NATIONAL ASSOCIATION OF Community Health Centers®

elevate

Together, our voices elevate all.

Elevate *Learning Forum*

Quality Improvement Strategy

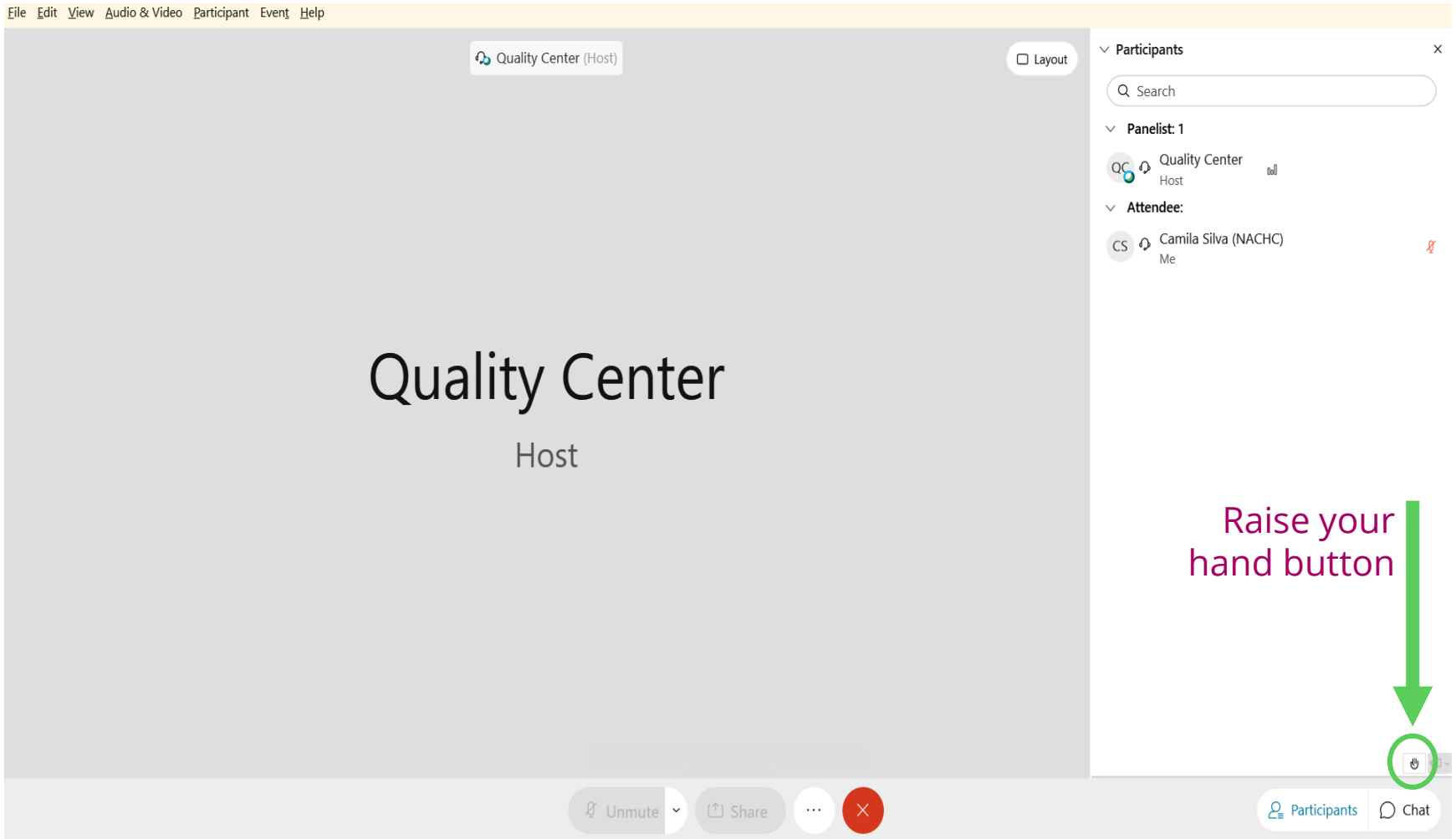
October 11, 2022

THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.

NATIONAL ASSOCIATION OF Community Health Centers®



Chat: When using the chat, please send the message to "Everyone"

During today's session:

- **Questions:** Send to the chat as you have them; there will be a Q&A and discussion at the end.
- **Resources:** If there is a topic where you have a tool/resource to share, let us know in the chat!

Packaging and implementing evidence-based transformational strategies for safety-net providers

