HRSA
Health Resources & Services Administration

Bureau of Primary Health Care (BPHC) Updates

Tuesday, November 17, 2020

Vision: Healthy Communities, Healthy People

AGENDA

- Welcome & Introductions
- Session Plenary: BPHC Updates
  - Strategic Directions
  - Operational Updates
  - COVID-19 Impact and Next Steps
- Q&A and Closing Remarks

BPHC REACH

BPHC Goals and Core Functions

Best Place to Work	Compliance with Program Requirements	Successful Implementation of Grants	High Performing Grantees	Recognized Leader in Primary Health Care
• Organize Operations and Utilize Staff Expertise and Knowledge • Develop and Grow Next Generation of Leaders and Staff	• Develop Program Requirements and Policies • Conduct Compliance Assessments	• Develop NOFOs and Award Grants • Support Implementation of Grants	• Collect Data and Report Performance • Provide T/TA to Support Grantee Compliance and Performance	• Lead and Participate in National Dialogue on Primary Health Care • Establish New Strategic Priorities and Initiatives

HRSA Health Center Program

BPHC REACH Initiatives

TRANSFORMATION INITIATIVES

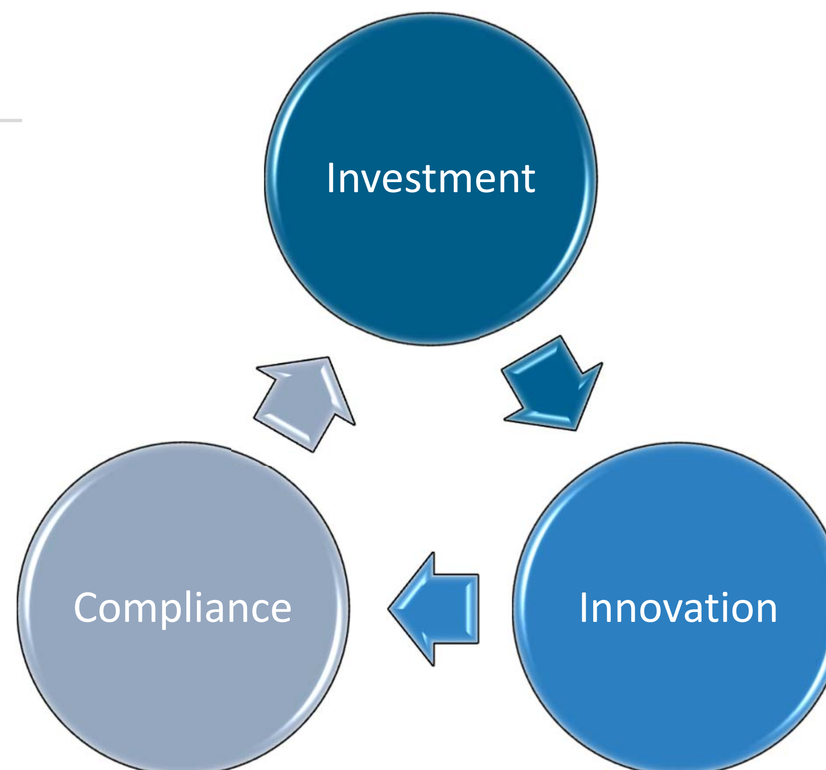
Optimize data and technology

Streamline and enable compliance

Advance health center quality and performance

Develop an operating model

Leverage the health center network



HRSA Health Center Program

FY 2021 President's Budget

President's Budget

Total request $5.7 billion

- $1.7 billion in **discretionary funding**
- $4 billion in **mandatory funding**
  - $137 million to support the second year of the Ending the HIV Epidemic Initiative - increasing participation to over 500 health centers in the Initiative's targeted geographic regions.
  - $15 million to support health centers serving targeted unsheltered homeless populations.
- **Continuing Resolution through December 11**
  - Prorated mandatory and discretionary funding
  - HRSA will provide partial FY 2021 continuation funding to health centers

FY 2021 and Beyond: Funding Directions

Investing in Access & QI

- One-time quality improvement (QI)
- SDOH, disparities, equity
- Organizational performance
- Innovation

Maximizing potential impact

- Targeting
- Segmenting
- Incentivizing
- Partnering

Clarifying accountability

- Separate activity codes

Journey (activities) to destination (outcomes)

Interim progress reporting + UDS

Performance → future funding decisions

HRSA Health Center Program

Anticipated and Potential FY 2021 Funding Opportunities

- Investing in Access & QI
- Maximizing potential impact
- Clarifying accountability

- **Primary Care HIV Prevention** ($83 M)
- **Hypertension Control** ($60 M)
- **Optimizing Virtual Care** ($150 M)
- **COVID-19** (HEROES/HEALS $7.6 B proposed)

HRSA Health Center Program

Advancing Health Equity

- Investing in Access & QI
- Maximizing potential impact
- Clarifying accountability

- Engage and Leverage Partners to Accelerate Progress
- Facilitate the integration of social care
- Activate and Scale Innovation
- Incentivize Quality Improvement
- Target Investments
- Increase Access

Improve Health Outcomes & Reduce Disparities → Advance Health Equity

HRSA Health Center Program

Proposed SANAM and Unmet Need Score Updates

- Replace *Unintentional Injury Mortality* with *Estimated Drug Poisoning Mortality*
- Add *Limited Access to Healthy Food*
- Replace *Physical Inactivity* with *Obesity*
- Add *Broadband Access*
- Add *Nonwhite Concentration Index* and *Foreign-Born Concentration Index*

