

**Health Resources and Services Administration
Office of Health Information Technology
Division of State and Community Assistance**

**Health Center Controlled Networks
Progress Report**

Grantees are required to submit electronically to their Project Officer a semi-annual and a cumulative progress report each fiscal year of the project period. Please contact your Project Officer for assistance in completing this report.

Due dates for progress reports will be:

- 6 Month Reporting – End of March
- 12 Month Reporting – End of September

Grant Number	
Project Period	
Budget Period	
Date Report Completed	

Grantee Contact Information		
	Grantee of Record	Network
Organization Name		
Contact Name and Title		
Address		
Phone Number		
Fax Number		
Email Address		

Program Information			
Select Type of Grant:	<input type="checkbox"/> HIT Planning	<input type="checkbox"/> HIT EHR Implementation	<input type="checkbox"/> HIT High Impact
	<input type="checkbox"/> Innovations: Category 1 ___ E-Prescribing ___ Disease Registries ___ Physician Order Entry ___ Bar Coding ___ Master Patient Index ___ Clinical Messaging ___ Use of PDA's ___ Other (please describe):	<input type="checkbox"/> Innovations: Category 2 ___ Community Health Records ___ Personal Health Records ___ Health Information Exchanges ___ Smart Cards ___ Integration of an Electronic Oral and/or Mental Health Record with an Existing Electronic Health Record ___ Creating Interoperability with Outside Partners Horizontally or Vertically ___ Other (please describe):	

Health Information Type
<input type="checkbox"/> Practice Management System <input type="checkbox"/> Disease Registry System <input type="checkbox"/> Care Management System <input type="checkbox"/> Clinical Messaging System <input type="checkbox"/> Personal Health Records System <input type="checkbox"/> Electronic Health Record System <input type="checkbox"/> Health Information Exchange <input type="checkbox"/> Other (please describe):

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 below. Indicate any changes to key staffing positions and add rows as necessary. **NOTE: A Chief Information Officer (CIO) is required for EHR Implementation, High Impact, and Innovations grants.**

Name	Position Title [Indicate If Full/Part Time]	Time In Position	Network/ Center/ Shared	Status (Removed or Current)
Total number of network staff for this project. (i.e., FTEs performing network activities for grant project)				

3. Identify initial health centers and sites participating at the time of application on the chart below. 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.**

Status of Implementation

Health Center Name or Other Organization Name	Health Center Satellite Site Names	UDS # (if 330 grantee)	Number of Patients Served per UDS	Date MOA Signed (not needed for satellite sites)	Date Implemented or Planned Date of Implementation	Comments (changes to participants)

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 network. 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 Grant**
 HRSA is interested in measuring the effect of planning grants in terms of outcomes that support the aims of this funding opportunity. Describe what actions your network has taken in preparation for implementing an EHR or other HIT to further improve the quality of care to underserved populations.
2. **EHR Implementation, Innovations, and High Impact Implementation**

Measuring the Effect of HIT on Health Outcomes
 HRSA is interested in measuring the effect 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.

Required Measures	Baseline	Measure @ Progress Report (indicate date)
Measure One: Child Immunization – % by age 2 years, with 4 DTaP, 3 OPV/IPV, 1 X MMR, 3X HepB, 3XHib (and Varicella)		
Measure Two: Diabetes control – % of patients with either Type 1 or Type 2 diabetes whose HBA1c is > 9%		

Optional Measures- Use the charts following the definition of the aims below to label the three required additional performance outcome measures.

Effectiveness – The extent to which integrating a clinical quality improvement program with HIT will improve both health outcomes and systems of care. For example, a health center controlled network may use clinical decision support systems to generate reminders that promote preventive care help to manage chronic disease and to improve population health.

Efficiency - The extent to which inefficiencies such as lost medical records, lab results, and inadequate appointment systems are eliminated through the combination of HIT and a clinical quality improvement program. Projects should be able to quantify projected return on investment related to time saved, increases in revenue and other savings related to the resources used on the investment.

Safety and Quality - The extent to which mechanisms, such as computerized provider order entry (CPOE), enhance patient safety by preventing medication and other medical errors.

Timeliness- The extent to which the implementation of the EHR reduces waits and sometimes harmful delays; specifically, the extent to which electronic communication among providers and/or an online appointment system to respond to patient needs is demonstrated.

Equitability. The extent to which the implementation of the EHR enables the provision of care that does not vary in quality because of personal characteristics. The extent to which all health centers in the Consolidated Health Centers Program participate in the adoption of HIT to improve the quality of care and care that is customized to meeting their needs.

Patient Centered-ness. The extent to which the implementation of the EHR enables the provision of care that is respectful of and responsive to individual patient preferences, needs, and values, and ensures that patient values guide all clinical decisions. Specifically, the extent to which patients will be connected to their health information and also the extent to which the applicant describes the support/educational tools, such as disease management and patient management information, in place to support this.

Indicate which aim(s) from the list above are the most fitting to your measures listed below. Add rows if necessary to capture additional centers. Add tables as needed for additional optional measures; three have already been provided.

