



SHINE-HT Implementation Partner Profiles

Stronger & Healthier Communities Through Integration of Emerging
Health Tech

43 Strategic Consulting
Clinovations
Community Technology
Cooperative
Facktor Health
FastX Partners

Mass League
OCHIN
Phicil-itate Change
UMass Chan Medical School

MeHI Pre-Qualified Implementation Partner



Organization: 43 Strategic Consulting

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Overview

43 Strategic Consulting is a collaborative brain trust of independent consultants with expertise leading and partnering with FQHCs and healthcare organizations to improve health outcomes for all. We believe health care should be grounded in justice and equity and be built by and for the populations that are historically on the margins. Our approach is to co-design solutions with the people who utilize them and the workforce that delivers and administers them to ensure their diverse perspectives are included. 43 Strategic Consulting's team brings a broad expertise that spans FQHCs, ACOs, non-profit and for-profit health care delivery systems, and payers in core areas of Medicaid and delivery system transformation, health technology implementation, value-based care design and implementation, care model redesign, social determinants of health, digital equity, quality, performance and process improvement, and leadership engagement. Our project team is comprised of all local Massachusetts residents who are deeply committed to community health, health equity, and who share decades of experience in the MA healthcare landscape.

43 Strategic Consulting is a Minority and Women Owned and Operated Business.

Implementation Process

To achieve sustainable results, 43 Strategic Consulting follows a standard implementation lifecycle that includes internal evaluation and planning followed by implementation activities. In collaboration with FQHC and vendor teams, 43 Strategic Consulting will facilitate (1) functional and technical requirements documentation for the vendor team; (2) configuration; (3) user acceptance testing and remediation; (4) documentation of the new workflows; (5) training; (6) Go-live; and (7) post-go-live stabilization.

What this means for you: We will deploy our team of seasoned consultants with vast experience working for and with FQHCs. We will tailor your AI technology implementation to meet your clinical, operational, and strategic priorities. We will work with the technical vendor to ensure the solution meets those needs. We will ensure that the AI technology is thoughtfully implemented to support your clinical and administrative operations as effectively as possible.

Representative Engagements

Harvard Center for Primary Care. Dr. Mir and Jenny Azzara were part of the team that designed and implemented the HRSA-funded Advancing Teams in Community Health Program, a multi-year initiative that strengthened team-based care across MA community health centers. Across 6 years, our team contributed to training over 700 FQHC leaders – through structured workshops, monthly webinars, and individualized coaching – successfully supporting new organizational culture, improving team engagement, and adoption of evidence-based practices, which led to improved quality of care in resource-limited settings.

Codman Square Health Center Transformation. Our team led a transformation project to build project management (PM) rigor to support Codman’s transformation efforts. We collaborated with leadership to select a tailored PM methodology and delivered personalized support to individual working groups to empower members in adoption of a culture of continuous improvement. The project culminated in the selection of a PM software suite and the creation of a Project Management Toolkit to ensure sustainable, rigorous practices across the organization. As Dr. Guy Fish said, *“43 Strategic Consulting is a powerhouse of thoughtful, incisive, and talented professionals who understand precisely what your challenges are, and how to surmount them, because they have direct experience in health care delivery and most particularly in FQHCs. They read the plan, understood what we needed to do, and masterfully guided and taught us along the way.”*

Our Team



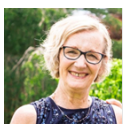
Catherine West, MPA, Engagement Lead

Catherine is a proven leader, with experience in the non-profit, philanthropic, research, business, and government sectors. As the Founder and Principal, Catherine brings over 20 years of experience in health strategy, policy, and program implementation. [LinkedIn](#)



Lori Cohen, MPH, Implementation Lead

Lori is a seasoned healthcare leader with over 20 years of experience designing and implementing transformation initiatives and brokering collaboration between clinical, operational, technical, and executive leaders in FQHCs, hospitals, government, nonprofits, and Medicaid organizations. [LinkedIn](#).



Sue Kaufman, MPH, Implementation Partner

Sue is an experienced senior executive with decades of experience building and leading organizations to execute vision and business strategies in FQHCs, ACOs, not-for-profit, entrepreneurial and government environments. [LinkedIn](#)



Jenny Azzara, MM, Implementation Partner

Jenny has over 20 years’ experience in leadership and consulting roles in practice operations, quality improvement, and patient-centered primary care during her career at academic hospitals, FQHCs, and an Accountable Care Organization. [LinkedIn](#)



Julita Mir, MD, Implementation Partner

Dr. Mir is physician with over 25 years of success in leading primary care transformation efforts in community health. She maintains a clinical practice in Boston and is a great advocate for community health and rebuilding trust in our health care system. [LinkedIn](#)

Catherine West, Founder & Principal

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Empowering you to build healthier communities

MeHI Pre-Qualified Implementation Partner



Clinovations Government + Health (CLINOVACTIONS)

www.GovHealth.com

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Overview

Clinovations Government + Health (Clinovations) is a minority- and women-owned small business healthcare consulting firm specializing in health IT implementation, digital health adoption, and technical assistance for federally qualified health centers (FQHCs), safety-net providers funded by federal and state government programs. Based in Washington, DC, with Massachusetts-based personnel, we translate health IT policy and emerging technologies into practical, scalable implementations that reduce administrative burden and advance health equity.

