

**FY14 HCCN NCC Technical Assistance Call
July 29, 2013**

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode until the question and answer session of today's conference. At that time you may press star 1 on your touchtone phone to ask a question. I'd also like to inform all parties that today's conference is being recorded. If you have any objections you may disconnect at this time.

And I would now like to turn the call over to Ms. Katherine McDowell. Thank you, ma'am. You may begin.

Katherine McDowell: Thanks Angela. Welcome to the Technical Assistance call for the Fiscal Year 2014 Health Center Controlled Networks, otherwise known as HCCN, Non-Competing Continuation, also known as NCC, Funding Opportunity. Please take note of these acronyms, as I will be referencing them throughout the duration of today's call.

I'm Katherine McDowell, a Public Health Analyst in the Office of Policy and Program Development within the Bureau of Primary Health Care at HRSA. Before we begin, I want to point out that the slide presentation is available on Adobe Connect at <https://hrsa.connectsolutions.com/hccn>.

If you received an email announcement about this call, the link to the Adobe meeting was included in that message. You can also reach the link at the HCCN Technical Assistance Web page located at www.hrsa.gov/grants/apply/assistance/hccn. Please hold your questions until the end of this call.

And before we review the NCC, Suma Nair, Director of the Office of Quality and Data will present some opening remarks. Suma?

Suma Nair: Great. Thanks, Katherine. Good afternoon, everyone. Welcome to the call. We're pleased to be joining you today, two-thirds of the way through our first year of the new HCCN funding. Back in the end of 2012, I remember making the announcement for these awards to over 37 Health Center Controlled Networks that would support improvements in technology-facilitated quality improvement across more than 600 health centers.

We were really excited about the opportunity at that time to have such an impact across the whole health center portfolio, as well as a focus on driving towards data-driven technology-facilitated quality improvement, through a key member of our health center family, our Health Center Controlled Networks.

So with your support, now, as you may already be aware of, over 90% of health centers have some level of EHR adoption across their health centers, and 23% of health centers have been recognized as patient-centered medical homes.

On the clinical quality side, we see some improvements in some of the process measures as well, some of our UDS clinical measures, and again, we think all of this is based upon the work, the hard work, of health centers, primary care associations, Health Center Controlled Networks, all members of the health center family that are very focused on advancing our agenda for quality improvement.

So now, most of the way through our first year, we're really excited about continuing our work with you. We've had the opportunity through quarterly calls with your Project Officers, as well as through some of the quarterly Webinars we've had for the Health Center Controlled Network grant program, to hear about your operational challenges and successes.

And so now we look forward to talking to you today about the process by which we're going to document and, we hope, to capture your successes and progress toward meeting the goals of the HCCN grant program in a more formalized way. This is really your opportunity to let us know some of the great outcomes and successes you've seen already, and an opportunity for us to share your stories to date.

Clearly there's a lot of interest around the Health Center Program, and as one of the key supporters of the Health Center Program's success, we're interested in knowing what we've been able to achieve with this program. So our call agenda today - I'll turn it over momentarily to my colleague from our policy shop, we'll be walking through the non-competing continuation components.

It's something new this year, so we'll walk through those pieces. And we'll talk about how we'd like your - you to document your outcomes, and showcase and highlight some of your progress to date. An important note about what this is not: this is not an opportunity to request a change in scope to any of your participating health centers, or request a budget change to your current budget period, so no retrospective budget changes.

However, you clearly will have the opportunity, and I think it'll be discussed in a moment on the call, where you can propose any changes to your budget

for the 2014 budget period year. Also, as a reminder, you know, this opportunity, thinking about this new HCCN grant - we keep talking about it as a new opportunity because it is fundamentally different than previous funding opportunities we've provided to accelerate adoption.

This was really focused on quality improvement, and we wanted to have as far-reaching of an impact across the entire Health Center Program as we could. So to that end, we developed the funding in a way that we had funding tiers that connected to the number of participating health centers in your program. So any change to membership is really important, in terms of that notion of scope. And I think you've been all working with your Project Officers to keep clear on what that scope was. This is not an opportunity to change that scope. And if you have any concerns around your participating health centers, please work with your Project Officers to address any of those concerns.

And if there have been any changes with respect to scope or your participating health centers, and you have questions about how to document that in this progress report, please follow up with your Project Officers so they can work with you to understand what the changes were, and make sure to reflect those most appropriately, as we get a sense of the progress you've made over the last year.

So with that in mind, while I still have the floor for another moment and before I turn it over to my colleague, I'd just like to draw your attention and give you a heads up about two events that we have upcoming in the next couple of months for our Health Center Controlled Networks.

We have another of our quarterly Webinars, Webcast scheduled for some time in the end of September or early October. And based upon your feedback and what we think is kind of pervasive in the landscape, we're going to be focusing on the topic of privacy and security. So look out for a Save the Date soon with some dates and times around that particular topic.

The other thing I think Ed and the, your Project Officers, and the entire HIT branch have been talking about, is this interest we have in supporting and facilitating collaboration and peer learning across our group of funded HCCNs. And so look for a communication soon from your Project Officer about this exciting opportunity that we have to start here in the next couple of months to really support you all sharing information and learning in a kind of peer collaborative forum.

So we look forward to sharing that information as we have it as well. So at this point, thank you again for joining the call. Thank you for all that you do every day. And we are really excited to hear, in a more formal kind of way, about the progress you've made over the last year with your health centers to improve quality.

Katherine McDowell: Thanks, Suma. I'm going to start with an overview of some main points. HCCNs must submit their NCCs through HRSA's Electronic Handbook, or EHB. The HCCN NCC instructions are available at the HCCN Technical Assistance Web site. HCCNs are expected to complete NCC progress reports by 5:00 PM Eastern Time on September 4, 2013. And these submissions may not exceed 40 pages.

And let's go ahead and touch base on participating health centers. Please refer to the Notice of Award that you received in December of 2012, which

listed the number of participating health centers required for your project. Changes to your participating health centers cannot be made through the NCC progress - process.

Please notify your Project Officer if there are any changes to your participating health center list. And on July 17, individuals who have the ability to edit and submit NCCs for their HCCNs received a system-generated email notification informing them that their progress report is available in the EHB system. If you did not receive email instructions for how to access the NCC progress report, they are available in the EHB User Guide, which is posted on the HCCN TA Web page.

And as far as on Slide 5, you'll notice all of the NCC components, which are required in order for the progress report to be considered complete. There are two standard progress report forms, equivalent to the SF-424. There is a Budget Information: Budget Details form, in which you'll be asked to provide Year 2 and Year 3 federal expenses. The Budget Narrative form is the same form that was used during the competitive HCCN process, and will only include Year 2 funding. The Project Work Plan provides an opportunity to document progress, and we will talk more about this form later in this presentation. The Progress Report Table is a new form, and will also be discussed in greater detail later in this presentation.

Attachment Number 1 is the only required attachment, which asks for narrative detail on overarching progress and future plans. Attachments 2 through 7 are optional, and are to be used as needed, depending on project changes.

The Budget Information: Budget Details form will capture the federal funding requested for Years 2 and Year 3 of the project period. Please make sure the requested amount does not exceed the maximum amount that pre-populates on this form. The amount specified should correspond with your Notice of Award. You'll be expected to provide a breakdown of budgeted funds by object class category, such as personnel expenses and fringe benefits. As was the case in Fiscal Year '13, federal funds may not be used to pay the salary of an individual at a rate of excess in \$179,700. For this NCC, you will not be required to list other sources of funding.

The Project Work Plan outlines the broad level activities that have been proposed to meet the established goals of the project. The work plan also assists HCCNs in monitoring their progress toward their goals in the following categories: adoption/implementation, meaningful use, and quality improvement, which includes PCMH recognition. You're expected to provide detail regarding the activities completed since December of 2012.

Slide 8 lists the components of the Project Work Plan. For the goals, projected goal percentage and baseline data will pre-populate. You'll need to provide current data. Key factors which were predicted to contribute to and/or to restrict progress towards stated goals, will pre-populate and be revised as needed. Focus areas, activities, persons/areas responsible, time frames, and expected outcomes will all pre-populate, and can be revised as needed. The Progress/Comments field provides an opportunity for you to describe progress made to date for each listed activity. And now we're going to navigate to the TA Web page, to show you an annotated sample of the Project Work Plan.

