



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**.

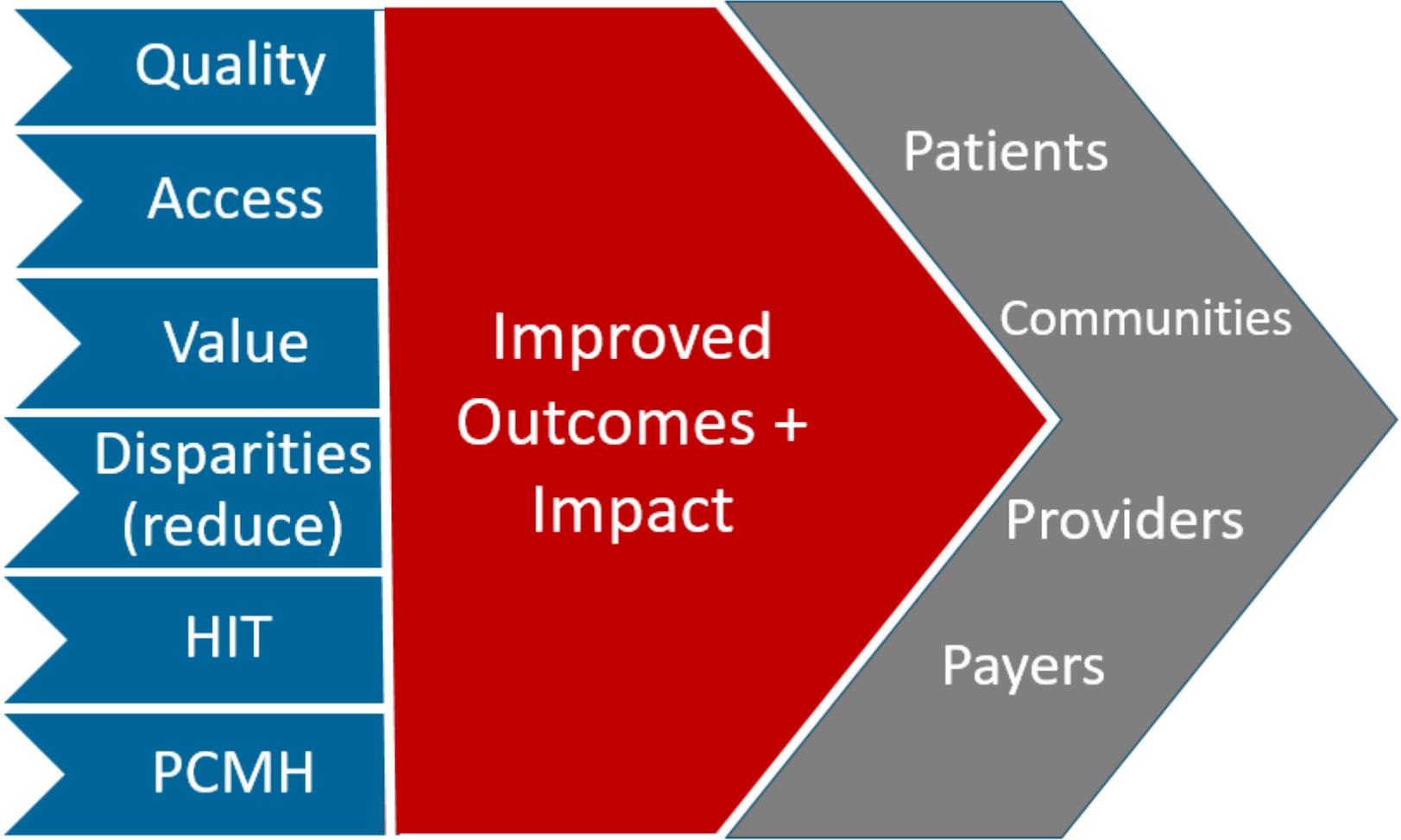


The number of delivery sites increased more than 12%, from 10,404 to **11,744**.



