



Fiscal Year 2018 Quality Improvement Awards Technical Assistance Webinar

September 13, 2018

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



Overview of Health Center Program Goals

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**Deputy Director, Data and Evaluation Division
Office of Quality Improvement**



Overview

- Purpose and impact of the Fiscal Year (FY) 2018 Quality Improvement Awards (QIA)
- Eligibility and award criteria
- Summary of the FY2018 QIA
- Terms of the award



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

From 2016 to 2017 the Health Center Program increased the number of patients, sites, and staff



The patient population has *increased more than 5%*, from 25.9 million to 27.2 million

The number of service sites *increased more than 6%*, from 10,404 to 11,056



The total number of health center staff *increased by 8%*, bringing the total from 207,656 in 2016 to 223,840 in 2017



Health Center Program Goals and Overview of FY 2018 Quality Improvement Awards

Hank Hoang, PharmD
Team Lead, Data Analytics Team
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Quality Improvement Awards: Improved Health Outcomes and Impact



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



Quality Improvement Award Categories



Eligibility and Award Criteria

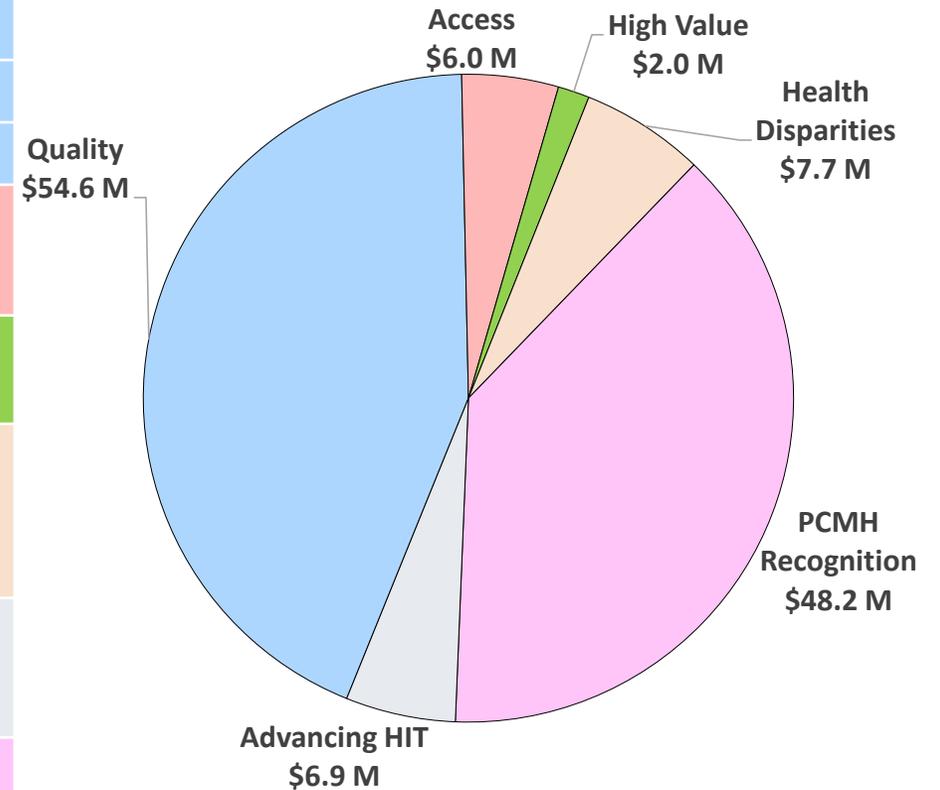
- Health centers that submitted a complete and on-time 2017 Uniform Data System (UDS) report and Patient-Centered Medical Home (PCMH) recognition data were eligible for the QIA
 - Health centers that did not submit a UDS Report are not eligible for PCMH funding
- Health centers were not considered for QIA 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)



Quality Improvement Awards: \$125 Million

	Award Category	Number of Health Centers	Award Amount
Quality	EHR Reporters	1,051	\$5,255,000
	Clinical Quality Improvers	1,135	\$29,202,400
	Health Center Quality Leaders	411	\$18,108,006
	National Quality Leaders	36	\$2,008,380
Access	Increasing Access to Care	510	\$6,020,000
Value	Delivering High Value Health Care	69	\$1,965,000
Health Disparities	Addressing Health Disparities	354	\$7,722,000
HIT	Advancing Health Information Technology for Quality	1,336	\$6,851,000
PCMH	Achieving PCMH Recognition	1,030	\$48,170,000

Award Amounts by Category



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 health outcomes



Improving Quality of Care Awards

Criteria and Payout

Category	Criteria	Amount
1. EHR Reporters	Used EHR system to report on all CQMs for all of the health center's patients	\$5,000 total base award
2. Clinical Quality Improvers	Demonstrated notable improvement in one or more CQMs between 2016 and 2017	\$2,750 base for each clinical measure improved and \$1.00 per patient
3. Health Center Quality Leaders	The top 30% of all health centers who achieved the best overall clinical outcomes using adjusted rankings	Top 10%: \$25,000 base award Second 10%: \$20,000 base award Third 10%: \$15,000 base award and \$1.00 per patient
4. National Quality Leaders	Exceeded national clinical quality benchmarks for: <ol style="list-style-type: none">1. Chronic disease management2. Preventive care3. Perinatal/prenatal care	\$25,000 base award and \$1.00 per patient

