Fiscal Year 2017 Health Center
Quality Improvement Awards
Technical Assistance Webinar
September 19, 2017

U.S. Department of Health and Human Services
Health Resources and Services Administration
Bureau of Primary Health Care
Overview

- Identifying the role and impact of the Health Center Quality Improvement Awards (QIAs)
- Understanding the eligibility and award criteria
- Summary of the Fiscal Year 2017 QIAs
- Terms of the Award
Health Center Program Goals and Overview of FY 2017
Quality Improvement Awards

Alek Sripipatana, PhD, MPH
Data and Evaluation Division Director
Bureau of Primary Health Care

Strategic Goals

Increase Access to Primary Health Care

Advance Health Center Quality and Impact

Optimize Bureau of Primary Health Care Operations

Mission: Improve the health of the nation’s underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services
Nearly **26 million** people — **1 in 12** people across the United States — rely on a HRSA-funded health center for care, including:

- **1 in 3** living in poverty
- **1 in 6** rural residents
- **1 in 10** children in the US
- **330,000+** veterans
- **About 2.7 million** publicly housed
- **Nearly 1.3 million** homeless
- **Nearly 1 million** agricultural workers
- **More than 750,000** served at school-based health centers
Health Center Quality Improvement Awards

- Increasing Access
- Improving Quality
- Enhancing Value
- Addressing Disparities

Improved Outcomes and Impact

Patients & Communities
Providers
Payers
Health Center QIAs Goals

- Improve health center clinical quality
- Improve patient health outcomes
- Recognize efforts at building systems and processes that support ongoing quality improvement and practice redesign
- Increase access to comprehensive primary health care services
- Recognize health centers delivering high value that have improved quality, access, and cost effectiveness
Health Center QIA Categories

Access

Quality

Value

Disparities
Health Center QIA Eligibility

- Health centers that submitted their 2016 Uniform Data System (UDS) and Patient-Centered Medical Home (PCMH) recognition data were eligible for the QIA funding
  - Health centers that did not submit a UDS Report may still be eligible for PCMH funding
- Health centers were not considered for funding if their H80 grant was discontinued or relinquished
- Health centers were determined to be ineligible 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)
Improving Quality of Care

Four Clinical Quality Award Categories
Awarded to health centers that used clinical quality measures (CQMs) as levers for improving patient services and outcomes

1. Electronic Health Record Reporters
2. Clinical Quality Improvers
3. Health Center Quality Leaders
4. National Quality Leaders
Improving Quality of Care Awards

- Electronic Health Record Reporters
- Clinical Quality Improvers
- Health Center Quality Leaders
- National Quality Leaders
## Improving Quality of Care Awards
### Criteria and Payout

<table>
<thead>
<tr>
<th>Category</th>
<th>Criteria</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic Health Record (EHR) Reporters</td>
<td>Used EHR to report on all CQMs for all of the health center’s patients</td>
<td>$10,500 per health center</td>
</tr>
<tr>
<td>Clinical Quality Improvers</td>
<td>Demonstrated notable improvement in one or more CQMs between 2015 and 2016</td>
<td>$3,150 base for each clinical measure improved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$0.50 per patient</td>
</tr>
<tr>
<td>Health Center Quality Leaders</td>
<td>The top 30% of all health centers who achieved the best overall clinical outcomes</td>
<td>First decile- $26,250 base award</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Second decile- $21,000 base award</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Third decile- $15,750 base award</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$0.50 per patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$0.50 per patient</td>
</tr>
</tbody>
</table>
EHR Reporters Criteria and Payout

- Used an EHR system to report on **ALL** CQMs
- Used an EHR system to report on the universe of health center patients
- Must meet a threshold of 70 patients
- Base award of $10,500
Clinical Quality Improvers
Criteria and Payout

- Demonstrated at least a 10% improvement on any CQM from 2015 to 2016
- Base award of $3,150 and $0.50 per unduplicated patient
Health Center Quality Leaders
Criteria and Payout

Based upon Adjusted Quartile Rankings
of the top 30% of health centers:

- **Top Decile of Health Centers**
  - Base Award of $26,250
  - Per Patient Award of $0.50

- **Second Top Decile of Health Centers**
  - Base Award of $21,000
  - Per Patient Award of $0.50

- **Third Top Decile of Health Centers**
  - Base Award of $15,750
  - Per Patient Award of $0.50
Awarded Health Centers Using Critical Thresholds Based on National Benchmarks

- Used electronic health records to report CQMs
- Base award of $26,250
- Per patient award of $0.50

