Grantee Contact

	Grantee of Record	Network
Organization Name		
Contact Name		
Contact Title		
Address		
Phone Number		
Fax Number		
Email Address		
Web Site		

Multi Site Grant?

Grantee Contact Information Form Comments:

Is Grantee Contact Information Form Complete?

Type of Grant and Updates (Part A: Section 1)

Type of Grant	
HIT Planning Grant	**X**
EHR Implementation Grant	
HIT Innovation Grant	
Quality Improvement Grant	

- -

Jobs	Number	Brief Listing by Title
How many new jobs, expressed as "full-time equivalents" (FTE), are expected to be created as a result of the grant? A job created is a new position created and filled or an existing unfilled position that is filled as a result of the Recovery Act funding. Please provide a brief listing by title.		
How many jobs, expressed as "full-time equivalents" (FTE), are expected to be retained as a result of the grant? A job retained is an existing position that would not have been continued to be filled were it not for Recovery Act funding. Please provide a brief listing by title.		

HIT Planning Grant

For HIT Planning Grant, please indicate progress according to the following areas:

Communication, exchange, and sharing of ideas and expertise among collaborations and members.

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

Commitment by participanting 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.

Type of Grant and Updates Form Comments:

Is Type of Grant and Updates Form Complete:

In Progress

Part A: Updates (Section 2)

2. Status Of Implementation of Project Participants

Health Center Name or Other Organization Name	# Sites in Project Scope	# Sites in Project Scope Implemented	UDS # (if 330 grantee)	U.S. State or Territory	Zip Code	# Patients in Project Scope	# Patients Impacted to Date	# Medical Provider FTEs in Project Scope	# Medical Provider FTEs Impacted to Date	Date MOA/ Contract Signed	Go Live Date of New EHR or Innovations System	Go Live Date of Expanded EHR or Innovations System (if applicable)	Comments (changes to participants)

3. Provide a brief status of barriers encountered to date

4. Provide a brief description of key lessons learned to date

5. Provide an assessment of technical assistance needs

Readiness	
Environmental Scan	
Readiness Evaluation	
Needs Analysis	
Board/Leadership/Staff Buy-in	
Identifying critical data elements	
Other	

Contracting	
RFP-Assistance	
Evaluating Proposals	
Vendor Selection	
Contract Negotiations	
Other	

Evaluating	
EHR	
Clinical Outcomes/Processes	
Other	

Sustainability	
EHR	

Other HIT Systems	
Open Source	
HIE	
Other	

Reporting	
Population Health Reports	
Health Disparities Reports	
HRSA Reports	
Clinical Measures Reports	
Other	

Implementation	
Implementation of System	
Work Flow Analysis	
Testing	
Disaster Recovery	
Interfaces	
Templates	
Telecommunication	
Other	

Advanced/Other	
Quality Improvement	
Corporate Governance/Structure	
Privacy & Security	
Legal/Regulatory Stark	
Other	

Describe Selected Items by Specific Area Selected

6. Describe the status of the Network Governance of this Project.

Network Committee	Last Date of Meeting	List of Issues

7. Network Customer Service to Members

Part A: Updates (Section 2) Form Comments

Part A: Updates (Section 2) Form Complete?

Part B: Accomplishments

1. Planning Grant

HRSA is interested in measuring the impact 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 and Innovations

Measuring the Impact of HIT on Health Outcomes

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

If different from UDS, state the source used for calculating the data under "other"" and provide an update to any change or any other needed clarification in the "comments" section. In the baseline column, state the percentage and provide the actual numerator and denominator used to calculate it. There is one baseline; it is not re-calculated each year. The measures are inclusive for HIT and non-HIT patients alike.

Ideally, these measures should be calculated at the Network level; however, it is understood that calculations at the Network level are not always possible. Select the appropriate level:

☐ Network Level   ☐ Health Center Level

Health Center Controlled Networks (HCCN)

Grant: H2HIT10795   **Start Date:** 12/1/2009   **End Date:** 2/3/2010   **Report Date:** 12/1/2010

Grant Type: HIT Planning Grant

Organization: ST LOUIS INTEGRATED HEALTH NETWORK

Required Measure 1 and 2

Required Measures		Baseline			Current Progress			Method of calculating consisten with Uniform Data System (UDS)
		Numerator	Denominator	%	Numerator	Denominator	%	
Measure 1: Child Immunization								
Measure 2: Diabetes control	mÅ Ã							
	>7% and <9%							
	⁻Á/Ã							

Indicate which aims from the list below are the most fitting to your measures listed below. Add rows if necessary to capture additional measures.

Required Measure 3 and up

Required Measures		Baseline			Current Progress			Comments
		Numerator	Denominator	%	Numerator	Denominator	%	
								AIM(s)

3. Any other accomplishments of the project thus far

Please describe such as:

Accomplishment	Comment
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.	

