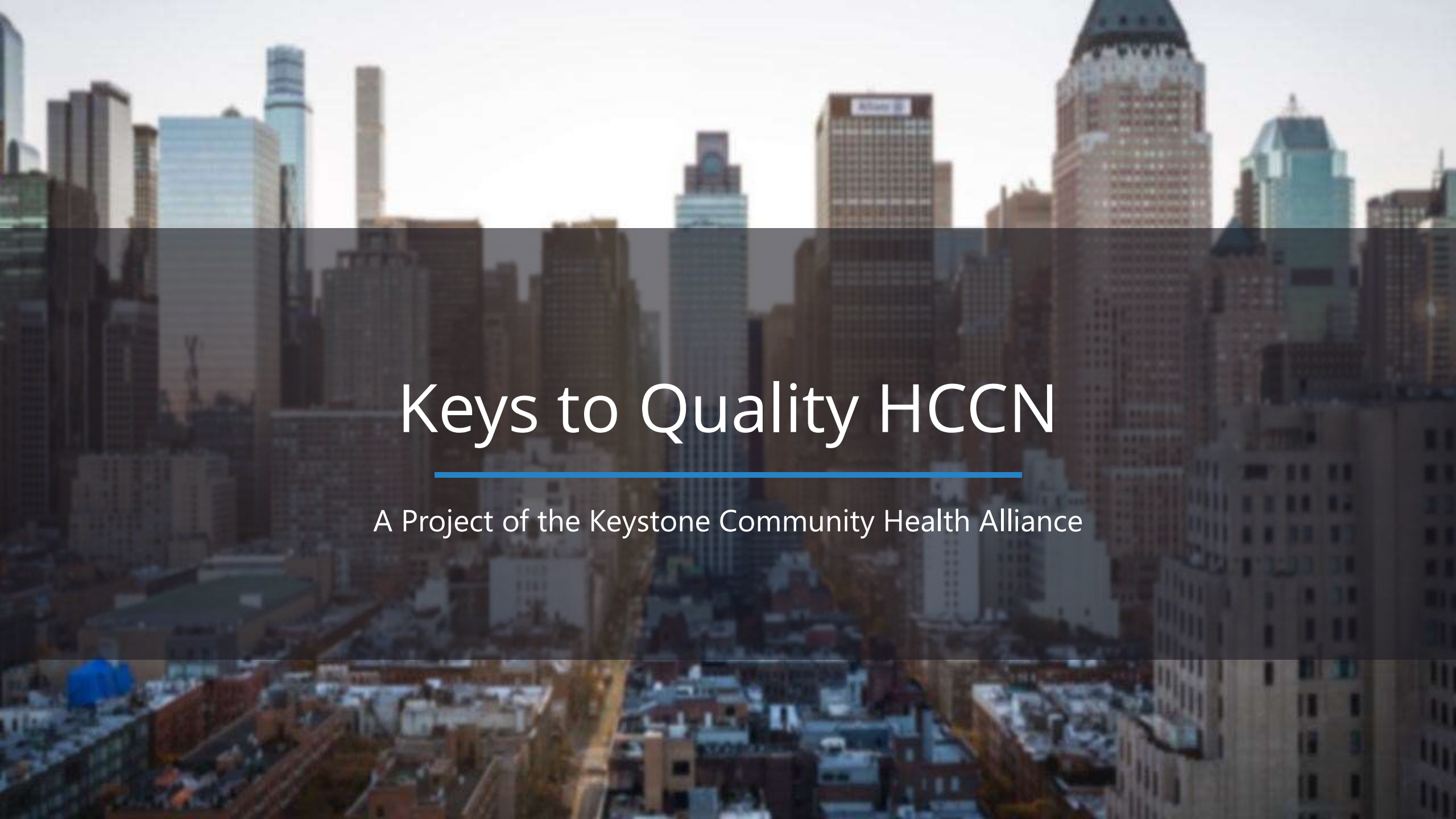
