Evidence-Based Telehealth Network Program (EB TNP)

Grant: **Start Date:** **End Date:** **Report Date:**

Organization:

Submitted Date:

1. Priorities

Priorities

Only include sites that are eligible for and receive EB TNP funding in the table below.

Did you provide services to patients in any of the following categories because of any EB funding during this reporting period?	Type of Change
Primary Care	
Acute Care	
Behavioral Health Care	
Maternal Care	
Substance Use Disorder	
Chronic Care Management	

1. Priorities Form Comments

Is 1. Priorities Form Complete?

1. Priorities Form File Attachment

File Name	File Type	File Size	Upload Date

OMB Number: 0906-0043

Expiration Date:

Evidence-Based Telehealth Network Program (EB TNP)

Grant: **Start Date:** **End Date:** **Report Date:**

Organization:

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2. Originating and Distant Sites

Originating and Distant Sites

Complete Form 1. Priorities before inputting data in this form.

Only include sites that are eligible for and receive EB TNP funding.

Originating and Distant Sites

List of Selected Sites (Modify the List) and List of Selected Settings (Modify the List)

Site Name	City/Town	State	ZIP Code	Originating or Distant Site (O/D)	Rural or Urban Site (R/U)	Setting

Number of Each Type of Site in this Reporting Period	Number
Originating	
Distant	

2. Originating and Distant Sites Form Comments

Is 2. Originating and Distant Sites Form Complete?	

2. Originating and Distant Sites Form File Attachment

File Name	File Type	File Size	Upload Date

OMB Number: 0906-0043

Expiration Date:

Evidence-Based Telehealth Network Program (EB TNP)

Grant: **Start Date:**   **End Date:**   **Report Date:**

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Submitted Date:

3. Specialties and Services, by Site

Specialties and Services, by Site

Complete Form 2. Originating and Distant Sites before inputting data in this form.

Only include current active sites and specialties that are eligible for and receive EB TNP funding during this reporting period. Data populated in 'Total Sites with New Access to Services' is the total number of 'No' responses for the selected specialty in the 'Was the specialty available in your community prior to this EB TNP funding?' category.

Specialties and Services, by Site

List of Selected Sites (Modify the List) and List of Selected Specialties (Modify the List)

Originating Site	Specialty(s) actively available at this site through telehealth	Was the specialty available in your community prior to this EB TNP funding?

Total Sites with New Access to Services	Number
Number of sites that have access to Mental/Behavioral Health Care Services where access did not exist in your community prior to this EB TNP funding	

3. Specialties and Services, by Site Form Comments

Is 3. Specialties and Services, by Site Form Complete?	

3. Specialties and Services, by Site Form File Attachment

File Name	File Type	File Size	Upload Date

OMB Number: 0906-0043

Expiration Date:

Evidence-Based Telehealth Network Program (EB TNP)

Grant: **Start Date:**   **End Date:**   **Report Date:**

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Submitted Date:

4. Volume of Services, by Site and Specialty

Volume of Services, by Site and Specialty

Complete Form 3. Specialties and Services, by Site before inputting data in this form.

Only include unique patients seen and encounters occurring as the result of EB TNP funding. Real-Time Encounters are encounters that are live, two-way interactions between a person and a provider using audiovisual telecommunications technology. Store-and-Forward Encounters, also called asynchronous, are the transmission of health information through digital images or pre-recorded videos through electronic communication to a practitioner who uses the information to make an evaluation. Remote Patient Monitoring (RPM) Encounters are a type of ambulatory healthcare where patients use mobile medical devices to perform a routine test and send the test data to a healthcare professional in real-time. Enter 0 if there is no data to report.

Volume of Services, by Site and Specialty

Originating Site	Setting	Specialty	Unique Patients	Real-Time Encounters	Remote Patient Monitoring Encounters	Store-and-Forward Encounters	Total Encounters

	Total Unique Patients and Encounters	Number
	Total Number of Unique Patients Served because of EB TNP funding	
	Total Number of Encounters because of EB TNP funding	

4. Volume of Services, by Site and Specialty Form Comments

Please note that direct services have not started as of the first year of this grant funding

Is 4. Volume of Services, by Site and Specialty Form Complete?

Evidence-Based Telehealth Network Program (EB TNP)

Grant: **Start Date:**   **End Date:**   **Report Date:**

Organization:

Submitted Date:

4. Volume of Services, by Site and Specialty Form File Attachment			
File Name	File Type	File Size	Upload Date

Evidence-Based Telehealth Network Program (EB TNP)

Grant: **Start Date:** **End Date:** **Report Date:**

Organization:

Submitted Date:

5. Patient Travel Miles Saved

Patient Travel Miles Saved

Complete Form 4. Volume of Services, by Site and Specialty before inputting data in this form.

