

FY 2012 SUPPLEMENTAL FUNDING FOR QUALITY IMPROVEMENT IN HEALTH CENTERS

Purpose:

The FY 2012 Supplemental Funding for Quality Improvement in Health Centers is a one-time supplemental funding opportunity under Section 330(k) of the Public Health Service Act to improve access to services, quality of care, and clinical outcomes through the patient centered medical home (PCMH) model of care. The supplemental funding will specifically focus on improving outcomes related to cervical cancer screening for health center patients by supporting PCMH transformation projects. This supplemental funding opportunity will advance the National Quality Strategy's aims of providing better care and improving the health of individuals and communities, Healthy People 2020 objectives related to cancer screening, and the Department of Health and Human Services' (HHS) priority goal of PCMH transformation among health centers.

Background:

Across the United States in 2012, an estimated 12,000 new cases of cervical cancer and over 4,000 deaths will occur as a result of the disease. Cancer incidence and cancer deaths have been declining across the country as a whole over the past 40 years, but racial/ethnic minorities and individuals with lower socioeconomic status—including those who are uninsured or Medicaid-insured—have higher cancer incidence. These groups are also more likely to be diagnosed with late-stage cancer and have lower 5-year survival rates. Pap tests can reduce cervical cancer mortality by screening for precancerous lesions and detecting cancer before it develops into the advanced stages. In 2011, health centers reported that they screened 58% of their female patients (aged 24 to 64 years) for cervical cancer in the past 3 years.

The PCMH is a care delivery model designed to improve quality of care through enhanced access, planning, management, and monitoring of care. These tenets of the PCMH model are integral to ensuring patients receive important preventive services. Patients who receive their health care in a patient-centered practice have been shown to receive a higher rate of preventive services, including cervical cancer screening. Initial evaluations of the PCMH model of care show favorable results in terms of improvements to access, cost, and quality of care.

There are many structures, processes, and capacities of the PCMH that promote increased cervical cancer screening.¹ The literature documents that the probability of a patient receiving cancer screening is increased when they have a regular provider, more preventive care visits, and a recommendation from their provider to receive cancer screening.^{2,3,4} The enhanced

¹ Sarfaty M., Wender R., Smith, R. Promoting cancer screening within the patient centered medical home. *CA Cancer J Clin.* 2011;61:397-408

² Bindman AB, Grumbach K, Osmond D, Vranizan K, Stewart AL. Primary care and receipt of preventive services. *J Gen Intern Med.* 1996;11:269-276.

³ Zapka JG, Puleo E, Vickers-Lahti M, Luckmann R. Healthcare system factors and colorectal cancer screening. *Am J Prev Med.* 2002;23:28-35.

⁴ Gilbert A, Kanarek N. Colorectal cancer screening: physician recommendation is influential advice to Marylanders. *Prev Med.* 2005;41:367-379.

access to care provided through the PCMH model not only increases the likelihood of cancer screening but has been shown to decrease disparities in screening among racial and ethnic minorities.^{5,6} The focus on identifying and managing patient populations in the PCMH model provides an opportunity for practices to establish patient registries and reminders for providers which can be used to proactively identify patients who are due for their cervical cancer screening visit. These population based approaches have been effective for the VA Health system, Group Health Cooperative, and Kaiser Permanente, and have resulted in higher screening rates.⁷ Through the focus on planning and managing care in the PCMH model, practices implement evidence based guidelines by which they perform their clinical activities.

HHS and the Health Resources and Services Administration (HRSA) have set a goal that 25% of Health Center Program grantees achieve PCMH recognition by October 2013. HRSA currently supports a number of PCMH activities including the HRSA Patient-Centered Medical/Health Home Initiative in partnership with NCQA, the HRSA Accreditation Initiative, and HRSA’s partnership with the Centers for Medicare & Medicaid Services on the Advanced Primary Care Demonstration project. This funding opportunity builds upon these activities and provides additional support to health centers ready to take the operational steps necessary to achieve/increase/maintain PCMH recognition at their sites and improve cervical cancer screening outcomes by September 30, 2013.

Program Requirements and Expectations:

There are two application types under the FY 2012 Supplemental Funding for Quality Improvement in Health Centers based on current PCMH recognition status. Applicants will be expected to demonstrate improvement on cervical cancer screening consistent with the application type that can be accomplished within the one-year project period.

<i>Application Type: My health center is not currently recognized as a PCMH for any of its sites and will use the funds to improve cervical cancer screening outcomes and achieve PCMH recognition.</i>	
Application Requirements	Required Outcomes
<ul style="list-style-type: none"> • If your health center has not submitted an NOI, you must submit it with this application. • If your health center has submitted an NOI, you 	<ol style="list-style-type: none"> 1. Achieve PCMH recognition through NCQA, The Joint Commission, AAAHC, or a State Based Recognition Body by September 30, 2013. 2. Submit an interim report by June 1, 2013, outlining accomplishments towards improving cervical cancer screening outcomes through the PCMH model and proof of your final survey submission to the accrediting/recognizing

⁵ Cameron S, Sadler L, Lawson B. Adoption of open-access scheduling in an academic family practice. *Can Fam Physician*. 2010; 56:906-911.

