



HRSA Bureau of Primary Health Care All-Programs Webcast

Tuesday, November 27, 2018



BPHC All-Programs

AGENDA

- 1 Funding Updates
- 2 Assessing Community Needs
- 3 Data Reporting
- 4 Compliance Updates
- 5 Clinical Quality Initiatives
- 6 HRSA Advisory Committees
- 7 BPHC 2020
- 8 Q&A



FY 2019 Health Center Program Appropriation:

\$5.6 billion

Bipartisan Budget Act

Mandatory funding extension: \$4.0 billion in FY 2019

FY 2019 Appropriations Act

Discretionary funding: \$1.6 billion in FY 2019

FY 2019 Planned Activities to date

Substance Use Disorder & Mental Health Services (SUD-MH): \$200 million

Health Center Controlled Networks: \$42 million

School Based Health Center Capital: \$10 Million



Shortage Designation Modernization Project

- National update of automatically designated HPSAs (Auto-HPSAs) planned for spring/summer 2019
- Utilizes existing HPSA scoring criteria; no changes to the criteria have been made
- BHW is providing a series of update preview reports with current and projected scores. Previews are sent to POCs designated in EHBs

*To make changes to your EHBs POC(s), contact **Health Center Program Support** at 877-464-4772 or use BPHC Contact Form linked at the bottom of our website.*


For general Shortage Designation Modernization Project questions, contact SDMP@hrsa.gov



- [Subscribe to weekly BPHC updates](#)
- [HRSA News & Events](#)
- [Key BPHC Staff](#)
- [Health Center Program Support](#) or call 877-464-4772 7:00 a.m. to 8:00 p.m. ET., Monday through Friday (except Federal holidays)



Auto-HPSA Update Preview



Auto-HPSA Update Preview Results¹

Organization Name and Address

As of October 31, 2018

Primary Care	Current Score 6	Last scored in 2006	Update Preview Score 15
Dental Health	Current Score 10	Last scored in 2006	Update Preview Score 17
Mental Health	Current Score 5	Last scored in 2006	Update Preview Score 20

What is the Impact Analysis?
This report is a preview of your organization's projected Auto-HPSA scores following the National Shortage Designation Update, which is tentatively planned for spring/summer 2019. The Health Resources and Services Administration's (HRSA) Shortage Designation Modernization Project team developed this report so you may review your organization's potential Auto-HPSA scores and the data points used to generate them.

These scores are not final.

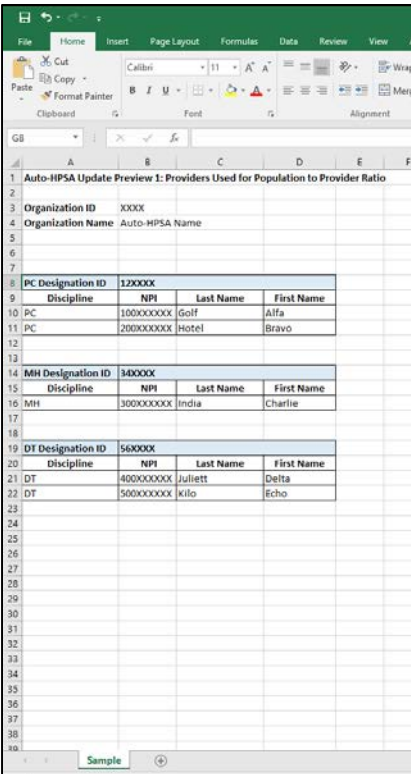
How are Auto-HPSA scores used?
HRSA scores HPSAs on a scale of 0-25 for primary care and mental health, and 0-26 for dental health, with higher scores indicating greater need. HRSA's National Health Service Corps (NHSC) and Nurse Corps use HPSA scores to prioritize resources.

The projected scores above will not affect current NHSC and Nurse Corps participants.
For additional information about the future impact on the National Health Service Corps and Nurse Corps, visit the Shortage Designation Modernization Project [website](#).

What's next?
HRSA will send you additional update previews with projected new HPSA scores until the national update is implemented.

¹ Analysis is based on data from American Community Survey/Census Bureau (2016); Centers for Disease Control and Prevention (2016); ESRI (2016); HRSA's Uniform Data System (2017), and HRSA's Shortage Designation Management System (as of August 18, 2018). Learn more about Auto-HPSA scoring at <https://bhwa.hrsa.gov/shortage-designation/application-scoring-process/modernization-project>.

