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1	Grant Recipient Monthly Progress Report
2	Version 3.5 Last Updated: 4/1/22
3	I. Introduction
4	This document is a suggested Monthly Progress Report Recipient MPR to report information related to overall project progress.
5	Please Note: Some questions included this document are optional.
6	II. Grant Recipient MPR Overview
7	The Grant Recipient MPR template is organized as follows:
8	Section 1. Information and Instructions - Tabs
9	Introduction Tab
10	Terms and Definitions Tab
11	Section 2. Monthly Updates - This section of the MPR is used to report on monthly progress and includes questions related to the project.
12	Cover Page Tab
13	Key Activity 1 Tab Key Activity 2 Tab Key Activity 3 Tab Key Activity 4 Tab Key Activity 5 Tab
14	Section 3. Project Objective Updates and Progress
15	A. Access Tab B. Quality Tab C. Care Coordination Tab D. Health Equity Tab
16	Share Additional Information Tab
17	III. Additional Guidance for Completing the Grant Recipient MPR
18	Reporting Period: Monthly
19	Submission Deadline: Monthly. Due to HRSA's fiscal year, the submission deadline is the 15th of the month following the reporting period.
20	Naming Convention: Rename this file using the following format: [Agency Name] [Project Title] [Reporting Period] [Version].

	B
1	Report (MPR) – Optimizing Virtual Care (OVC)
2	
3	
4	MPR Report (MPR) template for Optimizing Virtual Care (OVC) grant recipients to report project activities. We encourage you to use the overall program implementation and the following OVC project objectives: A. Increase Access to Care and Information, B. Improve Clinical Quality and Health Outcomes, C. Enhance Patient Care Coordination, D. Promote Health Equity
5	This document may not be relevant for all grant program's activities. Grant recipients may choose to share additional information and data requested in the "Share Additional Information" tab.
6	
7	The document is divided into three sections and contains a total of 13 tabs, as described below.
8	Resources in this section provide resources to support grant recipients in filling out the MPR Template sheets
9	Provides an overview of the Grant Recipient MPR template and guidance for completing the form
10	Provides definitions for key terms used throughout the Grant Recipient MPR template
11	The Grant Recipient MPR Template provides table templates to support health centers with submitting MONTHLY Reports on Key Activities about A. Key Activity Implementation Tables and B. OVC Project Objective Updates, as listed below.
12	Enter grant recipient name, OVC grant number, BCHMIS ID and reporting month
13	Use the five activity tabs' tables to describe your health center's experience implementing five key OVC project-related activities during the reporting month. Grant recipients are encouraged to list "activities" from their OVC Application Logic Model and Project Vision. See "Attachment 2" in the OVC grant application for reference. Please enter only one activity per tab.
14	Additional Information- Tabs include reporting on OVC's four project objectives, and sharing information not requested in other tabs.
15	Describe your health center's progress implementing key activities related to the indicated OVC project objectives (A) Increase Access to Care and Information, (B) Improving Clinical Quality and Health Outcomes, (C) Enhancing Care Coordination, or (D) Promoting Health Equity). Specific instructions are included on each tab.
16	Grant recipients may use this tab to submit any additional information, comments, or data findings not requested in other tabs. For example, if your Health Center has a definable program for a specific patient population through the OVC grant, please share information for OVC-specific telehealth visits and any other relevant information in the Share Additional Information tab.
17	Grant Recipient MPR Template
18	
19	Report on the 5th of every month (Or the next regular business day if the 5th day falls on a Saturday, Sunday or federal holiday)
20	Use the following format before uploading to the EHB: OVC Grant Number_Reporting Month (example: X1XYZ10101_March 2020)

Key Term

Appointment Wait Time

Ethnicity

Face-to-Face (In-Person) Health Visit

Limited English Proficient (LEP)

Medical Insurance

Patient

Race

Service Category

Special Populations

Telehealth

Telemedicine

UDS Service Categories

Virtual Care Type: Asynchronous Store and Forward

Virtual Care Type: Mobile Health (mHealth)

Virtual Care Type: Other Asynchronous Technologies

Virtual Care Type: Remote Monitoring

Virtual Care Type: Synchronous Audio-Only

Virtual Care Type: Synchronous Video

Virtual Care Types

Virtual visit

Visit

Definition

This is the time (in hours or days) patients must wait before they can see a health care provider for an appointment.

