

BREAKTHROUGH AWARDS

2026 FQHC Planning Guide

Recognizing & Celebrating Exceptional Contributions to World Class Healthcare Customer Satisfaction

HCSEC HealthCare Service Excellence Conference

Custom Learning Systems



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What Are the Breakthrough Awards

The Breakthrough Awards recognize Community Health Centers (CHCs) and Federally Qualified Health Centers (FQHCs) that demonstrate measurable improvement and sustained excellence in delivering exceptional patient care and advancing health outcomes.

Organizations participating in the Service Excellence Initiative™ are invited to submit results that showcase improvements across patient experience, access to care, clinical quality, care coordination, and social support.

Awards are presented annually during the HealthCare Service Excellence Conference to celebrate organizations committed to continuous improvement and service excellence.

Award Categories

The Breakthrough Awards are open to all Service Excellence Initiative™ participants and alumni. The awards serve to draw attention to and reward excellence in Patient Experience. The deadline for submissions is **Friday, October 9, 2026.**
Improvement Awards are available as follows:

Bronze:	At least 5 percentage points based on Score/Quantitative Data
Silver:	At least 10 percentage points based on Score/Quantitative Data
Gold:	At least 15 percentage points based on Score/Quantitative Data
Platinum:	Maintaining 95 percentage points or greater

Here is a summary of all the awards available:

1. **Patient Experience & Provider Communication**
   *Recognizes organizations that **improve** the patient-provider relationship through stronger communication, higher patient satisfaction, and exceptional dental care experiences.*
   *Examples include **Provider Communication, Overall Provider Experience, Dental Care Experience***

2. **Front Office & Access to Care Experience**
   *Recognizes organizations that **improve** access and create a better first impression for patients.*
   *Examples include **No-Show Rates, Access to Care, Front Office Service Excellence, Equity in Access***

3. **Care Coordination & Transitions**
   *Recognizes organizations that **improve** coordination across the continuum of care.*
   *Examples include **Care Coordination Excellence, Behavioral Health Integration, Transitions of Care***

4. **Clinical Quality & Chronic Disease Management**
   *Recognizes measurable **improvements** in preventive care and chronic disease outcomes.*
   *Examples include **Diabetes & Hypertension Management, Preventive & Depression Screening, Child Visits***

5. **Enabling Services & Social Support Quality**
   *Recognizes organizations **improving** support for patients beyond clinical care.*
   *Examples include **Social Needs Response***

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Rules and Regulations

1. The HCSEC Breakthrough Awards are available only to organizations participating in the Service Excellence Initiative™.
2. Only surveys with at least **8 responses/visits** will be accepted to ensure a reasonable assessment.
3. Reports must accompany each submission.
4. All comparative scores/quantitative data **must be from your survey vendor database, EHR software or other valid source.**
5. Reports and all supporting documentation are to be submitted online at www.customlearning.com/awards-breakthrough/.
6. All eligible submissions will be acknowledged during the HealthCare Service Excellence Conference in Reno, NV, November 9-11, 2026.
7. The deadline for nominations to be received by the judges is **Friday, October 9, 2026.**
8. You will receive a summary of the awards you have qualified for prior to the Conference. This will give you a chance to review and correct any discrepancies.

These awards are administered by the HealthCare Service Excellence Conference and all qualified submissions will be recognized and receive a certificate of achievement presented at the 26th Annual HealthCare Service Excellence Conference at the Breakthrough Awards Luncheon, in Reno, NV on Tuesday, November 10, 2026. Please join us there.

Your participation is invited. Your organization's recognition awaits your submissions.

Important Dates

Submission Deadline
Friday, October 9, 2026

HealthCare Service Excellence Conference – Reno, NV
Breakthrough Awards Luncheon
Tuesday, November 10, 2026

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Required Supporting Documentation

To be considered for the Breakthrough Awards, please submit **two reports** for each category you wish to enter.

Reporting Period 1	Reporting Period 2
July 1, 2024 – June 30, 2025	**July 1, 2025 – June 30, 2026**

Reports should be submitted exactly as they are generated.

1. Patient Experience & Provider Communication

Provider Communication	**Overall Provider Experience Rating**	**Dental Care Experience**
Source: Patient Experience Survey	**Source:** Patient Experience Survey	**Source:** Patient Experience Survey
Calculation: • Pull scores specifically from the **Provider Communication domain** (questions about listening, explaining things clearly, showing respect, etc.). • Calculate the average score for your baseline year and compare it to the average for the current year. • Improvement = (current year score **–** baseline score)	**Calculation:** • Use the "Overall Provider Rating" question (usually a **0–10 scale** in CG-CAHPS or equivalent in internal survey). • Calculate the average rating for the baseline year and compare it to the average for the current year. • Improvement = (current year score **–** baseline score)	**Calculation:** • Identify the domain/questions related to **dental care experience** (e.g., explanation of treatment, comfort during care, clarity of instructions). • Calculate the average survey score for the baseline year and compare to the current year. • Improvement = (current year score **–** baseline score)

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Required Supporting Documentation (cont'd)