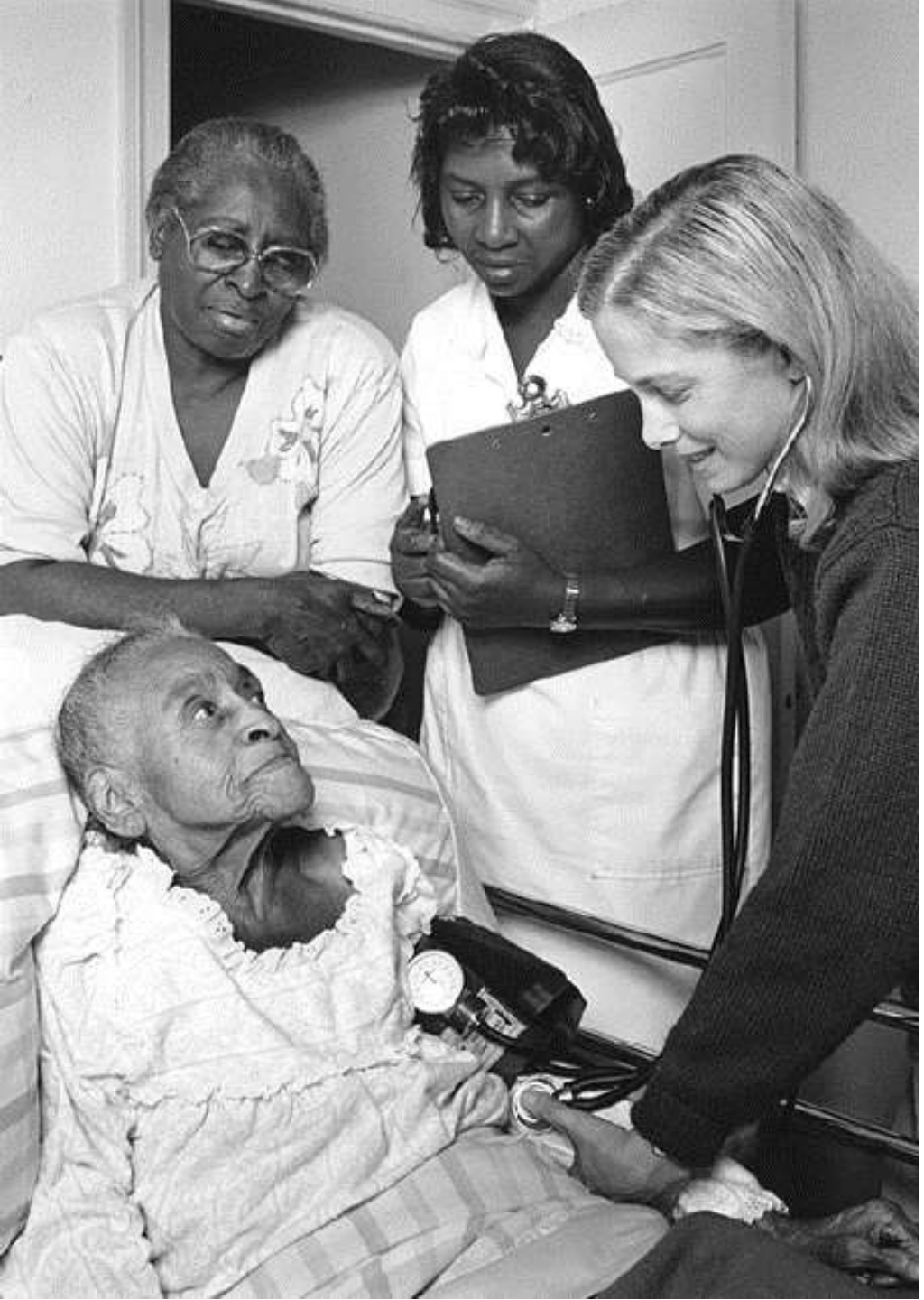


Keys to Quality HCCN

A Project of the Keystone Community Health Alliance

Introductions

- NNCC and HCCN History
- HCCN Staff
- HRSA's HCCN Program



National Nurse-Led Care Consortium

National Nurse-Led Care Consortium is a 501(c)3 non-profit organization providing technical assistance and training services to member health centers for 20 years

Since 2008 NNCC has held a NTTAP award with HRSA to provide TA services to FQHCs and other safety-net providers

NNCC administers the K2Q HCCN project on behalf of the participating health centers

NNCC provides day-to-day project management, program planning and critical activities of the K2Q HCCN

NNCC reports to PHMC on program activities and fiscal operations

NNCC Mission & Vision

NNCC's mission is to advance nurse-led healthcare through policy, consultation, and programs to reduce health disparities and meet people's primary care and wellness needs.

NNCC's vision: Nurse-led care exists at the intersection of multidisciplinary healthcare, where nurses have a transformative role as holistic caregivers, advocates, and leaders. Nurses have unique skills and insight to treat the whole person, serving as a critical connection between compassionate and evidence-based healthcare

NNCC’s K2Q HCCN Team

NNCC’s long-standing HCCN team supports member health centers across a variety of activities and services. Please do not hesitate to reach out to us with any questions.

Casey Alrich, Senior Director, Operations & Training

calrich@nncc.us

Jennifer McGalliard, Senior HCCN Specialist

jmcgalliard@phmc.org

Grace Lee, Director of HIT

grace@nncc.us

Jillian Bird, RN Training Manager

jbird@nncc.us

What is a Health Center Controlled Network?

Group of safety net providers collaborating to improve access to care, enhance quality of care, and achieve cost efficiencies.

Aligned around geographic area, HIT systems, or training needs.

Participating health centers set goals and objectives for the HCCN to meet their needs.

Opportunity for shared services, peer to peer mentoring, and data-driven improvement.

HRSA's HCCN Program

HRSA funds 49 HCCNs across all 50 states and PR

Over 70% of Health Center Grantees participating

Only 16 of 49 HCCNs are non-PCA affiliated networks (like the K2Q HCCN)

HRSA sets common goals and objectives for networks

- Enhancing patient and provider experience with health IT
- Advancing secure data interoperability
- Using data to enhance value
- Facilitating collective, data-driven HRSA objectives

Keys to Quality HCCN Background and Details

- Mission
- HCCN and the Healthcare Environment
- K2Q HCCN Membership

K2Q Mission

The mission of the K2Q HCCN is to strengthen the health IT and quality improvement capacity of participating health centers through individualized and peer technical assistance and internal capacity building.

Summary of the K2Q HCCN Program

Public Health Management Corporation is the official grantee

NNCC administers the project

Maintaining focus on individualized assessments and work plans to address member need

Mix of peer-learning training programs, individual health center assistance, and connection to expert consultants

Minimal, aggregate data sharing with HCCN staff

Participation in monthly check-ins, quarterly calls, and agreed-upon training activities

K2Q HCCN Activities with Member Health Centers

The Keys to Quality HCCN works with its member health centers in a variety of ways:

Monthly Check-Ins: Short, monthly meetings between HCCN staff and member health center staff to discuss ongoing projects, health center needs, and HCCN resources

Quarterly Advisory Committee Calls: Online training sessions for staff, focused on a particular topic, with subject matter experts and free CE credits included

Member Surveys: Bi-annual surveys of members to assess capabilities and needs; used to craft HCCN activities and set program priorities

Technical Assistance and Training: Targeted technical assistance and training to member health centers through HCCN staff or 3rd party consultants; delivered individually, as part of peer learning programs, or through self-paced, online courses.

