**Federal Office of Rural Health Policy**

**Community-Based Division**

**Rural Health Care Services Outreach (Outreach) Program**

**Performance Improvement and Measurement Systems (PIMS) Database**

Public Burden Statement:  The PIMS measures for the Outreach Program are utilized by FORHP to capture and gauge awardee-level and aggregate data for funded program activities. The OMB control number for this project is 0906-0009 and is valid until XX/XX/202X.  Public reporting burden for this collection of information is estimated to average 7.5 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 14N136B, Rockville, Maryland, 20857.

1. **Section: ACCESS TO CARE**

***This section is applicable to ALL Outreach grantees.***

***Table Instructions:***This table collects information about an aggregate count of the number of people served through the program and the types of services that were provided during this budget period. Please report responses using a numeric figure. If the total number is zero (0), please put zero in the appropriate section. Do ***not*** leave any sections blank. There should ***not*** be an N/A (not applicable) response since all measures are applicable to all grantees.

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Target Population** | **Baseline: End of Budget Period (Yr. 1)*****Number*** | **End of Budget Period (Yrs. 2-4)*****Number*** |
| **Number of counties served in project***Note*: This should be consistent with the figures reported in your grant application and should reflect your project’s service area. |  |  |
| **Number of people in the target population** Note: This is the number of people in your target population, but not the number of people who actually received your direct services. This should be consistent with the figures reported in your grant application. |  |  |
| **2** | **Services Provided**  | **Baseline: End of Budget Period (Yr. 1)*****Number*** | **End of Budget Period (Yrs. 2-4)*****Number*** |
| **Number of Direct Services**Please report the number of unique (i.e. unduplicated count) patients/clients that received direct services from your organizationduring this budget period.  |  |  |
| **Type of Services Provided *(Select All That Apply)***Using the selection list, pleaseselect the type of services provided through this grant funding during the reporting period of grant funded direct services provided during the budget period (end of budget period reporting only).  | **Baseline: End of Budget Period (Yr. 1)*****Selection List***  | **End of Budget Period (Yrs. 2-4)*****Selection List*** |
| Cardiovascular disease prevention  |  |
| Cardiovascular disease treatment and management |  |
| Case management |  |
| Dental/oral health education |  |
| Dental/oral health treatment |  |
| Diabetes prevention |  |
| Diabetes treatment and management |  |
| Emergency medical services |  |
| Health education |  |
| Maternal and child health |  |
| Mental/behavioral health treatment and/or education |  |
| Nutrition |  |
| Obesity prevention  |  |
| Obesity treatment and management |  |
| All other chronic disease prevention  |  |
| All other chronic disease treatment and management |  |
| All other health promotion/disease prevention |  |
| Primary care |  |
| Substance abuse treatment and/or education |  |
| Telehealth/telemedicine |  |
| Transportation |  |
| Workforce recruitment and/or retention |  |
| Health literacy education and/or services  |  |
| Culturally competent care/services  |  |
| All otherservices – *please specify in form comment box* |  |
| **3** | **Health Education and/or Counseling Activities** | **Baseline: End of Budget Period (Yr. 1)*****Number*** | **End of Budget Period (Yrs. 2-4)*****Number*** |
| **Number of health education and counseling activities held** Please report on the total number of activities held that aimed to improve knowledge, attitudes, self-efficacy and individual capacity to change.  |  |  |
| **Number of health education and counseling participants**Please report on the total number of people who participated in health education and counseling activities. The number of participants can include duplications.  |  |  |

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| --- | --- | --- | --- |
| **4** | **Social Determinants of Health Activities**  | **Baseline: End of Budget Period (Yr. 1)*****Number*** | **End of Budget Period (Yrs. 2-4)*****Number*** |
| **Number of social determinants of health (SDoH) activities provided** If your grant project provided SDoH related activities and/or services that aimed to improve the social, economic, education, physical infrastructure and/or the quality of or access to healthcare, please report the total **number** of these activities and/or services provided and **specify** **the types** of reported SDOH activities and/or services provided. |  |  |
| **Number of participants *screened and referred* to social determinants of health related services and/or support** Please report the total number of people screened for social determinants of health using an appropriate standardized tool *and* if a screen was positive, received appropriate follow-up.  |  |  |
| **Number of participants with *reported improvements* to their social determinants if health as a result of services and/or support provided by social determinants of health related grant funded activities.** Please report the total number of people with self-reported improvements to social, economic, education, physical infrastructure and/or the quality of or access to healthcare improved as a result of grant funded services and/or support received.  |  |  |

1. **SECTION: POPULATION DEMOGRAPHICS**

***This section is applicable to ALL Outreach grantees.***

***Table Instructions:*** This table collects information about an aggregate count of the people served by race, ethnicity, age and insurance status. The total for *each* of the following questions should equal the total of the number of unique individuals who received only direct services reported in the previous section. Please do ***not*** leave any sections blank. If the number for a particular category is zero (0), please put zero in the appropriate section (e.g., if the total number that is Hispanic or Latino is zero (0), enter zero in that section).

***Hispanic or Latino Ethnicity***

* Hispanic/Latino: Report the number of persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, broken down by their racial identification and including those Hispanics/Latinos born in the United States. Do not count persons from Portugal, Brazil, or Haiti whose ethnicity is not tied to the Spanish language.
* Non-Hispanic/Latino: Report the number of all other people except those for whom there are neither racial nor Hispanic/Latino ethnicity data. If a person has chosen a race (described below) but has not made a selection for the Hispanic /non-Hispanic question, *the patient is presumed to be non-Hispanic/Latino.*
* Unknown: Report on only individuals who did not provide information regarding their race or ethnicity.

**Race**

All people must be classified in one of the racial categories (including a category for persons who are “Unknown”). This includes individuals who also consider themselves to be Hispanic or Latino. People who self-report race, but do not separately indicate if they are Hispanic or Latino, are presumed to be non-Hispanic/Latino and are to be reported on the appropriate race line.

People sometimes categorized as “Asian/Other Pacific Islander” in other systems are divided into three separate categories:

* Asian: Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Indonesia, Thailand, or Vietnam
* Native Hawaiian: Persons having origins in any of the original peoples of Hawaii
* Other Pacific Islander: Persons having origins in any of the original peoples of Guam, Samoa, Tonga, Palau, Truk, Yap, Saipan, Kosrae, Ebeye, Pohnpei or other Pacific Islands in Micronesia, Melanesia, or Polynesia

American Indian/Alaska Native (Line 4): Persons who trace their origins to any of the original peoples of North and South America (including Central America) and who maintain Tribal affiliation or community attachment.

More than one race: Use this line only if your system captures multiple races (but not a race and an ethnicity) and the person has chosen two or more races. “More than one race” must not be used as a default for Hispanics/Latinos who do not check a separate race.

