

# Health Center

## 2015 UDS Quality Improvement Awards: Improving Health & Advancing Health Equity

October 5, 2016

**U.S. Department of Health and Human Services  
Health Resources and Services Administration (HRSA)  
Bureau of Primary Health Care (BPHC)**



**HRSA**  
Health Resources & Services Administration

# BPHC Presenters



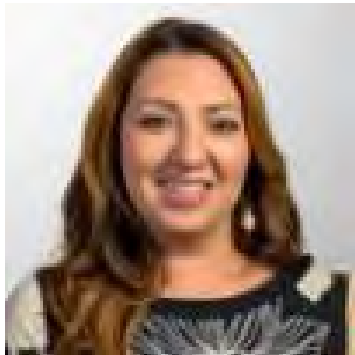
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**Not Pictured**

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# Overview

- Quality Improvement Priorities
- 2015 Uniform Data System (UDS) Quality Improvement Awards
- Award Details
- Terms of the Award
- Technical Assistance Resources



# Primary Care Mission and Strategies

**Improving the health of the Nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services.**



# Increase Access to Health Care Services



**One in 7 people living at or below the poverty level** relies on a HRSA-supported health center for primary medical care

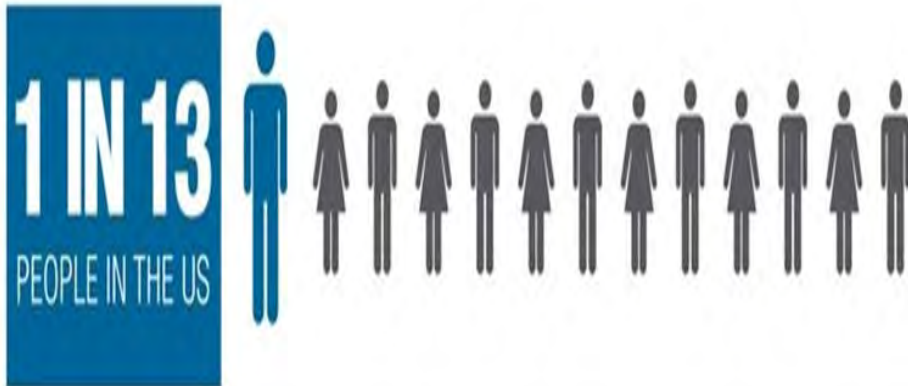


**Over 24 million people** receive primary medical, dental or behavioral health care from a health center

## Investments to Increase Access:

- Outreach and Enrollment
- New Access Points
- Expanded Services

