

HRSA - Bureau of Primary Health Care Consultant eNews

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"You are the sum total of everything you've ever seen, heard, eaten, smelled, been told, forgot — it's all there. Everything influences each of us, and because of that I try to make sure that my experiences are positive."

Maya Angelou

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Guidance on Consultant Emergencies

The health and safety of MSCG consultants and staff is our #1 priority. If a consultant is scheduled to participate on an in-person site visit and becomes ill due to Covid-19 or any other virus or ailment, the final decision to participate is best left to you and your medical provider. We do not encourage consultants to harm or risk their health or the health of other site visit participants. Should you decide not to attend a site visit, please contact your Logistics Coordinator as soon as possible. MSCG recognizes that every situation is different and will work diligently with all parties to determine next steps for the site visit. Please note that virtual participation requires BPHC leadership approval on a case-by-case basis.

If you have any questions, please reach out to us via email at logistics@mscginc.com.

Form 5a Consultant Training Requirement

On April 16, a Form 5a training was presented for consultants by HRSA's Training and Technical Assistance team and the Office of Policy and Program Development. The following topics were covered:

- Key concepts of Form 5a
- Demonstrating compliance with Required and Additional Services
- What to include and not include on Form 5a
- Frequently misunderstood Form 5a scenarios

If you have not taken the training, please do so as it is mandatory in order to continue as a consultant on the MSCG roster.

Please contact us at logistics@mscginc.com if you have any questions.

Important Reminders From HRSA

Please review the reminders below, as provided by BPHC Federal Representatives, as we begin our busy season of site visits.

- Please ensure that the Federal Representative, whether participating virtually or in person, has access to participate in all site visit meetings
- The coordination of the pre-site call should include the Federal Representative; notification of a confirmed date and time is not considered inclusive.
- The CRO process should only be communicated by the Federal Representative.
- Please review agenda details prior to distributing. Several errors have included copy and paste of previous site visit details such as meeting logistics and participant names.

Please direct any questions to logistics@mscginc.com.

***Voluntary Family Planning**

Health centers must provide voluntary family planning services as a required primary health service. Health centers generally have discretion to determine the specific amount and level of services within a required primary health service category that they provide to health center patients. Form 5A: Services Provided is meant to assist health centers in accurately recording

the approved Health Center Program scope of project. The [Service Descriptors for Form 5A](#) is periodically updated in order to provide additional clarity on how to record services on Form 5A. Recent updates include new text relating to voluntary family planning, gynecological care, and obstetrical care. The service descriptors are not intended to create new policy and do not list all preventive care, including procedures, that may be provided within each service category.

Kudos, Kudos, Kudos!

Team: Angel Jimenez, Kevin Cote, and Neil Gardner

This OSV was the smoothest process we have experienced in my many years as the leader of this organization. The communication and expectations from the entire team were on point from the beginning. The team were available, helpful, and supportive. The team dynamics were fantastic. While very rigid in ensuring the program requirements were met, there was never a sense we were being scrutinized. This process is one we have been through several times in my career. At times, it has felt stressful. This was the complete opposite.

As a leader, I appreciate our organization being recognized for the hard work and commitment everyone pours into the care we provide our patients daily. When you have the right OSV team that recognizes and highlights those facts, it makes a world of difference. We are grateful to our OSV team for all of their work, their attention to detail, and the incredible communication and sensitivity throughout this process. I also appreciated their depth of experience, and high-level understanding of the entire scope of FQHC's.

MSCG SPOTLIGHT

Marsha Bailey Experiences an OSV

It is rare for MSCG staff to have the opportunity to experience an OSV firsthand. Recently, Marsha Bailey, MSCG Logistics Coordinator/Technical Assistance Coordinator, had the privilege of observing a skilled consultant team and a Federal Representative during a site visit at HealthWorks for Northern Virginia from April 16-18.

Gaye Williams served as the governance consultant and team lead, Leonard Schwartz oversaw financial aspects, and Carolyn Bagley handled clinical matters. Brianna Clark was the on-site Federal Representative. Their thoroughness provided a valuable learning opportunity for Marsha in her role as Logistics Coordinator/Technical Assistance Coordinator. The health center staff also demonstrated commendable preparedness and hospitality throughout the visit.

This experience has been enriching, and Marsha eagerly anticipates observing more Operational Site Visits in the near future.

Below are photos from Marsha's visit:



Interview with an MSCG Consultant - Elizabeth Latham

Interview with an MSCG Consultant is a new feature that was recently added to the eNews. We view these interviews as an opportunity to “meet” the MSCG consultant team members who are committed to ensuring that vital health care services are delivered to underserved communities across the U.S. Meet Elizabeth Latham...

