



## “Transforming Health Center Performance”

9:00 am – 12:00 pm, Friday, January 25, 2019

NACHC Winter Strategy Meeting (WSM) 2019, Delray Beach, Florida

### Summary and Key Themes

On January 24-26, 2019, NACHC’s Winter Strategy Meeting convened nearly 200 field leaders from across the country to assess the 2019 operating environment and examine three key focal areas over the 12-36 month’s time horizon: 1) Comprehensive Medicaid Strategy; 2) Transforming Health Center Performance; and 3) Making the Value Worth Case.

On Friday, January 25<sup>th</sup>, NACHC Board Secretary Paloma Hernandez moderated the “Transforming Health Center Performance” session. The purpose of the session was to examine, identify, and prioritize the current operational challenges facing health centers as well as the key attributes of the “ideal health center of the future (2025)” in the areas of workforce, finance, operations/care delivery models, and outcomes.

For this session, participants were seated at tables based on four distinguishing factors: 1) Health centers serving < 30,000 patients; 2) Health centers serving 30,000 – 75,000 patients; 3) Health centers serving ≥ 75,000 patients; and 4) Infrastructure organizations (i.e. National Cooperative Agreement entities (NCA), State/Regional Primary Care Associations (PCA), and Health Center Controlled Networks). Participants were asked to engage in facilitated table conversations and respond to a series of questions and polls via NACHC’s Conference IO mobile polling system throughout the three-hour session.

### Section 1: Our Vision of the Health Center of the Future

The session began by briefing all participants on the summary themes that emerged from NACHC’s PCA/HCCN Conference in November 2018. Aaron Todd, Chief Strategy Officer, Iowa Primary Care Association, shared the Current State of health center operational challenges as discussed at the Innovation Session at the PCA/HCCN Conference. Challenges included care team burnout, shrinking reimbursements, compliance overload, consumerism, Fee for Service (FFS) vs. value-based payment, technological change, politics, and more.

Jason Greer, Executive Director, Colorado Community Managed Care Network, and Gerrelda Davis, Executive Director, Louisiana Primary Care Association, presented on the Future State of health centers. They summarized key themes emerging from the PCA/HCCN Conference session led by HRSA/BPHC Senior Leaders on the *Ideal Health Center of 2025*. Discussion with BPHC was about the key attributes of the future state/ideal health center in the areas of workforce, financing, operations/care delivery model/infrastructure, and outcomes.

Upon conclusion of the presentations, WSM participants discussed and responded to seven questions via the Conference’s polling interface (Conference io).

**When asked to identify their top 2-3 operational challenges (n=117), the top 5 responses were as follows:**

1. Payment reimbursement/models (37%)
2. Competition for high-quality staff (37%)

3. Provider burnout (32%)
4. Addressing social determinants of health (32%)
5. Data analytics (32%)

As a follow-up, participants were asked to identify **which operational challenges were missing** that should be considered nationally. Participants offered a range of responses including telehealth, business development, workforce shortages, competition (i.e. other health centers, urgent care, Minute Clinics, etc.), 340B, FTCA, lack of national EMR, compliance requirements, lack of national health center identity/brand, succession planning, risk management, partnering with hospitals, and more.

Participants were also asked to vote for their **top two (2) most important attributes of the ideal health center of 2025** in four key domains. The results are as follows:

#### **Workforce (n=144)**

1. Recruiting and retaining skilled employees (60%)
2. Using technology to reduce burden on providers (57%)

#### **Financing (n=127)**

1. Creating sustainable payment models (80%)
2. Using technology to align reimbursement (52%)

#### **Operations/Delivery Models (n=124)**

1. Creating a national identity/network recognition (like Mayo or Kaiser) (40%)
2. Increasing telehealth (35%)
3. Improving the gathering and sharing of data (35%)

#### **Outcomes (n=119)**

1. Improved clinical outcomes (i.e. diabetes, opioid treatment, behavioral health integration, etc.) (45%)
2. Increased patient engagement and satisfaction (39%)
3. Funding tied to cost savings/total cost of care (39%)

As follow-up, participants were asked to respond with **topics that were missing** from the November 18<sup>th</sup> summary. Responses included: Health and racial equity initiatives, payment tied to quality and outcomes, poverty, marketing/branding, environmental health concerns, rural health, demonstrating ROI, a national EMR, provider compensation, creating accountable communities of care, consumer board engagement, upskilling employees, HR practices and leadership, team satisfaction, development of mid-level positions, infant mortality, succession planning, training the next generation of leaders, and compliance.

