

HCCN PROGRESS REPORT TABLE

HEALTH CENTER CONTROLLED NETWORK NAME:	APPLICATION TRACKING NUMBER:	GRANT NUMBER:
Number of Health Centers (Baseline)		
Number of Health Centers (Current)		

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)	

COHORT 1 (FY2012 and FY2013): ANSWER AT LEAST 1 HEALTHY PEOPLE 2020 MEASURE

COHORT 2 (FY2016): ANSWER AT LEAST 5 HEALTHY PEOPLE 2020 MEASURES

HP 2020 Measure	Not Met	Met	Exceeded	N/A	Comments (Maximum 1000 characters)
Access to Prenatal Care (First Prenatal Visit in 1st Trimester)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Childhood Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cervical Cancer Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Colorectal Cancer Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dental Sealants for Children	<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"/>	
Hypertension BP Control (BP < 140/90)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes Control (HbA1C > 9%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (e.g. asthma, tobacco use screening, tobacco cessation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PCMH RECOGNITION

- No Recognition
- TJC
- AAAHC
- NCQA Level 1
- NCQA Level 2
- NCQA Level 3
- Other (If Other, then Specify):

1. Does the participating health center use an ONC- ATCB certified E.H.R. (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?	
MEANINGFUL USE - COHORT 1(FY 2012 AND FY 2013) AND COHORT 2 (FY 2016)	
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 - COHORT 2 (FY 2016)	
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 - COHORT 2 (FY 2016)	
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
QUALITY IMPROVEMENT - COHORT 1(FY 2012 AND FY 2013) AND COHORT 2 (FY 2016)	
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
PROMISING PRACTICES - COHORT 1(FY 2012 AND FY 2013) AND COHORT 2 (FY 2016)	
Narrative (voluntary):	
THE HEALTH CENTER CONTROLLED NETWORK WILL COMPLETE THIS SECTION FOR THE ONE-TIME FINAL REPORT Cohort 1(FY 2012 and FY 2013) and Cohort 2 (FY 2016)	
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.