HEALTH DETERMINANTS

NON-ACCESS MEASURES	Weight
Violent Crime	1.5
Limited Access to Healthy Foods *(Added)*	1.5

ACCESS OUTCOME MEASURES	Weight
Health Center Penetration	20
No Dentist in Past Year	3
Pap Smear Screening	3
Pre-term Birth	3
Prev Hospital Stays	3

ACCESS BARRIER MEASURES	Weight
Below 200% Federal Poverty Level	10
Associate Degree of Higher	3
Housing Stress	3
No High School Diploma	3
Single Parent Household	3
Unemployment	3
Uninsured	10
Linguistic Isolation	3
Vehicle Access	3
Broadband Access *(Added)*	3
Foreign-Born Index *(Added)*	3
Nonwhite Index *(Added)*	3

HEALTH STATUS

PROXY MEASURES

DIRECT MEASURES	Weight
All Cause Mortality	2
Unintentional Injury Mortality *(Replaced)*	2
Asthma	1.5
Diabetes	1.5
Poor Mental Health	1.5
Poor or Fair Health	1.5
Chlamydia	1.67
Physical Inactivity *(Replaced)*	1.67
Smoking	1.67

Legend: Socioeconomic Status Measure (green: Below 200% Federal Poverty Level, Associate Degree of Higher, Housing Stress, No High School Diploma, Single Parent Household, Unemployment); Measure Weight (red)

Advancing Health Center Excellence

Domains and Performance Expectations

Health Equity

Governance and Management
- Governance
- Leadership
- Management

Workforce
- Strategic Workforce Management
- Recruitment
- Employee Development
- Employee Engagement
- Retention

Financial Stability
- Liquidity
- Solvency
- Sufficient Profitability
- Financial Agility

Population Health and Social Determinants of Health
- Population Needs Assessment and Management
- Community Needs and Resource Mapping
- Resource Allocation
- Community Partnerships and Collaborations
- Track and Close Social Service Referral Loops

Access and Affordability
- Comprehensive and Timely Services
- Affordability
- Enabling Services
- Community Outreach

Patient Experience
- Patient Activation and Engagement.
- Partnership with Families and Caregivers
- Building Trusting Relationships
- Patient-Centered Care Coordination

Quality, Patient Care, and Safety
- Clinical Effectiveness
- Continuity of Care
- Safety
- Equity

Advancing Health Center Excellence Framework

Levels of Maturity

- Leading
- Strategic
- Fundamental
- Compliance-driven

Quality, Patient Care, and Safety

Patient Experience

Population Health and SDOH

Access and Affordability

Workforce

Financial Sustainability

Governance and Management

Health Equity

HRSA
Health Center Program

Population Health and SDOH Definition and Performance Expectation Areas

Definition

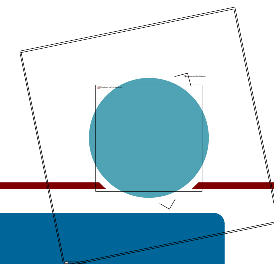
The health center provides comprehensive services to address patients' needs and those of the community it serves. It achieves this by understanding the social risk factors and social needs in the community and by collaborating with diverse partners to achieve health equity by addressing key drivers of poor health.

Performance expectation areas that illustrate the priorities for Population Health and SDOH are:

- Patient Needs Assessment and Management
- Community Needs and Resource Mapping
- Resource Allocation
- Community Partnerships and Collaborations
- Track and Close Social Service Referral Loops

Relevant Health Center Program Compliance Manual Chapters: 3, 4, & 14

Population Health and SDOH Performance Expectation Descriptions



Population Needs Assessment and Management:

- Systematically collect data on social risk factors and other barriers that influence patients' health outcomes and receipt of health care
- Analyze and use the data to risk stratify their patient population for case management
- Identify gaps in available resources needed to facilitate receipt of health care services

Community Needs and Resource Mapping:

- Conduct a needs assessment and use it to understand the needs, strengths, opportunities, and priorities of their community
- Use the information to understand the leading causes of morbidity and mortality and the dominant social risk factors influencing these causes for their community

Resource Allocation:

- Allocate resources by enacting the right mix of enabling, outreach, and other services to address needs of their patient population and community
- Align healthcare and social services offered with the needs of the patient population and community

Community Partnerships and Collaborations:

- Develop multisectoral partnerships to offer social services
- Have a system for cataloguing social services available to their patients and the community
- Engage in collaborations to improve social and economic conditions at the community level to improve health equity

Track and Close Social Service Referral Loops:

- Periodically review the availability of social services offered to their patients and community members to identify gaps in services
- Close the referral loop by reviewing the outcomes of social service referrals
- Use aggregate referral outcomes data to conduct targeted outreach to at-risk and underserved patients and community members

Advancing Health Center Excellence: Potential Use Cases

BPHC

- Targeting or informing funding focus areas or activities
- Incentivizing progress on / achievement of performance
- Identifying areas to activating and enabling innovation
- Targeting training and technical assistance
- Future dashboards

Health Centers

- Self assessment and priority setting
- Strategic planning
- Strengthening applications
- Informing new community partnerships
- Informing T/TA needs

Strategic Partners

- Identifying and prioritizing T/TA and network needs
- Targeting T/TA activities
- Identifying and sharing innovations and best practices
- Identifying other national, state, local partners to support health centers