Bringing science, knowledge, and innovation to practice

Cheryl Modica

Director,
Quality Center

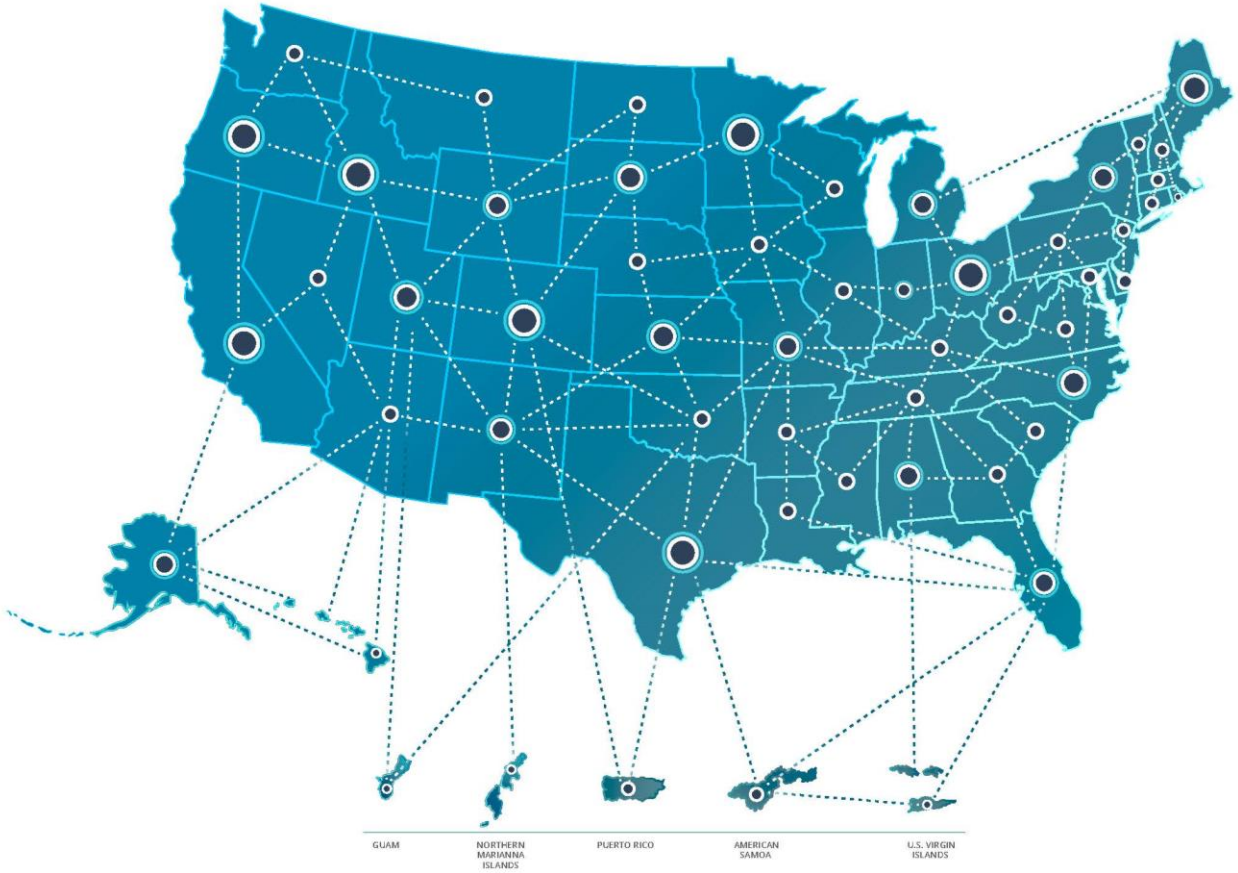
Cassie Lindholm

Deputy Director,
Quality Center

Addison Gwinner

Specialist,
Quality Center

Our Community: ELEVATE 2022



All
States & Territories

600+
Health Centers

70+
PCAs/HCCNs/NTTAPs

35+
CDC Grantees

6,000+
Peers

15 mil
Patients

2022 Featured Health Centers

Su Clínica

ESPERANZA health centers

Charles B. Wang Community Health Center
王嘉廉社區醫療中心

evara HEALTH

PARK DUVALLE COMMUNITY HEALTH CENTER

Mountain People's Health Councils Inc.

NEW HEALTH
North End • Charlestown

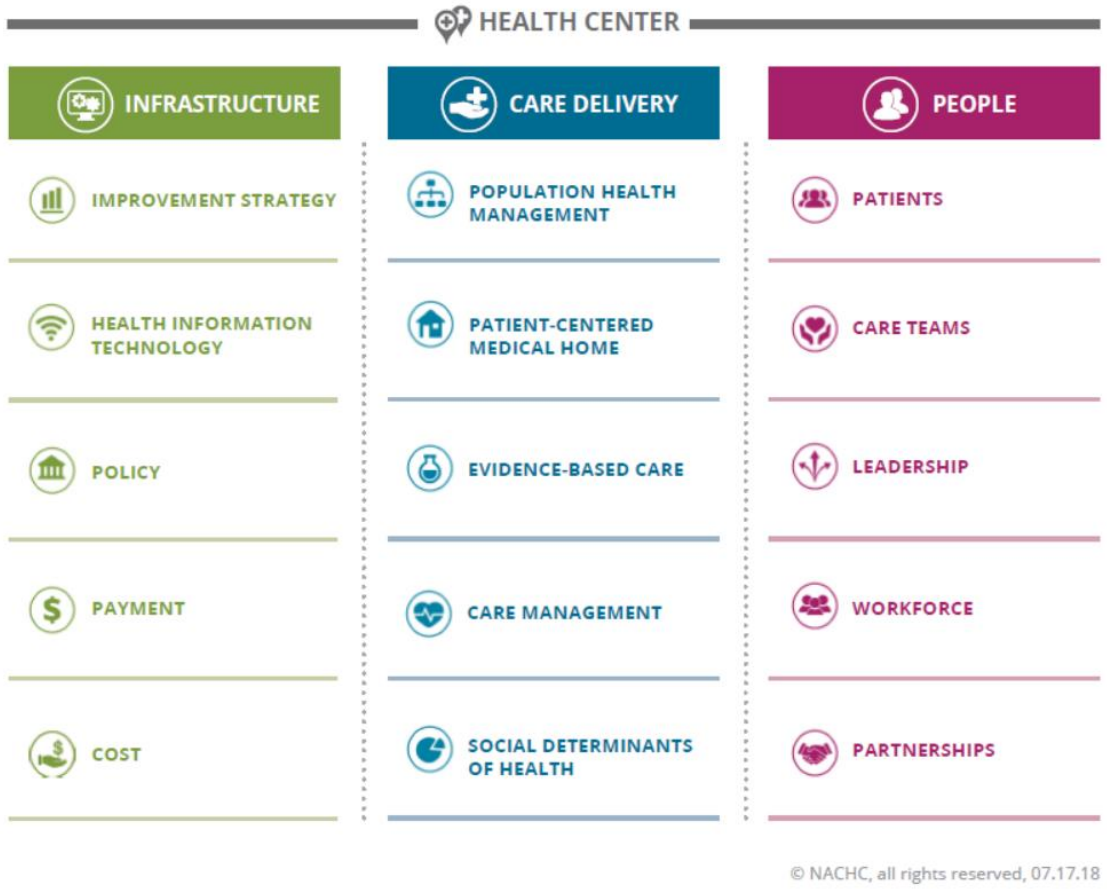
Fish River Rural Health

Keystone Rural Health Consortia, Inc.
One Team Working Together For Better Community Health Care

ZUFALL HEALTH COMMUNITY HEALTH CENTERS

In the top 20 health centers nationally when looking at composite performance across measures for prevention and/or control of six high-cost, high burden conditions (2019 UDS): colorectal cancer, cervical cancer, HTN, diabetes, depression, & obesity

