While you're waiting for us to start, check out the results of HRSA's health center survey… (there is no audio for this slide)

59% of NC health centers responding

Testing Capacity	NC
Health Centers with COVID-19 Testing Capacity	100%
Health Centers with COVID-19 Drive-Up/Walk Up Testing Capacity	82.61%

Average Turnaround Time for COVID-19 Test Results	
Less than 1 Hour	13.04%
12 Hours or Less	0%
24 Hours	21.74%
2-3 Days	30.43%
4-5 Days	21.74%
More than 5 Days	13.04%

Operations	NC
Health Center Weekly Visits Compared to Pre-COVID 19 Weekly Visits	67.83%
Health Center Sites Temporarily Closed	17
Staff Tested Positive for COVID-19	8
Health Center Staff Unable to Work (due to site/service closure, exposure, family/home obligations, lack of PPE, etc.)	1.96%
Average Percent of Health Center Visits Conducted Virtually	32.17%

Latest Data from August 7th
https://bphc.hrsa.gov/emergency-response/coronavirus-health-center-data/nc

While you're waiting for us to start, check out the results of HRSA's health center survey… (there is no audio for this slide)

59% of NC health centers responding

Number of Patients Tested for COVID-19	NC
Patients Tested	3925
Patients Tested Positive	572

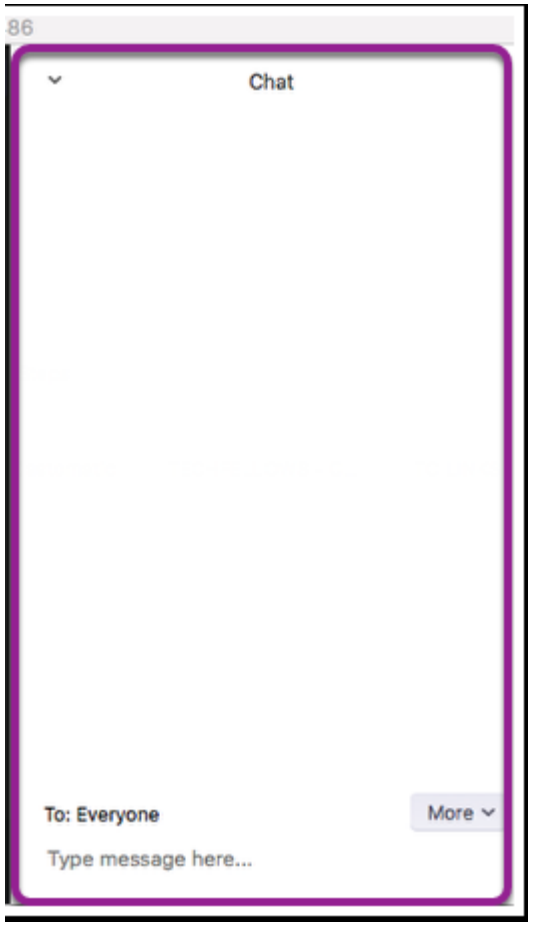
Race/Ethnicity	Patients Tested	Tested Positive
White, Non-Hispanic/Latino	26.80%	13.20%
White, Hispanic/Latino	13.34%	23.24%
Black, Non-Hispanic/Latino	31.46%	22.54%
Black, Hispanic/Latino	1.33%	1.58%
Asian	0.77%	0.35%
American Indian/Alaska Native	0.61%	1.06%
Unreported/Refused to Report	4.22%	4.40%

Latest Data from August 7th
https://bphc.hrsa.gov/emergency-response/coronavirus-health-center-data/nc

CHC Task Force Meeting

August 21, 2020

Zoom Help



You can also send questions through Chat. Send questions to Everyone or a specific person.

Everyone will be muted. You can unmute yourself to ask questions by clicking on the microphone or phone button.