## **Section 2: Framework for Performance Improvement**

The second part of the “Transforming Health Center Performance” session at WSM focused on an organizing framework for enhancing and aligning national efforts to improve operational performance.

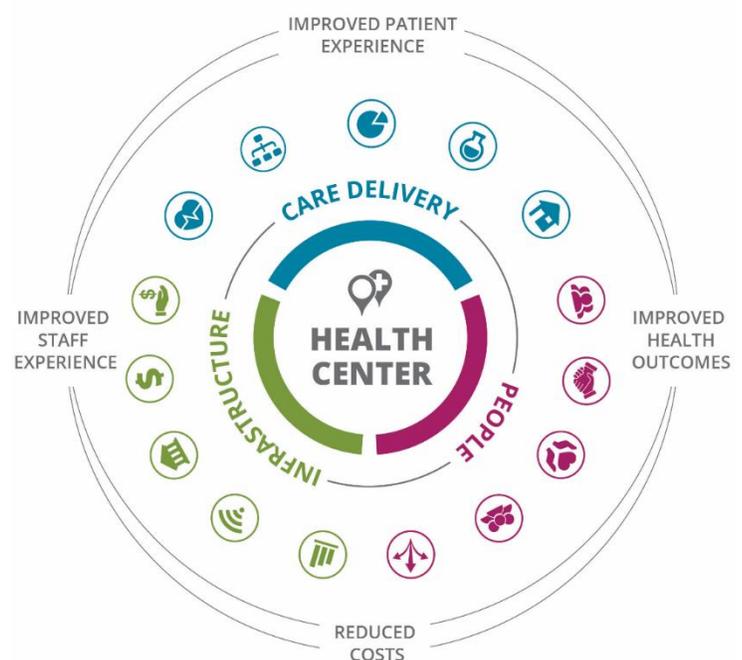
Presentations were delivered by Dr. Tony Amofah, CMO, Community Health of South Florida and Dr. Doug Spegman, Chief Clinical Officer, El Rio Community Health Center. Each presenter shared concrete examples of how their health centers are high performing and improving their systems of care to advance health center performance and improve patient health outcomes. Dr. Amofah highlighted CHSF’s systems

improvement approach to improving hypertension control through engaging providers and changing provider behavior in addition to maximizing use of information technology to utilize and benchmark data. Dr. Spegman focused on three key drivers of high performance: 1) team-based care; 2) directing/coordinating transitions of care; and 3) data management (from simple data analytics to business intelligence).

NACHC Board Member (Region IX Representative) David Vliet, CEO, Tiburcio Vasquez Health Center, and Cheri Rinehart, CEO, Pennsylvania Association of Community Health Centers presented a proposed organizing framework to align efforts to improve health center performance. The key assumption behind the framework – as noted by the presenters – is that “value” or “worth” of health centers can be defined by as meeting the Quadruple Aim goals of improving the health of populations, improving the patient experience of care, lowering the cost of care, and improving the work life of health care providers.

The framework consists of three domains:

- **Infrastructure:** Components that build the foundation on which reliable, high quality health care can be delivered
- **Care delivery:** The processes and proven approaches used to provide care to individuals and target populations
- **People:** Those who receive and provide care, lead and collaborate with health centers to support the mission and goal to provide high value care.