Page 1 of 12



Auto-HPSA Update Preview 1: Providers Used for Population to Provider Ratio				
Organization ID	XXXX			
Organization Name	Auto-HPSA Name			
PC Designation ID	12000X			
Discipline	NPI	Last Name	First Name	
PC	100000000	Golf	Alfa	
PC	200000000	Hotel	Bravo	
MH Designation ID	34000X			
Discipline	NPI	Last Name	First Name	
MH	300000000	India	Charlie	
DT Designation ID	56000X			
Discipline	NPI	Last Name	First Name	
DT	400000000	Juliett	Delta	
DT	500000000	Kilo	Echo	

- Individual organization distribution occurred November 2-6
- **Results are not final and subject to change**
 - State Primary Care Offices (PCOs) continue to review and revise the provider data necessary for the update previews
 - Questions about your provider data should be directed to your state PCO
- Update preview 2 expected in December
- Resources:
 - bhwa.hrsa.gov/sdmp
 - SDMP@hrsa.gov

Service Area Needs Assessment Methodology (SANAM) and Unmet Needs Score (UNS)

Purpose

- Leverage public data sources to automatically calculate an unmet need score (UNS) in a way that is transparent, verifiable, and reduces health center burden

Process

- Evaluated four prototypes to calculate UNS. Selected the most comprehensive, encompassing socioeconomic and direct measures of health (Holistic Model) and revised per stakeholder feedback

Benefits

- Provides automated unmet need score (UNS) for all Zip Codes and for health center service areas
- Standardizes the quantification of unmet need in alignment with strategic priorities
- Enables identification of areas of significant unmet need
- Is dynamic, with the ability to evaluate and revisit or add data sources
- May reduce burden by replacing Need-for-Assistance Worksheet in New Access Point Applications

Contact: SANAM@hrsa.gov



Future Service Area Request for Information



Purpose:

- Seek public input and feedback to inform service area-related policy considerations as described in the forthcoming Request for Information (RFI)
- Solicit additional ideas and suggestions related to these topic areas

UDS Preliminary Reporting Environment

New for
2018 UDS
Reporting

Access EHBs before
January 1 to enter and
validate data early

Offline Tool Features

- Enter UDS data offline
- Timely data validation
- Team-based data entry

Uniform Data
System (UDS)
2018
Enhancements



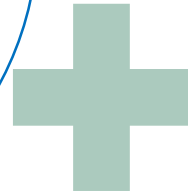
Provide Feedback and Track UDS Modernization at
bphc.hrsa.gov/datareporting/reporting/udsmmodernization



