Making ARP Funding Work for Your Strategic Plan

PRIMARY CARE DEVELOPMENT CORPORATION

AHP Advocates for Human Potential, Inc.
Real World Solutions for Systems Change

Notes

- This session will be recorded.

- The recording, slides, and related materials will be available on the PCDC and AHP websites as a follow-up.

- Please submit questions through the Q&A function.

- We will attempt to answer questions throughout – via chat and the presentation - but will also leave room for open questions at the end.

Presenters

Isaac Kastenbaum

PCDC

VP, Training & Advisory Services

Bonni Brownlee

AHP

Senior Consultant, Healthcare Solutions

Patrick Gauthier

AHP

Director, Healthcare Solutions

David Desai Ramirez

PCDC

Sr. Director & Western Market Lead

PRIMARY CARE DEVELOPMENT CORPORATION

AHP Advocates for Human Potential, Inc.
Real World Solutions for Systems Change

About PCDC

Primary Care Development Corporation (PCDC) is a national nonprofit organization and a community development financial institution catalyzing excellence in primary care through strategic community investment, capacity building, and policy initiatives to achieve health equity.

PRIMARY CARE DEVELOPMENT CORPORATION

AHP Advocates for Human Potential, Inc.
Real World Solutions for Systems Change

Advocates for Human Potential, Inc.

AHP improves health and human services systems of care and business operations to help organizations and people reach their full potential.

- Founded nearly 35 years ago

- Today, we are more than 120 teammates around the country

- Clients include Federal agencies like HRSA, SAMHSA and HUD

- State agencies like Medicaid and departments of mental health

- Provider agencies like FQHCs, hospitals and behavioral health

AHP provides the following services coast-to-coast

1. Consulting

2. Training and Technical Assistance

3. Research and Evaluation

4. Logistical and technology support for virtual and in-person conferences, summits and meetings

Consulting Services

I. Strategy

II. Business and Clinical Operations

III. Quality Improvement

IV. Integration and Coordination

PRIMARY CARE DEVELOPMENT CORPORATION

AHP Advocates for Human Potential, Inc.
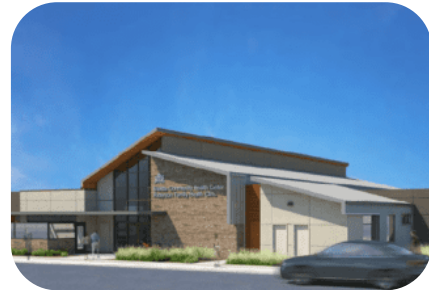Real World Solutions for Systems Change

Agenda

- Funding Opportunities Overview & Requirements

- Organizing Your Planning Efforts

- Potential Areas of Innovation

- Questions and Answers (Q&A)

PRIMARY CARE DEVELOPMENT CORPORATION

AHP Advocates for Human Potential, Inc.
Real World Solutions for Systems Change

Multiple Concurrent Funding Sources Available

FQHC ARP Investment (H8F)

FQHC Look-Alike ARP Investment

FQHC ARP Construction & Capital Improvements (C8E)

FCC Telehealth Investment

Optimizing Virtual Care (HRSA-22-097)

There may be others...

Funding Opportunities: High-Level Overview

Program	FQHC ARP (H8E)	FQHC LAL (HRSA-21-115)	FQHC Capital (C8E)	FCC Telehealth Round II	Optimizing Virtual Care (HRSA-22-097)
Eligible Orgs	FQHC Only	Look-Alike Only	FQHC Only	All Providers	FQHC Only
Deadline	5/31/21 (via EHBs)	*5/14/21* (via Grants.gov)	6/24/21 (via EHBs)	*5/6/21* (FCC)	7/16/21 (via Grants.gov)
Duration	4/2021 – 3/2023	7/2021 – 6/2023	9/2021 – 8/2024	Purchases Made Through PHE	3/2022 – 2/2024
Eligible Expenses	• Vaccine capacity • COVID-19 response and treatment capacity • Increasing practice capacity • Recovery and stabilization • Minor capital investments	• Vaccine capacity • COVID-19 response and treatment capacity • Increasing practice capacity • Recovery and stabilization • Minor capital investments	• Construction of new facility • Construction/expansion of an existing facility • Alteration/renovation of an existing facility • Equipment only	• Telecommunications • Information services • **Connected** devices (cannot be unconnected devices used by patients)	• Virtual services • Leveraging community partnerships to address SDOH • Education and training • Digital platforms and tools enhancement • Supplies and equipment purchases • Minor A/R
Links	**HRSA**	**Grants.gov**	**HRSA**	**FCC**	**Grants.gov**

PRIMARY CARE DEVELOPMENT CORPORATION

AHP Advocates for Human Potential, Inc.
Real World Solutions for Systems Change

8

Organizing Your Planning Efforts

Need for planning

- Given balance of COVID-19 operations, the return to in-person care, and recognition of the challenges of FFS reimbursement, there are many competing priorities and visions.

