

Program Name: Rural Health Network Development Program

Clearance Number:0906-0010

Revisions:

In an effort to reduce burden on grantees, the Health Resources and Services Administration is removing the following measures from the previously approved information collection request:

1. Indicate the total number of full-member (all members that signed MOU, MOA, or letters of commitment) network meetings conducted during the reported budget year by meeting type:
2. Total number of meetings conducted in any manner (face-to-face, teleconference, etc.)?
3. Number of meetings conducted in any manner (face-to-face, teleconference, etc.) that were attended by at least 75% of board members
4. How many activities from the project work plan were initiated by at least two or more network members?
5. How many activities from the project work plan were completed by at least two or more network members?
6. How many of the network members have provided the following in-kind services during this budget period:
 - Goods
 - Services
 - Staff Support
 - Expertise
 - Other
7. How many network policies or procedures were created during this budget period:
8. How many network policies or procedures were amended during this budget period:
9. How many network policies or procedures were implemented during this budget period:
10. As a result of being part of the network, how many network member organizations were able to integrate joint policies/procedures within their respective organizations during this budget period?
11. Does the network have a written long-range strategy (3-5 years) for obtaining future network revenue and economic self-sufficiency
12. Did the network meet its program objectives?
13. Does the network include a process or tool to assess effectiveness of network performance?
14. If yes, how is network performance assessed?
15. Are network performance measures and outcomes disseminated in writing to members at least annually?
16. Does the network include a process or tool to assess effectiveness of network director?
17. If yes, how is the network director assessed?

18. Are discounted services currently available as a result of the activities conducted by your network?
19. Number of people served by the program
20. Number of people served by ethnicity
21. Number of people served, by age group:
22. Demographics Direct Clinical Services : Number of people served by ethnicity:
23. Demographics Direct Clinical Services: Number of people served by race:
24. Demographics Direct Clinical Services: Number of people served, by age group:
25. Number of uninsured people
26. Number of people covered through only Medicare
27. Number of people covered through only Medicaid
28. Number of people covered by both Medicare and Medicaid (Dual Eligible)
29. Number of people covered through only the Children's Health Insurance Program (CHIP)
30. Number of people covered through only other state-sponsored insurance or public assistance program
31. Number of people covered by only private insurance
32. Unknown
33. Number of positions funded by grant dollars
 - Clinical
 - Non-Clinical
34. Type(s) of technology implemented, expanded or strengthened through this program:
(Please check all that apply)
 - Computerized provider order entry (CPOE)
 - Electronic entry of prescriptions/e-prescribing
 - Electronic medical records/electronic health records
 - Health information exchange (HIE)
 - Patient/disease registry
 - Telehealth/telemedicine
 - None
 - Other
35. Have your organization and/or any of your organization's providers attested to Meaningful Use?
36. If no, is your organization and/or providers planning to attest in the next 12 months?
37. If yes, have your organization and/or providers received incentive payments?
38. Is your organization participating in an ACO? (If yes, please check all that apply)
 - Medicare Shared Savings Program
 - Advanced Payment ACO Model
 - Pioneer ACO Model
 - Non-Medicare ACO

39. Is your organization participating in a Medical Home or Patient Centered Medical Home (PCMH) initiative?
40. If yes, have you achieved or are you pursuing certification or recognition? (If yes, please check all that apply)
 - National Committee for Quality Assurance (NCQA)
 - Accreditation Association for Ambulatory Health Care (AAAHC)
 - The Joint Commission
 - State/Medicaid Program
 - Other
41. Care Coordination Activities?
 - Referral tracking system
 - Patient support and engagement
 - Integrated care delivery system (agreements with specialists, hospitals, community organizations, etc. to coordinate care)
 - Case management
 - Care Plans
 - Medication management
 - Other
42. Participation in Partnership for Patients
43. Participation in Million Hearts
44. Critical Access Hospitals: Participation in Medicare Beneficiary Quality Improvement Project (MBQIP)
45. Other – please specify
46. Does your program focus on an initiative not covered by these measures?
47. If yes, what is your program's initiative?

The following measure are new to this information collection request:

1. Will the programs created through this grant funding continue to sustain after this grant funding?
2. Sustainability Indicator
 - Ability of the network to adapt to regional or national healthcare trends
 - Collaboration across traditional and non-traditional healthcare members within the network
 - Incorporation of the health needs of the community into the network's decision making strategies
 - Creation of diverse products and services that meet the needs of the target population and network members
 - Creation of diverse revenue streams that include member dues, fee for services and product sales
 - Utilization of an evaluation plan to assess progress towards program goals and objectives
 - Absorption of the services provided from this grant funding into the routine operations of network members, without requiring additional funding support

Other

3. Is your program using a certified EHR technology (CEHRT) to create a summary of care record?
4. If yes, does your program submit this summary to a receiving provider for more than 10 percent of transitions of care referrals?
5. What percentage of care transitions between organizations receive an electronic care summary (if available)?
6. Telehealth: Patient Miles Saved