# Health Center Program - National Impact



**1,191,772**  
HOMELESS



**910,172**  
AGRICULTURAL WORKERS



**649,132**  
SCHOOL-BASED



**1,510,842**  
PUBLIC HOUSING



**305,520**  
VETERANS

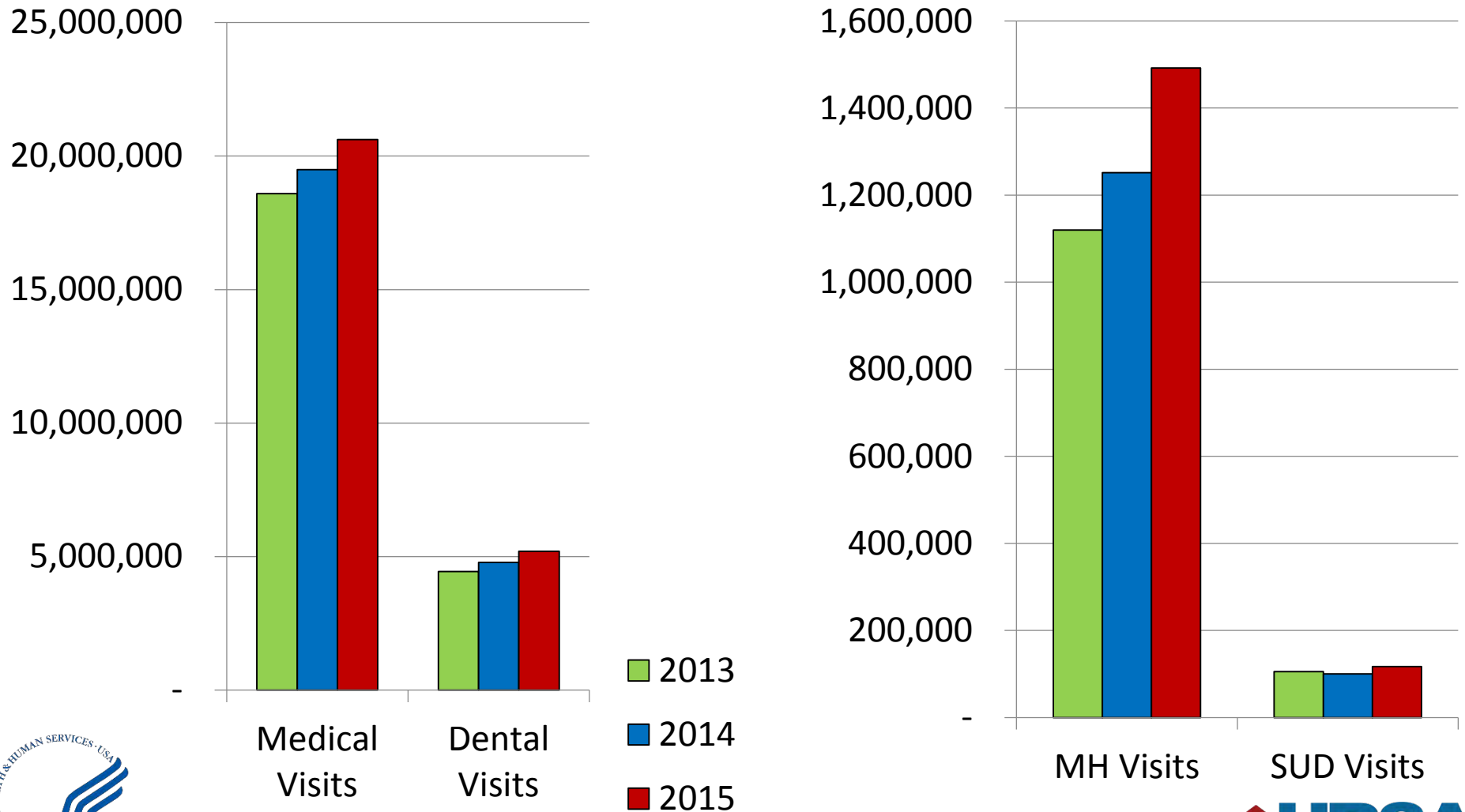


Source: HRSA 2015 Uniform Data System (UDS)



# Health Center Program

## Patient Visit Trends



Source: HRSA Uniform Data System (UDS)



# Modernize Infrastructure & Delivery Systems



**98%** of health centers have adopted EHRs



**68%** of health centers have received PCMH recognition



Invested in the modernization of **over 1,600** service delivery sites

## Investments to Modernize Delivery System:

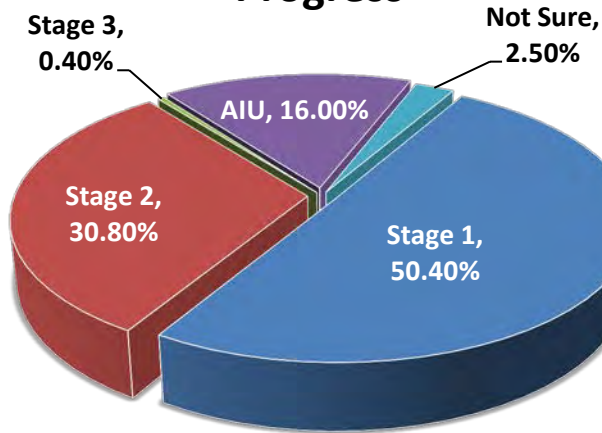
- Awards to expand/enhance PCMH model
- Awards to increase meaningful use of Health IT and facilitate HIE



# Health Center Program

## Modernize Care: EHR Adoption

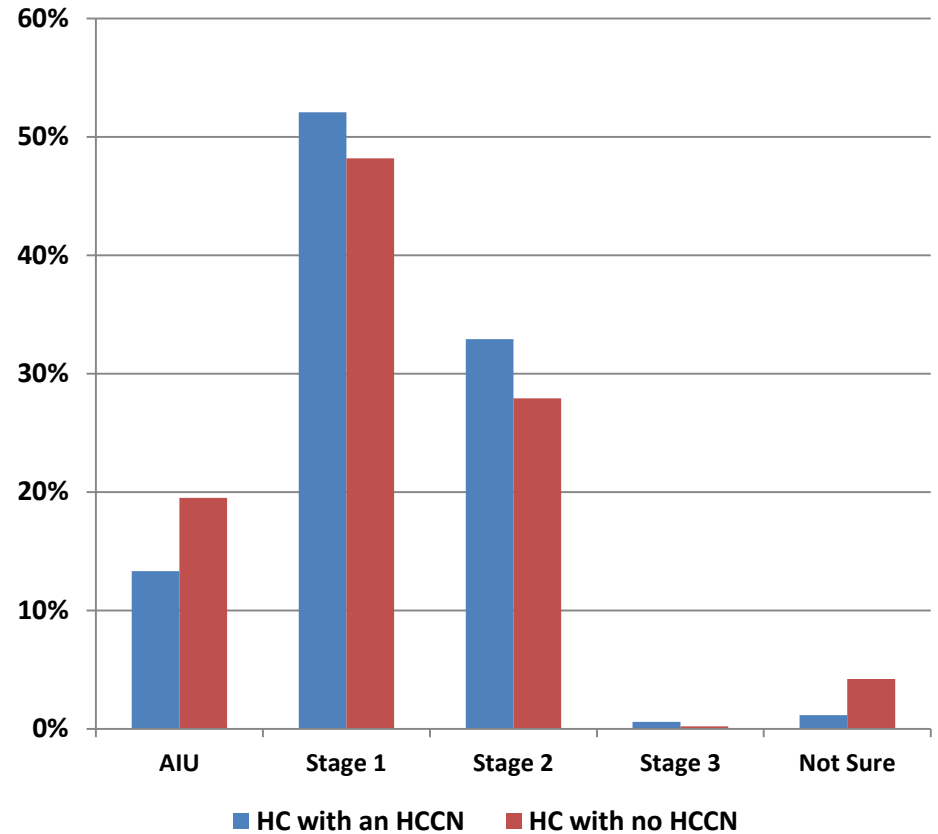
Health Centers by Meaningful Use Progress



### Additional Accomplishments:

- Over 50% of HCs used their EHR to report UDS clinical quality measures
- Many HCs are updating/enhancing HIT systems to support care integration
- An increase in HCs collecting social determinants data in their EHRs

Health Center Meaningful Use Progress by HCCN Participation



Source: HRSA 2015 Uniform Data System (UDS)



