Primary Health Care 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
Primary Health Care Goals

• Increase access to primary health care services for underserved populations

• Modernize the primary health care safety net infrastructure and delivery system

• Improve health outcomes for patients

• Promote a performance-driven and innovative organizational culture
Primary Health Care Challenges

• Growing need for primary care for newly insured, ongoing need for access to care for uninsured and Medicaid populations.

• Historically limited access to capital resources, 21st century technology expenses, new marketplace options for newly insured.

• Patient population is disproportionately low-income, uninsured, and burdened by chronic disease and health disparities.

• 15 years of significant program growth, increase in national interest of program, demand for greater transparency and accountability at Federal/state levels.
Primary Health Care
Key Strategies to Achieve Goals

• Establish new centers and sites in areas not currently served
• Construct and modernize existing facilities to replace outdated and inefficient facilities and position health centers for ACA and the new health care marketplace
• Expand the range of services provided by existing health centers
  – Oral Health
  – Behavioral Health
  – Pharmacy
  – Vision
  – Enabling
  – Outreach and Enrollment
• Improve the quality of care provided and health outcomes for patients and communities
• Promote a performance-driven and innovative organizational culture at BPHC and beyond.
Health Center Program: Accomplishments and Key Strategies to Achieve Goals
Primary Care: Key Strategies

- Increase access to primary health care services for underserved populations
- Modernize the primary health care safety net infrastructure and delivery system
- Promote a performance-driven and innovative organizational culture
- Improve health outcomes for patients
- Increase
- Modernize
- Promote
- Improve
Primary Care Strategy: Increase Access

Increase access to primary health care services for underserved populations

**Accomplishments:**
- 27% increase in patients served since 2008
- 651 New Access Points since 2009
- 7 million assisted under Outreach and Enrollment
- $295 million for Expanded Service Grants
- $100 million in FY 2015 for New Access Points announced

**Program Goals:**
- Increase number of patients served
- Increase % of patients served in existing service areas
- Increase % of low income communities served by health centers
Health Centers: Affordable Care for All

1,202 Health Centers

9,208 Health Center Service Sites

156,817 Jobs
2013 Health Center Impact

Program Grantees
- Served 21.7 million patients
  - 93% Below 200% poverty
  - 73% Below 100% poverty
  - 35% Uninsured
  - 1,131,414 homeless individuals
  - 861,120 agricultural workers
  - 227,665 residents of public housing
- Provided 86 million patient visits
  - in 1,202 organizations across more than 9,206 service sites
- Employed more than 156 thousand staff
  - including 10,733 physicians, 8,156 nurse practitioners, physicians assistants, and certified nurse midwives

Look-Alikes
- Served 1 million patients
  - 93% Below 200% poverty
  - 74% Below 100% poverty
  - 32% Uninsured
  - 20,011 homeless individuals
  - 10,681 agricultural workers
- Provided 4 million patient visits
  - in 100 organizations across more than 310 service sites
- Employed more than 6 thousand staff
  - including 588 physicians, 325 nurse practitioners, physicians assistants, and certified nurse midwives
Health Centers Serve*

More than...

21.7 Million Patients Annually

Including nearly 5 million new patients in the past 5 years

One in 15 people living in the United States, including:

1 in 4
Individuals living below poverty

1 in 6
Uninsured persons in the United States
Health Centers Serve a High Proportion of Low-Income, Minority and Uninsured Patients

![Bar chart](image)

- **At or Below 200% of Poverty**: 92.8%
- **Racial/Ethnic Minority**: 62.3%
- **Uninsured**: 34.9%

**U.S. Population (2013)**: 33.9%, 37.0%, 13.4%

**Health Center Patient Population (2013)**: 92.8%, 62.3%, 34.9%

## Health Center Program
### Increase Access – Growth 2008-2013

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>Growth from 2008-2013 (% Increase)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patients</strong></td>
<td>17,122,535</td>
<td>18,753,858</td>
<td>19,469,467</td>
<td>20,224,757</td>
<td>21,102,391</td>
<td>21,726,965</td>
<td>4,604,430 (27%)</td>
</tr>
<tr>
<td><strong>Sites</strong></td>
<td>7,518</td>
<td>7,892</td>
<td>8,156</td>
<td>8,501</td>
<td>8,979</td>
<td>9,208</td>
<td>1,690 (22.4%)</td>
</tr>
<tr>
<td><strong>Jobs</strong></td>
<td>113,059</td>
<td>123,012</td>
<td>131,660</td>
<td>138,403</td>
<td>148,245</td>
<td>156,817</td>
<td>43,757 (38.7%)</td>
</tr>
</tbody>
</table>