⁶ Legler J, Meissner HI, Coyne C, et al. The effectiveness of interventions to promote mammography among women with historically lower rates of screening. *Cancer Epidemiol Biomarkers Prev*. 2002;11:59-71.

⁷ Baron RC, Melillo S, Rimer BK, et al. Intervention to increase recommendation and delivery of screening for breast, cervical, and colorectal cancers by healthcare providers: a systematic review of provider reminders. *Am J Prev Med*. 2010;38:110-117.

must submit a copy of it with this application.	organization for PCMH recognition. 3. Submit proof of the recognition decision and a final report by November 1, 2013, documenting accomplishments and lessons learned towards improving cervical cancer screening outcomes through the PCMH model.
<i>Application Type: My health center is accredited as a PCMH or recognized as a Level 1, 2, or 3 PCMH at some or all sites and will use the funds to improve cervical cancer screening outcomes and spread or enhance our PCMH model.</i>	
Application Requirements	Required Outcomes
<ul style="list-style-type: none"> • Submit proof of your PCMH recognition with this application. • If applicable, submit an NOI for expanding the recognized sites or increasing the recognition level. 	<ol style="list-style-type: none"> 1. Achieve PCMH recognition in additional sites or increase the level of recognition by September 30, 2013. 2. Submit an interim report by June 1, 2013, outlining accomplishments towards improving cervical cancer screening outcomes through the PCMH model and proof of your final survey submission (if applicable) to the accrediting/recognizing organization for PCMH recognition. 3. Submit a final report by November 1, 2013, documenting accomplishments and lessons learned towards improving cervical cancer screening outcomes through the PCMH model and proof of the recognition decision (if applicable).

Eligibility Requirements:

Eligible applicants include existing Health Center Program grantees funded under Section 330(e), (g), (h), and/or (i) of the Public Health Service Act.

- Organizations that received initial section 330 funding in FY 2012 are not eligible for this supplemental funding.
- Grantees with 5 or more active conditions at the time of award will not be awarded this supplemental funding.

All applicants must be currently recognized as a PCMH, enrolled in a PCMH initiative, or submit a Notice of Interest/Intent (NOI) to participate in a PCMH initiative with the application. All eligible health centers will receive notification within EHB to initiate the request for funding.

All supplemental funds must be used in accordance with the requirements of Section 330 of the Public Health Service Act.

Funding Amount:

The total funds available for this one-time supplemental funding opportunity are approximately \$35 million. Eligible health centers may request up to \$60,000 in supplemental funds. This amount may increase or decrease based on the number of successful applicants.

Funding Request Requirements:

To request funding under the FY 2012 Supplemental Funding for Quality Improvement in Health Centers, each eligible Health Center Program grantee must submit:

1. An application form that:
 - identifies the PCMH domain(s)⁸ in which they will focus their transformation and cervical cancer screening activities. The selected domain(s) should be grounded in a PCMH transformation needs assessment and consistent with the health center's application type. For each selected domain, provide a brief description of the key clinical and/or non-clinical activities the health center plans to implement and state how this will help the health center improve their cervical cancer screening rates. For example, if a health center wishes to focus on the domain of 'Measure and Improve Performance' it may propose a cervical cancer screening training program for its providers.
 - if not currently recognized as a PCMH or enrolled in a PCMH Initiative, includes a Notice of Interest/Intent (NOI) to become recognized as PCMH.
 - if already seeking PCMH recognition, includes a copy of the submitted NOI.
 - if already recognized as a PCMH, includes proof of recognition.
2. A budget form SF-424A outlining the corresponding budget categories. Awards may NOT be used for capital improvement activities or reimbursement of lost revenue due to provider involvement with transformation efforts. Awards may NOT be used to purchase an EHR System but can be used to optimize your existing ONC-ATCB Certified EHR System to meet the PCMH standards; and
3. A brief narrative, not to exceed 5 pages, explaining the health center's projected outcomes and how the proposed activities are consistent with the application type, aligned with the health center's current quality improvement efforts and will augment health centers' activities to achieve/increase/maintain PCMH recognition supported in FY 2011 as appropriate. Health centers should utilize their CY 2011 UDS data as the baseline from which they will improve cervical cancer screening rates. Health centers should indicate the expected improvement and their goal for CY 2013 UDS in their narrative.