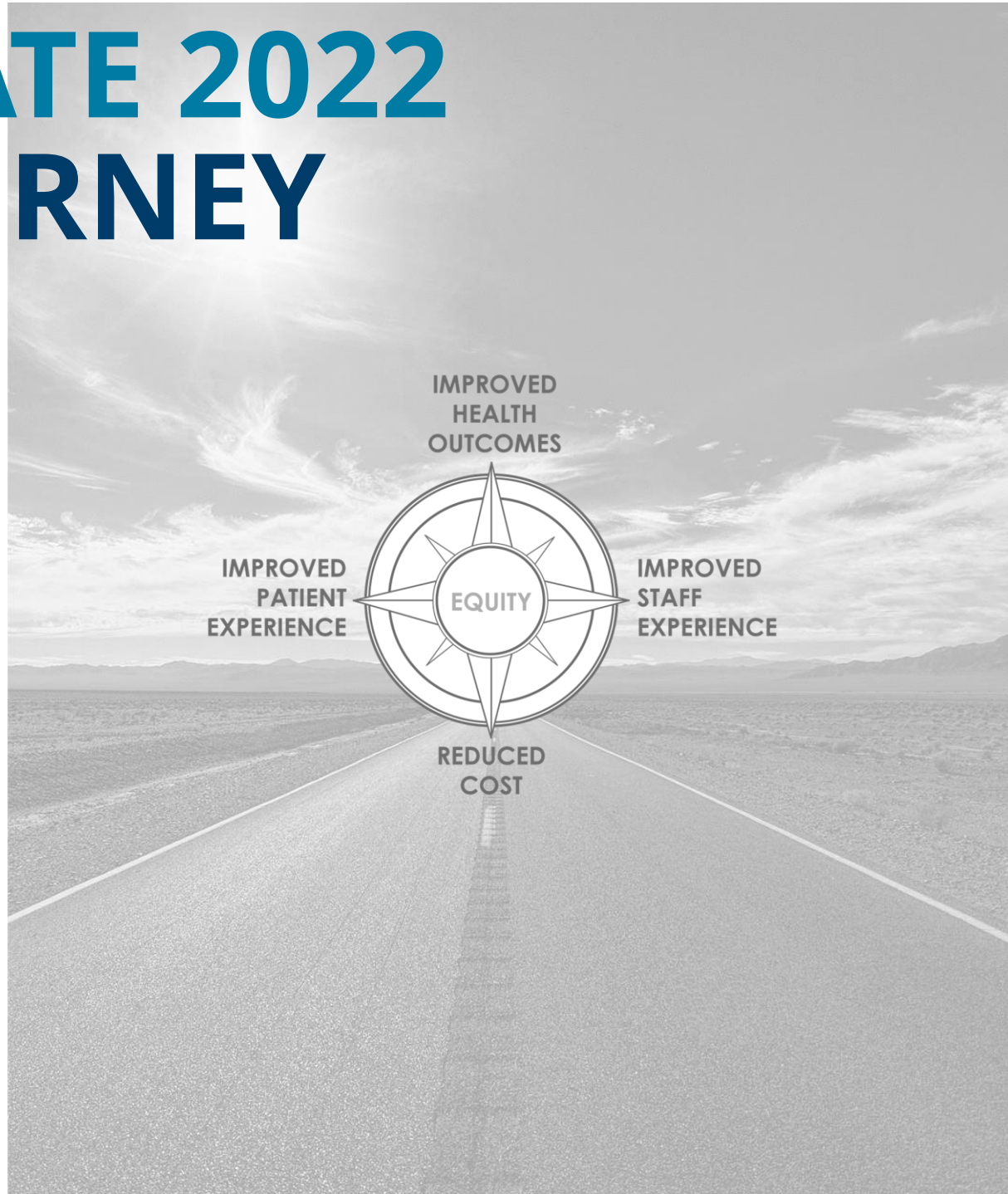
Value Transformation Framework



https://www.nachc.org/clinical-matters/value-transformation-framework/

ELEVATE 2022 JOURNEY

- Leadership
- Empanelment
- Population Health: Risk Stratification
- Payment
- Care Teams
- Care Management
- Evidence-Based Care
- **Improvement Strategy**
- Social Drivers of Health (SDOH)
- Workforce
- Health Information Technology
- Patients
- Partnerships
- Policy
- Cost
- Patient-Centered Medical Home



Systems Approach to QI/QA

Kyle Vath

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November 9, 2021

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REGLANTERN

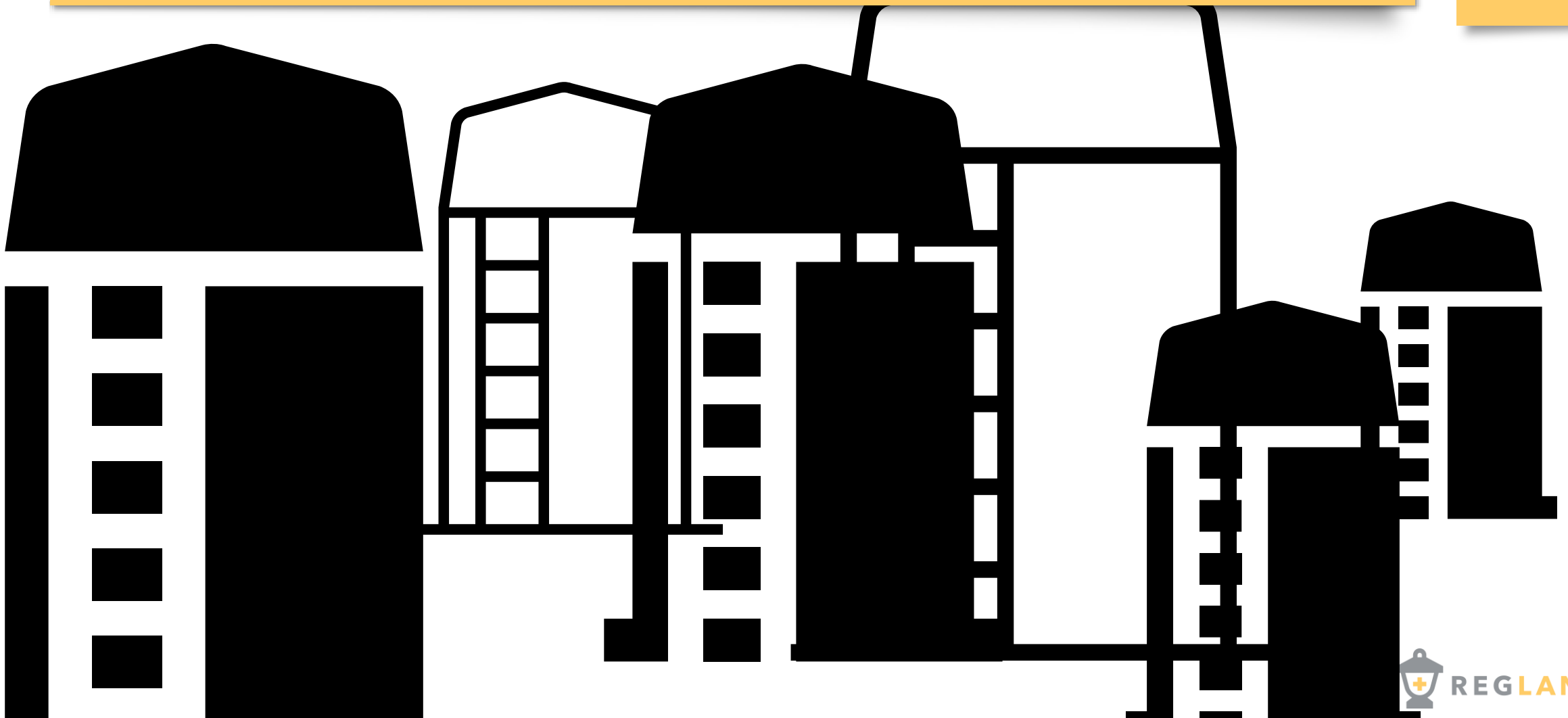
Systems Approach to QI/QA

- Time and resources are limited
- There are numerous “silos” and overlapping requirements
- Efficiency and coordination is key!

Example: Evaluating Clinical Quality

- C/P: “Current Clinical Competence”
- QI/QA: Quarterly Assessments (UDS, quality metrics, etc.)
- QI/QA: Quarterly Assessments of Clinician Care (”Peer Review”)
- QI/QA: Patient Satisfaction Results
- QI/QA: Patient Safety and Adverse Events (“Incident Reports”)

Siloed and Inefficient Work



REGLANTERN

Siloed and Inefficient Work

Human Resources

Reference Letters

Quarterly Clinician

Peer Review

Quarterly

Quality Assessments

Patient Satisfaction

Surveys

Patient Safety

Incident Reports

Clinical Staff

Current Clinical Competence

REGLANTERN

A Systems Approach To QI/QA
(which also meets HRSA Compliance Requirements)

