FEBRUARY 2021

NATIONAL ASSOCIATION OF Community Health Centers®

COVID-19 and Health Center Boards

FOCUS AREA: UNDERSTANDING THE IMPACT OF COVID-19 ON THE HEALTH CENTER

Board Oversight of Quality During the COVID-19 Pandemic

BACKGROUND

Since the start of the health center program, health centers have prioritized the delivery of high-quality clinical care to patients. Health center providers, staff, leadership teams, and boards have invested resources to ensure that patients receive timely, evidence-based,[1] and continuous clinical care that result in healthier patients and communities.

Providing oversight of quality is an important role of a health center board. Boards are responsible for setting the tone to communicate the importance of quality, reviewing and approving the Quality Assurance/Quality Improvement plan, monitoring quality and safety indicators, and approving key policies, among other duties.[2]

Perhaps not surprisingly, the COVID-19 pandemic has challenged traditional means of providing quality care and has forced health center providers, staff, and leadership to find new and innovative ways to ensure access and meet the comprehensive needs of their patients. It is important for boards to remember their quality oversight responsibilities particularly during COVID-19 when so many other items will compete for the time, attention, and resources of health centers. This short resource outlines various factors for board consideration regarding quality oversight and mitigating risks related to quality during the pandemic. (Boards may also be interested in a related short article on **"Board Oversight of Risk Management During the Pandemic.")**

Items to Consider

Health center staff have been faced with immediate and ongoing challenges of needing to balance testing and treatment of patients for COVID-19, vaccine deployment, and continuing to offer primary care services to patients. Centers have been required to rapidly adapt clinical and operational processes and have rapidly adopted telehealth.[3] As a result, health centers have been placed in unfamiliar territory and many have had to make critical decisions around new models of care.

Below are some considerations for health center boards and the Quality Committee of a board (if one is in place):

- **Ensure the board continues to monitor quality—**It is important and required[4] for boards to monitor quality regularly. Consider: are we still receiving and discussing

1 Evidence-based care is an approach to decision making where a clinician uses the best *evidence* available, in consultation with the patient (*evidence-based* patient choice), to decide upon which option best suits the patient.

2 For general information on board oversight of quality, see NACHC's Governance Guide for Health Center Boards, Chapter 5: Quality Oversight (available at **https://www.healthcenterinfo.org/details/?id=2302).** The Health Resources and Services Administration (HRSA) has a number of requirements that health center boards must meet related to quality oversight. For details, see the HRSA Health Center Program Compliance Manual available at **https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html** (specifically Chapter 19: Board Authority and Chapter 11: Quality Improvement/Assurance).

3 For more on telehealth, please see "Current and Future Strategic and Oversight Considerations Related to Telehealth for Health Center Boards" available on the Health Center Resource Clearinghouse **(https://www.healthcenterinfo.org/)** in March 2021.

4 See footnote 2 for details on where to find information on HRSA requirements.

the quality report on a regular basis? Does there continue to be dedicated time on board meeting agendas related to quality? If we have a Quality Committee, do we have the right board members on that committee? Does the Quality Committee have members that are patient board members?

- **Discuss what Quality Assessment measures or Clinical Performance measures may be impacted during and after the pandemic—**Various risk factors (outlined later) may impact the center's quality measures. It is important for the board to understand possible evidence-based impacts and incorporate additional monitoring as needed.
- **Discuss the possible financial impacts of possible changes in quality data—**It is important for boards to understand the possible impact of changes in quality data on revenue in the form of quality incentive payments that a health center can achieve because of high-quality clinical performance.
- **Build in time for board or committee education and discussion of risk factors that may cause declining clinical performance—**In understanding the impact that the COVID-19 pandemic has had on your health center, boards should be aware of key barriers that COVID-19 presents which may result in an increased risk of declining clinical performance within a health center. This can vary but may include:
  - **Limitations Related to Access to Care:** Since the start of the pandemic, public health mandates (e.g., social distancing, mask wearing) and evolving evidence-based guidance (on how to safely test and treat patients for COVID-19 as well as how to provide traditional health care services) have been key factors leading to limitations to access care for health center patients. As a result of the mandates and guidance, many health centers were forced to:
    - Decrease patient capacity within health center facilities to meet social distancing guidelines, resulting in limited appointment availability
    - Increase telehealth access, resulting in the potential for missed care opportunities for patients without access to adequate technological resources
    - Decrease hours or suspend care delivery at some locations due to staffing shortages or facility demands
    - Respond to community spread of the virus - driving resource allocation within the health center and potentially limiting the availability for non-COVID related services