Changing Healthcare Environment

K2Q HCCN programming preparing members for a changing healthcare environment

Support for members as they are asked to demonstrate value under alternative payment methodologies:

- Report on the quality of care being delivered
- Report on the quantity of care being delivered, especially as relates to vulnerable populations
- Report on quality improvement activities of your practice
- Use health IT to demonstrate increased access, improved quality, or reductions in costs

K2Q HCCN Goals, Focus Areas and Activities geared towards these skills and competencies

K2Q HCCN Membership

12 participating health centers (PHCs) across 6 states with several EMR platforms

Universal commitment to peer-based health IT training, collaborative data benchmarking

*Members of the K2Q HCCN governing board

Grantee Name	City	State	EHR
EAST TENNESSEE STATE UNIVERSITY*	Johnson City	TN	Centricity
FAMILY FIRST HEALTH CORPORATION	York	PA	athenaHealth
HAMILTON HEALTH CENTER, INC.	Harrisburg	PA	Epic
PEOPLE'S COMMUNITY CLINIC	Austin	TX	NextGen
PUBLIC HEALTH MANAGEMENT CORPORATION*	Philadelphia	PA	Allscripts
SANTA CRUZ WOMEN'S HEALTH CENTER	Santa Cruz	CA	eClinicalWorks
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER*	Lubbock	TX	Cerner
LCH HEALTH & COMMUNITY SERVICES*	Kennett Square	PA	Centricity
UNIVERSITY OF COLORADO DENVER*	Denver	CO	Intergy
NEIGHBORHOOD HEALTH CENTERS OF THE LEHIGH VALLEY	Allentown	PA	athenaHealth
JEFFCARE	Metairie	LA	Netsmart
BRIGHTER BEGINNINGS HEALTH*	Richmond	CA	eCW