Grant: H2HIT10795   **Start Date:** 12/1/2009   **End Date:** 2/3/2010   **Report Date:** 12/1/2010

Grant Type: HIT Planning Grant

Organization: ST LOUIS INTEGRATED HEALTH NETWORK

Promoting the creation of a sustainable business model for deploying HIT in safety net networks.	
Promoting a more effective marketplace, greater competition and systems analysis, enhanced quality, and improved outcomes in health centers.	
Enhancing various reporting needs and requirements. Examples of reporting needs may include: Joint Commission accreditation; Quality improvement and/or quality assurance initiatives; reportable diseases; various state reporting requirements.	
Utilizes HIT to assist with elements and/or activities related to health reform efforts such as expanding access, reducing disparities, etc.	

Part B: Accomplishments Form Comments:

Is Part B: Accomplishments Form Complete:

Part C: Software

Complete the table below to provide an update of the IT infrastructure developed by or planned to be developed by the Network for HIT.

Type of Software	Vendor	Software, Version, Release (OR note if feature is included in EHR or PMS)	Date CCHIT Certified (EHR)
Practice Management System			
Electronic Health Record			
Computerized Physician Order Entry			
Registry			
Electronic Prescribing			
Other (identify)			
Third Party Report Writer (if applicable)			
Dental Electronic Health Record (if applicable)			

Do you have Eligibility Screening as a part of Practice Management System?

Do you have Clinical Decision Support as a part of Electronic Health Record?

Part C: Software Form Comments:

Is Part C: Software Form Complete:

Part D: Contingency Planning and Business Recovery Process in the Event of a Business Interruption at the Network Level

Include information on the development of back up systems in the event that an incident could occur by chance or unforeseen circumstances related to the Network, such as a disaster, to ensure the continuity of HIT implementation and continuity of care (24/7).

Part D: Contingency Planning Form Comments:

Is Part D: Contingency Planning Form Complete:

Part E: Evaluation (Section 1)

Table E-1: Initial One-Time Costs

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.

Statements	Tracking this cost rigorously with a very accurate estimate 1	Tracking this cost rigorously but not completely comprehensively and have a reasonably accurate estimate 2	Loose estimate of this cost but not tracking rigorously 3	Do not have an estimate, but plan to estimate this cost in the future 4	Do not have the means to track and estimate this cost 5
Workflow Re-design					
Training					
Historical Chart Abstraction					
Decreased Productivity during					
Hardware Purchases					
Software Purchases					
Building Interface Modules					

Comments:

Table E-2: Ongoing Costs

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

Statements	Tracking this cost rigorously with a very accurate estimate 1	Tracking this cost rigorously but not completely comprehensively and have a reasonably accurate estimate 2	Loose estimate of this cost but not tracking rigorously 3	Do not have an estimate, but plan to estimate this cost in the future 4	Do not have the means to track and estimate this cost 5
Software Licences					
Technical Support Staff					
System/Network Administration					
Ongoing Data Entry					

Comments:

Table E-3: Financial Benefits

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

Statements	Tracking this cost rigorously with a very accurate estimate 1	Tracking this cost rigorously but not completely comprehensively and have a reasonably accurate estimate 2	Loose estimate of this cost but not tracking rigorously 3	Do not have an estimate, but plan to estimate this cost in the future 4	Do not have the means to track and estimate this cost 5
Less expensive medications					
Improved lab utilization					
Improved utilization of radiology tests					
Improved drug utilization					
Better capture of charges					

Decreased billing errors					
Reduced ADEs					
Reduced chart pulls					
Elimination of dictation, reduced transcription					
Increased revenue from preventive care services					
Automatic documentation of diagnostic codes					
Decreased costs to medical audits, enhanced reporting capabilities					

Comments:

Part E: Evaluation (Section 1) Form Comments:

Is Part E: Evaluation (Section 1) Form Complete:

Part E: Evaluation (Section 2)

Table E-4: Other Costs and Benefits

Do you have any other costs and benefits?   No

Comments:

Table E-5: Other Resources and Strategies to Leverage Funds

Report dollar amounts secured from within the project period timeframe of this grant only.

Was your network able to leverage funds or other resources from outside sources to assist in your efforts around HIT and Quality? If "yes" then please describe which strategies have been successful, and the result of resources leveraged.

Strategy	Description	Dollars Leveraged	Purpose Of Dollars Leveraged
Received for local funding			
Received for state funding			
Received for federal funding			
Received 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			

Strategy	Description	Dollars Leveraged	Purpose Of Dollars Leveraged
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			

Comments:

Part E: Evaluation (Section 2) Form Comments:

Is Part E: Evaluation (Section 2) Form Complete: