

SFY 2023 Community Health Grants Quarter Three Report

SFY 2023 Quarter Three (July 1, 2022 - March 31, 2022)

Welcome to the Quarter Three Performance Measure Report for your organization's SFY 2023 Community Health Grant.

If you have any questions regarding the survey, please contact your grant monitor.

Enter the FIRST and LAST NAME of the employee who compiled the performance data for this report and certifies that the performance measurements are accurate, complete and collected according to the contract terms and conditions.

Enter the email address for the employee who compiled the performance data for this report.

Enter the phone number for the employee who compiled the performance data for this report.

Grantee Organization: Pick your organization and contract number listed in the drop down box:
(Select your Organization's Name from the list. Note the contract number in parentheses.)

Guidance for Encounter Types

In-Clinic/In-Person Encounters Virtual/Telemedicine Encounters

Visits that occurred in-person at the clinic You can count group visits. You can count care coordination visits. Only count virtual/telemedicine visits provided using interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between a distant provider and a patient. Report virtual/telemedicine visits where: The health center provider virtually provided care to a patient who was elsewhere (i.e., not physically at their health center). The health center authorized patient services by a non-health-center provider or volunteer provider who provided care to a patient who was at the health center through telemedicine, and the health center paid for the services. (Do not report a clinic visit.) A provider who was not physically present at the health center provided care to a patient, if this is consistent with their scope of project. The provider would need access to the health center's HIT/EHR to record their activities and review the patient's record. Interactive, synchronous audio and/or video telecommunication systems permitting real-time communication between the provider and a patient were used. Do not count other modes of telemedicine services (e.g., store and forward, remote patient monitoring, mobile health) or provider-to-provider consultations. The visit is coded and charged as telehealth services, even if third-party payers may not recognize or pay for such services. Generally, these charges would be comparable to a clinic visit charge. Do not count as a virtual visit, situations in which the health center does not pay for virtual services provided by a non-health center provider (referral). Remember that Telemedicine is a growing model of care delivery. State and federal telehealth definitions and regulations regarding the acceptable modes of care delivery, types of providers, informed consent, and location of the patient and/or provider are not applicable in determining virtual visits here.

How many virtual/telemedicine patient encounters took place during the reporting period, 07/01/2022 - 03/31/2023? Do not use commas when entering numbers.

How many in-clinic patient encounters took place during the reporting period, 07/01/2022 - 03/31/2023? Do not use commas when entering numbers.

TOTAL ENCOUNTERS REPORTED (in-clinic +virtual):

_____ (This is the total of your virtual and in-clinic patient visits.)

Describe how you pulled data for patient encounters.

What is the total number of unduplicated patients served during the reporting period, 07/01/2022 - 03/31/2023? Patients are individuals who have had at least one visit during the reporting period. For example, if a patient is seen five times during the reporting period of 07/01/2022 - 03/31/2023 that patient is counted ONLY ONCE. Do not use commas when entering numbers.

Value reported cannot exceed the total number of clinic visits reported: [visits_total]

Describe how you pulled data for patients served:

[org_name]

Does your practice utilize Telehealth?

- Yes
 No

Is your practice considering using Telehealth over the next year?

- Yes
 No

In which circumstance would you like to use Telehealth to provide a patient consultation? (check all that apply)

- COVID-19 Visits
 Wellness Visits
 Cardiologist Visits
 Endocrinologist Visits
 Behavioral / Mental Health Visits
 Other Visits (please specify below)

Specify:

Would you like an ORH HIT specialist to contact you for Telehealth technical assistance?

- Yes
 No

What Telehealth application is your organization using? (check all that apply)

- Live (synchronous) videoconferencing: a two-way audiovisual link between a patient and a care provider
 Store-and-forward (asynchronous) videoconferencing: transmission of a recorded health history to a health practitioner, usually a specialist.
 Remote patient monitoring (RPM): the use of connected electronic tools to record personal health and medical data in one location for review by a provider in another location, usually at a different time.
 Mobile health (mHealth): health care and public health information provided through mobile devices. The information may include general educational information, targeted texts, and notifications about disease outbreaks.

List the Telehealth vendor(s) your organization is using to provide Telehealth services.

In which circumstances do you currently use Telehealth to provide a patient consultation? (check all that apply)

- COVID-19 Visits
 Wellness visits
 Cardiologist Visits
 Endocrinologist Visits
 Behavioral/Mental Health Visits
 Other Visits (please specify below)

Specify:

In which circumstances would you like to use Telehealth in the future to provide a patient consultation? (check all that apply)

- COVID-19 Visits
- Wellness visits
- Cardiologist Visits
- Endocrinologist Visits
- Behavioral/Mental Health Visits
- Other Visits (please specify below)

Specify:

What are some of the issues that impact your site's ability to implement, expand, or continue the use of Telehealth services?

What do you think the benefits are of implementing Telehealth services at your site?

[org_name]

Introduction: The NC Office of Rural Health is planning to host in-person regional one or two-day meetings during the month of August. Each Medicaid region across the state will have their own unique event. An invitation will be extended to all grantees within the region, community leaders, and other relevant partners. We ask that you answer the following questions to help inform our planning process so that we may develop an event with relevant and timely content.

Who on your staff would be able to attend a regional in-person meeting? Please list up to three names, their emails, and position titles.

Please rank the following aspects of the event based on how important they are to you.

	First	Second	Third	Fourth
Networking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality and accessible content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A continuous flow of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hands-on learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rank the following programming you be most interested in participating in at the upcoming in-person regional meeting. You may rank up to 5 topics.

	First Choice	Second Choice	Third Choice	Fourth Choice	Fifth Choice
Community Engagement and Empowerment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EHR Support for Clinical Measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grant Writing/ Grants Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral Health/ Integrated Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Equity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice and Palliative Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid Managed Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid Expansion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid Unwinding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid Enrollment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ORH Programming Overview	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provider Credentialing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workforce Development (Recruitment and Retention)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If other, please describe what type of programming you would be interested in participating in at the upcoming meeting

Would you be willing to assist in co-hosting? Yes No Maybe/ Not Sure

Discuss any challenges or successes in meeting your contract's performance measures within the reporting period.

--End of Survey--