



Fiscal Year 2019

Preparing and Submitting the Native Hawaiian Health Care Improvement Act Program Progress Report

5-H1C-19-001

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Agenda

- Overview
 - Purpose and Deadline
 - Non-Competing Continuation Progress Report
- How to Submit
- Submission Components
 - SF-PPR & SF-PPR-2
 - Budget Presentation
 - Performance Narrative
 - Attachments
- Helpful Tips
- Technical Assistance Contacts
- Questions & Answers



Overview: Purpose

To improve the provision of comprehensive disease prevention, health promotion, and primary care services to Native Hawaiians

6 grants totaling approx. \$15.6 million



Overview: Non-Competing Continuation (NCC)

- The Native Hawaiian Health Care Improvement Act (NHHCIA) Program Non-Competing Continuation (NCC) Progress Report provides an update on progress
 - Complete an NCC in the HRSA Electronic Handbooks (EHBs) during the first and second years of the three-year project period
 - Provide programmatic progress for the current budget period
 - Provide budget information for the upcoming budget period
- Total NHHCIA amount appropriated annually
 - Amounts per award recipient can vary each year



Overview: Submission Deadline and Project Period

3-Year Project Period: August 1, 2018 - July 31, 2021

- *Current FY 2018 budget period:* August 1, 2018 - July 31, 2019
- *Upcoming FY 2019 budget period:* August 1, 2019 - July 31, 2020

NCC Due: April 1 at 11:59 AM HAST / 5 PM ET



How to Submit Online

- HRSA EHBs submission
- Must be registered in the system
 - For registration guidance, see the EHBs link on the Native Hawaiian technical assistance (TA) webpage at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/>
 - For support in the EHBs, visit the NCC User Guide also available on the TA webpage



Polling Question #1

True or false: The Native Hawaiian NCC is submitted via Grants.gov?

- a) True
- b) False



Answer: Polling Question #1

Answer: **False**

The Native Hawaiian NCC is submitted via the HRSA Electronic Handbooks (EHBs) only!



Submission Components

- SF-PPR and SF-PPR-2
- Budget Information: Budget Details Form
- Budget Narrative
- Performance Narrative
- Attachments



Submission Components: SF-PPR & SF-PPR-2

- Contains basic information about your organization and serves as the cover pages for the NCC



Submission Components:

Budget Presentation

- Includes Budget Information: Budget Details Form and Budget Narrative
- Provide budget information for the upcoming FY 2019 budget period (August 1, 2019 through July 31, 2020)
 - See page 6 of the Instructions and page 30 of the NCC Progress Report User Guide for details
- Federal funds may not be used to pay the salary of an individual at a rate in excess of **\$189,600**
- NHHCS only
 - 10% cap on administrative expenditures
 - Cost sharing/matching requirement equal to \$1 for every \$5 of federal funds



Submission Components: Performance Narrative

Brief narrative highlighting broad issues, significant progress, and challenges that have impacted the target audience and the NHHCS or POL since submission of the FY 2018 application.

1. Changes in target population/demographics
2. Significant progress, challenges, and changes to the approved activities
3. Significant changes to collaborations, partnerships, and coordinated activities
4. Significant changes to program evaluation plans
5. Significant changes to project staffing
6. How the funding match requirement is being met (NHHCS ONLY)
7. Progress toward recognizing the full universe of NHHCS, as well as certifying NHHCS that have the qualifications and the capacity to provide the services and meet the requirements of the NHHCIA (POL ONLY)



Polling Question #2

The Budget Information: Budget Details form and Budget Narrative will provide information for the period of:

- a) January 1, 2018 – December 31, 2018
- b) August 1, 2018 – July 31, 2018
- c) August 1, 2019 – July 31, 2020



Answer: Polling Question #2

The Budget Information: Budget Details form and Budget Narrative will provide information for the period:

- a) January 1, 2018 – December 31, 2018
- b) August 1, 2018 – July 31, 2018
- c) August 1, 2019 – July 31, 2020



Submission Components: Attachments

1. FY 2018 Project Work Plan Progress Report (POL)
2. FY 2019 Project Work Plan Update (POL)
3. Service Projections Update (NHHCS)
4. Clinical Performance Measures: Required and Optional (NHHCS)
5. Financial Performance Measures: Required and Optional (NHHCS)
6. Income Analysis Form (NHHCS)
7. Summary of Contracts and Agreements (as applicable for NHHCS & POL)
8. Other Relevant Documents (as applicable for NHHCS & POL)



Attachments 1 & 2: Project Work Plans



- FY 2018 Project Work Plan Progress Report (Attachment 1)
 - Documents progress made toward planned activities and goals
- FY 2019 Project Work Plan Update (Attachment 2)
 - Documents changes planned for the upcoming budget period (August 1, 2019 - July 31, 2020)



FY 2018 Project Work Plan Progress Report Sample

Goal 1:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	FY 2018 Progress
<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Add this column and use it to record progress since last year's application, on each key action step and expected outcome.</i>
Goal 2:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Progress
Goal 3:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Progress



FY 2019 Project Work Plan

Update Sample

Goal 1:				
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>A completion date (month and year) must be defined for each action step</i>	<i>An outcome must be defined for each action step.</i>	<i>Identify the process to be utilized to track and measure change.</i>	<i>A responsible person must be identified for each action step.</i>
Goal 2:				
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible
		Highlight areas of change projected for the FY 2019 budget period.		



Polling Question #3

True or False: The funding match requirement of \$1 of non-federal funds for every \$5 of federal funds is a requirement for both POL and NHHCS

- a) True
- b) False



Answer: Polling Question #3

Answer: **False**

The funding match requirement of \$1 of non-federal funds for every \$5 of federal funds is a requirement for NHHCS only



Attachment 3: Service Projections Update

- Provide progress toward projections for the following:
 - Outreach Services
 - Education and Health Promotion
 - Services of physicians, physicians' assistants, nurse practitioners, or other health professionals



Service Projections Update Sample

NAME OF NATIVE HAWAIIAN HEALTH CARE SYSTEM	
Application Number	

Required Service	Performance Measure	Projection	Goal for Three-Year Project Period Ending 7/31/21	Numeric Progress Since 8/1/18	Narrative Progress Since 8/1/18
Outreach Services	Number of Native Hawaiians informed of the availability of health services	NHHCS to propose goal for the three-year project period that indicates how many Native Hawaiians will be informed of the availability of services by 7/31/21.	Do not edit the goal previously provided		



Attachments 4 & 5: Performance Measures

- Progress toward all performance measure goals must be tracked over the course of the three-year project period
- Categories of Performance Measures
 - Required and Optional Clinical Performance Measures
 - Required and Optional Financial Performance Measures



Required Clinical Performance Measures

6 Required Clinical Performance Measures:

1. Diabetes: Hemoglobin A1c Poor Control
2. Controlling High Blood Pressure
3. Early Entry Into Prenatal Care
4. Childhood Immunizations Status
5. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
6. Body Mass Index (BMI) Screening and Follow-Up



Optional Clinical Performance Measures

If any of the following optional clinical performance measures were included in your FY 2018 application, progress must continue to be tracked

1. Cervical Cancer Screening
2. Low Birth Weight
3. Dental Sealants for Children between 6-9 years
4. Tobacco Use Screening and Cessation Intervention
5. Use of Appropriate Medications for Asthma
6. Coronary Artery Disease (CAD): Lipid Therapy

7. Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet
8. Colorectal Cancer Screening
9. HIV Linkage to Care
10. Screening for Depression and Follow Up Plan
11. Prevention and Control of Otitis Media
12. Traditional Healing



Clinical Performance Measures Sample

1. Focus Area: Diabetes Hemoglobin A1c (HbA1c) Poor Control (>9%)	
Performance Measure	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period
Target Goal Description	
Numerator Description	Patients whose most recent HbA1c level performed during the measurement period is > 9.0% or who had no test conducted during the measurement period
Denominator Description	Patients 18 to 75 years of age with Type 1 or Type 2 diabetes with a medical visit during the measurement period, excluding patients with a diagnosis of secondary diabetes due to another condition and patients who were in hospice care during the measurement period
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:
Numeric Progress since August 1, 2018	<i>Provide recent data to demonstrate ongoing progress toward goal.</i>
Narrative Progress since August 1, 2018	<i>Provide narrative to explain recent data provided.</i>
Data Source & Methodology	Data Source: <input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (If Other, please specify): _____ Data Source and Methodology Description:



Required and Optional Financial Performance Measures

At least 2 financial measures must be tracked:

Required

1. Grant Costs - Total NHHCIA grant cost per total patient

Optional *(at least one selected in 2018 and tracked over time)*

1. Total Costs – Total cost per total patient
2. Medical Costs – Medical cost per medical visit
3. Financial Viability - Non-federal matching funds (percentage of matching funds included in the total project budget)



Financial Performance Measures Sample

1. Required Focus Area – NHHCIA Program Grant Cost Per Total Patient (Grant Costs)	
Performance Measure	Ratio of total NHHCIA grant funds per patient served in the measurement calendar year
Is this Performance Measure Applicable to your Organization?	Yes
Target Goal Description	
Numerator Description	Total NHHCIA grants drawn-down for the period from January 1 to December 31 of the measurement calendar year
Denominator Description	Total number of patients
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:
Numeric Progress since August 1, 2018	<i>Provide recent data to demonstrate ongoing progress toward goal.</i>
Narrative Progress since August 1, 2018	<i>Provide narrative to explain recent data provided.</i>



Polling Question #4

At a minimum, how many clinical and financial performance measures must be tracked by NHHCS?

- a) None
- b) 6 clinical and 1 financial
- c) 6 clinical and 2 financial
- d) All listed on the sample forms



Answer: Polling Question #4

At a minimum, how many clinical and financial performance measures must be tracked by NHHCS?

- a) None
- b) 6 clinical and 1 financial
- c) 6 clinical and 2 financial
- d) All listed on the sample forms

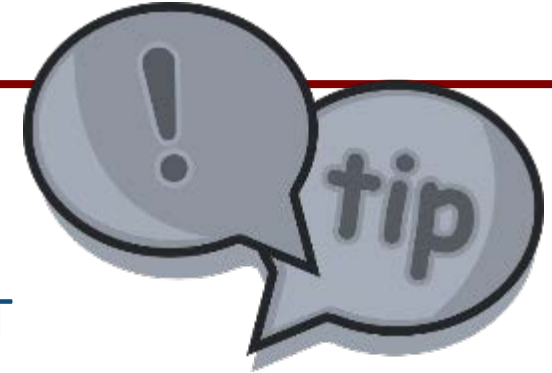


Attachments 6 - 8

- Attachment 6: Income Analysis Form (NHHCS Only)
- Attachments 7 - 8 (POL and NHHCS- as applicable)
 - Summary of Contracts and Agreements (*Attachment 7*)
 - Other Relevant Documents (*Attachment 8*)
 - ✓ If you have an indirect cost rate agreement, you must include it in Attachment 8



Helpful Tips



- Confirm EHBs registration/access early
- **EHBs submission deadline:** April 1, 2019, by 11:59 AM HAST (5 PM ET)
- Applications may **not** exceed 40 pages
- Narrative document must be:
 - Single-spaced with 1-inch margins
 - 12 point, easily readable font (e.g., Times New Roman, Arial, Courier)
- Forms, templates, and samples are available at <http://bphc.hrsa.gov/programopportunities/fundingopportunities/nhhcs/>



Technical Assistance Contacts

Application Assistance	Dave Butterworth BPHCNH@hrsa.gov 301-594-4300
Budget Development Assistance	Christie Walker cwalker@hrsa.gov 301-443-7742
EHBs Assistance	Health Center Program Support 877-464-4772 http://www.hrsa.gov/about/contact/bphc.aspx



Polling Question #5

Did you find this presentation useful? What would have made the presentation more helpful? Please select one answer from the list below and share your thoughts in the chat box. Thanks for listening and participating.

- a) Not Useful
- b) Somewhat Useful
- c) Useful
- d) Very Useful



Questions & Answers

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