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## OCHIN, Inc. HEALTH CENTER CONTROLLED NETWORK

### Memorandum of Agreement

This Memorandum of Agreement (“MOA or Agreement”) is made between OCHIN Inc. (hereafter known as “OCHIN”) (a Health Center Controlled Network and the primary applicant) and Participating Health Center Entity, as signed for on the signature line (page 5) (hereafter known as “PHC” or “Member”), entered for the purposes of pursuing the “Health Center Controlled Network” funding opportunity made available by the Health Resources and Services Administration (“HRSA”).

This MOA shall be effective upon the signature of both parties’ authorized officials.

WHEREAS Member is a part of the OCHIN community and wishes to contribute to and participate in the Health Center Controlled Network funding opportunity as specified in this MOA.

WHEREAS Member has been engaged by OCHIN with overall responsibility for the leadership and management of this award and all HCCN activities of Abby Sears, CEO (OCHIN), and the PHC designee (Champion identified on page 5).

NOW THEREFORE, OCHIN and PHC, as Parties to this MOA, agree as follows:

#### 1. Project Scope

1.1 *Purpose.* The purpose of this partnership is to support health centers in leveraging health information technology (IT) and data to deliver high-quality, culturally competent, equitable, and comprehensive primary health care, with a specific focus on improvements in:

- Clinical quality,
- Patient-centered care, and
- Provider and staff well-being

1.2 If awarded, this Agreement will be in effect from August 1, 2022 through July 31, 2025.

1.3 *HRSA Activities and Goals.* Both parties intend to collaboratively pursue the following HRSA objectives and goals:

Domain	Description	Metric
1. Patient Engagement	Increase the percentage of PHCs that support patients and families’ participation in their health care through expanded use of integrated digital health tools (e.g., electronic messages sent through patient portals to providers, telehealth visits, remote monitoring devices).	At least 80 percent of patients who have used integrated digital health tools between in-person visits to communicate health information with the PHC (a patient must have used a digital health tool at least once between visits).
2. Patient Privacy and Cybersecurity-	Increase the percentage of PHCs with formally defined health information and technology policies and practices that advance security to	Number of PHCs that have implemented formally defined and secure health information and technology policies and practices that advance security to protect individual privacy and



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	protect individual privacy and organizational access.	organizational access in at least two of the following areas: protection from misuse, threats like cybersecurity attacks, fraud, or 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 share social risk factor data with care teams and use this data to inform care plan development, and if applicable facilitate closed-loop referrals 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)
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 Fast Health Interoperability Resources (FHIR)based application programming interfaces (APIs).
5. Interoperable Data Exchange and Integration	Increase the percentage of PHCs with the capacity to integrate clinical information 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	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.
6. Data Utilization	Increase the percentage of PHCs that use data strategies, such as use of predictive analytics with data visualization, to support performance improvement and value-based care activities.	Number of PHCs that used advanced data strategies, such as predictive analytics with data visualization, natural language processing, and machine learning to present useful data to inform performance improvement and value-based care activities (e.g., improve clinical quality, cost-efficient care).
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).	Number of PHCs providing at least two formal trainings annually, along with routine 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.
8. Health IT Usability and Adoption	Increase the percentage of PHCs that improve health IT usability and adoption by providers, staff, and patients (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).	Number of PHCs that reduced operational barriers to health IT usability and adoption through implementation of at least one health IT facilitated intervention annually 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
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	TBD



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	preparedness, artificial intelligence) to improve the health status of their PHCs' communities by reducing health disparities and/or addressing social determinants of health.	
10. Improving Digital Health Tools (Applicant Choice)	Develop one objective and associated outcome that will enhance the quality and coordination of health services by focusing 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	TBD

## 2. Obligations

### 2.1 *OCHIN HCCN* will be responsible for:

- Oversight and coordination of the Cooperative Agreement with HRSA and agreements with PHCs
- Developing and submitting HRSA-required reports
- Monitoring award activities and overall progress against award goals
- Coordinating services with award partners such as a Primary Care Association, HITEQ, and/or other collaborators
- Partnering with PHCs to develop a customized work plan within 90 days of award
- Providing tools and resources to support PHCs in achieving goals
- 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
- Providing multi-modal education and training to support PHCs in achieving goals