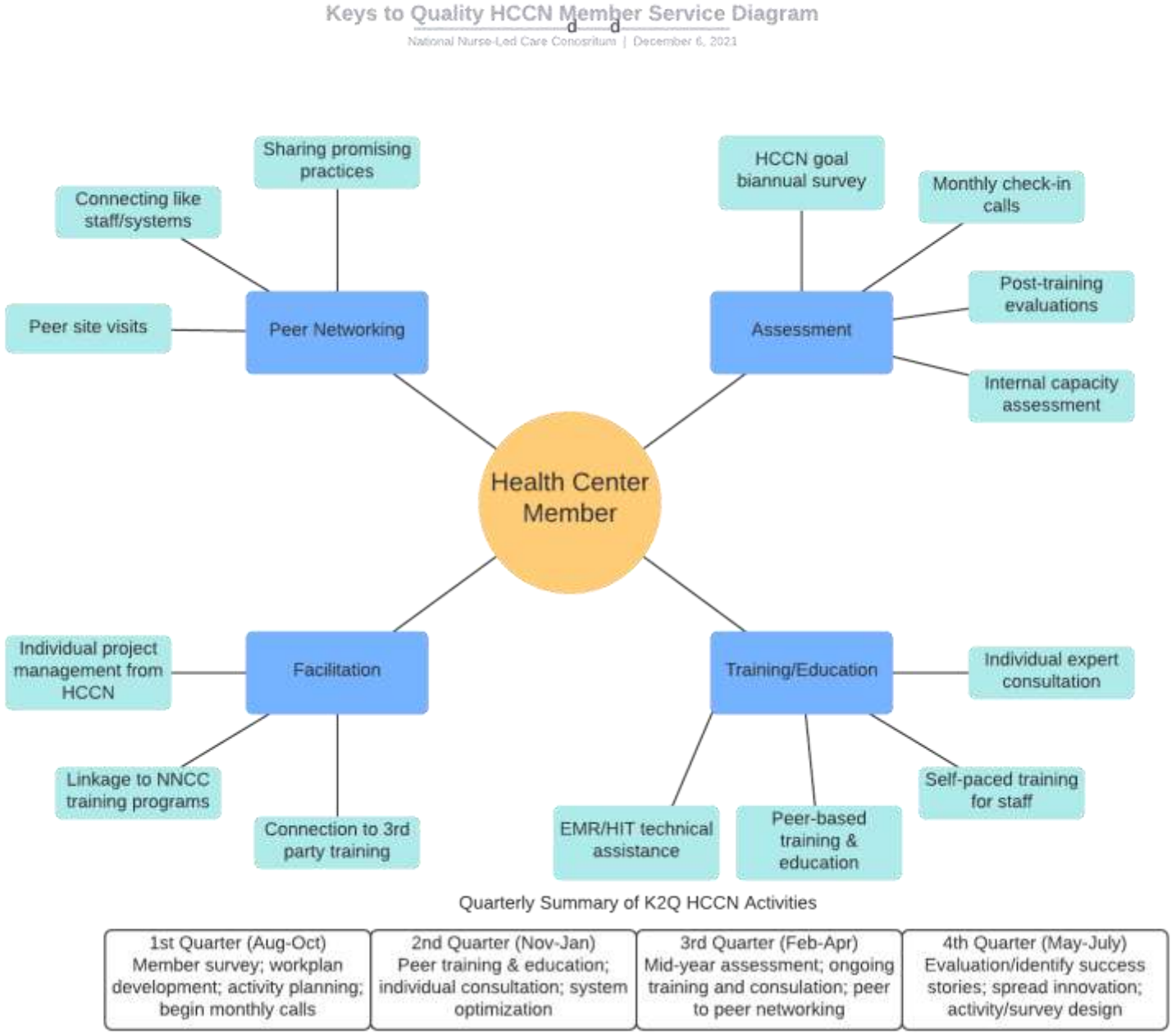
Keys to Quality HCCN Goals and Projects

- Current Goals and Focus Areas
- Activities for HCCN Members

K2Q HCCN Service Model for Members

The HCCN provides individualized services through a phased approach of:

- Survey and assessment of capacity
- Targeted training & education
- Connection to internal and external resources
- Ongoing project management
- Spread of innovation to peers



Goal A: Enhance the patient and provider experience

Sample activities:

Patient portal configuration and system optimization

Sharing telehealth best practices and reimbursement strategies

Survey impact of health IT tools on care team member satisfaction and burnout

Training of EMR super users for system optimization

Goal	Objective	Objective Description	Numerator
Goal A: Enhance the patient and provider experience	**Objective A1: Patient Access**	**Increase the percentage of PHCs using health IT to facilitate patients' access to their personal health information (e.g., patient history, test results, shared electronic care plans, self-management tools).**	**Number of PHCs with at least 50 percent of patients having accessed their patient portal accounts within the last 12 months.**
	Objective A2: Patient Engagement	**Increase the percentage of PHCs improving patient engagement with their health care team by advancing health IT and training (e.g., patient use of remote monitoring devices, better medication adherence with text reminders).**	**Number of PHCs with at least 30 percent of patients who have used a digital tool (e.g., electronic messages sent through the patient portal to providers, remote monitoring) between visits to communicate health information with the PHC within the last 12 months.**
	Objective A3: Provider Burden	**Increase the percentage of PHCs that improve health IT usability to minimize provider burden (e.g., align EHRs with clinical workflows, improve structured data capture in and/or outside of EHRs).**	**Number of PHCs that have improved provider satisfaction (e.g. survey results) through implementation of at least one HIT facilitated intervention (e.g. improved CDS, EHR template customization/optimization, telehealth, eConsults, mobile health, dashboards, other reporting tools) within the last 12 months.**

Goal B: Advance interoperability

Sample activities:

Conducting security risk analysis services on behalf of PHC members, and developing risk mitigation plans