Self-reported patient ethnicity (Hispanic or Latina/o or Not Hispanic/Latina/o)

Documented, in-person, face-to-face contact between a patient and a provider who exercises objective judgment in the provision of services to the patient. To be included as a visit, services rendered must be documented in the patient's record

Describes individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.

Patient's primary medical insurance (Medicare, Medicaid/Childrens Health Insurance Program (CHIP)/other public insurance, private insurance)

Patient: A person who has at least one countable visit in one or more categories of services

Self-reported patient race (Asian, Native Hawaiian, Black, African American, White, More than one race)

Includes medical care, dental, mental health, substance use disorder, vision, other professional, enabling

Migratory and seasonal agricultural workers, homeless populations, residents of public housing, patients from school-based health centers, veterans, populations with limited English proficiency,

The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration.

Telemedicine is a subset of telehealth services referring to remote clinical services.

Medical, dental, mental health, substance use disorder, other professional, vision, pharmacy, other programs and services, quality improvement, total facility and non-clinical support personnel, enabling services. See the 2021 Uniform Data System Reporting Manual.

Asynchronous Store and forward: Electronic transmission of medical information for remote evaluation, such as x-rays, sonograms, other digital images, documents, and pre-recorded audio and/or videos that are not real-time interactions.

Patient technologies, like smartphone and tablet apps, that enable patients to capture personal health data independent of an interaction with a clinician.

Email, fax, internet/online questionnaires, prescribing, or other transmissions.

Patient technologies, like smartphone and tablet apps, that enable patients to capture personal health data independent of an interaction with a clinician.

Use of a telephone or audio-only technology to conduct a "live" or real-time interactive visit between a patient and provider.

Use of a two-way video technology or other HIPAA compliant video connection to conduct a "live" or real-time interactive visit between a patient and provider

1. Synchronous Live Audio Only
2. Synchronous Live Video
3. Asynchronous Store and Forward
4. Remote monitoring
5. Mobile health(mHealth)
6. Other Asynchronous technologies

Virtual (telemedicine/telehealth) contact between a patient and a licensed or credentialed provider who exercises his/her independent, professional judgment in the provision of services to the patient.

Virtual visits must be provided using interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between the provider and a patient

- Virtual visits should use telemedicine- specific CPT or HCPCS codes with:
 - GT – Via interactive audio and video telecommunications systems
 - .95 – Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system
-

A documented contact between a patient and a licensed or credentialed provider who exercises his/her independent, professional judgment in the provision of services to the patient. Virtual visits are allowable for each of the service categories. This is the only change to the definition of a visit. All other criteria remain the same)

Grant Recipient Monthly Progress Re

Grant Recipient Information *(Please complete b*

Grant Recipient Organization Name

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Public Burden Statement: Data collection for the Oj virtual care. An agency may not conduct or sponso control number for this information collection is 090 grant funding. Public reporting burden for this colle sources, and completing and reviewing the collecti suggestions for reducing this burden, to HRSA Rep

Report (MPR) - Optimizing Virtual Care (OVC)

(below)

OVC Grant Number	BCHMIS ID

Optimizing Virtual Care (OVC) Grant program will provide HRSA with information to guide future program, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number 0970-0046 -XXXX and it is valid until XX/XX/202X. This information collection is required for HRSA-funded activities. The burden of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering the data needed, reviewing and collecting the data, and reviewing and approving the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Washington Field Office, Paperwork Reduction Project (0970-0046), HRSA, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperworkreduction@hhs.gov.

