

Performance Improvement Measurement System for the Office for the Advancement of Telehealth

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Common

Email Notifications

The PIMS system will automatically send email notifications to system users at certain times during the reporting cycle. Examples of when email notifications will be sent by the application include:

- If user's report is due user should receive an email.
- If user is late in turning in a report user should receive an email.
- If user turns in a report user should receive an email.
- If any action – return or resubmit- happens to a report user should receive an email.
- For some of the examples above, administrative users and help desk users will also receive emails to confirm administrative actions and track, monitor and manage system usage.
- Reminders, Re-submission and Delinquent emails are also automatically generated by the system.
- The system will automatically generate an email to all grantees whose reports are due 30 days prior to the due date for a given grant.
- The system will automatically generate an email to all grantees whose reports are due 14 days prior to the due date for a given grant.
- The system will automatically generate an email to all grantees whose reports are due 7 days prior to the due date for a given grant.
- **Submission Email Reminders:** A one day before due date a reminder is also sent to all registered grantees in the system that have not made their annual report submissions. The project officers for the respective grantees must also be carbon-copied. Only reports that are due for that year should be included in the email. If a grant number is not associated with a PD, an email should be sent to the PO about the reminder, the grant #, the organization, and the fact that no PD has been associated with a grant number. System should also generate an email to all grantees who have not submitted the report by the due date.
- **Delinquency Email Reminders:** Email messages to grantees whose reports are delinquent by 14 business days from the due date. This begins the initial submission delinquency cycle. Email messages to grantees who miss the calculated new due date (7 days after 14 day delinquent email); If a report submission is 14 business days delinquent, send an email to the PIMS Project Officer for the grant program. Thereafter, a delinquent email will be sent every 14 days until the matter is resolved.
- **Re-Submission Email Reminders:** Email notification messages are sent to grantees whose re-submissions are delinquent. (Defined as 7 days after the due date). If the return date is after the report due date the grantee gets 7 days to resubmit after which a 7 day delinquent notice is sent. If the report is still due after 14 days of the return date. A 14 day delinquent notice is sent to the grantee. If the report is still due after 14 days of the return date an email is sent to the project officer. If the PD is registered, the system will notify the POs on all re-submission delinquent emails. If PD is not registered, no re-submission reminder is sent.

Users should navigate using the navigation buttons from within the application. Users are **STRONGLY DISCOURAGED** from navigating using the Internet Explorer Browser BACK-NEXT buttons.

FORM LEVEL NAVIGATION

- Tab: Moves you forward to the next field.
- Shift +Tab: Moves you back to the previous field.
- Display / Font: To change the size of the font, please use your browser settings. From view, please click on text size and modify the text size to your desired preference.
- Next: Moves you forward to the next not completed form after saving the current one.

Cancel: resets the form to the original state. Clicking this link will clear the form from any recent change and bring back the form to the original state.

- Print: This link provides the user the functionality to print all forms by clicking in the "Print PDF" link under PIMS Tools menu.
- Save: This will save data in the form to the database.
- Instructions - Help: This will display help and instructions specific to every form.

APPLICATION LEVEL NAVIGATION

- Please use your mouse and click on the links in the top navigation bar to navigate within the application.
- Users can click on the top navigation bar located in the top right of any form.
- The top navigation links are available from any form.
 - Instructions: This link will takes users to the PIMS help for the form currently being worked on.
 - Contact us: This link will allow users to send an email to HRSA Call Center.
 - Sign out: This will sign-off users from the system. Users are **STRONGLY ENCOURAGED** to close their browsers after logging out of the application.
- PIMS Reports-level navigation is available within the PIMS Web-Interface System and allows users to navigate directly to any PIMS section and its associated forms by selecting a form within the PIMS Reports Navigation' sub-menu on the left hand side. The PIMS Reports -level navigation sub-menu always appear in the left "margin" as a separate window on each screen. Users are encouraged to click the 'Save' button at the bottom of the page.
- Please also note HELP link will be available from any form in the application.

REPORT LEVEL NAVIGATION

- Please use the left hand side navigation menu to navigate within the PIMS system at the report level.
- Tools Menu allows users to print, view Grantee Information, validate reports and submit reports (Validate / Submit Report).
 - Validate / Submit Report: This link will allow users to apply business rules and validate the report. The link will also allow users to perform Workflow actions on reports. For example, Project Directors users will use this button to SUBMIT a report to Project Officers.
 - Data Collection Periods / Due Date: This link displays the data collection periods and report due date.
 - Print PDF: This link will allow users to generate a PDF format of all forms and save or print them as needed.
 - Grantee Information: This link displays the face page (cover-page) for a report. For example, Organization Name, Project Title, Director Name, Organization Address, Grant Numbers, etc.
- Reports Navigation: This section of the left hand side navigation menu allows users to enter data into different forms (tables). Please note there are many links within the help files provided in this PIMS HELP-MASTER; a) Some links will provide hyper-links to external pages; b) Some links will expand text within the same page, - click the link again to collapse; c) Some links will re-direct the user to another page -click the back button to return to the previous page; and d) Some links will display images - click the link again to collapse.

Print Reports (PDF)

- Please note that the Print (PDF) link will allow users to print their report using the PDF function.
- Users are **REQUIRED** to have adobe reader installed in their desktop in order to generate PDF reports.
- To print a report users will click the Print PDF link
- After the PDF file is generated users have the options of printing a hard copy of their report or saving the PDF file for later review and archiving purposes.
- A link to print the Report is available to all users. All user roles should be able to print the report

Process Submit Report

Reports can be submitted at any time after the data collection period end date if all data has been entered and validation rules have been applied.

Several validation rules will apply to different grantees depending on the program.

- Process / Submit Report allows users to change the status of a report (e.g. from Not Started, In Progress, Submitted, Change Requested, etc.).
- Changing the status of a report also changes the access level (in general only PD / Grantees have read-write access).

For Project Directors/Grantee Users:

1. With a registered account, assign/verify your grant privileges and verify your organization.
2. Fill in all your grant progress / performance data.
3. Validate your report using the "Validate/Submit Report" link.
4. Clear Warnings and Errors.
5. Use comments sections (form level and report level) to communicate with your PO.
6. Submit your report (notice, reports can be submitted with warnings).
7. Print your Confirmation Screen and read your Submission Confirmation Email.
8. If your report is returned for corrections you will see the report in your Portfolio.
10. The system will automatically set the report to "Change Requested" status.
11. Each form in your report which needs changes will be flagged in the Report Navigation.
12. Comments made by your Project Officer in regards to why the form is incorrect will display in red underneath the title of the form.
13. Make corrections, enter data, validate report and re-submit report.
14. If errors exist in your report you will not be allowed to submit until you fix the errors

For Project Officers:

1. Check your Inbox regularly for new report submissions.

Start Here

This PIMS Web-Based Applications constitutes the portal from which both internal/external users can access information. The web-based electronic data collection is user-session based, allowing for rules, qualifiers, and the application of filters. This presents users with just the screens and forms they are required to submit, view, edit and report on based on their organizational relationships. As an authorized user you will be allowed to enter data into the PIMS database by grant number (s).

