



**Fiscal Year 2014  
Health Center Controlled Networks (HCCN)  
Non-Competing Continuation (NCC)  
5-H2Q-14-002**

HCCN Technical Assistance (TA) Website:  
<http://www.hrsa.gov/grants/apply/assistance/HCCN>



# Overview



- HCCNs applying for FY 2014 Non-Competing Continuation (NCC) funding must submit a progress report in the Electronic Handbooks (EHB)
- FY 2014 budget period begins August 1, 2014 and ends July 31, 2015
- Instructions for completing the progress report are available in EHB and on the HCCN TA webpage - <http://www.hrsa.gov/grants/apply/assistance/hccn>
- NCC progress reports must not exceed 40 pages and be submitted in EHB by 5 PM ET on May 7, 2014



# Participating Health Centers



- The FY 2013 Notice of Award listed the number of participating health centers required for your project.
- Changes to participating health centers cannot be made through the NCC process.
- Contact your Project Officer to discuss potential changes to your participating health center list.
- Reminder: Your level of funding is contingent on the number of participating health centers.



# NCC Access



- The window for completing HCCN NCC progress reports began March 26, 2014.
- HCCN Project Directors and other individuals with NCC edit and submit privileges in EHB received email notification of how to access the HCCN NCC progress report.



# NCC Components



## REQUIRED:

- SF-PPR
- SF-PPR2
- Budget Information: Budget Details Form
- Budget Narrative
- Project Work Plan
- Progress Report Table
- Attachment 1: Program Narrative Update

## As Applicable:

- Attachment 2: Staffing Plan
- Attachment 3: Position Descriptions for Key Personnel
- Attachment 4: Biographical Sketches for Key Personnel
- Attachment 5: Summary of Contracts/Agreements
- Attachments 6 & 7: Other Relevant Documents



# Budget Form



## Section A: Budget Summary

- The HCCN grant request in the federal column is pre-populated and cannot be edited (this figure should correspond with the recommended future support figure (Line 13) on the most recent Notice of Award)

## Section B: Budget Categories

- Provide a breakdown of the budgeted funds by object class category (e.g., Personnel, Fringe Benefits)
- Utilize the SF-424A submitted with your HCCN application as a reference, noting that the total value for each Object Class Category may be different from year to year based on programmatic changes

## Section C: Non-Federal Resources

- Do not provide other sources of funding

**This form must be completed for the upcoming budget year (Year 2) and Year 3.**



# Project Work Plan: Goals



## Adoption and Implementation

Goal A1: Percent of participating health centers' sites that have implemented a certified EHR system

Goal A2: Percent of eligible providers using a certified EHR system

## Meaningful Use

Goal B1: Percent of eligible providers who have registered and attested/applied for EHR Incentive Program payments

Goal B2: Percent of eligible providers receiving EHR Incentive Program payments

## Quality Improvement

Goal C1: Percent of health centers that meet or exceed Healthy People 2020 goals on at least one UDS clinical quality measure

Goal C2: Percent of health centers that achieve PCMH recognition or maintain/increase their PCMH recognition level



# Project Work Plan: Key Components



- Projected Goal Percentage
- Baseline Data
- Current Data
- Key Factors
- Focus Areas
- Activities
- Person(s)/Area(s) Responsible
- Time Frames
- Expected Outcomes
- Progress/Comments



# Project Work Plan: Progress Layout



<b>Activity</b> <i>Two required for each focus area</i>	<b>Person /Area Responsible</b>	<b>Time Frame</b>	<b>Expected Outcome</b>	<b>Progress/ Comments</b>
Focus Area C1. HIT-Enabled Use of Data for Quality Improvement: Develop and use quality reports, data dashboards, population health management systems, and centralized HIT tools to manage patient populations and manage and coordinate integrated care.				
Focus Area C2. Data Sharing and Information Exchange: Provide HIT support to maximize functional interoperability and use of data exchange standards, foster program efficiencies, and provide operational and clinical improvement, focusing on UDS clinical quality measures that meet or exceed Healthy People 2020 goals.				
Focus Area C3. Best Practices for System Use and System Optimization: Provide QI training and support the integration of HIT efforts into larger quality strategies and service provision, optimizing continuous quality improvement.				
Focus Area C4. Use of HIT for Practice Transformation and Alignment with Health Care Landscape: Coordinate QI activities to support health centers in aligning their HIT efforts with HIT changes in the evolving health care delivery system.				



