



Health Center Program Update

NACHC Policy & Issues Forum

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Health Resources and Services Administration (HRSA)



Health Resources & Services Administration (HRSA)

Overview



- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged
- HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care



HRSA Funding (dollars in millions)

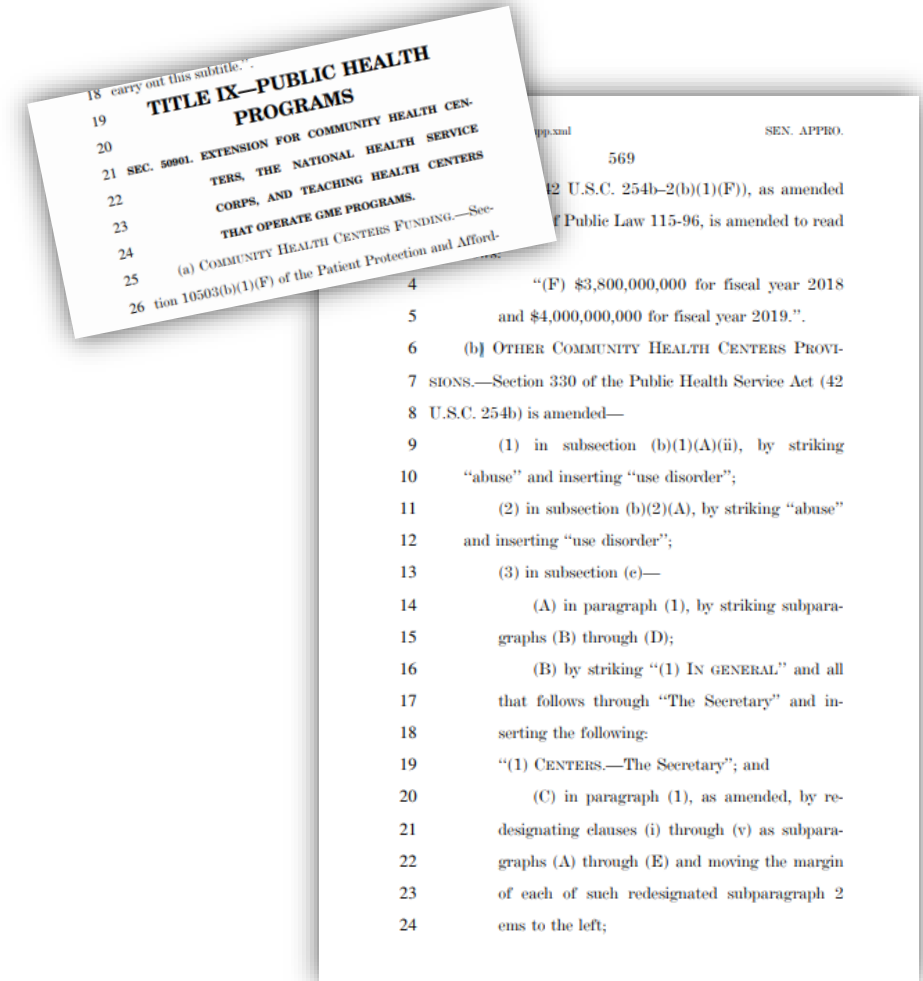
HRSA Program	FY 2017 Enacted	FY 2018 Request
Primary Health Care	\$5,002	\$5,089
HIV/AIDS	\$2,319	\$2,260
Maternal and Child Health	\$1,241	\$1,200
Health Workforce	\$1,202	\$771
Rural Health	\$156	\$74
Healthcare Systems	\$104	\$99
Family Planning*	\$286	\$99
Vaccine Injury Compensation	\$8	\$99
Program Management	\$154	\$152
TOTAL	\$10,472	\$9,941

* Administered by the HHS Office of the Assistant Secretary of Health, Office of Population Affairs.



Bipartisan Budget Act of 2018

- Continuing resolution for discretionary accounts through March 23, 2018
- Two-year mandatory funding extensions
 - \$3.8 billion in FY 2018
 - \$4.0 billion in FY 2019
- \$60 million for disaster relief and recovery
- \$25 million for *All of Us* research under the Precision Medicine Initiative



Bipartisan Budget Act of 2018

Amends section 330 of the Public Health Service Act, the Health Center Program's authorizing statute:

- Creates new Improving Quality of Care grants for evidence-based models of increasing access to primary care
- Provides new considerations and expectations for New Access Point and Expanded Service grants
- Encourages greater local and state collaboration and consultation
- Clarifies and establishes new program requirements
- Adjusts oversight authority and timelines based on program compliance
- Augments requirements for Annual Report to Congress



Bipartisan Budget Act of 2018

Creates new Improving Quality of Care grants for evidence-based models of increasing access to primary care

“(1) Supplemental awards.—The Secretary may award supplemental grant funds to health centers funded under this section to implement evidence-based models for increasing access to high quality primary care services, which may include models related to—

- (A) improving the delivery of care for individuals with multiple chronic conditions;*
- (B) workforce configuration;*
- (C) reducing the cost of care;*
- (D) enhancing care coordination;*
- (E) expanding the use of telehealth and technology-enabled collaborative learning and capacity building models;*
- (F) care integration, including integration of behavioral health, mental health, or substance use disorder services;*
- (G) addressing emerging public health or substance use disorder issues to meet the health needs of the population served by the health center....”*



Bipartisan Budget Act of 2018

“(2) Sustainability.—In making supplemental awards under this subsection, the Secretary may consider whether the health center involved has submitted a plan for continuing the activities funded under this subsection after supplemental funding is expended.”

