

WELCOME!

- We'll get started momentarily.
- Please join us through Adobe Connect AND the call-in number.
- If Adobe Connect freezes on your computer, refresh your browser.
- We will not take questions on the phone line.
- Please submit questions at any time in the Q&A pod.
- If you still have questions at the end of this session, please contact your Project Officer or Health Center Program Support.





Today With Macrae: Health Center Program Updates

Thursday, June 4, 2020

Jim Macrae
Associate Administrator
Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People



Today with Macrae: Health Center Program Updates

AGENDA

- Emergency Preparedness
- Funding Update
- Quality Improvement Awards
- Special Guest: Dr. Torey Mack
- On My Mind
- Mark Your Calendar
- Q&A



Emergency Preparedness, Response, and Recovery

During emergencies, please report site-level status to your PCA.

HRSA's Emergency Preparedness, Response, and Recovery Resources for Health Centers website:

<https://bphc.hrsa.gov/emergency-response>



Funding Updates

Current Activities

- LAL Expanding Capacity for Testing
- H8E: Expanding Capacity for Coronavirus Testing
 - ✓ Submissions due June 6

Looking Ahead

- Training and technical assistance funding
 - PCA/NTTAP/HCCN
- Quality Improvement Awards



2020 PCMH Quality Improvement Awards



- Health centers must be Patient-Centered Medical Home-recognized by **July 1, 2020**.
- You have until **July 5** to provide corrections.
- Submit corrections through EHBs.



