Health Center Controlled Networks

Funding Opportunity Announcement Technical Assistance Call

Moderator: Joanne Galindo
June 27, 2012
2:00 pm CT

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen only mode. After the presentation, we will conduct a question and answer session. To ask a question, please press star 1. Today's conference is being recorded. If you have any objections, you may disconnect at this time. And I will turn over the meeting to Ms. Joanne Galindo. You may begin.

Joanne Galindo: Thank you. Welcome to the technical assistance call for the Fiscal Year 2013 Health Center Controlled Networks, or HCCN, funding opportunity. And that's HRSA-13-237 for the announcement number. I'm Joanne Galindo, a public health analyst in the Office of Policy and Program Development here within the Bureau of Primary Health Care at HRSA.

Before we review the funding opportunity announcement, I'd like to introduce Jim Macrae, the Associate Administrator of the Bureau who'd like to say a few introductory remarks.

Jim Macrae: Great. Thank you Joanne. And welcome everyone. Good afternoon to those on the East Coast and Midwest and good morning to those way out west. We're very happy that you're able to participate in today's call. We apologize upfront for having a technical difficulty in terms of the call in number. Hopefully if you have friends or colleagues that are texting or emailing you, you can send that correct number so they can dial in.

There will be a rebroadcast or a replay of this call available on our Web site so in case folks are not able to participate fully, they can always go back and listen to the call. Also we are just very excited about this opportunity. This has been an announcement that I know has been much anticipated. It has garnered an enormous amount of attention internally and it's already garnered a lot of interest also externally.

And so we're very excited to be sharing information on this particular funding announcement. It also, I think, really springboards on the earlier investments that we've made in the Bureau of Primary Health Care and Health Center Controlled Networks and it really takes us to the next stage or next phase of evolution around health information technology and really using that resource and data to improve quality.

We really are excited about what the potential of this Health Center Controlled Networks guidance is about, but more importantly what we really think can be created through this funding opportunity.

The other piece that I just really want to echo and stress is that this is part of our overall critical quality strategy in the Bureau of Primary Health Care. And we really see Health Center Controlled Networks as a key part of that strategy. Our strategy really focuses on five key areas with respect to quality improvement and activities.

The first is to make sure that all of our health centers have strong quality assurance, quality improvement systems, and that they fully implement their plans. That's a key piece of any healthcare organization and really is a foundational element and a program requirement of all of our health centers.

The second thing which we think is absolutely essential in terms of a quality strategy for the Health Center Program is the adoption and meaningful use of EHRs. It is critically important that our health centers, and most importantly, the patients, we believe, have access to electronic health records.

We think this has the potential and already has realized great benefits in terms of both healthy providers and patients, in terms of collecting, analyzing and using that information to really improve their health. And so we've made really a significant investment in helping support health centers adopt electronic health records.

And we've made tremendous progress, which we'll share some of that information shortly. And I think we're now in the phase of really bringing on hopefully those last few health centers that haven't adopted EHRs but then to also help health centers move towards meaningful use of their EHR technology and also to be eligible for those investments from CMS. So we really are looking for all health centers to be able to implement EHRs across all of their sites and all of their providers.

A third piece of our quality strategy really is around our whole effort to have all of our health centers be recognized as patient centered medical homes. Again, we have made I think significant progress in this effort. You all may recall that we just initiated that really within the last year. And we have been incredibly pleased by the interest and actually the actions of many health centers in this area. We are up to about 8% of our health centers have now been recognized as a patient center medical home. And that is a significant amount of progress considering we were at a little less than 1% I think, about 8 or 9 months ago.

So we really have seen a dramatic uptick. We also have a number of health centers that have letters of interest in and we continue to support that effort. And we really see this as a key piece of the Health Center Controlled Networks to really help foster and support health centers as they take those steps to become a patient centered medical home.

Really one of the key foundational pieces of being a patient centered medical home is actually to have that adoption and meaningful use of electronic health records and use data and information to, not only track patients, but also help with referrals. So this is critically important.

The fourth piece of our quality strategy which really is where the rubber hits the road is actually improving clinical outcomes. So it's great that we have a QI/QA system, it's great that people have data and can share it, it's even great that people are recognized as patient centered medical homes but unless people's health and clinical quality is actually at the highest place that it can be and actually translate into proved health outcomes, all of that really will have been for naught.

So that's a key piece that we really are asking our the Health Center Controlled Networks to work on with our health centers, is how do you use data and information and technology to really drive improvement on some of these key health outcome goals that we have? And in particular, to meet or exceed some Healthy People 2020 goals on at least one of our clinical measures.

And then lastly, because really a foundational piece of all of this is our staff, really the whole focus around workforce and team based care. We know that

we're not going to be able to accomplish any of these things unless we have staff that are working together as a team to really impact on health. And so we are looking to ways that we can better support bringing on staff to recruitment efforts, retention, and then really trying to figure out how best, in an environment where we're always struggling to recruit or retain staff, how do we make sure that we're the best employer that we can be and really are the provider of choice, not only for providers on site but also for our patients. So that's a key foundation for what we do.

And, again, we see the Health Center Controlled Networks as a key part of this whole quality strategy and really a cornerstone in terms of what we're trying to accomplish.

If you turn to - and if you don't have it, the slides that are available on our web site, please take a look at that. But I'm up on Slide 4. And you can see that we've actually made some significant progress in terms of our EHR adoption as well as patient centered medical home results.

In 2010, we had 82% - 82.6% of our health centers had actually met or exceeded performance on at least one of the Healthy People 2020 goals for the six clinical measures that we collected in 2010 which is great - but we want to continue to push in terms of getting all health centers to meet or exceed and then not just on one measure but on multiple measures.

In addition, we have significant progress in EHR adoption from even 2010 to 2011. We are now at a point where only about 20% of our health centers have no EHR capability, which is great. We've made significant progress, and in fact, 65% of our health centers now have EHRs in use at all of their sites and with all of their providers.

And we have 15% that are using it at some sites and some providers. And as I talked about earlier, we also have made a big push around the patient centered medical home that now a little over 8% of our grantees have PCMH recognition.

We are going to make available, as you all are developing your applications information, both at a national as well as a state level, to see what are the adoption rates with respect to both EHRs as well as PCMH, so you'll have that information to utilize.

The last thing I would just want to say before I turn it back over to Joanne to go through the particulars of this guidance is that this really is an important guidance. We did make some significant changes to this guidance but we really do feel like they reflect the core elements of our quality strategy and are absolutely critically essential as we move forward in terms of improving the care that's provided to health center patients and ultimately their health outcomes.

