

| Strategy. | Capacity. | Sustainability.



**2021-2025 Telehealth Network Grant Program (TNGP)  
Performance Improvement and Measurement System  
(PIMS)**

**Summary Report for Program Year 1  
(September 1, 2020 – August 31, 2021)**

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## Introduction

The purpose of the Health Resources Services Administration (HRSA), Office for the Advancement of Telehealth (OAT) Telehealth Network Grant Program (TNGP) is to demonstrate the use of telehealth networks to improve health care services for medically underserved populations in urban, rural, and frontier communities. The primary objective of the TNGP is to help communities build the human, technical, and financial capacity to develop sustainable telehealth programs and networks.

Funded networks implement programs to:

- Expand access to, coordinate, and improve the quality of health care services;
- Improve and expand the training of health care providers; and/or
- Expand and improve the quality of health information available to health care providers, patients, and their families.

The current program began September 1, 2020, funding a total of 30 grantees, and is aimed towards promoting rural tele-emergency services with an emphasis on tele-stroke, tele-behavioral health, and tele-Emergency Medical Services (tele-EMS). To achieve this, grantees are funded to enhance telehealth networks to deliver 24-hour emergency department (ED) consultation services via telehealth to rural providers without emergency care specialists. A common feature of funded TNGP grantees is the provision of specialty care, consultation, or other care support from a distant site<sup>1</sup>, represented in many cases by a larger urban entity or health system, to originating sites<sup>2</sup> located in rural settings where the patient is present. Tele-emergency is defined as use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration within the emergency care setting. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications. These services may include assessment of patients upon admission to the ED, interpretation of patient symptoms and clinical tests or data, supervision of providers administering treatment or pharmaceuticals, or coordination of patient transfers from the local ED.

During each year of the four-year TNGP grant cycle, grantees collect and report annually on a core set of standardized measures known as the Performance Improvement Measurement System (PIMS). Data submitted by the grantees in the 2020 cohort and analyzed for this report focus on data collected during the first year of the program, September 1, 2020 through August 31, 2021. This report compares data from the full program year with initial baseline data collected during the first two months of the program (September 1, 2020 through October 31, 2020).

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<sup>1</sup> Distant (or hub) sites are the sites where the specialist is located and provides care from.

<sup>2</sup> Originating (or spoke) sites are the sites where a patient is located and receiving care.

## Methods

The analyst was provided with an export of data for all 30 TNGP grantees, operating in 25 States, for the period of September 1, 2020 to August 31, 2021. The export originated from the Health Resources and Services Administration Telehealth Network Grant Program Performance Improvement Measurement System (PIMS) database. Data included information about network sites (including individual site settings and specialties); telehealth-related services provided; averted transfers and total mileage averted as a result of telehealth services; telehealth services and patients specifically related to the priority areas of stroke, mental/behavioral health, and substance use disorder; hospital and emergency department utilization; volume of telehealth services; patient travel miles and time saved; and other uses of the telehealth network (i.e., administrative meetings, distance learning, and informal and formal education).

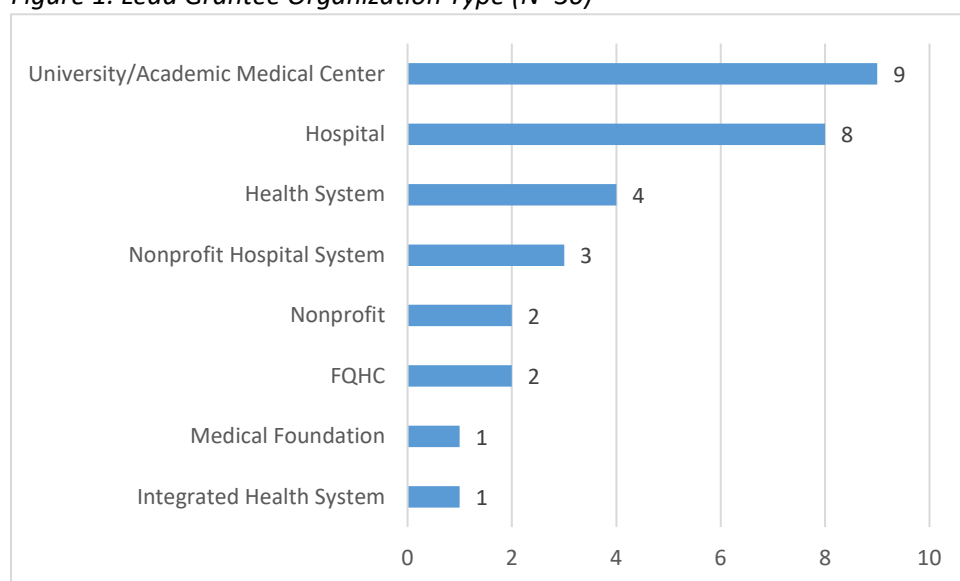
The indicators in the dataset were aggregated within each subsection to provide an overview of performance on each indicator. The analysis was conducted in Microsoft Excel, using pivot table functions and aggregation formulas.

## Findings

### Description of Grantees and Network Settings

Figure 1 indicates the organization type for the lead grantee entity<sup>3</sup>, and Figure 2 indicates the various organization settings of all sites for each grantee where care was provided during the reporting period (note: grantees have multiple sites and organization settings). The most common grantee organization types are universities/academic medical centers, followed by hospitals and health systems.

