

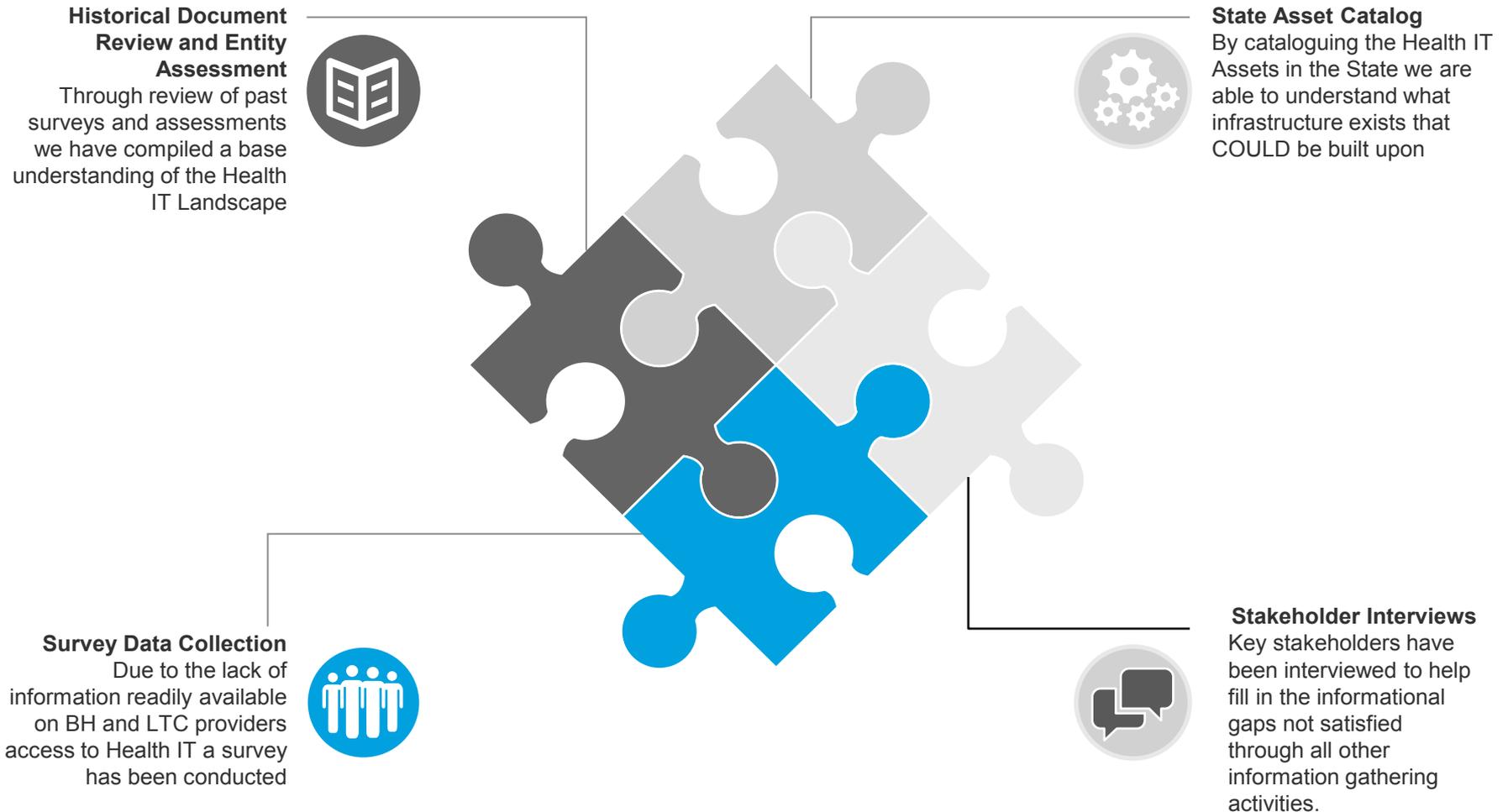


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# Current State Assessment Approach

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# Historical Document Review and Entity Assessment

# Document Review



# Document Review and Entity Assessment Scope

Through the review of studies and assessments completed in the past we were able to obtain a base understanding of the HIT Landscape. From here, we identified gaps in our information and conducted further research and analysis. The BH & LTC Survey was a significant enough effort the results are shared in a separate section, below identifies the documents we have reviewed and other areas we collected more in-depth information.

| Documents Reviewed   | Further Analysis   |
|--|--|
| <ol style="list-style-type: none"><li>1. Behavioral Health: Episode Prevalence and ER Utilization for Psychiatry ETGs (WHIO)</li><li>2. Patient/Client Health Information Survey of Wisconsin's Local Health Departments and Tribal Health Clinics, 2013 (Wisconsin DPH)</li><li>3. Wisconsin Health Information Technology Assessment August 2011 – June 2014 (DHS – eHealth)</li><li>4. Wisconsin Public-Private “Value” Strategy Framework for Public Reporting and Payment Reform (Milken Institute School of Public Health, George Washington University)</li><li>5. Telemedicine in Wisconsin: A Report on the Wisconsin environment for patient care at a distance in 2009 (Rural Wisconsin Health Cooperative)</li></ol> | <ul style="list-style-type: none"><li>• ePrescribing</li><li>• Public Health Data Submission</li><li>• Broadband</li></ul> |

# Behavioral Health: Episode Prevalence and ER Utilization for Psychiatry ETGs



|                              |  |                     |               |
|------------------------------|--|---------------------|---------------|
| <b>Document Name</b>         | Behavioral Health: Episode Prevalence and ER Utilization for Psychiatry ETGs   |                     |               |
| <b>Description</b>           | WHIO provided initial views of WHIO data specific to Depression, Bipolar, and Psychotic/Schizophrenia Episodes, and evaluate Emergency Room treatment. Data is from the reporting period 4/1/13 to 3/31/14, for a patient population residing in Wisconsin with Commercial, Medicaid, or Medicare Advantage insurance. |                     |               |
| <b>Research Organization</b> | Wisconsin Health Information Organization (WHIO)   | <b>Release Date</b> | February 2015 |

## Key Points/Take Aways

- Data was stratified by patient age range, insurance product and patient geography.
- Across all psychiatric ETGs:
  - Depression had the highest total standard cost and number of episodes by product
  - Autism and Child Psychoses had the highest total encounters per 1,000 episodes
  - Depression had the total standard cost and number of episodes by age range
  - Psychotic/Schizophrenia, Autism and Child Psychoses, and Intellectual Disability had the most total encounters per 1,000 episodes by age range
- Emergency room encounters
  - Depression had the highest number of encounters across all regions for Medicaid patients and patients age 0-17
  - Bipolar and Psychotic/Schizophrenia had the highest number of encounters across all regions for patients age 0-17 and age 18-30.