Quarterly

Quality Assessments

Quarterly Clinician

Peer Review

Clinical Staff

Current Clinical Competence

Patient Satisfaction

Surveys

Human Resources

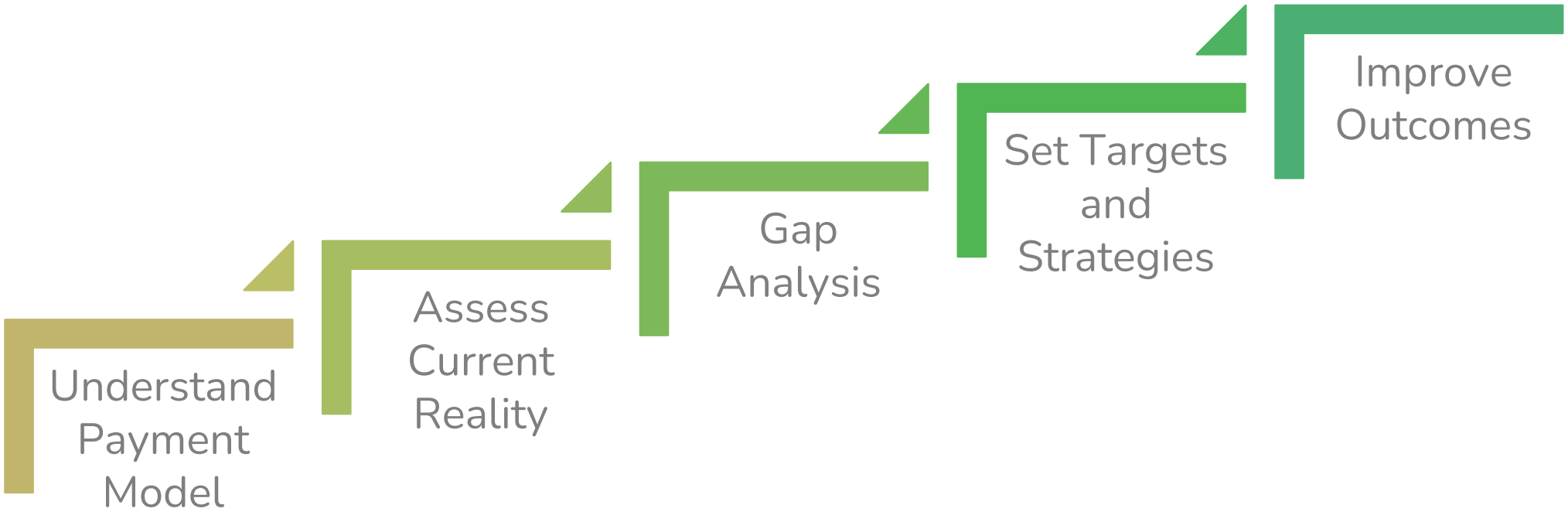
Reference Letters

Patient Safety

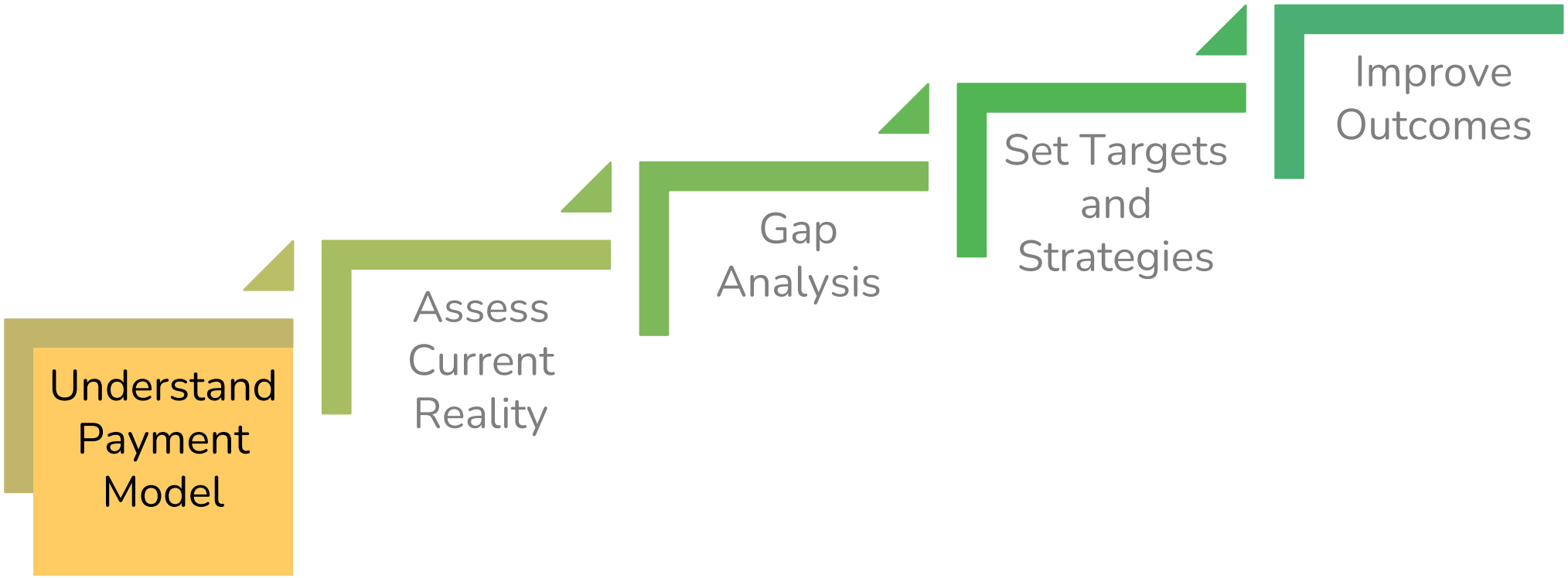
Incident Reports

REGLANTERN

Consider Quality/Value-Based Care (VBC) Incentives



Analysis Process: Quality/VBC Incentives



Assess the Current Reality

What are the potential incentives worth?

How are we performing on the measures?

Root Cause Analysis

Gap Analysis

How many patients are required to meet measures threshold?

How much work is required?

Assess strategies that address Infrastructure, Care Delivery, and People

See NACHC – Value Transformation Framework - https://www.nachc.org/wp-content/uploads/2019/08/Value-Framework-Factsheet-Aug-2019.pdf

