

Community Interoperability and Health Information Exchange Cooperative Agreement Program
May 6, 2015

(Operator)

The broadcast is now starting. All attendees are in listen only mode.

(Kimberly Tavernia)

Hey everyone, welcome back, sorry for the technical difficulties. Welcome to the Informational session regarding the Funding Opportunity Announcement for the Community Interoperability and Health Information Exchange Cooperative Agreement Program. My name is Kimberly Tavernia. I'm a Program Coordinator with the Office of the National Coordinator for Health IT in the U.S. Department of Health and Human Services and I will be your moderator for this webinar. So let's go ahead and get started. Here's our agenda for today. We're going to start with Introductory Remarks, going into the ONC Grant Funding Overview, the Program Overview and the Funding, Eligibility, and Application Information and the Application Review Process. After the presentation you will have an opportunity to submit questions. Starting with Introductory Remarks. So the purpose of the informational session is provide information on the Funding Opportunity Announcement for the Community Interoperability and Health Information Exchange Cooperative Agreement Program. To describe the background and purpose of this funding opportunity announcement. To explain the application and review processes. To gather questions from interested organizations and individuals for subsequent response and links to additional information. We also have Nickol Todd, Deputy Director in the Office of Programs and Engagement. Carmel Halloun, Grants Management Officer and Rachel Abbey, Project Officer in the Office of Programs and Engagement. Just a few reminders. This webinar is being recorded so if you object to the recording please disconnect at this time. The slides and recording will be available on the HealthIT.gov at the link you see on your slide. You can submit questions during the webinar which I will show you how to do in just a moment. We will not be answering questions during this call. All questions will be compiled and added to the Frequently Asked Questions or FAQ document as needed. Here's a link to where you can access the FAQ document on HealthIT.gov. If your control panel is not open you can open it now by clicking the orange questions pane and just type your question and hit send. If you are having audio issues select Report Audio Issues to report your issues. If you are having accessible issues you may also verbally ask a question. To ask a question verbally click the Raise your hand icon. During the question period at the end of the meeting I will unmute your line, you can identify yourself and ask your question. After asking your question you will be placed back on mute. If you have not entered your pin when logging on to the audio portion of the webinar I will not be able to unmute your line. You can access your pin by opening the audio pane. Now I'm going to turn it over to Nickol Todd, Deputy Director, in the Office of Programs and Engagement, to go over the ONC Grant Funding Overview. Nickol if you're speaking we can't hear you, you may have to dial back in. Thanks for your patience everyone, we'll give Nickol just a minute to dial back in.

(Nickol Todd)

Hello.

(Kimberly Tavernia)

Nicole. I can hear you now.

(Nickol Todd)

Wonderful. Thank you Kim. So before we get into the Program and Application requirements we want to provide a high-level overview of the intent of the open Funding Opportunity Announcement. Next slide please. A total of 1 million is available through this funding opportunity. The goal is to promote health IT interoperability and HIE among non-eligible care providers at the community level. Also to accelerate the adoption of health IT information exchange. Encourage collaborative efforts to extend HIE services and interoperable health IT tools. As well as to support ongoing efforts, especially through the previously released ONC FOAs, in order to realize better health, better care, and lower costs. Next slide. Here's a snapshot of the current Funding Opportunity Announcement as well as additional recent funding opportunities that are currently closed. Today's information session will focus on the Community Health Information Exchange. This funding opportunity is for 1 million to be award up to ten grantees for a period of performance of one year. The goal is to inspire communities to work collaboratively with non-eligible care providers to identify opportunities to support and extend the use of secure, interoperable health IT tools and HIE services that will eventually lead to enabling of individual and community health improvement through collective impact. I do want to touch briefly on the additional recent funding opportunities. The Community Health Peer Learning Program for 1.7 million is to be awarded to one grantee for a period of two years. The Advance Interoperability Health Information Technology Services to Support Health Information Exchange funding opportunity is for 28 million to be awarded to 10 to 12 grantees for a period of two years. And then the Workforce Training to Educate Health Care Professionals in Health IT funding opportunity is for 6.4 million to be awarded to 5 to 7 grantees over a period of performance of two years as well. Again these opportunities are currently closed. You can certainly take a look our website, HealthIT.gov to find out further information on any of the opportunities. Next slide. Here we have the organizational chart for which the Funding Opportunity Announcement is under. You'll note that it is under the Office of Programs and Engagement.

Next Slide.

Within the Office of Programs and Engagement there are three divisions, the Health IT Adoption Division, the Consumer eHealth Division, and Delivery System Reform Division. You'll see that this funding opportunity is under the Health Information Exchange Program within the Health IT Adoption Division. Next slide. Now I'm going to turn it over to Rachel Abbey, Project Officer for the Community Health Information Exchange program to discuss the program and application requirements.

(Kimberly Tavernia)

Rachel we cannot hear you. If you want to try dialing back in or unmuting your line.

(Rachel Abbey)

Hello.

(Kimberly Tavernia)

Hi Rachel we can hear you now.

(Rachel Abbey)

Great. Thank you. So the Community Interoperability and Health Information Exchange Cooperative Agreement Program. Next Slide. Community HIE: Background. ONC-funded programs have moved the nation towards a more standardized, interoperable health IT infrastructure. Use of HIE services continues to increase and further the goals of improving health, health care, and reducing costs. Ongoing expansion of health IT to all providers in the health ecosystem is crucial to enhance care coordination, achieve better care, create smarter spending, and promote healthier people.

Next slide.

Community HIE: Purpose. Community entities will work with non-eligible care providers to send, receive, find and use HIE services and health IT tools to move towards a learning health system. Funded projects will target communities to increase HIE adoption and use among non-eligible care providers by: Inspiring communities to work collaboratively. Supporting and extending the use of secure, interoperable health IT tools and HIE services. Fostering individual and community health improvement through collective impact. Next slide. Non-Eligible Care Providers. In this FOA non-eligible care providers are defined as: Those providers not eligible for the Centers for Medicare & Medicaid Services' (CMS) Electronic Health Record (EHR) Incentive Programs (EHR Incentive Programs), including long-term and post-acute care (LTPAC) providers, behavioral health providers, individuals (to include care providers and others including family members authorized to act on the patient's behalf) and other care settings and care providers (e.g., safety net providers, public health, social services, emergency medical services) or other recognized stakeholders that applicants are encouraged to engage. Next slide. Project Theme. Proposed projects should address the project theme: to support non-eligible care providers to send, receive, find and use electronic health information in a manner that is appropriate, secure, timely and reliable for both senders and receivers. Next slide. Three Approaches. Proposed projects should support the theme using the following three approaches: 1) Target a specific non-eligible care provider population—those who will ultimately use the HIE service or tool, 2) Extend an existing HIE service or use case to the population 3) Engage in strategies to increase their use. Next slide. Community Interoperability and Health Information Exchange Cooperative Agreement Program, II-II-15-002. Funding, Eligibility, and Application Information. Next Slide. Community HIE: Summary of Key Details. Type of award. Available funding is 1 million dollars, the number of awards are up to 10, award floor is \$50,000, the award ceiling is 100,000, application due: 6/15/2015, anticipated award: 8/14/2015, performance period is one year, anticipated start date is 8/14/2015. Next slide. Community HIE: Notice of Intent. Applicants are encouraged to submit a non-binding e-mail notice of intent to apply for this funding opportunity. Submit by May 15, 2015, 11:59 PM Eastern Time. The notice of intent should identify:

Name of applicant organization, 2) City and state, 3) Broad statement of how the project theme will be addressed, 4) Funding Opportunity Announcement number II-II-15-002, Title: Community Interoperability and Health Information Exchange Cooperative Agreement Program. Please send to: HIECommunityFOA@hhs.gov. Next slide. Community HIE: Eligibility & Application Requirements. Eligibility. Applicants must be a United States-based non-profit institution or organization, state or local

government, agency, or group in a designated community. Applicants must submit all material electronically through Grants.gov – this process is outlined in the FOA. For assistance with submitting applications in Grants.gov, please contact the Grants.gov Helpdesk at support@grants.gov or call 1-800-518-4726. Have a Dun & Bradstreet (D&B) Universal Numbering System (DUNS) number. Register in the System for Award Management (SAM) at www.sam.gov – allow a minimum of 5 days to complete the registration – if you are already registered in SAM and have not renewed your registration in the last 12 months, you must renew your registration. Ensure the application meets application requirements and page limit. Next slide. Community HIE: Application Components. Project Abstract. Less than 500 words. Budget Forms. Application for Federal Assistance (SF-424), Budget Information for Non-Construction Programs (SF-424A), Assurance for Non-Construction Programs (SF-424B), Disclosure of Lobbying Activities (SF-LLL). Project Narrative, 5 pages, single spaced. Section 1: Purpose, Approach, Project Work Plan, and Activities. Section 2: Organizational and Technical Capabilities. Section 3: General Funding Requirements. Section 4: Budget, Level of Effort, Justification. Section 5: Replicability of Proposed Project. Next slide. Project Abstract. Provide a high-level summary of the project that is clear, accurate, and concise. Describe the proposed project, including: project goals & objectives, project theme addressed. Overall approach, including target population and significant partnerships, anticipated outcomes, products, and duration. Maximum length of 500 words.

Next slide.

Budget Forms. Complete the following budget forms that specify the costs associated with the proposed project activities: Application for Federal Assistance SF-424, Budget Information for Non-Construction Programs SF-424A, Assurances for Non-Construction Programs SF-424B, Disclosure of Lobbying Activities SF-LLL. Forms must be submitted through Grants.gov as part of the application package. Next slide. Project Narrative – Overview. Provide a clear and concise project description, including how you will: Extend an existing HIE service or use case to a specific non-eligible care provider population, including the specific technology solutions to address those needs, Implement the engagement strategy with the non-eligible care provider population—including onboarding, technical assistance, and/or training, Contribute towards achievement of a learning health system, as described in the draft Roadmap, in their community and how the project will ensure continuous learning, innovation and quality improvement, Share results with other communities, states and territories, Build processes necessary to track and improve individual and community health. Letters of support, participant lists, and resumes do not count toward the 5 page limit. Next slide. Project Narrative – Section 1: Purpose, Approach, Project Work Plan, and Activities. Discuss your understanding of the project theme and explain why it is a priority for the community and how the project could provide a potential scalable solution to other communities, regions, states or territories. Describe the specific geographic area and specific non-eligible care provider population targeted, including the estimated number of target participants. Provide a clear and concise description of your approach to address the three areas of the project theme and how to conduct the project, including identifying the major challenges. This should be outlined in a conceptual “logic model.”

Describe how the project will contribute to building a learning health system within the community and the potential improved health outcomes. Next slide. Project Narrative – Section 1: Purpose, Approach, Project Work Plan, and Activities (continued). Provide a project plan that: Builds upon the logic model and specifies the technology, care delivery, and policy interventions that will be initiated to achieve desired outcomes. Shows the relationship of each plan element to each of the challenges, includes

baseline data for adoption and use, timelines, resources, partners, and data outcomes, aligns with the budget. Describe the project success criteria and how you will evaluate outcomes. Address how you will build processes necessary to track and improve individual and community health.

Next slide.

Project Narrative – Section 2: Organizational and Technical Capabilities. Show your organization’s capabilities relevant to the project theme, partners, and collaborative relationships with non-eligible care providers that will support the project’s success. Discuss the standards the project will use and what infrastructure/technology is “live” and used by other participants. Demonstrate support from key program partners. Document potential strategies you may employ to sustain and extend adoption and use of interoperable health IT and HIE service and tool offerings beyond the project timeframe.

Document relevant organizational, community, state or federal resources available to perform the project. Next slide. Project Narrative – Section 2: Organizational and Technical Capabilities (continued).

Describe how the project will complement, build upon or leverage existing health IT infrastructure and coordinate with, not duplicate, existing efforts occurring through other state and federal partners.

Describe qualified key staff, including a project manager and a staff person with grants and financial expertise; resumes may be included as attachments and will not count towards the five (5) page maximum for the project narrative. Demonstrate the applicant’s capabilities that are not included in other portions of the project narrative, such as any current or previous relevant experience and/or the record of the project team in conducting the proposed activities. Next slide. Project Narrative – Section 3: General Funding Requirements.

