



Fiscal Year 2023 Health Center Controlled Networks Non-Competing Continuation Progress Report Instructions

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Purpose

Health Center Controlled Networks (HCCNs) support health centers¹ in leveraging health information technology (IT) and data to deliver high-quality, culturally competent, equitable, and comprehensive primary health care, with a specific focus on improvements in:

- Clinical quality,
- Patient-centered care, and
- Provider and staff well-being.

Submission and approval of this HCCN Non-Competing Continuation (NCC) progress report (hereafter referred to as the progress report) will provide funding for the fiscal year (FY) 2023 budget period (August 1, 2023, through July 31, 2024). Continued funding is dependent upon Congressional appropriation, satisfactory progress toward meeting project objectives, and a decision that continued funding would be in the best interest of the federal government.

¹ For the purposes of this document, the term “health center” encompasses Health Center Program (H80) award recipients, as well as organizations with look-alike (LAL) designation.

Submission and Award Information

Progress report submissions are due in the HRSA Electronic Handbooks (EHBs) by **5 p.m. ET on March 6, 2023**. HRSA anticipates making awards on or around the FY 2023 budget period start date of August 1, 2023.

General Instructions

You will complete the progress report in EHBs by providing updates on HCCN activities from the start of your project period (August 1, 2022) through January 31, 2023. Forms are to be completed online directly in EHBs. Attachments must be uploaded into EHBs.

You will complete two different Project Work Plan (PWP) forms in EHBs, the FY 2022 PWP Update and the FY 2023 PWP. Progress reports that lack required information will be considered incomplete or non-responsive and will be returned via a “Change Requested” notification in EHBs for the provision of missing information. If HRSA does not receive the progress report by the established deadline or receives an incomplete or non-responsive progress report, a delay in Notice of Award (NoA) issuance or a lapse in funding could occur.

The Progress Report Table is prepopulated with Participating Health Centers (PHC) that were or have been in your HCCN for at least four months by January 31, 2023. You will report on PHCs that have been added after November 30, 2022, in a future progress report.

It is suggested that your progress report not exceed 40 pages when printed by HRSA. Narrative documents submitted as attachments must be single-spaced with 12-point, easily readable font (e.g., Times New Roman, Arial, or Calibri) and one-inch margins. You may use a smaller font (no less than 10-point) for tables, charts, and footnotes.

NOTE: Attachments count towards the suggested 40-page limit; forms do not.

Table 1: Forms and Attachments

HCCN NCC Progress Report Section	Form or Attachment	Instructions
SF-PPR and SF-PPR2	Form	Instructions are included in the HCCN User Guide available on the HCCN Technical Assistance (TA) webpage .
SF-424A Budget Information	Form	Refer to SF-424A Budget Information Form instructions.
Budget Narrative (Required)	Attachment	Upload the Budget Narrative. Refer to Budget Narrative instructions.
Attachment 1: Project Narrative (Required)	Attachment	Refer to the Attachment Instructions .
Attachments 2-9 (As applicable)	Attachment	Refer to the Attachment Instructions .
FY 2022 Project Work Plan Update	Form	Refer to Appendix A: Instructions for the FY 2022 PWP Update .

HCCN NCC Progress Report Section	Form or Attachment	Instructions
FY 2023 Project Work Plan	Form	Refer to Appendix B: Instructions for the FY 2023 PWP .
Progress Report Table	Form	Refer to Appendix C: Instructions for the Progress Report Table .

Attachment Instructions

Attachment 1: Project Narrative Update *(Required)*

Provide a narrative highlighting **significant progress and challenges** that have impacted your HCCN project since the start of your award (August 1, 2022) through January 31, 2023, or are anticipated during the remainder of the budget period (February 1, 2023, through July 31, 2023). The project narrative update should expand on and not duplicate information you enter in the [FY 2022 PWP Update](#). Additional instructions can be found in [Appendix A](#).