We have served **57 FQHCs across 21 states and regions**, with direct experience in Massachusetts, including Holyoke Health Center and Chicopee Health Center. Nearly 75% of our work is publicly funded, and we have been a prequalified service provider to the Massachusetts Technology Collaborative (MSA, 2016–2018). Our team brings deep expertise in Epic (including OCHIN Epic), eClinicalWorks, and athenahealth — the EHR platforms most commonly used by Massachusetts FQHCs.

Implementation Process

We bring deep experience designing and executing **technical assistance models that combine one-on-one support, cohort-based training, and learning communities**, enabling providers to successfully adopt and sustain new technologies in real-world settings. Clinovations' SHINE-HT implementation approach is structured around six task areas that cover the full pilot lifecycle, from discovery through evaluation. Our model is designed to be technology-agnostic and repeatable across a range of EHR-integrated digital health tools — including ambient scribing, patient engagement platforms, care management solutions, and AI/analytics tools.

Task Area 1 – Project Planning & Design: Site readiness assessment, stakeholder alignment, review of current EHR configurations and clinical workflows, and a pilot implementation plan with success criteria.

Task Area 2 – Workflow Redesign & Implementation: Analysis of current-state workflows, design of future-state workflows incorporating selected technology, EHR configuration review, and testing/validation prior to go-live.

Task Area 3 – Change Management & Stakeholder Engagement: Identification of clinical champions, structured communication plans, and a cultural change management model tailored to each FQHC's organizational context to drive sustainable adoption.

Task Area 4 – Training Development & Delivery: Development and delivery of role-based training materials, office hours, train-the-trainer sessions, and job aids to build provider confidence and promote consistent use.

Task Area 5 – Go-Live & Implementation Support: Hands-on support during deployment, issue troubleshooting, workflow refinement, and iterative feedback loops to address adoption barriers in real time.

Task Area 6 – Monitoring, Evaluation & Reporting: Collection and analysis of pilot outcomes (e.g., documentation time saved, provider satisfaction, adoption rates), production of a detailed implementation report, and development of a reusable implementation template to support statewide scalability.

Clinovations commits to providing a **Massachusetts-based resource** for each project, or alternatively up to **8 on-site visits** to MeHI partner FQHCs.

Moha Desai, MBA -VP, based in the Boston, MA area. Available as on-site project executive for MeHI engagements. Led health IT initiatives for ONC, AHRQ, and previously provided direct support to Codman Square Health Center (FQHC) in Dorchester, Boston. Former VP of Strategy at MassPro.

Rocio Payne, MHA, RN, NI-BC - Board-certified informatics nurse with 15+ years supporting FQHCs, including MA health centers, in EHR adoption, clinical workflow redesign, and quality reporting. Led clinical technical assistance for the DC Regional Extension Center and NACHC Adult Immunization program serving 22 FQHCs.

Sade Mayfield, MS - Epic-certified; 15+ years in healthcare IT using eCW. Currently supports OCHIN FQHCs across athenaOne, eCW, and OCHIN Epic. Former Director of Patient Engagement at Unity Health Care, the largest FQHC in Washington, DC.

Cajay Jacobs, PMP - Certified PMP with experience managing FQHC and behavioral health TA programs. Currently auditing AI ambient scribe-generated clinical documentation for quality and workflow.

Anita Samarth – Clinovations CEO, national health IT leader experience across 200+ organizations

Manan Trivedi, MD, MPP – Clinovations CMO

NACHC Adult Immunization EHR Optimization & TA (2022–2025): Led multi-year CDC-funded technical assistance to 22 FQHCs, including **Holyoke Health Center** and **Chicopee Health Center** in Massachusetts, supporting EHR optimization, workflow redesign, and immunization data reporting.

OCHIN HCCN Health IT Optimization & TA (2023 – Present): Providing ongoing TA to 14 FQHCs across OCHIN Epic, athenahealth, and eClinicalWorks to improve EHR configurations, referral management, FHIR-based capabilities and app connectivity, and data quality reporting.

DC (Medicaid) Digital Health TA (2025 - 2030): Ongoing advancement of technology for providers that serve Medicaid populations to connect and use data from EHRs, digital health tools, and HIE. Support data and tools infrastructure to effectively participate in Value Based Payment (VBP) programs.

DC HCBS Digital Health & CEHRT Implementation (2022–2025): Led implementation and HIE connectivity TA for 44 behavioral health provider organizations in DC, achieving 95%+ milestone completion. Model directly parallels SHINE-HT pilot structure.

DC Regional Extension Center for Health IT (2011–present): Served as sole TA contractor for eHealthDC, supporting 1,000+ providers including 9 FQHCs. First REC in the country to meet Meaningful Use targets.

