



RHND PIMS Office Hours

With FORHP RHND
Program Coordinator
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June 13, 2024

RHND PIMS Year 1

- Opens in Sales Force on July 1, 2024
- Completed PIMS due to be uploaded no later than July 31, 2024
- Covers the Year 1 Grant Period from 7/1/2023 to 6/30/2024
- If you were unable to attend the Salesforce platform training on June 5, 2024, a recording link is available on the [RHND Grantee webpage](#).
- PIMS report will be reviewed by your Project Officer and discussed on your August or September monthly TA call.
- Guidance is [here](#). Reach out to your PO if you have any PIMS questions, or do not have access to the PIMS site after July 1, 2024.

Definitions for Section 3: HIT Questions 16-19

Computerized Provider Order Entry (CPOE): CPOE is the process of a medical professional entering orders for medications, diagnostic studies, imaging studies, therapeutic services, nutrition and food services, nursing services, and other orderables to be supplied into a computer system application. CPOE replaces more traditional methods of placing medication orders, including written (paper prescriptions), verbal (in person or via telephone), and fax. CPOE systems instituted as either a module or component of an integrated information system or electronic health record (EHR), or as a standalone system that is interfaced or integrated through a clinical data repository in addition to physician offices or clinic are included. Modules may also not necessarily be called CPOE by name, but have a similar functionality embedded in their EHR. E-Prescribing is included in this definition.

Electronic Medical Records: An electronic medical record (EMR) is a digital version of a paper chart that contains all the standard medical and clinical data gathered in one provider's office.

Health Information Exchange: Electronic health information exchange (HIE) allows doctors, nurses, pharmacists, other health care providers and patients to appropriately access and securely share a patient's vital medical information electronically—improving the speed, quality, safety and cost of patient care. Definition is inclusive of all three current key forms of HIE including:

- **Directed Exchange:** ability to send and receive secure information electronically between care providers to support coordinated care
- **Query-Based Exchange:** ability for providers to find and/or request information on a patient from other providers, often used for unplanned care
- **Consumer Mediated Exchange:** ability for patients to aggregate and control the use of their health information among providers

Definitions for Section 3 of PIMS

Clinical Decision Tools: To provide timely information to clinicians, patients, and others to inform decisions about health care. Examples of Clinical Decision Tools include order sets created for particular conditions or types of patients, recommendations, and databases that can provide information relevant to particular patients, reminders for preventive care, and alerts.

Care Management Tools: A supplemental tool focused on care management, many times used in conjunction with EHR

Patient/Disease Registry: Defines a disease/immunization registry as "a tool for tracking the clinical care and outcomes of a defined patient population" as defined by The Agency for Healthcare Research and Quality (AHRQ). Disease/immunization registries are often used to support patients with chronic diseases, such as diabetes, coronary artery disease, or asthma.

Telehealth: In this section, the term "telehealth" includes "telemedicine" services but encompasses a broader scope of remote healthcare services. Telemedicine is specific to remote clinical services whereas telehealth may include remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services

PIMS Q & A on June 13, 2024 (cont.)

Q. What if we don't have data to provide in year 1 in all categories?

A. If no data is available, that is okay. Just report what you have. Add a note in the comments boxes if you expect to have it for year 2, want to record any note about barriers to collecting, etc.

Q. What years do we report on the Economic Impact Tool?

A. It is just reported in year 4 as a cumulative report for all four years. Nothing prevents you from using it annually if you choose to do so but you don't have to report it in years 1, 2 or 3.

Q. Do we enter our information on the new system [Salesforce] or do we put it on the word document that was sent to us?

A. Enter it in the Salesforce platform to report it. You are welcome to track it along the way in any way you wish such as in the Excel RHND Measures and Data Tracking Tool sent to you earlier, etc.

PIMS Q & A on June 13, 2024 (cont.)

Q: We have been pulling together our Year 1 referrals data and are far exceeding the goals in our workplan. Is there anything that we need to adjust/document for reporting?

A. You can note in the comments section(s) in PIMS that you exceeded year 1 goals and note any explanation you want to document. Could be helpful should this not be your experience in future years of reporting. P.S. Remember to celebrate the accomplishment with your team and partners!

Q. In sections 3 and 4, we are not sure what to report as our organization doesn't provide clinical services but some of our network members/partners do.

A. If grant dollars touch it, report on it. If grant dollars don't touch it, don't report on it. If unsure, discuss with your Project Officer.

Q. Could you describe indirect services?

A. Indirect services are defined as: 1) billboards 2) flyers 3) health fairs 4) mailings/newsletters 5) Other mass media (e.g., radio, television, social media) only. All indirect services reported to be counted as unduplicated totals to the best of the ability of the reporting entity...

PIMS Q & A on June 13, 2024 (cont.)

Q. Where would we report on a conference we held to build awareness for project, etc?

A. It would be included in Indirect Services.

Q. Can you help refine the definition of Target Population? For example, our network is 16 health centers and each of those provide services to patients; however, our organization does not provide direct clinical services. Do we include all of the patients in those health centers?

A. No, your answer is zero (0) since you are working with health centers not directly with patients. That would be the same answer if you are working with a network of rural health clinics (RHCs).

Q. Could you say more about the Network Collaboration section? Do we list out the type of stakeholders that we have in the grant, such as college, community-based organization, etc.?

A. You only have to include the number of organizations.; however, you can describe them in the comments section if you would like to do so.

PIMS Q & A on June 13, 2024 (cont.)

Q. For the clinical measures, if they are not applicable do we just put "no" in the "is this applicable" box and leave the remaining boxes empty?

A. Just click "no". Salesforce will not let you continue without putting something in the box.

Q. In the funding, is it okay just to only have grants in year 1?

A. In this section, the total has to equal a 100 in system, and it is okay for that be 100 percent grants.

Q. Our implementation in year 1 is slower than anticipated so we don't have data to put into many of the sections.

A. It is normal in the first year not to have much data and it is okay to say "0" or "n/a". Just be sure to follow instructions closely as some sections say to input zero and some say n/a. Take advantage of the comments section..."During this first year, it was a planning year", etc.

PIMS Q & A on June 13, 2024 (cont.)

Q. In year 1, we had an unexpected hiccup with data? What should we do?

A. Note it in the comments section. Think of it as if a third party is looking at your data each year and they have no background or understanding of your project. Use the comments section to help them track the experience along with you. The explanations can be helpful to your organization, too, if you have a staff change in who is collecting and reporting data in the future.

Q. For the definition of Health Information Technology (HIT) in Section 3, is it referring to telehealth or an electronic platform?

A. In Section 3 Q20, it is addressing telehealth, specifically. Mark “no” if you haven’t implemented, used, expanded a telehealth program. Telehealth is defined as: “the use of electronic information and telecommunication technologies to support remote clinical services and remote non-clinical services.” For Section 3 Q17, see the above definitions of HIT.

Q. We use risk management software and paid to map that software from one platform to another for our partners, do we mark “yes” in the HIT section?

A. Yes, and put that explanation in the comments

PIMS Q & A on June 13, 2024 (cont.)

Q. What does unique individuals mean under 9-14 table?

A. Count of each person individually with no duplicates is noted here.

Q. PIMS, Evaluation Plans, Dashboards, Oh My! There is a lot of data swirling out there. How do I make sense of it all?

A. We know it is a lot! It is okay to make changes any of these in the next couple of months if you feel you need to do so. If you feel you need an extension for your evaluation plan/data dashboard deliverable, please discuss with your project officer before the due date of June 28. While we can't be as generous with the PIMS July 31 deadline, it might be possible to give a week extension. Again, just discuss with your project officer. Hang in there! Your 4th-year-grant self will thank you for this investment of time in year 1 when it comes time for cumulative reporting in 2027!