Agenda

- **Welcome**, Chris Shank, President & CEO, NCCHCA
- **NC Medicaid Optional COVID-19 Testing (MCV) Program**, Melanie Bush, NC Medicaid
- **340B & COVID-19 Testing Updates**, Chris Shank
- **Virtual HRSA Site Visit Overview**, Claretta Foye, Lincoln Community Health Center
- **COVID-19 Impact on UDS Reporting**, Sharon Brown-Singleton, NCCHCA
- **330 PHS Grant Move to Value Based Performance**, Jen Joseph, Office of Policy & Program Development, HRSA
- **NCCHCA Updates**
- **Closing**

Slides & Other Info will be available on our website:
www.ncchca.org/covid-19/covid19-general-information/

Welcome from Chris Shank, President & CEO, NCCHCA

NC Medicaid Optional COVID-19 Testing (MCV) Program, Melanie Bush, NC Medicaid

Updates from Chris Shank, President & CEO, NCCHCA

Overview of 340B Threats

Background: 2019 Executive Order ordered federal agencies not to enforce federal guidance. Many 340B program rules are laid out not in statute or regulation, but in guidance, so drug companies are leveraging this to boost their bottom lines.

- Drug manufacturer actions ***up to this point***:
  - Demanding claims data from 340B covered entities *across* payors (in order to cut back on rebates for those drugs, which leads to discriminatory contracting – insurers/PBMs reimbursing health centers less for 340B drugs) [Merck, Sanofi, Novartis].
  - Refusing to ship certain or all 340B-priced drugs to contract pharmacies [Eli Lilly, Sanofi].
  - Requiring providers to purchase 340B drugs from preferred wholesaler [Bausch Health].
  - Making 340B-priced drugs available to only one pharmacy site [AstraZeneca].
- Because of EO, HRSA will not enforce 340B guidance by stepping in and stopping this.
- Other threat: July 24, 2020 Executive Order to condition 330 grants on whether they charge certain patients roughly the 340B acquisition price for insulin and EpiPens.

All 340B Providers Under Attack

While drug manufacturer efforts have targeted the contract pharmacy model, **all 340B covered entities are at risk—even those with in-house pharmacies**. How?

- *Discriminatory contracting*. If able to secure claims data, drug companies will cut the rebates they pay private insurance & Medicare plans/pharmacy benefits managers (PBMs) for 340B drugs, and those payors will in turn cut rates for pharmacies, reducing savings and revenues for FQHCs.
- *This is just the tip of the iceberg.* After Eli Lilly, drug company actions keep upping the ante. We expect more of them to join in amd the threats to continue escalating.
    - NACHC: "Assuming that other manufacturers follow Merck and Sanofi's lead, and extend the request to in-house pharmacies, this would force most health centers to eliminate both their entire pharmaceutical programs and other services supported with 340B savings."

NACHC's Strategy

In response to all these 340B threats, NACHC has a multi-part strategy:

- Working with our attorneys on legal options;
- Crafting various legislative/policy options;
- Conducting separate outreach efforts to elected officials on Capitol Hill to stress the importance of the 340B to Community Health Centers;
  - They will soon distribute a Capitol Hill “Dear Colleague” from Congresswoman Axne (Iowa) expressing concern about the recent Executive Order while stating the importance of 340B to Community Health Centers.
  - Not yet doing mass public communications/media campaign, but may in future.

"In the meantime, **I cannot stress more the importance of encouraging your membership** (and yourselves) to use the template on page 25 (modified as you wish) of the 340B toolkit. We need to get these to the Hill. And if you do, please let us know by passing a note to shansen@nachc.org"

- NCCHCA contacted delegation but urges all members to contact them as well.

340B:

Toolkit for Responding to Recent Threats

As of August 13, 2020*

Table of Contents

Introduction to 340B Response Toolkit 3

Purpose 3

Summary of Recent 340B Developments 3

Potential Impact 4

Three-Part Strategy 4

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Talking Points 11

FAQs 13

NACHC Letter to Merck 17

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Talking Points 22

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All Manufacturer Issues 25

Template for Letter to Lawmakers 25

Draft Press Release 28

Template for "one-pager" on the importance of 340B and contract pharmacy 30

All Manufacturer Issues

Template for Letter to Lawmakers

Community Health Centers are recognized by lawmakers as judicious, fair, and honest stewards of the 340B program. However, many lawmakers are not fully aware of the program, and how health centers use the savings to benefit our patients.

Please consider using this template below – modifying/tailoring it to reflect your relationship with the elected official and inserting any data you think would be more personal, etc.