# Modernize Care: PCMH Recognition

- **Goal:** All health centers are PCMH recognized

- **Next steps on your journey:**

- **Optimize/enhance your PCMH**

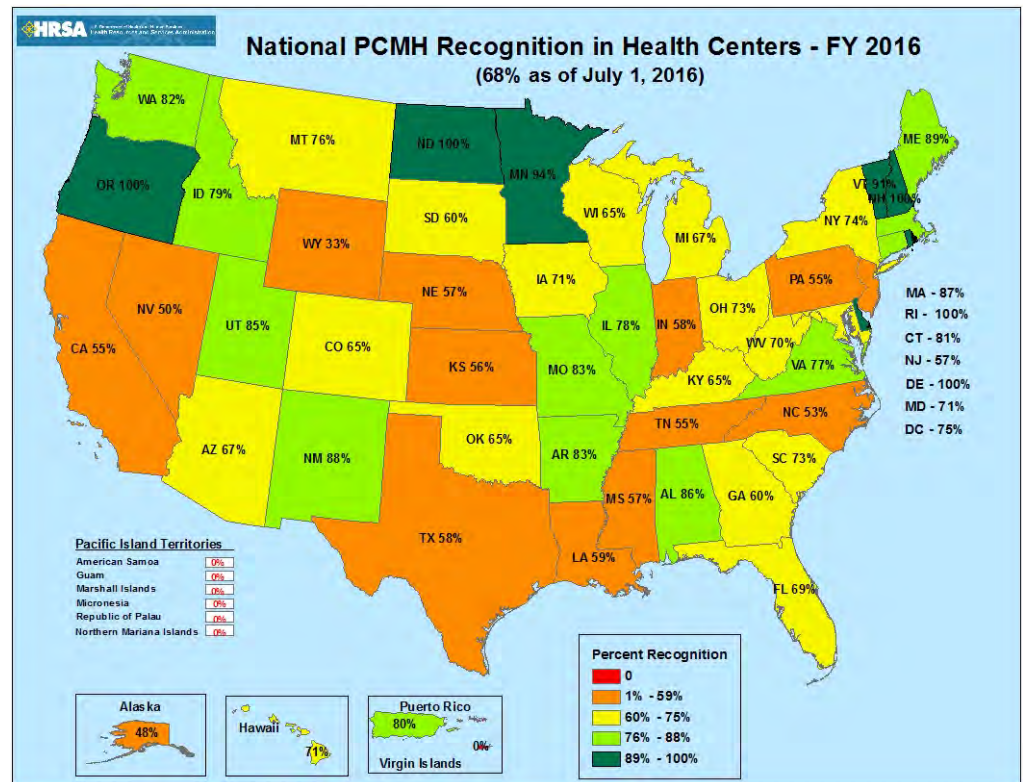
- Team based care
- Integration of care
- Patient engagement

- **Engage with the Medical Neighborhood**

- Care coordination

- **Build Community Partnerships to address social determinants of health**

- Housing
- Nutrition
- Education
- Social Services
- Aging & Disability Supports
- Transportation



## PCMH & Quality

Health centers that receive PCMH recognition generally performed better on clinical measures than health centers without PCMH recognition.

<http://www.ncbi.nlm.nih.gov/pubmed/27324440>



# PCMH and Clinical Quality

HSR

Health Services Research

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DOI: 10.1111/1475-6773.12523  
RESEARCH ARTICLE

## Patient-Centered Medical Home Recognition and Clinical Performance in U.S. Community Health Centers

*Leiyu Shi, De-Chih Lee, Michelle Chung, Hailun Liang,  
Diana Lock, and Alek Sripipatana*

**Introduction.** America's community health centers (HCs) are uniquely poised to implement the patient-centered medical home (PCMH) model, as they are effective in providing comprehensive, accessible, and continuous primary care. This study aims to evaluate the relationship between PCMH recognition in HCs and clinical performance.

**Methods.** Data for this study came from the 2012 Uniform Data System (UDS) as well as a survey of HCs' PCMH recognition achievement. The dependent variables included HC patient, provider, and practice characteristics. Bivariate analyses and multiple logistic regressions were conducted to compare clinical performance between HCs with and without PCMH recognition.

**Findings.** Health centers that receive PCMH recognition generally performed better on clinical measures than HCs without PCMH recognition. After controlling for HC patient, provider, and practice characteristics, HCs with PCMH recognition reported significantly better performance on asthma-related pharmacologic therapy, diabetes control, pap testing, prenatal care, and tobacco cessation intervention.

**Conclusion.** This study establishes a positive association between PCMH recognition and clinical performance in HCs. If borne out in future longitudinal studies, policy makers and practices should advance the PCMH model as a strategy to further enhance the quality of primary care.