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| --- | --- | --- | --- |
| **5** | **Number of people served by ethnicity:** | **Baseline: End of Budget Period (Yr. 1)*****Number***  | **End of Budget Period (Yrs. 2-4)*****Number***  |
| Hispanic or Latino |  |  |
| Not Hispanic or Latino |  |  |
| Unknown |  |  |
| Total (equal to the total of the number of unique individuals who received direct services) | *(Automatically calculated by system)* | *(Automatically calculated by system)* |
| **6** | **Number of people served by race:** | **Baseline: End of Budget Period (Yr. 1)*****Number***  | **End of Budget Period (Yrs. 2-4)*****Number***  |
| American Indian or Alaska Native  |  |  |
| Asian  |  |  |
| Black or African American  |  |  |
| Native Hawaiian or Other Pacific Islander  |  |  |
| White  |  |  |
| More than one race |  |  |
| Unknown |  |  |
| Total (equal to the total of the number of unique individuals who received direct services) | *(Automatically calculated by system)* | *(Automatically calculated by system)* |  |
| **7****8** | **Number of people served, by age group:** | **Baseline: End of Budget Period (Yr. 1)*****Number***  | **End of Budget Period (Yrs. 2-4)*****Number***  |
| Children (0-12) |  |  |
| Adolescents (13-17) |  |  |
| Adults (18-64) |  |  |
| Elderly (65 and over) |  |  |
| Unknown |  |  |
| Total (equal to the total of the number of unique individuals who received direct services) | *(Automatically calculated by system)* | *(Automatically calculated by system)* |
| **Number of people served, by insurance status:** | **Baseline: End of Budget Period (Yr. 1)*****Number***  | **End of Budget Period (Yrs. 2-4)*****Number***  |
| Self-pay |  |  |
| Uninsured |  |  |
| Dual Eligible (covered by both Medicaid and Medicare) |  |  |
| Medicaid/CHIP only |  |  |
| Medicare only |  |  |
| Medicare plus supplemental |  |  |
| Other third party |  |  |
| Unknown |  |  |
| Total (equal to the total of the number of unique individuals who received direct services) | *(Automatically calculated by system)* | *(Automatically calculated by system)* |

1. **SECTION: CONSORTIUM/NETWORK**

***This section is applicable to ALL Outreach grantees***

***Table Instructions:*** This table collects information about an aggregate count of consortium/network member types. Consortium/network members are defined as members who have signed a Memorandum of Understanding or Memorandum of Agreement for your funded grant project.

|  |  |  |
| --- | --- | --- |
| **9** | **Type of Member Organizations in the Consortium/Network** | **Baseline: End of Budget Period (Yr.1) / End of Budget Period (Yrs. 2-4)*****Number*** |
| Non-Profit Organization | Area Health Education Center |  |
| Behavioral/Mental Health Organization |  |
| Community College |  |
| Community Health Center/Federally Qualified Health Center (FQHC) |  |
| Critical Access Hospital |  |
| Emergency Medical Service  |  |
| Faith-based organization |  |
| Free Clinic |  |
| Health Department |  |
| Hospice |  |
| Hospital, not critical access |  |
| Migrant Health Center |  |
| Private Practice |  |
| Pharmacy |  |
| Professional Association |  |
| Philanthropic Organization  |  |
| Rural Health Clinic *(includes independent and hospital-owned)* |  |
| School District |  |
| Social Services Organization |  |
| University |  |
| LGBTQ+ Organization |  |
| Other – Specify type |  |
| TOTAL for non-profit organization | *(Automatically calculated by system)* |
| **10** | For-Profit Organization | Behavioral/Mental Health Organization |  |
| Critical Access Hospital |  |
| Emergency Medical Service  |  |
| Hospice |  |
| Hospital, not critical access |  |
| Private Practice |  |
| Pharmacy |  |
| Professional Association |  |
| Rural Health Clinic *includes independent and hospital-owned)* |  |
| Social Services Organization |  |
| LGBTQ+ Organization  |  |
| Other – Specify Type |  |
| TOTAL for-profit organization  | *(Automatically calculated by system)* |
| **11** | **Total number of NEW member organizations that joined the consortium/network and signed the MOU/A during this budget period.** | **Baseline: End of Budget Period (Yr.1) / End of Budget Period (Yrs. 2-4)*****Number*** |

1. **SECTION: SUSTAINABILITY**

***This section is applicable to ALL Outreach grantees.***

***Table Instructions:*** This table collects information/data about the grant’s programmatic sustainability. There should not be a N/A (not applicable) response since the measures are applicable to all grantees.

|  |  |  |
| --- | --- | --- |
| **12** | **Program Sustainability**  | **Baseline: End of Budget Period (Yr.1) / End of Budget Period (Yrs. 2-4)*****Dollar amount*** |
| **Annual program revenue**Please report the amount of annual program revenue made through the services offered through the program. Program revenue is defined as payments received for the services provided by the program that the grant supports. These services should be the same services outlined in your grant application work plan. Please do not include donations. If the total amount of annual revenue made is zero (0), please put zero in the appropriate section.  |  |
| **13** | **Additional Funding Secured** Please report the total amount of additional funding secured during the reporting period to assist in sustaining your funded grant project after funding ends.  | **Baseline: End of Budget Period (Yr.1) / End of Budget Period (Yrs. 2-4)*****Dollar amount*** |
| **14** | **Sources of Sustainability**Select the type(s) of sources of funding for sustainability. Please check all that apply. | **Baseline: End of Budget Period (Yr.1) / End of Budget Period (Yrs. 2-4)*****Selection List*** |
| Program revenue |  |
| In-kind Contributions (In-Kind contributions are defined as donations of anything other than money, including goods or services/time.) |  |
| Membership fees/dues |  |
| Fundraising/ Monetary donations |  |
| Contractual Services |  |
| Other grants |  |
| Fees charged to individuals for services |  |
| Reimbursement from third-party payers (e.g. private insurance, Medicare, Medicaid) |  |
| Product sales |  |
| Government (non-grant) |  |
| Other – *specify type*   |  |
| None |  |
| **15** | **Which of the following activities have you engaged in to enhance your sustained impact?** *Check all that apply.**If applicable, please specify the related activities for items selected in the form comment box.* | **Baseline: End of Budget Period (Yr.1) / End of Budget Period (Yrs. 2-4)*****Selection List*** |
| Local, State and Federal Policy changes |  |
| Media Campaigns |  |
| Community Engagement Activities |  |
| Other – *Specify activity*  |  |
| **Year 4 Sustainability Measures – To be collected during Year 4 reporting period *only*** |
| **\*15a.**  | **What is your ratio for Economic Impact vs. HRSA Program Funding?** | **End of Budget Period Year 4** |
| Use the HRSA’s Economic Impact Analysis Tool ([**https://www.ruralhealthinfo.org/econtool**](https://www.ruralhealthinfo.org/econtool)) to identify your ratio. Reponses should reflect the ratio for the annual economic impact across the 4 year project period of your funded grant.  | ***Ratio*** |
| **\*15b.**  | **Will the consortium/network sustain?**  | ***Yes/No*** |
| **\*15c.** | **Will any of the program’s activities be sustained after the project period?** | **End of Budget Period Year 4** |
| If yes, please select how the program activities will be sustained (drop down menu)* Absorption of services or other means of in-kind support
* Reimbursement by third party payers
* Grant funding
* Fees
* Other: please describe
 | ***Yes/No******Selection List*** |

1. **SECTION: PROJECT SPECIFIC DOMAINS**

***The following measures are not applicable to all grantees. Grantees will report on measures applicable only to their program activities.***

1. **CARE COORDINATION**

***This section is only applicable to projects receiving Outreach funding for care coordination activities funded by this grant. If applicable, this section INCLUDES grantees receiving grant funding under the HRHI program track.***

***Table Instructions:*** If your project supported grant funded care coordination activities, select the mechanisms/activities that were implemented during the reporting period. Care coordination is defined as care that is coordinated across all elements of the broader healthcare system. If your grant supported care coordination activities, but you do not know the information requested, please select/enter DK (do not know) for your response. If your grant did not support care coordination activities, please leave this section blank.

