HRSA Bureau of Primary Health Care All-Programs Webcast

Tuesday, January 29, 2019

BPHC All-Programs

AGENDA

1. Funding Updates
2. Heart Health
3. Site Visit Protocol Update
4. New Resource Center
5. FTCA & UDS Data Reporting
6. Operational Site Visits
7. Service Area Needs Assessment Methodology
8. Q&A

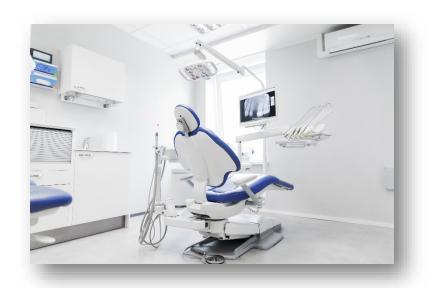HRSA Health Center Program

Funding Updates

- **Reminder:** Health Center Controlled Networks (HCCNs) EHBs deadline is January 29 (TODAY!)
- **New Access Points NOFO**
  - Released January 11
  - TA materials available online: http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP
  - Q&A Session this Thursday, January 31, at noon ET.
  - Submit your questions to Health Center Program Support: https://www.hrsa.gov/about/contact/bphc.aspx

Funding Updates

- **Reminder:** SUD-MH award recipients must hire 1 FTE **by May 18**
- **Coming Soon:**
  - Expanding Integrated Behavioral Health Services
  - Oral Health Infrastructure

Heart Health

How We Became Million Hearts Hypertension Champions: Three Health Center Stories
Tuesday, February 21

Site Visit Protocol Update

- Incorporating feedback

- Focusing on clarity and usefulness

New Resource Center

HEALTH CENTER RESOURCE CLEARINGHOUSE

- Resources for health centers
- Features 15 priority topics
- Fully searchable
- Submit resources and request TA

Please share the Clearinghouse URL:

www.healthcenterinfo.org

New FTCA Site Visit Protocol

Federal Tort
Claims Act (FTCA)
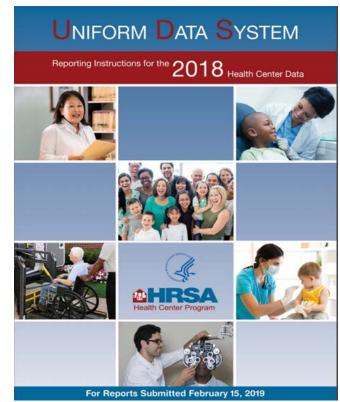Health Center Program
Site Visit Protocol

- For FTCA-deemed health centers
- Streamlined process in a single document

2018 Uniform Data System (UDS) Reporting

January 1: UDS Report available in the EHBs

February 15: UDS Report due date

February 15 - March 31: Review period
- Work with your assigned UDS reviewer

March 31: All corrected submissions must be finalized
- No further changes made after this date

UNIFORM DATA SYSTEM
Reporting Instructions for the 2018 Health Center Data

HRSA
Health Center Program

For Reports Submitted February 15, 2019

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Health Center Program

UDS Reporting Compliance Condition

- A condition may be placed on grants of health centers that do not submit timely, accurate, *and* complete UDS reports.

- Using an Electronic Health Record to report on all patients, for all clinical quality measures are pre-requisites for the Fiscal Year 2019 Quality Improvement Awards.

- More information: Health Center Program Compliance Manual Chapter 18: *Program Monitoring and Data Reporting Systems.*

Operational Site Visits (OSV): What's New in 2019

When will the OSV take place?

- All new health centers and those with a 1-year project or designation period:
    2-4 months from the date the project or designation period begins.

- Health centers currently in a 3-year period:
    14 to 18 months from the date the project or designation period begins.
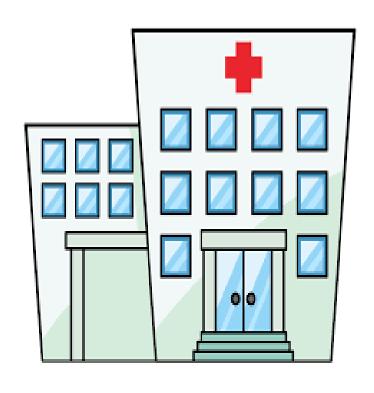
Important Note:
The project period, or the designation period (for Look-Alikes), will NOT be shortened as a result of OSV non-compliance findings!