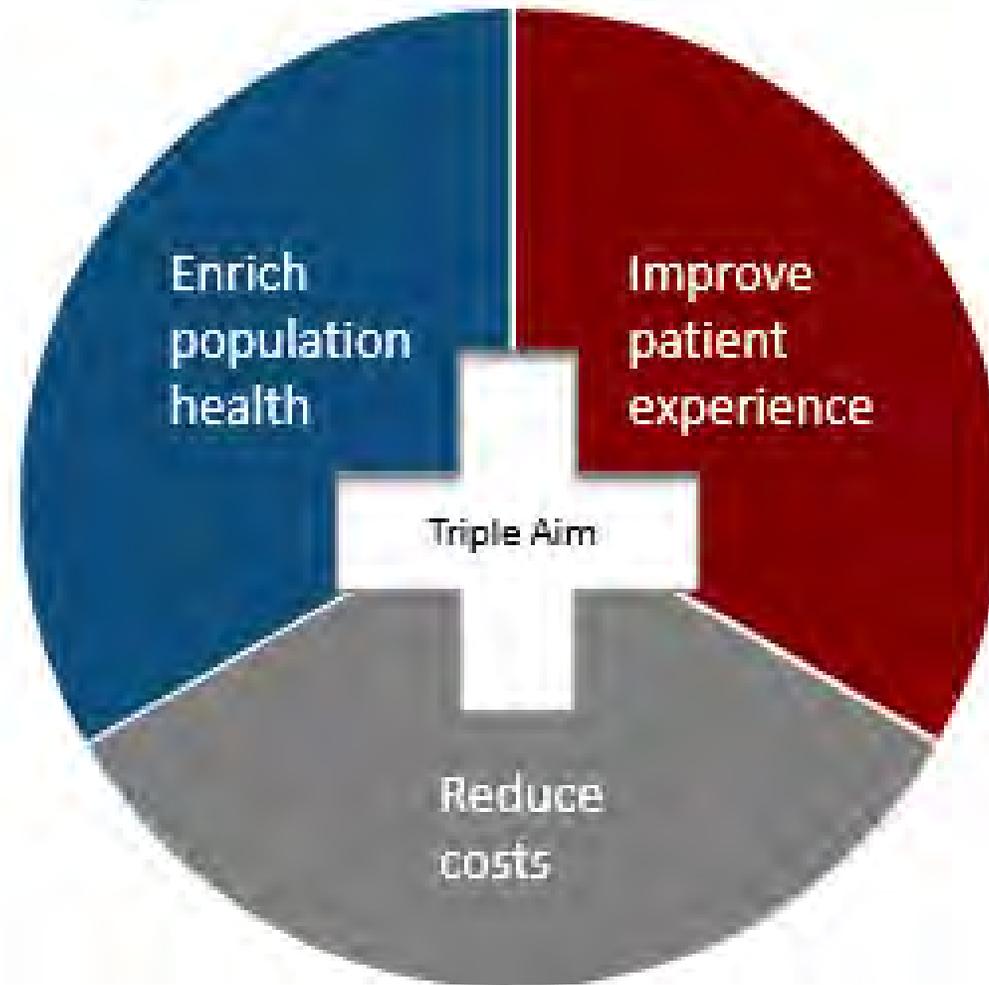
Workforce Well-Being and Burnout

Torey Mack, MD
Deputy Associate Administrator
Bureau of Health Workforce (BHW)

Vision: Healthy Communities, Healthy People



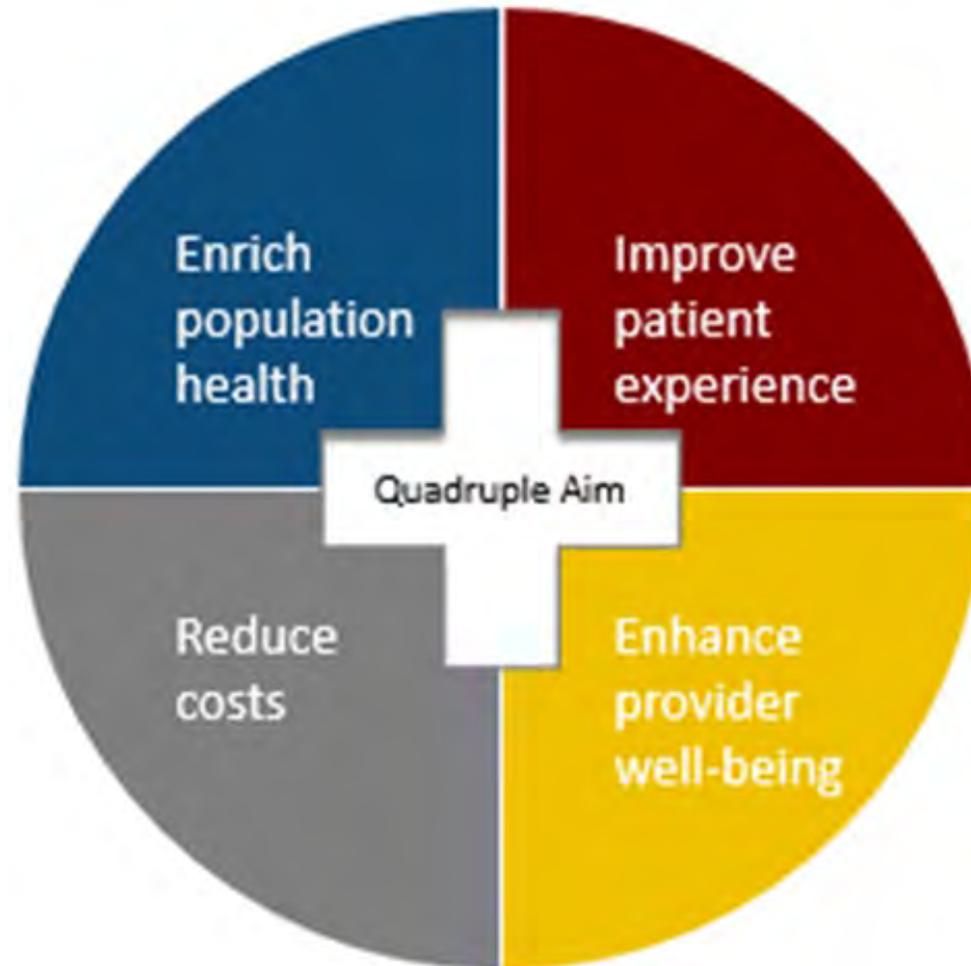
Health Care's Triple Aim



Berwick DM, Nolan TW, Whittington J. The Triple Aim: Care, health, and cost. *Health Affairs*. 2008 May/June;27(3):759-769.



Improving Health Care: The Quadruple Aim

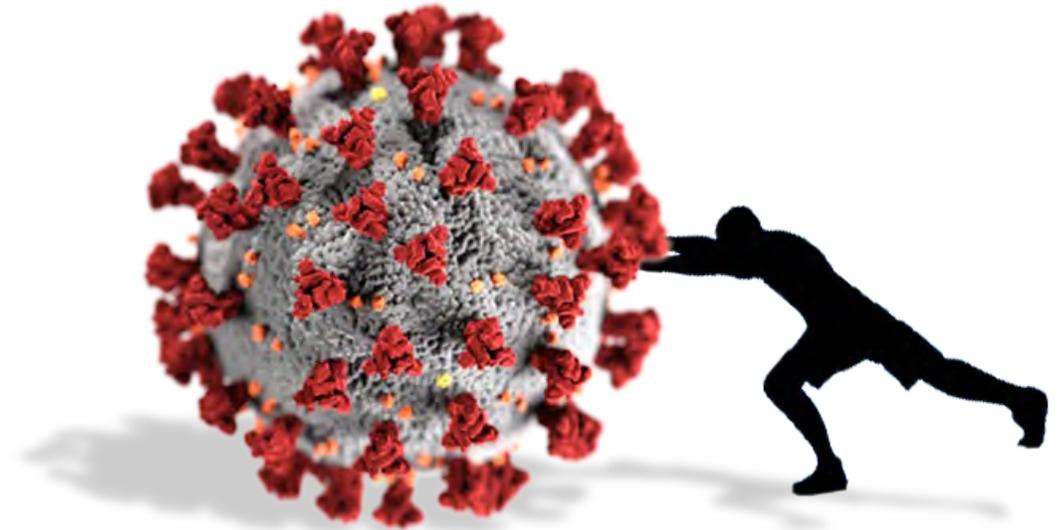


Bodenheimer T, Sinsky C. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. *Ann Fam Med* 2014;12:573–6.

