



National Training and Technical Assistance Cooperative Agreements

Thursday, October 1, 2015
2:00 – 3:30 pm, ET

Bureau of Primary Health Care
Office of Quality Improvement
Strategic Partnerships Division



Today's Agenda



- Bureau of Primary Health Care Overview
- NCA Legislative Overview
- NCA Expectations and Responsibilities
- NCA Publication Protocol
- NCA Monitoring and Reporting Requirements
- NCA Evaluative Measures/Impact
- NCA Coordination & Collaborative Opportunities
- Questions & Answers



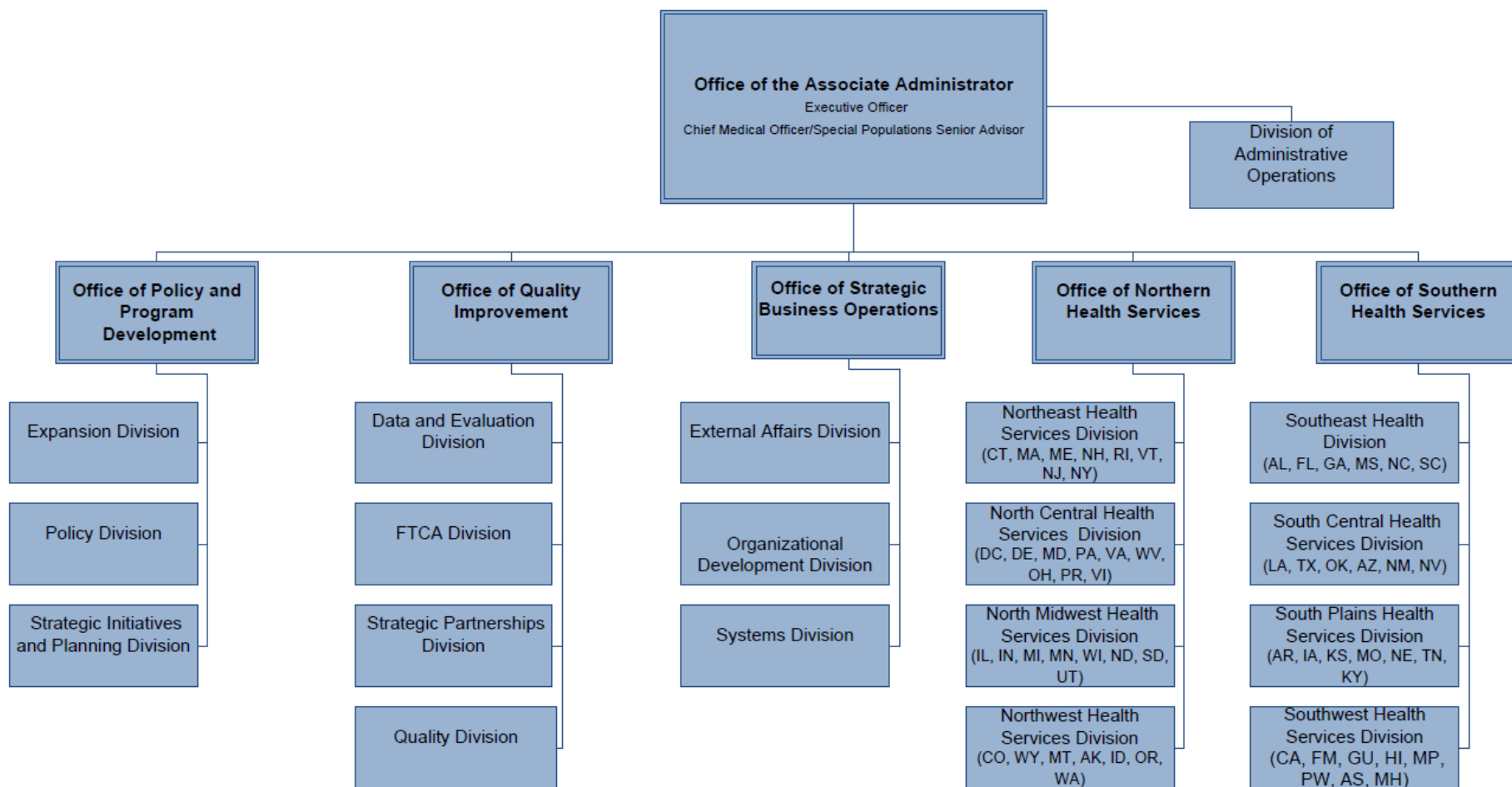
Health Center Program Updates



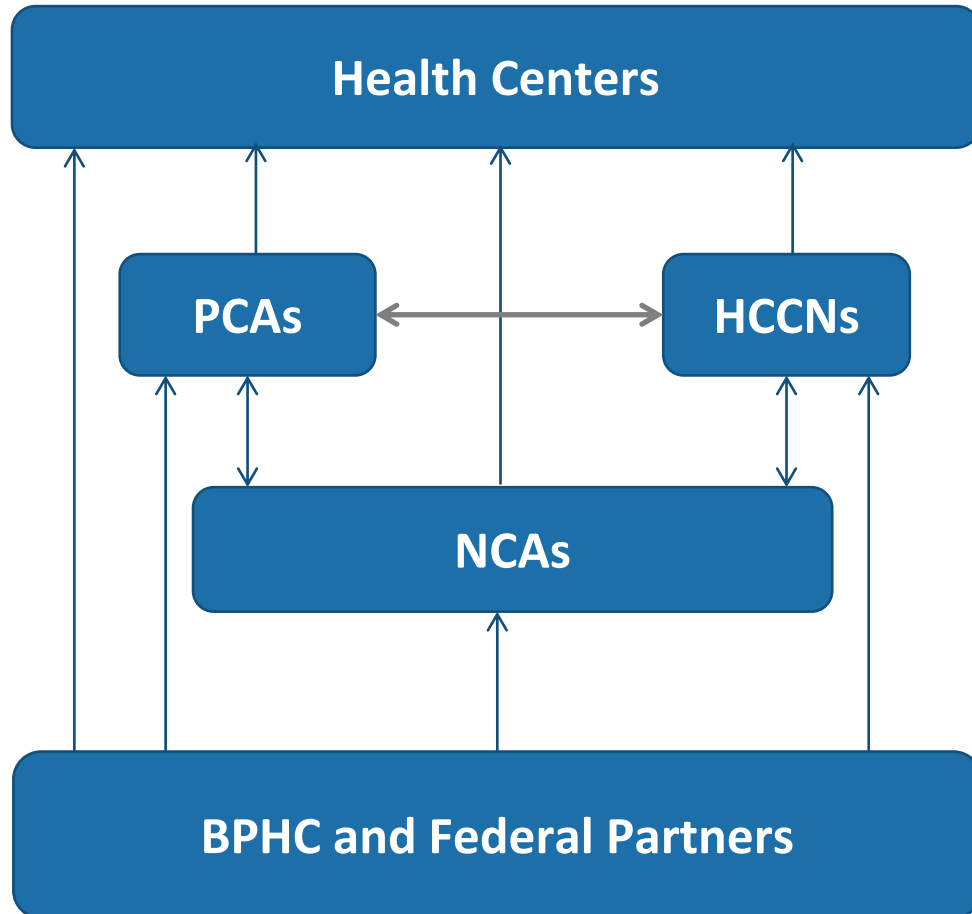
**Tracey Orloff, Director, Office of Quality Improvement,
Strategic Partnerships Division**



BPHC Organizational Structure



Vision: Create a Continuously Learning Health Care System for Health Centers



Opportunities to accelerate performance:

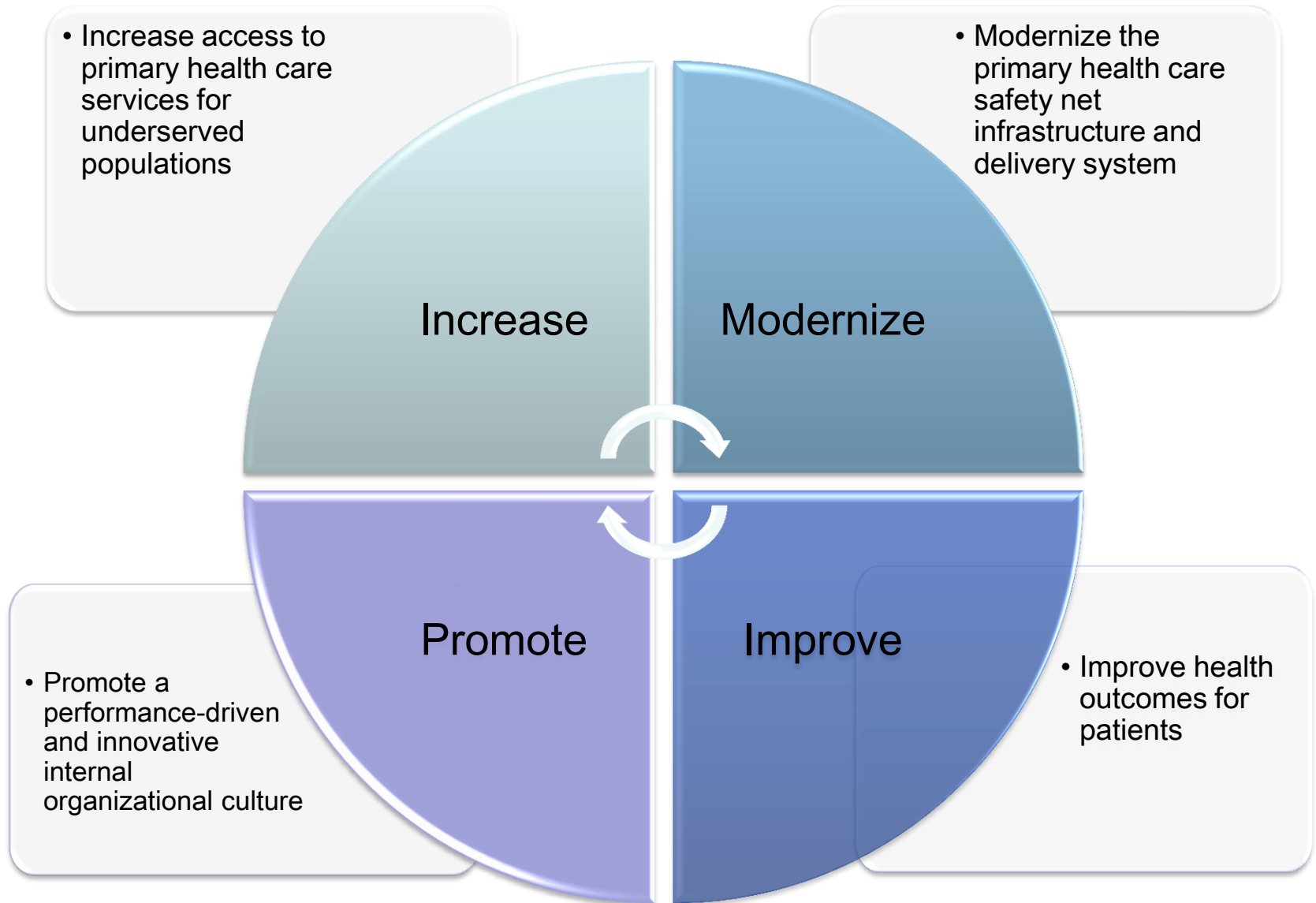
- Improve data and analytics capacity
- Identify and disseminate best/evidence-based practices
- Advance operational performance and business acumen (including governance)
- Participate in delivery system reform

Ideal TA support:

- Starts and ends with data
- Focuses on performance
- Facilitates/encourages collaboration
- Utilizes practice coaching/facilitation
- Customer-centric, responsive to changing needs based on health care landscape
- Multi-modal, based on educational and knowledge management best practices
- Results in significant increases in ROI



Primary Care: Key Strategies





Health Center Program Overview Calendar Year 2014



22.9 million patients

92% Below 200% Poverty

28% Uninsured

62% Racial/Ethnic Minorities

Special Populations

1,151,046 Homeless Individuals

891,796 Agricultural Workers

429,251 Residents of Public
Housing

289,391 Veterans

7,154,362 Children

National Numbers

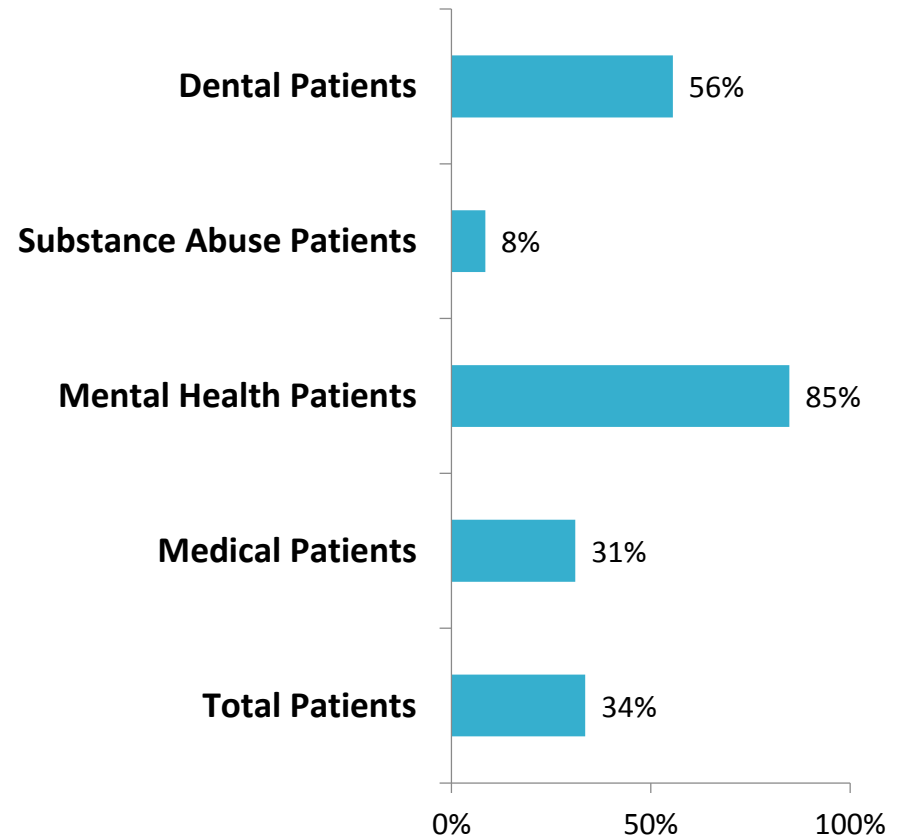
170,331 total FTEs

1 in 14 people living in the U.S.

1 in 7 people living below 200%
FPL

1 in 7 of the Nation's uninsured

Percent Growth 2008-2014





Primary Care: Key Strategies



Increase

- **34%** increase in patients served since 2008
- **64%** of health centers increased patients/2013-2014
- **304** new health centers since 2008
- **12 million** assisted under Outreach and Enrollment

Promote

- **118** health centers increased patients overall by at least 5% and increased patients in at least 2 service categories
- **69%** of health centers are Patient Centered Medical Home (PCMH) recognized/accredited
- **Over 700** health centers are participating in health center controlled networks

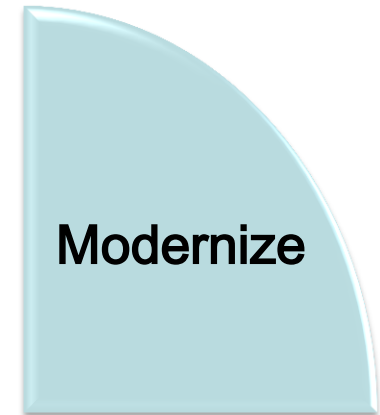


Primary Care: Key Strategies



- **98%** of health centers have installed Electronic Health Records (EHR)
- **89%** of health centers are participating in Meaningful Use
- Modernized over **800** service delivery sites

- **89%** of health centers met or exceeded Healthy People 2020 goals for at least one clinical measure
- **93%** of health centers improved in at least one clinical quality measure/2013-2014
- **6%** increase in Enabling Services patients/2013-2014





NCA Purpose and Legislative Authority



- NCA Purpose- Performance Improvement
- Legislative Authority- Section 330(I) of the Public Health Service (PHS) Act



NCA Project Officer Roles and Responsibilities



Designated HRSA Staff

Project Officer (PO):

- The PO is the official responsible for the programmatic, technical aspects of assigned applications and grants.

