Workgroup	Provider Steering Committee
Meeting	Quarterly (via teleconference) for 1 hour
Frequency	
Qual IT Staff	Michelle Tropper, HealthEfficient Director of Clinical Programs
Primary	(mtropper@healthefficient.org)
Lead/Facilitator	
Qual IT Staff Co-	<ul> <li>Megan Loucks, DCPCA Director of Quality Improvement</li> </ul>
Lead/Support	(mloucks@dcpca.org)
	Stephanie Rose, HealthEfficient Senior Director of Operations
	(srose@healthefficient.org)
Health Center Co-	TBD
Chair	
Health Center	CMO or Provider Designated by CMO
Attendees	
HRSA Goal(s)	All
Supported	
Purpose	Provide strategic direction and prioritization of activities that will best support the
	health centers in meeting the HRSA HCCN grant goals.
	Provide the provider perspective on HRSA HCCN Objective A3: Reduce provider
	burden on the broad spectrum of issues contributing to provider burden and HCCN activities that would improve this area.
Description	The Qual IT HCCN is seeking at least one clinical leader from each participating
	health center to participate in this committee. The Steering Committee members
	will meet on a quarterly basis to refine and shape the activities covered under the
	scope of the HRSA HCCN that support the HRSA HCCN goals and other emerging
	HRSA priorities tasked to the HCCN during the grant period.
	This group will function as a steering committee for the Qual IT HCCN grant. They
	will provide feedback on the overall needs of the participating health centers,
	provide input on what activities would make the most impact improving the metrics
	for the HRSA HCCN Goals, and monitor the overall progress in meeting the goals.
	The Steering Committee members are expected to be the HCCN Champions for their
	organization, facilitating communication, as well as incorporating the HRSA HCCN
	goals into their organization's priorities and Quality Improvement Work Plans.
	Members will also provide input to the Qual IT HCCN organization on health center support needed.

Workgroup	CMO Roundtable
Meeting	Meets two months per quarter for 1-hour (via teleconference) and will not meet in
Frequency	the month the Provider Steering Committee meets. This group will also meet in-
	person at conferences.
Qual IT Staff	Michelle Tropper, HealthEfficient Director of Clinical Programs,
<b>Primary Lead</b>	(mtropper@healthefficient.org)
Qual IT Staff Co-	TBD, HealthEfficient Manager of Quality Improvement
Lead/Support	TBD, MACHC
Health Center	CMO and Medical Directors
Attendees	
HRSA Goal(s)	All
Supported	
Purpose	Executive meeting to foster collaboration on the HRSA HCCN Goals from a clinical perspective among the HCCN participants.
	Address HRSA HCCN Objective A3: Reduce provider burden on the broad spectrum of issues contributing to provider burden and HCCN activities that would improve this area.
Description	The CMO Roundtable convenes virtually two months per quarter for one-hour and meets in person at the Qual IT Conference to allow interested CMOs and Medical Directors to collaborate on clinical and clinical operations topics related to the HRSA HCCN Goals and HRSA HCCN emerging topics.
	Participants benefit from gaining insight from their colleagues by sharing their experiences, ideas, best practices and challenges. A special focus for this group will also be HRSA HCCN objective on provider burden to help direct how the Qual IT project activities will best support participating members in achieving this objective. The CMO Roundtable also provides a networking opportunity virtually and in person.
	Members will also provide input to the Qual IT HCCN organization on health center support needed.

Workgroup	Opioid Use Disorder Workgroup
Meeting Frequency	Quarterly (via teleconference). 1.5 hours.
Qual IT Staff Primary Lead:	Michelle Tropper, HealthEfficient Director of Clinical Programs, (mtropper@healthefficient.org)
Qual IT Staff Co- Lead/Support  Health Center Co-	Megan Loucks, DCPCA Director of Quality Improvement (mloucks@dcpca.org) TBD, HealthEfficient Manager of Quality Improvement Melissa Mayer, DCPCA Quality Improvement Specialist (mmayer@dcpca.org) TBD, MACHC TBD
Chair	
Health Center Attendees	CMOs, Provider Champions, Behavioral Health Specialists, SUD Support Staff and other interested individuals
HRSA Goal(s)	Objective C3: Substance Use Disorder Medication Assisted Treatment (MAT)
Supported:	Trained Medical Providers to treat OUD.
Purpose	Provide trainings, technical assistance, discussion and peer-sharing opportunities for health centers to collaborate on the following activities:  1. Increase enrollment of medical providers in free MAT training.  2. Improve outcomes for OUD treatment, including improving patient engagement in MAT.  3. Improve the collection and use of data on SUD, with an emphasis on opioid use, to improve outcomes.  4. Reduce barriers to non-pharmacological treatment of pain, improve pain curricula, and improve team-based care for pain management.  5. Increase the use of opioid screening tools.
Description	The Opioid Use Disorder Workgroup is open to all individuals interested in increasing the number of MAT-Trained providers, operationalizing medical treatment of OUD, and other related topics.  A provider champion from each participating health center and other participants will meet on a quarterly basis to share ideas, best practices and challenges to increase the number of MAT Trained Providers at their health center, discuss how to operationalize medical providers treating OUD, regular screening for Substance Use Disorder, implementing an Opioid Risk Tool and other supporting elements such as using the PDMP.  Members will also provide input to the Qual IT HCCN organization on health center support needed.