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Care Coordination Activities** Which of the following care coordination mechanisms/activities have you implemented during this budget year? Select all that apply**.** | **Baseline: End of Budget Period (Yr. 1)*****Selection List*** | **End of Budget Period (Yrs. 2-4)*****Selection List*** |
| Facilitate transitions across settings |  |  |
| Linkage to community resources |  |  |
| Referral management, tracking and follow-up *(includes primary, dental, mental and other specialty services)* |  |  |
| Patient support and engagement  |  |  |
| Case management |  |  |
| Create care plans |  |  |
| Health Literacy/Cultural Competency |  |  |
| Multidisciplinary Care Team(s) |  |  |
| Medication management |  |  |
| Other – *please specify* |  |  |

1. **HEALTH PREVENTION AND SCREENING**

***This section is only applicable to projects receiving Outreach funding for community health prevention and screening activities. If applicable, this section INCLUDES grantees receiving grant funding under the HRHI program track.***

***Table Instructions:*** This table collects information about the number and types of grant funded health prevention activities, and their respective outputs, were provided to rural residents. Please use the definition for Preventive Health Activities referenced in this document’s appendix to complete responses to this section. If your grant supported preventive health activities were provided, but you do not know the information, please select/enter DK (do not know) for your response. If your grant did not support preventive health activities as part of your funded grant, please leave this section blank.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Preventive Health Activities**  | **Baseline: End of Budget Period (Yr. 1)*****Number***  | **End of Budget Period (Yrs. 2-4)*****Number***  |
| **1** | **Total number of preventive health screenings or activities held in clinical and non-clinical settings** |  |  |
| **2** | **Total number of participants who received preventive health screenings or activities *and* were referred to a health care provider for follow-up care.**  |  |  |

1. **BEHAVIORAL HEALTH**

***This section is only applicable to projects receiving Outreach funding for mental health activities. If applicable, this section INCLUDES grantees receiving grant funding under the HRHI program track.***

***Table Instructions:*** This table collects information about an aggregate number of people receiving grant funded mental and/or behavioral health services among the unique (e.g., an unduplicated count of persons) individuals who received direct services. This number should not exceed the number of unique individuals receiving direct services. If your grant supported mental/behavioral health activities, but you do not know the information, please select/enter DK (do not know) for your response. If your grant did not support any mental/behavioral health activities, please leave this section blank.

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Mental and/or Behavioral Health Services**  | **Baseline: End of Budget Period (Yr. 1)*****Number***  | **End of Budget Period (Yrs. 2-4)*****Number***  |
| **Services Provided** Number of people receiving mental and/or behavioral health services (among the unique individuals receiving direct services). | *Should not exceed the # of unique individuals receiving direct services* | *Should not exceed the # of unique individuals receiving direct services* |
| **2** | **Integration of Primary Care and Mental and/or Behavioral Health Services** If your project included activities that integrated primary care and mental/behavioral health services during the reporting period, please select from the list below all that apply.  | **Baseline: End of Budget Period (Yr. 1)*****Selection List***  | **End of Budget Period (Yrs. 2-4)*****Selection List***  |
| **Care team expertise** – develop a unified care plan that builds a team—with necessary members and functions—to care for a given patient |  |  |
| **Clinical workflow** – clinical protocols and workflows are clearly documented for integration of care |  |  |
| **Patient identification** – establish systematic methods to identify individuals for integrated care |  |  |
| **Clinical outcomes** – monitor patient’s clinical outcomes to assess impact of integration of care |  |  |
| Other – *please specify* |  |  |

1. **ORAL HEALTH**

***This section is only applicable to projects receiving Outreach funding for oral health activities. If applicable, this section INCLUDES grantees receiving grant funding under the HRHI program track.***

***Table Instructions:*** This table collects information about an aggregate number of people receiving grant funded oral health services the unique (e.g., an unduplicated count of persons) individuals who received direct services. This number should not exceed the number of unique individuals receiving direct services. If your project supported grant funded dental/oral health activities, but you do not know the information requested, please select/enter DK (do not know) for your response. If your grant did not support dental/oral activities, please leave this section blank.

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Number of Individuals who Received Oral Health Services**  | **Baseline: End of Budget Period (Yr. 1)*****Number***  | **End of Budget Period (Yrs. 2-4)*****Number***  |
| Please report the number of individuals who received oral health services during the reporting period (among the total number of unique individuals receiving direct services) | *Should not exceed the # of unique individuals receiving direct services* | *Should not exceed the # of unique individuals receiving direct services* |
| **2** | **Type(s) and quantity of oral health services provided.** Please report the number of persons who received oral health services during the reporting period for each oral health service category listed. Please respond N/A for “not applicable” for any services your grant project did not fund. | **Baseline: End of Budget Period (Yr. 1)*****Number***  | **End of Budget Period (Yrs. 2-4)*****Number***  |
| Screenings / Exams |  |  |
| Sealants |  |  |
| Varnish |  |  |
| Oral Prophylaxis |  |  |
| Restorative |  |  |
| Extractions |  |  |
| Health education |  |  |
| Other (please specify): |  |  |

1. **WORKFORCE/ RECRUITMENT & RETENTION**

***This section is only applicable to projects receiving Outreach funding for student/resident workforce recruitment and retention. If applicable, this section INCLUDES grantees receiving grant funding under the HRHI program track.***

***Table Instructions:*** This table collects information about grant funded student/resident workforce recruitment and/or retention activities implemented during the reporting period. Please refer to the detailed definitions and guidelines to provide responses for the following measures. Please report a numeric figure; if the total number is zero, please put zero (0) in the appropriate section. Do not leave any sections blank. If your project supported grant funded workforce recruitment and/or retention activities, but you do not know the information, please select/enter DK (do not know) for your response. If your project did not support student/resident workforce recruitment and/or retention activities, please leave this section blank.

 **Definitions:** For the purposes of this data collection, “trainees” are persons who are working towards a professional degree.