Reporting Month/Year]

ram and policy decisions regarding
y valid OMB control number. The OMB
ealth centers to obtain or retain OVC
structions, searching existing data
ion of information, including
ork@hrsa.gov.

Instructions: Please complete the "Key Activity 1" table each month to describe your health center's engagement in one of at least five program-related activities identified in the "Optimizing Virtual Care Work Plan." See "Attachment 2" in the OVC grant application for reference.

Please submit only one activity per table.

In the Monthly Key Activity Table below, list 1) one key program-related activity reported in your health center's "Optimizing Virtual Care Work Plan".

For the activity listed, identify the OVC project (2) objective(s) the activity addresses, (3) changes to the activity work plan (4) activity status, (5) challenges/obstacles, (6) successes, (7) lessons learned, and (8) additional comments.

	1) Key Activity 1: (Write In) <i>Example: "Recruit, hire, and train new staff; integrate existing teams into the project"</i>
(Select (X) all that apply)	2) Objective: What OVC objective(s) does this activity address?
	A. Increase Access to Care and Information
	B. Improve Clinical Quality and Health Outcomes
	C. Enhance Patient Care Coordination
	D. Promote Health Equity
(Select (X) One)	3) Did you change the work plan for this activity during the reporting period?
	No
	Yes
	3a) [If yes] Please describe the change and the reasons for the change (100 Words Max):
(Select (X) all that apply)	4) Activity Status: This activity...
	Is not started
	Is completed
	Is in progress and on schedule
	Is in progress and timing is delayed
	Is started but will not be completed in the grant period
(Select (X) all that apply)	5) Challenges: What challenges impacted your health center's ability to implement this activity during the reporting month? Challenges related to....
	Patient adoption
	Staff adoption
	Community engagement
	Telehealth technology or vendor issues
	Health center logistical space or workflow challenges
	Organizational structure (e.g., policies, processes, or governance)
	Cost and/or service reimbursements
	Information security, privacy, and confidentiality
	Technology infrastructure (e.g., broadband and/or telecommunication services)
	Local, state, and/or federal policies

Other *(Write in)*: _____

5a) How did challenges impact the activity? (Please consider impacts related to achieving OVC project objectives) *(300 Word Max)*

**6) Success: What activity-related achievements did the health center make during this reporting month? (i.e., Organizational benchmarks reached, community recognitions earned)
Please list achievements below *(300 Words Max)***

6a) What factors contributed to these achievements? *(300 Word Max)*

7) Lessons Learned: What lessons did the health center learn during the reporting month? *(300 Word Max)*

8) Additional comments about this activity

Instructions: Please complete the "Key Activity 2" table each month to describe your health center's engagement in one of at least five program-related activities identified in the "Optimizing Virtual Care Work Plan." See "Attachment 2" in the OVC grant application for reference.
Please submit only one activity per table.

In the Monthly Key Activity Table below, list 1) one key program-related activity reported in your health center's "Optimizing Virtual Care Work Plan".
 For the activity listed, identify the OVC project (2) objective(s) the activity addresses, (3) changes to the activity work plan (4) activity status, (5) challenges/obstacles, (6) successes, (7) lessons learned, and (8) additional comments.

