



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

Health Center Program



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



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



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

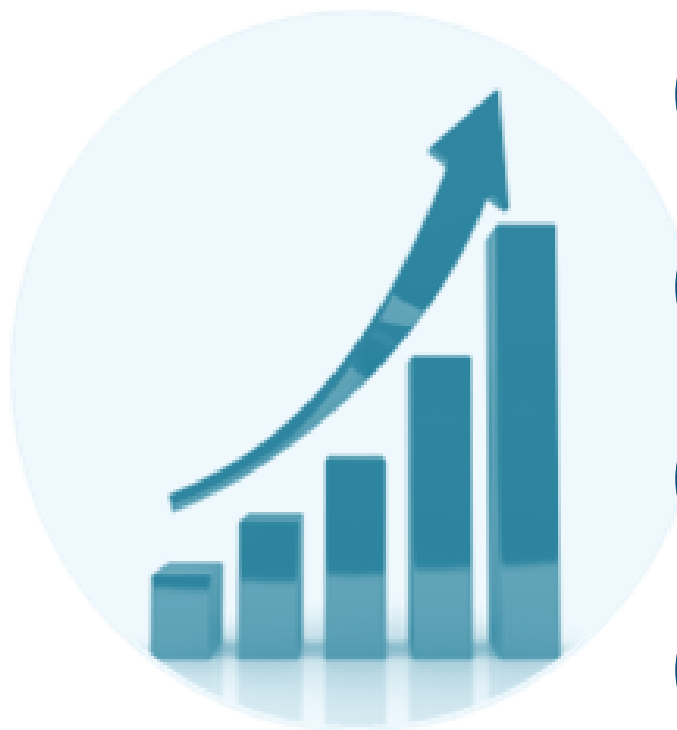
Four Clinical Quality Award Categories

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





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

Category	Criteria	Amount
Electronic Health Record (EHR) Reporters	Used EHR to report on all CQMs for all of the health center's patients	\$10,500 per health center
Clinical Quality Improvers	Demonstrated notable improvement in one or more CQMs between 2015 and 2016	\$3,150 base for each clinical measure improved \$0.50 per patient
Health Center Quality Leaders	The top 30% of all health centers who achieved the best overall clinical outcomes	First decile- \$26,250 base award Second decile- \$21,000 base award Third decile- \$15,750 base award \$0.50 per patient
National Quality Leaders	Exceeded national clinical quality benchmarks for: <ol style="list-style-type: none">1. Chronic disease management2. Preventive care3. Perinatal/prenatal care	\$26,250 base award \$0.50 per patient





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

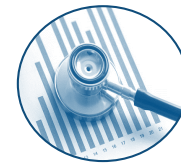


- ☐ Demonstrated at least a 10% improvement on any CQM from 2015 to 2016
- ☐ Base award of \$3,150 and \$0.50 per unduplicated patient





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





National Quality Leaders Criteria





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 $\geq 62.46\%$
- Child/adolescent weight screening $\geq 62.92\%$
- Cervical cancer screening $\geq 54.36\%$
- Colorectal cancer screening $\geq 39.89\%$
- Childhood immunizations $\geq 80\%$ 
- Depression screening and follow-up $\geq 60.34\%$
- Tobacco Use Screening and Cessation $\geq 85.19\%$

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

Award Categories	Award Amount
At least 5% increase in total patients and at least 5% patient increase in <u>5</u> comprehensive service categories	\$42,000.00
At least 5% increase in total patients and at least 5% patient increase in <u>4</u> comprehensive service categories	\$31,500.00
At least 5% increase in total patients and at least 5% patient increase in <u>3</u> comprehensive service categories	\$21,000.00
At least 5% increase in total patients and at least 5% patient increase in <u>2</u> comprehensive service categories	\$10,500.00
At least 5% increase in total patients and at least 5% patient increase in <u>1</u> comprehensive service category	\$5,250.00





