

Health Center Controlled Network (HCCN) Site Visit Guide

This site visit guide serves to define the aims, requirements, and processes for a site visit to a Health Center-Controlled Network (HCCN). Both HCCNs and Site Visit Consultants may use this guide.

Site Visit Purpose/Scope

There are five main goals for the site visit:

1. Meet with key HCCN staff and board members to discuss the HCCN's mission, strategic goals, and progress toward meeting the program goals.
2. Discuss successes, challenges, and lessons learned and identify areas of need that will support the advancement of HIT at the participating health centers (PHCs).
3. Observe demonstrations of HIT tools, resources, services, and solutions provided by the HCCN.
4. Visit PHC(s) to gain insight on the impact the HCCN has had on member organizations.
5. Identify innovative and promising HIT practices that resulted in improved quality of care and/or patient outcomes.

The focus of the site visit, which is typically 1.5 to 2 days, is to gather information that is not otherwise available from teleconferences and progress reports. By experiencing and observing HCCN activities in-person, site visits will contribute to overall understanding of what works and does not work, and identify needed resources.

Expected Outcomes

We expect site visits to result in the following:

- ✓ Identification of next steps to ensure attainment of the program goals
- ✓ Knowledge about where and how the HCCN excels
- ✓ Knowledge about key challenges
- ✓ Insight from the HCCN in terms of short and long term plans for the HCCN
- ✓ Insight from the HCCN board
- ✓ Insight from PHCs on the impact of HCCN program
- ✓ Collected materials (e.g., training materials, brochures, etc.)

Site-Visit Process

Overview

- ❖ Site Visit components include:
 - **Pre-Site Visit:**

- **Pre-Site Visit Planning:** Meeting with consultant(s) to discuss the site visit process, logistics, and an overview of the HCCN
 - **Kick-Off Call:** Introduce site visit process, roles, and responsibilities of PO, consultant, and HCCN
 - **Pre-Site Visit Review:** Document review of approved work plan, activities, and progress report
 - **On-Site Visit:** Conversation to discuss the progress on HCCN activities including successes, challenges, and lesson learned. This is an opportunity for the HCCN to present innovative and promising health IT practices or initiatives.
 - **Reporting and Follow-Up:** Summary of site visit findings are reported to the PO who is monitoring HCCN.
- ❖ Frequency:
- Each HCCN will receive one site visit during the course of the three-year project period.
 - When possible, the BPHC HCCN Project Officer (PO) and/or other BPHC staff will attend the site visit. In all cases, the HCCN PO will work and communicate with the consultant, and serve as the HCCN's ongoing primary point of contact for all questions and areas related to the HCCN program.
- ❖ Site Visit Team:
- One to two HRSA consultant(s), and possibly the HCCN PO, will conduct the visit
 - HCCN PO will facilitate communications between the HCCN and consultant(s)
 - HCCN leadership (CEO, Project Director (PD), and others as appropriate), consultants, and other HCCN staff will attend as deemed appropriate
 - HCCN board chairperson will be invited to the on-site portion of the site visit

Pre-Site Visit

HCCN Pre-Site Visit Activities

1. HCCN PO will notify HCCN of its upcoming site visit and coordinate with HCCN about preferred and alternate dates to receive site visit.
2. Eight weeks prior to site visit, HCCN PO will send the HCCN Site Visit Guide.
3. Consultant will share the site visit agenda with the HCCN prior to the kick-off call. Consultant will send the final site visit agenda at least one week before the site visit.
4. HCCN PO will notify the HCCN of consultant(s)' requests for documents to be reviewed prior to the site visit.

