Quality Improvement in the Community Health Center Program:
Current HRSA Priorities

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QI Critical for Delivery System Redesign

- IOM’s top challenges for delivery system redesign:
  - Use of performance measures/outcomes for continuous quality improvement and accountability
- What is quality health care?
  - Safe, effective, patient-centered, timely, efficient, equitable
  - Includes other services that you’re providing

Health Center Performance
Calendar Year 2009

Among Health Center Patients:

• 67.3% entered prenatal care in the first trimester
• Rate of low birth weight babies (7.3%) continues to be lower than national estimates (8.2%)
• 68.8% of children received all recommended immunizations by 2nd birthday
• 63.1% Hypertensive Patients with Blood Pressure<= 140/90
• 70.7% Diabetic Patients with HbA1c <= 9
• $600 Total Cost per Patient
• $131 per Medical Visit

Source: Uniform Data System, 2009
For more information: http://www.bphc.hrsa.gov/about/performancemeasures.htm

National & State Performance Profile

• Health Center Trend Report (National/State/Grantee)
• Health Center Summary Report (National/State/Grantee)
• Performance Profile (National/State) -- Number & Percent of Health Centers
  • Meet Meaningful Use Standards
  • Achieve National Quality Recognition
  • Exceed Healthy People Goals (Core Clinical Measures)
  • Increase in Cost/Patient Less than National Increase
  • Increase in Patients
  • FTCA Claims/Visit
  • 60 or 30 Day Progressive Actions
Health Center Patient Survey  
Calendar Year 2009

- Over 80% reported the overall quality of services received at the health center were “excellent” or “very good.”

- Over 80% reported that they were “very likely” to refer friends and relatives to the health center.

- Over 75% reported the main reason for “going to the health center for healthcare instead of somewhere else” was because it was convenient (28%), affordable (25%), and provided quality healthcare (22%).

FY 2011 HRSA  
Strategic Priorities

- Improve Access to Quality Health Care and Services
  - Community/new site development
  - Expansion planning
  - Patient-centered medical/health home development
  - Meaningful use adoption

- Strengthen the Health Workforce
  - Workforce recruitment and retention

- Build Healthy Communities and Improve Health Equity
BPHC Quality Strategy

1. Develop and enhance access points
2. Transform HC care delivery system
   • PCMHH
   • HIT Meaningful Use
3. Recruit, develop, retain skilled workforce
4. Integrate Health Centers into local health systems
   • Specialists, ER, Hospitals
   • ACOs
   • Public Health
5. Align policies and programs where possible

Office of Quality and Data Activities

• Federal Tort Claims Act deeming
  • Health centers and free clinics
  • ECRI resources
• Data collection and analysis
  • UDS
  • Patient survey
  • EHB
  • Dashboard
  • Evaluation
## Office of Quality and Data Activities

- **Health Information Technology**
  - Coordinating adoption, meaningful use, health info exchange
- **Quality**
  - Needs assessment and gap analysis
  - Third party quality recognition
  - Aligning technical assistance for PCMH transformation
  - Supporting pilot and demonstration projects

## QI Plan Initiative

- Evaluation of current QI plans and programs
- Learning Series
- FTCA deeming requirements and site visit guide
- Support project officers and divisions
- Knowledge management and identifying best practices
- Clarify program expectations
### Uniform Data System (UDS)
#### Clinical Measures

<table>
<thead>
<tr>
<th>Current Measures</th>
<th>New in 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Low birth weight babies</td>
<td>• MU Alignment of Immuniz., HTN &amp; DM measures</td>
</tr>
<tr>
<td>• Entry into prenatal care</td>
<td>• Child &amp; adolescent weight assessment &amp; counseling</td>
</tr>
<tr>
<td>• Childhood immunization</td>
<td>• Adult weight screening &amp; follow up</td>
</tr>
<tr>
<td>• Pap tests</td>
<td>• Tobacco use assessment &amp; counseling</td>
</tr>
<tr>
<td>• Adult hypertension (blood pressures)</td>
<td>• Asthma therapy (pharmacologic)</td>
</tr>
<tr>
<td>• Adult diabetes (HbA1c levels)</td>
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</tbody>
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### National Quality Recognition
- **Goal:** 100% of Health Centers receive national quality recognition
- **Where are we?**
  - Accreditation (~25%)
  - Patient Centered Medical Home Recognition (5%)
- **Strategy**
  - Accreditation Initiative/PCMHH Initiative
  - CMS Medicare APC Demo (6%)
  - Transformation Training/Technical Assistance
Medical/Health Homes Initiatives

- *Patient-Centered Medical/Health Home Recognition Initiative*
- *CMS Medicare FQHC Advanced Primary Care Practice Demonstration*
- Safety Net Medical Homes Initiative (OR, ID, CO, PA, MA)
- CMS Multi-Payer Advanced Primary Care Practice Demonstration (ME, MI, MN, NY, NC, PA, RI, VT)
- State PCMH Programs

Adoption and Meaningful Use of HIT

- **Goal:** 100% of Health Centers meaningfully use a certified EHR system
  - 24% fully electronic, 55% some use, 2% with all MU measures
- **Where are we?**
  - Baseline data collection – EHR questions in UDS, HCs participating in HCCNs
  - Other data sources – REC program, GW Survey, CDC NAMCs survey
- **Strategy**
  - HRSA Training/TA – webinars, workshops, tool kits, etc
  - HCCNs/PCAs/NACHC
- **Partnerships/Collaborations**
  - CMS EHR Incentive Program
  - ONC REC Program, State HIE Program, Beacon Communities, Community College Program
Other BPHC Quality Initiatives

