

VALUE TRANSFORMATION FRAMEWORK

This document provides information on NACHC's suite of Value Transformation Framework assessments. It is not intended to be used for the purposes of taking the assessment; please visit the below links for additional information and to view user-friendly, full-text versions of the tools.

The Quality Center currently offers three online tools designed to guide health centers, PCAs, and HCCNs in the areas of systems change fundamental to advancing on the Quadruple Aim.

- **ORGANIZATIONAL ASSESSMENT:** This tool allows health center staff and leaders to reflect on their organization's progress in 15 change areas for transformation as outlined in NACHC's Value Transformation Framework. It is intended to be completed by multiple staff across the organization, with results shared and discussed, so that teams can gain insights from multiple vantage points. For free access to the tool, go to: <https://bit.ly/vtf-assessment>.
- **INDIVIDUAL SELF-ASSESSMENT:** This tool helps staff who engage in, or lead, QI and transformation efforts to reflect on their personal skills in core competencies in 15 change areas for transformation as outlined in NACHC's Value Transformation Framework. Scores are private and intended to guide professional development. For free access to the tool, go to: <https://bit.ly/vtf-assessment>.
- **PCA/HCCN QI COACH SELF-ASSESSMENT:** This tool helps PCA/HCCN staff who work with health centers in the areas of QI and transformation to reflect on their personal skills in core competencies for coaching health centers in 15 change areas for transformation as outlined in NACHC's Value Transformation Framework. Scores are private and intended to guide professional development. For free access to the tool, go to: <https://bitlylink.com/mRWx4>.

Each of the assessments, based on the Value Transformation Framework, organizes health center systems change into 15 change areas across 3 domains:

INFRASTRUCTURE	The components that build the foundation for delivering reliable, high-quality health care.
CARE DELIVERY	The processes and proven approaches used to provide care and services to individuals and target populations.
PEOPLE	The individuals who receive, provide, and lead care at the health center and partner organizations to support the goals of high-value care.

Using the Organizational Assessment as an example, a health center can use this tool to determine where their organization lies on a continuum of transformation for each of the 15 change areas. For each change area, the assessment provides five levels of transformation progress with examples of what it means to be at each level. The five levels are:

LEARNING	A learning health center has awareness but needs additional development or training to apply.
BASIC	A basic health center performs at a foundational level or can perform with support or guidance.
APPLIED	An applied health center puts knowledge and skills to practical use independently.
SKILLED	A skilled health center is proficient at handling complex situations and can coach others in skills.
EXPERT	An expert health center demonstrates mastery, shares knowledge and skills with others; innovates.

The following document will provide examples of the knowledge and skillsets of a learning health center and an expert health center for each of the 15 change areas.

Infrastructure

IMPROVEMENT STRATEGY

Effectively and routinely measure and communicate information about the quality, value, and outcomes of the health care experience and use this information to drive improved performance.

A **learning** health center has a QI plan that meets HRSA compliance standards, focuses QI efforts primarily on utilization review, and concentrates QI efforts/program in a lead individual.

An **expert** health center functions as a “learning organization” engaged in ongoing continuous quality improvement (CQI) with application of evidence-based interventions and promising practices; has a QI strategy that results in improvements in the Quadruple Aim goals; performs in the top 30% of health centers for clinical performance (HRSA Health Center Quality Leader), analyzes scorecard/dashboard data and develops action plans at the leadership level with the involvement of staff at all levels of the organization, setting and reviewing goals and progress on measures; includes organization-wide, system-level workflow or program changes that are impactful, measurable and transformative in its QI efforts; and has systems in place to reward clinical and non-clinical staff for QI and progress on the Quadruple Aim goals.

HEALTH INFORMATION TECHNOLOGY (HIT):

Leverage health information technology to track, improve, and manage health outcomes and costs.

A **learning** health center is aware of the importance of HIT to improving quality, HIT efforts primarily focus on ensuring technology systems function properly. The health center has identified an HIT lead, but does not have a dedicated HIT team or department.