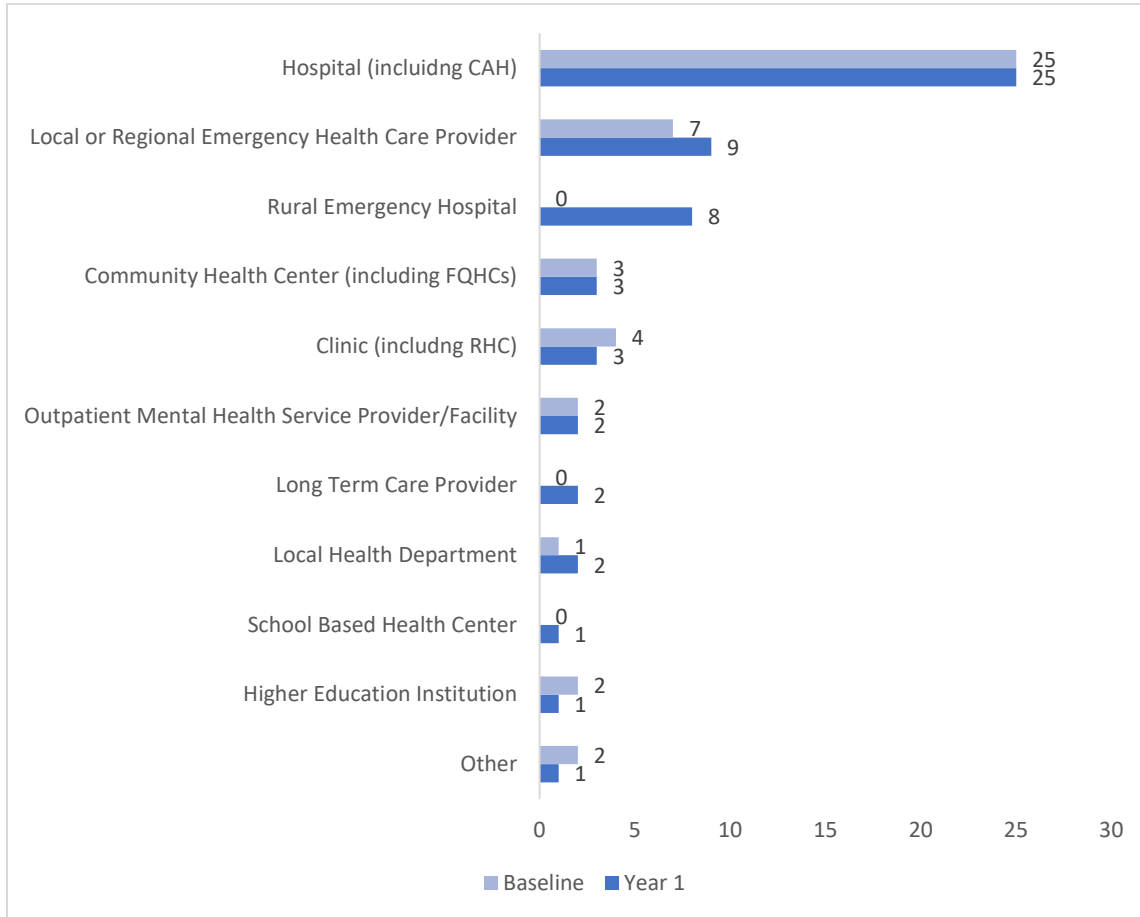
*Figure 1. Lead Grantee Organization Type (N=30)*



<sup>3</sup> Data for Lead Grantee Organization Type was extracted from the OAT Program Directory based on organization type self-report by each grantee. This is the sole non-PIMS measure in the report.

Sixteen grantees reported delivering care in only one setting, and 14 reported multiple settings. The most common setting was hospitals, followed by local or regional emergency health care providers and rural emergency hospitals. Figure 2 below shows the organization setting where care is delivered at baseline and Year 1.

*Figure 2. Organization Setting for Care Delivery*



The grantee networks are organized into originating and distant sites, where the originating sites are locations that patients attend for clinical/emergency care services, and distant sites where telehealth consultations are provided from. Table 1 shows the number and average of originating and distant sites. There are a total of 146 originating sites (up from 108 in the baseline period) and 26 distant sites (the same as the baseline period), with an average of 5.0 originating sites and 1.2 distant sites.

Table 1. Number Originating and Distant Sites

Total Number Originating Sites - Baseline	Total Number Originating Sites – Year 1	Average Number Originating Sites - Baseline	Average Number Originating Sites – Year 1
108	146	4.2	5.0
Total Number Distant Sites - Baseline	Total Number Distant Sites – Year 1	Average Number Distant Sites - Baseline	Average Number Distant Sites – Year 1
26	26	1.2	1.2

Number Grantees Reporting Originating Sites: Baseline = 26; Year 1 = 29

Number Grantees Reporting Distant Sites: Baseline: 22; Year 1 = 24

Grantees reported specialty areas among their telehealth network sites and the number of those that were added as a result of TNGP funding (Table 2). The most common specialty area was Emergency Medicine, with 13 grantees reporting this specialty within their network for Year 1. The number of sites providing services increased for most specialties, particularly Emergency Medicine, from 26 at baseline to 68 at Year 1. At the end of Year 1, neurology (16), mental/behavioral health counseling (14), and emergency medicine and psychiatry (both 8) represented those areas with greatest number of new sites added with TNGP funding.

Table 2. Specialty areas

Specialty area	Number Grantees Reporting Specialty in Network - Baseline	Number Grantees Reporting Specialty in Network - Year 1	Total Number Sites with Specialty - Baseline	Total Number Sites with Specialty – Year 1	Number and Percent of Specialty Sites that were added with TNGP Funding - Baseline	Number and Percent of Specialty Sites that were added with TNGP Funding – Year 1
Emergency Medicine	16	13	26	68	17 (65%)	8 (14%)
Neurology	9	10	14	57	7 (50%)	16 (28%)
Mental/Behavioral Health Counseling	7	7	14	18	11 (79%)	14 (78%)
Psychiatry	7	5	15	10	11 (73%)	8 (80%)
General Surgery	3	2	2	7	1 (50%)	4 (57%)
Integrated Care Services	2	0	2	0	1 (50%)	0
Cardiology	2	2	2	4	0	0
Infectious Disease	2	1	2	5	0	0
Intensive Care Unit Services	1	1	1	1	0	1 (100%)
Endocrinology Clinical Services	1	0	1	0	0	0

Hematology	1	0	1	0	0	0
Neonatology	1	0	1	0	0	0
Nephrology	1	1	1	5	0	0
Oncology	1	0	1	0	0	0
Substance Abuse Disorder	1	1	1	4	0	0
Pediatrics	1	2	1	9	0	3 (33%)
Other	5	2	9	36	5 (56%)	6 (17%)

### Tele-Emergency Department (Tele-ED) Consultation and Resulting Averted Transfers

Several grantees had begun providing tele-ED consultation services with their distant sites for this reporting period. Definitions for this measure<sup>4</sup> are as follows:

- **Numerator:** Total number of patients that received tele-ED consultation at the originating site, resulting in averted transfer, as a result of the grant
- **Denominator:** Total number of patients that received a tele-ED consultation, during visit to originating site

Table 3 shows the number of grantees who reported that they had at least one patient that received a tele-ED consultation for this reporting period, and the numerator and denominator for this indicator. A total of 15 grantees (up from 10 at baseline) provided tele-ED consultation to a total of 381 patients for Year 1. These services resulted in averted transfers for 174 patients, a significant increase from baseline of only seven patients. The average percent of patients averted as a result of tele-Ed consultation increased from of 18.6% to 56.2%. It should be noted that the 793 patients receiving tele-ED consultations at baseline is higher than Year 1 due to the previous definition for the denominator which included both patients receiving tele-ED consultations and “no tele-ED consultations” (please refer to footnote #4).