Your letterhead

Dear (Congressman/Congresswoman/Senator):

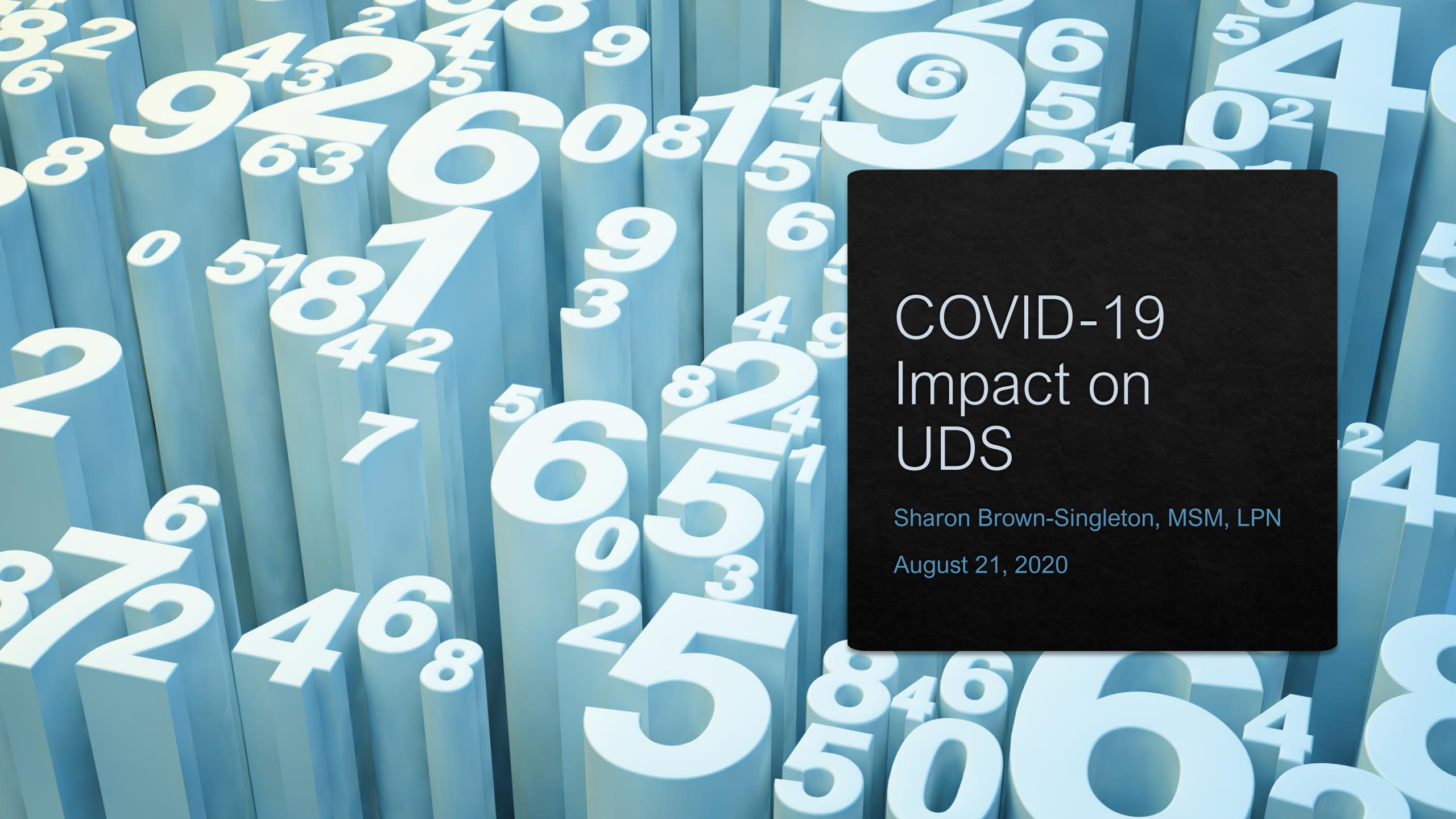
Fundamental services we have been providing to our patients in (insert city, town, area) are at risk and we cannot compete with big Pharma's attacks on programs benefiting vulnerable populations.

