

Health Center 2014 UDS Quality Improvement Awards: Reaching the Triple Aim

September 23, 2015

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



HRSA
Health Resources & Services Administration

Overview

- 2014 Uniform Data System 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
primary health
care services**



**Modernize
primary care
infrastructure and
delivery system**



**Improve health
outcomes and
health equity**



**Promote
performance-
driven, innovative
organizations**

Increase Value of Health Center Program

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

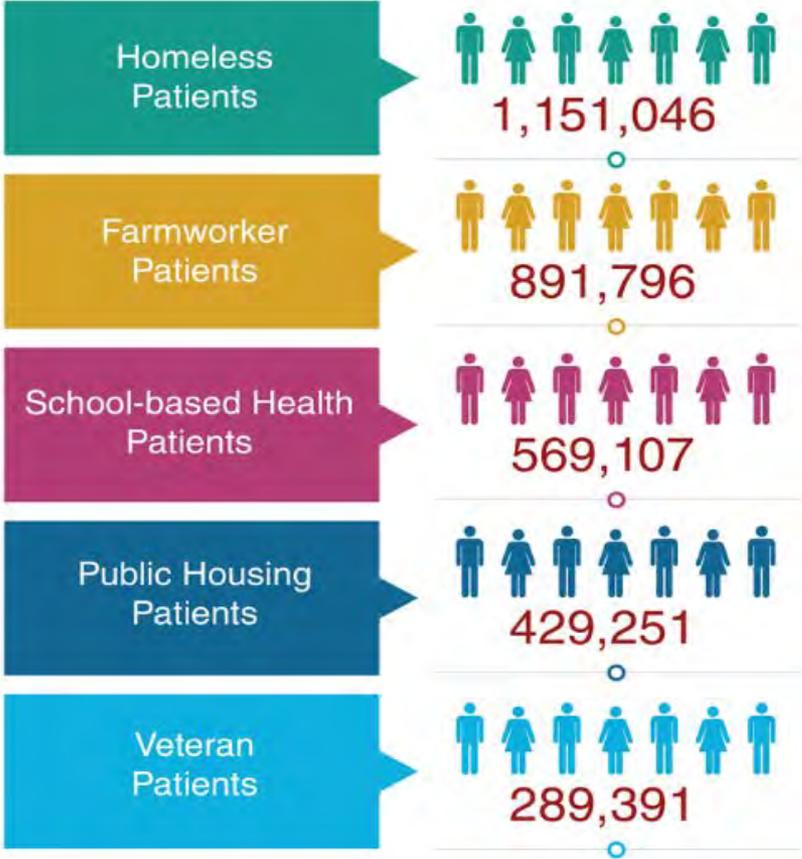


Almost 23 million people receive primary medical, dental or behavioral health care from a health center

Investments to Increase Access:

- Outreach and Enrollment
- New Access Points
- Expanded Services

Health Center Program - National Impact



Increasing Health Center Value

Access



Cost



Quality



Promote Performance-Driven, Innovative Organizations



Support health centers that employ multi-disciplinary teams – **11,200+ physicians and 9,000+ nurse practitioners, physician assistants, and certified nurse midwives**



Provide linguistically appropriate enabling services (e.g., housing, food, and job support) to more than **2.2 million patients** through health centers

Investments to Promote Performance and Innovation:

- Awards to increase data capacity and operational quality improvement
- Awards to support collaborative learning and best practice dissemination

Health Center Program

Modernize Care – EHR Adoption Impact

- ❑ 98% of health centers have implemented electronic health records (EHRs)¹
 - 92% have EHRs at all sites used by all providers
 - 6% have EHRs at some sites used by some providers
- ❑ As of 2014, only 78% of all office-based physicians have implemented an EHR²
- ❑ 76% of eligible providers at health centers participating in the Health Center Controlled Network program have attested to Meaningful Use³

¹Uniform Data System, 2014

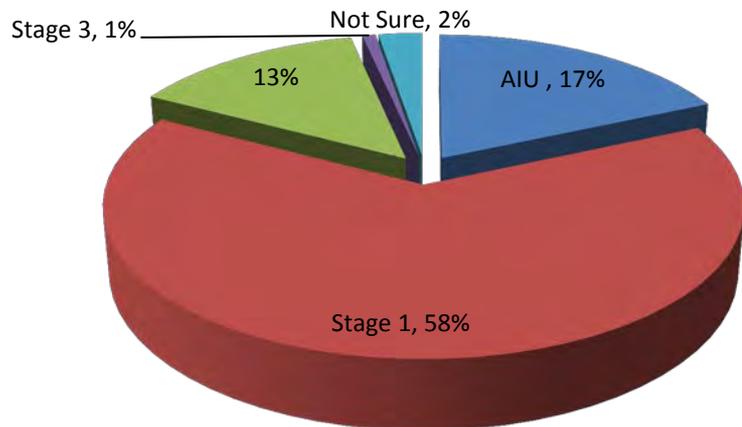
²Hsiao C-J, Hing E. Use and characteristics of electronic health record systems among office-based physician practices: United States, 2001–2013. NCHS data brief, no 143. Hyattsville, MD: National Center for Health Statistics. 2014.

