



BD Advancing Community Health: Driving Quality Outcomes Initiative Clinic Eligibility Requirements

Eligibility Criteria & Requirements for Free and Charitable Clinics¹:

- Currently have a 501(c)(3) or operate as a program component or affiliate of a 501(c)(3) organization.
- Current designation as a free, charitable (direct charge or sliding fee scale) or hybrid (third party billing) clinic, and directly provide primary medical services to patients regardless of their ability to pay.
- At least five years of continuous service provided by the clinic with executive leadership in place for at least one year.
- Provide medical care at least five days a week and open a minimum of 32 hours.
- Must complete all necessary pre-requisites to apply – 101 webinar, 201 webinar and 301 webinar and post-webinar surveys; also includes completion and submission of a detailed Application and Proposal by designated deadline, site visits and assessments made by Americares and project consultants.
- Must have a paid clinical staff to include an MD, DO, NP or PA.
- Must have electronic health/ medical record system that has been fully implemented by the clinic and actively in use by all clinic staff for at least 1 year and plan to continue using this system for at least the next 24 months.
- Through EMR, clinics must have the ability to generate reports that include clinical data on patients or subsets of patients (e.g., HbA1c on diabetic patients) and be willing to report data to Americares on a regular basis during the term of the project.
- Must have **clinic-level champion (i.e., leadership)** that can serve as the motivator and/ or quality improvement team leader that keeps the momentum moving forward in the clinic; ideally, this person would have the ability to help make decisions and motivate leadership, staff and the board and will be engaged and involved in the process (note – this person could be a volunteer if they have the ability and are given authority to carry out this role). On average, this person would be expected to dedicate a minimum of five hours a week to this project.
- Must also agree to submit an application for NCQA recognition and have **dedicated and paid staff** to manage the day-to-day internal process of obtaining NCQA recognition; this staff will serve as the “boots on the ground” lead that pulls reports, manages documentation, manages data and reporting. On average, this person would be expected to dedicate a minimum of 15-20 hours a week to this project.
- Not undertaking another clinic-wide transformation over the course of the grant period – e.g., new EMR implementation, major upgrade in EMR system, anticipated change in leadership or key staff, change in model of service delivery, change of physical location.

Commitments Clinics Must Agree to:

- Board and executive leadership support and approval for clinic and clinic staff participation in the initiative; board and executive leadership must sign a letter of agreement with Americares.
- Participation and engagement in ALL initiative related activities in a timely manner and for the duration of the initiative, including webinars, trainings, onsite visits, volunteer engagement opportunities and

¹ Note – exceptions to or deviations from the eligibility requirements included in this document may be considered by Americares and project consultants on a case-by-case basis and with a thorough explanation of the deviation from these parameters provided by the clinic.



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ongoing technical assistance specific to project implementation, data collection and reporting requirements as well as participate in public relations activities. Agree to participate for the entirety of the program which includes pre-pilot ramp-up, the 18-month pilot period, and 6 months post pilot period.

- Adopting a culture of change and continuous quality improvement within the clinic and involving multi-disciplinary clinic staff that is representative of the entire staff in the process; agree to full clinic transformation over the next 24 months.
- Full commitment from board, and executive leadership; must be willing to designate resources in the way of time and staff to the project.
- Share feedback, data, progress and experiences with Americares for the purposes of ongoing evaluation of the project and overall progress toward initiative goals and for dissemination of lessons learned to the larger free and charitable clinic sector.
- Agree to the concepts outlined in the AAFP, AAP, ACP, AOA and/or Joint Principles of the Patient-Centered Medical Home.
- Agree to actively work with PCMH CCE Consultants and Americares to improve quality measures, redesign practice systems for efficiency, and improve satisfaction for patients and the healthcare team; participate in regular cohort calls with consultants and the other selected clinic (1x a month).
- Agree to team-based care including setting up a practice/quality improvement team with representation of key members (i.e., providers, clinical staff, front office staff, practice manager/administrator, and potentially a patient) that will meet regularly (no less than twice a month) with a CCE consultant.
- Agree to collect specified pilot measures and submit data to Americares regularly, and submit brief written practice reports as requested; agree to enter data into a registry if unable to get needed data directly from EMR.
- Agree to allow publication of Americares involvement with the PCMH Free Clinic Pilot.
- Allow for marketing/media/volunteer engagement opportunities for project funder.
- Be willing to serve in an ambassador/ mentor role for future cohorts of clinics that are selected to participate in the initiative/ that are seeking NCQA recognition as a PCMH.