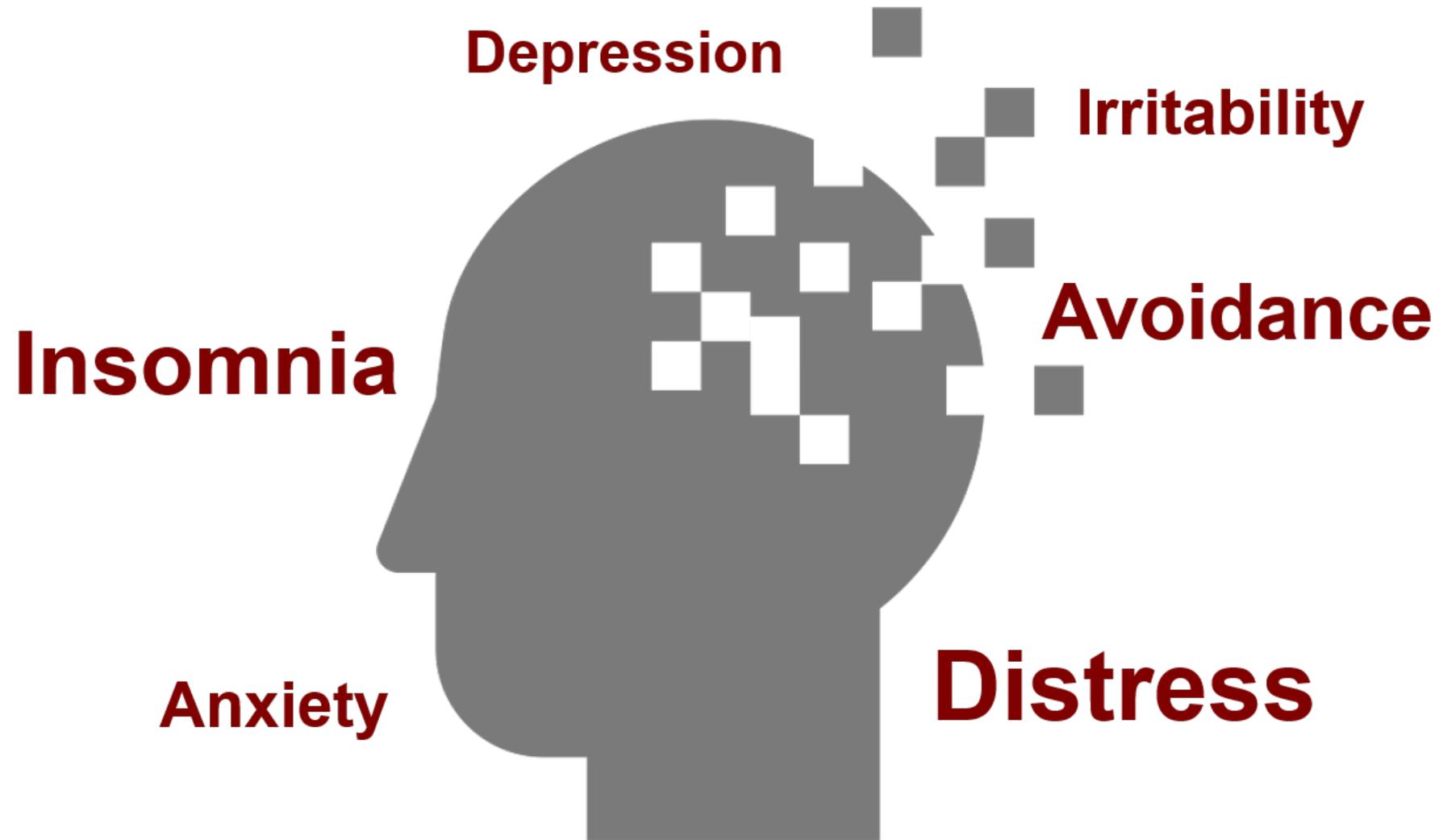


COVID-19's Stress on Providers

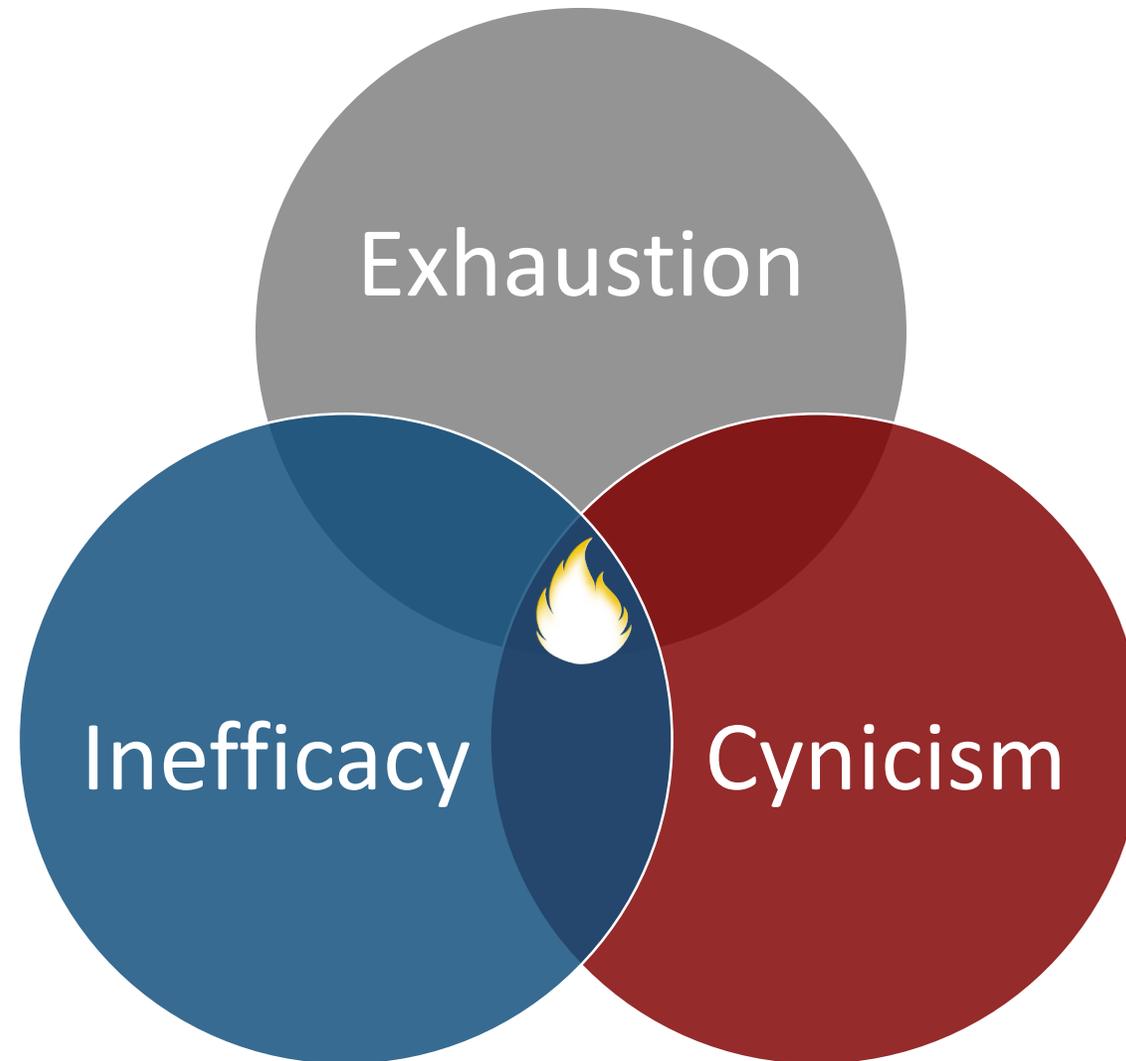
- Prolonged Uncertainty
 - Magnitude
 - Duration
 - Effects
- Concerns about Preparedness
 - Personal
 - Organization
 - Public
- Lack of Needed Supplies
 - PPE
 - Equipment
 - Tests
- Potential Threats
 - Self
 - Loved Ones
 - Coworkers



COVID-19's Psychological Effects on Providers



What Is Burnout?