1. Trainees (students and residents) are considered “New” if:
	* They have never engaged in a training/rotation within a rural community as a part of their certificate/degree/residency program and/or
	* They do not self-identify as “having lived”/ “living”/ “claiming residence” within a rural area.
2. Trainees (students and residents) are considered “Existing” if:
	* They have had prior exposure to rural areas by either engaging in a training/rotation within a rural area as a part of their certificate/degree/residency program prior to the respective budget year and/or
	* They self-identify as “having lived”/ “living”/ “claiming residence” within a rural area.

|  |  |
| --- | --- |
| **1** | **Workforce Recruitment, Training & Retention**  |
|  | Using the following table, please report the number of trainees by type that complete the trainings/rotations; this figure should not exceed the total number of all trainees recruited by type. Please also report the number of trainees by type that plan to practice in a rural area after completing their trainings/rotations. Of those trainees that completed their trainings/rotations, please specify the number that returned to formally practice in rural areas; for this measure, please report a numeric figure or indicate DK for “do not know”. For example, if zero (0) students completed their trainings/rotations ***and*** returned to formally practice in a rural area, please put zero (0) in the appropriate section. If this section is applicable to your grant funded project, do ***not*** leave any sections blank. |
|  | **STUDENTS** | **RESIDENTS** |
|  | **Number of New Trainees Recruited to Work on the Program** | **Baseline: End of Budget Period (Yr. 1)*****Number***  | **End of Budget Period (Yrs. 2-4)*****Number***  | **Baseline: End of Budget Period (Yr. 1)*****Number***  | **End of Budget Period (Yrs. 2-4)*****Number***  |
| Number of New  |  |  |  |  |
| Number of Existing  |  |  |  |  |
| **TOTAL**  | *(Automatically calculated by system)* | *(Automatically calculated by system)* | *(Automatically calculated by system)* | *(Automatically calculated by system)* |
| Of the total number recruited, how many completed the training/rotation  |  |  |  |  |
| Of the total number who completed the training/rotation, how many plan to practice in a rural area  |  |  |  |  |
| Percentage trained that plan to practice in a rural area *(automatically calculated by the system)* | *(Automatically calculated by system)* | *(Automatically calculated by system)* | *(Automatically calculated by system)* | *(Automatically calculated by system)* |
| Of the total number who completed the training/rotation, how many returned to formally practice in rural areas  |  |  |  |  |
| Percentage trained that returned to formally practice in rural areas (automatically calculated by the system) | *(Automatically calculated by system)* | *(Automatically calculated by system)* | *(Automatically calculated by system)* | *(Automatically calculated by system)* |
| **2** | **Trainee Primary Care Focus Area(s):** | **Number**  |
|  | Medical  |  |
|  | Mental/Behavioral Health  |  |
|  | Oral Health  |  |
| **3** | **Trainee Discipline Type(s):** | **Selection List** |
|  | Note that psychiatrists are either allopathic (MD) or osteopathic (DO) physicians. Also, please specify the types of non-physician practitioners, nurses, and allied health professionals as appropriate. For example, physician assistants, nurse practitioners, certified nurse mid-wives, and certified registered nurse anesthesiologists are considered non-physician practitioners. Allied health professionals include dental hygienists, diagnostic medical sonographers, dietitians, medical technologists, occupational therapists, physical therapists, pharmacists, radiographers, respiratory therapists, community health workers, and speech language pathologists. If the targeted trainee does not fall under the listed categories, please refer to the detailed definition for Allied Health Professionals and specify the discipline(s) in the Allied Health Professionals category. Please check all that apply. |
|  | Allied Health Professional – Please specify type(s) |  |
|  | Dentist |  |
|  | Non-physician practitioners – Please specify type(s) |  |
|  | Nurse – Please specify type(s) |  |
|  | Physician (DO) |  |
|  | Physician (MD) |  |
| **4** | **Number of New Trainings/Rotations provided:** | **Number** |
|  | Please report the number of trainings/rotations provided during the respective budget period. Please report a numeric figure. If the total number of trainings/rotations is zero (0), please put zero in the appropriate section. Do not leave any sections blank. |
| **5** | **Number of Training Site(s) by Type:** | **Number** |
|  | Please report the number of training sites by type where the trainings/rotations were conducted. Please report a numeric figure. If the total number of training sites is zero (0), please put zero in the appropriate section. Do not leave any sections blank |
|  | Critical Access Hospital |  |
|  | Other Rural Hospital (non-CAH) |  |
|  | Rural Health Clinic |  |
|  | Other Rural Clinic (non-RHC) |  |
|  | Community Health Center |  |
|  | Federally Qualified Health Center (FQHC) |  |
|  | Health Department |  |
|  | Indian Health Service (IHS) or Tribal Health Sites |  |
|  | Migrant Health Center (MHC) |  |
|  | Other Community Based Site – Please specify type(s) |  |

1. **TELEHEALTH**

***This section is only applicable to projects receiving Outreach funding for telehealth services. If applicable, this section INCLUDES grantees receiving grant funding under the HRHI program track.***

***Table Instructions:*** Based on the **telehealth definition,** please complete the responses for each of the following items, as applicable.

|  |  |  |
| --- | --- | --- |
| **1** | **Telecommunication Technology Type** | **Selection** |
| Based on the **telehealth definition**; select the telecommunication technology type(s) used in your project: (check all that apply) |
| mobile health |  |
| video conferencing (with or without video), |  |
| digital photography |  |
| store-and forward/asynchronous imaging |  |
| streaming media |  |
| wireless communication |  |
| telephone calls |  |
| remote patient monitoring through electronic devices such as wearables |  |
| mobile devices |  |
| smartphone apps |  |
| internet-enabled computers |  |
| specialty portals or platforms that enable secure electronic messaging and/or audio or video communication between providers or staff and patients not including EMR/EHR systems |  |
| **2** | **Directly Served Individuals** |
| Based on the **telehealth definition** please indicate the number of individuals **directly served.** *\*Note individuals who view a website or webinar should only be counted if they meet the definition of directly served.*  |
| **Remote clinical services (number)** | **Remote non-clinical services\* (number)** |
|  |  |
| **3** | **Telehealth Activities** |
| Please provide selection responses for the telehealth activities indicated above foreach of the following items: |
| **Select box (Select all that apply)** | **If checked…** |
| * Increase billable services and organizational sustainability.
 | Indicate the amount billed per program year  |
| * Improve access to care through mitigating travel burden for patients.
 | Indicate miles saved (or indicate if services were provided in-home or at new locations (schools, libraries, clinics, etc) and/orIndicate percent change in no-show rates |
| * Increase access to care through providing a wider range of primary and/or specialty care services.
 | Indicate service types offered through telehealth |

1. **HEALTHY RURAL HOMETOWN INITITATIVE (HRHI) PROJECT MEASURES**

***This section is applicable to grantees receiving grant funding under the Healthy Rural Hometown Initiative (HRHI) track ONLY.***

***Instructions:*** The tables included in this section collects health outcomes and estimated cost savings information resulting from related to project activities funded under the program’s HRHI Track focusing on addressing the Nation’s five leading causes of death in rural communities.

Please refer to each individual table included under this section for specific instructions.

* **Tables H.1-H.4:** Responses should be provided by HRHI funded projects for sections ***which align with your grant project’s HRHI FOCUS AREA identified in your awarded grant application proposal ONLY.*** More than one section can be completed if more than one focus area applies. Sections that are not applicable to grant project’s focus area should be left blank. If a section is applicable to your funded project focus area, but measure responses are unknown, please select “d/k” for do not know as your response and include a statement in the form comment box explaining why the response was completed “d/k.”
* **Tables H.5:** This table is applicable to ***ALL*** HRHI funded projects.

