

Health Center Controlled Network (HCCN) Site Visit Guide

This site visit guide serves to define the purpose, requirements, and processes for the Health Center-Controlled Network (HCCN) site visits. Both HCCNs and consultants may use this guide.

Site Visit Purpose

Site visits support the Bureau of Primary Health Care (BPHC)'s effective oversight of the HCCN program. HCCN site visits are intended to provide objective assessment of HCCN progress on program goals and objectives and its compliance with the requirements of the HCCN program as outlined in the HCCN Notice of Funding Opportunity (NOFO); share accomplishments, challenges, and lessons learned; identify promising practices in supporting the training and technical assistance (T/TA) needs of participating health centers (PHCs); and strengthen the relationship between BPHC and HCCN.

HCCN site visits will be conducted once every project period. BPHC will share the final approved report with the HCCN and this report will inform ongoing program monitoring to ensure the HCCN is meeting the program goals and objectives.

Expected Outcomes

We expect site visits to result in the following:

- ✓ Review current status of HCCN's progress on work plan activities and confirm its compliance with the program requirements
- ✓ Knowledge about where and how HCCN excels
- ✓ Knowledge about key challenges and barriers
- ✓ Insight from PHCs on the impact of the HCCN program
- ✓ Identification of next steps to ensure attainment of program goals and objectives
- ✓ Insight from HCCN Board on HCCN governance
- ✓ Identification of innovations and promising practices

Site-Visit Process

Overview

- ❖ Site visit components include:
 - **Pre-Site Visit:**
 - Pre-Site Visit Planning Calls: Introduce consultant to site visit process, logistics, and an overview of HCCN receiving site visit; debrief on pre-site visit review findings.

- Kick-Off Call: Introduce site visit process, roles, and responsibilities of Project Officer (PO), consultant, and HCCN; review site visit agenda.
- Pre-Site Visit Review: Consultant review of key site visit documents.
- **On-Site:**
 - Meet with key HCCN staff and board members to discuss HCCN’s mission, strategic direction, and progress on each program objective.
 - Discuss successes, challenges, and lessons learned and identify areas of need that will support the advancement of HIT at PHCs.
 - Observe demonstrations of health IT (HIT) tools, resources, services, and solutions provided by HCCN.
 - Visit PHC(s) to gain insight on the impact the HCCN has had on member organizations.
 - Identify innovative and promising HIT practices that resulted in improved quality of care and/or patient outcomes.
 - Site visit will conclude with an “exit conference”, which includes a review of the site visit findings.
- **Report and Follow-Up:** Summary of site visit findings; PO will use the report as a tool in future monitoring of the HCCN.
- ❖ **Frequency:**
 - Each HCCN will receive one 2-day site visit during the project period.
 - When possible, PO and/or other BPHC staff will attend the site visit. In all cases, PO will work and communicate with consultant, and serve as HCCN’s ongoing primary point of contact for all questions and areas related to the HCCN program.
- ❖ **Site Visit Team:**
 - HRSA consultant conducts site visit.
 - HCCN PO facilitates communications between HCCN and consultant.
 - HCCN leadership and key HCCN staff.
 - HCCN Board – it is expected that the entire Board will be present to the extent possible.

Pre-Site Visit Activities

Pre-Site Visit Preparation - PO

1. **Communicate with HCCN:** PO communicates with HCCN prior to site visit and discusses preparation for site visit via either phone or e-mail. Discussion with HCCN addresses the following areas:
 - *Logistics:* Discuss visit and meeting dates and times. Two dates – preferred and alternate dates – should be chosen.
 - *General preparation:* Send the **HCCN Site Visit Guide** to HCCN and ensure HCCN understands site visit purpose, expectations, and processes.
 - *HCCN Board and staff availability:* Confirm that HCCN Board and key HCCN staff will be available during site visit.

2. **Communicate with site visit team:** PO arranges pre-site visit planning meetings with HCCN and consultant.
 - PO sends the **HCCN Site Visit Guide** and **Pre-Site Visit Review** documents to consultant (list of required documents is included in a table below). PO schedules Pre-Site Visit Planning calls with consultant to provide an overview of site visit purpose and process, discuss logistics, approve final site visit agenda, confirm consultant has all necessary documents needed for the visit, and share any specific concerns/issues.
 - **Site Visit Kick-Off Call:** PO coordinates Site Visit Kick-Off Call with HCCN and consultant four weeks prior to site visit.
 - PO, consultant, and HCCN participate in kick-off call.
 - Consultant prepares kick-off call agenda. One-hour time slot is recommended for kick-off call. Consultant can refer to [sample kick-off call agenda](#) under Appendix A.
 - PO and consultant provide an overview of site visit purpose and process.
 - All participants review site visit agenda.
 - Consultant may request from HCCN additional documents needed to complete pre-site visit review.
 - If consultant changes during site visit process, a new kick-off call will be scheduled.

Pre-Site Visit Preparation - Consultant

1. **Pre-site visit planning:** Consultant participates in all pre-site visit planning meetings and kick-off call.
2. **Create site visit agenda:** Consultant develops site visit agenda in consultation with PO. Consultant can refer to [sample site visit agenda](#) under Appendix B. Draft site visit agenda should be sent to PO and HCCN prior to kick-off call.
 - Site visit agenda should include the following:
 - Entrance conference
 - Meeting with HCCN Board Members
 - Visit to PHC(s)
 - Demonstrations of health IT (HIT) tools, resources, services, and solutions provided by HCCN
 - Exit Conference
 - Consultant finalizes site visit agenda with input provided by PO and HCCN during kick-off call. Final site visit agenda should be sent to PO and HCCN at least one week prior to site visit.
3. **Complete Pre-Site Visit Review:** Consultant conducts Pre-Site Visit Review prior to being on-site to
 - PO coordinates with HCCN to provide required review documents to consultant four to six weeks prior to site visit. List of required documents is included in **Table 1** below.
 - Consultant confirms all documents have been received and follows up as needed.
 - **Pre-site visit analysis:** Consultant is expected to review ALL pre-site visit documents and

conduct pre-site visit analysis prior to being on-site.

- Purpose of pre-site visit analysis is to review the current status of HCCN’s progress on work plan activities and confirm its compliance with the program requirements. Consultant must document the findings in site visit report.
- Consultant must use questions in **Table 2** below to conduct analysis and determine whether each question is MET or NOT MET using the pre-site visit evidence provided by the HCCN and/or PO.
- For each question, consultant must provide justification supporting MET/NOT MET determination in site visit report.
- Consultant must follow-up on site if he/she is unable to verify these questions during pre-site visit analysis.

Table 1. Pre-Site Visit Documents to Review

BPHC Documents	HCCN Documents
<ol style="list-style-type: none"> 1. FY2019 HCCN Notice of Funding Opportunity 2. FY2019 grant application 3. All documents from most recent Non-Competing Continuation Progress Report including the following: <ul style="list-style-type: none"> • Project work plan • Project narrative • Budget narrative • Staffing plan • Summary of contracts and agreements • Progress reports for all PHCs 4. Distinction document (PCA/HCCN dual awardees only) 5. Other documents requested by consultant during kick-off call 	<ol style="list-style-type: none"> 1. Individualized work plans (minimum of five PHCs) and must include IWPs of PHCs we are visiting while on site 2. HCCN board meeting minutes from the last two HCCN board meetings 3. Other documents requested by consultant during kick-off call

Table 2. Pre-Site Visit Analysis Questions

Consultant must answer the following questions:
Question 1. Does project work plan adequately support HCCN program goals and objectives?
Question 2. Does project work plan demonstrate clear linkages to identified PHCs’ HIT needs and predicted barriers?
Question 3. Are goal targets in project work plan realistic and achievable considering proposed activities, resources, collaborations, and anticipated challenges?
Question 4. Do PHCs’ individualized work plans identify PHCs needs and appropriate activities to be completed to address those needs? – If no, ask HCCN to demonstrate how they are monitoring and tracking PHC progress and needs.

Consultant must answer the following questions:
Question 5. Does staffing plan adequately support implementation of activities and achievement of goal targets in project work plan?
Question 6. Is partnership and/or collaboration with PCA(s) and HITEQ evident?
Question 7. Is it evident that HCCN has an appropriate governance structure, ensuring that it is independent from the boards of its health center members? Is governing board's role in monitoring the program clearly delineated?
Question 8. Is the budget and scope of contracts and/or agreements reasonable in relation to the HCCN's planned activities for the budget period?