**Key Words.** Patient-centered medical home, clinical performance, community health centers, vulnerable population, quality of care

Patient-centered medical homes (PCMHs) seek to achieve the "triple aim" of better quality, cost, and experience of care (National Committee for Quality Assurance [NCQA] 2014). Consensus on the approach to accomplish improved, comprehensive care was reached by a joint statement of the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, and the American Osteopathic Association,

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# Improve Health Outcomes & Health Equity



**100% of health centers** demonstrated improvement on one or more clinical quality measures



**93% of health centers** met/exceeded HP2020 goals on at least one clinical quality measure



**212 health centers** reduced disparities in low birth weight, blood sugar control and blood pressure control



**226 health centers** met or exceeded the **Million Hearts** goals on aspirin therapy, blood pressure control and smoking/tobacco cessation

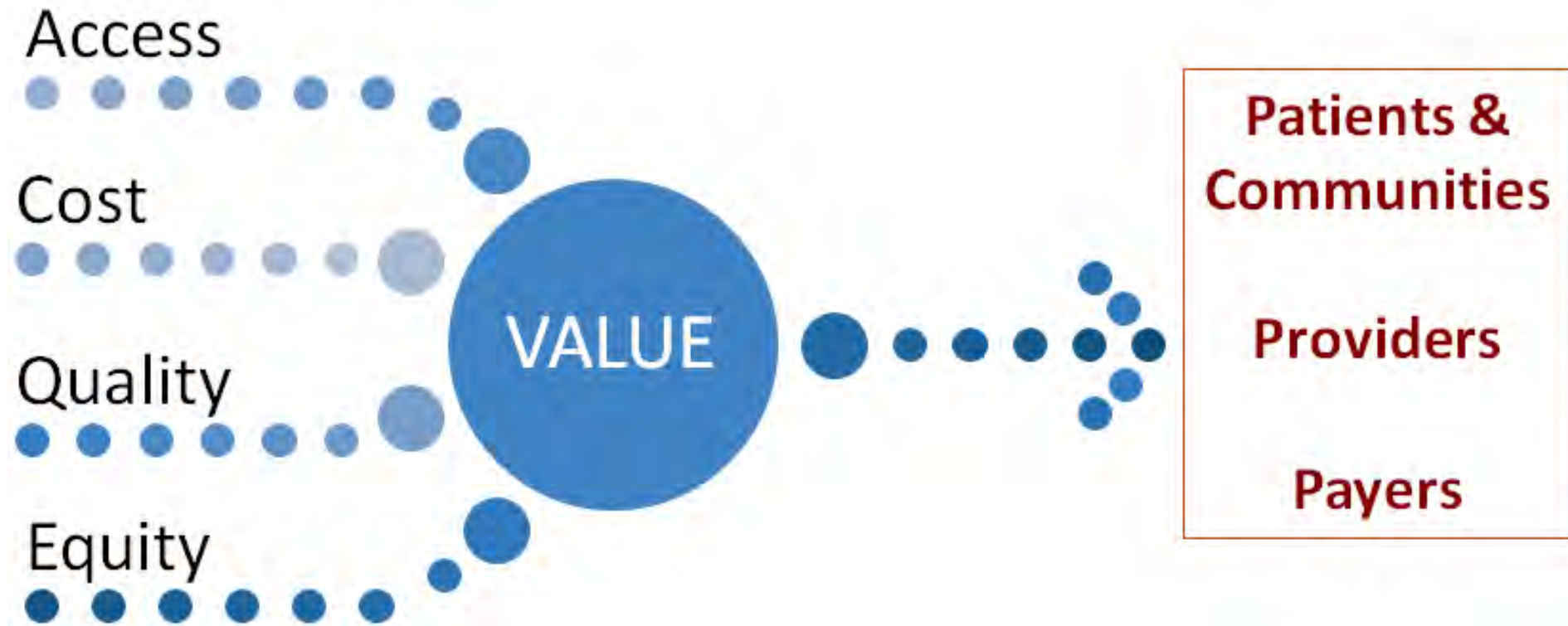
## Investments to Improve Outcomes:

- Quality Improvement Awards
- Awards to support integrated care and care coordination

# 2015 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
Diabetes Control	Depression Screening	HIV Linkage to Care	Dental Sealants (NEW)

# Increasing Health Center Value



# Quality Improvement Awards

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- **The goal of the QIAs is to promote and sustain access to high quality primary health care services that improve the health of underserved communities and vulnerable populations.**
- **Build systems and processes that support ongoing quality improvement and practice redesign**
- **Increase access to comprehensive primary health care services**
- **Improve health center quality of care and patient health outcomes**
- **Increase the number of high value health centers that have improved quality, access, cost, and equity**

# Quality Improvement Awards Background

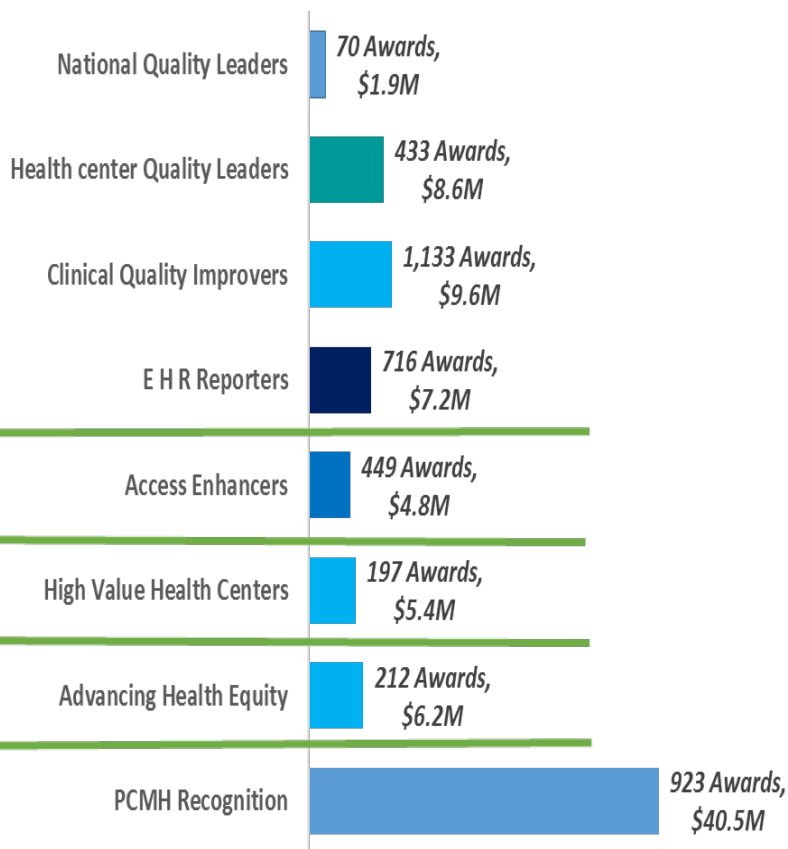
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- Multiple incentive types are included in the Quality Improvement Awards.
- Methodology developed with disparities in mind, incorporating award design elements that would not introduce or increase disparities.
- Supports national movement to value based payment/reimbursement.

