

COVID-19 Telehealth Program Post-Program Report Template

BASIC INFORMATION

Funding Awardee Name: _____
Participating Health Care Provider Name(s): _____
Health Care Provider Number(s): _____
Funding Commitment Number: _____
Funding Commitment Amount: _____
Funding Disbursement Amount: _____

FUNDING USE

1. What connected devices and/or service(s) did you purchase and/or implement using COVID-19 Telehealth Program funding?
2. Roughly what percentage of the COVID-19 Telehealth Program funding you received was spent on connected devices? Roughly what percentage was spent on telecommunications and information services?

OUTCOMES

If relevant, please include anonymized staff, patient, and/or community accounts in response to the below questions. You may also provide any aggregated, anonymized metrics (e.g., the number of telehealth visits provided) that you tracked concerning the provision of telehealth services using COVID-19 Telehealth Program funded services or connected devices.

3. Did your staff, patients, and/or the larger community benefit from using the connected devices and/or services purchased with COVID-19 Telehealth Program funding? If so, how?
 - a. Did the connected devices and/or services purchased/implemented using COVID-19 Telehealth Program funding affect health outcomes for patients? If so, how?
 - b. Did the connected devices and/or services purchased/implemented using COVID-19 Telehealth Program funding help you expand your provision of telehealth services? If so, how?
 - c. Did the connected devices and/or services purchased/implemented using COVID-19 Telehealth Program funding affect patient treatment protocols? If so, how?
 - d. Did the connected devices and/or services purchased/implemented using COVID-19 Telehealth Program funding affect health care facility administration? If so, how?
4. What connected devices and/or service(s) purchased using COVID-19 Telehealth Program funding did you find the most useful in preventing, preparing for, or responding to COVID-19?
5. Was the COVID-19 Telehealth Program funding you received used to promote telehealth innovation? If so, how?
6. Did you use COVID-19 Telehealth Program funding to obtain services and connected devices for expanded locations beyond your traditional facilities, i.e., temporary or mobile locations set up in response to the COVID-19 pandemic? If so, please explain how these nontraditional locations assisted in preventing, preparing for, or responding to the COVID-19 pandemic.
7. Did you encounter any issues when obtaining eligible connected devices or implementing eligible services? If so, what were the issues and how did you resolve those issues?

8. Did you use all the funding awarded under the COVID-19 Telehealth Program? If not, please explain why you did not use the full award amount.

GENERAL PROGRAM FEEDBACK

9. Do you have any additional feedback about the COVID-19 Telehealth Program, the application process, and/or the invoicing process?

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