Advancing Health Center Value By Strengthening PCA & HCCN Capacity



Primary care associations (PCAs) and health center controlled networks (HCCNs) are leading strategic efforts to support and guide health centers through payment and delivery reforms intended to advance the health center mission. NACHC, in collaboration with key experts in the health care transformation space, offers several learning opportunities to support PCAs and HCCNs as they engage health centers in value-based strategies.



QUALITY CENTER

NACHC's **Quality Center** works to advance the Quadruple Aim goals of improved health outcomes, improved patient and staff experience, and lower costs through its Value Transformation Framework. The Center's resources include: action guides that distill subject-specific best practices; trainings; a quality coach self-assessment tool; and facilitated transformation projects across the country.

For PCA, HCCN and health center staff



PEER LEARNING

These Payment & Delivery Reform
Peer Learning Groups provide a
structure for PCAs and HCCNs to
access the collective knowledge of their
peers on priority topics ranging from
managed care contracting to FQHC
APM development, and share common
barriers and troubleshoot solutions for
advancing value-based care.

Open to all PCAs and HCCNs, all levels of experience welcome



ANNUAL SUMMIT

The Payment & Delivery Reform Summit brings PCAs and HCCNs together for both a high-level discussion of major trends as well as indepth peer learning to help PCAs and HCCNs navigate multiple opportunities, weigh options, and fine-tune their value-based strategies.

Open to all PCAs and HCCNs, all levels of experience welcome



DELTA CENTER

The **Delta Center for a Thriving Safety Net** aims to inspire innovation in value-based care and payment by building the capacity of PCAs and Behavioral Health State Associations (BHSAs).



ACO ACADEMY

The ACO Academy focuses on the critical elements for successful participation in both informal and formal accountable care organizations (ACOs). This training helps PCA, HCCN, and health center leaders develop a deeper understanding of how to become more responsible for the total cost of care and demonstrate value through practical examples and applications.



FQHC APM ACADEMY

The FQHC APM Academy guides a small cohort of state teams through the process of developing or enhancing a value-based FQHC Alternative Payment Methodology APM (FQHC APM) in Medicaid. Teams participate in structured discussions, both face-to-face and via an interactive online platform, and are also connected to industry experts.



PRAPARE TRAIN-THE-TRAINER ACADEMY

The PRAPARE Train-the-Trainer Academy helps PCAs and HCCNs build capacity to assist health centers in implementing PRAPARE, a standardized tool to collect patient-level data on the social determinants of health. The Academy also covers how to use PRAPARE data to inform state policy, payment reform, and delivery system transformation initiatives.

Open to All:

Quality Center

This is a NACHC-led effort.

Target audience: PCA, HCCN and

health center staff

Partner Organizations: Centers for Disease Control & Prevention, Bureau of Primary Health Care

To learn more: Visit bit.ly/nachcqualitycenter

Payment & Delivery Reform Peer Learning Groups

This effort is made possible with support from HRSA.

Target audience: Any and all PCAs and HCCNs are encouraged to join, all levels of experience with valuebased health care are welcome

To learn more: Contact NACHC's State Affairs Department at state@nachc.org

Payment & Delivery Reform Summit

This annual summit is made possible with support from HRSA.

Target audience: Any and all PCAs and HCCNs are encouraged to attend, all levels of experience with valuebased health care are welcome

To learn more: Contact NACHC's State Affairs Department at state@nachc.org

Participation Limited:

NACHC Partnership: **Delta Center for a Thriving Safety Net**

This effort is made possible with support from the Robert Wood Johnson Foundation.

Target audience: The Delta Center's resources are widely available, while participation in its State Learning & Action Collaborative is limited to a small cohort of PCAs and BHSAs via a competitive application (applications for 2018-2020 cohort now closed).

Partner Organizations: National Council for Behavioral Health, JSI Research & Training Institute, Inc., MacColl Center for Health Care Innovation, Center for Care Innovations

To learn more: Visit https://deltacenter.jsi.com

ACO Academy

This effort is made possible by NACHC and with support from HRSA.

Target audience: Health center C-suite leaders (including CEOs, CFOs, COOs, and CMOs), PCA staff, and HCCN staff. Open, but participation is limited.

Partner Organizations: Bureau of Primary Health Care, Collaborative Health Systems/WellCare

To learn more: Visit www.nachc. or contact Jen Nolty, Director of PCA and Network Relations, at jnolty@nachc.org

FQHC Alternative Payment Methodology (APM) Academy

This effort is made possible with support from HRSA.

Target audience: The FQHC APM Academy is open to a small cohort of state teams via a competitive application process. PCA staff are the primary target audience, but are encouraged to engage HCCN and health center partners on an advisory committee throughout the program.

To learn more: Contact NACHC's State Affairs Department at state@nachc.org

PRAPARE Train-the-Trainer Academy

This effort made possible with support from the Kresge Foundation.

Target audience: PCA and HCCN teams with some IT and/or data reporting, quality improving training, policy, and advocacy expertise – small cohort selected via a competitive application.

Partner Organizations: Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association

To learn more: Visit www.nachc.org/prapare

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS16089, Technical Assistance to Community and Migrant Health Centers and Homeless for \$6,375,000.00. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.