



Volume 4, Issue 4 December 2018

HRSA - Bureau of Primary Health Care

## Consultant eNews

One of the great joys of the holiday season is having the opportunity to express our appreciation for your hard work and dedication throughout the year. Our warmest thoughts and best wishes to you and your family for a healthy and happy holiday season!

Optimism is the faith that leads to achievement. Nothing can be done without hope and confidence. - Helen Keller

### **BPHC Policy Guidance Site Visit Protocol**

#### **Q: How are samples selected for review during the Operational Site Visit?**

A: Within the Site Visit Protocol, in cases where a sample (e.g., sample of patient records) is referenced in the list of documents to be provided by the health center, the health center is expected to provide (or "pull") the sample and **have it ready for the HRSA site visit team at the start of the site visit**. When the Site Visit Protocol allows for a range in the sample size, the health center should take into account its size and complexity when determining sample size. If the sample provided by the health center is not sufficient to allow the HRSA site visit team to assess the program requirement, the team may complete additional sampling in coordination with the health center.

### **FTCA Deeming Requirements**

It has come to BPHC's attention that some consultants are not providing enough detail within their analysis during the completion of the FTCA Deeming Requirements section of the OSV report. If you are selecting "No" as the answer to the questions listed within this section, please make sure to include enough information within the comments section so it is evident as to what was deficient or missing. For example, simply stating "the health center did not provide" or leaving the comments section blank does not clarify the specific site visit finding(s) to ensure appropriate monitoring and follow-up.

### **Diabetes Performance Analysis and Action Planning Continues in CY2019**

HRSA will continue focus on a review of the UDS diabetes measure and performance improvement activities during CY2019 operational site visits and diabetes targeted technical assistance visits. In August, HRSA featured two health centers -- Lorain County Health & Dentistry (Ohio) and Share Our Selves (California) - in a webinar on diabetes performance improvement and action planning. Both health centers provided helpful tips regarding the site visit diabetes analysis based on their experience. We encourage you to watch a recording of the webinar here: [Watch the webinar recording](#)

Stay tuned for additional HRSA training on facilitating the root cause analysis discussion and action planning with health centers.

### **Consultant Trainings and Resources**

- BPHC hosted a consultant briefing on December 17, 2018 outlining updates for the 2019 Operational Site Visit process. The recording is now available in your MSCG consultant portal: <https://www.mscginc.com/consultant>
- The Consultant Professional Standards and Expectations Training has been updated and is available in your Consultant Portal. In order to remain compliant, please be sure to take this training and all other mandatory trainings in a timely manner.
- As we continue to enhance and update the Compliance Manual, MSCG consultant trainings and other processes, we urge you to review both current and past eNews publications. It is strongly suggested that newly rostered consultants do so, as this will ensure that you remain abreast of the

#### **In this issue...**

[BPHC Policy Guidance](#)

[Consultant Trainings and Resources](#)

[Important Reminders](#)

[Save the Date](#)

[The MSCG "To Do" List](#)

[Kudos](#)

[Happy Holidays from the MSCG Staff](#)

#### **Quick Links**

[Bureau of Primary Health Care](#)

[Having trouble viewing this email? Click here](#)

most recent updates.

- Many consultants are familiar with PCA, HCCN, and FTCA TA's. In 2018, we were introduced to new categories of Non-OSV assignments which included NCA, TAV, Diabetes, and Phone TA's. If you are selected to participate on any of these Non-OSV TA's, please be sure to pay close attention to the report process instructions included in your packet, as it differs from the OSV report process.

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## **Important Reminders!**

### **Report Completion - Performance Analysis**

- The following two sections of the report template, **Section 1.2 (Factors Contributing Performance)** and **Section 1.3 (Factors Restricting Performance)**, requests documentation of up to five factors. It has been noted that many reports list all factors in one row. Please be sure to list one factor per row by clicking the **+Add Row** button and inserting the required text.
- If all **Contributing/Restricting** factors are entered into a single row, your report may be rejected and returned to the team for revisions. It is our goal to expedite the submission and approval of reports, and adhering to this process would help to minimize any delays in finalizing reports.

### **During Weather/Medical Emergencies Remember to Contact:**

- Your Team Leader
- MSCG Logistics Coordinator
- BPHC Project Officer
- Corporate Travel Management  
(703) 318-9400 (M-F 8AM - 6 PM EST)  
Emergency After-Hours (855) 928-7323  
Email: [res\\_mscg@travelctm.com](mailto:res_mscg@travelctm.com)

You can review the complete MSCG Travel Policy by accessing the Consultant Portal at:

<https://www.mscginc.com/consultant>

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## **Save the Date**

### **Consultant Meet and Greet 2019**

Every year in March, MSCG sponsors a Meet & Greet during the NACHC P&I Conference. In keeping with this tradition, we plan to do it again on March 27, 2019. Stay tuned for additional details.

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## **The MSCG "To Do" List**

- MSCG is preparing for another busy calendar year with site visits. Expect more OSVs, PCA, NCA, FTCA and LAL site visits!!
- After a few months of reviewing feedback received on the Consultant Discussion Board, MSCG is giving it a new look to better assist you. New and improved coming soon!
- We are looking to expand consultant pools for PCA, UDS, HCCN and FTCA assignments. Please be sure your resume is updated in the MSCG database.
- MSCG is currently developing a New Consultant Orientation session for newly rostered consultants to assist with expectations, guidance and tips as they began the site visit journey with us.
- The BPHC/MSCG Style Guide will be released soon to promote consistency with consultant reports and also to help improve the report review process.

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## **Kudos Kudos Kudos!**

### **Grantee Comments**

#### **Candace Chitty**

Candace was certain and engaging in the information that she presented. She clearly wants health centers to become stronger for the feedback and understand the weight of the visits. Candace has so much to offer

that you wish the visit would have been even longer to allow for her to share her best practices and experience. She did not leave any road untaken. This health center will be a stronger Risk Management program for the visit and for Candace's time with us. We are appreciative for her skill set and knowledge imparted.

#### **Nancy Freeborne**

Nancy was an excellent TA lead. We went into the visit viewing it as an opportunity to get an objective, third part opinion of our program's strengths and weaknesses. Nancy has an outstanding way of teasing out our program goals, procedures and processes. She interacted well the staff, led an excellent performance analysis session and gave us an opportunity to share our program. She was informative, professional and a wealth of knowledge, both regarding this TA visit and topic, as well as on the changes to the OSV process. The health center team learned a great deal from this visit.

#### **Burt Waller**

Burt's leadership skills were impeccable. Being a former CEO of an FQHC, he knew all the right questions to ask. He was a great team leader who was involved in every aspect of the OSV, not just Board and Administration. Burt spent a great deal of time with the CMO and provided direction that could help strengthen the operations of our center. He also did an excellent job with the Board. He was thorough and extremely knowledgeable.

#### **Suzanne Carl**

Suzanne was very knowledgeable regarding our population, and drilled down asking questions regarding our Diabetic patients and their compliance. We arrived at some very exciting goals, and she was able to provide support for the steps we had already taken to improve controlling our Diabetic patient's A1C's. The goals helped us to further integrate Medical and Behavioral Health/Dental care in our clinic settings. Suzanne happens to be out in the community and has heard positive comments that she willingly shared. We were able to pass along that information to all members of our community. We are delighted to have worked with Suzanne on such an important area of health and feel that the time spent will make effective improvements. In a short period of time, we were able to come up with ways to impact our patients. Even though a small team of five was part of the visit, the outcomes will include our entire organization.

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### **Happy Holidays from the MSCG Staff!**



Left to right: Ramonda Davis (BPHC-Project Manager), Brittany Sanders (HAB TAC), Kaoutar Srayi (BPHC TAC), Ramana Kariveda (IT Manager), Kelly Burks (MSCG CEO), Kathie Baldwin (HAB - Project Manager), Latonya Dunlow (IMS CEO), Kianna Winstead (HAB Deputy Manager)



Left to right: Linda Martin (BPHC TAR), Shirley Martin-Thomas (Office Manager), Robin Browder (Project Director EEO)

**Congratulations Marsha!!**

Please join us in congratulating Marsha Twyman on her December nuptials!!



We want to cover the topics that are of real interest to you. Please submit your suggestions at <https://www.msginc.com/feedback.cfm>

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