Source: Uniform Data System, 2008-2013 and HRSA Electronic Handbooks
Arizona Health Centers
Increase Access - Calendar Year 2013

Arizona Health Centers
17 Grantees
2 Look Alikes

In 2013, AZ Health Center Grantees Served 438,260 patients:

- 26.37% were uninsured
- 93.78% were at or below 200% of poverty
- 59.1% Female
  - 58.6% nationally
- 32.96% Children < age 18
  - 31.69% nationally
- 9.87% Seniors age 65+
  - 7.44% nationally

Served by (FTEs):

- 237.50 Physicians
- 163.58 Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives
- $46.7 M base operational grants (FY ‘14)
- $12.2 M New ACA grants
  - $1.2 M – Outreach and Enrollment
  - $1.8 M – Base Adjustments
  - $3.6 M – New Access Points
  - $0.6 M – Behavioral Health Integration
  - $4.9 M – Expanded Services
  - $0.3 M – Capital Development PCMH Grants

Source: Uniform Data System, 2013 and HRSA Electronic Handbooks
Primary Care Strategy: Modernize Infrastructure and Systems

Accomplishments:
- Modernized nearly 2,300 service delivery sites
- 96% of health centers have installed Electronic Health Records (EHR)
- 59% of health centers are Patient Centered Medical Home (PCMH) recognized

Program Goals:
- Increase % of health centers that report UDS data using an EHR
- Increase % of health centers reaching Stage 2 Meaningful Use Standards
- Increase % of health centers with PCMH at all sites
- Increase % of health centers with modernized facilities
Health Center Program: Modernize Care – Health Center Controlled Networks

FY14 HCCN Participating Health Centers

Source: HRSA Geospatial Data Warehouse
Created by: HRSA Bureau of Primary Health Care
Date: July 2014
Health Center Program
Modernize Care – EHR Adoption 2013

2015 Goal:
100% of Health Centers use EHR at All Sites

National: 96%
State: 88%

Source: Uniform Data System, 2013
• 96% of health centers have implemented EHRs\textsuperscript{1}
  – 88% have EHRs at all sites used by all providers
  – 8% have EHRs at some sites used by some providers

- As of 2013, only 78% of all office-based physicians have implemented an EHR\textsuperscript{2}

- 76% of eligible providers at health centers participating in the Health Center Controlled Network program have attested to Meaningful Use\textsuperscript{3}

\textsuperscript{1}Uniform Data System, 2013
\textsuperscript{3}HRSA BPHC HCCN program data
Data as of December 2014
PCMH Recognized Includes: NCQA, Joint Commission, AAAHC, OR, and MN
PCMH recognized health centers…

- are 4 times more likely to provide **weight screening of adult patients**
- are 3 and a half times more likely to prescribe **appropriate medications for patients with asthma**
- are 4 times more likely to have female patients with current **cervical cancer screening**
- are almost 4 times more likely to have patients with **early entry into prenatal care**
- are 3 times more likely to screen for patients’ **tobacco use**
- are more than 3 and a half times more likely to provide **tobacco cessation counseling or medication**

Source: Uniform Data System, 2012, HRSA PCMH Recognition Data, as of June 2013
Primary Care Strategy: Improve Health Outcomes

Accomplishments:
• $36 million in Quality Improvement Awards, recognizing key areas of quality improvement

Clinical outcomes in certain areas routinely
• Surpass national averages; and
• Close the gap on disparities

Program Goals:
- Increase % of health centers exceeding Healthy People 2020 goals
- Increase % of health centers improving performance on quality measures
- Increase % of health centers that provide integrated care
Priorities & Goals

1. Implementation of QA/QI Systems
   *Health Centers fully implement their QA/QI plans*

2. Adoption and Meaningful Use of EHRs
   *Health Centers implement EHRs across all sites & providers*

3. Patient Centered Medical Home Recognition
   *Health Centers receive PCMH recognition*

4. Improving Clinical Outcomes
   *Health Centers meet/exceed HP2020 goals on at least one UDS clinical measure*

5. Workforce/Team-Based Care
   *Health Centers are employers/providers of choice and support team-based care*
Over 80% reported the overall quality of services received at the health center were “excellent” or “very good.”

Over 80% reported that they were “very likely” to refer friends and relatives to the health center.

Over 75% reported the main reason for “going to the health center for healthcare instead of someplace else” was because it was convenient (28%), affordable (25%), and provided quality healthcare (22%).

Source: 2009 Health Center Patient Survey
The 2009 Health Center Patient Survey found no racial/ethnic disparities in the following areas:

- **Access to Primary Care and Patient Satisfaction**
- **Cancer Screenings**
  - Breast, cervical, colorectal
- **Hypertension**
  - Receipt and adherence to care
  - Hypertension control and hospitalizations
- **Diabetes**
  - Receipt of diabetes care management
  - Diabetes control and hospitalizations

Source: 2009 Health Center Patient Survey
Perinatal measures

- Rate of low birth weight babies born to health center patients (7.29%)\(^1\) is lower than national estimates (7.99%)\(^2\)
  - Improved from 7.6%\(^3\) in 2008 and consistently below the national average of 7.99%\(^2\)

- Rate of health center patients entering prenatal care in the first trimester (71.6%)\(^1\) is higher than national estimates (70.8%)\(^2\)
  - Improved from 64.8%\(^3\) in 2008

\(^1\)Uniform Data System, 2013
\(^3\)Uniform Data System, 2008
Chronic Disease Management

• 63.6% of health center patients with hypertension have BP controlled (BP ≤ 140/90)\(^1\)
  – Exceeds national average of 48.9%\(^2\)
  – Exceeds Medicaid HMO average of 56.3%\(^3\)
  – 58% of health center grantees meet or exceed the HP 2020 BP control goal of 61.2%\(^1,4\)

• 68.9% of health center patients with diabetes have HbA1C ≤ 9%\(^1\)
  – Exceeds Medicaid HMO average of 55.3%\(^3\)
  – Diabetes control is holding steady despite increase in populations previously not involved in routine care

\(^1\)Uniform Data System, 2013
\(^2\)National Health and Nutrition Examination Survey (NHANES), CDC/NCHS, 2009-2012
Preventive Services

- 91.5% of health center patients are screened for tobacco use and 63.7% receive tobacco cessation counseling\(^1\)
  - Exceeds national average for tobacco screening of 62.4%\(^2\)
  - Exceeds national average for tobacco cessation counseling of 19.2%\(^2\)
  - 94% of health center grantees meet or exceed the HP 2020 goals\(^1\)
- 76% of health center patients age 3 and under have received appropriate childhood immunizations\(^1\)
  - Exceeds national average of 68.5%\(^3\)

---

\(^1\) Uniform Data System, 2013.

\(^2\) National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS, 2007.

\(^3\) National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS, 2011.

## Improve Outcomes: 2013 Arizona Range of Clinical Performance

*(Optional Alternative More Detailed Data Display)*

<table>
<thead>
<tr>
<th></th>
<th>AZ High</th>
<th>AZ Low</th>
<th>AZ Average</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Control</td>
<td>84.29%</td>
<td>25.00%</td>
<td>65.94%</td>
<td>69%</td>
</tr>
<tr>
<td>Timely entry into Prenatal Care</td>
<td>79.58%</td>
<td>40.81%</td>
<td>68.27%</td>
<td>72%</td>
</tr>
<tr>
<td>Hypertension Control</td>
<td>72.64%</td>
<td>42.86%</td>
<td>63.28%</td>
<td>64%</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>15.79%</td>
<td>3.59%</td>
<td>5.55%</td>
<td>7%</td>
</tr>
<tr>
<td>Childhood Immunizations</td>
<td>100%</td>
<td>62.19%</td>
<td>79.94%</td>
<td>76%</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>100%</td>
<td>14.29%</td>
<td>56.60%</td>
<td>58%</td>
</tr>
<tr>
<td>Asthma Therapy</td>
<td>100%</td>
<td>63.33%</td>
<td>88.56%</td>
<td>78%</td>
</tr>
</tbody>
</table>

Primary Care Strategy: Promote Performance-Driven/Innovative Organizational Culture

Promote a performance-driven and innovative organizational culture

Accomplishments:
- 7 years of health center clinical performance reporting
- BPHC 2.0 – a rapid cycle, quality improvement organization
- Use data to drive internal organizational excellence

Program Goals:
- Increase use of enabling services at health centers
- Increase number of health centers utilizing team-based practice models
- Increase use of health center data to drive program performance and compliance
Health Center Program
Promote Excellence – Program Oversight

PP start

SAC

Compliance Assessment

Progress/Performance Update

BPR

Compliance Assessment

Progress/Performance Update

OSV

Compliance Assessment

BPR

Compliance Assessment

PP end/36 months

Compliance assistance and support on Clinical/Financial Performance Measures occurs throughout the project period
Utilizing Rapid Cycle Quality Improvement Models in work across BPHC:

- BPR changes in 2013: Significantly reduced reporting redundancies and streamlined reporting structure.
- Site visit guide and report process improvements:
  - Testing process and guide – improvements in site visit report timeliness and quality.
  - Pilot testing rapid response models prior to issuing final report.
- Other changes and pilots in progress.
Site Visit Report Interventions

- **reduced days** to complete reports
- **improved consistency** in review timelines
Health Center Program
Promote Excellence – Areas for Improvement
2014 Grantee Satisfaction Study Results

CUSTOMER SATISFACTION INDEX

Helpfulness of BPHC

Likelihood to use in the future

1.2 BPHC Technical Assistance – BPHC Staff
1.1 Program Participant-Project Officer Relationship
1.0 BPHC All Program Calls
0.5 Application Process
0.5 UDS Program Report
0.5 BPHC Technical Assistance - Website
0.4 UDS Technical Assistance
0.3 Application Process Technical Assistance
0.3 BPHC Program Policy Communications
0.3 BPHC Electronic Submission Process
0.2 FTCA Program Information
0.2 Policy Information Notices Technical Assistance

3.7 Likelihood to use in the future
4.8 Helpfulness of BPHC

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Health Center Program
Promote Excellence – Areas for Improvement
2014 Grantee Satisfaction Study Results

BPHC Grantee Priority Matrix

- Application Process
- Technical Assistance
- FTCA Program Information
- UDS Technical Assistance
- BPHC Program Policy Communications
- Policy Information Notices Technical Assistance
- Bureau of Primary Health Care Electronic Submission Process
- Program Participant-Project Officer Relationship
- BPHC All Programs Calls
- BPHC Technical Assistance - BPHC Staff

Maintain

Areas of Concern

Top Priority

Strengths
Health Center and Employee Satisfaction Data

NEW ORGANIZATIONAL METHODS AND WAYS TO ADDRESS CRITICAL AREAS OF IMPROVEMENT
Organizational Excellence: New BPHC Structure

Office of the Associate Administrator

- Office of Policy and Program Development
- Office of Quality Improvement
- Office of Strategic Business Operations
- Office of Southern Health Services
- Office of Northern Health Services
Organizational Excellence: New BPHC Structure
Health Center Program
Promote Excellence – Measures of Success

Grantee Satisfaction

Employee Satisfaction

BPHC Measures of Success

Quality/Timeliness
(Internal Operations)

Impact
Program and Policy Updates
• HRSA routinely conducts Operational Site Visits (OSVs) using the Health Center Program Site Visit Guide:
  o Prior to initial look-alike designation.
  o During first 10 to 14 months of a Newly Funded health center’s project period.
  o At least once per project/designation period or at least once every three years – generally 18 months into a typical three-year project/designation period for most health centers.

• Approximately 700 total site visits for all BPHC programs, including over 400 health center OSVs completed in calendar year 2014.
Prior to an Operational Site Visit (OSV):


• Have documents/areas noted in the guide ready for review by Site Visit Team.

• Ensure key management staff and board are available.

• Ask questions and maximize benefit of Site Visit Team during the visit.

*BPHC requests and values feedback from health centers about their OSV experience! Please send feedback and comments to: svfeedback@hrsa.gov and always complete the post-site visit evaluation!*
Recent and Anticipated Health Center Program Policies

• FINAL Sliding Fee Discount Program PIN
• FINAL Governance PIN
• FINAL Revised Total Budget PIN
• Updated Health Center Program Requirements Oversight PAL
• *Program Requirements “Manual”*

To access these and forthcoming policies, visit:

FY 2014 Awarded Funds

- $150 Million for 236 New Access Points
- $58 Million in 1,157 one-time Outreach and Enrollment Grants to Health Centers
- $54.5 Million for 223 Mental Health Service Expansion - Behavioral Health Integration Grants to Health Centers
- $35.7 Million for 147 PCMH Capital Awards
- $110 Million in Base Adjustments
- $295 Million for Expanded Services to 1,195 Health Centers
- $9.9 Million to Enhance HIV Services in Health Centers
FY 2015 Health Center Program Budget

- $5 billion, including $3.5 billion from the Affordable Care Act Community Health Center Fund
  - $350 million to support New Access Points and Expanded Service grants
  - $165 Million in Base Adjustments
  - $150 million for Construction and Capital Improvement grants
FY 2015 Awarded Funds

- $51.3 Million for 210 Mental Health Service Expansion - Behavioral Health Integration Grants to Health Centers

- $36.3 million to 1,113 health centers for one-time Quality Improvement grants in four categories:
  - Health Center Quality Leaders – 361
  - National Quality Leaders – 57
  - Clinical Quality Improvers - 1,058
  - EHR Reporters – 332
Application Reminders:

✓ Your organization must have an active SAM.gov registration at the time of application submission. Check your SAM.gov registration at any time.

✓ Your organization must also have an active AOR (Authorized Organization Representative) in Grants.gov that is approved to submit an application. Check to make sure you are an AOR at the Grants.gov website.

✓ Your DUNS number is linked to the name of your organization and should be consistent in SAM.gov, on your grant application, and in EHB on your Notice of Award.

Without a current SAM.gov registration and a registered AOR, your application will be rejected in Grants.gov. For questions, please access the information found at Sam.gov and Grants.gov or contact the HRSA Contact Center at CallCenter@HRSA.gov, 1-877-464-4772.

Billing Reminders:

✓ Please ensure that your health center has correct Medicare Billings Numbers for each permanent and seasonal sites.

✓ Contact your State Medicaid Office for Medicaid billing updates and questions.
Affordable Care Act (ACA):

Health Center and Primary Care Association Roles, Achievements and Updates
• From October 1, 2013 through September 30, 2014, health centers trained more than 20,000 assisters who educated and assisted more than 7.4 million individuals in their efforts to become insured.

• According to the Kaiser Family Foundation Assister Program Report, FQHCs accounted for 26% of total assister programs during the first open enrollment period.

• In the first quarter of FY 2015 open enrollment (October 1, 2014-December 31, 2014), health centers assisted nearly 1.6 million individuals in their efforts to become insured.
The Health Insurance Marketplace

Open enrollment period: November 15, 2014 - February 15, 2015

www.healthcare.gov
Open Enrollment Period:
November 15, 2014- February 15, 2015

- HRSA continuing support for health center Outreach and Enrollment efforts
- HRSA investments in O/E are ongoing to support both in reach and outreach
  - Marketplace/Medicaid/CHIP enrollment
  - Health insurance literacy and Coverage to Care
  - Data matching
  - Ramp up to meet demand in next open enrollment period
7 things to know about Marketplace Re-Enrollment

- All 2014 Marketplace health plans will come up for renewal in 2015.
- Insurance companies will send consumers information about updated premiums and benefits.
- Consumers should review 2015 changes to see if it still meets their needs.
- If a consumer is happy with their current plan and want to keep it—and their income or household size haven’t changed— they don’t need to do anything. The Marketplace will auto-enroll them in the same plan for 2015.
- If a consumer’s income or household size have changed, they need to report that to the Marketplace so they get the right premium tax credit.
- If a consumers wants to change plans, they can.
- In some cases, a consumer’s Marketplace plan won’t be offered in 2015. If that’s the case, HHS will automatically enroll them in a similar plan to avoid a gap in health coverage, unless they choose another plan and enroll.
Enrollment Best Practices

• Build Partnerships.

• Educate staff in other community agencies, so that they can make appropriate referrals.

• Work with the media to get information out about assistance events.

• Use a scheduling system to make appointments.

• Increase hours for assistance during the week or flex schedules.

• Play enrollment focused videos in waiting rooms.
Enrollment Best Practices

• Provide a group enrollment option for consumers who require less assistance to enroll.

• Provide classroom-style assistance, with assisters floating among consumers to respond to questions.

• Rent self-service kiosks to better accommodate those who need access to a computer, but who prefer to apply on their own, with assistance available if needed.

• Share the Marketplace Enrollment Checklist with consumers and have them complete prior to enrollment appointment.
Coverage to Care (C2C) is an effort to help educate consumers about their new coverage and to connect them with primary care and preventive services that are right for them so they can live long, healthy lives.

Resources online and in print include the Roadmap, Discussion Guide, videos, and more.

C2C builds on existing networks of community partners to educate and empower newly covered individuals.

www.marketplace.cms.gov
Outreach and Enrollment Inbox (for general O/E questions)

bphc-oe@hrsa.gov

PCA Outreach and Enrollment Inbox
(for PCA questions and issues)

bphc-pca-oe@hrsa.gov

BPHC O/E supplemental funding TA web page

http://bphc.hrsa.gov/outreachandenrollment/

Other important websites:

https://www.healthcare.gov/
https://www.cuidadodesalud.gov/es/
http://www.hrsa.gov/affordablecareact/
Quality and Data Updates
• Encourages and supports health centers to transform their practices and participate in the PCMH recognition process to:
  – improve the quality of care and outcomes for health center populations;
  – increase access; and
  – provide care in a cost effective manner.
• HRSA/BPHC will cover recognition process fees and provide technical assistance resources for practice transformation.
• Participation is strongly encouraged and provides an opportunity for health centers to achieve PCMH recognition.

For further information on the PCMHH Initiative:
• PCMHH Initiative PAL: [http://www.bphc.hrsa.gov/policiesregulations/policies/pal201101.html](http://www.bphc.hrsa.gov/policiesregulations/policies/pal201101.html)
• BPHC Helpline: 1-877-974-BPHC (2742)
• PCMHH email: PCMHHinitiative@hrsa.gov
FTCA Program

• FTCA Health Center Policy Manual
  o Primary source for information on FTCA grantees and related stakeholders (Updated July 2014)
  o Consolidates, clarifies and synthesizes existing FTCA policy documents and statutory language


Application Review/Deeming in EHB
  o For Programmatic or Technical TA on FTCA contact:
    Email: BPHCHelpline@hrsa.gov Phone: 1-877-974-2742
Proposed Changes to CY 2015 UDS Report:

1. New line added to identify patients that are dually eligible for Medicare and Medicaid.

2. New oral health measure added to collect the number of children with dental sealants on their first molar tooth.

3. Existing diabetes clinical measure streamlined to align with the National Quality Forum (NQF) endorsed measure and Healthy People 2020 national benchmark.

Refer to the PAL and UDS website for more information:

http://www.bphc.hrsa.gov/policiesregulations/policies/pal201501.html

http://bphc.hrsa.gov/healthcenterdatastatistics/index.html
In 2013, nationally, health centers:

- Provided HIV testing to 1,079,505 patients, a 38% increase from 2010.
- Provided care to 115,421 HIV-positive patients, a 27% increase from 2010.
- Over 462 health centers (42%) reported higher than national increases in HIV-positive patients served than there were in 2010.

