Care

Objectives

- Increase the number of underserved communities and vulnerable populations with access to primary health care
- Expand access to comprehensive services
  - Primary Medical
  - Oral Health
  - Mental Health
  - Substance Abuse/Opioid Treatment
  - Vision Services
  - Enabling Services (case management, transportation, patient education)
  - Clinician education and training
- Strengthen health center capacity to respond to urgent and emergent issues
Strategic Goal 2: Advance Health Center Quality & Impact

Objectives

- Promote and advance **quality of care**
- Improve **performance management and operations**
- Build a **Learning Health Center System**
Patient Safety & Risk Management

• Strong patient safety and risk management systems are foundational elements of a high quality, high performing health center

• Continued focus on patient safety is critically important as you transform care delivery systems and expand/integrate services
  – EHR/HIT
  – PCMH
  – Service Expansion/Integration

• Health Center Program Requirements speak directly to systems/processes for improving patient safety and risk management
  – Clinical Staffing (Credentialing & Privileging)
  – Quality Assurance/Quality Improvement

• Risk Management Resources
  – Ambulatory Health Care Accreditation
  – HRSA Webinars, FTCA University and FTCA Staff
  – ECRI Risk Management Resources
Compliance Manual: Federal Tort Claims Act (FTCA) Deeming

Service Area
- Competition and Operational Site Visit

FTCA Application + Operational Site Visit Supplement

- Quality Improvement/Quality Assurance
- Risk Management
- Credentialing and Privileging
- Claims Management

FTCA Deeming
Health Center FTCA Deeming

• **CY 2018 Application** - Reducing burden and strengthening BPHC’s stewardship of the Health Center Program

• **REMINDER:**
  - Designate a Risk Manager
  - Conduct periodic risk assessments
  - Develop/implement an annual risk management training plan

• **CY2019 Application** – Further alignment of:
  - Application
  - Health Center Compliance Manual
  - Oversight processes
Volunteer Health Professional FTCA Program

- Federal Tort Claims Act (FTCA) coverage to volunteer health professionals (VHP) at health centers

- VHP FTCA program is **distinct** from FTCA Health Center Program
  - Requires a **separate** deeming process for volunteers
  - Additional requirements for VHP program – notification, contact information for each VHP, etc.

- Must submit annual deeming application on behalf of their individually named VHPs to HRSA
Volunteer Health Professional Program Implementation

**VHP Deeming Application PAL**

- Coming soon: [https://bphc.hrsa.gov/ftca/index.html](https://bphc.hrsa.gov/ftca/index.html)

**Technical Assistance**

- TA Webcast - August 31<sup>st</sup> @ 2:00 p.m. EDT
- BPHC/FTCA Helpline- 1-877-974-BPHC (2742)

**EHB Deeming Application**

- VHP initial deeming application: **October 1<sup>st</sup>**
- *Future years*: VHP redeeming application linked to health center redeeming application & process
Patient-Centered Medical Home (PCMH)

Key Elements of Practice Transformation

- Enhance team-based care
- Enable access to care
- Advance patient experience
- Shared decision making
- Performance measurement
- Meet social, cultural, and linguistic patient needs

Goal: 70% by 2017

National Patient-Centered Medical Home (PCMH) Recognition in Health Centers
(68% as of July 1, 2017)
PCMH & Accreditation Updates

NCQA 2017 PCMH Standards
- Eliminate structure in favor of outcome
- Focus on if intent was achieved and care was improved for patient population
- Update documentation method to:
  - Accommodate practices
  - Allow a variety of responses as proof of requirement
- Emphasize behavioral health needs and social determinants of health


TJC’s Survey Analysis For Evaluating Risk (SAFER) Matrix
- Transformative approach to identify and communicate risk levels associated with deficiencies cited during surveys
- Replaced current scoring methodology - helps health centers prioritize areas of risk, what to address and where to focus resources following a survey

More information: www.jointcommission.org/SAFER
Expand Access to Comprehensive Services

**Services provided by Health Centers**

<table>
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<th>Number of Service Types Provided</th>
<th>Number of Health Centers</th>
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<tr>
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<td>4</td>
<td>553</td>
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<tr>
<td>5</td>
<td>278</td>
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</tbody>
</table>

**Service Types**
- Medical
- Dental
- Behavioral Health
- Vision
- Enabling
Behavioral Health Services

Depression screenings and follow-up measure increased by nearly **10%** to 60.3%

Mental health visits increased by **17%** from 2015 to 2016

Mental health personnel increased by **18%** to 9,192 FTEs in 2016

Behavioral Health Integration (BHI) Listening Sessions

From Nov. 2016 to May 2017, HRSA/BPHC held BHI Listening Sessions across 10 HHS Regions to better understand the emerging strategies, challenges, and TA needs for the 433 health centers BHI awardees.

**Successes:**
- Development of multidisciplinary, integrated care teams
- Enhancement of EHRs and population health management
- Increase in screenings, warm hand-offs and patient access to evidence-based treatment
- Development of BHI Protocols and Workflows

**Challenges:**
- Billing and reimbursement
- Recruitment and retention of workforce

Health Center Mental Health Services 2010-2016

(Patients Served)

![Graph showing the number of patients served from 2010 to 2016.]

Training/Technical Assistance

- SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)
Substance Abuse Services

- 69% of health centers provide substance abuse services either directly or via contract.
- The number of substance abuse staff (FTEs) increased by 21.2% from 959.63 (2015) to 1,163.10 (2016).
- In 2016, the number of patients receiving substance abuse services increased by 21% to 141,569.
- In 2016, the number of substance abuse service visits increased by nearly 9.34% to 1,135,218.

Training and Technical Assistance Resources

**Opioid Addiction Treatment ECHO** is a virtual, national technical assistance effort launched in January 2017 to enhance health center capacity to treat substance abuse. Free continuing education credits are offered to participants.

University of California, San Francisco’s Clinician Consultation Center’s **Substance Use Warmline** offers free, real-time clinician-to-clinician telephone consultation focusing on substance abuse evaluation & management for primary care clinicians.
In 2016, nearly 1,400 HRSA-funded health centers:
Provided 14.4 million dental visits
Served 5.6 million dental patients

Oral Health Integration:
In 2016, 91.1% of health centers provide preventive dental services either directly or via contract
4,474 dentists (FTE) and 2,200 dental hygienists (FTE) work at health centers

Clinical Quality Improvement:
Dental sealants on 6-9 year old children at elevated caries risk increased from 42.5% in 2015 to 48.7% in 2016

Training/Technical Assistance
National Network for Oral Health Access (NNOHA) National Cooperative Agreement
In 2016, nearly 1,400 HRSA-funded health centers:

- Tested 1.42 million patients for HIV
- Served 158,323 HIV patients over 634,906 visits
- Linked 83.2% of HIV patients to care

In 2016, the 22 P4C Health Centers:

- Tested 41,962 patients aged 15-65 for HIV for the first time in their lives (18.6% increase from 2015)
- Linked 90.8% of HIV patients to care within 90 days of HIV diagnosis (8.5% increase from 2015)

### Partnerships for Care (P4C) Demonstration Project (2014-2017)

### HIV Care Continuum at 22 P4C Health Centers

- **HIV+ Patients:**
  - 2015: 6,910
  - 2016: 7,427
- **Retained in Care:**
  - 2015: 4,172
  - 2016: 4,882
- **Prescribed Antiretroviral Therapy:**
  - 2015: 5,803
  - 2016: 6,142
- **Virally Suppressed:**
  - 2015: 4,274
  - 2016: 5,628