³HRSA BPHC HCCN program data

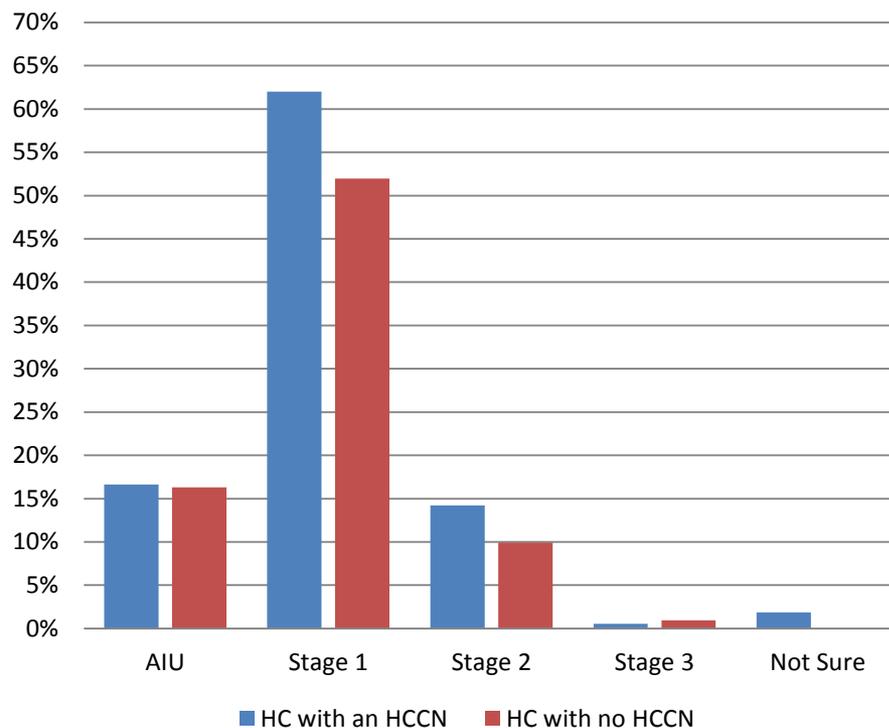
Health Center Program

Modernize Care: EHR Adoption

Health Centers by Meaningful Use Progress



Health Center Meaningful Use Progress by HCCN Participation



Biggest Challenges:

- Health Information Exchange
- Engaging patients with HIT
- Use of HIT to coordinate Enabling Services

Other Considerations:

- 77% of HCs use one of 5 vendors
- Over 500 HCs reported UDS via EHR

Modernize Infrastructure & Delivery Systems



98% of health centers have adopted EHRs



69% of health centers have received PCMH recognition



Nearly 25% of health center sites improved through capital investments

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 – PCMH Recognition Impact (1/2)

PCMH recognized health centers are

- Almost twice as likely to provide **weight screening of adult patients**
- Almost twice as likely to prescribe **appropriate medications for patients with asthma**
- One and a half times more likely to provide **timely and appropriate colorectal cancer screening**
- One and a half times more likely to provide **child and adolescent weight assessment and counseling**
- 1.3 times more likely to provide **depression screening and follow-up**

Source: Uniform Data System, 2014, HRSA PCMH Recognition Data as of Dec. 2014

Health Center Program

Modernize Care – PCMH Recognition Impact (2/2)

PCMH recognized health centers are

- Twice as likely to have patient **diabetes under control (HbA1c < 8)**
- One and a half times more likely to have patient **hypertension under control**
- More than twice as likely to **provide timely and appropriate cervical cancer screening**
- Almost twice as likely to provide **tobacco assessment and cessation intervention**

Quality Improvement Awards Background

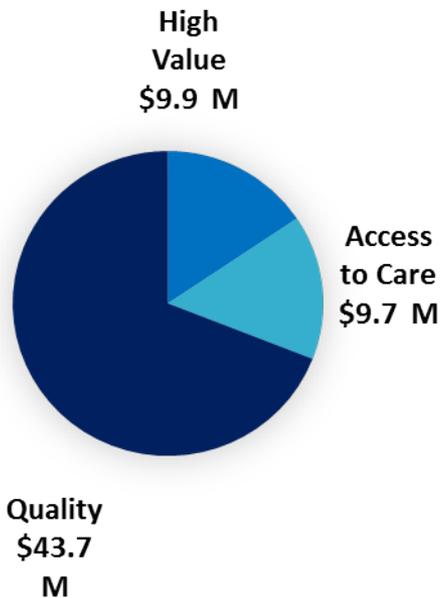
- Pay for performance is a broad term used to describe initiatives aimed at improving the quality, efficiency, and overall value of health care while also rewarding providers and systems financially
- Multiple incentive types are included in the Quality Improvement Awards
- Methodology developed with disparities in mind, incorporating award design elements that would not introduce or increase disparities

Quality Improvement Awards Goals

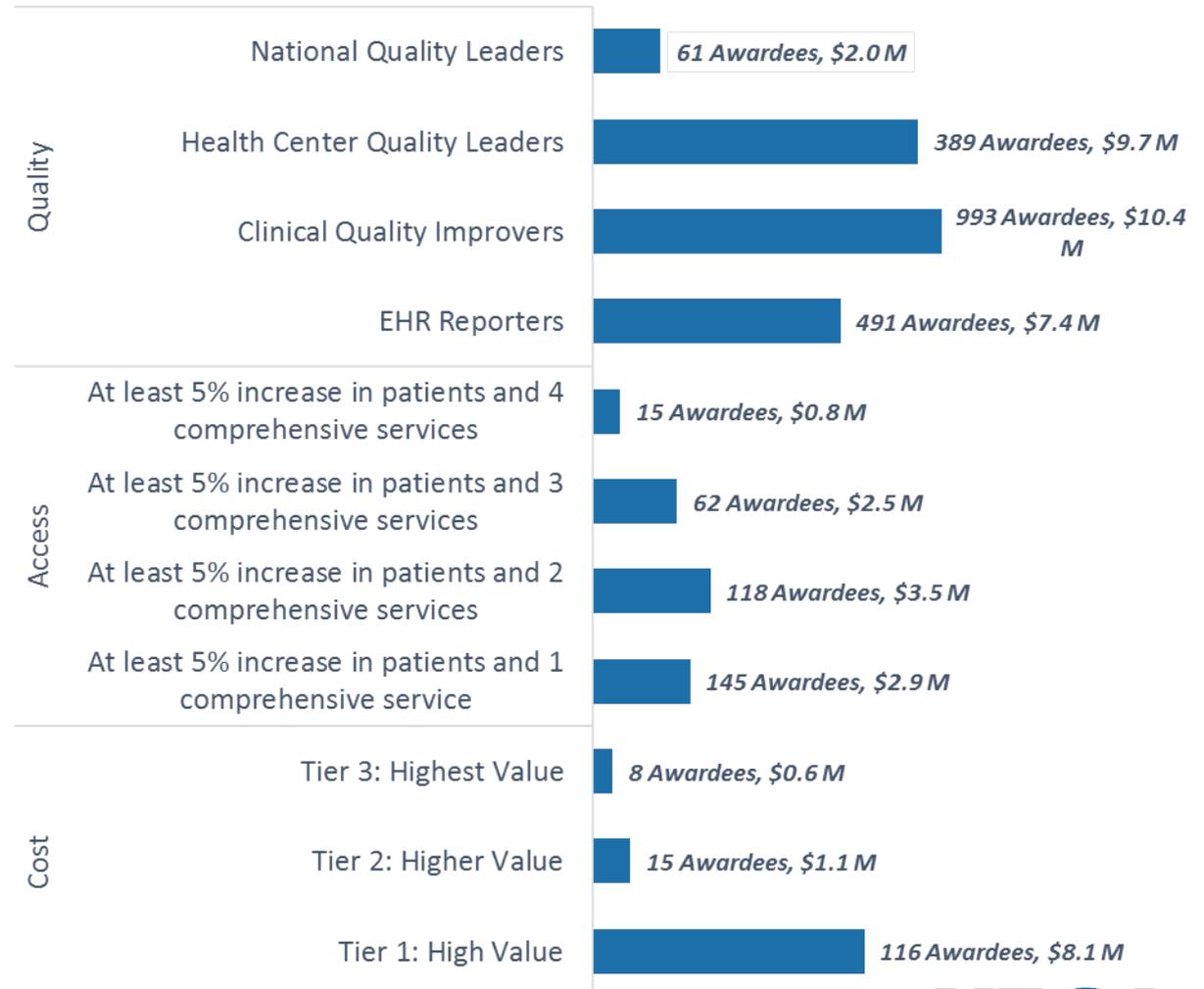
- Improve health center clinical quality
- Improve patient health outcomes
- Recognize efforts at building systems and processes that support ongoing quality improvement and practice redesign
- Increase access to comprehensive primary health care services
- Recognize high value health centers that have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

2014 UDS QIA: Overview

Award Amounts by Category



Award Amounts by Sub-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 2013 and 2014 UDS data



EHR Reporters

Data Source	Criterion	Award
2014 UDS	Used EHRs to report clinical quality measure data on all of their patients	\$15,000 per health center

Clinical Quality Improvers

Data Source	Criterion	Award
2013 and 2014 UDS	At least a 10% improvement on clinical quality measures from 2013 to 2014	\$4,000 for each clinical measure improved plus \$0.50 per patient

Note: Tobacco use and cessation measures were not included due to definition changes from 2013 to 2014.

Health Center Quality Leaders (1/2)

Data Source	Criterion	Award
2014 UDS	The top 30% of all health centers who achieved the best overall clinical outcomes	\$20,000 - \$30,000 base award plus \$0.50 per patient

Note: Based on average adjusted quartile ranking

Health Center Quality Leaders (2/2)

	Top 30% Health Centers	Base Award	Per patient
■	1 – 9.9%	\$30,000	\$0.50
■	10 – 19.9%	\$25,000	\$0.50
■	20 – 30.0%	\$20,000	\$0.50

National Quality Leaders (1/4)

Data Source	Criterion	Award
2014 UDS	Meeting or exceeding clinical benchmarks for: <ol style="list-style-type: none">1. Chronic disease management2. Preventive care3. Perinatal/prenatal care	\$30,000 base award plus \$0.50 per patient

Note: Tobacco screening and tobacco cessation intervention measures are not included because 94-95% of health centers are already meeting national benchmarks.

National Quality Leaders (2/4)

□ Chronic Disease Management

- Diabetes control > 84%
- Appropriate asthma treatment > 81%
- Hypertension control > 61%
- Coronary artery disease and lipid therapy > 78%
- Ischemic vascular disease and aspirin therapy > 77%

National Quality Leaders (3/4)

☐ Preventive Care

- Adult weight screening > 56%
- Child/adolescent weight screening > 57%
- Cervical cancer screening > 56%
- Colorectal cancer screening > 35%
- Childhood immunizations > 80%
- Depression screening and follow-up > 39%

National Quality Leaders (4/4)

❑ Perinatal/Prenatal Care

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

Access Enhancers (1/2)

- ❑ **Increased access to comprehensive primary health care services**
 - Must qualify for a Quality Award
 - Based on 2013 and 2014 UDS data
 - Made at least 5% increase in total patients served from 2013 to 2014 **and** 5% patient increase in comprehensive service categories
 - Mental health
 - Substance abuse
 - Vision
 - Dental
 - Enabling services

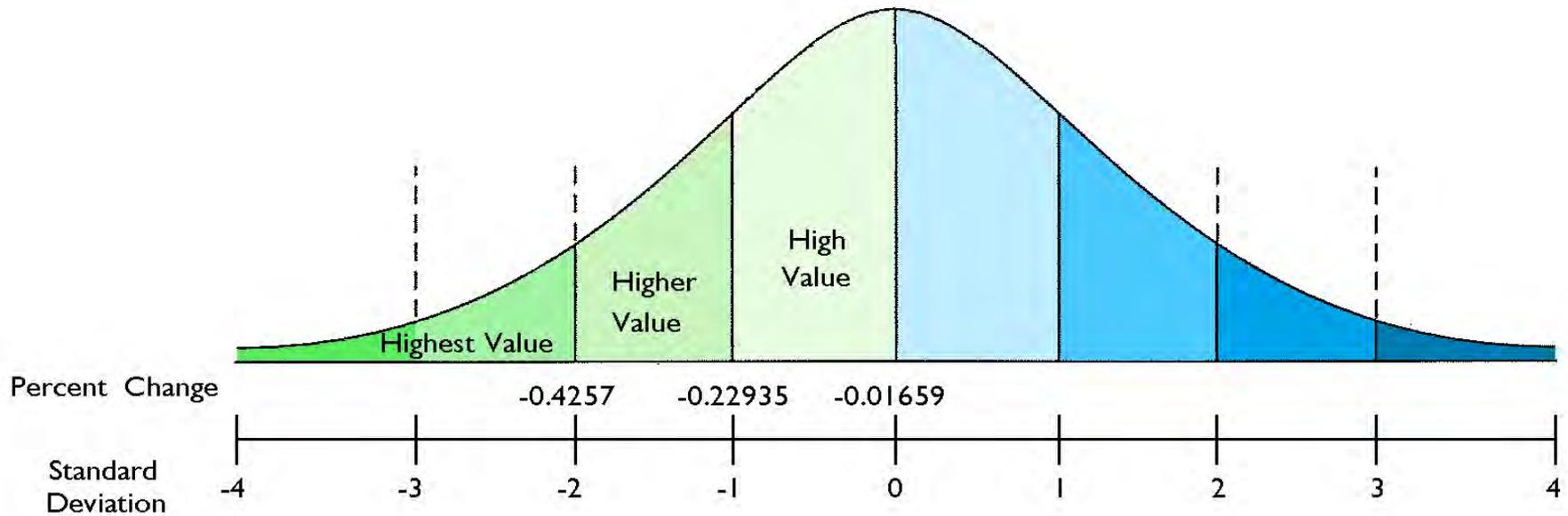
Access Enhancers (2/2)

