

Passing The Test

HRSA's 19

Program

Requirements

Clinical

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Who will be on Site?

- 3 HRSA reviewers (consultants)
- Some are seasoned and some are new
- Each may have a unique way of looking at issues and holding discussions
- Your Project Officer may also attend, but typically does not conduct any part of the review.

Who will be on Site?

- Clinical Reviewer – Who are they?

Agenda and Document List

- Must be provided in advance
- What items are typically requested for Clinical reviewer?
 - Quality Improvement Plan
 - Last 12 months of QI Minutes
 - Clinical Policies

HINTS FOR AN EXCELLENT HRSA OPERATIONAL SITE VISIT REVIEW

● BE PREPARED!!

- HAVE DOCUMENTS READY FOR THE VISIT
- BE HONEST ABOUT YOUR CENTER'S SHORTCOMINGS
- FOLLOW-UP WITH THE REVIEWER WHEN ASKED FOR AN ITEM
- BE WAITING FOR THEM WHEN THEY ARRIVE – FOLLOW THE SCHEDULE
- ENSURE THAT STAFF AND BOARD MEMBERS ARE IN PLACE FOR THE
ENTRANCE CONFERENCE, REVIEW AND EXIT CONFERENCE
- MAKE SURE THAT DOCUMENTS LOOK PROFESSIONAL
- CLEAN THE HEALTH CENTER – FIRST IMPRESSIONS ARE EVERYTHING
- READ THE HRSA SITE VISIT REVIEW GUIDE THOROUGHLY!!!
- Your review starts in the parking lot!

Making the grade HRSA's 19 program requirements

PROGRAM REQUIREMENT

VS

PERFORMANCE IMPROVEMENT

- What is the difference?

KEEP IN MIND.....

- IF YOU ARE OUT ON ANY PART OF THE REQUIREMENT, YOU ARE OUT ON THE ENTIRE REQUIREMENT.
- ABSOLUTELY NO PARTIAL CREDIT TO REMAIN IN COMPLIANCE.

Program requirement # 2

Required and Additional services

- Health Center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals
- What is this?
- Do they have to be written agreements?

Program Requirement #2

Required and additional services

- Substance Abuse services/Behavioral Health
- Dental
- OB/Gyn Care
- Hospitalist in-patient
- Lab services
- Radiology
- Specialty services
- Pharmacy

Program Requirement #2

Written Agreements for Services

- Agreements should describe referral arrangements and how information flows back to the health center
- If applicable, describe the financial arrangements for the referral.

PROGRAM REQUIREMENT #3

STAFFING

- What do they mean by staffing?
- What do I need for credentialing and privileging?

Program Requirement #3

STAFFING

- What do I need for credentialing?
 1. A comprehensive policy on credentialing that includes the following:
 - a. The use of **PRIMARY SOURCE DOCUMENTATION.**
 - b. Verification of license
 - c. DEA registration

Initial Credentialing

- d. Board certification (if applicable)
- e. Current CV
- f. Provider application
- g. Criminal background check
- h. Inspector general report
- i. Current NPDB Query Report
- j. AMA report (if this is how you obtain verification of education and Board certification)

Initial Credentialing

- k. Completed privileging Form
- l. Photo ID/Driver's license (copy made by health center -signed and dated)
- m. Verification of malpractice (typically if locums)
- n. At least two references – one from most recent hospital or residency affiliation.
- o. Documentation of physical or attestation and drug screening if applicable)

What is Privileging?

1. Permission by the health center to a Provider to perform various services, treatments and procedures, etc. for Health Center patients.
2. Must have a privileging form for medical, dental, and behavioral health.

Re-credentialing Providers

- NO longer than 24 months from initial credentialing. (one day over 24 months is out of compliance with this program requirement)
- Still must use primary source documentation
- Many of the same items must be reviewed, but not all.

Board Oversight of Provider Credentialing

- Board MUST approve all CREDENTIALS of Providers.
- Is this different from hiring choices?

Licensed Staff

- Must have a method of verifying licenses of other licensed professionals such as nurses, hygienists, behavioral health staff, etc.
- Primary source documentation must be used
- Must be completed at initial hiring and on a continuous basis

What Do We need for Peer Review?

- Must be part of re-credentialing
- Must have a Board approved comprehensive policy
- Must have a specific peer review audit form utilizing the up to date standards.
- Policy should address how often Peer Review is conducted, what happens to the information and what if the Peer Review is not acceptable.

Program requirement #4

Accessible Hours of Operation

- What is this?

Program Requirement #4

Accessible Hours and Locations - Required

Health Center providers services at **times** that assure accessibility and meet the needs of the population to be served.

Health Center provides services at **locations** that assure accessibility and meet the needs of the population to be served.

Program Requirement #5

AFTER HOURS COVERAGE

- What do they want??
- What is required?
- What will they do?

Program Requirement #6

Hospital Admitting privileges and continuum of care

1. What is needed for the requirement?

PROGRAM REQUIREMENT #6

Hospital Admitting Privileges and continuum of care

- The health center Providers must see patients in the hospital or have a **written** agreement for a hospitalist group to provide such care.
- The agreement needs to address **follow-up care and discharge planning**.

PROGRAM REQUIREMENT #8

Quality

Improvement/assurance plan

1. What is needed?
2. Who should lead it?
3. What kind of data is collected?
4. What does the QI Team look like?
5. What information is presented to the Board?

Quality Improvement Plan

- Risk management plan
- Overall Quality Plan (approved by Board)
- Describe how the Board is involved with quality improvement
- Describe how staff are informed regarding quality within the health center
- What method is used for tracking, reviewing and making changes to quality indicators?

Quality

- Types of items reviewed as part of quality management
 - 1. Incident reports
 - 2. HRSA core measures
 - 3. Safety procedures
 - 4. Infection control
 - 5. Patient complaints
 - 6. Patient discharges

Quality

- Be prepared to share your quality minutes with the review team.
- The team will talk to the Board about quality indicators and information they are receiving.
- Patient satisfaction must be part of the quality improvement team and Board.

PASSING THE REVIEW

- Make sure your Board is PREPARED
- Know what you are talking about or don't answer the question in the room
- Gently challenge reviewers if you believe you are correct – sometimes we are wrong

THE REPORT

- Consultants may not provide a written report on site to the grantee.
- You will receive a report from your P.O. within a certain time period.
- The P.O. directs grantees on putting together a corrective action plan on the areas noted for improvement.

Thank You for coming

- Any other questions?