Consultant Pre-Site Visit Activities

1. Consultant will submit the site visit request in TATs a minimum of eight weeks prior to the target site visit date.

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2. Eight weeks prior to site visit, HCCN PO will arrange a pre-site visit meeting with consultant(s). The HCCN PO will:
 - a. Send consultant(s) the site visit documents including the HCCN Site Visit Guide, HCCN Site Visit Agenda Template, and HCCN Site Visit Report Template.
 - b. Provide an overview of the site visit process and logistics.
 - c. Provide an overview of the HCCN.
 - d. Coordinate with consultant(s) to identify documents or artifacts to review as part of pre-site visit review.
3. Prior to kick-off call, consultant will develop a site visit agenda in consultation with the HCCN PO.
 - a. The site visit agenda will include the following:
 - i. Entrance conference will include meetings with key HCCN staff, a meeting with the HCCN board and/or HCCN board chair person
 - ii. Facilities (HCCN) tour
 - iii. Visit to PHC(s)
 - iv. Consultants may view demonstrations or participate in activities that support the program goals. Other meetings relevant to HCCN scope of work including quality director's meeting, HCCN conferences, etc. (*when possible*)
 - v. Exit Conference/Debriefing
 - b. Consultant will share the site visit agenda with the HCCN and HCCN PO prior to the kick-off call.
 - c. The site visit agenda will be reviewed during the kick-off call. Consultant will update the site visit agenda with input provided by the site visit team during the kick-off call.
 - d. Consultant will send the updated site visit agenda to the HCCN PO at least two weeks prior to the site visit for a final PO review and approval.
 - e. Consultant will share the final site visit agenda with the HCCN at least one week before the site visit.
 - f. HCCN PO will either attend the site visit in person or participate in the Entrance and Exit Conferences via conference call.
4. Pre-site visit review:
 - a. HCCN PO will coordinate with the HCCN to provide key materials to consultant(s) four to six weeks prior to the site visit. Materials may include but are not limited to:
 - i. Original grant application
 - ii. Most recent work plan
 - iii. Most recent progress report
 - iv. Evaluation plan provided by the HCCN in the grant application
 - v. Most recent organization chart, staffing plan, position descriptions, and staff bios
 - vi. The HCCN board meeting minutes from the last two HCCN board meetings should be sent at least two weeks prior to the site visit.
 - vii. Other materials requested by consultant during kick-off call
 - b. Consultant(s) will confirm receipt of all necessary documents from the HCCN and HCCN PO, including additional documents requested during the kick-off call. HCCN PO will

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follow up with the HCCN as needed to ensure consultant(s) receive all requested documents.

- c. Consultant(s) will review all documents provided by the HCCN and HCCN PO prior to the site visit.

Kick-Off Call

1. HCCN PO (*regardless of attendance onsite*) will coordinate and participate in the kick-off conference call with the consultants and the HCCN. The kick-off call will occur four to six weeks prior to the site visit.
2. Consultant will submit the final kick-off call agenda to the HCCN PO for review and approval at least one week prior to call. A one-hour time slot is recommended for the kick-off call. (*Consultant(s) can refer to the sample kick-off call agenda under Appendix A.*)
3. HCCN PO's attendance and role during the site visit will be discussed.
4. The site visit agenda will be reviewed with the HCCN during the kick-off call.
5. Consultant(s) will request additional documents/materials needed from the HCCN and HCCN PO during the kick-off call.
6. If consultant(s) changes during the site visit planning process, a new kick-off call will be scheduled between the HCCN and HCCN PO.

On-Site Visit

Process

1. Consultant(s) will facilitate the Entrance Conference, and invite and accommodate remote staff as necessary. Consultant(s) can refer to the sample Entrance Conference agenda in Appendix C.
2. During Entrance Conference, the HCCN should provide an overview of the HCCN and project status, which include:
 - a. Background of the HCCN
 - b. Detailed grant progress to date
 - c. Successes and accomplishments from HCCN activities
 - d. Challenges, barriers, and lessons learned
 - e. Innovations and promising practices
3. HCCN PO and consultant will work with the HCCN to view demonstrations or to participate in activities that support each of the program goals.
4. On-site activities may include:
 - a. Participation in training activities
 - b. Meeting with the HCCN board and/or the HCCN board chairperson
 - c. Tour of a PHC, including informal discussion with health center staff
 - d. Demonstration of health IT tools
 - e. Attendance at a regional meeting if appropriate and scheduled concurrently
5. HCCN should have any documents/tools it would like to present on-site prepared and accessible. The materials can be viewed electronically for ease of convenience.