Q. How long have you been conducting site visits with MSCG?

I started working with MSCG in 2013. At that time HRSA was changing to a new format (19 Program requirements) for OSV's. I was the CEO of a center in Arizona that was set up for an OSV under the new format. I wanted to see what it was like to be on the “other side of the table.” It was such a wonderful opportunity as a CEO to learn from other centers, I continued to do four per year until my retirement in 2015. I have completed over 200 visits during my tenure. I have had the honor of participating in OSV's in 49 states.

Q. What type of reviews do you typically perform on-site?

I perform reviews as a clinical consultant. I also complete admin/gov reviews, although not as often. I began working in an FQHC as a nurse a LONG time 😊 ago – over 40 years. I then became a nurse practitioner and continued working as a clinician, then finishing my direct service as the CEO. I prefer the clinical role. I really enjoy the opportunity to see unique (promising practices) methods for care delivery. I am always impressed by the level of skill providers in health centers have.

MSCG has provided me the opportunity to mentor new clinicians, as well as other TA opportunities. It is always an honor to work with the new folks coming in. I believe it supports our internal collegiality.

Q. My experience as team leader.

I have performed the role of team lead both as a clinician and admin/gov reviewer. The skill of our MSCG reviewers makes for easy work in supporting their needs. The biggest challenge is setting up pre-visit phone calls! People are all so busy, it becomes a challenge getting everyone's schedule to mesh.

Q. What do you find most rewarding about your work as a health center consultant?

I love this work! It is the perfect opportunity for me to maintain my passion of working in the FQHC world, while having the flexibility to control my personal schedule. The level of compassion I have seen from health center employees cannot be matched through any other business lines. I have been brought to tears hearing the challenges centers face, while being personally moved by their response. It is truly an honor.

Additionally, I have been doing this work long enough to develop deep friendships with fellow colleagues. I look forward to spending the week with folks who are fun to be with!

Q. What are some of the challenges you face during on-site visits?

I believe the biggest challenge today is travel. The airline industry has not bounced back to what it was pre-Covid. This adds a layer of frustration and uncertainty that was not there as much before. Those travel logistics folks have a big job to do!

Our nation's health centers have gone through a particularly challenging time over the past few years as well. Many are just now getting their feet back on solid ground. Although HRSA compliance is critically important, I believe it is our job as consultants to make the review process as supportive as possible. There is no value in adding to their stress.

Q. What skills and qualities do you believe are essential for success as an MSCG consultant?

Naturally, a comprehensive understanding of the Compliance Manual and Site Visit Protocol. Knowing who and where to find support. Finally, organization. There are a lot of moving parts in the pre-visit and on-site process. Prep work is critical to a successful on-site review, which takes a lot of organization.

I also believe social skills that reduce the centers stress level right from the first pre-visit call are critical.

Q. What resources would you recommend to someone interested in learning more about the BPHC program and the work of MSCG?

For someone who knows nothing about the BPHC programs, I would encourage them to research on-line and avail themselves of the resources of local Primary Care Associations.

For those interested in becoming MSCG consultants I would encourage them to reach out to the MSCG team. Of course, the consultants themselves. It is not uncommon for health center staff to question consultants about our role while on-site. I always refer them to the MSCG website.

Q. What are some emerging trends you see in the primary healthcare landscape, and how are they impacting your work?

I believe Covid encouraged centers to think outside of the box to respond to a public health emergency. Some of the systems that have been implemented post-Covid are very impressive.

Right now, I see AI charting tools as potentially game changing. I am just beginning to

see this implemented, although there is a lot of talk about it. I believe this is going to expand significantly over the next few years and reduce the documentation burden for all staff.

Certainly, tele-health was impacted with Covid. Going forward some centers have dropped this entirely, while others continue to use (based on reimbursement). Most centers I visit still like the telemedicine delivery options at some level. Their providers like it. This could continue to impact care delivery in the future.

I have also seen new innovative ways of tracking and monitoring patient visits. These systems encourage seamless communication between all staff members from the front desk to check-out.

Q. What advice would you offer to someone who is new to the MSCG consultant pool?

I would encourage folks to complete a couple of observer visits first. I find that the new consultants are very skilled in their focus areas, but seeing how the flow of the entire visit goes is extremely helpful at the beginning. Use your resources, including other consultants. Many times, the biggest challenges are just getting exposure to STAR – the MSCG portal, etc. Having someone who can help you walk through those systems at the beginning is helpful.

Photos from the MSCG Retreat May 2024



Should you have any other questions or concerns, please contact us at:

contact_us@mscginc.com

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