An **expert** health center has an HIT work plan and strategy that results in technology enhancements for staff (clinical point of care, data analytics) and patients (home monitoring, Skype, texting, telehealth); demonstrates improved performance through application of HIT data to organization-wide transformation efforts; implements HIT best practices throughout the organization, including the use of data from external sources (e.g., data warehouse, health information exchanges); and has feedback systems in place to change HIT systems and processes based on staff or patient feedback.

POLICY:

Pursue decisions, plans, and actions that help secure support and resources for health centers and expand access for underserved populations.

A **learning** health center has leaders that are aware of the importance of policy and the changing policy landscape (e.g., payment reform, integrated delivery models) and how they relate to quality and value-driven care.

An **expert** health center’s leaders engage with local, state, and national, policy committees or groups with decision-making authority; educate key external stakeholders on the critical role and impact of health centers. The health center’s policy and advocacy message reinforces health center value by demonstrating performance on the Quadruple Aim goals, and the health center has achieved “Gold” status in NACHC’s Advocacy Center of Excellence (ACE) program.

PAYMENT:

Utilize value-based and sustainable payment methods and models to facilitate care transformation.

A **learning** health center’s leaders are aware of the importance of payment and the ways in which payment reform may affect the center and of the types of payment under different payer types.

An **expert** health center’s leaders are executing a strategy for payment reform that is delivering results in the Quadruple Aim goals, operate practice and payment models that incorporate progress toward the Quadruple Aim; and engages in at least one value-based contract.

COST:

Effectively address the direct and indirect expense of delivering comprehensive primary care to health center patients while considering the total cost of care for attributed patients.

A **learning** health center has leaders that understand the need to address cost as part of organizational strategy and business plan and cost estimates based on historical health center per-visit cost.

An **expert** health center has a strategy for addressing costs is achieving results in Quadruple Aim “cost” goal(s), analyzes per-member-per-month costs under different payment models, shares individual-level cost data with providers using the data to develop performance incentives, and makes QI adjustments based on cost data.

Care Delivery

POPULATION HEALTH MANAGEMENT:

Use a systematic process for utilizing data on patient populations to target interventions for better health outcomes, with a better care experience, at a lower cost.

A **learning** health center's staff collects and reviews UDS data for the health center patient population and are aware of grouping patients based on need (e.g., risk-levels) as well as how it helps to direct care and target resources.

An **expert** health center's staff routinely use data from multiple sources to drive care models and individual care decisions design care models and target interventions for each risk group identified through the risk stratification process.

PATIENT CENTERED MEDICAL HOME (PCMH):

Employ a model of care that transforms the delivery of primary care into a comprehensive, patient-centered system focused on high quality, accessible, and coordinated care.

A **learning** health center's staff are aware of the Patient-Centered Medical Home (PCMH) model and the significance of obtaining PCMH recognition, but have not applied for it from any of the HRSA-recognized organizations.

An **expert** health center is actively applying the PCMH care model as a foundation for system-wide transformation efforts.

EVIDENCE-BASED CARE:

Make patient care decisions using a process that integrates clinical expertise and best-practice research with patient values and self-care motivators.

A **learning** health center has providers that rely primarily on their own expertise and competence in delivering primary care to patients and is aware of the need to collect data on care gaps for its patient populations.

An **expert** health center achieves high levels of clinical performance by applying evidence-based practices– placing the health center in the top 30% of centers nationally (HRSA Health Center Quality Leader Award) and actively works with outside organizations to provide population health management and care coordination for shared patients.

CARE COORDINATION AND MANAGEMENT:

Facilitate the delivery and coordination of care and manage high-risk and other subgroups of patients with more targeted services, when and how they need it.

A **learning** health center is aware of the need to coordinate care for its patient population, and leadership is aware of the need to actively manage the care of high-risk patients and other patient subgroups.

An **expert** health center's care coordination program includes timely patient follow-up after emergency department visits or hospital discharges. The program includes written agreements and standardized processes for sharing information with outside organizations and providers who are regularly involved in patients' care. The health center care management staff actively monitor progress on care plan goals and meet key clinical and quality performance indicators. The health center successfully bills and receives payment for care management services from one or more payers (CMS CCM, Medicaid Health Home, commercial payers). The health center integrates its care management program with day-to-day care team operations for seamless patient management.

SOCIAL DETERMINANTS OF HEALTH (SDOH):

Address the social and environmental circumstances that influence patients' health and the care they receive.

A **learning** health center's staff are aware that social risk factors (e.g., food security, housing status, safety) impact health outcomes.

An **expert** health center analyzes social risk data and uses this information to drive program decisions and to inform transformation and payment reform efforts, applies social risk data as part of its risk stratification process, and has formal memorandums of understanding in place for patient referrals that address a comprehensive set of social risk needs.

People

PATIENTS:

Intentionally and actively incorporate the patient perspective into governance, care system design, and individual care.

A **learning** health center's leaders and staff are aware of the importance of patient engagement, and the health center collects patient experience/satisfaction data.

An **expert** health center integrates patient-reported clinical outcomes into patient health records, provides patients with the ability to interact with their medical record and care team via a secure online portal, has a formal patient engagement plan as part of organizational strategy, achieves results in Quadruple Aim "patient experience" goal(s), and continually re-evaluates and adjusts processes and services based on the cultural and linguistic needs of its patient population.

CARE TEAMS:

Utilize groups of staff with different skills to work together to deliver and improve care, offering a wider range of services more efficiently than a provider alone.

A **learning** health center's staff are aware of the value of effective teams to achieving quality and transformation goals.

An **expert** health center has reallocated staff responsibilities to distribute patient care across a wide group of staff, not only providers or providers and a few support staff; updates job descriptions and performance review systems, as needed, to match redistributed workflows; has a formal process to educate patients on the care team model and their role within the care team; uses protected team time to meet/review clinical, quality, and cost data; staff and leadership use data to inform and design systems change.

LEADERSHIP:

Apply position, authority, and knowledge of leaders and governing bodies (boards) to support and advance the center's people, care delivery processes, and infrastructure to reach transformational goals.

A **learning** health center has leadership that is learning about transformation and value-based goals and is aware of the importance of change theory and systems thinking.

An **expert** health center has leadership, including the Board of Directors, that is aligned around value-based goals and can articulate evidence of health center performance on each of the four Quadruple Aim goals; values and rewards creativity and innovation, and actively tests new ideas and ways of working; and fosters an environment of "psychological safety".

WORKFORCE:

Leverage a trained and fully engaged staff to successfully address the health center's mission and goals, with optimal joy in work.

A **learning** health center has leadership that is aware of the value of, and need for, workforce development and the importance of a positive organizational culture. The health center has not recently surveyed staff about their experience/satisfaction.

An **expert** health center has a formal mentoring and/or leadership development program in place as part of its workforce development plan; the program includes succession planning. Leadership implements processes to support a positive culture and joy at work (e.g., psychological safety, teamwork, autonomy) and can demonstrate results through staff experience surveys and retention/turnover rates. Staff retention/"joy in work" is a standing agenda item at leadership meetings; staff experience/satisfaction metrics are improving toward targets set for Quadruple Aim goal(s).

PARTNERSHIPS:

Collaborate and partner with external stakeholders to pursue the Quadruple Aim.

A **learning** health center has leaders that are aware of the importance of key external partners in providing a range of health and supportive services to health center patients and the importance of partnerships with payers, and the health center is aware of partnership opportunities through key Health Center Program partners.

An **expert** health center receives and uses "real-time" patient information from external partners with whom it refers patients in order to provide a seamless continuum of care, achieves improvements in measures as part of a learning community or project of key Health Center Program partners, and receives and uses "real-time" information from payers to inform practice and drive change and improvement.