Use the following headings to structure your project narrative:

- **Significant progress.** Provide an overview of significant progress made on the approved HCCN project. Include significant progress made on activities to address the unique needs of PHCs and outcomes that will contribute to achieving the established objectives.
- **Significant challenges and activity changes.** Describe any significant challenges, including challenges related to obtaining data from or working with PHCs. Include any strategies used to overcome challenges. Include any significant changes to approved activities, including strategies for addressing the unique needs of PHCs.
- **Significant changes to collaborations, partnerships, and coordinated activities.** Describe any significant changes to planned or current collaborations or partnerships, including activities coordinated with Primary Care Associations (PCAs), HRSA's Health IT National Training and Technical Assistance (NTTAP) award recipient, other NTTAPs, and other organizations that address issues related to health care quality and/or health IT. Address how these changes will support achieving objectives.

Include [Attachment 7: Letters of Support](#) for any new partnerships and collaborations. If you cannot obtain the letter(s), include an explanation for why such letters could not be obtained. Note: You do not need to include letters from partnering organizations that were included with your FY22 HCCN application, even if the support they provide to the HCCN has changed since you submitted your application.

- **Significant changes to project staffing.** Describe any revisions to your HCCN staffing plan. Address any significant challenges in recruiting and retaining key HCCN management or project staff needed to accomplish the objectives. Include [Attachment 3: Staffing Plan](#) and [Attachment 4: Position Descriptions for Key Personnel](#), as appropriate.
- **Other expected changes, plans, or considerations.** Include any other significant information not captured in other parts of the progress report.

Attachment 2: Project Organizational Chart (As Applicable)

If the organizational chart has changed since your FY 2022 HCCN application, upload a revised one-page document that graphically depicts the HCCN's organizational structure, including the network governing board, key personnel, staffing, and any subrecipients or affiliated organizations. Clearly indicate any organizational changes, include a brief rationale for those changes and provide the date the changes took effect. Also, address any anticipated changes to the organizational structure.

Attachment 3: Staffing Plan (As Applicable)

If the staffing plan has changed or there are anticipated changes (e.g., new staff hired, position responsibilities updated) since your FY 2022 HCCN application, upload a revised table that identifies the changes. For each position, the table must include:

- Position Title (e.g., Chief Executive Officer (CEO), Chief Financial Officer (CFO));
- Staff Name (if the individual is not yet identified for this position, indicate "To Be Determined");
- Education/Experience Qualifications;
- General HCCN Project Responsibilities;
- Annual Salary² (for 100 percent FTE);
- Percentage of Full Time Equivalent (FTE) dedicated to the HCCN project; and
- Date the change was effective or is forecasted.

NOTE: Combined time and effort percentages of staff across all federal awards may not exceed 1.0 FTE.

Attachment 4: Position Descriptions for Key Project Personnel (As Applicable)

If position descriptions for key HCCN staff have changed since your FY 2022 HCCN application, including vacant positions, upload new job descriptions. Position descriptions must be limited to one-page and include, at a minimum:

- Position title,
- Description of duties and responsibilities,
- Position qualifications,
- Supervisory relationships,
- Salary range, and
- Work hours

NOTE: Document applicable staffing changes in the personnel justification table of your [Budget Narrative](#) and other relevant attachments. For example, if key positions have been combined or changed to part-time (e.g., CEO and CFO roles are shared), these changes should be documented in both your Staffing Plan and the Budget Narrative.

Attachment 5: Biographical Sketches for Key Project Staff (As Applicable)

If key management staff (e.g., CEO, CFO, Program Lead, Project Manager) have been hired since your FY 2022 HCCN application, upload biographical sketches for the individuals. Each biographical sketch should be limited to one page.

² If the Annual Salary is in excess of Federal Executive Level II of the Federal Executive Pay scale, list the Adjusted Annual Salary.

Attachment 6: Summary of Contracts and Agreements (As Applicable)

Provide a summary describing any new, revised, or newly proposed contracts and/or agreements since your FY 2022 HCCN application. The summary must align with your [Budget Narrative](#), and must address the following items for each contract and/or agreement:

- Name and contact information for each affiliated agency;
- Type of contract and/or agreement (e.g., contract, memorandum of understanding);
- Brief description of the purpose and scope of the contract and/or agreement, including how and where services are provided; and
- Timeframe for each contract and/or agreement (e.g., ongoing contractual relationship, specific duration).

