

Alabama Primary Health Care Association



**COMMUNITY HEALTH CENTER  
NEEDS ASSESSMENT QUESTIONNAIRE**

**COMMUNITY DEVELOPMENT  
OPERATIONAL ASSESSMENT**

The Alabama Primary Health Care Association goal is to improve the capacity of health centers, to increase patient access to health care and to help eliminate health disparities through enhanced health care delivery systems.

The purpose of this Community Development Operational Assessment is to identify the greatest needs and expansion where access to health care is not met through a Federally Qualified Health Center or M/CHC of greatest need, help organizations improve productivity and provide optimal patient care.

Your responses will be kept strictly confidential, will not be shared with any other agency and will not impact any funding opportunities. APHCA will compile all responses and only aggregate, non-identifiable data will be shared with BPHC and other grantees. This Community Development Needs Assessment will take less than 10 minutes to complete. Please email the completed Community Development Operational Assessment to: Celestine Drayden at [Cdrayden@alphca.com](mailto:Cdrayden@alphca.com).

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Date \_\_\_\_\_

**General Section: Section 330** - Entities that receive funding under section 330 of the Public Health Service Act – Health Center Program. Entities that are determined by DHHS to meet requirements to receive funding without actually receiving a grant (i.e., FQHC Look-Alike). Entities that are outpatient health programs or facilities operated by a tribe or tribal organization under the Indian Self-Determination Act or by an Indian organization receiving funds under Title V of the Indian Health Care Improvement Act

1. Types of funding/designation: Please indicate

- Primary Care                       Homeless                       Public Housing  
 Migrant/Seasonal Farmworker                       Rural Health Clinic  
 FQHC Look Alike

2. Have you contacted or had collaborated discussion(s) with health center in your area?                       Yes                       No

**If yes, please indicate response from existing health center and/or next steps.**

\_\_\_\_\_

**Needs Assessment** – An evaluative tool designed to target areas where delivery of primary health care may or may not exist through Federally Qualified Health Centers (FQHC) or satellite locations for assessment. Upon review of data analysis and pertinent information

in the needs assessment, recommendations can be utilized in the managerial decision making to pursue further or discontinue the process.

<b>1. Data Census:</b> Please indicate current data sources you have	<i>Yes</i>	<i>No</i>
Population	<input type="checkbox"/>	<input type="checkbox"/>
UDS Mapper	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>
Uninsured	<input type="checkbox"/>	<input type="checkbox"/>
Low income	<input type="checkbox"/>	<input type="checkbox"/>
FQHC penetration	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Eligible	<input type="checkbox"/>	<input type="checkbox"/>
Estimate of seeing uninsured Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
Safety Net	<input type="checkbox"/>	<input type="checkbox"/>
Population base	<input type="checkbox"/>	<input type="checkbox"/>

**II. Mission and Strategy**

1. Does the organization have a formalized mission statement	<i>Yes</i>	<i>No</i>	<i>Need TA</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your organization have a current Needs Assessment that documents socio-demographic characteristics, the health needs of the target population, health disparities, the geographic service area, gaps in services and barriers to access?	<i>Yes</i>	<i>No</i>	<i>Need TA</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the Needs Assessment include the needs of Special Populations served, including Public Housing Residents and Homeless?	<i>Yes</i>	<i>No</i>	<i>Need TA</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your organization have a current Strategic Plan?	<i>Yes</i>	<i>No</i>	<i>Need TA</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Needs/Comments:**

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**Programs and Services**

<b>1. Required Services:</b>	<i>Yes</i>	<i>No</i>	<i>Need TA</i>
Does your organization provide all HRSA/BPHC required primary and preventive services, for all life cycles, either directly or through written arrangements and referrals? (See Appendix 1, p. 10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Enabling Services:</b>	<i>Yes</i>	<i>No</i>	<i>Need TA</i>
Does your organization provide access to relevant enabling services including outreach, social services, transportation, and referral services for special populations, i.e. public housing, homeless, migrant or seasonal farm workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Expansion Planning:</b>	<i>Yes</i>	<i>No</i>	<i>Need TA</i>
Does your organization provide or plan to provide the following services to expand services:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enabling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>4. Patient Centered Medical Home (PCMH):</b>	<i>Yes</i>	<i>No</i>	<i>Need TA</i>
Is your organization accredited by Joint Commission or NCQA recognition as a PCMH?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization have plans to be become accredited?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization need TA related to requirements and operational needs to support accreditation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization currently have or experience ongoing chronic disease within low income populations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization routinely capture QI data related to chronic disease and health outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Patient Outreach:</b>	<i>Yes</i>	<i>No</i>	<i>Need TA</i>
Does your organization use mobile vans or other strategies to support patient outreach services and transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization use Community Health Workers or other volunteers for outreach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization provide community prevention programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition/Diet and exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Staffing:</b>	<i>Yes</i>	<i>No</i>	<i>Need TA</i>
Does your organization maintain a core certified staff to provide required primary services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization maintain a core certified staff to provide preventative and additional comprehensive services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have all critical positions filled to address cultural and linguistic needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization maintain or have a recruitment and retention plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Compensation:</b>	<i>Yes</i>	<i>No</i>	<i>Need TA</i>
Does your organization have established Staff compensation, bonus and/or incentive schedules and associated policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Hours of Operation:</b>	<i>Yes</i>	<i>No</i>	<i>Need TA</i>
Does your organization have accessible hours of operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization have accessible locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization provide professional coverage after hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Hospital Admitting Privileges:</b>	<i>Yes</i>	<i>No</i>	<i>Need TA</i>
Do your clinicians have hospital admitting privileges to provide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

continuity of care or other arrangements for hospitalization, discharge planning and patient tracking? If yes, which hospitals?

- |  | <i>Yes</i>               | <i>No</i>                | <i>Need TA</i>           |
|--|--------------------------|--------------------------|--------------------------|
| <b>10. Sliding Fee Discounts:</b>  |                          |                          |                          |
| Does your organization have sliding fee discount policy adjusted on the basis of the patient's ability to pay?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the schedule approved by the Board of Directors?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the schedule updated/reviewed annually?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>11. Quality Improvement/Assurance Plan:</b>   | <i>Yes</i>               | <i>No</i>                | <i>Need TA</i>           |
| Does your organization have an ongoing QI/QA program that includes clinical services and management and maintains the confidentiality of patient records?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12. QI/QA assessments:</b>  | <i>Yes</i>               | <i>No</i>                | <i>Need TA</i>           |
| Does your organization conduct routine assessments of the appropriateness of service utilization?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your organization conduct routine assessments of the quality of services delivered?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your organization conduct routine assessments of the health status/outcomes of patients on a regular basis?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>13. Clinical Policies and Procedures:</b> Does your organization have written policies and procedures to ensure the effective delivery of high quality health services? | <i>Yes</i>               | <i>No</i>                | <i>Need TA</i>           |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>14. Patient Satisfaction:</b> Does your organization provide a method for measuring and evaluating patient satisfaction? If so, explain process.                        | <i>Yes</i>               | <i>No</i>                | <i>Need TA</i>           |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>15. Clinical Challenge areas:</b> Please indicate challenges currently experienced in your patient population   | <i>Yes</i>               | <i>No</i>                | <i>Need TA</i>           |
| Co-morbidities   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inaccessibility to specific services   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Complicated diagnoses and healthcare needs   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Access to Cultural Competent Care  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Access to Radiology  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Access to Laboratory work  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of Mental Health  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of Substance Abuse and addiction  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of Specialty Care   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of Prescription medications   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>16.</b> Does your organization currently have relationship with medical professional training programs?   | <i>Yes</i>               | <i>No</i>                | <i>Need TA</i>           |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your organization provide preceptor programs?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Host residents/internships?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Other Needs/Comments:** \_\_\_\_\_  
 \_\_\_\_\_