© NACHC, all rights reserved, 03.01.18

Each domain consisted of five change areas that are the keys for improvement:

- **Infrastructure:** Improvement strategy, HIT, policy, payment, and cost
- **Care Delivery:** Population health management, PCMH, evidence-based care, care management, and social determinants of health
- **People:** Patients, care teams, leadership, workforce, and partnerships

Upon conclusion of the presentations, meeting participants were discussed and responded to a series of questions via the Conference’s polling interface (Conference io). The questions were designed to determine the level of consensus in the room related to the organizing framework. In general, there was broad consensus about the organizing framework, but a clear majority of respondents agreed with reservations.

**Should the value of health centers be measured by meeting the Quadruple Aim? (n=148)**

- Yes: 41%

- Yes, with reservations: 57%
- No: 2%

**Would a national organizing framework help align and advance health center efforts to improve performance? (n=139)**

- Yes: 43%
- Yes, with reservations: 53%
- No: 4%

**The proposed framework offers 3 domains and 5 change areas in each domain. Do you see usability in this approach? (n=136)**

- Yes: 49%
- Yes, with reservations: 48%
- No: 3%

Participants were asked about what additional input or reservations they had about the proposed framework. Responses included:

- Assessing and creating the time, capacity, and resources necessary to stand up a framework (especially for smaller health centers);
- Payment models that focus on value and not volume
- Local and state variations in rates, coverages, allowable services, and policies that might limit the framework;
- Alignment of reporting requirements
- Assessing how new models of care will be integrated (i.e. urgent care, telehealth, etc.);
- Will the framework limit the health center's ability to innovate;
- How does the framework lift low performing health centers;
- How scalable is this framework; and
- Where does governance fit into the framework, especially consumer board engagement.

In general, there were multiple requests for additional time or opportunities to understand and internalize the framework.

**Participants were then asked to identify the top 3 operational areas to utilize the framework nationally over the next 12-36 months (n=131):**

- Data Analytics, interoperability, dashboards (62%)
- Financing: Balancing current (PPS) and future payment approaches (value) (45%)
- Outcomes standardized measurements and metrics (41%)
- Outcomes population health management (38%)
- Services: Build clinically integrated service delivery models (e.g., behavioral health, primary care) (31%)
- Workforce provider and staffing models (31%)
- Workforce leadership development (27%)
- Technology: Application of HIT (15%)

- Infrastructure: Revenue cycle management (7%)

When asked what **operational areas are missing that should be operationalized**, responses included quantifying improved health in populations, specialty care provision, cost of care and utilization data, Infrastructure support for rural/small CHCs, risk adjustments, collaboration, oral health integration, 340B, demonstrating return on investment (ROI), and process improvement in alignment with data analytics.

Participants were asked to identify **what it will take to stand up a framework that results in a coordinated approach to health center performance improvement** (they could choose up to three options; n=122):

- Alignment of reporting requirements (43%)
- Disseminating best practices in clinical care delivery (34%)
- Coordinating partnerships with national, state, and other key stakeholders (30%)
- Training and technical assistance in operational areas (27%)
- Sharing operational data (25%)
- Moving forward with a framework (16%)
- ***Applying all of the above (55%)***

Lastly, participants were asked to identify **which partners are the most essential to improving operational performance across all health centers**. Key partners included, PCAs/HCCNs, hospitals, NACHC, payers, state agencies, Health Information Exchanges (HIEs), HRSA/CMS, Electronic Health Record (her) Vendors, Tech Companies, and national partners (i.e. American Heart Association, IHI, NCQA, etc.).

**Five next steps were identified as a result of this session:**

1. Expand efforts to address current challenges with an eye to the future operational state we envision (ALL)
2. Produce a summary document from this session to continue the conversation and sustain momentum leading into P&I (NACHC)
3. Dive deeper into session feedback to revise and refine a national organizing framework (NACHC)
4. Convene a listening session at P&I to move from “Yes with reservations” to “Yes” (NACHC)
5. Use this expanded knowledge base to prioritize time, energy and efforts over the next 12-36 months (ALL)