AI and Data Analytics Strategy (2024 – Present): Leading health data analytics, platform selection, and implementation/deployment strategy for early stage through Series B health technology companies to drive customer success at their pilot customers. Support company customers (providers and payers) in successfully participating in value-based payment and risk-based contracts. (Clients: Spiras Health, CareAtlas)

Department of Defense (DoD) EHR Implementation: Served as Clinical Team for DoD’s migration of its in-house EHR to Oracle Cerner. Led clinical domains and teams providing expertise in change management, workflow redesign, deployment, training, and post-live optimization.

Multiple HHS/Office of the National Coordinator for Health IT (ONC) Contracts: USCDI+ Maternal Health and FHIR Implementation Guide Development, Certification Program Redesign, Priorities to Accelerate Workflow Automation in Healthcare, Accelerating API Connectivity, ONC FHIR Action Plan, Federal Health IT Strategic Plan

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Thought Leadership and Policy Insights:

- [Automation in health care: the need for an ergonomics-based approach](#)
- [National Vital Statistics System Modernization – New Opportunities for Interoperable Data](#)
- [Updated Vaccines for Flu, Covid, RSV: Is Your Health Center Ready?](#)
- [USCDI+ Maternal Health Infor Session \(video\)](#)
- [Generating Synthetic Healthcare Data](#)

MeHI Pre-Qualified Implementation Partner



Organization: Community Technology Cooperative

Website: <https://communitytechnologycooperative.org/>

Contact Name: Chelsea Dore

Contact Email: CDore@c3ctc.org

Primary Address: 75 Federal Street, Boston MA

Overview

Community Technology Cooperative (CTC), a subsidiary of Community Care Cooperative (C3), is a federally qualified health center-led Epic Connect host

We deliver a purpose-built Epic electronic health record system designed exclusively for FQHCs, ensuring each health center benefits from shared infrastructure, scale, and innovation while retaining local control

The CTC Epic Foundation System is our fully optimized Epic environment configured specifically for FQHC workflows, including UDS, Ryan White, PCMH, and SDOH functionality

Each health center that joins CTC has a seat on our Board, and two seats on our Epic Steering Committee

CTC serves diverse patient populations with patient reminders, and letters available in 20+ languages and a patient portal available in two languages, with more on the roadmap

Implementation Process

CTC implements a fully integrated Epic EHR solution using a structured 12-month roadmap starting at contract signature, including pre-work, build, testing, training, readiness, and go-live to reduce uncertainty and enable proactive planning

Each project is staffed with a dedicated team across clinical, revenue cycle, patient access, reporting, HIM, and project management, typically five to eight full-time resources aligned to size and complexity

CTC uses a project plan refined across prior FQHC deployments, addressing service and application-specific workflows, regulatory needs, and operational realities unique to FQHCs

Implementation champions and super users participate throughout, driving localized decisions, validating workflows, and ensuring frontline adoption

CTC conducts operational readiness sessions to align policies, procedures, staffing, and training with Epic workflows, minimizing disruption at go-live

Pre-go-live activities include data conversion, technical dress rehearsals, appointment conversion, end user training, day-in-the-life activities, schedule adjustments, go-live planning, and at-the-elbow support to ensure day-one continuity

Implementation Team Bios – a few examples:

Senior Project Manager, TS:

Certifications: PMP, ScrumMaster, 8+ years of Epic implementation experience

Patient Access Analyst, AM:

Prelude, Cadence, MyChart, Referrals and Auths Certified with 15 years of Epic analyst experience

Reporting Analyst, MA:

Current Epic Certifications: EpicCare Ambulatory, Cogito, Caboodle, Clarity, Revenue Data Model
Accreditation: Access Data Model, Upcoming: Caboodle Custom Development
Education: MPH (master in public health)

Clinical Analyst, LM:

Certifications: EpicCare Ambulatory & Order Transmittal

Professional Billing Analyst, MB:

Resolute Professional Billing Administration & Data Courier Mover Badge, Transformation Analyst, Data Integrity Analyst, and seasoned Senior Analyst with 25 years of Epic experience Security expertise, SBO, CBO, FQHC and

HIM Analyst, JJ:

Certifications Include: Identity, HIM Release of Information, HIM Hospital Coding, HIM Gallery, HIM Deficiency Tracking, Cogito, Cogito Tools Administration, MyChart

Examples of past implementation projects:

December 2022: First 10 FQHCs live on CTC Epic (MA)

May 2022: CTC added two new FQHCs live on CTC Epic (MA)

June 2024: CTC added one new FQHC live on CTC Epic (MA)

2025 Project Highlights:

- OnBase → Epic Gallery (doc mg system)
- Artera → Epic Hello World (patient messaging)
- Population Health & Compass Rose Expansion Project
- Epic Application Growth Projects for our live health centers during 2025 include various new departments with our specialty applications: Wisdom Dental, Kaleidoscope Eye Care, and Willow Ambulatory Outpatient Pharmacy