Only include a contract or agreement with a PHC if: 1) the organization will support the HCCN project in a capacity beyond its role as a PHC, and 2) the proposed activities are not included in the PHC Memorandum of Agreement submitted as Attachment 2: PHC Memorandum of Agreement in your FY 2022 HCCN application.

NOTE: You must exercise appropriate oversight and authority over all contracts. All procurements, including contracts, must comply with [45 CFR part 75](#).

Attachment 7: Letter(s) of Support (As Applicable)

Provide the updated letter(s) of support from any new collaboration or partnership since your approved HCCN application. Letters must be dated and addressed to your organization (e.g., HCCN board, CEO), and contain specific details of the type of support the organization will provide to help achieve the objectives. If letter(s) cannot be obtained, provide documentation of efforts made to obtain the letter(s).

Attachment 8: Communications Plan (As Applicable)

If your communications plan has changed since your FY 2022 HCCN application, you will be required to submit an updated plan. It should describe any ongoing communication with your PHCs, including how you intend to:

- Identify and address PHCs' evolving needs and challenges;
- Inform PHCs of health IT and data resources available through your HCCN, HRSA, and other sources; and
- Gather performance feedback from PHCs on how you can improve the health IT and data support you provide.

Clearly indicate any changes to the Communications Plan. Include a brief rationale for those changes, and provide the date the changes took effect. Also, address any anticipated changes to the Communications Plan.

Attachment 9: Other Documents (As Applicable)

Provide other relevant documents to support the progress report (e.g., survey instruments, needs assessment reports, evaluations). If applicable, you must include:

- A copy of your most recent Indirect Cost Rate Agreement,
- Updated network bylaws, and

- Updated PHC Needs Assessment Summary.

Merge all items into a single document before uploading.

Budget Instructions

A complete budget presentation includes the [SF-424A Budget Information Form](#) and the [Budget Narrative](#) (attachment) for the FY 2023 budget period (August 1, 2023, to July 31, 2024).

HCCN funds may only be used for allowable costs. Examples of unallowable costs include, but are not limited to:

- Equipment, supplies, or staffing for use at the health center level or any other individual health center operational costs;
- Direct patient care;
- Fundraising;
- Incentives (e.g., gift cards, food);
- Construction/renovation costs;
- Facility or land purchases; or
- Vehicle purchases.

1. SF-424A Budget Information Form *(Required)*

Complete the following in EHBs **for the two upcoming 12-month budget periods**. The first budget year would cover August 1, 2023, to July 31, 2024, and the second budget year would cover August 1, 2024, to July 31, 2025. Include only federal funds requested for the HCCN project.

Section A: Budget Summary: The annual HCCN funding request in the Federal column is prepopulated in read-only format and is not editable. The Federal funding request equals the Recommended Future Support figure (Item or Box 33) provided in your most recent HCCN NoA.

Section B: Budget Categories: Provide a breakdown of the budgeted funds by object class category (e.g., Personnel, Fringe Benefits). You may use the SF-424A Budget Information form included in your FY 2022 HCCN application as a reference point, noting that the total value for each object class category may be different from year to year based on programmatic changes. The total in Section B should match the total in Section A.

EHBs will automatically calculate the amounts in the Total Direct Charges row and the Total column. Indirect costs may only be claimed with an approved indirect cost rate agreement (see details in the [Budget Narrative](#) section below).

Section C: Non-Federal Resources: Do not provide other sources of funding. Leave this section blank.

2. Budget Narrative *(Required)*

Upload a line-item Budget Narrative in EHBs that provides information for only the upcoming 12-month budget period (August 1, 2023, to July 31, 2024). The Budget Narrative must explain the amounts requested for each row in Section B: Budget Categories of the SF-424A Budget Information Form. See the sample Budget Narrative on the [HCCN TA webpage](#) and include detailed calculations explaining how each line-item expense is derived (e.g., cost per unit).