*Table 3. Averted Transfers Resulting from Tele-Ed Consultation*

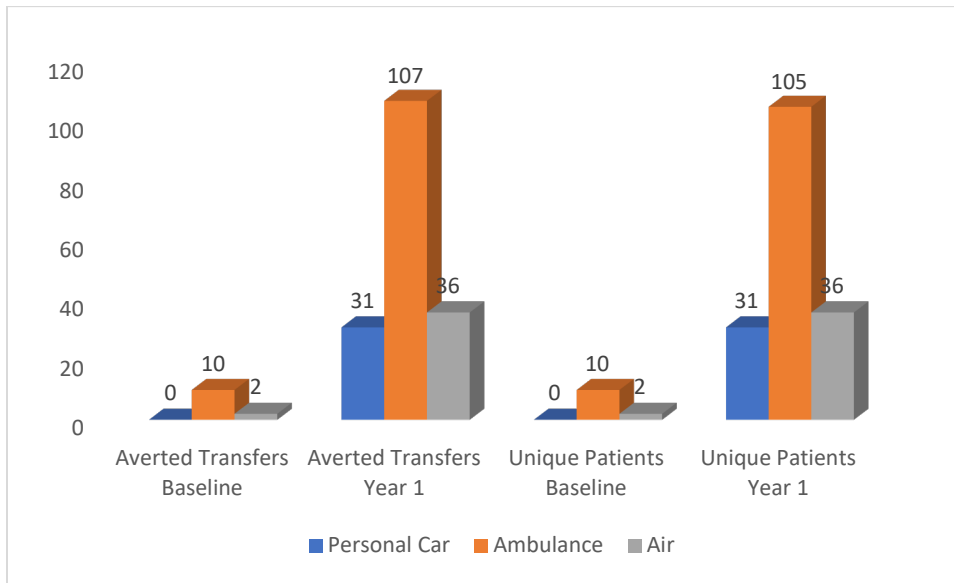
Total number of patients that received tele-Ed consultation resulting in averted transfer - Baseline	Total number of patients that received tele-Ed consultation resulting in averted transfer – Year 1	Total number patients receiving tele-Ed consultation - Baseline	Total number patients receiving tele-Ed consultation – Year 1	Average rate of averted transfers from tele-ED consultation Baseline	Average rate of averted transfers from tele-ED consultation Year 1
7	174	793	381	18.6%	56.2%

Number Grantees Reporting: Baseline = 10; Year 1 = 15

<sup>4</sup> The denominator for this measure was updated after submission of baseline data to more accurately reflect the program goal to “increase by 5 percent the rate of averted transfers due to the implementation of telehealth per each budget period year.” The denominator previously read: *Total number of patients that received a tele-ED consultation, or no tele-ED consultation, during visit to Originating Site resulting in a transfer to distant site.*

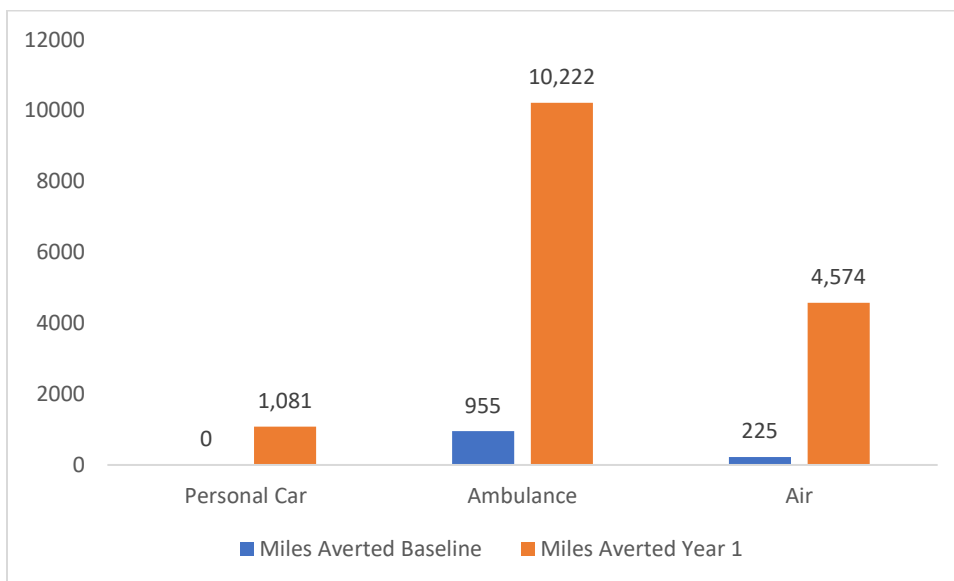
For each mode of transportation, grantees calculated the number of instances of averted transfers, number of unique patients who averted transfer, and total distance saved. Figures 3 and 4 present results for these indicators (note that no grantees reported averted transfers by boat or other modes of transportation). A total of 174 averted transfers occurred across transportation modes in Year 1 compared to only 12 at baseline, and 172 unique patients averted transfer. A total of 1,081 miles were averted by personal car, 10,222 miles averted by ambulance, and 4,574 miles averted by air in Year 1.