Grants Management Specialist (GMS):

- The GMS is responsible for the financial management of a portfolio of grants.



NCA Project Officer Roles and Responsibilities



HRSA/Bureau of Primary Health Care (BPHC) responsibilities, in addition to the usual monitoring and technical assistance under this cooperative agreement, includes the following:

- Collaborate on the development and coordination of the work plan activities and evaluative measure goals;
- Develop specific strategies, guidance, and training related to work plan activities;
- Approve the work plan (including the publication plan);
- Monitor the work plan activities;
- Attend and participate in meetings;
- Review and approve written materials prior to publication,
- Coordinate with other Bureaus within HRSA to develop synergies in programs; and
- Assist in coordination of activities with other federally-funded cooperative agreements.



NCA Roles and Responsibilities



As stated in the Notice of Award (NoA), NCAs must:

- Anticipate and respond to the changes in the health care environment.
- Collect and analyze data relative to national health issues, unmet need, marketplace conditions, special populations, and other key health indicators to guide current/future strategic planning, developmental efforts, and work plan activities.
- Coordinate with HRSA to address the T/TA needs of the target audience and assist with new/emerging strategic initiatives.
- Coordinate with other national organizations to provide T/TA for potential and existing health centers.
- Utilize a broad decision-making process to determine the most efficient and effective use of HRSA funds.
- Ensure that program implementation is representative of the diverse needs of health centers across the nation.
- Make all activities supported in whole or in part with HRSA NCA funds equally available to all potential and existing health centers regardless of Health Center Program grant status or NCA organization membership.



NCA Publication Protocol Responsibilities



- Coordinate with HRSA regarding possible topics for publications for the upcoming budget period.
- Provide a publication plan for each budget period.
- When requested by your PO, provide an outline prior to drafting a publication and collaborate with PO regarding intended audience and scope of document.
- Provide all publications on or before the due date, giving HRSA at least 2 weeks to review and provide comments.
- If significant changes are proposed by PO, the NCA shall provide a second draft of the publication to the PO as soon as possible.
- Unless otherwise requested, when providing a publication to HRSA, the publication should be in final format.



NCA Publication Protocol Responsibilities



- The NCA assumes responsibility for quality control of the publication to include a review for editorial and grammatical accuracy, proper formatting, correct use of footnotes and bibliography, etc.
- NCAs are not authorized to use any logos associated with HHS, HRSA or BPHC on the publication.
- Place the standard HRSA disclaimer on the publication. However, do not list this HRSA disclaimer on the front cover(s) of any publication. Can be found on NOA.
- Provide the PO with an electronic copy and/or hardcopy of all final publications with web link.



NCA Monitoring and Reporting Requirements



- Project Period: September 1, 2015 – June 30, 2017
 - Budget period 1: September 1, 2015 – June 30, 2016
 - Budget period 2: July 1, 2016 – June 30, 2017
- Non-Competing Continuation Progress Report
 - Year 1 work plan progress report
 - Year 2 proposed work plan and budget
- Federal Financial Report (FFR)
- Final report
- Monthly calls
- Ad-hoc information requests
- Target area specific measures
- Evaluative measures



NCA Evaluative Measures/Impact



Evaluative Measures/Impact *	Totals for all 16 NCAs
How many formal training/technical assistance sessions took place during this timeframe (e.g., planned and structured training/technical assistance sessions with specific objectives and outcomes to include virtual and onsite sessions)?	1,785
How many health center representatives were trained via the planned formal training/technical assistance sessions?	30,221
How well will the training/technical assistance meet the stated objectives? (on a 4 point scale – 4 being the highest, 1 being the lowest)	3.62
How likely will training recipients be to apply information from the training/technical assistance in their Health Center Programs/organizations? (on a 4 point scale – 4 being the highest, 1 being the lowest)	3.48

*Based on the Non-Competing Continuation Progress Report for the time period of July 1, 2014 – January 2015



National Health Care for the Homeless Council

<https://www.nhchc.org/>

Produces research, training and resources related to health care for people experiencing homelessness

National Center for
Health in Public Housing

A project of  NORTH AMERICAN
MANAGEMENT

National Center for Health in Public Housing

<http://www.nchph.org/>

Offers technical assistance to strengthen the capacity of health centers in and accessible public housing



Community Health Partners for Sustainability

<http://www.chpfs.org/chpfs/>

Provides training to public housing-affiliated health centers to become vibrant, long-lasting providers of high quality, cost-effective health care



Corporation for Supportive Housing

<http://www.csh.org/hrsaTA>

Focuses on improving connections to primary care for extremely low-income individuals who frequently use emergency rooms, hospitals, etc.

	<p>Farmworker Justice http://www.farmworkerjustice.org/</p>	<p>Specializes in providing T/TA related to federal and state policy and legislation impacting access to healthcare for agricultural workers and their families.</p>
	<p>Health Outreach Partners http://web.outreach-partners.org/</p>	<p>Provides outreach and enabling services, program planning and development, needs assessments and evaluation, and community collaboration.</p>
	<p>National Center for Farmworker Health http://www.ncfh.org/</p>	<p>Specializes in T/TA related to governance, administration and patient education designed to enhance health centers' delivery of services for the agricultural workers.</p>
	<p>Migrant Clinicians Network http://www.migrantclinician.org/</p>	<p>Provides T/TA on all aspects of clinical requirements and issues impacting patients, providers and clinic systems through consultation, patient tracking, bridge case management, and clinical education.</p>
	<p>MHP Salud http://mhpsalud.org/</p>	<p>Provides T/TA to health centers to develop, implement, and sustain Promotoras de Salud programs through culturally-appropriate health education and outreach community development.</p>



National Network for Oral Health Access

<https://www.nhchc.org/>

Provides T/TA to add new, expand, and/or integrate high quality oral health services and adopt effective practices to monitor, report, and improve oral health outcomes.



John Snow, Inc.

<http://www.jsi.com/>

Provides T/TA to extract and analyze data to support clinical quality improvement, increase meaningful use of data, and recruit and retain information technology staff.



Community Health Centers, Inc.

<http://www.chc1.com/>

Specializes in T/TA related to clinical workforce development, developing postgraduate residencies for new nurse practitioners and postdoctoral clinical psychologists, and implementing team-based models of care.



Association of Clinicians for the Underserved

<http://www.chcworkforce.org/>

Provides training, tools, and other resources on clinical workforce recruitment and retention for health centers.



Capital Link

<http://caplink.org/>

Assists health centers in planning capital projects, financing growth and identifying ways to improve performance.



School-Based Health Alliance

<http://www.sbh4all.org/>

Strengthens the capacity of health centers to address the unique health needs of school-aged children and improve the health outcomes of underserved youth, particular in school-based health centers.



Association of Asian Pacific Community Health Organizations

<http://www.aapcho.org/>

Offers language access, cultural competency, community asset building to advance the health care needs of Asian American, Native Hawaiian and other Pacific Islander communities.



National LGBT Health Education Center

<http://www.lgbthealtheducation.org/>

Provides educational programs, resources, and consultation to health centers with the goal of optimizing quality, cost-effective health care for LGBT people.



National Center for Medical Legal Partnership

<http://medical-legalpartnership.org>

Embeds lawyers and paralegals alongside health care teams to detect, address and prevent health-harming social conditions for people & communities.



National Association of Community Health Centers

<http://www.nachc.com/>

Offers T/TA to effectively address the unmet needs of underserved communities & to implement QI strategies to remain financially sound; deliver high quality clinical care & respond to changes in the health care environment.



NCA Collaboration



- Examples of successful collaboration
 - Farmworker Health Network (FHN)
 - PHPC programs partnering with HUD
 - Association of Asian Pacific Community Health Organizations (AAPCHO) Enabling Services

Questions & Answers

