



2018

QUALITY CENTER
ANNUAL REPORT



NATIONAL ASSOCIATION OF
Community Health Centers®

The transition towards value-based care creates a business imperative for health centers to simultaneously focus on improving health outcomes and patient and staff experience, while reducing costs. One of the greatest threats to health centers' progress toward value-based care is not a lack of solutions, but rather, the lack of a framework to pursue change. The **Quality Center** created the Value Transformation Framework to organize proven solutions into a tangible set of action steps. This framework helps health centers approach today's complexities by gathering and organizing evidence-based and promising practices to transform practices' infrastructure, care delivery, and people systems toward achieving the Quadruple Aim.

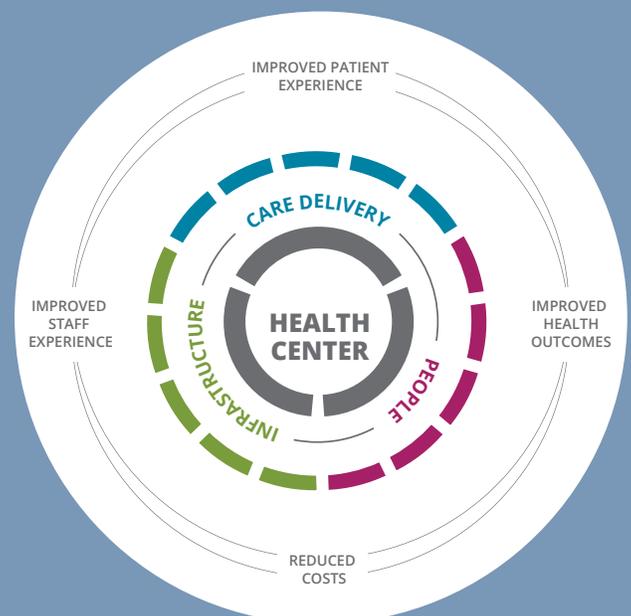
IMPACT

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 > **Disseminated a conceptual framework**—the Value Transformation Framework—to help health centers **improve health outcomes, improve patient and staff experience, and reduce costs** (Quadruple Aim).
- > Achieved **statistically significant** ($p < 0.05$) **improvements to diabetes control (23%), colorectal cancer screening (14%), and measures of patient and staff experience** through application of the Value Transformation Framework in 8 health centers in 2 states.
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 > **Developed an online companion tool** to the Value Transformation Framework that allows health centers **to self-assess progress** on the Framework's 15 change areas.

PRODUCTS/DELIVERABLES

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 > **1 succinct, evidence-based model**—the **Value Transformation Framework**—to support health center advancement toward the Quadruple Aim goals.
- > **3 domains** (infrastructure, care delivery, and people) and **15 change areas** for organizing health center transformation efforts.
- > **6 Action Guides** providing concrete steps health centers can take to advance a specific change area. Guides developed include: **Leadership, Patient Engagement, Care Teams, Care Management, and Population Health (Risk Stratification and Models of Care)**.

VALUE TRANSFORMATION FRAMEWORK



In 2018, NACHC designed the Elevate Learning Forum to nationally scale and apply its Value Transformation Framework approach. The learning forum aims to leverage existing state/regional QI and transformation initiatives to help health centers improve health outcomes while reducing costs. Program elements include: an online organizational assessment along 15 change areas; monthly forum calls and curriculum; targeted transformation tools and resources; and peer-to-peer exchange. Sixteen Primary Care Associations and Health Center Controlled Networks submitted statements of interest in Fall 2018. NACHC accepted 115 health centers across 19 states to participate in the year-long learning forum that launches in 2019.



IMPACT



Free **online tools** for health centers



Leverage state/regional **coaching and quality** improvement initiatives



Improvement resources and a robust learning community



Optional **topic-focused** series



Monthly “core” **learning forum** calls and curriculum

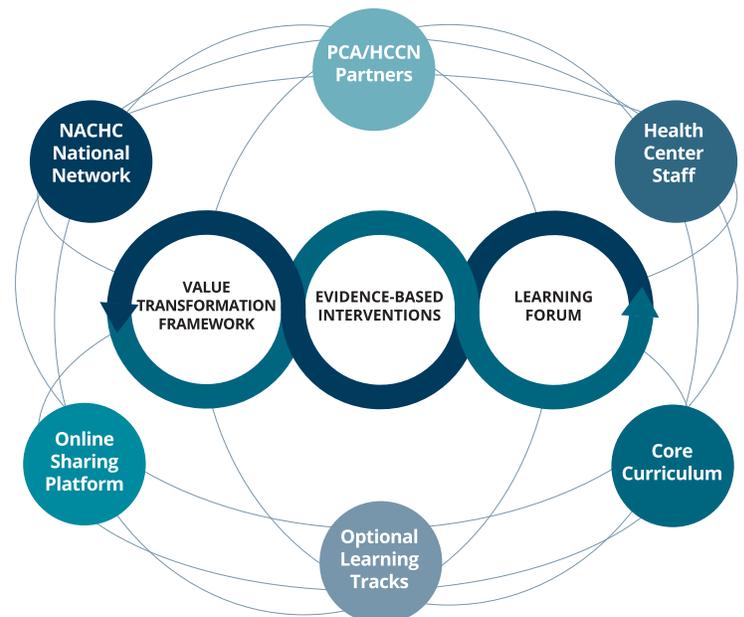


Peer-to-peer **learning exchange** and online community



Organizational **self-assessment** across 15 change areas

Elevate Model



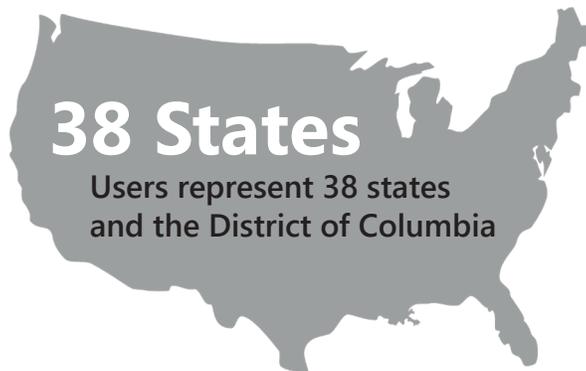
QI Coach Self-Assessment & Professional Development Tool

The **Quality Center** continued to grow participation in its online self-assessment tool for Quality Improvement Coaches who work at Primary Care Associations and Health Center Controlled Networks. The QI Coach tool allows coaches to self-assess their expertise levels in core QI-related competency areas and identify skill gaps. Enrolled coaches are given the opportunity to strengthen their skillsets by creating development plans and accessing over 30 online courses in quality improvement to address their identified skill gaps. The tool was enhanced in June 2018, including “mapping” existing resources to specific skill areas to help users better tailor professional development plans to address their individual skill gaps.

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124 QI coaches enrolled in the tool



129 activities completed



76 development plans created



67 online quality courses completed

PRODUCTS/DELIVERABLES



- > **72 scholarships** awarded to the Institute for Healthcare Improvement’s (IHI) Open School online curriculum.
- > **36 courses and action guides** assessed and “mapped” to core competencies based on content area and skill level.
- > **1 instructional video created** to help QI coaches navigate and use the online tool.

LESSONS LEARNED

Identified top priority skill gaps for QI coaches nationally:

- Drive **productivity and team-oriented initiatives** to achieve health center quality goals.
- Demonstrate continual **sensitivity to cultural differences** and backgrounds of professional colleagues and community members.
- Help health centers monitor and manage the center’s **compliance with HRSA** requirements.

In Spring 2018, the **Quality Center** offered two, 3-part Learning Stream series tailored to health center leadership and care managers and PCA/HCCN QI Coaches. These free, national webinar series offered participants a continuous learning experience with sessions that built on each other and a cohort of individuals who moved through the learning experience together, sharing their insights and experiences. The Leadership series focused on leadership strategies for C-Suite executives moving health centers towards value transformation and included participants from across the country. The Care Management series offered guidance on implementing effective models for care management of high-risk patients, and included staff involved in designing and delivering care management services.

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Leadership Learning Stream

> **69** C-Suite or other **leadership participants**.



> On average, **92%** reported the **training met** all or most of the **stated objectives**.

> On average, **97%** stated that they were either **extremely likely or likely to apply information** from the training to their organizations.

Care Management Learning Stream

> **84 participants** including care managers, QI leads, leadership, RNs, HIT.



> On average, **85%** reported that the **training met** all or most of the **stated objectives**.

> On average, **94%** reported they were either **extremely likely or likely to apply information** from the training to their organizations.

PRODUCTS/DELIVERABLES

> **3** one-hour **live webinar** calls with health center **leadership and PCA/HCCN QI Coaches**.



> **3** one-hour **live webinar** calls with health center **care management staff, leaders, and PCA/HCCN QI Coaches**.

> **6** associated **slide decks and recordings**.

> **Template resources provided to participants** after each call, including sample care management consent, care management referral and "graduation" forms, a care management competency checklist, social risk resource lists, and messaging on the business and staff cases for transformation.

> **Care management cost calculator** (draft) for projecting revenue/costs.



LESSONS LEARNED

TRANSFORMATION

- Health centers **range in their efforts to actively "make the case"** for transformation to boards and staff; many health centers are just starting to form their messaging.
- A key priority for leadership is **how to gain buy-in and engage staff** in transformation.

CARE MANAGEMENT

- Many health centers are in the **early stages of care management development**, with few billing for care management; they are looking for clear models to implement.
- Many health centers **lack a consolidated resource that lists community supports** in order to refer patients and address social risks.

This CDC-funded cancer transformation project embeds the work of cancer prevention and screening within a systems transformation approach. In its second year working with a cohort of health centers, NACHC's **Quality Center** provided ongoing coaching and assistance to pilot health centers in Georgia and Iowa (8 in CY2017; 6 in CY2018), as well as both states' primary care associations. Program support included monthly state-based calls, monthly all-project calls, calls with health center leadership, and individualized support. Rooted in the Quality Center's Value Transformation Framework, the project aimed to develop health centers' infrastructure, care delivery systems, and people through evidence-based interventions for improving colorectal and cervical cancer screening rates and improving overall quality of care.

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Improvements in Quality of Care 2017 UDS measures:

(averages across the 8 participating health centers rounded to the nearest whole number)

 **14%** increase in **colorectal cancer screening rates**.

 **13%** increase in **depression screening** and follow-up rates.

 **7%** increase in **cervical cancer screening rates**.

 **5%** increase in **hypertension control**.

 **23%** improvement in **diabetes control**.
(reduction in Hemoglobin A1c poor control)

 **3%** increase **Body Mass Index (BMI) screening** and follow-up plan.

Improvements in Patient & Staff Satisfaction

(averages across the 8 participating health centers; respondents=700+ patients; 200+ staff)

Increases in most patient survey measures, including:



- > Inclusion of patient opinion in care decisions
- > Receipt of documentation about care decisions
- > Provider takes time to understand patient concerns
- > Availability to schedule appointments, receive care
- > Referrals to social supports

Increases in select staff survey measures, including the following statistically significant improvements (p<0.05):

'I have been provided sufficient training.'

'Health center has processes and protocols in place to support opportunities for patients to share in decision-making.'

'I feel I am an important contributing member of health center team.'

'I have ideas about how to improve systems; I feel others will listen to me.'

Survey Says...

PRODUCTS/DELIVERABLES

Resources



6 Action Guides—concise guides that synthesize evidence-based best practices into concrete action steps for health centers to strengthen their infrastructure, people, and care delivery systems. Guides developed for: **leadership, patient engagement, care teams, care management, and population health (risk stratification and models of care).**



Database of piloted interventions for increasing colorectal cancer screening.

6 customized, business case templates for making the case for value transformation to the board, staff, and external partners.



6 customized, social risk resource lists documenting social services in participating health centers' communities.

1 journal manuscript on project outcomes for submission to a national peer-reviewed journal (*in progress*).

2 experience surveys for staff and patients (*English and Spanish*).

Meetings/Presentations

> **National education sessions on cancer transformation** at NACHC's 2018 Policy and Issues Forum and 2018 Community Health Institute.



> **11 monthly project-wide calls/webinars.**

> **22 state-based calls/webinars.**



> **3-part leadership call series.**

> **5-part care management call series.**

> "Reverse site-visit"—**Presentation to the CDC's Division of Cancer Control and Prevention** on cancer transformation project results.

> Ongoing **technical assistance calls to health center teams and PCA/HCCN staff** regarding project, application of evidence-based interventions, and data collection and reporting.



> Ongoing **data analytics support** including coaching via phone and email regarding data integrity, reporting, and evaluation metrics.

LESSONS LEARNED

Taking a systems-approach to condition-specific interventions—one that focuses on transforming a health center's infrastructure, care delivery, and people systems—has the potential for broad impact, improving outcomes not only for the targeted condition, but also for health care quality across the organization.

- Apply systems thinking to **integrate condition-targeted interventions** within a health center's overall work flow, infrastructure, and strategy.
- Design opportunities for teams to **regularly report on the status of interventions**—in written documents and as part of learning community check-ins—to keep sustained attention on their long-term implementation.
- **Link interventions and action steps** to a transformation framework.

The **Quality Center** produced four health center-focused resources for the CDC's 6|18 Initiative that is focused on six common, costly, and preventable health conditions (tobacco use, high blood pressure, diabetes, asthma, unintended pregnancies, and healthcare-associated infections) and 18 evidence-based prevention and control interventions to address them. Through reviews of the literature and clinical guidelines, as well as in-depth interviews, the Quality Center developed case studies of two high-performing health centers, Charles B. Wang Health Center in New York and Teche Action Clinic in Louisiana, to provide examples of 6|18 interventions in practice and distill lessons learned from their experiences to improve health outcomes and deliver high quality care. In two additional publications, the Quality Center developed condition-specific action guides on asthma control and tobacco cessation, summarizing best practices and outlining clear blueprints for health centers to effectively implement proven interventions and transform care.

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Translated evidence-base for CDC priority conditions Tobacco Cessation and Asthma Control **into action steps** that can be readily applied by health centers.

Gathered and summarized promising practices and successful outcomes, in the context of the Value Transformation Framework, for two health centers performing high in 6|18 measures.

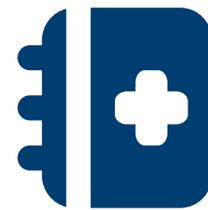


Contributed the perspective, experience, and expertise of the health center community to CDC's 6|18 Initiative.

LESSONS LEARNED

In order for the work of CDC's 6|18 Initiative to resonate with health centers, it is **critical that the work be connected to, and interwoven with, a systems approach.**

PRODUCTS/DELIVERABLES



- > Case-study:
Charles B. Wang Health Center (New York)
- > Case-study:
Teche Action Clinic (Louisiana)
- > Action Guide:
Asthma Control
- > Action Guide:
Tobacco Cessation

Quality Center Advisory Board



The **Quality Center** continued to convene its **advisory board representing a geographically diverse, national cross-section** of health centers, Primary Care Associations, and Health Center Controlled Networks. Launched in August 2017, the QI Advisory Board meets quarterly to help guide the Quality Center's strategic priorities and provide input from the field.

Kaiser Permanente's IHI Endowment Scholarship Fund



Through a grant from Kaiser Permanente's Institute for Healthcare Improvement (IHI) Endowment Scholarship fund, the **Quality Center awarded 72 scholarships to QI coaches across the country** to the IHI's Open School, an online educational community that offers over 30 courses in quality improvement, safety, system design, and leadership.

QI Coach Directory



The **Quality Center** produced the **first-ever national directory of quality improvement coaches** who work at Primary Care Associations and Health Center Controlled Networks. With 135 individuals listed from 48 states, the District of Columbia, and Puerto Rico, the directory is designed to connect peers from across the country who share similar responsibilities and a commitment to improving health center quality.

Increasing Health Center PCMH Recognition



An important element of the **Quality Center's transformation work is supporting health center adoption of the Patient-Centered Medical Home (PCMH) model**. Today, over 75% of HRSA-funded health centers and look-alikes have PCMH program recognition (UDS 2017). Quality coaches at state and regional PCAs play a pivotal role in assisting individual health centers to meet PCMH standards and apply for national program recognition. To strengthen their work, the Quality Center collaborates with the three HRSA-recognized accrediting bodies for health center PCMH recognition—the National Committee for Quality Assurance (NCQA), the Joint Commission (TJC), and the Accreditation Association for Ambulatory Health Care (AAAHC)—to increase the number of PCA Quality Coaches with active PCMH certifications. A 2016 NACHC survey of the country's PCAs showed a high need for PCMH Certification Training among QI staff. To meet that need, the Quality Center continued to support the recruitment and engagement of PCA/HCCN staff to attend HRSA-sponsored NCQA PCMH Certified Content Expert (PCMH CCE) trainings. The Quality Center also works as a national convener on issues related to health center PCMH models and provides ongoing learning opportunities for PCAs and health centers on PCMH issues such as patient engagement, quality improvement, and care management models. Over the past two years, the Quality Center has assisted HRSA in offering PCAs the opportunity to host a regional NCQA PCMH training; four trainings were conducted during April - June 2018.