Connect PHCs to health information exchange platforms to support data sharing

Identify care coordination workflows to advance interoperability of data

Support for EMR data interfaces and data mapping

Goal	Objective	Objective Description	Numerator
Goal B: Advanced interoperab-ility	**Objective B1: Data Protection**	**Increase the percentage of PHCs that have completed a security risk analysis and have a breach mitigation and response plan.**	**Number of PHCs that have implemented a breach mitigation and response plan based on their annual security risk assessment.**
	Objective B2: Health Information Exchange	**Increase the percentage of PHCs that leverage HIE to meet Health Level Seven International (HL7) standards or national standards as specified in the ONC Interoperability Standards Advisory and share information securely with other key providers and health systems.**	**Number of PHCs that transmitted summary of care record to at least 3 external health care providers and/or health systems in the last 12 months using certified EHR technology through platforms that align with HL7 or national standards specified in the ONC Interoperability Standards Advisory.**
	Objective B3: Data Integration	**Increase the percentage of PHCs that consolidate clinical data with data from multiple clinical and non-clinical sources across the health care continuum (e.g., specialty providers, departments of health, care coordinators, social service/housing organizations) to optimize care coordination and workflows.**	**In the last 12 months, the number of PHCs that have integrated data into structured EHR fields (i.e., not free text or attachments) from at least 3 external clinical and/or non-clinical sources.**

Goal C: Use data to enhance value

Sample activities:

Development of HCCN data dashboard to support PHC benchmarking

Development of value-added data dashboards related to SDOH, CQMs and more

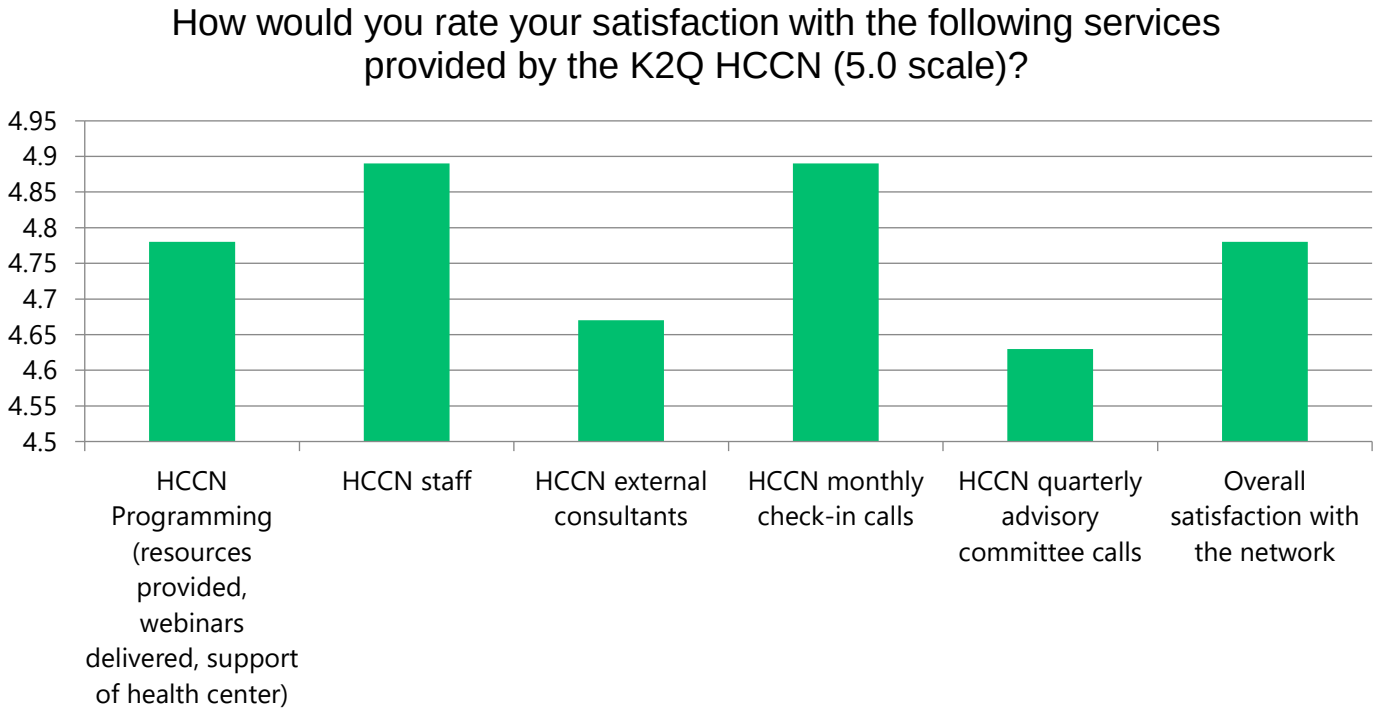
Coding and documentation of SDOH screening for reporting and billing