Funding Restrictions:

Funds under this announcement may not be used for fundraising or the construction of facilities. The HHS Grants Policy Statement (HHS GPS) available at <http://www.hrsa.gov/grants> includes information about allowable expenses.

⁸ The six domains of the patient-centered medical home recognition program from the National Committee for Quality Assurance (NCQA) are: (1) enhanced access and continuity, (2) identifying and managing patient populations, (3) planning and managing care, (4) providing self-care and community support, (5) tracking and coordinating care, and (6) measuring and improving performance.

Pursuant to existing law and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using Federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This includes all grants awarded under this announcement and is consistent with past practice and long-standing requirements applicable to grant awards to health centers.

Funding Timeline:

Submission of the request for one-time supplemental funding will be completed electronically through the Electronic Handbooks (EHB). Eligible Health Center Program grantees must submit the required information identified above by **September 5, 2012 at 8:00 p.m. ET**. The anticipated date of award is September 30, 2012.

How to Apply:

Applicants for the one-time FY 2012 Supplemental Funding for Quality Improvement in Health Centers will apply through the HRSA Electronic Handbooks (EHB) Submission Module. The submission (entitled QI Supplemental Funding Response) will be created for each eligible grantee within the Grant Handbook. Complete applications must include all required supplemental application materials: SF-424A (attachment), Application Form (EHB structured form), a line-item budget justification (attachment), and additional attachments (e.g., NOI, proof of recognition status) as appropriate.

a. Instructions for Budget Presentation

A complete budget presentation, which includes the SF-424A and a line-item budget justification, is required. The line item budget justification should describe how each cost element will support the proposed project. Budgets should be prepared consistent with applicable statutory and regulatory requirements for the program under which the funds are being awarded.

Salary Limitation

The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants. Awarded funds may not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II of the Federal Executive Pay scale. The Executive Level II salary is currently \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to sub-awards/subcontracts under a HRSA grant.

Contact the Grants Management Specialist listed on your most recent Notice of Award for technical assistance on budget presentation development or fiscal issues related to the supplemental funding opportunity.

b. Instructions for Completing the Application Form

On the Application Form, applicants are required to provide a brief narrative explaining the health center's projected outcomes and how the proposed activities will improve cervical

cancer screening activities, are consistent with the health center's application type, aligned with the health center's current quality improvement efforts and will augment the health center's activities to achieve/increase/maintain PCMH recognition supported in FY 2011 as appropriate; and identify the PCMH domain(s) in which they will focus their PCMH transformation activities and provide a brief description of the key clinical and/or non-clinical activities the health center plans to implement under the selected domains.

- Applicants must indicate if they received the FY 2011 Supplemental Funding Opportunity for Quality Improvement and Patient-Centered Medical Home Development in Health Centers. If an applicant received the FY 2011 supplemental funding it must provide a brief narrative describing how the activities under this supplement will not duplicate the activities accomplished under the previous award.
- Applicants must select the application type most appropriate for their health center and upload the required documentation (i.e., NOI and/or proof of recognition).
- Applicants must select at least 1 PCMH Domain which they will focus their activities to improve cervical cancer screening and prepare for PCMH recognition. Once a domain has been selected, applicants must provide a brief narrative for each applicable sub-topic.

Post Award Reporting Requirements:

Health centers that receive funding under the FY 2012 Supplemental Funding for Quality Improvement in Health Centers will be required to:

- Submit an Interim report by June 1, 2013, outlining accomplishments towards improving your cervical cancer screening measure and proof of your final survey submission/scheduled survey site visit to the accrediting/recognizing organization for PCMH recognition.
- Submit a final report by November 1, 2013, documenting outcomes of QI activities towards improving your cervical cancer screening measure, proof of achieved recognition status as of September 30, 2013 (i.e., NCQA Level 1, 2, or 3 or PCMH recognition by the Joint Commission, AAAHC, or state based recognition) and a description of progress made toward goals, lessons learned, and any barriers or challenges experienced while implementing activities.

Technical Assistance:

There will be an applicant Technical Assistance conference call on August 24, 2012 at 3 p.m. ET (number: 800-619-4068; passcode: 3387816). For additional information and resources, please review the FY 2012 Supplemental Funding for Quality Improvement in Health Centers technical assistance website: <http://www.hrsa.gov/grants/apply/assistance/pcmh>. All applicants are encouraged to carefully review these supplemental funding instructions prior to the call.

Contact Information:

For assistance with completing the FY 2012 Supplemental Funding for Quality Improvement in Health Centers funding request, contact the appropriate resource below.