I am writing to request your assistance in addressing recent actions by drug manufacturers Eli Lilly, Merck, and Sanofi that seriously threaten health center's on-going ability to provide our low-income and medically-vulnerable patients with access to affordable medications and other critical services, including *briefly name 1-2 services that are supported with your 340B savings.*

Give background about your health center – e.g., location, number of patients served, patient demographics, fact that you treat everyone regardless of ability to pay and charge on a sliding fee scale based on income.

As a Federally Qualified Health Center (FQHC), *name of health center* is eligible to participate in the 340B drug discount program. The 340B program requires drug manufacturers who participate in Medicaid and Medicare to provide discounts on the price of outpatient pharmaceuticals purchased by "safety net" providers, such as *name of your health center* and other FQHCs. The 340B program is central to our ability to offer affordable pharmaceuticals to our low-income patients who are uninsured or underinsured; by reducing how much we would otherwise spend on drugs, it frees up other funds to support critical services such as *give examples of activities you fund with your 340B savings.*

In early July, drug manufacturer Eli Lilly announced that it would no longer allow certain drugs purchased at the 340B price by 340B-eligible providers to be delivered to "contract pharmacies, meaning pharmacies that are not owned by the 340B provider. A few days later, drug manufacturer Merck sent a letter to all 340B providers instructing them to submit extensive data bi-weekly on all Merck drugs dispensed by contract pharmacies. Later in the month, drug manufacturer Sanofi announced that effective October 1, it will refuse to allow any drugs



COVID-19 Impact on UDS

Sharon Brown-Singleton, MSM, LPN

August 21, 2020

Calendar Year 2020 Approved Changes

Quality Measures

Tables 6B & 7

Align with e-CQMs

Quality of Care Measures

Clinical

Retiring, Retaining, Revising & Adding

5 indicators related to HIV –Table 6A & 6B

Human Trafficking & Intimate Partner Violence

HT & IPV Defined

Recommended list of ICD codes

Table 6A

HIT

Adding & Revising

Capabilities in Appendix D

What Will Look Different?

Tables Impacted

- Demographic Tables
  - Tables (ZC, 3A, 3B, 4) –
- Table 5 – Staffing & Utilization
- Table 6A – Selected Diagnoses & Services
- Table 6B - Quality of Care Measures
- Table 7 – Health Outcomes
- Table 8A - Costs
- Table 9E – Other revenue

Trend Data

- 3-year trend report
- Projections

Patient Targets

- Will take a hit

Where the rubber meets the road!

- Definitions
  - Visit
  - Patient
  - Provider
- Virtual versus In person
  - Reimbursable $\neq$ Visit

- 2019 UDS Data is OUT
- Progressive Action
- Patient Targets
- Operational Site Visits
- What else? Unknown

CY 2020 UDS Resources

- Program Assistance Letter: PAL 2020-04
- Manual: 2020 UDS Manual
- COVID-19 UDS Reporting Guidance: Frequently Asked Questions
- Virtual Visits: http://bphcdata.net/docs/uds_virtual_visits.pdf
- UDS Tables: Catalogue of 2020 UDS Tables


HRSA
Health Resources & Services Administration

Bureau of Primary Health Care Update

NC Community Health Center Association

August 21, 2020

Jennifer Joseph
Director, Office of Policy and Program Development
Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People


BPHC Goals and Core Functions

Best Place to Work

- Organize Operations and Utilize Staff Expertise and Knowledge
- Develop and Grow Next Generation of Leaders and Staff

Compliance with Program Requirements

- Develop Program Requirements and Policies
- Conduct Compliance Assessments

Successful Implementation of Grants

- Develop NOFOs and Award Grants
- Support Implementation of Grants

High Performing Grantees

- Collect Data and Report Performance
- Provide T/TA to Support Grantee Compliance and Performance

Recognized Leader in Primary Health Care

- Lead and Participate in National Dialogue on Primary Health Care
- Establish New Strategic Priorities and Initiatives

HRSA Health Center Program

High Performing Health Centers: Domains

Governance and Management

- Health Center Board
- Leadership
- Strategic Approach
- Implementation Approach

Workforce

- Strategic Workforce Management
- Recruitment
- Employee Development
- Employee Engagement
- Retention

Financial Sustainability

- Profitability
- Liquidity
- Solvency
- Growth

Health Equity and Social Determinants of Health

- Population Needs Assessment and Management
- Community Needs and Resource Mapping
- Resource Allocation
- Community Partnerships and Collaborations
- Track and Close Social Service Referral Loops

