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| **HCCN Project Work Plan** | | |  | |  | |  |
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| Important Information:  1. The workplan will be completed in EHB. Use this document only as a reference. You will not be uploading an attachment as you did with the competitive application.  2. Grantees are required to identify at least two activities under each focus area. Grantees should add additional rows under each focus area to detail additional broad-level activities (and their accompanying fields of person/area responsible, time frame, and expected outcome) that will be completed as part of the proposed project. | | | | | | | |
| **OMB Number: 0915-0285; Expiration Date XX/XX/20XX** | | | | | | | |
| **Section A – Adoption and Implementation** | | | | | | | |
| **Goals (end of project period):** | | | | | | | |
| **Goal A1. Percent of participating health centers’ sites that have implemented a certified EHR system.** | | | | **Goal A1:** | | System will pre-populate | |
| **Numerator A1:** ***The number of sites with an implemented, certified EHR system across all participating health centers*** | **Baseline Numerator A1:** | System will pre-populate | | **Baseline Data (percentage):** | | System will pre-populate | |
| **Denominator A1:** ***Total number of Health Center sites across all participating health centers*** | **Baseline Denominator A1:** | System will pre-populate | |  | | | |
| **Numerator A1:** ***The number of sites with an implemented, certified EHR system across all participating health centers*** | **Current Numerator A1:** | Grantee will provide | | **Current Data (percentage):** | | System will calcuate | |
| **Denominator A1:** ***Total number of Health Center sites across all participating health centers*** | **Current Denominator A1:** | Grantee will provide | |  | | | |
| **Goal A2. *Percent* *of eligible providers using a certified EHR system.*** | | | | **Goal A2:** | | System will pre-populate | |
| **Numerator A2:**  ***The number of eligible providers using a certified EHR system across all participating health centers*** | **Baseline Numerator A2:** | System will pre-populate | | **Baseline Data (percentage):** | | System will pre-populate | |
| **Denominator A1:** ***Total number of eligible providers across all participating health centers*** | **Baseline Denominator A2:** | System will pre-populate | |  | | | |
| **Numerator A2:**  ***The number of eligible providers using a certified EHR system across all participating health centers*** | **Current Numerator A2:** | Grantee will provide | | **Current Data (percentage):** | | System will calcuate | |
| **Denominator A1:** ***Total number of eligible providers across all participating health centers*** | **Current Denominator A2:** | Grantee will provide | |  | | | |
| **Key Factors:** ***Based on participating health centers’ MOAs and overall needs assessment, identify 2 or more key factors impacting performance on these measures (include at least 1 factor predicted to contribute to and at least 1 factor predicted to restrict progress toward achieving the proposed goals).*** | | | | | | | |
| ***1. Contributing Factor(s):*** | System will pre-populate | | | | | | |
| ***2. Restricting Factor(s):*** | System will pre-populate | | | | | | |
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| ***Identify at least two activities and corresponding fields (person/area responsible, time frame, and expected outcome) for each focus area. Add additional rows below to add additional activities.*** | | | | | | | |
| **Activity** | **Person /Area Responsible** | **Time Frame** | | **Expected Outcome** | | **Progress/Comments** | |
| *(Maximum 200 characters)* | (*Maximum 200 characters)* | *(Maximum 200 characters)* | | *(Maximum 200 characters)* | | *(Maximum 1,000 characters)* | |
| ***On separate rows, identify the major activities that must be taken to achieve the goal.*** | ***Identify who will be responsible and accountable for carrying out the specific activities.*** | ***Identify the expected time frames for carrying out the specific activities.*** | | ***Indicate what is anticipated to happen as a result of the proposed activities (i.e., quantifiable results)*.** | | ***Provide progress for each activity.*** | |
| **Focus Area****A1.** **Due Diligence:** Conduct thorough due diligence to ensure that systems include key features and meet health centers’ needs. | | | | | | | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
| **Focus Area****A2. Economies of Scale/Vendor Management**: Support shared resources to employ economies of scale and manage vendor relationships. | | | | | | | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
| **Focus Area****A3. Pre-implementation**: Provide technical assistance in project management, informatics, decision making, and implementation planning. | | | | | | | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