June 2026: CTC is adding two more new FQHCs, slated to be live on CTC Epic June 1st 2026 (NC)

Contact Information:

Karen Serrago, CTC CIO: kserrago@c3ctc.org
Chelsea Dore, CTC Director of Implementations: cdore@c3ctc.org
CommunityTechnologyCooperative.org

MeHI Pre-Qualified Implementation Partner



Organization: Facktor

Website: www.facktorhealth.com

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Overview

Facktor is a national consulting firm, operating in over 40 states with deep experience in east coast health center support and 65+ consultants living throughout the country. Facktor is dedicated exclusively to the safety-net sector, with more than two decades of experience supporting FQHCs through technology implementation, workflow redesign, and operational transformation. As a vendor-neutral and EHR-agnostic partner, we bring deep expertise across Epic/OCHIN, eCW, NextGen, and Athenahealth, supported by a multidisciplinary team specializing in clinical operations, health IT, data governance, and change management. Facktor provides onsite support whenever it is most valuable, ensuring hands-on workflow validation, training, and adoption that meet the operational realities of Massachusetts FQHCs. Facktor uses a cost-efficient hybrid model to support health center change management. Our repeatable frameworks and culturally responsive implementation practices produce scalable, high-quality deliverables such as charters, RACIs, workflow maps, and KPI dashboards that align directly with SHINE-HT's goal of enabling FQHCs to adopt and sustain EHR-integrated technologies.

Implementation Process

Facktor uses a structured, hybrid implementation model tailored to FQHC operations. Each pilot begins with focused discovery and readiness assessment, including workflow review, data mapping, and cultural and linguistic considerations. We then redesign workflows using Lean-informed methods, coordinate closely with technology vendors, and develop job aids and patient-facing materials that support equitable adoption. Training is delivered through a train-the-trainer approach supported by role-based sessions and microlearning assets. Throughout the project, we maintain disciplined project management and KPI-driven monitoring to track milestones, risks, and outcomes. Each pilot concludes with a comprehensive final report and a reusable implementation template aligned with SHINE-HT's requirements for scalable, repeatable adoption.

Why Facktor?

- National strength, locally grounded
- Specialized teams matched to each project
- Proven results across FQHC technology implementations



Sample Engagements

AI Readiness, Governance & Implementation Support Presented AI governance and readiness frameworks that helped FQHCs evaluate emerging tools, understand workflow and risk implications, and prepare for responsible implementation aligned with clinical and operational priorities.

Scheduling Solutions & Access Optimization Standardized appointment types and provider templates to streamline scheduling workflows, improve patient access, reduce no-shows, and lessen administrative burden.

Patient Intake & Screening Optimization Improved intake and screening workflows by standardizing documentation, integrating data feeds, and optimizing EHR-aligned templates, strengthening data accuracy, reporting consistency, and KPI visibility.

Patient Engagement & Messaging Tools Enhanced mobile-first intake and messaging tools by optimizing templates and workflows, improving patient adoption, responsiveness, and front-line efficiency.

Telehealth & Digital Modalities Supported the vetting, adoption, and implementation of telehealth tools through virtual-care policies, scheduling standards, and multilingual clinician and patient materials, increasing utilization and reducing administrative burden.

Meet the Team

(click on names and photos below to learn more)



Andy Eck
MBA
Partner



Kimberly Chen
Director



Gabriel Garcia-Lopez,
MSHI, CPHIMS, CPDHTS
Consultant



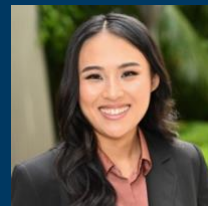
Mike Wong
MPH
Managing Director



Vena Lam
PMP
Director



Vincent Vinh
Director



Heidi Chiu
BSN, RN
Manager

Our team brings a strong blend of operational, clinical, technical, and data expertise within Federally Qualified Health Centers (FQHCs). We have extensive experience in multi-site health IT implementations, EHR optimization, workflow redesign, and interim leadership, with strengths in organizational design, operational readiness, telehealth, and change management.

We combine executive leadership with hands-on implementation, including clinical integration, scheduling optimization, and cross-site operations across multilingual, rural, and frontier settings. Our experience includes digital transformation, data quality, patient intake automation, and role-based training to support adoption.

Our data expertise spans governance, KPI reporting, SQL-based pipelines, interoperability, and quality improvement. We also bring structured implementation, population health, compliance, and performance improvement capabilities aligned with federal and state requirements.

Our clinical perspective ensures solutions are practical and sustainable, with a focus on culturally responsive care and effective 340B workflow adoption.

Website: www.facktorhealth.com **General Contact:** info@facktorhealth.com

Primary SHINE-HT Contact: Kimberly Chen, Director
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MeHI Pre-Qualified Implementation Partner



**FASTx
PARTNERS**

Organization: FASTx Partners

Website: fastxpartners.com

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Contact Email: chris@fastxpartners.com

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Overview

FASTx Partners brings more than 50 years of combined experience serving FQHCs. We provide AI strategy and implementation support, consulting, and fractional executive advisory services tailored to the realities of safety-net care. Our team offers a rare multidisciplinary blend of expertise across technology, clinical operations, finance, cybersecurity, project management, and organizational leadership. We specialize in helping FQHCs translate innovation into solutions that are operationally practical, compliant, and built for long-term sustainability.

We bring a deep understanding of the challenges facing FQHCs, including limited resources, workforce strain, complex compliance obligations, and heterogeneous technical environments, combined with a proven ability to help organizations move from strategy to execution. Our team has worked with late adopters, mid-stage and early adopters including organizations who are actively scaling digital-enabled tools and workflows, and we know how to design guidance and project manage that meets health centers where they are without pushing premature adoption, managing change and compliance.

Implementation Process

Our approach helps CHCs move confidently from AI strategy to implementation through a collaborative, phased methodology. We begin with stakeholder engagement and assessment to understand each organization's capabilities, priorities, and constraints, translating insights into a right-sized, mission-first roadmap tailored to the FQHC environment. Our experience goes beyond frameworks, we have directly implemented AI and digital solutions in FQHC settings. The tools, templates, and frameworks we provide are already in use, refined through hands-on implementation, vendor vetting, and real operational decision-making.

We deliver a practical, ready-to-deploy toolkit including AI policies, use case prioritization, vendor evaluation, staff education, and security and privacy assessments. Our focus is on operationalization and adoption, using a human-centered, iterative, co-creation approach to ensure relevance across AI maturity levels and support workforce readiness for sustainable, responsible AI use.

Chris Grasso FASTx Partners founder is an experienced health care tech executive with over 20 years working within FQHCs and serving as CIO. She has extensive experience leading technology strategy and AI implementation.

Lisa Tejada is a clinical leader and innovator bringing 25+ years of healthcare experience, including operational and clinical leadership within a multi-site FQHC. She has led product development and implementation of Agentic AI solutions for FQHCs.

Praveen Medabalmi, MD, MBA is a physician

Larry Trotter II is a Chief Information & Security Officer dedicated to advancing cybersecurity compliance within the health care industry, specializing in the secure implementation of AI in healthcare.

Tanya Zucconi is a seasoned Strategy, Operations, and Change Management leader specializing at the intersection of healthcare delivery and AI. She has 20+ years in several executive roles including COO.

Health Co- Lab has worked with internal accounting and finance system data across several MA CHCs and nationally and have a clear understanding of operating

FASTx Partners supported Avenue 360 Health in moving from AI exploration to implementation through a structured readiness assessment, governance design, and targeted use case prioritization. The focus on low-risk, high-impact administrative applications such as policy development, regulatory summarization, and document support ensured alignment with operational needs and resource constraints. This disciplined approach improved efficiency, reduced administrative burden, and enabled faster turnaround on key deliverables, positioning the organization to scale AI adoption responsibly.

Assessment and implementation of Agentic AI in a call center setting: Partnered with Piedmont Health, a-10 location FQHC in North Carolina, to implement an agentic AI solution to improve inbound call management within their call center. The structured implementation included a project management approach, an evaluation of current workflows, internal communication plan, and data analytics. Notable outcomes include end-to-end call management for over 75% of calls within 90 days.

SOGI Data Integration & Health Equity Initiative: This national initiative focused on integrating Sexual Orientation and Gender Identity data into clinical and operational workflows to advance health equity. It includes configuring structured data fields in the EHR, standardizing intake and documentation, and training staff on culturally competency. This also established governance, privacy, consent, and data use to ensure patient trust. Analytics dashboards were developed to identify disparities and support more equitable, patient-centered care.

Patient Engagement & Digital Front Door: This initiative enhanced how patients access and interact with care through a unified digital and telehealth experience. It included patient portals, online scheduling, digital intake, and automated communications, all designed with accessibility and equity in mind. Integration with core systems ensured seamless data flow and reduced administrative burden. The project improved patient satisfaction, increased engagement, and streamlined front-end operations.

Contact information / website

Chris Grasso | chris@fastxpartners.com / fastxpartners.com

MeHI Pre-Qualified Implementation Partner



Organization: Massachusetts League of Community Health Centers

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Overview

The Massachusetts League of Community Health Centers (the “Mass League”) is the statewide Primary Care Association (PCA) for Massachusetts and the home of the Massachusetts Health Center Controlled Network (HCCN). For over 50 years the Mass League has supported federally qualified health centers (FQHCs) across the Commonwealth by strengthening operational, policy, workforce, and health information technology capacity so health centers can deliver accessible, high-quality, community-responsive care.

Through its HCCN, the Mass League provides shared services, technical assistance, training, governance, and evaluation across diverse community health center environments. The League’s role is to support health centers in adopting and operationalizing technologies in ways that are feasible for safety-net settings, responsive to workforce realities, and aligned with patient and community needs.