Access and Affordability

- Comprehensive and Timely Services
- Affordability
- Enabling Services
- Community Outreach

Patient Experience

- Patient Engagement and Activation
- Partnership with Families and Caregivers
- Building Trusting Relationships
- Patient-Centered Care Coordination

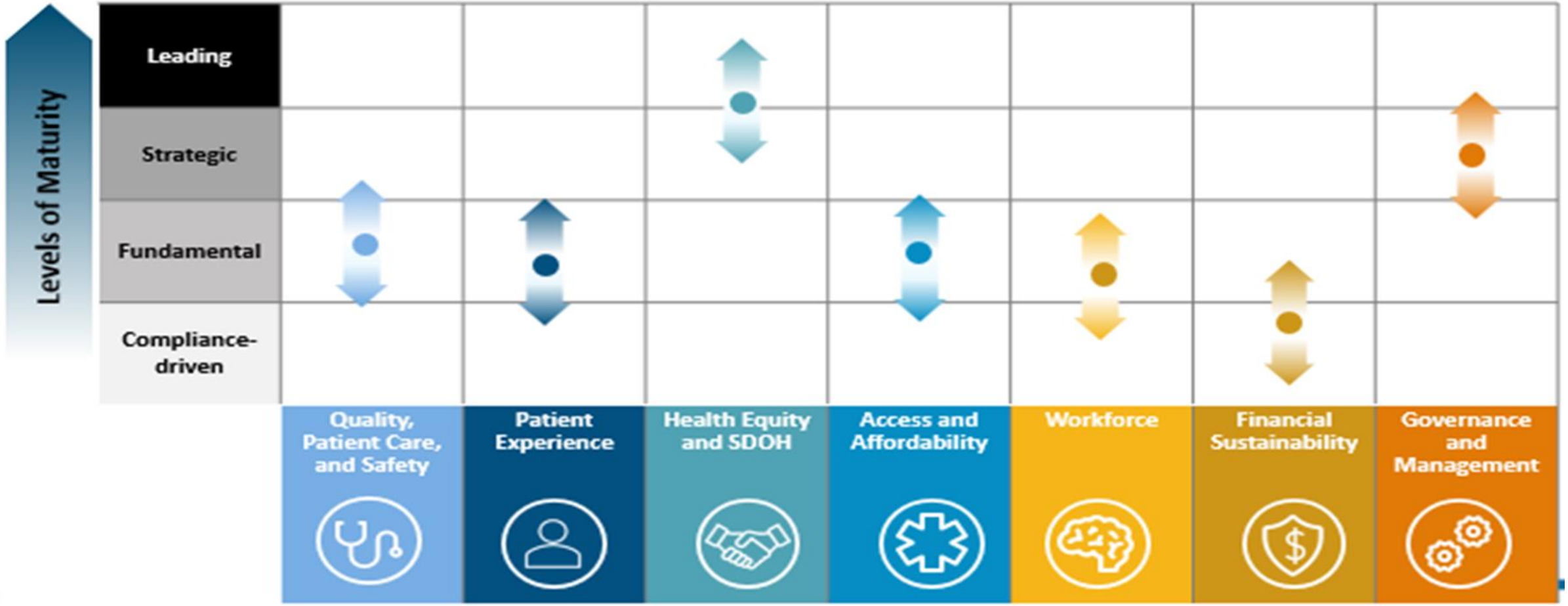
Quality, Patient Care, and Safety

- Clinical Effectiveness
- Continuity of Care
- Safety
- Equity

HRSA Health Center Program

High Performing Health Centers: A Framework

A health center can achieve various level of maturity across domains, with the ability to move up and down.