Discuss how you will use an open, transparent process to engage stakeholders, develop the project plan and share implementation experiences with peers as the project develops. Discuss how you will use, as relevant and where applicable, EHR technology standards and implementation specifications adopted by HHS or another federal agency and any other standards and implementation specifications identified by ONC. Describe how you will enable and support non-eligible care providers to send, receive, find and use a common clinical data set (that aligns with national standards) across unaffiliated organizations to improve care coordination and promote a learning environment. Next slide. Project Narrative – Section 4: Budget, Level of Effort, and Justification.

Document the proposed levels of effort for the project manager, key personnel, and consultants and describe how they are adequate to advance the project in accordance with the timelines. Justify the proposed budget with respect to the adequacy and reasonableness of resources requested, and how the amount of the budget allocated to administration will be minimized while still allowing coherent management of an integrated project. The budget and justification must reflect the costs for the entire project period. Explain how the budget supports the project, how it is reasonable to meet the project’s needs, and how it is cost-efficient. Provide an outline of all proposed costs. Describe how expenditures align with the project plan. Next slide. Project Narrative – Section 5: Replicability of Proposed Project.

Describe the ways in which the project could be broadly applicable to and/or replicable in similar communities as well as other communities, states and/or territories. Explain how lessons learned, challenges, successes, outcomes will be shared with local, state and national stakeholders. Describe how you will make solutions (i.e., technology, process, or infrastructure) openly available and reusable by others. Next slide. I am now going to hand it over to Carmel to talk about the Application Review Process.

(Kimberly Tavernia)

Carmel. We can't hear you. If you can unmute your line or try dialing back in. Carmel is that you?

(Carmel Halloun)

Yes.

(Kimberly Tavernia)

We can hear you now.

(Carmel Halloun)

Oh fabulous. I'm just going to go through these next few slides briefly to discuss the Application Review Process for the Community Interoperability and Health Information Exchange Cooperative Agreement. Next slide Kim. So the application review process consist of some of the following bullets. Your submission of your application materials must go electronically through Grants.gov. Grants.gov will issue an email receipt upon successful submission. ONC issues receipt upon successfully obtaining files from Grants.gov. The applications are reviewed for responsiveness and completeness and will be categorized as pass or fail. All of the applications that pass the review for responsiveness and completeness will move forward for objective review. The responsiveness and completeness process is basically what our office ensures that the applicants have met the criteria as outlined in the FOA. And the objective review process consist of a chair and three reviewers who will review applicants per the criteria as well. Once objective review is complete, ONC will move forward with making award. ONC is not obligated to make an award if none of the applications meet the intent of program requirements or if funding levels or availability changes. Applicants not meeting the following responsiveness and completeness criteria will be administratively eliminated and not sent forward for objective review. So, in order for you to pass, the application must be received by the deadline required which is by 11:59 P.M. Eastern Time on June 15, 2015 through Grants.gov at <http://www.grants.gov>. The applicant must meet the eligibility criteria as outlined in the FOA. They must clearly addresses the project theme. The applicant includes required components including all elements of the Project Narrative. The application meets the formatting and length requirements. The applicant includes specification of the geographic area and target population of the project. And the appendices and attachments are not used as a mechanism to exceed page limits of the Project Narrative. Applications that do meet the Responsive and Completeness criteria again will be forwarded for objective review and that will be conducted by a panel of at least 3 experts in areas relevant to the Community HIE Program. The applications can receive a maximum of 100 points, using the following scale. So the applications will receive up to 35 points for the Purpose, Approach, Work Plan, and Activities. They will receive up to 30 points for Organizational and Technical Capacity, 10 points for General Funding Requirements, 10 points for Reasonableness of Budget, Levels of Effort, and Justification and 15 points for Replicability of Proposed Project.

(Kimberly Tavernia)

Thanks Carmel.

(Carmel Halloun)

Thanks Kim.

(Kimberly Tavernia)

Thank you everyone for attending the webinar. This webinar will remain open for 5 minutes so you can submit questions via the questions box. If you are having accessible issues you can click the Raise your hand icon to have your line unmuted so that you can then identified yourself and verbally ask the question. We will not answer any questions during this webinar but any question, or you can access more information on this FOA via HealthIT.gov or grants.gov. If you need assistance submitting an application in Grants.gov you can use the email or phone number provided here to get help. So, what I'd do now is, I will open up the questions box and read aloud the questions that have been submitted. Again, we will not answer any questions during the webinar but check the FAQ for those questions to be compiled.

First question. Does the applicant have to select an approach as described in the FOA in the letter of intent?

Question 2. Can the applicant focus on a group, such as Chronic Disease, without a specified population?

Next question. Will HHS make the number of attendees to this program available? Will HHS make the number of submitted LOIs available?

If we are a large health system that owns a portion of another entity that is not an eligible care provide, may we apply?

Are the start and end dates flexible? Because of limitations of our EHR we may not be able (inaudible) of 8/14/2015. Is there flexibility in allowing (inaudible.)

Where does one see the project roadmap referencing the project narrative instruction? Please confirm, is the logic model considered to be within the 5 page limit of the project narrative or can it be included as an attachment?

Question. Many behavioral health organizations employ psychiatrists who are eligible for incentive funds for EHR. Are such behavioral health organizations considered to be non-eligible care providers for the purposes of this FOA?

Can grant funds be used to develop health IT tools that promote data sharing among providers only, or must data sharing include providers and individuals. The PowerPoint will be posted to HealthIT.gov. Just double-spaced (inaudible) electronic record meet some certain certification requirements.

Will you clarify, are FQHCs eligible for this grant?

Are the reviewers for the grant the same as the reviewers for the Advanced Interoperability Health Information Technology Services to Support Health Information Exchange FOA?

If we are intending to build on existing HIE infrastructure developed at the State level, does this meet the replicability section requirements of making solutions openly available and reusable by others? Particularly if this HIE technology is not covered under Apache licensing policy.

Purpose of this. To allow non-profit child welfare behavioral health to work with say a local hospital to share behavioral and primary care E-health information with each other.

Can you clarify whether institutes of higher education are eligible to apply for this opportunity?

At this time, (inaudible) you can verbally ask your question.

Several more questions are coming through the chat box so I'll read aloud.

With the development of a requirements document, a prophecies (inaudible) document be fundable under this opportunity.

We had a question about the recording of the session. The recording will also be available at HealthIT.gov. As well as the slide deck will also be posted to HealthIT.gov.

What is the role for local law enforcement departments and county health departments?

Thank you everyone for your questions. If you would like to submit a question via the chat box please type your question in or if you need to if you need to raise your hand to ask your question verbally you can do that as well. We will not be answering questions on this call. Any questions will be compiled and added to the link for the FAQ listed on your screen.

FOA is Funding Opportunity Announcement.

We have a question. What types of letters of support are you looking for?

I'm going to give everyone 5 more minutes to ask your question either via the chat box or raising your hand to verbally ask a question.

Do we need to budget for travel to ONC meetings as encouraged in the FOA? Also, where is ONC located? Do we need to budget for CRM use.

Can the grants fund be used to purchase hardware?

Again, all questions will be compiled and added to the FAQ link you see on your screen.

Where do we go on HealthIT.gov for the slides? I am not, I believe it might be that link for the FAQ. If someone could confirm.

(Unknown)

That's the FAQ link.

(Kimberly Tavernia)

Is that were the slides and the recording also be posted?

(Unknown)

Yes.

(Kimberly Tavernia)

Okay. Thank you.

If institutes of higher education are not eligible to apply, would a letter from an eligible organization, such as the State DOH, authorizing the institute of higher education to submit on the eligible organization behalf be acceptable?

(inaudible)

On page 11, (inaudible).

I'm going to give everyone 1 more minute to submit your questions, either through the chat box or raise your hand to ask a question verbally.

Can you further define who is not eligible?

Would a health plan be included in the other care settings and care providers? Page 11.

Question about the webinar (inaudible).

Another question. Yes the recording and the slides will be posted through the link you see on your screen as soon as possible.

Could a non-eligible provider that is owned by an eligible provider be included? And again referencing page 11.

Are aging and disability resource centers conducting intake and providing referrals for long term care services if the community eligible if they are a non-profit or public agency? Meaning a behavioral health organization that is owned by an eligible hospital. That is in reference to a previous question.

Again, all questions will be compiled and added to the FAQ link you see on your screen.

Can you provide a sense of the minimum number of users and/or organizations you will deem appropriate to onboard as a reasonable project deliverable?

If you have any additional questions that you didn't get to ask during this section please send those to HIECommunityFOA@hhs.gov after this webinar. I will now end the session.