In the Project Work Plan, many of the fields will be pre-populated, but we will ask you to provide your projections for the upcoming project period. You will enter this information in and hit the Calculate button to come up with a projection. You will also need to provide progress and comments.

In Slide 9, we show you a section of the work plan that we just discussed, but it's organized by the quality improvement focus areas. Two activities are required for each focus area. These fields will be pre-populated. Please adjust these fields accordingly if there have been changes to your planned activities.

Slide 10 provides a screen shot of the Progress Report Table. This is a new form in which grantees will be expected to report on their participating health centers, including patient numbers and quality measures. You will see a separate progress report table for each participating health center. For each participating center, report all requested data for the Healthy People 2020 Measures section. If there are measures that your HCCN project has not been focusing on, you may check these fields as not applicable. Please note that you will be required to report progress on at least one Healthy People 2020 measure for each participating health center.

To facilitate completion of the Progress Report Table, Slide 12 is a chart that compares the UDS Clinical Quality measures and Healthy People 2020 goals. This chart is also available on the HCCN TA Web page.

As previously mentioned on Slide 5, Attachment 1 is the only mandatory attachment, which asks you to provide a brief narrative highlighting broad issues, significant progress, and challenges that have impacted the HCCN progress since September 1 - I'm sorry, December 1, 2012. There are five

program narrative update items on the right side of the slide that focus on significant progress, changes, and challenges.

Slide 14 lists various resources to assist you with your NCC submission, in particular, the HCCN TA Web page located at www.hrsa.gov/grants/apply/assistance/hccn. And on this site, you can access useful documents, such as the Frequently Asked Questions document.

And now we're going to go ahead and take you back to the HCCN TA Web page, just to show you where the appropriate contacts are listed. The contact person for program related questions is myself, Katherine McDowell. The contact person for budget related questions is Bryan Rivera. For problems encountered when completing the application in EHB, such as error messages when completing forms, contact the Bureau of Primary Health Care's Helpline via phone or email.

Slide 16 highlights some important reminders. The yearly maximum amount that a grantee can request is pre-populated. Applications may not exceed 40 pages. You can find what's included in the page limit on Table 1, forms and attachments, on Pages 4 and 5 of the HCCN NCC instructions. This document is located on the HCCN TA Web page. Failure to follow the instructions and include all required documents may result in your submission being returned for clarification. This could delay your award, so please ensure a thorough submission.

A digital replay of today's call will be posted on the HCCN TA Web page in approximately one week. And now I'd like to open up the call for any questions.

Coordinator: And at this time if anyone would like to ask a question, please press star 1 on your phone, unmute your phone and record your name clearly when prompted. Again, for any questions, please press star 1. It'll take a moment or so for questions to come through.

Our first question is from Jennifer. Go ahead, your line is open.

Jennifer: Okay. This is Jennifer from Oklahoma, and I had a quick question about the number of EHR charts. Is there a time frame, specifically, you're referencing to, and the type of patient? Are you talking about just a medical chart, or can you be more specific and clarify that question?

Katherine McDowell: Could you clarify which part of the application you're referring to?

Jennifer: It's on the individual health center reports. It's toward the end. And it specifically states, number of charts in the EHR, patient charts.

Ed Lomotan: And sure, this is Ed Lomotan. And can you tell me your question, again, about what - about the charts themselves? You're wondering whether it's all...

Jennifer: I'm just wondering what time frame are you wanting us to report on, and if - are you talking about just a medical chart? Because depending on the EHR system you have, you could have three different charts per patient. So I just needed some clarification, what you guys are actually wanting from that question?

Ed Lomotan: Right. And this shouldn't be a new question based on what you had envisioned at the beginning when you first applied last year. So do you have a sense for how you came up with that number initially?

Jennifer: We didn't have to report on that, I don't believe, when we submitted the application.

Ed Lomotan: But do you have a sense for the - how those medical charts, Jennifer, those medical charts align with the patients that are being seen through the EHR system that you're implementing?

