



The Health Resources and Services Administration is the primary Federal Agency for improving access to health care services for millions of Americans who are medically underserved. The Health Resources and Services Administration’s vision, mission, and goals are closely aligned with the aims and priorities of the National Quality Strategy, and the Health Resources and Services Administration’s programs and activities manifest that alignment.

The Health Resources and Services Administration’s vision is “Healthy Communities, Healthy People,” and its mission, as articulated in the Health Resources and Services Administration Strategic Plan, 2010–2015, is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs. The Health Resources and Services Administration operates primarily as a grantmaking organization that engages in collaborations/partnerships with communities, States, nonprofit organizations, and other stakeholders to achieve the following goals:

- Improve access to quality health care and services
- Strengthen the health workforce
- Build healthy communities
- Improve health equity

The Health Resources and Services Administration relies on quality-related leadership, management, and measurement as tools in its ongoing efforts to advance improvements in health, health care delivery, and health systems.

The Health Resources and Services Administration had many quality-related achievements during fiscal year (FY) 2014. Highlighted here are several programmatic accomplishments and other accomplishments related to quality measurement:

- As of September 30, 2014, through the Health Resources and Services Administration’s Patient-Centered Medical Home Initiative, 58 percent of health centers had achieved at least one site recognized as a Patient-Centered Medical Home by a national accrediting body, exceeding the target of 40 percent. The Health Resources and Services Administration has provided funding, training, and technical assistance to support health centers in the transformation of their practices needed to receive recognition as a Patient-Centered Medical Home.
- The Health Resources and Services Administration continued to expand the number of rural Critical Access Hospitals participating in the Medicare Beneficiary Quality Improvement Project, with the goal of improving the care delivered to patients, by collecting, analyzing, and monitoring data related to a Critical Access Hospital’s quality data. The percentage of Critical Access Hospitals participating in the Medicare Beneficiary Quality Improvement Project rose to 95 percent in FY 2014, up from 93 percent in FY 2013. As part of this initiative, Critical Access Hospitals are encouraged to voluntarily report to the Centers for Medicare & Medicaid Services’ Hospital Compare data system. In

FY 2014, 85 percent reported on inpatient measures, 55 percent reported on outpatient measures, and 54 percent reported on Hospital Consumer Assessment of Healthcare Providers and Systems measures, up from a baseline of 21 percent, 38 percent, and 74 percent, respectively, in 2010–2011.

- The HIV Cross-Part Care Continuum Collaborative was launched in January 2014 to provide peer learning opportunities for Ryan White HIV/AIDS Program grantees and providers, addressing viral load suppression and retention in care. Five States (Arkansas, Mississippi, Missouri, New Jersey, and Ohio) were selected to participate in the Collaborative in FY 2014. Each State selected a Response Team that was representative of all Ryan White Program grantees within the State. Response Teams participated in learning sessions, planned and implemented Collaborative activities, and reported bimonthly on four performance measures: viral load suppression, prescription of HIV antiretroviral therapy, 24-month retention, and gaps in medical visits.
- Launched in FY 2014, the Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN) was successful in recruiting 10 State grantees, 2 tribal entities, and 1 nonprofit grantee in this quality improvement collaborative, focusing on extending breastfeeding, alleviating maternal depression, and screening and services for developmental delays. Thirty-five local implementing agencies across the country are actively participating in the Home Visiting Collaborative Improvement and Innovation Network. These local implementing agencies designated quality improvement teams that attended learning sessions, developed action plans, and reported required data on process and outcome measures to the Collaborative.
- The Health Resources and Services Administration continued to work on aligning its quality measures with Department of Health and Human Services requirements as mandated by the Health and Human Services Measurement Policy Council. Given the alignment opportunities across Health Resources and Services Administration Bureaus/Offices, the Health Resources and Services Administration was aligned in 20 cases in FY 2014, exceeding the target.
- The Health Resources and Services Administration was successful in serving as subject matter lead on Centers for Medicare & Medicaid-funded National Quality Forum task orders, addressing measurement gaps in two areas: health care workforce and care coordination. Two reports that included recommendations on priorities for filling the measurement gaps were finalized in FY 2014.

Several of the Health Resources and Services Administration’s quality-related programmatic and measurement activities are notable for FY 2015. Examples of programmatic initiatives include—

- Patient-Centered Medical Home Initiative—Continue implementation of this initiative to enhance the quality of care in health centers and support health center efforts to achieve national Patient-Centered Medical Home recognition.
- Home Visiting Collaborative Improvement and Innovation Network—Continue implementation of a quality improvement collaborative for grantees of the Maternal, Infant, and Early Childhood Home Visiting Program to improve learning and action related to extending breastfeeding, alleviating maternal depression, and screening and services for developmental delays.
- HIV Cross-Part Care Continuum Collaborative—Continue implementation of this quality improvement collaborative to provide peer learning opportunities for Ryan White

HIV/AIDS Program grantees and providers, addressing viral load suppression and retention in care.

In the quality measurement arena, the Health Resources and Services Administration will—

- Continue to explore potential areas for aligning the measures used by Health Resources and Services Administration–funded programs with Department of Health and Human Services Measurement Policy Council core measures, pursuing full alignment where feasible.
- Facilitate and encourage rural Critical Access Hospitals that participate in the Medicare Beneficiary Quality Improvement Project in the voluntary reporting to Hospital Compare on inpatient measures, outpatient measures, and Consumer Assessment of Healthcare Providers and Systems.
- Provide leadership and support for a Centers for Medicare & Medicaid Services-funded task order, executed by the National Quality Forum, to address measurement gaps in the following priority area: Performance Measurement for Rural Small-Practice and Low-Volume Providers. The Health Resources and Services Administration will also continue to provide input for a Centers for Medicare & Medicaid Services-funded task order executed by the National Quality Forum on developing a framework for community action to improve population health.

More generally, the Health Resources and Services Administration will continue to promote the National Quality Strategy aims and priorities across Health Resources and Services Administration programs and grantees to increase awareness and support among its stakeholders.