

## Beacon Communities Supplemental Funding – 6 Month Progress Report

**Upload this Word document in HRSA’s Electronic Handbook as your Beacon Communities Supplemental Funding progress report after you have completed all applicable sections below. Please do not upload the progress report in any other format (e.g., Excel, PDF).**

### Grantee Information

**Instructions:** Report Grantee Name and Grant # as indicated below consistent with the last Notice of Award that you received for your H80 grant.

1. Grantee Name		2. H80 Grant #	
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**Beacon Communities 1:** Identify the key clinical and non-clinical activities you are working on within your Beacon Community project. Check yes or no and provide a brief description of the interventions taken to date and key accomplishments.

#### Clinical Interventions

Intervention	Yes	No	Brief Description
1a. Transitions in Care			
1b. Reducing ER Visits			
1c. Diabetes			
1d. Cardiac Monitoring			
1e. Screening Tests			
1f. Immunizations			
1g. Other <b>(Please Specify)</b>			

#### Non-Clinical Interventions

Intervention	Yes	No	Brief Description
1h. Governance			
1i. Sustainability			
1j. Building Technical Infrastructure			
1k. Policies			
1l. Legal Issues			
1m. Privacy and Security			
1n. Quality Improvement Reporting			

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1o. EHR Acquisition			
1p. EHR Optimization			
1q. Health Information Exchange			
1r. Workforce			
1s. Other (Please Specify)			
<b>Beacon Communities 2:</b> Provide a brief description of any lessons learned or promising practices identified.			
<b>Beacon Communities 3:</b> Provide a brief description of any challenges or barriers encountered in implementing the project.			
<b>Beacon Communities 4:</b> Check yes or no whether activities are provided under the following Quality Improvement initiatives. Describe how this Beacon Supplemental effort impacts your work on these initiatives.			
Initiatives	Yes	No	Brief Description
4a. Meaningful Use (MU)			
4b. Patient Centered Medical Home (PCMH)			
4c. Clinical Outcomes g. UDS Measures)			
<b>Beacon Communities 5:</b> Identify the key collaborators in the implementation of your Beacon project. Check yes or no and provide a brief description of the collaborative activities.			
Collaborator	Yes	No	Brief Description
5a. State HIE			
5b. Regional Extension Center			
5c. Medicaid			
5d. Health Center Controlled Network (HCCN)			
5e. Primary Care Association (PCA)			

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5f. Other Health Centers			
5g. Safety Net Community (RHC, CAH, Look-Alikes, etc.)			
5h. Academic Institutions			
5i. Hospitals			
5j. Federal Agencies			
5k. Other <b>(Please Specify)</b>			