Operational Site Visits: What's New in 2019

- **Objective review during OSVs**

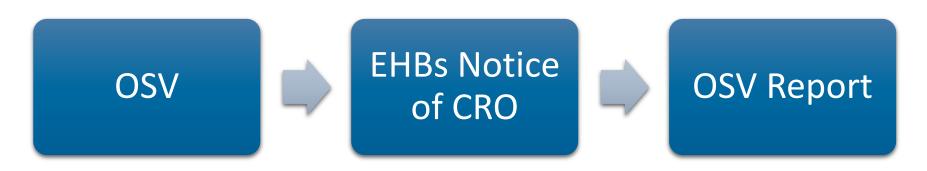- **Compliance Resolution Opportunity (CRO)**

What's New in 2019: Compliance Resolution Opportunity (CRO)

Health centers will have an opportunity to submit documentation that resolves non-compliance **after the OSV** and **prior to the finalization of the OSV report**.

- Health centers will have 14 days from the issuance of the EHBs task to respond.
  Responding to the task is up to the health center.

- If the health center's EHBs response is acceptable, no condition will be applied.

OSV → EHBs Notice of CRO → OSV Report

Health centers will have 14 days from the issuance of the EHBs task to respond.

Operational Site Visits: Resources

https://bphc.hrsa.gov/programrequirements/index.html

Service Area Needs Assessment: Overview and Next Steps

Jennifer Joseph
Director, Office of Policy and Program Development
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)

HRSA Health Center Program

Service Area Needs Assessment Methodology (SANAM) Objective

To develop a standard, transparent, verifiable, and low burden quantitative methodology to support HRSA in targeting resources to areas of highest unmet need for primary and preventive health care services.
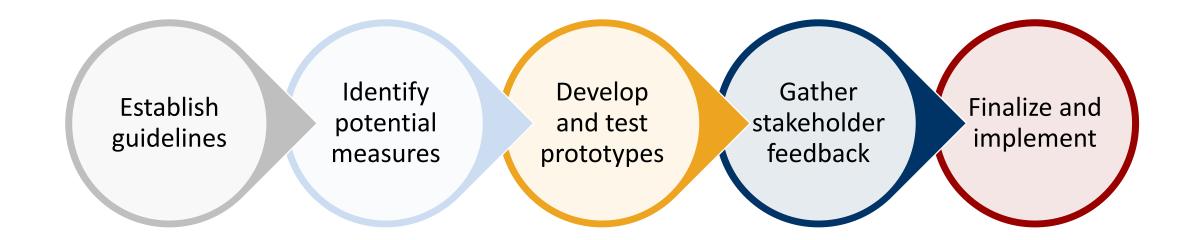
SANAM Development Guidelines