## Key Recommendations

- Review and discussion of this initial data will likely identify areas for further exploration and additional analyses.

# Patient/Client Health Information Survey of Wisconsin's Local Health Departments and Tribal Health Clinics, 2013



|                              |   |                     |            |
|------------------------------|---|---------------------|------------|
| <b>Document Name</b>         | Patient/Client Health Information Survey of Wisconsin's Local Health Departments and Tribal Health Clinics, 2013  |                     |            |
| <b>Description</b>           | A survey of all Wisconsin Local Health Departments (LHDs) and Tribal Health Clinics (THCs) was conducted in 2013 to assess their public health informatics capacity. The report explores LHDs and THCs use of EHRs and HIE in the context of Meaningful Use and the Healthiest Wisconsin 2020 state health plan, which focuses on the importance of communication across care settings. |                     |            |
| <b>Research Organization</b> | Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics  | <b>Release Date</b> | April 2014 |

## Key Points/Take Aways

- 58 of 99 responded to the survey, varying in jurisdictional populations significantly, with 50% who provide only primary care, 26% provide dental and primary care, and 24% who provide neither.
- 66% of respondents reported they regularly (at least once a month) access PHI residing externally.
- Majority of respondents who indicated they access external PHI indicated their primary method of accessing externally housed patient/client health information (PHI) is via fax and phone.
- 60% of respondents indicated they had no EHR, and of those without an EHR, 60% have no plans to implement.
- Respondents with and without EHRs had similar levels of HIE activities, with around 50% receiving secure messages.
- The top three barriers to HIE were insufficient information, unclear value, and lack of access to technical support.
- LHDs and THCs identified a need for dedicated staffing for or training on EHR design, customization, and implementation.

## Key Recommendations

- LHDs and THCs vary in their familiarity with EHRs and HIE, they could benefit from a community of practice or similar forum to share their diverse knowledge and experience.
- LHDs and THCs need to be connected to technical assistance resources to improve understanding of EHRs and HIE.
- Questions around EHR adoption should be added to the mandatory annual Local Health Department Survey under section 251.05, Wisconsin Statutes, to improve the response rate.

# Wisconsin Health Information Technology Assessment August 2011 – June 2014 (EHR Adoption)



|                              |   |                     |               |
|------------------------------|---|---------------------|---------------|
| <b>Document Name</b>         | Wisconsin Health Information Technology Assessment August 2011 – June 2014  |                     |               |
| <b>Description</b>           | Using data obtained from the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program Public Use Files and the Wisconsin Medicaid Agency's Data Warehouse from August 2011 – June 2014, Deloitte Consulting prepared a Health IT Landscape Report detailing Eligible Hospital and Eligible Professional statewide adoption and Meaningful Use of CEHRT. |                     |               |
| <b>Research Organization</b> | Wisconsin Department of Health Services, Wisconsin Medicaid HIT Project   | <b>Release Date</b> | February 2015 |

## Key Points/Take Aways

- 100% of Wisconsin hospitals eligible for the Medicare and Medicaid EHR Incentive Program have adopted a CEHRT and 92% are meaningful users.
- Wisconsin Medicaid providers, including dentists, nurse practitioners, physicians and physician assistants have high CEHRT adoption rates (65%) and are making progress toward achieving Meaningful Use (54%).\*
- Wisconsin Medicaid members in Adams, Buffalo, Burnett, Florence, Green Lake, Lafayette and Marquette counties are served by a disproportionately low number of providers achieving Meaningful Use.
- Five CEHRT vendors account for more than 76% of the market share in Wisconsin. This statistic demonstrates there is significant market penetration by a select group of EHR vendors, representing an opportunity for care coordination efforts.

## Key Recommendations

- Use the HIT Landscape Assessment to inform the planning and decision making for Medicaid and multi-stakeholder health care delivery and payment reform initiatives.
- Design targeted technical assistance opportunities for Wisconsin enrolled specialists not participating in an EHR Incentive Program.
- Conduct pilot projects that promote the electronic exchange of health information.

# Wisconsin Health Information Technology Assessment August 2011 – June 2014 (Broadband Use)



|                              |  |                     |               |
|------------------------------|--|---------------------|---------------|
| <b>Document Name</b>         | Wisconsin Health Information Technology Assessment August 2011 – June 2014   |                     |               |
| <b>Description</b>           | The broadband assessment discusses the interrelationships between WI's consumer broadband access and state health information exchange projects and explains where broadband internet access may pose a challenge to HIT/E in the state. It also details several broadband grants the state has received to help overcome challenges in creating a thriving health information exchange network. |                     |               |
| <b>Research Organization</b> | Wisconsin Department of Health Services, Wisconsin Medicaid HIT Project  | <b>Release Date</b> | February 2015 |

## Key Points/Take Aways

- The Federal Communications Commission (FCC) current technical definition of broadband is a fixed connection that meets the benchmark speed of 3 Mbps for downloads and 768 Kbps for uploads.
- As of December 2013, updates from the National Broadband Map (a collaborative project from the National Telecommunications and Information Administration (NTIA) and the FCC) show that only one county (Taylor) has less than 25% of its population unserved and that in the remaining counties more than 90% of the population now has access to broadband. According to recent FCC "Internet Access Service" reports, the percentage of Wisconsin households that actively subscribe to these services jumped from 23% at the end of 2010 to 51% by June 2013.
- In Wisconsin, numerous grants have impacted patient care by focusing on delivering broadband service to areas in need, improving HIT education and utilization, and building out high-speed networks through Community Anchors Institutions. Projects made possible by these grants include the LinkWISCONSIN initiative, the Comprehensive Community Technology Center project at the College of Menominee Nation, and The Building Community Capacity through Broadband project and the Metropolitan Unified Fiber Network project at the University of Wisconsin.