REGLANTERN

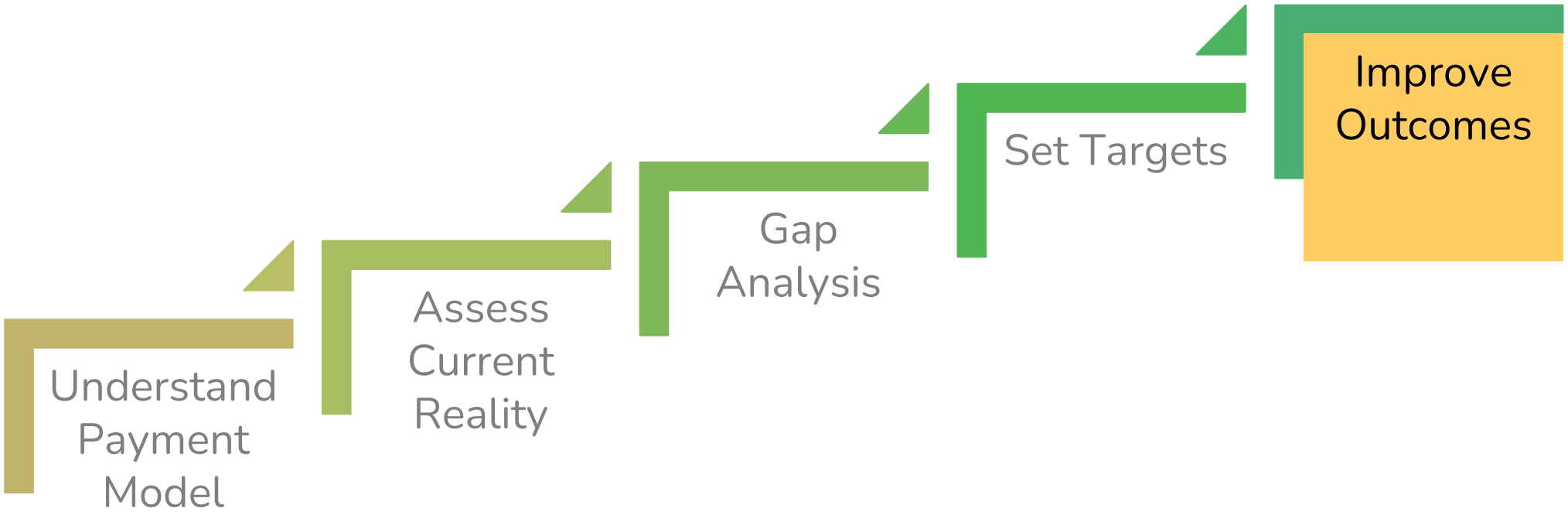
Set Targets and Strategies

Set goals for each measure selected for intervention

Perform optimization or expert review to select measures

Identify themes and recognize areas of synergy

Analysis Process: Quality/VBC Incentives



Quality/VBC Incentive Analysis Process

Understand Payment Model

Assess Current Reality

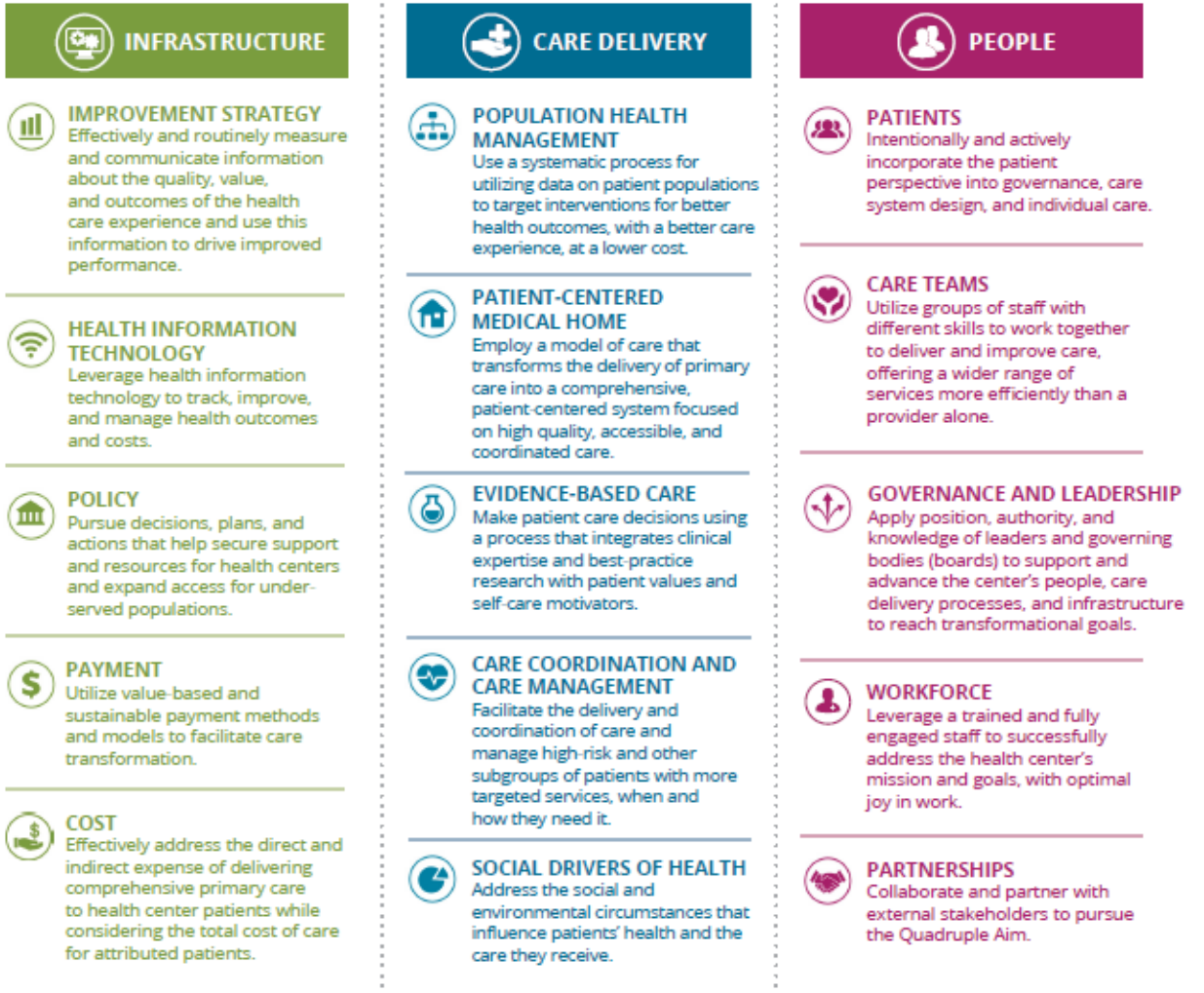
Gap Analysis

Set Targets and Strategies

Improve Outcomes

REGLANTERN

Digging Deep on Strategies



REGLANTERN

Reflection Questions

- What is your reality?

- Does your health center QI strategy:
  - Support VBC transformation?
  - Leverage data to drive improvement?
  - Connect improvement efforts with outcomes?

- Where is training or technical assistance support needed?

Improvement Strategy

10 MINUTES | OCTOBER 11TH, 2022

NATIONAL ASSOCIATION OF Community Health Centers

Microlearning Modules

MODULES	ACTION STEPS	RESOURCES
WHAT? **WHY?** **HOW?**	1 ***ENSURE*** policies and procedures are in place 2 ***DETERMINE*** priorities 3 ***SELECT*** measures 4 ***DETERMINE*** measures for active improvement 5 ***SET*** S.M.A.R.T. goals 6 ***UTILIZE*** data dashboards 7 ***ASSIGN*** staff leads 8 ***INITIATE*** improvement activities 9 ***ENSURE*** timely progress 10 ***MEET GOALS*** and repeat steps	VTF VTF Resources

Improvement Strategy

WHAT?

WHY?

HOW?

WHAT is a health center Improvement Strategy?

A process to 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.

Improvement Strategy

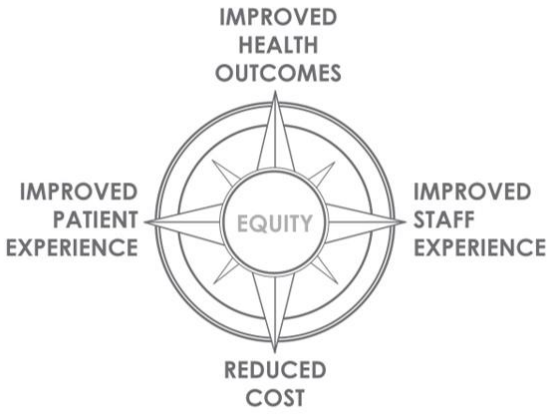
WHAT?

WHY?

HOW?

WHY is an Improvement Strategy important to value-based care?

- To function as a "learning organization" engaged in continuous quality improvement, with application of evidence-based interventions and promising practices.
- To implement organization-wide, system-level workflow changes that are impactful, measurable, and transformative.
- To achieve improvements to Quintuple Aim goals



Improvement Strategy

WHAT?

WHY?

HOW?