	1) Key Activity 2: (Write In) <i>Example: "Develop a standardized workflows for telehealth visits and virtual care patient training and support."</i>
(Select (X) all that apply)	2) Objective: What OVC objective(s) does this activity address?
	A. Increase Access to Care and Information
	B. Improve Clinical Quality and Health Outcomes
	C. Enhance Patient Care Coordination
	D. Promote Health Equity
(Select (X) One)	3) Did you change the work plan for this activity during the reporting period?
	No
	Yes
	3a) [If yes] Please describe the change and the reasons for the change (100 Words Max):
(Select (X) all that apply)	4) Activity Status: This activity...
	Is not started
	Is completed
	Is in progress and on schedule
	Is in progress and timing is delayed
	Is started but will not be completed in the grant period
(Select (X) all that apply)	5) Challenges: What challenges impacted your health center's ability to implement this activity during the reporting month? Challenges related to....
	Patient adoption
	Staff adoption
	Community engagement
	Telehealth technology or vendor issues
	Health center logistical space or workflow challenges
	Organizational structure (e.g., policies, processes, or governance)
	Cost and/or service reimbursements
	Information security, privacy, and confidentiality
	Technology infrastructure (e.g., broadband and/or telecommunication services)
	Local, state, and/or federal policies

Other *(Write in)*: _____

5a) How did challenges impact the activity? (Please consider impacts related to achieving OVC project objectives) *(300 Word Max)*

**6) Success: What activity-related achievements did the health center make during this reporting month? (i.e., Organizational benchmarks reached, community recognitions earned)
Please list achievements below *(300 Word Max)***

6a) What factors contributed to these achievements? *(300 Word Max)*

7) Lessons Learned: What lessons did the health center learn during the reporting month? *(300 Word Max)*

8) Additional comments about this activity

Instructions: Please complete the "Key Activity 3" table each month to describe your health center's engagement in one of at least five program-related activities identified in the "Optimizing Virtual Care Work Plan." See "Attachment 2" in the OVC grant application for reference.
Please submit only one activity per table.

In the Monthly Key Activity Table below, list 1) one key program-related activity reported in your health center's "Optimizing Virtual Care Work Plan".
 For the activity listed, identify the OVC project (2) objective(s) the activity addresses, (3) changes to the activity work plan (4) activity status, (5) challenges/obstacles, (6) successes, (7) lessons learned, and (8) additional comments.

	1) Key Activity 3: (Write In) <i>Example: "Purchase and install new cameras and speakers for exam rooms and to optimize telehealth visits."</i>
(Select (X) all that apply)	2) Objective: What OVC objective(s) does this activity address?
	A. Increase Access to Care and Information
	B. Improve Clinical Quality and Health Outcomes
	C. Enhance Patient Care Coordination
	D. Promote Health Equity
(Select (X) One)	3) Did you change the work plan for this activity during the reporting period?
	No
	Yes
	3a) [If yes] Please describe the change and the reasons for the change (100 Words Max):
(Select (X) all that apply)	4) Activity Status: This activity...
	Is not started
	Is completed
	Is in progress and on schedule
	Is in progress and timing is delayed
	Is started but will not be completed in the grant period
(Select (X) all that apply)	5) Challenges: What challenges impacted your health center's ability to implement this activity during the reporting month? Challenges related to....
	Patient adoption
	Staff adoption
	Community engagement
	Telehealth technology or vendor issues
	Health center logistical space or workflow challenges
	Organizational structure (e.g., policies, processes, or governance)
	Cost and/or service reimbursements
	Information security, privacy, and confidentiality
	Technology infrastructure (e.g., broadband and/or telecommunication services)
	Local, state, and/or federal policies

Other *(Write in)*: _____

5a) How did challenges impact the activity? (Please consider impacts related to achieving OVC project objectives) *(300 Word Max)*

**6) Success: What activity-related achievements did the health center make during this reporting month? (i.e., Organizational benchmarks reached, community recognitions earned)
Please list achievements below *(300 Word Max)***

6a) What factors contributed to these achievements? *(300 Word Max)*

7) Lessons Learned: What lessons did the health center learn during the reporting month? *(300 Word Max)*

8) Additional comments about this activity

Instructions: Please complete the "Key Activity 4" table each month to describe your health center's engagement in one of at least five program-related activities identified in the "Optimizing Virtual Care Work Plan." See "Attachment 2" in the OVC grant application for reference.
Please submit only one activity per table.

In the Monthly Key Activity Table below, list 1) one key program-related activity reported in your health center's "Optimizing Virtual Care Work Plan".
 For the activity listed, identify the OVC project (2) objective(s) the activity addresses, (3) changes to the activity work plan (4) activity status, (5) challenges/obstacles, (6) successes, (7) lessons learned, and (8) additional comments.

	1) Key Activity 4: (Write In) <i>Example: "Purchase remote monitoring devices (pulse oximeters and RPM scales) and distribute to eligible patients."</i>
(Select (X) all that apply)	2) Objective: What OVC objective(s) does this activity address?
	A. Increase Access to Care and Information
	B. Improve Clinical Quality and Health Outcomes
	C. Enhance Patient Care Coordination
	D. Promote Health Equity
(Select (X) One)	3) Did you change the work plan for this activity during the reporting period?
	No
	Yes
	3a) [If yes] Please describe the change and the reasons for the change (100 Words Max):
(Select (X) all that apply)	4) Activity Status: This activity...
	Is not started
	Is completed
	Is in progress and on schedule
	Is in progress and timing is delayed
	Is started but will not be completed in the grant period
(Select (X) all that apply)	5) Challenges: What challenges impacted your health center's ability to implement this activity during the reporting month? Challenges related to....
	Patient adoption
	Staff adoption
	Community engagement
	Telehealth technology or vendor issues
	Health center logistical space or workflow challenges
	Organizational structure (e.g., policies, processes, or governance)
	Cost and/or service reimbursements
	Information security, privacy, and confidentiality
	Technology infrastructure (e.g., broadband and/or telecommunication services)

	Local, state, and/or federal policies
	Other <i>(Write in)</i> : _____
	5a) How did challenges impact the activity? (Please consider impacts related to achieving OVC project objectives) (300 Word Max)
	6) Success: What activity-related achievements did the health center make during this reporting month? (i.e., Organizational benchmarks reached, community recognitions earned) Please list achievements below (300 Word Max)
	6a) What factors contributed to these achievements? (300 Word Max)
	7) Lessons Learned: What lessons did the health center learn during the reporting month? (300 Word Max)
	8) Additional comments about this activity

Instructions: Please complete the "Key Activity 5" table each month to describe your health center's engagement in one of at least five program-related activities identified in the "Optimizing Virtual Care Work Plan." See "Attachment 2" in the OVC grant application for reference.

Please submit only one activity per table.

In the Monthly Key Activity Table below, list 1) one key program-related activity reported in your health center's "Optimizing Virtual Care Work Plan".

For the activity listed, identify the OVC project (2) objective(s) the activity addresses, (3) changes to the activity work plan (4) activity status, (5) challenges/obstacles, (6) successes, (7) lessons learned, and (8) additional comments.

	1) Key Activity 5: (Write In) <i>Example: "Collaborate with community organization partners to enhance remote monitoring patient experience and utilization"</i>
(Select (X) all that apply)	2) Objective: What OVC objective(s) does this activity address?
	A. Increase Access to Care and Information
	B. Improve Clinical Quality and Health Outcomes
	C. Enhance Patient Care Coordination
	D. Promote Health Equity
(Select (X) One)	3) Did you change the work plan for this activity during the reporting period?
	No
	Yes
	3a) [If yes] Please describe the change and the reasons for the change (100 Word Max):
(Select (X) all that apply)	4) Activity Status: This activity...
	Is not started
	Is completed
	Is in progress and on schedule
	Is in progress and timing is delayed
	Is started but will not be completed in the grant period
(Select (X) all that apply)	5) Challenges: What challenges impacted your health center's ability to implement this activity during the reporting month? Challenges related to....
	Patient adoption
	Staff adoption
	Community engagement
	Telehealth technology or vendor issues
	Health center logistical space or workflow challenges
	Organizational structure (e.g., policies, processes, or governance)
	Cost and/or service reimbursements
	Information security, privacy, and confidentiality
	Technology infrastructure (e.g., broadband and/or telecommunication services)
	Local, state, and/or federal policies

