

Summary of Health Center Controlled Networks (HCCN) Grant Funding Initiatives

Since 2007 HRSA has funded approximately 150 HCCN grants, currently funding 62 individual networks, and has invested over \$164 million in the program. These HCCNs support approximately 500 health centers with adoption and implementation of health IT, which is approximately 35-40% of the total number of centers funded. HRSA awarded these grants to help health centers prepare to adopt and implement Electronic Health Records (EHR) and other health information technology (HIT) innovations in support of their achieving Meaningful Use of HIT for care quality improvement. EHRs are critical tools in improving the quality of care by providing health care professionals the ability to monitor and analyze health information for their patients. This funding is vital for reaching the President's goal of adoption of electronic health records for most Americans by 2014.

Studies of HCCNs implementing EHR in the safety net community have shown that they “deliver additional value by providing strategies for building capacity and setting expectations that recognize the individual circumstances among community clinics and health centers. They also offer the operational and technical infrastructure support services, educational resources, stability and economies of scale that help alleviate the burden that small safety-net providers face in pursuing EHR adoption alone.” [California HealthCare Foundation, *Creating EHR Networks in the Safety Net*. March, 2008.]

Below are the programs that are funded to support this aim:

Health Center Controlled Networks Health Information Technology Planning Grant

As background, a key priority of Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care is to enhance the adoption of best practices in health information technology (HIT) implementation and use for healthcare quality improvement, increase effectiveness and efficiency, and to ensure that HRSA-funded community health centers achieve Meaningful Use of HIT by 2016. HIT is defined as the application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision

making. Common examples of HIT may include practice management systems, disease registries, clinical messaging, personal health records (PHR), electronic prescribing (eRx), electronic health records (EHR) and health information exchanges (HIE).

Last year \$1 million was awarded to fund 8 Health Center Controlled Networks (HCCNs) to help networks engage in planning activities for the adoption and effective use of HIT. Activities such as conducting HIT readiness assessments, workflow analyses, due diligence in selecting a vendor, business planning, and determining specific network HIT function(s) were considered. An example of what is actually being funded is that of a network of health centers that has formed to purchase an EHR system, but needs funds to help with the EHR readiness assessment and the procurement process. Another example is that of an established network of health centers that wants to form a health information exchange with other partners in the State but needs funds to develop a marketplace assessment, Memorandum of Agreements with potential partners, and to engage in marketplace and business planning. The funds are also used by networks of centers to invest in system upgrades.

Electronic Health Records Implementation for Health Center Controlled Networks

In support of the President's Health Centers Initiative goal of universal adoption of electronic health records by 2014, this funding initiative was awarded to promote the implementation of an electronic health record (EHR). The initiative reflects many of the findings published in the 2005 final report of the National Organization for Research at the University of Chicago (NORC) entitled: "Community Health Center Information Systems Assessment: Issues and Opportunities". This report was funded by the U.S. Department of Health and Human Services' Office of the Assistant Secretary on Planning and Evaluation. This initiative also reflects the feedback received from the 2006 *Federal Register* Notice requesting comments on HRSA's HIT strategy.

Grantees awarded this funding were able to apply as a Health Center Controlled Network (HCCN) or as an individual health center on behalf of a network; funds were available for implementation purposes only. The intended target population of this project might be different than that of the applicant's network membership. For the purpose of this initiative, an HCCN is defined as a Network controlled by and acting on behalf of the health center(s), as defined and funded under section 330(e)(1)(C) of the PHS Act. The term "controlled" means to have the authority collectively to appoint a minimum of 51 percent of the board members in the network. The HCCN must consist of at least three collaborator organizations.

HCCNs funded under this opportunity support the intent of using EHR as a tool to improve the safety, quality, efficiency, and effectiveness of health care delivery. The aims include the adoption and effective use of EHR; the creation of sustainable business models for deploying HIT in HCCNs; enhancing the ability of safety net providers to leverage initiatives and resources; and improving quality and health outcomes in the Consolidated Health Center Program.

Health Information Technology Innovations for Health Center Controlled Networks Innovations

Grantees funded under HIT Innovations may be either a Health Center Controlled Network (HCCN) or as an individual health center on behalf of a network with funds used for implementation purposes only. The target population of this project might be different than that of the applicant's network membership. For the purpose of this Initiative, an HCCN is defined as a Network controlled by and acting on behalf of the health center(s), as defined and funded under section 330(e)(1)(C) of the Public Health Service (PHS) Act, as amended. The term "controlled" means to have the authority collectively to appoint a minimum of 51 percent of the board members in the network. The HCCN must consist of at least three collaborator organizations.

HRSA funded projects with an active quality improvement program that can provide evidence of the utilization of data to improve care, and that can demonstrate the value and effectiveness of health centers in the marketplace. One example of such a program is HRSA's Health Disparities Collaborative Care Model (HDC), a Community Oriented Primary Health Care (COPC) model for system change for quality improvement.

This initiative supports two types of projects that propose the implementation of innovative health information technologies (HIT) other than electronic health records. These other technologies include, but are not limited to the following: electronic prescribing, physician order entry, personal health records, community health records, health information exchanges, smart cards, using telehealth to advance previous investments (e.g., using e-prescribing to build a telepharmacy), and creating interoperability with outside partners such as health departments, State Medicaid, other HRSA grantees, and other public or private partners. The two types of categories funded are:

Category 1- Early HIT Innovative Implementations; provides approximately \$1million to fund 7 networks to implement early stages of HIT adoption such as but not limited to the following: e-

prescribing, disease registries, physician order entry, bar coding, use of PDA's, master patient index, clinical messaging, and the integration of existing electronic health and electronic oral health records. The project period will be up to 3 years.

Category 2- Advanced HIT Innovations Implementations; provides approximately \$2 million to fund 5 networks to implement advanced HIT innovations that build upon previous investments in HIT such as but not limited to the following: community health records, personal health records, health information exchanges, smart cards, implementation of an electronic oral health record integrated with existing electronic health record, and creating interoperability with outside partners horizontally or vertically.

The aims of this grant funding opportunity is to support the intent of using HIT innovations as tools to facilitate the reduction of health disparities by improving the safety, quality, efficiency, and effectiveness of health care delivery. The aims include the adoption and effective use of the selected HIT innovation; the creation of sustainable business models for deploying HIT in HCCNs; enhancing the ability of safety net providers to leverage initiatives and resources as well as improving quality and patient health outcomes in the Consolidated Health Center Program.