    At the same time, patients may also be deciding to defer primary care—including preventative services—in an effort to stay home and reduce the risk of potential exposure to the virus.
  - **Role of Patient Engagement:** It is widely understood that a patient's clinical outcomes are related to the patient's ability to actively engage as a participant in their own care and support themselves outside of the clinical setting. The current environment has necessitated a less preventive/proactive approach to care due to limited resources and an immediate need to respond/react during the ongoing pandemic. As a result, during the COVID-19 pandemic, patients have been forced to take a more active role in managing their physical health and behavioral health needs due to limited access to care (described earlier in this section) and/or resources which can impact quality measures. For example, increased reliance on patient reporting can impact a center's quality measures in such areas as blood pressure monitoring of patients with hypertension or hemoglobin levels of patients with diabetes.[5]
  - **Provider and Staff Satisfaction/Fatigue:** Healthcare workers and front-line staff have been directly impacted by the COVID-19 pandemic on both professional and personal levels. The

5 At the time of publication, the Uniform Data System (UDS) did not accept patient reported values. Though the data can be used by staff to inform care.

Quadruple Aim—which outlines a model to optimize health care performance - indicates and emphasizes the importance of provider and "care team" (meaning the staff who collectively take responsibility for a patient/patients) satisfaction as a leading indicator for clinical quality outcomes. During the pandemic, the rapid and continuous changes to professional practice, the impact of the pandemic on patients, along with the associated personal, psychosocial, and emotional stressors can lead to increased provider/care team fatigue and decreased provider/care team satisfaction.

- **Continue to document discussions about quality in board meeting minutes and in the records of the Quality Committee if one is in place—**As always, it is important and required[6] to document board discussions and recommendations for health center action related to quality oversight in board meeting minutes and records of a committee that may focus on quality.

Discussion Questions

Below are questions that boards may wish to ask related to quality oversight and COVID-19 including:

- What impact is the pandemic anticipated to have on the center's Quality Assessment measures or Clinical Performance measures? Are there sources of data the board should monitor more closely during and immediately post-pandemic such as:
  - Uniform Data System (UDS) measure performance,
  - HEDIS (Healthcare Effectiveness Data and Information Set)/Pay for Performance (P4P) clinical and financial performance,
  - Accountable Care Organization (ACO) performance,
  - Patient satisfaction surveys,
  - Risk Management measures such as closing the referral loop?
- What changes were made to preserve clinical quality during the pandemic that the board should be made aware of? For example:
  - Adoption of new evidence-based guidelines to direct operations and care delivery,
  - Staffing resource allocations,
  - Service delivery hours, types and locations (should already by Board approved),
  - Supplemental telehealth, pre-visit, curbside/drive-up services—to include screening and testing?
- Has limited access to care impacted quality? In order to dig deeper, additional questions include:
  - What services are prioritized for in-person care during the pandemic?
  - What quality outcomes are anticipated to be impacted to due to limited access?
  - Will consolidating services, locations, or staff impact quality of care for your patients?
  - How has the health center addressed the technological needs of patients to maximize access to telehealth services?
- What quality outcomes are anticipated to be impacted due to increased demands on patient engagement? Are additional investments needed to support patient engagement (e.g., budgeting for at-home tests linked to telehealth visits)?
- How do we measure staff and provider satisfaction?
- What is the current state of staff and provider satisfaction? What additional resources or investments may be needed to support staff and provider well-being?

6 See footnote 2 for details on where to find information on HRSA requirements.

- What technical investments need to be made to improve quality? What financial investment and approval may be needed from the board? For example, is investment needed in:
  - Telehealth solutions,
  - Virtual communication and patient engagement applications (i.e. text messaging, artificial intelligence), or
  - Applications to assist in self-management (blood pressure monitoring, A1C monitoring, weight monitoring)?
- Are financial contingency plans in place to compensate for a potential drop in performance on clinical quality measures?

Acknowledgements and Additional Information

This article was made possible through a generous grant from The Pfizer Foundation.

This article was written on behalf of NACHC by Shannon Nielson, MHA, PCMH- CCE, of CURIS Consulting. The following individuals provided input on the content: M. Scott Alarcón, Vice Chair, Lone Star Circle of Care and Governance Consultant; Carlisle Harrison, Board Chair, Fetter Health Care Network; Cassie Lindholm, Deputy Director, Network Relations; Emily Heard, Director Health Center Governance, NACHC.

For additional resources from NACHC related to COVID-19, please visit **https://www.healthcenterinfo.org/priority-topics/covid-19/** and **http://www.nachc.org/coronavirus/.** Please contact Emily Heard, Director of Health Center Governance at NACHC, with questions (**trainings@nachc.com**).