We believe it's the next logical step in the evolution of Health Center Controlled Networks. It also, I think, recognizes that we have limited resources and so we have to leverage those resources to accomplish the goals that we can as best we can and that's why we increased, for example, the number of participating health centers from three in previous guidances up to ten and then created incentives for additional health centers to participate.

We really do believe that as we move more and more to using technology and data, the bigger that we can get in terms of some of the activities that

we do, the more that we can leverage economies of scale, the more that we can actually share and compare and benchmark our performance against other health centers or other providers, that will really help all of us improve what we're trying to do. No health center should have to do this activity all on their own. We really do believe there is strength in numbers and we hope this guidance reflects that opportunity and we really look forward to working with you all as you apply, as you go through the whole process of the application and then ultimately the funding.

And, again, this has been for me personally, a guidance that has had more attention than almost any other guidance that we have had which is amazing given just the importance of all the different guidances that we do, but there has been interest I would say across the department and to some extent, across other parts of the government in terms of what we're trying to do with respect to health information technology. So it is very exciting and we look forward to working with you. So with that, I'll turn it over to Joanne.

Joanne Galindo: Okay, thanks Jim. So before we continue, I'd like to direct you to the HCCN technical assistance web page where you can find the slides for this call. If you received an email announcement about this call, the URL for the TA Web page was included in that message. But if you don't have the email handy, the HCCN TA page is located at http://www.hrsa.gov/grants/apply/assitance/hccn. And once again, that's http://www.hrsa.gov/grants/apply/assitance/hccn.

And as Jim mentioned, a recording of this call will be posted on that technical assistance web site about one week after the call. So on your slides, Slide 2 provides the agenda for the call. Jim provided the Bureau of Primary Health

Care's quality strategy and progress and goals focused on electronic health records, patient centered medical homes and clinical outcomes.

So then we will move to a basic overview of the HCCN funding opportunity announcement including the eligibility requirements, the program requirements, award information and an explanation of participating health centers.

Next I'll go over the submission process and outline the application components including the project's work plan. And we'll complete the call with a review of resources, who to contact for technical assistance and important reminders and it'll be followed by a question and answer session.

And as you know, all participants are in a listen only mode. So if you have any questions that arise as we go along, make a note of them, and we'll address them at the end of the presentation.

You'll see on Slide 3 is an outline of the quality strategy of the Bureau of Primary Health Care that Jim went over. And on Slide 4 are some of the results that he was mentioning - that's taken from our uniform data system around EHR, PCMH results, and Healthy People 2020 performance measures.

On Slide 5, you'll see an overview of the funding opportunity for the Health Center Controlled Networks, or again, I'll refer to it as HCCN. The purpose of the HCCN funding opportunity is to support the adoption and implementation and meaningful use of health information technology and technology-enabled quality improvement strategies in section 330 funded health centers.

We have approximately $20 million available for this funding opportunity which will fund approximately 25 to 30 grants. The project period start date is December 11, 2012 and the project period is up to three years.

On Slide 6, it provides the basic eligibility requirements. To be eligible the applicant organization must meet all three of the following requirements. It must be a public or private non-profit organization and be either:

- a practice management network or HCCN controlled by and acting on behalf of health centers funded under Section 330 of the PHS act.

For purposes of this FOA or Funding Opportunity Announcement, the term "controlled" means that the governing board contains a majority of health center representatives and health centers have the collective authority to appoint or elect a minimum of 51% of the HCCNs board members

- or the applicant must be a health center funded for at least two consecutive preceding years under section 330 of the PHS act applying on behalf of the HCCN.

All applicants must also provide evidence of at least ten health center program grantees who are committed to participating with the HCCN to achieve the three goals in the grant program. And I'll describe more about the participating health centers after we talk about the program requirements.

While an applicant does not have to be a current HCCN, they should have the expertise and infrastructure in place to be able to carry out the requirements and activities of the grant program. As a network, an organization is eligible if

it is controlled by and acting on behalf of health centers funded under section 330 and provides the following services:

- reduce costs associated with the provision of health care services,
- improve access to and availability of health care services provided to individuals served by the centers,
- enhance the quality and coordination of health care services
- or improve the health status of communities.

Starting on Slide 7 is a basic overview of the program requirements. They're detailed more fully in the funding opportunity announcement starting on page 3. HCCN grant recipients are required to conduct activities under each of the following three areas.

The first is adoption and implementation. And these include activities to assist participating health centers to effectively adopt and implement a certified EHR system at all sites. These would be health centers that either do not currently have or have recently begun to implement an Office of the National Coordinator for HIT Authorized Testing and Certification Body certified EHR.

This can include participating health centers at various stages of the EHR adoption, for example, health centers that do not currently have certified EHR technology, health centers that have a certified EHR in use at some sites but not all sites, and health centers that have just begun to implement certified EHR technology. The goal of these activities is to effectively adopt and implement a certified EHR system at all sites by the end of the 3-year project period.

On Slide 8, the second program requirement is meaningful use. Applicants would propose activities to assist participating health centers to become meaningful users of EHR systems and have their providers receive EHR incentive payments. These activities will support participating health centers in making the necessary technical upgrades and workflow changes to meet all stages of meaningful use requirements under the Medicare and Medicaid EHR Incentive Programs and securing and maintaining incentive payments through all stages of meaningful use.

Program requirement three, quality improvement, is on Slide 9. Applicants will propose activities to assist participating health centers that have an EHR to advance their quality improvement initiatives to improve clinical and operational quality, reduce health disparities, and improve population health through HIT by leveraging existing strengths to foster continuous quality improvement.

The goals of these activities are to improve participating health centers clinical quality measures beyond the Healthy People 2020 goal level and to achieve patient centered home recognition. Examples of activities that fall into each of the three focus areas can be found in Appendix A of the funding opportunity announcement.

Slide 10 indicates the annual award limits for each grant. The yearly maximum amount that an applicant can request is dependent upon the number of participating health centers committed to working with the applicants throughout the three year project period. Applicants are required to include a minimum of ten participating health centers.

Now for existing Health Center Controlled Networks, this is not tied to the number of members that you have in your current network, however, it is a new determination for the number of participating health centers which may or may not be your current members. So for those that do not have ten members now, it's an opportunity to expand your reach and reach out to health centers that maybe you haven't worked with the past.

So on Slide 11, I'm going to explain a little bit more about the participating health centers that are expected to participate under this grant project. Participating health centers must be organizations funded under section 330 (e), (g), (h), and/or (i) of the Public Health Service Act.

This does not include Look-Alikes or other health centers that are not funded under section 330. Also this eligibility criterion is not site based. A participating health center is the overall health center grantee regardless of the number of sites.

Applicants are required to develop a Memorandum of Agreement with all participating health centers signifying their commitment to participate in the HCCN activities throughout the three year project period. And it's important that a health center cannot serve as a participating health center for more than one HCCN application.

Slides 12 and 13 provide an overview of the grants.gov submission process. If your organization is already registered in grants.gov, you need to ensure that your grants.gov registration and passwords are current. If your organization is not registered in grants.gov, you need to register as soon as possible.

Your organization must register in the central contractor registry or CCR and the Data Universal Numbering System - DUNS - prior to registering in grants.gov. And the CCR is being moved to a new system called the System for Awards Management, or SAM, effective the end of July. Please read Pages 8 and 9 of the funding opportunity announcement for more detailed information.

After registering in CCR or SAM, you can register in grants.gov. If you are a new applicant, please start the registration process immediately since each step takes time and grants.gov registration could take as much as a month. The entire application for this funding announcement is submitted in grants.gov and once the application is submitted successfully, applicants will receive a validation email from grants.gov.

On Slide 13, you'll see the grants.gov submission process. All applications for funding must consist of the following forms and documents - the SF-424 which is the Application for Federal Assistance, like a cover page. And you will upload your project abstract on Line 15 of the SF-424. You'll include your project narrative, the SF-424A which is the budget information form and a budget narrative, the SF-424B which is assurances for non-construction programs, the project performance site location form, the grants.gov lobbying form and the SS-LLL which is the disclosure of lobbying activities if it's applicable. And you'll also be required to upload all required attachments in grants.gov.

Slide 14 provides an overview of the sections of the program narrative and review criteria. There are seven sections including need, which will be scored for 15 points, response, 25 points, collaboration, 10 points, evaluative

measures, 15 points, resources and capabilities, 20 points, governance, 5 points and support requested, 10 points.

Also we're often asked about the difference between the program narrative and the review criteria sections of the funding opportunity announcements. The program narrative section is the general request for information about the project and the review criteria is the section that objective reviewers will use when assessing your application. They're both aligned with each other and very important, so it's beneficial to look at both of them when developing your application.

Slide 15 lists the attachments. More details about the attachments can be found in Table 4 on Pages 12 to 14 of the funding opportunity announcement. Some attachments are designated as required for completeness or required for review. Failure to include in the application documents indicated as required for completeness will result in an application being considered non-responsive and will not be considered for funding under this announcement. Failure to include documents indicated as required for review may negatively impact an application's objective review score as the reviewers may be looking for those documents.

Attachment one is a project work plan that is required for completeness. We'll talk more about that in a few moments.

Attachment two is the participating health center verification sheet. It's also required for completeness. It includes contact information, the CEO's signature and indication of commitment by the participating health centers to work towards the required goals. This is being collected in place of all the memoranda of agreement with the participating health centers.

Attachment three is the participating health center map and that is required for review. Attachment four is project organizational chart that is required for completeness. Attachment five, position descriptions for key personnel is required for review as is attachment six, biographical sketches for key personnel.

Attachment seven, staffing plan, is required for completeness. Attachment eight, the summary of contracts and agreements and attachment nine, letters of support, are required as applicable. Attachment ten, the corporate bylaws, are required for review. And attachments eleven and twelve are other relevant documents that you may feel support your project.

Starting with Slide 16, we'll go into more detail about the project work plans. The project work plan will outline the broad level activities proposed to meet the established goals of the project and assist participating health centers in achieving adoption and implementation, meaningful use and quality improvement, including PCMH recognition. The project work plan is expected to detail the activities to be conducted over the entire three year project period. The instructions for the project work plan can be found in Appendix B of the funding opportunity announcement. The template for the work plan must be downloaded from the TA web page, completed in Excel, and uploaded to grants.gov as an Excel file.

There are two goals for each of the three program requirements. Under adoption and implementation, goal one is the percent of participating health center sites that have implemented a certified EHR system. Goal two is the percent of eligible providers within the participating health centers using a certified EHR system.

For requirement two, meaningful use, goal one is the percent of eligible providers who have registered and attested or applied for EHR incentive program payments and goal two is percent of eligible providers receiving EHR incentive program payments.

Under quality improvement, goal one is the percent of health centers that meet or exceed Healthy People 2020 goals on at least one UDS clinical quality measure. Goal two is the percent of health centers that achieve PCMH recognition or maintain or increase their PCMH recognition level.

At the end of the 3-year project period, HRSA expects successful grantees to reach 100% for all of these three goals - I mean, all of these six goals under all three requirements.

Slide 17 lists the components of the project work plan. On the following slides we'll go into more detail so I'll just give you an outline here.

We have the projected goal percentage which should be 100%, the baselines, key factors which contribute to and/or restrict progress towards your stated goals, the focus areas and applicants must address all of the focus areas for each section.

Activities - applicants must identify at least two activities for each focus area. And for each activity, applicants identify who will be responsible and accountable for carrying out each specific activity, the expected timeframe for carrying out each activity and expected outcomes. The comments field is optional if you need to include more information.

Slide 18 gives a view of the quality improvement section of the work plan. Here you see the two goals and the numerator and denominator descriptions for each which are provided for you on the template. The template is an Excel file and you'll see that the blocks to be completed are highlighted in light yellow. You'll enter your goal in the block to the right of the goal description. For the baselines, when you enter the numerator and denominator into the Excel spreadsheet, it should automatically calculate the baseline percentage for you.

On Slide 19 is the section of the work plan on key factors. Applicants must include at least one key factor predicted to contribute to and one factor predicted to restrict progress toward achieving the proposed goals.

Slide 20 shows the section of the work plan detailing the project activities. Two activities are required for each focus area. They should be based on the needs of the participating health centers. For each activity, identify at least one person or area responsible, a timeframe and expected outcome. You can see Appendix A in the funding opportunity announcement for a list of potential program activities that fall under each program area - each focus area. Excuse me.

On Slide 21, we have a chart that compares the UDS clinical quality measures and Healthy People 2020 goals. One of the goals for the quality improvement section is the percent of health centers that meet or exceed Healthy People 2020 goals on at least one UDS clinical quality measure.

The following UDS clinical performance measures align with the Healthy People 2020 goals and may be used for this measure - hypertension controlled blood pressure performance rates, the childhood immunization

performance rates, first trimester entry into prenatal care, the percentage of newborns below normal birth weight, the diabetes controlled HBA1c performance rate, the pap test performance rate, the tobacco use assessment measurement, and the tobacco cessation counseling measurement.

On Slide 22 are various resources to assist you with developing your HCCN applications. I'll mention again, the HCCN TA web site which is at http://www.hrsa.gov/grants/apply/assitance/hccn where you'll find links to all these resources plus the templates and samples that you can use during your application development and frequently asked questions.

The HRSA electronic submission user guide, the Network Guide, which provides information on HIT services and support as it relates to quality improvement and overall adoption and implementation of HIT in the safety net, the certified HIT product list, the Medicare and Medicaid EHR Incentive Programs, the HRSA patient centered medical/health home initiative, and Healthy People 2020.

On Slide 23, you'll see your technical assistance contacts. For program related questions, you can contact me at bphchccn@hrs.gov or 301-594-4300. For budget related questions, you can contact Brian Rivera in the Office of Financial Assistance Management and his email is brivera@hrsa.gov or 301-443-8094. And for grants.gov related questions you should contact support@grants.gov or 800-518-4726.

On Slide 24 I have some important reminders. The grants.gov deadline is September 10, 2012 by 8:00 PM Eastern Time. The yearly maximum amount that an applicant can request is dependent upon the number of participating

health centers committed to working with the applicant throughout the three year project period. Applicants are required to include a minimum of ten participating health centers.

Applications may not exceed 100 pages or 10 megabytes. And failure to follow the instructions and include all the required documents may result in your application being considered non-responsive. And non-responsive applications will not be considered for funding under this opportunity announcement.

So that concludes our slide presentation and now I'd like to open it up for questions and answers.

Coordinator: Thank you. If you would like to ask a question, please press star then 1. Once again, if you have question or comment, please press star then 1. First question is from (Lori Scar). Your line is open.

(Lori Sklar): Hi. Good afternoon. Thanks for this call. As you noted here, you have about 65% of the current health centers that have adopted and implemented EHRs. Only 20% have none. That goes to my question about the first measure you have that you're going to be looking critically at - for this grant. So if you have a group of health centers connect with your network and the majority of them have already done this, they have adopted, they have implemented, granted you're working at optimizing, does that preclude you from being part of this grant at this point?

Woman: Thank you. Great question. As we mentioned, and you've highlighted, we think about 20% have not fully - have not adopted an Electronic Health Record yet and keep in mind this is from UDS data so this was December of

last year. We're hopeful that that 20% is shrinking, you know, daily, you know, as we speak.

But we think there's still a good opportunity to support everyone to get to 100% across all of our health centers and even within that, there's I think the larger opportunity - ensure adoption across all sites of the health center and use across all of the eligible providers so when you're considering your group of participating health centers that you would bring together on this, it may be that some segment of your ten, at least ten health centers, may need support on adoption and implementation and another segment of them may be more focused on area two and three around meaningful use and optimization and/or quality improvement.

So I think that's something that we come in with an understanding that you really focus on, at the end, you have to have all of the participating health centers in your project be at 100% across all sites and all eligible providers and that we understand that you may come in with a certain percentage already there. But as I think you all would appreciate, there's some work inherent in keeping them up, live and successfully implementing. So we recognize that and that is fine as a part of this opportunity.

(Lori Sklar): Okay, well that was my concern because our work does tend to go more towards optimization and meaningful use and all the rest of this but not so much into the initial adoption and implementation just taking care of the first two grants. Thank you.

Coordinator: Ready for the next question?

Woman: Yes.

Coordinator: Thank you. (Katherine Grant Davis), your line is open.

(Katherine Grant Davis): Yes, thank you so much. Hi, this is (Kathy Davis) from New Jersey and there're a group of us sitting here so we have a couple of questions which I'll try and do quickly. Slide 16 is really the first question that we had, where I think it was mentioned a couple of times that for the goals - A1, A2, B1, B2, et cetera, you're looking for 100% as an example of eligible providers receiving their incentive payment, 100% of providers using a certified system. Is that correct?

Woman: That is correct. That is the goal for the three year period.

(Katherine Grant Davis): Okay, and even goal C1 - percentage of health centers that meet or exceed Healthy People, which was actually the same goal that the PCAs just put in their application. Is that correct, it's the same thing that we've all just indicated that we would be working towards? And so now the networks will be doing the same thing. Is that correct?

Woman: I don't believe the networks will be doing the same thing and yes, absolutely. I think we've talked in a variety of different forms about the critical importance and the challenge associated with achieving our quality strategy and this being particularly one of those really hard measures to set a significant improvement by one party, by one health center alone, one primary care association, and so this is a heavy lift, so to speak, so we believe there are opportunities for multiple technical assistance partners and infrastructure support to advance this to really help us achieve that.

So to your first question about is it 100% that we expect to meet - of health centers to meet or exceed Healthy People 2020 on at least one clinical outcome, yes, over the three year project period. So as Joanne mentioned, for the six goals that we have here in each of the three focus areas, the expectation is that you achieve 100% for your entire population of participating health centers for this project over the 3-year period.

And we believe that the Health Center Controlled Network opportunity really focuses on those leveraging that health information technology, electronic health records, data warehousing, information exchange, reporting, looking at informatics, all those really technology and data and informatics areas that are different than other elements of technical assistance that the Bureau is supporting. And that a comprehensive set of technical assistance support that we provide in resources, will ultimately allow the Health Center Program and each of our health centers to advance the quality strategy that we're looking towards.

(Katherine Grant Davis): Now let me just ask when it says the percentage of health centers that meet or exceed, you're looking at health center, not the particular site around 2020, correct? So if a health center has 20 sites, you're looking collectively did that health center itself meet 2002 goals, correct?

Woman: Correct. These goals are written at a health center level and, you know, I think ostensibly, when we talk about that, we're looking at compared to UDS data typically, so it is aggregate especially when we're talking about the implementation of electronic health records and using the universe rather than a chart sample. It is a reflection of the outcomes realized across the entire health center for all of those patients who are receiving care at the health center.

(Katherine Grant Davis): Okay, that makes sense to me. Two more questions and then I'm done. Thank you so much for your patience. In the section where it talks about what needs to be attached, it says contracts and agreements, but if we are having to put out an RFP, assuming that we would be funded, we would not have a contract in place. Would an RFP suffice in terms of our intent to bring someone in to do a data warehouse? I hope the answer's yes.

Woman: We'll actually do an FAQ on that because I think we need to evaluate that a little bit more to make sure that we're giving a comprehensive answer, so we'll definitely - and I think as Joanne mentioned, we will be updating FAQs on our Web site. And so this is one we'll definitely address in the FAQ.

(Katherine Grant Davis): Okay, thank you. I appreciate that because I think a number of us would not want to sign a contract unless we knew that we would get funding but very happy to attach the RFP that we would be sending out on a competitive basis.

Then the last question is just to make sure that we all understand, a sitting PCA could apply on behalf of a newly formed network. The network itself would have to be the non-profit agency but can the PCA apply on its behalf?

Woman: As long as it meets the eligibility requirements as outlined in the funding opportunity announcement.

(Katherine Grant Davis): Oh, okay, so it would be under the PCA grants.gov number?

Woman: Hold on a second. When it comes down to this, I think the really important thing is to remember to get back to the eligibility which clearly states that to

be eligible it has to be a public or a private non-profit, which of course, a PCA would be. But then it also has to meet the second area which is that it's either a practice management network, right? So that network organization itself is controlled by and acting on behalf of health centers. Or it's a health center funded for at least two consecutive years. So we'll provide clarification in an FAQ on that but that's specifically what's the eligibility for this program.

(Katherine Grant Davis): All right, I might follow up with a phone call because I think I'm still a little confused. But thank you so much for that and I don't want to monopolize the phone and I'll follow up later. Thank you.

Woman: Absolutely.

Coordinator: Now are we ready for the next question?

Woman: Yes please.

Coordinator: Okay, thank you. (Susan Wilson), your line is open.

(Susan Wilson): Thank you. Appreciate the opportunity. One simple question - is the reporting for this award going to be in EHB?

Woman: Yes.

(Susan Wilson): Okay. And my other question relates to the phenomenon of adverse selection. In Missouri, we have been active in our regional extension center. We have also been a funded Health Center Controlled Network and we have some of our health centers who are simply dragging their feet in moving

toward the goals of this opportunity. So I am not very incentivized to include them if they do not allow us to achieve our goals. So the second part of this question is what sort of pressure may be applied to FQHCs to make sure that they are moving toward these goals?

Woman: That's a great question and it's something that I think each applicant has to consider as they're forming their partnership amongst participating health centers. And then I think that's one of the reasons we ask for that MOA, just to ensure that each health center understands what they're committing to over the three year project period. Not only the support that they'll receive as a part of this because I think they'd be happy to participate in that, but as well as the outcomes that they are expected to partner with the applicant to achieve over the three years. So I think that that's an important area of consideration.

So to the second question around what's the motivation at health centers to comply with this, as we've mentioned broadly in the Bureau of Primary Health Care's health center quality strategy, we're aligning all elements internally in the Bureau to grantees to primary care associations and networks to really focus on advancing these.

Each health center is accountable to these goals as well for their respective area of influence, their health center and all of their sites. And I think we're providing incentives and support and we're providing a fair amount of investment over the years in adoption which is why we have the great rates we have. We continue to provide support and incentives around patient-centered medical homes. We have program requirements around quality improvement and quality assurance and we're, you know, beginning to work more and more on team based care.

We do also have in part of our work with health centers, they all have to come in and commit to realizing positive outcomes and improvements in outcomes on the clinical measures and, you know, with respect to quality improvement, with respect to the UDS data that they submit. So I think right there is their incentive to partner with all of those resources that they have to advance goals.

(Susan Wilson): I understand and appreciate everything you've said. I'm still a little bit reserved, I guess, in thinking that the ones who haven't responded to the opportunities that have already been put out there would respond any differently to this one.

So we're going to invite participation because we'd like to be inclusive, but I'm apprehensive about what they're going to do to our performance overall. I had one more question and that is this guidance emphasizes in several places that this assistance is to be provided to section 330 funded FQHCs. Any suggestions or ideas on how to accomplish that within an established network that may have other members or FQHC look-alikes?

Woman: That's a great question. So I think an important point fundamental to this opportunity is the distinctions between members of a Health Center Controlled Network and participants in this grant and quality improvement project. So with respect to that, I'm sure that there would be sideline economies of scale benefits, especially around quality improvement, meaningful use optimization that all members of a network may benefit from. But this process is really focused on accelerating, advancing quality improvement amongst the health center program and grantees, and so the focus is really the 330 funded health centers.

(Susan Wilson): So if I may restate a little bit, if systems are in place that we request support to leverage to assist the health centers, there isn't any problem with that halo effect of the benefit it could provide to other agencies?

Woman: As long as there's a clear line that the resources associated with this funding opportunity are going to directly benefit the health centers that are participating in a project. Any delivery of benefits to other members of the safety net is a great bonus.

(Susan Wilson): Okay, I appreciate that. Thank you.

Coordinator: Ready for the next question?

Woman: Certainly.

Coordinator: Thank you. (Tony Begon), your line is open.

(Tony Begon): Good afternoon. Thank you for this helpful presentation. I have a quick question that I think I know the answer to but I just have to double check. When the guidance indicates that applicants must include a minimum or ten participating health centers, is that ten different organizations or a couple of organizations that have collectively ten sites?

Woman: No, it's not based on the sites. It would be ten separate overall health center program grantees, so the parent organizations. It has to be ten parents.

(Tony Begon): Okay. Right. Okay, that's what I thought. Thank you so much.

Woman: Thank you.

Coordinator: The next question is from (Roy LeCroix). Your line is open.

(Roy LeCroix): Thank you. And Jim and your staff, thank you for the guidance and with the NACHC Health Center Controlled Network leadership team, thanks for taking some of our suggestions, particularly on the length of time we have to reply to this. It's really welcomed and we greatly - and I greatly appreciate this. I had two questions. The first one has to do with the statement at the top of Page 3 of the guidance that notes that networks cannot charge participating health centers for the services provided under this grant.

And I wanted to get some clarification by providing just a sample, a generic example of some of the things that we, as networks do, because you know we do most of these services that are outlined here already. We're already providing to members, many of us on a fee for service basis. So one generic example would be one of the services we provide and will be seeking to provide to improve the quality of reporting is to develop tracking and reporting structures for population data management.

And within the service that we would deliver as part of this grant, we predict that our cost for the staffing, software, data management, those types of things, clinical informatics, and things that aren't fully identified, we project that these costs will probably exceed the grant allocations that we have to provide this service. So we're planning on funding it through the grant but we expect our costs, as an example, will exceed what we're doing. So my question is can we, the network, then bill for the expenses of the proportion of the service we deliver that is not charged or covered through the grant itself. And I'm glad to clarify that - if need be.

Woman: Sure. That's a great question. So again, you know, really being very clear around the purposes of this funding opportunity and what we're hoping to achieve, going back to the premise that this is really to advance, build upon work but not duplicate work that may be already being done as a part of previous network funding opportunities, networks who are independent and have developed sustainability plans and have various models for network membership. This is separate and apart from that. So as you think about what can feasibly be done with your cohort of participating health centers, it's important to carve out a project that the funding levels would be appropriate for you to implement that project and fully realize it and meet the objectives.

So if some of the things that you're proposing may require additional resources outside of what's available here, I think it would be prudent to figure out how to carve out pieces of that to fit within the scope of this project and funding opportunity.

(Roy Lecroix): So thank you. Can I follow up with the question - so we implement an EHR in practice management and one of the notes in the adoption aspect was about post-implementation support. And that's very much part and parcel of what networks do. So I think, you know, I'd be glad to have an offline call on this or an FAQ, but it just seems like how would we - you know, the question I have is we bring up an EHR and we have some post-implementation support but then we'll have to transition probably before the three years into ongoing day to day support and that's really - feels murky to me about how to do that.

And I just wondered, have - you know, can you reconsider that or can we talk about it more because I don't think I'm the only network with these types of

questions. And I understand what you want to accomplish and we understand this is a new body of work, but I'm not sure that it's, you know, I don't want to be argumentative, but I guess I will. I'm not sure that it's as black and white as perhaps you guys - as it may be perceived or I'm certainly not - I'm missing it a little bit. So I would hope there might be opportunity to kind of flush this out a little more.

Woman: Sure. Absolutely. Do you want to send in an example of how you see this playing out? I think we can look at it and try to address it more in an FAQ. It's hard to, you know, really address in generality. So we'd be happy to do that.

(Roy Lecroix): Sure, thank you. And then my second question - sorry, it's actually number three then - there is - I've heard, and this may just be a good rumor, but as you mentioned, this is part of the ongoing strategy from HRSA now. Do you foresee that this is something along the lines of renewable every 3 years or competitive opportunity that might crop up every 3 years for this type of grant? Anything along those lines? And I know we're - sorry, I'll stop there. Anything you can comment to that?

Woman: Sure. I think what's really important is to look at what can be achieved within this 3-year project period, that these dollars are available to us in fiscal year 2013. We don't know what the future holds in terms of the availability of funds. These dollars are being awarded to support very specific and time limited activities. And we will assess at future dates whether there will be any additional funds to continue these or to support new activities in the future.

So we can't commit at this time to whether these are considered operational or ongoing funds, but it's very clear that the project plan that you need to

submit as part of this application will have very distinct achievable activities within the 3-year project period that can be supported within the dollars that are available. And so to that end, it's probably in the best interest of the organizations that apply, that they don't propose activities that will have a long term cost that cannot be sustained without additional grant funds.

(Roy Lecroix): Okay. And again, thank you to you and your staff for getting the grant out.

Coordinator: Ready for the next question?

Woman: Yes.

Coordinator: Thank you. (Jody Samuels), your line is open.

(Jody Samuels): Thank you. I just had two questions. I think they're both relatively quick. The first one is for the PCMH recognition goal. Is that PCMH recognition from any currently existing PCMH certifying body or is it specifically NCQA?

Woman: Great question. So we are looking at NCQA, the Joint Commission, and AAAHC. If there's another nationally recognized PCMH recognition body, we would be open to that as well. And then additionally, we understand that several states are embarking upon a statewide recognition process as well. And if we have the appropriate information to make an assessment that is equivalent to the national standards, then we would be able to include those in terms of the recognition as well.

(Jody Samuels): Great. Thank you. And then the second question - it sort of relates to the question about the contracts and the RFPs, that process. If we are planning to apply and, for example, as a unit or are not able to use - or potentially not

able to use our current board based on the requirements for the representation of at least 51% of health centers, if we can set up a new board, that would mean we would also need new bylaws, and it's a little hard to see how we would have those bylaws in place and approved prior to submission of the application. So I'm just kind of curious to know if you have any feedback on how to handle that part of the project timeline.

Woman: That's one of the issues you're going to need to face in determining how to proceed with an application. Certainly if you can fast track whatever you need to do with the organization as it's being developed in terms of preparing and finalizing all of those operating documents, that would be great. But it's really up to you about how you address your current eligibility and what needs to be submitted as part of the application.

(Jody Samuels): Well, I guess it's like I said, it's like with the contracts in terms of entering into contracts before we get funded, it's a little hard to see that we wouldn't be able to form an official board for an HCCN if we're not funded and the HCCN doesn't move forward. And that's sort of where my confusion lies.

Woman: In terms of do you actually establish an organization - prior to getting the award or establish the organization after you get the award?

(Jody Samuels): A little bit like that. Yes, exactly.

Woman: Right, and so I would just say back to you that you need to consider what would be the best presentation as part of an application, how you could prepare the most competitive application in terms of presenting information in the application, so to consider whether something is under development or finalized and how that might impact on the review of your application.

(Joy Samuels): Okay. Thank you.

Coordinator: Ready for the next question?

Woman: Yes please.

Coordinator: Thank you. (Joy Wilson), your line is open.

(Joy Wilson): Thank you. I have two questions. First is on the meaningful use part of the requirements. If we're already receiving LEC funding to help with meaningful use achievement, will that affect us with applying for this grant?

Woman: Can you repeat the question? It was a little hard to hear you.

(Joy Wilson): I'm sorry. Can you hear me better now?

Woman: Yes.

(Joy Wilson): Okay. We are already receiving LEC funding to achieve meaningful use. And I was wondering if that would affect us in applying for this grant and being considered for it.

Woman: Right, so that's a great question. So LEC - you mentioned is the Local Extension Centers?

(Joy Wilson): Yes. Correct.

Woman: Okay, so coordinated with or part of the regional extension center?

(Joy Wilson): Yes.

Woman: Okay, and in the funding opportunity there're areas to talk about the health IT landscape and all of the different partners that may be working in this space. So it will be important for lack of duplication of efforts and federal resources for you to really clarify how this funding will build upon or augment what that funding is really supposed to be, you know, what outcomes that you should be achieving with that funding opportunity. And this should be different from that because that'll be an important point to discuss.

(Joy Wilson): Okay, and my second question kind of goes back to what another caller had mentioned. We do have a clinic - a health center that is not a 330 funded health center. Can we not include them as one of our ten?

Woman: Their membership status in your Health Center Controlled Network is completely up to you. For this funding opportunity, you must have a minimum of ten section 330 funded community health centers.

(Joy Wilson): Okay, thank you very much.

Coordinator: Next question is from (Kate Simmons). Your line is open.

(Lori Real): Hi. This is (Lori Real) from Vermont. (Kate) has stepped away so I'd like to go ahead and ask the questions if I may. Can you hear me?

Woman: Yes, go ahead.

(Lori Real): Great. Thank you very much. I have a couple of questions on governance and then one on the performance requirements. As it relates to the focus area activities, if I reference Pages 35 through 38 of the funding opportunity announcement, it lists 12 focus areas. Am I understanding correctly that we shall choose two activities in each of those 12 focus areas for a total of 24 activities?

Woman: That's correct. However, this is just a list of potential program activities. So you don't necessarily have to choose something that's on the list. It just gives you some examples.

(Lori Real): Okay, but you are looking for 24 areas within those 12 focus areas?

Woman: Correct. Two activities for each focus area.

(Lori Real): Okay, thank you. Then on the governance side, I have a couple of different ways that I'd like to ask whether you believe these meet eligibility requirements. So first of all, under the criteria that you've established for eligibility, are limited liability companies considered to be eligible?

Woman: I don't know if a limited liability corporation is considered a private or public non-profit organization. I don't believe they are but we can clarify that in the FAQ.

(Lori Real): I would appreciate that. Thank you. And then the follow up question on governance is if a Health Center Controlled Network is currently deemed by the Bureau to be existing as a program of the primary care association where there is a governance committee with 100% federally qualified health center

330s and they have a memorandum agreement in place, is that sufficient? Or are you looking for something more?

Woman: All right, so I think this goes back to the questions from (Kathy) earlier about the eligibility opportunities for primary care associations. So I think we go back to the expectation that this needs to be an organization, so an organization that can demonstrate that it is controlled and acting on behalf of health centers funded under section 330. So if the PCA or in either case, if the primary care association can demonstrate in its operating documents how it itself is structured, that it is acting on behalf of health centers, it's a network that is acting on behalf of health centers funded under section 330, then the Primary Care Association would be eligible.

So I think it's really important to look at how the PCA itself is structured and so what do their bylaws show? Are they actually a network as it's defined for this purpose - for the purpose of this activity? If they can demonstrate that they are structured in accordance with the expectation for being a network, then the Primary Care Association in its current structure would be eligible.

However, if they are not structured in the form of a network in this as we expect it to be, then it would have to be a separate corporation that applies that would meet these expectations.

(Lori Real): Thank you.

Coordinator: The next question is from (Mary Brown). Your line is open.

(Mary Brown): Thank you. Two quick questions. On slide Number 16, does eligible provider mean eligible for the EHR incentive program?

Woman: Yes it does.

(Mary Brown): Okay, thank you. And then what does baseline mean exactly? Is that the current state when the program starts or does that mean something different?

Woman: That's your baseline at the beginning of the project.

(Mary Brown): Okay, got it. Okay, thank you very much.

Coordinator: Next question is from (Evelyn Barnam). Your line is open.

(Evelyn Barnam): Hi. Not to torture us all on the subject of whether or not PCAs can apply, but I think it would be really helpful if we could reconcile whatever the answer is with the network guide that's up online which does, on Page 4, appear to include PCAs as networks.

But I actually have a different question with regard to sort of the other models because a long, long time ago, some PCAs began networks under ISDN funding, so they've never been called HCCNs but they're, in essence, I think conducting the kinds of activities that HCCNs now conduct. So could I ask for clarification in whatever answer comes to sort of reconcile the definitions of networks in the network guide so that we have real clarity on the other models as well as the PCAs?

Woman: We can do that. And the Health Center Controlled Network guide really was an opportunity to look at those funded Health Center Controlled Networks that were more or less focused on HIT implementation projects and that the

compilation was based on the responses that we got, what was then presented in that guide that posted, but I don't think it's meant to conflict with anything that we've sent here. So thank you for raising the question about eligibility and alluding to the ISDNs that were done previously with PCAs. We'll include all of that as a part of this greater FAQ that we'll do to clarify this question that has come up in various callers.

(Evelyn Barnam): Forms.

Woman: Yes, yes. Exactly. Thank you.

(Evelyn Barnam): All right, thanks.

Coordinator: Next question is from (Brian Nolan). Your line is open.

(Brian Nolan): Hi. We understand there's hopefully, fingers crossed, maybe opportunities for new access point funding and we're wondering in subsequent years - let's say, like, in year one, if you only count your 330 clinics and the amount of funding you request, but you do have health centers that are participating in the project that are not 330s but then subsequently do get that recognition through the new access point opportunities. In years two and three, is there the opportunity to seek additional funding based on new designations?

Woman: There wouldn't be an opportunity to increase the amount of funding that's available to an organization within the three year project period. We think it's a great idea to expand as you can the participation of other health centers if it makes sense and within your project. However, there will not be an opportunity to increase the amount of funding that's being awarded within the 3-year project period.

(Brian Nolan): Okay, so whatever you apply for in year one, sets you for the 3-year project?

Woman: Correct.

(Brian Nolan): Okay, thank you.

Coordinator: Next question is from (Dorothy Moyes). Your line is open.

(Dorothy Moyes): Hi. Thank you for taking my question. One of my managers thought, upon reading the grant application, that we only had to focus on one category but I thought your plan was that we focus on all three - EMR implementation, optimization and meaningful use, and quality improvement. Am I right or is my manager right?

Woman: You are right.

(Dorothy Moyes): I thought so.

Woman: Glad we could help.

(Dorothy Moyes): Thank you very much.

Woman: Sure. But what you do in each of those three categories will, you know, perhaps be a little different depending on the makeup of your participant group, so those who have already fully adopted at all sites with all providers may not have a lot of activity in Section A, however, you do have the requirement to make sure that they continue to be fully adopted and implemented over the course of the 3-year period.

So also please note that distinction, that for each of the areas of focus, that you'll consider where all of your health centers participating are and how you get them to the outcomes we're looking for by the end of the 3 years.

(Dorothy Moyes): So we focus on all three categories and address it depending on who needs what?

Woman: Yes.

(Dorothy Moyes): Okay, that's what I thought. Thank you.

Coordinator: Our next question is from (Bob Marsalli). Your line is open.

(Bob Marcelli): Hi. (Bob Marsalli) with the Montana Primary Care Association. A couple of simple questions I think. Can a PCA partner with an established HCCN either in their state or out of their state as a way of partnering to achieve all three of the programmatic requirements for the grant?

Woman: Yes, absolutely. I think that's one of the opportunities that we're hoping that this opportunity encourages frankly - collaboration. These are really important outcomes and, as I mentioned, heavy lifts and so the more opportunity to partner and collaborate with folks who may have really nuanced expertise in specific areas, it'll really advance outcomes.

I think that'll be really important. And that will be an area that we look to in the application or I image the ORC will look to as they're reviewing applications to really see where there are partnerships and significant components of the work or proposed projects will be completed by partners

that it's very clear who those partners are, what their experience is and what each group's kind of role is and then how the ultimate accountability to getting everyone to meet those outcomes, how all of that is baked into the management of this project.

(Bob Marsalli): Great. Thanks. Appreciate that.

Coordinator: Next question is from (Jeff Lorance). Your line is open.

(Jeff Lorance): Thank you. I've got two questions. One sort of was touched on with the patient-centered medical home recognition. If it's NCQA, does it matter what level? If they're at level one or you get them to level two, or are we aiming to get everyone to level three?

Woman: Our goal is to get all health centers recognized and I think with each recognition body they have a little bit of a different way of how they handle it. NCQA is the one that has a tiered recognition structure. So at a minimum, we'd like to see all of the health centers recognized if you're going through NCQA at least at a level one. But there's also inherent in this opportunity, the opportunity to move those who may be already at level one who would like to aspire to level three, to advance them to a level three.

(Jeff Lorance): Okay. And the second question I have was related to this goal B2. Within our group, we have centers across several different states and one of the states is Hawaii and they do not have the ability to have the incentive program in place in that state. And last time I heard, they were not even close. So they would never be part of the 100% collecting payments. What do we do in that case?

Woman: That's a great question. So that's why we've kind of parsed out between goal 1B and B2. Definitely they could get hopefully registered or get everything aligned including the documentation paperwork. I believe in our conversations with CMS, the goal is to have all of the states be ready. Some are taking a little bit longer than others but over the 3-year period, we foresee all states being ready to participate in the meaningful use and incentive payment program.

So we think that that barrier will take care of itself. But as you're advancing towards this, you and the participating health centers have done everything to meet all of the published requirements around attestation, all of the meaningful use requirements and you have that documentation and there is some larger environmental issue that is precluding you from just actually getting a check cut to you or what not, that's something that we would consider and I think monitor over the course of that. So that environmental issue of timeline would not be necessarily held against you. But again, we firmly believe that in discussions with CMS, that any delays in standing up the incentive program will be reconciled over the period of this project.

(Jeff Lorance): Okay, thank you.

Coordinator: Next question is from (Amanda Stangis). Your line is open.

(Amanda Stangis): Hi. Thank you for taking my question. I have just a clarification question under the program requirement one, adoption and implementation. In the focus area around economies of scale and vendor management, I know the main part of this requirement really centers around EHR implementation and optimization, but are there other vendor arrangements where we would potentially be providing some economies of scale back to the membership

that would qualify, you know, things such as chronic disease registries, other types of data aggregators, that type of thing. Would that qualify in here?

Woman: It sounds as long as they're all positioned in a way to help advance those particular goals, that should be fine.

Woman: We can certainly clarify that in a FAQ as well.

(Amanda Stangis): Yes, and it would all be really to get really better optimization of the EHR data really for the other program requirements around the QI piece. But we're just - we're already in play with some of those things.

Another question I had has come up a couple of times and it's really about the sustainability of developing a new network. I just want to clarify and differentiate, we understand that charging for services that are included in the scope of this project is not permissible for those ten sites. I'm sorry, ten corporations. But if other service lines - and I think you already answered this - but if other service lines are in place where there was still a fee for service arrangement, that is not considered in conflict with the scope of this project, correct?

Woman: That's correct. The only thing that you cannot charge for are the services and technical assistance and resources provided as a part of this funded project.

(Amanda Stangis): And then I also wanted to just clarify one more time that if there is a neighboring HCCN or another organization that has some technical expertise that we'd like to leverage, do we have the ability to subcontract that out if we thought that that was the best arrangement?

Woman: Absolutely. And I'm glad you asked the question. It provides a good opportunity just to remind that these projects are not bound by any geography necessarily. So this is truly an opportunity to figure out what are the needs of those health centers who are going to participate in your projects. Where are they? What are their needs with respect to achieving the outcomes we've laid out for this funding opportunity? And then who is best positioned to work with you as an applicant to advance those goals? I think that we're not under any misperception that there's any one entity who can get everybody to this by themselves. I think it wouldn't be prudent. So we encourage partnering with whoever you think makes sense and who would best position your program health center participants to meet those outcomes.

(Amanda Stangis): Okay, thank you.

Woman: Sure. I think we're at time here and so perhaps if - we can answer one last question, operator, and then we encourage folks to send in any questions that we may not have covered or opportunities for clarification into the email boxes. It's bphchccn@hrsa.gov.

Coordinator: The next question is from (Matt Goldbarn). Your line is open.

(Brent Wilhorn): This is (Brent Wilhorn). I had a question in regard to descriptions for key personnel and the structure. I don't think you're asking for a particular structure although it lists five particular positions without stating that those are examples. It does state that they can be combined or part-time. Is it your expectation that CEO, CFO, CIO, and COO would all be titled within key personnel?

Woman: I don't think there's an expectation that you have to have all of those various personnel. It's meant to be an example. But what we're really looking for is how the organization, how the network is structured, what are the key personnel that are involved in the network activities? So that's what we're really looking for in terms of that expectation.

(Brent Wilhorn): And similarly, with flexibility, some of those would be those that could be potentially contracted roles?

Woman: Potentially, sure.

(Brent Wilhorn): Thank you.

Woman: Thank you.

Woman: And I think, (Kelly), I think that we're going to wrap it up here. Thank you all for joining us, and again, if you have any additional questions, please feel free to send us an email at bphchccn@hrsa.gov. Please check the TA web site. We'll have updated FAQs there. And the recording of this call will also be posted there in approximately one week. Thank you all for joining us.

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