

## Health Center Controlled Networks (HCCN) PROGRESS REPORT TABLE

HCCN NAME:

APPLICATION TRACKING NUMBER:

GRANT NUMBER:

Number of Participating Health Centers (Baseline)

Number of Participating Health Centers (Current)

## PARTICIPATING HEALTH CENTER

Participating Health Center Name Prepopulated

Grant/Look alike Number Prepopulated

## PATIENT DETAILS

Total Patients (UDS Definition) Prepopulated

Number of Sites (Baseline) Empty and Editable

Number of Sites (Current) Prepopulated

## REQUIRED OBJECTIVES

## OBJECTIVE 1: DATA MANAGEMENT AND ANALYTICS

1. Since the beginning of the period of performance, has your health center advanced and optimized clinical, financial, and operations data to improve clinical quality, health outcomes, and operations?

 Yes (If yes, list what areas)

Areas advanced:

\_\_\_\_\_

 No

## OBJECTIVE 2: INTEROPERABILITY AND DATA SHARING

2. Since the beginning of the period of performance, has your health center improved bidirectional interoperability with health care providers and community-based organizations by integrating data from at least two external clinical or non-clinical sources into structured EHR fields to improve health outcomes and reduce provider burden?

 Yes (If yes, list external sources)

External Sources:

\_\_\_\_\_

 No

## OBJECTIVE 3: UDS+ IMPLEMENTATION

3. Since the beginning of the period of performance, has your health center been able to submit patient level data?

 Yes

 No

## ELECTIVE OBJECTIVES (Choose at least 2)

## OBJECTIVE 4: ADDITIONAL VALUE-BASED CARE (VBC)

4. Since the beginning of the period of performance, has your health center used data to update operational, financial, and clinical processes in health IT systems to prepare for, deliver, participate in, or update value-based care that enhances the patient and provider experience and improves health outcomes, including those who are uninsured?

 Yes

 No

OBJECTIVE 5: DIGITAL HEALTH TOOLS

5. Since the beginning of the period of performance, has your health center adopted and expanded the use of digital health tools to improve health outcomes?  Yes  
 No
6. Which digital health tools have you accessed?  Electronic messaging through patient portal  Telehealth provider consultation  Remote monitoring devices  Other: Specify

OBJECTIVE 6: STRENGTHENING CYBERSECURITY SUPPORT

1. Since the beginning of the period of performance, has your health center developed or implemented assessments and advanced techniques to protect against threats to health center data.  Yes  
 No
2. What advanced techniques did you use?  Multi-factor Authentication (MFA)  Encryption  Intrusion Detection Systems (IDS)  Regular Security Audits  staff trainings on Cyber+security Awareness  Table-top exercises  Other: Specify

OBJECTIVE 7: ARTIFICIAL INTELLIGENCE (Applicant choice)

1. Since the beginning of the period of performance, has your health center used safe and informed artificial intelligence practices to improve health outcomes?  Yes  
 No
2. What artificial intelligence practice(s) did you use? (free text)

OBJECTIVE 8: UPSTREAM DRIVERS (Applicant choice)

1. Since the beginning of the period of performance, has your health center identified an upstream and developed and implemented care coordination plans to address the specified patient needs?  Yes  
 No
2. Which upstream drivers did you implement? (free text)

THE HEALTH CENTER CONTROLLED NETWORK WILL COMPLETE THIS SECTION AT THE END OF THE 3-YEAR PROJECT PERIOD FOR THE ONE-TIME FINAL REPORT

1. CUSTOMER SATISFACTION
2. CHALLENGES AND BARRIERS

3. LESSONS LEARNED
4. CONTINGENCY PLANNING
5. PROMISING PRACTICES
6. KEY CONTACT

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) are patient-directed organizations that deliver affordable, accessible, quality, and cost-effective primary health care services to patients and adjust fees based on income and family size. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. 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 0915-0285 and it is valid until XX/XX/202X. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov). Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.