## **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 the 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 Do not use commas when entering numbers.	during the reporting period, 07/01/2022 - 03/31/2023?
Exclude dental encounters.	
How many in-clinic patient encounters took place during the recommas when entering numbers.	eporting period, 07/01/2022 - 03/31/2023? Do not use
Exclude dental encounters.	
TOTAL ENCOUNTERS REPORTED (1. 1/1. 1. 1. 1. 1.	
TOTAL ENCOUNTERS REPORTED (in-clinic +virtual):	
Value reported here excludes dental encounters.	(This is the total of your virtual and in-clinic patient visits.)
How many virtual/telemedicine dental patient encounters took 03/31/2023? Do not use commas when entering numbers.	place during the reporting period, 07/01/2022 -
Dental encounters only.	
·	
How many in-clinic dental patient encounters took place during not use commas when entering numbers.	g the reporting period, 07/01/2022 - 03/31/2023? Do
Dental encounters only.	

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TOTAL DENTAL ENCOUNTERS REPORTED (in-clinic +virtua	al):
Value reported here excludes dental encounters.	(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 Patients are individuals who have had at least one visit du five times during the reporting period of 07/01/2022 - 12/2 commas when entering numbers.	uring the reporting period. For example, if a patient is seen
Exclude dental patients.	
Value reported cannot exceed the total number of clinic v	risits reported: [visits_total_2]
What is the total number of unduplicated dental patients	served during the reporting period. 07/01/2022 -
	ast one visit during the reporting period. For example, if a
Exclude dental patients.	
Value reported cannot exceed the total number of clinic v	isits reported: [visits_total_dental_2]
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)
<ul> <li>COVID-19 Visits</li> <li>Wellness Visits</li> <li>Cardiologist Visits</li> <li>Endocrinologist Visits</li> <li>Behavioral / Mental Health Visits</li> <li>Other Visits (please specify below)</li> </ul>
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)
<ul> <li>Live (synchronous) videoconferencing: a two-way audiovisual link between a patient and a care provider</li> <li>Store-and-forward (asynchronous) videoconferencing: transmission of a recorded health history to a health practitioner, usually a specialist.</li> <li>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.</li> <li>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.</li> </ul>
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)
<ul> <li>□ COVID-19 Visits</li> <li>□ Wellness visits</li> <li>□ Cardiologist Visits</li> <li>□ Endocrinologist Visits</li> <li>□ Behavioral/Mental Health Visits</li> <li>□ Other Visits (please specify below)</li> </ul>
Specify:

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In which circumstances would you like to use Telehealth in the future to provide a patient consultation? (check all that apply)
<ul> <li>COVID-19 Visits</li> <li>Wellness visits</li> <li>Cardiologist Visits</li> <li>Endocrinologist Visits</li> <li>Behavioral/Mental Health Visits</li> <li>Other Visits (please specify below)</li> </ul>
Specifiy:
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?

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## [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.

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Please rank the following aspects of the event based on how important they are to you.						
	First	Second	Third	Fourth		
Networking	$\circ$	$\bigcirc$	$\circ$	$\circ$		
Quality and accessible content	$\bigcirc$	$\circ$	$\circ$	$\circ$		
A continuous flow of information	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Hands-on learning	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		

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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	0	0	0	0	0	
EHR Support for Clinical	$\circ$	$\bigcirc$	$\circ$	$\bigcirc$	$\circ$	
Measures Grant Writing/ Grants Management	0	0	0	0	0	
Behavioral Health/ Integrated Health	0	0	0	0	0	
Health Equity	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$	
Hospice and Palliative Care	$\circ$	$\circ$	$\circ$	$\circ$	$\bigcirc$	
Medicaid Managed Care	$\circ$	$\circ$	$\circ$	$\circ$	$\bigcirc$	
Medicaid Expansion	$\circ$	$\circ$	$\circ$	$\circ$	$\bigcirc$	
Medicaid Unwinding	$\circ$	$\circ$	$\circ$	$\circ$	$\bigcirc$	
Medicaid Enrollment	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
ORH Programming Overview	$\circ$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Provider Credentialing	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Workforce Development (Recruitment and Retention)	0	0	0	0	0	
Other	0	0	0	0	$\circ$	
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						

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