Policy and Process Updates: Raising the Bar

External Drivers

- HHS Grants Policy
- President's Management Agenda
- HHS Reimagine



Health Center Program Statutory Changes

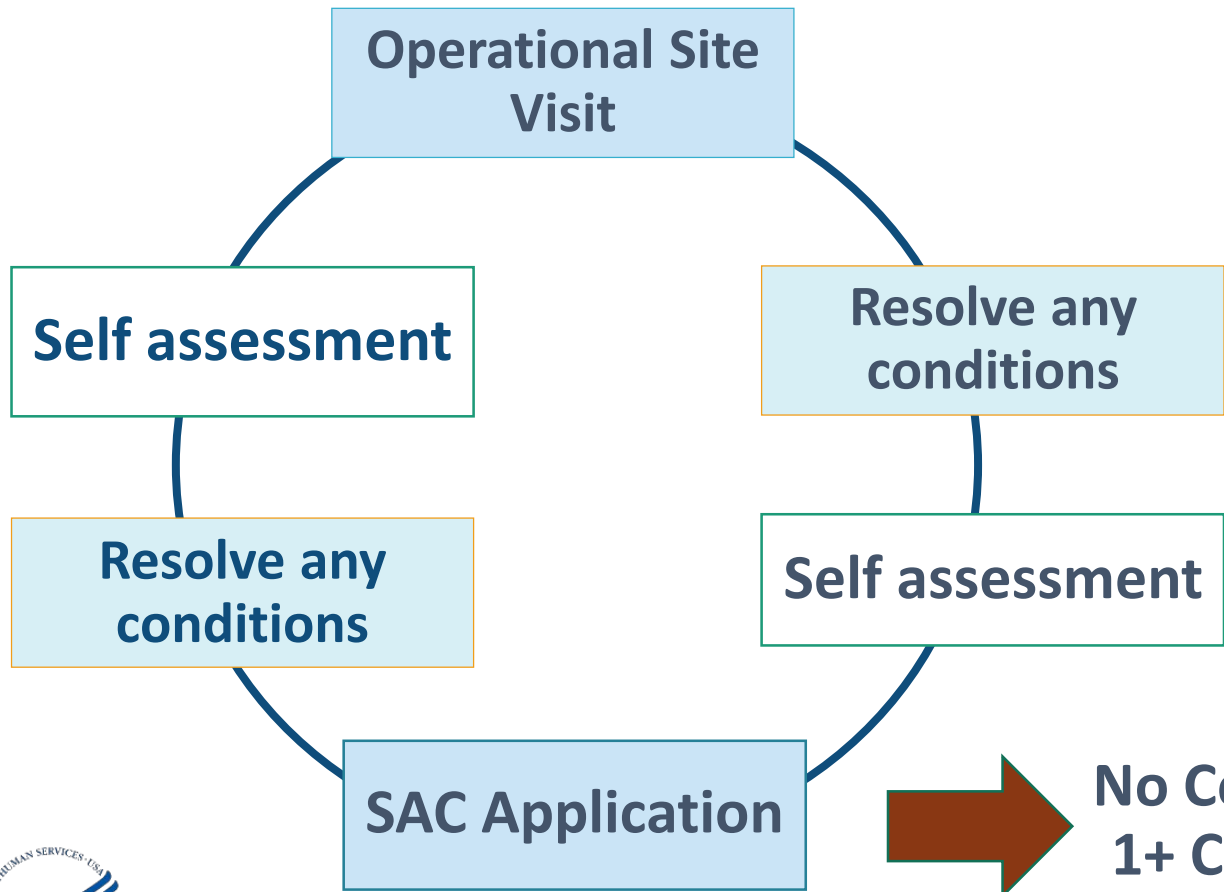
One-year project periods for SAC applicants with any condition at time of award



Continuous Compliance

Continuous Compliance: Resources and Tools

Continuous Compliance



Resources

- ✓ Compliance Manual
- ✓ Site Visit Protocol
- ✓ Conditions Library
- ✓ FAQs
- ✓ HRSA Staff

No Conditions = 3 year Project Period
1+ Condition = 1 year Project Period



Continuous Compliance: Implementation

3 Year Project Period

No conditions on Service Area Competition award (with or without pre-award EHB Communication)

Current Project Period

- Address any conditions
- Submit SAC Application

YEAR 1

- Submit Budget Period Progress Report (BPR)

YEAR 2

- Operational Site Visit (OSV) (between months 14-18)
- Submit BPR

YEAR 3

- Address any conditions
- Submit SAC Application

1 Year Project Period

Conditions on SAC award (new or carry-over, with or without pre-award EHB Communication); New Awardees

Current Project Period

- Address conditions
- Submit SAC Application

Up to 120 Days from Award

- Address conditions
- OSV (between months 2 - 4)
- Submit Compliance Assessment Plan

Remaining Months

- Address conditions
- Submit SAC Application



Service Area Competition/Renewal of Designation Application Review Process



What happens after a Service Area Competition (SAC) or Renewal of Designation (RD) application is submitted to HRSA?

HRSA's goal is to provide applicants with an opportunity to correct potential Health Center Program compliance findings prior to SAC award/RD while assuring objectivity/neutrality of interactions with applicants.

After the applicant submits SAC or RD application, a HRSA reviewer determines the next step:

No additional applicant actions required

If no areas of non-compliance are identified, you will not receive any further Electronic Handbooks (EHBs) correspondence and there is no need to contact HRSA.

or

Further applicant actions required

If areas of non-compliance are identified, HRSA will contact the health center's Authorizing Official; the applicant will have up to 14 calendar days to respond and provide additional information to demonstrate compliance.

NOTE: The EHBs correspondence will come from 'HRSA GEMS': oitgems@hrsa.gov.

HRSA aims to make award/designation decisions and communicate through a Notice of Award or Notice of Look-Alike Designation at least 60 days before the project/designation period begins.