Workgroup	Clinical Quality Improvement Committee
Meeting Frequency	Monthly (via teleconference). 1.5 hours.
Qual IT Staff Primary Lead	Michelle Tropper, Director of Clinical Programs (mtropper@healthefficient.org)
Qual IT Co-Lead/Support	Megan Loucks, DCPCA Director of Quality Improvement (mloucks@dcpca.org) TBD, HealthEfficient Manager of Quality Improvement Berlinda Olivier, DCPCA Quality Improvement Specialist (bolivier@dcpca.org) Chris Utman, HealthEfficient Health Informatics Analyst (cutman@healthefficient.org) TBD, MACHC
Health Center Co-Chair	TBD
Health Center Attendees	Individuals who support QI and quality measurement at their health center, including QI Directors/ Managers/Specialists, reporting staff, Providers, and other interested parties.
HRSA Goal(s) Supported	Goal C: Use Data to Enhance Value Objective C1: Analyze data to enhance value Objective C2: Social Risk Factor Intervention
Purpose	<ol> <li>Increase health center data standardization, management and analysis to support value-based care activities (e.g., improve clinical quality, achieve efficiencies, reduce costs).</li> <li>Review data requirements for clinical quality measures, best practice workflows and success stories to support standardizing data</li> <li>Increase use of risk stratification for population health management through training and analytic support for implementing risk stratification to improve quality, reduce cost, and improve efficiency.</li> <li>Increase collection or sharing of Social Determinants of Health (SDOH) data and use of social risk factor data to support care plan development and coordinated, effective interventions.</li> </ol>
Description	The Clinical Quality Improvement Committee is focused on using data to improve outcomes. Organizations will share aggregate data on standard eCQM and UDS measures across the network. They will also share data, where possible, on population health measures that support value-based payment initiatives as well as non-standard measures for SDOH until standard measures exist.  The Qual IT Clinical Quality Improvement (CQI) Dashboards will focus on standard measures that support diabetes, hypertension, and cancer screenings. Using standardized quality measures allows our network to compare performance across organizations to identify leading best practices. Organizations can use their existing reporting tool to generate the data regardless of the EHR or reporting platform. Organizations using a different tool than HealthEfficient will need to provide the aggregate data to HealthEfficient to be included on the Qual CQI Dashboards.  Members will also provide input to the Qual IT HCCN organization on health center support needed.

Workgroup	Patient Engagement and Access Workgroup
Meeting Frequency	Quarterly (via teleconference). 1 hour.
Qual IT Staff Primary Lead	TBD, HealthEfficient Manager of Quality Improvement
Qual IT Staff Co- Lead/Support	Stephanie Rose, Senior Director of Operations (srose@healthefficient.org) Melissa Mayer, DCPCA Quality Improvement Specialist (mmayer@dcpca.org) TBD, MACHC
Health Center Attendees	Health center staff that support patient engagement initiatives and patient access HIT tools. This includes EHR Configuration staff, clinical staff, patient engagement staff, and other interested parties.
HRSA Goal(s) Supported	Goal A: Enhance the patient and provider experience Objective A1: Increase Patient access to data Objective A2: Improve patient engagement and communication Goal B: Advance Interoperability Objective B3: Integrate clinical and non-clinical data
Purpose	Increase the use of patient engagement and access tools for participating health centers. This includes expanding the use of patient portal functionality, alerts and reminders for preventive care, patient self-monitoring tools, as well as closing gaps in care and medication adherence using patient engagement tools.
Description	The Patient Engagement and Access workgroup will meet for one hour on a quarterly basis to develop and expand ways for their health center patients to be more engaged with their healthcare and their ability to access their data. This is a collaborative workgroup that will share their challenges and best practices.  Participants should plan to take information back to their organization and implement functionality and processes that will increase patient engagement. This workgroup will explore topics that include:  Increasing patient portal accounts and patient access Patient Portal functionality Patient Portal proxy access and consent FHIR API apps (as available) Patient filled Questionnaires / forms Patient Generated Data (Trackers/ Self-monitoring data) Open Notes Kiosks (front office and mid-office) Patient Messaging Televisits Other topics identified by the workgroup Provide input to the Qual IT HCCN organization on health center support needed.

Health Information Technology Committee
Monthly (via teleconference) for 1 hour
Ryan McConky, HealthEfficient Director of IT Services
(RMcConky@healthefficient.org)
Stephanie Rose, HealthEfficient Senior Director of Operations
Jim Costello, DCPCA Deputy Director HIT Operations
TBD, MACHC
IT/IS Directors/Managers, Security/Compliance staff, Configuration Staff, and other
interested individuals.
Goal B: Advance Interoperability
Objective B1: Protect Data
Objective B2: Exchange Data
Goal A: Enhance the patient and provider experience
Objective A3. Reduce Provider Burden  1. Increase the level of data security and provide assistance for health centers
<ol> <li>Increase the level of data security and provide assistance for health centers to mitigate risks.</li> </ol>
Increase the amount of data health centers exchange using Direct protocols
and other frameworks
Support the reduction of provider burden through the use of technology
This is a collaborative workgroup focused on improving data security and risk mitigation, using technology for Information Exchange and using HIT to reduce provider burden. This workgroup will discuss EHR specific topics as well as topics that span all EHRs.  Topics will include:  NIST and ONC IT Security Risk Assessment and Mitigation Plans  Policies and Procedures  Cybersecurity and HIPAA training  Securing data for 42CFR compliance  Securing sensitive data in the EHR  Direct Protocol Exchange Best practices  RHIO/HIE Connectivity  Using CareQuality/CommonWell  Bi-directional immunization interface  PDMP Interface  Kiosk technology  FHIR API opportunities (Blue Button and others)  Voice Technology to support progress note documentation  Dental and BH EHR Integration  Other topics as identified