

## **1304 Health Centers Share \$100M in Quality Improvement Funds**

By Jennifer Bresnick on August 24, 2016

## Health centers around the country will be able to use \$100 million in HHS awards to fund quality improvement efforts and health IT upgrades.

More than 1300 health centers across the country will be splitting \$100 million in HHS grant funding to drive quality improvements, health IT adoption, and other patient-centered practice transformation efforts.



The grants, <u>announced last week</u> by HHS Acting Deputy Secretary Dr. Mary Wakefield, will be distributed to health centers in all 50 states the District of Columbia, the five US territories, and the three freely associated states of the Marshall Islands, Federated States of Micronesia and Republic of Palau.

"Millions of Americans rely on health centers to provide them with quality health care," said Wakefield in a press release. "These quality improvement awards will support

health centers to continue to deliver superior health care that engages patients, improves care coordination and bridges overall access to care."

Health centers that have demonstrated high performance in<u>quality improvement</u> programs and achieved milestones in care coordination and value-based delivery will receive the funding. The grant money will be taken from the Affordable Care Act's Community Health Center (CHC) Fund, which was renewed and extended during the passage of MACRA last spring.

"Health centers are evaluated on a set of performance measures emphasizing health outcomes and the value of care delivered," said Health Resources and Services Administration (HRSA) Acting Administrator Jim Macrae. "These measures provide a balanced, comprehensive look at services to manage conditions among the vulnerable populations served by health centers." The majority of the nation's 1400 health centers, which serve 24 million patients, will receive some bounty from the award.

Recipients plan to use the injection of funding to support ongoing electronic health record development, improve staff efficiency, and continue to serve community members who may have little or no insurance coverage.

Thirty-two health centers in Georgia, for example, will divide about \$2.06 million to strengthen the primary care ecosystem in a region that struggles with chronic disease and care access.

"Albany Area Primary Health Care is grateful to be named as one of the organizations receiving these important funds from the U.S. Department of Health and Human Services," said CEO Shelley Spires to the *Albany Herald*. "Our organization is the one and only Community Health Center for our Southwest Georgia community, and our mission is to provide high-quality health care for all of our area's residents.

"These funds are critical to our organization so that we continue to support our community members, especially those who are uninsured or underinsured. Everyone deserves to be able to see a physician or schedule a pediatrician appointment for their child when they are ill. These funds ensure that we are able to continue providing so many important health care services, as well as add additional services that our patients need for the future."

In Missouri, which has 28 recipients sharing \$2.1 million, Northwest Health Services CEO Matt Younger credits continuous improvement on quality measures as the reason for the recognition.

"A lot of the metrics that we track from year to year improve, which means that we became a better healthcare organization than we were last year, based on the last twelve months of quality reporting," he <u>said</u> to StJoeChannel.com.

Northwest Health Services plan to use the money to update their EHR system.

The \$100 million for health center quality improvement follows quickly on the heels of <u>a</u> <u>similar \$36 million effort</u> to help primary care and safety net providers develop population health management technologies, work on their big data analytics competencies, and strengthen other health IT infrastructure.

Fifty Health Center Controlled Networks (HCCNs) around the nation shared in that round of funding from HHS and the Health Resources and Services Administration (HSRA).

"These awards demonstrate our continued focus on advancing health center quality and accountability across all health centers by supporting the adoption of Health Information Technology," said HSRA Acting Administrator Jim Macrae.

The HCCNs act as coordinating regional hubs for the country's health centers, and help to ensure that<u>vulnerable populations</u> are able to access quality care.

"Health Center Controlled Networks are a key tool in providing quality primary care to medically underserved communities," said HHS Secretary Sylvia Burwell last month. "By using these networks, individual health centers can work together to share resources, leverage buying power, and improve access to health information technology, leading to a better care experience for vulnerable populations."

The HCCN community also makes it easier for designated health centers to access technology and best practices for quality improvement that may not be available to individual organizations, <u>added</u>Nicole Howard, executive vice president for Health Quality Partners, an HCCN in California that received \$1.5 million in funding over the next three years through the program.

"We're thrilled that Health Center Partners has once again been selected among the nation's leading Health Center Controlled Networks to receive this important funding from HHS that supports our efforts to ensure quality primary care for medically underserved communities," she said.

"Grants such as this one enable Health Quality Partners to fulfill our mission every day, by offering community health centers and other safety net partners in Southern California access to resources and technical assistance in order to expand access to care and improve health outcomes, operational efficiencies and financial performance."

For a full list of health centers receiving funding from the \$100 million HHS grant opportunity, **please click here**.

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