



NATIONAL ASSOCIATION OF  
Community Health Centers®

# THE ROLE OF HEALTH CENTER NURSES IN VALUE TRANSFORMATION



elevate®

October 19, 2023  
1:00 PM- 2:00 PM EDT



# 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.



# NACHC's STRATEGIC PILLARS

1



## Equity and Social Justice

Center everything we do in a renewed commitment to equity and social justice

2



## Empowered Infrastructure

Strengthen and reinforce the infrastructure for leading and coordinating the Community Health Center movement, notably consumer boards and NACHC itself

3



## Skilled and Mission-driven Workforce

Develop a highly skilled, adaptive, and mission-driven workforce reflecting the communities served

4



## Reliable and Sustainable Funding

Secure reliable and sustainable funding to meet increasing demands for Community Health Center services

5



## Improved Care Models

Update and improve care models to meet the evolving needs of the communities served

6



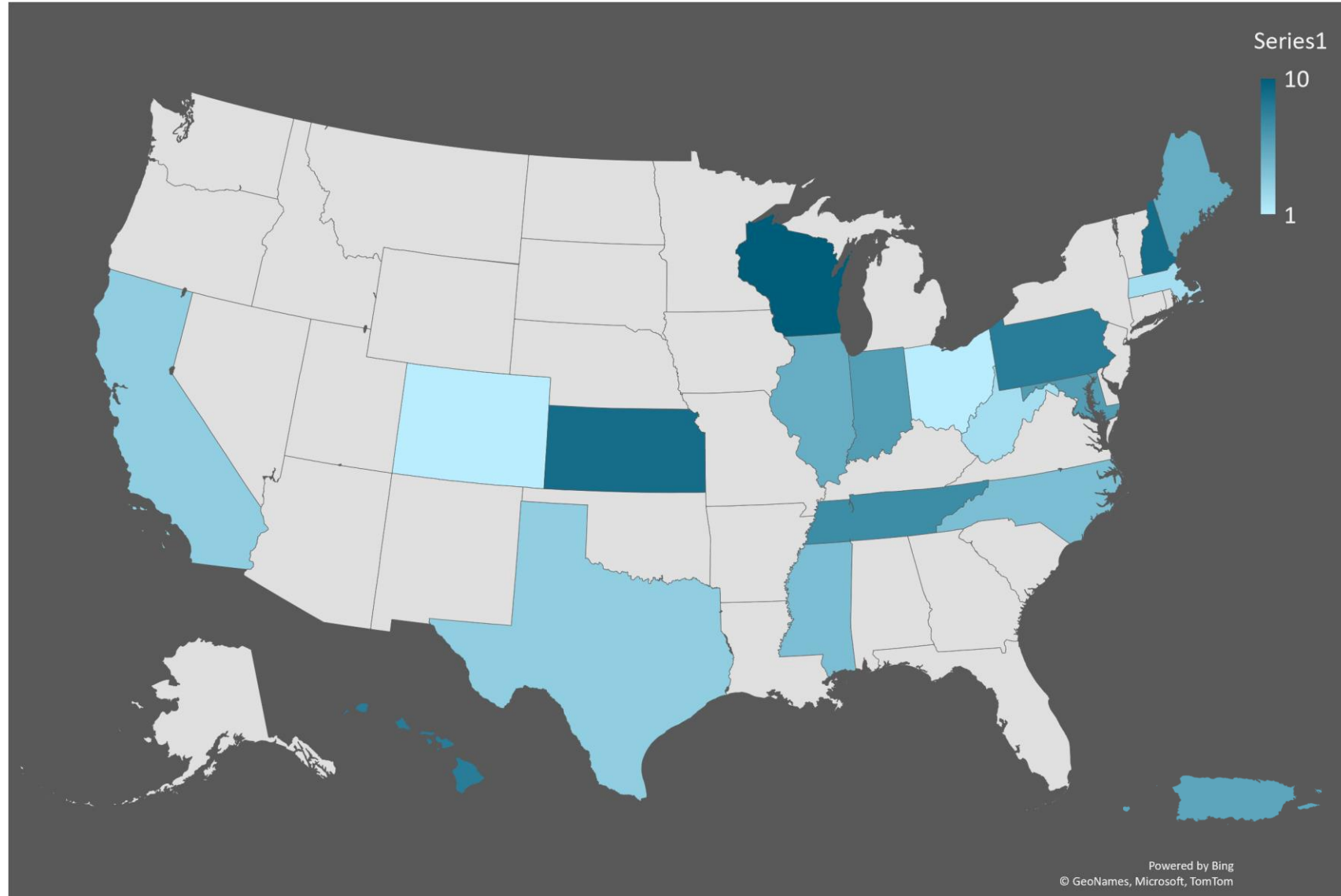
## Supportive Partnerships

Cultivate new and strengthen existing mutually beneficial partnerships to advance the shared mission of improving community health

To learn more about NACHC's Strategic Pillars visit <https://www.nachc.org/about/about-nachc/>

# WELCOME!

- ❖ White Memorial Community Health Center (CA)
- ❖ High Plains Community Health Center (CO)
- ❖ Mountain Family Health Center (CO)
- ❖ Northwest Colorado Health (CO)
- ❖ Hawaii Primary Care Association (HI)
- ❖ HOPE Clinic (TX)
- ❖ Konza Prairie Community Health Center, Inc (KS)
- ❖ PryMed Medical Care, Inc (PR)
- ❖ Aaron E. Henry Community Health Center (MS)
- ❖ Chota Community Health Services (TN)
- ❖ DotHouse Health (MA)
- ❖ Family Health Center of Worcester (MA)
- ❖ Hamilton Health Center (MD)
- ❖ CCI Health Services (MD)



- ❖ Minnie Hamilton Health System (WV)
- ❖ Kintegra Health (NC)
- ❖ Chestnut Health Systems (IL)
- ❖ Neighborhood Health Center (IN)
- ❖ The Wright Center for Community Health (PA)
- ❖ West Virginia Primary Care Association (WVPCA)
- ❖ Ammonoosuc Community Health Services (NH)
- ❖ Progressive Community Health Centers (WI)
- ❖ Wood County Community Health Center (OH)
- ❖ Wayne Memorial Community Health Centers (PA)
- ❖ Brockton Neighborhood Health Center (MA)

# NACHC Quality Center



**Cheryl Modica**  
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**Holly Nicholson**  
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**Rachel Barnes**  
Specialist,  
Quality Center

# AGENDA

**1** Introductions & Icebreaker (Menti)



**2** Value Transformation Framework & Elevate Overview



**3** NACHC 2023 Chartbook



**4** The Role of a Nurse in Systems Transformation: Sharon Parker, AL PCA



**5** Voices from the Field



**6** Closing Thoughts



If you were organizing a nurse talent show, what would your talent be?

12 responses

wheel of fortune  
empathic listening  
policy compliance  
cooking  
policy writing singer  
ehr navigating data analysis  
dancing  
reading md orders  
epic smartphrases  
budget shopper

# Leading the Transition to Value-Based Care

## Value Transformation Framework



- ✓ Supports systems change
- ✓ Organizes and distills evidence-based interventions
- ✓ Incorporates evidence, knowledge, tools and resources
- ✓ Links health center performance to the Quintuple Aim

## elevate<sup>o</sup> National Learning Forum

700 CHCs | 75 PCAs/HCCNs | >15 Million Patients

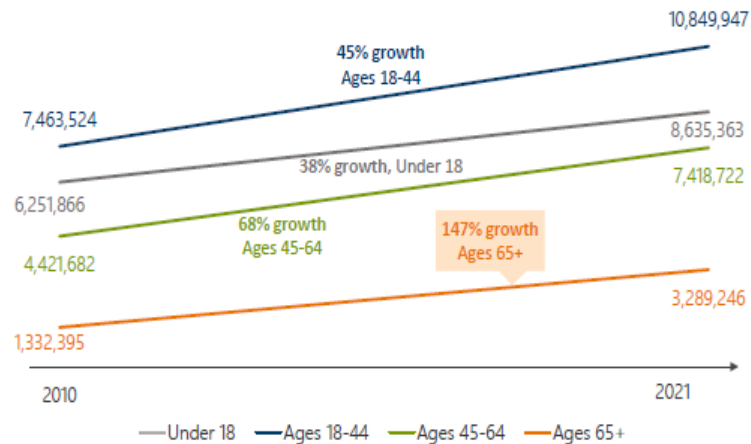
- 
- ✓ Monthly Webinars
  - ✓ Supplemental Sessions
  - ✓ Evidence-Based Action Guides
  - ✓ Action Briefs
  - ✓ eLearning Modules
  - ✓ Tools & Resources
  - ✓ Professional Development Courses
  - ✓ **Online Learning Platform**