Pre-Site Visit Preparation - HCCN

1. **Coordinate site visit activities:** HCCN coordinates site visit activities to ensure all activities listed on site visit agenda are carried out during on-site portion of site visit.
2. HCCN participates in site visit kick-off call.
3. HCCN provides required pre-site visit review documents as well as additional documents upon consultant request.

On-Site Activities

Entrance Conference

1. All site visits begin with entrance conference that involves PO, consultant, HCCN leadership and staff.
2. Consultant facilitates entrance conference. Consultant can refer to sample entrance conference agenda under [Appendix C](#). Remote staff should also be invited and provided necessary accommodations.
3. Entrance conference should range between one to two hours in length and include the following content:
 - Review of purpose, scope, and intended outcome of site visit
 - Review of site visit agenda
 - General overview of HCCN
 - Q&A

Information Gathering and Assessment

While on-site, consultant will have detailed discussions about the HCCN's project status; its compliance with the requirements of the HCCN program as outlined in the HCCN NOFO; accomplishments, challenges, and lessons learned; and innovations and/or promising practices in supporting the training and T/TA needs of PHCs. Consultant should refer to HCCN program goals and objectives as well as HCCN's most recent project work plan to facilitate discussions and document findings for site visit report.

On-Site Analysis

1. Consultant and HCCN staff participate in activities that support on-site analysis which include the following:
 - HCCN project status update
 - Meeting with HCCN Board members
 - Visits to PHCs including informal discussion with health center staff
 - Demonstrations of health IT (HIT) tools, resources, services, and solutions provided to PHCs
2. Consultant leads discussions on project status for each program goal and its objectives (list of program goals and objectives is provided under Appendix D). HCCN should be prepared to discuss the following:
 - Detailed status on each program goal and objective to date
 - Successes and accomplishments
 - Challenges, barriers, and lessons learned
 - Innovations and/or promising practices
3. Consultant should refer to [Appendix E](#) for instruction on collecting and documenting promising practices.
4. In addition to grant progress, consultant must use the following questions to evaluate HCCN's program management and document findings in site visit report:
 - What resources and capabilities does HCCN possess (HIT expertise, organizational structure/staffing, contracts and agreements, and financial management and control) to adequately support activities?
 - How does HCCN engage each PHC in all activities?
 - How does HCCN collect data to monitor progress, measure outcomes, and improve activities in project work plan?
5. Consultant leads meeting with HCCN Board to discuss governance and program oversight. Consultant must use the following questions to guide discussion and document findings in site visit report:
 - What is the HCCN's governance structure and how is the governing board involved in the monitoring of the project?
 - How often does the board meet?
 - What are roles that PHCs and other key stakeholders have in project oversight and HCCN's governance?
 - Explain how HCCN's governing board's procedures are appropriate to govern the organization.
6. HCCN should have any documents/tools it would like to present on-site prepared and accessible.
7. It is recommended that HCCN provides consultant with electronic copies of all site visit documents if possible.

Exit Conference

1. Consultant will facilitate a Pre-Exit Conference with HCCN CEO/Project Director prior to Exit Conference, if requested by either CEO/PD or consultant.
2. Consultant will facilitate exit conference and include HCCN leadership and staff, HCCN Board representative, and PO to present site visit findings. Consultant should summarize general findings from all aspects reviewed while on site and any follow-up actions/steps discussed.
3. Findings and recommendations identified during site visit will be shared with HCCN via site visit report. PO will be a point of contact for any follow up questions or actions.
4. Consultant will explain Consultant Evaluation Form to the HCCN.

Post-Site Visit Activities

At the conclusion of site visit, consultant will prepare a site visit report. The site visit report serves as the formal report of findings from the site visit. Follow-up on site visit findings will be ongoing and conducted by the PO throughout the remainder of the project period.

Site Visit Report

Site visit reports are expected to provide BPHC with an accurate, objective depiction of the HCCN's project status. Final site visit reports will be shared with the HCCN after the report is approved by BPHC. The site visit report review process will be completed within 45 calendar days from when the site visit was completed.

1. Consultant must use Site Visit Report template provided by the PO. Consultant can also refer to [Appendix F](#) in this guide.
2. Consultant must submit the site visit report to the TA Contractor within 10 calendar days from when the site visit was completed.
3. TA Contractor completes initial quality review for completeness, clarity, accuracy, format, grammar, and punctuation.
4. After quality review, TA Contractor submits site visit report to BPHC. Site visit report must be submitted to BPHC within 20 calendar days from when site visit was completed.
5. Areas of concern that do not align with the HCCN's work plan or expectations in the NOFO are recorded in the site visit report.
6. All information contained in the site visit report must be **based on fact**. Do not include opinions, use terms that could be considered inflammatory or derogatory, or use blanket statements. Rather, present detailed, fact-based statements.
7. Site visit report must **address HCCN's project status on ALL HCCN program goals and objectives**. Findings from pre-site and/or on-site segments should substantiate HCCN's progress towards meeting program goals and objectives as well as its compliance with all program requirements as outlined in Appendix D: *FY19 HCCN Program Goals and Objectives*.
8. Where there is sensitive information that must be conveyed to BPHC for a complete understanding and assessment of the HCCN, it *should not* be incorporated into the site visit report but rather conveyed to the PO via a post-site visit conference call.

Site Visit Report Review and Approval

Full review of all reports (draft and final) will be completed by consultant and BPHC within 45 calendar days from when the site visit was completed.

1. Within 25 calendar days of the submission of the draft site visit report, BPHC will complete internal review of the site visit report, communicating needs for any changes/edits to the draft report back to the consultant and TA Contractor.
 - PO reviews the report and does all editing/review using track changes.
 - If no changes are needed, PO sends report on to Program Quality Control (PQC) for final review and approval.
 - If changes are needed:
 - PO returns the report to the consultant within 25 days. If necessary, PO may initiate direct discussions with consultant regarding report revisions.
 - Once received from BPHC, consultant revises the report within five business days and returns to the PO for review as a final report.
 - PO must review and approve final report within five business days.
 - If the report is acceptable and no additional changes are needed, PO marks the report as “approved” and moves the report forward to PQC for final approval.
 - If the report is not acceptable and needs additional changes, PO makes necessary changes or comments in track changes and sends it back to consultant. If further changes are needed this step will repeat. *This may extend timeline for final report approval.*
2. PQC will review site visit report for quality assurance.
3. With PQC approval, PO sends HCCN final BPHC-approved site visit report.

NOTE: *This is a working document and may be updated as needs arise or based on early site visit experience.*

APPENDIX

Appendix A: Suggested Kick-Off Call Agenda

20 minutes

Introductions

- Participants and roles
 - Site visit purpose
 - Overview of site visit process components
 - Confirm who will provide what documents and by when
-
-

20 minutes

Logistics

- Site visit and meeting dates, spaces, and times
 - Confirm who will participate on-site and remotely
 - Confirm which PHCs will be visited and when
 - Review agenda and who will see it and by when
-
-

20 minutes

Staff Availability

- Confirm key HCCN management staff will be available
 - Review the list of staff who will be interviewed during the visit
-
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Appendix B: Site Visit Agenda Template

[Name of HCCN]

Project Officer: [Name of PO]

Consultant: [Name of consultant]

Attendees:

Day 1

Select the Date

8:00 a.m. – 9:00 a.m.	Entrance Conference Welcome and Introduction Overview of site visit Overview of HCCN [HCCN leadership and staff, consultant, PO]	Location
9:00 a.m. – 11:00 a.m.	HCCN Project Status Updates Part 1 [HCCN staff, consultant]	Location
11:00 a.m. – Noon	Meet with HCCN Board Members [HCCN staff, HCCN Board members, consultant]	Location
Noon – 1 p.m.	Break for Lunch	
1 p.m. – 3 p.m.	HCCN Project Status Updates Part 2 [HCCN staff, consultant]	Location
3 p.m. – 4:30 p.m.	Demonstrations and Other On-Site Activities [HCCN staff, consultant]	Location
4:30 p.m. – 5 p.m.	Wrap Up	Location

Day 2

Select the Date

Attendees:

8:00 a.m. – 11:00 a.m.	Visit to Participating Health Center or HCCN Project Status Update Part 3 [HCCN staff, health center staff, consultant]	Location
11:00 a.m. – Noon	Break for Lunch	
Noon – 3 p.m.	Visit to Participating Health Center [HCCN staff, health center staff, consultant]	Location
3 p.m. – 3:30 p.m.	Preparation for Exit Conference [Consultant]	Location
3:30 p.m. – 4:30 p.m.	Exit Conference [HCCN leadership and staff, consultant, PO]	Location

Additional Information:

[Add any additional instructions, comments, or directions in this section.]