- Differentiate need
- Identify measures that align with Health Center Program strategic priorities
- Reduce burden
- Be comparable across service areas
- Align with ZIP code defined service areas
- Enable "hot spotting" areas of need
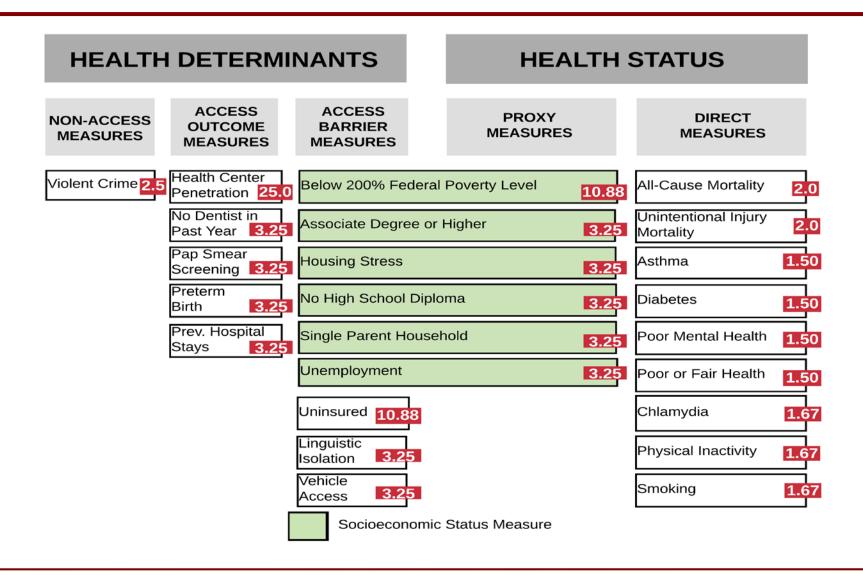- Account for special, rural, and other vulnerable populations
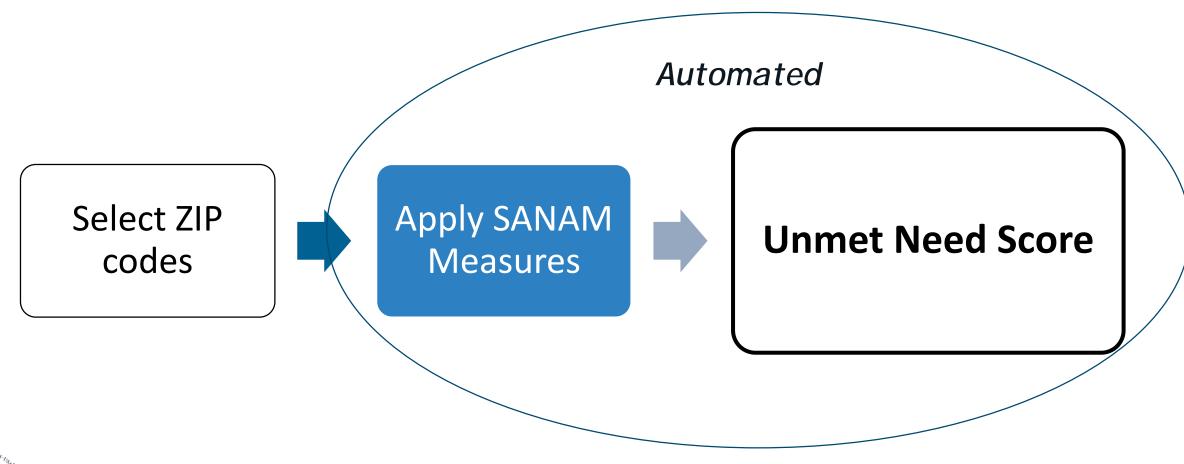
SANAM Development Process

Establish guidelines → Identify potential measures → Develop and test prototypes → Gather stakeholder feedback → Finalize and implement

SANAM: Measures and Weights

HEALTH DETERMINANTS | **HEALTH STATUS**

NON-ACCESS MEASURES	ACCESS OUTCOME MEASURES	ACCESS BARRIER MEASURES	PROXY MEASURES	DIRECT MEASURES
Violent Crime 2.5	Health Center Penetration 25.0	Below 200% Federal Poverty Level 10.88		All-Cause Mortality 2.0
	No Dentist in Past Year 3.25	Associate Degree or Higher 3.25		Unintentional Injury Mortality 2.0
	Pap Smear Screening 3.25	Housing Stress 3.25		Asthma 1.50
	Preterm Birth 3.25	No High School Diploma 3.25		Diabetes 1.50
	Prev. Hospital Stays 3.25	Single Parent Household 3.25		Poor Mental Health 1.50
		Unemployment 3.25		Poor or Fair Health 1.50
		Uninsured 10.88		Chlamydia 1.67
		Linguistic Isolation 3.25		Physical Inactivity 1.67
		Vehicle Access 3.25		Smoking 1.67