The following items are required to be included in the Budget Narrative:

Personnel Costs: List each staff member to be supported by HCCN funds, and include their name (if possible), position title, percent full time equivalency (FTE), and Federal amount requested for the annual salary. HCCN funding must not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II of the [Federal Executive Pay scale](#) (\$212,100 effective January 2023).³ In the personnel justification table, list salary details such as annual base salary, adjusted salary, the total Federal amount requested, and highlight anticipated changes from the first budget period (August 1, 2022, to July 31, 2023) to the second budget period (August 1, 2024 to July 31, 2023). Salary amounts listed in the Personnel Justification should reflect an individual's base salary, not including fringe benefits and any income that an individual may be permitted to earn outside of the duties to your organization. A Sample Personnel Justification table is available with the Sample Budget Narrative on the [HCCN TA webpage](#).

Fringe Benefits: List the components of the fringe benefit rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement). Fringe benefits must be directly proportional to the portion of personnel costs.

Travel: List expenses associated with travel for staff to attend or lead HCCN-related meetings, trainings, or workshops. Travel expenses and associated costs must be outlined for each person and should include transportation/airfare, lodging, parking, and per diem. For local travel, include the mileage rate, number of miles, reason for travel, and staff/board members traveling. Long-distance travel must include registration fees, the cost for transportation, lodging, and per diem for each trip. Name the traveler(s) if possible, describe the purpose of the travel, and provide the number of trips involved, the destinations, and the number of individuals for whom funds are requested. More information, including per diem calculations, is available at on the [U.S. General Services Administration's Per Diem Rates webpage](#).

Equipment: List equipment costs and provide a justification for equipment needs to accomplish program objectives. Equipment means tangible (moveable) personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000.

Supplies: List the items necessary for implementing the HCCN project, separating items into two categories: office supplies (e.g., paper, pencils) and educational supplies (e.g., brochures). Equipment items such as laptops, tablets, and desktop computers, are classified as a supply if the acquisition cost is under the \$5,000 per unit cost threshold.

Contractual Services: Provide a clear explanation of each contract purpose, including how you estimated costs and the specific contract deliverables. You are responsible for ensuring that your organization/institution has an established and adequate procurement system in place with fully developed written procedures for awarding and monitoring contracts. All contractual costs must be included with every expense clearly identified and explained. If there are new or updated contracts since you submitted your FY 2022 application, you must include a summary of such contracts in [Attachment 6: Summary of Contracts and Agreements](#).

³ OPM "Rates of Pay for the Executive Schedule" page on this website has the most current salary limitation.

Note: For consultant services, list the total costs for all consultant services. Identify each consultant, the services he/she will perform, total number of days, travel costs, and total estimated costs.

Other: Include all costs that do not fit into any other category and provide an explanation of each cost (e.g., audit, legal counsel). In some cases, rent, utilities, organizational membership fees, and insurance fall under this category if they are not included in an approved indirect cost rate.

Indirect Costs: Include costs for common or joint objectives that are difficult to identify, but that are necessary for organizational operation (e.g., facility operation and maintenance, depreciation, or administrative salaries). If your budget request includes indirect costs, you must upload a copy of your most recent indirect cost rate agreement under [Attachment 9: Other Documents](#). If you do not have an indirect cost rate agreement indicate if you are using the de minimis indirect cost rate of 10 percent of modified total direct costs as per the requirements detailed at 45 CFR §75.414. Visit the [Program Support Center’s Financial Management webpage](#) to learn more about indirect cost rate agreements, including the process for applying for an agreement.

