



DED Speaker Series

Staffing transformation following Patient-Centered Medical Home Recognition among HRSA-Funded Health Centers

August 26, 2021

Bureau of Primary Health Care (BPHC)
Office of Quality Improvement (OQI)
Data and Evaluation Division (DED)

Vision: Healthy Communities, Healthy People



AGENDA

- **Opening Remarks: Quality Division**
 - Dr. Jannette Dupuy, Division Director, Quality Division, HRSA Office of Quality Improvement
- **Opening Remarks: Data and Evaluation Division**
 - Dr. Helen Yu-Lefler, Health Statistician, Data and Evaluation Division, HRSA Office of Quality Improvement
- **Staffing transformation following Patient-Centered Medical Home Recognition among HRSA-Funded Health Centers**
 - Dr. Nadereh Pourat, PhD, UCLA Center for Health Policy Research and UCLA Fielding School of Public Health
- **HRSA Accreditation and Patient-Centered Medical Home Recognition Initiative**
 - Neeraj Deshpande, Quality Division, HRSA Office of Quality Improvement
- **Q&A**

Disclaimer

Information provided in this webinar is intended as guidance to be used consistent with your organization.

This information is not to be viewed as required by HHS or the Health Resources and Services Administration.



Opening Remarks: Quality Division

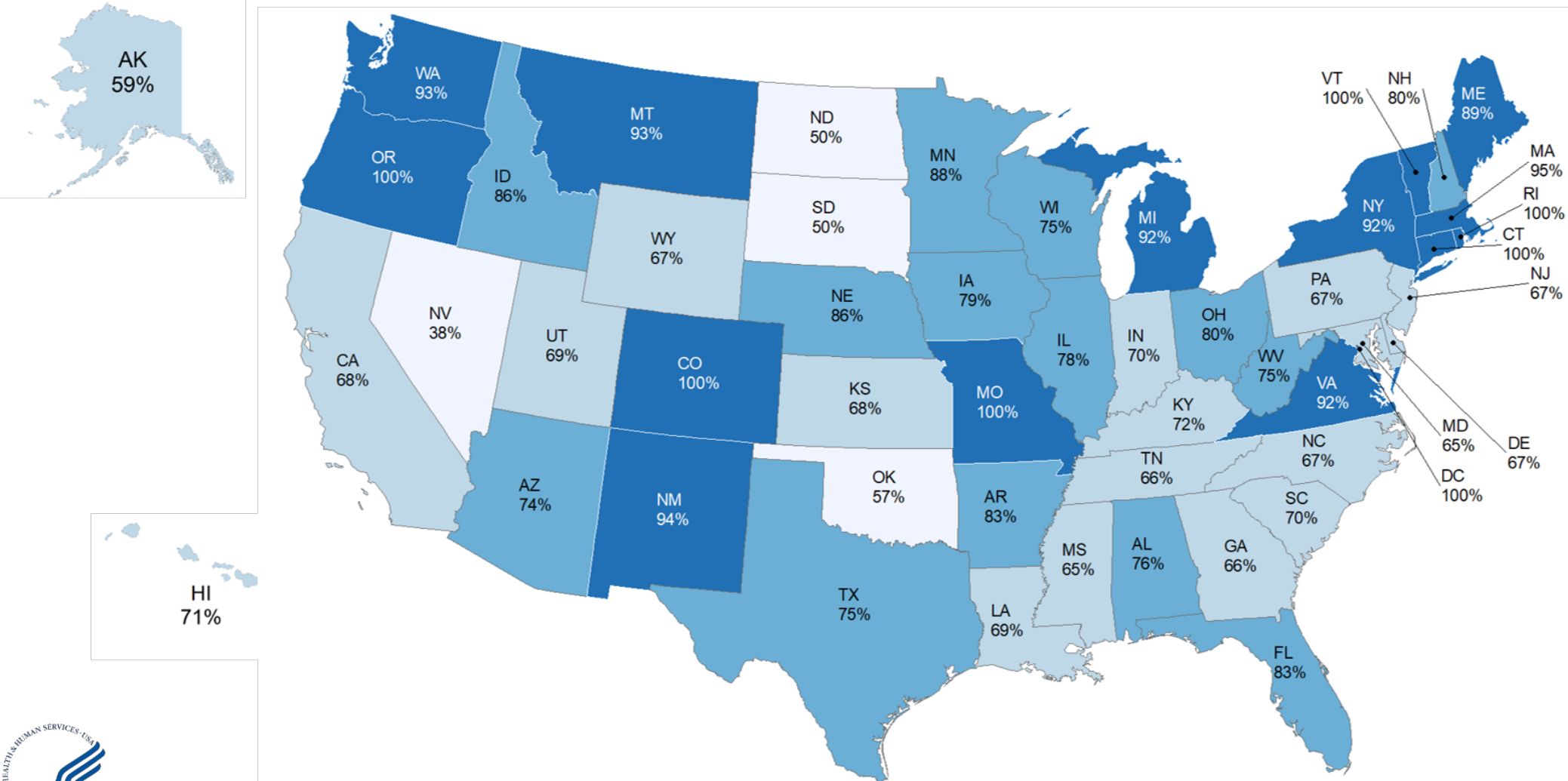


Jannette Dupuy, PhD, MS

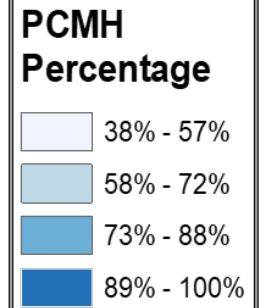
Division Director,
Quality Division, Office of Quality Improvement
Bureau of Primary Health Care

2021 PCMH Percentage by State

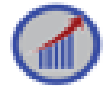
(National 1057/1376 = 77%)



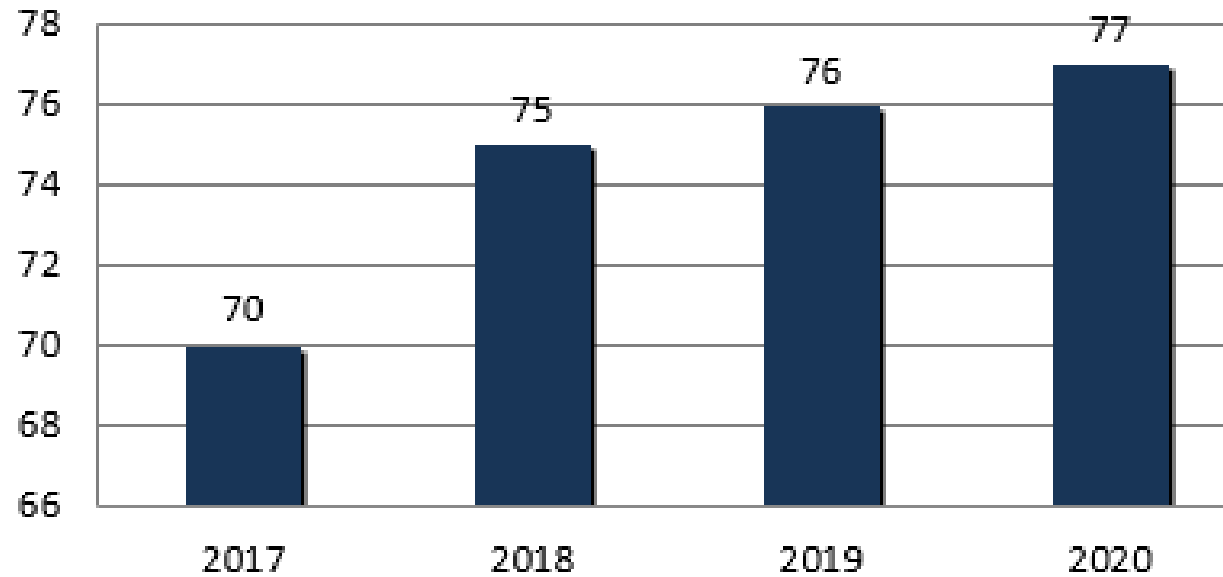
Territories	
AS:	0%
FM:	0%
GU:	100%
MH:	0%
MP:	100%
PW:	0%
VI:	50%



PCMH and Health Equity



↑ #PCMH Health Centers from 38% in 2013 to 77% in 2020



Source: HRSA Accreditation and Patient-Centered Medical Home Report, 2013-2019



Investments and promotion of the PCMH model of care contribute to improvements in health equity and cultural competent care delivery in health centers



Source: Saha, Beach, & Cooper (2008). Patient centeredness, cultural competence and healthcare quality.
Bodenheimer & Sinsky (2014). From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider.

Health Centers and PCMH

- Health Centers (HCs) provide comprehensive primary care services and many have multidisciplinary providers and staff to address the needs of their frequently low-income and uninsured patients.
- Patient-Centered Medical Home (PCMH) recognition is expected to improve patient outcomes.
- HRSA has promoted PCMH recognition under the Health Center Program through:
 - Funding
 - Technical assistance



Opening Remarks: Data and Evaluation Division



Helen Yu-Lefler

Data and Evaluation Division

Office of Quality Improvement

Bureau of Primary Health Care

Bureau of Primary Health Care

Data and Evaluation Division (Office of Quality Improvement)

Vision

- Demonstrate the impact of the health center program through program evaluation and research
- Promote data-driven quality improvement across BPHC and the health center program

Functions

- Identify, design, analyze, data collection strategies
- Disseminate health center data and make data more user friendly
- Increase BPHC data savvy and capacity



Access Health Center Program Research

BPHC Health Center Research and Evaluation Page

Comprehensive space for DED research and evaluation activities including research briefs, infographics, and other products and resources.

<https://bphc.hrsa.gov/datareporting/research/index.html>

<https://bphc.hrsa.gov/datareporting/research/index.html>



Program Requirements	Quality Improvement	Program Opportunities	Health Center Data	Federal Tort Claims Act	About the Health Center Program
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[Home](#) > Health Center Research and Evaluation

Health Center Research and Evaluation

Through research and evaluation, we examine new ways to support the Health Center Program in providing high quality and cost-effective care to historically medically underserved communities. This includes assessing the impact of specific policy or program shifts in access, quality, cost of services, and health equity. We also provide insight into emergent federal healthcare priorities.

Products and Resources

Peer-Reviewed Articles

Visit the [Health Center Library](#) to find current peer-reviewed articles that describe innovative promising practices, evidence-based interventions, quality improvement programs, and program evaluations relevant to health centers.

Briefs

View briefs, fast stats, and other resources that highlight ongoing health center research and evaluation activities.

Access to Care

- [Health Center Capacity in Rural Maternity Care Deserts](#) (PDF - 352 KB)
Growing evidence shows maternal care disparities in the U.S., such as rural counties that lack obstetrician-gynecologists, certified nurse midwives, and hospitals that provide obstetric care, known as maternity care deserts. A new analysis explores the role of HRSA-funded health centers in helping to address rural access to maternity care.
- [Role of Health Centers in Providing Medication-Assisted Treatment](#) (PDF - 327 KB)
Medication-assisted treatment (MAT) is increasingly shown to be effective in treating opioid use disorder and reducing mortality. A new study explores geographic areas that most depend on health center providers for MAT.
- [HIV Testing and Health Center Patients](#)
HRSA-funded health center patients are more likely to receive HIV testing than the general population.



2020 UDS Data Now Available!



The screenshot shows the data.HRSA.gov website. At the top, there is a header for the Health Resources & Services Administration. Below this is the data.HRSA.gov logo and a search bar. A navigation menu includes links for Find Health Care, Data, Maps, Tools, Topics, and Help. The main content area is titled 'Health Center Program UDS Data' and features a large icon of a house with people. The text explains that Health Center Program awardees and look-alikes are required to report on a core set of measures each calendar year as defined in the UDS, a standardized reporting system. HRSA uses UDS data to assess the impact and performance of the Health Center Program, and to promote data-driven quality improvement. Below this, there are two callout boxes: 'Health Center Program UDS Data' and 'Special Populations Funded Programs'.

Health Resources & Services Administration

data.HRSA.gov

Search A-Z Index

Find Health Care ▾ Data ▾ Maps ▾ Tools ▾ Topics ▾ Help ▾

Home ▸ Tools ▸ Health Center Program UDS Data

Health Center Program Uniform Data System (UDS) Data

Health Center Program awardees and look-alikes are required to report on a core set of measures each calendar year as defined in the UDS, a standardized reporting system. HRSA uses UDS data to assess the impact and performance of the Health Center Program, and to promote data-driven quality improvement. Explore aggregated UDS data on health center patient characteristics, services provided, clinical processes and health outcomes, patients' use of services, staffing, costs, and revenues.



Health Center Program UDS Data

View national, state/territory, and health center UDS data profiles for Health Center Program awardees and look-alikes.



Special Populations Funded Programs

View UDS data from health centers that receive grant funding to serve special populations through the Health Care for the Homeless, Migrant Health Centers and Public Housing Primary Care programs.



<https://data.hrsa.gov/tools/data-reporting>

Featured Presenter



Nadereh Pourat, PhD, MSPH
Associate Director and Professor
UCLA Center for Health Policy Research
UCLA Fielding School of Public Health

Significance and Objectives

Significance

- PCMH recognition requires:
 - Team-based care delivery
 - Addressing the needs of the whole person
 - Proactive approach to managing care
- PCMH has been shown to:
 - Increase the likelihood of receipt of appropriate care
 - Improved health and outcomes
- Little is known on whether PCMH recognition has led to changes in HC staffing infrastructure

Research Question

- Has PCMH recognition by HCs promoted the staffing capacity to deliver team-based and integrated care?



Data and Sample

- **Data**

- 2010-2019 Uniform Data System (UDS)
 - Annual administrative dataset reported by all HC organizations participating in HRSA's Health Center Program, which collects information including patient demographics, types of services delivered, and clinical quality measures
- Roster of HCs with PCMH recognition maintained by HRSA
 - Data collected as part of the HRSA Accreditation and Patient-Centered Medical Home Recognition Initiative which supports health centers seeking PCMH recognition

- **Sample**

- HCs with PCMH recognition in 2019 (N= 1,047)



Dependent Variables

Concept	Variables
Team-based care staffing	<p>Number of full-time equivalent (FTE) staff per primary care provider</p> <ul style="list-style-type: none"> • Advanced practice providers (nurse practitioners, physician assistant) • Clinical support staff (nurses and medical assistants) • Pharmacy providers and staff (pharmacists, pharmacy technicians) • Other professional providers (nutritionists, physical therapist) • Non-clinical support staff (case managers, care coordinators) • Mental health providers (psychiatrists, psychologists) • Substance use disorder staff (SUD workers and psychiatric nurses)
Co-located care staffing	<p>Number of co-located multidisciplinary FTE staff per 2,000 patients</p> <ul style="list-style-type: none"> • Ancillary staff (X-ray technicians, pathologists) • Pharmacy providers and staff (pharmacist, pharmacy technicians) • Other professional providers (nutritionists, physical therapist) • Mental health providers and staff (psychiatrists, psychologists) • Substance use disorder staff (SUD workers and psychiatric nurses) • Dental providers and staff (dentists, dental assistants)

Independent Variables

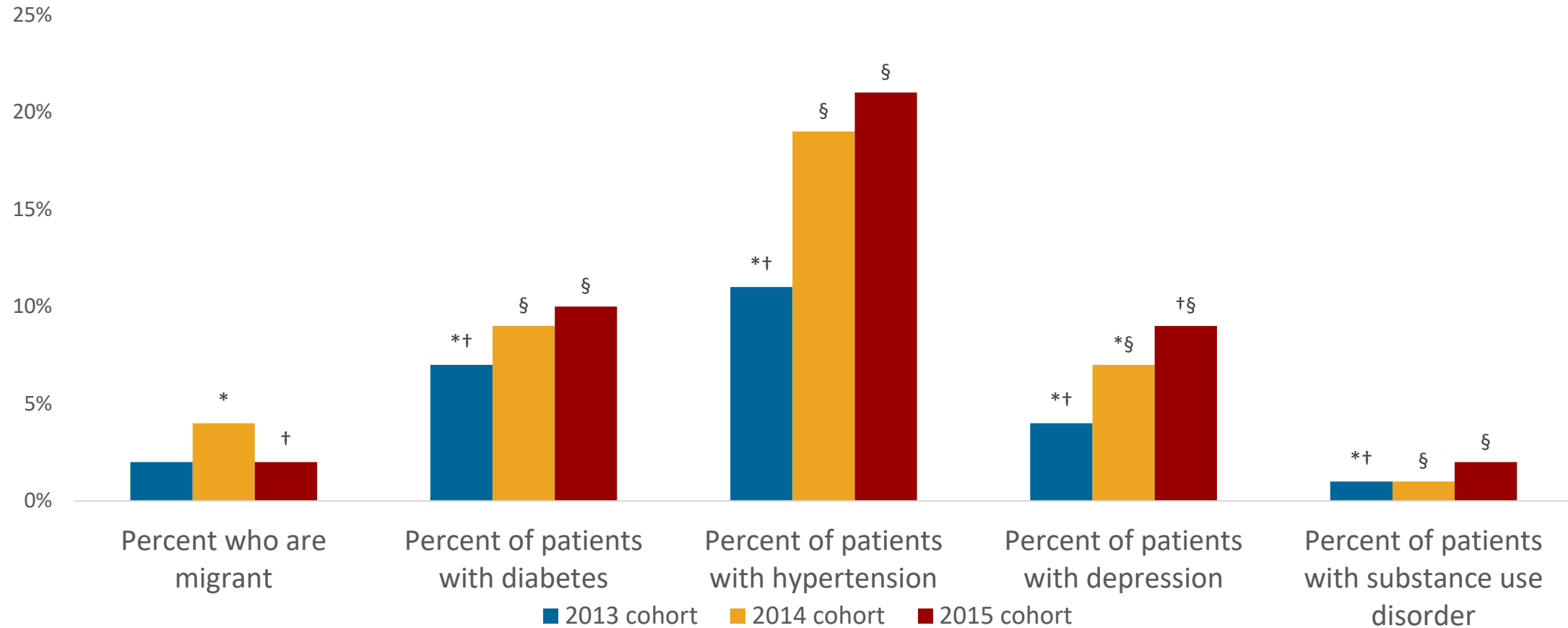
Independent Variables	Description
PCMH Recognition Status	Cohorts of HCs that first received PCMH recognition in 2013 (n=346), 2014 (n=207), and 2015 (n=115)
Demographics	<ul style="list-style-type: none">• Percent of minority patients• Percent of uninsured patients• Percent of homeless patients• Percent of migrant patients
Health Status	<ul style="list-style-type: none">• Percent of patients with diabetes• Percent of patients with hypertension• Percent of patients with depression• Percent of patients with substance use disorder
Health Center Characteristics	<ul style="list-style-type: none">• Number of patients• Number of health center sites• Urban/Rural• US Census Region• Percent of revenue from 330 grants



Analytic Methods

- Poisson regression models to compare staffing differences for each HC cohort two years before and three years after PCMH recognition
- Calculated predicted probabilities to illustrate changes by team-based and colocation ratio

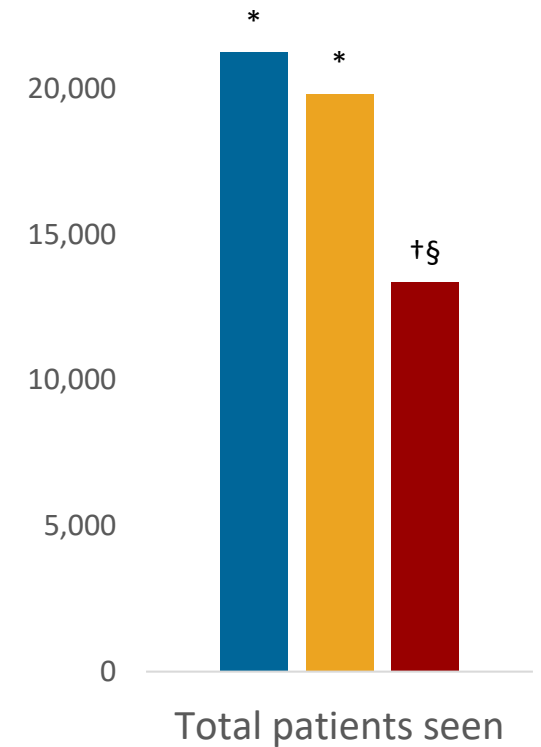
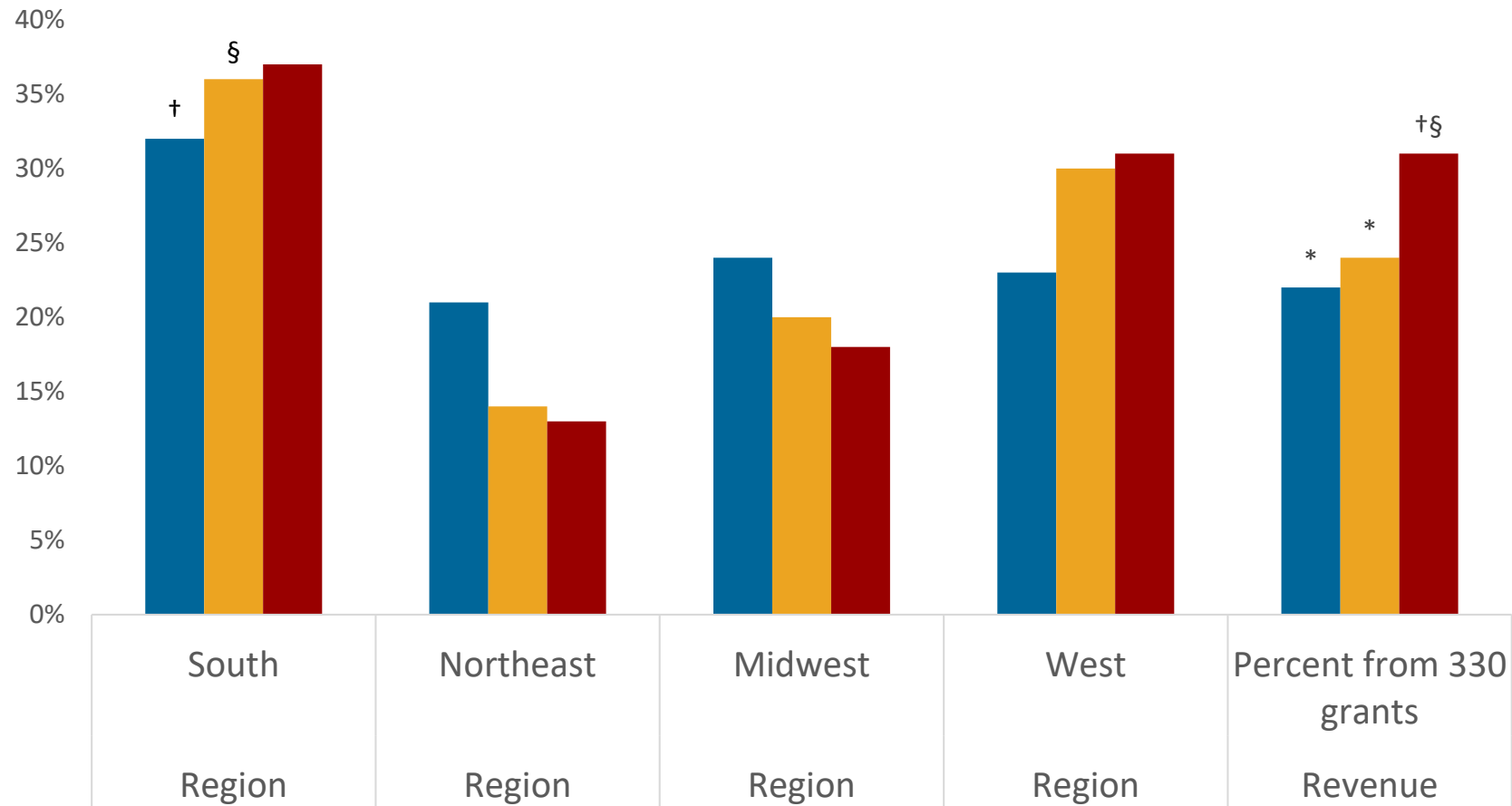
Patient Characteristics



Statistically significant compared to 2013 cohort at § $p < 0.05$
Statistically significant compared to 2014 cohort at † $p < 0.05$
Statistically significant compared to 2015 cohort at * $p < 0.05$



Health Center Characteristics



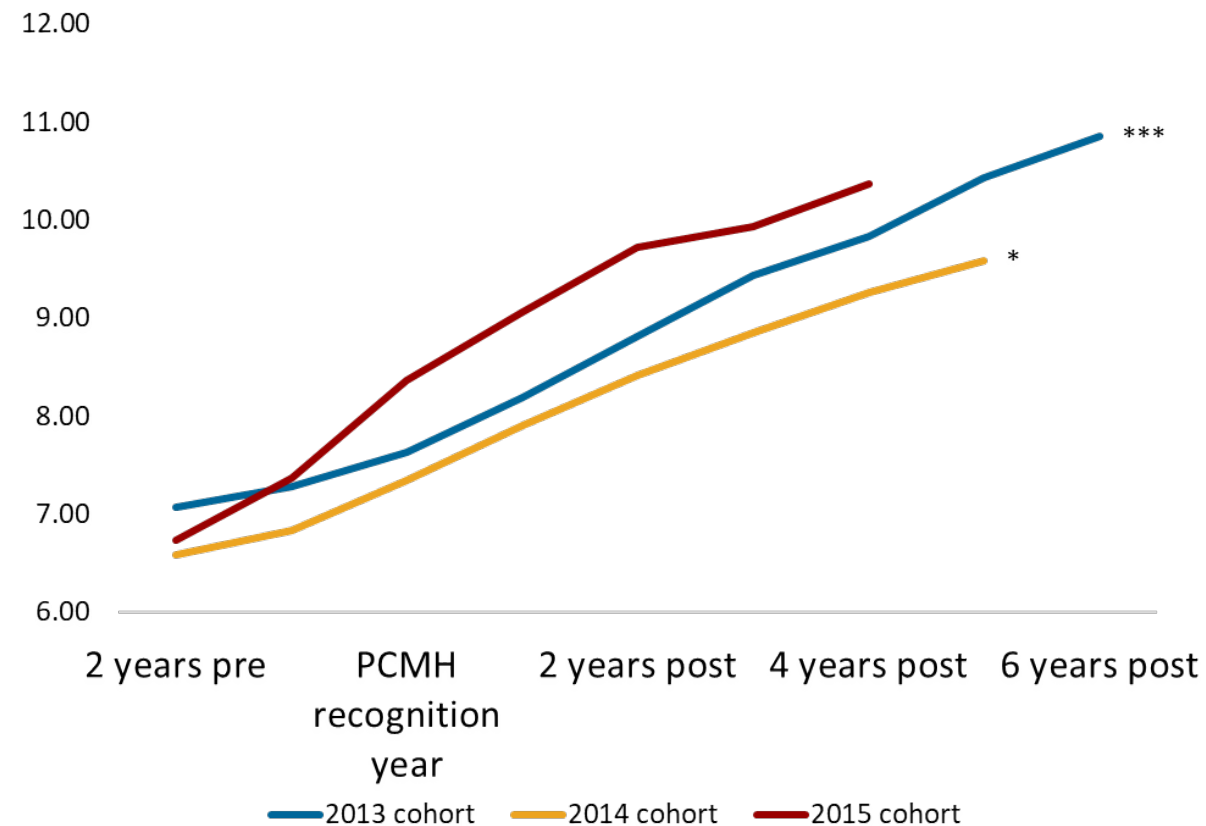
■ 2013 cohort ■ 2014 cohort ■ 2015 cohort

Statistically significant compared to 2013 cohort at § $p < 0.05$
 Statistically significant compared to 2014 cohort at † $p < 0.05$
 Statistically significant compared to 2015 cohort at * $p < 0.05$

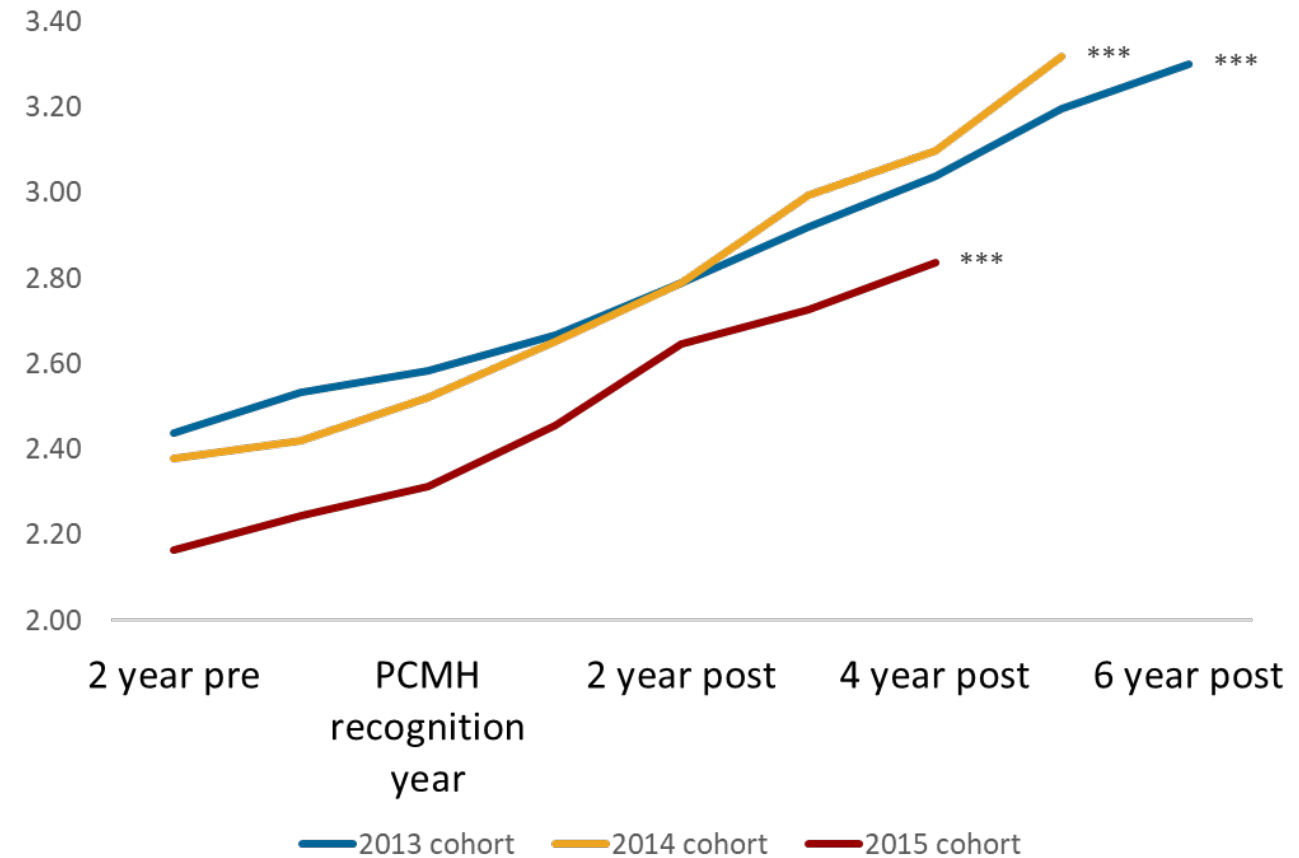


Predicted Probabilities of Staffing Infrastructure from 2011-2019

Team-Based Care Staffing



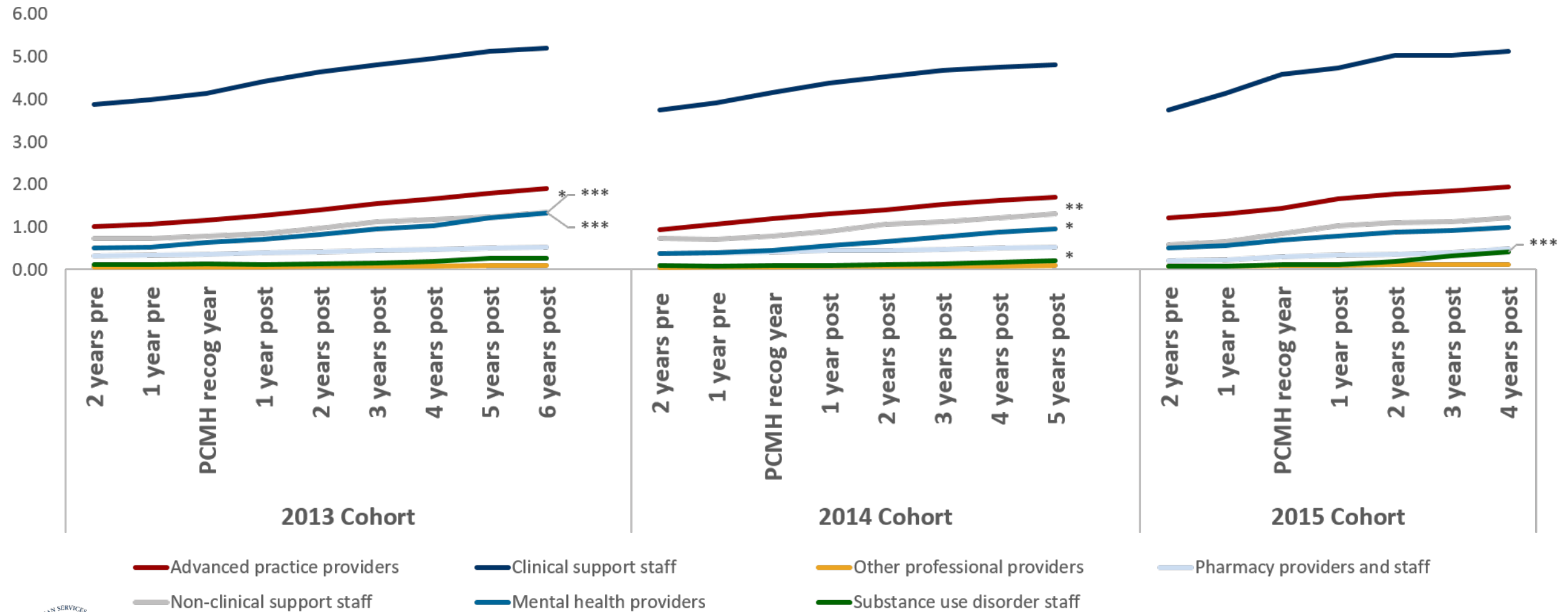
Co-located Care Staffing



Note: 2013 cohort includes data for 6 years post-recognition, 2014 cohorts for 5 years post-recognition, 2015 cohort for 4 years post-recognition

Statistically significant different in change before and after PCMH recognition at * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Team-Based Care Staffing Changes by Cohort

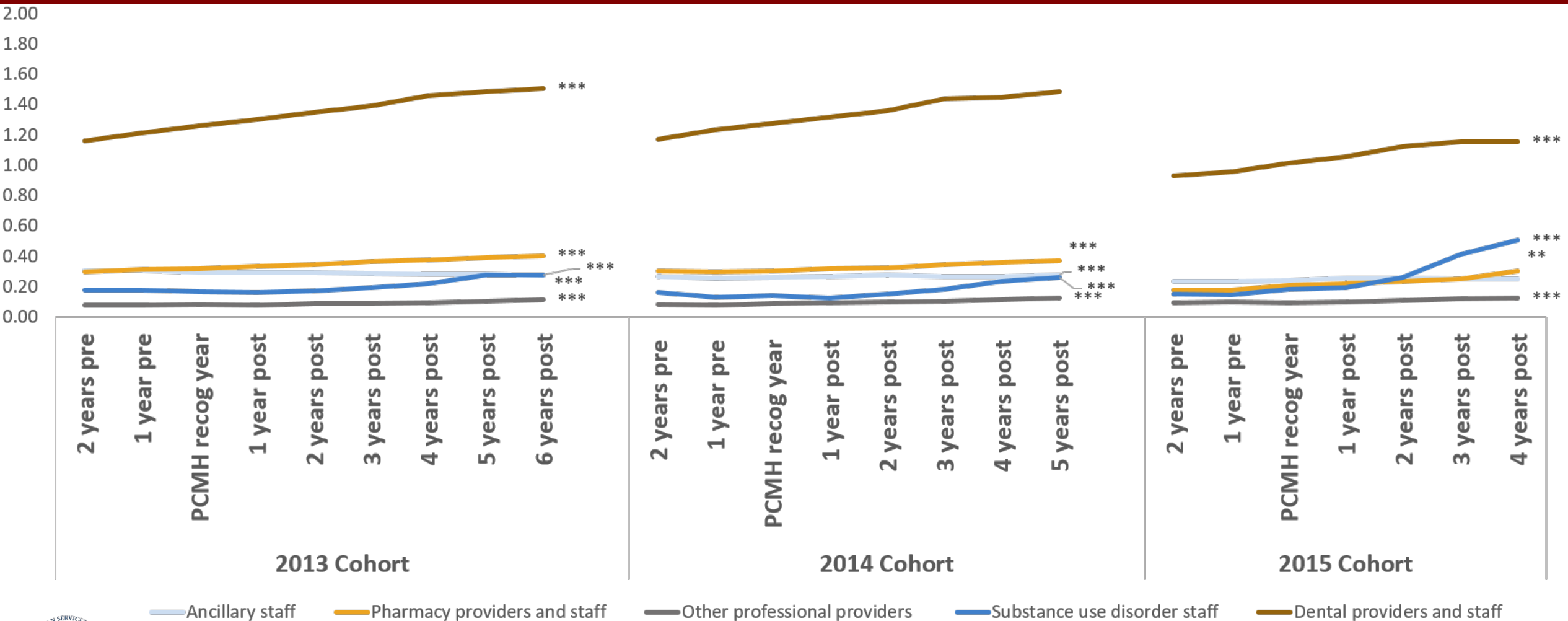


Note: 2013 cohort includes data for 6 years post-recognition, 2014 cohorts for 5 years post-recognition, 2015 cohort for 4 years post-recognition

Statistically significant different in change before and after PCMH recognition at *p<0.05; **p<0.01; ***p<0.001



Co-located Care Staffing Changes by Cohort



Note: 2013 cohort includes data for 6 years post-recognition, 2014 cohorts for 5 years post-recognition, 2015 cohort for 4 years post-recognition

Statistically significant different in change before and after PCMH recognition at *p<0.05; **p<0.01; ***p<0.001



Summary of Findings

- Early PCMH adopters were larger but had fewer patients with chronic conditions and mental health/substance use disorders
- Later adopters were smaller and relied more heavily on 330 grants
- The 2013 and 2014 cohorts showed significant growth in team-based care staffing
- All three cohorts showed significant growth in colocated multidisciplinary staffing
- Variation amongst cohorts in which staff types drove this change

Implications

- The process of achieving PCMH recognition may promote the infrastructure needed to better deliver team based and integrated care at HCs
- PCMH implementation varies across HCs and not all HCs have high payer revenue to fund staffing
 - Solutions such as supplemental payments and expanded categories of billable providers to expand multidisciplinary team members
- Future research
 - Would increase in multidisciplinary providers occur in the absence of PCMH recognition?
 - Was increase in staffing sufficient to meet patient needs?
 - What is the ideal team-based configuration or co-located staff to promote quality of care?



Co-authors

- Nadereh Pourat, PhD; Professor
- Xiao Chen, PhD; Senior Statistician
- Connie Lu, MPH; Research Analyst/Project Manager
- Weihao Zhou, MS; Statistician
- Brionna Hair, PhD; Health Statistician
- Joshua Bolton, MSIE; Data Statistician
- Hank Hoang, PharmD, MBA; Deputy Director
- Alek Sripipatana, PhD; Director



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HRSA Accreditation and Patient-Centered Medical Home Recognition Initiative (APCMH)



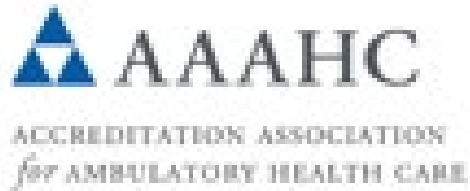
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Office of Quality Improvement

Bureau of Primary Health Care

APCMH Initiative



The HRSA Accreditation and Patient-Centered Medical Home Recognition Initiative:

- Supports health centers to achieve and maintain PCMH Recognition or ambulatory health care Accreditation or both.
- HRSA contracts with these national organizations:
 - The National Committee for Quality Assurance (NCQA): PCMH recognition
 - The Joint Commission (TJC): Ambulatory health care accreditation and PCMH recognition
 - The Accreditation Association for Ambulatory Health Care (AAAHC): Ambulatory health care accreditation and PCMH recognition

APCMH Initiative Process

Health center Submits and NOI through EHB

- Select Accreditation/Recognition type
 - Accreditation or Recognition
- Select Type of Survey
 - Initial, Renewal
- Select Organization
 - NCQA, TJC, AAAHC

For New Accreditation/Recognition

- Grantee receives email from Accreditation/Recognition Organization
- Health center staff follows instructions in Welcome package

To Renew Accreditation/Recognition

- Health centers should submit NOIs 3-6 months before Accreditation/Recognition expires



Health Center Resources



Patient-Centered Medical Home Initiative

- Technical Assistance and Training for receiving PCMH
 - <https://bphc.hrsa.gov/qualityimprovement/clinicalquality/accreditation-pcmh/index.html>
- Selecting an Accreditation and/or PCMH Recognition Organization
 - <https://bphc.hrsa.gov/qualityimprovement/clinicalquality/accreditation-pcmh/selection.html>
- Please submit your Accreditation and/or Patient Centered Medical Home (PCMH) requests to the health center APCMH team. To make sure you receive our reply email, add 'BPHCAAnswers@hrsa.gov' to your address book.

BPHC Contact

Data and Evaluation Division (DED)

Office of Quality Improvement (OQI)

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



BPHCQI@hrsa.gov

<http://www.bphc.hrsa.gov/>



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QUESTIONS?