If further actions are required, here are the next steps:

- ✓ HRSA reviewer will contact the health center's Authorizing Official by phone after an EHBs correspondence request is sent.
- ✓ The EHBs correspondence will have an associated deadline that must be met. There are no extensions.
- ✓ HRSA will continue its review of the application after the time period for responding has passed.
- ✓ Based on all information submitted, HRSA will make a final determination as to whether or not to fund/designate an application with or without conditions. As a reminder, any SAC awards or RDs with one or more conditions will automatically be granted a one-year project/designation period.



November is Diabetes Awareness Month

Diabetes poses a unique challenge for HRSA's Health Center Program



At least 1 out of every 7 health center patients has a diagnosis of diabetes (2017 Uniform Data System (UDS)).



The national average is 1 in 10 people have diabetes (2017 National Committee for Quality Assurance (NCQA)).



Number of health center patients with uncontrolled diabetes decreased by 25% from 2015-2017 (UDS).



33% of health center patients had uncontrolled diabetes (A1C > 9%) in 2017 (UDS).



43% is the national average of patients with uncontrolled diabetes (A1C > 9%) in 2017 (NCQA).

Diabetes Quality Improvement Initiative

NEW! Diabetes Quality Improvement Initiative Webpage

- ✓ Promising Practices
- ✓ Upcoming Events
- ✓ Technical Assistance
- ✓ Additional Resources

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

Home > [Quality Improvement](#)

Diabetes Quality Improvement Initiative

The management of patients with diabetes, like other chronic conditions, is complicated, requiring care that addresses medical, social and behavioral aspects of individuals, along with pro-active population management. But diabetes poses a unique challenge for the HRSA Health Center Program. At least one out of every seven health center patients has a diagnosis of diabetes.¹ Furthermore, diabetes disproportionately affects Pacific Islanders, American Indian/Alaska Native, Native Hawaiian, Black/African American, and Hispanic or Latino patients.

In 2017, 33% of health center patients' blood sugar levels were reported as uncontrolled.² That is lower than the national average of 43%.³ However, there continue to be disparities across race and ethnicity in diabetes control.⁴ Looking at trend data over the last several years, the Health Center Program has not moved the needle on diabetes control. Poorly controlled diabetes can lead to multiple complications, poor health outcomes, and reduced quality of life.

Uncontrolled Diabetes Among Health Center Patients in 2017

While the priority is healthy patients, diabetes also has health care cost implications. Medical expenditures of people with diabetes are approximately 2.3 times higher than expected costs if they did not have diabetes in 2017.⁵ Controlling diabetes saves health care dollars. If health center patients with uncontrolled diabetes reduced their HbA1c by 1.25%, there is a potential to save more than \$3.44 billion over a three-year span.⁶

Health centers are specially-equipped to improve diabetes outcomes. As patient-centered medical homes that integrate behavioral, oral, and primary health care and address social determinants of health, health centers can support patients with diabetes while managing co-occurring physical and behavioral conditions such as mental illness, substance use disorder (SUD), and addressing other socioeconomic challenges. Providers can also help children and adults to prevent diabetes by monitoring their weight and managing and preventing obesity.

About the Initiative

Upcoming Events

Advancing Oral and Primary Health Care Integration to Support Diabetes Prevention and Management
November 29, 2018; 1:00 – 2:00pm ET
[Register](#)

Leveraging Diabetes Prevention Programming for Your Health Center
November 29th, 2018; 2:00 – 3:30pm ET
[Register](#)