(3) Special consideration.—The Secretary may give special consideration to applications for supplemental funding under this subsection that seek to address significant barriers to access to care in areas with a greater shortage of health care providers and health services relative to the national average.”



President's FY 2019 Request: \$5.1 Billion

- Serve approximately 26 million patients at nearly 1,400 health centers operating more than 11,000 delivery sites
- Support quality improvement and performance management at existing health center organizations
- Ensure that current health centers can continue to provide essential health care services to their patient populations
- Includes additional \$400 million for health centers to combat opioid use disorder, of which \$200 million is set aside to provide quality improvement incentive payments



Bureau of Primary Health Care: Strategic Goals



**Increase Access to
Primary Health Care**



**Advance
Health Center
Quality and Impact**



**Optimize Bureau of
Primary Health Care
Operations**

**Health Center Program Mission: Improve the health of the
nation's underserved communities and vulnerable populations**

Strategic Goal 1:

Increase Access to Primary Health Care



Objectives

- Increase the number of underserved communities and vulnerable populations with access to primary health care
- Expand access to comprehensive services
 - ✓ Primary Medical
 - ✓ Oral Health
 - ✓ Mental Health
 - ✓ Substance Use Disorder/Opioid Treatment
 - ✓ Vision Services
 - ✓ Enabling Services (case management, transportation, patient education)
 - ✓ Clinician education and training
- Strengthen health center capacity to respond to urgent and emergent issues



Increase Access to Primary Health Care



Patients and Services

	2014	2015	2016	Δ 2014-2016
Total Health Center Patients	22,873,243	24,295,946	25,860,296	^13%
Medical	19,495,235	20,616,149	21,880,295	^12%
Dental	4,776,465	5,192,846	5,656,190	^18%
Mental Health	1,251,498	1,491,926	1,788,577	^43%
Substance Use Disorder	100,238	117,043	141,569	^41%
Medication Assisted Treatment	--	--	39,075	--
Vision	433,086	501,647	599,314	^38%
Enabling Services	2,205,003	2,388,722	2,482,751	^13%
Veterans	289,391	305,520	330,271	^14%

Source: Uniform Data System, 2014-2016



Strategic Goal 2: Advance Health Center Quality & Impact



Objectives

- Increase the number of health centers demonstrating compliance with all program requirements
- Promote and advance quality of care
- Improve performance management and operations
- Build a Learning Health Center System



Advance Health Center Quality & Impact



Program Compliance

Health Resources & Services Administration

HRSA Health Center Program

Program Requirements | Quality Improvement | Program Opportunities | Health Center Data | Federal Tort Claims Act | About the Health Center Program

Download the Health Center Compliance Manual (PDF - 857 KB)

Home > Program Requirements

Introduction

Applicability

This Health Center Program Compliance Manual ("Compliance Manual") applies to all health centers that apply for¹ or receive [Federal award](#) funds under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b) ("section 330"), as amended (including sections 330(e), (g), (h), and (i)), as well as [subrecipient organizations](#)² and Health Center Program [look-alikes](#). Look-alikes do not receive Federal funding under section 330 of the PHS Act; however, to receive look-alike designation and associated Federal benefits, look-alikes must meet the Health Center Program requirements.³ For the purposes of this document, the term "health center" refers to entities that apply for or receive a Federal award under section 330 of the PHS Act (including section 330 (e), (g), (h) and (i)), section 330 subrecipients, and organizations designated as look-alikes.

This Compliance Manual does not apply to activities conducted outside of a health center's Health Resources and Services Administration (HRSA)-approved [scope of project](#).⁴

Purpose

The purpose of the Compliance Manual is to provide a consolidated resource to assist health centers in understanding and demonstrating compliance with Health Center Program requirements. The Compliance Manual also addresses HRSA's approach to determining eligibility for and exercising oversight over the Health Center Program and details the requirements for obtaining deemed PHS employee status under section 224 (g)-(n) and (q) of the PHS Act.⁵

The Compliance Manual identifies requirements found in the Health Center Program's authorizing legislation and implementing regulations, as well as certain applicable grants

