



Office for the Advancement of Telehealth (OAT)
2020-2024 Telehealth Network Grant Program (TNGP)
Performance Improvement and Measurement System (PIMS)

Summary Report for Program Year 2
(September 1, 2021 - August 31, 2022)

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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 site¹, represented in many cases by a larger urban entity or health system, to originating sites² located in rural settings where the patient is present. Tele-emergency is defined as the 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 two years of the program, September 1, 2020, through August 31, 2021, and September 1, 2021, through August 31, 2022. This report compares annual PIMS data collected and reported by all TNGP grantees from year 1 to year 2.

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

² 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, and September 1, 2021, to August 31, 2022. The export originated from the Health Resources and Services Administration Telehealth Network Grant Program (TNGP) 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).

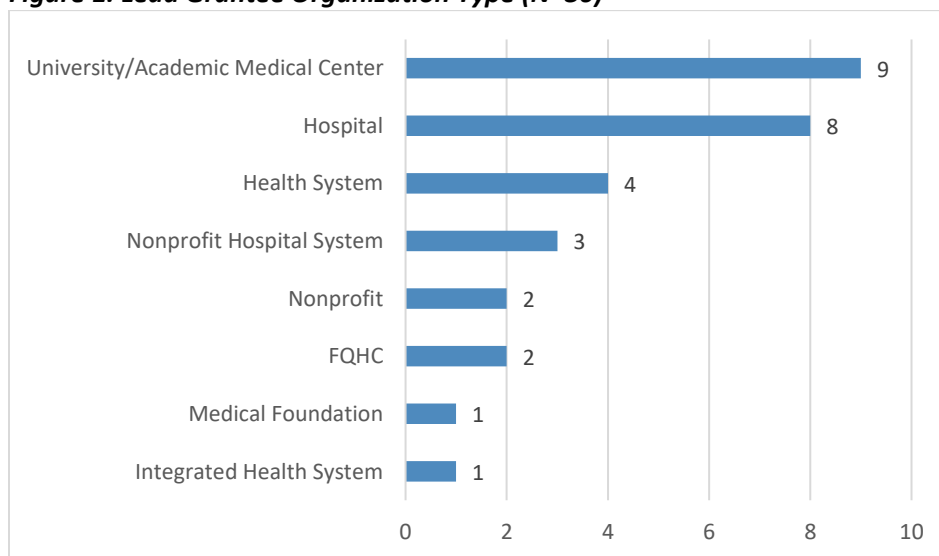
The indicators in the dataset were aggregated within each subsection to provide an overview of performance on each indicator. The analysis was conducted in Microsoft Excel, using pivot table functions and aggregation formulas.

FINDINGS

Description of Grantees and Network Settings

Figure 1 indicates the organization type for the lead grantee entity³, 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 lead grantee organization types are universities/academic medical centers, followed by hospitals and health systems.