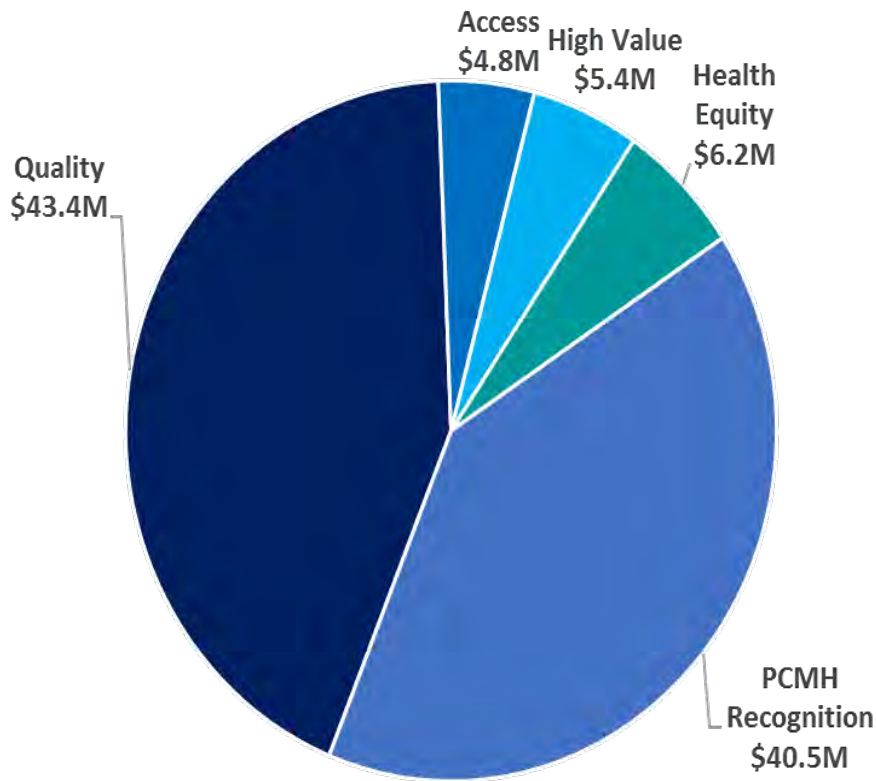


# Quality Improvement Awards: \$100.2 Million

## Award Amounts by QIA Category



## Award Amounts by QIA Category



# Quality Improvement Awards Eligibility



# Quality Awards

- **Four Quality Award Categories:**

1. National Quality Leaders
2. Health Center Quality Leaders
3. Clinical Quality Improvers
4. EHR Reporters

- **Based on 2014 and**
- **2015 UDS data**



# Electronic Health Record (EHR) Reporters

<b>Data Source</b>	<b>Criterion</b>	<b>Award</b>
2015 UDS	Used EHRs to report clinical quality measure data on all of their patients	\$10,000 per health center

# Clinical Quality Improvers

<b>Data Source</b>	<b>Criterion</b>	<b>Award</b>
2014 and 2015 UDS	At least a 10% improvement on clinical quality measures from 2014 to 2015	\$3,000 for each clinical measure improved plus \$0.50 per patient

# Health Center Quality Leaders

<b>Data Source</b>	<b>Criterion</b>	<b>Award</b>
2015 UDS	The top 30% of all health centers who achieved the best	\$15,000 - \$25,000 base award plus \$0.50 per patient

Note: Based on average adjusted quartile ranking - the adjusted quartile assesses a health center's clinical performance compared to other health centers, while accounting for specific differences in health center characteristics.

For more information go to <http://www.bphc.hrsa.gov/datareporting/reporting/ranking.html>

## Health Center Quality Leaders (cont.)

<b>Top Three Deciles of all Health Centers</b>	<b>Base Award</b>	<b>Per Patient</b>
■ First Decile	\$25,000	\$0.50
■ Second Decile	\$20,000	\$0.50
■ Third Decile	\$15,000	\$0.50

# National Quality Leaders

<b>Data Source</b>	<b>Criterion</b>	<b>Award</b>
2015 UDS	Meeting or exceeding clinical benchmarks* for: <ol style="list-style-type: none"><li>1. Chronic disease management</li><li>2. Preventive care</li><li>3. Perinatal/prenatal care</li></ol>	\$25,000 base award plus \$0.50 per patient

\*Healthy People 2020 objectives where they exist, except for cervical cancer and colorectal cancer screenings (these will use Health Center national averages). Health Center Clinical Quality Measures national averages are used in the absence of Healthy People objectives.