Strategic Partnerships

HCCNs: Technology Enabled Improvement

1. **Enhance the Patient and Provider Experience**
   - Patient Access
   - Patient Engagement
   - Provider Support
2. **Advance Interoperability**
   - Data Protection
   - Health Information Exchange
   - Data Integration
3. **Use Data to Enhance Value**
   - Data Analysis
   - Social Risk Factor Intervention

PCAs: State/Regional Value Transformation

1. Accelerate **Value-Based Care** Delivery
2. Increase **Access** to Comprehensive Primary Health Care
3. Strengthen the Health Center **Workforce**
4. Enhance Health Center **Emergency Preparedness**
5. Advance Health Center **Clinical Quality and Performance**

HRSA Health Center Program

2020 Uniform Data System (UDS) Reporting

Mental Health Clinical Quality Measure

- Adding CMS159: Depression Remission at 12 Months

Preventative Clinical Quality Measure

- Adding CMS125: Breast Cancer Screening

Asthma Clinical Quality Measure

- Retiring CMS126: Use of Appropriate Medications for Asthma

Public Health Priorities

- Adding CMS349: Percentage of patients 15-65 years of age who have been tested for HIV
- Revising the HIV linkage to Care duration from 90 days to 30 days
- Adding COVID-19 related tests and diagnoses

Additional Changes

- Adding ICD-10 codes on PREP; Human Trafficking; and Intimate Partner Violence
- Appendix questions on Social Determinants of Health and Prescription Drug Monitoring Program

Program Requirements | Quality Improvement | Program Opportunities

Home > Health Center Data > Uniform Data System (UDS) Resources

Uniform Data System (UDS) Resources

Each year, health center grantees and look-alikes report on their performance using the measures defined in the Uniform Data System (UDS). The UDS is a standardized reporting system that provides consistent information about health centers and look-alikes.

UDS Modernization

Learn more about UDS modernization efforts, which aim to reduce reporting burden, improve data quality and usage, and better reflect Health Center Program impact.

UDS Reporting Resources

Resources to assist health centers in collecting and submitting their data include UDS manuals, webinars, trainings, validations, crosswalks, and other technical assistance resources. Access the resources for each UDS reporting year below.

2020 UDS Resources

- 2020 UDS Manual (PDF - 2 MB)
- 2020 UDS Tables (PDF - 647 KB)
- Coronavirus disease (COVID-19) Uniform Data System (UDS) Rep... Asked Questions (FAQs)
  Please refer to the FAQs for guidance on how COVID-19 may impact your health center's 2020 UDS report.

Access the 2020 UDS Manual online!

Patient Centered Medical Home

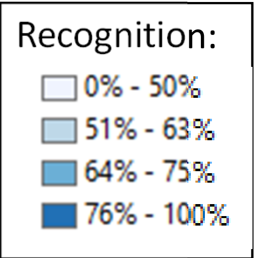
National Patient-Centered Medical Home (PCMH) Recognition in Health Centers

78% (1079) of health centers, as of July 1, 2020

AK 63%
HI 79%
WA 88%
MT 100%
ND 50%
MN 88%
OR 100%
ID 77%
WY 67%
SD 50%
WI 75%
MI 87%
NY 95%
VT 100%
NH 80%
ME 83%
MA 97%
CT 88%
RI 100%
NV 50%
UT 69%
CO 100%
NE 100%
IA 77%
IL 78%
IN 74%
OH 82%
PA 66%
MD 78%
NJ 75%
DE 67%
DC 100%
CA 69%
KS 74%
MO 100%
KY 68%
WV 71%
VA 92%
AZ 74%
NM 94%
OK 62%
AR 83%
TN 66%
NC 79%
SC 65%
TX 74%
MS 75%
AL 76%
GA 77%
LA 72%
FL 85%
PR 63%

Pacific Island Territories

Territory	Recognition
American Samoa	0%
Fed States of Micronesia	0%
Guam	100%
Marshall Islands	0%
Northern Mariana Islands	100%
Palau	0%
Virgin Islands	0%



Source: Accreditation and Patient Centered Medical Home Report, EHBs

Workforce Well-Being Strategy

Prevalence

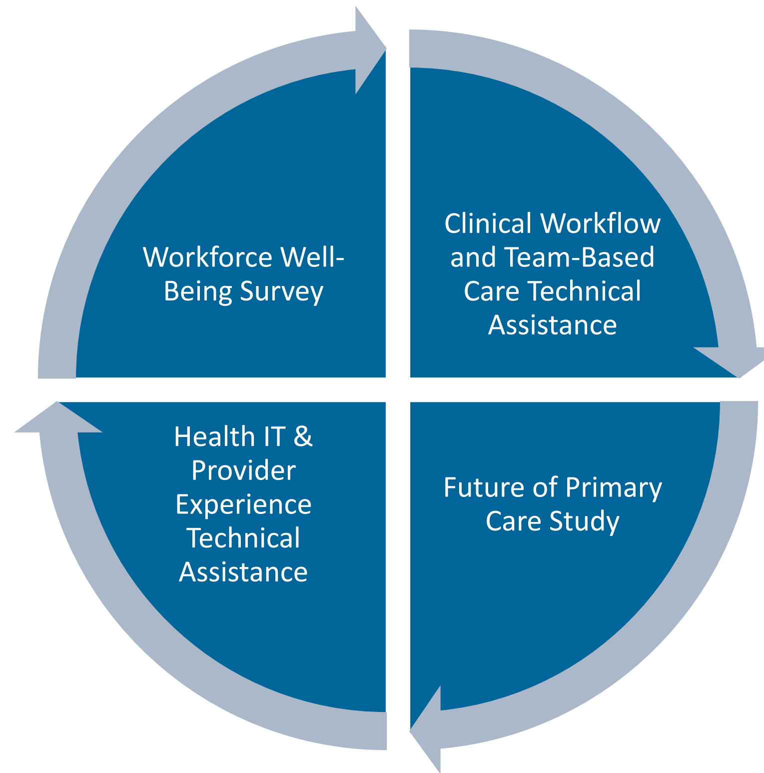
35-54% of physicians, nurses, and other health care professionals experience job burnout.

Impact

Work conditions can negatively affect staff engagement and well-being, quality of care, and patient safety, satisfaction, and outcomes.

Action

The NASEM Report in October 2019 called for "taking action against clinician burnout" through a "systems approach to professional well-being."



Workforce Well-Being Literature Review Foci Highlights:

- Understanding workforce factors and stressors
- Understanding job satisfaction
- Understanding burn-out and staff engagement
- Understanding turnover, organization cost, and employee quality of life
- Understanding quality of care and patient satisfaction

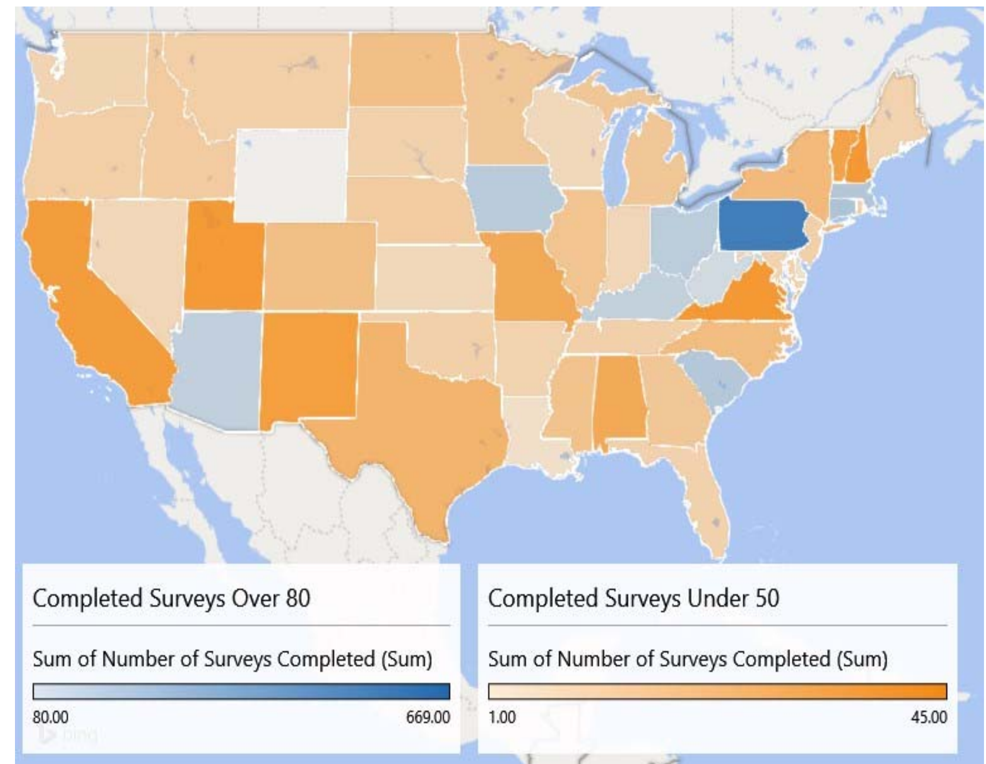
Health Professional Education & Training (HP-ET)

Goal

- To enhance health centers' capabilities to recruit, develop, and retain their workforce

Program Components

- Funding to NTTAP CHCI to administer Readiness to Train Assessment Tool™ (RTAT™) nationally.
- Funding to PCAs to identify permanent workforce staff, provide T/TA to health centers to assess and improve readiness to engage in health professional education & training, and provide T/TA to health centers to develop and implement strategic workforce plans.



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COVID-19 Awards: Connecting Data to Resources

Data	
Quarterly Progress Report	Weekly Survey

↓

Resources		
TA Webinars (One to Many)	Tailored TA (One to One)	Peer to Peer Support

COVID-19 Awards: Work in Progress

Provider Recruitment and Retention Training for Health Centers

Addressing Issues with Staffing, Recruiting and Retention in the Face of a Pandemic

October 27, 2020

HSO COVID-19 Monitoring Strategy Task Force
Bureau of Primary Health Care (BPHC)