Electronic submission issues:	Problems accessing EHB account:
BPHC Helpline Monday through Friday, 8:30 a.m. to 5:30 p.m. ET (excluding Federal holidays) at: 1-877-974-2742 BPHCHelpline@hrsa.gov	HRSA Contact Center Monday through Friday, 9:00 a.m. to 5:30 p.m. ET (excluding Federal holidays) at: 1-877-464-4772 CallCenter@hrsa.gov
Program related questions:	Budget or other fiscal issues:
Health Resources and Services Administration Bureau of Primary Health Care Office of Quality and Data QQDComments@hrsa.gov	Contact your Grants Management Specialist identified on your most recent Notice of Award (NoA).

**FY 2012 Supplemental Funding for Quality Improvement In Health Centers
Project Narrative Form**

Instructions: Please provide a project narrative outlining the specific activities and deliverable to be completed with the supplemental funds. The project narrative should not exceed 5 pages, single spaced, 12 point font.

1. Cervical Cancer Screening Goal

Baseline (2011 UDS Measure):

Goal proposed for FY12 Supplemental Funding:

Please provide a brief narrative on the process used to identify your goal:

2. Description of Proposed Activities and Projected Outcomes

Applicants should describe the key clinical and non-clinical activities that will support PCMH transformation/recognition and improve cervical cancer screening through PCMH transformation and recognition. Describe challenges and the areas identified through needs assessments that will be addressed through the proposed activities.

3. Work Plan, including key milestones and personnel responsible for each activity

For each proposed activity, applicants should describe the timeline and key personnel involved.

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Grantee Information

Instructions: The information in cells 1 and 2 will be pre-populated with the grantee name and grant number for your organization as listed in the Electronic Handbook (EHB).

1. Grantee Name		2. H80 Grant #	
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3. My health center received FY 2011 Supplemental Funding for Quality Improvement and Patient-Centered Medical Home Development in Health Centers award. If yes, describe how the activities proposed under this supplement will not duplicate what has been accomplished under the previous award (maximum 4,000 characters).	YES or NO
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PCMH Notice of Intent (NOI) and Proof of Recognition Information (select only one)

4. My health center is not currently recognized as a PCMH from any recognizing organization and is submitting an NOI with this application. <i>Upload NOI.</i>	
5. My health center is not currently recognized as a PCMH from any recognizing organization but has already submitted an NOI. <i>Upload NOI.</i>	
6. My health center has already received recognition for at least one of its sites and will use the funds to achieve PCMH recognition at an additional site(s). <i>Upload NOI and Proof of Recognition.</i>	
7. My health center is recognized as a Level 1 or 2 PCMH at all of its eligible sites and will use the funds to increase our recognition Level (from Level 1 to 2 or Level 2 to 3). <i>Upload NOI and Proof of Recognition.</i>	
8. My health center is accredited as a PCMH or recognized as a Level 3 PCMH for all eligible sites and will increase quality improvement activities to maintain our PCMH recognition. <i>Upload Proof of Recognition.</i>	

Identify at least one of the domains (by selecting 'Yes') for use of the supplemental funds to achieve, enhance, or maintain PCMH recognition and improve cervical cancer screening rates. Under each domain, choose one or more of the sub-topics by providing a brief narrative (maximum 1,000 characters) in the adjacent white space/cell that describes how proposed activities will improve cervical cancer screening rates.

PCMH 1: Enhance Access & Continuity		<input type="checkbox"/> Yes <input type="checkbox"/> No	
1a. Access During Office Hours		1e. Medical Home Responsibilities	
1b. After-Hours Access		1f. Culturally and Linguistically Appropriate Services	
1c. Electronic Access		1g. The Practice Team	
1d. Continuity			
PCMH 2: Identify & Manage Patient Populations		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2a. Patient Information		2c. Comprehensive Health Assessment	
2b. Clinical Data		2d. Use of Data for Population Management	

PCMH 3: Plan and Manage Care		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3a. Implement Evidence-Based Guidelines		3d. Medication Management	
3b. Identify High Risk Patients		3e. Use Electronic Prescribing	
3c. Care Management			
PCMH 4: Provide Self-Care Support and Community Resources		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4a. Support Self-Care Process		4b. Provide Referrals to Community Resources	
PCMH 5: Track & Coordinate Care		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5a. Test Tracking and Follow-up		5c. Coordinate with Facilities and Care Transitions	
5b. Referral Tracking and Follow-up			
PCMH 6: Measure and Improve Performance		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6a. Measure Performance		6e. Report Performance	
6b. Measure Patient/Family Experience		6f. Report Data Externally	
6c. Implement Continuous Quality Improvement		6g. Use ONC-ATCB Certified EHR System Technology	
6d. Demonstrate Continuous Quality Improvement			
Cervical Cancer Screening Goal: Increase the number of female patients 24-64 years of age receiving one or more Pap tests during the measurement year or during the two years prior to the measurement year.			
Baseline Data (Refer to 2011 UDS Measure)	___%	Goal proposed for FY12 Supplemental Funding	___%