

FY 2012 Quality Improvement Supplemental Grant Interim Report TA Session
April 29, 2013
2:00 pm ET

Operator: At this time, all participants are in a listen-only mode. During the question-and-answer session, please press star, 1 to ask your question.

Today's conference is being recorded. If you have any objections, you may disconnect at this time.

Now we'll turn the meeting over to Ms. Suma Nair. Ma'am, you may begin.

Suma Nair: Great, thank you.

Good afternoon everyone. Thank you for joining us today for the grantee briefing for the fiscal year 2012 supplemental funding for quality improvement interim reports.

We're very excited to join you this afternoon to build upon the investment that we made at the end of fiscal 2012 to really talk about how we'd like to document and learn from some of the progress made to date.

As you all know, PCMH is a key priority for the Health Center Program and the Department, and is really important in terms of some of the efforts with healthcare reform that we're seeing right now.

Before I get into my introductory remarks, go through our agenda, and then we will turn it over to my colleagues to go through the details with you today, I'd like to draw your attention to the Web address for the PowerPoint slides.

I believe most of you are connected through the Adobe Connect Web version where you can see the slides being deployed as we go through. But in case you want to

download the slides and make notes or have access to them later, the Web site is <http://www.hrsa.gov/grants/apply/assistance/pcmh>.

At that Web site, and the link was also in the broadcast emails that we sent out about the TA call - at that Web site you should be able to find the slides for the call today. You will find application forms, and then shortly after we complete our call, in the next day or so, we hope to have the archived version of this Webinar available as well.

So now let's go ahead and get started. So we'll go to our next slide. Really the agenda for today. Our goal - our time today was really to walk you through the brief interim reporting format that we've created through the electronic handbook. And before we go into the details of what we want to report, start with a moment to talk about why we were able to put out this supplemental funding and really some of the purpose and outcomes that we're looking for.

We'll then turn it over to my colleagues to walk you through this supplemental planning reporting requirements through the actual content that we're looking for, and the narratives that we're looking for, as well as some of the system functionality. So how would complete this report in the electronic handbook.

And then at the end, we'll be glad to open it up for any questions and answers that you may have. So thank you again for joining us.

Go ahead and move over to the next slide, Slide Number 3. I'd like to start with kind of grounding ourselves in the purpose of the fiscal year 2012 quality improvement supplemental. It really builds upon for the last couple of years the support that the Health Center Program has been putting out there for all of our health centers to go through the transformation.

Again, it aligns with the National Quality Strategy's (unintelligible) improving care to individuals, improving community health, and really trying to advance the affordability and efficiency of care.

Let me - then particularly to the Health Center Program, it advances our quality strategy ultimately to improve the outcomes of our patients, but through having a system of care that really is focused on our patient's needs and demonstrates quality outcomes.

So we were able to provide some supplemental funding in '11 to get things started to provide some of that initial planning investment opportunity. And then in 2012, we were able to do another opportunity to really move the needle, raise the bar if you will, to support those who have went down the path of patients in a medical home transformation. And now, really try to connect that - those transformation efforts and the systems that you put in place to advance a clinical quality outcome.

And so, we've tied it to one of the areas that we had some room for improvement across the Health Center Program to, cervical cancer screening. And so again, really the intent of this supplemental was to increase access to services, improve the quality of care in (simple) outcomes, and really specifically with a focus on one of our key areas to work on for cancer screening.

And how we thought we would achieve that, the outcomes of this particular grant was - in addition to the over 800 awards that we were able to make for the project period of September of 2012 through the September of 2013, we were hoping that health centers would use these resources to complete their journey through the recognition process, get recognized by the end of 2013 - by September of 2013, and also show some improvement in cervical cancer screening rates.

So with that as the background, I think health centers have done a phenomenal job in terms of over the last several years of us working on the notion of patient-centered

medical homes. And really, we're looking forward to hearing from you as you continue down that journey.

What have been some of the great accomplishments you've realized? Some of the challenges that continue to persist, as well as what are some of the improvements that you've seen in one particular clinical measure, cervical cancer screening, and how has this idea of delivering care in a patient-centered medical home model translated into a quality outcome? So, we look forward to getting some of that information. Kind of mid-term assessing where we are, and then look forward to really great results accomplished at the end of 2012.

