Welcome

HCH Staffing and Services: National Trends and Implications for Growth

June 13, 2012

We will begin promptly at 1:00pm EDT

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HCH Staffing and Services: National Trends and Implications for Growth

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Presenters:

- Heather Ngai
  - Public Health Analyst, Office of Quality and Data, Bureau of Primary Health Care

- Dan Rabbitt, MSW
  - Health Policy Organizer, National Health Care for the Homeless Council

- Lydie Leburn, MPH, PhD
  - Public Health Analyst, Office of Quality and Data, Bureau of Primary Health Care

- Parminder Bajwa, MD
  - Director of Quality Improvement/Risk Management, Columbus Neighborhood Health Center

- Buhari Mohammed, MD
  - Director of Health Center Operations, Columbus Neighborhood Health Center

Health Care & Housing Are Human Rights
Agenda:

- Uniform Data System and 2012 changes
- National HCH trends in UDS data
- Possible data implications and recommendations
- 2009 Health Center Patient Survey
- Columbus Neighborhood Health Center use of data for program planning
BPHC uses data for program monitoring.

HRSA grantees use data for program management, performance improvement, and as a source for grant application data.
Purposes of Clinical Performance Measures:

- Demonstrate the value and quality of care provided by health centers
- Focus grantee quality improvement using key health outcomes and process indicators
For Uniform Data System (UDS) data submission due February 15, 2013:

- Table 5A (new) – permits grantees and BPHC to demonstrate tenure / continuity of key staff
- Table 6A – reports patients and diagnoses regardless of primacy
- Table 6B – three new clinical measures
- Revised data on EHRs and Quality Recognition at health centers
UDS 2012 Reporting Changes

UDS Table 5A, Tenure for Health Center Staff

- Provides staff tenure, or months employed by staff categories; measures the stability of health center employment

- Assesses workforce needs to improve efforts for workforce development and retention
Table 6A reporting of health conditions will change from primary to ALL diagnoses.

- Provides a more comprehensive picture of patient health conditions
Table 6B Measures introduced in UDS 2012

• Coronary Artery Disease: Lipid Therapy
  ➢ Drug Therapy for lowering LDL Cholesterol, % patients 18 and older

• Ischemic Vascular Disease: Aspirin Therapy
  ➢ % patients 18 and older with major heart procedures or condition, with documented use of aspirin
Table 6B Measures introduced in UDS 2012

- Colorectal Cancer Screening
  - % patients 50 to 75 years with appropriate screening for colorectal cancer (colonoscopy, 10 years; sigmoidoscopy, 5 years; fecal occult blood test, annual)
Electronic Health Records

• BPHC will continue to collect information on the implementation of electronic health records (EHRs).
Are providers at your health center Meaningful Users of HIT?

- Yes. Providers are receiving Meaningful Use incentive payments from CMS due to their use of health center’s EHR system.
- Not yet, but providers at my health center plan to apply to receive Meaningful Use incentive payments from CMS in the coming year.
- Providers at health center do not meet the requirements to receive Meaningful Use incentive payments from CMS, or do not plan to apply.
Quality Recognition

• Has your health center received national and/or state quality recognition, either accreditation or patient centered medical home recognition for 1 or more sites?
  a. Yes
  b. No
If yes, which 3rd party organization(s) deemed recognition status? (Can identify more than 1)

a. Accreditation Association for Ambulatory Health Care (AAAHC)
b. The Joint Commission (JCAHO)
c. National Committee for Quality Assurance (NCQA)
d. State Based Initiative
e. Private Payer Initiative
f. Other Recognition Body (write in name)
• Technical Assistance call, April 2012
  ➢ Changes to 2012 UDS Reporting
  ➢ Archived at UDS website

• UDS website
  ➢ http://bphc.hrsa.gov/healthcenterdatastatistics/index.html
• UDS Help Desk
  ➢ For all UDS content questions
  ➢ Phone: 1-866-UDS-HELP (866-837-4357)
  ➢ E-mail: udshelp330@bphcdata.net

• BPHC Help Line
  ➢ For all UDS electronic reporting questions
  ➢ Phone: 1-877-974-BPHC
  ➢ E-mail: bphchelpline@hrsa.gov

• Program Assistance Letters (PALs)
  ➢ PAL 2012-03, Approved UDS Changes for 2012:
  ➢ http://bphc.hrsa.gov/policiesregulations/policies/index.html
Why Analyze National HCH Data?

- Health Reform requires significant changes:
  - Medicaid expansion
  - Delivery system reforms
  - Workforce expansions

- Must plan for changes in staffing, services, billing, and many other areas

- Must also respond to local changes
HCH Program

- Started in 1985 by the Robert Wood Johnson Foundation
- Incorporated in the Health Center Program in 1996
- HCH are now special population health centers, with the same requirements except:
  - Must provide substance abuse services
  - Can waive some governance requirements
HCH Compared to All Grantees

Patient Income: HCH v. All Grantees

*Source: 2010 UDS Data, HRSA

Health Care & Housing Are Human Rights
HCH Compared to All Grantees

Patient Insurance Status: HCH v. All Grantees

*Source: 2010 UDS Data, HRSA

Uninsured: HCH 65%, All Grantees 38%
Medicaid: HCH 39%, All Grantees 26%
Medicare: HCH 4%, All Grantees 8%
Other Public: HCH 3%, All Grantees 3%
Private: HCH 3%, All Grantees 14%
HCH Compared to All Grantees

Proportion of visits in 2010

*Source: 2010 UDS Data, HRSA
HCH Changes Over Time

Change in proportion of visits:
HCH Projects 2006-2010

*Source: 2006-2010 UDS Data, HRSA
Possible Implications:

- Increase in proportion of mental health visits with decrease in proportion of substance abuse visits:
  - Increased emphasis on mental health has reduced proportion of substance abuse services only
  - Integration of mental health, substance abuse services, and primary care
  - Increased use of mental health screening tools
Possible Implications:

- Decrease in proportion of enabling services (outreach, patient education, interpretation, transportation, eligibility services, case management):
  - Low rates of reimbursement
  - Insufficient grant funding
  - Strained capacity and workforce demands
HCH Changes Over Time

% Change in Proportion
of Patients' Housing Status:
HCH Projects 2006-2010

*Source: 2006-2010 UDS Data, HRSA

Health Care & Housing Are Human Rights
Possible Implications:

- Decreased street and shelter population with increased doubled-up population:
  - Proliferation of Permanent Supportive Housing models
  - Lack of affordable housing
  - Longer shelter stays and fewer unique patients
  - Strained outreach capacity
  - Push for increased number of patients served
Recommendations:

- Every community is unique, but broad recommendations are:
  - Engage in the Health Reform implementation process in your state
  - Use data to make decisions about growth
  - Partner with HRSA to grow effectively
  - Seek out alternative resources for outreach and enrollment
• Another source of data housed at BPHC.
• Nationally representative sample of 4,562 patients.
• Representing over 13 million patients seen during 2009.
• Includes 618 patients who were homeless at the time of interview.
• Compare health status, health behaviors, and health care access among homeless patients seen at HCs, compared with non-homeless patients.
Substance Use - Homeless vs. Housed Health Center Patients

- **Current Smoker***
  - Homeless: 59%
  - Not Homeless: 30%

- **Binge Drinking***
  - Homeless: 40%
  - Not Homeless: 20%

- **High Risk for Drug Dependence***
  - Homeless: 15%
  - Not Homeless: 1%
Mental Health - Homeless vs. Housed Health Center Patients

- Psychological Distress***: 68% Homeless vs. 41% Not Homeless
- Depression**: 67% Homeless vs. 51% Not Homeless
- Anxiety***: 52% Homeless vs. 35% Not Homeless
Access to Care - Homeless vs. Housed Health Center Patients

- Unmet Medical Needs
  - Homeless: 43%
  - Not Homeless: 29%

- Any ED Visit
  - Homeless: 60%
  - Not Homeless: 41%
Lydie Lebrun
Heather Ngai
Office of Quality and Data
Bureau of Primary Health Care
Health Resources and Services Administration
(301) 594-0818
The Mission of CNHC

Is to serve the community through services that improve the health of families including people experiencing financial, social or cultural barriers to health care…
6.50% Homeless

13.72% Public housing

79.78% Non homeless

- Homeless = 1702
- Public Housing = 3591
- Non Homeless = 20880
- Total = 26173
1. Dedicated Team - Demonstrate Excellence
2. A Revised QI Plan
   • Look at the data and look at it again
   • Identify gaps
   • Measure performances every quarter
   • Share the data with each staff member of CNHC
   • We were critical of ourselves

3. Follow up on missed opportunities immediately after each quarter report.
Keep in mind why you are doing this

PDSA
1. Focus on the process not the outcome.
2. If all of the process measures are at 100%, the outcome measures will follow.
3. Don’t report just to meet the requirements.
Questions?

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More Information on the Council

The National Health Care for the Homeless Council is a membership organization for those who work to improve the health of homeless people and who seek housing, health care, and adequate incomes for everyone.

- Our site:  [www.nhchc.org](http://www.nhchc.org)

- NHCHC offers free individual memberships at:  [http://www.nhchc.org/council.html#membership](http://www.nhchc.org/council.html#membership)