*Figure 3. Averted transfers by transportation mode*



Baseline Number Grantees Reporting: Air = 1; Ambulance = 3; Personal Car = 0  
 Year 1 Number Grantees Reporting: Air = 4; Ambulance = 11; Personal Car = 3

*Figure 4. Miles averted by transportation mode*





## Type of Tele-Consultations Resulting from TNGP

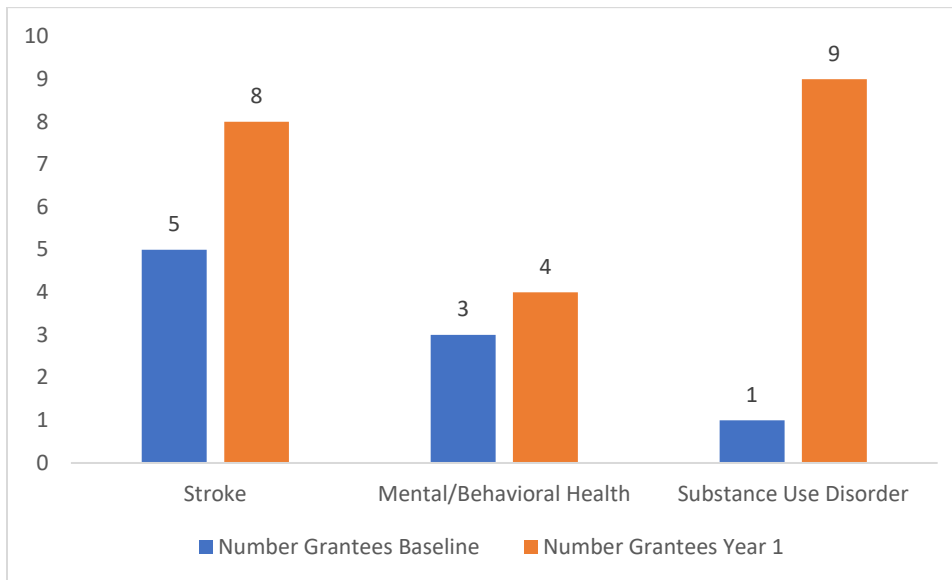
Type of originating visit is tracked specifically for stroke and mental/behavioral health as priority areas for this grant. Seven grantees reported providing tele-consultation services for patients with stroke or mental/behavioral health conditions in Year 1. Table 4 shows the number of consultations provided for each priority area. Figure 5 indicates reporting of any priority area patient visits (including substance use disorder). A total of 177 tele-consultations were conducted for stroke patients, and 666 for mental/behavioral health, a substantial increase from the baseline timeframe. In Year 1, eight grantees provided services for stroke, four provided services for mental/behavioral health, and nine provided services for substance use disorder, which all increased from baseline.

Table 4. Reason for Originating Site Visit

Reason for Originating Site Visit	Number Tele-consultations - Baseline	Number Tele-consultations – Year 1
Stroke	25	177
<ul style="list-style-type: none"> <li>Percent stroke patients eligible for tissue plasminogen activator</li> </ul>	24%	18.6%
Mental/Behavioral Health	65	666

Baseline Number Grantees Reporting: Stroke = 6; Patients eligible for tissue activator = 3; Mental/Behavioral Health = 3  
 Year 1 Number Grantees Reporting: Stroke = 7; Patients eligible for tissue activator = 7; Mental/Behavioral Health = 7

Figure 5. Number Grantees Providing Any Services for Priority Area



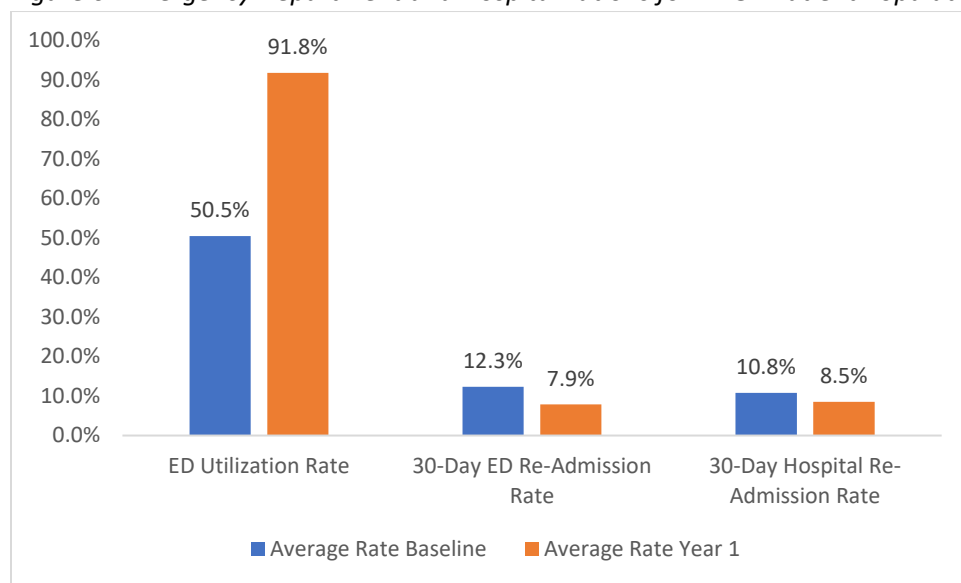
## Tele-Emergency Services Utilization

The following tele-emergency services utilization measures (there are three of them) focus on patients served with tele-emergency services. Data reported for these measures includes only tele-ED encounters, not all ED admissions data. The ED utilization rates are calculated as total number of ED

patient admissions divided by the total number of patients from the project’s target patient population (full patient panel) who received direct services during this project performance period reporting. The 30-day ED re-admission rate is calculated as the total number of patient 30-Day ED re-admissions divided by the total number of ED admissions. The 30-day hospital re-admission rate is calculated as the total number of patient 30-day hospitalizations divided by the total number of patient hospitalizations. See Appendix A for more detailed inclusion criteria for the numerators and denominators for these indicators.

Figure 6 shows the ED utilization rate averaged 91.8%, up from 50.5% at baseline. Thirty-day ED re-admission rate averaged 7.9% compared to 12.3% at baseline for Year 1, and the 30-Day hospital re-admission rate also decreased from baseline from 10.8% to 8.5%.

