CHCANYS

Community Health Care Association of New York State

Developing a Strong NAP Application

Agenda and Overview

Suzanne E. Rossel

Defining New Directions

Meeting Goal

- *Outline best practices for developing a competitive 330 NAP application, with a focus on key application requirements.*
- *Identify assistance and services to support your 2011 NAP application.*
- *Provide a forum to address targeted questions.*

Meeting Agenda

- *Overview*
- *Establishing Need*
- *Strengthening Your Health Care Plan*
- *Ensuring an Appropriate Business Plan*
- *Demonstrating Collaboration*
- *Developing an Emergency/Disaster Preparedness Program*
- *Next Steps*

Important Considerations

- Two-tiered Submission Process
- Remember the Reviewers
  - HRSA
  - Objective Review Committee (ORC)
- Program Proposal/Logic Model
- Start Early, Review Often
- Make a Compelling Case--Use Creativity Sparingly

CHCANYS Clinical Forum & Statewide Conference

Developing a Strong

New Access Point Application

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In order to have a successful new access point application, you must climb a number of mountains....

One of the biggest challenges is finding appropriate data to support your application

Problems with Available Data

- The need to visit multiple Web sites
  - NYSDOH
  - NYCDOHMH
  - Census
  - OASAS
- Level of geography is not always consistent and available
  - County, zip code, township or city, or census tract
- Difficulty aggregating data to service area
- Reporting not always consistent
  - Different ratios per capita, per 100,000 versus per 1,000
  - Different years

Guiding You Up the Mountain

The Center for Health Workforce Studies will be your sherpa by

- Combining different datasets
- Standardizing years and rates/ratios
- Aggregating data to your service area
- Providing a need for assistance worksheet

One Stop Shopping for Data

- Hospitalization data from NYSDOH
  - Diabetes
  - Hypertension
  - Cardiovascular
  - Asthma
- Prevention Quality Indicators from NYSDOH
- Vital records from NYSDOH and NYCDOHMH
  - Mortality
  - Births
    - Teen pregnancies
    - Infant mortality
    - Low birth weight rate

One Stop Shopping for Data

- Prevalence and behavioral data from BRFSS and NYS EpiQuery
  - Prevalence of diabetes, hypertension, asthma
  - Cancer screenings
  - Alcohol use
- Population data
  - % Under 100% FPL
  - % Under 200% FPL
  - % Linguistically isolated
  - % 65 and older
  - % Race and ethnicity
- Children with elevated blood lead levels
- Ratio of population to primary care provider FTEs from CHWS re-licensure data

Standardizing Reporting Years (as much as possible)

- Hospitalizations for 2006 to 2008
- Mortality for 2006 to 2008
- Births, teen pregnancy, infant mortality, etc. 2004 – 2008
- Behavioral/prevalence 2008/2009
- Primary care providers for 2009
- Population, 2009

Producing Data for Your Service Area

- Getting counts of NYS/NYC data at zip code level
- Linking it to other data
- Aggregating the data to the user defined service area
- Creating rates and ratios based on aggregated data
- Producing the need for assistance worksheet for your service area

Service Area Configuration Can Make A Difference

NEEDS FOR ASSISTANCE WORKSHEET AND SERVICE AREA DEMOGRAPHICS

Service Area: Albany Co Option 1

SERVICE AREA DEMOGRAPHICS

Total Population:	57,264	# Ages 0 - 2:	1,678
% Female:	51.5%	# Ages 0 - 4:	2,865
% Hispanic/Latino:	3.9%	# Ages 5 - 17:	8,175
non-Hispanic/Latino		# Ages 18 - 64:	37,110
% Black/African American:	15.2%	# Ages 65 Plus:	9,114
% Native American/ Alaskan Native:	0.3%	% 65 Plus:	15.9%
% Asian/Pacific Islander:	2.0%	% Less than HS:	14.7%
% Other/Multiple Race:	2.0%	% High School Degree/GED:	28.4%
%Linguistically Isolated:	2.2%	% Some College:	16.8%
% Below 100% FPL:	10.8%	% Associate Degree	9.6%
% Between 100 and 199% FPL:	13.8%	% 4-year Degree	16.2%
%Below 200% FPL:	24.5%	% Grad Degree	14.3%
% of 200% FPL Uninsured:	31.3%		