- The Progress Report for Grants and forms/tables are designed to provide information about grantee activities. As such, it is an important management tool, contributing to data PIMS uses to report success achieving programmatic and crosscutting goals and in setting new goals for the future. The PIMS report also gives program officers information that helps them provide technical assistance to individual projects.
- Please note that the information you are submitting is collected by PIMS and used to manage and track your grant. Selected information is used for congressional reporting. Specific information related to ORHP and Government Congressional reporting can be found in the bullets below:
- **The Government Performance and Results Act of 1993 GPRA** requires ORHP and other Federal agencies to develop strategic plans, prepare annual plans setting performance goals, and report annually on actual performance compared to goals. The Annual Performance Plans, derived from a multi-year Strategic Plan, set performance goals for each fiscal year. Performance indicators are used to measure and assess the relevant outputs, service levels and outcomes.

Workflow Actions

The PIMS Workflow actions are mainly related to report administration. This section of the help places emphasis in actions like changing the status of a report, sending email notifications, changing roles to a user, etc. Workflow actions are performed by clicking the Validate / Submit Report; from this link depending on the role- users will be allowed to submit, review, return or clear PIMS reports.

WORKFLOW PROCESS - Process and Submit Report

A PIMS report goes through a series of statuses that describe where it is in the process, which user (s) can access it, what they can do with it and what are the next steps. The possible (example) statuses of a report are working, review, submitted, returned for corrections and approved.

- **Not Started** status means that the grant has been funded, but no work has yet been done on the report.
- **In Progress** status means that the report has been created and is currently in progress. The report can be changed and data can be added when it is in working status. Data can be entered by the project director, or the grantee (on behalf of the project director.)
- **Submitted** status means that the report was accepted by all applicable Grantees and Project Directors and is under review by the Project Officers. No more change can be made by the PD.
- **Change Requested/Returned** status means the PO has returned the report back to the PD. PD must make corrections based on the PO's comments and proceed to make a report re-submission action.
- **Re-Submitted** Once the user is done entering the report data and corrections after a report is returned, the report is submitted again to the PO/PC and its status changes to Re-Submitted.

NOTE: For Project Directors (PD) performing submissions to their Project Officers (PO). If your submission is successful a confirmation on the screen will alert you of the success in the action performed. Also a cc email will be sent to the PD and the original notification of submission will be sent to the PO.

Workflow Action Confirmations

Workflow Action Confirmation is received via email by the sender/receiver. For example, if a PD submits the report for review to his PO; both the PD and PO are notified of the submission via email. Before the report is submitted Validation rules will be applied for warnings and errors. Users will be allowed to submit reports with warning but not with errors as shown in example

Report Status

The most typical Report Statuses are listed below - Process and Submit Report Actions change the Status of Reports:

- Not Started
- In Progress
- Submitted to Project Officer (PO)
- Change Requested from PD
- Resubmitted to Project Officer

Email Notifications

All notifications for any movement of the report in the Workflow have to be done via email. A template for this email needs to be generated. The template should include the user details and the Workflow action taken by the user. The email will be sent from the web system (no-reply email) to the concerned PO.

FAQ

Frequently Asked Questions (FAQ)

Question 1: What is EHB?

Q1 Answer: Grants Electronic Management System (EHB-GEMS); also referred as the Electronic Handbook (EHB). This can be accessed using the following link:
<https://grants3.hrsa.gov/2010/WebEPSEExternal/Login.aspx>

Question 2: Can multiple Project Directors (PDs) be assigned to a single grant within the EHB system?

Q2 Answer: Only one user shall be allowed to add the grant to his/her portfolio as the PD for that grant/report. Only one PD can be assigned per grant.

Question 3: What are the PDs responsibilities within the EHB system?

Q3 Answer: PDs from the grantee organizations will register with the HRSA EHB system and add their grants to their portfolio. This ensures that only authorized individuals from the grantee organization obtain access to the grant data. The PD will also manage privileges (Start Submission, Edit Submission, View Submission, and Submit Submission) for subordinate users.

Question 4: If a Project Director leaves the grantee organization and he is the only one with control permissions for the grant portfolio, what happens?

Q4 Answer:

- The PD should transfer permissions to the Authorizing Official before leaving an organization.
- If the PD leaves before sharing the permissions, a request will need to be made to the HRSA Call Center.

Question 5: Why are race and ethnicity collected separately?

Q5 Answer: Due to a revision of the Office of Management and Budgets (OMB) Statistical Policy Directive 15 titled Race and Ethnic Standards for Federal Statistics and Administrative Reporting, it is required that all federally collected data have a minimum of five race categories: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White and allow respondents to choose as many of these that apply. It also requires questionnaires to collect ethnicity data in a separate question from race. Ethnicity categories include "Hispanic or Latino" and "Not Hispanic or Latino."

Question 6: Why do we collect information about multiple-race combinations?

Q6 Answer: Utilizing a data collection tool with a multiple-race combination format provides grantees the opportunity to better capture the diversity within their programs. It also provides a more accurate picture of health professions students

Question 7: What reports do I have that are currently due?

Q7 Answer: In order to see which reports are due, log into the EHB system, look into your grant portfolio, and click on SUBMISSIONS. The reports that are due will be listed there.

Question 8: The Project Director left, the grant has ended, and the grantee cannot enter the EHB / PIMS. How can the grantee submit the report?

Q8 Answer: The grantee should contact the Call Center for assistance. The Call Center will assist the grantee through the change of PD and accessing the systems. Note that irrespective of the change in the PD, the grantee is required to submit the report.

Question 9: What is the next step after I have finished entering my PIMS data?

Q9 Answer: Once you are done entering PIMS data, it is advisable that you click on Validate/Submit report. The validate report function will apply business rules and ensure that the report is complete and that it complies with rules as set forth by the system. Next you can click "Submit" button after the Collection Period End Date.

Question 10: Why can't I enter information on the Grantee Information Page?

Q10 Answer: This page is only editable from EHB

Frequently Asked Questions (FAQ) Continued

Question 11: May a grantee submit a paper copy or any other electronic format of the report?