*Figure 6. Emergency Department and Hospitalizations for TNGP Patient Population*



Baseline Number Grantees Reporting: ED Utilization = 11; 30-Day ED Re-Admission = 11; 30-Day Hospital Re-Admission = 11  
 Year 1 Number Grantees Reporting: ED Utilization = 13; 30-Day ED Re-Admission = 10; 30-Day Hospital Re-Admission = 10

### Number Encounters and Patients Served with TNGP Funding

In Year 1, 17 grantees reported a total of 885 TNGP-funded encounters and 642 unique patients served (Table 5). The average number of encounters was 52.1, an increase from 23.3 at baseline, with an average of 37.8 patients, compared to 21.2 patients served at baseline. It should be noted that the number of unique encounters represented here exceeds the number receiving tele-emergency services reported earlier. This is due to grantees having flexibility through the TNGP grant program to deliver services other than tele-emergency that expand access and improve health care services (e.g., chronic disease management).<sup>5</sup>

<sup>5</sup> The Notice of Funding Opportunity for the TNGP Program states that (see bolded text): “The purpose of this program is to demonstrate how telehealth networks are used to: **(a) expand access to, coordinate, and improve the quality of health care services;** (b) improve and expand the training of health care providers; and/or (c) expand and improve the quality of health information available to health care providers, and patients and their families, for decision-making.

Table 5. Number Encounters and Unique Patients Served with TNGP Funding

Number Encounters with TNGP Funding – Baseline		Number Encounters with TNGP funding – Year 1		Number Unique Patients Served with TNGP Funding – Baseline		Number Unique Patients Served with TNGP Funding – Year 1	
Total	Avg	Total	Avg	Total	Avg	Total	Avg
116	23.3	885	52.1	106	21.2	642	37.8

Number Grantees Reporting: Baseline = 5, Year 1 = 18

### Patient Travel Miles and Time Saved

In Year 1, 17 grantees reported a total of 94,566 miles saved and 1,794.5 hours saved (Table 6). The average number of miles saved increased from 2,801.6 at baseline to 5,562.7 in Year 1, and the average number of hours saved increased from 45 to 105.6.

Table 6. Patient Travel Miles and Time Saved

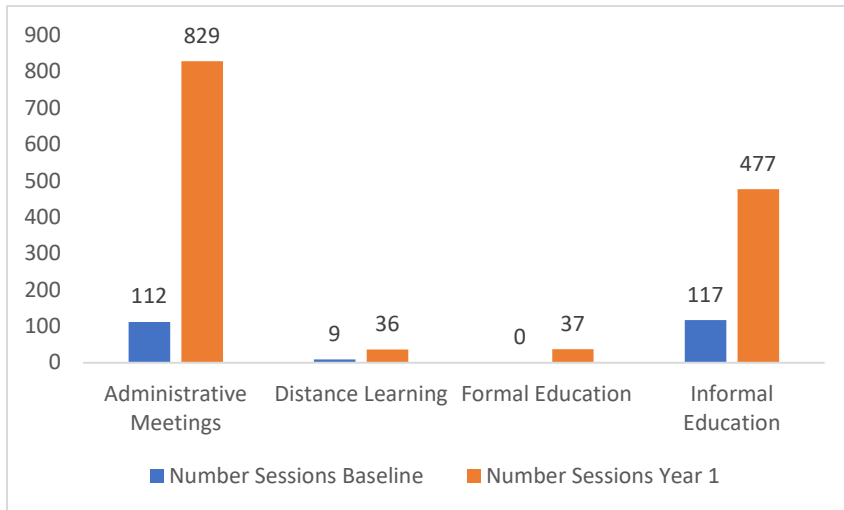
Miles Saved – Baseline		Miles Saved – Year 1		Time Saved Minutes (Hours) - Baseline		Time Saved Minutes (Hours) – Year 1	
Total	Avg	Total	Avg	Total	Avg	Total	Avg
14,008	2,801.6	94,566	5,562.7	13,510 (225.2)	2,702 (45.0)	107,670 (1,794.5)	6,333.5 (105.6)

Number Grantees Reporting: Baseline = 5, Year 1 = 17

### Other Uses of Telehealth Network

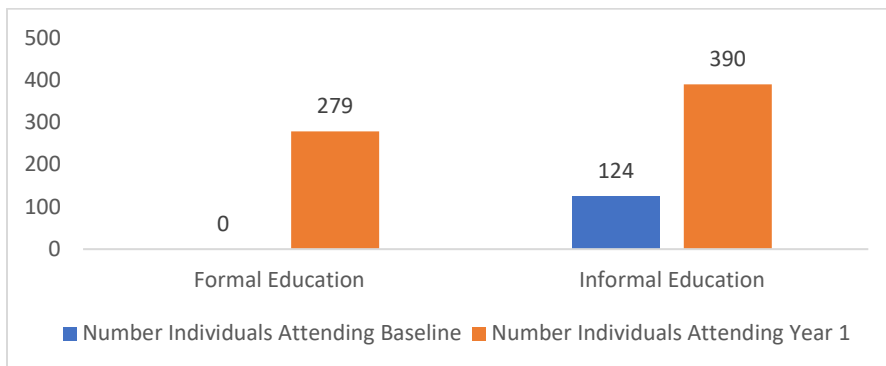
Grantees report on other uses of their telehealth networks, including administrative meetings, distance learning, and informal and formal education. Figures 7 and 8 show a total of 829 administrative meetings, 36 distance learning sessions, 37 formal education sessions, and 477 informal education sessions were held in Year 1. A total of 279 individuals attended formal education sessions (up from 124 at baseline) and 390 individuals attended informal education sessions (up from 124 at baseline).

Figure 7. Other Uses of Telehealth Network - Number Sessions



Baseline Number Grantees Reporting Admin Meetings = 11; Distance Learning = 2; Formal Education = 0; Informal Education = 5  
 Year 1 Number Grantees Reporting Admin Meetings = 18; Distance Learning = 9; Formal Education = 9; Informal Education = 13

Figure 8. Other Uses of Telehealth Network – Number Individuals Attending



## Diabetes

Only three grantees reported serving patients with diabetes (compared to none at baseline). One grantee served 90 patients, one grantee served 2, and one grantee served 1 patient in Year 1.

## Conclusions

Over this first year of funding, TNGP grantees have shown great progress with their tele-emergency initiatives, from an initial ramp up period to beginning to provide critical telehealth services in emergency settings in rural communities. Not all programs are at full implementation yet as evidenced by this data, though it is expected that numbers will continue to increase over the next reporting year as more programs move into implementation and increase the volume of services provided to their populations. In reporting this data, it is important to recognize the current context and environment, most notably the ongoing impacts of the COVID pandemic. Health systems, providers, and others continue to be affected by the pandemic which includes many providers dealing with the impact of

sustained increases in hospital admissions and ED utilization. All of which has implications for health care organizations and their workforce, organizational capacity, allocation of resources, and ability to deliver additional services and programs.

Even within the context of the pandemic, grantees made significant progress in implementing their TNGP programs and providing various telehealth services to patients in Year 1 compared to the first two months of funding during the baseline period. The total number of patients served with grant funding increased from 106 to 642. In particular, the number of averted transfers and miles saved increased significantly. A total of 174 patients received tele-education consultation that resulted in an averted transfer, up from only seven at baseline. In addition, a total of 15,877 miles were saved in Year 1 compared to 1,180 at baseline. Grantees also increased the number of tele-consultations for stroke and mental and behavioral health. Grantees saw a slight decrease in the average 30-day emergency department readmission rate and 30-day hospital readmission rate. Overall, the trend shows improvement in almost all areas of services and reporting.

This report encompasses the first full year of PIMS data for the Telehealth Network Grant Program. Given the relatively early stage of implementation for the projects funded under this grant, there are limited conclusions that can be presented at this point given the preliminary stage of this data. That said, there are some findings and observations from this summary report to note:

- Over the past year, the number of sites representing various specialty areas increased, particularly in a few areas (e.g., emergency medicine, neurology, pediatrics). For those other specialty areas and sites for which there are still relatively limited numbers, there may be opportunities for those projects with capacity in those areas to further grow and develop these sites during the grant and longer-term.
- There was a significant increase in the average rate of averted transfers from tele-ED consultation from baseline to Year 1 as programs have ramped up services. As more grantees report on this measure in subsequent years, it will be interesting to see if this positive trend continues.
- Tele-consultations increased for both stroke and mental/behavioral health, particularly for the latter, along with more grantees reporting providing services for substance use disorder (SUD). This might be expected given the impacts of the pandemic on these issues these last few years and may represent an area for continued attention and priority given the level of need in many communities.
- ED utilization increased from 50.5% to 91.8% from baseline to end of Year 1 driven in part by programs moving into implementation along with some reporting an “overutilization” in the ED (i.e., reporting over 100%). Both 30-day ED and hospital readmission rates declined showing some early successes in keeping people healthy and out of the hospital and emergency setting.
- Over the past year, more grantees have reported “other uses of telehealth” with the largest increases seen in its use for administrative meetings. There may be opportunities to further develop and grow the use of telehealth for distance learning and formal education in future years to build workforce capacity.

Additionally, it is recommended that for future PIMS summary reports, data are disaggregated such that more nuanced analysis of originating and distant sites, specialty areas, and services provided might be analyzed over time for each grantee by site.

## Appendix A – Definition of Key Measures

### Hospital Utilization Measures

**\*Note:** For the following utilization measures, only provide Tele-Emergency Department encounter data, and not all ED admissions data

#### ED Utilization Rate

##### Definitions

***Rate calculation:*** Numerator/Denominator = ED Utilization

***Numerator = Total number of patient ED admissions***

- Numerator Inclusion Criteria
  - ED admissions are counted for patients within the grant project's specified target patient population (full patient panel) only.
  - ED admissions are to be counted with respect to the grant project's specified related disease condition(s) only. This is not intended to count all-cause admissions but count admissions specific to conditions addressed by the services and activities implemented for the funded grant project.
  - ED admissions are counted as ED admissions that occurred within the current grant project reporting period of performance.
  - Multiple ED admissions for the same patient are included in this value. Example: Ms. Doe was admitted to the ED and then re-admitted two months later, both within the budget period timeframe. Ms. Doe's admissions would be counted as a total of two (2) for this numerator.

***Denominator = Total number of patients from the project's target patient population (full patient panel) who received direct services during this project performance period reporting***

- Denominator Inclusion Criteria
  - Value reported should be consistent with the same numerical value reported for the numerator reported for measure 1.
  - The total number reported includes the total number of unique individual patients only. No patient should be counted more than once.

## 30-Day Emergency Department (ED) Re-Admission Rate

### Definitions

**Rate calculation:** Numerator/Denominator = 30-Day Emergency Department (ED) Re-admission

***Numerator = Total number of patient 30-Day ED re-admissions***

- Numerator Inclusion Criteria
  - 30-day ED re-admission includes patients within the project's specified target patient population (full patient panel) only.
  - 30-day ED admissions are to be counted with respect to the grant project's specified disease condition(s) only. This is not intended to count all-cause admissions but count admissions specific to conditions addressed by the services and activities implemented for the funded grant project.
  - 30-day ED re-admissions that occurred within the current grant project reporting period of performance timespan.
  - Duplicate 30-day ED re-admissions for the same patient are included in this value. Example: Ms. Doe was admitted to the ED within 30 days two different times within the budget period timeframe. Ms. Doe's 30-day ED re-admissions would be counted as a total of two (2) for this numerator.

***Denominator = Total number of patient ED admissions***

- Denominator Inclusion Criteria
  - ED admissions are counted for patients within the grant project's specified target patient population (full patient panel) only.
  - ED admissions are to be counted with respect to the grant project's specified related disease condition(s) only. This is not intended to count all-cause admissions but count admissions specific to conditions addressed by the services and activities implemented for the funded grant project.
  - ED admissions are counted as ED admissions that occurred within the current grant project reporting period of performance timespan.
  - Multiple hospital re-admissions for the same patient are included in this value. Example: Ms. Doe was admitted to the ED and then re-admitted two months later, both within the budget period timeframe. Ms. Doe's admissions would be counted as a total of two (2).
  - Values reported should be consistent with same value reported for the numerator in the calculation of the Emergency Department Utilization Rate in the previous measure.

