



Department of Health & Human Services
Office of the National Coordinator for
Health Information Technology

Technical Assistance Call for: Health Information Technology Extension Program: Regional Centers Cooperative Agreement Program Funding Opportunity Announcement (FOA) and Grant Application Instructions

August 27th 2009

Dr. Farzad Mostashari

Office of the National Coordinator for Health
Information Technology (ONC)

NEW CALL IN NUMBER: 1-800-619-2472

Participant Code 3122

At any time during the presentation, please submit questions electronically. These questions will be answered on the call or in FAQs that will be posted shortly on the ONC website <http://www.hhs.gov/healthit> Additional questions about the FOA can be sent to regional-center-applications@hhs.gov.



Questions and Answers during this call

- **Please submit questions by either:**
 - o Submitting them electronically using the questions tab at the top of screen
 - o Alerting the operator that you have a questions
- **Follow up questions can be emailed to**
regional-center-applications@hhs.gov



The Health Information Technology Extension Program Regional Centers

- **The HITECH Act authorizes the establishment of new grant programs that will provide resources to facilitate the adoption and use of Electronic Health Records (EHRs) by providing technical assistance and the capacity to exchange health information.**
- **The Health Information Technology Extension Program (Extension Program)** consists of a national Health Information Technology Research Center (**HITRC**) and Regional Extension Centers (**Regional Centers**). HITRC will support the Regional Centers as they offer providers within their geographic service areas technical assistance in the selection, acquisition, implementation, and meaningful use of EHRs—including health information exchange (HIE)—to improve health care quality and outcomes.



Extension Center Overview

- **The purpose** of the Regional Centers is to furnish assistance, defined as education, outreach, and technical assistance, to help providers in their geographic service areas select, successfully implement, and meaningfully use certified EHR technology to improve the quality and value of health care.
- **Priority** shall be given to providers that are primary-care providers (physicians and/or other health care professionals with prescriptive privileges, such as physician assistants and nurse practitioners) in any of the following settings:
 - o individual and small group practices (ten or fewer professionals with prescriptive privileges) primarily focused on primary care;
 - o public and Critical Access Hospitals;
 - o Community Health Centers and Rural Health Clinics; and
 - o other settings that predominantly serve uninsured, underinsured, and medically underserved populations.
- **Applicants** must propose to serve a minimum of 1,000 priority primary-care providers over the initial two year budget period. The number of providers to be served must represent at a minimum 20% of the total primary-care providers in the proposed service area.



Regional Centers Services

- **Education and Outreach:** Disseminate knowledge about the effective strategies and practices to select, implement, and meaningfully use certified EHR technology to improve quality and value of healthcare
- **National Learning Consortium:** Participate in the National Learning Consortium facilitated by the HITRC and share tools and materials developed through the cooperative agreement with other Regional Centers, interested stakeholders, and the public.
- **Local Workforce Support :** Partner with local resources, such as community colleges, to promote integration of health IT into the initial and ongoing training of health professionals and supporting staff.
- **Practice and Workflow Redesign:** Support for practice and workflow redesign necessary to achieve meaningful use of EHRs
- **Functional Interoperability and Health Information Exchange:** Assist priority primary-care providers in connecting to available health information exchange infrastructure(s).



Regional Centers Services

- **Vendor Selection & Group Purchasing:** Help providers select the highest-value option -- the option that offers the greatest opportunity to achieve and maintain meaningful use of EHRs and improved quality of care at the most favorable cost of ownership and operation, including both the initial acquisition of the technology, cost of implementation, and ongoing maintenance and predictable needed upgrades over time.
 - o Each Regional Center will offer unbiased advice on the systems and services best suited to enable the priority primary-care providers to become meaningful users of EHRs. Regional Centers will avoid entering into business arrangements creating an actual or apparent conflict of interest with the Regional Center's obligation to act solely in the best interests of advancing meaningful use of certified health IT by providers it serves.
 - o Applicants are required to submit a Conflict of Interest Certification with the vendors that they've identified. If vendors have not yet been identified applicant can leave the vendor portion of the certification blank for the moment.



Regional Centers Services (continued)

- **Privacy and Security Best Practices:** Support providers in implementing best practices in the privacy and security of personal health information.
- **Implementation and Project Management:** Support end-to-end project management over the entire EHR implementation process, including individualized and on-site coaching, consultation, troubleshooting.
- **Progress Towards Meaningful Use:** Participate in program training and be able to provide their clients effective assistance in attaining meaningful use.



Eligibility Criteria – Regional Centers

- **Must be a United States-based** nonprofit institution or organization, or group thereof.
 - 501 (c) 3 and other not for profits, such as 501 (c) 6, are eligible to participate in the program.
- **Proof of nonprofit status is required.** HHS defines this as:
 - A copy of a currently valid Internal Revenue Service tax exemption certificate
 - A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a non-profit status
 - A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status
 - Any of the above proof for a State or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.

