IQIN Aug 2019 – Jul 2022 HCCN Goals and Objectives

Goal A: Enhance the patient and provider experience	
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).
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).
Objective A3: Provider Burden	Increase the percentage of PHCs that improve health IT usability[1] to minimize provider burden (e.g., align EHRs with clinical workflows, improve structured data capture in and/or outside of EHRs).
Goal B: Advance interoperability	
Objective B1: Data Protection	Increase the percentage of PHCs that have completed a security risk analysis and have a breach mitigation and response plan.[2]
Objective B2: Health Information Exchange[3]	Increase the percentage of PHCs that leverage HIE to meet Health Level Seven International (HL7) standards or national standards as specified in the ONC Interoperability Standards Advisory and share information securely with other key providers and health systems.
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.
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).
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.
Objective C3: Substance Use Disorder and Behavioral Health	Increase the percentage of PHCs that leverage health IT and QI strategies to improve capacity for preventing, identifying and responding to Substance Use Disorder and Behavioral Health needs (e.g., Using subs. abuse registries/measures, bidirectional EHR integration with INSPECT, tele-psychiatry for subs abuse patients, alerts and workflows for SBIRT or PHQ2/9, participation in Opioid ECHO Project)

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[1] The Office of the National Coordinator for Health Information Technology defines usability as, "the extent to which a system supports a user to efficiently and effectively achieve desired goals." For more information, see https://www.healthit.gov/topic/usability-and-provider-burden.

[2] For more information, see https://hiteqcenter.org/Resources/Privacy-Security.

[3] For more information, see https://www.healthit.gov/topic/health-it-basics/health-information-exchange. [9] Health Level Seven International (HL7) provides a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. For more information, see http://www.hl7.org/.