Note: HIV Linkage to Care and Dental Sealants measures are not included in this QIA



# National Quality Leaders (pt.2)

## □ Chronic Disease Management

- Diabetes control < 16%
- Appropriate asthma treatment > 84%
- Hypertension control > 61%
- Coronary artery disease and lipid therapy > 78%
- Ischemic vascular disease and aspirin therapy > 78%

# National Quality Leaders (pt.3)

## ☐ Preventive Care

- Adult weight screening > 59%
- Child/adolescent weight screening > 58%
- Cervical cancer screening > 93%
- Colorectal cancer screening > 71%
- Childhood immunizations > 80%
- Depression screening and follow-up > 51%
- Tobacco use and cessation intervention > 84%

## ☐ Perinatal/Prenatal Care

- Early entry into prenatal care > 78%
- Low birth weight < 8%

# Access Enhancers

- **Increased access to comprehensive primary health care services**
  - **Must** qualify for at least one “Quality” category QIA
  - Based on 2014 and 2015 UDS data
  - Made at least 5% increase in total patients served from 2014 to 2015 **and** 5% patient increase in comprehensive service categories
    - Mental health
    - Substance abuse
    - Vision
    - Dental
    - Enabling services

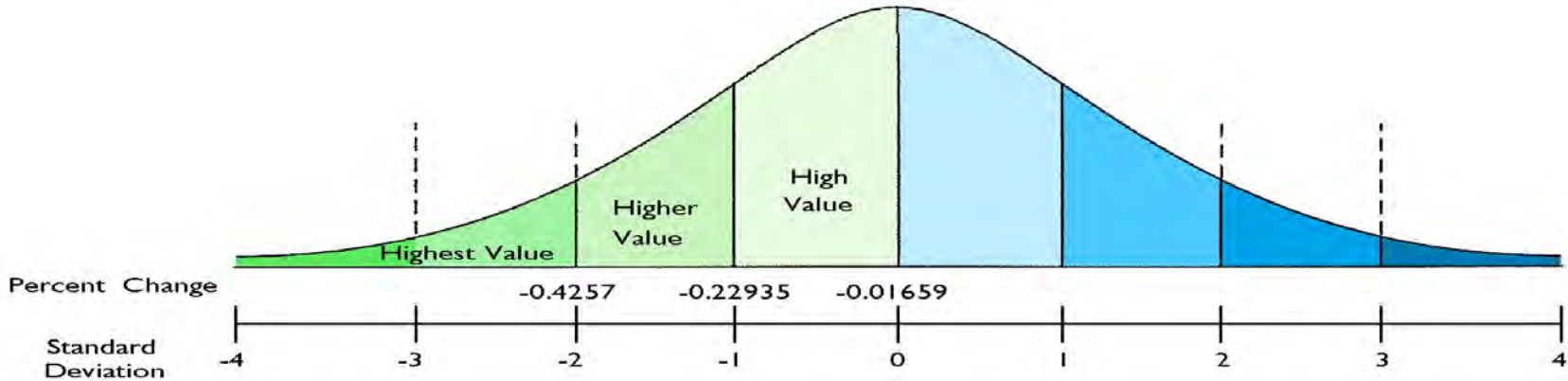
## Access Enhancers (cont.)

Award Categories	Award Amount
At least 5% increase in total patients <b>and</b> at least 5% patient increase in 5 comprehensive service categories	--
At least 5% increase in total patients <b>and</b> at least 5% patient increase in 4 comprehensive service categories	\$30,000.00
At least 5% increase in total patients <b>and</b> at least 5% patient increase in 3 comprehensive service categories	\$20,000.00
At least 5% increase in total patients <b>and</b> at least 5% patient increase in 2 comprehensive service categories	\$10,000.00
At least 5% increase in total patients <b>and</b> at least 5% patient increase in 1 comprehensive service category	\$5,000.00

# High Value Health Centers

- **Health centers with exemplary achievements in clinical quality, comprehensive care access, and cost**
  - **Must** qualify for a “Quality” category QIA
  - **Must** qualify for an “Access Enhancer” QIA
  - Based on 2014 and 2015 UDS data
  - Relative performance – health center change in medical cost per medical visit (UDS) compared to national estimates of change in medical expenditures per medical visit (Medical Expenditure Panel Survey)

# High Value Health Centers (cont.)



Award Categories	Award Amount
<b>Highest Value</b> Growth in Medical Cost per Medical Visit less than -0.4257	\$45,000.00
<b>Higher Value</b> -0.4257 < Growth in Medical Cost per Medical Visit < -0.22939	\$35,000.00
<b>High Value</b> -0.22939 < Growth in Medical Cost per Medical Visit < -0.01659	\$25,000.00

# Advancing Health Equity

**NEW!**

- ❑ **Made advances to meet Health People 2020 Goals by race/ethnic group**
  - Must qualify for EHR Reporter QIA
  - Must qualify for an Access Enhancers QIA
  - Health center must have served at least 30 patients in each racial/ethnic group under consideration
  - **Measures included:** Low Birth Weight, Hypertension, Diabetes Control
- **Two Tiers:**
  - Tier 1. Each race/ethnic group that met the Healthy People 2020 goal
  - Tier 2. Each race/ethnic group that made an improvement from 2014 to 2015 by at least 10% if the HC did not meet the Healthy People 2020 goal