CORE BARRIERS

Population to PC FTE Ratio:	1,648.3
% Below 200% FPL:	24.5%
% of 200% FPL Uninsured:	31.3%

DIABETES		Nat'l Benchmark (4 pts)	Severe (1 add't pt)
Short-Term Complication Hospital Admission Rates:	48.2	46.7/100,000	82/100,000
Long-term Complications Hospital Admission Rates:	99.8	112.6/100,000	180.2/100,000
Uncontrolled Diabetes Hospital Admission Rate:	17.4	27.2/100,000	61.1/100,000
Lower Rate Ambutations Hospital Admission Rates:	23.8	37.5/100,000	65.7/100,000
Age Adjusted Diabetes Prevalence:	8.6%	6.50%	7.80%
Adult Obesity Prevalence:	21.9%	23.00%	24.50%
Diabetes Mortality:	18.6	26.0/100,000	35.0/100,000
Overweight Prevalence:	40.6%		

NEEDS FOR ASSISTANCE WORKSHEET AND SERVICE AREA DEMOGRAPHICS

Service Area: Albany Co Option 2

SERVICE AREA DEMOGRAPHICS

Total Population:	17,861	# Ages 0 - 2:	615
% Female:	50.8%	# Ages 0 - 4:	1,031
% Hispanic/Latino:	7.6%	# Ages 5 - 17:	2,610
non-Hispanic/Latino		# Ages 18 - 64:	12,027
% Black/African American:	38.7%	# Ages 65 Plus:	2,193
% Native American/ Alaskan Native:	0.4%	% 65 Plus:	12.3%
% Asian/Pacific Islander:	2.2%	% Less than HS:	19.4%
% Other/Multiple Race:	3.6%	% High School Degree/GED:	23.9%
%Linguistically Isolated:	4.3%	% Some College:	16.6%
% Below 100% FPL:	23.4%	% Associate Degree	6.8%
% Between 100 and 199% FPL:	21.8%	% 4-year Degree	17.5%
%Below 200% FPL:	45.1%	% Grad Degree	15.8%
% of 200% FPL Uninsured:	31.3%		

CORE BARRIERS

Population to PC FTE Ratio:	1,547.3
% Below 200% FPL:	45.1%
% of 200% FPL Uninsured:	31.3%

DIABETES		Nat'l Benchmark (4 pts)	Severe (1 add't pt)
Short-Term Complication Hospital Admission Rates:	91.5	46.7/100,000	82/100,000
Long-term Complications Hospital Admission Rates:	130.8	112.6/100,000	180.2/100,000
Uncontrolled Diabetes Hospital Admission Rate:	26.2	27.2/100,000	61.1/100,000
Lower Rate Ambutations Hospital Admission Rates:	31.8	37.5/100,000	65.7/100,000
Age Adjusted Diabetes Prevalence:	8.6%	6.50%	7.80%
Adult Obesity Prevalence:	21.9%	23.00%	24.50%
Diabetes Mortality:	24.3	26.0/100,000	35.0/100,000
Overweight Prevalence:	40.6%		

Service Area Configuration Can Make A Difference

NEEDS FOR ASSISTANCE WORKSHEET AND SERVICE AREA DEMOGRAPHICS

Service Area: Albany Co Option 1

CARDIOVASCULAR DISEASE		Nat'l Benchmark (4 pts)	Severe (1 add't pt)
Hypertension Hospital Admissions Rate:	41.2	50.2/100,000	99.5/100,000
CHF Hospital Admission Rate:	361.0	502.8/100,000	753.6/100,000
Angina without Procedures Hospital Admission Rate:	12.8	82.3/100,000	160.3/100,000
Heart Disease Mortality:	769.6	240.8/100,000	271.0/100,000
% of Adults Reporting High Blood Pressures:	31.7%	24.80%	27.70%

CANCER		Nat'l Benchmark (4 pts)	Severe (1 add't pt)
% of Females 18 Plus With No Pap Smear Last Three Years:	13.5%	13.80%	16.00%
% of Women 40 and Older With No Mammogram Last Three Years:	20.4%	25.30%	27.80%
% of Adults 50 plus with No Fecal Occult Test Within Last Two Years:	83.0%	75.90%	78.30%

PRENATAL AND PERINATAL HEALTH		Nat'l Benchmark (4 pts)	Severe (1 add't pt)
Total Births (5 Year Average):	618		
Percent Low Birth Weight Births (< 2500 grams):	9.4%	6.00%	9.80%
Infant Mortality Rate:	6.5	6.9/1,000	9.1/1,000
% of Total Births to Teen Mother	7.3%	6.30%	9.20%
% of Total Births With Late or No Prenatal Care:	19.9%	16.00%	20.00%
% of Total Births With Cigarette Use:	13.8%	10.70%	14.30%

CHILD HEALTH		Nat'l Benchmark (4 pts)	Severe (1 add't pt)
Pediatric Asthma Hospital Admission Rate:	180.7	164.6/100,000	347.1/100,000
Percent of Children Tested for Lead by Age of 3:	49.0%	< 15.00%	<7.00%

NEEDS FOR ASSISTANCE WORKSHEET AND SERVICE AREA DEMOGRAPHICS

Service Area: Albany Co Option 2

CARDIOVASCULAR DISEASE		Nat'l Benchmark (4 pts)	Severe (1 add't pt)
Hypertension Hospital Admissions Rate:	63.5	50.2/100,000	99.5/100,000
CHF Hospital Admission Rate:	375.5	502.8/100,000	753.6/100,000
Angina without Procedures Hospital Admission Rate:	20.5	82.3/100,000	160.3/100,000
Heart Disease Mortality:	693.0	240.8/100,000	271.0/100,000
% of Adults Reporting High Blood Pressures:	31.7%	24.80%	27.70%

CANCER		Nat'l Benchmark (4 pts)	Severe (1 add't pt)
% of Females 18 Plus With No Pap Smear Last Three Years:	13.5%	13.80%	16.00%
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% of Adults 50 plus with No Fecal Occult Test Within Last Two Years:	83.0%	75.90%	78.30%

PRENATAL AND PERINATAL HEALTH		Nat'l Benchmark (4 pts)	Severe (1 add't pt)
Total Births (5 Year Average):	283		
Percent Low Birth Weight Births (< 2500 grams):	12.2%	6.00%	9.80%
Infant Mortality Rate:	9.2	6.9/1,000	9.1/1,000
% of Total Births to Teen Mother	10.3%	6.30%	9.20%
% of Total Births With Late or No Prenatal Care:	28.2%	16.00%	20.00%
% of Total Births With Cigarette Use:	18.0%	10.70%	14.30%

CHILD HEALTH		Nat'l Benchmark (4 pts)	Severe (1 add't pt)
Pediatric Asthma Hospital Admission Rate:	329.8	164.6/100,000	347.1/100,000
Percent of Children Tested for Lead by Age of 3:	49.0%	< 15.00%	<7.00%

Climbing a Mountain Takes One Step at Time

- Step one: Define your service area
- Step two: Collect needed data
- Step three: Determine which data is relevant
- Step four: Use data in narrative to support application

SKIPPING STEPS MAY LAND YOU IN THE ABYSS!!!!!

Climbing Every Mountain Still Has Its Pitfalls

- Certain data available only at the county level
  - Larger geographic levels may mask problems in your service area
- Cell size restrictions may limit output for smaller service areas
  - Rates and ratios may negate cell size issues
- May still be missing information – need to know what you don't know

Next Steps

- Define service area
- Determine target population (versus service area population)
- Work with CHCANYS

CHCANYS

Community Health Care Association of New York State

Clinical Performance Measures & New Access Point (NAP) Applications

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Defining New Directions

Clinical Performance Measures

- Outline realistic goals to be accomplished during the (2) year NAP project period
- Baseline data must be established for each measure
- ***Should <u>only</u> address the service area and target population of the proposed NAP(s)***