Q11 Answer: NO. All grantees are required to key information into and submit the report through EHB/PIMS system. The PIMS system does not have the capacity to receive any other electronic formats.

Question 12: When is my report due?

Q12 Answer: The Due Date is displayed on Top of all Grantee pages. The Due Date is greater than the Collection Period End Date.

Question 13: What are the data collection periods?

Q13 Answer: The data collection periods for each report are found at the top of each report in the PIMS system.

Question 14: How do I submit the report once I have completed it?

Q14 Answer: Click on the VALIDATE/SUBMIT REPORT LINK found in the tool box. A pop-up window will appear which contains:

- Whether the report validation was successful or failed
- If the validation was successful, an option to continue submission
- Certification

Click the checkbox that certifies that you are authorized to submit the report and click SUBMIT TO PROJECT OFFICER.

Question 15: How do I add comments?

Q15 Answer: ADD COMMENTS in the text area provided on every form. This can only be done before the report is submitted to PO.

Question 16: Why I am automatically logged out of the system?

Q16 Answer: As a security precaution, your session is terminated after 30 minute(s) of inactivity. After you login, if no activity is detected in your account for 30 consecutive minutes, you are automatically logged out of the system. A warning message is displayed 1 minute before your session is about to be terminated. If you do not respond, you are logged out and a message is displayed asking you to login again. This is done to prevent unauthorized access to your account.

Question 17: How do I access my PIMS reports?

Q17 Answer: For EXTERNAL USERS, they will need to do the following:

1. Ensure that you are registered and created an account within the EHB system.
2. Log into the system at the following URL: <https://grants3.hrsa.gov/2010/WebEPSEExternal/Login.aspx>
3. Click on the VIEW PORTFOLIO link in the left hand menu
4. If the grant is not located there, add it to your portfolio
5. Once the grant is listed there, click the OPEN GRANT HANDBOOK link just to the right of grant listing
6. Click on PERFORMANCE REPORTS link in the left hand menu
7. From the Performance Reports page, click on START REPORT (if the report was not started already)
8. If the report was started already, click on EDIT REPORT
9. You will then be directed to the PIMS system

Question 18: How do I print my report?

Q18 Answer: Printing is provided at the report level. From each individual form, please use the Print PDF link under Tools menu.

Question 19: How can I save an electronic copy my report?

Q19 Answer: From each individual form, please select the Print PDF link under Tools menu. The PDF file can be printed or saved to the user local computer.

Question 20: What happens after a report is submitted?

Q20 Answer: Once the report is submitted, the PIMS system will send an email notification and the report is then sent to the Project Officer.

Question 21: Will I be able to view my reports after they are submitted?

Q21 Answer: Once the report is submitted to HRSA, a link to view the Read-Only version of the PIMS report shall be available within the EHB grant portfolio.

Question 22: What do I do if I have validation errors when I try to submit?

Q22 Answer: If you get validation errors when you try to submit your report, print your list of validation errors and click "Cancel" or "Close this Window". Try to resolve all validation errors before submitting.

Question 23: I accidentally submitted the report to the Project Officer. How do I get the report back?

Q23 Answer: Contact the Project Officer and request that he or she return the report to you.

Grantee

Program Home Page

The Program Home Page gives you an overview of the forms you will need to complete, and the status of each of these forms. The top part of the page lets you configure – describe – your program as it functioned during the current reporting period. Once you have configured the specialties, sites and settings served involved in your TM program, all the other forms will self-generate for your specific program configurations, and you can enter data into them. If you configured your program in the past, everything you set up remains – you only need to add new sites/specialties/settings or ‘turn off’ those that no longer apply.

A pull-down menu at the top of this page allows you to select a reporting period. You can view past reporting periods, or enter data for the current reporting period. Once the reporting period is selected, you will see the current status of each form (complete, in progress). When all forms are shown as complete, indicating that you are finished entering data, *OAT will know that your data reporting is complete.*

Note: Always click the Save button at the bottom of each form to save your data and return to the home page. If you use the 'BACK' button on your browser, your data may not be saved.

Configure this Reporting Period

In order to make this performance measurement tool relevant to your specific Telehealth system, you will configure the measurement tool to your specific needs. This makes the forms more manageable and removes forms that do not pertain to your unique system.

To configure the forms for this reporting period, click on the buttons to SETUP SITES, SETUP SPECIALTIES, and SETUP SETTINGS and select the categories you will use to describe the activity in your Telehealth system. For example, SETUP SPECIALTIES asks you to indicate the specialties in which you provided Telehealth services during this reporting period. Once you indicate the relevant specialties, subsequent forms will only include your selected specialties.

The lower part of this form contains *4 questions* regarding specific use of your system for supervising, mentoring, and homecare. Please read definitions of these activities carefully and then answer each question to indicate whether or not your system was used for these functions, during this reporting period. For example, if you did not provide homecare services, reply ‘no’ to the last question, and the homecare data form will not be created for you. In response to these answers, forms that are not applicable to your program will be removed from the list on the program homepage.

When you have setup your sites, specialties, and settings, and answered the 4 questions, you should change the STATUS of this form to COMPLETE by clicking the YES button at the bottom of the page. Then click SUBMIT.

****Note: until you mark your configuration as complete, you will not be able to enter any of the other forms!**

Select Specialty Areas for this Reporting Period

In this form, you will indicate the medical specialties and services provided through your Telehealth system during this reporting period. You will see all the specialties listed, with those from your last reporting period checked; you can remove checks to inactivate specialties you no longer offer, or add checks beside new specialties you have recently begun to offer. Please try to use the existing categories if possible, using the catch-all 'other' category for small numbers in other specialties that don't fit into existing categories. If necessary, we will add a specialty for you, if it doesn't fit into an existing category and you had a number of sessions.

Check the box in the left-most column to indicate each of the specialties/services in which you had activity during this reporting period. If you leave this box unchecked, it will be recorded as inactive and that specialty will not appear on any subsequent forms. When you are done, click SUBMIT and you will see the number of selected specialties/services you have configured appear, back on the CONFIGURE REPORT PERIOD page.

Select Sites for this Reporting Period

In this form, you will see listed all the sites that were active during your previous reporting period. Simply specify which of the sites remained active during the current reporting period, and add any new sites. To list a new site, enter the SITE NAME, TOWN, STATE, ZIP CODE, and FUNCTION in the bottom boxes and click the SUBMIT button. The FUNCTION for a site specifies whether it was a consultant site (also known as hub site) or patient/patient data site (also known as a remote or originating site). When all of your sites are listed, check the box in the left-most column to indicate which were active in this reporting period (and for which you will be entering data). If you leave this left box unchecked, the site will be recorded as inactive, and will not appear on any subsequent data entry forms. When you are done, click SUBMIT and you will see the number of active sites you've set up appear, back on the CONFIGURE REPORT PERIOD page.

