

**OFFICE OF HEALTH INFORMATION TECHNOLOGY
DIVISION OF STATE AND COMMUNITY ASSISTANCE
HEALTH CENTER CONTROLLED NETWORKS PROGRESS REPORTS**

INSTRUCTIONS

PROJECT INFORMATION

Identify your grant number.

Project Period – State the year the grantee received the award and the end date of the award.

Budget Period – Identify the fiscal year of the Project Period the grantee is reporting on.

Date of Report – This would be the due date for the progress report.

GRANTEE CONTACT INFORMATION

Please provide information on the Grantee of Record and the Network for this section.

Organization Name – Grantee of Record is the organization receiving the grant funds. Network is the name of the organization which the Grantee of Record represents.

Contact Name and Title – This would be the point of contact for each organization. The Grantee of Record contact person will be on the Notice of Grant Award form.

Address – This would be the physical location where the organization is located.

Phone – This would be the primary contact's phone number.

Fax – This would be the primary contact's fax number.

E-mail – This would be the primary contact's e-mail address.

PROGRAM INFORMATION

Select the grant type in which you were funded.

Select your health information type.

PART A. UPDATES

1. Provide a brief status on the progress of your network's work plan as it corresponds to your grant:

a. HIT Planning

Please indicate progress according to the following areas:

-Communication, exchange, and sharing of ideas and expertise among collaborators and members.

-A strategic planning process that incorporates both marketplace and organizational assessments resulting in a solid plan for further network development.

-Commitment by participating health centers and other partners of resources, including a cash cost sharing, in-kind contributions, and staff, necessary to achieve the planning goals and activities.

-Commitment by participants to continue the development of the Health and Information Technology (HIT) project upon the completion of the planning period.

-Identification of HIT functions or activities to be pursued for integration upon completion of the planning process.

-Development of a working agreement between the network and the Primary Care Association (PCA) that clearly delineates the roles and responsibilities of each entity.

b. Electronic Health Records (EHR) Implementation, HIT Innovations, and High Impact.

-Indicate the phase of the project (planning, testing, infrastructure building, implementation) and describe the status of activities within that phase and projected time period for activities in the subsequent phase.

2. Identify staff performing project activities/functions on the chart. Indicate any changes to key staffing positions and add rows as necessary. **NOTE: A Chief Information Officer (CIO) is required for Implementation, High Impact, and Innovations grants.**

3. Identify initial health centers and sites participating at the time of application on the chart. Indicate the fiscal year(s) of the planned implementation. Add rows if necessary. Explain any changes to the participants in the project scope. High Impact grantees must plan to implement new EHRs in at least 15 sites. **If the**

project participants in a network change (i.e. added or removed), then a Memorandum of Agreement (MOA) must be included for new members that are added and a request for Change of Scope must be submitted to your Project Officer for both situations 45 days in advance.

4. Indicate any **changes to the budget** during this period.

5. Provide a brief status of **barriers encountered** and **lessons learned** to date. Identify actions taken to overcome barriers. Barriers can include for example: provider comfort with technology; need for ongoing training; achieving interoperability; and accessing additional capital.

6. Provide an assessment of **technical assistance needs**, indicating current and projected needs.

7. Describe **training** that is taking place in the network. Also, identify any type of training that you can conduct for other networks. State whether or not you can conduct the training in house or if you can travel to their location.

8. Describe the status of the governance of this project (i.e. the last time the Board or Steering Committee met and any recent issues and decisions). Identify the members and tell how often they meet.

PART B. ACCOMPLISHMENTS

1. Planning grants need to show the preparation and progress made towards applying for the next level Implementation of EHR grants.

2A. HRSA is interested in evaluating outcome of EHR/HIT in terms of outcomes that support the aims of these grant programs. HRSA requires at least five performance outcome measures, two of which HRSA defines to include diabetes control and child immunization. Use this section report on these two measures using data from the project participants in the network.

