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| **OMB Number: 0915-0285; Expiration Date XX/XX/20XX** | | |
| **HCCN Progress Report Table** | | |
| HEALTH CENTER CONTROLLED NETWORK NAME:  Number of Health Centers (Baseline)  Number of Health Centers (Current) | Application Tracking Number | Grant Number |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARTICIPATING HEALTH CENTER** | | | | | | | | |
| Health Center Name | | | | | System will pre-populate | | | |
| Grant/Look alike Number | | | | | System will pre-populate | | | |
| Patient Details | | | | | | | | |
| Total Patients (UDS Definition) | | | | | System will pre-populate | | | |
| Number of Patient Charts in EHR | | | | |  | | | |
| Number of Sites (Baseline) | | | | |  | | | |
| Number of Sites (Current) | | | | |  | | | |
| HP 2020 Measure | Not Met | Met | Exceeded | | | N/A | Comments (Maximum 1000 characters) | |
| Access to Prenatal Care (First Prenatal Visit in 1st Trimester) | [\_] | [\_] | [\_] | | | [\_] |  | |
| Childhood Immunizations | [\_] | [\_] | [\_] | | | [\_] |  | |
| Cervical Cancer Screening | [\_] | [\_] | [\_] | | | [\_] |  | |
| Colorectal Cancer Screening | [\_] | [\_] | [\_] | | | [\_] |  | |
| Dental Sealants for Children | [\_] | [\_] | [\_] | | | [\_] |  | |
| Low Birth Weight | [\_] | [\_] | [\_] | | | [\_] |  | |
| Hypertension BP Control (BP < 140/90) | [\_] | [\_] | [\_] | | | [\_] |  | |
| Diabetes Control (BP < 140/90) | [\_] | [\_] | [\_] | | | [\_] |  | |
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|  |  |  |  | | |  |  | |
|  |  |  |  | | |  |  | |
| Other (e.g. asthma, tobacco use screening, tobacco cessation) | [\_] | [\_] | [\_] | | | [\_] |  | |
| PCMH Recognition | | | | | | | | |
| PCMH Recognition | | | | [\_]No Recognition  [\_]TJC  [\_]AAAHC  [\_]NCQA Level 1  [\_]NCQA Level 2  [\_]NCQA Level 3  [\_]Other (If Other, then Specify): | | | | |
|  | | | |  | | | | |
| EHR AND HIT IMPLEMENTATION STATUS | | | | | | | | |
| 1. Does the participating health center use an ONC- ATCB certified EHR (if implemented, what was date of implementation)? | | | | | | | | [\_] Yes [\_] No |
| 2. How many sites have the EHR system in use? | | | | | | | |  |

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| MEANINGFUL USE | |
| 1. Have the eligible providers in participating health centers registered and attested/applied for EHR Incentive Program payments? | [\_] Yes [\_] No |
| 2. Have the eligible providers in participating health centers received EHR Incentive Program payments? | [\_] Yes [\_] No |
| 3. What is the number of eligible providers participating in MU payments? |  |
| 4. What is the number of eligible providers in participating health centers? |  |
| DATA QUALITY AND REPORTING | |
| 1. Does the participating health center electronically extract data from an EHR to report all UDS Clinical Quality Measure data on all of their patients? | [\_] Yes [\_] No |
| 2. Does the participating health center generate quality improvement reports at the site and clinical team levels? | [\_] Yes [\_] No |
| 3. Does the participating health center integrate data from different service types and/or providers (e.g., behavioral health, oral health)? | [\_] Yes [\_] No |
| HEALTH INFORMATION EXCHANGE (HIE) AND POPULATION HEALTH MANAGEMENT | |
| 1. Does the participating health center improve care coordination through health information exchange with unaffiliated providers or entities? | [\_] Yes [\_] No |
| 2. Does the participating health center use health information exchange to support population health management? | [\_] Yes [\_] No |
| QUALITY IMPROVEMENT | |
| 1. Does the participating health center improve the value, efficiency, and/or effectiveness of health center services? | [\_] Yes [\_] No |
| PROMISING PRACTICES | |
| Narrative (voluntary): | |
| THE HEALTH CENTER CONTROLLED NETWORK WILL COMPLETE THIS SECTION FOR THE ONE-TIME FINAL REPORT | |
| CUSTOMER SATISFACTION:  CHALLENGES AND BARRIERS:  LESSONS LEARNED:  CONTINGENCY PLANNING:  PROMISING PRACTICES:  ADDITIONAL COMMENTS: | |

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 currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 25 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 14N-39, Rockville, Maryland, 20857.