Select Settings for this Reporting Period

In this form, you will define the settings where patients received care through your Telehealth system. You will see all the settings listed, with those from your last reporting period checked; you can remove checks to inactivate settings where you did not provide care in this most recent period, or add checks beside settings you recently began serving. Please use the existing setting categories; if necessary, we will create a new setting for you, if it doesn't fit into an existing category and you had a number of sessions there.

Check the box in the left-most column to indicate all the patient settings in which you had activity during this reporting period. If you leave the box unchecked, that setting will be recorded as inactive and will not appear in subsequent forms. When you are done, click SUBMIT and you will see the number of settings you have activated appear, back on the CONFIGURE REPORT PERIOD page.

Definitions - Settings:

- **Hospital ER**
- **Hospital In-Patient**

- **Hospital Outpatient**
- **Non-Hospital Clinic** (e.g. rural health clinic, migrant health clinic) - Includes settings that do not fall into the other categories. These include: federally qualified health center (e.g. community health center, school-based health center, and migrant health clinic), FQHC “look-alike”, and rural health clinic.
- **Private Medical Practice or Physician's Office** -This setting includes individual physicians' offices or group practice. This also includes a practice of Physician's Assistants (PA) or Licensed Practical Nurses (LPN)
- **Health Department and Mental Health Agency** - Note: These have been combined for convenience purposes.
- **Patient's Home**
- **Licensed Nursing Home**
- **Assisted Living Facility**
- **School**
- **Prison**

1. Specialties and Services

This form allows you to report the number of encounters by specialty/service, by patient care setting, and by type of TM encounter. This is the basic set of 'volume' data OAT will use in describing to Congress the breadth and depth of the grant program.

To complete this form, you will need to have been collecting information during each TM session or encounter, all through the reporting period. For each TM encounter, you will need to know and report: the patient setting, the specialty or service, the TM format, and whether a patient was present.

Click on each patient setting to enter data on the encounters that took place for patients in that setting. Enter the number of encounters for each specialty that took place in that patient setting. Each specialty/service has four columns where data can be entered.

Definitions - Encounter Types:

- **Interactive/Real-Time Encounters (IN):** Encounters done in an interactive (real-time) video-conferencing format.
- **Patient-Present Encounters (PP):** Interactive encounters where the patient is present during the consultation.
- **Patient-Not-Present Encounters (NP):** Interactive encounters where the patient is not present during the consultation.
- **Store-and-Forward Encounters (SF):** Encounters done in a format where information/images are gathered and sent electronically to be viewed at a later time by a Telehealth provider; encounters are not interactive and not in real-time.
- **Biometric Monitoring Interactions (BI):** Store-and-forward interactions used for telemetry or patient-monitoring, most commonly for home-bound patients. Every 'patient-day' (a day in which a patient received care) should be counted as a separate interaction. However, within a day, measurements reported multiple times should only be counted as one.
- **Other (OT):** All store-and-forward interactions that do not involve biometric monitoring.
- **Patient-Care Encounters/Sessions** include therapy and counseling (including nutritional, group counseling, etc.) but *NOT* didactic education, community meetings or administrative sessions (these data are captured in later forms).

All of the data/images for a given patient, on a given day, should be combined and counted once (e.g. 3 x-rays for the same patient problem, sent on the same day, should be counted just once under SFOT, not 3 times). Each unique patient-day should be counted; daily telemetry is counted in days, even if telemetry data were sent several times each day.

Please make every effort to fit your encounter reporting into the specialty/service categories provided, and to use the list of settings provided. If you have questions about how to categorize some types or settings of care, please call for assistance. The website has been structured so that you cannot add new specialties or settings, but if necessary the website support staff at ABT Associates will do so. If you have a very unusual specialty, with only a few encounters, please use the catch-all 'Other' category.

Note: Beside the mental health-related specialties, there is a new data box labeled MHPSA. Please enter the number of encounters for each of these specialties where the patient location was in a MHPSA (this number could be equal to the total for that specialty if all the patients served were in MHPSAs, or it could be some number less than the total). If you do not know whether a given service area is an MHPSA, please see: [Shortage Designation Page](#)

If you indicate that you had encounters taking place in the "Non-Hospital Clinic/Non-Physician Providers" a new window will appear asking you to enter data on the sessions in various types of non-hospital clinics.

Finally, at the bottom of the page, enter the number of consultant sites and patient/patient data sites for which data are included on this form. When you are finished, click SUBMIT.

1B. Non-Hospital/Non-Physician Provider Encounters

Please complete this form for any encounters from Form 1 which you categorized as "Non-Hospital/Non-Physician Provider". Enter numbers into the various facility types until the two bottom numbers match. Then click SUBMIT.

2. Service Availability in Remote Communities

This page will show you a list of the sites you configured for this reporting period, which you specified as active patient/patient data sites. This form asks for information about the availability of services in the local community served by each of these remote patient sites. You should define 'local community' in the way that seems the most sensible for your program; there is no specific rule for defining local community. All of the information you entered for sites in the previous reporting period will appear; you need only make changes where necessary, and add information for any new sites. Please be sure to review every site's information, to be sure that it is current, and indicate that each page is 'complete' If your program provides TM services for specialties not listed, you will have to go back to [CONFIGURE your REPORTING PERIOD](#) to add these specialties or services.

You will need an informant in each local community where you have an OAT-funded telemedicine site, which can provide information about the services available in the community. Data for this item should be collected no more than two months prior to filling out this form, in order to obtain a "snap-shot" of the care that is available at a given point in time.

For each local community served by one of your patient/patient data sites, click on the link and complete the form that appears. Click Yes or No to answer each question: whether a specialty/service is available in the local community; whether a visiting specialist provides the service regularly; whether your OAT TM program offers the services to this site; and whether another TM program offers the service/specialty. Finally, indicate how far one would have to drive from the local community to see a specialist in-person. (For services/specialties already available in the local community, the distance traveled should be 0, since no driving is required.) Google Maps may be helpful in determining miles between two points.

When you have completed all sites (and changed the status to complete on all sites, including those where nothing has changed since the last reporting period) click SUBMIT at the bottom of the page.

3. Patient Travel

This data sheet takes a systematic approach to measuring patient travel that is 'saved' or avoided through the use of telemedicine.

There is a link on this page to a Patient Travel excel spreadsheet. This is provided for your convenience. We suggest that you assemble your data by filling out a table like the one in the Patient Travel excel spreadsheet (right-click the link and choose "SAVE TARGET AS..." to download excel file). You will only be reporting the bottom row of totals in the website form, but your report will be more accurate if you assemble your data in this manner.