### P4C Key Lessons Learned (2015-2016)

- **Organizational Leadership Buy-in** is necessary for integration and sustainability
- **Staff Buy-in** is needed for HIV integration efforts and to promote a cultural shift
- **Multidisciplinary HIV Care Team Composition** are dependent on health center needs
- **EHR Enhancements** are essential for meaningful use and data-driven decision making
- **Strategic State & Local Partnerships** create and strengthen HIV, primary care, and enabling services
Health Centers & Million Hearts 2022

### Million Hearts® 2022 Priorities

#### Keeping People Healthy
- Reduce Sodium Intake
- Decrease Tobacco Use
- Increase Physical Activity

#### Optimizing Care
- Improve ABCS*  
  - Improve Use of Cardiac Rehab
  - Engage Patients in Heart-healthy Behaviors

#### Improving Outcomes for Priority Populations
- Blacks/African-Americans
  - 35-64 year olds
  - People who have had a heart attack or stroke
  - People with mental illness or substance use disorders

*Aspirin, Blood pressure control, Cholesterol management, Smoking cessation

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### Analyze & Monitor UDS Measures
- Aspirin use
- Blood pressure control
- Tobacco use screening and cessation counseling intervention if identified as a tobacco user

### Focus on Hypertension in Black / African-American Populations

### Disseminate Evidence-based Resources on Cardiovascular Health
Colorectal Cancer (CRC) Screening

80% by 2018 Public Health Campaign
National Colorectal Cancer Roundtable initiative in which more than 1,000 organizations have committed to reducing colorectal cancer (CRC) as a major public health problem for those who are 50 years of age and older.

CRC Screening Rates by PCMH Recognition
(2016 UDS data)

- PCMH: 40.9%
- No PCMH: 34.80%

National Partnerships
- National Colorectal Cancer Roundtable
- American Cancer Society
- Centers for Disease Control and Prevention

National PCA Efforts
- 30 PCAs committed to supporting colorectal cancer screening efforts through information dissemination, health collaboratives, and training and technical assistance
Hepatitis B Virus (HBV) ECHO: Reducing Perinatal Transmission

**Goal:** To provide TA to health centers in reducing mother-to-child transmission of HBV using the Project ECHO model

In 2016, HRSA-funded health centers:
- tested 558,040 patients for HBV
- served 46,342 HBV patients

Launched in January 2017, health centers currently participate in HBV ECHO by:
- Presenting patient cases of pregnant women with chronic HBV infection to HBV specialists
- Sharing strategies for managing at-risk women and children
- Participating in discussions with leading HBV experts on:
  - HBV testing, treatment, and management for pregnant women and their families
  - Cultural and systemic barriers to care for Asian Americans and Pacific Islanders, African immigrants, and refugee communities
PCMH and Comprehensive, Integrated Primary Care Technical Assistance Resources

- **Ambulatory Care Accreditation and PCMH**
  - NCQA PCMH Recognition
  - Joint Commission
  - AAAHC

- **Oral Health Integration**
  - National Network for Oral Health Network (NNOHA)

- **Behavioral Health Integration and Substance Use Disorder**
  - Opioid Addiction Treatment (OAT) Project ECHO at the University of New Mexico (UNM)
  - Substance Use Warmline at UCSF
    - Toll-Free at (855) 300-3595
    - M-F, 10am-6pm EST
  - SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)

- **Perinatal Hepatitis B Transmission Project ECHO**
Why visit the Connector?

The Health Workforce Connector allows users to search a database of thousands of jobs at more than 20,000 sites located in medically underserved areas. NHSC and NURSE Corps are two BHW programs which are currently supported under the platform, however, future plans are in place to expand to additional sites and disciplines. Coming soon, job-seekers will also be able to create a personalized profile and recruiters at medical facilities will be able to search for available candidates.

Key Functionality

- **Opportunity Search**: Job seekers can now search for open job postings and eligible sites using keywords.
- **Site Search**: The site search now runs more efficiently via Google Maps.
- **Site Profile**: Site profiles have been enhanced to allow for more information to be displayed in a cleaner, user-friendly format.
- **Mobile Friendly**: Responsive web design which supports a wide range mobile devices, operating systems, screen sizes, and browsers.

What’s Coming?

- **User Profile**: Users would have the ability to create their own profiles.
- **Profile Search (Site Admin only)**: Verified site administrators can search a database of potential candidates to fill open needs.
- **Site Profile Enhancements**: Site admins can more easily update and create profiles.
- **Opportunity Management**: Post multiple opportunities across a site network.

https://Connector.hrsa.gov
Building a Learning Health Center System

**Learning Health System Attributes:**

- **Science and Informatics**
  - Real time access to knowledge
  - Digital capture of the care experience

- **Patient-Clinician Relationships**
  - Engaged, empowered patients

- **Incentives**
  - Incentives aligned for value
  - Full transparency

- **Culture**
  - Leadership instilled culture of learning
  - Supportive system competencies
Diabetes Quality Improvement Initiative - Health Center Trends

Increase Diabetes Prevention Efforts

- Increase the percentage of adults who receive weight screenings & counseling
- Increase the percentage of children who receive weight screenings & counseling

Improve Diabetes Treatment And Management

- Reduce the proportion of persons with diabetes with an HbA1c value greater than 9 percent
- Increase the proportion of health centers that meet the Healthy People 2020 goal for uncontrolled diabetes for each racial/ethnic group

% of HRSA Health Centers that Met the HP 2020 Goal for Uncontrolled Diabetes

% of Uncontrolled Diabetes Patients by Race/Ethnicity for 2016
Diabetes Quality Improvement Initiative – Implementation Strategies

1. Quality Improvement Priority Alignment
   • Focus on Diabetes Quality Measures during Oversight Activities
   • Quality Improvement Investments and Activities focus on Diabetes

2. Using Data and Evidence to Drive Improvement

3. Developing and Implementing Technical Assistance Resources

4. Establishing and Leveraging Partnerships/Collaborations
Strategic Partners’ Technical Assistance Strategies to Prevent and Manage Diabetes

**Improving Health Systems & Infrastructure**
- EHRs with Diabetes Modules
- Diabetes Informatics
- Health Information Exchange (HIE) & Telemedicine
- Patient Centered Medical Home (PCMH)
- Use Patient Portals

**Optimizing Provider & Multidisciplinary Teams**
- Team Based Care
- Promote National Standards
- New Techniques for Early Detection Screening
- Case Management
- Sharing of Diabetes Management Promising Practices
- Eye, Foot, Dental, & Kidney Screening
- Provider Counseling of Patients

**Facilitating Behavior Change in Patients**
- CHW Directed Patient Education
- Lifestyle/Self-Management
- Promote Physical Activity and Healthy Diets
- Address Childhood & Adult Obesity
- Increase Patient Health Literacy
Changes in CQM Definitions

• Align with electronic specified clinical quality measures (eCQMs)
• Operational definitions of 9 UDS clinical quality measures changed
• Examples:
  – Lowering or raising the age limit for a screening
  – Exclusion of certain patients, such as those receiving palliative care, refusal of measurement, urgent or emergent medical situations
  – Removing criterion of having at least 2 visits in the reporting year
2016 UDS Clinical Quality Measures

- Child/Adolescent BMI & Follow-up
- Adult BMI & Follow-up†
- Childhood Immunization†
- Tobacco Screening & Cessation†
- Asthma & Meds†
- Ischemic Vascular Disease: Therapy
- Colorectal Screening†
- Cervical Screening†
- Coronary Artery Disease: Lipid Therapy
- Early Entry into Prenatal Care
- Low Birth Weight
- Hypertension Control†
- Uncontrolled Diabetes†
- Depression Screening†
- HIV Linkage to Care
- Dental Sealants

†Change in operational definition due to CMS e-CQM alignment

*Increase in performance since 2015

*Decrease in performance since 2015
New in 2016 UDS

• Sexual Orientation and Gender Identity
  – Sexual orientation and gender identity (SOGI) can play a significant role in determining health care utilization and outcomes

• Staffing
  – Quality Improvement (QI) staff, Community Health Workers (CHW), and Dental Therapists

• Telehealth
  – Health center telehealth capacity and use

• Medication Assisted Treatment
  – Providers and patients
2017 UDS Reporting Changes

• Alignment with CMS 2017 eCQMs
  • 12 of the 16 UDS clinical quality measures are aligned with CMS e-specified clinical quality measures (eCQMs)
    • Depression Screening Measures Clarification
      • Updating these measures decreases reporting burden and improves data consistency

• Addition of Appendix E: Other Data Elements
  • Collects additional information not directly related to other parts of the UDS such as:
    • Telehealth
    • Medication-Assisted Treatment
    • Outreach and Enrollment Assistance
2018 UDS Reporting Changes

• **Alignment with CMS 2018 eCQMs**
  • Maintaining alignment with the 12 CMS e-specified clinical quality measures (eCQMs)
    • **Health centers will no longer report HbA1c <8%**

• **Removal of Patient-Centered Medical Home (PCMH) Question**
  • Data collection elements associated with PCMH recognition and accreditation have been removed from Appendix D to reduce reporting burden and redundancy in data collection

• **Expanded Telehealth Question**
  • An expanded telehealth question has been added to Appendix E to better capture data on telehealth use, modalities, and potential obstacles to implementation optimization
UDS Modernization Project

UDS Submission Process

Goal: To streamline reporting burden by automating data submission
✓ Scan current health center reporting processes and challenges
✓ Develop potential solutions
→ Prototype new capabilities and pilot with health centers
• Share findings and implementation plan
→ Implement business process and governance improvements

UDS Content

Goal: To ensure UDS reflects improvements in patient-centered care and an evolving primary care setting
✓ Identify data elements to streamline, add or update
→ Conduct an impact analysis and pilot
• Share findings and implementation plan
Components of Process Modernization

UDS REPORTING TRACKS

- Manual Reporting
  OR
  Automation Level 1
    • Standard Report Submission File
    • Report Validation Service
  OR
  Automation Level 2
    • Standard Report Submission File
    • Report Validation Service
    • Report Submission Service

UDS BUSINESS PROCESS

- Early Release of UDS Manual
- Meaningful Use Alignment
- Exposed Validation Rules
- Change Log
- Definitive Set of Codes

TRAINING AND TECHNOLOGY SUPPORT

PARTICIPATORY GOVERNANCE
UDS Reporting Governance

- UDS Reporting governance process provides a transparent decision-making framework that systematically considers stakeholder feedback.

- Ensures that changes to UDS Reporting align with and reinforce the goals/objectives of UDS Modernization:
  - Goal 1: Reduce Burden
  - Goal 2: Improve Data Quality
  - Goal 3: Improve Data Usage
  - Goal 4: Better Describe Health Center Impact
UDS Governance Process Improvements

Stakeholders Submit Change Requests through HRSA Website

UDS Advisory Board Convene to Vote on Change Requests

Decision Memorandums are Developed to Document Changes

Governance Feedback is Shared with Stakeholders

HC
HCCN
PCA
Vendors

UDS Advisory Board
HRSA and BPHC Directors

Decision Memorandum

National UDS Webinars
UDS Website

Health Center Benefits

STAKEHOLDER INPUT
Stakeholders are given a “voice” in UDS Reporting.

SYSTEMATIC DECISION-MAKING
Health Centers are aware of the schedule and process for making changes updates.

TRANSPARENCY
Health Centers are informed of UDS changes and can plan better.
Upload & Download Capability

- Excel based offline data entry approach
- JSON based automated file generation approach

Early Start to UDS Cycle

- Iterative data reporting & validation
- Early Performance Data Collection environment

Early Publication of Validations

- Publish validations on BPHC Site
- Enable Health Centers and EHR Vendors to plan

Health Centers

EHR  PM  Dental  Financial
New Functionality for CY2017 UDS Reporting

Performance Data Collection Environment
A pre-production space where health centers can enter UDS data and test validations before the production module opens in January. The PDCE is an optional enhancement.

**BENEFITS**
- New UDS Reporters and Health Center teams have more time with the system
- Access UDS forms earlier
- Test UDS validation rules
- Improve data quality
- Reduce time spent on reporting UDS

**KEY DATES/REMINDERS**
- September 11th - Performance Data Collection Environment opens
- Fall 2017 - State/Regional UDS Trainings
- January 1st - UDS 2017 Reporting period begins
- February 15th - UDS 2017 Submission deadline
CY 2018 Reporting Capabilities

Health Centers

EHR System Integration
- System to System Integration
- Open Source Sample Integration Kit

Administration Module
- Manage deliverables and due dates
- Reduce reliance on EHBs Operations

Tableau Reporting
- UDS Data Marts for extensible reporting
- UDS Data Visualizations on BPHC website

UDS Form Modernization
- Technology and UI upgrade
- Simplified data entry and validation
UDS Content Modernization: Environmental Scan

- National and Federal Health Care Performance Programs
- National Public and Private Health Care Organizations and Health Systems
- Innovative and emerging methods for health care delivery and population health management
- Federally Qualified Health Centers and Networks (HCCNs and PCAs)

Current State Analysis

- Maternal & Child Health
- HIV/AIDS & Ryan White

HRSA Program Areas

UDS Reporting History

Federal Office of Rural Health Policy

Health Workforce
UDS Content Changes Under Consideration

Summary of Transformational UDS Content Modernization

**Data Quality**
- Transform Reporting of Countable Visits
- Lead the Field in Measuring & Reporting Clinical Quality Data by Patient Cohorts

**Data Usage**
- Configure Patient Sub-Populations by All Demographics & Social Determinants
- Expand Patient Engagement Data by Patient Sub-Populations
- Expand Models of Care Reporting by Patient Sub-Populations

**Describes Impact**
- Enhance Ability to Report on Culturally Competent Care
  - Culturally Competent Care Initiatives & Community Partnerships
  - Patient Experience
  - Staff Satisfaction
  - Patient Empanelment
UDS Resources

• UDS Modernization Page *(coming soon)*

• UDS Resources Webpage
  • https://bphc.hrsa.gov/datareporting/reporting/

• UDS Helpline
  • Phone: 1-866-UDS-HELP
  • Email: udshelp330@bphcdata.net

• BPHC Helpline
  • Phone: 877-974-2742
  • Email: https://www.hrsa.gov/about/contact/bphc.aspx
Health Center Program Resources

✓ **Website:** [bphc.hrsa.gov](http://bphc.hrsa.gov)  
  ▪ Includes many Technical Assistance (TA) resources

✓ **Weekly E-Newsletter:** *Primary Health Care Digest*  
  ▪ Sign up online to receive up-to-date information

✓ **BPHC Helpline:** [hrsa.gov/about/contact/bphc](http://hrsa.gov/about/contact/bphc)  
  ▪ EHB questions/issues  
  ▪ FTCA inquiries

✓ **BPHC Project Officer:**  
  ▪ Address specific questions about your health center’s grant or look-alike designation

✓ **National Cooperative Agreements & Primary Care Associations:**  
  [bphc.hrsa.gov/qualityimprovement стратегических партнерств](http://bphc.hrsa.gov/qualityimprovement стратегических партнерств)
BPHC’s Stakeholder Satisfaction Survey:

- Survey takes **15 minutes**
- **DEADLINE:** September 13th
- Unique link from CFI Group sent to Project Directors (*based on EHB data*)
- Need a new link? Email BPHCreviews@hrsa.gov
- Stay tuned for HRSA’s Grantee Satisfaction Survey in the fall

Improved BPHC Performance
Thank You!

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