Implementation Process

The Massachusetts League of Community Health Centers uses a collaborative, health center–focused implementation approach tailored to the operational realities of FQHCs. Our process begins with assessing organizational readiness and understanding clinical and operational workflows. We work with health center leadership and frontline staff to integrate new technologies in ways that minimize disruption and support adoption. The Mass League plans to utilize its “Community-Rooted AI Strategy to Implementation Playbook” of practical tools and templates to support the FQHC with a mission-aligned, people-first and intentional pilot.

To support smooth implementation, we schedule a mix of remote and in-person meetings as needed and manage progress with timelines that respect busy health center schedules. Training, staff engagement, and peer learning are key components, and we advocate for both patient and staff needs to maximize the value of new technologies. Through ongoing evaluation, the League identifies challenges and shares lessons learned across the health center network, helping health centers optimize workflow, adoption, and outcomes.

Casey Squier, BS - Program Manager

Casey brings expertise in leveraging digital tools and data systems to support community health centers. She analyzes data to improve patient care, optimize workflows, and enhance performance outcomes. Casey understands the barriers that patients and staff face and works with health centers to identify opportunities for improvement, streamline processes, and share lessons learned to maximize the impact of technology on care delivery.

Linda Naval, MPA - Senior Director of Healthcare Technology Innovation

Linda has extensive experience in healthcare technology and public policy, focused on community health centers. She leads strategy, engagement, and thought leadership around technology adoption, with a pragmatic, equity-first approach. She brings expertise in navigating policy, scalable AI adoption, and practical implementation, helping health centers integrate technology while addressing operational and equity considerations.

Example Implementation Project: AI Readiness and Implementation Support

The Mass League is supporting AI technology adoption across the Commonwealth through a multi-layered implementation approach. We share and continuously update the AI strategy with community health centers, alongside an AI implementation playbook and framework and a portfolio of vetted AI vendors and solutions.

The League connects health centers with AI vendors to facilitate demonstrations and early exploration of tools. Peer learning is supported through a member platform where implementation insights, lessons learned, and best practices are shared across centers adopting AI technologies.

Example Implementation Project: Bamboo Health and Azara DRVS Integration

The Mass League's HCCN supported community health centers in integrating Bamboo Health, a care coordination platform, and Azara DRVS population health tool to streamline workflows, reduce staff burden, and save time and resources, particularly during transitions of care. Efforts focused on expanding participation in Health Information Exchange (HIE) through Bamboo Health's Patient Ping platform and negotiating lower costs for participating centers.

During the project, the HCCN secured a new low-cost contract with Bamboo/Ping that included discharge summaries and increased patient limits, enhancing the value of Event Notification System (ENS) alerts for health centers. These enhancements improved interoperability, strengthened information sharing across care settings, and reduced administrative burden for CHC staff.

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MeHI Pre-Qualified Implementation Partner



Organization: OCHIN

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Overview

OCHIN is a national nonprofit health innovation network and consultancy dedicated to advancing access to high-quality, affordable, patient-centered care. With more than 25 years of experience, OCHIN partners with hundreds of organizations across 44 states, including federally qualified health centers (FQHCs), rural health clinics, behavioral health providers, and public health agencies.

OCHIN supports over 2,100 care delivery sites serving more than 10.5 million patients nationwide, with a strong focus on rural and low-resourced communities. Through its shared Epic EHR infrastructure, advanced analytics, workforce development programs, and implementation expertise, OCHIN enables FQHCs to adopt and scale innovative technologies—including AI—to improve care delivery, workforce capacity, and patient outcomes.

Implementation Process

OCHIN uses a human-centered implementation approach that integrates technology, people, workflows, and evaluation to support sustainable adoption in FQHCs.

Key elements include collaborative pilot design, readiness assessments, workflow integration, structured change management (prepare, mobilize, transform), and dedicated project management. OCHIN also provides role-based training, ongoing support, performance monitoring, and comprehensive reporting to guide continuous improvement and scalability.

This approach ensures technology is effectively integrated, adopted, and sustained.

Cally Johnson, MPH – Vice President of Innovation and Improvement

MPH w/ 10+ yrs. health care industry experience in large-scale quality improvement, workforce optimization, value-based care, clinical informatics, AI-enabled transformation, and regulatory-aligned innovation; provides executive oversight, risk governance, and strategic alignment for multi-site implementations.

Rebecca (Becca) Brookes, MPH - Project Director

MPH w/ 10+ yrs. health care industry experience in workforce development, clinician satisfaction, regulatory compliance (HRSA/HCCN), quality improvement, cybersecurity readiness, and operational leadership; leads project governance, execution, reporting, and partner coordination.

Evelyn Sun, MPH – Project Manager

MPH w/ 5+ yrs. health care industry and research experience supporting operational execution, workflow tracking, multi-partner coordination, and implementation documentation for digital health and health IT initiatives.

Da Jin, MD, MS – Clinical Informatics Lead

MD, MS w/ 10+ yrs. health care industry experience in clinical informatics, EHR-integrated workflow design, patient safety validation, and clinician-centered technology optimization; leads clinical alignment, workflow integration, and informatics-driven implementation strategy.