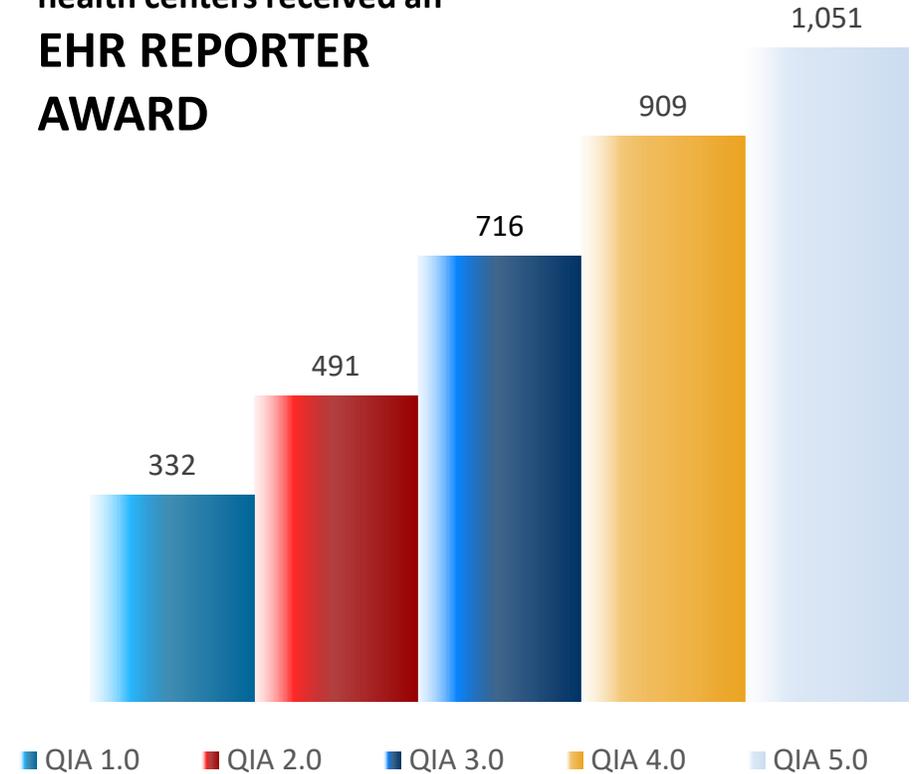


EHR Reporters

Criteria and Payout

- Used an EHR system to report on all clinical quality measures (CQMs) and
- Used an EHR system to report CQMs on the universe of patients served by the health center
- Base award of \$5,000

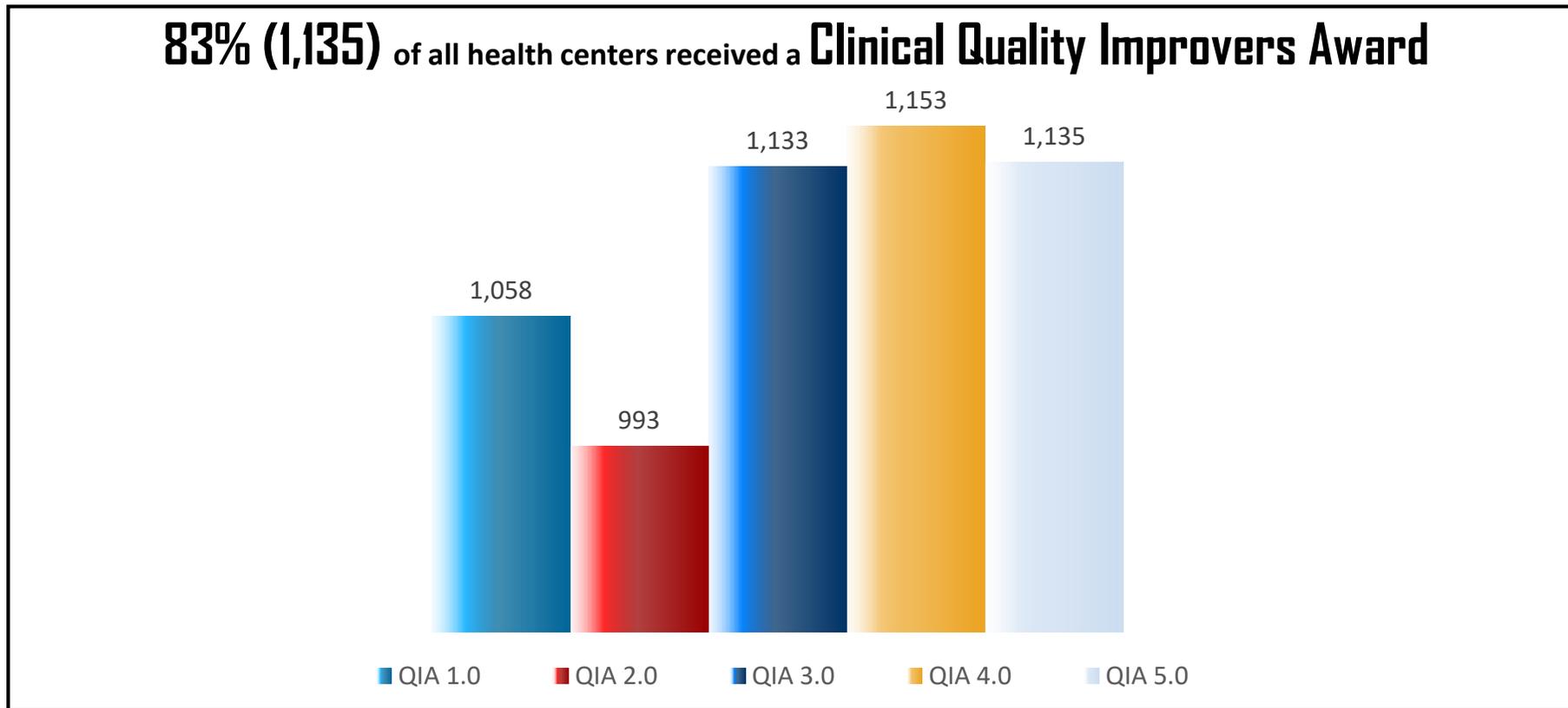
77% (1,051) of all health centers received an **EHR REPORTER AWARD**