Maturity Model: Patient Experience Example

Level 4: Leading **Embedded patient experience lens**	• Patient experience lens embedded in all processes and strategies • Patient is activated and advocates for their health care • Patient feedback incorporated into strategy
Level 3: Strategic **Active patient engagement**	• Patient experience strategy aligned with health center strategy • Patient actively partners with their healthcare team • Patient experience feedback collected routinely and incorporated into quality improvements
Level 2: Fundamental **Ad-Hoc patient engagement and feedback**	• Patient experience strategy partially defined • Patient is actively involved care and decision-making process • Responds to patient feedback reactively • PCMH principles incorporated into care coordination
Level 1: Compliance-Driven **Minimal patient engagement**	• Patient engagements are mostly one-sided and informational • Little or no patient feedback collected • All compliance requirements met

HRSA Health Center Program

Maturity Model: Health Equity and SDOH

Level 4: Leading **Leading population health and SDOH**	Programming impacts upstream determinants
Level 3: Strategic **Strategic programming**	Programming reflects needs of patients and community (service area/special population)
Level 2: Fundamental **Structural inputs**	Basic infrastructure is in place to collect data and plan programs
Level 1: Compliance-Driven **Minimal data collection**	All compliance requirements are met and collect some data on social risk factors

HRSA Health Center Program

Health Center Program Resources

- Website: bphc.hrsa.gov
  - Includes many technical assistance (TA) resources
- Weekly E-Newsletter: *Primary Health Care Digest*
  - Sign up online to receive up-to-date information
- Health Center Program Support: bphccommunications.secure.force.com/ContactBPHC/BPHC_Contact_Form
  - HRSA Electronic Handbooks (EHBs) questions/issues
  - FTCA inquiries
- National Cooperative Agreements and Primary Care Associations: bphc.hrsa.gov/qualityimprovement/strategicpartnerships

Thank You!

Jennifer Joseph
Director, Office of Policy and Program Development
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)

bphc.hrsa.gov

Sign up for the *Primary Health Care Digest*

HRSA Health Center Program

Connect with HRSA

To learn more about our agency, visit

www.HRSA.gov

Sign up for the HRSA *eNews*

FOLLOW US:

Advancing Health Center Excellence Webinar

Date: Wednesday, August 26

Time: 2:00pm to 3:30pm ET

Conference Dial In: 888-989-6520

Participant Passcode: 3855256

https://hrsa.connectsolutions.com/performance_management_framework/

Join us for a webinar to learn about and provide feedback on the Advancing Health Center Excellence Framework developed in partnership with the MITRE Corporation. The framework aims to help HRSA and health centers to advance health center maturity and innovation in seven key domain areas that align with HRSA's mission and the mission of the Health Center Program —Access and Affordability; Patient Experience; Quality, Patient Care and Safety; Population Health and Social Determinants of Health; Financial Sustainability; Workforce; and Governance and Management.

The basic level of performance builds on Health Center Program requirements, while integrating meaningful activities to assess performance along a four-level continuum of health center maturity within each domain. The framework will assist health centers to:

- Self-assess their current state of performance across the seven domains;
- Identify a desired future state of performance;
- Identify data-driven and evidence-based capabilities, activities, behaviors, and resources needed to reach and sustain a higher level of domain performance.

The framework will also help HRSA make decisions about deploying resources, including and providing technical assistance and funding, with more intention and transparency.

NCCHCA Updates

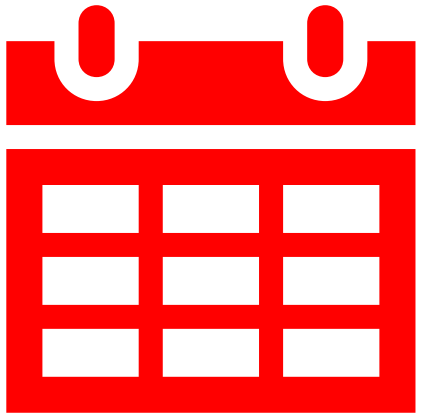
Focal Point is Back!

- NCCHCA has transitioned from the COVID-19 Daily Digest to a twice-weekly edition of Focal Point
  - Midday on Tuesdays and Thursdays
- Send good news about your health center for inclusion in the “Member News” section on the Tuesday edition of Focal Point
- Sign up to receive Focal Point at http://eepurl.com/dwU5Wz
- Check your junk / spam folder for Focal Point. Email will be from wolcottl@ncchca.org. Tell your mail program that this is not spam-- send directly to your inbox.
- Questions? Contact Leslie Wolcott, wolcottl@ncchca.org

Upcoming FQHC Task Force Calls

September 4, 10:00-11:30am

September 18, 10:00am-11:30am



Stay connected!

www.ncchca.org/covid-19/

covid19@ncchca.org