Completing Clinical Performance Measures

- **New start applicants:** complete the Clinical Measures based on the entire proposed scope of the project
- **Satellite applicants:** complete the Clinical Measures based on the ***proposed new service delivery site(s) only***
- **Multiple sites, populations and/or service areas:** the Clinical Measures should represent the total targeted population within the proposed service area (*except for "special populations")*
- **Special Populations:** can identify additional population-specific Clinical Measures (i.e., migrant farmworkers, people experiencing homelessness)
- **All applicants:** must complete a minimum of (1) Behavioral Health and (1) Oral Health Clinical Measure

Elements of Clinical Performance Measures

- **Focus Area**
- **Performance Measure and Applicability**
- **Target Goal Description**
- **Numerator and Denominator Description**
- **Baseline Data and Projected Data**
- **Data Source and Methodology**
- **Key Factor and Major Planned Action**
- **Comments**

Core Health Indicators
(*Maximum 30 points*)

- A response to (1) indicator from within each of the (6) categories must be provided:
  - Diabetes
  - Cardiovascular Disease
  - Cancer
  - Prenatal & Perinatal Health
  - Child Health
  - Behavioral and Oral Health

"Other" Health Indicators
(*Maximum 10 points*)

- A response to (2) out of the (12) "other" health indicators must be provided
- If "other" indicators are identified, they must include the following:
  - Definition
  - Data source used
  - Proposed benchmark to be used and source
  - Rationale for using indicator

Resources

- http://bphc.hrsa.gov/about/performancemeasures.htm
- http://www.hrsa.gov/data-statistics/health-center-data/reporting/2009udsreportingmanual.pdf

Community Health Care Association of New York State

New Access Point Considerations

October 5, 2010

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RSM McGladrey, Inc.

THE BUSINESS PLAN

- Not an explicit section; implicit throughout the narrative
- When developing the plan and budget, consider
  - New Access Point Guidance
  - Program Expectations, PIN 98-23
  - HRSA Health Center Site Visit Guide
  - Medicare/Medicaid Requirements
    1. Corporate Compliance
  - Audit Findings/Management Letter Comments
- Business plan and budget must agree with narrative and healthcare plan

FINANCIAL MEASURES

- Five (5) **required** financial viability and cost measures
- Include additional measures related to finance, costs access, HIT, others that have numerators and denominators

REMEMBER THE REQUIRED MEASURES ARE NOT THE ONLY ONES TO INCLUDE!!!!

WHAT ELSE SHOULD YOU/DO YOU NEED TO BENCHMARK TO BE SUSTAINABLE, TO RESPOND TO THE NEEDS IDENTIFIED AND TO GROW????

FINANCIAL MEASURES

From UDS

Performance Measure	Measure Detail
Total cost per patient (Maintain rate of increase to X%)	Numerator: Total accrued cost before donations and after allocation overhead Denominator: Total number of patients *UDS Lines: T8AL17CC/T3AL39Ca+Cb*
Medical cost per medical encounter (Maintain rate of increase to X%)	Numerator: Total accrued medical staff and medical other cost after allocation of overhead (excludes lab and x-ray cost) Denominator: Non-nursing medical encounters (excludes nursing (RN) and psychiatrist encounters) *UDS Lines: T8AL1CC+T8AL3CC/T5L15CB – TT5L11CB*

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FINANCIAL MEASURES

From Annual Audit

Performance Measure	Measure Detail
Change in Net Assets to Expense Ratio (Maintain a ratio ≥ 0)	Numerator: Ending Net Assets – Beginning Net Assets Denominator: Total Expense *Note: Net Assets = Total Assets – Total Liabilities*
Working Capital to Monthly Expense Ratio (Maintain a ratio ≥ 1 month of expenses)	Numerator: Current Assets – Current Liabilities Denominator: Total Expense/Number of Months in Audit
Long Term Debt to Equity Ratio (Maintain long term debt at ≤ to ½ net assets (Ratio ≤ 0.5))	Numerator: Long Term Loans + Current Maturities Denominator: Net Assets

