Policy and Program Development Update: Overview

Increasing Access
- FY19 Funding
- FY20 President’s Budget
- SUD and MH Services
- Infrastructure

Compliance and Oversight
- Compliance Resources
- Oversight
- Continuous Compliance

Maximizing Impact
- BPHC 2022 Strategic Shifts
- Telehealth
- Scope of project
- SANAM
- Grantee Performance Management
HRSA Strategic Goals

Goal 1: Improve access to quality health care and services

Goal 2: Foster a health care workforce able to address current and emerging needs

Goal 3: Enhance population health and address health disparities through community partnerships

Goal 4: Maximize the value and impact of HRSA programs

Goal 5: Optimize HRSA operations to enhance efficiency, effectiveness, innovation, and accountability
Increasing Access to High Quality, Comprehensive Care
Health Center Program Funding
Fiscal Years 2000 – 2019

Source: HRSA
FY 2019 Funding Opportunities

- **Integrated Behavioral Health Services Expansion**
  - $200 million
  - ~1,375 awards at $145K each

- **Quality Improvement**
  - $100 million

- **New Access Points (competitive)**
  - $50 million
  - ~75 awards at $650K each

- **Oral Health Infrastructure (competitive)**
  - $76 million
  - ~250 awards at $300K each

- **Health Center Controlled Networks (competitive)**
  - $42 million
  - ~50 awards
SUD and Mental Health Service Expansion

- FY14 Behavioral Health Integration (BHI): $51 M
- FY15 Behavioral Health Integration (BHI): $54 M
- FY16 Substance Abuse Service Expansion (SASE): $94 M
- FY17 Access Increases in Mental Health and Substance Abuse (AIMS): $200 M 1-time, $100 M
- FY18 Substance Use Disorder-Mental Health (SUD-MH): $350M (200 M 1-time), $150 M
- Integrated Behavioral Health Services (IBHS): $200 M

Total: $544 M

Ongoing Funding, Ongoing Impact
## SUD-MH Triannual Progress Report Data

<table>
<thead>
<tr>
<th>Data Elements</th>
<th>UDS (2017)</th>
<th>September to December 2018 Progress Report Data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Substance Use Disorder</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients</td>
<td>168,508</td>
<td>212,418</td>
</tr>
<tr>
<td>Visits</td>
<td>1,227,629</td>
<td>748,497</td>
</tr>
<tr>
<td><strong>Mental Health Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients</td>
<td>2,049,194</td>
<td>1,115,977</td>
</tr>
<tr>
<td>Visits</td>
<td>9,876,669</td>
<td>3,369,651</td>
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<tr>
<td><strong>Medication Assisted Treatment (MAT)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providers</td>
<td>2,973</td>
<td>4,877</td>
</tr>
<tr>
<td>Patients</td>
<td>64,597</td>
<td>54,642</td>
</tr>
<tr>
<td><strong>Use of Telehealth for Substance Use Disorder and/or Mental Health Services – Number of Health Centers</strong></td>
<td>315*</td>
<td>356</td>
</tr>
</tbody>
</table>

* 2017 UDS did not have a specific category for health centers to note the use of telehealth for SUD services, so this data only represents use of telehealth for mental health services. The 2018 UDS has added a question to capture health center use of telehealth for SUD services.
Increasing Access to Medication-Assisted Treatment (MAT)

*Definition of MAT providers expanded to include physician assistants and certified nurse practitioners in 2017.

Source: Uniform Data System (UDS), 2017 - Table Other Data Elements. UDS 2016 Health Information Technology (HIT) Information.
Construction, Renovation, and Modernization

• Loan Guarantee Program
  ▪ Guarantee can cover up to 80% of the principal amount of loans made by non-federal lenders
  ▪ New streamlined loan guarantee application process anticipated in FY19

• Recent grant support for alteration, renovation and/or equipment
  ▪ FY 18 Substance Use Disorder and Mental Health
  ▪ FY 18 Capital Assistance for Hurricane Recovery and Response Efforts
  ▪ FY 19 New Access Points
  ▪ FY 19 Oral Health Infrastructure
FY 2020 President’s Budget

President’s Budget: $5.6 billion

- **Mandatory**: $4.0 billion in each of FYs 2020 and 2021
- **Discretionary**: $1.626 billion
- **Proposed New Spending**: $50 million to expand PrEP and HIV/AIDS services, outreach, and care coordination in support of the Ending the HIV Epidemic: A plan for America Initiative
Ending the HIV Epidemic: A Plan for America

- **Diagnose** all people living with HIV (PLWH) as early as possible after transmission.
- **Treat** HIV rapidly and effectively to achieve sustained viral suppression.
- **Prevent** people at highest risk of HIV with PrEP and prevention education.
- **Respond** rapidly and effectively to clusters and outbreaks of new HIV infections.