## 30-Day Hospital Re-Admission Rate

### Definitions

***Rate calculation:*** Numerator/Denominator = 30-Day Hospital Re-admission

***Numerator = Total number of patient 30-day hospital re-admissions***

- Numerator Inclusion Criteria
  - 30-day hospital re-admission includes patients within the grant project's specified intervention patient population only.
  - 30-day hospital admissions are to be counted with respect to the award project's specified intervention focus only. This is not intended to be all-cause re-admissions but specific to conditions related to the grant project.
  - 30-day hospital re-admissions that occurred within the current grant project reporting period timespan.
  - Duplicate 30-day hospital re-admissions for the same patient are included in this value. Example: Ms. Doe was admitted to the ED within 30 days two different times within the budget period timeframe. Ms. Doe's 30-day hospital re-admissions would be counted as a total of two (2) for this numerator.

***Denominator = Total number of patient hospital admissions***

- Denominator Inclusion Criteria
  - Hospital admissions count patients within the grant project's specified target patient population (full patient panel) only.
  - Hospital admissions are to be counted with respect to the grant project's specified related disease condition(s) only. This is not intended to count all-cause admissions but count admissions specific to conditions addressed by the services and activities implemented for the grant project.
  - Hospital admissions are counted as hospital admissions that occurred within the current grant project's reporting period of performance timespan.
  - Multiple hospital admissions for the same patient are included in this value. Example: Ms. Doe was admitted to the hospital and then re-admitted two months later, both within the budget period timeframe. Ms. Doe's admissions would be counted as a total of two (2).



## Appendix B – Sample PIMS Report Template

# Telehealth Network Grant Program (TNGP)

Grant: Start Date: 09/01/2020 End Date: 08/31/2021 Report Date:

Organization:

Submitted Date:

Public Burden Statement: The purpose of this collection is to use a performance measurement tool to collect data from grantees receiving funds under the Telehealth Network Grant Program. 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 -0311 and it is valid until 10/31/2023. This information collection is required to obtain or retain a benefit (Section 330I of the Public Health Service Act. The Health Care Safety Net Amendments of 2002 (Public Law 107-251) amended the Public Health Service Act by adding Section 330I)]. Public reporting burden for this collection of information is estimated to average 1 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 Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

## 1. Tele-emergency Services

### Tele-ED Consultation

Increase by 5 percent the rate of averted transfers due to the implementation of telehealth per each budget period year.

30-day ED re-admission rate: Decrease by 5 percent the 30-day emergency department re-admission rate due to the implementation of telehealth per each budget period year.

Tele-ED Consultation - Applicable for your grant?	
Is this section applicable for your Tele-Emergency TNGP grant?	

Tele-ED Consultation - Applicable for your grant?	
Please provide justification for your answer:	

Tele-ED Consultation	Number
Tele-ED consultation - Numerator <i>Identify the total number of patients that received tele-ED consultation at the originating site, resulting in averted transfer, as a result of the grant.</i>	
Tele-ED consultation - Denominator <i>Identify the total number of patients that received a Tele-ED consultation, during visit to originating site.</i>	
Tele-ED consultation - Percentage	

### Averted Transfer



## Telehealth Network Grant Program (TNGP)

**Grant:**                                      **Start Date:** 09/01/2020      **End Date:** 08/31/2021      **Report Date:**

**Organization:**

**Submitted Date:**

patient visits.	
Out of that total number, indicate number of patients eligible for tissue plasminogen activator (tPA), for patients with diagnosis of stroke only.	

Mental/Behavioral Health	Number
Increase by 5 percent from baseline the number of tele-consulted patients, who have been diagnosed with mental/behavioral health, by utilizing telehealth per each budget period year.	
Indicate total number of tele-consultations as a result of Mental/Behavioral Health being main reason for the patient visits.	

### Tele-emergency service(s) Utilization

If applicable and desired, use the table provided under this section to complete responses. Hospital utilization tracking should be specific to the targeted patient population (full patient panel) identified in your grant project's awarded application proposal, that were served with Tele-emergency service(s). If any responses under this section are not applicable or you chose to not report, please respond "N/A." Please refer to language outlined further below for specific calculation instructions for completion of measure responses and for definitions of all terminology included under this section.

Tele-emergency service(s) Utilization - Applicable for your grant?	
Is this section applicable for your Tele-Emergency TNGP grant?	

Tele-emergency service(s) Utilization - Applicable for your grant?	
Please provide justification for your answer:	

Hospital Utilization - Please note: Only provide Tele-Emergency Department encounter data, and not all ED admissions data	Number
Emergency Department (ED) Utilization Rate	
Emergency Department (ED) Utilization Rate – Numerator  <i>ED admissions are counted for patients within your grant project's specified target patient population (full patient panel) only.                      ED admissions are to be counted with respect to your grant project's specified related disease condition(s) only. This is not intended to count all-cause admissions but count admissions specific to conditions addressed by the services and activities implemented for your funded grant project.                      ED admission are counted as ED admissions that occurred within the current grant project reporting period of performance timespan.                      Multiple ED admissions for the same patient is included in this value. Ex. Ms. Doe was admitted to the ED and then re-admitted two months later, both within the budget period timeframe. Ms.</i>	

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<i>Doe's admissions would be counted as a total of two (2) for this numerator.</i>	
Emergency Department (ED) Utilization Rate – Denominator	
<i>Value reported should be consistent with the same numerical value reported for the numerator reported for measure 1. The total number reported includes the total number of unique individual patients only. No patient should be counted more than once.</i>	
Emergency Department (ED) Utilization Rate – Percentage	
30-Day Emergency Department (ED) Re-Admission Rate	
30-Day Emergency Department (ED) Re-Admission Rate – Numerator	
<i>30-day ED re-admission of patients include patients within your project's specified target patient population (full patient panel) only. 30-day ED admissions are to be counted with respect to your grant project's specified related disease condition(s) only. This is not intended to count all-cause admissions but count admissions specific to conditions addressed by the services and activities implemented for your funded grant project. 30-day ED re-admissions that occurred within the current grant project reporting period of performance timespan. Duplicate 30-day ED re-admission for the same patient is included in this value. Ex. Ms. Doe was admitted to the ED within 30 days on two different accounts within the budget period timeframe. Ms. Doe's 30-day ED re-admissions would be counted as a total of two (2) for this numerator.</i>	
30-Day Emergency Department (ED) Re-Admission Rate – Denominator	
<i>ED admissions are counted for patients within your grant project's specified target patient population (full patient panel) only. ED admissions are to be counted with respect to your grant project's specified related disease condition(s) only. This is not intended to count all-cause admissions but count admissions specific to conditions addressed by the services and activities implemented for your funded grant project. ED admission are counted as ED admissions that occurred within the current grant project reporting period of performance timespan. Multiple hospital re-admissions for the same patient is included in this value. Ex. Ms. Doe was admitted to the ED and then re-admitted two months later, both within the budget period timeframe. Ms. Doe's admissions would be counted as a total of two (2). Value reported should be consistent with same value reported for the numerator used for the calculation of the Emergency Department Admission Rate in the previous measure.</i>	
30-Day Emergency Department (ED) Re-Admission Rate – Percentage	
30-Day Hospital Re-Admission Rate	
30-Day Hospital Re-Admission Rate – Numerator	