I think that really then will get us into now transitioning to some of the details around the supplemental. I would go ahead and transition over to my colleague, Laura Aponte, to walk us through some of the details of the supplemental, the reporting requirements, and then transition into the actual form itself and some of the details with our colleague, Michelle Bright.

Laura?

Laura Aponte: Thank you, Suma, for that great introduction. Now we're moving into Slide Number 4, and I hope that you are all able to view the slides as we continue moving forward into this presentation.

Slide Number 4 actually outlines the supplemental terms and project requirements. And for this supplemental funding, they are defined by your application site [Correction: application type].

There were two application types that you probably remember, and Application Type Number One was described by my health center is not currently recognized as a PCMH for any of its sites, and we've used the funds to improve cervical cancer screening outcomes and achieved PCMH recognition.

If this is your application type, your project requirements are number one, achieve PCMH recognition through NCQA, the Joint Commission AAAHC, or a state-based recognition body by September 30th, 2013.

Second, submit an interim report by June 3rd, 2013, outlining accomplishments towards improving cervical screening outcomes through the PCMH model, and proof of your final survey submission or scheduled site visit to the accrediting or recognizing organization for PCMH recognition.

And lastly, submit proof of the recognition decision on a final report by November 1st, 2013, documenting accomplishments and lessons learned for improving cervical cancer screening outcomes to the PCMH model.

And lastly, submit proof of the recognition decision on a final report by November 1st, 2013, documenting accomplishments and lessons learned for improving cervical cancer screening outcomes through the PCMH model.

Once again, that's the obligation Type Number 1.

Once again, that's the Application Type Number 1.

On the other hand, if you were funded under Application Type 2, the description is as follows. My health center is accredited at the PCMH or recognized as Level 1, 2, or 3 PCMH at some or all sites, and we use the funds to improve cervical cancer screening outcomes and spread or achieve PCMH recognition in additional sites or increase the level of recognition by September 30th, 2013.

In that case, your project requirements are first to achieve PCMH recognition in additional sites or increase the level of recognition by September 30th, 2013.

Second, submit an interim report by June 3rd, 2013, outlining accomplishments towards improving cervical cancer screening outcomes through the PCMH model and proof of your final survey submission or scheduled site visit, if applicable, to the accrediting/recognizing organization for PCMH recognition.

And lastly, you are to submit a final report by November 1st, 2013, documenting accomplishments and lessons learned towards improving cervical cancer screening outcomes through the PCMH model and proof of the recognition decision, if applicable, enhance our - to enhance your PCMH model.

The general expectations of the funding opportunity is that all funded health centers will achieve recognition by September 30th, of 2013.

In summary, the health centers that receive funding under the FY 2012 supplemental funding for quality improvement in health centers are required to comply with the following reporting requirements.

You are to submit an interim report by June 3rd. Pardon me. You are to submit an interim report by June 3rd, 2013, outlining accomplishments towards improving your cervical cancer screening measure and proof of your final survey submission, or a scheduled survey visit, to the accrediting and recognizing organization for PCMH recognition.

This is very important. As Suma indicated in her introduction, this is an expectation that is to be complied with.

Second, you are to submit your final report by November 1st, 2013, documenting outcomes of quality improvement activities towards improving your cervical cancer screening measure, proof of achieved recognition status as of September 30th, 2013. For example, NCQA Level 1, 2, or 3, or PCMH recognition by the Joint Commission, AAAHC, or state based recognition.

In addition, a description of progress made towards goals, lessons learned, and any barriers or challenges experienced while implementing your activities.

Please remember that this timelines - this - differ from any other timelines, including current levels of recognition through the HRSA PCMH initiative or any timelines related to the CMS demonstration project.

When we were planning for this funding opportunity, we took into account the various timelines that are out there in the field, so we are cognizant that grantees have currently different timelines, but these ones differ from any other timelines that you're currently under.

Let's now move to Slide Number 5, please.

Please know that the PCMH 2013 QI Interim Report is the official name of the interim report for the FY '12 Quality Improvement PCMH Project. The system will create a PCMH 2013 QI Interim Report submission for all 2012 QI PCMH grantees in your H80 handbook. This is going to be a very brief report on the activities you have completed since you received the funding.