**H.1. HRHI Program - Cardiovascular Disease and/or Stroke**

***This section is only applicable to HRHI funded projects that include a focus on Cardiovascular Disease (CV) and/or Stroke.***

|  |
| --- |
| **Cardiovascular Disease and/or Stroke**  |
| ***Table Instructions:*** Please complete the following responses for grant funded HRHI participants between the ages of 40-79 successfully measured using the [ASCVD Risk Estimator Tool](http://tools.acc.org/ASCVD-Risk-Estimator-Plus/?_ga=2.165861758.1579462100.1612389286-1502260614.1612389286#!/calculate/estimate/) during the reporting period. Please note, the ASCVD Risk Estimator is meant to be used for individuals 40 to 79 years old with no history of cardiovascular disease (e.g., heart attack, stroke, peripheral artery disease, or heart failure). *\*All measures are* ***required*** *for respondents to this section*  |
| **10-Year Cardiovascular Disease Risk** | **Baseline: End of Budget Period (Yr. 1)** | **End of Budget Period (Yrs. 2-4)** |
| **1a** | Total **number of participants** ***enrolled*** in your HRHI Cardiovascular Disease and/or Stroke program during the reporting.  | ***Number*** | ***Number*** |
| **1b** | **Number** of participants between the ages of 40-79 who successfully ***completed*** an ASCVD risk measurement during the reporting period. | ***Number*** | ***Number*** |
| **1c** | **Average 10-year risk** for program participants between the ages of 49-70 with an ***initial visit (baseline)*** ASCVD risk measurement completed during the reporting period. | ***Percent***  ***(Average 10-Year Risk – Initial)*** | ***Percent***  ***(Average 10-Year Risk – Initial)***  |
| **1d** | **Average 10-year risk** for program participants between the ages of 49-70 with a ***follow-up*** ASCVD risk measurement completed during the reporting period. | ***Percent******(Average 10-Year Risk – Follow-Up)*** | ***Percent******(Average 10-Year Risk – Follow-Up)*** |
| **1e** | **Average 10-year** ***optimal risk*** for program participants between the ages of 49-70 with an ASCVD risk measurement completed during the reporting period.  | ***Percent******(Average 10-Year Optimal)*** | ***Percent******(Average 10-Year Optimal)*** |

**H.2 HRHI Program - Chronic Lower Respiratory Disease (CLRD)**

***This section is only applicable to HRHI funded projects that include a focus on CLRD.***

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| --- |
| **Chronic Lower Respiratory Disease** |
| ***Table Instructions:*** Please complete responses for each of the following items as they relate to your funded grant project’s HRHI Chronic Lower Respiratory Disease Program participants. All respondents to this section must complete the required measure response (2a) and a minimum of at least 1 of the 2 total optional measures indicated (2b and 2c). Participants who are able to report to more than one optional measure are encouraged to do so.  |
| **CLRD Participants** *\*Required* | **Baseline: End of Budget Period (Yr. 1)*****Number*** | **End of Budget Period (Yrs. 2-4)*****Number*** |
| **2a** | Total **number of participants** with one or more classifications of CLRD***enrolled*** in your HRHI CLRD program during the reporting.  |  |  |
| **CLRD Activities** *\*Minimum response to at least one of the following options is required.* | **Baseline: End of Budget Period (Yr. 1)*****Number*** | **End of Budget Period (Yrs. 2-4)*****Number*** |
| **2b** | Number of program participants with one or more classifications of CLRD who ***received*** appropriate CLRD \*care management services and ***referred*** to follow-up care and/or or other recommended CLRD services, if appropriate during the reporting period. *\*includes care management services and recommended prevention, treatment and/or management focused patient education consistent with current clinical guideline recommendations for CLRD* |  |  |
| **2b** | **HRQOL–14: Healthy Days/Activity Limitations Module**Number of program participants with one or more classifications of CLRD who reported \**improved disease management* during the reporting period. \*Improved management includes participants evaluated during the reporting period using the **CDC’s HRQOL–14:** [Healthy Days](https://www.cdc.gov/hrqol/hrqol14_measure.htm#1), [Activity Limitations Module](https://www.cdc.gov/hrqol/hrqol14_measure.htm#2) from the [**State-based Behavioral Risk Factor Surveillance System (BRFSS)**](https://www.cdc.gov/brfss/)  or comparable self-reported questionnaires that evaluates one or more of the following: 1) self-reported increase in health status, 2) decrease in self-reported number of poor health days, and/or 3) reduction in self-reported disease-related activity limitations. |  |  |

**H.3. HRHI Program – Cancer Prevention**

***This section is only applicable to HRHI participants with a project focus that includes Cancer Prevention.***

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| --- |
| **Cancer Prevention** |
| ***Table Instructions:*** Please complete responses for each of the following items as they relate to your funded grant project HRHI Cancer Program. Respondents to this section are required to complete all measures as feasible and applicable.  |
| **Cancer Prevention Participants & Activities**  | **Baseline: End of Budget Period (Yr. 1)*****Number*** | **End of Budget Period (Yrs. 2-4)*****Number*** |
| **3a** | Total **number of participants** or individuals ***enrolled*** in your HRHI Cancer Prevention Program during the reporting period. |  |  |
| **3b** | Total number of participants or individuals in your HRHI Cancer Program’s target population \****screened* for cancer and *referred* to appropriated follow-up care**during the reporting period. *\*consistent with current clinical guidelines for cancer screening* |  |  |
| **3c** | Total number of participants or individuals in your HRHI Cancer Program’s target population with a positive cancer screen **detected in time for \**early intervention*** *\*as defined by clinical standards* |  |  |
| **3d** | Total number of participants or individuals in your HRHI Cancer Program’s target population who ***received*** **education about cancer risk factors and prevention** during the reporting period. |  |  |

**H.4. HRHI Program - Unintentional Injury/Substance Use**

***This section is only applicable to HRHI participants with a project focus that includes Unintentional Injury/Substance Use.***