Enhancing Delivery of High Value Health Care





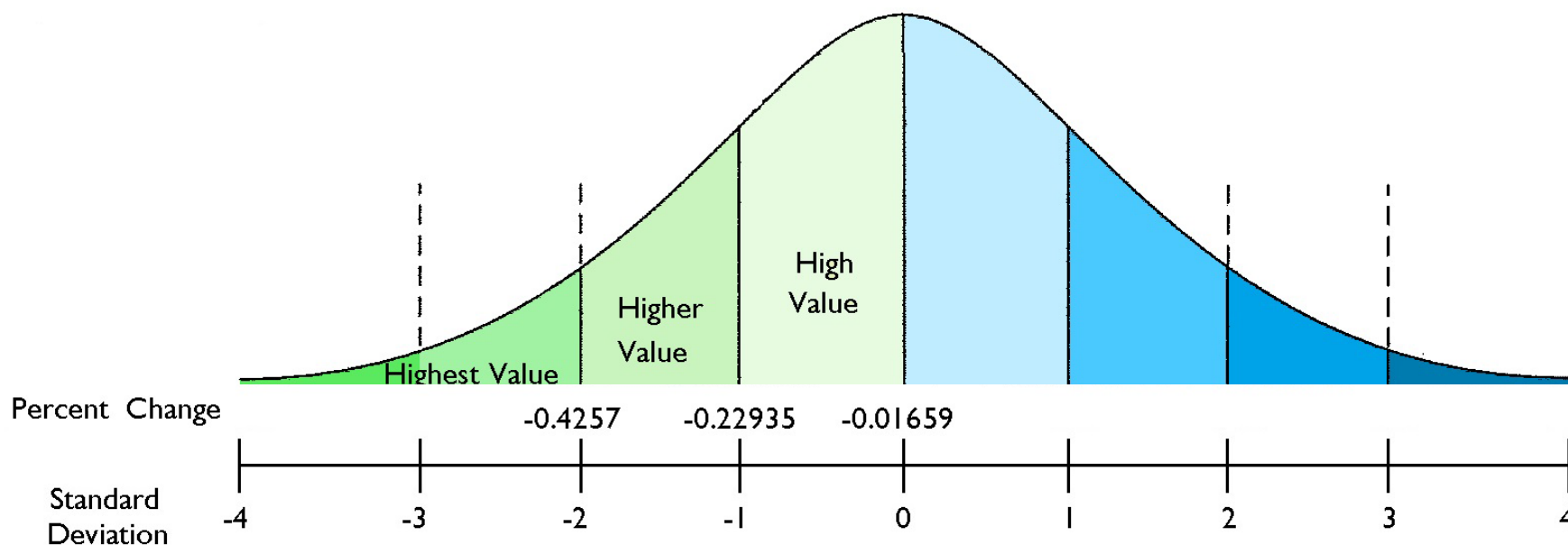
Value Enhancers Criteria

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



Award Categories	Award Amount
Highest Value Medical Cost per Medical Visit less than -0.981883	\$47,250.00
Higher Value $-0.981883 \leq \text{Medical Cost per Medical Visit} < -0.648704$	\$36,750.00
High Value $-0.648704 \leq \text{Medical Cost per Medical Visit} < -0.315525$	\$26,250.00



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

Met/Exceeded HP2020 Goal	Base Award Amount
For 7 racial/ethnic groups	\$73,500
For 6 racial/ethnic groups	\$63,000
For 5 racial/ethnic groups	\$52,500
For 4 racial/ethnic groups	\$42,000
For 3 racial/ethnic groups	\$31,500
For 2 racial/ethnic groups	\$21,000
For 1 racial/ethnic groups	\$10,500





Health Disparities Reducers: Tier 2 Criteria and Payout

Improvement from 2015 to 2016	Base Award Amount
For 7 racial/ethnic groups	\$65,625
For 6 racial/ethnic groups	\$55,125
For 5 racial/ethnic groups	\$44,625
For 4 racial/ethnic groups	\$34,125
For 3 racial/ethnic groups	\$23,625
For 2 racial/ethnic groups	\$13,125
For 1 racial/ethnic groups	\$2,625

