



Site Visit Guide 2024

Health Center Controlled Networks (HCCN)



Table of Contents

INTRODUCTION	2
SECTION I. SITE VISIT PURPOSE AND OVERVIEW	2
Expected Outcomes.....	2
Site Visit Venue.....	2
Frequency of Site Visits.....	2
SECTION II. SITE VISIT PROCESS AND ACTIVITIES BY TEAM MEMBER	3
Site Visit Components	3
Pre-Site Visit Activities	3
Site Visit Activities.....	5
Post-Site Visit Activities.....	6
SECTION III. SITE VISIT TIMELINE	6
SECTION IV. THE SITE VISIT	8
Entrance Conference	8
Site Visit Analysis	8
Exit Conference.....	9
SECTION V. POST SITE VISIT	9
Site Visit Report.....	9
Site Visit Report Review and Approval.....	10
Appendices	11

INTRODUCTION

The Health Center Controlled Network (HCCN) Site Visit Guide defines the purpose, requirements, and processes the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC) undertakes to conduct on-site or virtual site visits. This guide is intended to be used by HCCN Project Officers (POs), HCCNs, and consultants and provides the framework for conducting operational site visits.

SECTION I. SITE VISIT PURPOSE AND OVERVIEW

The Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) HCCN site visit supports effective oversight of the HCCN program. HCCN site visits are an administrative requirement and must be conducted at least once per period of performance. Site visits provide the opportunity to gain a deeper understanding of the context or landscape in which HCCN programs operate and to more fully understand the value and impact of training and technical assistance (T/TA) provided by the HCCN to all participating health centers (PHCs). At the conclusion of the site visit, HCCN POs and consultants will complete a site visit report documenting HCCN achievement of program requirements and note any areas where improvement is needed.

Expected Outcomes

BPHC expects the site visit to result in the following:

- Objective review and assessment of HCCN progress toward all program objectives
- Assessment of HCCN compliance with legislative, programmatic, and administrative requirements as outlined in the HCCN Notice of Funding Opportunity (NOFO)
- Sharing of accomplishments, challenges and lessons learned
- Identification of innovations and any promising practices that support the training and technical assistance (T/TA) needs of health centers
- Insight from PHCs regarding the impact of the HCCN program
- Increased understanding of the role of HCCN board in program oversight
- Strengthening of relationship between BPHC and HCCNs
- Identification of next steps to ensure attainment of program objectives

Site Visit Venue

On-Site: Visits take place at the recipient's location or sub-location.

Virtual: Visits are conducted remotely using a BPHC approved video conference platform. All HCCN site visit attendees must have access and ability to use the selected video conference platform.

Frequency of Site Visits

HCCN site visits must be conducted at least once per period of performance. Each HCCN will receive one 2-day site visit during the project period. As part of its ongoing program oversight responsibilities, HRSA may also make additional site visits as warranted by program needs.

SECTION II. SITE VISIT PROCESS AND ACTIVITIES BY TEAM MEMBER

Site Visit Team

- HRSA Consultant conducts the site visit
- HCCN PO facilitates communication between the HCCN and the consultant
- HCCN Leadership and key staff present their progress across all project objective and share successes, challenges, barriers, and lessons learned
- HCCN Board discusses the HCCN governance structure and oversight responsibilities
- HCCN Participating Health Centers (PHCs) share their experience as HCCN participants and T/TA recipients

Site Visit Components

- Pre-Site Visit Activities
- Site Visit Activities
- Post-Site Visit Activities

Pre-Site Visit Activities

Pre-Site Visit Preparation – Project Officer

Communicate with HCCN to discuss preparation for site visit to addresses the following:

Logistics

- Site visit dates and times.
 - Choose two sets of dates – preferred and alternate – and confirm site visit venue (on-site or virtual)
- For virtual visits confirm availability of selected BPHC approved video conference platform for all attendees

General preparation

- Send the HCCN Site Visit Guide to the HCCN and consultant
- Confirm HCCN Board and key HCCN staff will be available during site visit, confirm PHC availability, arrange pre-site visit planning meetings with consultant and HCCN
- Share Pre-Site Visit review documents with consultant (list of required documents is included in Table 1) Schedule Pre-Site Visit planning calls with consultant six weeks before site visit (Appendix A)
- Provide an overview of the site visit purpose and process, discuss logistics, and approve final site visit Site-Visit Kick-Off Call agenda to be led by consultant (Appendix B)
- Confirm consultant has all documents needed for visit Share any specific concerns or issues
- Schedule Introductory Site-Visit Kick-Off Call with consultant and HCCN at least four weeks before site visit
 - The consultant will lead the introductory Kick-Off call (Appendix B), however the PO may engage as needed to ensure all meeting objectives are met
 - If the consultant changes during the site visit process, a new Kick-Off call will be scheduled

Pre-Site Visit Activities - Consultant

- Declare any potential conflicts of interest with HCCN – if significant a new consultant may need to be assigned
- Participate in all pre-site visit planning meetings and Kick-Off calls
- Confirm receipt of all necessary documents (Table 1); follow up as required
- Prior to the first day of the visit, review and analyze the documents to evaluate recipient's progress on work plan activities and confirm its compliance with the program requirements.
- Prior to the Kick-Off call, develop the site visit agenda in consultation with PO
 - Draft site visit agenda should include the following:
 - Entrance conference
 - Meeting with HCCN Board Members
 - Site visit venue (on-site or virtual)
 - Demonstrations of health IT (HIT) tools, resources, services, and solutions provided by HCCN
 - Exit conference
- Complete Pre-Site Visit Review and Analysis section of the site visit report (Appendix G)
- Develop Consultant Coordination Call Agenda (Appendix B)
 - Provide an overview of site visit purpose and process
 - Site visit agenda
 - Participant's roles and responsibilities
 - Discuss logistics
 - HCCN management and staff availability
 - PHC availability
 - Date and time of site visit components
 - Communicate any additional documents needed from the HCCN or PO
 - Share any issues or concerns
- Finalize site visit agenda while incorporating feedback from PO and HCCN (Appendix E)

Pre-Site Visit Activities – HCCN

- Participate in site visit Kick-Off call with PO and consultant
- Work with consultant and PO to develop and finalize site visit agenda (Appendix C)
- Submit **Pre-Site Visit Documents (Table 1)** to consultant four to six weeks prior to site visit
 - Consultant may request additional documents from HCCN to complete pre-site visit review.
- Confirm availability of board
- Work with PO to select two PHCs for participation in site visit considering the following factors:
 - Availability of key PHC staff
 - For virtual visits the ability of PHC staff to access virtual platform
 - PHC engagement – helpful to hear from PHCs with various levels of engagement in HCCN program
- Provide guidance to the PHC for participation in HCCN site visit such as:
 - Sharing their experience as an HCCN participant and T/TA recipient
 - Providing details on PHC engagement with HCCN program
 - Describing how their Individual Work Plan (IWP) has been used to enhance PHC performance

- Demonstration (either virtually or in person) of health IT (HIT) tools, resources, services, and solutions provided to PHCs
- Discussing progress made toward the HCCN objectives
- Develop and share in advance of site-visit all documents and presentations including:
 - Meeting minutes from last 3 board meetings
 - Five individual PHC workplans (One each for PHCs included in site visit along with 3 other examples)
 - Presentations developed for site visit
 - Other documents as requested by PO or consultant
- Ensure all site visit participants including HCCN key staff, HCCN board members, and PHC key staff are knowledgeable of their roles in the HCCN award and are prepared to engage fully in the site visit process
- If conducting a virtual site visit, ensure that all site visit participants have access to and can use selected virtual platform

Site Visit Activities

Site Visit Activities - Project Officer

- PO is encouraged to attend all portions of the site visit
- PO is required to attend and participate in:
 - Entrance conference
 - Preparation for exit conference
 - Exit conference
- While consultant leads the site visit, PO is an active listener and may both respond to and ask questions as needed

Site Visit Activities – Consultant

- Lead site visit following approved agenda
- Following or during (if appropriate) HCCN presentations:
 - Ask any clarifying questions
 - Use open-ended, probing questions as appropriate to obtain additional information as needed
- Request any additional documentation needed while on-site
- If any site visit findings require a corrective action that can be completed while on site, inform PO and HCCN
- Discuss findings with PO during preparation for exit conference
- Share high level site visit findings with HCCN during exit conference
- If identified, document any promising practices

Site Visit Activities – HCCN

- Key staff provide updates across all program objectives
 - Progress toward each objective target
 - Successes and lessons learned
 - Barriers or challenges
 - T/TA provided to assist PHCs
- Board members actively engage in governance discussion
- PHCs share experience with and impact of HCCN program

Post-Site Visit Activities

Post-Site Visit Activities – Project Officer

- Act as contact for HCCN for any post site visit questions
- Review site-visit report for content and accuracy editing and collaborating with consultant as needed
- When successfully reviewed and any corrections made, forward to Program Quality Controller (PQC) for approval
- Send final site visit report to HCCN
- Schedule meeting with HCCN to discuss final report
- Address any site visit findings that require corrective action or performance improvement with HCCN through ongoing monitoring and T/TA

Post-Site Visit Activities – Consultant

- Detail findings and recommendations in site visit report (refer to Appendix G)
 - All information must be fact-based
 - Do not include opinions, terms that could be considered inflammatory or derogatory, or blanket statements
 - If copying content directly from any report or other document appropriately cite original source

Post-Site Visit Activities – HCCN

- Contact PO for any post-site visit questions, do not contact consultant directly
- Attend meeting with PO to discuss final site visit report
- Work with PO to address any areas requiring performance improvement or corrective action
- Thank key staff, board and PHCs for their participation

SECTION III. SITE VISIT TIMELINE

Once the HCCN site visit dates have been confirmed, the PO, HRSA contractor, and the HCCN should be aware of the following timelines

- **6 Weeks Prior to Site Visit** - PO conducts pre-site visit introductory call with consultant
- **4 Weeks Prior to Site Visit** - Consultant, PO, and HCCN meet for pre-site visit planning call
- **No More Than 10 Calendar Days Following Completion of Site Visit** – Consultant submits site visit report to TA Contractor
- **No More Than 20 Calendar Days Following Completion of Site Visit** – TA contractor completes review of site visit report for completeness, clarity, accuracy, format, grammar, and punctuation
- **Within 25 Calendar Days of Receiving the Draft Site Visit Report from TA Contractor** – PO reviews and edits report using track changes. If significant changes are required, the PO returns the report to the consultant and TA contractor. If no changes are needed the PO forwards the report to the Program Quality Control (PQC) for final review and approval
- **Within 5 Business Days of Receiving Change Request, Consultant and TA Contractor** – Return revised report to PO

- *Within 5 Business Days of Receiving Revised Report* – PO either forwards report to PQC for approval or returns to consultant and TA contractor for additional revisions
- *Within 45 Calendar Days Following Site Visit Completion* – Report review should be complete although extensive revision requests may extend this timeline

Table 1. Pre-Site Visit Documents to Review

BPHC Documents	HCCN Documents
HCCN Notice of Funding Opportunity	Individualized work plans (IWPs) (minimum of five PHCs) and must include IWPs of PHCs we are visiting
Cooperative Agreement Application	HCCN Board meeting minutes from the last two HCCN Board meetings
Most recent Non-Competing Continuation Progress Report	Other documents requested by consultant (PPT presentation that overviews relevant demonstrations of HIT tools, resources, services, and solutions)
Distinction Document	Presentation that outlines the impact of HCCN collaboration with PHC, which should include organizational and historical info about the PHC (HIT challenges, demographic info of patient population, info on staff who support HIT, etc.).
Other relevant documents requested by consultant	

Table 2. Pre-Site Visit Analysis Questions

Consultant must answer the following questions
Question 1. Does project work plan adequately support HCCN program objectives (see Appendix E)?
Question 2. Does project work plan demonstrate clear linkage to identified PHC’s HIT needs and predicted barriers?
Question 3. Are goal targets in project work plan realistic and achievable considering proposed activities, resources, collaborations, and anticipated challenges?
Question 4. Do PHC’s Individualized Work Plan identify PHC’s needs and appropriate activities to be completed to address those needs? If no, ask HCCN to demonstrate how they are monitoring and tracking PHC progress and needs.
Question 5. Does staffing plan adequately support implementation of activities and achievement of goal targets in project work plan?
Question 6. Is partnership and/or collaboration with PCA(s) and HITEQ evident?
Question 7. Is it evident that HCCN has an appropriate governance structure, ensuring that it is independent from the boards of its health center members? Is governing board’s role in monitoring the program clearly delineated? Is the HCCN governing board structure as stated in the approved application?