# Advancing Health Equity (pt.2)

<b>Tier 1. Met or Exceeded Healthy People 2020 Goal...</b>	<b>Award Amount</b>
<i>for 7 racial/ethnic groups</i>	--
<i>for 6 racial/ethnic groups</i>	\$60,000
<i>for 5 racial/ethnic groups</i>	\$50,000
<i>for 4 racial/ethnic groups</i>	\$40,000
<i>for 3 racial/ethnic groups</i>	\$30,000
<i>for 2 racial/ethnic groups</i>	\$20,000
<i>for 1 racial/ethnic group</i>	\$10,000

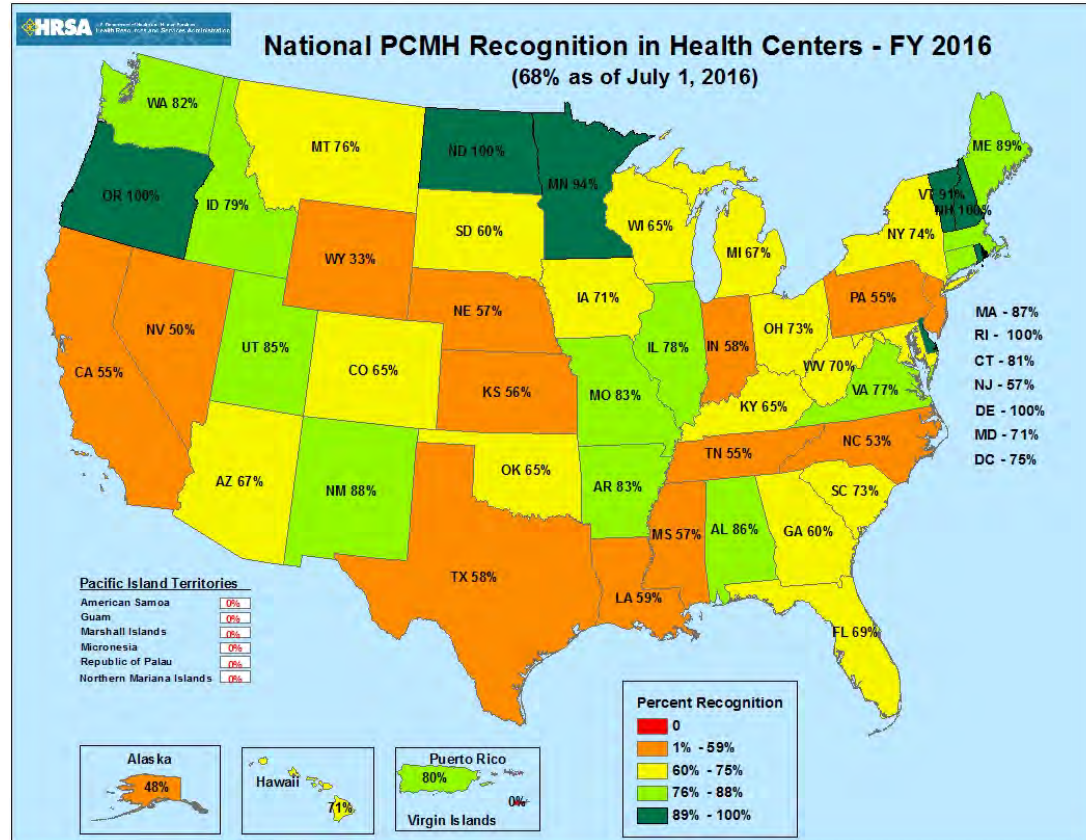


## Advancing Health Equity (pt.3)

<b>Tier 2. Made at least 10% improvement from 2014...</b>	<b>Award Amount</b>
<i>for 7 racial/ethnic groups</i>	--
<i>for 6 racial/ethnic groups</i>	--
<i>for 5 racial/ethnic groups</i>	--
<i>for 4 racial/ethnic groups</i>	\$32,500
<i>for 3 racial/ethnic groups</i>	\$22,500
<i>for 2 racial/ethnic groups</i>	\$12,500
<i>for 1 racial/ethnic group</i>	\$2,500

# HRSA Accreditation and Patient-Centered Medical Home Recognition Initiative

- Goal: All health centers are PCMH recognized
- Next steps on your journey:
- Optimize/enhance your PCMH
  - Team based care
  - Integration of care
  - Patient engagement
- Engage with the Medical Neighborhood
  - Care coordination
- Build Community Partnerships to address social determinants of health
  - Housing
  - Nutrition
  - Education
  - Social Services
  - Aging & Disability Supports
  - Transportation



# HRSA Accreditation and Patient-Centered Medical Home Recognition Initiative (pt.2)

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The HRSA Accreditation and Patient-Centered Medical Home (A/PCMH) Recognition Initiative supports health centers working towards better care and lower costs for patients.

HRSA supports health centers seeking to achieve:

- Ambulatory Health Care Accreditation and/or
- PCMH Recognition

# HRSA Accreditation and Patient-Centered Medical Home Recognition Initiative (pt.3)

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HRSA contracts with three organizations to provide technical assistance and training for their respective recognition processes. These organization are:

- The Joint Commission
- The Accreditation Association for Ambulatory Health
- The National Committee for Quality Assurance

HRSA may support certain fees for participating health centers.