Patient-Centered Medical Home Recognition

Duane McKinley, MPH
Quality Division PCMH Lead

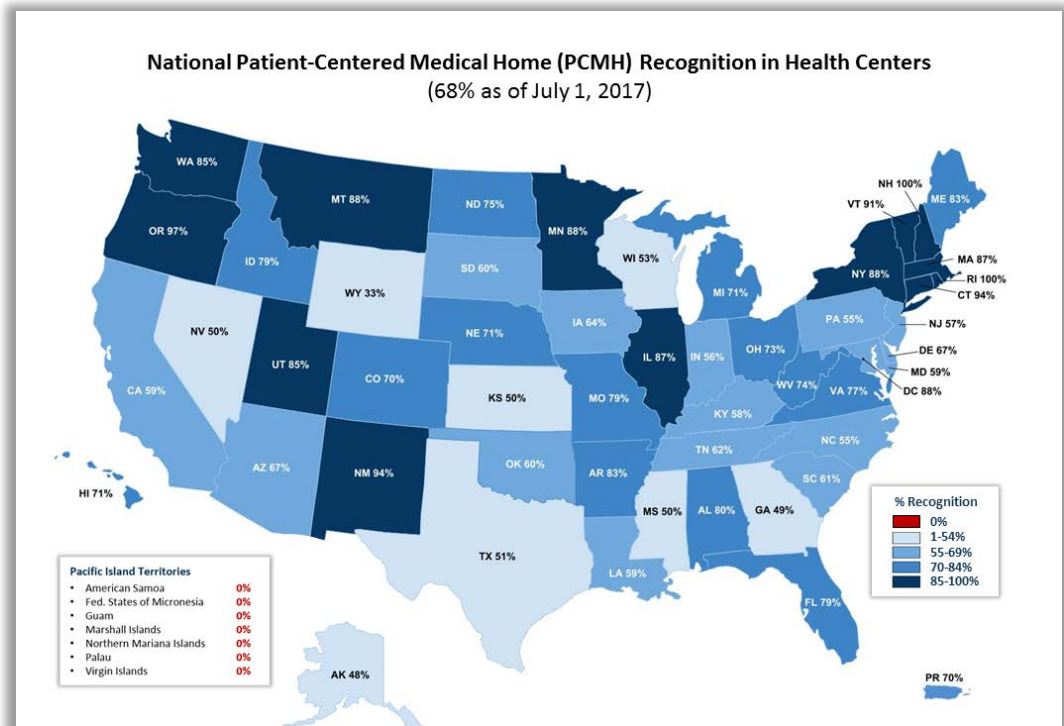


Patient-Centered Medical Home (PCMH)

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

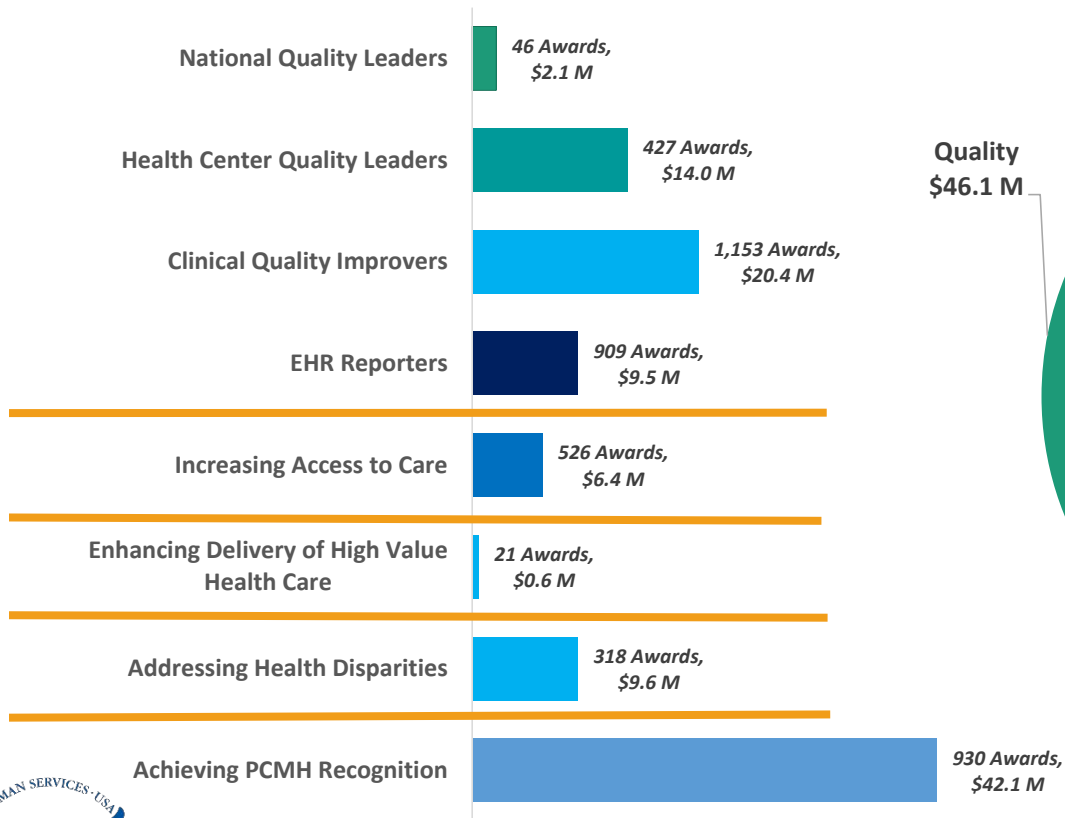


Summary of Awards

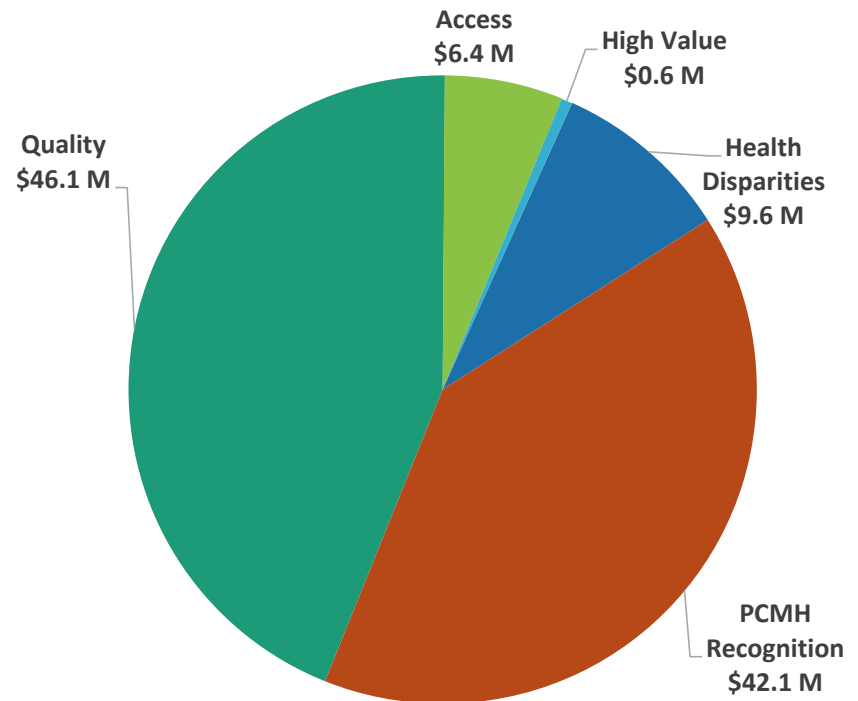


Quality Improvement Awards: \$105 Million

Award Amounts by Sub-Category



Award Amounts by Category

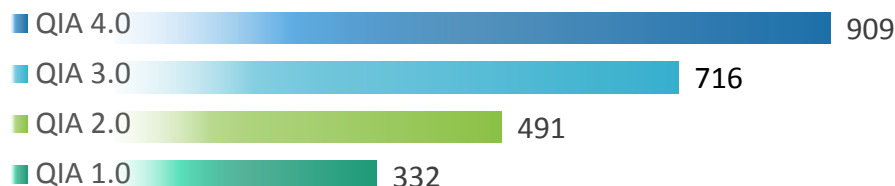


Number of Eligible Health Centers

EHR: 67% (909)

OF ALL HEALTH CENTERS IN 2016

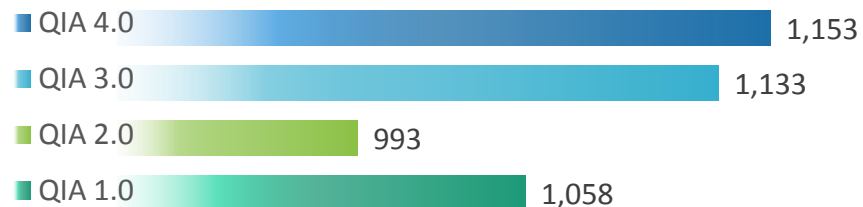
Number of Eligible Health Centers



Clinical Quality Improvers: 84% (1,153)