Grantees with one or more Conditions

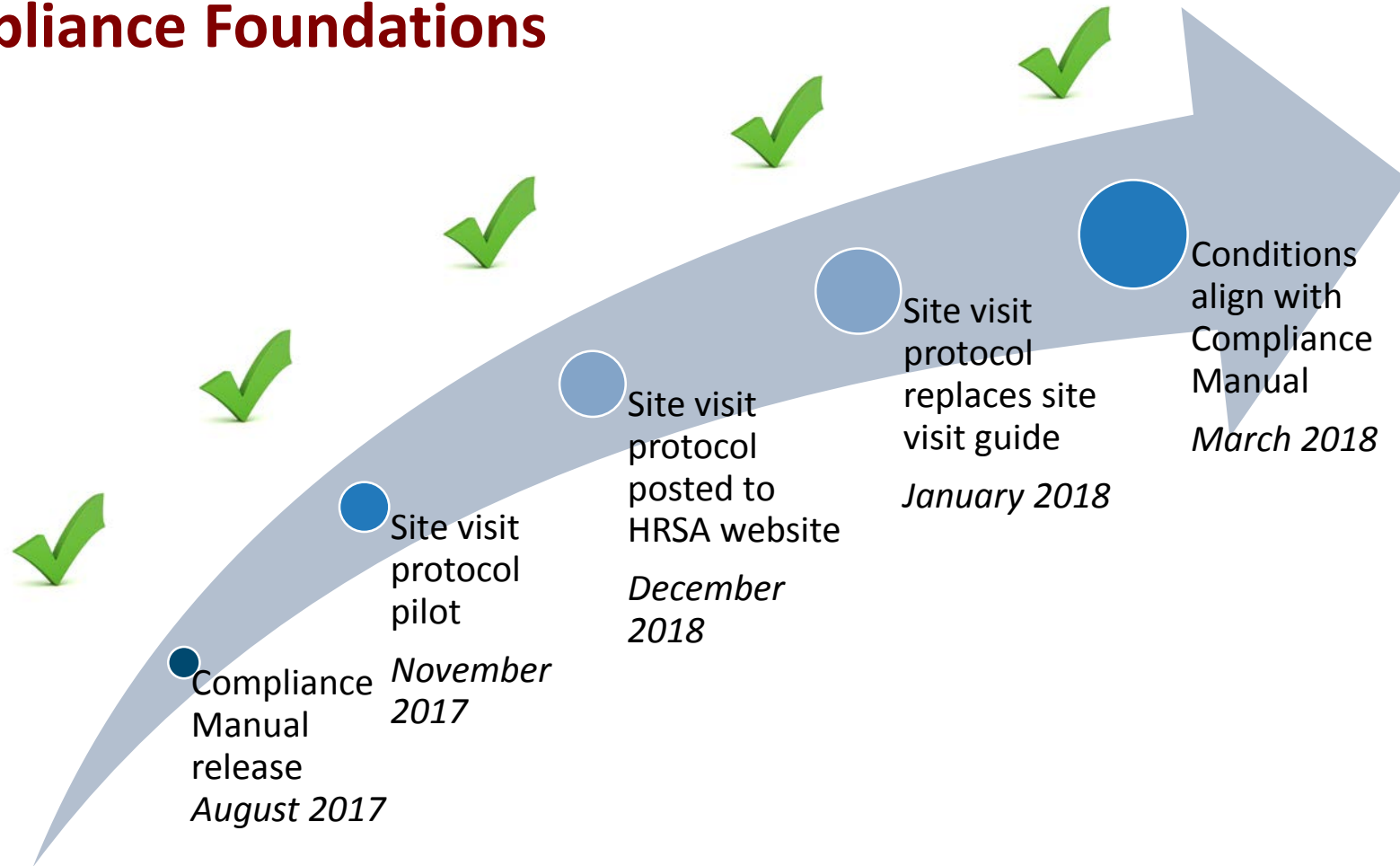
2015	487
2016	680
2017	562
Δ 2015- 2017	^15%