In the Patient Travel excel spreadsheet; enter the names of each consultant site (hub site) and each patient/patient data site (remote or originating site) in columns 1 and 2. For many programs, the Telehealth consultant site will be serving all your patient/remote sites; you should still list the consultant site/hub site in column 1.

Estimate the distance between the two (in miles) and enter this number into column 3. This information can be obtained by using [Google Maps](#) or other mapping resources.

Enter the number of patient care sessions between the two locations in column 5. For group sessions/clinics, each patient should be counted separately, as each would have had to travel to get care in-person. For simplicity (and to avoid collecting information from each patient) the distance a patient travels from their home to the remote site is intentionally omitted. **Home patients should be excluded from this entire reporting sheet.** Homecare data are collected in Form 11 on this website. **Patients being stabilized prior to transport should be excluded as well**, as their travel is not averted, only delayed.

Columns 4 and 6 in the Patient Travel excel spreadsheet will fill in automatically. You do not need to enter anything into these cells.

Once your Patient Travel excel spreadsheet or paper forms are complete and you have the 3 totals at the bottom, enter these into the website form. Do not send us Patient Travel excel spreadsheet; you may wish to file for your own records.

Definition:

- Patient-Care Sessions include therapy and counseling (including nutritional, group, etc.) but *NOT* didactic education, community meetings or administrative sessions.

Finally, at the bottom of the page, enter the number of consultant sites and patient/patient data sites for which data was included on this form. When you are finished, click SUBMIT at the bottom of the page.

4. Number of Practitioner Referrals

As telemedicine becomes familiar to rural practitioners, they may rely on it for more patients and for different clinical needs. The expanding reliance on telemedicine is an indicator of its value, and of its acceptance by practitioners. The data all grantees submit will be aggregated to show the % of referring rural practitioners who had 0-10 referrals, 11-20 referrals, etc. The data will also be aggregated to show the % of referring practitioners who referred patients for care in 0-5 specialties, 6-10, specialties, etc.

Since the focus here is on the reliance of referring practitioners on telemedicine, you will need to track the number and type of patients each practitioner refers for telemedicine. To do this, you should have been identifying each referring practitioner in your data collection system, for every patient encounter. You will report data on 3 types of referrals:

1. Clinicians referring from remote site: These are referrals made by a clinician at the patient/patient data location, usually a rural site.
2. Specialists using TM to see their own patients: These are referrals made by a specialist at the consulting location. This is common for post-discharge follow-up encounters between patients and specialists.
3. Patient 'self-referrals': These are situations where a patient presents at a remote/rural site requesting a TM consult with a specialist, but without a referral from any practitioner – the patient is 'self-referring' for telemedicine.

For each clinician referring from a patient/remote site, you should assign a unique and confidential identifier or Code Name that is no more than 4 characters or digits long. You might use the person's initials, a numerical code, or some other code – ***please do not put actual names in this space, as we do not wish to know the names of any clinicians working with your program.*** Enter this Code Name in the box titled "Clinicians Referring from Remote Site – Code Name", then click 'Add'. The Code Name you have created for that clinician will then appear in the list, and the list will grow as you add new Code Names. All of the code names you created in the previous reporting period will appear; please remove any who did not refer patients in the current reporting period, and add new codes for new referring clinicians and specialists.

Next, click on each listed Code Name and enter the number of referrals made by that clinician, in each specialty. Every referral made to your system should be counted. For example, if 1 patient is referred 5 times (whether in the same specialty or 5 separate specialties), this should count as 5 referrals. However, if a patient is referred to a dermatologist and then has several follow-up visits, the follow-ups are not separate referrals and you should report only 1 referral.

Repeat the same steps for "Specialists using TM To See Their Own Patients". For patient self-referrals, click on "Patient Self-Referrals/Walk-Ins" and enter the total number of self-referrals in each specialty (you do not need to list patients or give them code names).

Finally, at the bottom of the form, enter the number of consultant sites and patient/patient data sites from which data was reported for this form Click SUBMIT.

5. Supervision of Students/Trainees

Telemedicine can be used to extend formal clinical educational experiences to remote areas, allowing students interested in rural practice (or already in practice) to pursue their educations in these settings. This form allows you to report the number of sessions conducted over your system, in which students were supervised as part of a formal educational program.

Definitions:

- **Supervisory Session:** TM interactions used for the purpose of overseeing students or trainees involved in formal educational programs. These sessions are used to fulfill formal education, licensure or certification requirements.
 - Example: A student PA doing a remote clinical rotation requires a certain number of supervised hours to complete degree requirements; this trainee is supervised by his/her instructor via telemedicine.

For each type of student/trainee where your system was used for supervision, enter the number of sessions taking place during the current data collection period. If you need to add an additional type of student/trainee, use the "Add New Student/Trainee Type" box near the bottom of the form. If your system was not used to supervise a particular type of student/trained, enter 0 (zero) in the box for number of sessions.

Finally, at the bottom of the form, enter the number of consultant sites and patient/patient data sites from which data was reported for this form. When you are finished, click SUBMIT

6. Informal Supervision and Mentoring

Telemedicine is also useful for supervising or mentoring remote practitioners of various kinds, who may occasionally require supervision from physicians or other more senior specialists. This supervision may be required by professional practice regulations, or may be requested by remote practitioners on an as-needed basis. Requesting a consult from a colleague is not the same as mentoring and supervision; **do not include professional consults in this form.**

Definition:

- **Supervision/Mentoring:** Supervision of clinicians that is NOT REQUIRED to meet formal educational requirements. This includes sessions required to meet regulatory practice requirements, as well as supervision/mentoring requested by remote practitioners.
 - Example 1: A nurse-midwife requires supervision from a physician as part of her on-going provision of services.
 - Example 2: Voluntary skill enhancement programs or new training activity for nurses' aides.
 - Example 3: A clinic nurse sutures a patient wound, while being supervised by a hospital-based physician.

For each type of remote practitioner listed, where your system was used for supervision/mentoring outside a formal educational program, enter the number of sessions taking place during the current data collection period. If you need to add a new remote practitioner type, use the "Add New Type of Person Being Supervised/Mentored" box near the bottom of the form. If your system was not used to supervise or mentor a particular type of remote practitioner, place a 0 (zero) in the box for the # of sessions. Finally, at the bottom of the form, enter the number of consultant sites and patient/patient data sites from which data was reported for this form. When you are finished, click SUBMIT. Please click [here](#) for instructions on how to attach files to this form.

