Health Center 2025

HRSA-Facilitated Discussion

NACHC 2018 PCA/HCCN Conference - General Session – November 16, 2018

Summary and Key Themes

Health Resources and Services Administration (HRSA) / Bureau of Primary Health Care (BPHC) Senior Staff, led by Jim Macrea, MA, MPP, Associate Administrator, closed out the NACHC 2018 Primary Care Association (PCA)/Health Center Controlled Network (HCCN) in New Orleans, Louisiana on November 16, 2018. Mr. Macrae led a facilitated conversation with over 250 attendees during the final general session of the conference. Attendees included representatives from State/Regional PCAs, HCCNs, National Cooperative Agreement (NCA) entities, and health center leaders in the Board of Director role for their respective PCAs and/or NACHC.

The general session focused on envisioning the ideal health center in 2025 and how each entity represented in the room could contribute to this concept. The audience broke into roundtables with each group having at least one representative from each type of entity named above.

To facilitate the conversation, three (3) questions, provided by HRSA/BPHC ahead of the conference, were presented to the audience to discuss and provide their feedback. The three questions were:

1. *What are the key attributes of an ideal health center in 2025? Consider this question in the following broad areas: Workforce, Financing, Operations/Care Delivery Model/Infrastructure, and Outcomes*
2. *What is the role of each of the following strategic partners: State/Regional PCAs, HCCNs, and NCAs in achieving the ideal health center in 2025?*
3. *How can we best work together to develop a learning health center system to support the ideal health center in 2025?*

Throughout the session, the feedback to the three questions were captured by each roundtable through input to the conference io mobile phone app, hand written papers collected per table, as well as verbal report out throughout the two hour general session with notes captured by NACHC staff.

The purpose of this document is to capture and summarize the key themes that emerged from each of the questions and overall discussion by participants. Key words and phrases are in bold to emphasize their significance and importance based on the attendees' feedback.

1. **<u>What are the key attributes of an ideal health center in 2025?</u>**

Workforce

- Diverse and human-centered, include all staff in the definition of workforce (beyond clinical), **recruitment and retention**, build from within/grow your own ex: FQHC residency, marketing support, cross-FQHC contracting, **telehealth and remote care**, reduce provider burden through technology, succession planning
- Design a system to **attract providers** who want to work and stay at the health center
    - pay in top quartile compared to other similar entities (hospitals, group practices, etc.) in same or similar market
- **Incentivize** the whole team: look for opportunities to decrease provider/staff burnout (ie. when you are home, you are home – not working), support professional development
- Leadership team includes more technology expertise

Financing

- Universal system, adjusted for social and medical complexity (**risk management/adjustment**), sustainable model with **diversified payer/income streams**, incorporate Medicaid/Medicare quality payment through the health center program
- Reimbursement will align with technology (telehealth, mobile technology, etc. will be reimbursed)

Operations/Care Delivery Model/Infrastructure

- **Use of data** and sharing of data, optimized (top of license/scope) **care teams** and team-based, expanded beyond current model to include other types of providers
- Partnerships – co-locating with other services agencies, **integration**, team-based, need for flexibility, leveraging partnerships and integration to create a **national system of** primary care for everyone
- **Technology** – integrate and interoperable, common EMR, telehealth and move away from face to face
- **Infrastructure** around a national network – PCAs, HCCNs, and NCAs become the infrastructure for the national network and we work as one unit
- **Data** is key at all levels to improve practice, access to comparative data, dashboards
- **National network recognition** – similar to Mayo or Kaiser / name recognition

Outcomes

- Funding tied to **cost savings**, total cost of care measures, efficiencies
- **Clinical issues** - diabetes, opioid crisis, behavioral health integration
- Focus on the **patient and community** – economic development, preventative measures, beyond four walls of center, standardized care, SDOH, patient engagement and education and "making it easier to be healthy", data sharing goes deep and is the rule (not the exception)
- **Measurements** – HEDIS as a benchmark, population-based, data-driven
- **Clinical integration** – same outcomes regardless of health center from which a patient receives services

2. **<u>What is the role of each of the following strategic partners: State/Regional PCAs, HCCNs, and NCAs in achieving the idea health center in 2025?</u>**

Overall Roles Across All Partners

- Leveraging individual strengths collectively – look at health centers as our patients. We need to keep monitoring them and adjust to improve their health.
- Need for clearly defined roles and responsibilities, coordination among all and alignment in service of health centers
- Strategy of alignment among work plans so duplication is minimal and intentional
- UDS data will be real time and aggregated to show trends
- Inform NACHC; to be **the intermediary**, facilitator, understand state context, policy, finding best practices, shared resources and service

PCAs

- **Backbone**, collect and analyze **data** especially cost and utilization, trainings with a focus on sharing best practices, strategic vision and forward-thinking, **facilitator**, advocacy so health centers can focus on care, state expertise

HCCNs

- Infrastructure for care, shared services, **technology support** and expertise beyond EHR, monitoring and "diagnosing challenges", **innovation** in new practice models/practice transformation, focus on health **research**, **quality improvement**

NCAs

- Efficiencies at national scale, **specialized** topic areas, convener**, responsive to emerging issues**

3. **<u>How can we work together to develop a learning health center system to support the ideal health center in 2025?</u>**

- **Alignment** - versus standardization (recognize differences based on population, area, EHR platform, etc.) , alignment of standards, individualized action plans based on priorities
    - **Education** – consider one learning platform for all health center trainings
- **Communication** – transparency of data, education on roles and responsibilities, need for a definition of and roadmap towards learning health center system including core competencies, help centers understand larger system
- **Sharing** – best practices for health centers across the country, system to incubate ideas + mechanism to vet them, focus on continuing education, promoting improvement
- **Collaborative** – involve PCAs/HCCNs in NOFOs, use one model such as collective impact (with HRSA as the backbone), reduce competition by building trust

General Summary

Overall, the **HC 2025** will be human centered, fully integrated – including SDOH, the provider of choice for all – patients and employees, and the customers/patients are fully engaged in their care. Care will be accessed primarily outside the 'four walls', and both the staff and technology will make the experience easier for patients. Health centers will be fully staffed and have diverse team based coordination to meet the patient's comprehensive needs. They will address holistic needs of patients and communities.

Reimbursement will support comprehensive services and no longer require, or only be linked to face-to-face encounters with a provider or similar care team support. Payments will reflect for both social and medical complexity. HRSA and other funding will be based on and driven with the outcomes of quality measures and include total cost of care measures.

Quality and utilization measures, including UDS, will be the same across all payers, funders, etc. and will align with HEDIS measures. Data will be available in real time, including UDS, and shared / accessible bi-directionally with payers, health centers, PCAs, HCCNs, other care organizations (hospitals, other providers, etc.).

The need for a **national identity** and reputation where health centers are the leaders, experts, and solution to primary health care came through in both direct and underlying comments. Having the reputation similar to the Mayo Clinic or Kaiser Permanente is not only desired, but seen as an opportunity we cannot afford to miss. Through a national identity, standardization of operations and trainings, financial and clinical integration, and data interoperability (technology integration) become the big bucket areas to work towards more unification. Having a unified approach to care and technology integration tied to a national identity, will allow for more predictive and proactive care, regardless of which health center or what part of the country the patient accesses it, the value will be the same. This national identity will unify and strengthen the largest health care system across the country and eventually allow the value to speak for itself.