Only include sites that are eligible for and receive EB TNP funding. For the table below, capture the primary service provided, total miles saved, and the number of encounters by each service provided. If the miles are in decimals, round to the nearest whole number.

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Patient Travel Miles Saved		
Primary Service Provided to Patient / Specialty	**Total Miles Saved**	**Total Encounters**

Total Miles Saved	Number
Patient Travel Miles Saved	

5. Patient Travel Miles Saved Form Comments

Please note that no direct services have been provided as of the first year of this grant funding

Is 5. Patient Travel Miles Saved Form Complete?

5. Patient Travel Miles Saved Form File Attachment			
File Name	**File Type**	**File Size**	**Upload Date**

Evidence-Based Telehealth Network Program (EB TNP)

Grant: **Start Date:**   **End Date:**   **Report Date:**

Organization:

Submitted Date:

6. Other Uses of the Telehealth Network

Other Uses of the Telehealth Network

Complete Form 5. Patient Travel Miles Saved before inputting data in this form.

Only include sessions that are eligible for and receive EB TNP funding. Enter 0 if there is no data to report. If information in 'Formal and Informal Education' is unknown, enter 'DK'. Distance learning is the education, of a provider or other person, through electronic communication such as video conferencing.

Other Uses of the Telehealth Network	Number
Administrative Meetings	
Distance Learning	
Other – Specify:	

Distance Learning (Formal and Informal Education)

	Total Number of Sessions	Total Number of People
Formal Education (sessions are used to fulfill formal education, licensure or certification requirements)		
Informal Education (sessions used to meet regulatory practice requirements, as well as supervision/advice requested by remote practitioners)		

6. Other Uses of the Telehealth Network Form Comments

We use Telehealth for Technical Assistance calls with HRSA. We have not implemented trainings specific to this project but will be using broadly this second year and forward.

Is 6. Other Uses of the Telehealth Network Form Complete?

6. Other Uses of the Telehealth Network Form File Attachment

File Name	File Type	File Size	Upload Date

Evidence-Based Telehealth Network Program (EB TNP)

Grant: **Start Date:**   **End Date:**   **Report Date:**

Organization:

Submitted Date:

7. Diabetes

Diabetes

Complete Form 6. Other Uses of the Telehealth Network before inputting data in this form.

Only include patients seen and encounters that occurred as a result of receiving EB TNP funding. Use the most recent A1c measure of the reporting period to complete the table below. Enter 0 if there is no data to report.

Diabetes	Number
Number of unduplicated patients with diabetes served during the reporting period	
Number of patients with diabetes (who received services during the reporting period) whose most recent Hemoglobin A1c (HbA1c) level is 7.0% or less	
Number of patients with diabetes (who received services during the reporting period) whose most recent Hemoglobin A1c (HbA1c) level is between 7.1% and 9.0%	
Number of patients with diabetes (who received services during the reporting period) whose most recent Hemoglobin A1c (HbA1c) level during the measurement year was greater than 9.0% (poor control), or if an HbA1c test was not done during the reporting period	

7. Diabetes Form Comments

Please note that this grant is not focused on diabetes.

Is 7. Diabetes Form Complete?

7. Diabetes Form File Attachment

File Name	File Type	File Size	Upload Date

OMB Number: 0906-0043

Expiration Date:

Evidence-Based Telehealth Network Program (EB TNP)

Grant: **Start Date:**   **End Date:**   **Report Date:**

Organization:

Submitted Date:

8. Mental/Behavioral Health

Mental/Behavioral Health

Complete Form 7. Diabetes before inputting data in this form.

Only include sites that are eligible for and receive EB TNP funding. Enter 0 if there is no data to report.

Mental/Behavioral Health	Number
Total number of adults who received Mental/Behavioral Health services where access did not exist prior to the EB TNP grant	
Total number of pediatric and adolescent patients who received Mental/Behavioral Health services where access did not exist prior to the EB TNP grant	

8. Mental/Behavioral Health **Form Comments**

Please note that no direct services have been performed in the first year of this grant funding.

Is 8. Mental/Behavioral Health **Form Complete?**

8. Mental/Behavioral Health **Form File Attachment**

File Name	File Type	File Size	Upload Date

OMB Number: 0906-0043

Expiration Date: