

**XX3/XX31/20XX16**

**HCCN Progress Report Table**

<u>HEALTH CENTER CONTROLLED NETWORK NAME:</u>	Application Tracking Number	Grant Number
<u>Number of Health Centers (Baseline)</u>		
<u>Number of Health Centers (Current)</u> DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Service Administration		
PROGRESS REPORT TABLE		

**PARTICIPATING HEALTH CENTER**

Health Center Name		System will pre-populate			
<u>Grant/Look alike Number</u> BHC MIS ID		System will pre-populate			
<b>Patient Details</b>					
Total Patients (UDS Definition)		System will pre-populate			
Number of Patient Charts in EHR					
<u>Number of Sites (Baseline)</u>					
<u>Number of Sites (Current)</u> Number of Providers Receiving AIU/MU Payments					
HP 2020 Measure	Not Met	Met	Exceeded	N/A	Comments (Maximum 1000 characters)
<u>Access to Prenatal Care (First Prenatal Visit in 1st Trimester)</u> Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Childhood Immunizations</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Cervical Cancer Screening</u> Prenatal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Colorectal Cancer Screening</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Dental Sealants for Children</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Low Birth Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Hypertension BP Control (BP &lt; 140/90)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Diabetes Control (BP &lt; 140/90)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Cervical Cancer</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Tobacco Use</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Tobacco Cessation</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Other (e.g. asthma, tobacco)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

use screening, tobacco cessation (If Other, then Specify):					
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**PCMH Recognition**

PCMH Recognition	<input type="checkbox"/> No Recognition <input type="checkbox"/> TJC <input type="checkbox"/> AAAHC <input type="checkbox"/> NCQA Level 1 <input type="checkbox"/> NCQA Level 2 <input type="checkbox"/> NCQA Level 3 <input type="checkbox"/> Other (If Other, then Specify):
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~~Narrative-~~

**EHR AND HIT IMPLEMENTATION STATUS**

1. Does the participating health center use an ONC- ATCB certified EHR (if implemented, what was date of implementation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. How many sites have the EHR system in use?	

**Narrative Sections:**

**PLANS FOR NEXT YEAR: EHR ADOPTION AND IMPLEMENTATION**

**PLANS FOR NEXT YEAR: MEANINGFUL USE**

1. Have the eligible providers in participating health centers registered and attested/applied for EHR Incentive Program payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have the eligible providers in participating health centers received EHR Incentive Program payments?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the participating health center generate quality improvement reports at the site and clinical team levels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the participating health center integrate data from different service types and/or providers (e.g., behavioral health, oral health)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the participating health center use health information exchange to support population health management?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PLANS FOR NEXT YEAR: QUALITY IMPROVEMENT**

1. Does the participating health center improve the value, efficiency, and/or effectiveness of health center services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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.