Fiscal Year 2019
Quality Improvement Awards
Technical Assistance Webinar

September 5, 2019

Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)
Session Overview

AGENDA

• Opening remarks
• Purpose and impact of the Health Center Program and Quality Improvement Awards (QIA)
• Summary of FY2019 QIA
• Fiscal Year (FY) 2019 QIA eligibility and award criteria
• Review Terms of the Award
Overview of Health Center Program Goals and Quality Improvement Awards

Alek Sripipatana, PhD, MPH
Director, Data and Evaluation Division
Office of Quality Improvement
Program Strategic Goals

Increase Access to Care

Advance Quality and Impact

Optimize Operations

Health Center Program Mission: Improve the health of the nation’s underserved communities and vulnerable populations
Health Center Program Growth

Number of health centers in 2018: 1,362

- Access to care
- Comprehensive service delivery
- Quality of Care

The patient population has increased more than 9%, from 25.9 million to 28.4 million.

The number of delivery sites increased more than 12%, from 10,404 to 11,744.

The total full time equivalents (FTEs) increased by nearly 14%, adding over 28,000 FTE positions and supporting 236,151 clinical and support staff.
Overview: Quality Improvement Awards

- Quality
- Access
- Value
- Disparities (reduce)
- HIT
- PCMH

Improved Outcomes + Impact

- Patients
- Communities
- Providers
- Payers
Purpose and Impact of Quality Improvement Awards

- Improve health center clinical quality
- Improve patient health outcomes
- Recognize efforts to build 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
Review of FY2019
Quality Improvement Awards (QIA)

Hank Hoang, PharmD
Team Lead, Data Analytics Team
Data and Evaluation Division
Office of Quality Improvement

Joshua Bolton, MSIE
Statistician, Data Analytics Team
Data and Evaluation Division
Office of Quality Improvement
Eligibility and Award Criteria

Health Center:

• Used an electronic health record (EHR) system to report on all clinical quality measures (CQMs) on the universe of patients served by the health center

• Submitted a complete and on-time 2018 Uniform Data System (UDS) report
  • Health centers that did not submit a UDS Report are not eligible for PCMH funding

• Not considered for QIA if their H80 grant was discontinued or relinquished

• Determined to be ineligible at the time of the funding decision based on status of progressive action (PA) conditions
## Quality Improvement Award Categories

<table>
<thead>
<tr>
<th>Award Category</th>
<th>Badge Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td><img src="image1" alt="Quality Badge" /></td>
</tr>
<tr>
<td>Access</td>
<td><img src="image2" alt="Access Badge" /></td>
</tr>
<tr>
<td>Value</td>
<td><img src="image3" alt="Value Badge" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Award Category</th>
<th>Badge Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disparities Reducer</td>
<td><img src="image4" alt="Disparities Badge" /></td>
</tr>
<tr>
<td>Health Information Technology</td>
<td><img src="image5" alt="Health Tech Badge" /></td>
</tr>
<tr>
<td>Patient-Centered Medical Home</td>
<td><img src="image6" alt="Patient-Centered Badge" /></td>
</tr>
</tbody>
</table>
**Quality Improvement Awards: Nearly $107 Million**

<table>
<thead>
<tr>
<th>Award Category</th>
<th>Number of Health Centers</th>
<th>Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Quality Improvers</td>
<td>847</td>
<td>$20,623,967</td>
</tr>
<tr>
<td>Health Center Quality Leaders</td>
<td>362</td>
<td>$15,786,729</td>
</tr>
<tr>
<td>National Quality Leaders</td>
<td>48</td>
<td>$2,499,798</td>
</tr>
<tr>
<td>Access Enhancers</td>
<td>349</td>
<td>$4,240,000</td>
</tr>
<tr>
<td>Value Enhancers</td>
<td>40</td>
<td>$1,080,000</td>
</tr>
<tr>
<td>Health Disparities Reducers</td>
<td>298</td>
<td>$6,594,500</td>
</tr>
<tr>
<td>Advancing Health Information Technology for Quality</td>
<td>1,165</td>
<td>$6,089,000</td>
</tr>
<tr>
<td>Achieving PCMH Recognition</td>
<td>1,040</td>
<td>$49,870,000</td>
</tr>
</tbody>
</table>

**Award Amounts by Category**

- Quality, $38.9M
- Access Enhancers, $4.2M
- Value Enhancers, $1.1M
- Health Disparities Reducers, $6.6M
- PCMH Recognition, $49.9M
- Advancing HIT for Quality, $6.1M
# Award Category: Quality

## Criteria and Payout

<table>
<thead>
<tr>
<th>Category</th>
<th>Criteria</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clinical Quality Improvers</td>
<td>Demonstrated at least 15% improvement in one or more CQMs between 2017 and 2018</td>
<td>$2,750 base for each clinical measure improved and $1.00 per patient</td>
</tr>
<tr>
<td>2. Health Center Quality Leaders</td>
<td>The top 30% of all health centers who achieved the best overall clinical outcomes using adjusted rankings</td>
<td>Gold (Top 10%): $25,000 base award Silver (11%-20%): $20,000 base award Bronze (21%-30%): $15,000 base award and $1.00 per patient</td>
</tr>
<tr>
<td>3. National Quality Leaders</td>
<td>Exceeded national clinical quality benchmarks for:</td>
<td>$25,000 base award and $1.00 per patient</td>
</tr>
<tr>
<td></td>
<td>1. Behavioral health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Heart health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Diabetes health</td>
<td></td>
</tr>
</tbody>
</table>
Award Subcategory: Clinical Quality Improvers*

Criteria and Payout

- Demonstrated at least a 15% improvement on any CQM from 2017 to 2018
- Base award of $2,750 per CQM improved, and $1.00 per unduplicated patient

62% (847) of all health centers received a Clinical Quality Improvers Award

Starting in FY19, Clinical Quality Improvers must demonstrate a 15% improvement!

*there is no badge for this award subcategory
Award Subcategory: Health Center Quality Leaders
Gold, Silver, Bronze Criteria and Payout

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

Quartile rankings account for differences that influence clinical performance such as percent of patients that are uninsured, minority, special populations, and EHR status

See the Health Center Adjusted Quartile Ranking Frequently Asked Question for more information

Top 10% of Health Centers
- Base Award of $25,000
- Per Patient Award of $1.00

Second 10% of Health Centers
- Base Award of $20,000
- Per Patient Award of $1.00

Third 10% of Health Centers
- Base Award of $15,000
- Per Patient Award of $1.00
Award Subcategory: National Quality Leaders
Behavioral Health Criteria and Payout

Awarded to the top 1-2% of health centers meeting/exceeding national benchmarks

• Base award of $25,000
• Per patient award of $1.00

• Depression Screening and Follow-up ≥75.90% and

• Screening, Brief Intervention, and Referral to Treatment (SBIRT) ≥ 5.00% and

• Medication-Assisted Treatment (MAT) Patients ≥ 10% increase from 2017
Award Subcategory: National Quality Leaders

Diabetes Health Criteria and Payout

Awarded to the top 1-2% of health centers meeting/exceeding national benchmarks

- Base award of $25,000
- Per patient award of $1.00

- Uncontrolled diabetes (HbA1c > 9%) ≤ 16.20% and

- Body Mass Index (BMI) Screening and Follow-Up Plan ≥ 70.15 and

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents ≥ 69.16%
Award Subcategory: National Quality Leaders
Heart Health Criteria and Payout

Awarded to the top 1-2% of health centers meeting/exceeding national benchmarks
• Base award of $25,000
• Per patient award of $1.00

• Tobacco Use Screening and Cessation Intervention ≥ 80% and
• Hypertension control ≥ 80% and
• Ischemic vascular disease (IVD): Use of aspirin or another antiplatelet ≥ 80%
Increased access to comprehensive primary health care services:

- Must qualify for one “Quality” Award
- Made at least 5% increase in total patients served from 2017 to 2018
- Demonstrated a 5% patient increase in at least one of the comprehensive service categories:
  - Mental Health
  - Substance Use Disorder
  - Vision
  - Dental
  - Enabling Services

26% (349) of all health centers received an Access Enhancers Award
<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 5 comprehensive service categories.</td>
<td>$40,000.00</td>
</tr>
<tr>
<td>At least 5% increase in total patients and at least 5% patient increase in 4 comprehensive service categories.</td>
<td>$30,000.00</td>
</tr>
<tr>
<td>At least 5% increase in total patients and at least 5% patient increase in 3 comprehensive service categories.</td>
<td>$20,000.00</td>
</tr>
<tr>
<td>At least 5% increase in total patients and at least 5% patient increase in 2 comprehensive service categories.</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>At least 5% increase in total patients and at least 5% patient increase in 1 comprehensive service category.</td>
<td>$5,000.00</td>
</tr>
</tbody>
</table>
Award Category: Value Enhancers

Criteria

Health centers providing cost-efficient care:

• Must qualify for a Quality award and an Access Enhancer Award
• Between 2017 and 2018, these health centers performed better than the national average*, while increasing health care quality and comprehensive access

*Health center cost of care was compared to 2015-2016 results from the Medical Expenditure Panel Survey
## Award Category: Value Enhancers

### Payout

<table>
<thead>
<tr>
<th>Award Categories</th>
<th>Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest Value</td>
<td>$45,000.00</td>
</tr>
<tr>
<td>Medical Cost per Medical Visit less than -0.498795</td>
<td></td>
</tr>
<tr>
<td>Higher Value</td>
<td>$35,000.00</td>
</tr>
<tr>
<td>-0.498795 ≤ Medical Cost per Medical Visit &lt; -0.324477</td>
<td></td>
</tr>
<tr>
<td>High Value</td>
<td>$25,000.00</td>
</tr>
<tr>
<td>-0.324477 ≤ Medical Cost per Medical Visit &lt; -0.150159</td>
<td></td>
</tr>
</tbody>
</table>
Award Category: Health Disparities Reducers

Criteria

Demonstrated improvement in clinical outcomes across racial/ethnic groups:

- Must be eligible for an Access Enhancer award
- Clinical quality measures included: Low Birth Weight, Hypertension Control, 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 2017 to 2018 by at least 10% if the health center did not meet the HP 2020 goal

22% (298) of all health centers received a Health Disparities Reducer Award
### Award Category: Health Disparities Reducers

#### Payout

<table>
<thead>
<tr>
<th>Number of Racial/Ethnic Groups Meeting Goals</th>
<th>Tier 1: HP2020 Base Award Amount</th>
<th>Tier 2: Demonstrated 10% Improvement Base Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>For 7 racial/ethnic groups</td>
<td>$52,500</td>
<td>$50,000</td>
</tr>
<tr>
<td>For 6 racial/ethnic groups</td>
<td>$45,000</td>
<td>$42,000</td>
</tr>
<tr>
<td>For 5 racial/ethnic groups</td>
<td>$37,500</td>
<td>$34,000</td>
</tr>
<tr>
<td>For 4 racial/ethnic groups</td>
<td>$30,000</td>
<td>$26,000</td>
</tr>
<tr>
<td>For 3 racial/ethnic groups</td>
<td>$22,500</td>
<td>$18,000</td>
</tr>
<tr>
<td>For 2 racial/ethnic groups</td>
<td>$15,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>For 1 racial/ethnic group</td>
<td>$7,500</td>
<td>$2,000</td>
</tr>
</tbody>
</table>
Award Category: Advancing HIT for Quality

Criteria

Demonstrated leadership in providing telehealth and HIT services. Award winners provided at least three of five HIT services:

1. e-Prescriptions
2. Clinical Decision Support
3. Health Information Exchange
4. Health IT – Patient Engagement
5. Health IT – Patient Portal

AND/OR

- Telehealth Service

Health centers providing all five HIT services and telehealth were awarded with HIT badge

<table>
<thead>
<tr>
<th>Health IT Services Provided</th>
<th>Number of Health Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth Services</td>
<td>37.96% 517</td>
</tr>
<tr>
<td>e-Prescriptions</td>
<td>85.24% 1,160</td>
</tr>
<tr>
<td>Clinical Decision Support</td>
<td>84.88% 1,155</td>
</tr>
<tr>
<td>Health Information Exchange</td>
<td>74.30% 1,011</td>
</tr>
<tr>
<td>Health IT-Patient Engagement</td>
<td>81.50% 1,109</td>
</tr>
<tr>
<td>Health IT-Patient Portal</td>
<td>83.85% 1,141</td>
</tr>
</tbody>
</table>

86% (1,165) of all health centers received an Advancing HIT for Quality Award
### Award Category: Advancing HIT for Quality

#### Payout

<table>
<thead>
<tr>
<th>Tiers</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>All five Health Information Technology services</td>
<td>$5,000</td>
</tr>
<tr>
<td>At least four Health Information Technology services</td>
<td>$4,000</td>
</tr>
<tr>
<td>At least three Health Information Technology services</td>
<td>$3,000</td>
</tr>
<tr>
<td>Health center provides telehealth service</td>
<td>$1,000</td>
</tr>
</tbody>
</table>
Patient-Centered Medical Home Recognition

Jannette E. Dupuy, PhD MS
Team Lead, Accreditation and Patient Centered Medical Home Quality Division
Office of Quality Improvement
Patient-Centered Medical Home (PCMH) Recognition

(77% as of July 1, 2019, 1045/1357 Health Centers)

Source: HRSA Accreditation and Patient-Centered Medical Home Report, 2019
Value-Based Care and PCMH

Health Centers with PCMH Recognition

#PCMH Health Centers from 38% in 2013 to 77% in 2019


Submit your Notice of Intent (NOI) in EHB to seek participation in the HRSA Accreditation and PCMH Initiative

PCMH transformation is critical strategy to advance value-based care

Source: American Academy of Family Physicians
Overview of Award Terms and Conditions

Jennifer Williams Clarke, MPH
Public Health Analyst, Strategic Initiatives and Planning Division
Office of Planning and Program Development
Notice of Award:

The purpose of the Fiscal Year (FY) 2019 Health Center Quality Improvement (QI) one-time grant supplement is to support health centers that displayed high levels of quality performance in Calendar Year 2018 Uniform Data System reporting to continue to strengthen quality improvement activities, including achieving new and/or maintaining existing patient centered medical home recognition.
Use of QIA Funds

• The funding should be used within 12 months of receipt to support quality improvement activities and will be available for use through the end of your FY2020 budget period

• 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, case management, medication management</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 to support team-based care</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>Developing and implementing contracts and formal agreements with other providers</td>
</tr>
<tr>
<td>Implementing targeted QI activities (including hiring consultants)</td>
<td>Patient engagement activities</td>
</tr>
</tbody>
</table>
Use of Funds

The funding may **not** be used:

- To supplant existing resources.
  - QIA funding must be used for costs that are not otherwise supported by other Health Center Program operational (H80) funding

- 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

For additional guidance on the use of funds, please refer to federal cost principles at 45 CFR 75
Reporting and Carry-over

• Reporting - You will be required to provide information on the QI activities supported through the FY2021 Budget Period Progress Report (BPR)

• Carry Over – If QI funding remains unspent at the end of your FY 2019 budget period, remaining funds can be carried over into your FY 2020 budget period:
  • Identify amount of un-obligated funds on line 10.h. of the Annual Federal Financial Report (FFR), SF-425
  • Submit Prior Approval Request in EHB to carry over these funds
  • Consult your Grants Management Specialist for questions
Congratulations to all FY2019 QIA Recipients!
Thank You!

Alek Sripipatana
Director, Data and Evaluation Division, Office of Quality Improvement

Hank Hoang
Team Lead, Data Analytics, Office of Quality Improvement

Joshua Bolton
Statistician, Data Analytics, Office of Quality Improvement

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http://www.bphc.hrsa.gov

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