# Progress Report Table



PARTICIPATING HEALTH CENTER					
Health Center Name		System will pre-populate			
Grant Number		System will pre-populate			
Patient Details					
Total Patients (UDS Definition)		System will pre-populate			
Number of Patient Charts in EHR					
Number of Providers Receiving AIU/MU Payments					
HP 2020 Measure	Not Met	Met	Exceeded	N/A	Comments (Maximum 1000 characters)
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Immunization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prenatal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Low Birth Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cervical Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tobacco Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tobacco Cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other, (If Other, then Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PCMH Recognition					
PCMH Recognition		<input type="checkbox"/> No Recognition <input type="checkbox"/> TJC <input type="checkbox"/> AAAHC <input type="checkbox"/> NCQA Level 1 <input type="checkbox"/> NCQA Level 2 <input type="checkbox"/> NCQA Level 3 <input type="checkbox"/> Other (If Other, then Specify):			
Narrative					
EHR and HIT Implementation Status					
1. Does the participating health center use an ONC- ATCB certified EHR?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Does the participating health center use any other health IT system?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other, (If Other, then Specify):					



# Progress Report Table: Guidelines



- Complete a separate form for each participating health center.
- Report progress toward only the clinical quality measures that you are working on with each participating health center.



# Healthy People 2020 Goals



<b>HRSA/BPHC Performance Measure</b>	<b>Healthy People 2020 Goal</b>
Hypertension Controlled Blood Pressure Performance Rate (Age 18+)	61%
Childhood Immunization Performance Rate (at 2 <sup>nd</sup> Birthday)	80%
First Trimester Entry into Prenatal Care	78%
Percentage Newborns Below Normal Birth Weight (Less than 2500 grams)	7.8%
Diabetes Controlled HBA1c Performance Rate $\leq$ 9% (Age 18+)	85%
Pap Test Performance Rate (Ages 21-64)	93%
Tobacco Use Assessment	69%
Tobacco Cessation Counseling	21%



## Attachment 1

- Provide a brief narrative highlighting **broad issues, significant progress, and challenges** that have impacted the HCCN project since August 1, 2013.

## Program Narrative Update Items:

1. Any significant progress/proposed changes to the project
2. Any significant changes or outcomes
3. Any significant changes/updates to linkages or partnerships
4. Any significant challenges in recruiting and retaining key management/project staff
5. Any major expected changes/plans/considerations for activities beyond the upcoming budget period (August 1, 2014– July 31, 2015)



# Resources



- HCCN TA Website  
<http://www.hrsa.gov/grants/apply/assistance/HCCN>
- The Network Guide  
<http://www.hrsa.gov/healthit/networkguide/index.html>
- Certified HIT Product List  
<http://onc-chpl.force.com/ehrcert>
- Medicare and Medicaid EHR Incentive Programs  
<http://www.cms.gov/EHRIncentivePrograms/>
- HRSA Patient-Centered Medical/Health Home (PCMHH) Initiative  
<http://bphc.hrsa.gov/policiesregulations/policies/pal201101.html>
- Healthy People 2020  
<http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>



# Technical Assistance Contacts



## Program related questions:

- Katherine McDowell: [BPCHCCN@hrsa.gov](mailto:BPCHCCN@hrsa.gov) or 301.594.4300

## Budget related questions:

- Bryan Rivera: [brivera@hrsa.gov](mailto:brivera@hrsa.gov) or 301.443.8094



# Important Reminders



- The yearly maximum amount that a grantee can request is pre-populated.
- Applications may not exceed 40 pages.
- 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.



# Questions and Answers

