Evidence-Based Telehealth Network Program (EB TNP)

Grant:	Start Date:	End Date:	Report I	Date:
Organization:				
Submitted Date:				
Public Burden Statement: The purpose technologies through telehealth netwo the effectiveness of evidence-based prand a person is not required to response number for this project is 0906-0043 ar of the Public Health Service Act (42 U.S hours per response, including the time information. Send comments regarding this burden, to HRSA Reports Clearance	rks to improve access to, actices with the use of teld to, a collection of informed it is valid until XX/XX/2.C. 254c-14), as amended for reviewing instructions this burden estimate or a	and the quality of, healt ehealth for patients, pro nation unless it displays a 22X. This information co. Public reporting burdes, searching existing data	h care services. This program worders, and payers. An agency a currently valid OMB control relection is required to obtain on for this collection of information, and completing and recollection of information, include	rill work to help HRSA assess may not conduct or sponsor, number. The OMB control r retain a benefit [section 330] tion is estimated to average 36 reviewing the collection of ding suggestions for reducing
1. Priorities				
Priorities				
Only include sites that are elig	ible for and receive I	EB TNP funding in t	he table below.	
Did you provide services to EB funding during this repo		he following categ	ories because of any	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 Complet	e?			
1. Priorities Form File Attach	ment			
File Name		File Type	File Size	Upload Date
				OMB Number: 0906-0043 Expiration Date:

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Grant:	Start D	ate:	En	id Date:		Report Dat	e:
Organization:							
Submitted Date	:						
Originating and Di	istant Sites						
iginating and Dist	ant Sites						
omplete Form 1. Pr	iorities before inp	utting data	in this form.				
nly include sites tha	it are eligible for a	nd receive	EB TNP fund	ling.			
riginating and Dis	tant Sites						
ist of Selected Sites	(Modify the List)	and List of	Selected Se	ttings (Modify	/ the List)		
Site Name	City/Town	State	ZIP Code	Originatin g or Distant Site (O/D)	Rural or Urban Site (R/U)		Setting
Number of Each Ty	pe of Site in this	Reporting	g Period				Number
Originating							
Distant							
0							
Originating and D	istant Sites Forn	n Commer	nts ————————————————————————————————————				
2. Originating and							
. Originating and D	istant Sites Forn	n File Atta					
ile Name			File Ty	/pe	File Size		Upload Date
						OM	B Number: 0906- Expiration
							Lapitation

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Grant:	Start Date:	End Date:		Report D	ate:
Organization:					
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3. Specialties and Servi	ces, by Site				
Consisting and Commiss	a hu Cita				
Specialties and Service	•	£ i	4l.:. £	·	
	nating and Distant Sites be				
period. Data populated in	ve sites and specialties the n 'Total Sites with New Ac 'Was the specialty availab	cess to Services' is	the tota	al number of 'No' re	sponses for the
Specialties and Service	es, by Site				
List of Selected Sites (M	odify the List) and List of S	Selected Specialties	(Modi	fy the List)	
Originating Site	Specialty(s) actively		te		cialty available in
	through t	elehealth			ity prior to this EB funding?
Total Sites with New A	ccess to Services re access to Mental/Behav	iaral Haalth Cara S	om (iooo	uboro gogogo did	Number
	nity prior to this EB TNP fu		ervices	where access did	
3. Specialties and Servi	ces, by Site Form Comm	nents			
Is 3. Specialties and Se	rvices, by Site Form Con	nplete?			
3. Specialties and Servi	ices, by Site Form File A	ttachment			
File Name		File Type		File Size	Upload Date
				0	MB Number: 0906-0043
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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. Reare encounters that are live, two-way interactions between a person and a provider using audiovistelecommunications technology. Store-and-Forward Encounters, also called asynchronous, are the health information through digital images or pre-recorded videos through electronic communication who uses the information to make an evaluation. Remote Patient Monitoring (RPM) Encounters a ambulatory healthcare where patients use mobile medical devices to perform a routine test and shealthcare professional in real-time. Enter 0 if there is no data to report.	isual the transmission of on to a practitioner are a type of				
Volume of Services, by Site and Specialty					
Originating Setting Specialty Unique Patients Encounters Remote Patient Forward Encounters Encounters	d				
Total Unique Patients and Encounters	Number				
Total Number of Unique Patients Served because of EB TNP funding	g				
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?					
To an Tolumo of Convictor, by One and Openiary Form Complete:					

Printed:

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 Form File Attachment						
File Name	ame File Type File Size Upload Date					

OMB Number: 0906-0043

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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, ound to the nearest whole number. Patient Travel Miles Saved Primary Service Provided to Patient / Specialty Total Miles Saved Patient Travel Miles Saved Patient Travel Miles Saved Patient Travel Miles Saved Form Comments lease note that no direct services have been provided as of the first year of this grant funding s 5. Patient Travel Miles Saved Form Complete? Patient Travel Miles Saved Form File Attachment	Organization:		End Date:	Repor	t Date:
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 servic 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. Patient Travel Miles Saved Primary Service Provided to Patient / Specialty Total Miles Saved Number Patient Travel Miles Saved 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? Patient Travel Miles Saved Form File Attachment	Organization.				
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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, ound to the nearest whole number. Patient Travel Miles Saved Primary Service Provided to Patient / Specialty Total Miles Saved Patient Travel Miles Saved Patient Travel Miles Saved Patient Travel Miles Saved Form Comments lease note that no direct services have been provided as of the first year of this grant funding s 5. Patient Travel Miles Saved Form Complete? Patient Travel Miles Saved Form File Attachment					
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Primary Service Provided to Patient / Specialty Total Miles Saved Patient Travel Miles Saved Patient Travel Miles Saved Form Comments Please note that no direct services have been provided as of the first year of this grant funding s 5. Patient Travel Miles Saved Form Complete? Patient Travel Miles Saved Form File Attachment	provided, total miles sav	ed, and the numbe	receive EB TNP funding. For the er of encounters by each service	e table below, capto e provided. If the n	ure the primary service niles are in decimals,
Patient / Specialty Total Miles Saved Patient Travel Miles Saved Patient Travel Miles Saved Form Comments Please note that no direct services have been provided as of the first year of this grant funding s 5. Patient Travel Miles Saved Form Complete? Patient Travel Miles Saved Form File Attachment	Patient Travel Miles Sa	ıved			
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? Patient Travel Miles Saved Form File Attachment	Primary Service Provi Patient / Specialty	ded to To	otal Miles Saved	Total Enco	unters
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? Patient Travel Miles Saved Form File Attachment					
. Patient Travel Miles Saved Form Comments lease note that no direct services have been provided as of the first year of this grant funding s 5. Patient Travel Miles Saved Form Complete? Patient Travel Miles Saved Form File Attachment	Total Miles Saved				Number
lease note that no direct services have been provided as of the first year of this grant funding s 5. Patient Travel Miles Saved Form Complete? Patient Travel Miles Saved Form File Attachment	Patient Travel Miles Sav	/ed			
Please note that no direct services have been provided as of the first year of this grant funding s 5. Patient Travel Miles Saved Form Complete? Patient Travel Miles Saved Form File Attachment					
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Patient Travel Miles Saved Form File Attachment				of this grant funding	1
Patient Travel Miles Saved Form File Attachment				of this grant fundin	9
Patient Travel Miles Saved Form File Attachment				of this grant fundin	9
Patient Travel Miles Saved Form File Attachment				of this grant funding	9
	Please note that no direc	t services have be	en provided as of the first year	of this grant funding	9
	lease note that no direc	t services have be	en provided as of the first year	of this grant funding	9
e Name File Type File Size Upload Date	lease note that no direc	t services have be	en provided as of the first year	of this grant funding	9
	Please note that no direc	et services have be	en provided as of the first year omplete?	of this grant funding	
	Please note that no direc	et services have be	en provided as of the first year omplete?		
The type	Please note that no direc	t services have be	en provided as of the first year	of this grant funding	9

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6. Other Uses of the Telehealth Network

Other Uses of the Telehealth Network						
Complete Form 5. Patient Travel Miles Save	d before	inputtin	g data in t	his form		
Only include sessions that are eligible for and information in 'Formal and Informal Educatio or other person, through electronic communications.	n' is unk	known, e	nter 'DK'.	Distanc	e learning is the e	
Other Uses of the Telehealth Network						Number
Administrative Meetings						
Distance Learning						
Other – Specify:						
Formal Education (sessions are used to		lumber ssions	Total Ni of Pe			
Distance Learning (Formal and Informal E	ducation	n)				
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 F	orm Cor	mments				
We use Telehealth for Technical Assistance oroject but will be using broadly this second y				not imp	emented trainings	specific to this
s 6. Other Uses of the Telehealth Network	(Form C	Complet	e?			
6. Other Uses of the Telehealth Network F	orm File	• Attach	ment			
File Name		File 7	Гуре	F	ile Size	Upload Date
					01	MB Number: 0906-00
						Expiration Da

Printed:

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	•	_	P 11 0 0 0
			Number
atients with diabetes se	rved during the repo	rting period	
		porting period) whose	
1c (HbA1c) level during	g the measurement y	ear was greater than	
nts			
s not focused on diabe	etes.		
lete?			
achment			
	File Type	File Size	Upload Date
			OMB Number: 0906-0043 Expiration Date:
	and encounters that ong period to complete the atients with diabetes seabetes (who received sabetes (who recei	and encounters that occurred as a result or a period to complete the table below. Enter attients with diabetes served during the report to (HbA1c) level is 7.0% or less abetes (who received services during the rest (HbA1c) level is between 7.1% and 9.0% abetes (who received services during the rest (HbA1c) level during the measurement on HbA1c test was not done during the report that the services during the report to the services during the services during the report to the services during the s	abetes (who received services during the reporting period) whose alte (HbA1c) level is between 7.1% and 9.0% abetes (who received services during the reporting period) whose alte (HbA1c) level during the measurement year was greater than an HbA1c test was not done during the reporting period into the services on diabetes. In the services during the reporting period in the services of the services during the reporting period in the services of the services during the reporting period in the services of the services during the reporting period in the services during the services d

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Organization:				
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8. Mental/Behavioral H	ealth			
Mental/Behavioral Heal	lth			
Complete Form 7. Diab	etes before inputting data ir	n this form.		
Only include sites that a	are eligible for and receive E	EB TNP funding. En	ter 0 if there is no data to	report.
Mental/Behavioral Hea	alth			Number
Total number of adults exist prior to the EB TN	who received Mental/Behav IP grant	vioral Health service	es where access did not	
Total number of pediati	ric and adolescent patients of did not exist prior to the EB		્રા/Behavioral Health	
services wriere access	did flot exist prior to the Eb	THE GIAIR		
8. Mental/Behavioral I	Health Form Comments			
Please note that no dire	ct services have been perfo	ormed in the first ye	ar of this grant funding.	
Is 8. Mental/Behaviora	al Health Form Complete?)		
8. Mental/Behavioral I	Health Form File Attachmo	ent		
File Name		File Type	File Size	Upload Date
			C	OMB Number: 0906-0043
				Expiration Date:

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