HRSA recommends the following resources to facilitate development of an appropriate budget:

- The [HHS Grants Policy Statement](#)
- The [HHS Policy on Promoting Efficient Spending](#)

Technical Assistance Contacts

ASSISTANCE NEEDED	PLEASE CONTACT
General Technical Assistance	The HCCN TA webpage contains sample forms, the Electronic Handbooks (EHBs) user guide, frequently asked questions (FAQs), a slide presentation, and other resources.
Budget/Fiscal Questions	Mona Thompson Office of Financial Assistance and Management Division of Grant Management Operations Health Center Branch 301-443-3429 mthompson@hrsa.gov
HCCN NCC Progress Report Requirements Questions	HCCN TA Response Team 301-594-4300 Submit a Web Request at BPHC Contact Form
HRSA EHBs Submission Assistance	Health Center Program Support 877-464-4772 Contact Health Center Program Support at BPHC Contact Form

Appendix A: Instructions for the FY 2022 Project Work Plan Update

In the FY 2022 Project Work Plan (PWP) Update, report progress on objective data and activities you proposed to conduct during the current budget period (August 1, 2022 through July 31, 2023).

EHBs will prepopulate the FY 2022 PWP Update with information from your most recently submitted PWP. Ensure that any information you submitted in your most recent PWP is correctly prepopulated in the FY 2022 PWP Update. Contact Health Center Program Support if there are any errors.

Refer to *Table 2: FY 2022 PWP Update Editable Field Guide* below for guidance on completing editable fields. Refer to the Sample PWP Update and HCCN NCC EHBs User Guide for a complete guide of prepopulated and editable fields, available on the [HCCN TA webpage](#). Additional information on how prepopulated fields are calculated can also be found in these documents.

Table 2: FY 2022 PWP Update Editable Field Guide

Field Name	Details/Instructions
Current Numerator	<p>Provide the number of PHCs as a subset of the total PHCs in your network that have achieved the objective measure.</p> <p>Use the Objectives Development Guide available in Appendix D: Objectives Development Guide to determine the current numerator for each objective.</p>
Progress Toward Target Percentage Narrative	Describe progress made toward achieving the Target Percentage by the end of the 3-year period of performance.
Supporting Organization(s)	Update the names of organizations that will actively support this objective, if applicable. The organizations listed must align with the Letter of Support provided in your FY 2022 application or FY 2022 HCCN NCC progress report Attachment 7: Letter(s) of Support.
Activity Progress Update (maximum 5,000 characters)	Provide progress from August 1, 2022, through January 31, 2023. Include an explanation if there is no progress to report.
Anticipated Progress (maximum 5,000 characters)	Provide expected progress for the remainder of the current budget period from (February 1, 2023, through July 31, 2023).

Appendix B: Instructions for the FY 2023 Project Work Plan

In the FY 2023 Project Work Plan (PWP), outline your activities that will support the attainment of your objective targets for the upcoming 12-month budget period (August 1, 2023, through July 31, 2024).

EHBs will prepopulate the FY 2023 PWP with the information from the most recently approved Project Work Plan. You must complete the FY 2022 PWP Update in EHBs before working on the FY 2023 PWP. Refer to *Table 3: FY 2023 PWP Editable Field Guide* below for guidance on completing the editable fields.

Additional resources, that include a Sample PWP and HCCN NCC EHBs User Guide are available on the [HCCN TA webpage](#). Additional information on how prepopulated fields are calculated can also be found in these documents.

Table 3: FY 2023 PWP Editable Field Guide

Field Name	Instructions
Supporting Organization(s)	Update the names of organizations that will actively support this objective, if applicable. The organizations listed must align with the Letter of Support provided in your FY 2022 application or FY 2023 NCC progress report Attachment 7: Letter(s) of Support. This field will not be prepopulated from the most recent PWP.
Key Factor Type	Update as needed to reflect the current environment. Ensure a total of 2-3 factors that are expected to contribute to and restrict progress toward each objective, with at least 1 Contributing and 1 Restricting Key Factor.
Key Factor Description	Update as needed to reflect the current environment. Describe how the factor will contribute to or restrict progress toward each objective listed in Appendix D: Objectives Development Guide .
Activity Name	Update to reflect plans for the upcoming budget period (August 1, 2023, through July 31, 2024).
Activity Description	Update, add, or delete to focus on plans for the upcoming budget period (August 1, 2023, through July 31, 2024). Added activities should describe major planned activities to be conducted in the upcoming budget period to support Target Percentage attainment by the end of the 3-year period of performance. Ensure 2-4 activities for each objective.
Person/Group Responsible	Update with the responsible person or group for the upcoming budget period.
Start Date	Update for the upcoming budget period. The start date must be on or after August 1, 2023.
End Date	Update for the upcoming budget period. The end date must be on or after the start date, and no later than July 31, 2024.