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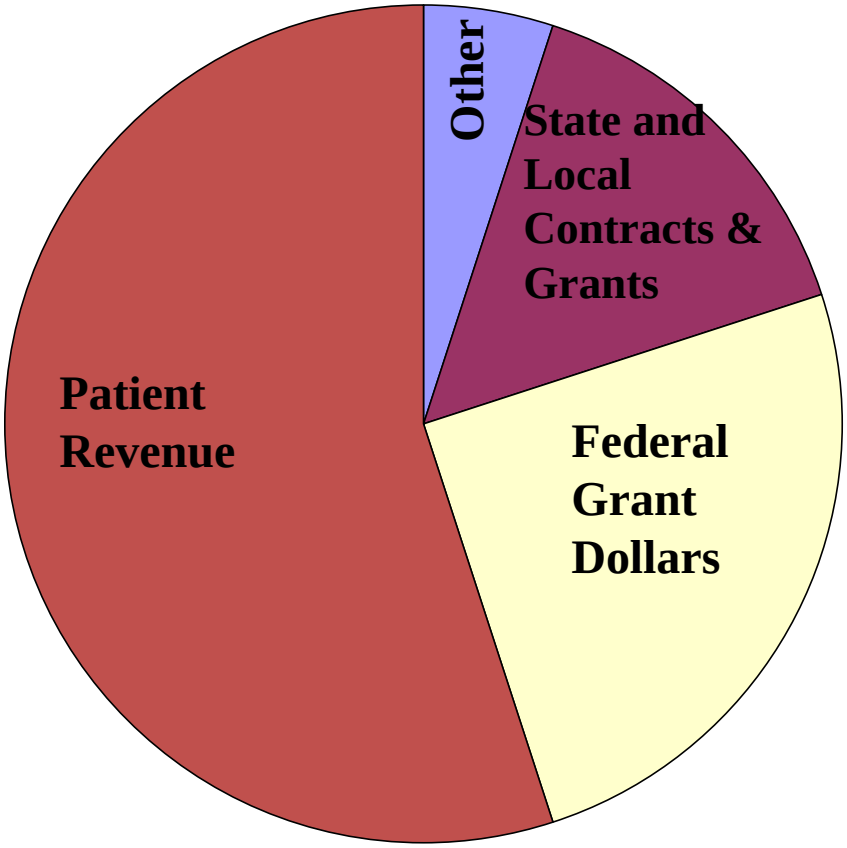
TOTAL BUDGET CONCEPT

Operating Budget (Scope of Project)



BUDGET

- Keys to writing line item to budget:
  - Justification Amounts Should Agree to Budget Forms
  - Be Specific Regarding Each Line of the Budget:
    - If Variable Costs, Describe Calculation of Cost (e.g., Supplies Cost Per Visit X Visit)
    - If Fixed Cost, Describe Cost (e.g., Rent – As Per Lease Agreement)
    - See budget justification sample http://www.hrsa.gov/grants/apply/assistance/nap
- Considerations:
  - any contractual agreements (e.g., Union Contracts) for impact on salaries and fringe benefits; lease escalations
  - new contracts being received in the near future
  - cost of living adjustments or inflationary factors on expenses
- Any variances greater than 5% should be explained

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BUDGET

- Make Certain the Budget Balances!!!!!
  - Review Patient Revenue Factors
  - Review Staffing
- BE CONSERVATIVE WHEN PROJECTING PATIENT SERVICES REVENUE!!!!
  - Unobligated Balance vs. Excess Program Income
  - MEI - *varies*
  - Medicaid/Medicare Wraparound - *denials*
  - Recruitment & Retention - *sunsets*
  - BDCC Pool - *varies*
  - Medicaid Transition Funding - *??*
  - Meaningful Use Incentives - *??*
  - Patient Centered Medical Home – *Guaranteed?*

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CONTACT INFORMATION

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Collaboration and Letters of Support (NAP Review Criterion 3)

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Defining New Directions

Collaboration: Know Your Environment

- A successful NAP applicant will demonstrate its responsiveness to its health care environment by documenting that it has developed **collaborative and coordinated delivery systems** for the provision of health care. (HRSA-11-017, p. 4)
  - Who else is or may be operating in your service area? (Health care and other service providers)
  - How are your services complementary/not redundant?
  - How specifically do you/can you work together to maximize limited resources and meet the health care needs of the community?