## Key Recommendations

- While Wisconsin residents are slightly less likely to subscribe to broadband than the overall national average of 54%, shifts in the state's broadband landscape demonstrate that the patient-consumer populations in rural areas are steadily adopting and gaining access to broadband technology. The grants and initiatives in Wisconsin are helping to drive this progress and the State should continue to support those efforts.

# Wisconsin Public-Private “Value” Strategy Framework for Public Reporting and Payment Reform (1 of 2)



|                              |   |                     |                |
|------------------------------|---|---------------------|----------------|
| <b>Document Name</b>         | Wisconsin Public-Private “Value” Strategy Framework for Public Reporting and Payment Reform   |                     |                |
| <b>Description</b>           | The report provides a neutral assessment of the current environment, implementation opportunities, and barriers to successful operationalization of value initiatives for the State Medicaid Agency. The report includes summaries on organizations in the state and where they current fit into the HIT ecosystem and changes needed to facilitate more functional collaboration across the ecosystem. |                     |                |
| <b>Research Organization</b> | Milken Institute School of Public Health, George Washington University  | <b>Release Date</b> | April 27, 2014 |

## Key Points/Take Aways

- There is no single, unifying vision formally connecting Wisconsin’s measurement and reporting activities or the standardized submission process.
- There are many organizations involved in varying pieces of the health care “value” puzzle, but they do not all fit together efficiently and effectively to present a clear, complete picture and process.
- The necessary information technology (IT) infrastructure for electronic collection does not exist at the small and rural provider locations.
- Although WCHQ and WHIO have common definitions of measures, there is an overall lack of uniformity of data and common definitions, management and data architecture.
- A data architecture blue print and floor plan does not exist that addresses data flow, people, policies and processes.
- The behavioral health population and long-term care have not been sufficiently addressed when considering measurement activities.
- Organizational differences in vision, priorities, levels of sophistication, and knowledge and resources by the various organizations makes leveraging “value” efforts across entities more difficult.
- Non-Medicaid Stakeholders see Medicaid’s purchasing position, authority, and access to federal funding as integral to a collaborative effort to establish a reporting infrastructure that allows for data aggregation and dissemination.
- There are political and practical barriers to designing the most efficient performance measurement collection and dissemination process with financial sustainability realities for many.

# Wisconsin Public-Private “Value” Strategy Framework for Public Reporting and Payment Reform (2 of 2)



**Document Name** Wisconsin Public-Private “Value” Strategy Framework for Public Reporting and Payment Reform

## Key Recommendations

- To move forward collaboratively, members of the State Value Committee (SVC) need to establish a shared definition of “value,” and collectively determine how this definition is applied to public/private joint efforts.
- The SVC needs to determine how to avoid duplication in efforts around quality measure data submission, and alignment of initiatives.
- Interviewees expressed a stronger, broader communication effort is needed to establish a statewide understanding of emerging initiatives, the role of all involved organizations (e.g. WHIO, WHAIC, WCHQ, and WISHIN) play and how they relate to each other to engender more support and less mistrust.
- To support “value” measurement WCHQ needs to establish data use agreements that meet the needs of the initiatives, engage purchasers/payers to incent participation by their providers, and consider funding options for small and medium practices to remove the financial barriers to participation.
- WHIO should consider how to make the licensing agreement in place with Unite Health Care-Optum more transparent to build trust with providers.
- WISHIN could play a significant role in the moving of clinical data around the Wisconsin care community for varying purposes, to do so WISHIN will need a financial sustainability model which does not rely on grant funds. Also, provider organizations need to prioritize connection to HIE in their competing HIT priorities, and WISHIN needs to demonstrate the value participants will achieve from participation.

# Telemedicine in Wisconsin: A Report on the Wisconsin environment for patient care at a distance in 2009



|                              |   |                     |                            |
|------------------------------|---|---------------------|----------------------------|
| <b>Document Name</b>         | Telemedicine in Wisconsin: A Report on the Wisconsin environment for patient care at a distance in 2009   |                     |                            |
| <b>Description</b>           | This report identifies existing telemedicine programs in the state of Wisconsin in order to learn what barriers they face, successes they have achieved, and the lessons they have learned. In addition, this report examines current state and federal regulations that pertain to telemedicine and considers these for recommendations for policy changes and state wide initiatives. |                     |                            |
| <b>Research Organization</b> | Funded by the Wisconsin Office of Rural Health; Generated by Rural Wisconsin Health Cooperative   | <b>Release Date</b> | Submission date: July 2009 |

## Key Points/Take Aways

- Identified Wisconsin sites of current telemedicine can be seen [here](#).
- Direct interactive consults for telemedicine are present in just about every area of patient care (e.g. emergency services, plastic surgery, speech pathology, etc.)
- Most of Wisconsin is covered by some level of home health care tele-monitoring, where devices in patient homes allow patients to be monitored on an ongoing basis.

## Key Recommendations

- **Funding:** Grant funding is a must when it comes to infrastructure costs. For example, the American Recovery and Reinvestment Act (ARRA) stimulus funds include grants for telemedicine.
- **Legislation and Regulation:** There are current legislative proposals to increase the capacity of Medicare and Medicaid to fund telemedicine services equal to face to face services.
- **Workforce:** Recruiting a child psychiatrist for northern Wisconsin can take years. A county mental health service is able to utilize a child psychiatrist from a different location through telemedicine, and has shown hundreds of thousands of dollars in reduced out of home placements and reduced emergency department costs.
- **Resources other than Funding:** Telemedicine needs leaders who can champion the effort, bring together key stakeholders, communicate effectively, plan strategically, build partnerships, and guide people through the challenges of change.

ePrescribing



# ePrescribing

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- In April of 2014 the following Surescripts claims the following for Wisconsin:
  - 14,179 Total ePrescribers
  - 13,713 e-Prescribers Prescribing through an EHR
  - 353 e-Prescribers Prescribing through a Stand Alone System
  - 268,782 Medication History Requests
  - 198,265 Medication History Request Responses
  - 97% of Retail Community Pharmacies Enabled and Actively ePrescribing
- 83% of New and Renewal Prescriptions Processed on Surescripts Network in Wisconsin in 2013 were done via ePrescribing as compared to a National avg of 57%
- ePrescribing of Controlled Substances
  - 69.90% of pharmacies are able to accept ePrescriptions of controlled substances in Wisconsin.
  - 1.30% of providers enabled for e-prescribing of controlled substances in Wisconsin.
- Surescripts provides more granular data on their website allowing you to view contact information for providers that ePrescribe ([link](#)) and pharmacies that accept ePrescriptions ([link](#)).