You are probably already aware that the interim report has been released through EHB today. Yes, today, April 29th. Please remember that the submission date for the interim report is June 3rd, 2013.

At this time, I would like to turn my presentation to my colleague, Michelle Bright. She will walk you through the actual QI Interim Report form to ensure that you understand the how to in completing and submitting your report.

Michelle?

Michelle Bright: Thank you, Laura. Good afternoon everyone.

As Laura just said, the interim report is now available in your H80 Grant Handbook. Once you're in your H80 Grant Handbook, you can look under either Other Submissions or your Pending Tasks to find it.

And once you open it up, you will see this screen that is now showing in the presentation. It's your normal submission screen with one exception. You'll note that at the bottom of the submission, there's a link to the program-specific form, and that's the structured form that we'll go over in just a moment.

You'll also note that right above that program-specific section there is a spot for an attachment.

And if we could go to the next slide, the next slide - oh, I'm sorry. I thought - actually - sorry. I thought that there was a different slide there.

If you can just go back to that submission slide for a moment. In the Reviewer Attachment section, you can attach a document that may provide some additional information that you feel wasn't captured in the structured form.

If you do feel that the structured form allowed you to provide all of your details, you may actually just attach a blank document that has the text, "This document has been left intentionally blank," and then that satisfies that little attachment requirement on this main submission page.

And now I'll go ahead and we'll go through the structured form, so now we can move to the next slide.

Thank you.

The next slide shows the start of the structured form. And as you can see in this example, Number 1 and 2 will be prepopulated with your grantee information. And then Question 3 asks - (it'll) check whether you have scheduled your - whether your site visit - or whether you have your submitted survey. And you check Yes or No.

If you do check No to that question, you will be required to enter some comments in that text box that's showing there. And including if you're checking No, please include the date by which you will actually be scheduling your survey.

If we can go to the next slide to continue discussing this form. This includes the details that I just talked about in terms of if you're checking No, to please provide the date by when you do intend to submit the survey or schedule the site visit.

And the next form goes on to the questions where you will be selecting basically the option that best describes your center's situation. For example Number 4, if you've not submitted the survey or scheduled the site visit. Number 5, if you are seeking recognition through the NCQA. Number 6, if you are seeking recognition through the Joint Commission, et cetera.

And then once - if you do select Numbers 5 through 8, you will be required to attach proof and (unintelligible) in that little attachment section, and an attachment there of that proof will be required.

We can move on to the next slide now that just discusses the questions that I just went through. I will note you are able to select only one option, so in Numbers 4 through 8, only one can be selected.

And this again is simply more information than what we've covered in terms of the various options that are listed on that form. It again talks about uploading an attachment. It specifies you may actually - in that attachment section you can attach

only one document. So if you have multiple documents, they would need to be consolidated into one attachment there.

And then let's see. And I thought - were we going to have some examples of the types of documentation here?

Laura Aponte: We have some - Michelle, this is Laura. Thank you for a wonderful presentation so far.

We have some samples to share with the audience and they're being uploaded - they're transferring the view right now so you all can see them. We were able to secure some samples that will provide you some guidance in terms of what the documents will look like, because I know it's quite difficult when you're in a busy practice to look in the computer for that particular message or document that was sent by the accrediting or recognizing organization.

While the samples are being uploaded, let me share with you that for example NCQA, we receive two type of notification. One is an email that is going to be sent to the organization, the health center. And it comes from recogsubmit@ncqa.org.

That again is recogsubmit@ncqa.org. And this document tells the project that they have received their survey tool and they thank you for that and for participating in the survey process.

And the email serve as a confirmation that your organization has completed the survey tool and it has been submitted to NCQA. And, it provides you some next steps.

So when you are completing this section that Michelle just finished describing, this will be the document for those that are pursuing recognition through NCQA will have to upload into that section.

Additionally, NCQA also sent us a screenshot of a message that according with them pops up in your computer and basically provides you the same type of information that they have received the survey and thanking you for it.

One thing that I want to highlight and you have a view of that particular message in your screen right now. If you look at the bottom line of that message, it says, "Please click here to close."

Not that one. Sorry.

In the body, it asks you to make a copy of this document. Please make sure that you copy and save the document for future use. And that is for NCQA.