### 2.2 *PHCs* will be responsible for:

- 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)



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- Assurance that the use of Office of the National Coordinator for Health Information Technology (ONC)-certified health IT products, including but not limited to EHR systems is being utilized
- 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
- Regularly monitoring progress against customized work plan and award goals
- Providing OCHIN with accurate, up-to-date data [as requested] and at least on a yearly basis, to enable measurement of progress against award activities, goals, and measures
- Partnering with OCHIN to ensure that data presented is current and accurate
- Actively participating in feedback mechanisms to share lessons learned, successes, and barriers to accomplishing award activities and achieving award goals
- Actively engaging in activities (see Appendix 1) that promote implementation of the customized work plan
- Maintaining continued use of national standards as specified in the ONC Interoperability Standards Advisory when there are no applicable certified health IT products, or if there are no health IT products that meet the applicable standards in 45 CFR Part 170 for activities proposed in this application.

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

3.1 *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.

3.2 *Contracting:* OCHIN and PHC agree that, if selected for award, the parties will enter into additional agreements including but not limited to a data use agreement and other terms and conditions as deemed appropriate.

3.3 *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.

3.4 *Participation in Multiple HCCNs:* Per HRSA, a PHC may only be counted as a PHC for one HCCN award.

*Signatures following*



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By signing below, I am committing that my health center will actively participate in the project for the three (3) year project period from August 1, 2022 to July 31, 2025.

I further acknowledge that the services to be co-developed in my work plan will not result in the reduction of the volume or quality of health services currently provided to patients served at my health center.

<p><b>OCHIN Health Center Controlled Network (applicant)</b></p>	<p><b>Participating Health Center</b></p>
	<p>Health Center Name: _____</p>
	<p>Project Champion Name: _____</p>
	<p>Grant/ LAL # <span style="float: right;"># of Sites</span> _____</p>
	<p>CEO or Designee Name: _____</p>
<p>Abigail Sears, CEO OCHIN, Inc. <small>DocuSigned by:</small> <i>Abby Sears</i> <small>707B54B4A65144A...</small></p>	<p>CEO or Designee Signature:  Date: _____</p>
<p>Date:  12/7/2021</p>	



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## Attachment A

### APPENDIX 1

#### Menu of Services: Health Center Controlled Network

Throughout the award period, participating health centers will have access to a wide variety of resources and technical assistance. Activities will be focused in three areas:

- **Analysis and Evaluation:** activities which support an increased understanding of trends, themes, opportunities, and barriers relative to award goals and objectives
- **Innovation and Implementation:** activities which create or improve a product, service, or functionality which will benefit all participating health centers or a targeted group of participating health centers as they pursue award goals and objectives
- **Training and Technical Assistance:** activities which are directly offered and individually tailored to participating health centers to help achieve award goals and objectives



Activities funded by the Health Center Controlled Network will be tailored to the needs and interests of participating health centers and will be informed by the results of health center assessments, to be completed within 90 days of the HRSA award date.

Based on the results of health center assessments, OCHIN will work with each participating health centers to co-develop an individualized work plan which takes full advantage of award activities.

Examples of activities offered to participating health centers include but are not limited to:

- 125 hours of customized training and technical assistance such as:
  - Workflow design and redesign
  - EHR optimization
  - Risk assessments and compliance audits
  - Quality and process improvement training and support
  - Report development and assistance
  - Interoperability and data integration consulting



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- Support for connectivity to state immunization registries, Prescription Drug Monitoring Programs (PDMPs), and Health Information Exchanges (HIEs)
- Access to Master Service Agreements (MSAs) supporting device integration and patient engagement solutions
- Support with closed loop referral capabilities and assistance
- Development of improved reporting options
- Access to subsidized and/or group pricing for key software modules
- Participation in robust learning collaborative and peer network groups
- Individualized health center gap analyses for key areas of focus such as patient engagement and provider and staff wellness
- Access to a growing collection of tools, resources, and on demand trainings that support evidence-based and emerging practices