STEP 1

ENSURE POLICIES AND PROCEDURES ARE IN PLACE

The health center has operating procedures or processes that address the following:

- ✓ Adhering to current evidence-based clinical guidelines, standards of care, and standards of practice
- ✓ Identifying, analyzing, and addressing patient safety and adverse events
- ✓ Assessing patient satisfaction
- ✓ Hearing and resolving patient grievances;
- ✓ Completing periodic QI/QA assessments on at least a quarterly basis to inform modifications in the provision of health center services
- ✓ Producing and sharing reports on QI/QA to support decision-making and oversight by key management staff and by the governing board

For complete guide to requirements, visit: HRSA Quality Improvement/Assurance

STEP 2

DETERMINE PRIORITIES

Align with strategic priorities and use data to inform your QI plan:

- ✓ Health center strategic plan
- ✓ Community needs assessments
- ✓ UDS data
- ✓ Payor data

Helpful Resource: [Board Oversight of Quality During COVID-19]

STEP 3

SELECT MEASURES

QI plans are not JUST for UDS measures! **In addition to UDS**, consider also including measures for:

Empanelment
- 'Actual' versus 'Right' panel size

Access
- Third next available
- Continuity of care
- Appropriate schedule utilization

Care management
- Number of encounters
- Number of enrollments

Experience
- Patient experience
- Staff experience

Payor CQMs
- May be different than UDS measures
  - Attributed patients may differ from UDS patients
  - Payor may use a different CQM

Risk management
- Occurrences
- Open referrals
- Open labs/tests
- IT security risk assessments
- Safety assessments

STEP 4

DETERMINE MEASURES FOR ACTIVE IMPROVEMENT

Divide selected measures into

- Measures you will **actively work to improve**
- Measures you will **monitor**

- Measures selected for active improvement will be the subject of data analysis and workflow development/improvement. Goals will be set, and QI methods will be actively utilized to improve performance.
- Measures selected to be monitored will be included on data dashboards and reports but may not have goals set or be the subject of active improvement.

STEP 5

SET S.M.A.R.T. GOALS

SPECIFIC

MEASURABLE

ATTAINABLE

RELEVANT

TIME-BOUND

- Set goals for measures selected for active improvement.
- To help you focus your efforts and set effective and achievable goals use the **S.M.A.R.T. Goals** methodology.

Helpful Resource: CDC Develop SMART Objectives

STEP 6

UTILIZE DATA DASHBOARDS TO VISUALIZE PERFORMANCE AGAINST GOALS

Optimize your Electonic Health Record or Population Health Management System to create data dashboards.

Data dashboards help to visualize real-time, current measure performance against measure goals.

Increases transparency in data and effectiveness of performance improvement.

STEP 7

ASSIGN STAFF LEADS

While quality improvement requires a team approach, assigning staff member leads helps to organize efforts:

- Who will be responsible for reporting/managing data dashboards?
- Who will be responsible for leading process improvement activities?
- Who will be responsible for providing progress updates at huddles/staff meetings?

STEP 8

INITIATE IMPROVEMENT ACTIVITIES

1. Is your data complete and accurate?
2. Is there a workflow in place?
3. Use QI tools and strategies to improve performance
   - PDSA
   - FMEA
   - RCA

Document improvement activities!

Helpful Resource: IHI Quality Improvement Essentials Toolkit

STEP 8

INITIATE IMPROVEMENT ACTIVITIES

Leverage NACHC resources available on NACHC's Docebo online learning platform

Action Guide

- Empanelment
- Risk Stratification
- Models of Care
- Cancer Screening
- Diabetes
- Hypertension
- Care Management
- Patients
- Care Teams
- Leadership

MICROLEARNING

- Empanelment
- Risk Stratification
- Models of Care
- Cancer Screening
- Annual Wellness Visits
- Transitional Care Management
- Care Management Billing and Coding
- Care Teams

PAYMENT Reimbursement Tips

- Behavioral Health Integration
- Chronic Care Management
- Annual Wellness Visits
- Medicare Telehealth Services
- Psychiatric Collaborative Care Model
- RPM & Self-Measured Blood Pressure
- Tobacco Cessation Counseling
- Transitional Care Management
- Virtual Communication Services
- Mental Health Telecommunication Services
- Sliding Coinsurance for Care Management Services

STEP 9

ENSURE TIMELY PROGRESS

Regularly share and discuss progress on measures as a team.

- ✓ Huddles
- ✓ Staff meetings
- ✓ QI meetings

Be sure to seek input from staff members whose workflows directly impact measures.

Ensure progress towards goals is being made within timeframe determined. If progress is not being made, return to QI tools such as Root Cause Analysis to assess feasibility of attaining goal.

Helpful Resource: AMA Team Huddle Checklist

STEP 10

MEET GOALS; REPEAT STEPS

When goal is met… celebrate! Acknowledge staff members and their work contributing to this improvement.

Then, either increase your goal to continue work on improving the same measure

OR

Select a new measure from the 'monitoring' list to actively focus improvement efforts on.

Health Center Field Example

Perry Pong, MD, Chief Medical Director
Sumana Rao, RN, MBA, Clinical Director

CHARLES B. WANG
COMMUNITY HEALTH CENTER
王 嘉 廉 社 區 醫 療 中 心

CHARLES B. WANG COMMUNITY HEALTH CENTER

Charles B. Wang Community Health Center 王嘉廉社區醫療中心

The Chinatown Health Clinic opened its doors in 1971, run entirely by volunteer doctors, nurses, social workers, community health workers, and students.

The clinic was renamed Charles B. Wang Community Health Center in 1999. It has continuously expanded and grown to provide bilingual and bicultural health care services to underserved communities.

Total Patients Served: 55,510

UDS Measure	National	Charles B. Wang
Colorectal	42%	68%
Cervical	53%	81%
HTN	60%	70%
BMI	61%	93%
Depression	67%	85%
Diabetes	32%	11%

QI/QA Program

Charles B. Wang Community Health Center
王嘉廉社區醫療中心

Culture

- **Leadership commitment to QUALITY**
  - Investment of resources & effort
    - Clinical Informatics staff build and generate reports
    - Staff with specific responsibilities for QI/QA support/reporting

Policies and Procedures

- **Structure**
  - QI/QA Policy
  - Annual QI/QA Work plan

Structured QI Processes: Reporting & Review

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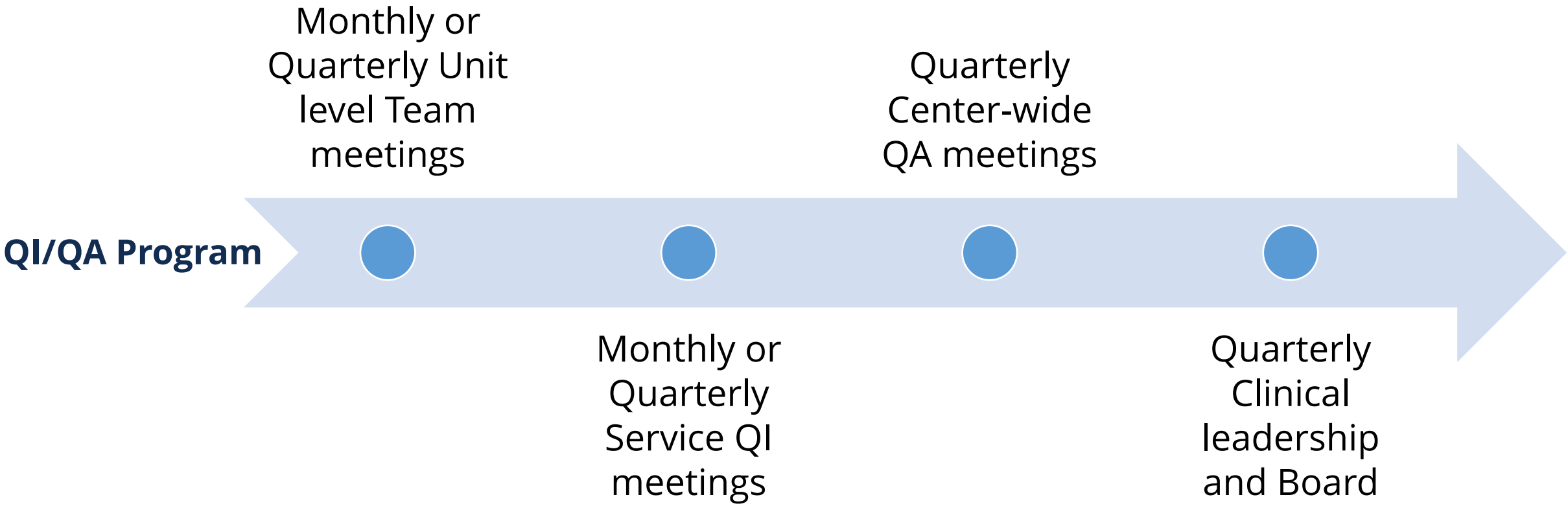