Other *(Write in)*: _____

5a) How did challenges impact the activity? (Please consider impacts related to achieving OVC project objectives) *(300 Word Max)*

**6) Success: What activity-related achievements did the health center make during this reporting month? (i.e., Organizational benchmarks reached, community recognitions earned)
Please list achievements below *(300 Word Max)***

6a) What factors contributed to these achievements? *(300 Word Max)*

7) Lessons Learned: What lessons did the health center learn during the reporting month? *(300 Word Max)*

8) Additional comments about this activity

Instructions: Please complete

A. Access: Increase Patient

A.1. What types of virtual care during the reporting month

a) Overall Health Center	b) Specific OVC project <i>(optional*)</i>

*If applicable, for health centers

te the "A. Access" table below to describe your health center's efforts related to:
A) Increasing Patient Access to Care and Information

Virtual Care Access to Care and Information
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How many times did your a) overall health center and b) Specific OVC grant-funded project* use each type of virtual care in the past 12 months? <i>(See Terms and Definitions tab for descriptions of virtual care types)</i> <i>(Select (X) below for all that apply)</i>

Virtual Care Type

Face-to-Face (In-Person) Visits

Synchronous – Live Audio Only

Synchronous – Live Video

Asynchronous Store and Forward

Remote Monitoring

Mobile Health (mHealth)

Other Asynchronous Technology: <i>(Write In)</i> _____
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*Note: Virtual care types that have different data for OVC-specific activities to report in a given month

Instructions: Please complete

B. Quality: Improve Clinical

B.1. Which of the following clinical health center and b) specific

a) Overall Health Center	b) Specific OVC project <i>(optional*)</i>

*If applicable, for health centers
** 'Diabetes Eye Exam' is a CMS

te the "B.Quality" table below to describe your health center's efforts related to:
B) Improving Clinical Quality and Health Outcomes

Quality and Health Outcomes

clinical activities, from the 2022 UDS Clinical Quality Measures, did your a) overall
ic OVC grant-funded project* implement using virtual care during the reporting
month? *(Select (X) all that apply)*

Clinical Activities

- None of These or Technology Not Offered
- Breast Care Screening
- Cervical Care Screening
- Childhood Immunization Status
- Colorectal Cancer Screening
- Depression Screening and Follow-Up Plan
- Diabetes Eye Exam**
- HIV Screening
- Diabetes Control (Hemoglobin A1C)
- High Blood Pressure Control
- Depression Remission, 12 months
- Other: *(Write In)*
- Other: *(Write In)*
- Other: *(Write In)*

that have different data for OVC-specific activities to report in a given month
S electronic clinical quality measure (eCQM CMS131V10), not a 2022 UDS Measure

Instructions: Please complete the "C. Care Coordination" tables below to describe your health center's efforts related to:
C) Enhancing Care Coordination

C. Care Coordination: Enhance Patient Care Coordination

C.1a. Based on staffing for your *overall health*

For each service category; Report in Column A, the total number of full-time equivalent number of FTE staff hired during the reporting month. Report in Column C the total number of FTE staff

UDS Service Categories*	A. Total FTEs	B. FTEs Hired
Medical		
Dental		
Mental Health		
Substance Use Disorder		
Other Professional Services		
Vision		
Pharmacy		
Enabling Services		
Other Programs and Services		
Quality Improvement Personnel		
Total Facility and Non-Clinical Support Personnel		

C.1b. Based on staffing for your *specific OVC grant*

For each service category; Report in Column A, the total number of full-time equivalent number of FTE staff hired during the reporting month. Report in Column C the total number of FTE staff

UDS Service Categories	A. Total FTEs	B. FTEs Hired
Medical		
Dental		
Mental Health		
Substance Use Disorder		
Other Professional Services		
Vision		
Pharmacy		
Enabling Services		

