	A
1	**Biannual Measures Report – Optimizing**
2	***Version 6.0 Last Updated: 12/8/2022***
3	**I. Introduction**
4	This document is a suggested Biannual M Biannual Measures Report template to rep Information, B. Imp
5	Please Note: Some questions included i
6	**II. Biannual Measures Report Overview**
7	The Biannual Measures Report template is
8	**Section 1. Information and Instructions template.**
9	**Introduction Tab**
10	**Terms and Definitions Tab**
11	**Reporting Guidance Summary Tab**
12	**Guidance For Tables 10 and 11**
13	**Section 2. Biannual Updates - Tabs in th**
14	**Cover Page Tab**
15	**Access (Tables 1-3) Tab**
16	**Access (Tables 4-9) Tab**
17	**Quality (Tables 10-13) Tab**
18	**Care Coordination (Tables 14-20) Tab**
19	**Section 3. Virtual Care Strategic Deploy**
20	**Virtual Care Strategic Deployment (VSCD) Self-Assessment Model Tool (Table 21) Tab**
21	**Share Additional Information Tab**
22	**III. Additional Guidance for Completing**
23	**BMR File Naming Convention**

	A
24	**Reporting Frequency**
25	**OVC BMR Reporting Periods**
26	**Reporting Period 1 of 4**
27	**Reporting Period 2 of 4**
28	**Reporting Period 3 of 4**
29	**Reporting Period 4 of 4**
30	**Many items in this document referenc**
31	**IV. Version Updates Log**
32	Version (Date Last Updated)
33	Version 6.0 (Last Updated 12/8/2022)
34	Version 6.0 (Last Updated 12/8/2022)
35	Version 6.0 (Last Updated 12/8/2022)
36	Version 6.0 (Last Updated 12/8/2022)
37	Version 6.0 (Last Updated 12/8/2022)
38	Version 5.1 (Last Updated 9/9/2022)
39	Version 5.1 (Last Updated 9/9/2022)
40	Version 5.1 (Last Updated 9/9/2022)
41	Version 5.1 (Last Updated 9/9/2022)
42	Version 5.1 (Last Updated 9/9/2022)
43	Version 5.1 (Last Updated 9/9/2022)

	B
1	**Virtual Care (OVC)**
2	
3	
4	easures Report template for Optimizing Virtual Care (OVC) grant recipients to report project activities ort information related to overall program implementation and the following OVC project objectives: A rove Clinical Quality and Health Outcomes, C. Enhance Patient Care Coordination, D. Promote Healt
5	n this document may not be relevant for all grant program's activities. Grant recipients may choose to above and beyond the data requested in the "Share Additional Information" tab.
6	
7	s organized into three sections and contains a total of 11 tabs, as described below.
8	**- Tabs in this section provide resources to support grant recipients in filling out the Biannual M**
9	Provides an overview of the Biannual Measures Report template and guidance for completing the for
10	Provides definitions for key terms used throughout the Biannual Measures Report template.
11	Provides a compiled list of Biannual Measures Report table template titles and instructions.
12	Provides additional instructions and a step-by-step example for reporting UDS quality measures data
13	**is section provide table templates to support health center reporting on OVC Project Objectiv**
14	Enter grant recipient name, OVC grant number, and reporting period.
15	Complete all tables requesting data related to increasing access to care and information for the repor
16	Complete all tables requesting data related to increasing access to care and information for the repor
17	Complete Tables 10 and 11 requesting data related to improving the quality of virtual care delivery fo *Note: Tables 12 and 13 are optional for all Reporting Periods.*
18	Complete all tables requesting data related to enhancing care coordination for the reporting period. *Note: Tables 17 and 18 are optional for Reporting Period 1.*
19	**yment (VCSD) Self-Assessment Model and Additional Information Tabs**
20	Complete the VCSD Self-Assessment on Table 21 to help the OVC Team better understand the heal strategies and potential implementation needs
21	Grant recipients may use this tab to submit any additional information, comments, or data findings no the template. For example, if your health center has a definable program for a specific patient popula please report related data for OVC-specific telehealth visits and any other relevant information in the tab.
22	**the Grant Recipient BMR Template**
23	Rename this file using the following format before uploading to the EHB: OVC Biannual Measures Re Number_Reporting Period (example: OVC Biannual Measures Report_Q8VCS12345_Reporting Per

	B
24	Biannual
25	Data collection date range and (data submission deadline) for each reporting period
26	**3/1/2022 to 8/31/2022** (due to HRSA on 10/5/2022)
27	**9/1/2022 to 2/28/2023** (due to HRSA on 4/5/2023)
28	**3/1/2023 to 8/31/2023** (due to HRSA on 10/5/2023)
29	**9/1/2023 to 2/28/2024** (due to HRSA on 4/5/2024)
30	**ce the Uniformed Data System (UDS) Manual. For access to the most recent UDS Manual visit: reporting/uds-training-and-technical-assistance/reporting-guidance**
31	
32	Description of Updates Made
33	"Introduction" tab revised to add a link to the most recent UDS manual for easy access
34	"Guidance for Tables 10 and 11 tab", added appropriate links to the UDS manual and relevant PALs.
35	Throughout document, changed references to "2022" UDS Reporting Manual to the "most recent" UD support future BMR 2023 and 2024 data reporting.
36	"VCSD Self Assessment tab", revised cell D32 to reflect "Advanced-Level Maturity" (previously "Four
37	"Care Coordination tab", Tables 14 and 15: added instructions to indicate reporting on FTEs and virt the entire health center
38	Added "Guidance for Tables 10 and 11" tab to provide additional support for data collection and repo
39	Revised the language used for data collection time periods to use "12 months prior to the last day of
40	In Table headers and "pop-up" instructions, revised language from "reporting period" to "6-month rep
41	"Quality" Tab, Tables 10 and 11: Revised language, structure and instructions to align more with 202 support data collection.
42	"Quality" Tab, Tables 10 and 11: Added CMS eCQM ID numbers for all measures based on the 2022 added clarity.
43	Added "Guidance for Tables 10 and 11" tab to provide additional support for reporting Quality of Care Health Outcome Measures

Key Term
Appointment Wait Time
Community-Based Organization
Consumer Assessment of Healthcare Providers and Systems (or CAHPS) Clinical & Group Adult Visit Survey 4.0 (beta)
Countable Visit
Ethnicity
Face-to-Face (In-Person) Health Visit
Limited English Proficient (LEP)
Medical Insurance
Patient
Patient Encounter
Patient Visit (Or Countable Visit)
Race
Reporting Period (Also referred to as "6-month Reporting Period")
Special Populations

Telehealth

Telemedicine

UDS Service Categories

UDS Service Categories for Countable Visits

UDS Service Category: Dental Services

UDS Service Category: Enabling Services

UDS Service Category: Medical Care Services

UDS Service Category: Mental Health Services

UDS Service Category: Other Professional Services

UDS Service Category: Other Programs and Services

UDS Service Category: Pharmacy Personnel

UDS Service Category: Quality Improvement Staff
UDS Service Category: Substance Use Disorder Services
UDS Service Category: Total Facility and Non-Clinical Support Staff
UDS Service Category: Vision Services
Virtual Care Encounter
Virtual Care Type: Asynchronous Store and Forward (Store and Forward Telehealth, Asynchronous Telehealth)

Virtual Care Type: Mobile Health (mHealth)

Virtual Care Type: Other Asynchronous Services

Virtual Care Type: Remote Patient Monitoring (RPM, remote monitoring, remote physiologic monitoring, remote therapeutic monitoring, RTM)

Virtual Care Type: Synchronous Real-time Telehealth - Audio-Only (Audio-only visits)

Virtual Care Type: Synchronous Real-Time Telehealth Video (Live video)

Virtual Care Types

Virtual Care Visit

Definition
Refers to the time (in days) patients must wait before they can see a health care provider for an appointment.
As defined by the HHS Office of the Secretary for Preparedness and Response, community-based organizations (CBOs) are public or private not-for-profit resource hubs that provide specific services to the community or targeted population within the community. CBOs include but are not limited to aging and disability networks, community health centers, childcare providers, home visiting programs, state domestic violence coalitions and local domestic violence shelters and programs, adult protective services programs, homeless services providers, and food banks that work to address the health and social needs of populations.
The Agency for Healthcare Research and Quality (AHRQ) identifies CAHPS as an AHRQ program that began in 1995. Its purpose is to advance scientific understanding of patient experience with healthcare (ahrq.gov).
A documented in-person or virtual live video and/or audio (synchronous, real time) interaction between a patient and a licensed or credentialed provider who exercises his/her independent, professional judgment in the provision of services to the patient.
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/Children's Health Insurance Program (CHIP)/other public insurance, private insurance).
A person who has at least one in-person or virtual encounter or countable visit in the last 12 months.
An in-person or virtual interaction between an awardee health center and a patient for the purposes of health care.
A documented in-person or virtual live video and/or audio (synchronous, real time) interaction between a patient and a licensed or credentialed provider who exercises his/her independent, professional judgment in the provision of services to the patient.
Self-reported patient race (Asian, Native Hawaiian, Black, African American, White, More than one race).
Reporting Period refers to the four specified 6-month time frames for OVC data collection.
Migratory and seasonal agricultural workers, homeless populations, residents of public housing, patients from school-based health centers, veterans, and 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 care services, dental services, mental health services, substance use disorder services, other professional services, vision services, enabling services, pharmacy personnel, other programs and services, quality improvement staff, total facility and non-clinical support staff.

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

Personnel include general dental practitioners, oral surgeons, periodontists, endodontists, dental hygienists, dental therapists, dental assistants and advanced dental practice assistants, dental technicians, dental aides, and dental students (including hygienists students).

Personnel include case managers, case/referral coordinators, patient advocates, social workers, public health nurses, home health nurses, visiting nurses, registered nurses, licensed practical nurses/licensed vocational nurses, family planning counselors, health educators, outreach workers, patient transportation coordinators, drivers (including mobile van drivers), benefits assistance workers, pharmacy assistance program eligibility workers, eligibility workers, patient navigators, patient advocates, registration clerks, certified assisters, interpreters, translators, community health workers, community health advisors or representatives, lay health advocates, promotoras, and other enabling services personnel.

