

## **Instructions for Annual Progress Report/Interim Evaluation Progress Report)**

### **Overview:**

The overall purpose of the HCCN reporting table is to provide consistent, quantifiable, and up-to-date information on grantees' progress towards the funding goals and the funded projects' impact on participating centers and their patients' health. Since the FOA requires that each participating health center achieve EHR adoption and Meaningful Use at *all* of their sites, it is necessary to collect EHR and HIT data at the site level, whereas the quality goals are measured at the center level.

For each HCCN-participating health center, HCCNs will report that center's name and BHCNIS ID for identification and easy cross-linking (and checking) with other data. They will also report the total number of patients at each participating health center, which should match the UDS data and provides context for the next data element, which is the number of patient charts in the center's EHR. This is an indication of progress and completeness. Then, they will report the number of center providers receiving AIU/MU payments.

HCCNs will report data indicating progress towards quality goals at the participating health center level: they'll report whether each center has not met, met, or exceeded the UDS-linked Healthy People 2020 goals, along with an option to add some qualitative detail on each measure. HCCNs will also report whether a participating center (or any of its sites) has been recognized as a PCMH, including they type of recognition.

For each site within each participating health center, HCCNs will need to report that site's NPI, its EHR implementation status (and date of implementation, if implemented), and the implementation (with date, if implemented) of 'other' HIT (this may be things like EOHR, behavioral health records, or HIT for quality improvement such as advanced decision support or data warehouses).

## Detailed Instructions:

### Data Section

1. Enter the HCCN grantee name and grant number in the first two text fields.
2. The following steps will be repeated for each participating health center (i.e., if 15 health centers are participating in the scope of your grant, you will fill out 15 of these pages).
  - a. Enter the name of the first participating health center, its BHCNIS ID (found on the center's Health Center Program Notice of Grant Award), and the number of patients as defined in the UDS.
  - b. Enter the number of patients with charts in the EHR system.
  - c. Indicate if the health center has met, not met, or exceeded each listed Healthy People 2020 measure targeted in your work plan. For those not in the work plan, you may select 'N/A.'
    - i. If you wish, you may add brief narrative details of progress on each measure.
    - d. Select from the drop-down list which type of Patient Centered Medical Home (PCMH) recognition the center has received. If none, select "No Recognition." If you select "Other," please specify in the narrative box. You may also add brief narrative details.
  - e. The following steps will be repeated for each site in each participating health center.
    - i. Enter the site's National Provider Identification number.
    - ii. Indicate whether or not the site has implemented an ONC-ATCB certified EHR system, and the date of implementation.
    - iii. Indicate if the site has implemented an Electronic Oral Health Record system, and the date of implementation.
    - iv. Indicate if the site has implemented any other type of HIT system under this grant, and list the type of system and the date of implementation.
    - v. Repeat for the next site.
  - f. Repeat for next participating health center.

## Narrative Section

1. The HCCN grantee name and grant number in the first two text fields will carry over from the first page.
2. In the first narrative field, enter a narrative description of the challenges and barriers to success your network has encountered this year, how you have addressed them, and if you would like technical assistance in any areas.
3. In the second narrative field, describe important lessons learned from your work this year.
4. In the third narrative field, provide an overview and description of your network's contingency plans
  - including recovery from disasters (both natural and man-made events, including hardware/software failure), risk assessment and mitigation, and measures to maintain appropriate privacy + security standards.
5. In the fourth narrative field, describe efforts to assess and improve the network's services to participating health centers and their patients in an ongoing manner.
6. In the fifth narrative field, summarize activities planned for the next grant period to support participating health centers' adoption and implementation of EHRs and HIT.
7. In the sixth narrative field, summarize activities planned for the next grant period to support participating health centers' attainment of Meaningful Use and receipt of incentive payments from CMS and/or Medicaid.
8. In the seventh narrative field, summarize activities planned for the next grant period to support participating health centers' HIT-enabled quality improvement activities, including PCMH recognition and progress towards Healthy People 2020 goals.
9. In the final narrative field, add any additional comments and information you wish to convey to your project officer and HRSA leadership.