In 2014, HRSA partnered with CDC on new Secretary’s Minority AIDS Initiative Fund (SMAIF) and ACA funded project: **Partnerships for Care (P4C)**

- $9.9 Million awarded to support integration of high-quality HIV services into primary care through innovative partnerships between 22 health centers and four state health departments in Florida, Massachusetts, Maryland and New York.

Technical Assistance Resources
Technical Assistance (TA) Resources

• National and state-based support for training and technical assistance:
  o National Cooperative Agreements
  o State/Regional Primary Care Associations
  o State Primary Care Offices

• Federal TA Support:
  o Project Officer
  o TA Calls/Trainings
  o Onsite Consultant Support
  o BPHC TA Website

For more information visit the BPHC TA Website: http://www.bphc.hrsa.gov/technicalassistance/index.html
Primary Care Association Expectations:

- Statewide/regional training and technical assistance (T/TA) activities are based on the identified T/TA needs of existing health centers in the state/region.
- T/TA activities improve program compliance of health centers.
- T/TA activities strengthen the clinical and financial performance and enhance the operations of health centers.
- Activities are conducted for existing health center and where appropriate, other interested organizations, regardless of PCA membership or grant status.

PCA Resources and Focus Areas:

- Regional/Statewide Surveillance Analysis
- Special Populations, Collaboration, Emergency Preparedness
- Newly Funded Health Centers and Newly Designated Look-Alikes
Single point of contact to assist grantees and stakeholders with information in the following areas:

- BHCMIS – System in EHB (Electronic Handbook)
- Health Center Quarterly Reporting
- Reporting Uniform Data System (UDS)
- Federal Torts Claims Act (FTCA) for Health Centers and Free Clinics

Phone: 1-877-974-BPHC (2742)
Form: [http://www.hrsa.gov/about/contact/bphc.aspx](http://www.hrsa.gov/about/contact/bphc.aspx)

Available Monday to Friday (excluding Federal holidays), from 8:30 AM – 5:30 PM (ET), with extra hours available during high volume periods.
2013 Performance Data publicly available at:

UDS Website:

• UDS Grantee/State/National Summaries
• Health Center Trend Reports
• State and National Roll-up Reports
• Reporting and Training Resources

UDS Mapper: www.udsmapper.org

• HRSA has developed a mapping and support tool driven primarily from data within the UDS
• Webinar trainings on using Mapper functionality available:
  http://www.udsmapper.org/webinars.cfm
ECRI risk management and patient safety resources are available to Health Center Program grantees and Free Clinics. Resources include:

- Risk management courses
- Continuing medical education (CME) credits at no cost to health care providers
- Links to archived audio-conferences/webinars to supplement evidence-based risk management training
- Guidance articles, self-assessment tools, ready-made training materials on patient safety, quality and risk management for the health center and free clinic setting
- Risk & Safety E-news

Visit: [www.ecri.org/clinical_RM_program](http://www.ecri.org/clinical_RM_program).
All Health Center and Primary Care Associations are encouraged to explore and participate in the following key HHS public health initiatives:

- Affordable Care Act Key Resources
  https://www.healthcare.gov/
  https://www.cuidadodesalud.gov/es/

- Affordable Care Act and HRSA Programs
  http://www.hrsa.gov/affordablecareact/

- Health Centers Hire Veterans Challenge
  http://www.bphc.hrsa.gov/veterans/index.html
• National Quality Strategy
http://www.ahrq.gov/workingforquality/nqs/

• Tobacco Cessation
http://betobaccofree.hhs.gov/index.html

• HHS Action Plan to Reduce Racial and Ethnic Health Disparities

• National Prevention Strategy

• National HIV/AIDS Strategy
• National Oral Health Initiatives
http://www.hrsa.gov/publichealth/clinical/oralhealth/

• Behavioral Health Initiatives
http://bphc.hrsa.gov/technicalassistance/tatopics/clinicalcareservices/index.html#Behavioral

• Healthy Weight Collaborative
http://www.collaborateforhealthyweight.org/

• Million Hearts Campaign
http://millionhearts.hhs.gov/

• Text4baby
http://www.cdc.gov/women/text4baby/index.htm

• Viral Hepatitis Initiative
http://www.hhs.gov/ash/initiatives/hepatitis/index.html
Thank You!

Questions?
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