Personnel include family practitioners, general practitioners, internists, obstetricians/gynecologists, pediatricians, licensed medical residents, allergists, cardiologists, dermatologists, endocrinologists, orthopedists, surgeons, urologists, other physician specialists and sub-specialists, nurse practitioners, physician assistants, certified nurse midwives, clinical nurse specialists, public health nurses, home health nurses, visiting nurses, registered nurses, licensed practical nurses/licensed vocational nurses, nurse emergency medical services/nurse emergency medical technicians, nurses aides/assistants (certified and uncertified), clinic aides/medical assistants (certified and uncertified medical technologists), unlicensed interns and residents, EMT/EMS personnel, pathologists, medical technologists, laboratory technicians, laboratory assistants, phlebotomists, radiologists, X-ray technologists, X-ray technicians, radiology assistants and ultrasound technicians.

Personnel include psychiatrists, psychologists, clinical and psychiatric social workers, family therapists, psychiatric nurse practitioners, psychiatric and mental health nurses, and unlicensed mental health providers, including trainees (interns or residents), and "certified" personnel.

Personnel include audiologists, acupuncturists, chiropractors, community health aides and practitioners, herbalists, massage therapists, naturopaths, registered dietitians (including nutritionists/dietitians), occupational therapists, podiatrists, physical therapists, respiratory therapists, speech therapists/pathologists, and traditional healers.

Personnel include WIC workers, Head Start workers, housing assistance workers, child care workers, food bank/meal delivery workers, employment/educational counselors, exercise trainers/fitness trainer personnel, adult day care and frail elderly support personnel.

Personnel include pharmacists, clinical pharmacists, pharmacy technicians, pharmacist assistants, and pharmacy clerks.

Personnel include quality improvement (QI) nurses, QI technicians, QI data specialists, statisticians and analysts, quality assurance/quality improvement and HIT/EHR design and operation personnel.

Personnel include unlicensed substance use disorder providers, including trainees (interns or residents), and "certified" personnel, alcohol and drug abuse counselors, and RN counselors.

Personnel include project directors, chief executive officers/executive directors, chief financial officers/fiscal officers, chief information officers, chief medical officers, secretaries/administrative assistants, administrators, directors of planning and evaluation, clerk typists, personnel directors, receptionists, directors of marketing, marketing representatives, enrollment/service representatives, finance directors, accountants, bookkeepers, billing clerks, cashiers, data entry clerks, directors of data processing, programmers, IT help desk technicians, janitors/custodians, security guards, groundskeepers, equipment maintenance personnel, housekeeping personnel, medical and dental team clerks, medical and dental team secretaries, medical and dental appointment clerks, medical and dental patient health records clerks, patient health records supervisors, patient health records technicians, patient health records clerks, patient health records transcriptionists, and appointments clerks.

Personnel include ophthalmologists, optometrists, ophthalmologist/optometric assistants, ophthalmologist/optometric aides, and ophthalmologist/optometric technicians.

A virtual interaction between an awardee health center and a patient for the purposes of health care. May include but is not limited to virtual care visits.

Definition: Use of technology for the electronic transmission of medical information for remote evaluation, such as x-rays, sonograms, other digital images, data derived from questionnaires, and pre-recorded audio and/or videos that are not real-time interactions.

Key Components:
• Not real time (asynchronous).
• Use of technology to electronically transmit x-rays, sonograms, other digital images, data derived from questionnaires, and pre-recorded audio and/or videos.
• Includes evaluation by a provider, which is defined as interpretation and follow-up.
• Includes e-consults: interprofessional provider to provider consultations that involve assessment and management services provided by a consultative physician, including report to the patient's treating/requesting physician or other qualified healthcare professional.
• Guidance note: Medical information may be submitted by a patient and transmitted to a provider for remote evaluation, or transmitted provider to provider for remote evaluation.
• Guidance note: Medical information may include data derived from questionnaires.

Technology: Any technology that can electronically transmit x-rays, sonograms, other digital images, data derived from questionnaires, and pre-recorded audio and/or videos.

Definition: Use of technologies, like smartphone and tablet apps, that enable patients to capture or track personal health, fitness, or wellness information, or to access general health education materials, independent of an interaction with a health care provider, AND do not meet the FDA definition of a device.

Key Components:
• Does not meet the FDA definition of a device.
• Used to capture or track personal health, fitness, or wellness data.
• Used to access general-purpose health education (e.g., tutorials, training videos, articles, info on accessing services etc.).
• Independent of an interaction with a health care provider. Guidance note: a provider could suggest an app.

Technology: Smart phone or tablet applications (apps) NOT meeting the definition of an FDA defined device. (FDA: https://www.fda.gov/industry/regulated-products/medical-device-overview#What%20is%20a%20medical%20device).

Definition: Includes any other asynchronous virtual care types not described in the categories above.

Definition: Using a specific technology device to collect and transmit medical patient data such as vital signs, pulse, and blood pressure from patients in one location (typically a home) to health care providers in a different location for monitoring and evaluation.

Key Components:
• Can be synchronous or asynchronous.
• Instrument or monitoring tool collecting patient data must meet the FDA definition of a device (see FDA link in Technology section below). Guidance question: Based on clinical judgement, would a Qualified Health Professional consider this a device?
• Device must be prescribed or recommended by a provider and documented in the patient health record. Guidance note: Remote patient monitoring can be furnished/provided by other Qualified Health Professionals under the general supervision of a provider. (Note: the recommendation does need to be documented.)
• Data must be able to be digitally uploaded or transferred (automatically) to a secure location where the data is available for analysis and interpretation by a Provider or other Qualified Health Professional.
• Provider or other Qualified Health Professional uses the data to understand the patient's status and/or develop a care plan (i.e., Remote Monitoring is an integral part of the patient's care plan).

Technology: Use of a technology that meets the FDA definition of a device, "Intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease" (https://www.fda.gov/industry/regulated-products/medical-device-overview#What%20is%20a%20medical%20device).
*Guidance note: Includes smartphone or tablet application (apps) that are used as an accessory to a FDA defined "device" for remote patient monitoring (e.g., an app for a continuous glucose monitor or an app that collects blood pressure data from a self-monitoring device)".

Definition: Use of a two-way, interactive audio-only technology, such as a telephone for "live" or real-time interactions between a patient and provider.

Key Components:
• Live or real-time interaction.
• Interaction is between patient and provider.
• Evaluation/management and remote clinical services that meet the UDS definition of telemedicine.

Technology: Telephone or other audio-only technology.

Definition: 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.

Key Components:
• Live or real-time interaction.
• Evaluation/management or remote clinical services that meet the UDS definition of telemedicine.

Technology: Video (i.e., integrated video/audio conferencing technology) or other HIPAA compliant video connection.

---

1. Synchronous Real-time Telehealth - Audio-Only (Audio-only visits)
2. Synchronous Real-Time Telehealth Video (Live video)
3. Asynchronous Store and Forward (Store and Forward Telehealth, Asynchronous Telehealth)
4. Remote Patient Monitoring (RPM, remote monitoring, remote physiologic monitoring, remote therapeutic monitoring, RTM)
5. Mobile health (mHealth)
6. Other Asynchronous Services

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 codes that will result in accurate identification of virtual visits. These include telehealth-specific codes with the CPT or Healthcare Common Procedure Coding System (HCPCS) codes such as G0071, G0406-G0408, G0425-G0427, G2025, modifier “.95,” or Place of Service code “02” to identify virtual visits.

Examples and References

CAHPS Clinician & Group Adult Visit Survey

Reporting Period 1 of 4 :3/1/2022 to 8/31/2022
Reporting Period 2 of 4: 9/1/2022 to 2/28/2023
Reporting Period 3 of 4: 3/1/2023 to 8/31/2023
Reporting Period 4 of 4: 9/1/2023 to 2/28/2024

See the the most recent Uniform Data System Reporting Manual, Appendix A.

	See the the most recent Uniform Data System Reporting Manual.
	See the the most recent Uniform Data System Reporting Manual, Appendix A.
	See the the most recent Uniform Data System Reporting Manual, Appendix A.
	See the the most recent Uniform Data System Reporting Manual, Appendix A.
	See the the most recent Uniform Data System Reporting Manual, Appendix A.
	See the the most recent Uniform Data System Reporting Manual, Appendix A.
	See the the most recent Uniform Data System Reporting Manual, Appendix A.
	See the the most recent Uniform Data System Reporting Manual, Appendix A.
	See the the most recent Uniform Data System Reporting Manual, Appendix A.
	See the the most recent Uniform Data System Reporting Manual, Appendix A.

See the the most recent Uniform Data System Reporting Manual, Appendix A.

See the the most recent Uniform Data System Reporting Manual, Appendix A.

See the the most recent Uniform Data System Reporting Manual, Appendix A.

Examples of provider to provider asynchronous store and forward:
• Secure emails with photos or videos of patient examination.
• Sending patient x-rays or other images to provider for evaluation.

Examples of patient to provider asynchronous store and forward:
• Youth completing a mental health assessment screener and sending to pediatrician through a patient portal.
• Email or text messages with follow-up instructions or confirmations (HHS).

Examples of mHealth:
• Sleep tracker
• Fitness tracker
• Calmness app
• Step counter

Examples that are NOT mHealth:
• Smart phone or tablet applications (apps) that are used as an accessory to FDA defined “device” used for remote patient monitoring (e.g., an app for a continuous glucose monitor or an app that collects blood pressure data from a self-monitoring device).
• Automatic push notifications/reminders [see Other Asynchronous Services].

Examples of other asynchronous services:
• Chatbot interactions that simulate human interaction.
• Asynchronous portal, email, or text messaging for general health promotion, disease prevention, promotion of health services, and/to provide care access information.
• Use of automatic reminders.
• Use of push notifications.

Examples of Remote Patient Monitoring:

- Flash glucose monitor
- Continuous glucose monitor (CGM)
- Blood pressure monitor
- Oximetry monitor
- Pacemakers
- Telemetry monitor (when automatically collected)
- Remote Therapeutic Monitoring (e.g., inhaler that records use)

Examples that are NOT Remote Patient Monitoring:

- Patient independently chooses or receives a suggestion to use a Fitness tracker app (e.g. My Fitness Pal), but the app use does NOT meet the criteria for remote patient monitoring.