Appendix C: Instructions for PHC Progress Report Table

The PHC Progress Report Table will be completed entirely in EHBs for each PHC that has been in your HCCN for at least four months by January 31, 2023. You must gather data from each PHC to respond to each question. See the required questions below.

The PHC section contains each health center’s name and grant/look-alike number. Information in these fields are prepopulated and not editable. However, the “Number of Sites (Baseline)” field is a required field. It will be prepopulated for the PHCs included with your FY 2022 HCCN application, and should not be edited. If this field is blank, enter the number of sites at the time the PHC was added to your network.

Question	Instructions
PATIENT ENGAGEMENT	
1. What percentage of patients have used a digital tool (e.g., electronic messages sent through the patient portal to providers, remote monitoring) between visits to communicate health information with the PHC?	Enter the percentage of patients that have used a digital health tool since 8/1/2022 as a decimal (e.g., 0.855 for 85.5%).
2. What integrated digital health tools are available to patients?	Select all that apply: <input type="checkbox"/> Electronic messaging through patient portal <input type="checkbox"/> Telehealth provider consultation <input type="checkbox"/> Remote monitoring devices <input type="checkbox"/> Other: Specify _____
PATIENT PRIVACY AND CYBERSECURITY	
1. Since 8/1/2022, this PHC has implemented secure health information practices that protect patient privacy in the following areas:	Select all that apply: <input type="checkbox"/> Protection from misuse <input type="checkbox"/> Threats like cybersecurity attacks <input type="checkbox"/> Fraud <input type="checkbox"/> Other harms: Specify _____
2. Were these practices implemented in response to a data breach, ransomware or other event?	Select all that apply: <input type="checkbox"/> Yes - An event occurred and practices were implemented or improved <input type="checkbox"/> No - However, an event did occur <input type="checkbox"/> No - No event occurred
3. What secure health information practices have been implemented?	<input type="checkbox"/> Administrative (e.g., implementation of new types of training for your workforce) <input type="checkbox"/> Physical (e.g., installation of new facility controls) <input type="checkbox"/> Technical (e.g., implementation of new technology) <input type="checkbox"/> Other: Specify _____
SOCIAL RISK FACTOR INTERVENTION	
1. Since 8/1/2022, what percentage of patients identified as having a risk factor has this PHC used	Enter the percentage of patients identified as having a risk factor that the PHC used health IT data to

Question	Instructions
health IT data to inform care plan development, and if applicable facilitate closed-loop referrals?	inform a care development plan, and if applicable facilitate closed-loop referrals factor
2. What health IT tools did this PHC use to share social risk factor data with care teams?	Select all that apply: <input type="checkbox"/> Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences (PRAPARE) <input type="checkbox"/> Accountable Health Communities Health-Related Social Needs (AHC-HRSN) <input type="checkbox"/> Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education (WE CARE) <input type="checkbox"/> Recommend Social and Behavioral Domains for EHRs (RSBD) <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> None
DISAGGREGATED, PATIENT LEVEL DATA	
1. Since 8/1/2022, how many successful test messages for electronic clinical quality measures (eCQM) and UDS+ data fields using Fast Health Interoperability Resources (FHIR) based application programming interfaces (APIs) has this PHC sent?	Enter the number of successful test messages for eCQM and UDS+ data fields using FHIR APIs sent.
INTEROPERABLE DATA EXCHANGE AND INTEGRATION	
1. Since 8/1/2022, from how many external clinical and/or non-clinical sources has this PHC integrated data into structured EHR fields (i.e., not free text or attachments)?	Enter number of external clinical and/or non-clinical sources the PHC integrated data into structured EHR fields.
2. From which external clinical and/or non-clinical sources did this PHC integrate data into structured EHR fields?	Select all that apply: <input type="checkbox"/> Hospital(s) <input type="checkbox"/> Other H80 health center(s) <input type="checkbox"/> Other network(s) <input type="checkbox"/> Private providers <input type="checkbox"/> State health department <input type="checkbox"/> Local health department <input type="checkbox"/> Academic institution – research related <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> None_____
DATA UTILIZATION	
1. Since 8/1/2022, did this PHC use advanced data strategies to present useful data to inform	Select one: <input type="checkbox"/> Yes <input type="checkbox"/> No