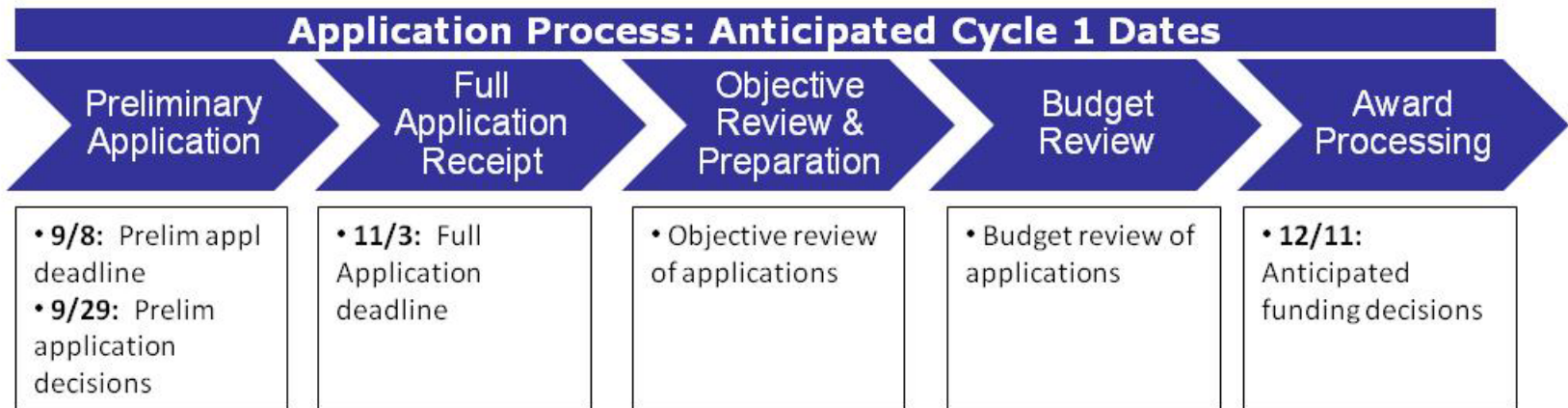
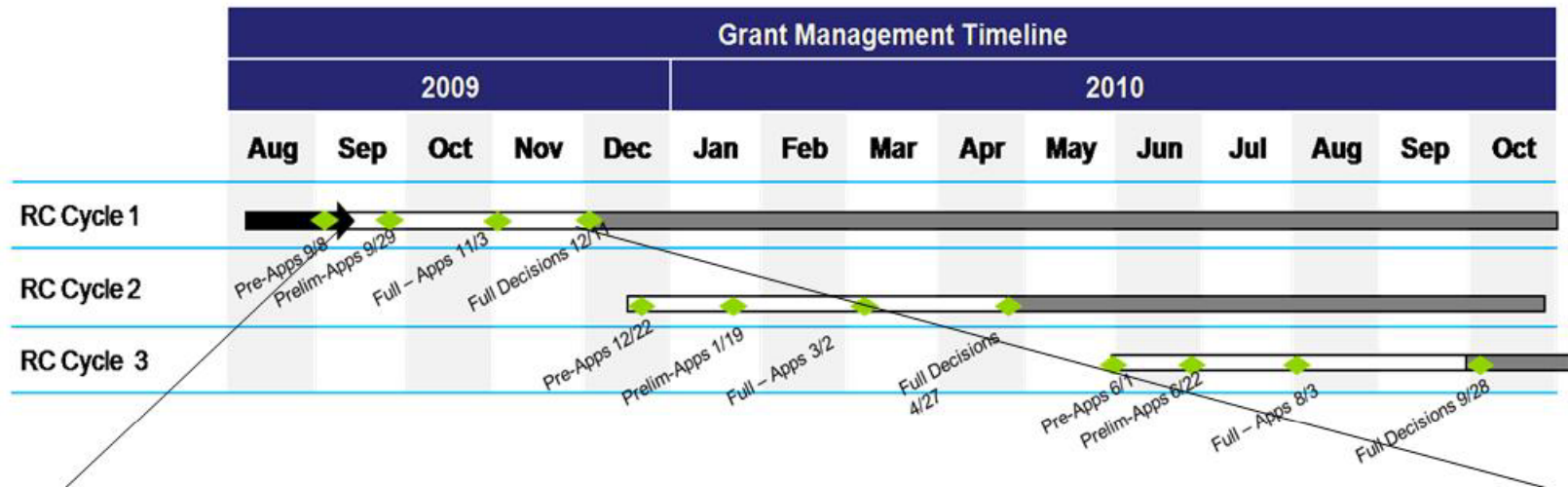


Eligibility Criteria – Regional Centers (continued)

- Applicants that are applying on behalf of a state or a multiple state region are required to submit a letter of support from the Medicaid Director(s).
- The initial geographic service area for each regional center will be established through a collaborative process between applicants and HHS.
- An applicant may propose a service area not already served by a cooperative agreement under this program that constitutes any of the following:
 - o A geographic area within a state;
 - o A Metropolitan Statistical Area (MSA) or other medical trading area that crosses state boundaries;
 - o An entire state, including any and all MSAs and rural areas within that state; or
 - o Multiple contiguous states, including any and all MSAs and rural areas within those states' boundaries.



Application and Award Process





Extension Program Funding

Initial Cycle	Approx Funding	Preliminary Application	Preliminary Approval	Full Applications	Negotiations Begin	Decisions to Award
1	\$189,000,000	8-Sep-09	29-Sep-09	3-Nov-09	19-Nov-09	11-Dec-09
2	\$225,000,000	22-Dec-09	19-Jan-10	2-Mar-10	16-Mar-10	27-Apr-10
3	\$184,000,000	1-Jun-10	22-Jun-10	3-Aug-10	17-Aug-10	28-Sep-10
Total Amount of Funding Available:				\$598,000,000		
Award Floor/Ceiling:				\$1,000,000 to \$30,000,000		
Approximate Number of Awards:				70		
Program Period Length:				Four-year project period with two budget periods		

- **Funding will be used to support:**
- **Core Support** Funds outreach and educational activities, grants and program management, local workforce support, and participation peer-learning and knowledge transfer activities facilitated by the HITRC. (\$500,000 to \$750,000 per Regional Center per year for the first two years)
- **Direct Assistance Support** Funds direct onsite technical assistance to providers. This will be tied to the number of providers supported through the Regional Center. Approximately \$500 million will be allocated among the successful applicants in proportion to the numbers of priority primary-care providers to receive direct technical assistance.



Important Updates

- There is a reformatted Excel version of the preliminary application (optional format) that will be posted on the ONC website shortly.
 - Applicants are encouraged to use this format to gather the information that is requested for the preliminary application.
- Lists of updated Frequently Asked Questions (FAQs) will be available on the ONC web site. Answers to new questions received about the cooperative agreement will be posted periodically.
 - Questions about the cooperative agreement can be emailed to regional-center-applications@hhs.gov.
- ONC will post a map of funded programs as they are announced to encourage future collaboration to serve communities that do not have regional centers.
- Applicants that do not receive funding in cycle 1 may apply again in cycles 2 and/or 3.



Preliminary Application Overview (1/2)

I. Geographic Diversity, Service Area Participation and Collaboration:		
Section	ID	Question
1.1		1. Please provide details about your proposed service area, using the largest increments appropriate (i.e. if a proposed service area is a state, applicants do not need to include counties or zip codes)
1.1	A	Specify State (s) by 2- letter United States Postal Service (USPS) abbreviation (s)*
1.1	B	Specify Counties
1.1	C	Specify Metropolitan Service Area Code (if available)
1.1	D	Specify Zip Codes (three or five digit zip-code)
1.2		2. Number of Primary Care Providers in the proposed service area
1.2	A	Please estimate the total number of primary-care providers in the proposed service area:
1.2	B	Please estimate the total number of priority primary-care providers in the proposed service area
1.3		3. Proposed Federal Network
1.3	A	VA Hospitals (s) in service area? If yes, please specify name(s) of facilities
1.3	B	DOD/Department Military Treatment Facility(s) in service area? If yes, please specify name(s) of facilities
1.3	C	IHS or tribal health facility(s) in service area? If yes, please specify name(s) of facilities
1.3	D	Health Center Controlled Network in service area? If yes, please specify name(s) of network
1.3	E	Other federally supported practice network(s) in service area? If yes, please specify name(s) of network
1.4		4. Health Information Exchange
1.4	A	Health information exchange organization(s) in the proposed service area? If Yes (Specify name and operational stage-- planning, pilot, or operational-- for each (e.g. HIO 1, operational, HIO 2, planning)
1.4	B	Participating in state-based health information exchange activities? If Yes (Specify name and operational stage-- planning, pilot, or operational-- for each (e.g. HIO 1, operational, HIO 2, planning)



Preliminary Application Overview (2/2)

II. Proposed Service Offerings including Proposed Center Capacity:		
Section	ID	Question
2.1		1. Provide estimates for the minimum number of priority primary providers and the minimum number of individual incorporated practices that would receive each service below over the two year budget period.
2.1	A	Group purchasing of EHR software
2.1	B	Onsite EHR Implementation Technical Assistance
2.1	C	Onsite Practice and Workflow Redesign
2.1	D	Functional Interoperability and Health Information Exchange
2.1	E	Technical Assistance's around Federal and State Privacy and Security Requirements
2.1	F	Other services (Please Define)
III. Organizational Mission, Capability, and Experience as Reflected by Current Service Offerings:		
3.1	A	1. Please provide the mission of your organization:
3.2		2. Experience
3.2		<i>Please Indicate the type of services and number of full time equivalent (FTE) employees utilized in the those services that your organization provided between July 1, 2008 and June 30, 2009. Also indicate the number of practices and providers served by those service offerings.</i>
3.2	A	Outreach/ communications
3.2	B	HIT implementation
3.2	C	Quality improvement
3.2	D	Interfaces and information exchange
3.2	E	Hardware and network infrastructure
3.2	F	Other (Please Define Other Services)
IV. Additional Comments:		
4.1	A	1. Any additional clarification comments about criteria above (if necessary)