7. Other Uses of Your System

This form asks you to report on the many ways that communities leverage the availability of telecommunications, for purposes beyond clinical patient care. These other services are enabled by the availability of the infrastructure, and demonstrate added value communities realize from having a telemedicine program.

In order to complete this table, you will collect information on sessions that are for purposes other than clinical patient care and record them in the appropriate categories on this form. Please try to use the categories indicated, unless your unique situation simply does not fit into any of them; in this case, you may create a new category. Be careful to count each session only once, in one category, and to be consistent in how you organize your activities into these categories.

If you create a new category, or your activity fits in a category but is a little different in some way, there is a text box where you can describe what it is you are doing. A very brief explanation will do, and only where you feel that it is essential for explaining your activities.

All of the descriptions you entered in the previous reporting period will appear (but not the number of sessions); you can remove those descriptions that no longer apply, or add new descriptions, to reflect the current reporting period.

After establishing all the appropriate categories, enter the number of sessions conducted via your network in each category (regardless of the number of sites participating or the number of individuals participating).

Next enter the average number of sites participating in each session. For example, if you held 8 TM Grand Rounds sessions, you would enter 8 in number of sessions next to Grand Rounds; if 5 remote sites usually participated in these TM Grand Rounds sessions, you would enter a 5 in the box for average number of sites participating. When you are finished, click SUBMIT.

8. Telehealth Consultants Continuing Participation

One indication of clinician acceptance of telemedicine is whether they continue to participate over time. This page collects information on the number of consultants providing care in this reporting period, and compares this to the previous period, to determine how many clinicians continued/discontinued participation.

You will not be reporting data at the level of the individual clinician; only aggregate data for the entire program. List for yourself (on paper, or using a Word or Excel file, etc.) the names of clinicians who provided care via TM in the previous reporting period (9/1 - 2/28) and make another list for the current reporting period (3/1 - 8/31). **Do not send these lists to us.** Simply compare your two lists. The number of consultants from the previous reporting period will appear; this is the number you entered the last time as 'currently providing consults'. If this number is incorrect, then the data you entered last time were incorrect. If this applies to you, please call one of the ABT website support staff to discuss this situation.

Enter the total # of clinicians who provided patient care encounters in the previous reporting period (column 1) and in the current reporting period (column 2). Note: If you are a brand new program, you will only have data to report for the Current Reporting Period. However, the next reporting period you will have sufficient data to complete the entire table.

Next, consider your list of consultants in the two periods. In the box titled "# Continuing Health Consultants", enter the number of clinicians who provided encounters in BOTH the previous period and the current period; these are continuing consultants.

In the box titled "# New Telehealth Consultants", enter the number of consultants who did not provide TM services in the previous period, but did provide services in the current reporting period. These are new consultants.

Next, identify the consultants who only provided care via TM in the previous period, but not in the current period. These are clinicians who stopped providing TM consults for some reason. Their reasons for discontinuing are important, and should fall into one of the following categories (you may have to check with some of the consultants to find out why they stopped consulting):

1. No longer providing care in the health system (retired, moved away, changed affiliation)
2. Specialty not sought via TM during current reporting period (would have consulted, but wasn't asked)
3. Declined TM opportunities (was asked to consult but refused)

Enter the number of discontinuing consultants in these three categories, in the corresponding boxes on his form. Finally, at the bottom of the form, enter the number of consultant sites from which data was reported for this form (it should equal all of your active consultant/hub sites). When you are finished, click SUBMIT.

9. Referring Practitioners Continuing Participation

Since it takes both a referral and an encounter for telemedicine to happen, acceptance on both ends is important. This data sheet records information much like the last sheet, but focusing on referring practitioners.

You will not be reporting data at the level of the individual clinician; only aggregate data for the entire program. List for yourself (on paper, or using a Word or Excel file, etc.) the names of practitioners who referred patients for care via TM in the previous reporting period (3/03-8/03) and make a separate list for the current reporting period (9/03-2/04). **Do not send these lists to us.** Simply compare your two lists. The number of consultants from the previous reporting period will appear; this is the number you entered the last time as 'currently providing consults'. If this number is incorrect, then the data you entered last time were incorrect. If this applies to you, please call one of the ABT website support staff to discuss this situation.

Enter the total # of practitioners who made referrals for patient care encounters in each reporting period. Note: If you are a new program, you will only have data to report for the Current Reporting Period. However, the next reporting period you will have sufficient data to complete the entire table.

Next, consider your list of TM-referring practitioners in the two periods. In the box titled "# Continuing Referring Practitioners", enter the number who referred patients for TM care in BOTH the previous period and the current period; these are practitioners who continued to refer patients.

In the box titled "# New Referring Practitioners", enter the number of practitioners who only referred patients for TM care during the current period. These are new referrers.

Next, identify the practitioners who only referred patients for care in the previous period, but not in the current period. These are practitioners who stopped - discontinued – referring patients. These should fall into one of the following categories (you may have to talk to some of the practitioners to find out why they stopped referring patients):

1. No longer providing care in the health system (retired, moved away, changed affiliation)
2. Had no patients needing TM services (would have referred patients if any needed it, but none did)
3. Declined to refer patients (had patients who might have benefited but did not to refer them)

Enter the number of practitioners who stopped referring patients, according to the above categories, into the corresponding boxes on the form. Finally, at the bottom of the form, enter the number of consultant sites and the number of patient/patient data sites, from which data was reported for this form. When you are finished, click SUBMIT.

10. Homecare

Many OAT programs are now involved in tele-homecare, meeting the needs of homebound patients, especially those who require frequent monitoring. Home health agencies and insurers are interested in improving quality of homecare without increasing costs. Demonstrating the advantages of telemedicine for homebound patients may be useful as you interact with HHAs and insurers. Tele-home care offers many advantages, including reduced travel time and improved productivity through tele-visits compared to in-person home health visits, and improved access/quality through adding care that would not have occurred without Telehealth technology.

Most Telehealth programs already ask Telehealth home nurses to fill out forms reporting date, time, purpose, etc. of their tele-visits. To demonstrate the progress being made by your tele-homecare program, we suggest that you gather three pieces of information on each tele-home health visit. For this purpose, you would **modify your nurse's forms and ask them to record, for each home Telehealth visit:**

Would you have made this visit to the patient's home in-person, if telemedicine were not available?
_____ Yes _____ No

Roundtrip miles to the patient's home. _____ Miles

Estimated roundtrip drive time to this patient's home. _____ Minutes

Please Note: *this form can only be completed if nurses providing home Telehealth care have collected one piece of new information for each visit - whether or not the visit would have happened in-person, in the absence of telemedicine. You won't be able to fill out this form unless the home Telehealth nurses are collecting this information on every home televisit.*

To facilitate your calculations, we have created a Homecare Worksheet excel spreadsheet for you to download (right-click the link and choose "SAVE TARGET AS..." to download excel file) on which you can enter data for each homebound patient. You may find it helpful to download the worksheet, fill it in for each patient, and then enter the totals from the worksheet into Form 8 Patient Travel on the website. The worksheet may contain confidential patient information and should only be used for your records, **DO NOT SEND US THE WORKSHEETS!** Note: On the worksheet, only enter data in the unshaded cells. The gray (shaded) cells will be automatically totaled in by Excel.

Once you have completed the Homecare Worksheet excel spreadsheet, enter the totals (aggregated data) into the boxes on this form.

Finally, at the bottom of the form, enter the number of consultant sites and patient/patient data sites from which data was reported for this form. When you are finished, click 'Submit'

Form 11: Outcome Measures for Chronic Conditions

Outcome Measures for Chronic Disease Care: Spreadsheet Instructions

Patient Privacy: The names or initials you type in this spreadsheet will NEVER be uploaded or saved in the study database and are for your own reference only.

Introduction: The purpose of this spreadsheet is to gather data on patients with chronic conditions, for whom your program provided care other than home-health care; that is, care provided in other settings or through other means. This does not include tele-home health care, which you should report on the accompanying sheet. We are interested in five specific chronic conditions that are the most commonly served by Telehealth programs; if you provided care to other types of patients, they are not to be included in this spreadsheet.

Some of the cells in this spreadsheet have drop-down menus and some have cells where you need to type in an answer. The instructions below will clarify which cells will require you to either type an answer or make a selection in a drop-down menu.

Patient Identifier: For each 6 month period, enter the name or initials of a patient in the top left cell labeled "Patient Identifier". Do not type in the gray areas--you only need to enter information in the white areas.

Patient Privacy: The names or initials you type in this spreadsheet will never be uploaded or saved in the study database and are for your own reference only.

Disease Category: Either click on or tab over to the cell on the right labeled "Disease Category" Once you click on this cell, you will see an arrow pointing down--click on the arrow and a drop-down menu will appear. Choose from the following options on the drop-down menu: CHF, Diabetes, Asthma, COPD, Mental Health, or Other Chronic Condition. Choose the category that most closely fits the patient-

choose one category only. Note: If you try to type an answer instead of choosing one from the menu, an error message will appear.

Age Category: Click on the next cell to the right labeled "Age Category" and choose a category from the following drop-down menu: <18, 18-64, or 65+.

Note: The next five cells do not have drop-down menus, so you must type in your answer.

Hospitalizations: Enter the number of hospitalizations within the last 6 months that this patient has had. In the next cell, enter the number of these hospitalizations that occurred within 30 days of a discharge. Finally, enter the number of hospitalizations the patient had within 31-60 days after a discharge.

Emergency Department Visits: In the next cell, labeled "# ED visits in 6 months", enter the number of emergency room visits this patient has had within the last six months.

Skilled Nursing/Rehab: In the final cell, labeled "# SNF/rehab admissions in 6 months", enter the number of skilled nursing/rehabilitation admissions that each patient had in the last six months. Instructions for uploading your spreadsheets:

To upload your Chronic Conditions spreadsheet with your data, click on the Browse button to select the correct file. Once the file is selected, click the 'Upload Excel File' button to the right of the Browse button.

After a few seconds, all of your data will appear on the page in the appropriate columns. Once your data has been successfully uploaded, be sure to fill out the bottom section of the page on the number of 'Consultant Sites' and 'Patient Data Sites' and click 'Submit'.

If there are any errors in the uploading process, you will see an indication of this in the farthest right column titled 'Upload Errors'. If this happens, make sure you are trying to upload the correct file and run the upload again.

Form 12: Telerehabilitation

Telerehabilitation Patient Status: Spreadsheet Instructions

Patient Privacy: The names or initials you type in this spreadsheet will NEVER be uploaded or saved in the study database and are for your own reference only.

Introduction: The purpose of this spreadsheet is to gather data about patients for whom your program provided telerehabilitation services; it does not apply to patients receiving other care/services through your program. We are interested in the telerehab episode- not all care the patient received from injury onwards, but just the portion of their care that was provided through your telerehab program from admission to telerehab, to completion of telerehab.

Some of the cells in this spreadsheet have drop-down menus and some have cells where you need to type in an answer. The instructions below will clarify where you need to type an answer or make a selection in a drop-down menu.

Patient Identifier: For each 6 month period, enter the name or initials of a patient in the top left cell labeled "Patient Identifier". Do not type in the gray areas--you only need to enter information in the white areas.

Patient Privacy: The names or initials you type in this spreadsheet will never be uploaded or saved in the study database and are for your own reference only.

Injury Type: Either click on or tab over to the cell on the right labeled "Injury Type". Once you click on this cell, you will see an arrow pointing down--click on the arrow and a drop-down menu will appear. Choose

from the following options on the drop-down menu: Stroke, Other Brain Injury, Orthopedics, Other. Note: If you try to type an answer instead of choosing one from the menu, an error message will appear.

Depression: Click on the next cell to the right under the heading: "Depression". Please note that intake and discharge status specifically refer to Telerehabilitation and not general intake or discharge from a hospital or facility. Click in the first cell, "Intake Status" and enter a number from 0 to 4 (see chart below for the Depression rating system). Do the same for the next cell labeled, "Discharge Status". Note: Both of these cells do not have a drop-down menu, so you must type in your answers.

- 0- None
- 1 - Mild problem, does not interfere
- 2- Mild problem, interferes 5-24% of the time
- 3 - Moderate problem interferes 25-75%
- 4- Severe problem interferes more than 75%

Functional Improvement: The next three cells are under the heading: "Functional Improvement". Click on the first cell under "Goal of Rehabilitation" and a drop-down menu will appear. Choose either "Paid Employment" or "Independent Lifestyle". The next two cells, "Intake Status" and "Discharge Status" do not have drop-down menus so you must enter a number from 0 to 4 (see chart below for the Functional Improvement rating system).

- 0- Full Time (>30 hours w/o support)
- 1 - Part Time (3-30 hours w/o support)
- 2 - Full/Part Time with support
- 3 - Supervised/Sheltered work
- 4- Inactive/Unemployed (fewer than 3 hours)

Overall Functional Status Change: In the final cell labeled: "Overall Functional Status Change", enter a number from 0 to 4 (see chart below for the Overall Functional Status Change rating system).

- 0 - Full recovery of Functional Status
- 1 - High level change, but not full recovery
- 2 - Some change/improvement
- 3- No change
- 4- Decline

Instructions for uploading your spreadsheets:

To upload your Chronic Conditions spreadsheet with your data, click on the Browse button to select the correct file. Once the file is selected, click the 'Upload Excel File' button to the right of the Browse button.

After a few seconds, all of your data will appear on the page in the appropriate columns. Once your data has been successfully uploaded, be sure to fill out the bottom section of the page on the number of 'Consultant Sites' and 'Patient Data Sites' and click 'Submit'.

If there are any errors in the uploading process, you will see an indication of this in the farthest right column titled 'Upload Errors'. If this happens, make sure you are trying to upload the correct file and run the upload again.

Form 13: Dermatology

Dermatology: Spreadsheet Instructions

Patient Privacy: The names or initials you type in this spreadsheet will NEVER be uploaded or saved in the study database and are for your own reference only.

Some of the cells in this spreadsheet have drop-down menus and some have cells where you need to type in an answer. The instructions below will clarify which cells will require you to either type an answer or make a selection in a drop-down menu.

Patient Identifier: For each 6 month period, enter the name or initials of a patient in the top left cell labeled "Patient Identifier". Do not type in the gray areas--you only need to enter information in the white areas.
Patient Privacy: The names or initials you type in this spreadsheet will never be uploaded or saved in the study database and are for your own reference only.

What technology was used: Either click on or tab over to the cell on the right with the question "What technology was used?" Once you click on this cell, you will see an arrow pointing down-click on the arrow and a drop-down menu will appear. Choose from "Interactive video", "Store forward", or "Both" from the drop-down menu to describe the technology used in the patient session.

Technology adequate to make a diagnosis: Click on the next cell to the right with the question "Image adequate to make a diagnosis?". Choose either "Yes" or "No" from the drop-down menu. Note: if you try to type an answer instead of choosing one from the menu, an error message will appear.

In-person visit required for diagnosis: Choose either ""Yes"" or ""No"" in the drop-down menu to answer whether an in-person visit was required in order to make a diagnosis.

What was the primary diagnosis: Move to the next cell and answer the question: "What was the diagnosis?" Choose one of the following options from the drop-down menu: Eczema, Papulosquamous, Vesiculobullous, Tumors- benign, Tumors- malignant, Inflammation, Hair/Nails, Systemic Disease, Pigmentation, Infection/Infestation, Other (specify), No Diagnosis.

If primary diagnosis is "Other" (col. J) please specify: If you chose "Other (specify)" in the drop-down menu under the previous column 'What was the primary diagnosis?', please complete this last column (column J) and type in what the diagnosis was. Do not fill in this column if you did not choose "Other (specify)" for a diagnosis.

Instructions for uploading your spreadsheets:

To upload your Chronic Conditions spreadsheet with your data, click on the Browse button to select the correct file. Once the file is selected, click the 'Upload Excel File' button to the right of the Browse button.

After a few seconds, all of your data will appear on the page in the appropriate columns. Once your data has been successfully uploaded, be sure to fill out the bottom section of the page on the number of 'Consultant Sites' and 'Patient Data Sites' and click 'Submit'.

If there are any errors in the uploading process, you will see an indication of this in the farthest right column titled 'Upload Errors'. If this happens, make sure you are trying to upload the correct file and run the upload again.

14. Patients

HRSA is interested in how many patients are served by Telehealth, how many of these patients have diabetes, and how many of the latter are in good glucose control. The standard for being in good glucose control is a Hemoglobin A1C test result of 7% or less.

For the first number, count the total individuals whose care as assisted through Telehealth during the six month reporting period.

For the second number, count the diabetic patients who were served by the Telehealth program for at least three months out of the six month reporting period. This should include patients who were already being served when the six month reporting period began and who continued with the program for at least three more months. This should also include those who entered the program mid-way through the reporting period and remained for at least three months.

For the third number, count the diabetic patients who were served by the Telehealth program for at least three months out of the six month reporting period, and whose Hemaglobin A1C test result taken during that time was 7% or less. Do not include patients for whom no Hemaglobin A1C test was taken during the reporting period. Please do not report percentages - these will be calculated by the system after all results are received.

For the fourth number, count the diabetic patients who were served by the Telehealth program for at least three months out of the six month reporting period, and who Hemoglobin A1C test result taken during that time was above 7%, but less than 9%. This should include patients who were already being served when the six-month reporting period began and who continued with the program for at least three more months. This should also include those who entered the program mid-way through the reporting period and remained for at least three months.

For the fifth number, count the diabetic patients who were served by the Telehealth program for at least three months out of the six month reporting period, and who Hemoglobin A1C test result taken during that time was at 9% or more. This should include patients who were already being served when the six-month reporting period began and who continued with the program for at least three more months. This should also include those who entered the program mid-way through the reporting period and remained for at least three months.

For the sixth number, count the frequency of testing for diabetic patients who were served by the Telehealth program for at least three months out of the six month reporting period regardless of Hemoglobin A1C test results. This should include patients who were already being served when the six-month reporting period began and who continued with the program for at least three more months. This should also include those who entered the program mid-way through the reporting period and remained for at least three months.

Program Funding

Please indicate your primary funding source from the given list during this reporting period.

Saving Data and using our Forms

Number and Type of Sites

Please specify the number and types of sites for which you are reporting on this form only! Even though you configured your system to include all of your hubs and remote sites, there are some forms which ask for data that will only be relevant to some of your sites. Please indicate, for each form, how many and of what type of your sites are generating the data you enter into each form.

For example, on Form 11 Homecare you would indicate the number and type of sites involved in providing home Telehealth services. On Form 5 Supervision of Students/Trainees you would indicate how many of your sites were involved in telementoring to meet formal educational/degree requirements.

Optional Comments

Use this space to make any comments about this form or the data you entered. Generally, this field is only to alert us that you entered data in some irregular way or had to interpret your TM activity differently

than we are asking. If you understand the form and have no trouble completing it, please leave the comments field blank.

Is this form complete?

All forms have a status associated with the form. This status is what shows up on the home page next to each of your forms. This status is also used by the OAT director to review the status of all programs with regard to completion of these forms.

In most cases, the person completing the forms is the one who specifies when a form is complete. You may enter data into the forms on several occasions over days or weeks, but until you feel you are done, please do not mark the form as complete.

You may save changes to your data, and return to make more changes another time, by indicating "no", the form is not complete and also clicking "save changes to data". Only indicate "yes" the form is complete, when you are certain that you have finished entering data and do not intend to make any more changes to this form. This tells us that you are certain you are finished.