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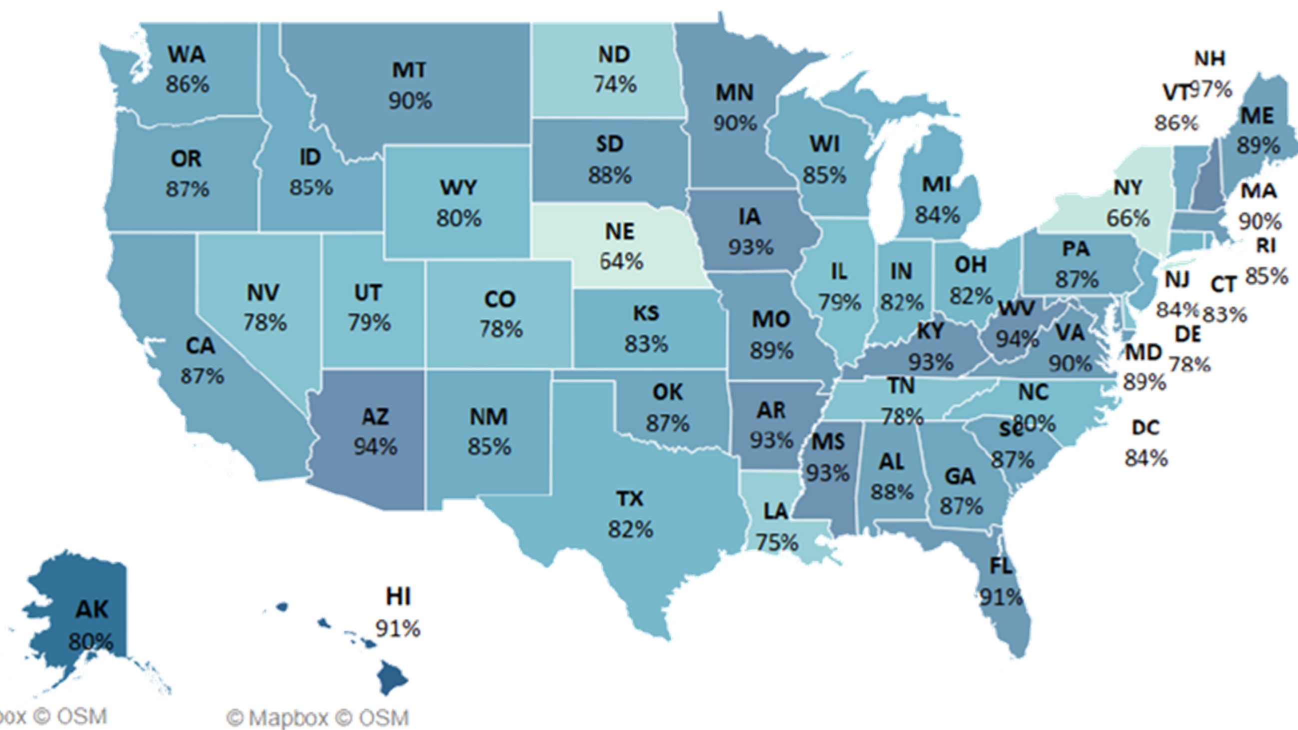
- COVID-19 Award Q1 Progress Report data revealed trends in reported barriers to project implementation.
- HRSA/BPHC collaborated with *Workforce* NTTAPs and additional partners to create webinar addressing reported staffing challenges (October 2020).
- Currently reviewing Q1 & Q2 Progress Report data and weekly survey results to identify additional T/TA areas to explore.

COVID-19 Awards: Call to Action

COVID-19 (H8C): Percent of Funds Drawn by State

Total % Funds Drawn (as of 11/6/20): 84%

Award Date: March 24, 2020
Amount: $100M
Total Grant Recipients: 1,377



Not Shown On Map

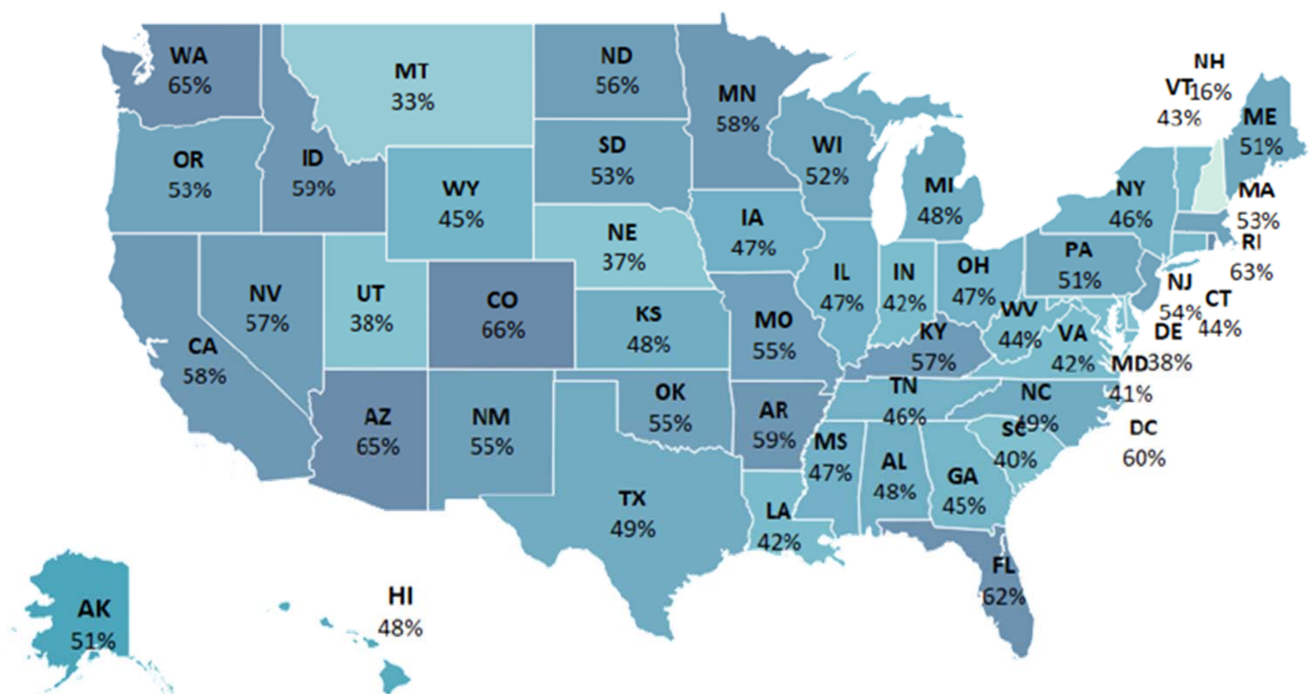
AS	25%
FM	64%
GU	10%
MH	1%
MP	33%
PR	85%
PW	47%
VI	66%

COVID-19 Awards: Call to Action

CARES (H8D): Percent of Funds Drawn by State

Total % Funds Drawn (as of 11/6/20): 51%

Award Date: April 9, 2020
Amount: $1.32B
Total Grant Recipients: 1,384



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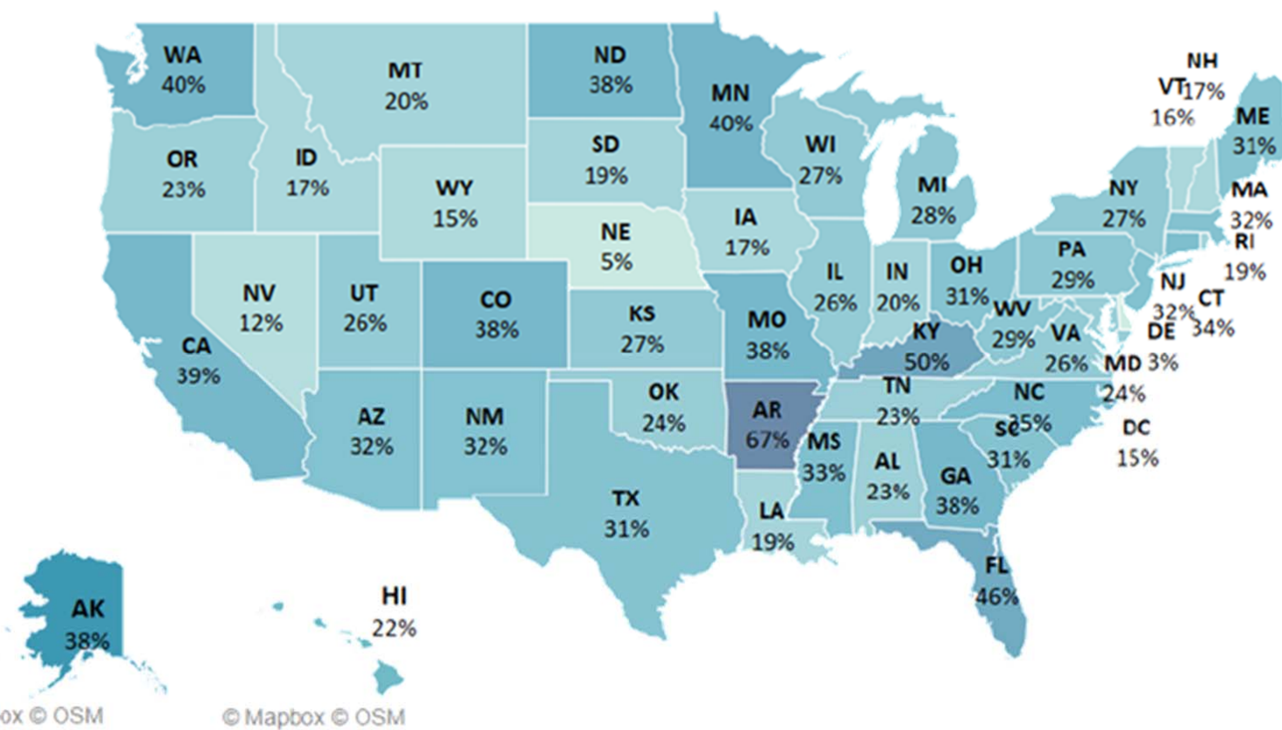
AS	91%
FM	27%
GU	24%
MH	19%
MP	17%
PR	43%
PW	25%
VI	50%

COVID-19 Awards: Call to Action

ECT (H8E): Percent of Funds Drawn by State

Total % Funds Drawn (as of 11/6/20): 32%

Award Date: May 7, 2020
Amount: $583M
Total Grant Recipients: 1,376



Not Shown On Map

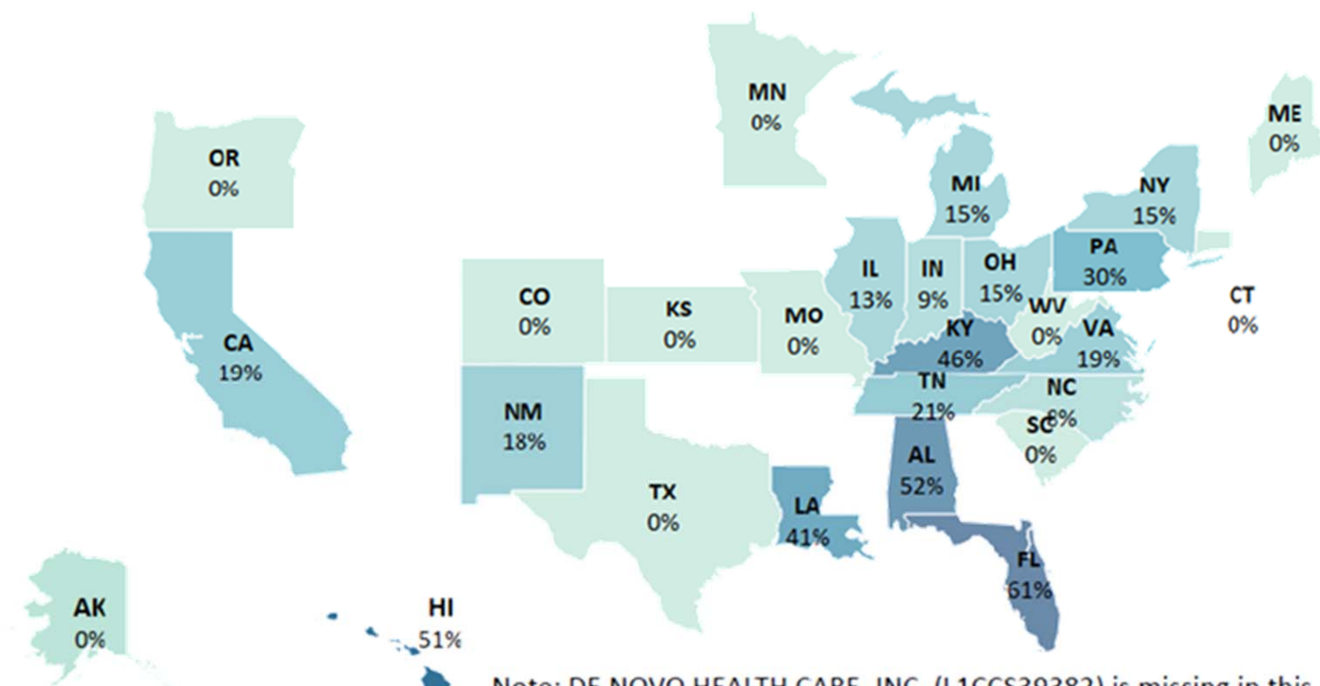
AS	28%
FM	15%
GU	20%
MH	0%
MP	0%
PR	28%
PW	0%
VI	60%

COVID-19 Awards: Call to Action

LAL ECT: Percent of Funds Drawn by State

Total % Funds Drawn (as of 11/6/20): 18.8%

Award Date: July 9, 2020
Amount: $17M
Total Grant Recipients: 77



Note: DE NOVO HEALTH CARE, INC. (L1CCS39382) is missing in this week's data export. Pending review.

Health Services Offices Virtual OSV Pilot

- **2020: Virtual implementation of OSVs**
  - Three-Phased Approach
    - ✓Phase I: (June 2020)
    - ✓Phase II: (July 2020)
    - ✓Phase III: (August-September 2020)
  - Health Center Selection Process
    - ✓Standard risk assessment
    - ✓Health Center Readiness Assessment
  - Integration of robust PDSA plan

Onsite v. Virtual OSV: Similarities and Changes

Key Similarities	Key Changes
• Site visit duration is three days • Default PO and BPHC Representative roles • The Site Visit SOP is the primary source of information and guidance for conducting OSV • Compliance Resolution Opportunity process utilized if necessary • Health centers may invite the Primary Care Association to attend	• Assess health center IT capabilities necessary for successful participation • Health center submits all required documents to HRSA via a secure Citrix ShareFile platform • GoTo Meeting conferencing software used to facilitate OSV interviews and meetings • Diabetes performance analysis discussion is ***optional***

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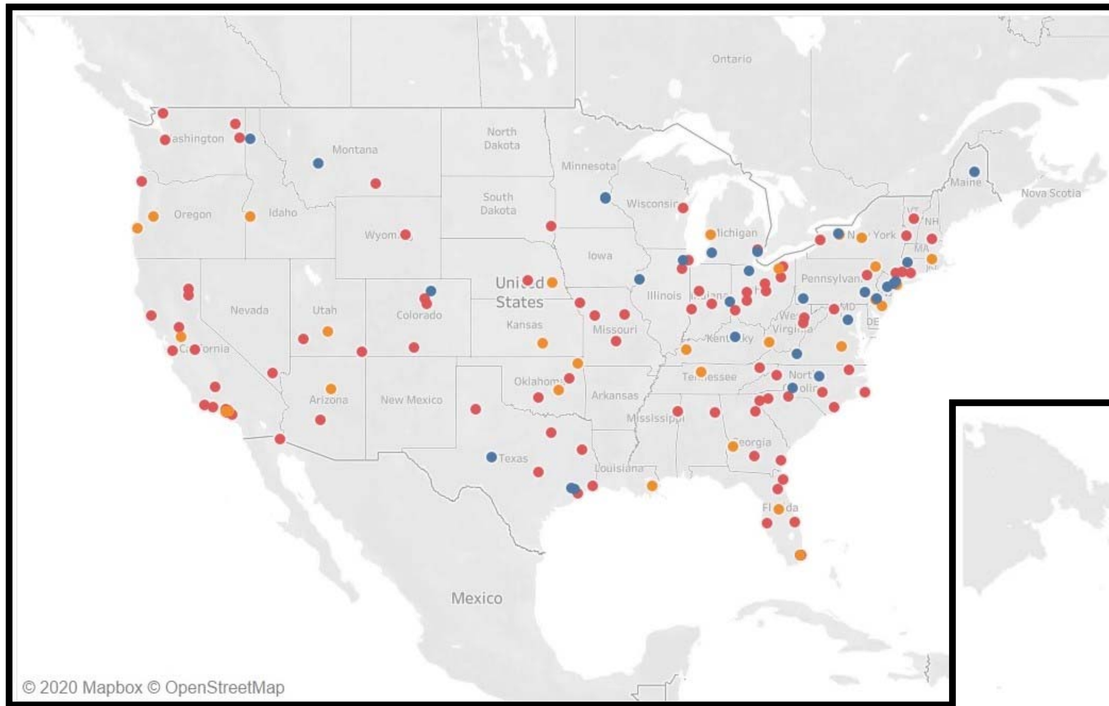
Virtual Implementation of OSVs Through 2020

BPHC will conduct Operational Site Visits virtually for the remainder of 2020, leaving flexibility for onsite assessments in the event of extenuating health center circumstances.

2020 Virtual Operational Site Visits (OSVs)



- Pilot
- Post Pilot Completed
- Post Pilot Planned

- **153 Virtual OSVs Completed or Planned in 2020**
  - # of vOSV Pilot OSVs: **28**
  - # of Post Pilot OSVs Completed: **30**
  - # of Post Pilot OSVs Planned: **95**

Supporting the Health Center Model of Care

Serve High Need Areas

Patient Directed

Comprehensive

Increased Access

Collaborative

Accountable

BPHC Compliance Roadmap

BPHC Strategic Business Plan (“Roadmap”) for next 1-3-5 years

Sample Categories for Consideration

- Documentation Optimization
- Site Assessments
- Progressive Action Conditions
- Application Reviews
- Staffing Roles
- Technical Assistance/Enhancing Models of Care (Performance Improvement)
- BPHC External Communications
- Training and Resources
- Additional Supportive Data and Technology

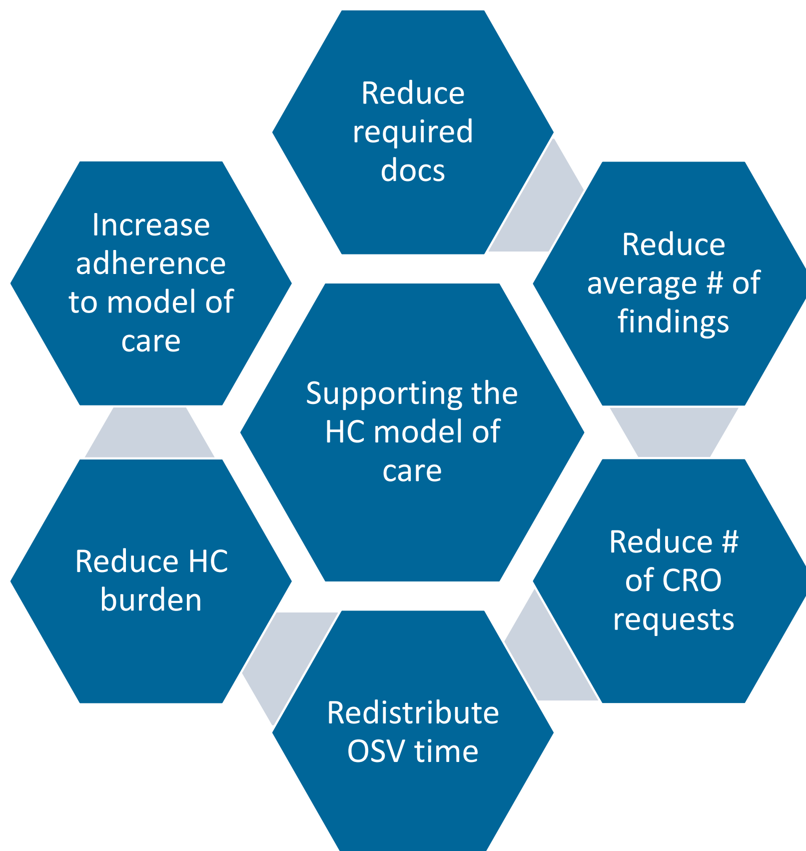
Business Process Improvement (BPI) Intervention Areas

Based on the Operational Site Visit documentation crosswalk analysis, the four options below illustrate potential focus areas for the intervention for BPI.

Focus Area	Question
Timing of Document Submission	What if we could **increase the number of documents reviewed** prior to the OSV?
Topic/Role Based	What if we could designate **certain topics/roles to review their documents prior** to the OSV?
Program Requirements	What if we could **certify compliance on one or more program requirements prior** to the OSV?
Length of Interviews	What if we could **reduce the time needed** for in person interviews?

HRSA Health Center Program

Retooling our approach and planning



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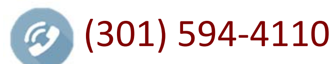
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Thank You!

2020 PCA / HCCN Conference Planning Committee

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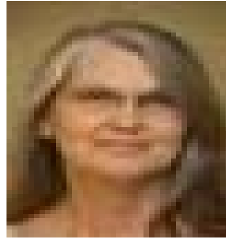

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Thank You!