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
Health Center Program Highlights

More than 27 million people – 1 in 12 people across the United States – rely on a HRSA-funded health center for care, including:

- 1 in 9 children
- 1 in 5 rural residents
- 1 in 3 living in poverty

- More than 355,000 veterans
- About 3.5 million publicly housed
- Nearly 1.4 million homeless
- Nearly 1 million agricultural workers
- More than 800,000 served at school-based health centers

Source: Uniform Data System, 2017
Health Care for the Homeless Program Highlights

- 299 health centers receive section 330h funding (22% of all health centers)
- 5% of all health center patients are homeless (unchanged 2015-2017)

Source: Uniform Data System, 2015-2017
FY 2019 New Funding Opportunities

- **Integrated Behavioral Health Services Expansion**: $200 million
- **New Access Points**: $50 million
- **Oral Health Infrastructure**: $76 million
- **Quality Improvement**: $100 million
- **Health Center Controlled Networks**: $42 million
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 prevention services, outreach, and care coordination in support of the Ending the HIV Epidemic: A Plan for America Initiative
Bureau of Primary Health Care 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 care
4. Siloed functions → Collaborative model
5. Separate data tools → Integrated systems that inform decision-making
Looking Ahead: Health Center 2025

• Workforce
  ▪ Must focus on recruitment AND retention
  ▪ Promote telehealth and remote care
  ▪ Create incentives to support entire care teams

• Financing
  ▪ Adjust for social and medical complexity
  ▪ Diversify payer/income streams

• Operations
  ▪ Use of data to improve practice, share comparative data, and establish dashboards
  ▪ Optimize care teams (team members operating at top of license/scope)
  ▪ Support partnerships and co-location of health and social services

• Outcomes
  ▪ Access, quality, and cost (including total cost of care)
  ▪ Focus on patient AND community (SDOH, patient engagement/education, etc.)
HRSA Clinical Priorities

<table>
<thead>
<tr>
<th>Health Center Workforce</th>
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<tbody>
<tr>
<td>Care Integration</td>
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<tr>
<td>Substance Use Disorder and the Opioid Crisis</td>
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<tr>
<td>Diabetes Prevention and Control</td>
</tr>
<tr>
<td>Ending the HIV Epidemic</td>
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<tr>
<td>Telehealth</td>
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<tr>
<td>Intimate Partner Violence and Human Trafficking</td>
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<tr>
<td>Value-Based Care</td>
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</tbody>
</table>
Health Center Workforce

• **Strategies:**
  - Advance health professions education at health centers
  - Support recruitment and retention
  - Optimize the multidisciplinary team and the EHR
  - Measure/support provider and staff well-being
  - **Enhance HRSA-Health Center Clinician Bidirectional Communication**

• **Activities:**
  - BPHC – BHW workforce collaboration
  - Leverage TA partners
  - Health Center clinicians listening sessions and meetings; Primary Health care digest
  - Collaborations and external engagements
  - Provider and staff survey
October 17, 2017

A Message from Jim Macrae, BPHC Associate Administrator
At its core, the Health Center Program is about community. We are a vast yet close community of health centers, and so when one health center is affected by a natural disaster, we come together to offer our thoughts of support. From the health centers along the Gulf Coast and in the U.S. Virgin Islands and Puerto Rico affected by the hurricanes to those in Las Vegas affected by the shooting to our health center colleagues in the west and California affected by wildfires, we support you, and support your efforts to provide services for your community.

Uniform Data System (UDS) Performance Data Collection Environment (PDCE) Now Open
As part of efforts to modernize UDS, HRSA is pleased to announce the availability of new functionality in its Electronic Handbooks (EHB) that allows health centers to access the UDS reporting environment earlier. The aim is to reduce reporting burden, improve data quality and usage, and better reflect the impact of the Health Center Program. The PDCE allows health centers to enter and validate any available/partial

Sign Up:
bphc.hrsa.gov

Special Edition Digest:
Workforce Engagement and Well-being

Strategies to Promote Workforce Engagement and Well-being

- Prioritize Workforce
- Efficiency
- Leadership
- Self/Team Care
- Assessment
- Balance
Medication-Assisted Treatment: HCH

*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.
1. Quality Improvement Priority Alignment
   - Focus on Diabetes Quality Measures during Oversight Activities (OSVs, Routine Monitoring)
   - Quality Improvement Investments and Activities Focus on Diabetes

2. Using Data and Evidence to Drive Improvement

3. Developing, Implementing, and Aligning Technical Assistance Resources

4. Establishing and Leveraging Partnerships/Collaborations
Uncontrolled Diabetes

Ranges are adjusted to account for outliers.
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.
Health Centers: Ending the HIV Epidemic Flowchart