For the Joint Commission, again the Joint Commission sends you a message and it comes from Rex Zordan, Joint Commission Senior Account Executive, and this obligates confirmation that an unannounced (tri-annual) accreditation resurvey will be scheduled prior to September 2013. This is in the case of those health centers that will be going through their resurvey process.

For the ones that are pursuing accreditation for the first time, they will also be sending you a message indicating that your organization is scheduled for a site visit. And again, the email will come from connect@jointcommission.org. Comes to your health center, and the subject is Joint Commission ID blank accreditation activity scheduled survey notice.

As I mentioned concerning the document that you will - those - that are pursuing recognition through NCQA, you should also be safeguarding a copy of this document, so you (cannot) use it as part of your interim report submission.

And you can see that on your screen at this time.

The next sample that I have is the sample from the Accreditation Association for Ambulatory Healthcare, (unintelligible) (AAAHC). Again, they send you an electronic message. The heading of this one is organization confirmation of scheduled survey. This is issued by (unintelligible), and it's also acknowledging that they have scheduled a site visit for your health center.

And lastly - one moment please.

Woman: (Unintelligible).

Laura Aponte: Also we have a sample for the Minnesota Health Department. And again, it's an email message that will come to your organization if you're pursuing recognition or accreditation through this body. And, they send you a message indicating that they have received your assessment tool as part of your application for certification of the healthcare (unintelligible) that you -.

And, we're still working on uploading the document so you can view it. Later, we will be uploading these samples along with the Q&A for your review and information.

Michelle, at this time I would like to turn in the presentation to you. I believe that you were going to continue with Slide Number 13.

Michelle Bright: Yes, thank you Laura.

Laura Aponte: You're more than welcome.

Michelle Bright: So the next section of the structured form is where we are collecting information about the domains. The domains for which you use for the supplemental funds to achieve, enhance, or maintain your PCMH recognition and to improve the cervical cancer screening rates.

As you may recall from when you applied for these funds, there were a fairly wide range of domains to choose from. Everything from enhancing access and continuity to identifying, managing patient populations. The - all the domains are included here in the structured form, and you must select at least one to report on your progress.

You may select all of them, but certainly at least one does have to be selected and the information completed.

And let's see. I believe that actually really covers that slide in terms of what the - what this part of the structured form looks like. So Laura, if you would like to provide any additional remarks on the information you're looking for to be reported in this section, I'll turn it back to you.

Laura Aponte: Thank you, Michelle. I certainly will.

I am moving now to Slide Number 15. And as Michelle mentioned, these slides and the few more that will be coming next cover those PCMH domains. And, Slide 15 covers PCMH Domain 1 and 2, and it lists the elements for those two particular domains.

These slides provide a reminder of the six PCMH domains in which you focus your transformation and cervical cancer screening activities. The selected domains should have been grounded in your PCMH transformation needs assessment and consistent with your health center's application type.

For each of your selected domains, you provided a brief description of the key clinical and - or non-clinical activities your health planned to implement and stated how these will help the health center improve their cervical cancer screening rates.

For example, if your health center focused on PCMH Domain 6, Measure and Improve Performance, you may have proposed a cervical cancer screening training for your providers.

Let's say that your health center focused on PCMH Domain 4, Providing Self-Care and Community Support. Because you have identified that your health center lacks the educational resources in-house to provide the next step guidance, based on that assessment you decided to utilize the supplemental funds to enhance self care and community support tools (unintelligible) for patients.

So as I mentioned before, Slide 15 covers Domains 1 and 2. If we move to Slide 16, that one covers Domains 3 and 4 and their respective elements. And Slide 17 covers Domains 5 and 6 and their respective elements as well.

At this time, I would like to turn it over to my colleague Michelle so she can discuss Slide Number 18.

Michelle?

Michelle Bright: Thank you, Laura.

Slide Number 18 is showing the cervical cancer screening goal section of the structured form, and - so actually that's not what I'm seeing on my Adobe screen. But, this is the last portion of this structured form, and you simply need to enter a number that reflects your performance towards the goal. It's a percentage, so in that field we're just looking for a number. It can be up to two decimal places, but you do have to enter a number in that box that's looking for your goal.

And then right beside the section where you enter the number, there's a text box for you to describe your progress. And once you would complete this structured form, the EHB system would take you back to that initial submission page that you - that we

started off with and you would submit from that page. Again, that's your standard submission functionality.

So with that, I will turn things back over to you, Laura.

Laura Aponte: Thank you so very much, Michelle.

And I'm going to continue - I just want to provide you a little bit of additional information. I'm moving into Slide 19.

And I apologize. We're having some technical difficulties at the current time, so you're probably not able to view the slides currently, but we're working on fixing the problem and we will let you know when that has happened.

Slide 19 is again addressing what is required under the cervical cancer screening section of the interim report, and the most important thing to you - for you to remember is that this is a required section for which current performance and progress narrative are required.

If you selected NCQA or Oregon Health Authority Recognition [Correction: NCQA, Oregon Health Authority or Minnesota State], you will only need to report on participating sites.

On the other hand, if you selected the Joint Commission AAAHC, or Minnesota State [Correction: The Joint Commission or AAAHC], you would need to report that across the entire health center. And that - those are the points that we would like to bring home for you to remember when you're completing the interim report.

Now we will be moving to Slide Number 20. And again, this is again addressing continued progress information for the cervical cancer screening goals. And in the interim report, you are required to report your achievements for the cervical cancer

screening goal during the timeframe covered by the QI Interim Report. The report timeframe is October 1st, 2012 through June 1st, 2013.

Furthermore, you will describe the progress and challenges related to improving cervical cancer screening on your site or sites. The current performance should be calculated based on 2012 UDS cervical cancer screening measure definition.

Please remember that you can review this information on the 2012 UDS manual by going to HRSA.gov.

And also remember that your narrative for this section should not exceed the limit of 1000 characters.

Moving on to Slide 21.

This slide provides you some highlights in terms of some information in terms of the submission process.

An email notification has been sent to your Health Center's Project Director alerting them that the PCMH 2013 QI Interim Report is available for submission. Please share this information with your director if he or she wasn't able to join today's call so the director can be looking out for the message that was sent out to - into their box today.

Again, the QI Interim Report will be completed in HRSA's electronic handbook, EHB, only. You will submit the QI Interim Report to the Other Submissions, like Michelle mentioned - Other Submissions Module within the H80 Grants Handbook.

And once again, interim report is due by June 3rd, 2013. Not later than 11:59 PM on that date.

Now moving onto Slide 22. This slide provides you information on different resources to assist you in answering any future questions. I want to bring to your attention that for program-related questions, please submit your questions to the OQD Comments Box at ogdcomments@hrsa.gov.

For system-related issues and questions, please contact the BPHC Help Line by phone at 877-464-4772, and by email at CallCenter@hrsa.gov.

At this time, I would like to thank you for your participation on today's technical assistance session. And very shortly, we are going to open for questions and answers.

In case we run out of time or are unable to get to all the questions, I just want to give everybody the email box that we do monitor. That box ogdcomments@hrsa.gov. So O as Oscar, Q as in Quebec, D as in delta, C as in Charlie, O as in Oscar, M as in Mike, M as in Mike, E as in echo, N as in November, T as in tango, S as in Sam, (unintelligible) HRSA.gov.

Again, that is ogdcomments@hrsa.gov.

We will also be posting a frequently asked questions on the Web site following this call as well as transcript and recording of the call. So that should be posted within the next two weeks. The Web site address is <http://www.hrsa.gov/grants/apply/assistance/pcmh>.

And at this time, we will begin with the questions and answers session for today's presentation.

Operator?

Operator: Thank you.

At this time if you would like to ask a question, please press star, 1.

To withdraw your request, press star, 2.

Once again to ask a question, please press star, 1.

One moment please for the first question.

One moment. We have a question coming in.

Laura Aponte: Thank you.

Operator: (Judy Coleman), you may ask your question.

(Judy Coleman): Thank you. I'm sorry. I didn't realize it was my turn.

If we need to discuss (unintelligible) HRSA, a change in the submission date, possibly asking for an extension, who would we talk to?

Laura Aponte: That is actually a very good question, and it was discussed during our presentation this afternoon. You're highly encouraged to address the issues, any concerns that you have concerning your submission day or other related concerns that you may have on your interim report, and that report will be initially reviewed by your project officer, and that will initiate the conversation.

