

Health Center Controlled Networks (HCCN) PROGRESS REPORT TABLE

HCCN NAME:	APPLICATION TRACKING NUMBER:	GRANT NUMBER:
Number of Participating Health Centers (Baseline)		
Number of Participating Health Centers (Current)		

PARTICIPATING HEALTH CENTER

Participating Health Center Name	
Grant/Look alike Number	

PATIENT DETAILS

Total Patients (UDS Definition)	
Number of Sites (Baseline)	
Number of Sites (Current)	

ENHANCE THE PATIENT AND PROVIDER EXPERIENCE

1. What percentage of patients at this PHC accessed their patient portal within the last 12 months?	
2. What patient portal features are currently available to patients?	<input type="checkbox"/> medical history <input type="checkbox"/> lab/test results <input type="checkbox"/> shared care plans <input type="checkbox"/> education/self-management tools <input type="checkbox"/> appointment scheduling <input type="checkbox"/> appointment reminders <input type="checkbox"/> medication refill <input type="checkbox"/> remote monitoring devices <input type="checkbox"/> other (explain)
3. What percentage of patients have used a digital tool (e.g., electronic messages sent through the patient portal to providers, remote monitoring) between visits to communicate health information with the PHC in the last 12 months?	
4. What percentage of providers reported increased satisfaction post implementation of at least one health IT-facilitated intervention?	
5. What health IT-facilitated intervention has this PHC used within the last 12 months to improve provider satisfaction?	<input type="checkbox"/> improved CDS <input type="checkbox"/> EHR template customization/optimization <input type="checkbox"/> telehealth <input type="checkbox"/> eConsults <input type="checkbox"/> mobile health <input type="checkbox"/> dashboards <input type="checkbox"/> other reporting tools (please explain)

ADVANCE INTEROPERABILITY

1. In the last 12 months, did this PHC complete a security risk analysis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previously completed within project period
2. In the last 12 months, did this PHC implement a breach mitigation and response plan based upon the completion of a security risk analysis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previously completed within project period
3. In the last 12 months, did this PHC experience a data breach or ransomware event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the last 12 months, did this PHC transmit a summary of care record to at least 3 external health care providers and/or health systems using certified EHR technology through platforms that align with HL7 or national standards specified in the ONC Interoperability Standards Advisory?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. If you answered yes to Question 4 above, please provide details about the platform you are using to transmit a summary of care record.	
6. In the last 12 months, did this PHC integrate data into structured EHR fields (i.e., not free text or attachments) from at least 3 external clinical and/or non-clinical sources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
USE DATA TO ENHANCE VALUE	
1. What other health IT tools and solutions did this PHC use in the last 12 months to analyze data in support of value-based care activities?	<input type="checkbox"/> Business Intelligence Software <input type="checkbox"/> Data Analytics <input type="checkbox"/> Predictive Analytics [<input type="checkbox"/> SMART Apps <input type="checkbox"/> Patient-Centered Tools [<input type="checkbox"/> other (please explain)
2. In the last 12 months, did this PHC use a dashboard and/or standard reports to present useful data to inform value-based care activities (e.g., improve clinical quality, achieve efficiencies, reduce costs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the last 12 months, did this PHC use health IT to collect or share social risk factor data with care teams and use this data to inform care plan development on at least 50 percent of patients identified as having a risk factor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Describe progress to date on the applicant choice objective	

THE HEALTH CENTER CONTROLLED NETWORK WILL COMPLETE THIS SECTION AT THE END OF THE 3-YEAR PROJECT PERIOD FOR THE ONE-TIME FINAL REPORT

1. CUSTOMER SATISFACTION
2. CHALLENGES AND BARRIERS
3. LESSONS LEARNED
4. CONTINGENCY PLANNING
5. PROMISING PRACTICES
6. KEY CONTACT

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until XX/XX/XXXX. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average 1 hour 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 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.