Primary Health Care Goals

- Increase access to primary health care services for underserved populations
- Modernize the primary health care safety net infrastructure and delivery system
- Improve health outcomes for patients
- Promote a performance-driven and innovative internal organizational culture
Primary Health Care
Key Strategies to Achieve Goals

- Establish new centers and sites in areas not currently served
- Construct and modernize existing facilities to replace outdated and inefficient facilities and position health centers for ACA and the new health care marketplace
- Expand the range of services provided by existing health centers.  
  - Oral Health
  - Behavioral Health
  - Pharmacy
  - Vision
  - Outreach and Enrollment
- Improve the quality of care provided and health outcomes for patients and communities
- Promote a performance-driven and innovative internal organizational culture at BPHC and beyond.
Growing need for primary care for newly insured, ongoing need for access to care for uninsured and Medicaid populations.

Historically limited access to capital resources, 21st century technology expenses, increased marketplace competition for newly insured.

Patient population is disproportionately low-income, uninsured, and burdened by chronic disease and health disparities.

15 years of program growth, increase in national interest and profile of program, demand for greater transparency and accountability at Federal and state level.
Primary Care: Key Strategies

- Increase access to primary health care services for underserved populations
- Modernize the primary health care safety net infrastructure and delivery system
- Promote a performance-driven and innovative internal organizational culture
- Improve health outcomes for patients

• Improve health outcomes for patients
• Modernize the primary health care safety net infrastructure and delivery system
• Promote a performance-driven and innovative internal organizational culture
• Increase access to primary health care services for underserved populations
Primary Care Strategy: Increase Access

Accomplishments:
• 651 NAPs since 2009
• 27% increase in patients served since 2008
• 6 million assisted under Outreach and Enrollment

Future:
- $300 million in FY 2014 for Expanded Service Grants
- $100 million in FY 2015 for New Access Points

• Increase access to primary health care services for underserved populations
Health Centers: Affordable Care for All

1,202 Health Centers
9,208 Health Center Service Sites
156,817 Jobs
Health Center Program
Increase Access-Calendar Year 2013

2013 HEALTH CENTER IMPACT

PROGRAM GRANTEEES

SERVED

21.7 MILLION PATIENTS

93% Below 200% poverty

73% Below 100% poverty

35% Uninsured

1,131,414 homeless individuals
861,120 agricultural workers
227,665 residents of public housing

PROVIDED

86 MILLION PATIENTS VISITS

in 1,202 organizations across more than 2,028 service sites

EMPLOYED MORE THAN

156 THOUSAND STAFF

including 10,733 physicians, 8,150 nurse practitioners, physicians assistants, and certified nurse midwives

LOOK-ALIKES

SERVED

1 MILLION PATIENTS

93% Below 200% poverty

74% Below 100% poverty

32% Uninsured

20,011 homeless individuals
10,681 agricultural workers

PROVIDED

4 MILLION PATIENTS VISITS

in 100 organizations across more than 310 service sites

EMPLOYED MORE THAN

6 THOUSAND STAFF

including 588 physicians, 325 nurse practitioners, physicians assistants, and certified nurse midwives
Health Centers Serve*

More than...

21.7 Million Patients Annually

Including nearly 5 million new patients in the past 5 years

One in 15 people living in the United States, including:

1 in 4
Individuals living below poverty

1 in 6
Uninsured persons in the United States
Health Centers Serve

One in 15 people living in the United States

Health Centers Serve

1 in 4
Individuals living below poverty

Health Centers Serve

1 in 6
Uninsured persons in the United States
Health Center Program
Increase Access-National Presence

Health Center Program Grantees and Service Delivery Sites
Federally Qualified Health Center Look-Alike and Sites

- Health Center Program Grantees: 1285
- Health Center Program Service Delivery Sites: 9572
- LAL Health Centers: 110
- LAL Sites: 318

Source: HRSA Geospatial Data Warehouse
Created by HRSA Bureau of Primary Health Care
Date: July 1, 2014
Health Centers Serve a High Proportion of Low-Income, Minority and Uninsured Patients

Health Center Program
Increase Access – Growth 2008-2013

<table>
<thead>
<tr>
<th>Patients</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>Growth from 2008-2013 (% Increase)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17,122,535</td>
<td>18,753,858</td>
<td>19,469,467</td>
<td>20,224,757</td>
<td>21,102,391</td>
<td>21,726,965</td>
<td>4,604,430 (27%)</td>
</tr>
<tr>
<td>Sites</td>
<td>7,518</td>
<td>7,892</td>
<td>8,156</td>
<td>8,501</td>
<td>8,979</td>
<td>9,208</td>
<td>1,690 (22.4%)</td>
</tr>
<tr>
<td>Jobs</td>
<td>113,059</td>
<td>123,012</td>
<td>131,660</td>
<td>138,403</td>
<td>148,245</td>
<td>156,817</td>
<td>43,757 (38.7%)</td>
</tr>
</tbody>
</table>

Source: Uniform Data System, 2008-2013 and HRSA Electronic Handbooks
Primary Care Strategy: Modernize Infrastructure and Systems

Accomplishments:
• Modernized nearly 2,300 service delivery sites
• 96% of health centers have installed EHRs
• 54% of health centers are PCMH recognized

Future: $35 million for capital improvement to allow for PCMH practice transformations.
FY14 HCCN Participating Health Centers

Source: HRSA Geospatial Data Warehouse
Created by HRSA Bureau of Primary Health Care
Date: July 2014
Health Center Program
Modernize Care – Electronic Health Records (EHR) Adoption 2013

2015 Goal: 100% of Health Centers use EHR at All Sites

Source: Uniform Data System, 2013
Electronic Health Record Adoption

EHR Adoption at All or Some Sites: 2013 UDS

Numbers on the map represent the number of grantees in states.

Percent of Grantees with EHR
- Red: 0% - 50%
- Orange: 51% - 89%
- Yellow: 90% - 95%
- Green: 96% - 99%
- Light Green: 100%

Data Source: UDS 2013
Created by: HRSA Bureau of Primary Health Care
Date: July 2014
• 96% of health centers have implemented EHRs\textsuperscript{1}
  - 88% have EHRs at all sites used by all providers
  - 8% have EHRs at some sites used by some providers

□ As of 2013, only 78% of all office-based physicians have implemented an EHR\textsuperscript{2}

□ 76% of eligible providers at health centers participating in the Health Center Controlled Network program have attested to Meaningful Use\textsuperscript{3}

\textsuperscript{1}Uniform Data System, 2013
\textsuperscript{3}HRSA BPHC HCCN program data
Data as of July 2014
PCMH Recognized Includes: NCQA, Joint Commission, and AAAHC
PCMH recognized health centers…

• are 4 times more likely to provide **weight screening of adult patients**

• are 3 and a half times more likely to prescribe **appropriate medications for patients with asthma**

• are 4 times more likely to have female patients with current **cervical cancer screening**

• are almost 4 times more likely to have patients with **early entry into prenatal care**

• are 3 times more likely to screen for patients’ **tobacco use**

• are more than 3 and a half times more likely to provide **tobacco cessation counseling or medication**

Source: Uniform Data System, 2012, HRSA PCMH Recognition Data, as of June 2013
Primary Care Strategy: Improve Health Outcomes

Accomplishments: Clinical outcomes in certain areas routinely
• surpass national averages
• close the gap on disparities; and are
• holding steady in other measures despite increase in number and risk factors of patient population.

Future: Health Center Quality Fund, recognizing key areas of quality improvement.
Health Center Program
Improve Outcomes-BPHC Quality Strategy

Better Care • Healthy People & Communities • Affordable Care

Priorities & Goals

1. Implementation of QA/QI Systems
   *Health Centers fully implement their QA/QI plans*

2. Adoption and Meaningful Use of EHRs
   *Health Centers implement EHRs across all sites & providers*

3. Patient Centered Medical Home Recognition
   *Health Centers receive PCMH recognition*

4. Improving Clinical Outcomes
   *Health Centers meet/exceed HP2020 goals on at least one UDS clinical measure*

5. Workforce/Team-Based Care
   *Health Centers are employers/providers of choice and support team-based care*
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 someplace else” was because it was convenient (28%), affordable (25%), and provided quality healthcare (22%).

Source: 2009 Health Center Patient Survey
The 2009 Health Center Patient Survey found no racial/ethnic disparities in the following areas:

- **Access to Primary Care and Patient Satisfaction**
- **Cancer Screenings**
  - Breast, cervical, colorectal
- **Hypertension**
  - Receipt and adherence to care
  - Hypertension control and hospitalizations
- **Diabetes**
  - Receipt of diabetes care management
  - Diabetes control and hospitalizations

Source: 2009 Health Center Patient Survey
Perinatal measures

• Rate of low birth weight babies born to health center patients (7.29%)\(^1\) is lower than national estimates (7.99%)\(^2\)
  – Improved from 7.6%\(^3\) in 2008 and consistently below the national average of 7.99%\(^2\)

• Rate of health center patients entering prenatal care in the first trimester (71.6%)\(^1\) is higher than national estimates (70.8%)\(^2\)
  – Improved from 64.8%\(^3\) in 2008

\(^1\)Uniform Data System, 2013
\(^3\)Uniform Data System, 2008
Chronic Disease Management

• 63.6% of health center patients with hypertension have BP controlled (BP ≤ 140/90)\textsuperscript{1}
  – Exceeds national average of 48.9%\textsuperscript{2}
  – Exceeds Medicaid HMO average of 56.3%\textsuperscript{3}
  – 58% of health center grantees meet or exceed the HP 2020 BP control goal of 61.2%\textsuperscript{1,4}

• 68.9% of health center patients with diabetes have HbA1C ≤ 9%\textsuperscript{1}
  – Exceeds Medicaid HMO average of 55.3%\textsuperscript{3}
  – Diabetes control is holding steady despite increase in populations previously not involved in routine care

\textsuperscript{1}Uniform Data System, 2013
\textsuperscript{2}National Health and Nutrition Examination Survey (NHANES), CDC/NCHS, 2009-2012
\textsuperscript{3}National Committee on Quality Assurance. Improving Quality and Patient Experience, The State of Health Care Quality 2013.
Preventive Services

• 91.5% of health center patients are screened for tobacco use and 63.7% receive tobacco cessation counseling\(^1\)
  – Exceeds national average for tobacco screening of 62.4%\(^2\)
  – Exceeds national average for tobacco cessation counseling of 19.2%\(^2\)
  – 94% of health center grantees meet or exceed the HP 2020 goals\(^1\)

• 76% of health center patients age 3 and under have received appropriate childhood immunizations\(^1\)
  – Exceeds national average of 68.5%\(^3\)

\(^1\)Uniform Data System, 2013.
\(^2\)National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS, 2007.
\(^3\)National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS, 2011..
Primary Care Strategy: Promote Performance-Driven and Innovative Organizational Culture

Accomplishments:
- 7 years of health center clinical performance reporting
- Successful responses to GAO and OIG studies
- Posting of publicly available and updated health center performance data.

Future:
- BPHC 2.0— a rapid cycle, quality improvement organization
- Ongoing internal and external program accountability.
Health Center Program
Promote Excellence – BPHC Focus

Leadership
Performance Improvement
Program Requirements
Organizational Excellence
Health Center Program
Promote Excellence – Measures of Success

Grantee Satisfaction

Employee Satisfaction

BPHC Measures of Success

Quality/Timeliness
(Internal Operations)

Impact
• Utilizing Rapid Cycle Quality Improvement Models in work across BPHC
  – BPR changes in 2013
  – Grantee Oversight timeline (3-year project periods)
  – Site visit guide and report process improvements
  – Other changes and pilots in progress
• BPR changes in 2013
  – Significantly reduced reporting redundancies and streamlined reporting structure

• Site visit reporting
  – Testing process and guide
  – Pilot testing rapid response models prior to issuing final report
Number of days it took the Bureau to provide final approval of an OSV report from the TA end date, September 2013-February 2014

Number of days it took the Bureau to submit a final OSV report from the TA end date, March-May 2014
Recent and Anticipated Health Center Program Policies

- FINAL Governance PIN
- FINAL Revised Total Budget PIN
- Updated Health Center Program Requirements Oversight PAL
- FINAL Sliding Fee Discount Program PIN
- Program Requirements “Manual”

To access these and forthcoming policies, visit:
http://www.bphc.hrsa.gov/policiesregulations/policies/index.html
Awarded:
- $150 Million for 236 New Access Points
- $58 Million in 1,157 one-time Outreach and Enrollment Grants to Health Centers
- $54.6 Million for 221 Mental Health Service Expansion - Behavioral Health Integration Grants to Health Centers
- $35.7 Million for 147 PCMH Capital Awards
- $111 Million in Base Adjustments

To Be Announced:
- $295 Million for Expanded Services
• $4.6 billion, including $3.6 billion from the Affordable Care Act Community Health Center Fund

• $100 million to fund 150 New Health Center Sites to serve an additional 900,000 Patients

• $860 million for one-time Quality Improvement and Capital Development awards

• Continuation of mandatory funding for health centers in FY2016, 2017, and 2018 at $2.7 billion annually
PCMH Recognition Award— FY 2014

- Health centers recognized as PCMHs by July 1st were eligible
- Annual award added to base adjustment for health centers that maintain PCMH recognition
- $25,000 for each PCMH recognized health center + $5,000 for every additional recognized site.

Quality Improvement Award— Early FY 2015

- Based on 2013 UDS submissions

- Four categories:
  - Top Reporters – reports on whole universe using EHR
  - Top Improvers – compared to self
  - High Performers – compared to peers using quartile rankings
  - Clinical Excellence – highest performers compared to national standards in key clinical areas
• Through the end of June 2014, health centers reported supporting over 16,000 trained outreach and enrollment assistance workers, assisting more than 6 million people in their efforts to become insured.

• According to the Kaiser Family Foundation Assister Program Report, FQHCs accounted for 26% of total assister programs.

• FQHCs and CAC organizations together accounted for 71% of assister programs and account for more than 60% of people who received help.
Outreach and Enrollment

- Continuing support for health center Outreach and Enrollment efforts
- HRSA investments in O/E are ongoing to support both in reach and outreach
  - Marketplace/Medicaid/CHIP enrollment
  - Health insurance literacy and Coverage to Care
  - Data matching
  - Ramp up to meet demand in next open enrollment period
Primary Care: Key Strategies

- Increase access to primary health care services for underserved populations
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Increase

Modernize

Promote

Improve
Primary Care: Key Strategies

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Thank You!

Questions?