**Chronic Disease Management**
- Uncontrolled diabetes (HbA1c > 9%) < 16.20%
- Appropriate asthma treatment > 87.38%
- Hypertension control > 61.20%
- Coronary artery disease and lipid therapy > 79.46%
- Ischemic vascular disease and aspirin therapy > 78.40%

**Preventive Care**
- Adult weight screening ≥ 62.46%
- Child/adolescent weight screening ≥ 62.92%
- Cervical cancer screening ≥ 54.36%
- Colorectal cancer screening ≥ 39.89%
- Childhood immunizations ≥ 80%
- Depression screening and follow-up ≥ 60.34%
- Tobacco Use Screening and Cessation ≥ 85.19%

**Perinatal/Prenatal Care**
- Access to prenatal care ≥ 77.90%
- Low birth weight < 7.80%
Increasing Access to Care
Access Enhancers
Criteria

Increased access to comprehensive primary health care services:

- Must qualify for one “Quality” Award
- Made at least 5% increase in total patients served from 2015 to 2016
- Demonstrated a 5% patient increase in at least one of the comprehensive service categories:
  - Mental health
  - Substance abuse
  - Vision
  - Dental
  - Enabling services
### Access Enhancers
#### Criteria and Payout

<table>
<thead>
<tr>
<th>Award Categories</th>
<th>Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 5% increase in total patients and at least 5% patient increase in <strong>5</strong> comprehensive service categories</td>
<td>$42,000.00</td>
</tr>
<tr>
<td>At least 5% increase in total patients and at least 5% patient increase in <strong>4</strong> comprehensive service categories</td>
<td>$31,500.00</td>
</tr>
<tr>
<td>At least 5% increase in total patients and at least 5% patient increase in <strong>3</strong> comprehensive service categories</td>
<td>$21,000.00</td>
</tr>
<tr>
<td>At least 5% increase in total patients and at least 5% patient increase in <strong>2</strong> comprehensive service categories</td>
<td>$10,500.00</td>
</tr>
<tr>
<td>At least 5% increase in total patients and at least 5% patient increase in <strong>1</strong> comprehensive service category</td>
<td><strong>$5,250.00</strong></td>
</tr>
</tbody>
</table>
Enhancing Delivery of High Value Health Care
Value Enhancers Criteria

Health centers providing cost-efficient care compared to national benchmarks:

- Must qualify for a “Quality” Award
- Must qualify for an Access Enhancer Award
- 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)
## Value Enhancers

### Criteria and Payout

The diagram illustrates the distribution of medical cost per medical visit with respect to percent change and standard deviation. It categorizes medical visits into three levels: Highest Value, Higher Value, and High Value, based on the medical cost per visit.

### Award Categories and Amounts

<table>
<thead>
<tr>
<th>Award Categories</th>
<th>Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest Value</td>
<td>$47,250.00</td>
</tr>
<tr>
<td>Medical Cost per Medical Visit less than -0.981883</td>
<td></td>
</tr>
<tr>
<td>Higher Value</td>
<td>$36,750.00</td>
</tr>
<tr>
<td>-0.981883 ≤ Medical Cost per Medical Visit &lt; -0.648704</td>
<td></td>
</tr>
<tr>
<td>High Value</td>
<td>$26,250.00</td>
</tr>
<tr>
<td>-0.648704 ≤ Medical Cost per Medical Visit &lt; -0.315525</td>
<td></td>
</tr>
</tbody>
</table>
Addressing Health Disparities
Health Disparities Reducers Criteria

Increased access to comprehensive primary health care services:
- Must be eligible for at least EHR Reporters award and
- Must be eligible for an Access Enhancer award
- Clinical quality measures included: Low Birth Weight, Hypertension, Diabetes Control

Tiers:
1. Each race/ethnic group that met or exceeded Healthy People (HP) 2020 goal
2. Each race/ethnic group that made an improvement from 2015 to 2016 by at least 10% if the health center did not meet the HP 2020 goal
# Health Disparities Reducers: Tier 1 Criteria and Payout