# Community Health Center Chartbook 2023

Health Center Patients Ages 65 and Older are the Fastest Growing Age Group Over the Past Decade

Number of Health Center Patients by Age Group, 2010 – 2020



Source: 2010 & 2021 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

**31.5 million**

**Number of Patients Served by Community Health Centers<sup>7</sup>**

**3.3 million**

**Number of Patients Over Age 65<sup>7</sup>**

**147%**

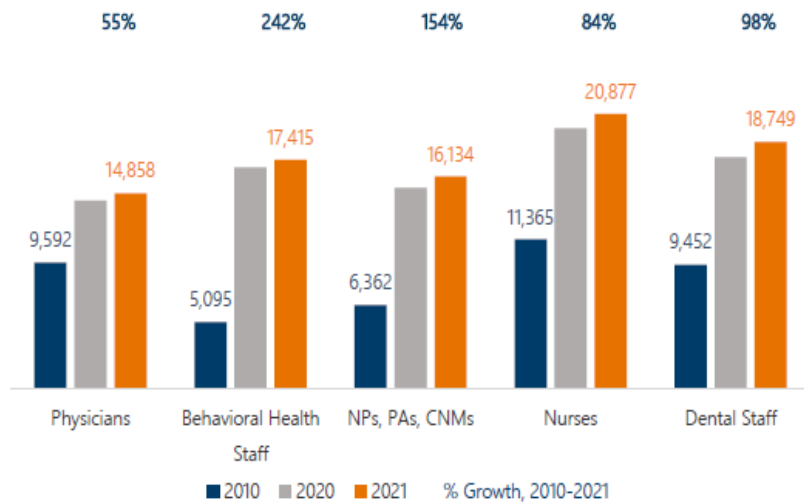
**Percentage of Growth in Health Center Patients Ages 65 and Older Over the Past Decade (2010-2021)<sup>7</sup>**

**95 million**

**Anticipated Number of Adults over the Age of 65 years by 2060<sup>3</sup>**

# Community Health Center Chartbook 2023

Growth in Health Center Clinical Staff, 2010 – 2021  
In Full-Time Equivalent



Notes: NP, PA, CNM stand for Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, respectively. Behavioral health staff includes mental health and substance abuse staff. Source: 2010, 2020, & 2021 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS

21,141

Number of Health Center Nurses in Community Health Centers (approximately 23% of workforce)<sup>7</sup>

1 in 3

Nurse Practitioners will make up 1 in 3 Primary Care Providers by 2025<sup>2</sup>

25%

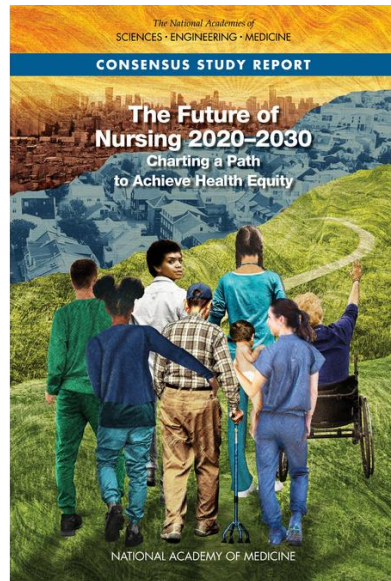
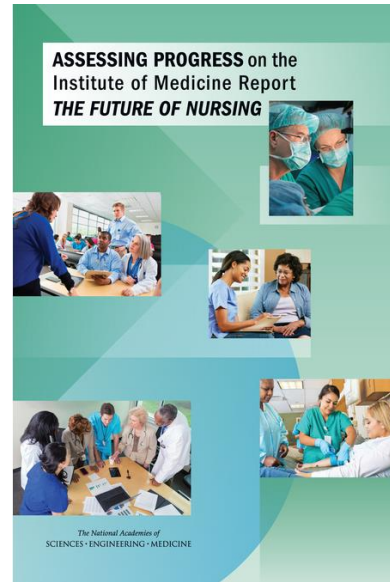
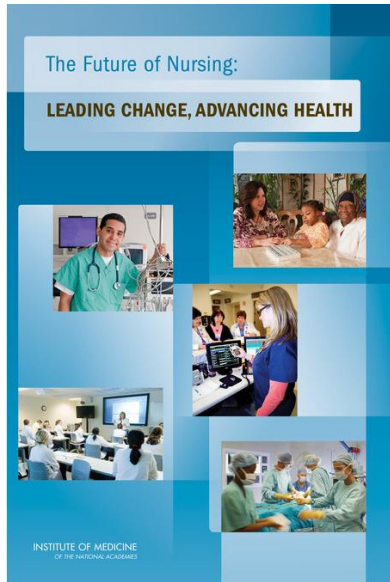
Percentage of Nurse Practitioners who provide care in rural and underserved communities<sup>2</sup>