Question	Instructions
performance improvement and value-based care activities?	
2. What advanced data strategies did this PHC use?	Select all that apply: <input type="checkbox"/> Advanced analytical tools (e.g., machine learning, natural language processing, predictive modeling, artificial intelligence for clinical decision support) <input type="checkbox"/> Advanced database management tools (e.g., “Big Data”, Application Program Interfaces (APIs) to facilitate connections EHRs and remote patient monitoring devices) <input type="checkbox"/> Advanced data visualization and dashboards <input type="checkbox"/> Other: Specify _____
LEVERAGING DIGITAL HEALTH TOOLS	
1. Since 8/1/2022, how many formal trainings that promote proficiency in the use of digital health tools did this PHC hold?	Enter the number of formal trainings that the PHC held to promote proficiency in the use of digital health tools
2. Did this PHC provide routine support to providers and staff focused on promoting proficiency in the use of digital health tools?	Select one: <input type="checkbox"/> Yes <input type="checkbox"/> No
3. List the formal trainings and routine support provided at this PHC since 8/1/2022.	List the types of formal trainings and routine support provided.
HIT USABILITY AND ADOPTION	
1. Since 8/1/2022, how many health IT facilitated interventions to reduce operational barriers to health IT usability and adoption did this PHC implement?	Enter number of health IT facilitated interventions implemented to reduce operational barriers to health IT usability and adoption.
2. Which health IT interventions did this PHC implement?	Select all that apply: <input type="checkbox"/> Align EHRs with clinical workflows <input type="checkbox"/> Improve structured data capture in and/or outside of EHRs <input type="checkbox"/> Regular EHR support and trainings <input type="checkbox"/> Ad hoc specialized EHR support and trainings <input type="checkbox"/> Use of metadata to improve EHR user experience <input type="checkbox"/> Other: Specify _____
HEALTH EQUITY (AWARDEE CHOICE)	
1. Has this PHC reached the requirements of the measure for this objective?	Select one: <input type="checkbox"/> Yes <input type="checkbox"/> No

Question	Instructions
2. Describe progress to date the PHC has made on the Health Equity objective.	Describe progress made on this objective.
IMPROVING DIGITAL HEALTH TOOLS (AWARDEE CHOICE)	
1. Has this PHC reached the requirements of the measure for this objective?	Select one: <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Describe progress to date the PHC has made on the Improving Digital Health Tool objective.	Describe progress made on this objective.

Appendix D: Objectives Development Guide

The timeframe to calculate progress towards meeting objective targets is August 1, 2022, through January 31, 2023.