Center-wide QA Committee: Quarterly UDS Data Review

CHARLES B. WANG COMMUNITY HEALTH CENTER
王嘉廉社區醫療中心

Ideally, all staff know the basic definitions and what the health center is trying to achieve

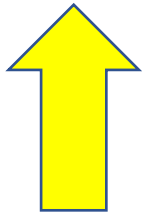
	2019 UDS Report	2020 UDS Report	2021 Q1-Q4 UDS Report	CBWCHC 2019 Goal & HRSA 2022 (3 Year) Goal	NYS 2020 Health Center Average
Prenatal Care - *% receiving prenatal care in the 1st trimester*	95.16%	94.45% (1140/1207)	**96.9% 864/892**	90.00%	79.13%
Low Birth Weight - *% of births under 2500g*	6.22%	5.70% (38/667)	**5.7% 29/512**	5.00%	8.46%
Cervical Cancer Screening - % women 21-64 with appropriate screening* *2016 obsolete definition*	82.25%	78.78% (14244/18080)	**81.2% 15941/19635**	82.50%	56.64%
Breast Cancer Screening (new measure, revised 2020)	N/A	67.53% (4462/6607)	**67.9% 5015/7386**	*75.00%*	52.22%
Weight Assessment and Counseling for Children and Adolescents 3-17	94.40%	91.24% (11895/13037)	**91.4% 12542/13715**	95.00%	66.78%
Adult Weight Screening / Follow Up	93.76%	92.80% (27376/29499)	**93.5% 31859/34079**	88.00%	63.18%
Tobacco Use Assessed and Counseled	96.39%	94.71% (28796/30404)	**85.7% 29761/34711**	97.50%	84.37%
Colon Cancer Screening	67.35%	67.52% (8078/11963)	**68.0% 8930/13126**	70.00%	46.40%
Immunizations - *% of 2 yo received 25 required immunizations (*revised 2016)*	81.44%	84.30% (714/847)	**83.3% 660/792**	82.00%	43.35%
Statin Therapy (*new measure, revised 2019)	69.12%	71.54% (3366/4705)	**84.1% 3375/4012**	*72.00%*	67.30%
Ischemic Vascular Disease – *on aspirin or other antithrombotic drug use*	89.55%	88.70% (722/814)	**87.6% 742/847**	95.00%	79.19%
Hypertension Control – *% under 140/90*	80.72%	66.25% (4338/6548)	**70.3% 5297/7540**	80.00%	60.46%
Diabetes Control - *% poorly controlled (Hba1c missing or >9)*	10.31%	13.32% (401/3011)	**11.0% 353/3209**	8.00%	32.10%
Dental - % of children 6-9 at mod or high risk had sealant on 1st permanent molar during yr (*revised 2016)	84.78%	72.22% (52/72)	64.71% 102/129	80.00%	43.70%
MH – Depression Screening and follow up care	84.77%	72.50% (26401/36413)	**85.1% 33633/39524**	92.50%	64.81%
HIV - New Dx and Linkage to Care	50.00%	100% (1/1)	100% 1/1	100%	87.74%
HIV Screening (new measure, revised 2020)	N/A	52.81% (17321/32801)	**56.4% 20091/35604**	*60.00%*	48.14%
Depression Remission at 12 Months (new measure, revised 2020)	N/A	9.09% (26/286)	10.76% 27/251	*15.00%*	23.43%

Track Performance: QI Example - Diabetes Measure

Charles B. Wang Community Health Center
王嘉廉社區醫療中心

UDS Measure	2017	2018	2019	2020	2021
Diabetes: Hemoglobin A1c Poor Control	9.16 %	11.40 %	10.31 %	13.32 %	11.00 %

Diabetes: Hemoglobin A1c Poor Control (source: HRSA/UDS)



Use Data to Drive Improvement

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QI Example – Diabetes Measure

	2020				2019				GOAL
	Denominator	Numerator	%		Denominator	Numerator	%		8%
	2638	260	9.86%		3132	323	10.3%		
Site - Dept	Denominator	Numerator	%						
Canal - IM	1416	126	8.9%						
Flushing - IM	1003	80	8.0%						
F45 - IM	186	28	15.1%						
Canal - WH	18	18	100.0%						
Flushing - WH	8	4	50.0%						
Flushing Urology	3	3	100.0%						
CBWCHC	2	1	50.0%						
Canal - CARDIO	1	0	0.0%						
Flushing - PED	1	0	0.0%						

Look at the data and ask questions:

- What do we see?
- Why are some patients not meeting target?

Do the analysis and share the findings

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QI Example – Diabetes Measure

Clinical Informatics and Clinical Units collaborate on generating reports

Reasons for no A1c: All Sites

Reason	Number	%
GYN visit(s) only	64	43.2%
Televisit(s) only	51	34.5%
Not ordered	37	25.0%
Ordered, not done	27	18.2%
Switched to outside PCP	17	11.5%
Deceased	5	3.4%
Out of country	4	2.7%
Pulmonology visit(s) only	4	2.7%
Out of state	3	2.0%
Urgent care visit(s) only	3	2.0%
Refused/deferred labs	3	2.0%
F/U with endo	1	0.7%
Outside PCP	1	0.7%
DM diagnosis removed (resvolved)	1	0.7%
In Rehab	1	0.7%
APE visit only	1	0.7%
ER F/U only	1	0.7%
IPE late Dec	1	0.7%
# Unique patients	148	

CBW	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
# Active patients in DM Registry	2943	2947	2962	2997	3010	3065	3111	3122
% 2 A1C tests in past 12 months (>=91 days apart)	66.26%	66.27%	71.40%	77.44%	80.83%	83.23%	83.90%	83.79%
Average A1C	6.86%	6.81%	6.89%	6.97%	7.02%	7.05%	7.05%	7.04%
% A1C < 7.0%	53.89%	52.77%	52.53%	52.99%	53.19%	52.76%	53.81%	54.64%
% A1C >= 7.0 and <= 9.0%	36.73%	37.19%	37.85%	37.94%	38.67%	39.22%	38.51%	38.28%
% A1C > 9.0%	5.84%	5.70%	5.98%	6.37%	6.08%	6.43%	6.24%	5.93%
% A1C < 8.0%	82.09%	81.40%	80.62%	81.41%	81.99%	82.41%	83.16%	83.89%
No A1C in the past 12 months	3.53%	4.34%	3.65%	2.70%	2.06%	1.60%	1.45%	1.15%
Average BP	129/77	129/77	129/77	129/77	129/76	128/76	127/76	127/75
% BP < 130/80	40.98%	40.38%	40.55%	42.21%	43.09%	46.56%	48.54%	49.39%
% BP < 140/90	81.82%	82.15%	81.26%	81.35%	82.62%	83.59%	83.86%	84.24%
Average LDL	84.12	83.71	83.73	84.18	84.56	85	85.82	85.85
% LDL < 100 in past 12 months	64.80%	64.40%	65.80%	67.50%	68.31%	68.32%	67.18%	66.98%
Average BMI	26.8	26.8	26.77	26.76	26.76	26.72	26.64	26.62
% BMI < 23 in the past 12 months	18.42%	18.12%	18.47%	18.15%	17.91%	18.30%	18.90%	19.60%
% Microalbuminuria screening in past 12 months	85.73%	85.41%	87.61%	89.92%	91.03%	91.71%	90.97%	90.29%
% Influenza Vaccination in past 12 months	76.32%	76.42%	76.57%	76.64%	76.45%	76.08%	75.15%	74.50%
% Pneumococcal Vaccination ever	92.12%	92.03%	91.53%	90.86%	90.50%	90.21%	90.00%	90.39%
% Depression screening in past 12 months	73.84%	73.63%	74.41%	80.05%	84.35%	86.59%	88.97%	89.91%
% Dilated eye exam in past 12 months	33.61%	32.34%	33.79%	37.14%	40.03%	41.96%	42.75%	42.99%
% Foot exam in past 12 months	58.48%	58.50%	61.58%	65.50%	69.47%	72.37%	73.83%	73.70%
% Dental exam in past 12 months	1.09%	1.29%	1.89%	2.10%	2.09%	2.25%	2.28%	2.21%
% Smoking Assessment in past 12 months	74.89%	74.75%	75.42%	78.18%	80.47%	81.60%	82.45%	81.71%
% Current smokers	8.77%	8.82%	8.88%	9.04%	8.80%	8.97%	9.23%	9.35%
% Smokers received cessation counseling in past 12 months	74.42%	73.46%	73.76%	75.65%	78.87%	79.27%	81.53%	80.48%
% CDE referral ever	34.39%	34.24%	33.93%	33.63%	33.39%	32.79%	32.40%	32.64%
% CDE visit ever	25.38%	25.35%	25.22%	24.96%	24.72%	24.31%	24.04%	24.18%
% Nutrition referral ever	51.10%	50.83%	51.05%	50.88%	50.70%	50.38%	50.02%	50.00%
% Nutrition visit ever	21.27%	21.48%	21.64%	21.65%	21.69%	21.27%	21.22%	21.11%

2021 Annual QI Project – Diabetes Measure

Site A Internal Medicine

Targeted **new** patients & **newly diagnosed** patients who have uncontrolled diabetes with HbA1C > 9%, who are most likely to be **amenable to interventions** of treatment and lifestyle modifications.

Site B Internal Medicine

Targeted patients with **poor diabetes control** (<9%) who have been poor controlled **for 1 year or more.**

Not everything is a project – sometimes we just try something! We introduced point of care A1c machines – and encouraged teams to use for patients who did not have A1c documented.

QI Tools: Sample QI Project Progress Report Form

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QI Example:
Diabetes Measure

Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)				
	Q1	Q2	Q3	**Project Progress** Assess actions and describe improvement or other results
Measure Data	7.19% 80 active patients in target population	41/1018=4.03% 82 active patients in target population	36/1137=3.17% 81 active patients in target population	
Action steps to achieve goals 1. Use EMR reports to identify patients with uncontrolled diabetes. 2. Analyze if any race/ethnic disparity in targeted uncontrolled patients. 3. Use collaborative care model to identify and case manage patients. 4. Recall patients with no scheduled appointments in the next 4-6 weeks to follow up with clinician, and/or care manager/CDE. 5. Monitor medication compliance closely .	❖ 31 on insulin = 39% ❖ 14 refused insulin ❖ 34 with diabetic complication ❖ 73 non-compliant patients ❖ 43 patient with obese Breakdown of target population is above. Rate/number of patients meeting criteria is higher than initial baseline due to more patients returning for onsite visits. Will use patient centered, Individualized care approach: Understanding patient's social behavior changes and	Net increase of patients= 2 35 /82 on insulin = 43% 18/82 refused insulin – 22% 37/82 with diabetic complications = 43% 78/82 non-compliant patients = 95% 46/82 = overweight or obese = 56% Ovearall improved the number and % of patients on insulin, which is a positive outcome. Continuing Care management strategies employed:	34 /81 on insulin = 42% 17/81 refused insulin – 21% 37/81 with diabetic complications = 46% 74/81 non-compliant patients = 91% 45/81 = overweight or obese = 56% **Continuing Care management strategies employed:** Intervention regarding home/social service needs: • Problem solve adherence issues • Locating and referral to community resources	

Regular Schedule of QI Activities & Expectations

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Quarterly **progress meetings**

Clinical director may attend to advise or help with documentation

Project **progress reports** are due quarterly to QI/QA Clinical director and CMO

Results summarized quarterly and provided for review by our Board and MDAC*

*MDAC – the Medical and Dental Advisory Committee – a standing subcommittee of the governing board.

Key Takeaways

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Invest in the program:
Communicate the importance of QI/QA, designate resources, ensure participation at all levels.

Have a process and follow it:
Establish reporting and set deliverable goals – provide support to get it done!

Report to the board and key management:
QI/QA work is reported to the MDAC/Board. This includes UDS Measures, patient experience data, QI/QA project summaries, risk management data, and peer review results. Dashboards are great if you can do them.

Make space to share the lessons learned:
Every clinical service presents at the QA Committee at least once a year to share PDSAs, findings, and most importantly– lessons learned!

Discussion

Elevate 2022 Participants:

QI Professional Development Opportunity

Institute *for* Healthcare Improvement

One year of free access to the IHI's full catalog of online courses including:

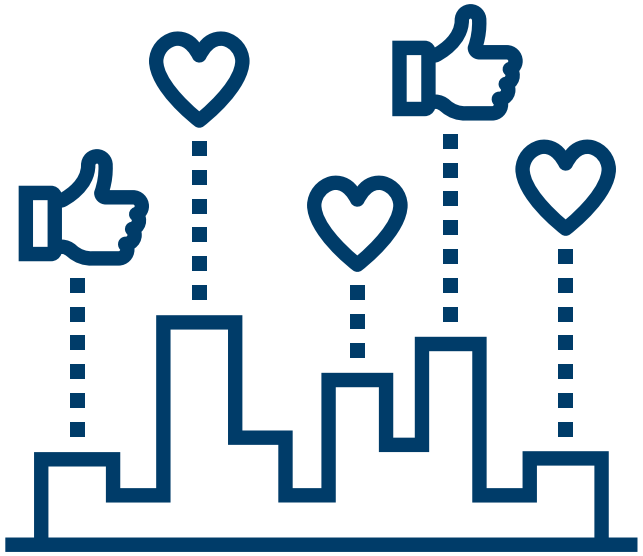
- More than 35 continuing education credits for nurses, physicians, and pharmacists
- Basic Certificate in Quality and Safety

VTF

Open to registered participants who complete the VTF assessment

Submit interest here: https://bit.ly/Elevate_IHI to be eligible for a scholarship

PCAs and HCCNs: did you know you can gift a scholarship to someone in a member health center? Follow this link for more info: bit.ly/Elevate_Gift



Provide Us Feedback

FOR MORE INFORMATION CONTACT:

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SHARE YOUR FEEDBACK

Don't forget! Let us know what you thought about today's session.

Next Monthly Forum Call:

November 8, 2022
1-2 pm ET

NATIONAL ASSOCIATION OF
Community Health Centers