Other Programs and Services		
Quality Improvement Personnel		
Total Facility and Non-Clinical Support Personnel		

C.2. [If Table C.1. Column C indicates, FTEs completed virtual care training]		
Who provided virtual care training to FTEs? <i>(Select (X) all that apply)</i>		
Training Resources	a) Overall Health Center	b) Specific OVC project (optional*)
Virtual care training(s) provided by internal health center staff		
Virtual care training(s) provided by external entities <i>(e.g., other organizations)</i>		
C.2.a. [If provided by external entity] List names of external entities, separated by commas, that provided training to the right:		

*If applicable, for health centers that have different data for OVC-specific activities to report

C.3. Please describe your health centers OVC-grant fund spending on clinical and non-clinical equipment during the reporting month. Use Column A to record the total amount spent and Column B to describe purchases made during the reporting month.		
Equipment Type	A. Total Amount	B. Description
Clinical Equipment		
Non-Clinical Equipment		

t in a given month

Instructions: Please complete the "C. Health Equi
re
D) Promoti

D. Promote Health Equity

**D.1. List and describe the community or
to support virtual care. Please list one organ**

Community Organization Name (City, State)

**D.2. Which standardized screener(s) for social ri
repor**

Select (X) all that apply

**D.3. List and describe the processes, events, and
disparities in access to virtual care amon**

Process/Event/Material Name

**D.4. What did you hear from providers about virtual care use during the reporting month?
(Consider challenges, successes, and lessons shared formally and/or informally) (300 Word max)**

**D.5. What did you hear from patients about virtual care use during the reporting month?
(Consider challenges, successes, and lessons shared formally and/or informally) (300 Word max)**

D.6. Additional Comments: (300 Word max)

ity" tables below to describe your health center's efforts related to:
ng Health Equity

<p>rganizations your health center partnered with nization per row and add additional rows if needed.</p>
<p>Describe partnership activity</p>

<p>sk factors, if any, did your health center use during the ting month?</p>
<p>Standardized screeners <i>(Click embedded link for more information)</i></p>
<p>Accountable Health Communities Screening Tool</p>
<p>Upstream Risks Screening Tool and Guide</p>
<p>iHELP/ HELLP (Income, Housing, Education, Legal Status, Lit</p>
<p>Recommend Social and Behavioral Domains for EHRs</p>
<p>(PRAPARE) Protocol for Responding to and Assessing Patien</p>
<p>(WE CARE) Well Child Care, Evaluation, Community Resource</p>
<p>WellRx</p>
<p>Health Leads Screening Toolkit</p>
<p>Other: <i>(Please describe):</i></p>
<p>We DO NOT use a standardized screener</p>

<p>materials your health center used to educate staff about ng patients served during the reporting month.</p>
<p>Description (50 Word Max each)</p>

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[Grant recipients may use this tab to submit any additional information, comments, or data findings]

please report related data for OVC-specific telehealth visits and any other relevant information

things not requested in other areas of the template]

in this tab.

Priority	Domain/ Objective	Measure Name	Measure Description	Measure Type
All Health Centers	Access to Care and Information	Patient Utilization of Face-to-Face (In-person) Visits	Percentage (number) of patients with a face-to-face (in-person) visit for each service category (medical, dental, mental health, substance use disorder, vision, other professional, enabling)	Structural
	Access to Care and Information	Patient Utilization of Virtual Visits	Percentage (number) of patients with a virtual visit for each service category (medical, dental, mental health, substance use disorder, vision, other professional, enabling)	Structural
	Access to Care and Information	Patient Utilization of Virtual Visits	Percentage (number) of patients with both a face-to-face (in-person) and a virtual visit, for each service category (medical, dental, mental health, substance use disorder, vision, other professional, enabling)	Structural
	Access to Care and Information	Patient Utilization of all Virtual Care Modalities or Types	Percentage (Number) of patients who had a virtual care encounter during the measurement period for six virtual care types: a. Synchronous/Live audio-only b. Synchronous/live video, c. Asynchronous Store and forward, d. Remote monitoring,e. Mobile health(mHealth) f. Other Asynchronous technologies	Structural
	Patient Care Coordination	Service Reimbursement	Percentage of virtual care claims submitted vs. reimbursed	Structural