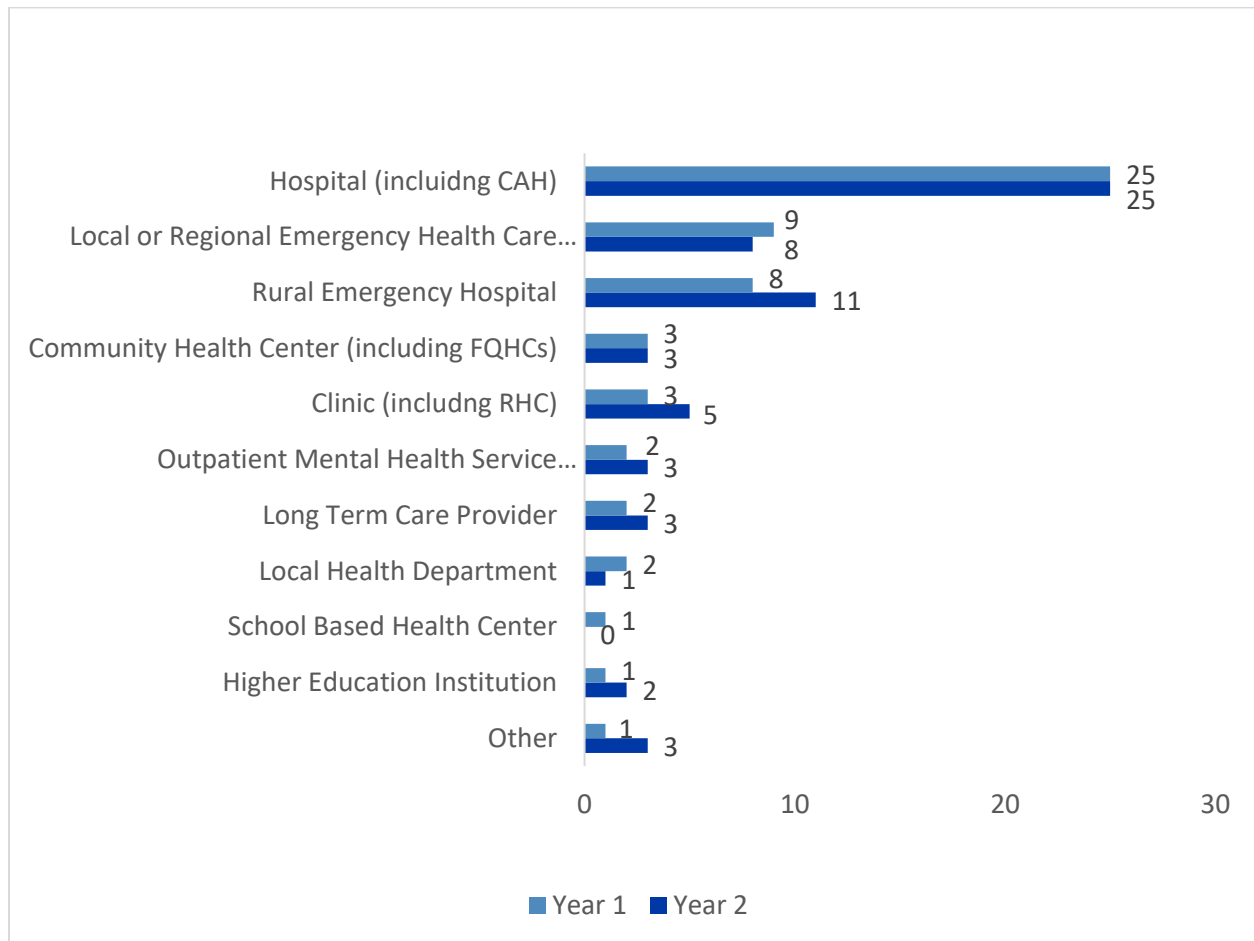
Figure 1. Lead Grantee Organization Type (N=30)



³ 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.

The most common setting for care delivery was hospitals, followed by rural emergency hospitals and local or regional emergency health care providers. Overall, there was an increase in most of the organizational settings providing care, with a substantial increase in rural emergency hospitals between Year 1 and Year 2. Figure 2 below shows the organization setting where care is delivered in Years 1 and 2.

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 are where telehealth consultations are provided from. Table 1 shows the number and average of originating and distant sites. There are a total of 190 originating sites in Year 2 (up from 146 in Year 1) and 28 distant sites (up from 26 in Year 1).

Table 1. Number Originating and Distant Sites

Total Number Originating Sites – Year 1	Total Number Originating Sites – Year 2	Average Number Originating Sites – Year 1	Average Number Originating Sites – Year 2
146	190	5.0	6.4
Total Number Distant Sites – Year 1	Total Number Distant Sites – Year 2	Average Number Distant Sites – Year 1	Average Number Distant Sites – Year 2
26	28	1.2	0.9

Number Grantees Reporting Originating Sites: Year 1 = 29; Year 2 = 30

Number Grantees Reporting Distant Sites: Year 1 = 24; Year 2 = 26

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 14 grantees reporting this specialty within their network for Year 2 (up from 13 in Year 1). There was a substantial increase in the number of grantees with a specialty in psychiatry, up from 5 to 12 grantees from Year 1 to Year 2. The total number of specialty sites also increased for several areas, including emergency medicine (up from 68 to 87), neurology (up from 57 to 83), psychiatry (up from 10 to 53), and neonatology (up from 0 to 9). At the end of Year 2, neurology (34), emergency medicine (33), psychiatry (27), and mental/behavioral health counseling (11) represented those areas with the greatest number of new sites added with TNGP funding.

Table 2. Specialty areas

Specialty area	Number Grantees Reporting Specialty in Network – Year 1	Number Grantees Reporting Specialty in Network - Year 2	Total Number Sites with Specialty – Year 1	Total Number Sites with Specialty – Year 2	Number and Percent of Specialty Sites that were added with TNGP Funding – Year 1	Number and Percent of Specialty Sites that were added with TNGP Funding – Year 2
Emergency Medicine	13	14	68	87	8 (14%)	33 (38%)
Neurology	10	10	57	83	16 (28%)	34 (41%)
Mental/Behavioral Health Counseling	7	7	18	12	14 (78%)	11 (92%)
Psychiatry	5	12	10	53	8 (80%)	27 (51%)
General Surgery	2	1	7	1	4 (57%)	1 (100%)
Integrated Care Services	0	0	0	0	0	0
Cardiology	2	1	4	1	0	0

Infectious Disease	1	1	5	6	0	6 (100%)
Intensive Care Unit Services	1	1	1	2	1 (100%)	2 (100%)
Endocrinology Clinical Services	0	0	0	0	0	0
Hematology	0	0	0	0	0	0
Neonatology	0	2	0	9	0	9 (100%)
Nephrology	1	0	5	0	0	0
Oncology	0	0	0	0	0	0
Substance Abuse Disorder	1	1	4	3	0	3 (100%)
Pediatrics	2	4	9	13	3 (33%)	10 (77%)
Other	2	7	36	44	6 (17%)	13 (30%)

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

Through implementation of their TNGP projects, grantees are providing tele-ED consultation services via their distant sites. Definitions for this measure⁴ 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 28 grantees (up from 15 in Year 1) provided tele-ED consultation resulting in averted transfers for 2078 patients, a significant increase from Year 1 of 174 patients. The average percent of patients averted as a result of tele-Ed consultation remained approximately the same at about 56%.

Table 3. Averted Transfers Resulting from Tele-Ed Consultation

Total number of patients that received tele-ED consultation resulting in averted transfer – Year 1	Total number of patients that received tele-ED consultation resulting in averted transfer – Year 2	Total number patients receiving tele-ED consultation – Year 1	Total number patients receiving tele-ED consultation – Year 2	Average rate of averted transfers from tele-ED consultation – Year 1	Average rate of averted transfers from tele-ED consultation Year 1
174	2078	381	3,710	56.2%	56.0%

Number Grantees Reporting: Year 1 = 15; Year 2 = 28

⁴ The original 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 1,050 averted transfers occurred across transportation modes in Year 2 compared to 174 in Year 1, with 917 unique patients averting transfer in Year 2 compared with 172 in the previous year. In Year 2, a total of 10,437 miles were averted by personal car (up from 1,081 in Year 1), 51,309 miles averted by ambulance (up from 10,222 miles averted in Year 1), and 42,172 miles averted by air (up from 4,574 miles averted in Year 1).

Figure 3. Averted transfers by transportation mode

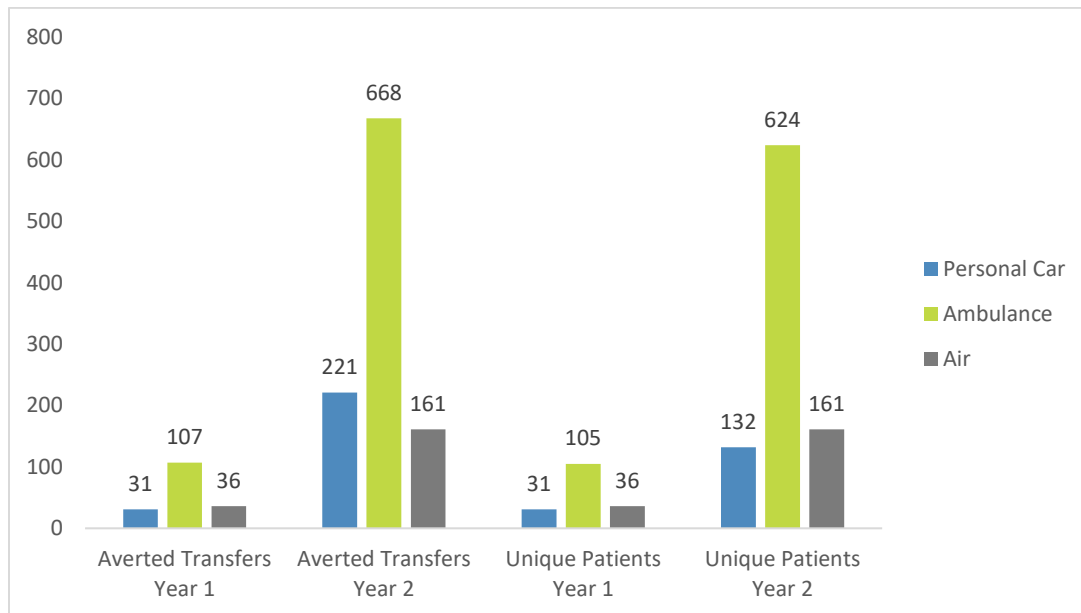
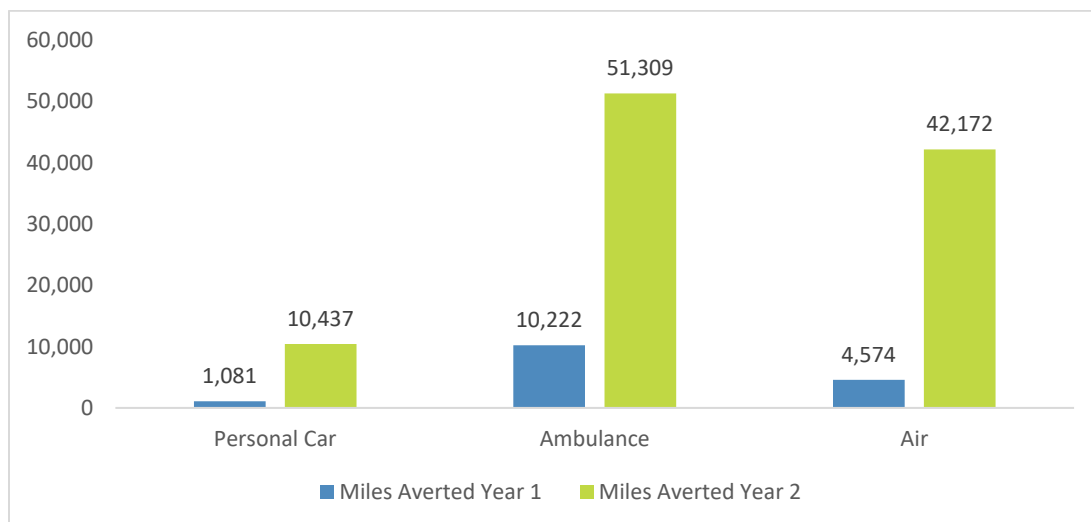


Figure 4. Miles averted by transportation mode



Type of Tele-Consultations Resulting from TNGP

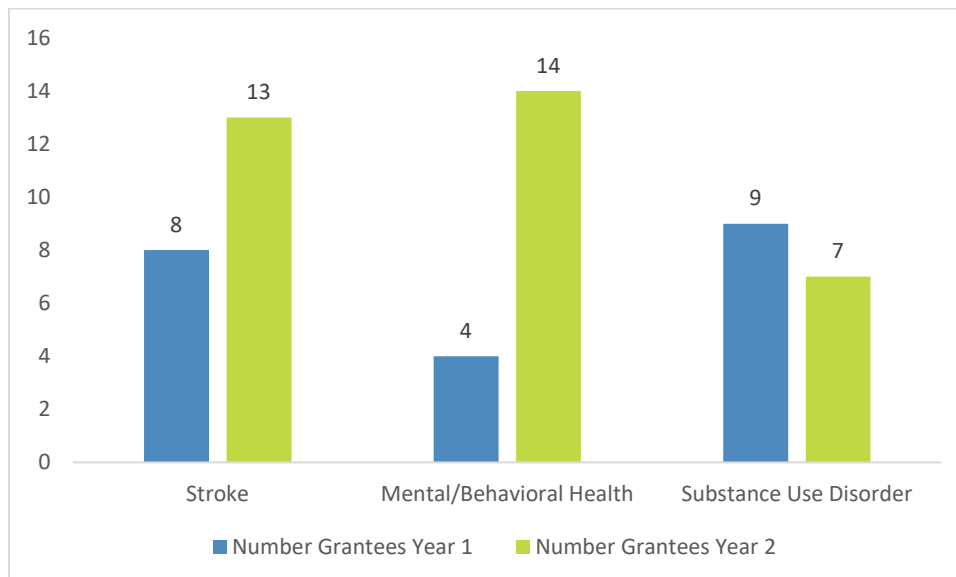
Type of originating visit is tracked specifically for stroke and mental/behavioral health as priority areas for this grant. Thirteen grantees reported providing tele-consultation services for patients with stroke in Year 2 compared to 7 in Year 1, and 15 reported providing mental health tele-consultation in Year 2 compared to 7 in Year 1 (Table 4). Figure 5 indicates reporting of any priority area patient visits (including substance use disorder). In Year 2, a total of 1,667 tele-consultations were conducted for stroke patients compared to 177 in Year 1, and 4,646 for mental/behavioral health compared to 666, a substantial increase over that timeframe. In Year 2, 13 grantees provided services for stroke (up from 8), 14 provided services for mental/behavioral health (up from 4), and 7 provided services for substance use disorder (down from 9).

Table 4. Reason for Originating Site Visit

Reason for Originating Site Visit	Number Tele-consultations – Year 1	Number Tele-consultations – Year 2
Stroke	177	1,667
<ul style="list-style-type: none"> Percent stroke patients eligible for tissue plasminogen activator 	18.6%	13.6%
Mental/Behavioral Health	666	4,646

Year 1 Grantees Reporting: Stroke = 7; Patients eligible for tissue activator = 7; Mental/Behavioral Health = 7
 Year 2 Grantees Reporting: Stroke = 13; Patients eligible for tissue activator = 13; Mental/Behavioral Health = 15

Figure 5. Number Grantees Providing Any Services for Priority Area

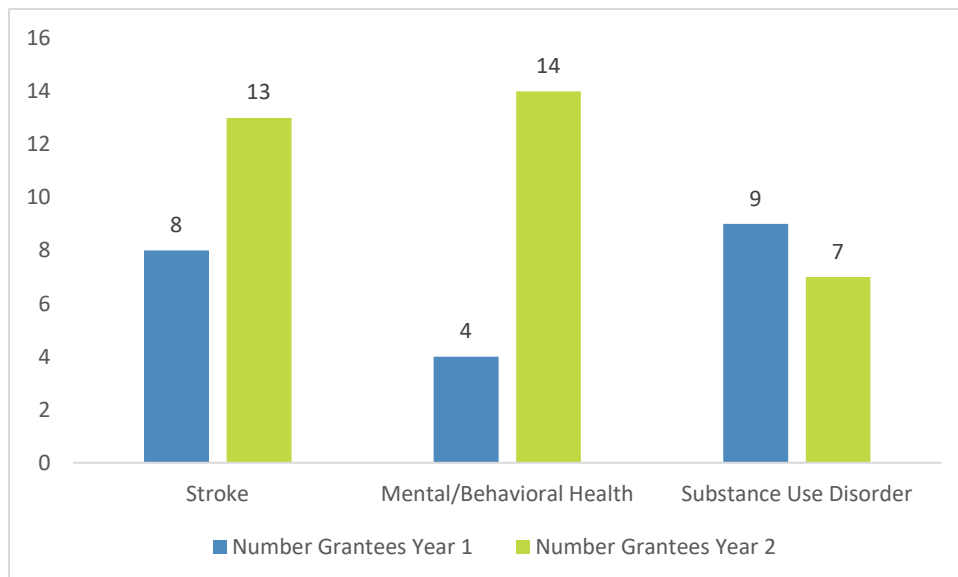


Tele-Emergency Services Utilization

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 86.7%, down from 91.8% at Year 1. Thirty-day ED re-admission rate averaged 7.8%, similar to the 7.9% in Year 1, and the 30-Day hospital re-admission rate decreased from Year 1 from 8.5% to 5.3%.

Figure 6. Emergency Department and Hospitalizations for TNGP Patient Population



Year 1 Number Grantees Reporting: ED Utilization = 13; 30-Day ED Re-Admission = 10; 30-Day Hospital Re-Admission = 10
Year 2 Number Grantees Reporting: ED Utilization = 26; 30-Day ED Re-Admission = 24; 30-Day Hospital Re-Admission = 20

Number Encounters and Patients Served with TNGP Funding

In Year 2, 29 grantees reported a total of 12,927 TNGP-funded encounters and 6,080 unique patients served, compared to 885 and 642 respectively in Year 1 (Table 5). The average number of encounters was 445.8, an increase from 52.1 in Year 1, with an average of 209.7 patients, compared to 37.8 patients served in Year 1. 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).⁵

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

Number Encounters with TNGP Funding – Year 1		Number Encounters with TNGP funding – Year 2		Number Unique Patients Served with TNGP Funding – Year 1		Number Unique Patients Served with TNGP Funding – Year 1	
Total	Avg	Total	Avg	Total	Avg	Total	Avg
885	52.1	12,927	445.8	642	37.8	6,080	209.7

Year 1 Number Grantees Reporting = 18

Year 2 Number Grantees Reporting = 29

Patient Travel Miles and Time Saved

In Year 2, grantees reported a total of 1,236, 866 miles saved and 24,292.9 hours saved (Table 6). The average number of miles saved increased from 5,562.7 in Year 1 to 41,229 in Year 2, and the average number of hours saved increased from 105.6 to 809.8.

Table 6. Patient Travel Miles and Time Saved

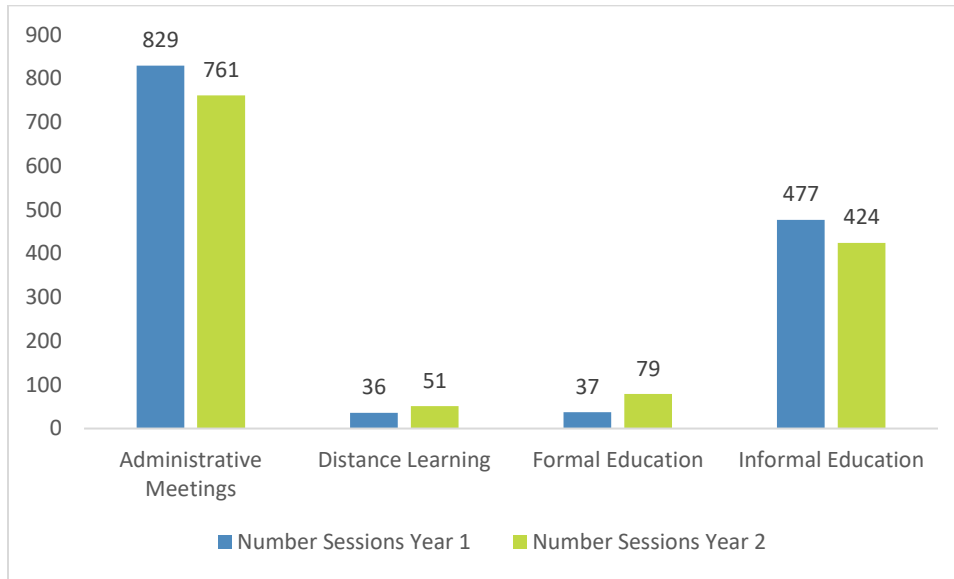
Miles Saved – Year 1		Miles Saved – Year 2		Time Saved Minutes (Hours) – Year 1		Time Saved Minutes (Hours) – Year 2	
Total	Avg	Total	Avg	Total	Avg	Total	Avg
94,566	5,562.7	1,236,866	41,229	107,670 (1,794.5)	6,333.5 (105.6)	1,457,572 (24,292.9)	48,585.7 (809.8)

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 761 administrative meetings in Year 2, 51 distance learning sessions, 79 formal education sessions, and 424 informal education sessions. A total of 390 individuals attended formal education sessions (up from 279 in Year 1) and 989 individuals attended informal education sessions (up from 390 in Year 1).

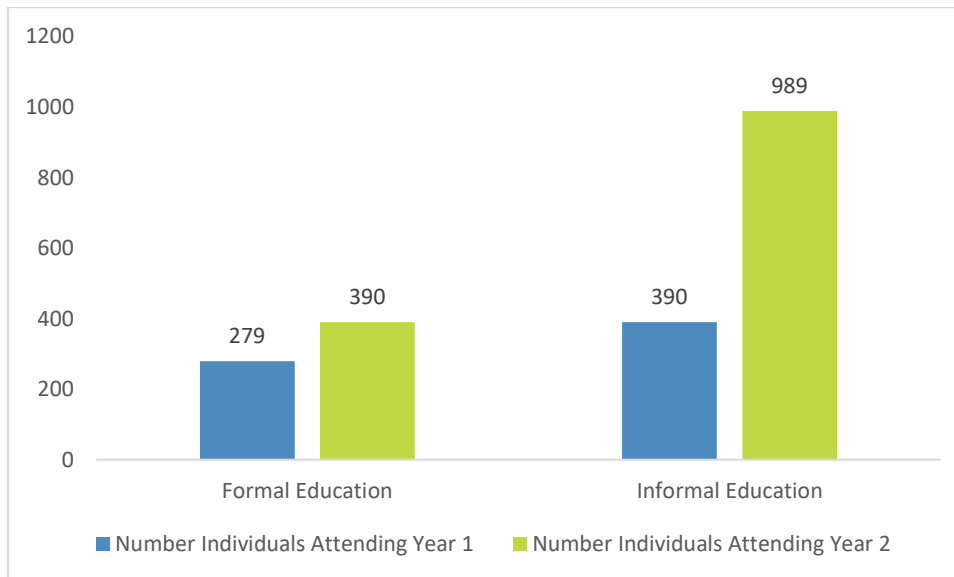
⁵ The Notice of Funding Opportunity for the TNGP Program states that (see bolded text): “The purpose of this program is to demonstrate how telehealth networks are used to: **(a) expand access to, coordinate, and improve the quality of health care services**; (b) improve and expand the training of health 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.

Figure 7. Other Uses of Telehealth Network - Number Sessions



Year 1 Number Grantees Reporting Admin Meetings = 18; Distance Learning = 9; Formal Education = 9; Informal Education = 13
Year 2 Number Grantees Reporting Admin Meetings = 17; Distance Learning = 10; Formal Education = 12; Informal Education = 18

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



Diabetes

Only one grantee (compared to three in Year 1) reported serving patients with diabetes, with a total of 56 patients served (down from 93 in Year 1).

CONCLUSIONS

Over this second year of funding, TNGP grantees have shown tremendous progress with their tele-emergency initiatives, from an initial ramp up period to providing critical telehealth services in emergency settings in rural communities. As expected with most programs at full implementation, there was a continued increase in reported numbers compared to Year 1. While the previous Year 1 report reflected the ongoing impacts of the COVID pandemic and its impact on health systems, providers, and patients; in Year 2, grantees were able to substantially ramp up service volume as evidenced in this PIMS data.

In Year 2, grantees made significant progress in implementing their TNGP programs and providing various telehealth services to patients compared to Year 1. The total number of patients served with grant funding increased from 642 to 6,080, a nine-fold increase. In particular, the number of averted transfers and miles saved increased significantly. A total of 2,078 patients received tele-ED consultation that resulted in an averted transfer, up from only 174 in Year 1. As a result of these averted transfers, a total of 1,236,866 patient travel miles were saved in Year 2 compared to 94,566 in Year 1. Grantees greatly increased the number of tele-consultations for stroke (from 177 to 1,677) and mental and behavioral health (666 to 4,646). Grantees saw a decrease of about three percentage points in the average 30-day hospital readmission rate, along with a decrease in the ED utilization rate. Overall, the data reported by TNGP grantees shows improvement in almost all areas of services and reporting. It will be interesting to see in future reports what these trends look like in subsequent years given this data from the first two years of TNGP program implementation.

This report encompasses the first and second years of annual PIMS data for the Telehealth Network Grant Program. Some findings and observations from this summary report to note:

- From Year 1 to 2, the number of sites providing specialty areas increased across many reported areas, with emergency medicine, neurology, and psychiatry showing the largest gain in sites. In particular, psychiatry saw the largest increase in grantees reporting and in the number of sites (a nearly 5 times increase) with 51% of newly added sites as a result of TNGP funding. In contrast, mental/behavioral health counseling saw a decrease in the number of specialty sites from 18 to 12 over this same period. This may be of interest for further examination in the future to see if there are any trends there, as well as if there are any changes in the need and/or demand for psychiatric versus counseling services.
- Tele-consultations dramatically increased for both stroke and mental/behavioral health, particularly for the latter with tele-consultations for mental/behavioral health increasing from 666 in the first year to 4,646 in Year 2. Some of this dramatic jump is due to programs ramping up implementation after Year 1, but it also may reflect the continued impacts of the COVID pandemic and the high need and lack of local access for many, especially in rural, for mental and behavioral health services.
- The data shows a decline in the ED utilization rate along with a decrease of 3.2 percentage points for the 30-day hospital re-admission rate. The 30-day ED re-admission rate remained relatively unchanged between years. In future years, the differences between the trends for the ED and hospital re-admission rates may be worth further examination.
- As reported in the data, the miles and time saved for patients are substantial, as individuals have been able to receive care in a more local setting and avoid traveling long distances for care as a result of this program. This represents a real positive outcome for patients with potential benefits

that include enhanced productivity and decreased travel costs. This data may present both grantees and the funder additional opportunities to estimate the return-on-investment (ROI) or other financial benefits of the TNGP grant program.

- Over the past year there was a reported decrease in the number of sessions for which telehealth was used for administrative meetings and informal education, while there was a slight increase in its use for distance learning and formal education. Part of this may be attributed, in part, to changes in the pandemic and a shift toward more in-person meetings for administrative meetings and informal education, with the continued use of online platforms for distance learning and formal education opportunities.

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.

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:

Averted Transfer - Applicable for your grant?	
Is this section applicable for your Tele-Emergency TNGP grant?	