☐ Socioeconomic Status Measure

HRSA Health Center Program

NAP SANAM vs. Need for Assistance

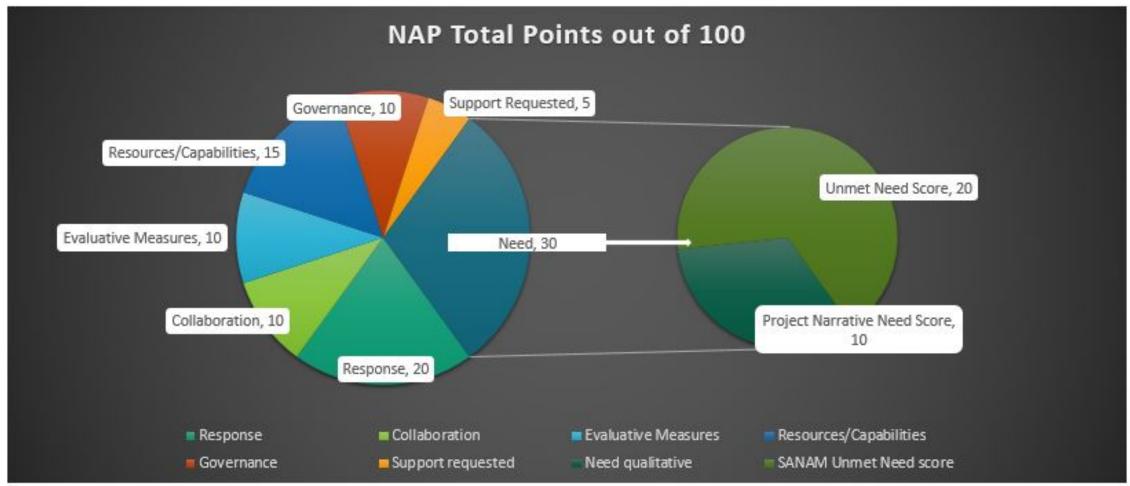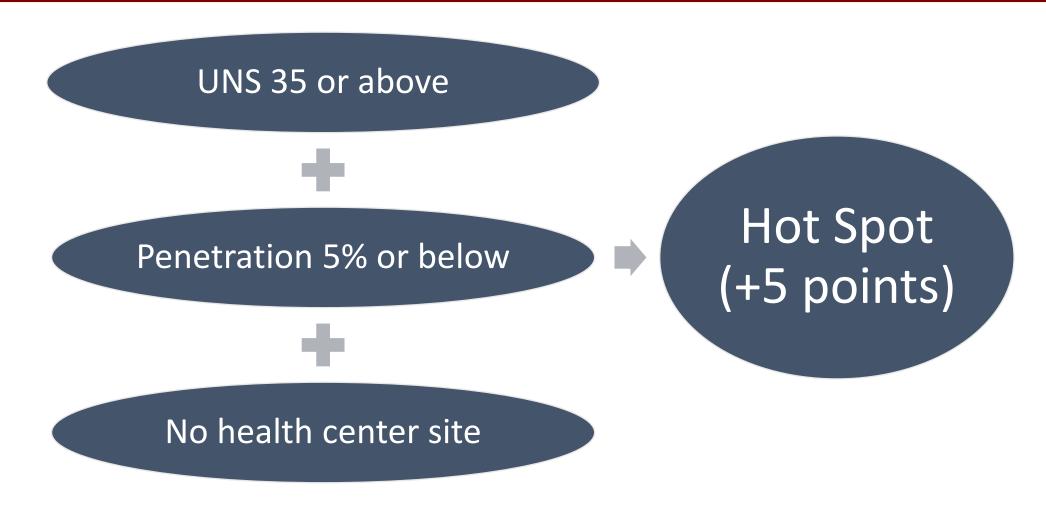| Key Factors	SANAM	Need for Assistance Worksheet
Burden	Minimal—Automatic calculation	High
Transparency	Transparent	--
Availability and comparability of data	Consistent across all applicants	Varied
Differentiation of Need	More differentiation (anticipated)	Less
Hot spots	Yes	--

Unmet Need Score Process

Select ZIP codes → Apply SANAM Measures → Unmet Need Score

Automated

Implementation: New Access Point Competition

NAP Total Points out of 100

Governance, 10
Support Requested, 5
Resources/Capabilities, 15
Evaluative Measures, 10
Need, 30
Collaboration, 10
Response, 20
Unmet Need Score, 20
Project Narrative Need Score, 10

Legend:
- Response
- Collaboration
- Evaluative Measures
- Resources/Capabilities
- Governance
- Support requested
- Need qualitative
- SANAM Unmet Need score

Hot Spot ZIP Codes

UNS 35 or above

+

Penetration 5% or below

+

No health center site

→ Hot Spot (+5 points)

Need for a New Access Point(s)

Incentive: Hot spots with need and no health center presence

Key driver: standard, objective measures of need

Priority Points (5)

Project Narrative (10)

SANAM UNS (20)

Secondary driver: Qualitative and quantitative need data

What's Next

Evaluate

Adjust and evolve

Explore other applications

Unmet Need Score (UNS) Resources

NAP TA Website:
- UNS Resource Guide
- NAP Recorded Presentation

Coming Soon:
- UNS Recorded Presentation
- NAP Q&A Session (Jan. 31)
- UNS Q&A Session (TBD)

UNS or other NAP questions?

Q&A

Thank you for participating!
To ask a question, use the "submit a question" button at the top of the window under the HRSA logo

You can also dial 1-800-369-3303
Use the passcode: "Webcast"
Please then press *1 to enter the question queue
Please mute your computer speakers when asking a question

Please remember to complete today's survey

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