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| --- |
| **Unintentional Injury/Substance Use** |
| ***Table Instructions:*** Please complete responses for each of the following items as they relate to your funded grant project HRHI Unintentional Injury/Substance Use Program target population or enrolled participants, as applicable. All respondents to this section must complete the required measure response (4a and 4b) and a minimum of at least one relevant optional measure (5a-5c and 6a-6e), as feasible and applicable for your funded HRHI grant project. Respondents who are able to report to more than one optional measure are encouraged to do so.  |
| **Unintentional Injury/Substance Use Prevention Participants *\*Required***  | **Baseline: End of Budget Period (Yr. 1)*****Number*** | **End of Budget Period (Yrs. 2-4)*****Number*** |
| **4a** | Total **number of individuals** in your HRHI Program’s target population who **received preventive-focused services,** education and/or training related to intentional injury and/or substance use during the reporting period. |  |  |
| **4b** | Total **number of new local policies** related to unintentional injury/substance use prevention **implemented** during the reporting period as a result of grant-funded activities.  |  |  |
| **Unintentional Injury** *\*Minimum response to at least one of the following options is required. Responses are exclusive to unintentional injury focused HRHI projects (excludes substance use focus)* | **Baseline: End of Budget Period (Yr. 1)*****Number*** | **End of Budget Period (Yrs. 2-4)*****Number*** |
| **5a** | Total **number of participants** or individuals ***enrolled*** in your HRHI Unintentional Injury Prevention Program during the reporting period. |  |  |
| **5b** | Total number of **unintentional injury related emergency department admissions** in your project’s service area in the last 12 months.  |  |  |
| **5c** | Total number of **unintentional injury related fatalities** reported in your project’s service in the last 12 months.  |  |  |
| **Substance Use***\*Minimum response to at least one of the following options is required. Responses are exclusive to substance use focused HRHI projects (excludes other unintentional injury focus)* | **Baseline: End of Budget Period (Yr. 1)*****Number*** | **End of Budget Period (Yrs. 2-4)*****Number*** |
| **6a** | Total **number of participants** or individuals ***enrolled*** in your HRHI Substance Use Prevention Program during the reporting period. |  |  |
| **6b** | Total number of HRHI program participants with substance use disorder ***identified and referred*** to clinically appropriate substance use services and/or treatment during the reporting period.  |  |  |
| **6c** | Total number of HRHI program participants identified with a substance use disorder who successfully***received*** clinically appropriate substance use services and/or treatmentduring the reporting period.  |  |  |
| **6d** | Total number of ***non-fatal*** \****substance use* related overdoses** that occurred in your project’s service area in the past 12 months. *\*Includes any substance use specific to focus of funded grant project related overdose/poisoning (ex. opioid, alcohol, methamphetamine, etc.)*  |  |  |
| **6e** | Total number of ***fatal*** \****substance use* related overdoses** that occurred in your project’s service area in the past 12 months. *\*Includes any substance use specific to focus of funded grant project related overdose/poisoning (ex. opioid, alcohol, methamphetamine, etc.)*  |  |  |

**H.5. HRHI Program - Health Outcomes & Cost Savings**

***This section is applicable to ALL HRHI participant focus areas.***

**Instructions:** All HRHI funded projects are required to complete responses for each measure relative to your funded grant project HRHI program focus area(s)’s target population/ enrolled participants. Responses to measures should include responses for all applicable HRHI focus areas feasible to complete.

* For enrolled HRHI program target populations/participants who fall under more than one than one focus area in response to measure under this section, please include these individuals/participants in the total count for ***each*** item (i.e. may appear more than once). Respective related demographic categories may reflect this count, as appropriate
* For measure responses that are applicable, but you do not know the information requested, please select/enter DK (do not know) for your response. For measure responses that are not applicable to your grant funded HRHI project, please provide a response indicating ‘n/a’ for ‘not applicable.’

***Focus Area Categories:*** Responses to each measure should reflect the values for each of the following categories identified for each measure:

* **Cardiovascular Disease and/or Stroke (CV/Stroke)**
* **Chronic Lower Respiratory Disease (CLRD)**
* **Cancer**
* **Unintentional Injury/Substance Use (Unintentional Injury/SU)**