12,905

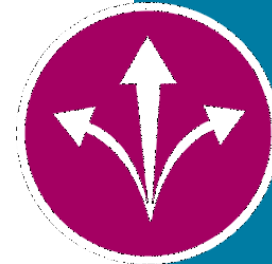
Number of Health Center Nurse Practitioners & Certified Nurse Midwives<sup>8</sup>



# WHY Nurses are Integral to System's Transformation



Nurses play a vital role in improving care quality (2011)<sup>6</sup>.



Emphasized the need for enhancing nurse capacity and education (2016)<sup>1</sup>.



Reinforces nurses' pivotal role in achieving equitable care for all (current report)<sup>4</sup>.



Figure 6-4

# Health Centers Experience Difficulty Recruiting and Retaining Staff

Rank the following categories in order of highest to lowest vacancy in the last 6 months:

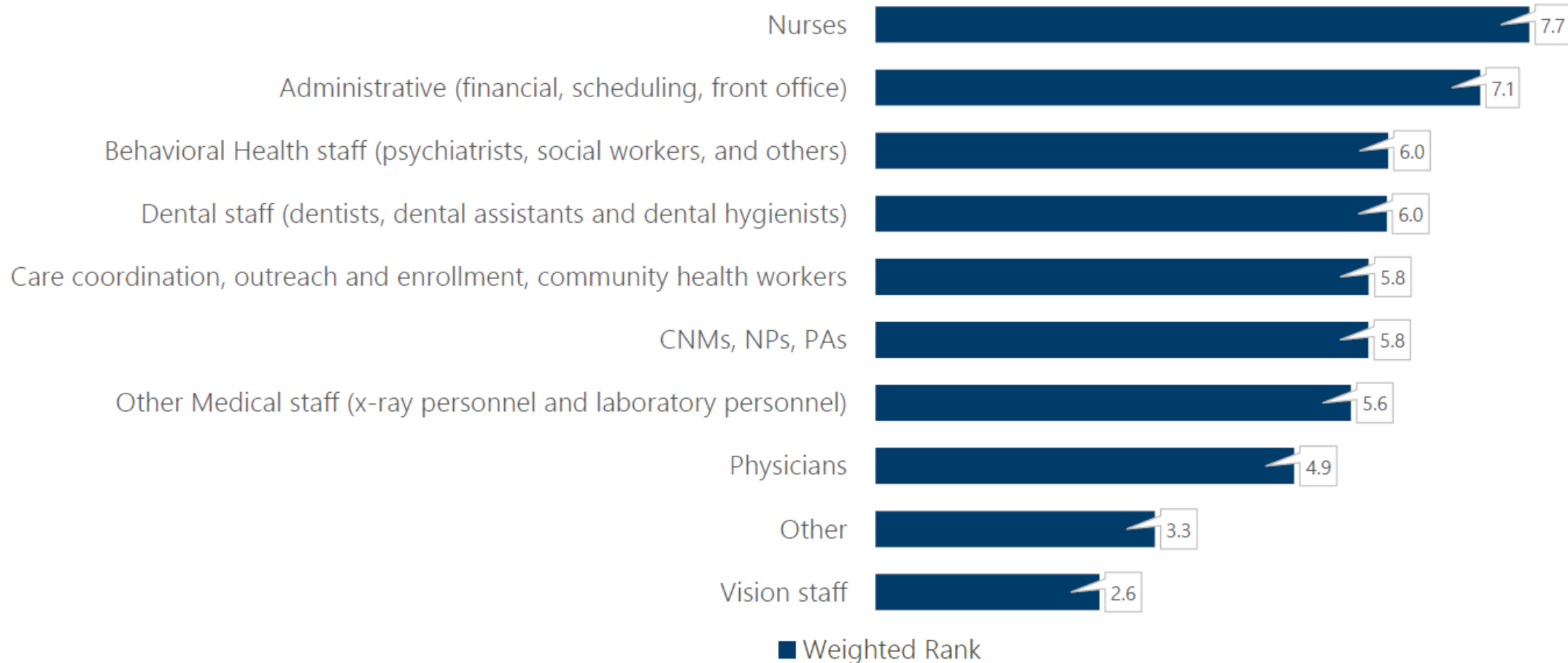


Figure 6-5

# Health Centers Have Unique Challenges Recruiting and Retaining Staff

## Percent of Health Centers Reporting Specific Challenges for Recruitment and Retention





# Your Voice: Leadership and Impact

- Education
- Mentorship and Coaching
- Embracing Ambiguity and Change
- Providing Valuable Feedback for Professional Growth
- The Significance of Patient-Centered Care
- Positive Influence
- Commitment to Continuous Learning
- Learning from Past Leaders
- Fostering Support and Autonomy
- Demonstrating Empathy and Effective Communication
- Embracing Humility: **"Because none of us are as smart as all of us."**
- Resilience and Professionalism in Times of Stress and Adversity
- Self-Belief
- Patience and Investment in Leadership Development
- Discovering and Asserting Your Voice
- Striving for Excellence, Even When Unobserved



# The Role of Nurses in Systems Transformation

## INFRASTRUCTURE

**IMPROVEMENT STRATEGY**  
Define vision, goals, and action steps that drive transformation and improved performance.

**HEALTH INFORMATION TECHNOLOGY**  
Leverage health information technology to track, improve, and manage the Quintuple Aim.

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

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

**COST**  
Address the direct and indirect expense of delivering comprehensive primary care to health center patients while considering the total cost of care.