75% reduction in new HIV diagnoses in 5 years and a 90% reduction in 10 years.
Ending the HIV Epidemic: Health Center Program

- Nearly 2 million HIV tests conducted annually
- More than 165,000 patients with HIV receive medical care services at health centers, including many sites co-funded by the Ryan White HIV/AIDS Program
- More than 600 health centers purchase Pre-Exposure Prophylaxis (PrEP) through the 340B Program
- FY 2020: $50 million to support increased outreach, testing, care coordination, and HIV prevention services, including PrEP, in targeted counties/cities and States.
**Ending the HIV Epidemic: Health Centers**

**Respond** rapidly to detect and respond to growing HIV clusters and prevent HIV infection (CDC)

- **Referrals** of new patients at high risk (CDC, S/LHDs)

**Health Centers** Serving targeted areas

- Health center **outreach** and in reach to identify patients at high risk

**Diagnose** all people as early as possible after infection

**Test**

**Link to Prevention and Care**

**HIV+**
- **Engage and Treat**
- **Retain in Care**
- **Suppress Viral Load**

**HIV-**
- **PrEP**

**Prevent** people at risk using potent and proven prevention interventions, including medication that can prevent HIV

**Respond** rapidly to detect and respond to growing HIV clusters and prevent HIV infection (CDC)
Compliance and Oversight
Support for Continuous Compliance

- New Oversight Processes
- Technical Assistance
- Tools (SVP, Conditions Library)
- Compliance Manual
Compliance Resources and Tool Updates

- **Compliance Manual updates** (TBD)
- **Site Visit Protocol (SVP)**
  - BBA and other updates (9/2018)
  - SVP updates (3/2019)
    - Preview now available; applicable for OSVs after 4/18 2019
- **Conditions library**
  - BBA updates (8/2018)
- **Compliance Manual**
  - BBA updates (8/2018)
Monitoring Strategy for SAC with No Conditions

Three-Year Project Period

- **Year 1**
  - Budget Period Progress Report (BPR)

- **Year 2**
  - Operational Site Visit (OSV) 14-18 months
  - Option to address preliminary non-compliance findings via **Compliance Resolution Opportunity (CRO)**; OSV conditions do NOT impact PP length if they are resolved before the next SAC

- **Year 3**
  - Service Area Competition (SAC)
  - Budget Period Progress Report (BPR)

Option to address preliminary non-compliance findings via **External Correspondence (EC)**

Service Area Competition (SAC) with no conditions
Monitoring Strategy for SAC with Conditions (1/2)

First One-Year Project Period

Service Area Competition (SAC) with conditions (from SAC application or previous conditions)

First 1-Year Project Period (PP)

PP Ends

PP Starts

12 months

Operational Site Visit (OSV) at 2-4 months

Service Area Competition (SAC)

EC

CRO
Monitoring Strategy for SAC with Conditions (2/2)

Second One-Year Project Period

Service Area Competition (SAC) with conditions (from SAC application or previous conditions)

Operational Site Visit (OSV) at 2-4 months

PP Ends → PP Starts

Second 1-Year Project Period (PP)

PP Ends → PP Starts

12 months

HRSA will not award a third 1-year project period

CRO

EC
Continuous Compliance: Results

Less conditions
Faster resolution of conditions
Fewer one-year project periods
Continuous Compliance: FY 19 SAC

FY 19 SAC Applications Awarded with and without Conditions

- With no Conditions: 470
- With Conditions (1-year PP): 6

FY 19 SAC Applications Awarded and Use of External Correspondence (EC)

- No preliminary findings of noncompliance: 310
- Preliminary findings resolved through EC: 160
Continuous Compliance: Condition Resolution CY 2018

CY 2018 Conditions

- Resolved in 90 days or less
- Progressed to 60 days
- Progressed to 30 days

Top 5 Conditions (64% of conditions placed)

1. Sliding Fee Discount Program
2. Clinical Staffing
3. Board Authority
4. Billings and Collections
5. Contracts and Sub awards
New: Project/designation period length and end date

New: Operational Site Visit badge to recognize successful demonstration of compliance

New: 90-day conditions (in addition to 60-day, and 30-day conditions)
Maximizing Impact
BPHC 2022: Strategic Shifts

1. Compliance-oriented grant maker → Primary health care leader

2. Health Centers as independent entities → Health Centers as interconnected entities

3. Interventions that address immediate medical needs → Continuous community-oriented, comprehensive

4. Siloed functions → Collaborative model

5. Separate data tools → Integrated systems that inform decision-making
Goal: Reduce the time and burden of the Medicare FQHC site enrollment process

Next steps:

• CMS will integrate health center site data into their Provider, Enrollment, Chain and Ownership System (PECOS) beginning in April 2019

• Health centers that enroll in PECOS can use the system to automatically submit to the MAC for review

More information: CMS-HRSA webinar 4/24/2019
Health Center Telehealth Services

600
OF THE
1,373
health centers
provided services using telehealth technology
(44%)

315
PROVIDED MENTAL HEALTH SERVICES; 53%

140
USED TELEHEALTH TECHNOLOGY FOR REASONS NOT LISTED; 23%

125
PROVIDED PRIMARY CARE SERVICES; 21%

147
MANAGED PATIENTS WITH CHRONIC CONDITIONS; 20%

164
PROVIDED SPECIALTY CARE SERVICES; 27%

37
PROVIDED ORAL HEALTH SERVICES; 6%

Source: Uniform Data System, 2017
Telehealth Considerations

Foundational
- Provider Licensure/Scope of Practice
- Facility Licensing
- Equipment & Training
- Patient-provider relationship
- Privacy & Confidentiality
- Medical Records
- Patient Consent
- Billing and Third Party Payments
- Malpractice coverage
- And...

UDS Reporting
- Service categories (2016)
- Clinical care (2018)
- Virtual visits (2019)

Scope of Project
- Service area
- Sites
- Services
- Patient population
- Providers

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**Coming Soon: Service Area Request for Information (RFI)**

**How can HRSA better maximize impact of Health Center Program expansion?**

- Unmet need
- Proximity
- Reasonable boundaries
- Other providers
- Demonstrated capacity in current area
- Patient representation
Anticipated Service Area RFI Timeline

- **Release RFI**: April 2019
- **60-Day Comment Period**: Summer 2019
- **Overview of public comments**: Fall 2019
- **Draft policy, as appropriate**: Winter 2020
SANAM: What’s Next

Objectives:
• Differentiate need to better target resources
• Standard, comparable measures that align with Health Center Program strategic priorities
• Reduce burden
• Align with ZIP code defined service areas
• Enable “hot spotting” areas of need
• Account for special, rural, and other vulnerable populations

Evaluate SANAM in NAP

Evolve SANAM measures and uses
Reminders:

- Make realistic projections
- Track your target and check at least annually (now in EHB)
- Request changes as needed and applicable
## Using Data to Drive Outcomes

### Approaches

<table>
<thead>
<tr>
<th>Quality Improvement Awards</th>
<th>Patient Targets</th>
<th>NEXT: Performance Management</th>
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<tbody>
<tr>
<td>Recognize high performing health centers</td>
<td>Link continued grant funding to patient target achievement</td>
<td>Incentivize performance through grant funding</td>
</tr>
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</table>
Linking Grant Funding to Performance: Objectives

- Identify options for assessing the return on investment of funding provided to health centers
- Identify options for awarding Health Center Program funding to better incentivize desired clinical quality and community health outcomes

Learn from and inform UDS modernization
Linking Grant Funding to Performance: Timeline

- Environmental Scan
- Develop approaches (Spring-Summer 2019)
- Create models (Fall 2019)
- Test models (Winter-Spring 2020)
- Plan implementation (Summer 2020)

Share Results (May 2019)
We want to know what you think.

<table>
<thead>
<tr>
<th>Compliance Manual and Related Tools</th>
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<td>Performance-Based Grant Funding</td>
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<td>Service Area Needs Assessment Methodology (SANAM)</td>
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<td>Service Area Request for Information</td>
<td><a href="https://bphc.hrsa.gov/programrequirements/index.html">https://bphc.hrsa.gov/programrequirements/index.html</a> (link for input coming soon)</td>
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</tbody>
</table>
Health Center Program Resources

- **Website**: [bphc.hrsa.gov](http://bphc.hrsa.gov)
  - Includes many technical assistance (TA) resources
- **Weekly E-Newsletter**: *Primary Health Care Digest*
  - Sign up online to receive up-to-date information
- **Health Center Program Support**:
  - [bphccommunications.secure.force.com/ContactBPHC/BPHC_Contact_Form](http://bphccommunications.secure.force.com/ContactBPHC/BPHC_Contact_Form)
  - HRSA Electronic Handbooks (EHBs) questions/issues
  - FTCA inquiries
- **National Cooperative Agreements and Primary Care Associations**:
  - [bphc.hrsa.gov/qualityimprovement/strategicpartnerships](http://bphc.hrsa.gov/qualityimprovement/strategicpartnerships)
Thank You!

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