| **Focus Area A4. Go-live:** Provide EHR implementation technical assistance and training. | | | | | | | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
| **Focus Area****A5. Post-implementation/On-going Support:** Provide ongoing support, planning, and training, including assisting participating centers and eligible providers in the initial registration, attestation, and data submission required to receive Adoption/Implementation/ Upgrade incentive payments from CMS/states for initial EHR adoption activities. | | | | | | | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
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| **Section B – Meaningful Use** | | | | | | | |
| **Goals (end of project period):** | | | | | | | |
| **Goal B1.** ***Percent of eligible providers who have registered and attested/applied for EHR Incentive Program payments.*** | | | | **Goal B1:** | | System will pre-populate | |
| **Numerator B1:** ***The number of eligible providers who have registered and attested/applied for EHR Incentive Program payments across all participating health centers.*** | **Baseline Numerator B1:** | System will pre-populate | | **Baseline Data (percentage):** | | System will pre-populate | |
| **Denominator B1:**  ***Total number of eligible providers across all participating health centers.*** | **Baseline Denominator B1:** | System will pre-populate | |  | | | |
| **Numerator B1:** ***The number of eligible providers who have registered and attested/applied for EHR Incentive Program payments across all participating health centers.*** | **Current Numerator B1:** | Grantee will provide | | **Current Data (percentage):** | | System will calcuate | |
| **Denominator B1:** ***Total number of eligible providers across all participating health centers.*** | **Current Denominator B1:** | Grantee will provide | |  | | | |
| **Goal B2. *Percent of eligible providers receiving EHR Incentive Program payments.*** | | | | **Goal B2:** | |  | |
| **Numerator B2:** ***The number of eligible providers receiving EHR Incentive Program payments across all participating health centers.*** | **Baseline Numerator B2:** | System will pre-populate | | **Baseline Data (percentage):** | | System will pre-populate | |
| **Denominator B2:** ***Total number of eligible providers across all participating health centers.*** | **Baseline Denominator B2:** | System will pre-populate | |  | | | |
| **Numerator B2:** ***The number of eligible providers receiving EHR Incentive Program payments across all participating health centers.*** | **Current Numerator B2:** | Grantee will provide | | **Current Data (percentage):** | | System will calcuate | |
| **Denominator B2:** ***Total number of eligible providers across all participating health centers.*** | **Current Denominator B2:** | Grantee will provide | |  | | | |
| **Key Factors:** ***Based on participating health centers’ MOAs and overall needs assessment, identify 2 or more key factors impacting performance on these measures (include at least 1 factor predicted to contribute to and at least 1 factor predicted to restrict progress toward achieving the proposed goals).*** | | | | | | | |
| ***1. Contributing Factor(s):*** | System will pre-populate | | | | | | |
| ***2. Restricting Factor(s):*** | System will pre-populate | | | | | | |
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| ***Identify at least two activities and corresponding fields (person/area responsible, time frame, and expected outcome) for each focus area. Add additional rows below to add additional activities.*** | | | | | | | |
| **Activity** | **Person /Area Responsible** | **Time Frame** | | **Expected Outcome** | | **Comments** | |
| *(Maximum 200 characters)* | (*Maximum 200 characters)* | *(Maximum 200 characters)* | | *(Maximum 200 characters)* | | *(Maximum 1,000 characters)* | |
| ***On separate rows, identify the major activities that must be taken to achieve the goal.*** | ***Identify who will be responsible and accountable for carrying out the specific activities.*** | ***Identify the expected time frames for carrying out the specific activities.*** | | ***Indicate what is anticipated to happen as a result of the proposed activities (i.e., quantifiable results)*.** | | ***Provide progress for each activity.*** | |
| **Focus Area B1.** **System Architecture:** Support EHR upgrades and modifications, data sharing, reporting and systems training to meet meaningful use requirements. | | | | | | | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
| **Focus Area B2. EHR Incentive Program Application:** Provide training and assist participating centers and providers in registration, attestation, and data submission required to receive incentive payments from CMS/states. | | | | | | | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