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



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
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Statistician, Data Analytics Team
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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

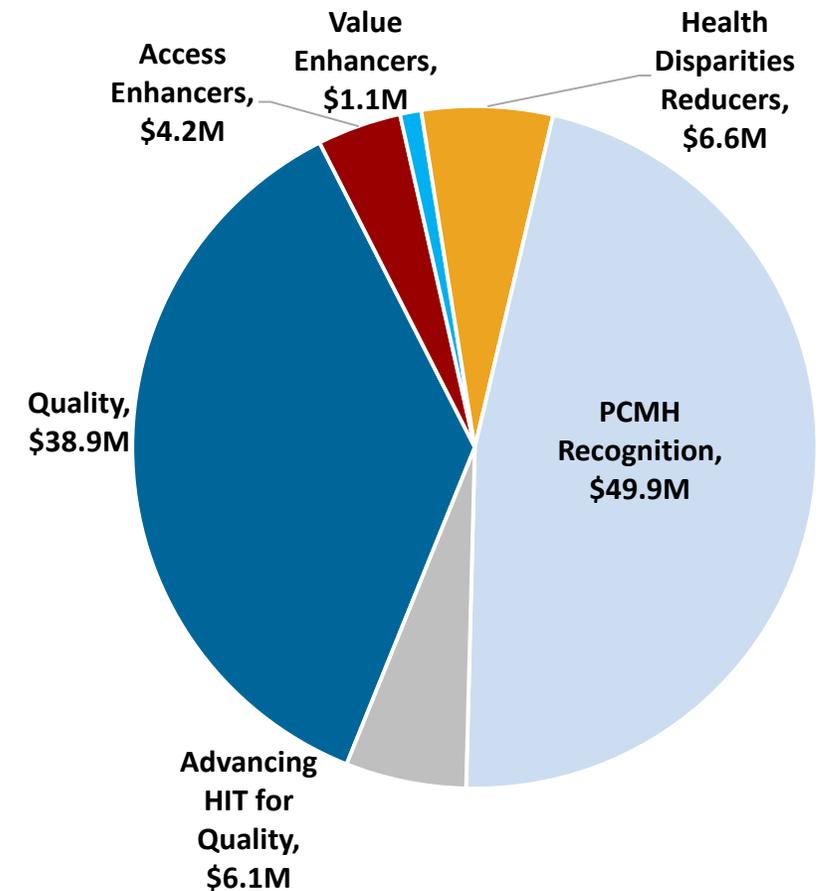
Award Category	Badge Example	Award Category	Badge Example
Quality		Disparities Reducer	
Access		Health Information Technology	
Value		Patient-Centered Medical Home	



Quality Improvement Awards: Nearly \$107 Million

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

Award Amounts by Category



Award Category: Quality

Criteria and Payout

Category	Criteria	Amount
1. Clinical Quality Improvers	Demonstrated at least 15% improvement in one or more CQMs between 2017 and 2018	\$2,750 base for each clinical measure improved and \$1.00 per patient
2. Health Center Quality Leaders	The top 30% of all health centers who achieved the best overall clinical outcomes using adjusted rankings	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
3. National Quality Leaders	Exceeded national clinical quality benchmarks for: 1. Behavioral health 2. Heart health 3. Diabetes health	\$25,000 base award and \$1.00 per patient