|  |
| --- |
| **Health Outcomes** |
| ***Table Instructions:*** ***Measures under this section are optional.*** Only HRHI grantees able to successfully collect and report the information requested for their specific HRHI focus area and HRHI participants/target population(s) should respond to measures under this section.  |
| **7a** | **Statin Therapy for the Prevention and Treatment of Cardiovascular Disease** [CMS347v2](https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS347v2.html) / [Quality ID #438](https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2019_Measure_438_MIPSCQM.pdf)Percentage of patients 21 years of age and older at high risk of cardiovascular events who were prescribed or were on statin therapy  | **Baseline End of Budget Period** **(Yr. 1)** ***Number*** | **End of Budget Period (Yrs. 2-4)*****Number*** | **HRHI Focus** |
| Total Patients Aged 21 and Older at High Risk of Cardiovascular Events |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| Number of Patients Prescribed or On Statin Therapy |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/SU |
| **7b** | **Blood Pressure NQF 0018** ([CMS165v9](https://ecqi.healthit.gov/ecqm/ep/2021/cms165v9)) Percentage of patients 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90mmHg) during the measurement period. | **Baseline End of Budget Period (Yr. 1)** ***Number*** | **End of Budget Period (Yrs. 2-4)*****Number*** | **HRHI Focus** |
| Total Patients 18 through 85 Years of Age with a diagnosis of Hypertension  |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| Number of patients 18 through 85 Years of Age with one or more blood pressure readings greater than 140/90 |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| Number of patients whose most recent blood pressure was adequately controlled |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| **7c** | **Body Mass Index (BMI) Screening and Follow-Up** **NQF 0421** ([CMS69v9](https://ecqi.healthit.gov/ecqm/ep/2021/cms069v9))Percentage of patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters. | **Baseline End of Budget Period (Yr. 1)*****Number*** | **End of Budget Period (Yrs. 2-4)*****Number*** | **HRHI Focus** |
| Total Patients Aged 18 and Older |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| Total Patients with BMI outside normal parameters \*Normal Parameters: Age 65 years and older BMI > or = 23 and < 30; Age 18 – 64 years BMI > or = 18.5 and < 25 |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| Number of Patients with BMI Outside Normal Parameters and Follow-Up Plan Documented as Appropriate |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| **7d** | **Diabetes Care - Hemoglobin A1c (HbA1c) Poor Control NQF 0059** [(CMS122v9)](https://ecqi.healthit.gov/ecqm/ep/2021/cms122v9?qt-tabs_measure=0): Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period | **Baseline End of Budget Period** **(Yr. 1)*****Number*** | **End of Budget Period (Yrs. 2-4)*****Number*** | **HRHI Focus** |
| Total patients 18 through 75 Years of Age with Diabetes  |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| Total Diagnosed Diabetics with a Hemoglobin A1c (HbA1c) > 9.0% |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| Number of patients with HbA1c >9%  |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| **7e** | **Diabetes Short Term Complications Admissions Rate** [NQF 0272 (PQI01-AD)](https://cmit.cms.gov/CMIT_public/ViewMeasure?MeasureId=2845#tab1)The rate of admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 18 years and older.  | **Baseline End of Budget Period (Yr. 1)*****Number*** | **End of** **Budget Period (Yrs. 2-4)*****Number*** | **HRHI Focus** |
| The number of people ages 18 years and older in the target service area. |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| Number of discharges for patients 18 years and older, with a principal ICD-9-CM diagnosis code for diabetes short term complications (ketoacidosis, hyperosmolarity, or coma). |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| **7f** | **Tobacco Use NQF 0028** ([CMS138v9](https://ecqi.healthit.gov/ecqm/ep/2021/cms138v9))**:** Percentage of patients aged 18 years of age and older who (1) were screened for tobacco use one or more times within 24 months, *and* (2) if identified to be a tobacco user received cessation counseling intervention. | **Baseline End of Budget Period** **(Yr. 1)*****Number*** | **End of Budget Period (Yrs. 2-4)*****Number*** | **HRHI Focus** |
| Total Patients Aged 18 and Older |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| Number of patients identified as a current smoker |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| **7g** | **Cervical Cancer Screening** [CMS124v9](https://ecqi.healthit.gov/ecqm/ep/2021/cms124v9)**:** Percentage of women 23–64 years of age who were screened for cervical cancer | **Baseline End of Budget Period (Yr. 1)*****Number*** | **End of** **Budget Period (Yrs. 2-4)*****Number*** | **HRHI Focus** |
| Total Female Patients Aged 23 through 64 |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| Number of Patients Tested |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| **7h** | **Breast Cancer Screening** [CMS125v9](https://ecqi.healthit.gov/ecqm/ep/2021/cms125v9)**:** Percentage of women 51–73 years of age who had a mammogram to screen for breast cancer | **Baseline End of Budget Period (Yr. 1)*****Number*** | **End of** **Budget Period (Yrs. 2-4)*****Number*** | **HRHI Focus** |
| Total Female Patients Aged 51 through 73 |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| Number of Patients with Mammogram  |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| **7i** | **Colorectal Cancer Screening (NQF 0034/Quality ID: 113)** [CMS130v9](https://ecqi.healthit.gov/ecqm/ep/2021/cms130v9)**:** Percentage of patients 50 through 74 years of age who had appropriate screening for colorectal cancer | **Baseline End of Budget Period** **(Yr. 1)*****Number*** | **End of Budget Period (Yrs. 2-4)*****Number*** | **HRHI Focus** |
| Total Patients Aged 50 through 74 |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| Number of Patients with Appropriate Screening for Colorectal Cancer |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| **7j** | **Initiation and Engagement of Alcohol and Other Drug Dependence Treatment** [CMS137v710](https://ecqi.healthit.gov/ecqm/ep/2022/cms137v10): Percentage of patients 13 years of age and older with a new episode of alcohol or other drug abuse or (AOD) dependence who received appropriate follow-up | **Baseline End of Budget Period (Yr. 1)*****Number*** | **End of** **Budget Period (Yrs. 2-4)*****Number*** | **HRHI Focus** |
| Total patients age 13 years of age and older diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| Number of patients that initiated AOD abuse or dependency treatment with either an intervention or medication within 14 days of the diagnosis.  |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| **Cost Savings**  |
| ***Table Instructions:***  Please complete responses for each of the following measures, as applicable and as feasible to complete, relative to your funded grant project HRHI program’s target population/ enrolled participants and respective HRHI program focus area(s).***Emergency Department (ED) Admission Measures: 8a-8c (Optional)***Only HRHI grantees able to successfully collect and report the information requested should respond to measures under this section. For focus area specific ED measure please include in responses multiple admissions for same participant, if applicable. This also applies if admissions or multiple admissions for participant is related to more than one focus area ***Cost of Delivery Measures 9a-9b (Required)***Please refer to the guidance provided by FORHP for completing program delivery cost of per participant calculations for HRHI program |
| **Emergency Department (ED) Use** *\*Optional*  | **Baseline End of Budget Period (Yr. 1)*****Number*** | **End of** **Budget Period** **(Yrs. 2-4)*****Number*** | **HRHI Focus** |
| **8a** | Total number ***all cause*** of Emergency Department Admissions that occurred for **all individuals** **within your HRHI project’s service area** during the last 12 months.  |  |  | ***n/a*** |
| **8b** | Total number of HRHI Program ***focus area(s)*** ***related*** Emergency Department Admissions that occurred for **all individuals** **within your HRHI grant project’s service area** during the last 12 months  |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| **8c** | Total number of Emergency Department Admissions that occurred for ***HRHI Program participants/individuals served*** within your HRHI grant project’s service areaduring the last 12 months for each applicable HRHI programfocus area. |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| **Cost of Program Delivery** *\*Required* | **Baseline End of Budget Period (Yr. 1)*****Number*** | **End of** **Budget Period (Yrs. 2-4)*****Number*** | **HRHI Focus** |
| **9a** | Estimated annual HRHI program delivery cost per participant / per individual provided grant funded HRHI program services and/or activities during the reporting period.  |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |
| **9b** | Total number of participants or individuals provided HRHI program services and/or activities during the reporting period.  |  |  | CV/Stroke |
|  |  | CLRD |
|  |  | Cancer |
|  |  | Unintentional Injury/ SU |

1. **CLINICAL MEASURES**

***This section is only applicable to projects receiving Outreach funding for direct outpatient care services. This section is NOT applicable for grantees receiving grant funding under the HRHI program track.***

***Table Instructions:*** This table collects information about measures for the clinical outcomes of certain direct outpatient care services provided to the **unique individuals** **who** **received direct services funded by this grant during the reporting period**. The denominator for all measures should correlated with the population of unique persons (i.e., an unduplicated count of persons) who received direct services during the reporting period for your grant.

If your project supported grant funded workforce recruitment and/or retention activities, but you do not know the information, please select/enter DK (do not know) for your response. If your project did not support student/resident workforce recruitment and/or retention activities, please leave this section blank.

* If your project supported grant funded direct outpatient care services, but you are unable to complete the information for any particular clinical measure(s), please select/enter DK (do not know) for your response.
* If your project supported grant funded direct outpatient care services, but information requested is not applicable for a particular measure(s), please select/enter N/A (not applicable).
* If your project did not support direct outpatient care services, leave this section blank.

|  |  |
| --- | --- |
| **1** | **Diabetes Short Term Complications Admissions Rate** [NQF 0272 (PQI01-AD)](https://cmit.cms.gov/CMIT_public/ViewMeasure?MeasureId=2845#tab1)The rate of admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 18 years and older. |
| **Number (Denominator)**The number of people ages 18 years and older in the target service area. | **Number (Numerator)**Discharges for patients 18 years and older, with a principal ICD-9-CM diagnosis code for diabetes short term complications (ketoacidosis, hyperosmolarity, or coma). |
| **2** | **Depression Screening** **NQF 0418** [(CMS2v10](https://ecqi.healthit.gov/ecqm/ep/2021/cms002v10))Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool *and,* if screening was positive, (2) had a follow-up plan documented |
| **Number (Denominator)**Total Patients Aged 12 and Older in the funded grant project target patient population during the reporting period | **Number (Numerator)**Patients screened for clinical depression using an age appropriate standardized tool AND, if screening was positive, had a follow-up plan documented during the reporting period |
| **3** | **Blood Pressure NQF 0018** ([CMS165v9](https://ecqi.healthit.gov/ecqm/ep/2021/cms165v9))Percentage of patients 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90mmHg) during the measurement period. |
| **Number (Denominator)**Total Patients 18 through 85 Years of Age in the funded grant project target patient population who had a diagnosis of Hypertension during the reporting period |  **Number (Numerator)**Number of Patients in the funded grant project target patient population whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the reporting period. |
| **4** | **Diabetes Care - Hemoglobin A1c (HbA1c) Poor Control NQF 0059** [(CMS122v9)](https://ecqi.healthit.gov/ecqm/ep/2021/cms122v9?qt-tabs_measure=0)Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period |
| **Number (Denominator)**Total Patients 18 through 75 Years of Age with Diabetes in the funded grant project target patient population during the reporting period | **Number (Numerator)**Patients with HbA1c >9% in the funded grant project target patient population during the reporting period |
| **5** | **Tobacco Use NQF 0028** ([CMS138v9](https://ecqi.healthit.gov/ecqm/ep/2021/cms138v9))Percentage of patients aged 18 years of age and older who (1) were screened for tobacco use one or more times within 24 months, *and* (2) if identified to be a tobacco user received cessation counseling intervention |
|  **Number (Denominator)**All patients aged 18 years and older in the funded grant project target patient population seen for at least two visits or at least one preventive visit during the reporting period. | **Number (Numerator)**Number of Patients in the funded grant project target patient population Screened for Tobacco Use\* *and* who received tobacco cessation counseling intervention during the budget period\*\* if identified as a Tobacco User*\*Includes use of any type of tobacco \*\* Cessation counseling intervention includes brief counseling (3 minutes or less), and/or pharmacotherapy* |
| **6** | **Weight Assessment and Counseling for Children/Adolescents NQF 0024** ([CMS155v9](https://ecqi.healthit.gov/ecqm/ep/2021/cms155v9))Percentage of patients 3–17 years of age with a body mass index (BMI) percentile *and* counseling on nutrition *and* physical activity documented. |
| **Number (Denominator)**Total number of patients 3-17 years of age in the funded grant project target patient population with at least one outpatient visit with a primary care physician (PCP) or an obstetrician/gynecologist (OB/GYN) during the budget period | **Number (Numerator)**Total patients aged 3 through 17 in the funded grant project target patient population who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had evidence of the following during the budget period:* patients who had height, weight, and BMI percentile documentation
* patients who had counseling for nutrition
* patients who had counseling for physical activity
 |
| **7** | **Body Mass Index (BMI) Screening and Follow-Up NQF 0421** ([CMS69v9](https://ecqi.healthit.gov/ecqm/ep/2021/cms069v9))Percentage of patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters (Normal Parameters: Age 65 years and older BMI > or = 23 and < 30; Age 18 – 64 years BMI > or = 18.5 and < 25) |
| **Number (Denominator)**Total Patients Aged 18 and Older in the funded grant project target patient population during the reporting period | **Number (Numerator)**Number of Patients in the funded grant project target patient population with BMI Outside Normal Parameters and Follow-Up Plan documented during the encounter or during the previous twelve months of the encounter. |

**Appendix A**

 **Section Definitions**

**Definitions: Access to Care**

***Direct Services:*** A documented interaction between a patient/client and a clinical or non-clinical health professional that has been funded with FORHP grant dollars. Examples of direct services include (but are not limited to) patient visits, counseling and education. This includes both face-to-face in-person encounters as well as non face-to-face encounters.

***Target Population:*** Refers to the target population identified in your grant project’s funded application proposal served by organizations directly engaged in grant funded activities.

***Baseline Data:*** Data that is collected prior to the start of the grant project or intervention. This data will be collected 60 days after the start of the project period.

***Mid Year:*** Data that is collected 6 months after the start of a new project year.

***First Year - Fourth Year:*** Data that is collected after the end of the respective budget period.

**Definitions: Population Demographics Insurance Status/Coverage**

***Private Insurance (Self Pay):*** Health insurance provided by commercial and not for profit companies. Individuals may obtain insurance through employers or on their own.

***Uninsured:*** Those without health insurance.

***Medicare (Only):*** Federal insurance for the aged, blind, and disabled (Title XVIII of the Social Security Act). For the purposes of this reporting, coverage reported under Medicare, should also be inclusive of all Medicare coverage (other than dual eligible and Medicare supplemental coverage including Medicare Advantage as well as beneficiaries with supplemental coverage such as Medigap, employer sponsored or Veteran’s Administration (VA) coverage).

***Medicare Plus Supplemental:*** A Medicare Supplement Insurance (Medigap) policy helps pay some of the health care costs that. Original Medicare doesn't cover, like copayments or coinsurance. Coverage including Medicare Advantage as well as beneficiaries with supplemental coverage such as Medigap, employer sponsored or Veteran’s Administration (VA) coverage.

***Medicaid:*** is defined as State-run programs operating under the guidelines of Titles XIX (and XXI as appropriate) of the Social Security Act. For the purposes of this reporting, insurance coverage under Children’s Health Insurance Program (CHIP) should be included within the reporting for this category.

***Dual Eligible:*** Covered by both Medicaid and Medicare

***Children’s Health Insurance Program (CHIP):*** Jointly funded state and federal government program which provides health coverage to eligible children, through both Medicaid and separate CHIP programs administered by states, in accordance to federal requirements. For the purposes of this reporting, please report Medicaid (not including CHIP) separately from those including CHIP under Medicaid.

***Other Third Party:*** Includes coverage through state and/or local government programs such as

State-sponsored or public assistance programs only.

**Definitions: Health Prevention & Screening**

***Preventive Health Activities***: Activities used to prevent disease, detect health problems early, or provide people with the information they need to make good decisions about their health. This includes activities such as preventive health screening, counseling, immunizations and/or or medications. While preventive activities are traditionally delivered in clinical settings, preventive activities delivered in community settings such as, but not limited to, work sites, schools, residential treatment centers, or homes, is included in this definition.

**Definitions: Sustainability**

***Annual Program Revenue:*** Payments received for the services provided by the program that the grant supports. These services should be the same services outlined in your grant application work plan. Please do not include donations. If the total amount of annual revenue made is zero (0), please put zero in the appropriate section.

***Additional Funding:*** Funding already secured to assist in sustaining the project. Donations should be included in this section.

***In-Kind Contributions:*** Donations of anything other than money, including goods or services/time.

**Definitions: Consortium/Network**

***Consortium/Network:*** A consortium or network is defined as collaboration between two or more separately owned organizations. These should be consortium/network partners related directly to the implementation of the funded grant project.

**Definitions: Telehealth**

 ***Telehealth:*** The use of electronic information and telecommunication technologies1 to support remote clinical services2 and remote non-clinical services3.

1. *Telecommunication technologies* include but are not limited to: mobile health, video conferencing (with or without video), digital photography, store-and forward/asynchronous imaging, streaming media, wireless communication, telephone calls, remote patient monitoring through electronic devices such as wearables, mobile devices, smartphone apps; internet-enabled computers, specialty portals or platforms that enable secure electronic messaging and/or audio or video communication between providers or staff and patients not including EMR/EHR systems;
2. *Remote clinical services* include but are not limited to: telemedicine, physician consulting, screening and intake, diagnosis and monitoring, treatment and prevention, patient and professional health-related education, and other medical decisions or services for a patient
3. *Remote non-clinical services* include but are not limited to: provider and health professionals training, research and evaluation, the continuation of medical education, online information and education resources, individual mentoring and instruction, health care administration including video conferences for managers of integrated health systems, utilization and quality monitoring;

 ***NOTE:*** If a telecommunication technology, remote clinical or remote non-clinical service is missing, please reach out to your PO for further clarification.