Anthony Radosti – Technical Lead

Health IT professional w/ 10+ yrs. health care industry experience in EHR optimization, interoperability, Epic-based system integration, regulatory-compliant technical build, and go-live readiness for community health settings.

Molly Volk-Britton, MHS – Practice Transformation Coach

MHS w/ 10+ yrs. health care industry experience in practice transformation, clinician well-being, quality improvement, change management, and operational workflow adoption; leads staff engagement, training, and sustained use of new technologies.

Jenine Dankovchik – Data Analyst

Public health and data science professional w/ 20+ yrs. health care industry experience in quality measurement, evaluation, regulatory-aligned reporting, data infrastructure, and translating analytics into operational and improvement

Lynn Community Health Center (Massachusetts). OCHIN supported Lynn Community Health Center through health technology implementation, optimization, and ongoing operational support within its shared Epic environment. This work included workflow integration, data infrastructure support, and continuous improvement aligned with FQHC needs—directly reflecting the type of implementation services required under SHINE-HT.

National FQHC Technology Implementations (Multi-State)

In Massachusetts and across its national network, OCHIN has led numerous implementations of:

- AI-enabled tools and digital health solutions
- Remote patient monitoring technologies
- EHR-integrated workflows and modules
- Interoperability solutions (FHIR, HIE integration)

These projects consistently include pilot testing, workflow redesign, training, evaluation, and scale-up—ensuring measurable improvements in care delivery, workforce efficiency, and patient outcomes.

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MeHI Pre-Qualified Implementation Partner



Organization: Phicil-itate Change LLC

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Overview

Phicil-itate Change LLC is a Massachusetts-based AI innovation advisory firm at the intersection of AI, health equity, and systems of care — with a primary focus on FQHCs and community health centers. We are a minority, women-owned practice, rooted in lived experience inside safety-net hospitals and the communities they serve. We make AI implementation safe, structured, and human-centered — bridging innovation and community so that tools FQHCs introduce reduce burden, center patient and staff voice, and hold up long after a pilot ends. Every engagement is guided by the SEEDS of Innovation™ framework, a five-pillar decision standard that helps leaders evaluate whether a technology is the right solution, for the right people, in the right ecosystem, with the right data protections and governance in place — before committing to large-scale implementation. Embedded in every pilot is Listen Phirst™, our multilingual voice-based listening platform that captures structured input from staff and patients throughout implementation, ensuring decisions are grounded in real frontline experience.

Implementation Process

Our six-month approach follows three phases, each grounded in SEEDS of Innovation™ and designed to build lasting FQHC capacity.

Phase 1 — Discovery & Co-Design (Months 1–2): Site assessment, EHR mapping, and co-design sessions with leadership, staff, and patients — with Listen Phirst™ voice technology capturing multilingual frontline voice throughout — producing an FQHC-approved pilot plan with Scale/Modify/Stop criteria.

Phase 2 — Implementation Testing (Months 3–4): Hands-on Agile delivery of configuration specs, EHR-aligned workflows, and role-specific training, with real-time check-ins tracking burden, usability, and trust.

Phase 3 — Evaluation & Stewardship (Months 5–6): Structured evaluation producing a formal Scale/Modify/Stop recommendation, implementation report, and generalized templates — structured as capacity-building for future pilots.

Founder Bio:

Sheila Phicil, MPH, MS, PMP, FACHE — Senior Implementation Advisor & Project Lead. Founder and CEO of Phicil-itate Change and creator of the SEEDS of Innovation™ framework, with nearly two decades of implementation leadership across Boston Medical Center — including as Director of Innovation for the Health Equity Accelerator — Dana-Farber/Brigham and Women's Cancer Center, the Veterans Health Administration, and large Massachusetts FQHCs.

Team Bios:

Rachael Acker, MS — Human-Centered Design Lead
Rosa M. Colón-Kolacko, PhD, MBA, CDM, SHRM-SCP — Health Equity & Implementation Advisor
Sarah I. Faulkner, MBA, PMP — Implementation Advisor & Scrum Lead
Srushti Madhure, MS — Health Informatics Specialist
Natalie Johnson, MPH — Project Manager & Health Equity Implementation Lead

Past Experience and Implementation Examples:

Massachusetts League of Community Health Centers — AI Playbook (2026 In Progress) Selected from 21 applicants to develop the Mass League's AI Playbook for community health centers statewide, organized through the SEEDS of Innovation™ framework with structured listening, environmental scanning, and stakeholder co-design embedded throughout. Debuts at CHI conference, May 2026.

NeighborHealth Strategic Assessment & Technology Readiness | NeighborHealth (2024) Designed and facilitated the 2024 Managers Retreat and SWOT process, convening approximately 170 managers across clinical, operational, and administrative departments at one of the nation's largest FQHCs. Delivered a comprehensive implementation-oriented assessment of technology readiness, training needs, and workflow optimization opportunities across the organization.