Question 8. Is the budget and scope of contracts and/or agreements reasonable in relation to the HCCN’s planned activities for the budget period?

Question 9. (For virtual visit only) Are there any aspects of the site visit that need to be revisited later due to technology challenges?

SECTION IV. THE SITE VISIT

Entrance Conference

All site visits begin with the entrance conference that involves PO, consultant, HCCN leadership and staff on Day one of the site visit. Consultant facilitates the entrance conference. Consultant can refer to suggested entrance conference agenda under Appendix D. The Entrance conference is approximately one to two hours in length and includes the following content:

- Overview of logistics
- Review of purpose, scope, and intended outcome of site visit
- Review of site visit agenda
- General overview of HCCN
- Q&A

Site Visit Analysis

During the site visit, consultant facilitates discussions on project status for each program objective (see Appendix F) by referencing the Notice of Funding Opportunity objectives as well as HCCN’s most recent work plan. Consultant and HCCN staff participate in the discussions of the following activities:

- HCCN project status to date
- Compliance with program requirements as outlined in the NOFO
- Meeting with HCCN Board members
- Meeting with PHCs key staff
- Demonstration (either virtually or in person) of health IT (HIT) tools, resources, services, and solutions provided to PHCs
- Successes and accomplishments
- Challenges, barriers, and lessons learned
- Promising practices (**share if available, but not required**)

Consultant utilizes questions in **Table 2** to conduct analysis and determine whether each question is MET or NOT MET. In addition, the consultant uses the following questions to evaluate HCCN’s program management and document findings in the site visit report:

- What resources and capabilities does HCCN possess (HIT expertise, organizational structure/staffing, contracts and agreements, and financial management and controls) to adequately support activities?
- How does the HCCN engage each PHC in all activities?
- How does HCCN collect data to monitor progress, measure outcomes, and improve activities in project work plan?

- How does the HCCN use individual PHC workplans to enhance PHC performance?

Consultant leads meeting with HCCN Board to discuss governance and program oversight. Consultant uses the following questions to guide discussion and document findings in site visit report:

- What is the HCCN’s governance structure and how is the governing board involved in monitoring the HCCN project?
- How often does the board meet?
- What are the roles of PHCs and other key stakeholders in project oversight and HCCN’s governance?
- How are the HCCN’s governing board’s procedures appropriate to govern the organization?

Prior to conducting the site visit, HCCN should have any documents/tools it would like to present prepared and accessible virtually and provide consultant with electronic copies of all site visit documents.

Exit Conference

Prior to the exit conference, consultant may facilitate a pre-exit conference with CEO/Project Director if requested by either HCCN CEO/Project Director or consultant. The site visit then concludes with an exit conference facilitated by consultant and includes HCCN leadership and staff, HCCN Board representatives, and PO. Consultant summarizes general findings from all aspects of the site visit review and any follow-up actions/steps are discussed as applicable.

SECTION V. POST SITE VISIT

At the conclusion of site visit, consultant prepares a site visit report. The site visit report serves as the formal findings from the visit. Follow-up on site visit findings will be ongoing and conducted by the PO through the remainder of the project period.

Site Visit Report

The Site Visit Report is expected to provide BPHC with an accurate, objective depiction of the HCCN’s project status. It is imperative that consultant provide justification to support MET/NOT MET determination in the site visit report. Final site visit report will be shared with the HCCN after BPHC review and approval. The site visit report review process will be completed within 45 calendar days from when the site visit is completed.

- Consultant must use site visit report template provided by PO to complete the report. Consultant can refer to Appendix F in this guide.
- Areas of concern that do not align with the HCCN’s work plan or expectations of the NOFO are recorded in the site visit report.
- All information contained in the site visit report will be fact based. The report will not include opinions, use terms that could be considered inflammatory or derogatory, or use blanket statements.
- Site visit report will address HCCN’s project status on ALL HCCN program objectives. Findings from pre-site and/or during site visit segments should substantiate HCCN’s progress towards meeting program objectives as well as its compliance with all program requirement as outlined in Appendix D.