- Needs assessment/gap analysis
- Evaluation
- Supporting Affordable Care Act implementation
- Patient experience measurement
- Websites and web-based toolkits and resources
- Technical assistance on programmatic issues: collaboration, non-traditional sites
- Expand personalized TA available through consultants

Other Areas to Address

- Workforce
- Practice transformation to patient-centered medical home
- Peer-to-peer learning
- CME and train-the-trainer learning systems
- Telehealth
- Integration with local health care, public health, and social services landscape
Quality Improvement in the Community Health Center Program:
The QI Plan Initiative and Discussion of Future Directions

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QI Planning Critical to Meeting Quality Goals

- Delivery system redesign
- Clinical quality
- Patient experience
- Staff satisfaction
- Financial sustainability
- Leveraging resources and coordinating beyond your four walls

Goals of the QI Process

☑ Evidence-based care

= For all patients

∞ Every time

Benefits of an Effective QI Plan

- Roadmap for HC organization
  - Leadership, focus, & prioritization
  - Efficient coordination of staff & resources
  - Better outcomes, patient experience, staff satisfaction
- Satisfy external requirements
  - HRSA, state or multipayer pilot
  - Third-party quality accreditation and recognition

Competing Priorities

- Tight staff time
- Busy clinics with lots of complicated patients
- Shouldn’t all our money go for patient care?
- QI skills not taught in medical school, nursing school, business school
- Difficult to determine which problems to tackle, which QI methods to apply, and how to judge success
• Health centers are doing well on QI team and responsibility elements
  • Involvement of leadership
  • Cross-section of staff on QI Committee
  • Healthcare professional responsible for QI
• Room for improvement in use of data
  • Performance measures
  • Databases, benchmarks, or best practices
  • Mechanisms in place for data reliability
HRSA Program Requirements

• Ongoing QI/QA Plan encompassing management and clinical services, maintaining confidentiality of patient records
• Focused responsibility for QI
• Periodic assessments of appropriate service use and quality
  • Conducted by physicians or licensed health professionals under the supervision of physicians
  • Based on systematic collection and evaluation of patient records
  • Identify and document the necessity for change in the provision of services and result in the change being implemented

QI Program Flow

1. QI teambuilding throughout your center and QI Committee responsibilities
2. Self-assessment of areas to target
3. Goal setting
   • Concrete goals
   • Progress measures
4. Identify strategies for improvement
   • Philosophy of organizational change
   • Specific changes to structures and process of care
QI Program Flow

5. Data collection and analysis
   • Use data to fuel QI by closing the feedback loop
6. Periodically evaluate, celebrate, and disseminate
7. Integrate with operations and other quality-related activities

Teambuilding

• Quality as an integral part of the organizational culture
• Buy-in at all levels—Board, management, staff and patients
• Resources—staff time, meetings, information systems
• Provide education
### QI Infrastructure

- QI Committee
- QI Plan & Health care plan
- QI calendar
- Clinical practice guidelines
- Policies & procedures
- Peer review
- Chart audits
- Patient satisfaction surveys
- Tracking systems
- Credentialing and privileging
- Data sources

### Self-Assessment

- Revisit mission statement and vision
- Review past Needs Assessments and consider how the needs of the patient population have evolved
- Compare capacity and ability to supply quality services to the need
- Identify areas for improvement: high risk, high volume, low performance
Select Performance Measures

- Clinical
  - UDS
  - Oral and mental health measures from Health Care Plan
  - Research, pilot, or test project measures
  - NQF-endorsed, aligned with meaningful use

- Patient experience
  - Access

- Financial
  - Determine unit of measurement (i.e., provider, team, panel of patients, patient population)

Financial Performance Measures

- Working capital to monthly expense ratio
  - Liquidity in # of months - ability to pay bills on time - current financial condition

- Long-term debt to equity ratio
  - Portion of net assets tied up in long-term debt - long-term financial condition

- Change in net assets as a percent of expense
  - Financial results from operations in relationship to total expenses

- Total cost per patient
  - Annual average cost per patient served - value of service provided based on costs

- Medical cost per medical encounter
  - Average cost per billable medical encounter (less: lab & pharmacy) - cost efficiency
Setting Goals

- Compare yourself to your prior performance
- Compare yourself to others
  - EHB benchmarked performance reports
  - Set goals for measures:
- Short and long-term time horizons
- SMART goal is a goal that is specific, measurable, attainable, relevant and time based. In other words, a goal that is very clear and easily understood.

Plan Your Quality Intervention

- Establish project-specific QI team that represents all staff integral to the service or issue.
- Identify a team leader or sponsor.
- Delineate specific goals for the team.
- Allocate time and resources for the team.
- Delineate team responsibilities.
- Develop timeline for reporting findings and improvement strategies.
The Fun Part: Implementing QI Interventions

- Utilize QI tools and techniques to understand the problem that you are facing: flow charts, facilitated brainstorming, cause and effect diagrams, root cause analysis
- Identify potential solutions to make improvement to the systems of care, both short and long term
- Try a small test of change and analyze results
- Refine improvement plan

Evaluation of the Intervention

- Document and track progress in activity logs, workplans, meeting minutes
- If historical data are available, trend analysis
- Display and distribute data to communicate findings and results.
  - Plan to inform CQI committee and staff of results
  - Graphic presentation of data readings over time
- Report progress to the rest of the organization on a regular, defined basis
- Celebrate and share beyond your four walls
Conclusion

- Support for planning and implementation of Quality Improvement strategies
  - QI Plan Learning Series
  - Further guidance
  - Resources and technical assistance
  - Third-party quality recognition
- Invest in your QI infrastructure
  - Clinical quality and beyond
- Focus on implementation
  - This work never ends

Contact Information

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