(Judy Coleman): Okay.

So when we submit the report, and it puts in there somewhere that we'd like to discuss an extension of the deadline and somebody will respond?

Laura Aponte: That goes to your project officer; your project officer will more likely ask you questions - follow-up questions concerning that.

It will be ideal if you will include a date by when you will be - you're anticipating that you will be submitting.

(Judy Coleman): Okay. Thank you very much.

Laura Aponte: You're more than welcome.

Suma Nair: And this is Suma. As we queue up for the next question, I think this is a question on many people's minds as we've gone down this journey and try to undertake PCMH and cervical cancer improvement they're going to - a variety of the priorities and just things that happen.

So one thing that we wanted to just be very clear on the call today, there's no formal extension process. So we're encouraging all of those who came in through this supplemental to continue making progress on your work toward patient-centered medical home transformation and recognition as well as improving on cervical cancer screening.

With that in mind, we are - we have created the opportunity in the interim report, as Laura mentioned then Michelle mentioned, for you to let us know if one, by June 3rd you've already submitted to go through the recognition process. Or, if there was some change in that timeline, please let us know when you believe you will submit and give us some insight as to what may have altered your timeline somewhat.

And then as we go back internally in the Agency and review this, we will kind of think about on a case-by-case basis what we need to do moving forward. But ultimately, our goal really is to show the outcomes associated with the 800-plus grantees who

received this supplemental that we have folks really make the effort and sort of cross the threshold to recognition.

Michelle Bright: In the meantime that we're waiting for questions to queue on the line, we have some questions that came in through the Webcast, so let me read those.

First, "Our health center has already received PCMH recognition as we applied for supplemental funding. How do we respond to the question about when we're going to apply or when will we have a site visit?"

Laura?

Laura Aponte: Yes.

That is a wonderful question. And according with the person asking it, that particular health center has already made the deadline in terms of are already recognized.

In that case, all they have to indicate is yes, they have already - they're already recognized and upload the proof of recognition. One of the proof of recognitions that were viewed previously. So basically, just upload the proof of recognition into the interim report. Thank you.

Operator: (Chris Devaro), you may ask your question.

(Chris Devaro): Good afternoon.

My health center has multiple sites, but for the project activities for this project - for this grant, we chose to focus on one site. So for the proof of PCMH recognition, would it have to be for that particular site also?

Laura Aponte: That is correct.

If you have initially identified multiple sites but have decided that you were going to focus on only one, you will only need to upload the proof of recognition for the particular site that is participating on this initiative.

(Chris Devaro): Thank you.

Laura Aponte: You're more than welcome.

Suma Nair: An (unintelligible)...

Operator: (Unintelligible) - I'm sorry.

Suma Nair: ...(unintelligible) received the (increase). I think initially when people proposed back in September the activities they would undergo, there was some question of, "Well, I chose one site, but through the course of the year and other circumstances, new access points and other things, we've decided to try our efforts at a alternative site."

And so, that is also allowable. If you've made the switch from one site to another but you're still pursuing recognition in cervical cancer improvement for a different site, you - that's fine. And just go ahead and let us know that, and go ahead and upload the proof of recognition or proof of submission of survey that's associated with the site that you're currently working on so in case there was any questions about changes in sites.

Operator: (Joanna Crial), you may ask your question.

(Joanna Crial): Hi. I'm with a PCA and I received an email from a site this morning indicating that the pricing and fee schedule will go up for any survey tool submitted after June 1st, and they wanted to know if HRSA would be making any adjustments or financial contributions for that.

Suma Nair: That's an interesting question. We will go back and look at that. Currently, we have contracts with the Joint Commission AAAHC and NCQA to support health centers. Those contracts are limited by the budgets that we have.

We've been in a good position to support all of the FY '12 supplemental folks to go in and begin the recognition process, and then we'll support them for the final surveys. And any costs associated with increases in the readiness assessment tool or the actual survey should be transparent to health centers if you're going through the PCMH initiative that HRSA sponsors.

So if we're covering the cost of the surveys for you, there should be no real change for the health centers.

However if you're pursuing it independently through some other state initiative or other payer-based initiative, then I'm not sure we can respond to that. But even if the fee scale changes somewhat with their respective contractors, it won't have an impact on the health centers associated through the PCMH (I) initiatives through HRSA. Thank you.