Jennifer: Yes, but that's why I asked - I wanted some clarification from you guys. Because depending on the health center and how they run the report, it could be two different answers. So that's kind of why I wanted - do you just want to know how many patients are in the - with the CHE and if each has a chart? That's why I was - I just wanted some more clarification.

Ed Lomotan: **[CORRECTION: Disregard the response below. For reporting the Number of Patient Charts in EHR, use participating health center data as of December 31, 2012.]**

I would say that - I would go with the number of medical charts in your EHR. I mean, the intent of this is to follow the number of patients that are potentially impacted by whatever changes you're making to the grant, right. And so depending on the nature of your EHR, it could be spliced in different ways, I would think.

So my suggestion, then I guess, would be this, If all patients are expected to be in the EHR (with perhaps the exception of brand new patients), then the number of "patients with charts in EHR" to be the same as the number of patients reported in UDS for 2012. If you think that there are, specific to your EHR and how you implemented it and the count of patient charts in the EHR, talk to your PO about how applicable your approach would be. I know that's

not sort of a direct answer to your question right now, but I can sense - I agree with you, it depends on how you've set up your system.

So, and it also depends on how you approach the activities in your grant. And so I would think you would want to align those, and that often depends on you, individually. So that...

Jennifer: Okay.

Suma Nair: And I think as Ed said - this is Suma - the intention here, when you look at the group of the measures together, you know, you - we're looking at patient details. So the total number of patients that you saw at a particular health center or a health center saw, and then the number of those patient charts in the EHR and then the number of providers.

It's additional contextual information to give us a sense of, yes, your health center has adopted and has an EHR, but where are you? Is it - have you made enough progress such that all of your patients, all of their records are in the EHR? Or, you know, is there some segment of patients that are not in the EHR?

It also helps provide some context to some of the clinical measures as well, since we have a sense of the universe and how much of your total patient population is in the EHR. Because I think there are instances where, when people are making the journey through adoption, and they're going through that adoption, there may be still some paper records and some interim process.

So I think that may be a part of the reason for the question as well. But I think Ed's point is good. Just because there could be some nuances, it would be helpful to discuss that through with your Project Officer, and then develop a kind of standardized approach to responding to that, so that we have a consistent approach across the three years that you'll be reporting.

Ed Lomotan: Right. The only thing I would add is, in term of the timing is, I would assume that your count, or however you apply that approach is going to be up to date as of the time you submit, right. So that number of patient charts is going to change constantly. So as of the day that you submit, that would be the count that you would go with.

[CORRECTION: Disregard the response above. For reporting the Number of Patient Charts in EHR, use participating health center data as of December 31, 2012.]

Jennifer: Thank you.

Ed Lomotan: Thanks.

Coordinator: Our next question is from Natalie. Go ahead, your line is open.

Natalie: Hi. So, my question is about the same chart, and it has to do with the 2020 measures. If I'm understanding you correctly, you're expecting us to report only on the measure that was identified for improvement in the original grant. Is that - this is a two part question. Part 1, is that correct?

Olivia Shockey: Yes, that's correct. Whichever measures you identified as being measures that you would work on over the course of your project period, those are the measures that you should be reporting in this chart. And if you've had

changes over the course of your project period, certainly you would want to highlight those here.

Natalie: Right. So the second part of that question is that our project is going entirely in accordance with our timeline. And we're still building the analytics infrastructure that will eventually drive quality, and through automated reporting and panel management and, et cetera.

So we don't expect this project to have any - get any credit for or have had any impact on that measure so far. We're still building the infrastructure. So are you looking for just the UDS number, or are you looking for an updated baseline number? I'm not sure what it is that's useful information for us to report at this point.

Ed Lomotan: So this is Ed. Thanks for the question. I would say, give us the, where you are as of when you submit. And we totally understand that many projects are getting up to speed, and any progress, actually, on any given measure may or may not be due to specific activities in your grant over the course of the first few months of the - of Year 1, right.

But I would say, please add those comments and those details in the comments section, so that we can understand how you approach that question, which checkbox you've indicated, so that we can understand exactly how much progress and to what you've made in the first year.

Natalie: Okay, thank you.

Ed Lomotan: Thanks.

Coordinator: Our next question is from Susan. Go ahead. Your line is open.

Susan: Thank you. Actually, the answer to the last question answered mine also.

Katherine McDowell: Okay, thanks Susan.

Coordinator: Our next question is from Andrea. Go ahead. Your line is open.

Andrea: Yes. We have had two additional CHCs come onboard after we were funded for this - and this cooperative agreement. And for - we have submitted a prior approval to our Project Officer for one of them. I'm just - do we need to just focus on our original number of CHCs, report on those, or?

The difficulty I'm running into is when I go in to look at this report, the additional ones are not on there. So should I just go with what we originally submitted and report on those? Because there's no additional funding for these additional two. Does that make sense?

Olivia Shockey: That's correct. And so the best place to describe any information about your additional two participating health centers is in the narrative portion of the submission, so that Attachment 1: Program Narrative Update can be where you highlight those two centers that have been added on.

But when you do this Participating Health Center Progress Report Table, you will not see tables for those two health centers. It will just be the ones that were signed on as of the time that you were funded. So you only have to fill out the table for that initial group.

Andrea: Okay. And baseline data and all of that needs to just remain for these 21? I mean, for the number that we submitted for originally?

Olivia Shockey: So for the purposes of the work plan, you don't need to adjust your baseline data at this point, because it sounds like you're just getting your new participating health centers up to speed and ingrained in the rest of your project. It may be something that you have to do adjustments with as you move forward in the project. But please do explain in your narrative who's been included in that subset, as you move forward.

Andrea: Awesome. Thank you.

Coordinator: And we're showing no additional questions. But again, as a reminder, if you'd like to ask a question, please press star 1 and record your name clearly when prompted.

Katherine McDowell: Are you seeing any other questions, Operator?

Coordinator: I do have one coming in. Just one moment. I have a question from Matt. Go ahead, your line is open.

Matt: Hi. Matt from the Hawaii Primary Care Association. I noticed that you mentioned something about progress report tables for each participating health center. I'm actually in the EHB now. I was wondering, where do we go to download that form?

Olivia Shockey: So you actually will not download the form. It's built into the EHB system, and it's in the program-specific forms section of the submission. If you don't see it in there, please contact us at bphchccn@hrsa.gov, and we can walk

you through where to find it. Or you can reach out to the BHPC Helpline, and they can direct you.

Matt: Okay, thank you.

Olivia Shockey: You're welcome.

Coordinator: Our next question is from Phillip. Go ahead. Your line is open.

Phillip: Oh hi. It's Phillip from CHCACT. Can you address if there's going to be any carryover funding from this year to next year, in terms of the HCCN funding?

Suma Nair: That's a good question. What I would suggest is that you talk with your Project Officer. I think we generally like the funds to be used in their time frame, but clearly with any sort of technology project, there are so many contingencies that we are happy to review those on a case by case basis and work with you to figure out the best plan to move forward.

Phillip: Okay, thank you very much.

Coordinator: And we are showing no additional questions at this time. And again, as a reminder, star 1 if you'd like to ask a question. And we are showing no additional questions - oh wait, one moment. Our next question is from Kirstin. Go ahead, your line is open.

Kirstin: Hi, thank you. I had a quick question. So when we submitted the original budget information, it was for all three years. So this is the opportunity for us to tweak that Year 2 budget, is that right? I mean, it's - obviously, ours is

going to - ours will change a little bit, and I think most of the networks as well. So that's not an issue, right?

Katherine McDowell: Yes, you're correct. Year 2, you can go ahead and make the appropriate changes.

Kirstin: Okay, thank you.

Katherine McDowell: Okay.

Coordinator: And we have no additional questions.

Katherine McDowell: Okay, I'd like to thank everybody for joining our call this afternoon. And just a reminder, we do have an email address at bphchccn@hrsa.gov, if you'd like to submit any additional questions or comments. And I think that's it. Thank you so much.

Coordinator: That does conclude today's conference. Thank you for participating. You may disconnect at this time.

END