#	Objective	Numerator
1	Patient Engagement - Increase the percentage of PHCs that support patients and families' participation in their health care through expanded use of integrated digital health tools (e.g., electronic messages sent through patient portals to providers, telehealth visits, remote monitoring devices).	Number of PHCs with at least 80 percent of patients who have used integrated digital health tools between in-person visits to communicate health information with the PHC (a patient must have used a digital health tool at least once between visits).
2	Patient Privacy and Cybersecurity - Increase the percentage of PHCs with formally defined health information and technology policies and practices that advance security to protect individual privacy and organizational access.	Number of PHCs that have implemented formally defined and secure health information and technology policies and practices that advance security to protect individual privacy and organizational access in at least two of the following areas: protection from misuse, threats like cybersecurity attacks, fraud, or other harms.
3	Social Risk Factor Intervention - Increase the percentage of PHCs that use patient-level data on social risk factors to support patient care plans for coordinated, effective interventions.	Number of PHCs that use health IT to share social risk factor data with care teams and use this data to inform care plan development, and if applicable facilitate closed-loop referrals on at least 75 percent of patients identified as having a risk factor (e.g. care teams use patient reported data on food insecurity or other social risk factors to better tailor care plans/interventions and community referrals to improve chronic disease management and outcomes).
4	Disaggregated, patient-level data - Increase the percentage of PHCs with systems and staff aligned with submitting disaggregated, patient-level data via UDS+.	Number of PHCs that have sent successful test messages for electronic clinical quality measures (eCQM) and UDS+ data fields using Fast Health Interoperability Resources (FHIR) based application programming interfaces (APIs).
5	Interoperable Data Exchange and Integration - Increase the percentage of PHCs with the capacity to integrate clinical information with data from clinical and non-clinical sources across the health care continuum (e.g., hospitals, specialty providers, departments of health, health information exchanges (HIE), care coordinators, social service/housing organizations) to optimize care coordination and workflows.	Number of PHCs that have integrated data into structured EHR fields (i.e., not free text or attachments) from at least three external clinical and/or non-clinical sources.
6	Data Utilization - Increase the percentage of PHCs that use data strategies, such as use of predictive analytics with data visualization, to support performance improvement and value-based care activities.	Number of PHCs that used advanced data strategies, such as predictive analytics with data visualization, natural language processing, and machine learning to present useful data to inform performance improvement and value-

#	Objective	Numerator
		based care activities (e.g., improve clinical quality, cost-efficient care).
7	Leveraging digital health tools - Increase the percentage of PHCs that support providers and staff in achieving and maintaining proficiency in the use of digital health tools (e.g., telehealth and remote patient monitoring tools).	Number of PHCs providing at least two formal trainings annually, along with routine support (e.g., on-demand reference materials, regular communications sharing tips or best practices, help desk) to providers and staff that promotes proficiency in the use of digital health tools.
8	Health IT Usability and Adoption - Increase the percentage of PHCs that improve health IT usability and adoption by providers, staff, and patients (e.g., align EHRs with clinical workflows, improve structured data capture in and/or outside of EHRs, use of metadata to improve EHR user experience).	Number of PHCs that reduced operational barriers to health IT usability and adoption through implementation of at least one health IT facilitated intervention annually that focuses on topics such as aligning EHRs with clinical workflows, improving structured data capture in and/or outside of EHRs, regular EHR support and trainings, or use of metadata to improve EHR user experience.
9	Health Equity (Applicant Choice) - Develop one objective and associated outcome measure that will focus on utilizing a health IT innovation (e.g., digital patient engagement tools, remote patient monitoring, emergency preparedness, artificial intelligence) to improve the health status of their PHCs' communities by reducing health disparities and/or addressing social determinants of health.	Developed by applicant. <i>Note: The Description you include in the Project Work Plan should begin with "The number of PHCs...", similar to the Numerators defined for Objectives 1-8.</i>
10	Improving Digital Health Tools (Applicant Choice) - Develop one objective and associated outcome measure that will enhance the quality and coordination of health services by focusing on improving the functionality of digital health tools (e.g., EHRs, virtual care platforms, patient portals, analytic systems) in one or more of the following areas: (1) support relationships between providers and staff with patients, their families, and the community; (2) support high-functioning care teams; (3) integrate care delivery across systems and communities; (4) reduce workload; and (5) make care more equitable. ⁴	Developed by applicant. <i>Note: The Description you include in the Project Work Plan should begin with "The number of PHCs...", similar to the Numerators defined for Objectives 1-8.</i>

⁴ Taken from the National Academy of Sciences, Engineering, and Medicine, "Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care" (2021). Available at <https://www.nap.edu/read/25983/chapter/1#iii>.