Use of virtual care services to succeed in value-based payment contracts

Goal	Objective	Objective Description	Numerator
Goal C: Use data to enhance value	**Objective C1: Data Analysis**	**Increase the percentage of PHCs that improve capacity for data standardization, management, and analysis to support value-based care activities (e.g., improve clinical quality, achieve efficiencies, reduce costs).**	**Number of PHCs using a dashboard and/or standard reports to present useful data to inform value-based care activities (e.g., improve clinical quality, achieve efficiencies, reduce costs) in the last 12 months.**
	Objective C2: Social Risk Factor Intervention	**Increase the percentage of PHCs that use both aggregate and patient-level data on social risk factors to support coordinated, effective interventions.**	**Number of PHCs that use health IT to collect or share social risk factor data with care teams and use this data to inform care plan development on at least 50 percent of patients identified as having a risk factor (e.g. care teams use patient reported data on food insecurity or other social risk factors to better tailor care plans/interventions and community referrals to improve chronic disease management and outcomes) in the last 12 months.**
	Objective 3: Movement to Alternative Payment Methodologies	**Increase the percentage of member PHCs engaged in alternative payment methodologies (APMs) that incorporate both upside and downside risk and meet the definitions of a stage 3 or 4 APM, as defined by the CMS Health Care Payment (HCP) Learning and Action Network (LAN).**	**Number of PHCs that have entered in to an APM relationship that meets the definition of Stage 3 (shared savings with or without downside risk based on fee-for-service architecture) or Stage 4 (population-based payment model).**