# Award Information

# Summary of Funding

- ❑ **HRSA awarded over \$100 million to 1,304 health centers in all 50 states, the District of Columbia, and 7 U.S. Territories**
  - <http://bphc.hrsa.gov/programopportunities/fundingopportunities/qualityimprovement/index.html>
  
- ❑ **Health centers received funding in the 6 categories as follows:**
  - EHR Reporters: 716
  - Clinical Quality Improvers: 1,133
  - Health Center Quality Leaders: 433
  - National Quality Leaders: 70
  - Access Enhancers: 449
  - High Value Health Centers: 197
  - Health Equity: 212
  - PCMH Recognition: 923

# Quality Improvement Award Eligibility

- ❑ Health centers that submitted their 2015 UDS were potentially eligible for Quality Improvement Award funding.
- ❑ Health centers were not considered for funding if their H80 grant was discontinued or relinquished.
- ❑ Health centers were determined to be ineligible for the Quality Improvement Awards at the time of the funding decision based on the status of progressive action (PA) conditions in the following categories:
  - 1 or more quality improvement-related PA condition(s)
  - 1 or more 30-day PA condition(s)
  - 3 or more 60-day PA condition(s)

# Quality Improvement Award Term on Notice of Award



# Purpose of Funding

- **The purpose of the Fiscal Year (FY) 2016 Health Center Quality Improvement (QI) Fund one-time grant supplement is to:**
  - 1) Recognize health centers that displayed high levels of quality performance in Calendar Year 2015 UDS reporting and/or significantly improved quality of care from 2014 to 2015;**
  - 2) Provide support for those health centers to continue to strengthen quality improvement activities; and**
  - 3) Recognize and provide support for health centers with one or more sites with new and/or continued patient centered medical home recognition.**

# Use of Funds

- **This supplement must be used:**
  - Within 12 months of receipt of funds to support Quality Improvement (QI) activities.
  - Consistent with federal cost principles at 45 CFR 75.
- **Supplement may not be used:**
  - To supplant existing resources.
  - To support bonuses or other staff incentives.
  - For moveable equipment individually valued at \$5,000 or greater (except equipment related to HIT and certified EHRs).
  - For construction costs (including minor alterations and renovation and fixed equipment).

# Use of Funds (cont.)

- **Health centers must use these funds for QI activities, which include but are not limited to:**
  - Developing and improving health center QI systems and infrastructure: training staff; developing policies and procedures; enhancing health information technology, certified electronic health record, and data systems; data analysis; implementing targeted QI activities (including hiring consultants).
  - Developing and improving care delivery systems: supplies to support care coordination, case management, and medication management; developing contracts and formal agreements with other providers; laboratory reporting and tracking; training and workflow redesign to support team-based care; clinical integration of behavioral health, oral health, HIV care, and other services; patient engagement activities.

# Funds Reporting and Carry-Over

- ❑ Health centers will be required to provide information on the QI activities supported through this one-time supplement via their FY 2017 Service Area Competition (SAC) application or FY 2017 Budget Period Renewal (BPR) progress report.
- ❑ More information will be provided as part of the SAC and BPR instructions.
- ❑ If funds are not fully expended by the end of your current budget period, the health center must request carry-over to use the remaining funds in the next budget period.

# Technical Assistance Resources

# Technical Assistance Resources (pt.1)

- **National and state/regional support for training and technical assistance:**
  - National Cooperative Agreements; State/Regional Primary Care Association  
<http://bphc.hrsa.gov/programopportunities/fundingopportunities/pca/index.html>
  - Health Center Controlled Networks
    - <http://bphc.hrsa.gov/programopportunities/fundingopportunities/HCCN/index.html>
- **HRSA Technical Assistance (TA) Support:**
  - Project Officer
  - TA Calls/Trainings
  - BPHC TA Website:
    - <http://bphc.hrsa.gov/qualityimprovement/newguide.html>



# Technical Assistance Resources (pt.2)

- **For a list of 2015 UDS Quality Improvement Award recipients:**
  - <http://bphc.hrsa.gov/programopportunities/fundingopportunities/qualityimprovement/index.html>
  - Please send Quality Improvement Awards-related inquiries to: [BPHCQI@HRSA.gov](mailto:BPHCQI@HRSA.gov)
- **Health Center Adjusted Quartile Ranking**
- **Frequently Asked Questions:**
  - <http://bphc.hrsa.gov/datareporting/reporting/rankingfaq.html>

# Bureau of Primary Health Care Help Line

- **Single point of contact to assist grantees and stakeholders with information in the following areas:**
  - **BHCMIS – System in EHB (Electronic Handbook)**
  - **Health Center Quarterly Reporting**
  - **Reporting Uniform Data System (UDS)**
  - **Federal Torts Claims Act (FTCA) for Health Centers and Free Clinics**
    - **Phone: 1-877-974-BPHC (2742)**
    - **Email: [bphchelpline@hrsa.gov](mailto:bphchelpline@hrsa.gov)**
- **Available Monday to Friday (excluding Federal holidays), from 8:30 AM – 5:30 PM (ET), with extra hours available during high volume periods**



# Uniform Data System (UDS) Web Tools

- **2015 UDS Performance Data publicly available at:**

<http://www.bphc.hrsa.gov/uds/datacenter.aspx>

- **UDS Website:**

<http://www.bphc.hrsa.gov/datareporting/index.html>

- UDS Grantee/State/National Summaries
- Health Center Trend Reports
- State and National Roll-up Reports
- Reporting and Training Resources

- **UDS Mapper:**

<http://www.udsmapper.org>

- HRSA has developed a mapping and support tool driven primarily from data within the UDS
- Webinar trainings on using UDS Mapper functionalities available at:  
<http://www.udsmapper.org/webinars-and-presentations.cfm>

**Congratulations to all the  
2015 UDS Quality Improvement Award  
awardees!**