Clinical Quality Improvers

Criteria and Payout

- Demonstrated at least a 10% improvement on any CQM from 2016 to 2017
- Base award of \$2,750 per CQM improved, and \$1.00 per unduplicated patient



Health Center Quality Leaders

Criteria and Payout



Based upon 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



National Quality Leaders

Criteria and Payout



Awarded to the top 2-3% of health centers meeting/exceeding national benchmarks

- Used electronic health records to report CQMs
- Base award of \$25,000
- Per patient award of \$1.00

1. Perinatal/Prenatal Care

- Access to prenatal care*
≥ 88.05%† *and*
- Low birth weight*
≤ 6.78%†

2. Preventive Care

- Adult weight screening
63.85% *and*
- Child/adolescent weight screening
≥ 65.85% *and*
- Cervical cancer screening
≥ 55.67% *and*
- Colorectal cancer screening
≥ 42.02% *and*
- Childhood immunizations*
≥ 80.00% *and*
- Depression screening and follow-up
≥ 66.15% *and*
- Tobacco use screening and cessation
≥ 87.50%

3. Chronic Disease Management

- Uncontrolled diabetes (HbA1c > 9%)*
≤ 16.20% *and*
- Appropriate asthma treatment
≥ 86.62% *and*
- Hypertension control*
≥ 61.20% *and*
- Coronary artery disease and lipid therapy
≥ 80.72% *and*
- Ischemic vascular disease and aspirin therapy
≥ 79.27%



*Indicates a Healthy People 2020 Benchmark

†Indicates the critical threshold was adjusted to recognize top 2-3% of health centers

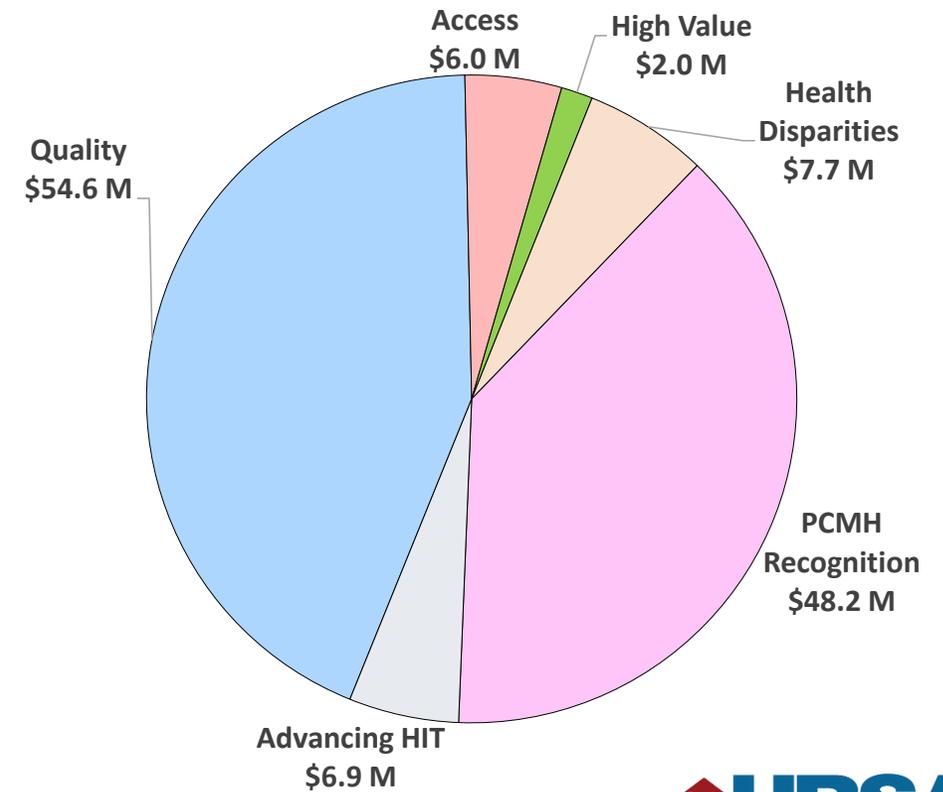


Enhancing Access to Care



	Award Category	Number of Health Centers	Award Amount
Access	Increasing Access to Care	510	\$6,020,000

Award Amounts by Category



Access Enhancers

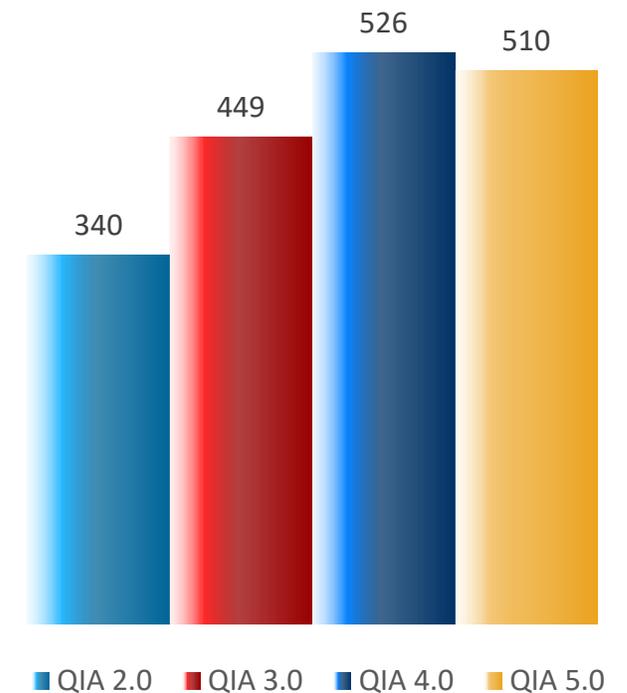
Criteria



Increased access to comprehensive primary health care services:

- Must qualify for one “Quality” Award.
- Made at least 5% increase in total patients served from 2016 to 2017.
- Demonstrated a 5% patient increase in at least one of the comprehensive service categories:
 - Mental Health
 - Substance Use Disorder
 - Vision
 - Dental
 - Enabling Services

37% (510) of all health centers received an **Access Enhancers Award**



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

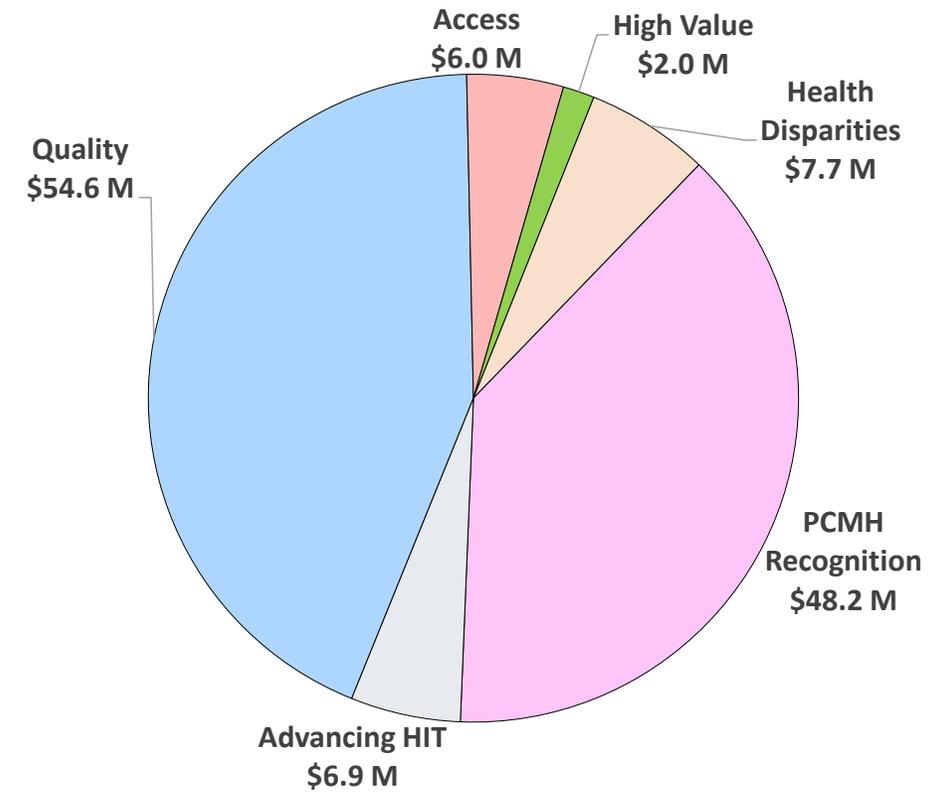


Enhancing Delivery of High Value Health Care



	Award Category	Number of Health Centers	Award Amount
Value	Delivering High Value Health Care	69	\$1,965,000

Award Amounts by Category



Value Enhancers

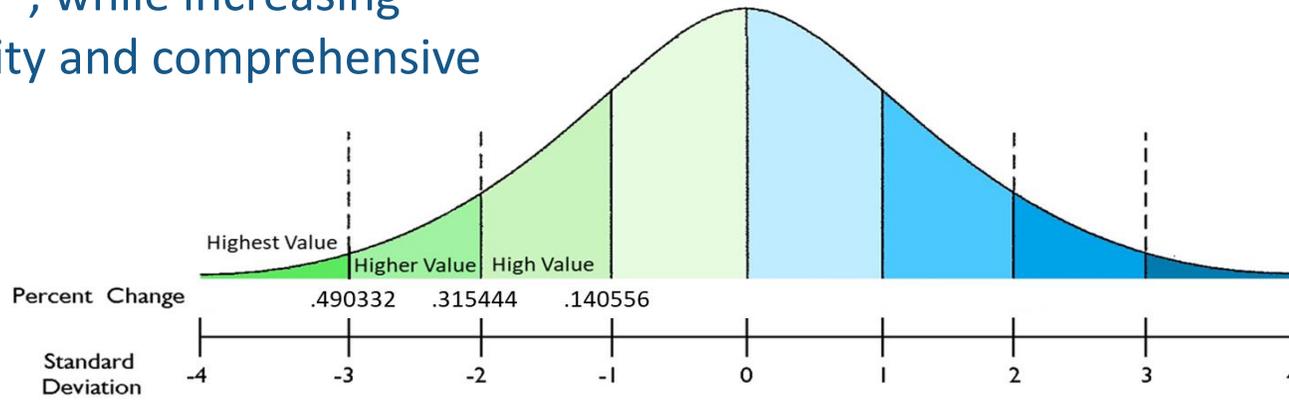
Criteria and Payout



Health centers providing cost-efficient care:

- Must qualify for a “Quality” Award, other than EHR
- Must qualify for an Access Enhancer Award
- Between 2016 and 2017, these health centers performed better than the national average*, while increasing health care quality and comprehensive access

Award Categories	Award Amount
Highest Value Medical Cost per Medical Visit less than -0.490332	\$45,000.00
Higher Value $-0.490332 \leq \text{Medical Cost per Medical Visit} < -0.315444$	\$35,000.00
High Value $-0.315444 \leq \text{Medical Cost per Medical Visit} < -0.140556$	\$25,000.00



*Health center cost of care was compared to 2013-2014 results from the Medical Expenditure Panel Survey

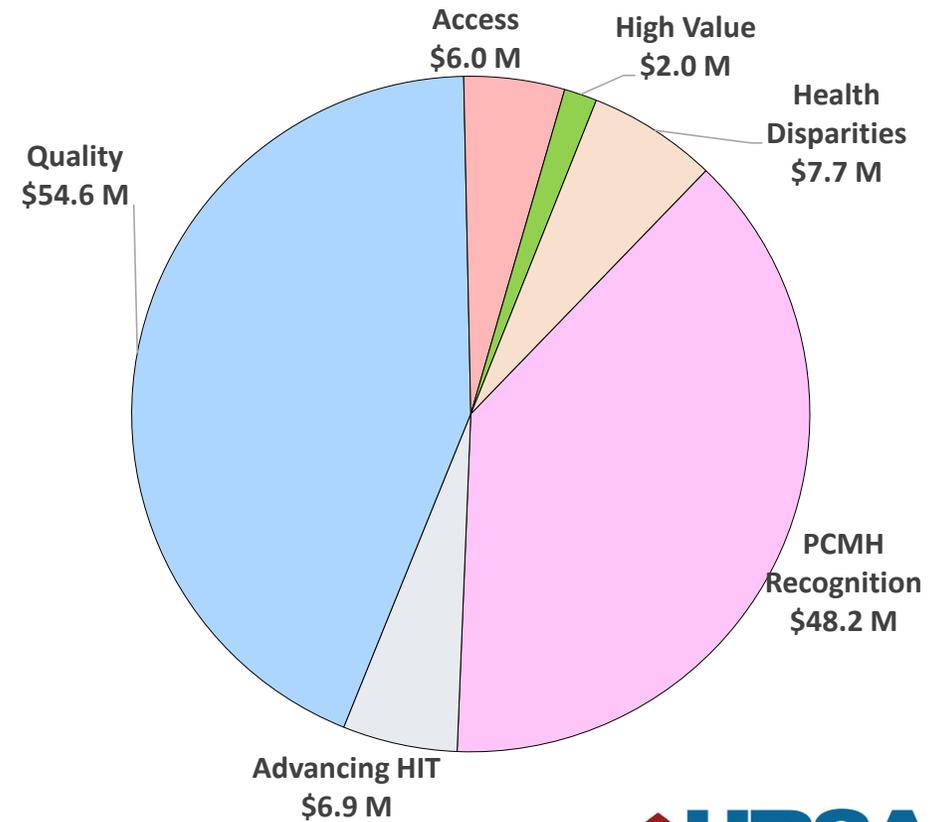


Addressing Health Disparities



	Award Category	Number of Health Centers	Award Amount
Health Disparities	Addressing Health Disparities	354	\$7,722,000

Award Amounts by Category



Health Disparities Reducers

Criteria



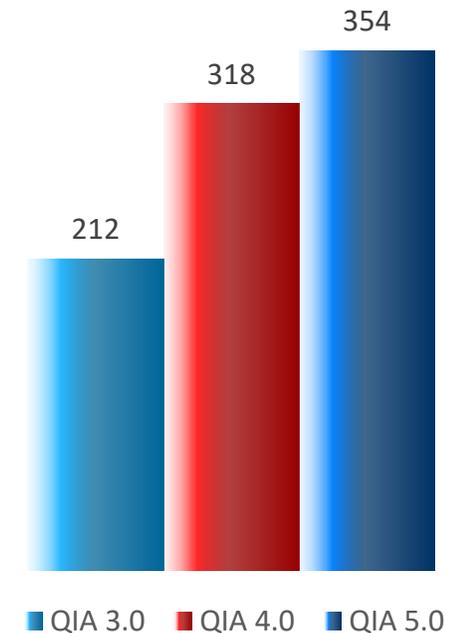
Increased access to comprehensive primary health care services:

- 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 2016 to 2017 by at least 10% if the health center did not meet the HP 2020 goal

26% (354) of all health centers received a **Health Disparities Reducer Award**



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 groups	\$7,500	\$2,000

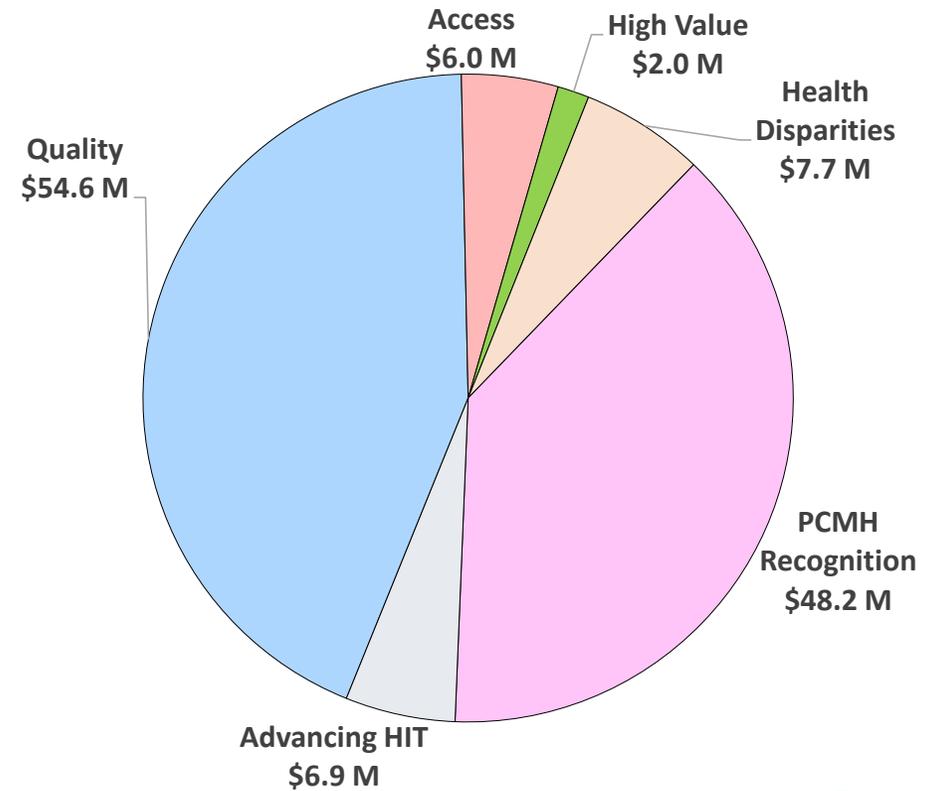


Advancing Health Information Technology for Quality



	Award Category	Number of Health Centers	Award Amount
HIT	Advancing Health Information Technology for Quality	1,336	\$6,851,000

Award Amounts by Category



Advancing HIT for Quality

Criteria



Demonstrated leadership in providing telehealth and HIT services.

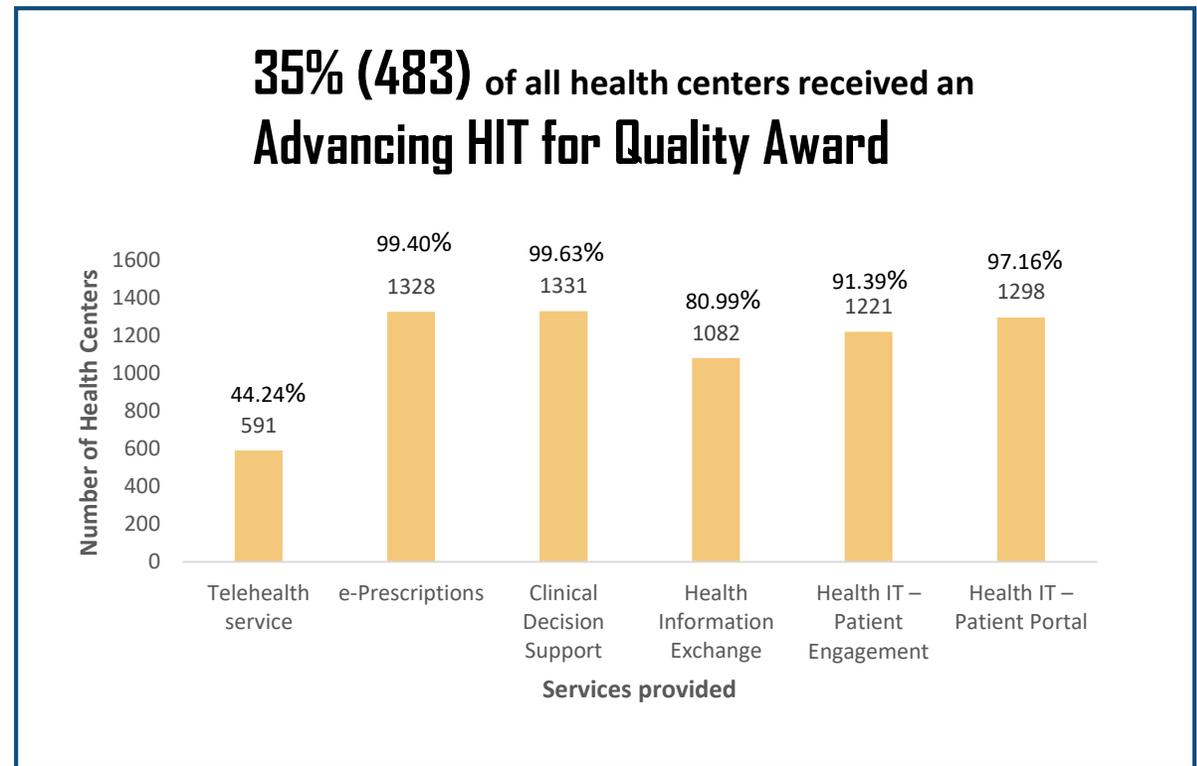
Award winners participated in at least one of five HIT services:

- e-Prescriptions
- Clinical Decision Support
- Health Information Exchange
- Health IT – Patient Engagement
- Health IT – Patient Portal

AND/OR

- Telehealth Services

Health centers providing all six HIT services were awarded with an HIT badge



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
At least two Health Information Technology services	\$2,000
At least one Health Information Technology service	\$1,000
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

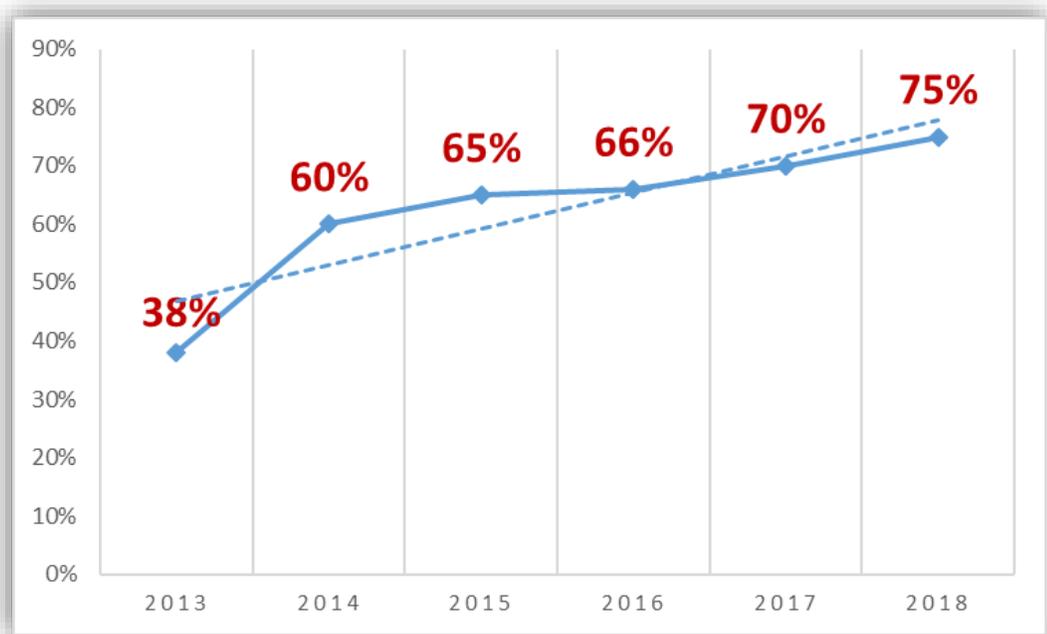
Quality Division

Office of Quality Improvement



Patient-Centered Medical Home (PCMH) (1/2)

Percentage of Health Centers with PCMH Recognition



Source: HRSA Accreditation and Patient-Centered Medical Home Report, 2013-18

Recognition. Transformation. Value-Based Care.

Health centers with longer periods of PCMH recognition see more improvement on adult weight screening, child weight assessment, and prenatal care clinical quality measures (CQMs).

PCMH transformation is critical to advance value-based care system through the following:

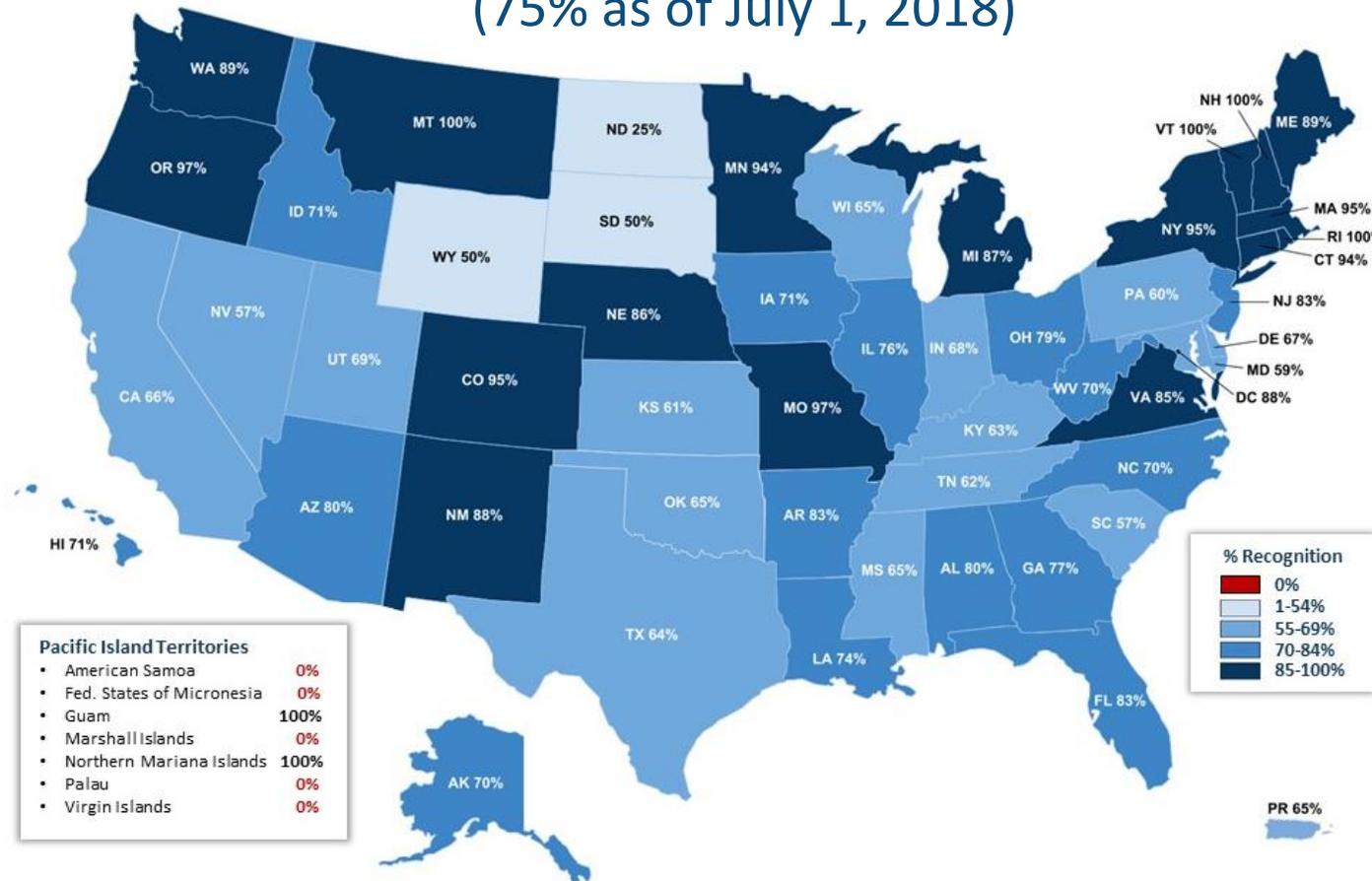
- Maximizing health IT
- Rapid adoption of bold new care delivery models
- Optimizing care coordination
- Increasing access to comprehensive primary care
- Enhancing patient experience
- Improving population health and outcomes

1. Hu, R. et al. (2018) The Association of Patient-centered Medical Home Designation With Quality of Care of HRSA-funded Health Centers. *Medical Care*, 56(2), 130-138.
2. Azar AM. (2018) Remarks on Value-Based Transformation and Innovation. World Health Care Congress.
3. NEJM Catalyst. (2017) What Is Value-Based Healthcare? URL: <https://catalyst.nejm.org/what-is-value-based-healthcare/>



Patient-Centered Medical Home (PCMH) (2/2)

National Patient-Centered Medical Home (PCMH) Recognition in Health Centers (75% as of July 1, 2018)



Source: HRSA Accreditation and Patient-Centered Medical Home Report, 2018

Overview of the Award Terms and Conditions

Jennifer Williams Clarke, MPH

Public Health Analyst, Strategic Initiatives and Planning Division

Office of Policy and Program Development



Term on Notice of Award

Notice of Award:

The purpose of the Fiscal Year (FY) 2018 Health Center Quality Improvement (QI) one-time grant supplement is to support health centers that displayed high levels of quality performance in Calendar Year 2017 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
- 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 2020 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.
- Request for Information (RFI) – You will be required to provide a SF-424A and a Budget Narrative
 - Outline plans for utilization of this funding to continue to strengthen quality improvement activities, including achieving new and/or maintaining existing patient centered medical home recognition.
- Carry-over – This funding can be carried over into your FY 2019 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://www.bphc.hrsa.gov/programopportunities/fundingopportunities/quality/index.html>

FY 2018 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>

UDS resources:

<https://bphc.hrsa.gov/datareporting/reporting/index.html>



Congratulations to all FY2018 Quality Improvement Awardees!



Thank You!

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