Keys to Quality HCCN Member Satisfaction and NNCC Services

- Member Satisfaction with HCCN
- Connection to non-HCCN Services

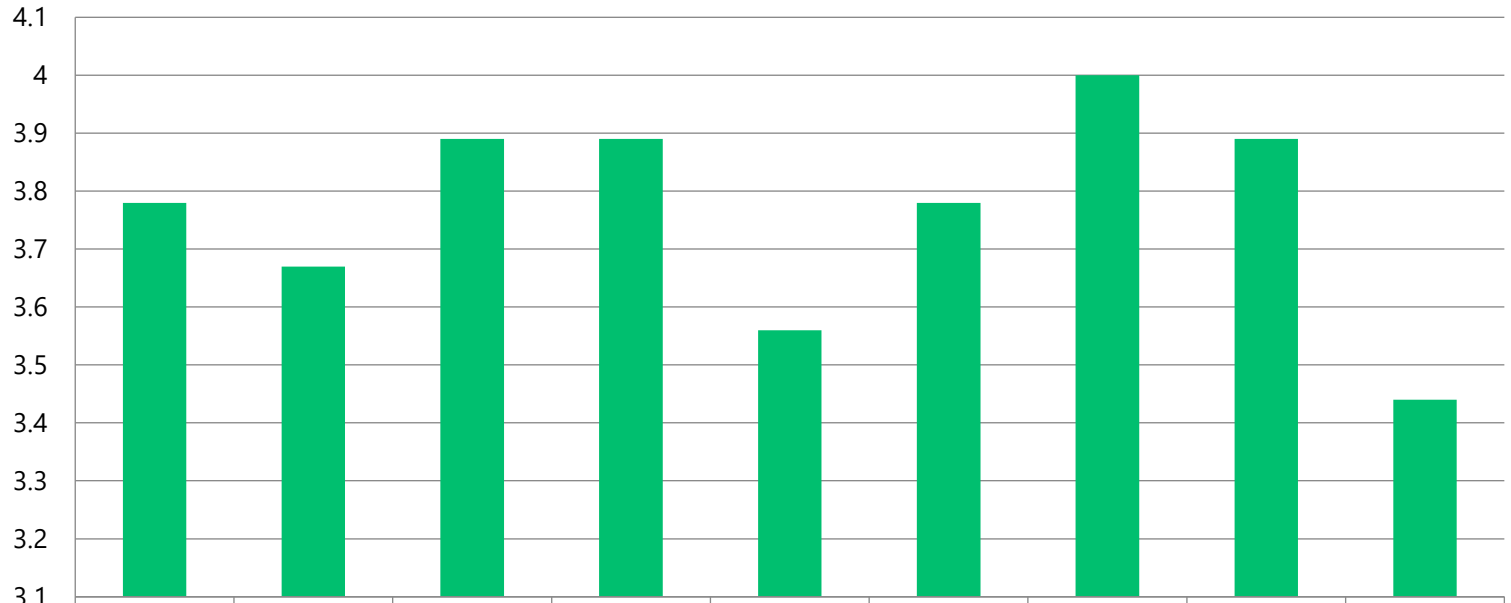


Satisfaction with HCCN Services

High level of satisfaction with activities, HCCN staff, consultants, and HCCN meetings

100% of respondents said they would recommend membership to another health center organization

How confident are you that you that participation in this HCCN will improve your health center's performance in the following areas (5.0 point scale):



	Patients' access to their healthcare information.	Electronic patient engagement .	Provider satisfaction with health IT.	Data security.	Secure data exchange with external groups.	Accurate data integration from external groups.	Analyzing data.	Capturing social risk factors.	Succeeding in value-based payment structures.
ted Average	3.78	3.67	3.89	3.89	3.56	3.78	4	3.89	3.44

Impact of HCCN Services

PHCs reported that HCCN activities and services helped them improve performance across all HCCN objectives

100% of respondents said HCCN services saved them money that they otherwise would spend on health IT and quality improvement services

PHC Anonymous Feedback

"[HCCN] staff are very responsive and great to work with! I look forward to our continued relationship"

"[The HCCN] team always provide great resources and information that would be difficult to find elsewhere."

"The education and support provided specific to the development of our PQI program and telehealth services have been invaluable."

"They have helped us tremendously in getting our EHR optimized."

"PCMH trainings have been extremely helpful to our organization; we have one site that is up for renewal and we are adding 2 additional sites."

NNCC Training & Education

HCCN members are connected to a larger ecosystem of NNCC training & education services at no extra cost.

Examples of additional NNCC training and services include:

- ***Training and technical assistance:*** FQHC-specific learning collaboratives and resources; patient and family engagement best practices; emergency preparedness; nursing-specific training & education
- ***Direct service programming:*** Public health nurse home visiting programming; development of clinical rotation and residency programs; incorporation of CHWs and other care team staff
- ***Policy & more:*** Optimizing the roles of nurses and other care team staff; workforce support through Americorps and other programs; research and evaluation support; regional and national conference events

Summary

Do not hesitate to reach out to HCCN staff for support for *any* reason – if we can't help, we can find someone who can.

Contact these folks for:

- Casey (calrich@nncc.us) for general inquiries about HCCN support, staff training opportunities, vendor inquiries, connection to consultants, quality improvement programming
- Jennifer (jmcgalliard@phmc.org) for privacy and security questions, support for HIE and interoperability projects, logistical questions/requests for meetings
- Grace (grace@nncc.us) for quality measure reporting assistance, EHR and other health IT application management questions, support for care team usability concerns
- Jillian (jbird@nncc.us) for questions related to health IT workflows and provider/patient satisfaction, SDOH and PCMH practice transformation, connection to NNCC programming