<table>
<thead>
<tr>
<th>Met/Exceeded HP2020 Goal</th>
<th>Base Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>For 7 racial/ethnic groups</td>
<td>$73,500</td>
</tr>
<tr>
<td>For 6 racial/ethnic groups</td>
<td>$63,000</td>
</tr>
<tr>
<td>For 5 racial/ethnic groups</td>
<td>$52,500</td>
</tr>
<tr>
<td>For 4 racial/ethnic groups</td>
<td>$42,000</td>
</tr>
<tr>
<td>For 3 racial/ethnic groups</td>
<td>$31,500</td>
</tr>
<tr>
<td>For 2 racial/ethnic groups</td>
<td>$21,000</td>
</tr>
<tr>
<td>For 1 racial/ethnic groups</td>
<td>$10,500</td>
</tr>
<tr>
<td>Improvement from 2015 to 2016</td>
<td>Base Award Amount</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>For 7 racial/ethnic groups</td>
<td>$65,625</td>
</tr>
<tr>
<td>For 6 racial/ethnic groups</td>
<td>$55,125</td>
</tr>
<tr>
<td>For 5 racial/ethnic groups</td>
<td>$44,625</td>
</tr>
<tr>
<td>For 4 racial/ethnic groups</td>
<td>$34,125</td>
</tr>
<tr>
<td>For 3 racial/ethnic groups</td>
<td>$23,625</td>
</tr>
<tr>
<td>For 2 racial/ethnic groups</td>
<td>$13,125</td>
</tr>
<tr>
<td>For 1 racial/ethnic groups</td>
<td>$2,625</td>
</tr>
</tbody>
</table>
Patient-Centered Medical Home Recognition

Duane McKinley, MPH
Quality Division PCMH Lead
Key Elements of Practice Transformation

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

Goal: 70% by 2017
Summary of the FY 2017 Health Center Quality Improvement Awards

Hank Hoang, PharmD
Data Analytics Team Lead
Summary of Awards
Quality Improvement Awards: $105 Million

Award Amounts by Sub-Category

- **National Quality Leaders**: 46 Awards, $2.1 M
- **Health Center Quality Leaders**: 427 Awards, $14.0 M
- **Clinical Quality Improvers**: 1,153 Awards, $20.4 M
- **EHR Reporters**: 909 Awards, $9.5 M
- **Increasing Access to Care**: 526 Awards, $6.4 M
- **Enhancing Delivery of High Value Health Care**: 21 Awards, $0.6 M
- **Addressing Health Disparities**: 318 Awards, $9.6 M
- **Achieving PCMH Recognition**: 930 Awards, $42.1 M

Award Amounts by Category

- **Access**: $6.4 M
- **High Value**: $0.6 M
- **Quality**: $46.1 M
- **Health Disparities**: $9.6 M
- **PCMH Recognition**: $42.1 M
Number of Eligible Health Centers

**EHR: 67% (909)**
OF ALL HEALTH CENTERS IN 2016

<table>
<thead>
<tr>
<th>QIA 4.0</th>
<th>QIA 3.0</th>
<th>QIA 2.0</th>
<th>QIA 1.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>909</td>
<td>716</td>
<td>491</td>
<td>332</td>
</tr>
</tbody>
</table>

**Health Center Quality Leaders: 31% (427)**
OF ALL HEALTH CENTERS IN 2016

<table>
<thead>
<tr>
<th>QIA 4.0</th>
<th>QIA 3.0</th>
<th>QIA 2.0</th>
<th>QIA 1.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>427</td>
<td>433</td>
<td>389</td>
<td>361</td>
</tr>
</tbody>
</table>

**Clinical Quality Improvers: 84% (1,153)**
OF ALL HEALTH CENTERS IN 2016

<table>
<thead>
<tr>
<th>QIA 4.0</th>
<th>QIA 3.0</th>
<th>QIA 2.0</th>
<th>QIA 1.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,153</td>
<td>1,133</td>
<td>993</td>
<td>1,058</td>
</tr>
</tbody>
</table>

**National Quality Leaders: 3% (46)**
OF ALL HEALTH CENTERS IN 2016

<table>
<thead>
<tr>
<th>QIA 4.0</th>
<th>QIA 3.0</th>
<th>QIA 2.0</th>
<th>QIA 1.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>70</td>
<td>61</td>
<td>57</td>
</tr>
</tbody>
</table>
## Number of Eligible Health Centers

### Access Enhancers: 38% (526)
OF ALL HEALTH CENTERS IN 2016

<table>
<thead>
<tr>
<th>QIA</th>
<th>Number of Eligible Health Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0</td>
<td>526</td>
</tr>
<tr>
<td>3.0</td>
<td>449</td>
</tr>
<tr>
<td>2.0</td>
<td>340</td>
</tr>
</tbody>
</table>

### Health Disparities Reducers: 23% (318)
OF ALL HEALTH CENTERS IN 2016

<table>
<thead>
<tr>
<th>QIA</th>
<th>Number of Eligible Health Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0</td>
<td>318</td>
</tr>
<tr>
<td>3.0</td>
<td>212</td>
</tr>
</tbody>
</table>

### Value Enhancers: 2% (21)
OF ALL HEALTH CENTERS IN 2016

<table>
<thead>
<tr>
<th>QIA</th>
<th>Number of Eligible Health Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0</td>
<td>21</td>
</tr>
<tr>
<td>3.0</td>
<td>197</td>
</tr>
<tr>
<td>2.0</td>
<td>139</td>
</tr>
</tbody>
</table>