Appendix C: Suggested Entrance Conference Agenda

20 minutes

Introductions

Consultant will facilitate entrance conference:

- Introduction of site visit team
 - Review purpose, scope, and intended outcome of site visit
 - Review site visit agenda and make any necessary changes
 - Describe how site visit outcomes and recommendations will be shared
-
-

30 minutes

Overview of HCCN

HCCN will present on the following suggested topics:

- Overview of organization
 - Overview of HCCN project
 - Overview of state healthcare and HIT landscape
 - Other relevant topics that support on-site discussions on project status
-
-

10 minutes

Q&A

Appendix D: FY19 HCCN Program Goals and Objectives

Goal	Objective	Objective Description	Numerator
Goal A: Enhance the patient and provider experience	Objective A1: Patient Access	Increase the percentage of PHCs using health IT to facilitate patients' access to their personal health information (e.g., patient history, test results, shared electronic care plans, self-management tools).	Number of PHCs with at least 50 percent of patients having accessed their patient portal accounts within the last 12 months.
	Objective A2: Patient Engagement	Increase the percentage of PHCs improving patient engagement with their health care team by advancing health IT and training (e.g., patient use of remote monitoring devices, better medication adherence with text reminders).	Number of PHCs with at least 30 percent of patients who 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 within the last 12 months.
	Objective A3: Provider Burden	Increase the percentage of PHCs that improve health IT usability to minimize provider burden (e.g., align EHRs with clinical workflows, improve structured data capture in and/or outside of EHRs).	Number of PHCs that have improved provider satisfaction (e.g. survey results) through implementation of at least one HIT facilitated intervention (e.g. improved CDS, EHR template customization/optimization, telehealth, eConsults, mobile health, dashboards, other reporting tools) within the last 12 months.
Goal B: Advance interoperability	Objective B1: Data Protection	Increase the percentage of PHCs that have completed a security risk analysis and have a breach mitigation and response plan.	Number of PHCs that have implemented a breach mitigation and response plan based on their annual security risk assessment.
	Objective B2: Health Information Exchange	Increase the percentage of PHCs that leverage HIE to meet Health Level Seven International (HL7) standards or national standards as specified in the ONC Interoperability Standards Advisory and share information securely with other key providers and health systems.	Number of PHCs that transmitted summary of care record to at least 3 external health care providers and/or health systems in the last 12 months using certified EHR technology through platforms that align with HL7 or national standards specified in the ONC Interoperability Standards Advisory.

	Objective B3: Data Integration	Increase the percentage of PHCs that consolidate clinical data with data from multiple clinical and non-clinical sources across the health care continuum (e.g., specialty providers, departments of health, care coordinators, social service/housing organizations) to optimize care coordination and workflows.	In the last 12 months, the number of PHCs that have integrated data into structured EHR fields (i.e., not free text or attachments) from at least 3 external clinical and/or non-clinical sources.
Goal C: Use data to enhance value	Objective C1: Data Analysis	Increase the percentage of PHCs that improve capacity for data standardization, management, and analysis to support value-based care activities (e.g., improve clinical quality, achieve efficiencies, reduce costs).	Number of PHCs using a dashboard and/or standard reports to present useful data to inform value-based care activities (e.g., improve clinical quality, achieve efficiencies, reduce costs) in the last 12 months.
	Objective C2: Social Risk Factor Intervention	Increase the percentage of PHCs that use both aggregate and patient-level data on social risk factors to support coordinated, effective interventions.	Number of PHCs that use health IT to collect or share social risk factor data with care teams and use this data to inform care plan development on at least 50 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) in the last 12 months.
	Objective C3: Applicant Choice	Applicants will develop an objective and outcome measure to address an emerging issue based on the needs of the PHCs in their network (e.g., addressing substance use disorder, improving interoperability with Prescription Drug Monitoring Programs, utilizing telemedicine to improve access, participating in precision medicine initiatives).	N/A

Appendix E: Promising Practices

Overview

A promising practice refers to an activity, procedure, approach, or policy that leads to, or is likely to lead to, improved outcomes or increased efficiency for HCCNs and health centers. HRSA collects these promising practices to share externally with others (e.g., via BPHC website, other health centers, and technical assistance partners).