Operator: Mr. (Lee), you may ask your question.

Mr. (Lee), you may ask your question.

We're going to go to the next question.

Suma Nair: (Unintelligible)...

Operator: One moment. I'll go to the next question.

(Darlene Johnson), you may ask your question.

(Darlene Johnson): Yes. Can I please - can you please go over for me the direction, the telephone number and the email address please?

Suma Nair: Pardon me, ma'am?

Laura Aponte: The telephone.

(Darlene Johnson): The telephone number and the email address.

Suma Nair: For OQD Comments?

(Darlene Johnson): Yes.

Laura Aponte: @hrsa.com. It's actually just an email that is ogdcomments@hrsa.gov.

(Darlene Johnson): Okay.

And you had another one at <http://co> what?

Laura Aponte: The other one that I provides was the telephone for the BPHC Help Line.

(Darlene Johnson): Yes.

Laura Aponte: And that is a toll free number, and that number is 1-877-974-2742, and the box address is bphchelpine@hrsa.gov.

(Darlene Johnson): Oh, so that's...

Laura Aponte: Let me repeat it.

It's the initials for Bureau of Primary Health Care. It's B like bravo, P like Paul, H like hotel, C like Charlie, Help Line.

(Darlene Johnson): Okay.

Laura Aponte: @hrsa.gov.

(Darlene Johnson): All right. I got that. I got that. I got that.

And I have a question. The - on June the 3rd is the interim report, and it cannot be late. No extension.

Laura Aponte: I'm sorry. What is the question again, ma'am?

(Darlene Johnson): The interim report is on June the 3rd.

Laura Aponte: Yes, ma'am. The interim report is due on June the 3rd.

What was the second part of your question?

(Darlene Johnson): And it can - is there an extension?

Laura Aponte: For the interim report? No ma'am. There is not - no extensions for the interim report. The interim report will provide the health center an opportunity to address any issues or concerns, and really let HRSA know what progress you have made towards achieving recognition and also will give us a snapshot of your work towards improving your cervical cancer screening rate.

So, there is no extensions for that. That is a requirement.

(Darlene Johnson): Okay, thank you.

Laura Aponte: You're more than welcome.

Operator: (Joe Santini), you may ask your question.

(Joe Santini): Hi. I had heard the comment you had made about the individual who was already a patient-centered medical home. We were a patient medical centered home prior to the grant opportunity. When we submitted the opportunity for the support, it was to continue our improvements in cervical cancer screening.

And the report that we submitted in January on this same subject was an update on the cervical cancer screening project to date so far in the domains that we're working on. So, I'm not sure how I would complete this report, especially 4 through 7. Would I just re-upload our certification again?

Laura Aponte: Let me see if I'm understanding your question, Mr. (Santini).

When you applied for this opportunity, you were already recognized. Is that correct?

(Joe Santini): That's correct. Yes.

Laura Aponte: Okay.

Since then, you submitted - you mentioned some kind of report in January.

(Joe Santini): Yes.

Laura Aponte: I am not sure exactly what report - that probably was something internal with your project officer perhaps addressing some changes to the proposal - for the project proposal.

(Joe Santini): Correct.

Laura Aponte: Okay.

So now your question is what documentation would you be uploading?

(Joe Santini): If we're already certified and have been since 2011.

Suma Nair: So essentially, we would just - like your - you know in the 3 Domain, you could say that you submitted and been recognized, upload your proof of recognition for your health center or site. And then if you would, just let us know what activities you were working on within those six domains. And finally, let us know what your achievement was with respect to cervical cancer screening.

Because I'm not sure where - what formal process you reported on in January. But for us, in order to present a picture of where health centers are with this one year activity that we had, we must do a six month report to one, help us with our contracts to see where people are going through the recognition process.

But also, to get a good understanding of some of the key activities and challenges faced with transformation as well as cervical cancer screening.

So since we're only about half way through the project period, presumably you're still working on improving cervical cancer screening outcomes. And so...

(Joe Santini): That's correct. Yes.

((Crosstalk))

Suma Nair: ...(unintelligible) what you achieved and what maybe you'll be working on (unintelligible).

(Joe Santini): Great. Thank you.

Operator: Once again to ask a question, please press star, 1.

One moment please.

Our next question, their name was not recorded. They may have their line on mute, but your line is open for a question. Please check your mute button.

(Louisa Fuerta): This is (Louisa Fuerta). Are you - tried to reach me?

Operator: Yes, we can hear you now. Thank you.

(Louisa Fuerta): Oh, okay. Sorry.

So my question is we - so on the June 1st timeline, we won't be ready yet to submit, but should we submit a partial submission for the things - so in other words, we're working on completing all of our submission. We have some of it, but there's some if won't be ready yet. So should we go ahead and submit an incomplete submission to NCQA on June 1st anyway just so you have that, or should we wait until we have a complete submission?

Suma Nair: Great. That's a great question.

So we wouldn't propose submitting incomplete surveys, because I think that would not - NCQA I would presume is going to receive it as a final submission and then it's not going to fare well in terms of a positive recognition. So, that's not what we were saying.

I think what we are requiring all individuals who got the supplemental to do is complete the interim report. And if you noticed in one of the first sections of the interim report, you have the opportunity to tell us whether you have submitted. And if you've - your final survey, which was kind of one of the deliverables discussed at the beginning of the supplemental funding opportunity.

And if not, you have the opportunity to identify that situation as well and let us know when you anticipate submitting your report as well as maybe some of the circumstances which caused a delay. So I think that's probably what we're looking for.

And so with respect to - we would have the expectation that all individuals who received the supplemental funding would submit a complete interim report to HRSA to let us know the status. So I hope that helps clarify.

(Louisa Fuerta): Yes. That's very helpful. Thank you.

Operator: At this time there are no further questions.

Laura Aponte: Well, thank you so very much everyone for participating on today's call. And just want to remind everyone that we will be posting the frequently asked questions document on the Web page following this call as well as the transcript and recording for the call.

And as I mentioned before, those documents should be posted within the next two weeks.

At this time, I would like to turn the call to Suma Nair for final remarks.

Suma Nair: Great. Thank you Laura and Michelle for walking us through, and thank you all - to all of our health center colleagues out there for joining us today.

Just a quick recap of what we're really looking for. We're mindful of keeping this to a brief interim report so we got a quick check in on the status and progress made to date, but really not to create an additional burden. You've been hearing (Jim) and all of us talk about streamlining, so hopefully this form met that need for you.

And, it'll allow us to tell those who were in charge of helping us get this supplemental out what great progress you've made to date.

It'll also - it's important for us to know where things are so from a National Technical Assistance and Support effort, we know where some additional support is needed and can connect people to those resources.

So just a quick reminder. Three big things that we're looking for out of this report. We want to know whether you've submitted for your recognition survey. And if you haven't, when you anticipate submitting.

We want to know what activities or progress you've made related to those PCMH domains. The ones that you proposed to address in your initial applications.

And then finally, we're looking just for an update around where you are with cervical cancer screenings. So if you've seen some interim improvement over the first six months of your work on this, we'd love to hear what you've noticed, and both some of the challenges and barriers associated with that.

So again, we'll use all this information to support Technical Assistance and Training efforts, as well as to report out to those who are interested in the work in progress of health centers around PCMH transformation.

As I mentioned, it's a priority for the Health Center Program. It's a departmental priority (unintelligible) more than 20% of health centers nationally are recognized already. We really now want to get to the next place of talking about some

improvements related to outcomes that we can have and the results of this transformed shared delivery model.

We also are really interested in hearing from you some of the challenges and barriers associated with the transformation efforts and cervical cancer screening efforts that you are undertaking.

With that, I think as was mentioned, we have the technical assistance resources available. They're all on our Web site, including a recording of this session, the PowerPoint slides, the application form. We will update with any frequently asked questions that come up. And so, we look forward to helping you and supporting you to that end.

The other thing is I know many of our primary care associations were joining on the call and stand poised to support you in your efforts. So as you continue down this journey and you need any support, please reach out to the Office of Quality and Data, your project officer, or your primary care association, and we're committed to supporting you down that path.

Again, thank you for your work on this and we look forward to hearing the great outcomes in another six months from now in November when we have our final report on this supplemental.

So thank you all for joining us.

Operator: Thank you. This concludes today's conference. You may disconnect at this time.

END