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09/01/2011 - 08/31/2012
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Grantee Infomation

Rural HIT Network Development Program

Instructions:

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this project is 0915-0319. Public reporting burden for this collection of information is estimated to be 3.77 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HRSA Reports Clearance Officer, 5600 Fishers Lane, Room Rockville, Maryland, 20857.

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H9CRH22851: Alaska State Hospital & Nursing Home Association — **Report Status: Not Started**

Grant Number: H9CRH22851 | **Grantee:** Alaska State Hospital & Nursing Home Association

Current Report Period: 9/1/2011 - 8/31/2012 | **Report Due Date:** 9/30/2012

Environment and Technology

Network | Sustainability | Health Information Technology

Network

Please identify the total number of formal member organizations in the consortium or network, as well as the types of member organizations by non-profit and for-profit status and organization type. Please [more]

Network Size

Network Size	Baseline Number (prior to 9/1/2011)	End of budget year Number
Number of non-profit member organizations in the consortium or network		
Number of for-profit member organizations in the consortium or network		

Number of member organizations in the Consortium/Network

	Baseline Number (prior to 9/1/2011)	End of budget year Number
Area Health Education Center (AHEC)		
Community College		
Community Health Center		
Critical Access Hospital		
Faith-based organization		
Federally Qualified Health Center (FQHC)		
Health Center Controlled Network (HCCN)		
Health Department		
Hospital		
Migrant Health Center		
Private Practice		
Rural Health Clinic		
School District		
Social Services Organization		
University/College		
Other		

Network Characteristics

Of the total, please provide the number of new member organizations that joined within the budget year. Please refer to the detailed definitions for consortium/networks in the program guidance. Please [more]

Total number of health care providers in the network that are eligible for the Medicare and Medicaid EHR Incentive Program

Number of critical access hospitals

Number of hospitals

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Sustainability

If the total amount of additional funding secured is zero (0), please put zero in the appropriate section. Do not leave any sections blank.

Funding/Revenue

Annual program award

The annual program award based on box 12a of your Notice of Grant Award (NGA) or Notice of Award (NoA).

Annual network revenue

The amount of annual revenue (if any) for the Network.

Additional funding secured to assist in sustaining the project

The amount of additional funding secured to sustain the program.

Does the network have a sustainability plan that has been approved by the network's membership? Yes No

Does the network have alternate sources of revenue? Yes No

If yes, what is the dollar amount? $

Estimated amount of cost-savings due to participation in the network

Please provide the estimated amount of savings due to participation in a network/consortium (Consider shared staff, training, equipment, etc.)

Sources of Network Revenue

Please identify the source(s) of revenue for sustainability and indicate whether you have developed a sustainability plan. Please identify the types of sustainability activities that the network/consortium [more]

- Network Business Revenue
- In-Kind contributions
- Project Member Dues
- Fundraising
- Contractual Services
- Other
- None

HIT Sustainability Activities (Partnerships)

Please indicate if you have a sustainability plan and select your sustainability activities.

The number of network members that participate in a state-designated Health Information Exchange (HIE)?

Program Collaboration Type

- Local
- State
- Federal

Collaboration Programs

- Regional Extension Centers (REC)
- Health Center Controlled Network (HCCN)
- Office of the National Coordinator
- Regional Health Information Organization (RHIO)
- Federally Qualified Health Center (FQHC)
- Federal Communication Commission (FCC)
- Other

HIT Sustainability Activities

- Media Campaigns
- Consolidation of activities, services and purchases (with Network partners)
- Communication Plan Development
- Economic Impact Analysis
- Return on Investment Analysis
- Marketing Plan Development
- Community Engagement Activities
- Business Plan Development

Organization Bylaws
SWOT Analysis
Sustainability plan
Other

Did you use the HRSA Economic Impact Analysis tool? Yes No

If yes, what was ratio for Economic Impact vs. HRSA Program Funding?

Will the Network/Consortium sustain beyond the Federal funding period? Yes No

What activities of the Network/Consortium will sustain?

Will Network sponsored-HIT training continue after HRSA/ORHP funding ends? Yes No

If HRSA/ORHP supported the maintenance of the EHR system, will maintenance of the EHR system continue after HRSA/ORHP funding ends? Yes No

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Health Information Technology

Please select all types of technology implemented, expanded or strengthened through this program. If your grant program did not fund these activities, please select "Not Applicable." Please select all [more]

Type(s) of technology implemented, expanded or strengthened through this program

- Not Applicable
- Computerized laboratory functions
- e-prescribing
- Inpatient pharmacy
- Outpatient pharmacy
- CPOE (computerized Physician Order Entry)
- Practice Management System
- Email
- Electronic clinical applications
- Certified Electronic Medical Records
- Health Information Exchange
- Patient/Disease Registry
- Other

Are the EHR systems ONC certified? Yes No

How many of your members have attested to Meaningful Use?

How many of your network members have received Medicare or Medicaid incentive payments?

Medicare or Medicaid Incentive Payments Amount Received

- Area Health Education Center (AHEC)
- Community College
- Community Health Center
- Critical Access Hospital
- Faith-based organization
- Federally Qualified Health Center (FQHC)
- Health Center Controlled Network (HCCN)
- Health Department
- Hospital
- Migrant Health Center
- Private Practice
- Rural Health Clinic
- School District
- Social Services Organization

University/College

Other

HIT Meaningful Use Stage 1 implementation

Eligible Professionals – 10 Menu Objectives

Please indicate the number of members that have achieved each HIT Meaningful Use Stage 1 implementation criteria listed.

Drug-formulary checks

Incorporate clinical lab test results as structured data

Generate lists of patients by specific conditions

Send reminders to patients per patient preference for preventive/follow up care

Provide patients with timely electronic access to their health information

Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate

Medication reconciliation

Summary of care record for each transition of care/referrals

Capability to submit electronic data to immunization registries/systems

Capability to provide electronic syndromic surveillance data to public health agencies

Hospitals – 10 Menu Objectives

Drug-formulary checks

Record advanced directives for patients 65 years or older

Incorporate clinical lab test results as structured data

Generate lists of patients by specific conditions

Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate

Medication reconciliation

Summary of care record for each transition of care/referrals

Capability to submit electronic data to immunization registries/systems

Capability to provide electronic submission of reportable lab results to public health agencies

Capability to provide electronic syndromic surveillance data to public health agencies

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Any Comments About this Form or the Data You Entered

Is this Form Complete?

If selected "No", you're not required to fill in all fields before you save.

No Yes

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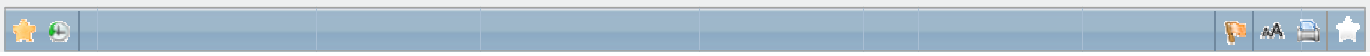
File to Upload: Browse... Attach File

Save Cancel

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