

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 accessed their patient portal within the last 12 months?at this PHC	
2. What patient portal features are currently available to patients?	<input type="checkbox"/> medical history <input type="checkbox"/> lab/test results <input type="checkbox"/> <input type="checkbox"/> shared care plans <input type="checkbox"/> education/self-management tools <input type="checkbox"/> appointment reminders <input type="checkbox"/> appointment scheduling <input type="checkbox"/> <input type="checkbox"/> medication refill <input type="checkbox"/> [remote monitoring devices] <input type="checkbox"/> <input type="checkbox"/> other (explain)

3. What percentage of patients have used a digital tool mation with the PHC between visits to communicate health infor(e.g., electronic messages sent through the patient portal to providers, remote monitoring) 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"/> <input type="checkbox"/> telehealth <input type="checkbox"/> eConsults <input type="checkbox"/> <input type="checkbox"/> mobile health <input type="checkbox"/> dashboards <input type="checkbox"/> <input type="checkbox"/> other reporting tools (please explain)
ADVANCE INTEROPERABILITY	
1. In the last 12 months, this PHC complete a security risk analysis?did	<input type="checkbox"/> Yes <input type="checkbox"/> No Previously completed within project period <input type="checkbox"/>
2. In the last 12 months, this PHC implement a breach mitigation and response plan based upon the completion of a security risk analysis?did	<input type="checkbox"/> Yes <input type="checkbox"/> No Previously completed within project period <input type="checkbox"/>
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, 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? a this PHC transmitdid	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. I. summary of care record above, please provide details about the platform you are using to transmit af you answered yes to Question 4	
6. In the last 12 months, data into structured EHR fields (i.e., not free text or attachments) from at least 3 external clinical and/or non-clinical sources? did this PHC integrate	<input type="checkbox"/> Yes <input type="checkbox"/> No
USE DATA TO ENHANCE VALUE	
1. What other health IT tools this PHCand solutions did use in the last 12 months to analyze data in support of value-based care activities?	<input type="checkbox"/> Busines Intelligence Software s <input type="checkbox"/> <input type="checkbox"/> Data Analytics <input type="checkbox"/> Predictive Analytics <input type="checkbox"/> <input type="checkbox"/> SMART Apps <input type="checkbox"/> Patient-Centered Tools <input type="checkbox"/> <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 h ealth 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
- 7.

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. . paperwork@hrsa.gov HYPERLINK "https://sharepoint.hrsa.gov/sites/bphc/oppd/ED1/OMB%20Forms%20Approval%202020/paperwork@hrsa.gov" [42 U.S.C. 254b](http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section254b&num=0&edition=prelim) HYPERLINK "http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section254b&num=0&edition=prelim"