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

**Health Centers**
- Serving targeted areas

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

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

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

**Test**

**Link to Prevention and Care**

**HIV+**
- Engage and Treat
- Retain
- Viral suppression

**HIV-**
- PrEP

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

**Treat** the infection rapidly and effectively to achieve viral suppression
Support for Continuous Compliance

- Technical Assistance
- Compliance Manual
- Tools (SVP, Conditions Library)

Fewer Conditions
Faster Resolution of Conditions
Fewer one-year project periods
Continuous Compliance:
FY 2019 Service Area Competition Applications

FY 2019 SAC Applications Awarded and Use of External Correspondence (EC)

- 310, 66%
- 160, 34%

FY 2019 SAC Applications With and Without Conditions

- 470, 99%
- 6, 1%

- No preliminary findings of noncompliance
- Preliminary findings resolved through EC

Source: HRSA Electronic Handbooks
Continuous Compliance: CY 2019 Operational Site Visits

CY 2019 OSVs With Conditions Resolved through CRO

OSVs With All Conditions Resolved through CRO

OSVs With Some Conditions Resolved through CRO

Top 5 Non-Compliant Areas (68% of initial OSV findings)

1. Clinical Staffing
2. Sliding Fee Discount Program
3. Required and Additional Services
4. Board Authority
5. Billings and Collections

Source: HRSA Electronic Handbooks
Strengthening Data Driven Quality Improvement

- Improving the integrity, quality, and analytical capability of health center data
  - UDS Modernization Initiative
  - 2019 Health Center Patient Survey
  - Technical Assistance Visits
- Enhancing and supporting health center analytical capacity for quality improvement
  - Visualizing data with Tableau dashboards
  - UDS Mapper
- Rapid dissemination of research and best practices
  - HRSA National Program Performance Analysis
  - Financial Analysis and Research Agenda
# UDS Modernization Initiative

**GOALS**

<table>
<thead>
<tr>
<th>Phase</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce Burden</td>
<td>Automate data submission, offer enhanced UDS reporting capabilities, provide requirements earlier, increase measure alignment</td>
</tr>
<tr>
<td>Capture Impact</td>
<td>Update clinical quality measures, account for alternative models and modes of care, reflect improvements in patient-centered care</td>
</tr>
<tr>
<td>Promote Transparency</td>
<td>Provide a transparent and evidence-driven process for making UDS changes such as measure selection, information technology, and reporting improvements</td>
</tr>
</tbody>
</table>

## PHASES

- **Scan and Plan**: 2016
- **Begin and Learn**: 2017
- **Develop and Test**: 2018
- **Enhance and Advance**: 2019 - 2020
2019 UDS Reporting Changes

Update Quality Measures to Maintain Alignment with eCQMs
Addition of Behavioral Health Tables by Provider
Addition of Column in Table 5 to Capture Virtual Visits
Removal of Table 5A: Tenure for Health Center Staff
Replacement of Coronary Artery Disease (CAD) Measure with CMS347 Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
Revision of Appendix D
Addition of Appendix F: Workforce

Access the 2019 Program Assistance Letter (PAL) online!
2020 UDS Changes Under Consideration

**Diabetes Clinical Quality Measures**
- CMS131: Diabetes: Eye Exam
- CMS123: Diabetes: Foot Exam
- CMS134: Diabetes: Medical Attention for Nephropathy

**Mental Health Clinical Quality Measure**
- CMS159: Depression Remission at 12 Months (outcome measure to be reported by race/ethnicity)

**Preventative Clinical Quality Measures**
- CMS125: Breast Cancer Screening
- CMS74: Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists (Replaces CMS277: Oral Health Sealant for Children between 6 - 9 years)

**Removal of Asthma Clinical Quality Measure**
- Retire CMS126: Use of Appropriate Medications for Asthma

**Public Health Priorities & Social Determinant of Health**
- CMS349: Percentage of patients 15-65 years of age who have been tested for HIV
- Collect data on the number of patients experiencing certain social risk factors
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

- Release RFI April 2019
- 60-Day Comment Period Open through July 8, 2019
- Overview of public comments Fall 2019
- Draft policy, as appropriate Winter 2020
Service Area Needs Assessment Methodology (SANAM)

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
Using Data to Drive Outcomes

<table>
<thead>
<tr>
<th>Approaches</th>
<th>Quality Improvement Awards</th>
<th>Patient Targets</th>
<th>NEXT: Performance Management</th>
</tr>
</thead>
<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>
<td></td>
</tr>
</tbody>
</table>
Linking Grant Funding to Performance

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
- Share Results (May 2019)
- Develop approaches (Spring-Summer 2019)
- Create models (Fall 2019)
- Test models (Winter-Spring 2020)
- Plan implementation (Summer 2020)
- Share Results
Health Center Program Resources

• Website: 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
  ▪ HRSA Electronic Handbooks (EHBs) questions/issues
  ▪ FTCA inquiries
• National Cooperative Agreements and Primary Care Associations: bphc.hrsa.gov/qualityimprovement/strategicpartnerships
To learn more about our agency, visit

www.HRSA.gov

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