



The Health Resources and Services Administration (HRSA) is the primary Federal agency for improving access to health care services for many millions of Americans who are medically underserved. HRSA’s vision, mission, and goals are closely aligned with the aims and priorities of the National Quality Strategy, and HRSA’s programs and activities manifest that alignment.

HRSA’s vision is “Healthy Communities, Healthy People” and its mission, as articulated in HRSA’s *Strategic Plan, 2016-2018*, is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs. HRSA operates, primarily, as a grant-making organization that engages in collaborations and partnerships with communities, States, non-profit organizations, and other stakeholders to achieve the following goals:

- Improve Access to Quality Health Care and Services
- Strengthen the Health Workforce
- Build Healthy Communities
- Improve Health Equity
- Strengthen HRSA Program Management and Operations

HRSA and its partners consistently strive to support the delivery of high-quality care and promote the sustainability and efficient operations of major segments of the Nation’s health care safety net. HRSA relies on quality-related leadership, management, and measurement as tools in its ongoing efforts to advance improvements in health, health care delivery, and health systems.

While a focus on quality improvement is a foundational, integrated element of HRSA programs, HRSA also uses special activities and initiatives to promote quality in health and health care. Highlighted below are several of these special activities that were begun or continued in fiscal year (FY) 2015 that align with the National Quality Strategy aims and priorities.

- HRSA recognizes that there are many opportunities to maintain and improve the quality and effectiveness of health center care. In FY 2015 HRSA established an annual Health Center Quality Improvement Fund to recognize the highest clinically-performing health centers nationwide as well as those health centers that have made significant quality improvement gains in the past year. Quality Improvement Fund awards are based on uniform clinical performance measures collected from all health centers, including measures on preventive health, perinatal/prenatal care, and chronic disease management, and designed to drive improvements in patient care and outcomes.

- Since 2010 HRSA has had the Patient-Centered Medical Home (PCMH) Recognition Initiative that supports health centers working toward better care and lower costs for patients. Health centers can achieve PCMH recognition by meeting national standards for primary care that emphasize care coordination and ongoing quality improvement. Over the course of this initiative, HRSA provided funding, training, and technical assistance to support health centers in the transformation of their practices needed to receive recognition as a PCMH. At the end of FY 2015, 65 percent of health centers had at least one site recognized as a PCMH, exceeding the target of 60 percent.
- HRSA continued to expand the number of rural Critical Access Hospitals (CAHs) participating in the Medicare Beneficiary Quality Improvement Project (MBQIP) with the goal of improving the care delivered to patients by collecting, analyzing, monitoring, and planning related to CAH's quality data. As part of this initiative, CAHs are encouraged to voluntarily report to CMS' Hospital Compare data system. In FY 2015, 88 percent reported on inpatient measures, up by 3 percentage points from 85 percent in FY 2014. The outpatient reporting was 54 percent compared to the 55 percent in FY 2014. Further, 59 percent of CAHs reported on Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) measures, up by 5 percentage point from 54 percent in FY 2014, achieving the target.
- The Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN), a quality improvement collaborative launched in 2014, continued to support grantees of the Maternal, Infant, and Early Childhood Home Visiting Program to engage in learning and actions to improve outcomes related to: (a) extending duration and exclusivity of breastfeeding, (b) alleviating maternal depression, (c) screening and linkage to services for developmental delays, and (d) family engagement. In FY 2015, State/local/tribal-level quality improvement teams participating in the Collaborative participated in 18 subject-specific learning sessions, provided data reports to the Collaborative, and submitted reports on PDSA (Plan, Do, Study, Act) efforts related to the four focus areas of the Collaborative, exceeding expectations for level of participation and completeness of reporting.
- The HIV Cross-Part Care Continuum Collaborative was launched in January 2014 to provide peer learning opportunities for Ryan White HIV/AIDS Program grant recipients and providers, addressing viral load suppression and retention in care. Five States (Arkansas, Mississippi, Missouri, New Jersey, and Ohio) have participated in the Collaborative. Each State has a Response Team that facilitates the quality activities within the State across all funded Ryan White HIV/AIDS Program parts. In 2015, Teams participated in five learning sessions and six Webinars, exceeding the target. All teams provided data on four performance measures: viral load suppression, prescription of HIV antiretroviral therapy, 24-month medical visit frequency, and gaps in medical visits.

Other notable accomplishments include the following:

- HRSA served as the Government Task Lead (GTL) on the CMS-funded task order executed by the National Quality Forum (NQF) titled "Performance Measurement for

Rural Small-Practice and Low-Volume Providers.” HRSA coordinated activities to engage, inform, and facilitate feedback from HHS stakeholders to NQF. The final task order report was received by HHS in September 2015.

- HRSA provided input and support for another CMS-funded task order, executed by NQF, on developing a framework for community action to improve population health. The Option Year One report on this project titled *Multistakeholder Input on a National Priority: Improving Population Health by Working with Communities—Action Guide 2.0* was received by HHS on July 31, 2015. Work also began in 2015 on Option Year Two activities for the task order that will be finalized by the end of July 2016.
- HRSA continued to monitor and encourage the alignment of the quality measures used by its programs with the recommendations of the HHS Measurement Policy Council (MPC).

In FY 2016 and beyond, HRSA will continue to emphasize programmatic quality improvement. Activities in FY 2016 include:

- Facilitate national and State-level technical assistance and training programs that promote quality improvement in health center data and quality reporting, clinical and quality improvement, and implementation of innovative quality activities, including supporting health centers to achieve PCMH recognition by national accrediting bodies—with a particular focus on new health centers.
- Provide support and expertise to assist States with quality improvement activities through the Rural Hospital Flexibility Grants program and the Medicare Beneficiary Quality Improvement Project.
- Launch and continue Phase 2 of the HV CoIIN, involving 35 to 40 teams to improve outcomes related to breastfeeding, maternal depression, child development, and family engagement.
- Continue implementation of the HIV Cross-Part Care Continuum Collaborative to provide peer learning opportunities and sharing of quality improvement best practices for Ryan White HIV/AIDS Program grant recipients and providers, addressing viral load suppression and retention in care.

Other notable activities in FY 2016 include:

- Monitor and take action, as needed, on aligning HRSA quality measures with the recommendations of the HHS Measurement Policy Council (MPC).
- Serve as subject matter lead on developing and executing a CMS-funded National Quality Forum task order, addressing measurement gaps in the area of telehealth, with a deliverable that includes expert recommendations on filling measurement gaps.
- Continue to provide input for the CMS-funded National Quality Forum task order to develop the Option Year 2 final framework for community action to improve population health, called *Action Guide 3.0*.

The Health Resources and Services Administration will continue to promote the National Quality Strategy aims and priorities across Health Resources and Services Administration programs and grantees to increase awareness and support among its stakeholders through Fiscal Year 2016 and beyond.