

**Establishment of a Primary Care Advisory Committee  
and the Development of Standardized Grant Quality Health  
Measures for the Community Health Grant Program**

**Session Law: 2021-180, Section 9B.3.(f)**



**Report to the  
Joint Legislative Oversight Committee on  
Health and Human Services  
by the  
North Carolina Department of Health and Human Services**

**May 18, 2023**

## **Background**

The Community Health Grant Program was established and funded by the North Carolina General Assembly in 2005 to increase access to preventative and primary care services for uninsured or medically indigent patients. Since the Community Health Grant Program's inception, the Department of Health and Human Services' (DHHS) Office of Rural Health (ORH) has worked collaboratively with stakeholders to obtain input used to guide the administration of the Community Health Grant Program. ORH has collaborated with the North Carolina Institute of Medicine's Safety Net Advisory Committee to ensure regular and continuous feedback and engagement from stakeholders to guide the work of the Community Health Grant Program.

Session Law 2017-57, Section 11A.8 formally created the Primary Care Advisory Committee and set program and funding criteria. Session Law 2021-180, Section 9B.3 required DHHS to report on the establishment of the Primary Care Advisory Committee. Session Law 2021-180, Section 9B.3 also required the Primary Care Advisory Committee to develop an objective and equitable process for grading applications for grants funded under the Community Health Grant Program and development of a standardized method for grant recipients to report objectives and measurable quality health outcomes.

In compliance with requirements of the session laws described above, DHHS worked with the North Carolina Community Health Center Association, the North Carolina Association of Local Health Directors, the North Carolina Association of Free and Charitable Clinics, the North Carolina School-Based Health Alliance, and other organizations representative of eligible grant recipients. ORH immediately and seamlessly established and convened the Primary Care Advisory Committee. This rapid execution was supported by the long-standing Safety Net Advisory Committee that met monthly. The Safety Net Advisory Committee included all the named Primary Care Advisory Committee members. In July 2017, the Safety Net Advisory Committee was reorganized and re-named to establish the Primary Care Advisory Committee. The Primary Care Advisory Committee has continued to meet regularly to guide the Community Health Grant Program. The Primary Care Advisory Committee assists with the development of standardized objectives and outcomes; it also ensures strong partnerships and maximizes the strengths and roles of each member.

The members of the Primary Care Advisory Committee are included in the table below.

<b>Organization</b>	<b>Member(s)</b>
Office of Rural Health (ORH)	Maggie Sauer, Stephanie Nantz, Allison Owen, David Howard, Nicole Fields-Pierre, and Dorothea Brock
North Carolina Department of Health and Human Services (DHHS)	Debra Farrington, Deputy Secretary
North Carolina Community Health Center Association (NCCCHA)	Chris Shank, Brendan Riley, and Alice Pollard
North Carolina School-Based Health Center Alliance	Tammy Greenwell
North Carolina Healthcare Association (formerly Hospital Association)	Emily Roland and Shakeerah McCoy
North Carolina Association of Free and Charitable Clinics (NCAFCC)	April Cook
North Carolina Association of Local Health Departments (NCALHD)	Jessica Alexander
North Carolina DHHS Division of Public Health (DPH)	Douglas Urland
North Carolina Public Health Association	Patrick Brown

In compliance with requirements of the session laws described above, ORH immediately engaged with the Primary Care Advisory Committee and built on the preexisting work of the Safety Net Advisory Committee to satisfy all required activities. ORH engages the Primary Care Advisory Committee in the Community Health Grant Program Request for Applications (RFA) development, RFA announcements and in some instances during the RFA in-person or virtual technical assistance sessions. The Primary Care Advisory Committee is also engaged in creating objective, clear, transparent and equitable scoring rubric. The RFA includes both the requested information to satisfy the RFA process as well as the point values associated with each section of the RFA and associated applications. Each application is scored by two reviewers. Applications are grouped by Region using the North Carolina Medicaid Regions, and the same two reviewers score all the application within that region to ensure equity and consistency in the scoring process.

In compliance with requirements of the session laws described above, ORH was also able to immediately satisfy the requirement to work with the Primary Care Advisory Committee to develop a standard method for grant recipients to report objective measurable quality health outcomes. The Primary Care Advisory Committee continued the use of performance measures and indicators developed and utilized over the past several years to improve effectiveness and efficiency of all ORH programs, including the Community Health Grant Program. To ensure consistency, align with national data collection, avoid duplication, avoid requiring the same data to be calculated and reported differently, and to support national, state, and other benchmark comparisons, the health indicator measures align with Health Resources and Services Administration’s Uniform Data System measures.

All required grant performance measures are defined in the RFA, in subsequent contracts and collected using an on-line data submission tool. Technical Assistance is provided to assist grantees with understanding how to collect and report on performance measures.

The Performance Measures focus on improving health by focusing on the most prevalent health conditions. Examples of the current Community Health Grant Performance Measures are included in the list below.

- Number of FTEs supported
- Number of patients served
- Number of face-to-face patient encounters
- Controlling High Blood Pressure
- Hemoglobin A1c Poor Control (Diabetes)
- Body Mass Index (BMI) Screening and Follow-Up Plan
- Tobacco Use: Screening and Cessation Intervention
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
- Tobacco Use and Help Among Adolescents
- Clinical Depression and Follow-Up Plan
- Early Entry into Prenatal Care