### Patient-Centered Medical Home: 68% (930)
OF ALL HEALTH CENTERS IN 2016

<table>
<thead>
<tr>
<th>QIA</th>
<th>Number of Eligible Health Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0</td>
<td>930</td>
</tr>
<tr>
<td>3.0</td>
<td>923</td>
</tr>
</tbody>
</table>

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**HRSA Health Center Program**
## Summary of Awards

<table>
<thead>
<tr>
<th>Award Category</th>
<th>Number of Health Centers</th>
<th>Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EHR Reporters</td>
<td>909</td>
<td>$9,544,500</td>
</tr>
<tr>
<td>Clinical Quality Improvers</td>
<td>1,153</td>
<td>$20,424,809</td>
</tr>
<tr>
<td>Health Center Quality Leaders</td>
<td>427</td>
<td>$13,985,285</td>
</tr>
<tr>
<td>National Quality Leaders</td>
<td>46</td>
<td>$2,110,355</td>
</tr>
<tr>
<td><strong>Access</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increasing Access to Care</td>
<td>526</td>
<td>$6,373,500</td>
</tr>
<tr>
<td><strong>Value</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivering High Value Health Care</td>
<td>21</td>
<td>$582,750</td>
</tr>
<tr>
<td><strong>Health Disparities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addressing Health Disparities</td>
<td>318</td>
<td>$9,578,625</td>
</tr>
<tr>
<td><strong>PCMH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Achieving PCMH Recognition</td>
<td>930</td>
<td>$42,065,000</td>
</tr>
</tbody>
</table>
Overview of the Award Terms and Conditions

Matt Kozar
Strategic Initiatives and Planning Division
Director
Notice of Award:
The purpose of the FY 2017 Health Center QIA Fund one-time grant supplement is to support health centers that displayed high levels of quality performance in Calendar Year 2016 UDS reporting to continue to strengthen quality improvement activities, including achieving new patient centered medical home recognition.
Use of QIA Funds

• The funding should be used within 12 months of receipt to support quality improvement activities

• Health centers have flexibility in using the funds to:
  • Develop and improve health center QI systems and infrastructure; and
  • Develop and improve care delivery systems

• Use of funds must be consistent with federal cost principles at 45 CFR 75
## Examples of Activities

<table>
<thead>
<tr>
<th>Develop and improve health center QI systems and infrastructure</th>
<th>Develop and improve care delivery systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training staff</td>
<td>Purchasing supplies to support care coordination</td>
</tr>
<tr>
<td>Enhance HIT, EHR, and data systems</td>
<td>Lab reporting and tracking</td>
</tr>
<tr>
<td>Data analysis</td>
<td>Training and workflow redesign</td>
</tr>
<tr>
<td>Implementing targeted QI activities</td>
<td>Clinical integration of services</td>
</tr>
<tr>
<td>Purchase of medically accessible clinical equipment</td>
<td></td>
</tr>
</tbody>
</table>
Use of Funds

The funding may not be used:

• To supplant existing resources.

• To support bonuses or other staff incentives.

• For construction costs (including minor alterations and renovation and fixed equipment).

• For fundraising, lobbying, incentives (gift cards, food), construction/renovation, facility or land purchases, or vehicle purchases.
Reporting and Carry-over

• **Reporting** - You will be required to provide information on the QI activities supported through the FY 2019 Budget Period Progress Report (BPR) and identify whether or not equipment was purchased within 90 days of end of budget period
  - If items purchased – submit to EHB an itemized list with purchase price, of all items over $5,000 purchased with grant funds.
  - If no items purchased - submit a letter of verification from financial officer confirming

• **Carry Over** – This funding can be carried over into your FY 2018 budget period, per the prior approval process to request carry over
  - Identify amount un-obligated Annual Federal Financial Report (FFR), SF-425
  - Consult your Grants Management Specialist for questions
Technical Assistance Resources

QIA webinars and frequently asked questions (FAQs):
https://bphc.hrsa.gov/programopportunities/fundingopportunities/quality/index.html

FY 2017 Health Center QIA recipients:
http://bphc.hrsa.gov/programopportunities/fundingopportunities/qualityimprovement/index.html

Health Center AQRs FAQs:
http://bphc.hrsa.gov/datarreporting/reporting/rankingfaq.html

UDS Performance Data publicly available at:
http://bphc.hrsa.gov/uds/datacenter.aspx
Congratulations to all the FY 2017 Health Center QIA Awardees!