- ARP funding has a two-to-three-year lifespan, and unique requirements on its eligible use.

- COVID-19 is far from over, but the delivery requirements have changed from Spring 2020.

- This is a chance to think about where your organization should be in two years and to ***leverage*** the ARP funding to achieve that vision.

Potential Areas of Investment / Improvement

HRSA-Approved Investment Areas

- Vaccine Administration
- COVID-19 Response & Care
- Maintaining / Increasing Capacity
- Recovery and Stabilization

Strategy & Planning	Workforce Training & Education	Patient Outreach, Engagement, and Access
Behavioral Health & Community Partnerships	Care Coordination, Transitions of Care	Telehealth
Priority Populations, SDoH	Health Information Exchange	Capital Investment

Three-Step Planning Process

1. Self-assess areas for investment and initiatives.

2. Rank and prioritize potential initiatives.

3. Develop and identify key milestones, dependencies, and resources (ARP and others) to achieve intended outcomes.

Planning Tools

Self Assessment

Domain	Strategy and Planning	Workforce Training and Education	Patient Outreach, Engagement and Access to Care	Behavioral Health and Community Partnerships	Care Coordination & Transitions of Care	Priority Populations, SDOH	Tele Health	Health Information Exchange (HIE)	Capital Investment
Vaccine Administration	5	5	5	5	2 RISK STRAT	2 RISK STRAT	n/a	5 Imms Registry	n/a
COVID Response	2	2 Long COVID Syndrome Protocols	5		2 RISK STRAT	2 RISK STRAT	2 Need a full reset	3	1/3 • Mobile Clinic • TH and analytics • CC space • TH space
Maintaining/ Increasing Capacity	2	2	3	5	2 Develop Care Mgmt Program	2	2	3	1/3
Recovery and Stabilization	3	3	3	5	2	2	2	3	1/3

Prioritization

	Few Resource Requirements at Low Cost to the Organization		Many Resource Requirements at High Cost to the Organization	
	SCORE	DOMAIN, PROJECT DESCRIPTION	SCORE	DOMAIN, PROJECT DESCRIPTION
High Maturity Score **(4-5)**	5	Vaccine Admin- Planning, training, outreach, BH/comm partners, HIE		**3**
	5	COVID Response- BH/Comm Partners		
	5	Capacity – BH/Comm Partners		
	5	Recov/Stabilization – BH/Comm Partners		
Low Maturity Score **(1-2-3)**	2	COVID Response – Planning, training, outreach *Long Covid Syndrome Protocols*	2	Vac Admin – Care Coordination, SDOH *Risk Stratification*
	3	COVID Response – HIE Capacity – HIE Recov/Stabilization - HIE	2	COVID Response – Care Coordination, SDOH, Telehealth *Long Covid Syndrome Protocols, Risk Strat*
	3	COVID Response – Capital Investment *Care Management, Telehealth* [Analytics Tool, TH Platform]	1	Capacity – Capital Investment Recovery/Stabilization – Capital Investment *Care Management, Telehealth* [Mobile Clinic] [Renovated space for Care Coord and TH teams]
	3	Capacity – Capital Investment *Care Management, Telehealth* [Analytics Tool, TH Platform]	2	Capacity – Planning, training, Care Coord, TH, SDOH *Develop Care Management Program*
			3	Recov/Stabilization- Planning, training, outreach *Regroup TH protocols and business plan*

We got this!

We need help!

We think we can do this, but...

PRIMARY CARE DEVELOPMENT CORPORATION

Advocates for Human Potential, Inc. Real World Solutions for Systems Change

15

Action Plan

DEVELOP CARE MANAGEMENT PROGRAM

Instructions: Select a domain and a project category from the boxes below. Then create action steps to develop your project. You will need a separate worksheet for each project you intend to develop.

