Maximizing Access to Health Centers

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Health Resources and Services Administration
Bureau of Primary Health Care
Office of Special Population Health
Mission

*Improve the health of the Nation’s underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services*
Health Center Types

- Community Health Center
- Migrant Health Center
- Health Care for the Homeless
- Public Housing Primary Care
• High need area
• 51% board membership of patients
• Comprehensive primary care base
• Access to care, regardless of ability to pay
• Meet core performance and accountability
Health Center Program Overview
Calendar Year 2009

18.8 Million Patients
- 92% At or Below 200% Poverty
- 38% Uninsured
- 63% Racial/Ethnic Minorities
- Over 1 Million Homeless Individuals
- 865,000 Migrant/Seasonal Farmworkers
- 165,000 Residents of Public Housing

Source: Uniform Data System, 2009

73.8 Million Patient Visits
- 1,131 Grantees – half rural
- 7,900+ Service Sites

Over 123,000 Staff
- 9,100+ Physicians
- 5,700+ NPs, PA, & CNMs

Source: Uniform Data System, 2009
Public Housing Primary Care Program (PHPC)
Public Housing Primary Care Health Centers

- Authorized under section 330(i) of the Public Health Service (PHS) Act

- Provides residents of public housing with:
  - Increased access to comprehensive primary health care services through the direct provision of health promotion, disease prevention, and primary health care services
  - Services are provided on the premises of public housing developments or at other locations immediately accessible to residents
Today there are 56 PHPC grantees in 24 states and Puerto Rico.

These programs provide high-quality comprehensive, case-managed, and family-based preventive and primary health care services to approximately 165,608 patients in 738,770 encounters.
Between 2001 and 2009, the number of patients served by PHPC health centers has more than doubled.

Source: Uniform Data System, 2009
Patient Centered Medical Homes
“An approach to providing comprehensive primary care that facilitates partnerships between individual patients and their personal providers, and when appropriate the patient’s family”.

American Academy of Family Physicians

*Bureau does not endorse a specific definition
• Personal Physician
• Physician-directed practice team
• Whole person orientation
• Care is coordinated and/or integrated
• Quality and safety
• Enhanced access
• Payment recognized and aligned

AAFP, AAP, ACP, AOA (March, 2007)
Accreditation Initiative (2010)

- Contracted with Accreditation Association of Ambulatory Health Centers (AAAHC) and the Joint Commission (TJC)
- Voluntary survey process, costs supported by HRSA
- Goal: improve quality outcomes through national accreditation process completion
- BPHC.hrsa.gov/policy/pal0912
BPHC Efforts in PCMH

• AAAHC/TJC accreditation initiative
• National Control for Quality Assurance recognition grant
• Support of HIT adoption and MU implementation as cornerstone of transformation
• Improved data reporting to allow QI and self assessment
Future Direction

• Pursue current efforts, continuous evaluation and improvement
• Bureau of Primary Healthcare has strong interest in securing the health needs of this segment of the population
• NAPs may improve access for special populations (homeless, migrant, public housing, school children)
• Partnerships and new opportunity for TA
Funding Opportunities
Funding Opportunities: Overview

FY 2010 Funding
   No new competitive funding opportunities

FY 2011 Funding
   Continued Funding for:
      New Access Points and Increased Demand for Services funding initiated under ARRA

   New funding opportunities for:
      New Access Points
      Expanded Services Supplemental Funding for Current Grantees
      School-Based Health Center Capital Program
      Behavioral Health Service Expansion
      Planning Grants
   All HRSA Funding opportunities:
   http://www.hrsa.gov/grants/index.html
Application Due Dates

- New Access Points
  Grants.Gov: 11/17/10
  EHB: 12/16/10

- SBHC (Capital Development)
  Grants.Gov: 12/1/10
  EHB: 1/12/11

- Expanded Services (Existing grantees)
  Grants.Gov: 1/6/10
Training and Technical Assistance
National Cooperative Agreements

National Nursing Centers Consortium
North American Management

Provides training and technical assistance to new and existing public housing grantees. Works in collaboration with Housing Authorities.
• Grants.gov Customer Support
  1-800-518-4726 (7AM – 9 PM ET)
  Support@grants.gov
  http://www.grants.gov/CustomerSupport

• HRSA EHBs
  Contact HRSA Call Center
  1-877-464-4772 (9 AM – 5:30 PM ET)
  CallCenter@hrsa.gov
  https://grants.hrsa.gov/webexternal/home.asp
Grant Reviewers!

Become a Grant Reviewer!

- HRSA needs new and experienced grant reviewers with expertise in
  - Health professions training
  - HIV/AIDS
  - Maternal and child health
  - Organ transplantation
  - Primary care for underserved people
  - Rural health

Grant reviewers help HRSA select the best programs from competitive groups of applicants. Reviewers are chosen for specific grant programs, based on their knowledge, education and experience. Grant review panels are selected to reflect diversity of ethnicity, gender, experience and geography.

HRSA makes all logistical arrangements and pays for travel expenses and other costs. Each reviewer receives an honorarium. Federal Employees are eligible however they will not be paid an honoraria. HRSA pays an honoria of $350 per meeting days only or $140 per application if it is a “field” review (no group discussions involved). If you are a federal employee, HRSA will paid that fee directly to your agency.

For more information contact: Donna Rusch, Division of Independent Review, 301-443-6783, drusch@hrsa.gov (email).

Registration Link: https://grants.hrsa.gov/webReview/registration.asp
Thank you!
OSPH Contact Information

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