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6. Consultant(s) will facilitate a Pre-Exit Conference with the HCCN CEO prior to staff Exit Conference, if requested by either the CEO or the consultant(s).
7. Consultant(s) will facilitate an Exit Conference and include the HCCN CEO, project director (PD), HCCN board representative, and HCCN PO to present the site visit findings. The consultant will summarize general findings from all aspects reviewed while on site and any follow-up actions/steps discussed.
8. Consultant(s) will explain the Consultant Evaluation Form to the HCCN.
9. Findings and recommendations identified during the site visit will be shared with the HCCN via the Site Visit Report. The HCCN PO will be the central point of contact for any follow up questions or actions.

On-Site Documents to Discuss: It is recommended that the HCCN provide the consultants with either paper or electronic copies of all pre-site visit documents

On-Site Analysis

While on-site, consultant(s) will have detailed discussions about the HCCN's project status and how the HCCN's mission and current activities align with the intent of the program. Consultants will refer to the HCCN Program Core Objectives and related Focus Areas and Goals as well as the HCCN's most recent work plan to facilitate discussions and document findings for the Site Visit Report. Consultants may view demonstrations or participate in activities that support the program goals.

Core Objective A: Health IT Implementation and Meaningful Use

Increase the use of health IT to improve the quality of care in health centers and improve individual and population health. Activities will promote effective use of health IT solutions at all health center sites and attainment of Meaningful Use requirements.

Focus Area A1: *Certified Electronic Health Record (EHR) Adoption and Implementation: Support the adoption, use, and optimization of certified EHRs.*

Focus Area A2: *Advance Meaningful Use: Assist with meeting Stages 1, 2, and 3 Meaningful Use (MU) requirements.*

Questions to Consider:

- How does the HCCN support PHCs migrating to a new EHR or considering a migration?
- How does the HCCN support adoption/optimization and use of existing EHR systems at PHCs at the site level?
- What T/TA and/or direct assistance has the HCCN provided to support PHCs to meet the Meaningful Use requirements?
- How does the HCCN assist PHCs with Meaningful Use registration and attestation processes?
- What communication channels does the HCCN use to support peer learning among PHCs on various health IT implementation and the Meaningful Use topics?
- How does the HCCN support PHCs to identify and mitigate patient safety risks associated with health IT use to make care safer?
- What were the contributing and restricting factors to meeting this goal?

Site Visit Activities to Consider:

- Observe the EHR in use

- Examine tools the HCCN uses to assess workflow to prepare for implementation of a new EHR
- Learn how the HCCN assists PHCs to register eligible providers and obtain attestation data

Core Objective B: Data Quality and Reporting

Enhance comprehensive, integrated, high-quality data reporting at all Participating Health Centers.

Focus Area B1: *Data Quality: Provide strategies to enhance data validity for reporting, aggregation, and analysis.*

Focus Area B2: *Health Center and Site Level Data Reports: Support enhanced data reporting at the health center site and clinical team levels.*

Focus Area B3: *Health Data Integration: Support the integration of health data across all service types provided by the health center.*

Questions to Consider:

- Does the HCCN have a formal plan or strategies to ensure and/or improve data quality? If available, ask HCCN to provide the document.
- How does the HCCN engage PHCs to promote data stewardship?
- What resources and tools does the HCCN provide to help PHCs mitigate privacy and security risks and comply with the HIPAA Rules and other state privacy laws?
- How does the HCCN engage the clinical teams?
- What mechanisms are in place to promote PHCs to share strategies and challenges around data collection and maintaining data integrity?
- What T/TA and/or technical solutions does the HCCN provide to support PHCs to extract data electronically from EHRs to report all UDS Clinical Quality Measures (CQM) data?
- What, if any, are the data analytics tools used to support PHCs with meeting multiple reporting requirements?
- How does the HCCN support PHCs transition from reporting on a sample of patients to all patients for UDS reporting?
- How does the HCCN provide individualized support to address the unique reporting needs and capabilities of PHCs?
- How does the HCCN support PHCs with integration of clinical data across all service types (behavioral health, dental, lab, imaging, and other services available at the health center)?
- What are the challenges and barriers to data sharing, data governance, and proper data use?
- What were the contributing and restricting factors to meeting this goal?

Site Visit Activities to Consider:

- Observe methods and tools that improve data collection, analysis, and reporting, ideally at clinical team levels
- Observe data validation tools, if available
- Examine data validation processes
- Develop understanding of data integration across different service types
- Attend, if possible, quality committee or similar types of meetings
- Learn how the HCCN is collaborating with PHCs to improve data quality
- Briefly review, if possible and available, any contracts related to data sharing especially across all types of services provided by PHC

Core Objective C: Health Information Exchange (HIE) and Population Health Management

Increase secure electronic data exchange with patients, unaffiliated providers, and organizations to support patient-centered health care delivery and support population health management.

Focus Area C1: *Health Information Exchange: Support secure health information exchange among unaffiliated providers or entities.*

Focus Area C2: *Population Health Management: Support population health management activities leveraging health information across different care settings.*

Questions to Consider:

- How is the HCCN assisting PHCs' participation in HIE?
- What HIE capabilities and services are currently available and how is HIE data being incorporated into clinical workflow to affect patient care?
- What are the privacy and security policies and procedures the HCCN currently has in place for secure exchange of information (i.e. sharing data with unaffiliated providers)?
- Describe the current HIE landscape (i.e. infrastructure, cost, and legal aspects of HIE) and how it is affecting PHCs' ability to connect to HIE.
- How is the HCCN working to foster collaborations with unaffiliated providers, state agencies, hospitals, and other stakeholders of HIE?
- How are unaffiliated providers or entities defined for the purposes of the HCCN award? Was buy-in needed from them?
- If there is no HIE available, how is the HCCN assisting PHCs to identify alternative solutions to enable secure exchange of patient data with unaffiliated providers?
- What T/TA and/or technical solutions does the HCCN provide to support population health management activities at PHCs?
- What data sources (EHRs, claims, registries, etc.) are currently available to incorporate into population health management tools?
- How is the HCCN using population health management tools to improve care coordination and care management of patients at PHCs?
- What are innovative and promising practices for using population health management tools to improve quality of care and/or patient outcomes?
- What were the contributing and restricting factors to meeting this goal?

Site Visit Activities to Consider:

- Demonstrations of HIE capability (share applicable documents for awardee EHB file)
- Examine tools that support population health management
- Review of current contracts or ways in which secure exchange happens, if possible

Core Objective D: Quality Improvement

Advance clinical and operational quality improvements. Activities will improve clinical and financial quality measures and advance PCMH implementation.

Focus Area D1: *Clinical Quality Improvement: Support use of health IT to enhance performance on clinical quality measures.*

Focus Area D2: Operational Quality Improvement: Support use of health IT to support health center operational excellence.

Focus Area D3: Advance PCMH Status: Assist health centers in using health IT to advance their respective PCMH recognition and implementation efforts.

Questions to Consider:

- What are the five UDS CQMs the HCCN selected either as an overall network objective or for each individual PHC?
- What and how does the HCCN use data to assist PHCs to drive quality improvement initiatives or activities?
- How is the HCCN improving the efforts in patient safety – specifically using health IT to mitigate or prevent adverse events and hazards to patients?
- What are the examples of innovative or promising practices for using health IT and data-driven approach to achieve practice transformation at PHCs?
- What are the challenges and barriers to achieving clinical quality improvements?
- What communication channels does the HCCN use to support peer learning among PHCs on improving performance on UDS CQMs?
- What T/TA does the HCCN provide to support PHCs in developing strategies to better manage high-risk and high utilization patients and improve operational efficiencies?
- What T/TA is the HCCN providing to help PHCs' sites attain PCMH recognition?
- What are the IT challenges that restrain PHCs' sites' PCMH recognition?

Site Visit Activities to Consider:

- Examine quality dashboards
- Demonstrate Health IT functionality and methodologies that support advancements with:
 - PCMH recognition,
 - Meeting and/or exceeding HP2020 goals, and
 - Operational excellence
- Interview the clinical champions regarding their collaboration and role in the HCCN award

Governance

During site visit meeting with board members, consultant(s) will engage the participants in the discussions around governance to understand the key stakeholders' involvement in the project oversight and decision making processes.

Questions to Consider:

- 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 the roles that PHCs and other key stakeholders have in project oversight and the HCCN's governance?

- Demonstrate that the HCCN's governing board's procedures are appropriate to govern the organization.

Note: All questions are intended as a preparation for the on-site visit and consultant(s) may identify follow-up questions to ask while on-site.

Post-Site Visit

Reporting and Follow-Up

The entire site visit record (ESV Site Visit Conduct Module record) will be completed within 60 calendar days from when the site visit was completed. Follow-up on site visit findings will be ongoing and conducted by the HCCN PO throughout the remainder of the project period.

1. Consultant(s) will complete a draft site visit report via Technical Assistance Tracking System (TATS) and submit it to the HCCN PO and MSCG Technical Assistance Representative (TAR) within 20 calendar days from when the site visit was completed.
2. HCCN and HCCN PO should complete a consultant(s) evaluation.
3. Approved site visit report is sent to HCCN with report marked FINAL.
4. Areas of concern that do not align with the HCCN's work plan or expectations in the FOA will be recorded in the site visit report.
5. HCCN PO will follow up with the HCCN on any findings included in the final site visit report and provide the necessary support/technical assistance to assist the HCCN in addressing areas of concern.

Consultant Role in the Site Visit Report Process

- Within 10 calendar days from the end of the site visit, the consultant will complete the draft report and submit to MSCG editor and reviewer. *HCCN PO will provide the Site Visit Report Template prior to the site visit.*
- MSCG editor and reviewer will review the report for the following items prior to submission to BPHC: completeness, clarity, accuracy, format, grammar, and punctuation. Then the consultant will upload the report into TATS.
- Reports are expected to provide BPHC staff with **an accurate, objective depiction** of the project status of the HCCN. The HCCN will also receive a copy of the report, after consultant and BPHC comments have been incorporated and the final report is approved by BPHC.
- All information contained in the 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.
- Report must **address the HCCN's project status and progress on all four HCCN Program Core Objectives**. Findings from the Pre-Site and/or On-site segments should substantiate the HCCN's progress towards meeting the program core objectives and goals.
- If the site visit included training documents and/or packaged presentations from the HCCN, the consultant(s) must include these as attachments to the uploaded report in EHB TATS.

- If necessary, consultant(s) will send the HCCN PO any outstanding program-specific questions related to the draft report that must be addressed by BPHC.

Review and Approval of Site Visit Report

The full review of all reports (draft and final) will be completed by consultant(s) and BPHC within 45 calendar days from the time the site visit is completed.

1. Within 25 calendar days of the submission of the consultant draft report, BPHC staff will complete their internal review of the report, communicating the need for any changes/edits to the report back to consultant(s) and MSCG TAR via TATS.
 - HCCN PO will review the report and do all editing/review using track changes.
 - If necessary, the HCCN PO has the option of direct discussion with the consultant regarding report revisions.
 - HCCN PO will then send the Program Quality Control (PQC) their proposed review comments and/or track changes document for review and approval.
2. PQC will review ALL site visit reports for quality assurance.
3. HCCN PO will consolidate PO and PQC's report review comments and edits and forward them to the MSCG TAR and consultant via TATS in a single track changed document.
4. Once received from BPHC, the consultant(s) will revise the draft report within five business days and return to the HCCN PO for review as a final report.
5. HCCN PO must review and approve the final report within five business days.
 - If the report is acceptable and no additional changes are needed, the HCCN PO marks the report as "approved" and moves the report forward to their PQC for final approval.
 - If the report is not acceptable and needs additional changes, the HCCN PO makes the necessary changes or comments in track changes and sends it back to the consultant. If further changes are needed this step will repeat.
6. PQC will give approval and then send the HCCN PO and consultant notification of final BPHC approval of the report via email.