DOMAIN: ☐ VACCINE ADMINISTRATION   ☐ COVID RESPONSE
☒ MAINTAINING AND INCREASING CAPACITY   ☐ RECOVERY AND STABILIZATION

☐ STRATEGY & PLANNING   ☐ WORKFORCE TRAINING   ☐ PT OUTREACH, ENGAGEMENT, ACCESS TO CARE   ☐ TELEHEALTH   ☐ HIE
☐ BH & COMMUNITY PARTNERSHIPS   ☒ CARE COORDINATION/TRANSITIONS   ☐ PRIORITY POPULATIONS, SDOH   ☒ CAPITAL INVESTMENT

PROJECT DESCRIPTION:
Develop full scope Care Management program, to include care coordination, chronic care management and transitions of care

MILESTONES	PRIORITY	PERSON RESPONSIBLE	BY WHEN	DEPENDENCIES?	RESOURCES REQUIRED	SOURCE OF FINANCING	POTENTIAL BARRIERS OR CONCERNS
1. Hire RN Care Manager to oversee CC, CM, CT		DON HR team	July 1	Recruitment time; internal interest	Job description Core Competencies	H8F	Union?
2. Develop Risk Stratif method		RN CM, CMO, QI	Aug 1	EHR capability, automated?	IT support. May need to purchase analytics tool.	H8F	Timeline for IT demos
3. Dev liaison with local hospital; request ADT feed		RN CM, CMO	Aug 30	Time to identify right liaison at hospital	CMO Support; IT Support	H8F	Hospital unwilling to establish ADT
4. Space planning/ renovation for TH and CC teams		Facilities Manager, COO	Sept 30	Lease agreements/ conditions; permits	Architect/contractor, CFO	C8E	ADA compliance. Broadband access.
5.							

PRIMARY CARE DEVELOPMENT CORPORATION

Advocates for Human Potential, Inc.
Real World Solutions for Systems Change

16

Potential Areas for Innovation

Telehealth

- *What have you learned from telehealth so far?*
  - Patient/provider acceptance
  - Patient/provider experience of care
  - Quality of care and outcomes
  - Billing/reimbursement

- *How has the technology performed?*
  - Are you using a secure TH platform? Has it lived up to its promises?
  - Does your EHR system have an embedded TH platform or the ability to integrate?
  - Do you need a mobile TH unit or a Hot-Spot to enable telehealth visits in certain parts of your service area?

Where do we go from here?

- Hybrid care models
- Closing the *digital divide*
- Training clinical staff
- Revisiting quality and outcomes associated with telehealth

PRIMARY CARE DEVELOPMENT CORPORATION

AHP Advocates for Human Potential, Inc.
Real World Solutions for Systems Change

Care Coordination / Management

What will it take to implement full-scope Care Management?

- Care coordination
- Chronic care management
- Care transitions

- Do you have an RN or SW leading your care coordination work?

- If you have integrated primary care and behavioral health, have you assigned a care coordinator to work with shared/co-managed patients?

- Have you developed workflows and comprehensive training to truly embed care management in your practice?

- Have you established a liaison with the local hospital(s) for transitions in care?

- Have you deployed a risk stratification methodology to identify patients for care management support? How are you handling health related social needs or SDOH?

- Does your EHR have a template for a longitudinal care plan? Can the care plan be accessed by all team members?

PRIMARY CARE DEVELOPMENT CORPORATION

AHP Advocates for Human Potential, Inc.
Real World Solutions for Systems Change

Getting Quality On Back on Track

- Opportunities to restart P4P/quality incentive programs
  - Preventative screenings -> registries, outreach, at-home tests, testing days, portal-embedded screening
  - Transitions of Care -> Medicare Transitional Care Management (TCM)
  - Care Coordination -> Medicare Chronic Care Management (CCM)

- Other Programming
  - Health Home
  - Collaborative Care

Don't forget:

- Medicare Shared Savings Programs
- Medicare MIPS/APMs
- Review health plan contracts
- Review state incentives (e.g. PCMH)

