



MCN webinars
by MIGRANT CLINICIANS NETWORK

6 part webinar series

Essential Clinical Issues in Migration Health

Part 3

TEN TIPS TO MEET CLINICAL PROGRAM REQUIREMENTS

Presented by:
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Disclosure Statement

➤ *Faculty: Jennie McLaurin, MD, MPH*

➤ *Disclosure: I have no real or perceived vested interests that neither relate to this presentation nor do we have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas.*

Learning Objectives

1. Identify the 19 program requirements by clinical, administrative, fiscal and governance components.
2. Associate clinical performance requirements with health center process improvement strategies.
3. Learn a tool for linking program requirements with clinical performance measures, PCMH criteria, meaningful use expectations and needs assessments of special populations.

What is your
experience with
Operational Site
Visits (OSVs)?



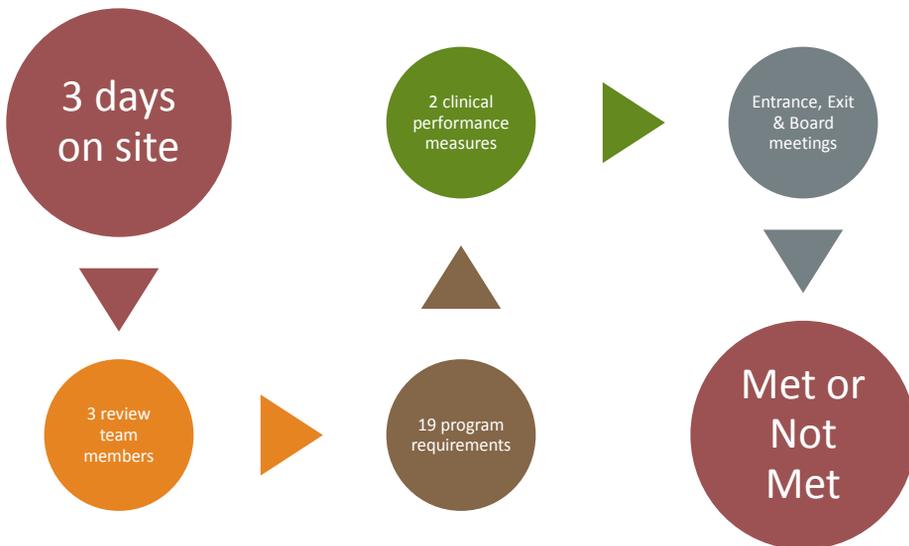
Are you directly
involved in
preparing
clinical care
reports,
measures, or
data?



19 Clinical, Financial and Governance requirements for FQHCs

Must meet **ALL 19** for compliance

500 OSVs this year



Health Center Program Site Visit Guide



For HRSA Health Center Program Grantees and Look-Alikes

TABLE OF CONTENTS

SECTION I: NEED			
No.	Title	Program Requirement Compliance Review	Page*
1	Needs Assessment	Health center demonstrates and documents the needs of its target population, updating its service area, when appropriate.	3
SECTION II: SERVICES			
No.	Title	Program Requirement Compliance Review	Page*
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. Note: Health centers requesting funding to serve homeless individuals and their families must provide substance abuse services among their required services.	4
3	Staffing	Health center maintains a core staff as necessary to carry out all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately licensed, credentialed and privileged.	7
4	Accessible Hours of Operation / Locations	Health center provides services at times and locations that assure accessibility and meet the needs of the population to be served.	10
5	After Hours Coverage	Health center provides professional coverage for medical emergencies during hours when the center is closed.	11
6	Hospital Admitting Privileges and Continuum of Care	Health center physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.	12

#1

Know the PRs!

- Read the manual
- Share Program Requirements with new clinicians
- Be able to explain the clinical ones to your colleagues and others
- Quick review now...



#2

Have a clinician presence

- At planning level, pre-visit conference call, entrance and exit conferences
- CMO ideally
- Other clinical staff when able
- Not only a QI or HIT issue!
- Not about checks in boxes but about team member in care leadership



#3 Review all your signage

- **Don't miss the easy A!**
- Is it posted where all can see easily on every visit?
- In all languages used?
- Sliding fee available, no one turned away because of payment difficulty?
- Sliding fee explained in clear terms?
- Hours of Operation?

#4

Get Clinical Agreement Policies Up to Date

- Hospital, lab, pharmacy, radiology, off-site prenatal or OB, after hours, referral services MOU addressing care of patients without regard to ability to pay and how to obtain full records of care
- Open ended dates on MOUs are weak. Try to sign and update at least every 3 years. **Update all before site visit!**
- Keep in handy binder for review.

#5

Show us you use your policies and procedures

- Reviewed and discussed regularly by staff or QI team?
- Are there outcomes we can see based on their use? And action items related to outcomes?
- Are they dated and signed by senior leaders?
- Are clinical staff evaluations done and current?
- Are new providers credentialed and approved by the Board? Re-privileged every 2 years?

#6

Show that clinical staff understand health centers

- Orientation for new staff?
- Mission driven R&R plan with FQHC career in mind?
- Support for clinician training and networking?
- Clinicians involved in clinical performance measures, PCMH, special pops, peer review, etc?



#7

Be the First to Understand Productivity Issues

- Common struggle
- No cookie cutter solutions
- Does schedule vary by provider expertise, patient need, season of year, day of week, time of day?
- Are there no show issues, and if so have they been analyzed?
- Are there coding issues? Collection issues?

#8

Use Patient Data Well

- What hours do patients utilize and why?
- What services do patients like the most (dig a little)
- What are special population clinical measures outcomes as compared to general population?
- What PCMH innovations have been made for special populations?
- What hospitalization and ED rates do you have for population subtypes?
- What percent of patient visits are WI, acute, chronic, or preventive visits?

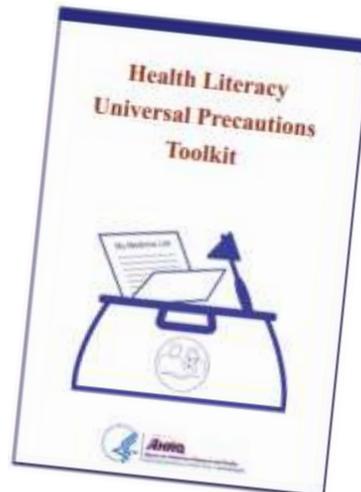
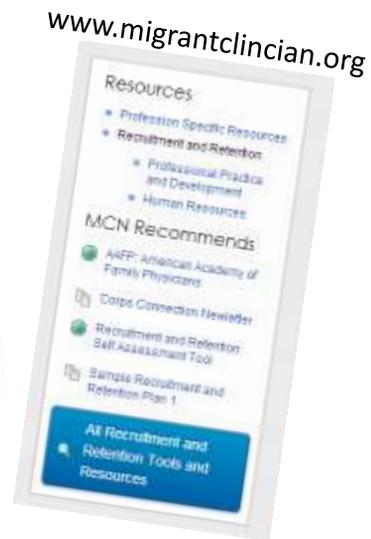
#9 Make sure your board members are representative users

- Representative of your overall target population by gender, age, geography, special population, and services used
- May be family member of user and still count as user member of Board
- Not just a flu shot or acute care visit unless you want us to think that is all you offer.

#10 Identify High Performance

- Exemplary health outcomes in HRSA priorities and special pops
- Growth in prevention, productivity, QI practices, staffing, special pops, etc
- Strong visual message for the reviewers: make it easy to see and share
- New component “Innovative and Best Practices” not required but always good.

Resources



- HRSA Strategic Priorities and Special Pops pages
- MCN QI Tools (www.migrantclinician.org)

Any questions ?



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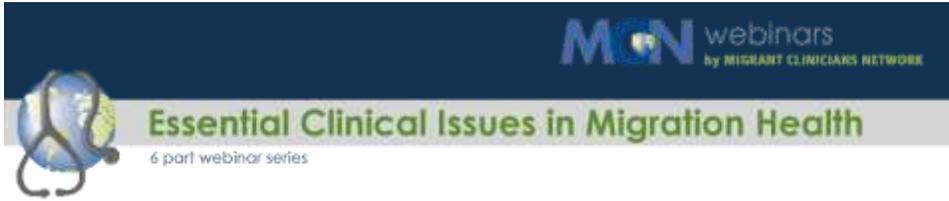


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Up Next:

- 1 March 19
STRUCTURAL COMPETENCIES IN MIGRATION HEALTH
- 2 April 2
A MEANINGFUL APPROACH TO CLINICAL QUALITY IMPROVEMENT
- 3 April 23
TEN TIPS FOR CLINICAL OPERATIONAL REVIEWS
- 4 May 14
HEALTH CARE FOR MIGRANT WOMEN: TAKING IT TO THE NEXT LEVEL
- 5 June 5
ESSENTIAL STRATEGIES TO EFFECTIVELY ADDRESS DIABETES PREVENTION WITH VULNERABLE POPULATIONS
- 6 June 25
INTEGRATING ORAL HEALTH INTO THE PATIENT-CENTERED HEALTH HOME



Please take the Participant Evaluation

Thank You!