Burnout: The Scope of the Problem

50%

physicians, nurses

x2

other professions

#1

front-line providers

Burnout: The Impact on Health Care



Burnout: The Impact on Turnover

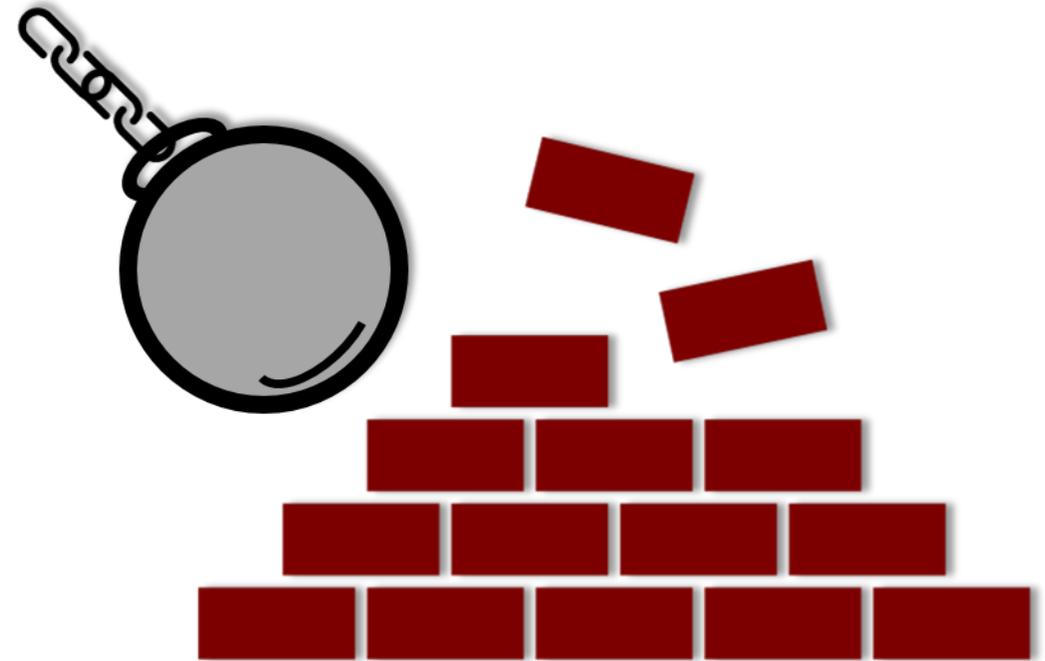
x3
intent to leave

x1.3
salary costs
(nurses)

\$500K
(physicians)

Counter Elements to Burnout

- Meaning and purpose in work
- Positive work and learning environments
- Alignment of values and expectations
- Job control, flexibility, and autonomy
- Reduced administrative burdens
- Optimized workflows and technology
- Interdisciplinary team collaboration
- Supportive and effective leadership



Strategies to Reduce Burnout and Promote Engagement



Acknowledge and assess the problem



Cultivate community at work



Promote flexibility and work-life integration



Harness the power of leadership



Use rewards and incentives wisely



Provide resources to promote resilience and self-care



Develop and implement targeted work unit interventions

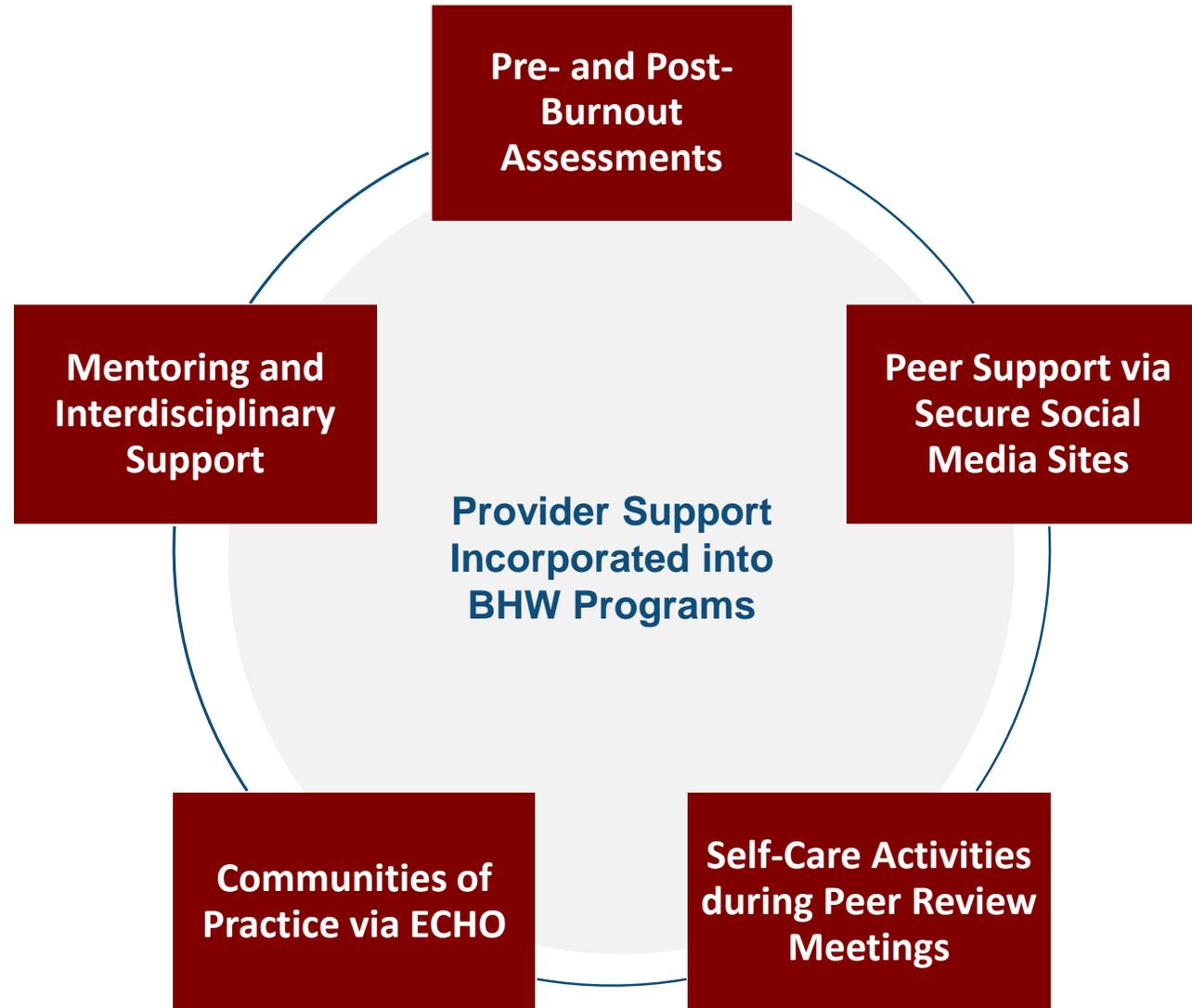


Align values and strengthen culture



Facilitate and fund organizational science

Provider Wellness Program Models



HRSA's Workforce Engagement & Well-Being Initiative

GOAL: Develop and conduct a health center provider and staff survey to collect, analyze, and disseminate national data on health center workforce well-being and engagement.

Phase 1: (2019-2021)

- Review the literature and evaluate existing surveys
- Convene a Technical Advisory Panel
- Develop a workforce well-being survey
- Institute a Health Center Learning Collaborative

Phase 2: (2021 and beyond)

- Administer the workforce well-being survey
- Analyze data
- Disseminate findings and promising practices
- Enhance training and technical assistance strategy to support the health center workforce
- Expand and improve health center activities to support the workforce



Additional Information

Primary Health Care Digest

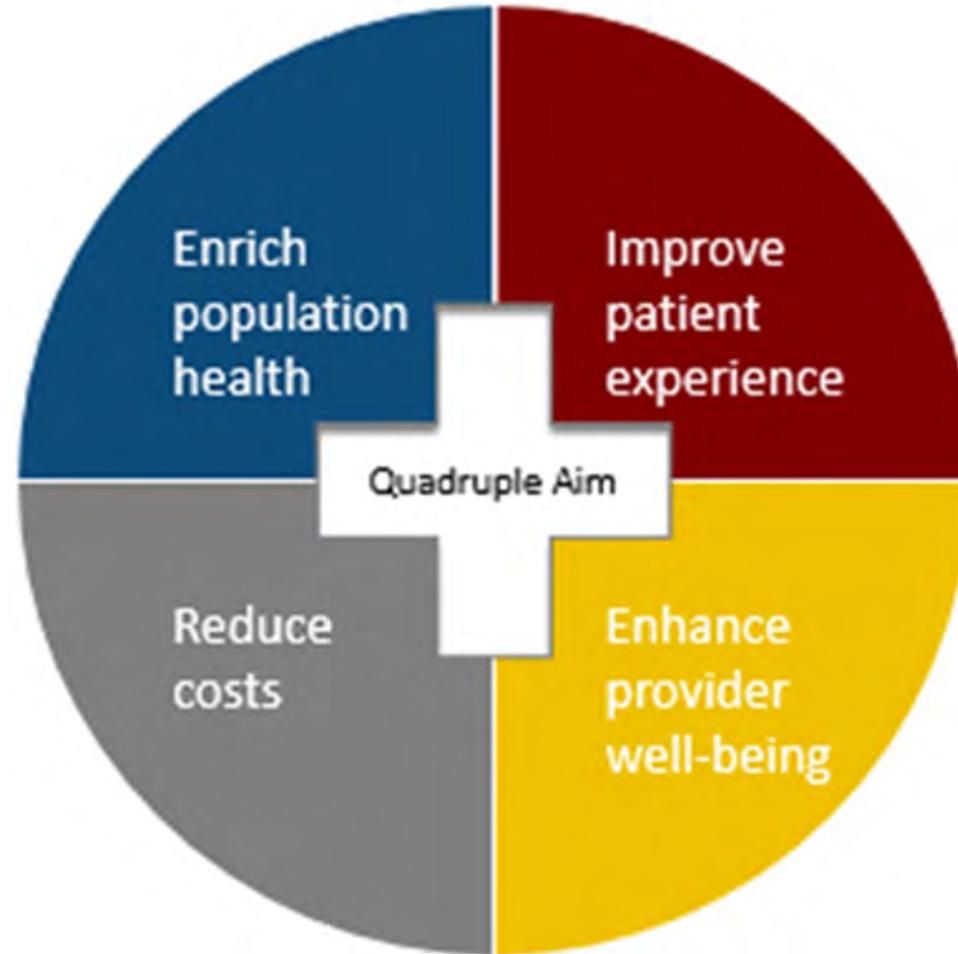


- Promising practices
- Assessment tools
- Trainings
- Presentations
- Articles
- Resources

volume 1 <https://content.govdelivery.com/accounts/USHSHRSA/bulletins/242715b>

volume 2 <https://content.govdelivery.com/accounts/USHSHRSA/bulletins/243b90e>

Improving Health Care: The Quadruple Aim cont'd



Bodenheimer T, Sinsky C. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. *Ann Fam Med* 2014;12:573–6.



On My Mind



Health Center COVID-19 Survey*- Patient Testing

- **Number of Health Center Respondents:** 996 (72% of all health centers)
- **Health centers with COVID-19 testing capacity:** 92.37%
- **Health centers with COVID-19 drive-up/walk-up testing capacity:** 70.54%
- **Average turnaround time for COVID-19 test results:** 79.14% in 3 days or less

Number of patients tested:

Metrics	Value
Patients tested for COVID-19	124,740
Racial and/or ethnic minority patients tested for COVID-19	56.84%
Patients tested positive for COVID-19	20,501
Racial and/or ethnic minority patients tested positive for COVID-19	49.50%



*Data from the past week as of May 29, 2020

Health Center COVID-19 Survey - Operations & Staff

Metrics	Value
Health center weekly visits compared to pre-COVID-19 weekly visits	63.19%
Health center sites temporarily closed	1,782
Staff tested positive for COVID-19	385
Health center staff unable to work*	8.32%
Average percent of health center visits conducted virtually	44.35%

- **Health centers with an adequate supply of Personally Protective Equipment (PPE) for the next week:**
 - Surgical masks: 93.57%
 - N95/PPR masks: 90.46%
 - Gowns: 87.15%
 - Gloves: 95.98%
 - Face masks/goggles: 94.88%



*Due to site/service closure, exposure, family/home obligations, lack of PPE, etc.



Progress Report Requirements and Timing

- Progress reports are due to HRSA quarterly (July, October, January and April) by all coronavirus-related awardees until the grant activities are reviewed and approved by HRSA as “Completed”.
- Timeline for the first reporting period in July 2020
 - 7/1 – progress reports are available
 - 7/10 – progress reports due in EHB
 - 7/11 - 7/24 – HRSA review and change requests sent to awardee, when needed



Progress Report Elements

Project Status

- Staff and Patient Safety
- Testing
- Maintaining or Increasing Health Center Capacity and Staffing Levels
- Telehealth
- Minor A/R

Changes to Plan

- New/Updated Activities

Issues/Barriers



Mark Your Calendar

- Virtual COVID-19 Conference opening plenary, hosted by Northwest Regional PCA, Friday, June 19, 3-4:30 p.m. ET
- Today with Macrae: Health Center Program Updates, Monday, June 29, 2-3 p.m. ET

Join Us!



Questions?



Thank You!

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



[Health Center Program Support](#)



877-464-4772. 7 a.m. to 8 p.m. ET, Monday - Friday (except federal holidays)

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