	Baseline	Measure @ Progress Report
Measure Three: AIM(s):		
Measure Four: AIMS (s):		
Measure Five: AIMS (s):		

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

As a health center controlled network involved in HIT, please indicate in the chart below the general level of readiness around HIPAA compliance.

**Health Insurance Portability and Accountability Act (HIPAA)
Level Of Readiness**

HIPAA Content	Yes	No	Comments
Privacy policy and procedures completed			
Training completed			
Consulting/TA received			
HIPAA compliance officer in place			
Electronic Transactions/Codes Sets—software testing started ¹			
Practice management system HIPAA compliant			
Clearinghouse HIPAA compliant			
Other			

Complete the table below to provide an update of the IT infrastructure developed by or planned to be developed by the Network for EHR. Check with Christie on this -

Network Health Information Systems Software Technology

Type of Software	Vendor	Software, Version, Release (OR note if feature is included in EHR)	State Whether Software is New or Upgrade
Practice Management System			
Electronic Medical Record			
Clinical Decision Support			
Electronic Prescribing			
Computerized Physician Order Entry			
Call Management			
Registry			
Chronic Disease and Population Management			
Eligibility			
Pharmacy			
Other			

¹ Related to Electronic Transactions and Code Sets HIPAA standards and compliance was required by October 16, 2003.

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. Part of sustainability is developing a sound business model; include a description of the existing or developing model. 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 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

Table F-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.

<i>Please select one answer for each statement.</i>	Tracking this cost rigorously with a very accurate estimate	Tracking this cost rigorously but not completely comprehensively and have a reasonably accurate estimate	Loose estimate of this cost but not tracking rigorously	Do not have an estimate, but plan to estimate this cost in the future	Do not have the means to track and estimate this cost
Workflow re-design	1	2	3	4	5
Training	1	2	3	4	5
Historical chart abstracting	1	2	3	4	5
Decreased productivity during	1	2	3	4	5

Hardware purchase	1	2	3	4	5
Software purchase	1	2	3	4	5
Building interface modules	1	2	3	4	5

Table F-2

Please indicate the extent to which you are tracking the following variables related to ongoing costs of health IT implementation for your organization.

<i>Please select one answer for each statement.</i>	Tracking this cost rigorously with a very accurate estimate	Tracking this cost rigorously but not completely comprehensively and have a reasonably accurate estimate	Loose estimate of this cost but not tracking rigorously	Do not have an estimate, but plan to estimate this cost in the future	Do not have the means to track and estimate this cost
Software licenses	1	2	3	4	5
Technical support staff	1	2	3	4	5
System/Network Administration	1	2	3	4	5
Ongoing data entry	1	2	3	4	5

Table F-3

Please indicate the extent to which you are tracking the following variables related to financial benefits of health IT implementation to your organization.

<i>Please select one answer for each statement.</i>	Tracking this benefit rigorously with a very accurate estimate	Tracking this benefit rigorously but not completely comprehensively and have a reasonably accurate	Loose estimate of this benefit but not tracking rigorously	Do not have an estimate, but plan to estimate this benefit in the	Do not have the means to track and estimate this benefit

		estimate		future	
Less expensive medications	1	2	3	4	5
Improved lab utilization	1	2	3	4	5
Improved utilization of radiology tests	1	2	3	4	5
Improved drug utilization	1	2	3	4	5
Better capture of charges	1	2	3	4	5
Decreased billing errors	1	2	3	4	5
Reduced ADEs	1	2	3	4	5
Reduced chart pulls	1	2	3	4	5
Elimination of dictation, reduced transcription	1	2	3	4	5
Increased revenue from preventive care services	1	2	3	4	5
Automatic documentation of diagnostic codes	1	2	3	4	5
Decreased costs to medical audits, enhanced reporting capabilities	1	2	3	4	5

Table F-4

Please indicate the extent to which you are tracking or plan to track any other costs and benefits of health IT implementation to 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.

<i>Please select one answer for each statement.</i>	Tracking this cost/benefit rigorously and have a very accurate estimate	Tracking this cost/benefit rigorously but not completely comprehensively and have a	Loose estimate of this cost/benefit but are not tracking rigorously	Do not have an estimate, but plan to estimate this cost/benefit in the	* Please describe the measures you are using to track this cost/benefit and the approximate magnitude
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		reasonably accurate estimate		future	
Other (_____)	1	2	3	4	
Other (_____)	1	2	3	4	
Other (_____)	1	2	3	4	
Other (_____)	1	2	3	4	
Other (_____)	1	2	3	4	
Other (_____)	1	2	3	4	

Table F-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.

Strategy	
Applied for local funding	
Applied for state funding	
Applied for federal funding	
Applied for private grant funds	
Demonstrated a sound return on investment	
Developed products, tools, and services that can be sold to generate program income	
Generated income by providing technical assistance and other services to outside organizations	
Generated income through user fees	
Implemented cost sharing	
Increased efficiency of services	
Negotiated with state government and Medicaid agencies to cover services	
Reinvested cost savings resulting from greater efficiencies	
Reduced cost of services	
Solicited funds from taxing authorities	

Solicited in-kind contributions from network members	
Solicited monetary contributions from network members	
Other (please specify)	

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 for the progress report format.