Consultant should document no more than two promising practices during the course of site visit. Consultant should closely follow the guidance below in determining whether anything rises to the level of a promising practice.

Promising Practices Documentation

1. When any promising practices are identified as part of this site visit, consultant should document the following:
 - a. **Context:** Clearly describe HCCN and/or health center's innovation, challenge, or issue.
 - b. **Description:** In detail, describe the practice implemented.
 - c. **Outcome:** Use quantitative and/or qualitative data to show how the practice was effective.
 - d. **Implementation section:** State how this practice can be implemented in other HCCNs or health centers. Please list any special needs or costs associated with this activity. What were required elements for organization's successful implementation (e.g. board approval, policy, funding, collaborative partners and resources, facility, transportation, community acceptance)?
2. Consultant should ensure HCCN or health center consents to share this practice with others (e.g., via BPHC website, other health centers, and technical assistance partners)?
3. Document name, phone number, and email address for staff person who should be reached for further information.
4. List any relevant documentation related to promising practice (e.g., policy, forms, patient education handout).

Appendix F: HCCN Site Visit Report Template

HCCN Name			
Project Director			
Site Visit Date			
Site Visit Location(s)			
Consultant			
Project Officer			
Site Visit Participants (Name, Title)			
Pre-Site Visit Details			
Pre-Site Visit Review and Analysis			
Instruction		Met	Not Met
<p>Consultant is expected to review ALL pre-site visit documents and conduct pre-site visit analysis prior to being on-site. Consultant must use questions below to conduct analysis and determine whether each question is MET or NOT MET using pre-site evidence provided by the HCCN and/or PO.</p> <p>For each question, consultant must provide justification supporting MET/NOT MET determination in 5 sentences or less.</p> <p>Consultant must follow-up on site if he/she is unable to verify these questions during pre-site visit analysis.</p>			
<p>1. Does project work plan adequately support HCCN program goals and objectives?</p> <p>Justification:</p>			
<p>2. Does project work plan demonstrate clear linkages to identified PHCs' HIT needs and predicted barriers?</p> <p>Justification:</p>			
<p>3. Are goal targets in project work plan realistic and achievable considering proposed activities, resources, collaborations, and anticipated challenges?</p> <p>Justification:</p>			

<p>4. Do PHCs’ individualized work plans identify PHCs needs and appropriate activities to be completed to address those needs? – If no, ask HCCN to demonstrate how they are monitoring and tracking PHC progress and needs.</p> <p><u>Justification:</u></p>		
<p>5. Does staffing plan adequately support implementation of activities and achievement of goal targets in project work plan?</p> <p><u>Justification:</u></p>		
<p>6. Is partnership and/or collaboration with PCA(s) and HITEQ evident?</p> <p><u>Justification:</u></p>		
<p>7. Is it evident that HCCN has an appropriate governance structure, ensuring that it is independent from the boards of its health center members? Is governing board’s role in monitoring the program clearly delineated?</p> <p><u>Justification:</u></p>		
<p>8. Is the budget and scope of contracts and/or agreements reasonable in relation to the HCCN’s planned activities for the budget period?</p> <p><u>Justification:</u></p>		
On-Site Details		
Project Background (provide background of organization and activities conducted during site visit)		
On-Site Activities	Met	Not Met
<p>1. Meet with HCCN leadership, staff, and board members to discuss HCCN’s mission, strategic direction, and progress toward meeting program goals and objectives.</p>		
<p>2. Discuss successes, challenges, and lessons learned and identify areas of need that will support advancement of HIT at participating health centers (PHCs).</p>		
<p>3. Observe demonstrations of HIT tools, resources, services, and solutions provided by HCCN.</p>		
<p>4. Visit PHC(s) to gain insight on impact the HCCN has had on member organizations.</p>		
<p>5. Identify innovative and promising HIT practices that resulted in improved quality of care and/or patient outcomes.</p>		
Grantee Progress on Program Goals and Objectives		
<u>Instruction</u>		