2B. Use the charts following the definition of the aims below to label the three required additional performance outcome measures. Indicate which aim(s) from the list are the most fitting to your measures. Add rows if necessary to capture additional centers. Add tables as needed for additional optional measures; two have already been provided.

3. Please describe any other accomplishments of the project thus far, such as:

-Increasing the availability and transparency of information related to the health care needs of the patient and support physician decision making.

-Supporting the rapid response to address both natural and man-made disasters, including those due to bioterrorist acts.

-Promoting continuity of care across settings when patients move from outpatient to urgent, emergency, and inpatient care, and when patients move between geographic areas either voluntarily or involuntarily as in the case of a disaster.

-Creating interoperability with other safety net providers such as health departments and other HRSA grantees.

-Enhancing the capability of safety net providers to enter into collaborative strategies that leverage initiatives and resources (including knowledge, experience, and funding) already present in their communities.

-Promoting the creation of a sustainable business model for deploying HIT in safety net networks.

-Promoting a more effective marketplace, greater competition, greater systems analysis, enhanced quality, and improved outcomes in health centers.

PART C. HIPAA AND SOFTWARE

1. As a health center controlled network, if you have assisted your members with HIPAA, please indicate in the chart the general level of readiness around HIPAA compliance.

2. Provide an update of the IT infrastructure developed by or planned to be developed by the network for EHR.

PART D. SUSTAINABILITY PLAN

Describe your Sustainability Plan. Please include a brief description of your plans to sustain the grant activities beyond the project period. Include information on: anticipated funding sources; changes (if any) in network functions and corresponding levels of integration (Collaborative, Shared, Integrated); and, changes (if any) in network membership and leadership. Explain your preparation as related to your goals, work-plan, and overall grantee activities. Part of sustainability is developing a sound business model; include a description of the existing or developing model.

PART E. CONTINGENCY PLANNING AND BUSINESS RECOVERY PROCESS IN THE EVENT OF A BUSINESS INTERRUPTION AT THE NETWORK LEVEL

Describe for each site participant within the Network its process for developing advance arrangements and procedures that enable it to respond to an event that could occur by chance or unforeseen circumstances related to the larger Network.

Assess, for example, the likelihood of the larger Network dissolving and of the effect this would have on EHR implementation at the on site participant level. A contingency plan for a community health center involving EHR may include elements related to: defining the resources, actions, tasks, and data required to manage the business recovery process in the event of a business interruption at the Network level and a plan to restore the business process related to EHR within the stated recovery goals. Include information on the development of back up systems in the event of a disaster, to ensure the continuity of EHR implementation and continuity of care.

PART F. EVALUATION

1. Please indicate the extent to which you are tracking the following variables related to initial one-time costs of health IT implementation for your organization.
2. Please indicate the extent to which you are tracking the following variables related to ongoing costs of health IT implementation for your organization.
3. Please indicate the extent to which you are tracking the following variables related to financial benefits of health IT implementation for your organization.
4. Please indicate the extent to which you are tracking or plan to track any other costs and benefits of health IT implementation for your organization. Examples of other possible costs and benefits include but are not limited to increased/decreased staff happiness, increased/decreased staff attrition, and changes in patient satisfaction.
5. Leveraging Resources – Indicate which strategies your network has implemented in order to better leverage resources (internal and external) to help ensure your network’s long term sustainability. Select all that apply.

ADDITIONAL COMMENTS

Please use this section to present additional information that you would like to convey to your Project Officer. This could include information that you consider important but that did not fit into any other section. Please include suggestions for improvement to the progress report format.

NOTE: Please contact your assigned Project Officer if you have any questions regarding this Progress Report.

Debi Sarkar	301-443-0959	Innovations grant questions
Potie Pettway	301-443-1014	High Impact grant questions
Judy Oliver	301-594-4465	Planning grant questions
Samantha Wallack	301-443-4660	EHR Implementation questions