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<p><i>30-day hospital re-admission of patients include patients within your grant project's specified intervention patient population only.</i></p> <p><i>30-day hospital admissions are to be counted with respect to your grant project's specified intervention focus only (this is not intended to be all-cause re-admissions but specific to conditions related to grant project).</i></p> <p><i>30-day hospital re-admissions that occurred within the current grant budget reporting period timespan. Duplicate 30-day hospital re-admission for the same patient is included in this value. Ex. Ms. Doe was admitted to the ED within 30 days on two different accounts within the budget period timeframe. Ms. Doe's 30-day hospital re-admissions would be counted as a total of two (2) for this numerator.</i></p>	
<p>30-Day Hospital Re-Admission Rate – Denominator</p> <p><i>Hospital admissions count patients within your grant project's specified target patient population (full patient panel) only.</i></p> <p><i>Hospital admissions are to be counted with respect to your grant project's specified related disease condition(s) only. This is not intended to count all-cause admissions but count admissions specific to conditions addressed by the services and activities implemented for your funded grant project. Hospital admission are counted as hospital admissions that occurred within the current grant project reporting period of performance timespan.</i></p>	
<p>30-Day Hospital Re-Admission Rate – Percentage</p>	

<b>1. Tele-emergency Services Form Comments</b>
Some data from the hospitals were unavailable.

<b>Is 1. Tele-emergency Services Form Complete?</b>	
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<b>1. Tele-emergency Services Form File Attachment</b>			
File Name	File Type	File Size	Upload Date

OMB Number: 0915-0311  
Expiration Date: 10/31/2023

# Telehealth Network Grant Program (TNGP)

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## 2. Priorities

### Priorities

Only sites that are eligible for and receiving TNGP funding should be included.

Did you provide services to patients in any of the following categories because of any TNGP funding during this reporting period?	Type of Change
Stroke	
Mental Health/Behavioral Health	
Substance Use Disorder	

### 2. Priorities Form Comments

Is 2. Priorities Form Complete?

### 2. Priorities Form File Attachment

File Name	File Type	File Size	Upload Date

OMB Number: 0915-0311  
Expiration Date: 10/31/2023

# Telehealth Network Grant Program (TNGP)

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## 3. Originating and Distant Sites

### Originating and Distant Sites

Complete Form 2. Priorities before inputting data in this form. Only sites that are eligible for and receiving TNGP funding should be included.

Originating and Distant Sites								
Site	Street	City/Town	County	State	ZIP	Originating or Distant Site	Rural or Urban Site	Setting



# Telehealth Network Grant Program (TNGP)

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

### 3. Originating and Distant Sites Form Comments

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Is 3. Originating and Distant Sites Form Complete?

### 3. Originating and Distant Sites Form File Attachment

File Name	File Type	File Size	Upload Date

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# Telehealth Network Grant Program (TNGP)

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## 5. Volume of Services, by Site and Specialty

### Volume of Services, by Site and Specialty

Complete Form 4. Specialties and Services, by Sites before inputting data in this form. Only sites and specialties that are eligible for and receiving TNGP funding should be included.

#### Volume of Services, by Site and Specialty

Only unique patients seen and encounters occurring as the result of receiving TNGP funding should be included. 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. Enter 0 if there is no data to report. Enter the number of unique patient encounters and total number of encounters. In addition, enter the number of real-time interactive and store and forward encounters and ensure that their sum equals the total number of encounters that has been identified.

Originating Site	Setting	Specialty	Unique Patients	Number of Real-Time Encounters	Number of Store-And-Forward Encounters	Total Encounters

# Telehealth Network Grant Program (TNGP)

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Total Unique Patients and Encounters	Number
Total Number of Unique Patients Served because of TNGP funding	
Total Number of Encounters because of TNGP funding	

## 5. Volume of Services, by Site and Specialty Form Comments

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Is 5. Volume of Services, by Site and Specialty Form Complete?

## 5. Volume of Services, by Site and Specialty Form File Attachment

File Name	File Type	File Size	Upload Date

OMB Number: 0915-0311

Expiration Date: 10/31/2023

# Telehealth Network Grant Program (TNGP)

Grant: Start Date: 09/01/2020 End Date: 08/31/2021 Report Date:

Organization:

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## 6. Patient Travel Miles and Time Saved

### Patient Travel Miles and Time Saved

Complete Form 5: Volume of Services, by Site and Specialty before inputting data in this form.

#### Patient Travel Miles and Time Saved

Originating Site	Specialty	Name of the location where the patient would have been referred in the absence of telehealth	Miles from Originating (patient) site to location where patient would have been referred in the absence of telehealth	Estimated time for travel in previous column	Total Encounters	Miles Saved (Miles x Encounters x 2)	Time Saved (Time x Encounters x 2)

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Total Unique Patients and Encounters	Number
Total Miles Saved	
Total Time Saved	

## 6. Patient Travel Miles and Time Saved Form Comments

Is 6. Patient Travel Miles and Time Saved Form Complete?

## 6. Patient Travel Miles and Time Saved Form File Attachment

File Name	File Type	File Size	Upload Date

OMB Number: 0915-0311  
Expiration Date: 10/31/2023









ANDREW YOUNG SCHOOL  
OF POLICY STUDIES