Promising Practices and Diabetes Management Leaders

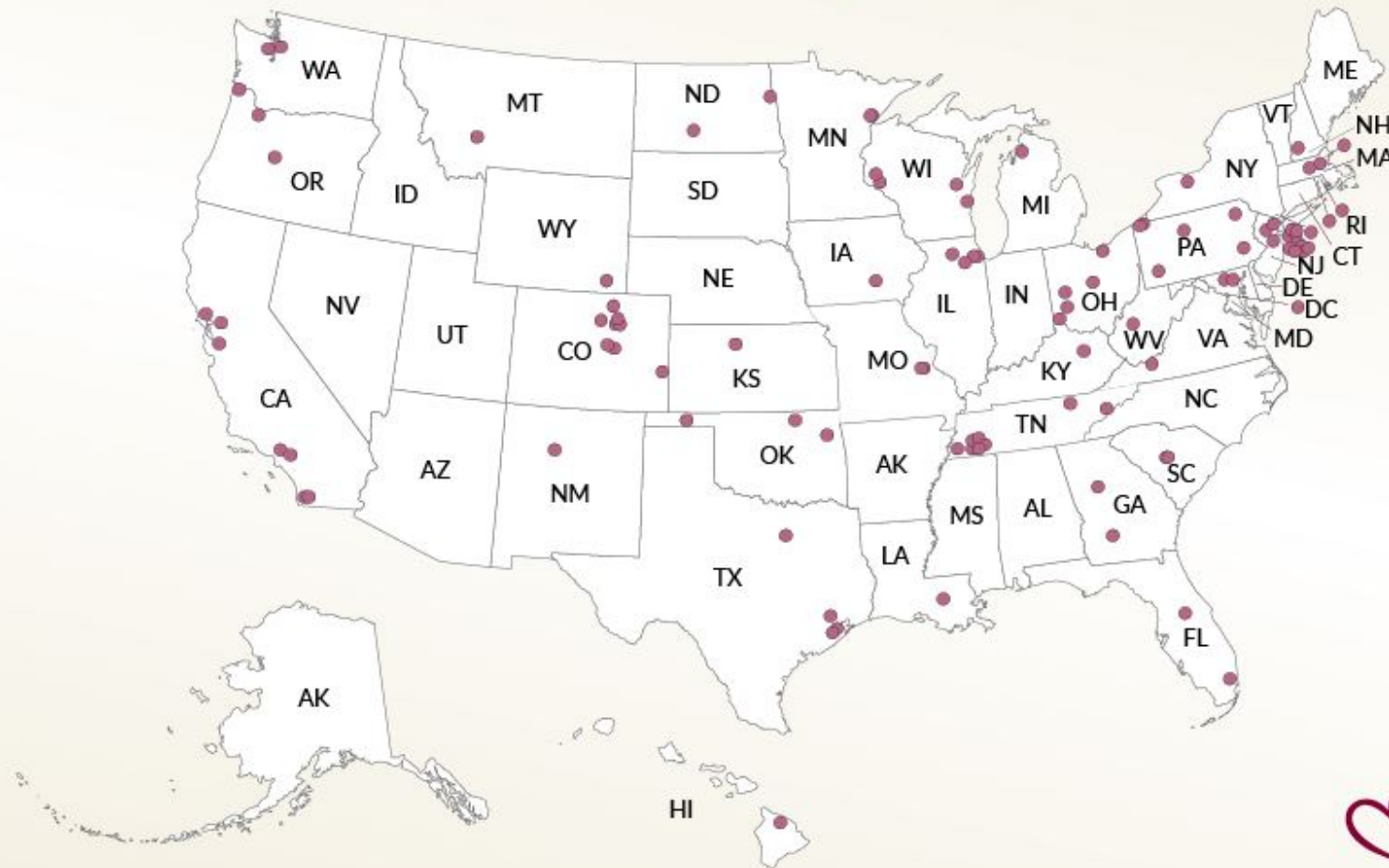
[Promising Practices](#)
[Diabetes Prevention and Management Leaders](#)



Million Hearts Hypertension Control Champions

Million Hearts® Hypertension Control Champions by State, 2012-2018

101 Champions, across 35 states*, caring for more than 15 million adults



Call for HRSA National Advisory Committee Nominations

HRSA is seeking nominations for new members to serve on its Health Workforce National Advisory Committees, which advise the HHS Secretary and Congress

Committees seeking new members:

1. Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL)
2. National Advisory Council on Nurse Education and Practice (NACNEP)
3. National Advisory Council (NAC) on the National Health Service Corps (NHSC)
4. Council on Graduate Medical Education (COGME)
5. Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD)

Contact: BHWAdvisoryCouncil@hrsa.gov





- ❖ Health Center Program Identity
- ❖ Public-Private Partnerships
- ❖ Innovation
- ❖ Quality Strategy
- ❖ Tiered Funding & TA
- ❖ Health Center Liaisons
- ❖ Proactive Risk Management
- ❖ Objective Compliance
- ❖ Data & Technology
- ❖ Operating Model



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 1-800-475-0486

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