Award Categories	Award Amount
At least 5% increase in total patients <i>and</i> at least 5% patient increase in 5 comprehensive service categories	--
At least 5% increase in total patients <i>and</i> at least 5% patient increase in 4 comprehensive service categories	\$50,000.00
At least 5% increase in total patients <i>and</i> at least 5% patient increase in 3 comprehensive service categories	\$40,000.00
At least 5% increase in total patients <i>and</i> at least 5% patient increase in 2 comprehensive service categories	\$30,000.00
At least 5% increase in total patients <i>and</i> at least 5% patient increase in 1 comprehensive service category	\$20,000.00

High Value Health Centers (1/2)

- ❑ **Health centers who are meeting goals in access, quality, and cost**
 - Must qualify for a Quality Award
 - Must qualify for an Access Award
 - Based on 2013 and 2014 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 (MEPS)

High Value Health Centers (2/2)



Award Categories	Award Amount
Highest Value Medical Cost per Medical Visit less than -0.4257	\$80,000.00
Higher Value -0.4257 < Medical Cost per Medical Visit < -0.22939	\$75,000.00
High Value -0.22939 < Medical Cost per Medical Visit < -0.01659	\$70,000.00

Award Information

Summary of Funding

- ❑ HRSA awarded \$63.3 million to 1,153 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: 491
 - Clinical Quality Improvers: 993
 - Health Center Quality Leaders: 389
 - National Quality Leaders: 61
 - Access Enhancers: 340
 - High Value Health Centers: 139

Quality Improvement Award Eligibility

- ❑ Health centers that submitted their 2014 UDS were potentially eligible for the QIA 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) 2015 Health Center Quality Improvement (QI) Fund one-time grant supplement is to:

- 1) Recognize health centers that demonstrated improvements in access to care, quality of care and/or value of care through data provided in the Calendar Year 2014 Uniform Data System;
- 2) Provide support for those health centers to continue to strengthen clinical and operational quality improvement activities.

Use of Funds (1/2)

This supplement must be used:

- Within 12 months of receipt of funds to support 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 Health Information Technology and certified Electronic Health Record systems).
- For construction costs (including minor alterations and renovation and fixed equipment).

Use of Funds (2/2)

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/BPR instructions.

If funds are not fully expended by the end of 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 (2/3)

National and state/regional support for training and technical assistance:

- National Cooperative Agreements; State/Regional Primary Care Associations
<http://bphc.hrsa.gov/qualityimprovement/supportnetworks/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 website:
<http://bphc.hrsa.gov/qualityimprovement/index.html>



Technical Assistance Resources (3/3)

For a list of 2014 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

Health Center Adjusted Quartile Ranking

Frequently Asked Questions:

<http://bphc.hrsa.gov/datareporting/reporting/rankingfaq.html>

Bureau of Primary Health Care Helpline

Single point of contact to assist grantees and stakeholders with information in the following areas:

- BHC MIS – 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)

Web Form: <http://www.hrsa.gov/about/contact/bphc.aspx>

Available Monday through Friday (excluding federal holidays), from 8:30 a.m. to 5:30 p.m. ET, with extra hours available during high volume periods

Uniform Data System (UDS) Web Tools

2014 UDS Performance Data publicly available at:

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

UDS Website: <http://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://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://udsmapper.org/webinars-and-presentations.cfm>

Thank you for all of the work you do