Advance Health Center Quality & Impact



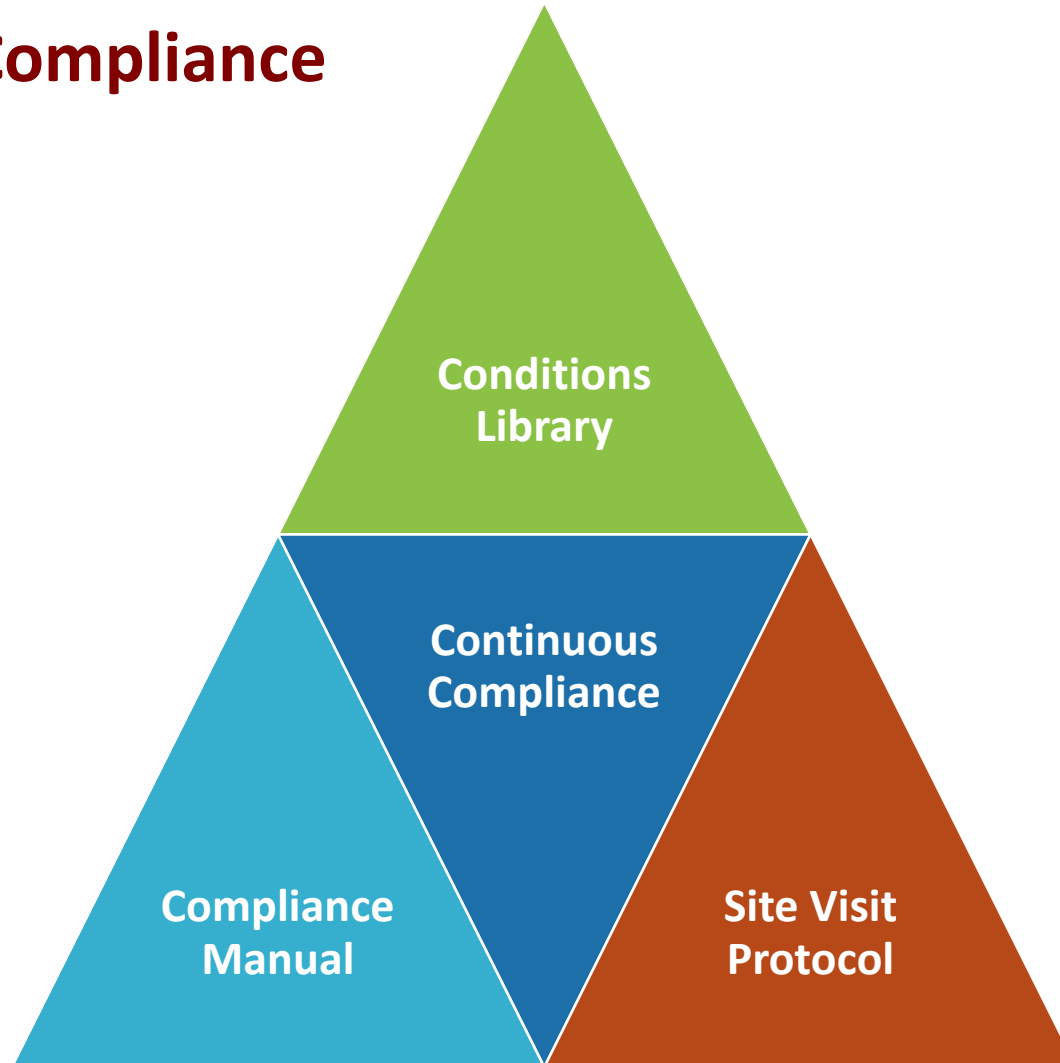
Compliance Foundations



Advance Health Center Quality & Impact



Supporting Continuous Compliance



Advance Health Center Quality & Impact



In 2016, 91% of health centers met or exceeded Healthy People 2020 goals for one or more clinical measures, and 99.6% of health centers improved in one or more clinical quality measures

	2014	2015	2016	Δ 2014-2016
Diabetic Patients with HbA1c \leq 9%	1,129,831	1,215,942	1,408,502	^25%
	69%	70%	68%	v 1%
Children Weight Assessed, Counseled for Nutrition and Physical Activity	2,538,507	2,742,380	3,035,019	^20%
	57%	58%	63%	^ 11%
Patients Screened for Depression	5,283,552	7,225,516	8,791,303	^66%
	39%	51%	60%	^54%

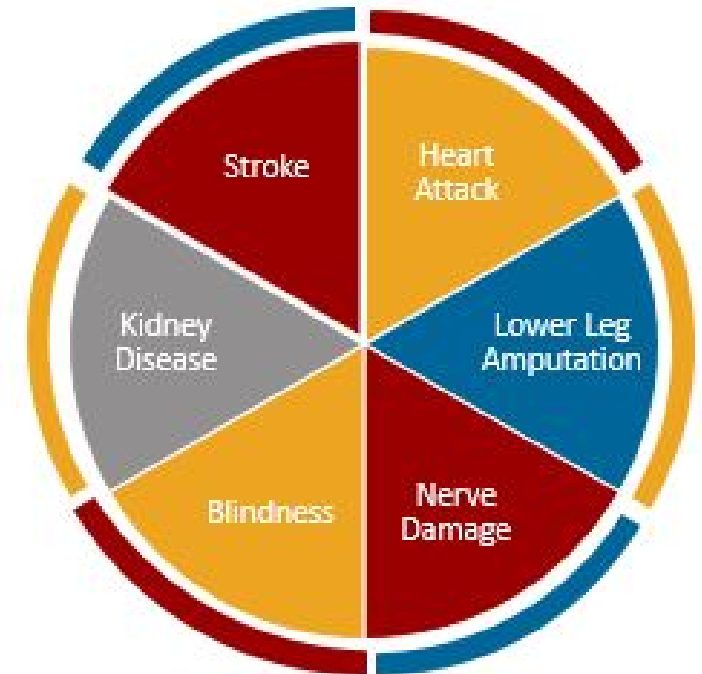


Source: Uniform Data System, 2014-2016



Diabetes Complications

- Almost **280,000**, or **12%**, of health center patients with diabetes either went to the emergency room or were hospitalized because of their diabetes.¹
- Ambulatory expenditures are **\$1,656 less** in health centers versus private care settings for patients with diabetes.²
- If health center patients with uncontrolled diabetes reduced their HbA1c by **1.25%**, there is a potential to **save more than \$3 billion over three years.**³



1. 2014 Health Center Patient Survey

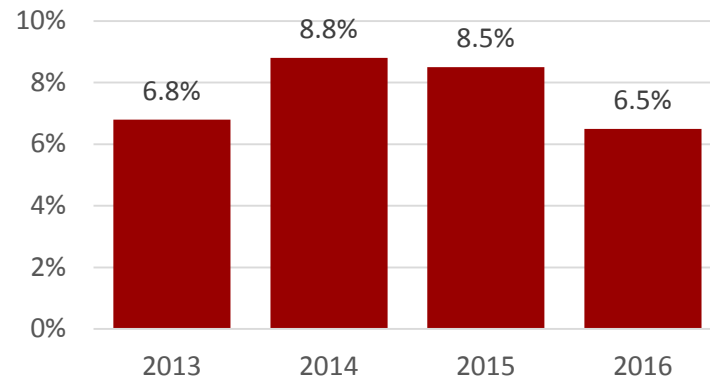
2. Richard, P. P Shin, T Beeson, et al. 2015 "Quality and Cost of Diabetes Mellitus Care in Community Health Centers in the United States." *PLoS ONE* 10(12)

3. Fitch, K. B Pyenson, K Iwasaki. 2013 "Medical Claim Cost Impact of Improved Diabetes Control for Medicare and Commercially Insured Patients with Type 2 Diabetes." *J Manag Care Pharm.* 19(8)

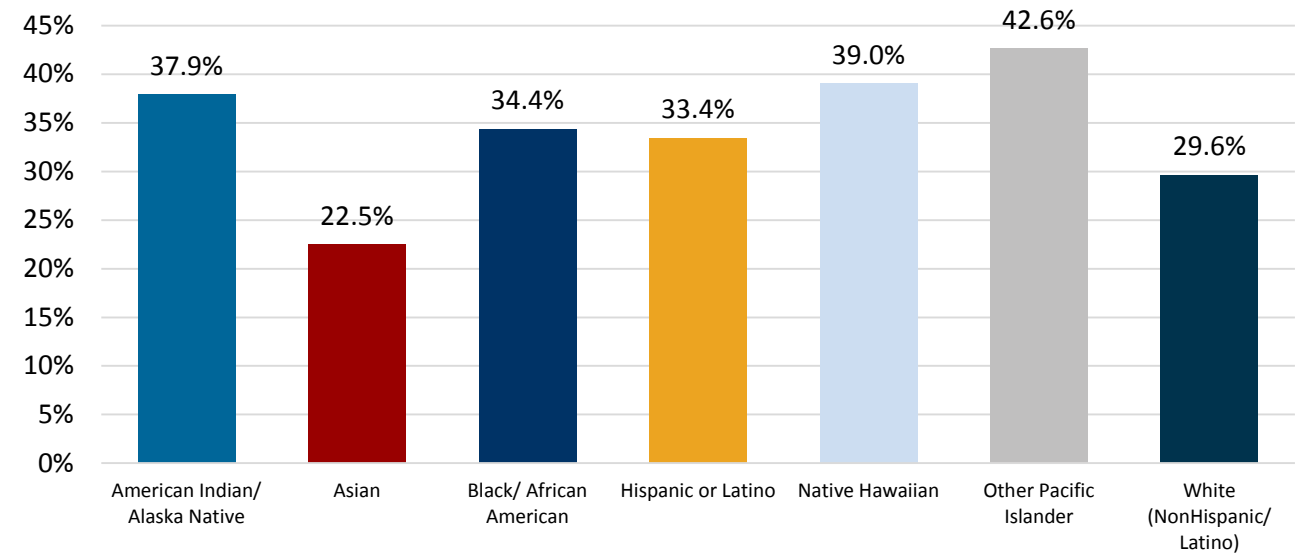


Diabetes Prevention, Treatment, and Management

- Increase the percentages of children and adults who receive weight screenings & counseling
- Reduce the proportion of persons with diabetes with an HbA1c value greater than 9 percent
- Increase the proportion of health centers that meet the Healthy People 2020 goal for uncontrolled diabetes for each racial/ethnic group



% of HRSA Health Centers that Met the HP 2020 Goal for Uncontrolled Diabetes

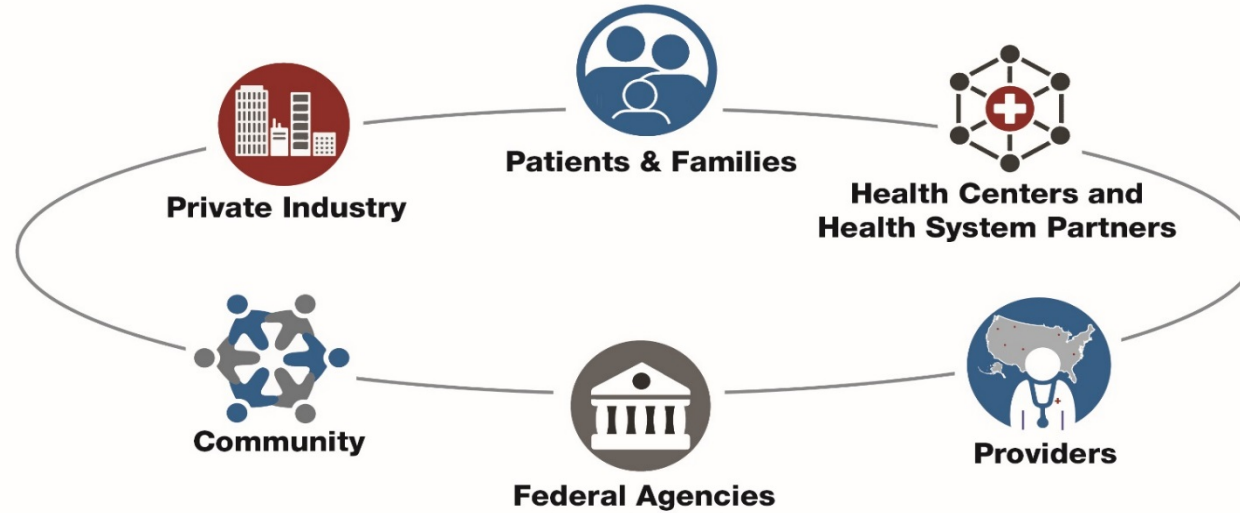


% of Uncontrolled Diabetes Patients by Race/Ethnicity for 2016





Diabetes Quality Improvement Implementation Strategies

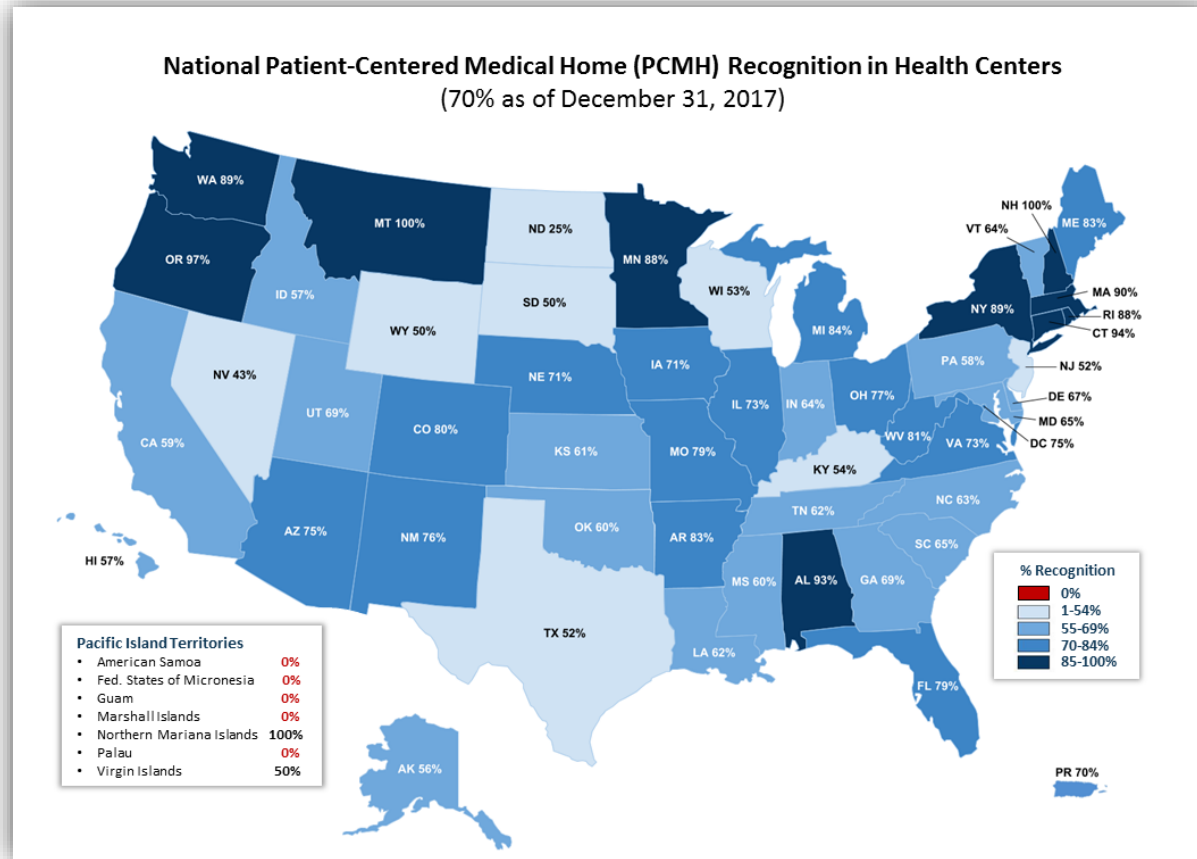


- Quality Improvement Priority Alignment
 - Focus on Diabetes Quality Measures during Oversight Activities
 - Ensure Quality Improvement Investments focus on Diabetes
- Use Data and Evidence to Drive Improvement
- Develop Technical Assistance Resources
- Establish and Leverage Partnerships/Collaborations

Advance Health Center Quality & Impact



Patient-Centered Medical Home (PCMH) Initiative



More health centers are delivering patient-centered care as demonstrated by the increase in PCMH recognition from 66% in 2016 to 70% in 2017.

Health centers with PCMH recognition perform better on clinical quality measures (CQMs), with longer periods of recognition leading to better outcomes on 9 of 11 CQMs.*

*Hu, R. et al. (2018). The Association of Patient-centered Medical Home Designation With Quality of Care of HRSA-funded Health Centers. *Medical Care*, 56(2), 130-138.

Advance Health Center Quality & Impact





Health Center Cost Savings

Compared to non-health center settings, Medicaid enrollees seen at health centers have:

- 24% lower total spending
- 22% fewer visits
- 33% lower spending on specialty care
- 25% fewer inpatient admissions
- 27% lower spending on inpatient care



Advance Health Center Quality & Impact



Uniform Data System (UDS) Modernization



UDS Submission Process Goals:

- Automate data submission to relieve reporting burden
- Promote transparency and integrate stakeholder feedback

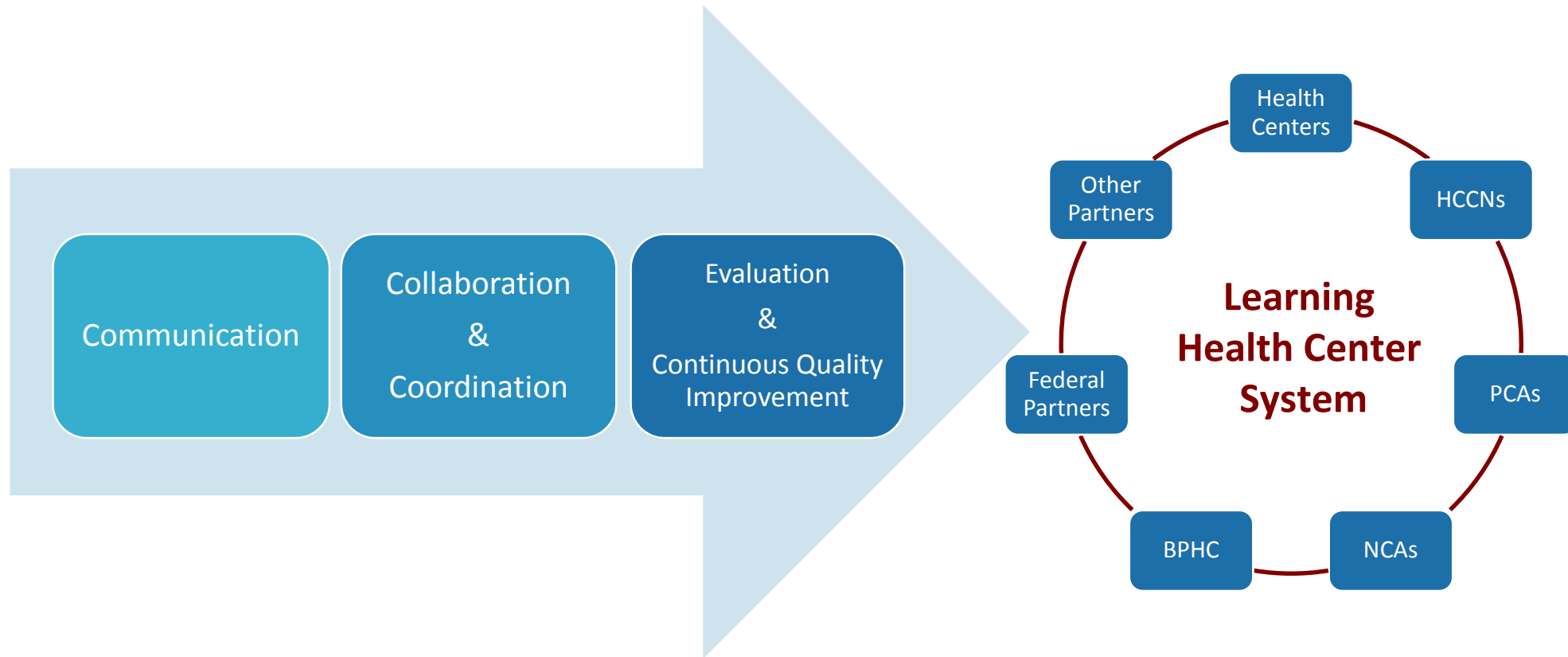
UDS Content Goal:

- Ensure UDS reflects improvements in patient-centered care and an evolving primary health care setting

Impact:

- Reduces reporting burden through a standardized UDS submission process – 88% reduction in time during the pilot
- Improves UDS data quality to increase its administrative utility
- Promotes improvements in patient-centered care
- Increases efficiency, timeliness, and transparency of the UDS reporting business processes

Advance Health Center Quality & Impact





Strategic Goal 3: Optimize BPHC Operations



Objectives

- Maximize human capital
- Enhance communications and knowledge management
- Promote data-driven, evidence-based practices and innovation



Optimize BPHC Operations



	2015	2016	2017	Δ 2015- 2017
Health Center Grantee Satisfaction**	70	71	74	^6%
Employee Satisfaction**	61	63	69	^13%
Grantees with one or more Conditions*	487	680	562	^15%
	35%	48%	39%	^4%
Change-in-Scope Reviews completed within 60 days*	3,626	5,005	5,714	^58%
	97%	99%	99%	^2%
Site Visit Reports completed within 45 days*	120	327	326	^172%
	34%	59%	68%	^34%
Notice of Funding Opportunities released 60 days prior to application due date**	9	17	12	
	43%	100%	100%	^57%
Funding Memos Completed within 45 days of the budget period start date**	16	23	17	
	53%	82%	85%	^32%

*Calendar Year (2017 to date)

**Fiscal Year

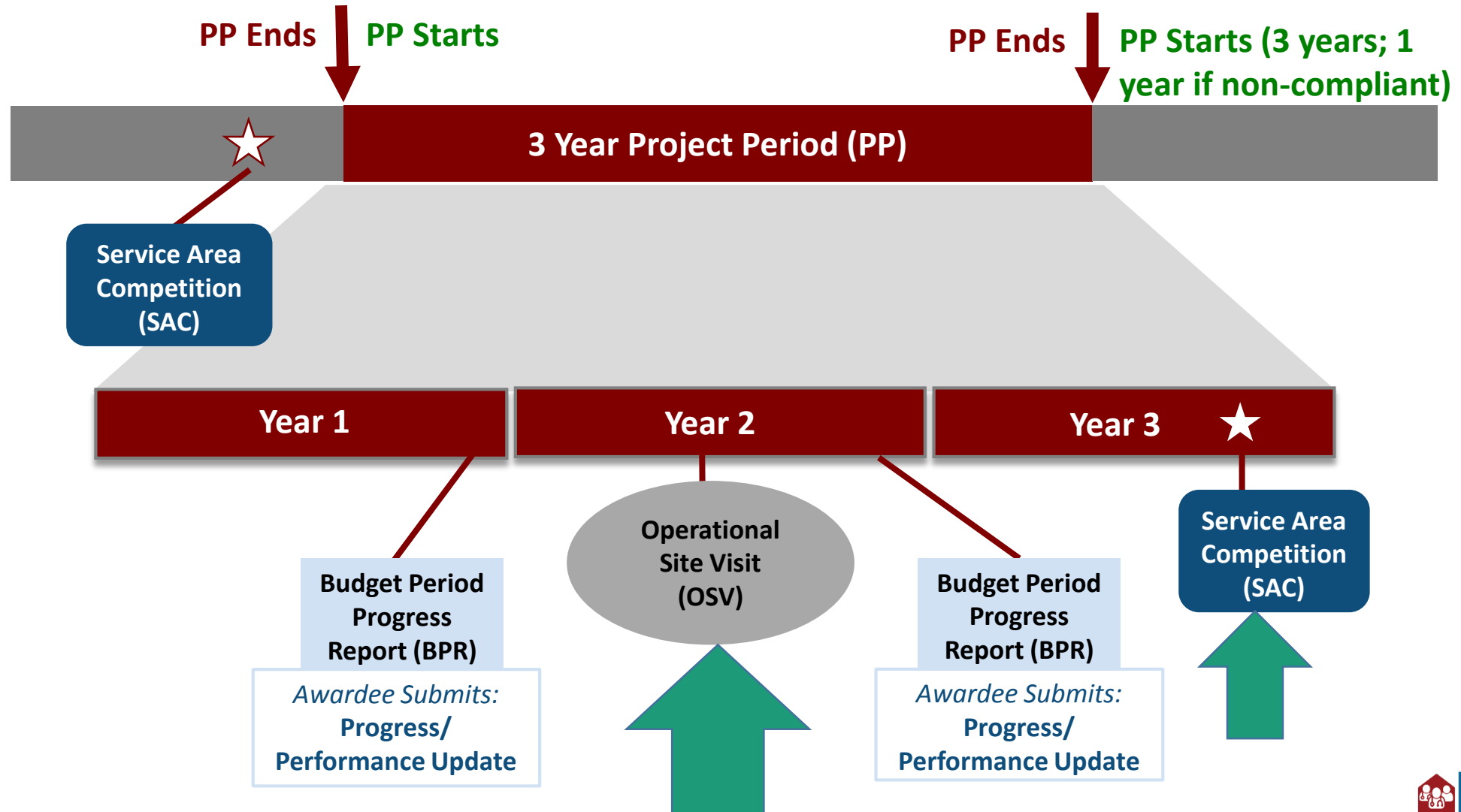


Optimize BPHC Operations

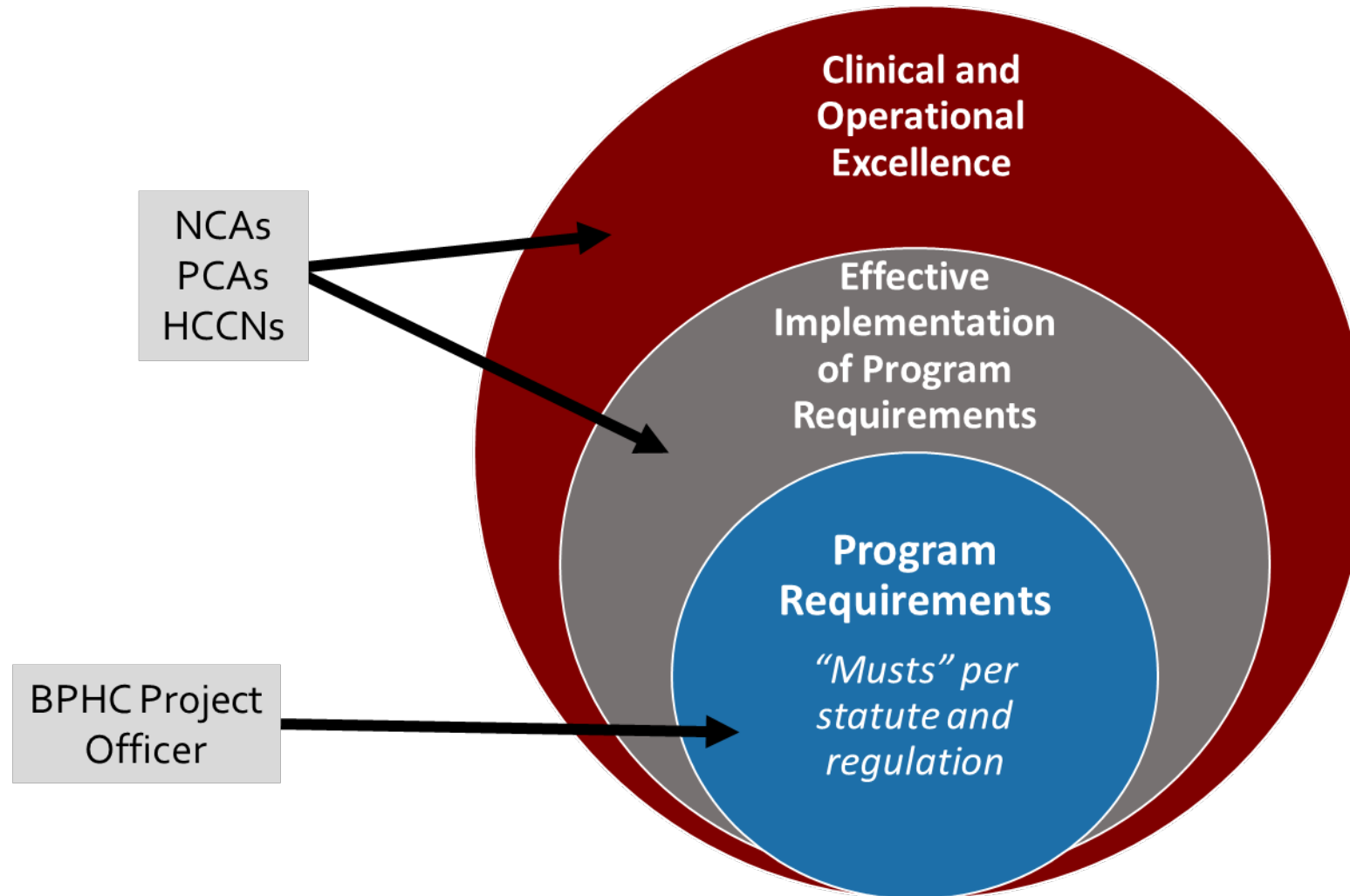


*Reimagining
Health Center Program
Oversight*

Award Recipient Monitoring Strategy



Optimize BPHC Operations





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