Examples of audio-only synchronous real-time telehealth:

- Audio only calls to confirm instructions (HHS).

Examples of video-based synchronous real-time telehealth:

• Video calls with remote physician to share progress or check on healing (HHS).

See the the most recent Uniform Data System Reporting Manual.

Reporting Guidance Summary

BMR Table Template Titles, Instructions and Guidance

Table 1: Number of Unique Health Center Patients with Countable Visits

Instructions: Enter the number of health center patients with countable visits for each visit type.Count each
cell. Enter '0' to indicate there are 0 to 5 health center patients to report for a cell. To support patient privac
patients.

Table 2: Number of Unique Health Center Patients with Countable Visits by Service Category

Instructions: Enter the number of health center patients with countable visits for each visit type by service c
only one time per cell. Enter '0' to indicate there are 0 to 5 health center patients to report for a cell. To sup
counts fewer than 6 patients.

Table 3: Number of Countable Visits by Service Category

Instructions: Enter the number of countable visits during for each visit type by service category.Enter '0' to
a cell. To support patient privacy, do not enter patient counts fewer than 6 patients.

Table 4: Number of Health Center Patients with Virtual Care Encounters During the Reporting Perio

Instructions: Enter the number of health center patients with at least one specified virtual care encounter d
health center patient only one time per cell. Enter '0' to indicate there are 0 to 5 health center patients to re
do not enter patient counts fewer than 6 patients.

Table 5: Number of Health Center Patients with Virtual Care Encounters During the Reporting Perio

Instructions: Enter the number of health center patients with at least one specified virtual care encounter d
category.^ If applicable: Include health center patients with virtual encounters even if they do not have a co
patient only one time per cell. Enter '0' to indicate there are 0 to 5 health center patients to report for a cell.
patient counts fewer than 6 patients.

**Table 6: Number of Health Center Patients with Virtual Care Visits or Encounters During the Report
Latino/a Ethnicity**

Instructions: Enter the number of health center patients with at least one specified visit or encounter during
Hispanic or Latino/a ethnicity. Count each health center patient only one time per cell. Enter '0' to indicate
report for a cell. To support patient privacy, do not enter patient counts fewer than 6 patients.

**Table 7: Number of Health Center Patients with Virtual Care Visits or Encounters During the Report
Populations**

Instructions: Enter the number of health center patients with at least one specified visit or encounter during
patient special or other populations. Count each health center patient only one time per cell. Enter '0' to ind
patients to report for a cell. To support patient privacy, do not enter patient counts fewer than 6 patients.

**Table 8: Number of Health Center Patients with Virtual Care Visits or Encounters During the Report
Type**

Instructions: Enter the number of health center patients with at least one specified visit or encounter during
patient primary medical insurance type as of their most recent visit during the calendar year.^Count each h
Enter '0' to indicate there are 0 to 5 health center patients to report for a cell. To support patient privacy, do
patients.

Table 9: Number of Health Center Patients with Virtual Care Visits or Encounters During the Report

Instructions: Enter the number or health center patients with at least one specified visit or encounter during indicated health center patient age ranges.^Count each health center patient only one time per cell. Enter patients to report for a cell. To support patient privacy, do not enter patient counts fewer than 6 patients.

Table 10: Number of Health Center Patients with Countable Visits by In-Person or Virtual Care Type Completion (Select 3 Measures)

Instructions: Select three Quality of Care screening measures to report in rows a to j. Rows a to g provide choose from. Rows h to j provide cells to write in one or more different Quality of Care screening measure the number of health center patients who received specified in-person or virtual care during the 6-month re selected quality of care screening measures. Only include health center patients with a "countable visit" du each health center patient only one time per cell. Enter '0' to indicate there are 0 to 5 health center patients privacy, do not enter patient counts fewer than 6 patients. See "Guidance for Tables 10 and 11" tab for ad

Table 11: Number of Health Center Patients with Countable Visits by In-Person or Virtual Care Type Achievement (Select 1 Measure)

Instructions: Select at least one Health Outcome measure to report in rows a to d. Rows a and b provide a to choose from. Rows c and d provide cells to write-in a different Health Outcome measure(s) monitored b health center patients who received specified in-person or virtual care during the 6-month reporting period Outcome measure. Only include health center patients with a countable visit during the 6-month reporting only one time per cell. Enter '0' to indicate there are 0 to 5 health center patients to report for a cell. To sup counts fewer than 6 patients. See "Guidance for Tables 10 and 11" tab for additional instructions

Table 12: Health Center Patient Overall Rating of Most Recent Countable Visit (Optional)

Instructions: Enter the mean patient rating from the most recent countable visit.^

Table 13: Health Center Patients Who Reported Receiving Instructions for Synchronous Video Virtu

Instructions: Enter the applicable number of health center patients. Enter '0' to indicate there are 0 to 5 he support patient privacy, do not enter patient counts fewer than 6 patients.

Table 14: Overall Health Center Staffing

Instructions: Enter the total number of FTEs per UDS Service Category for the entire health center for this person and/or virtual care.Enter '0' to indicate there are no FTEs to report for a cell.

Table 15: FTE Virtual Care Training For the Entire Health Center

Instructions: Follow the instructions provided for each item.

Table 16: Virtual Care Claims Reimbursement Changes

Instructions: Select 'Yes' or 'No' for each item, and provide additional comments in Column B.

Table 17: Virtual Care Claims Submitted Versus Reimbursed by Virtual Care Types (Optional)

Instructions: Enter the number of virtual care claims submitted and total claims reimbursed for each virtua during Reporting Period 1. Awardees may wait until Reporting Period 2 to begin reporting these data retro claims processing).

Table 18: Virtual Care Claims Submitted Versus Reimbursed by Patient Primary Medical Insurance

Instructions: Enter the median appointment wait time in days during the 6-month reporting period for each
applicable.

Table 19: Median Appointment Wait Time by Service Category

Instructions: Enter the median appointment wait time in days during the 6-month reporting period for each
applicable.

Table 20: Median Appointment Wait Time by Visit Type

Instructions: Enter the median appointment wait time in days during the 6-month reporting period for each

Table 21: Virtual Care Strategic Deployment Self-Assessment Model Instrument

Instructions: We recommend that at least two members of your OVC project team complete the self-asses
complete the assessment individually, then come together to discuss and arrive at consensus responses.
Care Strategic Deployment Leadership Category and Dimensions" in Column A and the corresponding "M
Identify a maturity level (basic, foundational, or advanced) that best fits your health center during the 6-mo
descriptions in Column D "Possible Health Center Maturity Level Scores and Descriptions". Enter 'X' in the
one maturity level per item. In Column E, you may provide additional details on your health center's maturi

Share Additional Information

Grant recipients may use this tab to submit any additional information, comments, or data findings not requ
example, if your health center has a definable program for a specific patient population through the OVC g
specific telehealth visits and any other relevant information in the Share Additional Information tab.

Reporting Guidance for Table 10 Quality of Care Screening Measures and Table 11 Health Outcome

Important Considerations

Tables 10 and 11 from the Biannual Measures Report template (BMR) include Quality of Care and Health
descriptions from the most recent Uniform Data Service (UDS) Manual. To access detailed measure speci
UDS Manual and Program Assistance Letters (PALs).
(Link to PAL: https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/uniform-data-syst
letters)

In reporting data for these selected measures using the BMR, please note that ALL measure Exclusions/E
Guidance, and UDS Reporting Considerations described in the applicable UDS Manual and PAL apply.

The two major differences in Quality of Care and Health Outcome measure reporting in the BMR are as fo
1. Reporting period: For the BMR, health centers will only report for a 6-month reporting period. (Note: T
"reporting period" instead of "measurement period".)
2. Virtual care type: For the BMR, health centers will report measure numerators and denominators by vi

Key Terms Referenced in Measurement Descriptions

- Denominator: Captures patients who fit the detailed criteria described for inclusion in the specific mea
- Numerator: Captures patients (from the denominator) that meet the criteria for the specified measure
- Denominator Exclusions: Identifies patients not to be considered for the measure and who are remove
determining if numerator criteria are met.
- Denominator Exceptions: Identifies patients who meet denominator criteria but do not meet numerator
exceptions listed for the measure and are removed from the denominator.
- Specification Guidance: CMS measure guidance that assists with understanding and implementing el
(eCQMs).
- UDS (OVC) Reporting Considerations: Describes Additional BPHC requirements and guidance that m
measure and that may differ from or expand on the eCQM specifications.

Step-by-Step Example Using the Table 10 UDS Breast Cancer Screening Quality of Care Measure

Measure Description

Percentage of women 50*–74 years of age who had a mammogram to screen for breast cancer in the 27 m
measurement period. (*Note: Use 51 as the initial age to include in assessment. See UDS Reporting Cons

Calculate the Denominators and Numerators as follows:

Denominator: Column A

The number of women 51 through 73 years of age with a **medical** visit **during the 6-month reporting pe**

- Note: the 6-month time period differs from the UDS manual.
- See birthdate guidance in the UDS manual.

Denominator: Columns B, C, D, E, F, G, H

The number of women reported in Column A, who received the following virtual care type **during the 6-m**

- Column B: at least one Face-to-Face (In-person) visit during the 6-month reporting period^
- Column C: at least one Synchronous/Live Audio Only virtual visit during the 6-month reporting period^

• Column D: at least one Synchronous/Live Video virtual visit during the 6-month reporting period^
• Column E: with at least one Asynchronous Store and Forward encounter during the 6-month reporting pe
• Column F: with at least one Remote Monitoring encounter during the 6-month reporting period^
• Column G: with at least one Mobile Health (mHealth) encounter during the 6-month reporting period^
• Column H: with at least one Other Asynchronous Technology encounter during the 6-month reporting pe

Numerator: Column A

Women with one or more mammograms during the 27 months prior to the **end of the reporting period**.

• Note: the 6-month time period differs from the UDS manual.

Numerator: Columns B, C, D, E, F, G, H

The number of women reported in Column A who received the following virtual care type:

• Column B: at least one Face-to-Face (In-person) visit during the 6-month reporting period^
• Column C: at least one Synchronous/Live Audio Only virtual visit during the 6-month reporting period^
• Column D: at least one Synchronous/Live Video virtual visit during the 6-month reporting period^
• Column E: with at least one Asynchronous Store and Forward encounter during the 6-month reporting pe
• Column F: with at least one Remote Monitoring encounter during the 6-month reporting period^
• Column G: with at least one Mobile Health (mHealth) encounter during the 6-month reporting period^
• Column H: with at least one Other Asynchronous Technology encounter during the 6-month reporting pe

Additional Resources

Uniform Data System (UDS) Training and Technical Assistance: Clinical Care available at link: https://bph

For measure information relevant to clinical measure reporting and virtual care, see "Telehealth Impact on

(Note: More recent documentation may be available at the UDS technical assistance link)

^See Terms and Definitions tab

Biannual Measures Report – Optimizing Virtual Ca

Grant Recipient Information *(Please complete below)*	
Grant Recipient Organization Name	**OVC Grant Number**

*Reporting Period refers to the time period for data collection.

Reporting Period Guidance	
Reporting Period*	**Data Collection Months**
Reporting Period 1	Mar 2022 Apr 2022 May 2022 Jun 2022 Jul 2022 Aug 2022
Reporting Period 2	Sep 2022 Oct 2022 Nov 2022 Dec 2022 Jan 2023 Feb 2023
Reporting Period 3	Mar 2023 Apr 2023 May 2023 Jun 2023 Jul 2023 Aug 2023
Reporting Period 4	Sep 2023 Oct 2023 Nov 2023 Dec 2023 Jan 2024 Feb 2024

Public Burden Statement: Data collection for the Optimizing Virtual Care (OVC) Grant program will provide HRSA with information to guide future program and policy decisions regarding virtual care. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906 -XXXX and it is valid until XX/XX/202X.
This information collection is required for HRSA-funded health centers to obtain or retain OVC grant funding. Public reporting burden for this collection of information is estimated to average 55.9 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 or paperwork@hrsa.gov.

are (OVC)

Reporting Period*

(Please indicate if this submission is for Reporting Period 1, 2, 3 or 4. See the table below for guidance)

Data Submission due to HRSA
10/5/2022
4/5/2023
10/5/2023
4/5/2024

Table 1: Number of Unique Health Center Patients with Countable
Purpose: Information in this table will be used to better understa
Instructions: Enter the number of health center patients with cou
Count each health center patient only one time per cell. Enter '0'
To support patient privacy, do not enter patient counts fewer tha
Health Center Patients
All health center patients
^See the Terms and Definitions tab for countable visit and care t
Table 1 Additional Comments ***(300 Word Max, enter 'n/a' if no comments)***

Table 2: Number of Unique Health Center Patients with Countable
Purpose: Information in this table will be used to better understa
Instructions: Enter the number of health center patients with cou
Count each health center patient only one time per cell. Enter '0'
To support patient privacy, do not enter patient counts fewer tha
UDS Service Category^
a. Medical^
b. Dental^
c. Mental Health^
d. Substance Use Disorder^
e. Other Professional Services^

f. Vision^
g. Enabling Services^

^See the Terms and Definitions tab for countable visit, UDS Servi

Table 2 Additional Comments ***(300 Word Max, enter 'n/a' if no comments)***

Table 3: Number of Countable Visits by Service Category
Purpose: Information in this table will be used to better understa
Instructions: Enter the number of countable visits during for eacl ***Enter '0' to indicate there are 0 to 5 visits to report for a cell.*** ***To support patient privacy, do not enter patient counts fewer tha***
UDS Service Category^
a. Medical^
b. Dental^
c. Mental Health^
d. Substance Use Disorder^
e. Other Professional Services^
f. Vision^
g. Enabling Services^
h. Total Number of Countable Visits During the Reporting Period ***(Sum a to g)***

^See the Terms and Definitions tab for countable visit, UDS Servi

Table 3 Additional Comments ***(300 Word Max, enter 'n/a' if no comments)***

e Visits

nd variations in the number of health center patients with countable visits ac

ntable visits for each visit type.

to indicate there are 0 to 5 health center patients to report for a cell.

n 6 patients.

A. Total number of unique health center patients with at least one countable visit during the 12 months prior to the last day of the reporting period^	B. Total number of unique health center patients with at least one countable visit during the 6-month reporting period^

ype definitions.

e Visits by Service Category

nd variation in the number of health center patients with countable vists acrc

ntable visits for each visit type by service category.

to indicate there are 0 to 5 health center patients to report for a cell.

n 6 patients.

A. Total number of unique health center patients with at least one countable visit during the 12 months prior to the last day of the reporting period^	B. Total number of unique health center patients with at least one countable visit during the 6-month reporting period^

ice Category, and care type definitions.

nd variation in health center patients' countable visits across service categor
h visit type by service category.

n 6 patients.

A. Total number of countable visits during the 12 months prior to the last day of the reporting period^	B. Total number of countable visits during the 6-month reporting period^

ice Category, and care type definitions.

ross care types.

C. Number of unique health center patients with at least one Face-to-Face (in-person) visit during the 6-month reporting period^	D. Number of unique health center patients with at least one Synchronous Live Audio Only OR Synchronous Live Video virtual visit during the 6-month reporting period^

oss service categories.

C. Number of unique health center patients with at least one Face-to-Face (in-person) visit during the 6-month reporting period^	D. Number of unique health center patients with at least one Synchronous Live Audio Only OR Synchronous Live Video virtual visit during the 6-month reporting period^

ries.

C. Number of Face-to-Face (in-person) visits during the 6-month reporting period^	D. Number of Synchronous Live Audio Only virtual visits during the 6-month reporting period^

E. Number of unique health center patients with at least one Synchronous Live Audio Only virtual visit during the 6-month reporting period^	**F. Number of unique health center patients with at least one Synchronous Live Video virtual visit during the 6-month reporting period^**

E. Number of unique health center patients with at least one Synchronous Live Audio Only virtual visit during the 6-month reporting period^	**F. Number of unique health center patients with at least one Synchronous Live Video virtual visit during the 6-month reporting period^**

E. Number of Synchronous Live Video virtual visits during the 6-month reporting period^

Table 4: Number of Health Center Patients with Virtual Care Encounters During the Re
Purpose: Information in this table will be used to better understand overall health cen
Instructions: Enter the number of health center patients with at least one specified vi *Count each health center patient only one time per cell. Enter '0' to indicate there are* *To support patient privacy, do not enter patient counts fewer than 6 patients.*
UDS Service Category^
a. Health center patients with at least one countable visit during the reporting period
b. Health center patients with NO countable visit during the reporting period ***(If applicable)***
^See the Terms and Definitions tab for UDS Service Category, countable visit, virtual
Table 4 Comments: ***(300 Word Max, enter 'n/a' if no comments)***

Table 5: Number of Health Center Patients with Virtual Care Encounters During the Re
Purpose: Information in this table will be used to explore differences in health center
Instructions: Enter the number of health center patients with at least one specified vi *If applicable: Include health center patients with virtual encounters even if they do no* *Count each health center patient only one time per cell. Enter '0' to indicate there are* *To support patient privacy, do not enter patient counts fewer than 6 patients.*

UDS Service Category
a. Medical^
b. Dental^
c. Mental Health^
d. Substance Use Disorder^
e. Other Professional Services^
f. Vision^
g. Enabling Services^
^See the Terms and Definitions tab for UDS Service Category, countable visit, virtual

Table 5 Comments:
(300 Word Max, enter 'n/a' if no comments)

Table 6: Number of Health Center Patients with Virtual Care Visits or Encounters Duri
Purpose: Information in this table will be used to explore differences in health center
Instructions: Enter the number of health center patients with at least one specified vis
Count each health center patient only one time per cell. Enter '0' to indicate there are
To support patient privacy, do not enter patient counts fewer than 6 patients.

Race and Hispanic or Latino/a Ethnicity^
Hispanic or Latino/a
a. Asian
b. Native Hawaiian
c. Other Pacific Islander
d. Black/African American
e. American Indian/Alaskan Native
f. White
g. More than one race
h. Unreported/Refused to report race
Not Hispanic or Latino/a
a. Asian
b. Native Hawaiian
c. Other Pacific Islander
d. Black/African American
e. American Indian/Alaskan Native

f. White
g. More than one race
h. Unreported/Refused to report race
i. Unreported/ Refused to report ethnicity

^See the Terms and Definitions tab for countable visit, race, ethnicity, virtual care typ

Table 6 Comments:
(300 Word Max, enter 'n/a' if no comments)

Table 7: Number of Health Center Patients with Virtual Care Visits or Encounters Duri
Purpose: Information in this table will be used to explore differences in patients' virtu
Instructions: Enter the number of health center patients with at least one specified vis ***Count each health center patient only one time per cell. Enter '0' to indicate there are*** ***To support patient privacy, do not enter patient counts fewer than 6 patients.***
Special and Other Populations
a. Migratory and seasonal agricultural workers
b. Homeless population
c. Residents of public housing
e. Health center patients from school-based health centers

f. Veterans
g. Limited English Proficient^ populations
^See the Terms and Definitions tab for countable visit, Limited English Proficiency, v
Table 7 Comments: ***(300 Word Max, enter 'n/a' if no comments)***

Table 8: Number of Health Center Patients with Virtual Care Visits or Encounters Duri
Purpose: Information in this table will be used to explore differences in health center
Instructions: Enter the number of health center patients with at least one specified vis ***Count each health center patient only one time per cell. Enter '0' to indicate there are*** ***To support patient privacy, do not enter patient counts fewer than 6 patients.***
Insurance type
a. None/Uninsured
b. Medicaid/CHIP/Other Public
c. Medicare
d. Private
^See the Terms and Definitions tab for countable visit, virtual care types and encount
Table 8 Comments: ***(300 Word Max, enter 'n/a' if no comments)***

Table 9: Number of Health Center Patients with Virtual Care Visits or Encounters Duri
Purpose: Information in this table will be used to explore differences in patients' virtu
Instructions: Enter the number or health center patients with at least one specified vis *Count each health center patient only one time per cell. Enter '0' to indicate there are* *To support patient privacy, do not enter patient counts fewer than 6 patients.*
Patient Age
a. Ages 0 through 17 years
b. Ages 18 through 24 years
d. Ages 25 through 39 years
e. Ages 40 through 54 years
f. Ages 55 through 64 years
g. Ages older than 65 years
^See the Terms and Definitions tab for countable visit, virtual care types, and encoun
Table 9 Comments: *(300 Word Max, enter 'n/a' if no comments)*

eporting Period

ter patient virtual care access and utilization.

tual care encounter during the reporting period.^

0 to 5 health center patients to report for a cell.

A. Number of unique health center patients with at least one Asynchronous Store and Forward encounter during the 6-month reporting period^	B. Number of unique health center patients with at least one Remote Monitoring encounter during the 6-month reporting period^

care types, and encounter definitions

eporting Period, by Service Category

patients' virtual care access and utilization across service cat

tual care encounter during the reporting period by service ca

t have a countable visit.

0 to 5 health center patients to report for a cell.

A. Number of unique health center patients with at least one Asynchronous Store and Forward encounter during the 6-month reporting period^	B. Number of unique health center patients with at least one Remote Monitoring encounter during the 6-month reporting period^

care types, and encounter definitions

ng the Reporting Period by Race and Hispanic or Latino/a Eth
patients' virtual care access and utilization across race and L
sit or encounter during the reporting month by patient race an
0 to 5 health center patients to report for a cell.

A. Number of unique health center patients with at least one countable visit during the 6-month reporting period^	B. Number of unique health center patients with at least one Face-to-Face (in-person) visit during the 6-month reporting period^

es, and encounter definitions.

ng the Reporting Period by Patient Special and Other Populat
al care access and utilization across special and other patien
sit or encounter during the reporting period across health cen
0 to 5 health center patients to report for a cell.

A. Number of unique health center patients with at least one countable visit during the 6-month reporting period^	B. Number of unique health center patients with at least one Face-to-Face (in-person) visit during the 6-month reporting period^

irtual care types, and encounter definitions.

ng the Reporting Period by Patient Medical Insurance Type

patients' virtual care access and utilization by health center p

sit or encounter during the reporting period by health center p

0 to 5 health center patients to report for a cell.

A. Number of unique health center patients with at least one countable visit during the 6-month reporting period^	B. Number of unique health center patients with at least one Face-to-Face (in-person) visit during the 6-month reporting period^

ter definitions.

ng the Reporting Period by Patient Age

al care access and utilization by patient age.

sit or encounter during the reporting period for each of the inc

0 to 5 health center patients to report for a cell.

A. Number of unique health center patients with at least one countable visit during the 6-month reporting period^	B. Number of unique health center patients with at least one Face-to-Face (in-person) visit during the 6-month reporting period^

ter definitions.

C. Number of unique health center patients with at least one Mobile Health (mHealth) encounter during the 6-month reporting period^	D. Number of unique health center patients with at least one Other Asynchronous Technology encounter during the 6-month reporting period^ *(If Applicable, use the "Table 4 Comments" Box to briefly describe types of "Other Asynchronous technology" used.)*

tegories.

tegory.^

C. Number of unique health center patients with at least one Mobile Health (mHealth) encounter during the 6-month reporting period^	D. Number of unique health center patients with at least one Other Asynchronous Technology encounter during the 6-month reporting period^

nicity
atino/a ethnicity categories.
d Hispanic or Latino/a ethnicity.

C. Number of unique health center patients with at least one synchronous virtual care countable visit during the 6-month reporting period^ (Include Synchronous Live Audio only OR Synchronous Live Video visits)	D. Number of unique health center patients with at least one Synchronous Live Audio Only virtual visit during the 6-month reporting period^

ions

t populations.

ter patient special or other populations.

C. Number of unique health center patients with at least one synchronous virtual care countable visit during the 6-month reporting period^ (Include Synchronous Live Audio only OR Synchronous Live Video visits)	D. Number of unique health center patients with at least one Synchronous Live Audio Only virtual visit during the 6-month reporting period^

atient insurance type.

patient primary medical insurance type as of their most recent

C. Number of unique health center patients with at least one synchronous virtual care countable visit during the 6-month reporting period^ (Include Synchronous Live Audio only OR Synchronous Live Video visits)	D. Number of unique health center patients with at least one Synchronous Live Audio Only virtual visit during the 6-month reporting period^

dicated health center patient age ranges.^

C. Number of unique health center patients with at least one synchronous virtual care countable visit during the 6-month reporting period^ (Include Synchronous Live Audio only OR Synchronous Live Video visits)	D. Number of unique health center patients with at least one Synchronous Live Audio Only virtual visit during the 6-month reporting period^

E. Number of unique health center patients with at least one Asynchronous store and forward, remote monitoring, mobile health, OR other asynchronous technology encounters, during the 6-month reporting period^

E. Number of unique health center patients with at least one Asynchronous store and forward, remote monitoring, mobile health, OR other asynchronous technology encounters, during the 6-month reporting period^

E. Number of unique health center patients with at least one Synchronous Live Video virtual visit during the 6-month reporting period^	F. Number of unique health center patients with at least one Asynchronous Store and Forward encounter during the 6-month reporting period *(If applicable: Include health center patients with virtual encounters even if they do not have a countable visit.)*^

E. Number of unique health center patients with at least one Synchronous Live Video virtual visit during the 6-month reporting period^	**F. Number of unique health center patients with at least one Asynchronous Store and Forward encounter during the 6-month reporting period *(If applicable: Include health center patients with virtual encounters even if they do not have a countable visit.)*^**

visit during the calendar year.^

E. Number of unique health center patients with at least one Synchronous Live Video virtual visit during the 6-month reporting period^	F. Number of unique health center patients with at least one Asynchronous Store and Forward encounter during the 6-month reporting period *(If applicable: Include health center patients with virtual encounters even if they do not have a countable visit.)*^

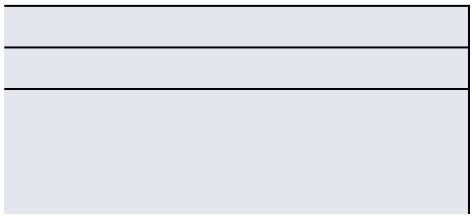
E. Number of unique health center patients with at least one Synchronous Live Video virtual visit during the 6-month reporting period^	F. Number of unique health center patients with at least one Asynchronous Store and Forward encounter during the 6-month reporting period *(If applicable: Include health center patients with virtual encounters even if they do not have a countable visit.)*^

G. Number of unique health center patients with at least one Remote Monitoring encounter during the 6-month reporting period^ *(If applicable: Include health center patients with virtual encounters even if they do not have a countable visit.)*^	H. Number of unique health center patients with at least one Mobile Health (mHealth) encounter during the 6-month reporting period^ *(If applicable: Include health center patients with virtual encounters even if they do not have a countable visit.)*^

G. Number of unique health center patients with at least one Remote Monitoring encounter during the 6-month reporting period^ ***(If applicable: Include health center patients with virtual encounters even if they do not have a countable visit.)^***	**H. Number of unique health center patients with at least one Mobile Health (mHealth) encounter during the 6-month reporting period^** ***(If applicable: Include health center patients with virtual encounters even if they do not have a countable visit.)^***

G. Number of unique health center patients with at least one Remote Monitoring encounter during the 6-month reporting period^ *(If applicable: Include health center patients with virtual encounters even if they do not have a countable visit.)*^	H. Number of unique health center patients with at least one Mobile Health (mHealth) encounter during the 6-month reporting period^ *(If applicable: Include health center patients with virtual encounters even if they do not have a countable visit.)*^

G. Number of unique health center patients with at least one Remote Monitoring encounter during the 6-month reporting period^ *(If applicable: Include health center patients with virtual encounters even if they do not have a countable visit.)*^	H. Number of unique health center patients with at least one Mobile Health (mHealth) encounter during the 6-month reporting period^ *(If applicable: Include health center patients with virtual encounters even if they do not have a countable visit.)*^



l. Number of unique health center patients with at least one Other Asynchronous Technology encounter during the 6-month reporting period *(If applicable: Include health center patients with virtual encounters even if they do not have a countable visit.)*^

I. Number of unique health center patients with at least one Other Asynchronous Technology encounter during the 6-month reporting period *(If applicable: Include health center patients with virtual encounters even if they do not have a countable visit.)*^

l. Number of unique health center patients with at least one Other Asynchronous Technology encounter during the 6-month reporting period *(If applicable: Include health center patients with virtual encounters even if they do not have a countable visit.)*^

l. Number of unique health center patients with at least one Other Asynchronous Technology encounter during the 6-month reporting period *(If applicable: Include health center patients with virtual encounters even if they do not have a countable visit.)*^

Table 10: Number of Health Center Patients with Countable Visits by In-Person or Virtual Care Types and Quality of Care Screening Completion (Select 3 Measures)

Purpose: Information in this table will be used to better understand variations in use of in-person or virtual care types for patients who completed quality of care screenings.

Instructions: ***Select three*** **Quality of Care screening measures to report in rows a to j. Rows a to g provide a list of possible screening measures to choose from. Rows h to j provide cells to write in one or more different Quality of Care screening measure(s) monitored by your health center.**
Enter the number of health center patients who received specified in-person or virtual care during the 6-month reporting period AND ALSO completed selected quality of care screening measures. Only include health center patients with a "countable visit" during the 6-month reporting period.^

Count each health center patient only one time per cell. Enter '0' to indicate there are 0 to 5 health center patients to report for a cell.
To support patient privacy, do not enter patient counts fewer than 6 patients.
See "Guidance for Tables 10 and 11" tab for additional instructions

Quality of Care Screening Measures (CMS eCQM ID) *(Select 3 measures to complete)*	A. Number of unique health center patients with a medical visit during the 6-month reporting period	B. Number of unique health center patients with at least one Face-to-Face (In-person) visit during the 6-month reporting period^	C. Number of unique health center patients with at least one Synchronous/Live Audio Only virtual visit during the 6-month reporting period^	D. Number of unique health center patients with at least one Synchronous/Live Video virtual visit during the 6-month reporting period^	E. Number of unique health center patients with at least one Asynchronous Store and Forward encounter during the 6-month reporting period^	F. Number of unique health center patients with at least one Remote Monitoring encounter during the 6-month reporting period^	G. Number of unique health center patients with at least one Mobile Health (mHealth) encounter during the 6-month reporting period^	H. Number of unique health center patients with at least one Other Asynchronous Technology encounter during the 6-month reporting period^
a. Breast Cancer Screening: (CMS125v10) *(See the most recent UDS Manual for denominator exclusions/exceptions, specification guidance, and reporting considerations)*								
a.1. Denominator: Women 51-73 years of age with a medical visit during the reporting period								
a.2. Numerator: Women with one or more mammograms during the 27 months prior to the end of the reporting period								
b. Cervical Cancer Screening (CMS124v10) *(See the most recent UDS Manual for denominator exclusions/exceptions, specification guidance, and reporting considerations)*								
b.1. Denominator: Women 23 through 63 years of age with a medical visit during the reporting period								
b.2. Numerator: Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria: • Cervical cytology performed during the reporting period or the 2 years prior to the reporting period for women who are at least 21 years old at the time of the test. • Cervical HPV testing performed during the reporting period or the 4 years prior to the reporting period for women who are 30 years or older at the time of the test.								
c. Childhood Immunization: (CMS117v10) *(See the most recent UDS Manual for denominator exclusions/exceptions, specification guidance, and reporting considerations)*								
c.1. Denominator: Children who turn 2 years of age during the reporting period and who had a medical visit during the reporting period								
c.2. Numerator: Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday								
d. Colorectal Cancer Screening: (CMS130v10) - *(See the most recent UDS Manual for denominator exclusions/exceptions, specification guidance, and reporting considerations)*								
d.1. Denominator: Patients 50 through 74 years of age with a medical visit during the reporting period								
d.2. Numerator: Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one ofthe following criteria: • Fecal occult blood test (FOBT) during the reporting period • Fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) during the reporting period or the 2 years prior to the reporting period • Flexible sigmoidoscopy during the reporting period or the 4 years prior to the reporting period • Computerized tomography (CT) colonography during the reporting period or the 4 years prior to the reporting period • Colonoscopy during the reporting period or the 9 years prior to the reporting period								
e. Preventive Care and Screening: Screening for Depression and Follow-Up Plan: (CMS2v11) *(See the most recent UDS Manual for denominator exclusions/exceptions, specification guidance, and reporting considerations)*								
e.1. Denominator: Patients aged 12 years and older with at least one medical visit during the reporting period								
e.2. Numerator: Patients who: • were screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized tool and, • if screened positive for depression, had a follow-up plan documented on the date of the visit.								
f. Depression Remission at Twelve Months: (CMS159v10) *(See the most recent UDS Manual for denominator exclusions/exceptions, specification guidance, and reporting considerations)*								
f.1. Denominator: Patients aged 12 years and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9 modified for teens (PHQ-9M) score greater than 9 during the index event between *[see dates]* and at least one medical visit during the reporting period								
f.2. Numerator: Patients who achieved remission at 12 months as demonstrated by the most recent 12 month (+/- 60 days) PHQ-9 or PHQ-9M score of less than 5								
g. HIV Screening: (CMS349v4) *(See most recent UDS Manual for denominator exclusions/exceptions, specification guidance, and reporting considerations)*								
g.1. Denominator: Patients aged 15 through 65 years of age at the start of the reporting period and with at least one outpatient medical visit during the reporting period								
g.2. Numerator: Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday								
h. Other Screening Measure *(Write in):* _____								

h.1. Denominator: Other *(Write In)* _____								
h.2. Numerator: *(Write in)* _____								
i. Other Screening Measure *(Write in):* _____								
i.1. Denominator: *(Write in)* _____								
i.2. Numerator: *(Write in)* _____								
j. Other Screening Measure *(Write in):* _____								
j.1. Denominator: *(Write in)* _____								
j.2. Numerator: *(Write in)* _____								

^See the Terms and Definitions tab

Table 10 Comments:
(300 Word Max, enter 'n/a' if no comments)

Table 11: Number of Health Center Patients with Countable Visits by In-Person or Virtual Care Types and Health Outcome Measures Achievement (Select 1 Measure)

Purpose: Information in this table will be used to better understand variations in use of in-person or virtual care types for patients with specified health outcomes.

Instructions: ***Select at least one*** **Health Outcome measure to report in rows a to d. Rows a and b provide a list of possible health outcome measures to choose from. Rows c and d provide cells to write-in a different Health Outcome measure(s) monitored by your health center.**
Enter the number of health center patients who received specified in-person or virtual care during the 6-month reporting period AND ALSO completed selected Health Outcome measure. Only include health center patients with a countable visit during the 6-month reporting period.^
Count each health center patient only one time per cell. Enter '0' to indicate there are 0 to 5 health center patients to report for a cell.
To support patient privacy, do not enter patient counts fewer than 6 patients.
See "Guidance for Tables 10 and 11" tab for additional instructions

Health Outcomes Measures *(Select at least 1 measure below to complete)*	A. Number of unique health center patients with a medical visit during the 6-month reporting period	B. Number of unique health center patients with at least one Face-to-Face (In-person) visit during the 6-month reporting period^	C. Number of unique health center patients with at least one Synchronous/Live Audio Only virtual visit during the 6-month reporting period^	D. Number of unique health center patients with at least one Synchronous/Live Video virtual visit during the 6-month reporting period^	E. Number of unique health center patients with at least one Asynchronous Store and Forward encounter during the 6-month reporting period^	F. Number of unique health center patients with at least one Remote Monitoring encounter during the 6-month reporting period^	G. Number of unique health center patients with at least one Mobile Health (mHealth) encounter during the 6-month reporting period^	H. Number of unique health center patients with at least one Other Asynchronous Technology encounter during the 6-month reporting period^
a. Controlling High Blood Pressure: (CMS165v10) *(See most recent UDS Manual for denominator exclusions/exceptions, specification guidance, and reporting considerations)*								
a.1. Denominator: Patients 18 through 84 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first 6 months of the reporting period with a medical visit during the reporting period								
a.2. Numerator: Patients whose most recent blood pressure is adequately controlled (systolic blood pressure less than 140 mmHg and diastolic blood pressure less than 90 mmHg) during the reporting period *(Must also meet denominator criteria)*								
b. Diabetes Hemoglobin A1c (HbA1c) Poor Control: (CMS122v10) *(See most recent UDS Manual for denominator exclusions/exceptions, specification guidance, and reporting considerations)*								
b.1. Denominator: Patients 18 through 74 years of age with diabetes with a medical visit during the reporting period								
b.2. Numerator: Patients whose most recent HbA1c level performed during the reporting period was greater than 9.0%, or was missing, or was not performed during the reporting period								
c. Other Outcome Measure *(Write in):* _____								
c.1. Denominator: *(Write in)* _____								
c.2. Numerator: *(Write In)*: _____								
d. Other Outcome Measure *(Write in):* _____								
d.1. Denominator: *(Write in)* _____								
d.2. Numerator: *(Write In):* _____								

^See the Terms and Definitions tab

Table 11 Comments:
(300 Word Max, enter 'n/a' if no comments)

Table 12: Health Center Patient Overall Rating of Most Recent Countable Visit *(Optional)*

(Optional: Applicable only for health centers that implement the CAHPS Clinical and Group Visit Adult 4.0 (beta) Survey)

Purpose: Information in this table will be used to examine variation in patient ratings of in-person and virtual visits.

Instructions: Enter the mean patient rating from the most recent countable visit.^

	A. Mean patient rating of most recent visit (Range 0 to 10) *(Refer to CAHPS Survey Item 21: "Using any number 0 to 10, where 0 is the worst visit possible and 10 is the best visit possible, what number would you use to rate your most recent visit?"*
Patient CAHPS Survey Respondents	

a. All Patients who responded to item 21 of the CAHPS Clinical and Group Survey and Instructions Adult 4.0 (beta)	
b. Patients with most recent visit with provider in person	
c. Patients with most recent visit with provider by phone	
d. Patients with most recent visit with provider by video visit	

Note: If your health center did not administer the CAHPS survey, but collected similar virtual care patient satisfaction data using a comparable survey please report the survey name, questions, response options, and response data in the Share Additional Data tab.

^ See the Terms and Definitions tab for countable visit definition

Table 12 Comments: *(300 Word Max, enter 'n/a' if no comments)*

Table 13: Health Center Patients Who Reported Receiving Instructions for Synchronous Video Virtual Care Visit (Optional)				
(Optional: Applicable only for health centers that implement the CAHPS Clinical and Group Visit Adult 4.0 (beta) Survey)				
Purpose: Information in this table will be used to examine variation in instructions provided to patients.				
Instructions: Enter the applicable number of health center patients.				
Enter '0' to indicate there are 0 to 5 health center patients to report for a cell. To support patient privacy, do not enter patient counts fewer than 6 patients.				
Patients CAHPS Survey Respondents	**A. Number of patients who completed the CAHPS Clinical and Group Survey and Instructions Adult 4.0 (beta)**	**B. Number of patients who reported last visit was synchronous, video virtual care visit**	**C. Number of patients who responded (1-Yes) to item 6^: "Did you need instructions from this provider's office about how to use video for this visit?" of the CAHPS Clinical and Group Survey and Instructions Adult 4.0 (beta)**	**D. Adults who responded (1-Yes) to item 7: "Did this provider's office give you all the instructions you needed to use video for this visit?"**
a. Health Center Patients				

Note: If your health center did not administer the CAHPS survey, but collected similar virtual care patient satisfaction data using a comparable survey please report the survey name, questions, response options, and response data in the Share Additional Information tab.

Table 13 Comments: *(300 Word Max, enter 'n/a' if no comments)*

Table 14: Overall Health Center Staffing
Purpose: Information in this table will be used to examine variation in FTEs across rep
Instructions: Enter the total number of FTEs per UDS Service Category for the entire h Include FTEs for in-person and/or virtual care. *Enter '0' to indicate there are no FTEs to report for a cell.*
UDS Service Category*
a. Medical
b. Dental
c. Mental Health
d. Substance Use Disorder
e. Other Professional Services
f. Vision
g. Enabling Services
h. Pharmacy
i. Other Programs and Services
j. Quality Improvement Personnel
k. Total Facility and Non-Clinical Support Personnel
*See the Terms and Definitions tab for UDS Service Category definitions and applicab
Table 14 Comments: (Optional) *(300 Word Max, enter 'n/a' if no comments)*

Table 15: FTE Virtual Care Training For the Entire Health Center
Purpose: Information in this table will be used to examine staff virtual care training av
Instructions: Follow the instructions provided for each item.
Training Resources

a. Internal Virtual Care Training: Did FTEs at your health center receive virtual care training(s) provided by internal health center staff during the 6-month reporting period? *(Enter Yes or No)*
b. External Virtual Care Training: Did FTEs at your health center receive virtual care training(s) provided by external entities (e.g., other organizations, vendors, contractors) during the 6-month reporting period? *(Enter Yes or No)*
b.1. [If "yes", virtual care training provided by external entity]* List external entities and the training(s) they provided in cell to the right. *(Separate multiple entries using commas)

Table 15 Comments: (Optional) ***(300 Word Max, enter 'n/a' if no comments)***

Table 16: Virtual Care Claims Reimbursement Changes
Purpose: Information in this table will be used to track virtual care claims reimbursem
Instructions: Select 'Yes' or 'No' for each item, and provide additional comments in Co
Virtual Care Visit Claims Reimbursement Prompt
a. Did your health center observe any state or payer changes that contributed to FEWER virtual care visit claims reimbursed during the 6-month reporting period?
b. Did your health center observe any state or payer changes that contributed to MORE virtual care visit claims reimbursed during the 6-month reporting period?

Table 16 Comments: (Optional) ***(300 Word Max, enter 'n/a' if no comments)***

Table 17: Virtual Care Claims Submitted Versus Reimbursed by Virtual Care Types *(O*
Purpose: Information in this table will be used to examine variation in the reimbursem
Instructions: Enter the number of virtual care claims submitted and total claims reimb
(Note: Table 17 is optional during Reporting Period 1. Awardees may wait until Report

In-Person and Virtual Care Types
a. Face-to-face (In-person) Visits
b. Synchronous Live Audio Only
c. Synchronous Live Video
d. Asynchronous Store and Forward
e. Remote Monitoring
f. Mobile Health (mHealth)
g. Other Asynchronous Technology *(Write In):* _____

Table 17 Comments: (Optional) *(300 Word Max, enter 'n/a' if no comments)*

Table 18: Virtual Care Claims Submitted Versus Reimbursed by Patient Primary Medic
Purpose: Information in this table will be used to examine variation in the reimbursem
Instructions: Enter the number of virtual care claims submitted and total claims reimb
(Note: Table 18 is optional during Reporting Period 1. Awardees may wait until Report

Medical Insurance Type
a. None/Uninsured
b.Medicaid/CHIP/Other Public
c. Medicare
d. Private

e. Total Patients

Table 18 Comments: (Optional)
(300 Word Max, enter 'n/a' if no comments)

Table 19: Median Appointment Wait Time by Service Category
Purpose: Information in this table will be used to examine variations in appointment a
Instructions: Enter the median appointment wait time in days during the 6-month repo
UDS Service Category^
a. Medical
b. Dental
c. Mental Health
d. Substance Use Disorder
e. Vision
f. Other professional
g. Enabling
h. Total Patients
***Optional: In Column B, select and report an alternative measure for appointment avai**
Report per service category. Please use the "Write in" line to describe your measure.

Tables 19 Comments:
(300 Word Max, enter 'n/a' if no comments)

Table 20: Median Appointment Wait Time by Visit Type

Purpose: Information in this table will be used to examine variation in appointment av
Instructions: Enter the median appointment wait time in days during the 6-month repo
Visit Type
a. Face-to-face (In-person) Visits
b. Synchronous Live Audio Only
c. Synchronous Live Video
***Optional:** **In Column B, select and report an alternative measure for appointment avai Report per visit type. Please use the "Write In" line to describe your measure.**

Table 20 Comments:
(300 Word Max, enter 'n/a' if no comments)

porting periods.
ıealth center for this reporting period.
A. Total number of FTEs for the entire health center on the last day of the reporting period ***(Calculate FTEs based on total staff hours)***

le personnel

ailability and types across reporting periods.
A. Enter Yes or No Response

Write in: 100 Word Max, enter 'n/a' if no response

ent changes across reporting periods.
olumn B.
A. Enter Yes or No Response

ptional)
ent of virtual care claims by virtual care type.
ursed for each virtual care type.
ing Period 2 to begin reporting these data retrospectively to

A. Number of virtual care claims submitted during the six months prior to the start of the current reporting period *(For example: During Reporting Period 2, share data from Reporting Period 1).*

al Insurance Type *(Optional)*
ent of virtual care claims by patient insurance type.
ursed for each medical insurance type.
ing Period 2 to begin reporting these data retrospectively to
A. Number of virtual care claims submitted during the six months prior to the current reporting period *(For example: During Reporting Period 2, share data from Reporting Period 1).*

vailability and wait time.
rting period for each UDS Service Category or 'n/a' if not ap
A. Median appointment wait time (in days)
lability, such as, "When is your third next available appointr

ailability and wait time by visit type.
rting period for each visit type or 'n/a' if not applicable.
A. Median appointment wait time (in days)
lability, such as, "When is your third next available appointr

B. *Optional:* Please describe the change in reimbursement, or enter 'n/a' if no comments

provide sufficient time for claims processing).

B. Number of claims reimbursed during the six months prior to the start of the current reporting period *(For example: During Reporting Period 2, share data from Reporting Period 1).*

provide sufficient time for claims processing).
B. Number of claims reimbursed during the six months prior to the current reporting period *(For example: During Reporting Period 2, share data from Reporting Period 1).*

plicable.
B. ***Optional (For health centers that do not complete column A):*** **Alternative Appointment Availability Measure.*** ***Write In:*** _____
ment?".

B. ***Optional (For health centers that do not complete column A):*** **Alternative Appointment Availability Measure.*** ***Write In:*** _____
ment?"

Table 21: Virtual Care Strategic Deployment Self-Assessment Model Instr

Purpose: Information from OVC awardees' self- assessments will be used to identify t

Instructions: We recommend that at least two members of your OVC project team cor
For items a. through j., read the "Virtual Care Strategic Deployment Leadership Categ

Identify a maturity level (basic, foundational, or advanced) that best fits your health ce

Select only one maturity level per item. **In Column E, you may provide additional detai**

Enter the roles of the OVC project team members completing the assessment. Use semicolons to separate multiple individuals:	***(Team Member Roles):***	
A. Virtual Care Strategic Deployment Leadership Category and Dimension	**B. Maturity Assessment Question**	**C. Enter 'X' to select the appropriate maturity level**
a. Leadership	**How would you describe your health center leaders' commitment to immediate and long-term adoption of virtual care operations?**	
b. Governance	**How would you describe your health center leaders' commitment to a permanent health center-wide virtual care governance/strategic oversight structure?**	

c. Technology Platforms: Virtual Care Devices	**How successfully has your health center met the hardware and software support needs of providers, staff and patients for the desired synchronous and asynchronous virtual care operations?**	
d. Technology Platforms: Technology Support	**How successfully has your health center met the technical support needs of providers, staff and patients for the desired synchronous and asynchronous virtual care operations?**	

e. Technology Platforms: Cybersecurity Support	**How would you describe your health center's cybersecurity infrastructure protections, user protocols, and training necessary to counter existing and emerging cybersecurity threats?**	

f. Virtual Care Operations: Operational and Clinical Standards	**At your health center, to what degree has virtual care functioned with the same or better care and operational quality standards as in-person care?**	
g. Virtual Care Operations: Provider/Staff Engagement	**At your health center, how proficient are providers and staff in using virtual care tools in terms of access (hardware, software, connectivity, setting, language), training, usability, and coordination across teams?**	

h. Virtual Care Operations: Patient and Family Engagement	**At your health center, how proficient or engaged are patients, families, and caregivers in virtual care in terms of access (hardware, software, connectivity, setting, language), digital health literacy, and use?**	

i. Health Equity: Awareness	**How successful has your health center been in creating awareness of varying levels of access to and uptake of virtual care in their patient population and the impact of virtual care on inequities in access, care, experience, and outcomes?**	
j. Health Equity: Action	**At your health center, to what degree are virtual care processes intentionally designed to create equitable access to care and reduce health disparities in the population served?**	
Citation: Meyers, JF. (2021) Virtual Care Strategic and Tactical Deployment Maturity Self-As		
This document presents a model adapted from the Virtual Care Strategic and Tactical Deplo		

ument

opics for future coaching sessions or Technical Assistance through your HRSA Project Officer.

mplete the self-assessment. Each team member should complete the assessment individually, then
ory and Dimensions" in Column A and the corresponding "Maturity Assessment Question" in Colu

enter during the 6-month reporting period based on the descriptions in Column D "Possible Health

ls on your health center's maturity level score based on the prompts.

D. Possible Health Center Maturity Level and Descriptions
Basic-Level Maturity • Leaders leverage virtual care as a short-term, tactical response to a crisis (e.g., the COVID-19 pandemic • Approaches to virtual care are locally defined and fragmented across departments. • Leaders rely on existing infrastructure and resources to address the shift to virtual care.
Foundational-Level Maturity • Leaders support a more permanent virtual care deployment plan that integrates telehealth into standard • Board and enterprise leaders allocate sufficient resources and staff to meet the demands of the new virtu
Advanced-Level Maturity • Virtual care is incorporated into and is a specifically identified tool to support the broader health center st • A virtual care strategic plan, approved by senior leaders, guides all virtual care operations, equitable app investment strategies.
Basic-Level Maturity • Oversight of virtual care falls to existing in-person care oversight processes. • Existing operational governance structures remain unchanged and there are no new operational or clinic place specifically for virtual care processes.
Foundational-Level Maturity • A virtual care governance structure is established health center-wide. • Virtual care structure, process and outcome metrics are defined, tracked, and acted upon. • Virtual care governing bodies include all levels of staff (e.g., senior leaders, front-line workers) from acros improvement, IT, ambulatory care).

Advanced-Level Maturity
• Virtual care governance structures include patients and caregivers from under-resourced communities th
served.
• Success measures for virtual care processes and outcomes are aligned with health center goals and con
inequities.

Basic-Level Maturity
• Synchronous and asynchronous "use-what-we-have" devices are used to support virtual care operations
• Different solutions exist throughout the health center and with the home-based workforce.
• Departments purchase hardware and software to fill in gaps without regard for health center-wide consist

Foundational-Level Maturity
• The health center plans for and begins purchasing common hardware and software solutions across the
care operational needs.
• Hardware and software consistency leads to greater acceptance of virtual care operations.
• Virtual care hardware and software quality and options are standardized for the home-based workforce.

Advanced-Level Maturity
• Virtual care supporting hardware and software options balance the need for common platforms with cons
the desire for newer "competitive edge" options.
• User friendliness and staff acceptance increases dramatically with existing workforce devices (e.g., smar
computers, laptops).
• Privacy and security are consistently high across all available devices.
• Consistently branded and professional patient-facing video platforms and virtual backgrounds are provid

Basic-Level Maturity
• Technical support mode is "use or adapt the tech support team we have".
• Technical support staff work from home and in-person as the environment dictates.
• Portions of the technical support staff begin to retrain to support virtual care technologies.

Foundational-Level Maturity
• Technology support functions are reorganized to more permanently meet the needs of the new virtual ca
• Leaders and technical support staff specifically trained in virtual care technologies are hired.
• Resources are researched, purchased, and allocated that specifically support home-based staff needs (e
etc.).
• Technical support staff may join pre-telehealth visit workflows to help staff and patients prepare for prope
• Just-in-time short-term contract support is used where appropriate to remain nimble as the virtual care op

Advanced-Level Maturity
• IT departments consider new health center structures that respond more nimbly to emerging virtual care
support needs.
• Decentralized virtual care "coordinator" functions may embed into operational departments.
• The technical support staff provide support for home- and community-based virtual care connection cent
vulnerable populations.

Basic-Level Maturity Response
• Security and privacy protocols and staff training continue in pre-pandemic format and do not include any
virtual care operational risks.
• Awareness of potential security and privacy threats specific to increased use of virtual care technologies
• "Crisis reaction" deployment of telehealth platforms rely on the data and security protections organic to o

Foundational-Level Maturity Response
• Cybersecurity harm reduction efforts cover broad infrastructure threats and are not typically targeted to u
extending protection for HIPAA compliance into the various virtual care settings; rely on in-house expertise
and brokers of data to provide their own cybersecurity protections.
• Awareness of HIPAA, privacy, and cyber-security threats specific to virtual care operations relies on in-ho
measures are often reactive, are slow to be put in place and are only moderately successful at increasing
cybersecurity risks.

Advanced-Level Maturity
• Cybersecurity harm reduction efforts are targeted to virtual care risk; have audit processes and training in
security compliance and cybersecurity protection; cover all technology infrastructure, data exchange platfo
processes; engage external cybersecurity expertise; and protect processes across all virtual care operatio
• In-house IT team and external stakeholders partner to increase awareness of and anticipate the unique H
threats emerging across virtual care and technology exchange platforms; target threats specific to virtual c
risk mitigation procedures in place; assure that health information exchanges, external brokers of data and
levels of cybersecurity in place; and train users regularly on measures to avoid these risks.
• IT infrastructure and data storage processes incorporate redundant and backup procedures and to minim
exchange down times and/or "bad actor" strikes.
• Health center-wide standards for virtual care technologies are established to improve users'/patients' leve
security protection concerns.

Basic-Level Maturity
• Standards of care continue in crisis-response mode.
• Focus is on primarily keeping patients, providers and staff safe - and only conducting visits in-person with
Providers are accepting care delivery limitations and attempting the most complete care possible given the
• Care is typically characterized by limited-to-no vital signs collection, limited care team coordination, and "
given-situation."

Foundational-Level Maturity
• Virtual care quality standards aim for equal or better care quality compared to in-person care.
• Virtual care workflows link to all necessary integrated team-based care team and admin processes (e.g.
monitoring, vital signs collection, etc.).
• Quality improvement oversight and structure, process, and outcome measures integrate virtual care oper
• Protocols are formalized to appropriately triage patients to in-person or virtual care options and to take in
• Telecommuting protocols for staff and providers are standardized to create consistent well-being, connec
• The patient portal becomes a viable and user-friendly pathway for patient-facing pre-visit and post-visit a
eligibility screening, pre-visit surveys, check-in, linking to virtual care visit, post-visit follow-up, and complet
• Permanent, safe and appropriate diagnostic, care and counseling options leverage virtual care advantag
specialty care, physical therapy, behavioral health, etc.).
• Care teams prioritize moving communication, counseling, and remote monitoring of chronic conditions to
produce better patient outcomes.

Advanced-Level Maturity
• Quality of care, patient experience, and provider satisfaction are reimagined and optimized through a mi
options.
• The culture of the health center embraces virtual care as a viable option for optimal care where medically
• Virtual care includes fully EHR-integrated real-time information access leading to high-quality, caring, inc
safe, private, and secure processes that patients trust.
• New quality improvement oversight processes are developed and deployed to provide unique virtual care
virtual care operations on care and business operations quality.
• Federal requirements for price transparency and access to care notes are integrated into virtual care pro
functionality).
• Business functions such as automatic eligibility screening, HR functions, licensure, and reimbursement/p
processes where possible.

Basic-Level Maturity
• Crisis-response virtual care processes are in place as a response to the pandemic and they continue to r
usability, and access for providers and staff.
• Providers and staff often just simply moved old workflows into the virtual care processes when possible a
workflows not feasible in their crisis virtual care setting.

Foundational-Level Maturity
• Virtual care operations provide a seamless patient visit flow that is perceived by both provider/staff and p
in-person only processes (e.g., advanced team-based workflows provide more "in-person"-like handoffs ar
interpreters, front desk, care team members, navigators and eligibility/billing functions).
• Providers and staff are engaged in quality improvement assessment and improvement cycles for continu
operations and the integration of those operations into both hybrid and in-person care settings.

Advanced-Level Maturity
• The health center actively engages in reimagining care across all professions and all types of patient nee
that maximize care efficiency and quality but also improves health and care experience outcomes beyond
provider/staff in previous in-person only operations.
• Provider and staff wellbeing are specifically taken into account when determining the optimal care setting
• Regular feedback processes (including virtual feedback) measure provider/staff satisfaction with and usa
• Remote-only primary care providers and "Telespecialists" are considered to enhance care operations an
Medical specialists who practice solely in virtual care settings could include specialty care providers, beha

---

Basic-Level Maturity
• A large sub-set of patients continue to engage healthcare in a crisis response mode and are still avoiding
emergency care.
• Patients experience uneven success in using virtual care services due to lack of awareness of virtual car
access them.
• Virtual care is mostly provided through publicly available and free online applications (e.g.; Zoom and Fa
• Patients receive text messages, emails and/or patient portal messages that provide a link to their virtual c

---

Foundational-Level Maturity
• Patients are aware of the options for accessing virtual care and are getting more comfortable with care d
• Patients are regularly screened for digital access and virtual care interface skills.
• Regular feedback processes (including virtual feedback) measure patient satisfaction with virtual care.
• Advanced team-based workflows provide more "in-person"-like handoffs and communications between m
physicians.
• Basic vital signs collection processes are coordinated where reliable through manual patient self-assessm
• Policies and procedures are put in place to help caregivers and family members link into virtual care proc

---

Advanced-Level Maturity
• Patients are aware of the options for accessing virtual care and are getting more comfortable with care d
• Patients are regularly screened for digital access and virtual care interface skills.
• Regular feedback processes **(**including virtual feedback**)** measure patient satisfaction with virtual care.
• Advanced team-based workflows provide more "in-person"-like handoffs and communications between m
physicians.
• Basic vital sign collection processes are coordinated where reliable through manual patient self-assessm
• Policies and procedures are put in place to help caregivers and family members link into virtual care proc

---

Basic-Level Maturity
• The health center continues using existing disparities tracking processes.
• The health center does not analyze data to provide insights into potential inequity in how virtual care imp
different patient populations.
• The health center does not work with patients to identify areas of inequities that can be negatively or pos
virtual care.

Foundational-Level Maturity
• Virtual care governance and health center resource allocation processes prioritize the collection of inform
operations.
• The health center proactively screens patients on access to and skills (e.g., digital health literacy) necess
• Virtual care access, use, and health equity outcomes measures are collected and categorized by vulnera
demographics, and that information is disseminated across the health center (e.g., via dashboard or regula

Advanced-Level Maturity
• The health center engages in de-identified information exchanges that help the health center and the cor
inequitable access to virtual care.
• Information is regularly shared internally within the system and externally in the community about the imp
equity to inform strategies to close care gaps for vulnerable populations.

Basic-Level Maturity
• The health center does not attempt any new processes to help those who are not able to equitably acces

Foundational-Level Maturity
• The health center prioritizes and allocates resources to existing projects that have the potential to decrea
care processes.
• Evidence-based processes are in place to reduce health inequities in the use of virtual care such as: virtu
device instructions and prompts; programs to connect to caregivers/family who help bridge communication
center actions that increase patient trust and more equitable use of virtual care.

Advanced-Level Maturity
• Equity-focused strategies to address barriers to access to virtual care are incorporated into the broader h
goals.
• The health center continually seeks out and funds new and emerging projects that leverage emerging vir
health inequities.
• Partnerships with community-based health centers are formed to understand and address upstream dete
outcomes from virtual care (e.g., telecommunications literacy programs, virtual interpretation/language acc
income populations, and access to low-cost smart devices or computers.

ssessment Model. Oakland, CA: The California Health Care Safety Net Institute

yment Maturity Self-Assessment Model authored by Jim Meyers, DrPH under funding from the California H

at consensus responses.

criptions". Enter 'X' in the appropriate field in Column C.

E. Additional Comments ***(Optional, enter 'n/a' if no response)***
What factors contribute to this assessment? What additional resources, if any, does your health center nee
support this category? What recommendations do you have for other health centers?

Share Additional Information

[Grant recipients may use this tab to submit any additional information, comments, or da

ıta findings not requested in other areas of the template.]