| **Focus Area B3. Ongoing Support**: Provide planning, system development, and collaboration to maintain meaningful use compliance through applicable stages of meaningful use as defined by the Medicare and Medicaid EHR Incentive Programs. | | | | | | | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
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| **Section C – Quality Improvement** | | | | | | | |
| **Goals (end of project period):** |  |  | |  | |  | |
| **Goal C1. *Percent of health centers that meet or exceed Healthy People 2020 goals on at least one Uniform Data System (UDS) clinical quality measure.*** | | | | **Goal C1:** | | System will pre-populate | |
| **Numerator C1:** ***The number of participating health centers that meet or exceed Healthy People 2020 goals on at least one UDS clinical quality measure.*** | **Baseline Numerator C1:** | System will pre-populate | | **Baseline Data (percentage):** | | System will pre-populate | |
| ***Denominator C1: Total number of participating health centers.*** | **Baseline Denominator C1:** | System will pre-populate | |  | | | |
| **Numerator C1:** ***The number of participating health centers that meet or exceed Healthy People 2020 goals on at least one UDS clinical quality measure.*** | **Current Numerator C1:** | Grantee will provide | | **Current Data (percentage):** | | System will calcuate | |
| **Denominator C1:** ***Total number of participating health centers.*** | **Current Denominator C1:** | Grantee will provide | |  | | | |
| **Goal C2*. Percent of health centers that achieve PCMH recognition or maintain/increase their PCMH recognition level.*** | | | | **Goal C2:** | | System will pre-populate | |
| **Numerator C2:** ***The number of participating health centers that achieve PCMH recognition, or increase their PCMH recognition level.*** | **Baseline Numerator C2:** | System will pre-populate | | **Baseline Data (percentage):** | | System will pre-populate | |
| **Denominator C2:*Total number of participating health centers.*** | **Baseline Denominator C2:** | System will pre-populate | |  | | | |
| **Numerator C2:** ***The number of participating health centers that achieve PCMH recognition, or increase their PCMH recognition level.*** | **Current Numerator C2:** | Grantee will provide | | **Current Data (percentage):** | | System will calcuate | |
| **Denominator C2:** ***Total number of participating health centers.*** | **Current Denominator C2:** | Grantee will provide | |  | | | |
| **Key Factors:** ***Based on participating health centers’ MOAs and overall needs assessment, identify 2 or more key factors impacting performance on these measures (include at least 1 factor predicted to contribute to and at least 1 factor predicted to restrict progress toward achieving the proposed goals).*** | | | | | | | |
| ***1. Contributing Factor(s):*** | System will pre-populate | | | | | | |
| ***2. Restricting Factor(s):*** | System will pre-populate | | | | | | |
|  |  |  | |  | |  | |
| ***Identify at least two activities and corresponding fields (person/area responsible, time frame, and expected outcome) for each focus area. Add additional rows below to add additional activities.*** | | | | | | | |
| **Activity** | **Person /Area Responsible** | **Time Frame** | | **Expected Outcome** | | **Comments** | |
| *(Maximum 200 characters)* | (*Maximum 200 characters)* | *(Maximum 200 characters)* | | *(Maximum 200 characters)* | | *(Maximum 1,000 characters)* | |
| ***On separate rows, identify the major activities that must be taken to achieve the goal.*** | ***Identify who will be responsible and accountable for carrying out the specific activities.*** | ***Identify the expected time frames for carrying out the specific activities.*** | | ***Indicate what is anticipated to happen as a result of the proposed activities (i.e., quantifiable results)*.** | | ***Provide progress for each activity.*** | |
| **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. | | | | | | | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
| **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. | | | | | | | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
| **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. | | | | | | | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
| **Focus Area C4. Use of HIT for Practice Transformation and Alignment with the 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. | | | | | | | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
| ***System will pre-populate*** | ***System will pre-populate*** | ***System will pre-populate*** | | ***System will pre-populate*** | | ***Grantee must provide progress*** | |
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Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.