Demonstrating Collaboration: Letters of Support Plus

- Evidence of collaboration must appear **in two places** in your NAP application:
  - Program Narrative (HRSA-11-017, p. 31)
  - Attachment 10: Letters of Support (HRSA-11-017, pp. 15, 31)
    - If you have letters of commitment or investment, include them here as well.
    - Note: Contracts, agreements and sub-recipient arrangements are submitted as Attachment 7.

Overview: NAP Review Criterion 3 (10 points)

- Actual or proposed collaborations
  - Other health care providers (e.g., FQHCs, FQHC Look-Alikes, critical access hospitals, other federally-supported grantees including Ryan White programs, and state and local health service delivery projects)
  - Other providers and programs serving the same populations (e.g., social services, job training, WIC, community groups, homeless shelters, advocacy groups)
  - Public agencies (e.g., local public health department, local school board)
  - Neighborhood revitalization initiatives, if applicable (Choice Neighborhoods and Promise Neighborhoods)
  - For special populations: Formal arrangements with other organizations that provide services or support to the same population

Overview: NAP Review Criterion 3 (cont'd)

- Letters of support from **any and all** FQHCs, Look-Alikes, rural health clinics and critical access hospitals in the proposed service area.
  - Unsure of who is in your area?
    - Contact Beverly Grossman, CHCANYS (Albany Office) bgrossman@chcanys.org or 518-434-0767, ext. 11
  - If you do not have these letters:
    - You must explain why
    - You must show evidence that you tried to obtain them

Other Strategically Important Letters of Support

- Your PCA: CHCANYS
- Community stakeholders
- Patients
- Elected officials

Collaboration & Letters of Support: Do's and Don'ts

- ***Do*** provide specific details about existing or proposed partnerships or coordinated activities, either in the narrative or in letters of support.
- ***Do*** provide letters of commitment if you have them.
- ***Do*** be mindful of the page limit:
  - ***Don't*** repeat information in the narrative that is available in an attached letter—but ***do*** reference the letter in the narrative.
  - ***Don't*** upload letters that don't provide valuable information beyond the identity of the letter-writer—list these letters instead.

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Developing an Emergency Preparedness Program

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Defining New Directions

Emergency Preparedness Requirements for NAPs

- HRSA Form 10: Annual Emergency Preparedness Report
  - Outlines the Emergency Preparedness needs of a Health Center
  - Divided into 2 sections: Emergency Preparedness and Management Plan
  - Estimated time to complete: about an hour

Section I – Emergency Preparedness and Management Plan

- Hazard Vulnerability Assessment (HVA)?
- Approved Emergency Management Plan (EMP)?
- Includes all 4 phases of an emergency?
- Integrated into your local/regional plans?
  - Have you *attempted* to participate?
- Does your plan include your ability to provide mass immunization/prophylaxis?

Section II – Readiness

- HRSA wants to know if you have taken the following into account:
  - Alternatives for providing primary care
  - Annual planned drills
  - Periodic staff training for emergencies
  - Will Staff deploy to Non-Health Centers
  - Arrangements with Fed, State, Local for data reporting

Readiness (cont.)

- Back up communication system
- Coordination with other systems of care
- Designated to serve as a point of distribution (POD)
- Take measures to prevent financial loss in an emergency
- Off-site back up of information
- Designated EP coordinator

CHCANYS EP Technical Assistance

- Through onsite or offsite assistance, CHCANYS EP Team can:
  - Provide assessment of your existing EMP or provide a template for you
  - Identify steps you can take to satisfy requirements and check the “Yes” box as much as possible

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Community Health Care Association of New York State

Developing a Strong NAP Application

Next Steps/Questions

Suzanne E. Rossel

Defining New Directions

Next Steps

- Follow up with CHCANYS:
  - Need For Assistance Worksheet & other Data
  - Letters of Support assistance
  - Emergency Preparedness questions
- Participate in Health Care Plan Webinar, October 8th, 2:30 to 4:00 PM
- Utilize resources—PINs, HRSA Website, CHCANYS website, etc.

Questions

- ?