## CARE DELIVERY

**POPULATION HEALTH MANAGEMENT**  
Use data on patient populations to target interventions that advance the Quintuple Aim.

**PATIENT-CENTERED MEDICAL HOME**  
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.

**EVIDENCE-BASED CARE**  
Make patient care decisions using clinical expertise and best-practice research integrated with patient values and self-care motivators.

**CARE COORDINATION AND CARE MANAGEMENT**  
Facilitate the delivery and coordination of care for high-risk and other patient segments through targeted services, provided when and how needed.

**SOCIAL DRIVERS OF HEALTH**  
Address the social, economic, and environmental circumstances that influence patients' health and the care they receive.

## PEOPLE

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

**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.

**GOVERNANCE AND LEADERSHIP**  
Apply position, authority, and knowledge of governing bodies (boards) and leaders to support and advance the center's transformation goals.

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

**PARTNERSHIPS**  
Collaborate and partner with external stakeholders to pursue the Quintuple Aim.

## The Value Transformation Framework

*15 Change Areas organized by 3 Domains:*

**Infrastructure:** the components, including health information systems, policies, and payment structures, that build the foundation for reliable, high-quality health care

**Care Delivery:** the processes and proven approaches used to provide care and services to individuals and target populations, such as evidence-based care and social drivers of health

**People:** the stakeholders who receive, provide, and lead care at the health center, as well as partners that support the goals of high-value care



# Featured Speaker



- Project supporting care transformation across 28 care delivery sites
- Partnership involving public health, primary care, university, and quality
- Focused on a chronic condition/HTN to effect system-wide changes
- Nurses key to transformation!