Planning for Capital Investments

PRIMARY CARE DEVELOPMENT CORPORATION

AHP Advocates for Human Potential, Inc.
Real World Solutions for Systems Change

Project Types

Construction of a New Facility	Construction/Expansion (C/E) of an Existing Facility	Alteration/Renovation (A/R) of an Existing Facility	Equipment Only
• New building structure • New stand-alone structure • Example – construction of a new standalone service delivery site	• Adds square footage and/or includes significant site work • Examples – expansion of a new pharmacy wing; addition of a covered driveway for patient drop off	• Involves renovations to an existing facility that does not increase square footage of the facility • Examples – modernizing facility interior; reconfigure existing space to add new exam spaces that support additional patient capacity	• Loose, moveable equipment not affixed to the physical building structure, and with a useful life of more than one year • Example – purchase of new clinical equipment; purchase of a mobile van

Source: HRSA

Unallowable Costs

EHR initiation, ongoing operations and maintenance

Health center operating costs, rent, mortgage payments, refinanced credit facilities

Construction related activities associated with a project or connected activity that starts before award date

Creation of shell space for future use

Facility, land, or passenger vehicle purchases other than mobile medical vans

Costs for staff not directly related to the implementation of the proposed project(s)

Creation or improvement of space for use that is not consistent with the Health Center Program

Leverage to support Investment & Innovation

- C8E – $500K + $11 per patient for CAPEX

- Guiding questions:
  - First: what are my organizational plans/priorities?
  - Then: what are the various sources of capital available to pay for them?

- "Fully load" your capital project budget with all associated costs

- Project consultant or other supports help "put the puzzle pieces together"

- Leverage your grants to invest in your priorities (CDFI debt, NMTCs, other grants)

Leveraging C8E - *Putting the Pieces Together*

PRIMARY CARE DEVELOPMENT CORPORATION
AHP Advocates for Human Potential, Inc.

[Site and Project Name]
Project Budget Sources & Uses A/O [Insert Date]

	SOURCES				
USES	**On-Hand Cash**	**Cash Source #2**	**Cash Source #3**	**TOTAL PROJECT**	**Comments/Assumptions**
Property Acquisition					
Land Purchase		0	0	0	
Property Acquisition Closing Costs		0	0	0	
Subtotal Property Acquisition	0	0	0	0	
Construction/Renovation					
Site Development		0	0	0	
New Construction		0	0	0	
Payment and Performance Bonds		*0*	*0*	*0*	
Environmental Abatement (e.g., Asbestos, Lead Paint)		0	0	0	
Utilities		0	0	0	
Construction Manager				0	
Construction Contingency		0	0	0	
Subtotal Construction/Renovation	0	0	0	0	
Design Contingency		0	0	0	
Moveable Equipment, Furniture & Owner's Systems					
Moveable Equipment and Furniture		0	0	0	
Owner's Systems - Telecommunications/IT	0	0	0	0	
Owner's Systems - Security System	0	0	0	0	
Owner's Costs - Signage					

PRIMARY CARE DEVELOPMENT CORPORATION

AHP Advocates for Human Potential, Inc.
Real World Solutions for Systems Change

One Anecdote – Complementary Investments

- Investing in Operations (H8F)

  - Changing salary structure to drive recruitment and retention
  - Investing in marketing to drive patient visits and market reputation

- Investing in Capital (C8E)

  - Using state grant, CDFI debt for "state of the art" clinic renovations
  - Using C8E toward total project cost

Closeout & Discussion

Reminder

- Materials may be due to HRSA in May-to-July, but these projects can span 24-36 months.

- It's unlikely there will be other comparable funding sources.

- Use this funding to not only address your challenges, but really to propel your organization forward on plans you had pre-pandemic and/or new efforts that improve your access, quality, and financial resiliency.

- These are simple tools to help structure that effort.

Who to call for what?

Topic	Contact
Assessing your Organization, Prioritizing and Planning Investments	PCDC & AHP
Tools and Info to Prepare for Your Capital Project	PCDC
Specific Grant Related Questions	HRSA (or PCDC & AHP)
Capital Project Budgeting, Planning, Pre-Development and Execution	Project Consultant
Keeping Organized Records Across Funding Sources	Accounting &Finance Team
Other Clinical and Operational Support	PCDC & AHP

PRIMARY CARE DEVELOPMENT CORPORATION

AHP Advocates for Human Potential, Inc.
Real World Solutions for Systems Change

Questions?

We're available for support.

For any questions, guidance, or support, contact AHP and PCDC.

cqp@pcdc.org