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(s): [Name(s) of consultant]

Attendees:

Day 1

Select the Date

8:30 a.m. – 11 a.m.	Entrance Conference Welcome and Introduction Overview of HCCN and Grant Progress [HCCN staff, HRSA PO]	Location
11 a.m. – Noon	Meet with HCCN Board Member(s) [HCCN staff, HCCN board members, HRSA PO]	Location
Noon – 1 p.m.	Break for Lunch	
1 p.m. – 4:30 p.m.	Demonstrations and Other On-Site Activities [HCCN staff]	Location

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Day 2

Select the Date

Attendees:

8:30 a.m. – Noon	Visit to Participating Health Center [HCCN staff, health center staff]	Location
Noon – 1 p.m.	Break for Lunch	
1 p.m. – 3 p.m.	Visit to Participating Health Center [HCCN staff, health center staff]	Location
3 p.m. – 4:30 p.m.	Exit Conference [HCCN staff, HCCN board members, HRSA PO]	Location

Additional Information:

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

Appendix C: Entrance Conference

The purpose of the Entrance Conference is to:

- Meet the HCCN's key management staff;
- Reiterate the purpose of the site visit;
- Review the site visit schedule; and
- Allow the HCCN to provide an overview of HCCN and detailed grant progress, including any major accomplishments/successes.

The Entrance Conference must involve the consultant, HCCN PO, and the HCCN's senior management staff. The Entrance Conference will take one to two hours.

20 minutes

Introductions

The HCCN PO and consultant will:

- Review the purpose, scope, and intended outcome of the site visit
- Review the site visit agenda and make any necessary changes
- Describe how the site visit outcomes and recommendations will be shared
- Review consultant, HCCN PO, and HCCN follow-up roles and responsibilities
- BPHC Update & Overview (*Project Officer presents*)

60 minutes

Overview of HCCN and Grant Progress

Discussion topics are at HCCN's discretion, but suggested subjects include:

- Overview of HCCN
- Detailed grant progress to date
- Successes, challenges, and lessons learned
- Innovations and promising practices
- New initiatives HCCN may be undertaking

10 minutes

Q&A

Appendix C: Site Visit Report Template

Grantee Name			
Project Director			
Site Visit Date			
Site Visit Location(s)			
Consultant(s)			
Project Officer			
Site Visit Participants (Name, Title)			
Site Visit Goals		Met	Not Met
1. Meet with key HCCN staff and board members to discuss the HCCN's mission, strategic goals, and progress toward meeting the program goals.			
2. Discuss successes, challenges, and lessons learned and identify areas of need that will support the advancement of HIT at the participating health centers (PHCs).			
3. Observe demonstrations of HIT tools, resources, services, and solutions provided by the HCCN.			
4. Visit PHC(s) to gain insight on the impact the HCCN has had on member organizations.			
5. Identify innovative and promising HIT practices that resulted in improved quality of care and/or patient outcomes.			
Pre-Site Visit Discussion Items			
Site Visit Details			
Project Background (provide background of organization and activities conducted during site visit)			

Grantee Progress on Program Core Objectives
Core Objective A: Health IT Implementation and Meaningful Use
Focus Area A1: Certified EHR Adoption and Implementation – Support the adoption, use, and optimization of certified EHRs.
Focus Area A2: Advance Meaningful Use – Assist with meeting stages 1, 2, and 3 Meaningful Use requirements.
Response:
Core Objective B: Data Quality and Reporting
Focus Area B1: Data Quality - Provide strategies to enhance data validity for reporting, aggregation, and analysis.
Focus Area B2: Health Center and Site Level Data Reports - Support enhanced data reporting at the health center site and clinical team levels.
Focus Area B3: Health Data Integration – Support the integration of health data across all service types provided by the health center.
Response:
Core Objective C: Health Information Exchange and Population Health Management
Focus Area C1: Health Information Exchange – Support secure health information exchange among unaffiliated providers or entities.
Focus Area C2: Population Health Management – Support population health management activities leveraging health information across different care settings.
Response:
Core Objective D: Quality Improvement
Focus Area D1: Clinical Quality Improvement – Support use of HIT to enhance performance on clinical quality measures.
Focus Area D2: Operational Quality Improvement – Support use of HIT to support health center operational excellence.
Focus Area D3: Advance PCMH Status – Assist health centers in using HIT to advance their respective PCMH recognition and implementation efforts.
Response:
Lessons Learned and Promising Practices
Challenges and Barriers

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Recommendations and Action Items			
Recommendations			
Action Items		Responsible Party	
High Priority Action Items/Communications			
Additional Comments			
Consultant:		Date Completed:	
Project Officer:		Date Approved:	