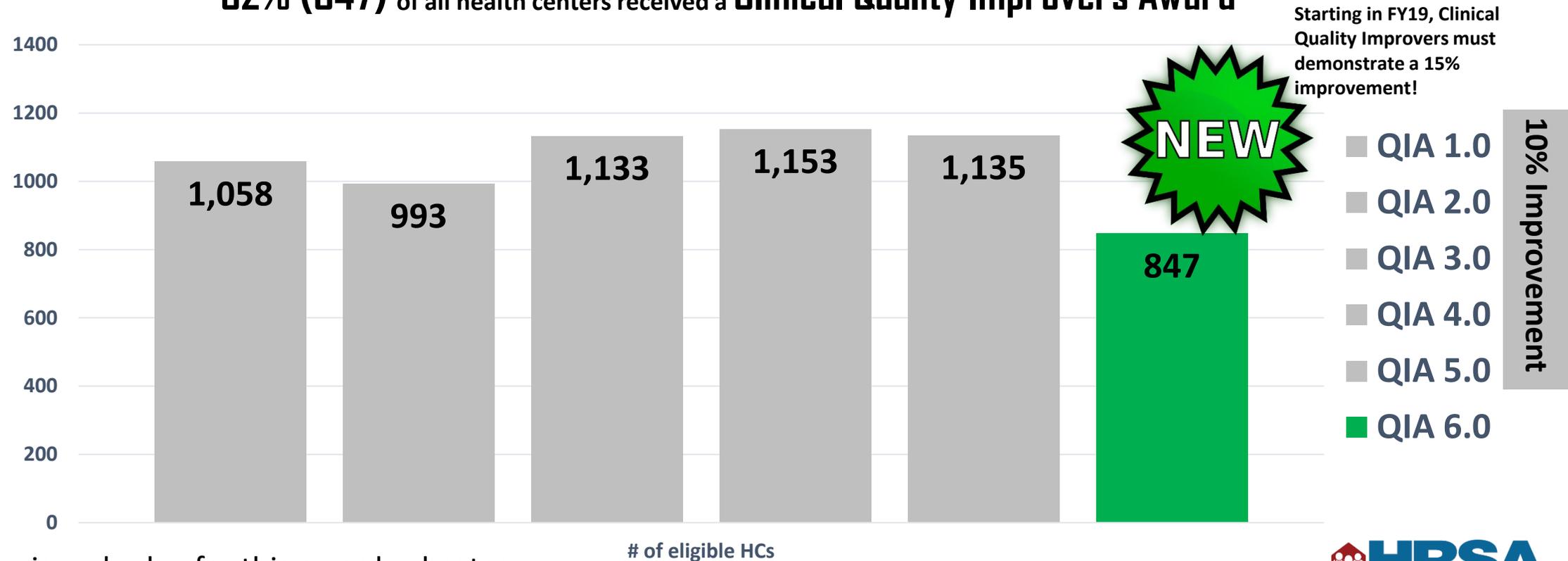


Award Subcategory: Clinical Quality Improvers*

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**



*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



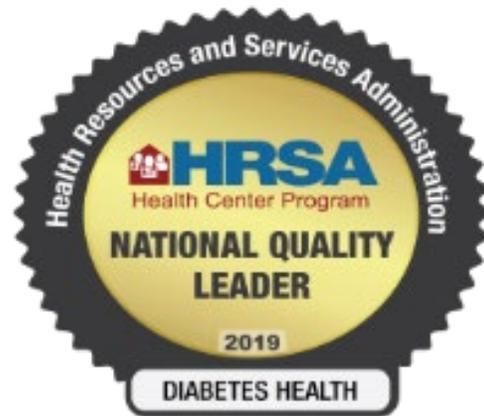
- Depression Screening and Follow-up $\geq 75.90\%$ and
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) $\geq 5.00\%$ and
- Medication-Assisted Treatment (MAT) Patients $\geq 10\%$ increase from 2017

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 $\geq 80\%$ and
- Hypertension control $\geq 80\%$ and
- Ischemic vascular disease (IVD):
Use of aspirin or another antiplatelet $\geq 80\%$

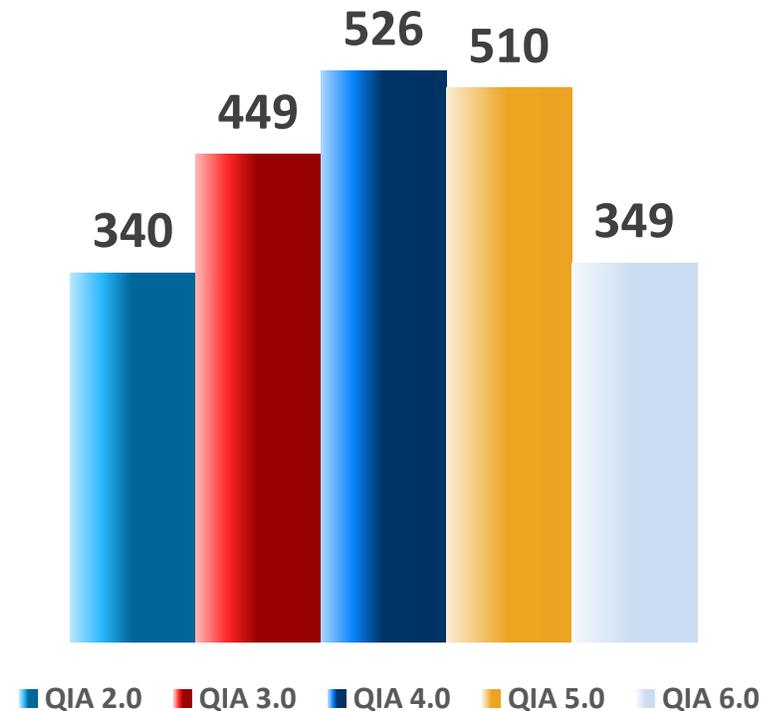
Award Category: Access Enhancers

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 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



Award Category: Access Enhancers

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.	\$40,000.00
At least 5% increase in total patients and at least 5% patient increase in <u>4</u> comprehensive service categories.	\$30,000.00
At least 5% increase in total patients and at least 5% patient increase in <u>3</u> comprehensive service categories.	\$20,000.00
At least 5% increase in total patients and at least 5% patient increase in <u>2</u> comprehensive service categories.	\$10,000.00
At least 5% increase in total patients and at least 5% patient increase in <u>1</u> comprehensive service category.	\$5,000.00

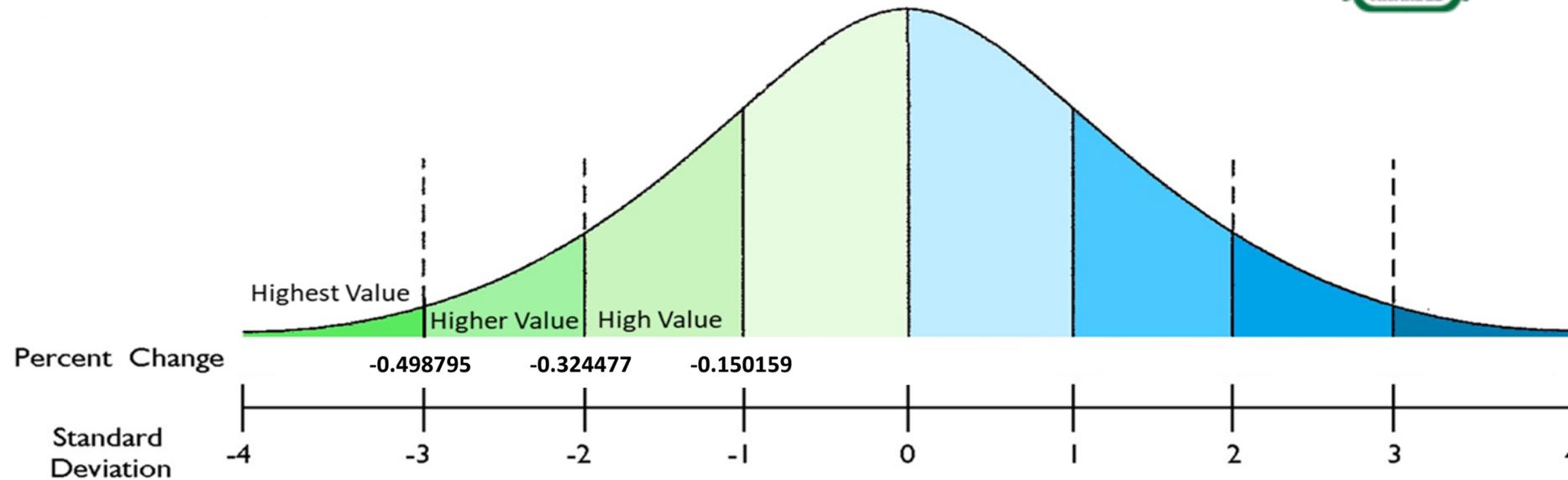


Award Category: Value Enhancers

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

Award Categories	Award Amount
Highest Value Medical Cost per Medical Visit less than -0.498795	\$45,000.00
Higher Value $-0.498795 \leq$ Medical Cost per Medical Visit < -0.324477	\$35,000.00
High Value $-0.324477 \leq$ Medical Cost per Medical Visit < -0.150159	\$25,000.00