ThriveLink AI Voice Platform | Boston Medical Center (2023) Led design and implementation of a pilot with ThriveLink, a voice-powered AI platform supporting patients in completing social service benefit applications in a linguistically diverse population. Piloted with the Geriatrics Clinic. In five months: 98% of referred patients contacted, 59 resource connections made, 39 benefit applications submitted, and approximately \$19,000 in patient benefits generated at a navigation cost of \$4,250. Clinician adoption was strong enough that providers did not want the tool removed.

Call Center & Workflow Redesign | Boston Medical Center (2022) Led transition to a centralized call center with updated triage protocols and Epic work queues, reducing phone abandonment from 41% to under 5% within one month. Simultaneously redesigned referral processing across 900+ diagnoses and 12 specialties, increasing referrals resolved within 14 days by 46%.

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MeHI Pre-Qualified Implementation Partner



UMass Chan
MEDICAL SCHOOL

**UMass Chan Medical School – Program in Digital
Medicine**

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Overview

The SHINE HT team at UMass Chan Medical School, led by Drs. Apurv Soni and Kimberly Fisher, will use their combined experience to integrate digital health technologies through pilot projects with operational and cultural awareness of community health centers and incorporate patient and staff perspectives. The Soni Lab within Program in Digital Medicine designs, implements, and evaluates digital health interventions in partnership with clinical operations. They have built a systematic approach to technology implementation that pairs user centered design and workflow integration with mixed methods evaluation. Dr. Soni has implemented technology supported models of care across the UMass system, including home based care programs, remote monitoring, and digital tools that integrate with clinical information systems. Dr. Kimberly Fisher brings direct experience collaborating with FQHCs as clinical sites for large pragmatic studies, including work with Massachusetts FQHCs such as Family Health Center of Worcester and Edward M. Kennedy Community Health Center. Her work emphasizes stakeholder engagement, communication, and implementation of evidence-based practices in settings serving vulnerable populations.

Implementation Process

Our implementation approach is tailored to the use case, technology, and the participating FQHC's operational capacity, with careful attention to what is feasible within the fixed award amount and the pilot timeline.

1. **Site assessment/readiness:** Establish shared understanding of context, constraints, and success criteria.
2. **Co design and implementation plan:** Define a pilot that fits workflow and staffing realities.
3. **Configuration and launch preparation:** Make the technology usable in daily operations.
4. **Pilot execution and rapid cycle optimization:** Support adoption while documenting barriers and solutions.
5. **Closeout, reporting, and scale template:** Translate learning into reusable assets for replication.

We recognize technology adoption in FQHC settings depends on minimizing burden while building trust in new workflows. We develop and refine pilot deliverables primarily in partnership with the selected FQHC, with structured review and acceptance by MeHI. Our technical planning emphasizes pragmatic integration that avoids unnecessary customization, respects local change control, and aligns with privacy and security requirements.

Apurv Soni, MD, PhD, is a physician scientist and Director of the Program in Digital Medicine at UMass Chan Medical School. His work focuses on designing and implementing technology enabled models of care that fit routine clinical operations, and on generating actionable evidence using pragmatic mixed methods. He has led digital health initiatives and home-based intervention within the UMass system and has contributed to national decentralized research programs.

Kimberly A. Fisher, MD, MSc, is an Associate Professor of Medicine at UMass Chan Medical School with formal training in dissemination and implementation research and extensive qualitative and survey methods expertise. Her work centers on stakeholder engagement, communication, and adoption of evidence-based practices in settings serving vulnerable populations. Dr. Fisher has direct experience partnering with Massachusetts Federally Qualified Health Centers.

Embedded Digital Care Implementation with Pragmatic Evaluation: The Healthy at Home for COPD study integrated a patient facing app, connected devices, and EHR integrated dashboards with access to home based clinical services and virtual pulmonary rehabilitation. 100 patients with COPD at risk for acute care were enrolled, and 96% remained through the six-month evaluation period. The analysis showed 61% decreased odds of 30-day readmission compared with similar patients who were not invited to participate, with trends toward fewer emergency department visits and shorter hospital length of stay. In a related evaluation, participants in the study completed a median of 4.85 symptom recordings per week and improved COPD Assessment Test scores by 2.48 points ($p = 0.03$). This program has since been adopted as standard of care for eligible patients at UMass Memorial Health and has been used by over 250 patients.

National Digital Site Less Diagnostic Evaluation and Evidence Translation: In the Test Us at Home study a prospective cohort of 7,361 participants were enrolled in less than 5 months through a patient facing app and all study materials mailed to individuals. Participants were asked to complete a series of home rapid antigen tests and the comparable gold standard. The study showed that serial rapid antigen testing improved sensitivity for asymptomatic infection from 34.4% with a single test to 55.6% with two tests and 68.5% with three tests at 48-hour intervals. For symptomatic infection, sensitivity increased from 64.2% with a single test to 92.1% with two tests. The program achieved fully remote enrollment across 44 U.S. states and informed serial testing recommendations.

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