- Where there is a sensitive information that must be conveyed to BPHC for a complete understanding and assessment of the HCCN, it should not be incorporated into the site visit report but rather conveyed to the PO via a post-site visit conference call.

Site Visit Report Review and Approval

- Full review of all reports (draft and final) will be completed by consultant and BPHC within **45 calendar days** from when the site visit was completed
- Within **25 calendar days** of submission of the draft site visit report, BPHC will complete internal review of the site visit report for quality assurance, communicating needs for any changes/edits back to the consultant and TA contractor.
- PO will review and edit the report using track changes. If no changes are required, PO will send the site visit report to Program Quality Control (PQC) for final review and approval. However, if changes are made to the site visit report, PO will return the report to the consultant within **25 calendar days**. If necessary, PO may initiate direct discussions with consultant regarding report revisions.
- Once the report is received, consultant revises the report within **five business days** and returns it to the PO for review as a final report.
- PO must review and approve final report within **five business days**. If the report is acceptable and no additional changes are needed, PO marks the report as “approved” in the EHB and send the report to PQC for final approval.
- However, if after the PO receives the revised report from the consultant and it is not acceptable and needs additional changes, PO makes necessary edits or comments in track changes and returns it to consultant.
- Once PQC approves the report, PO send the approved site report to the recipient.

Appendices

Appendix A: Suggested Consultant Coordination Call Agenda – PO and Consultant Only Meeting

15 Minutes

Introduction

- Participants and roles
- Site visit purpose
- Overview of site visit process components

30 Minutes

Pre-Site Visit Activities

- Discuss pre-site visit details area of HCCN site visit report template (Appendix G)
- Discuss the HCCN site-visit process and expectations including completion of site visit report (Appendix G)
- Confirm documents to be provided by PO and HCCN with due dates

15 Minutes

Logistics

- Confirm site visit venue (on-site or virtual)
 - Confirm site visit dates and times
 - Review agenda for Kick-Off call with consultant and HCCN (Appendix B)
-

Appendix B: Suggested Pre-Site Visit Kick-Off Call Agenda - PO, Consultant, and HCCN Meeting

20 minutes

Introductions

- Site visit purpose
 - Overview of site visit process components
 - Participants, including roles and responsibilities
 - Confirm the documents to be provided by the HCCN and the PO and the due dates
 - Discuss the draft agenda
-

20 minutes

Logistics

In-Person Visit

- Site visit and meeting dates, spaces, and times
- Confirm onsite and remote participants
- Confirm which PHCs will be visited and when
- Review the onsite agenda draft and deadline for HCCN feedback

Virtual Visit

- Determine the video conference platform that will be used for the virtual visit including meeting times
 - Confirm that all HCCN, board participants, and PHCs have access to and will use the selected video conference platform
 - Review the onsite agenda draft and deadline for HCCN feedback
-

20 minutes

Staff Availability

- Confirm the key HCCN management staff who will be available
 - Review the list of staff who will be interviewed during the visit
 - Before the site visit, the consultant confirms the HCCN staff who will be present for each portion of the site visit.
 - Once the agenda is final, the consultant and HCCN coordinate with staff to ensure their availability.
-

Appendix C: HCCN Site Visit Agenda Template

[Name of HCCN]

Project Officer: [Name of PO]

Consultant: [Name of consultant]

Attendees:

Day 1

Select the Date

8:00 a.m. – 9:00 a.m.	Entrance Conference Welcome and Introduction Overview of Site Visit HCCN Overview and Showcase [HCCN leadership, staff, consultant, PO]	Location
9:00 a.m. – 11:00 a.m.	HCCN Project Status Updates Part 1 [HCCN staff, consultant]	Location
11:00 a.m. – Noon	Meet with HCCN Board Members [HCCN staff, HCCN Board members, consultant]	Location
Noon – 1 p.m.	Break for Lunch	
1:00 p.m. – 3:00 p.m.	HCCN Project Status Updates Part 2 [HCCN staff, consultant]	Location
3:00 p.m. – 4:30 p.m.	Demonstrations and Other Virtual Review Activities [HCCN staff, consultant]	Location
4:30 p.m. – 5:00 p.m.	Wrap Up	Location

Day 2

Select the Date

Attendees:

8:00 a.m. – 11:00 a.m.	Virtual Visit/Tour to Participating Health Center or HCCN Status Update Part 3 [HCCN staff, health center staff, consultant]	Location
11:00 a.m. – Noon	Break for Lunch	
Noon – 3:00 p.m.	Visit (Virtual or On-site) to Participating Health Center [HCCN staff, health center staff, consultant]	Location
3:00 p.m. – 3:30 p.m.	Preparation for Exit Conference	Location
3:30 p.m. – 4:30 p.m.	Exit Conference	Location

Additional Information:

[Add any additional instructions, comments, or directions in this section.]

Appendix D: Suggested Entrance Conference Agenda

20 Minutes

Introductions

Consultant will facilitate entrance conference:

- Introduction of site visit team
- Review purpose, scope, and intended outcome of site visit
- Review of site visit agenda and make any necessary changes
- Describe how site visit outcomes and recommendations will be shared

30 Minutes

Overview of HCCN

HCCN will present on the following suggested topics:

- Overview of organization
- Overview of HCCN project
- Overview of state healthcare and HIT landscape
- Other relevant topics that support on-site discussions on project status

10 Minutes

Q&A

Appendix E: FY 2022 HCCN Program Objectives

#	Objective	Number/Numerator
1	Patient Engagement - Increase the percentage of PHCs that support patients and families' participation in their health care through expanded use of integrated virtual care (e.g., electronic messages sent through patient portals to providers, telehealth visits, remote monitoring devices).	Number of PHCs with at least 90 percent of patients who have used a digital tool between visits to communicate health information with the PHC within the last 12 months.
2	Patient Privacy and Cybersecurity - Increase the percentage of PHCs with formally defined health information and technology policies and practices that advance security to protect individual privacy and organizational access.	Number of PHCs that have implemented secure health information practices that protect patient privacy in at least one of the following areas: protection from misuse, threats like cybersecurity attacks, fraud, and other harms.
3	Social Risk Factor Intervention - Increase the percentage of PHCs that use patient-level data on social risk factors to support patient care plans for coordinated, effective interventions.	Number of PHCs that use health IT to collect or share social risk factor data with care teams and use this data to inform care plan development on at least 75 percent of patients identified as having a risk factor (e.g., care teams use patient reported data on food insecurity or other social risk factors to better tailor care plans/interventions and community referrals to improve chronic disease management and outcomes) in the last 12 months.
4	Disaggregated patient-level data – Increase the percentage of PHCs with systems and staff aligned with submitting disaggregated, patient-level data via UDS+.	Number of PHCs that have sent successful test messages for electronic clinical quality measures (eCQM) and UDS+ data fields using FHIR-based application programming interfaces (APIs).

#	Objective	Number/Numerator
5	<p>Interoperable Data Exchange and Integration - Increase the percentage of PHCs with the capacity to integrate clinical data with data from clinical and non-clinical sources across the health care continuum (e.g., hospitals, specialty providers, departments of health, health information exchanges (HIE), care coordinators, social service/housing organizations) to optimize care coordination and workflows.</p>	<p>Number of PHCs that have integrated data into structured EHR fields (i.e., not free text or attachments) from at least three external clinical and/or non-clinical sources, in the last 12 months.</p>
6	<p>Data Utilization - Increase the percentage of PHCs that use data strategies, including use of predictive analytics and data visualization, to support population health interventions.</p>	<p>Number of PHCs using advanced data strategies, including predictive analytics and data visualization, to present useful data to inform performance improvement and value-based care activities (e.g., improve clinical quality, cost-efficient care) in the last 12 months.</p>
7	<p>Leveraging digital health tools - Increase the percentage of PHCs that support providers and staff in achieving and maintaining proficiency in the use of digital health tools (e.g., telehealth and remote patient monitoring tools).</p>	<p>Number of PHCs providing at least two formal trainings and routine support with HCCN support (e.g., on-demand reference materials, regular communications sharing tips or best practices, help desk) to providers and staff that promotes proficiency in the use of digital health tools in the last 12 months.</p>
8	<p>Provider and Staff Well-being - Increase the percentage of PHCs that improve health IT usability and adoption by providers and staff (e.g., align EHRs with clinical workflows, improve structured data capture in and/or outside of EHRs, use of metadata to improve EHR user experience).</p>	<p>Number of PHCs that reduced operational barriers to IT usability and adoption through implementation of at least one HIT facilitated intervention that focuses on topics such as aligning EHRs with clinical workflows, improving structured data capture in and/or outside of EHRs, regular EHR support and trainings, or use of metadata to improve EHR user experience.</p>