Award Category: Health Disparities Reducers

Criteria

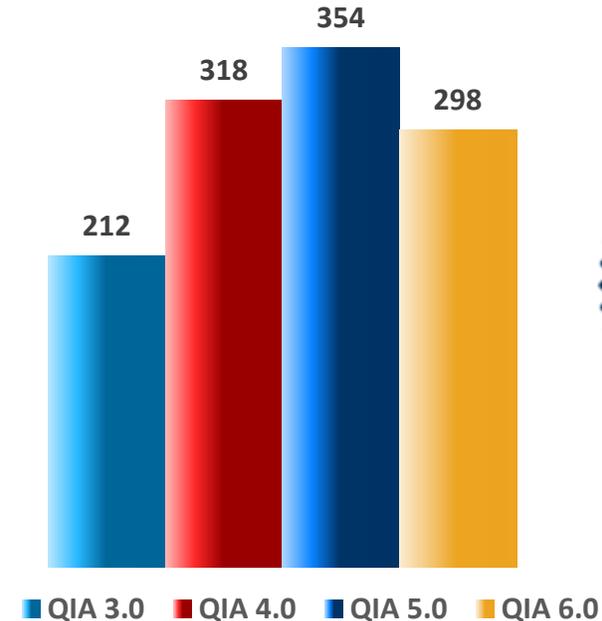
Demonstrated improvement in clinical outcomes across racial/ethnic groups:

- 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

Number of Racial/Ethnic Groups Meeting Goals	Tier 1: HP2020 Base Award Amount	Tier 2: Demonstrated 10% Improvement Base Award Amount
For 7 racial/ethnic groups	\$52,500	\$50,000
For 6 racial/ethnic groups	\$45,000	\$42,000
For 5 racial/ethnic groups	\$37,500	\$34,000
For 4 racial/ethnic groups	\$30,000	\$26,000
For 3 racial/ethnic groups	\$22,500	\$18,000
For 2 racial/ethnic groups	\$15,000	\$10,000
For 1 racial/ethnic group	\$7,500	\$2,000



Award Category: Advancing HIT for Quality

Criteria

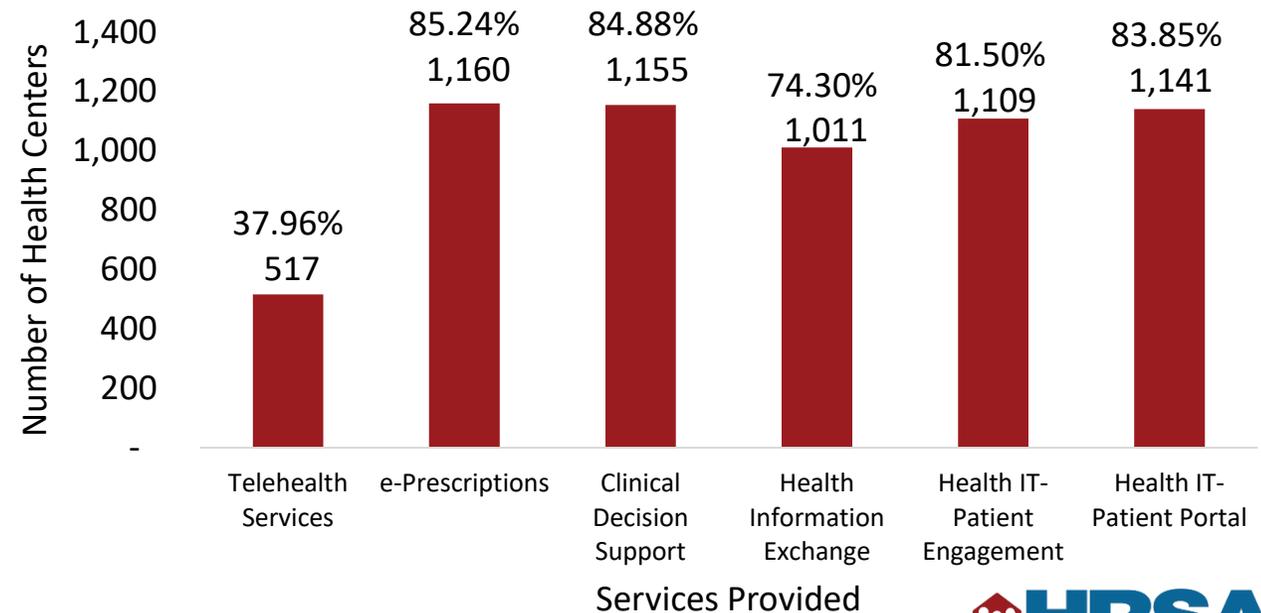
Demonstrated leadership in providing telehealth and HIT services.
Award winners provided at least three of five HIT services:

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



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



Award Category: Advancing HIT for Quality

Payout

Tiers	Award
All five Health Information Technology services	\$5,000
At least four Health Information Technology services	\$4,000
At least three Health Information Technology services	\$3,000
Health center provides telehealth service	\$1,000



Patient-Centered Medical Home Recognition

Jannette E. Dupuy, PhD MS

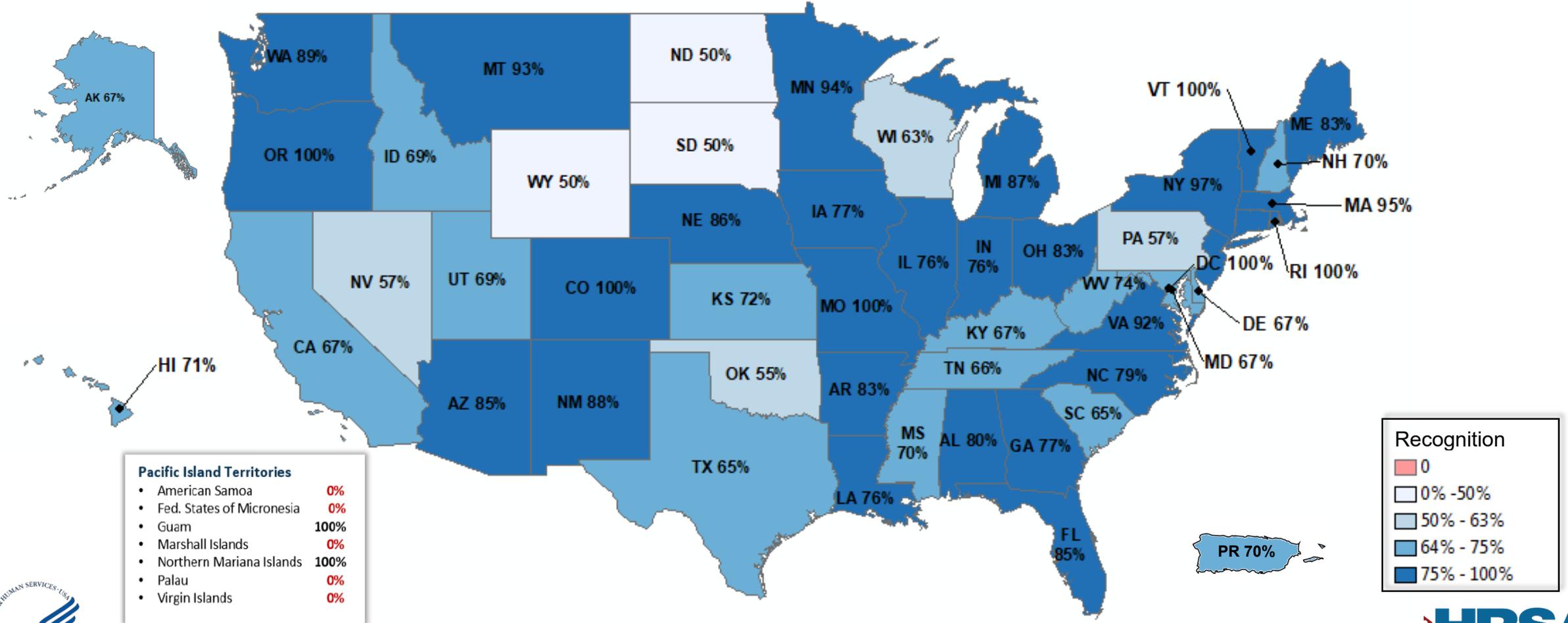
**Team Lead, Accreditation and Patient Centered Medical Home
Quality Division**