## Management and Finance

- |   |                                 |                                |                                     |
|---|---------------------------------|--------------------------------|-------------------------------------|
| 1. <b>Collaborative Relationships:</b> Has your organization contacted closest health center to discuss partnership and need? If so which health center?  | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | Need TA<br><input type="checkbox"/> |
| 2. <b>MOU:</b> Has your organization established a Memorandum of Understanding or agreement with local hospital(s) or medical entity (ies)?   | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | Need TA<br><input type="checkbox"/> |
| 3. <b>Key Management Staff:</b> Are Key Management positions fully staffed and supervisors trained to meet the needs of the residents served? (See Appendix 2, p. 11)   | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | Need TA<br><input type="checkbox"/> |
| 4. <b>Affiliation Agreements:</b> Does your organization exercise appropriate oversight and authority over all contracted services and affiliation agreements? Define affiliation agreement. If so, for which services?     | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | Need TA<br><input type="checkbox"/> |
| 5. <b>Financial Management and Control Policies:</b> Does your organization have current accounting and internal control systems in place appropriate for its size and complexity?  | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | Need TA<br><input type="checkbox"/> |
| 7. <b>Budget:</b> Has your organization developed a budget that reflects costs of operations, expenses and revenues necessary to accomplish the service delivery plan?  | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | Need TA<br><input type="checkbox"/> |
| 8. <b>Program Data Reporting Systems:</b> Does your organization have Management Information Systems (MIS) in place to accurately collect and organize data for program reporting which support management decision making? | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | Need TA<br><input type="checkbox"/> |
| 9. <b>Electronic Health Records:</b>  | Yes                             | No                             | Need TA                             |
| Has your organization implemented certified EMR or EHRs?  | <input type="checkbox"/>        | <input type="checkbox"/>       | <input type="checkbox"/>            |
| Does grantee/organization utilize EMR and paper records?  | <input type="checkbox"/>        | <input type="checkbox"/>       | <input type="checkbox"/>            |
| Does your organization currently exchange health information electronically with any organization? If so, list.   | <input type="checkbox"/>        | <input type="checkbox"/>       | <input type="checkbox"/>            |
| <hr/>   |                                 |                                |                                     |
| If not, is your organization in the process of implementing EMR within  | <input type="checkbox"/>        | <input type="checkbox"/>       | <input type="checkbox"/>            |
| (a) 0-3 months  | <input type="checkbox"/>        | <input type="checkbox"/>       | <input type="checkbox"/>            |
| (b) 6-12 months   | <input type="checkbox"/>        | <input type="checkbox"/>       | <input type="checkbox"/>            |
| (c) 18months – 2 years  |                                 |                                |                                     |
| 10. <b>Meaningful Use:</b>  | Yes                             | No                             | Need TA                             |
| Does your organization understand the national standards and requirements for complying with Medicaid and/or Medicare Meaningful Use?   | <input type="checkbox"/>        | <input type="checkbox"/>       | <input type="checkbox"/>            |

Is your organization currently enrolled in MU Program?

Is your organization currently meeting Stage 1 standards?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. **Service Level:** Does your organization currently maintain its funded scope of project (sites, services, service area, providers and special populations) through federal funding?

<i>Yes</i>	<i>No</i>	<i>Need TA</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Needs/Comments:**

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**Governance**

1. **Leadership:** Does your organization have a Governing board that maintains appropriate authority to oversee its operations?

<i>Yes</i>	<i>No</i>	<i>Need TA</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. **Board composition:** Does your organization’s Governing Board comply with board composition, size and expertise requirements?

<i>Yes</i>	<i>No</i>	<i>Need TA</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Size: 9 – 25 members

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Composition: 51% of patients directors

No more than one half (50%) of the non-consumer board members may derive more than 10% of their annual income from the health care industry?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. **Resource development:** Does your organization have internal resources developed or otherwise available to support the technical development of proposals for funding?

<i>Yes</i>	<i>No</i>	<i>Need TA</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. **Conflict of Interest:** Does your organization have bylaws or written board-approved policies that include provisions that prohibit conflict of interest by board members, employees and consultants and those who provide services to the health center?

<i>Yes</i>	<i>No</i>	<i>Need TA</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Needs/Comments:**

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**Training and TA:** What is your preferred method for receiving TA? Please rate the following on a scale of 1 to 5 with 1 being the least preferred and 5 being the most preferred.

**1. Information Sharing** *Please rate your preferred method of information sharing*

	1	2	3	4	5
Face to face as site visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-Newsletters sent to your email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports/Best Practices/Fact Sheets published on the APHCA Website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regularly Scheduled Conference Calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online training and webinars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q & A hotline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Individualized/Customized TA**

On-site mentoring/TA visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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**3. Conferences/workshops**

	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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**Other:**

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**5. TA Topics:** Please indicate any specific areas of interest for which you would like to receive TA in the order of priority:

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**Other**

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| 1. Do you have an Emergency/Disaster Preparedness Plan or need help establishing one? | <i>Yes</i><br><input type="checkbox"/> | <i>No</i><br><input type="checkbox"/> | <i>Need TA</i><br><input type="checkbox"/> |
| 2. Do you have a bio-terrorism plan or need help establishing one?                    | <i>Yes</i><br><input type="checkbox"/> | <i>No</i><br><input type="checkbox"/> | <i>Need TA</i><br><input type="checkbox"/> |
| 3. Do you need grant writing assistance?  | <i>Yes</i><br><input type="checkbox"/> | <i>No</i><br><input type="checkbox"/> | <i>Need TA</i><br><input type="checkbox"/> |
| Do you need assistance with other report requirements?                                | <input type="checkbox"/>               | <input type="checkbox"/>              | <input type="checkbox"/>                   |
| Do you need referrals for qualified grant writers?                                    | <input type="checkbox"/>               | <input type="checkbox"/>              | <input type="checkbox"/>                   |
| 4. Do you need assistance developing a Patient Satisfaction Survey?                   | <i>Yes</i><br><input type="checkbox"/> | <i>No</i><br><input type="checkbox"/> | <i>Need TA</i><br><input type="checkbox"/> |

**5. Other Needs:** \_\_\_\_\_  
\_\_\_\_\_

## **Appendix 1: Required Services Directly or Through Contract**

- Primary care
- Dental
- Mental health
- Substance Abuse
- Diagnostic lab and x-ray
- Prenatal and perinatal
- Cancer and other disease screening
- Blood level screenings
  - Lead levels
  - Communicable diseases
  - Cholesterol
- Well child services
- Child and adult immunizations
- Eye and ear screening for children
- Family planning services
- Emergency medical
- Pharmaceutical
- Case management
- Outreach and education
- Eligibility/Enrollment services
- Transportation and interpretation
- Referrals

## **Appendix 2: Health Center Key Management Staff**

- Health center has a management team that is the appropriate size and composition.
- Health center has a Chief Executive Officer or Executive Director/Project Director. If this leadership position has changed, HRSA requires prior review of final candidates.
- The management team (which may include a Clinical Director, Chief Operating Officer, Chief Financial Officer, Chief Information Officer, as appropriate for the size and complexity of the health center) is fully staffed.

## **Appendix 3: APHCA Business Services**

Strategic Planning

Organizational Assessment

Communication Services

- Biweekly e-Newsletter
- Marketing Services

Design Services and Public Relations

- Corporate Identity and Branding Services
- Publication Development and Support
- Media Relations

Congressional and Legislative Advocacy

Outreach and Enrollment Services

- Enrollment Kiosk Network
- Online Application Support (English/Spanish)
- APHCA Application Assistance Program
- Application Assistance Certification Training
- Outreach Collateral Toolkit

Governance

Board Training and Development

Board Assessments

Board Surveys

Financial and Operational Management

Workforce Strategies

- Recruitment Services
- Retention Services
- Pipeline Development
- FTCA

Leadership and Team Development

- Leadership Development
- Organizational Culture
- Team Development
- Customer Service

- Communication Strategies
- Conflict Resolution

#### Best Practice and Quality

- Policy and Procedures (Operational, Clinical, IT, and Corporate Compliance)
  - Assessment
  - Development
  - Compliance
- UDS Training
- HIPAA Training
- Risk Assessment and Management
- Quality Reporting System and Support
  - Quarterly Meaningful Use Compliance Reporting and Analytics
  - Quarterly UDS Reporting and Analytics
- Accreditation Services
- Operational Efficiency Development
  - Workflow Assessment, Documentation and Development
  - Lean Six Sigma

#### Corporate Compliance Academy

#### Clinical Programs

- CME Programs
- Clinical Leadership Network
- CLIMB Alabama

#### Group Purchasing Programs

- Medical Supplies
- Laboratory Services

#### Referral Programs

#### Health Information Technology

- Email Services
- Firewall and Security Services
- VoIP Phone Services
- Hosted Solutions
- Quality Reporting System
- Web Based Services
- Website Development and Hosting

## Survey Services

- Patient Satisfaction
- Staff Satisfaction
- Compensation and Benefits
- Other

## Learning and Networking Teams

- Coding, Billing and Reimbursement
- Human Resources
- Clinical Leadership Network
- Meaningful Use
- Outreach and Education
- Special Populations

## Community Development

- Environmental Assessments
- Needs Assessments
- Community and Stakeholder Facilitation
- FQHC 101
- FQHC Application Development TA
- FQHC Look Alike Application Development TA