2. Front Office & Access to Care

No-Show Rates	**Access to Care**	**Front Office Service Excellence**	**Equity in Coverage Access**
Source: Electronic Health Record (EHR) scheduling system or Practice Management Software that tracks scheduled vs. completed visits.	**Source:** Patient Experience Survey	**Source:** Patient Experience Survey	**Source:** EHR, billing system, or UDS Table 4 (patients by income and insurance type)
Calculation: • Count the **total number of scheduled visits** for the award period. • Count the **number of patients who did not show up** (exclude those who canceled ahead of time). • Calculate: • **No-Show Rate** = (No Shows ÷ Total Scheduled Visits) × 100 • Compare baseline year vs. current year. • A **lower rate** indicates improvement.	**Calculation:** • Use survey questions related to **ease of getting care, appointment availability**, or **timeliness**. • Calculate the average score for the baseline year and compare to the current year. • Improvement = (current year score **–** baseline score)	**Calculation:** • Focus on questions related to **front desk staff courtesy, helpfulness, and professionalism**. • Calculate the average score for the baseline year and compare to the current year. • Improvement = (current year score **–** baseline score)	**Calculation:** • Measure the proportion of patients served across **payer types** (Medicaid, Medicare, uninsured, private insurance). • Identify baseline year distribution and compare to the current year. • Improvement is shown by **reducing disparities** (e.g., maintaining or expanding services for uninsured or underserved groups).

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Required Supporting Documentation (cont'd)

3. Care Coordination & Transitions

Care Coordination Excellence	Behavioral Health Integration	Transitions of Care
Source: Patient Experience Survey	**Source:** UDS Table 6B – Depression screening and follow-up; internal EHR or reporting systems for integrated behavioral health services.	**Source:** Patient Experience Survey, discharge follow-up logs, or EHR care management system.
Calculation: • Use survey questions on whether patients felt their providers knew important information about their medical history, followed up on test results, and coordinated care across specialists. • Calculate the average domain score for the baseline year and compare it to the current year. • Improvement = (current year score – baseline score)	**Calculation:** • Identify % of patients who received depression screening and had a documented follow-up plan if positive. • Compare the percentage from baseline year to the current year. • Improvement = (current year score – baseline score)	**Calculation:** • Measure % of patients who received timely follow-up after a hospital discharge (e.g., follow-up appointment or contact within 7–14 days). • Compare baseline year % to current year %. • Improvement = (current year percentage – baseline percentage)

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Required Supporting Documentation (cont'd)

4. Clinical Quality & Chronic Disease Management

Diabetes Control	**Hypertension Management**	**Preventive Screening**	**Depression Screening & Follow-Up**	**Well-Child Visit**
Source: UDS Table 6B – HbA1c < 9%	**Source:** UDS Table 6B – Blood Pressure < 140/90	**Source:** UDS Table 6B – Cervical Cancer, Colorectal Cancer, Breast Cancer screenings	**Source:** UDS Table 6B – Depression screening and follow-up plan.	**Source:** UDS Table 6B – Pediatric visit compliance.
Calculation: • Identify % of diabetic patients with most recent HbA1c under 9%. • Compare baseline year % to current year %. • Improvement = (current year percentage **–** baseline percentage)	**Calculation:** • Identify % of hypertensive patients with most recent blood pressure under control (< 140/90). • Compare baseline year % to current year %. • Improvement = (current year percentage **–** baseline percentage)	**Calculation:** • Gather numerator (patients screened) and denominator (eligible patients) for each screening in both baseline year and current year. • Add all numerators together, and all denominators together. • Calculate: • **Combined Screening Rate** = (Total Screened ÷ Total Eligible) × 100 • Compare baseline year % to current year %.	**Calculation:** • Identify % of patients screened for depression who had a documented follow-up plan when positive. • Compare baseline year % to current year %. • Improvement = (current year percentage **–** baseline percentage)	**Calculation:** • Identify % of children (ages 0–21) who had all required well-child visits. • Compare baseline year % to current year % • Improvement = (current year percentage **–** baseline percentage)

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Required Supporting Documentation (cont'd)

5. Enabling Services & Social Support

Social Needs Response
Source: Patient Experience Survey, Health-Related Social Needs (HRSN) Screening Tool, or EHR documentation of referrals.
Calculation: • Identify % of patients screened for social needs (e.g., housing, food, transportation) who also received a documented referral or assistance. • Compare baseline year % to current year %. • Improvement = (current year percentage **–** baseline percentage)

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How to Submit

Survey vendor reports and all supporting documentation are submitted online at www.customlearning.com/awards-breakthrough/

Your reports should include:

- ✓ Scores/Quantitative Data for each applicable category
- ✓ The reporting period dates displayed on the report

Accepted Categories

Submit reports for any of the following categories:

- Patient Experience & Provider Communication
- Front Office & Access to Care
- Care Coordination & Transitions
- Clinical Quality & Chronic Disease Management
- Enabling Services & Social Support

Before You Submit

Please verify that:

- ✓ Both reporting periods are included
- ✓ Reports display Scores/Quantitative Data
- ✓ Reports have not been modified or edited

If You're Unable to Locate the Correct Report

If your survey vendor, EHR or other source offers multiple report formats, select the report that displays:

- Scores/Quantitative Data
- The appropriate reporting period

If you're unsure which report to run, we're happy to help before you submit.



Questions

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