Averted Transfer - Applicable for your grant?	
Please provide justification for your answer:	

Mode of Transportation

Recipient must identify total number of tele-ED consultations that resulted in averted inpatient transfer and admission (for tele-ED patients who were treated and released only).

i. For that total patient population, indicate the mode of transportation to the receiving inpatient facility that to which the tele-ED patient would most likely have been taken (for tele-ED patients with averted transfer only).

ii. For that total patient population, indicate the distance (in miles) to the most likely receiving inpatient facility (for tele-ED patients who averted transfer only). Calculate total distance (in miles) for each mode of transportation.

Mode of Transportation	Averted Transfer	Unique Patients	Total Distance (miles)
Air			
Ambulance			
Boat			
Personal Car			
Other			

Reason for Originating Site Visit

Reason for Originating Site Visit - Applicable for your grant?	
Is this section applicable for your Tele-Emergency TNGP grant?	

Reason for Originating Site Visit - Applicable for your grant?	
Please provide justification for your answer:	

Stroke	Number
Increase by 5 percent from baseline the number of tele-consulted patients, who have been diagnosed with stroke, by utilizing telehealth per each budget period year.	
Indicate the total number of tele-consultations as a result of stroke being main reason for the	

Telehealth Network Grant Program (TNGP)

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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.</i> <i>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.</i> <i>ED admission are counted as ED admissions that occurred within the current grant project reporting period of performance timespan.</i> <i>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>	

1. Tele-emergency Services Form Comments
Some data from the hospitals were unavailable.

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

OMB Number: 0915-0311
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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

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Is 2. Priorities Form Complete?	
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2. Priorities Form File Attachment

File Name	File Type	File Size	Upload Date

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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

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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

Is 3. Originating and Distant Sites Form Complete?	
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3. Originating and Distant Sites Form File Attachment			
File Name	File Type	File Size	Upload Date

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4. Specialties and Services, by Site

Specialties and Services, by Site

Complete Form 3. Originating and Distant Sites before inputting data in this form. Only sites and specialties that are eligible for and receiving TNGP funding should be included.

Specialties and Services, by Site

List of Sites (Modify the List of Sites if Needed)/ Specialties (Modify the List of Specialties if Needed)

Originating Site	Specialty(s) actively available at this site through telehealth	Was specialty available in your community prior to this TNGP funding?
Total Sites With New Access to Services		Number
Number of sites that have access to _____ services where access did not exist in your community prior to this TNGP funding		

4. Specialties and Services, by Site Form Comments

Is 4. Specialties and Services, by Site Form Complete?

4. Specialties and Services, by Site Form File Attachment

File Name	File Type	File Size	Upload Date

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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

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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

Is 5. Volume of Services, by Site and Specialty Form Complete?	
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5. Volume of Services, by Site and Specialty Form File Attachment			
File Name	File Type	File Size	Upload Date

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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
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7. Other Uses of the Telehealth Network

Other Uses of the Telehealth Network

Complete Form 6. Patient Travel Miles and Time Saved before inputting data in this form.

Other Uses of the Telehealth Network	Number
Administrative Meetings	
Distance learning	
Other	

Formal and Informal Education

Provide required data in the tables below. Enter 0 if there is no data to report. Enter 'N/A' if 'Total Number of People' is unknown.

	Total Number of Sessions	Total Number of People
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)		

7. Other Uses of the Telehealth Network Form Comments

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Is 7. Other Uses of the Telehealth Network Form Complete?

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7. Other Uses of the Telehealth Network Form File Attachment

File Name	File Type	File Size	Upload Date

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8. Diabetes

Diabetes

Complete form 7: Other Uses of the Telehealth Network before inputting data in this form. Only patients seen and encounters occurring as a result of receiving TNGP funding should be included.

Diabetes	Number
Provide required data in the tables below. Enter 0 if there is no data to report.	
Number of unduplicated patients with diabetes served for at least three months during the reporting period	
Number of patients with diabetes (who received services for at least three months during the reporting period) whose most recent Hemoglobin A1c (HbA1c) level is 7.0% or less	
Number of patients with diabetes (who received services for at least three months during the reporting period) whose most recent Hemoglobin A1c (HbA1c) level is between 7.1% and 9.0%	
Number of patients with diabetes (who received services for at least three months during the reporting period) whose most recent Hemoglobin A1c (HbA1c) level during the measurement year was greater than 9.0% (poor control), or if an HbA1c test was not done during the reporting period	

8. Diabetes Form Comments

Is 8. Diabetes Form Complete?

8. Diabetes Form File Attachment

File Name	File Type	File Size	Upload Date

OMB Number: 0915-0311

Expiration Date: 10/31/2023



Georgia Health Policy Center
Andrew Young School of Policy Studies
Georgia State University
ghpc.gsu.edu