<p>Consultant should provide detailed findings on HCCN’s progress in meeting program goals and objectives. Both pre-site visit analysis and on-site activities should inform the findings.</p>
<p>Goal A: Enhance Patient and Provider Experience</p>
<p>Objective A1: Patient Access - Increase the percentage of PHCs using health IT to facilitate patients’ access to their personal health information (e.g., patient history, test results, shared electronic care plans, self-management tools).</p>
<p>Response:</p>
<p>Objective A2: Patient Engagement - Increase the percentage of PHCs improving patient engagement with their health care team by advancing health IT and training (e.g. patient use of remote monitoring devices, better medication adherence with text reminders).</p>
<p>Response:</p>
<p>Objective A3: Provider Burden - Increase the percentage of PHCs that improve health IT usability to minimize provider burden (e.g., align EHRs with clinical workflows, improve structured data capture in and/or outside of EHRs).</p>
<p>Response:</p>
<p>Goal B: Advance Interoperability</p>
<p>Objective B1: Data Protection - Increase the percentage of PHCs that have completed a security risk analysis and have a breach mitigation and response plan.</p>
<p>Response:</p>
<p>Objective B2: Health Information Exchange - Increase the percentage of PHCs that leverage HIE to meet Health Level Seven International (HL7) standard or national standards as specified in the ONC Interoperability Standards Advisory and share information securely with other key providers and health systems.</p>
<p>Response:</p>
<p>Objective B3: Data Integration - Increase the percentage of PHCs that consolidate clinical data with data from multiple clinical and non-clinical sources across the health care continuum (e.g., specialty providers, departments of health, care coordinators, social service/housing organizations) to optimize care coordination and workflows.</p>

<u>Response:</u>
Goal C: Use Data to Enhance Value
Objective C1: Data Analysis - Increase the percentage of PHCs that improve capacity for data standardization, management, and analysis to support value-based care activities (e.g., improve clinical quality, achieve efficiencies, and reduce costs).
<u>Response:</u>
Objective C2: Social Risk Factor Intervention - Increase the percentage of PHCs that use both aggregate and patient-level data on social risk factors to support coordinated, effective interventions.
<u>Response:</u>
Objective C3: Applicant Choice - Applicants will develop an objective and outcome measure to address an emerging issue based on the needs of the PHCs in their network (e.g., addressing substance use disorder, improving interoperability with Prescription Drug Monitoring Programs, utilizing telemedicine to improve access, participating in precision medicine initiatives).
<u>Response:</u>
Challenges, Barriers, and Lessons Learned
Innovations and/or Promising Practices¹
Additional On-Site Findings
Program Management
<u>Instruction</u> In addition to grant progress, consultant must use questions below to document findings on HCCN’s program management, governance and financial/budget management.

¹ Consultant should refer to **Appendix E** in **HCCN Site Visit Guide** for instruction on collecting and documenting promising practices.

<p>1. What resources and capabilities does HCCN possess (HIT expertise, organizational structure/staffing, contracts and agreements, and financial management and control) to adequately support work plan activities?</p> <p><u>Response:</u></p>	
<p>2. How does HCCN engage each PHC in all activities?</p> <p><u>Response:</u></p>	
<p>3. How does HCCN collect data (qualitative and quantitative) to monitor progress, measure outcomes, and improve activities in project work plan?</p> <p><u>Response:</u></p>	
Network Governance	
<p>1. Describe the HCCN’s governance structure and explain the governing board’s role in monitoring the project.</p> <p><u>Response:</u></p>	
<p>2. Describe the role that PHCs and other key stakeholders have in project oversight and HCCN’s governance?</p> <p><u>Response:</u></p>	
<p>3. Explain how HCCN’s governing board’s policies and procedures are appropriate to govern the organization.</p> <p><u>Response:</u></p>	
Recommendations and Action Items	
Recommendations	
Action Items	Responsible Party
Additional Comments	
Consultant:	Date Completed:
Project Officer:	Date Approved:

