

ATTACHMENT 2

# Health Center Controlled Network

## Memorandum of Agreement

**Purpose:** This Memorandum of Agreement (hereafter "Agreement") is entered into for the purposes of pursuing the "Health Center Controlled Network" funding opportunity made available by the Health Resources and Services Administration (FOA #: HRSA-19-011).

**Parties:** This Agreement is between OCHIN, Inc. (a Health Center Controlled Network and the primary applicant) and Participating Health Center (hereafter known as "PHC"). There are no other parties to this Agreement, and the terms of this Agreement may not be assigned to another party/parties without the prior written permission of OCHIN, Inc. (hereafter known as "OCHIN").

**Project Leadership:** Overall responsibility for the leadership and management of this award and all activities will rest with Abby Sears, CEO (OCHIN), and the PHC designee.

**Period of Agreement:** If awarded, this Agreement will be in effect from August 1, 2019 through July 31, 2022. OCHIN and the PHC will engage for the entirety of this period.

### HRSA Objectives and Goals:

Objective	Description	Numerator
<b>Goal A: Enhance the patient and provider experience</b>		
Objective A1: Patient Access	Increase the percentage of PHCs using health IT to facilitate patients' access to their personal health information (e.g., patient history, test results, shared electronic care plans, self-management tools)	Number of PHCs with at least 50 percent of patients having accessed their patient portal accounts within the last 12 months.
Objective A2: Patient Engagement	Increase the percentage of PHCs improving patient engagement with their health care team by advancing health IT and training (e.g., patient use of remote monitoring devices, better medication adherence with text reminders)	Number of PHCs with at least 30 percent of patients who have used a digital tool (e.g., electronic messages sent through the patient portal to providers, remote monitoring) between visits to communicate health information with the PHC within the last 12 months.
Objective A3: Provider Burden	Increase the percentage of PHCs that improve health IT usability to minimize provider burden (e.g., align EHRs with clinical workflows, improve structured data capture in and/or outside of EHRs)	Number of PHCs that have improved provider satisfaction (e.g. survey results) through implementation of at least one HIT facilitated intervention (e.g. improved CDS, EHR template customization/optimization, telehealth, eConsults, mobile health, dashboards, other reporting tools) within the last 12 months.
<b>Goal B: Advance interoperability</b>		
Objective B1: Data Protection	Increase the percentage of PHCs that have completed a security risk analysis and have a breach mitigation and response plan	Number of PHCs that have implemented a breach mitigation and response plan based on their annual security risk assessment.
Objective B2: Health Information Exchange	Increase the percentage of PHCs that leverage HIE to meet Health Level Seven (HL7) standards or national standards as specified in the ONC Interoperability Standards Advisory, and share information securely with other key providers and health systems	Number of PHCs that transmitted summary of care record to at least 3 external health care providers and/or health systems in the last 12 months using certified EHR technology through platforms that align with HL7 or national standards specified in the ONC Interoperability Standards Advisory.
Objective B3: Data Integration	Increase the percentage of PHCs that consolidate clinical data with data from multiple clinical and non-clinical sources across the health care continuum (e.g., specialty providers, departments of health, care coordinators, social service/housing organizations) to optimize care coordination and workflows	In the last 12 months, the number of PHCs that have integrated data into structured EHR fields (i.e., not free text or attachments) from at least 3 external clinical and/or non-clinical sources.

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Goal C: Use data to enhance value		
Objective C1: Data Analysis	Increase the percentage of PHCs that improve capacity for data standardization, management, and analysis to support value-based care activities (e.g., improve clinical quality, achieve efficiencies, reduce costs)	Number of PHCs using a dashboard and/or standard reports to present useful data to inform value-based care activities (e.g., improve clinical quality, achieve efficiencies, reduce costs) in the last 12 months.
Objective C2: Social Risk Factor Intervention	Increase the percentage of PHCs that use both aggregate and patient-level data on social risk factors to support 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 50 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.
Objective C3: Applicant Choice	Applicants will choose an objective and outcome measure to address an emerging issue based on the needs of the PHCs in their network (e.g., addressing substance use disorder, improving interoperability of Prescription Drug Monitoring Programs, utilizing telemedicine to improve access, participating in precision medicine initiatives)	N/A

**Expectations:** As described in the funding opportunity announcement, the purpose of this partnership is to support health centers to leverage health IT to increase their participation in value-based care through:

- Enhancing the patient and provider experiences;
- Advancing interoperability; and
- Using data to enhance value

Below are the expectations for each party to this Agreement.

OCHIN will be responsible for the following:

1. Oversight and coordination of the Cooperative Agreement with HRSA and agreements with PHCs
2. Developing and submitting HRSA-required reports
3. Monitoring award activities and overall progress against award goals
4. Partnering with PHCs to develop a customized work plan within 90 days
5. Providing tools and resources to support PHCs in achieving goals
6. Providing multi-modal education and training to support PHCs in achieving goals
7. Based on customized work plan, providing up to 125 hours of individualized training, technical assistance, and support (may include on-the-ground, as needed) to support PHCs in achieving goals
8. Coordinating services with award partners such as a Primary Care Association, HITEQ, and/or other collaborators

PHCs will be responsible for the following:

1. Assigning a champion who will be responsible for acting as primary point of contact with OCHIN for all award activities and for implementing work plan recommendations within the PHC (see signature page for name)
2. Partnering with OCHIN to complete an operational assessment and develop a customized work plan within 90 days which will include providing accurate, up-to-date data as requested to enable measurement of progress against award activities, goals, and measures, if not automated
3. Regularly monitoring progress against customized work plan and award goals
4. Providing OCHIN with accurate, up-to-date data [as requested] to enable measurement of progress against award activities, goals, and measures
5. Partnering with OCHIN to ensure that data presented is current and accurate
6. Actively participating in feedback mechanisms to share lessons learned, successes, and barriers to accomplishing award activities and achieving award goals
7. Actively engaging in activities (see Appendix 1) that promote implementation of the customized work plan


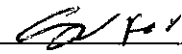
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**Other Terms and Conditions:** Both OCHIN and PHC recognize the following other terms and conditions:

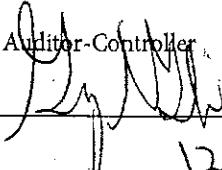
1. **Conflict Resolution:** OCHIN has in place policies for resolving conflict with members and affiliates that include specific contract provisions requiring specific elevation of issues first to the appropriate work groups and then to the appropriate executive levels of the organization.
2. **Contracting:** OCHIN and PHC agree that, if selected for award, a more formal contract agreement will be developed including a data use agreement and other terms and conditions as deemed appropriate.
3. **Membership:** Note that PHCs are not required to become network members or pay to receive services provided by this award. Additional services beyond the scope of this award may be purchased at the discretion of the PHC and OCHIN.
4. **Participation in Multiple HCCNs:** Per HRSA, a PHC may only be counted as a PHC for one HCCN award.

**Signatures:**



By signing below, I am committing that my health center will actively participate in the project for the three-year project period, pending notification of award. I further acknowledge that the services to be co-developed in my work plan will not result in the reduction of the amount or quality of health services currently provided to patients served in my health center.

<p>Health Center Controlled Network (applicant)</p>  <p>Abigail Sears, CEO OCHIN, Inc.</p> <p>2/5/2016 Date</p>	<p>Participating Health Center: <b>COUNTY OF MONTEREY</b></p> <p>Health Center Name: _____</p> <p>Project Champion Name: <b>LALCS00049</b></p> <p>Grant/LAL #: _____ # of Sites: <b>9</b></p> <p>Director of Health Name: <b>Elsa Jimenez</b></p> <p>Director of Health Signature: </p>
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Approved as to Fiscal Provisions:

By:   
Gary Giboney, Auditor-Controller  
Date: \_\_\_\_\_  
12-7-18

Approved as to Legal Form:

By:   
Stacy E. Saetta, Deputy County Counsel  
Date:  12/2/18

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**APPENDIX 1**

**Menu of Activities: Health Center Controlled Network**

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Based on organizational readiness, need, and tailored Work Plan, Participating Health Centers (PHCs) will engage in a variety of activities that support HRSA's program goals and objectives.

Activities provided by the Health Center Controlled Network include:

Placeholder; to be inserted later

## Benefits of OCHIN HRSA HCCN Membership

There are many benefits of partnering with OCHIN for technology and hosting—even more when you participate in the OCHIN HRSA Health Center Controlled Network (HCCN). The HCCN model is an important piece of the safety net that helps health centers improve their use of health technology for better health outcomes.

In addition to accessing the range of services available to OCHIN hosted members, OCHIN HRSA HCCN members receive:

- 125 annual hours of individualized training and technical assistance
- Comprehensive clinic assessments and workplans
- Annual performance reports
- Access to a range of tools designed to improve outcomes, efficiency, and access

Category	Value Add	OCHIN Hosted HCCN Member	Non-Hosted HCCN Member	OCHIN Hosting Only
Support	Chart Audits	✓	✓	For additional fee
	Compliance Audits	✓	✓	For additional fee
	Help Desk Support	✓	For additional fee	✓
	HIE Consulting	✓	✓	For additional fee
	Member Care Team	✓	✓	✓ <sup>1</sup>
	Report Development	✓	✓	For additional fee <sup>2</sup>
	Workflow Redesign	✓	✓	For additional fee
Build	Closed-Loop Referral	✓	n/a	For additional fee
	Custom Technology <sup>3</sup>	✓	For additional fee	For additional fee
	MU and Grant Metric Build	✓	For additional fee	
	Reporting to CMS	✓	n/a	✓
	Annual Performance Reports	✓	✓	For additional fee
Improvement	Assessments	✓	✓	For additional fee
	Cohort Groups	✓	✓	For additional fee <sup>4</sup>
	Live Trainings	✓	✓	For additional fee
	MU Consulting	✓	✓	For additional fee
	Practice Coaching	✓	✓	For additional fee
	Workplans	✓	✓	For additional fee

**HRSA HCCN Grant Also Subsidizes**

- Improvement Guidebooks (Healthy People 2020)
- Programmatic Guidebooks (UDS, PCMH, and MU)
- MyChart/Patient Portal Enhancements
- Documented and Recommended Workflows
- Provider Productivity and Efficiency Analysis
- Characteristics of High Performing Health Centers
- Monthly Comparative Reports
- Access to contracted discount pricing for add-on functionality

Brought to you by **OCHIN HCCN**

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H2QCS30280 "Health Center Controlled Networks," through the use of funds from the total annual award of \$1,500,000. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

<sup>1</sup> Hosted members meet monthly with analysts assigned to their accounts to work through issues

<sup>2</sup> Hosted members have access to library of core reports that can be customized (UDS, MU, PCMH)

<sup>3</sup> Custom programming for unique requirements of individual health centers

<sup>4</sup> Hosted members have access to range of standard workgroups