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

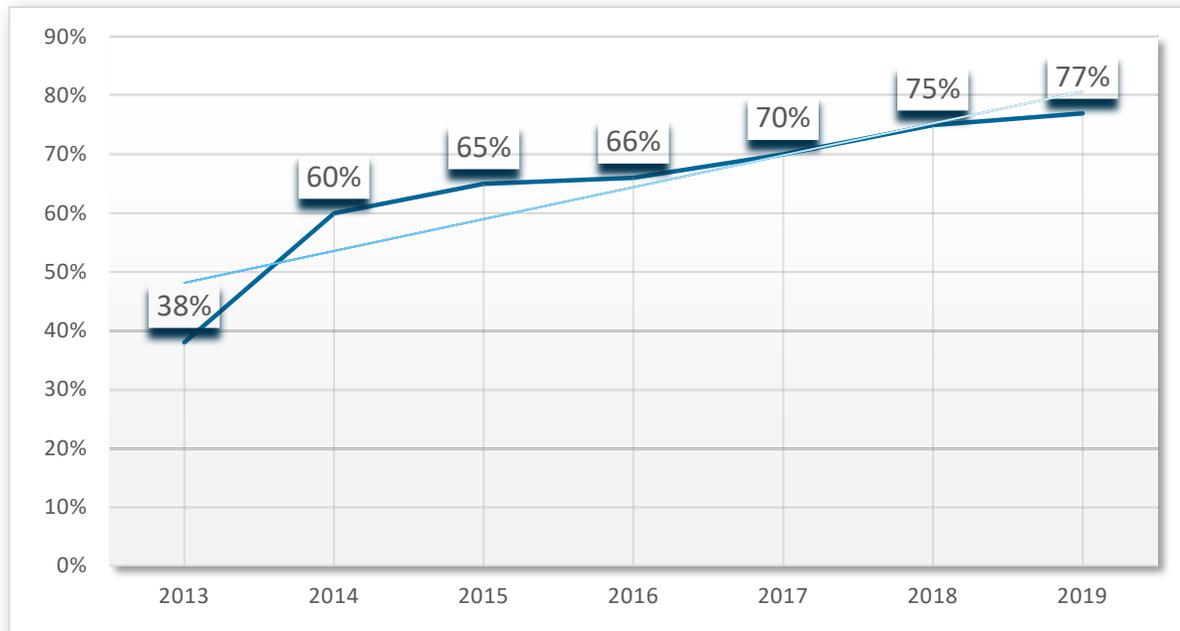


Value-Based Care and PCMH

Health Centers with PCMH Recognition



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



Source: HRSA Accreditation and Patient-Centered Medical Home Report, 2013-2019



Source: American Academy of Family Physicians



PCMH transformation is critical strategy to advance **value-based care**

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

<https://bphc.hrsa.gov/qualityimprovement/clinicalquality/accreditation-pcmh/index.html>



Overview of Award Terms and Conditions

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Office of Planning and Program Development



Quality Improvement Award

Term on Notice of Award

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

Develop and improve health center QI systems and infrastructure	Develop and improve care delivery systems
Training staff	Purchasing supplies to support care coordination, case management, medication management
Enhance HIT, EHR, and data systems	Lab reporting and tracking
Data analysis	Training and workflow redesign to support team-based care
Implementing targeted QI activities	Clinical integration of services
Purchase of medically accessible clinical equipment	Developing and implementing contracts and formal agreements with other providers
Implementing targeted QI activities (including hiring consultants)	Patient engagement activities



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
 - For additional information see <https://www.hrsa.gov/grants/manage-your-grant/financial-management> and <https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/fmr-guide.pdf>
- 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



Thank You!

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