OF ALL HEALTH CENTERS IN 2016

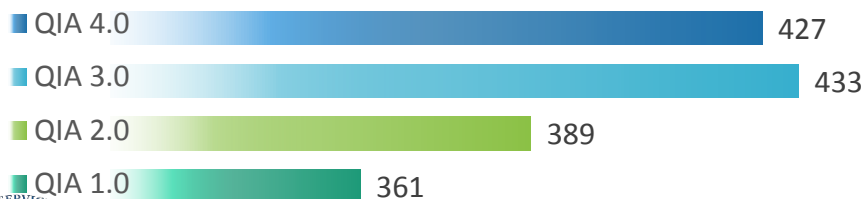
Number of Eligible Health Centers



Health Center Quality Leaders: 31% (427)

OF ALL HEALTH CENTERS IN 2016

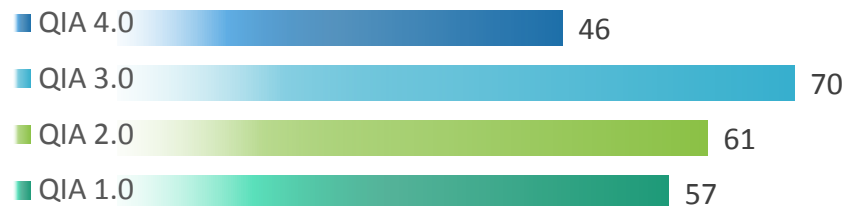
Number of Eligible Health Centers



National Quality Leaders: 3% (46)

OF ALL HEALTH CENTERS IN 2016

Number of Eligible Health Centers

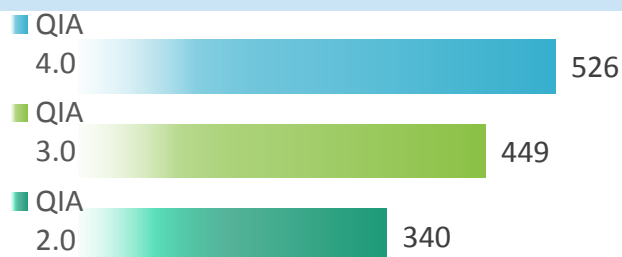


Number of Eligible Health Centers

Access Enhancers: 38% (526)

OF ALL HEALTH CENTERS IN 2016

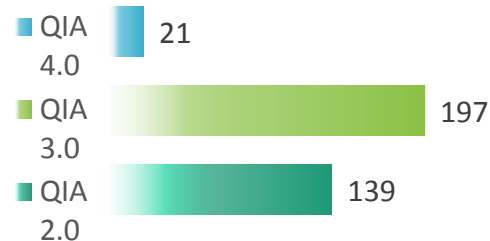
Number of Eligible Health Centers



Value Enhancers: 2% (21)

OF ALL HEALTH CENTERS IN 2016

Number of Eligible Health Centers



Health Disparities Reducers: 23% (318)

OF ALL HEALTH CENTERS IN 2016

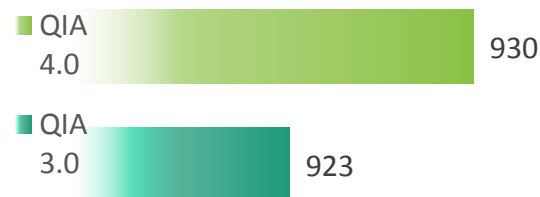
Number of Eligible Health Centers



Patient-Centered Medical Home: 68% (930)

OF ALL HEALTH CENTERS IN 2016

Number of Eligible Health Centers



Summary of Awards

	Award Category	Number of Health Centers	Award Amount
Quality	EHR Reporters	909	\$9,544,500
	Clinical Quality Improvers	1,153	\$20,424,809
	Health Center Quality Leaders	427	\$13,985,285
	National Quality Leaders	46	\$2,110,355
Access	Increasing Access to Care	526	\$6,373,500
Value	Delivering High Value Health Care	21	\$582,750
Health Disparities	Addressing Health Disparities	318	\$9,578,625
PCMH	Achieving PCMH Recognition	930	\$42,065,000



Overview of the Award Terms and Conditions

Matt Kozar

**Strategic Initiatives and Planning Division
Director**



Quality Improvement Award

Term on Notice of Award

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

Develop and improve health center QI systems and infrastructure	Develop and improve care delivery systems
Training staff	Purchasing supplies to support care coordination
Enhance HIT, EHR, and data systems	Lab reporting and tracking
Data analysis	Training and workflow redesign
Implementing targeted QI activities	Clinical integration of services
Purchase of medically accessible clinical equipment	

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/datareporting/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!