**Sharon Parker, MBA, BSN, RN, CVRN-BC,  
CHTS-CP, PCMH-CCE**  
Chief Quality Officer  
Alabama Primary Health Care Association

# Practice Facilitation Methodology



- Training Resources:
  - [Primary Care Practice Facilitation Curriculum \(AHRQ\)](#)
  - [The Case for Practice Facilitation Within Primary Care \(College of Family Physicians of Canada\)](#)
- Training on Quality PDSA Cycles for Rapid Improvement
- Practice Support – Defining What That Looks
- Identification of a ‘Practice Champion’ at Each Practice Site

## Four Key Drivers

- Standardized Care Processes
- Clinical Information Systems
- Self-Management Support
- Team Engagement/Optimized Care/Outreach

# *Communication - Relationships*



- **Face-to-face** visit with each site monthly
- **Face-to-face** visit with Quality Director/Manager monthly
- **Calls** with Clinic Champion bi-weekly
- **Email** communication weekly and as needed to close communication gaps

# *Support to Nurses and Practices*



## **Support included development/training:**

- Workflows
- Policies and Procedures
- Use of Population Health Tools in Daily Work
- Huddles! Huddles! Huddles! Rotate huddle leader
- Data Collection! Data Collection! Data Collection!
- 'Back to Basics in Quality' training
- PDSA training
- Vendor management and EMR builds to capture data
- Use of advanced analytic platforms – building reports, dashboards, registries
- Connect teams with evidence-based resources ([AMA MAP HTN](#); [AHA Understanding Blood Pressure Readings](#); [AHA Tobacco Cessation Fact Sheet](#))

# Assessment of Readiness for Change



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**LEARNING:** Aware, but needs additional development or training to apply

**BASIC:** Performs at a foundational level or can perform with support or guidance

**APPLIED:** Puts knowledge and skills to practical use independently

**SKILLED:** Proficient at handling complex situations and can coach others in skills

**EXPERT:** Demonstrates mastery, shares knowledge and skills with others, innovates



### Additional Assessment of:

Policies & Procedures / Contracting / Financial Reporting  
Financial Statements / Crisis Management Program  
Human Resource Management / Governance / Clinical Practices  
Information Technology / Document Management

# *Demonstrated Impact*



Value and Impact ***Demonstrated*** Through Outcomes:

- Improved health of populations
- Enhanced patient experience and patient outcomes
- Enhanced provider/staff experience
- Reduced per capita cost for care

As a result of working with nurses and the practices, HTN control improved 1% - 16% across the practice sites.

## **Key Lessons**

- Build relationships early
- Never stop problem-solving
- Don't try to avoid failure
- Explore root causes
- Modify approaches to 'fit' need

# Voices from Nurses in the Field



# Leveraging the VTF for Nurses

7 responses

infrastructure

Population health management

Pop health management, leadership,  
care management

Care coordination and care  
management

Workforce

Care teams

payment



# Leading the Transition to Value-Based Care

Leverage the Value Transformation Framework and Elevate:

*Your transformation journey begins here!*



## STEP 1 - ENGAGE

Register for Elevate and participate in the FREE health center learning community



## STEP 2 - ASSESS

Measure transformation progress using the Value Transformation Framework (VTF) Assessment



## STEP 3 - PLAN

Incorporate transformation efforts into your Improvement Strategy



## STEP 4 - TRANSFORM

Apply the VTF and suite of FREE transformation tools and resources



## STEP 5 - REASSESS

Measure transformation progress over time using the VTF Assessment; monitor, adjust, and improve



Action Brief: How to Use the VTF and Elevate  
Action Brief: Assess Transformation Progress

# QUESTIONS?





[Twitter.com/NACHC](https://twitter.com/NACHC)



[Facebook.com/nachc](https://facebook.com/nachc)



[Instagram.com/nachc](https://instagram.com/nachc)



[Linkedin.com/company/nachc](https://linkedin.com/company/nachc)



[YouTube.com/user/nachcmedia](https://youtube.com/user/nachcmedia)



## Nurse Reflections

3 responses

Always powerful when nurses get together! Would love to connect more

Love the ability to network with other nurses! Thank you

Really great examples

THANK  
YOU!



NATIONAL ASSOCIATION OF  
Community Health Centers®

PLEASE VISIT US ONLINE

[nachc.org](https://www.nachc.org)

**FOR MORE INFORMATION  
CONTACT:**

**Quality Center**

National Association of  
Community Health Centers

[qualitycenter@nachc.org](mailto:qualitycenter@nachc.org)

**Next Monthly Forum Call:**

Partnerships  
November 14, 2023  
1:00 – 2:00 pm ET



elevate°

**Together, our  
voices elevate° all.**

**The Quality Center Team**

*Cheryl Modica, Cassie Lindholm, Holly Nicholson, LeeAnn White, & Tristan Wind*

[qualitycenter@nachc.org](mailto:qualitycenter@nachc.org)

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