Priority	Domain/ Objective	Measure Name	Measure Description	Measure Type
	Patient Care Coordination	Mean Appointment Wait Time	Mean time (in days) measured from the day of engagement with a scheduler (scheduling an appointment) to the day on which the appointment is scheduled (appointment date)	Process
	Patient Care Coordination	Virtual Care Strategic Assess	Health centers self-assessed virtual care strategic maturity level based on leadership and governance, technology platforms, virtual care operations, and health equity categories	Structural
	Quality of Care and Outcomes	Preventive Care and Screening: Breast Cancer Screening	Percentage of women 51–73 years of age who had a mammogram to screen for breast cancer.	Process
	Quality of Care and Outcomes	Preventive Care and Screening: Cervical Cancer Screening	Percentage of women 23–64 years of age who were screened for cervical cancer.	Process
	Quality of Care and Outcomes	Preventive Care and Screening: Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	Process
	Quality of Care and Outcomes	Preventive Care and Screening: Colorectal Cancer Screening	Percentage of patients 50 through 74 years of age who had appropriate screening for colorectal cancer.	Process

Priority	Domain/ Objective	Measure Name	Measure Description	Measure Type
d Screening/Health Outcome Measures to Report	Quality of Care and Outcomes	Preventive Care and Screening: HIV Screening	Percentage of patients 15 through 65 years of age who were tested for HIV when within age range.	Process
	Quality of Care and Outcomes	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for depression on the date of the visit or 14 days prior to the visit using an age-appropriate standardized depression screening tool and, if screening was positive, had a follow-up plan documented on the date of the visit.	Process
	Quality of Care and Outcomes	Preventive Care and Screening: Diabetes Eye Exam	Percentage of patients 18-75 years of age with diabetes and an active diagnosis of retinopathy in any part of the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or diabetics with no diagnosis of retinopathy in any part of the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or in the 12 months prior to the measurement period	Process
	Quality of Care and Outcomes	Health Outcome: Hemoglobin A1c (HbA1c) Poor Control(<9.0)	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent during the measurement period	Outcome: Intermediate

Priority	Domain/ Objective	Measure Name	Measure Description	Measure Type
Choose At Least 3 of 9 Preventive Care an	Quality of Care and Outcomes	Health Outcome: Controlling High Blood Pressure	Percentage of patients aged 12 years and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event	Outcome: PRO-PM
	Quality of Care and Outcomes	Health Outcome: Depression Remission at Twelve Months	Percentage of patients 18-85 years of age who had a diagnosis of hypertension overlapping the measurement period or the year prior and whose most recent blood pressure (BP) was adequately controlled (less than 140/90 mmHg) during the measurement period.	Outcome
OPTIONAL: For Health centers implementing the CAHPS Clinical and Group Visit Adult 4.0 (beta) Survey	Quality of Care and Outcomes: Patient Experience of Care	Patient Overall Rating of Most Recent face-to-face (in-person) or synchronous virtual care (phone or video) visit	Mean overall rating of the most recent visit for all adults patients responding to item 21 of the CAHPS Clinical and Group Survey and Instructions Adult 4.0 (beta) (On a scale of 0 to 10, with 0 being the worst and 10 being the best)	Patient Experience of Care
	Quality of Care and Outcomes: Patient Experience of Care	Patient Virtual Video Visit Training	Percentage of patients who reported receiving instructions to use video prior to a synchronous, video virtual care visit	Patient Experience of Care