#	Objective	Number/Numerator
9	<p>Health Equity (Applicant Choice) - Develop one objective and associated outcome measure that will focus on utilizing a health IT innovation (e.g., digital patient engagement tools, remote patient monitoring, emergency preparedness, artificial intelligence) to reduce health disparities and/or address social determinants of health based on the unique needs of the PHCs in their network.</p>	<p>Outcome measure to be developed by applicant.</p>
10	<p>Improving Digital Health Tools (Applicant Choice) - Develop one objective and associated outcome measure that will focus on improving the functionality of digital health tools (e.g., EHRs, virtual care platforms, patient portals, analytic systems) in one or more of the following areas: (1) support relationships between providers and staff with patients, their families, and the community; (2) support high-functioning care teams; (3) integrate care delivery across systems and communities; (4) reduce workload; and (5) make care more equitable.</p>	<p>Developed by applicant.</p>

Appendix F: HCCN Promising Practices

Overview

A promising practice refers to an activity, procedure, approach, or policy that leads to, or is likely to lead to, improved outcomes or increased efficiency for HCCNs and health centers. HRSA collects these promising practices to share externally with others (e.g., via BPHC website, other health centers, and technical assistance partners).

Identification of Promising Practices is encouraged but not required. Consultant should document no more than two promising practices during the site visit. Consultant should closely follow the guidance below in determining whether anything rises to the level of a promising practice.

Promising Practices Documentation

1. When any promising practices are identified as part of this site visit, consultant should document the following:
 - a. **Context:** Clearly describe HCCN and/or health center's innovation, challenge, or issue.
 - b. **Description:** In detail, describe the practice implemented.
 - c. **Outcome:** Use quantitative and/or qualitative data to show how the practice was effective.
 - d. **Implementation Section:** State how this practice can be implemented in other HCCNs or health centers. Please list any special needs or costs associated with this activity. What were required elements for organization's successful implementation (e.g., board approval, policy, funding, collaborative partners and resources, facility, transportation, community acceptance)?
2. Consultant should ensure HCCN or health center consents to share this practice with others (e.g., via BPHC website, other health centers, and technical assistance partners)?
3. Document name, phone number, and email address for staff person who should be reached for further information.
4. List any relevant documentation related to promising practice (e.g., policy, forms, patient education handout).

Appendix G: HCCN Site Visit Report Template

HCCN Name
Project Director
Site Visit Date
Virtual Location Link
Consultant
Project Officer
Site Visit Participants (Name, Title)
Pre-Site Visit Details

Pre-Site Visit Review and Analysis	Met	Not Met
<p><u>Instruction</u> Consultant is expected to review ALL pre-site visit documents and conduct pre-site visit analysis prior to virtual site visit. Consultant must use questions below to conduct analysis and determine whether each question is MET or NOT MET using pre-site evidence provided by the HCCN and/or PO.</p> <p>For each question, consultant must provide justification supporting MET/NOT MET determination in 5 sentences or less.</p> <p>Consultant must follow-up during virtual site visit if he/she is unable to verify these questions during pre-site visit analysis.</p>		
<p>1. Does project work plan adequately support HCCN program objectives?</p> <p><u>Justification:</u></p>		
<p>2. Does Project work plan demonstrate clear linkage to identified PHC’s HIT needs and predicted barriers?</p> <p><u>Justification:</u></p>		

Pre-Site Visit Review and Analysis	Met	Not Met
<p>3. Are goal targets in project work plan realistic and achievable considering proposed activities, resources, collaborations, and anticipated challenges?</p> <p><u>Justification:</u></p>		
<p>4. Do PHCs’ individualized work plans identify PHCs needs and appropriate activities to be completed to address those needs? – if no, ask HCCN to demonstrate how they are monitoring and tracking PHC progress and needs.</p> <p><u>Justification:</u></p>		
<p>5. Does staffing plan adequately support implementation of activities and achievement of goal targets in project work plan?</p> <p><u>Justification:</u></p>		
<p>6. Is partnership and/or collaboration with PCA(s) and HITEQ evident?</p> <p><u>Justification:</u></p>		
<p>7. Is it evident that HCCN has an appropriate governance structure, ensuring that it is independent from the boards of its health center members? Is governing board’s role in monitoring the program clearly delineated?</p> <p><u>Justification:</u></p>		
<p>8. Is the budget and scope of contracts and/or agreements reasonable in relation to the HCCN’s planned activities for the budget period?</p> <p><u>Justification:</u></p>		

Virtual Site Visit Details
Project Background (provide background of organization and activities conducted during site visit)

Virtual Site Visit Activities	Met	Not Met
1. Meet with HCCN leadership, staff, and board members to discuss HCCN’s mission, strategic direction, and progress toward meeting program objectives.		
2. Discuss successes, challenges, and lessons learned and identify areas of need that will support advancement of HIT at participating health centers (PHCs).		
3. Observe demonstrations of HIT tools, resources, services, and solutions provided by HCCN.		
4. Virtually visit PHC(s) to gain insight on impact the HCCN has had on member organizations.		
5. Identify innovation and promising HIT practices that resulted in improved quality of care and/or patient outcomes.		

HCCN Progress on Program Objectives
<u>Instruction</u> Consultant should provide detailed findings on HCCN’s progress in meeting program objectives. Both pre-site visit analysis and on-site activities should inform the findings.
Objective 1. Patient Engagement - Increase the percentage of PHCs that support patients and families’ participation in their health care through expanded use of integrated virtual care (e.g., electronic messages sent through patient portals to providers, telehealth visits, remote monitoring devices).
<u>Response:</u>
Objective 2. Patient Privacy and Cybersecurity - Increase the percentage of PHCs with formally defined health information and technology policies and practices that advance security to protect individual privacy and organizational access.

Response:

Objective 3. Social Risk Factor Intervention – Increase the percentage of PHCs that use patient-level data on social risk factors to support patient care plans for coordinated, effective interventions.

Response:

Objective 4. Disaggregated patient-level data – Increase the percentage of PHCs with systems and staff aligned with submitting disaggregated, patient-level data via UDS+.

Response:

Objective 5. Interoperable Data Exchange and Integration – Increase the percentage of PHCs with the capacity to integrate clinical data with data from clinical and non-clinical sources across the health care continuum (e.g., hospitals, specialty providers, department of health, health information exchange (HIE), care coordinators, social service/housing organizations) to optimize care coordination and workflows.

Response:

Objective 6. Data Utilization – Increase the percentage of PHCs that use data strategies, including use of predictive analytics and data visualization to support population health interventions.

Response:

Objective 7. Leveraging digital health tools – Increase the percentage of PHCs that support providers and staff in achieving and maintaining proficiency in the use of digital health tools (e.g., telehealth and remote patient monitoring tools).

Response:

Objective 8. Provider and Staff Well-being – Increase the percentage of PHCs that improve health IT usability and adoption by providers and staff (e.g., align EHRs with clinical workflows, improve structured data capture in and/or outside of EHRs, use of metadata to improve EHR user experience).

Response:

Objective 9. Health Equity (Applicant Choice) – Develop one objective and associated outcome measure that will focus on utilizing a health IT innovation (e.g., digital patient engagement tools, remote patient monitoring, emergency preparedness, artificial intelligence) to reduce health disparities and/or address social determinants of health based on the unique needs of the PHCs in their network.

Response:

Objective 10. Improving Digital Health Tools (Applicant Choice) – Develop one objective and associated outcome measure that will focus on improving the functionality of digital health tools (e.g., EHRs, virtual care platforms, patient portals, analytic systems) in one or more of the following areas: (1) support relationships between providers and staff with patients, their families, and the community; (2) support high functioning care teams; (3) integrate care delivery across systems and communities; (4) reduce workload; and (5) make care more equitable.

Response:

Additional Discoveries

Instruction

Consultant should provide additional information as designed below

Innovations/Promising Practices (document if noted, not required)

Response:

Challenges, Barriers, and Lessons Learned

Response:

Recommendations and Action Items

Recommendations (Include Action Items and Responsible Party)

Response:

Additional Comments

Response:

Consultant Name:		Date Completed:	
Project Officer:		Date Approved:	