# Public Health Data Submission

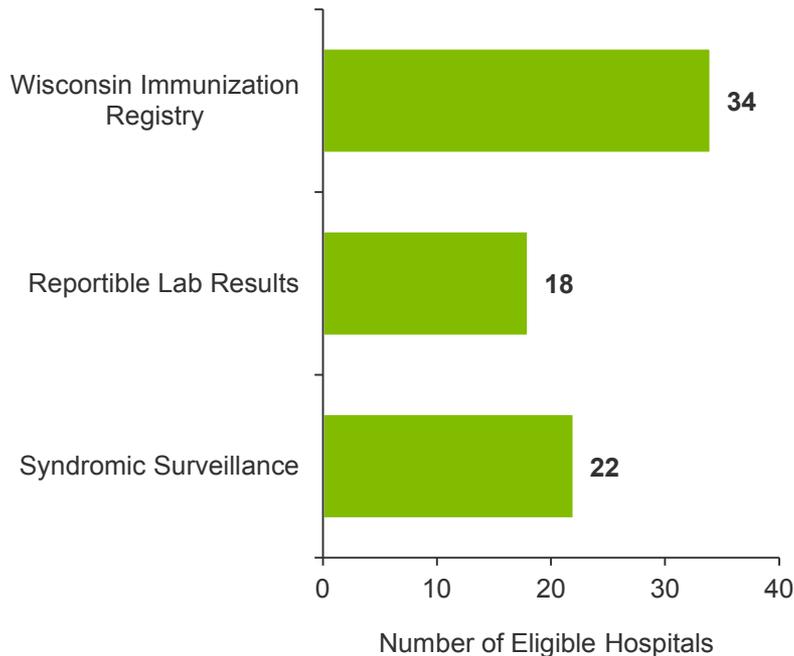


# Public Health Meaningful Use (PHMU) Objectives

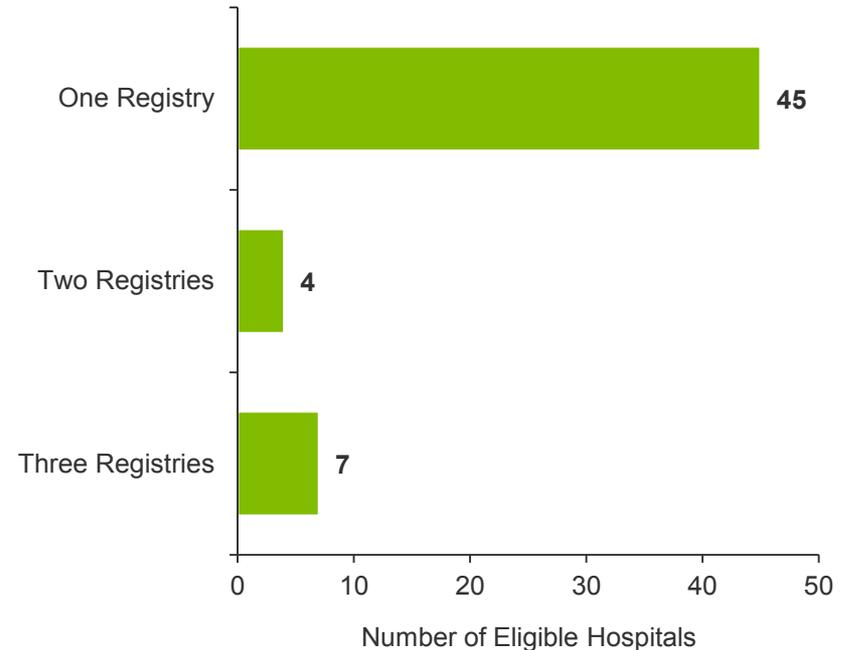
As of May 2015, 56 eligible hospitals (EH) attested to PHMU objectives and received payments through the Electronic Health Record Medicaid Incentive Program for Program Year 2014.

- There were 46 EH attesting to Stage 1 and 10 EH attesting to Stage 2

**Number of EH Receiving MU Incentives That Are Submitting to Each Registry**



**Number of Registries to Which EH Receiving MU Incentives Are Submitting**



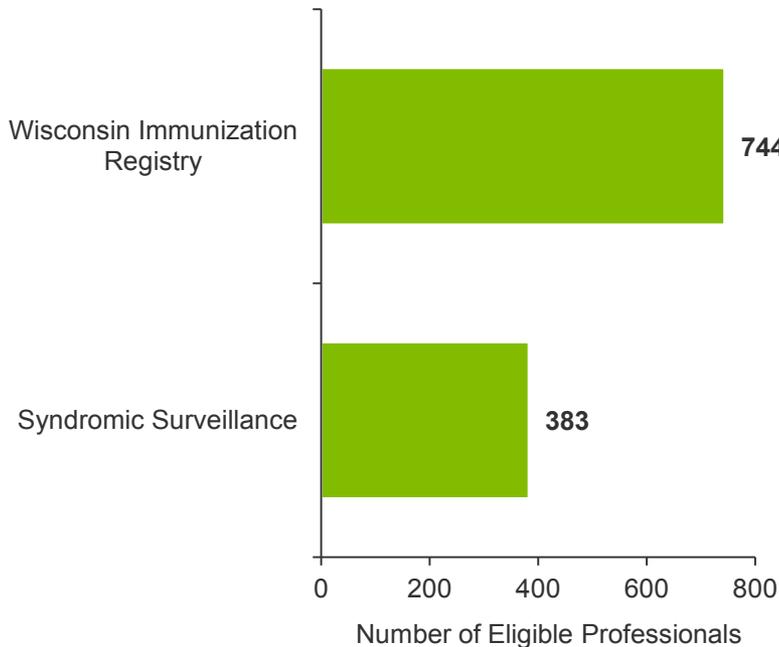


# Public Health Meaningful Use (PHMU) Objectives

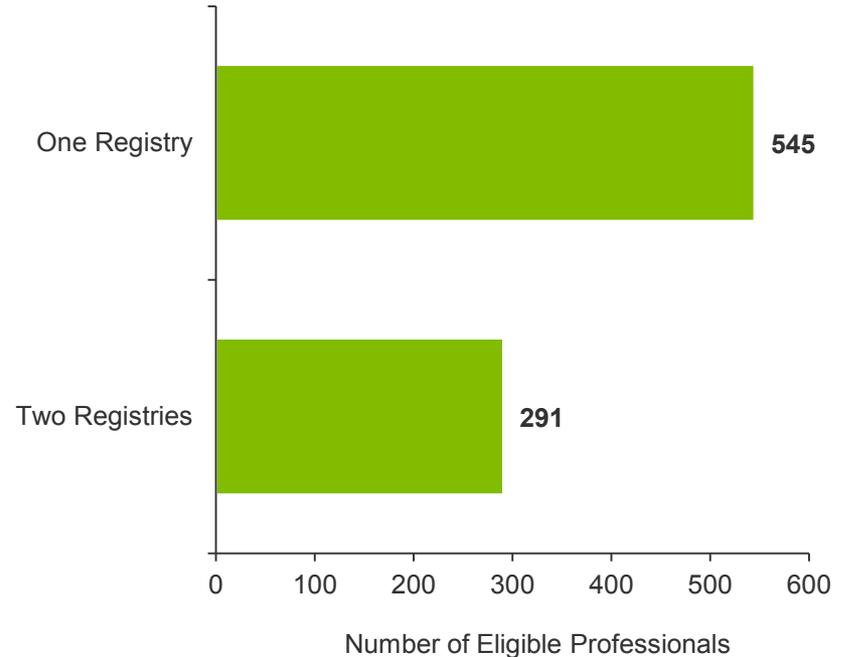
As of May 2015, 836 eligible professionals (EP) attested to PHMU objectives and received payments through the Electronic Health Record Medicaid Incentive Program for Program Year 2014.

- There were 552 EP attesting to Stage 1 and 283 attesting to Stage 2.

**Number of EP Receiving MU Incentives Submitting to Each Registry**



**Number of Registries to Which EP Receiving MU Incentives Are Submitting**

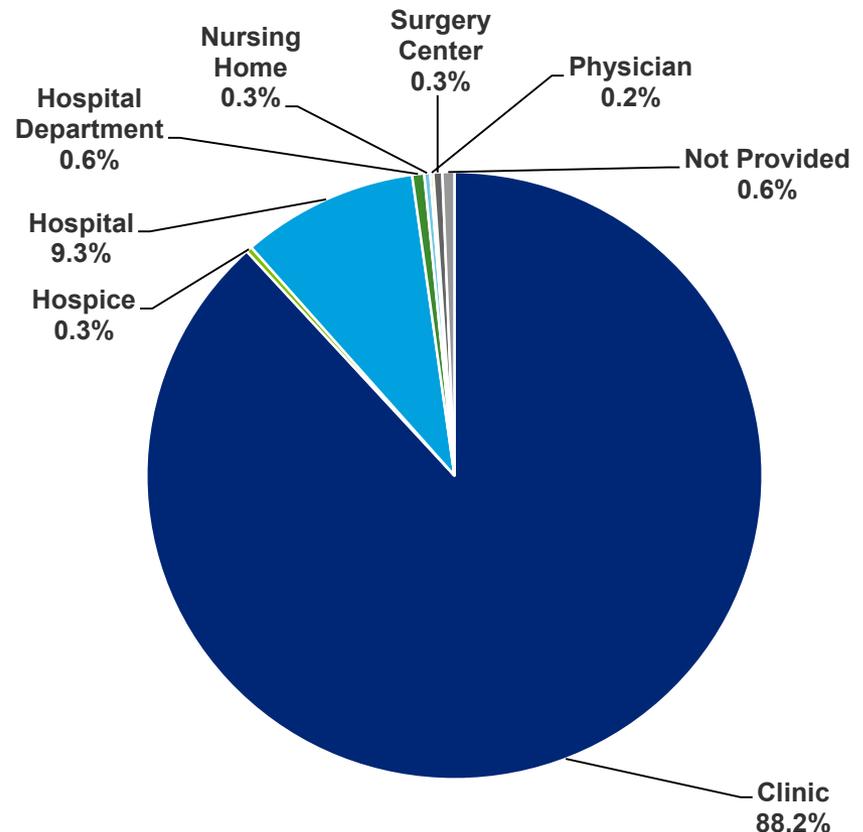




# Wisconsin State Health Information Network (WISHIN)

- WISHIN is a statewide health information network to connect physicians, clinics, hospitals, pharmacies, and clinical labs across Wisconsin.
- Currently 637 facilities are registered with WISHIN.
  - Of those registered, 569 facilities are “live” and actively submitting data and the rest are in the onboarding process
- All but one facility uses HL7 2.5.1 messaging.
- A total of 31 different healthcare systems are registered with WISHIN.
- Facilities registered with WISHIN are located in 56 different Wisconsin counties, with 8 additional facilities located in Michigan.

Providers Registered With WISHIN By Site Type





# Wisconsin State Health Information Network (WISHIN)

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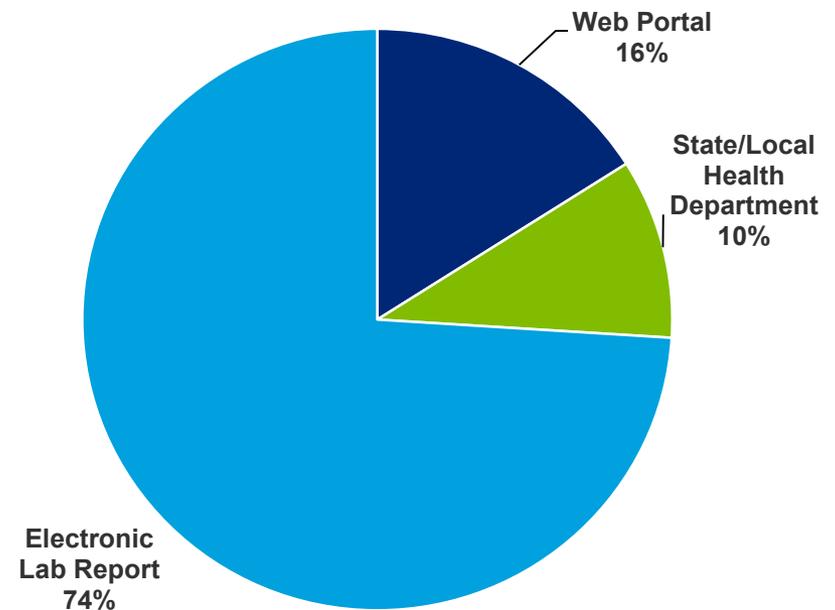
- Most of WISHIN customers submit Syndromic Surveillance data which is forwarded to BioSense 2.0.
- WISHIN is currently expanding its services to include:
  - A pilot with the state, that currently includes 6 healthcare facilities, to allow providers to send immunization data through WISHIN to the Wisconsin Immunization Registry (WIR);
  - Working with the Wisconsin Cancer Registry (WCRS) on a grant for pediatric and young adult cancer reporting.
    - An assessment was conducted in 2015 and in 2016 work will begin on the best way to get cancer registry reports to the state via WISHIN.
- WISHIN is not currently accepting any Electronic Lab Reports (ELR) but does have the capability to do so.
  - Currently laboratories/hospitals submit ELR through the Wisconsin State Lab of Hygiene using Atlas software which costs \$15,000 per site that is added to the hub.
  - The hub itself only has an interface with the Wisconsin Electronic Disease Surveillance System (WEDSS).



# Reportable Lab Results (RLR)

- Anyone with knowledge of a patient having a reportable condition must report it under state statutes including laboratories and providers.
- Under state statutes the disease reports may be written, verbal, or by electronic transmission.
- The time limit for reporting a reportable condition depends on the condition.
  - For most conditions reporting is required within 72 hours.
  - For conditions that require immediate public health interventions or are foreign to the United States, an immediate phone call to the state health department is required.

Reportable Lab Results by Submission Type

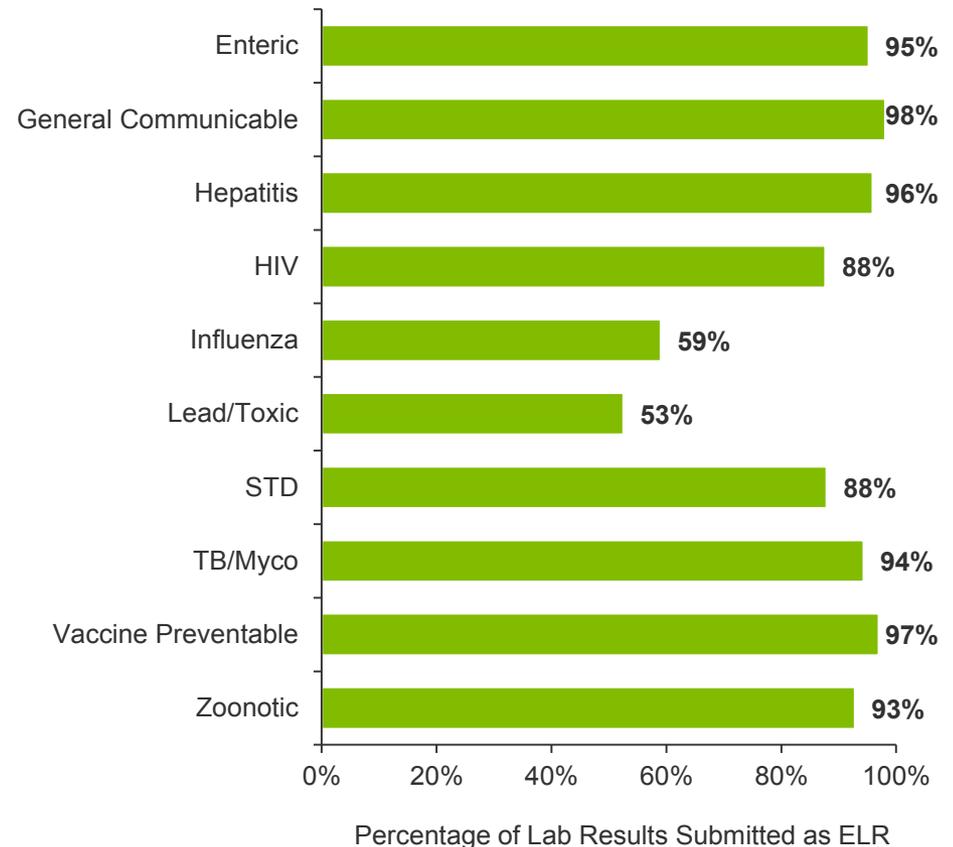




# Reportable Lab Results (RLR)

- In 2014, a total of 74% of reportable lab results were submitted electronically.
- All disease types had greater than or equal to 88% of results reported via electronic lab reports (ELR) except influenza and lead/toxic which were both below 60%.
  - The average lab results submitted via ELR is 91% when lead/toxic testing is excluded which accounts for 44% of all reportable lab submissions.
  - All blood lead test results are reportable (regardless of level) by state statute.

Percentage of Reportable Lab Results Reported by Electronic Lab Report (ELR) by Type of Reportable Disease





# Wisconsin Immunization Registry (WIR)

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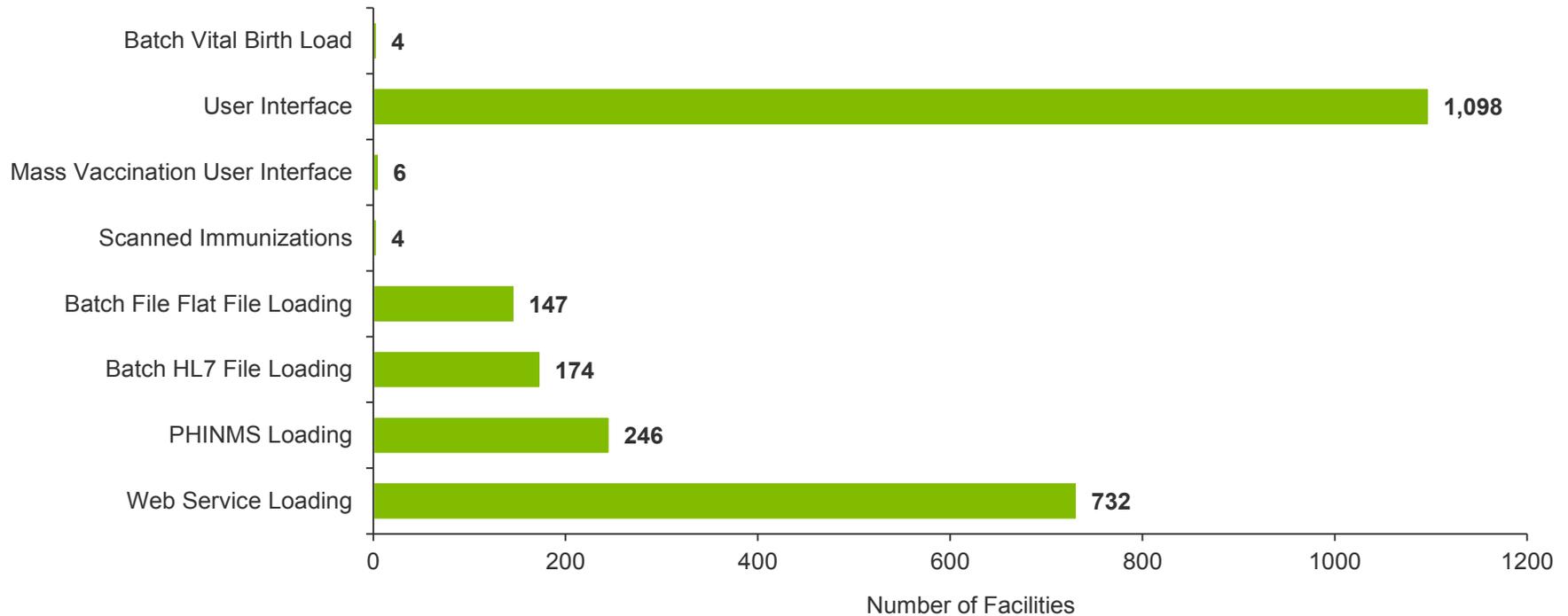
- There is no federal or state mandate that providers must submit immunization data to a public health entity.
  - It is hard to determine providers that give few or only seasonal vaccinations (i.e. influenza vaccinations) from those who are no longer submitting data.
- Some providers use the public access portion of WIR to look up patient immunization records instead of going through the training and gaining full provider access to the registry.
- The registry is currently lacking information from several key sources including nursing homes, Medicare patients, and Veteran's Affairs patients. They do have access to Medicaid patient information.
- There is no way at this time to gather information on how the public and schools are interacting with this registry.
- Anecdotally, providers seem to prefer entering immunization data into WIR than in their EHR due to less manual entry when using WIR.



# Wisconsin Immunization Registry (WIR)

- A total of 1899 organizations submitted data to WIR between 1/1/2015-6/5/2015.

WIR Submissions by Submission Type \*

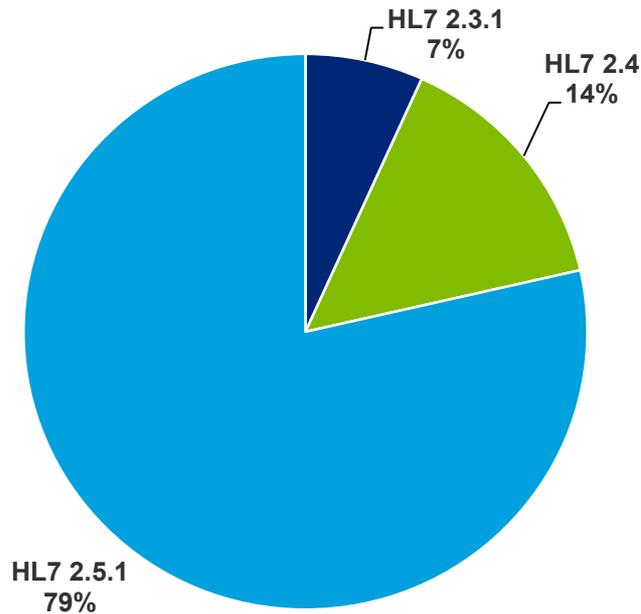


\*Data from 1/1/2015-6/5/2015



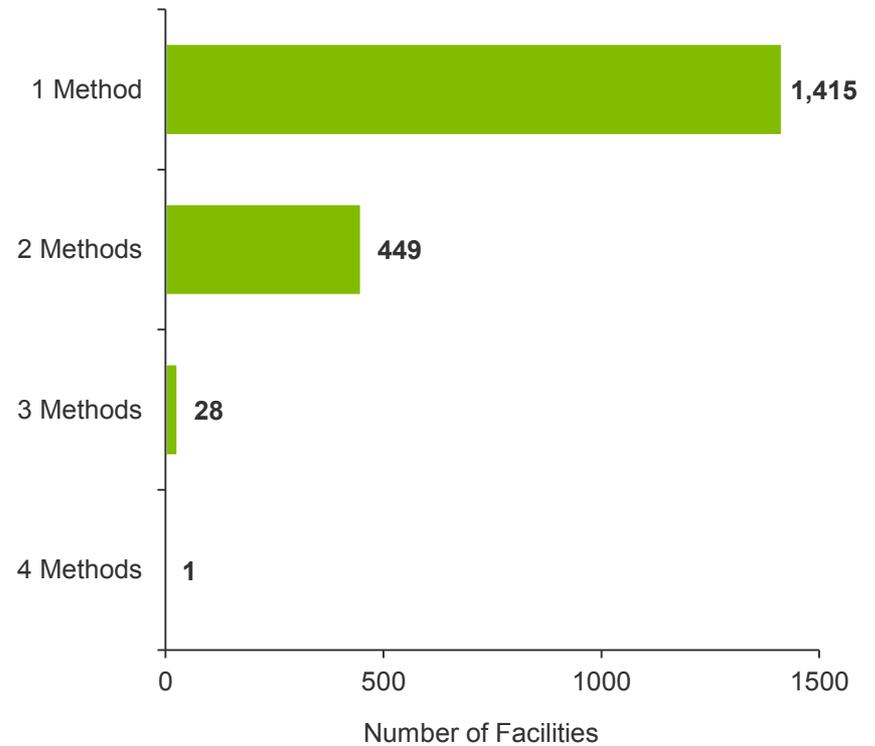
# Wisconsin Immunization Registry (WIR)

Type of HL7 Used By Facilities Using HL7 to Submit Data to WIR\*



\*Data from 1/1/2015-6/5/2015

Number of Submission Methods Used by Facilities Submitting Data to WIR\*



\*Data from 1/1/2015-6/5/2015



# Wisconsin Cancer Registry System (WCRS)

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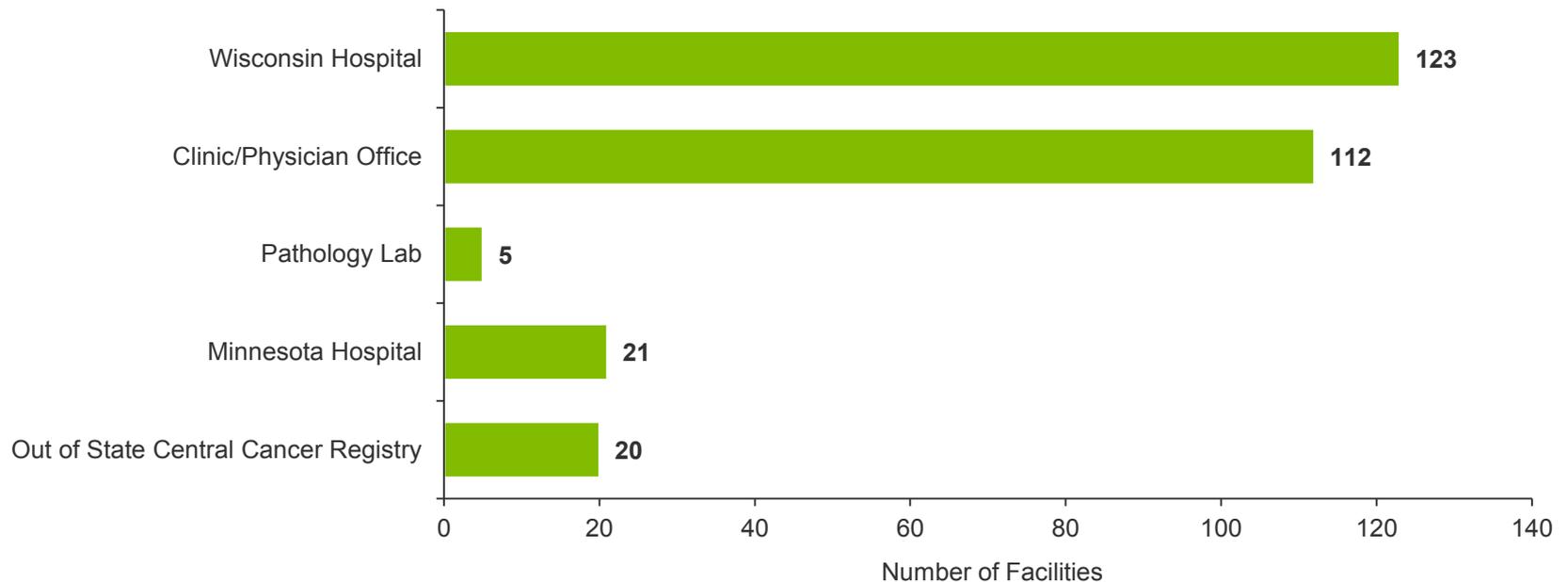
- State statutes specify that all cancer cases must be reported to the state cancer registry.
- All tumors with malignant cell types are reportable except basal cell and squamous cell carcinomas of the skin.
- Hospitals must report cases within six months of initial diagnosis or first admission following a diagnosis elsewhere.
- Clinics and physicians must report cases within three months of initial diagnosis or contact.



# Wisconsin Cancer Registry System (WCRS)

- As of June 10, 2015, 276 facilities were active reporters to the WCRS.
- WCRS has an additional 136 facilities on file for which their cases are reported by one of the 276 actively reporting facilities.

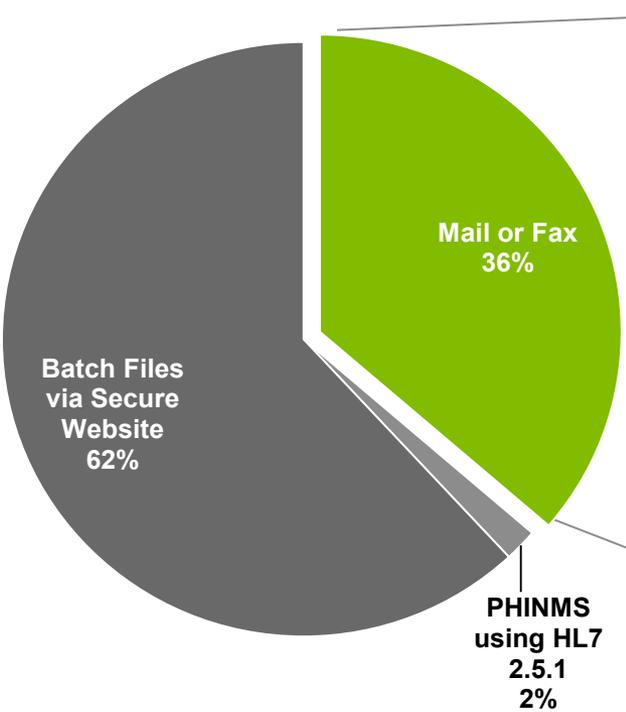
Number of Facilities Submitting Data to WCRS by Facility Type



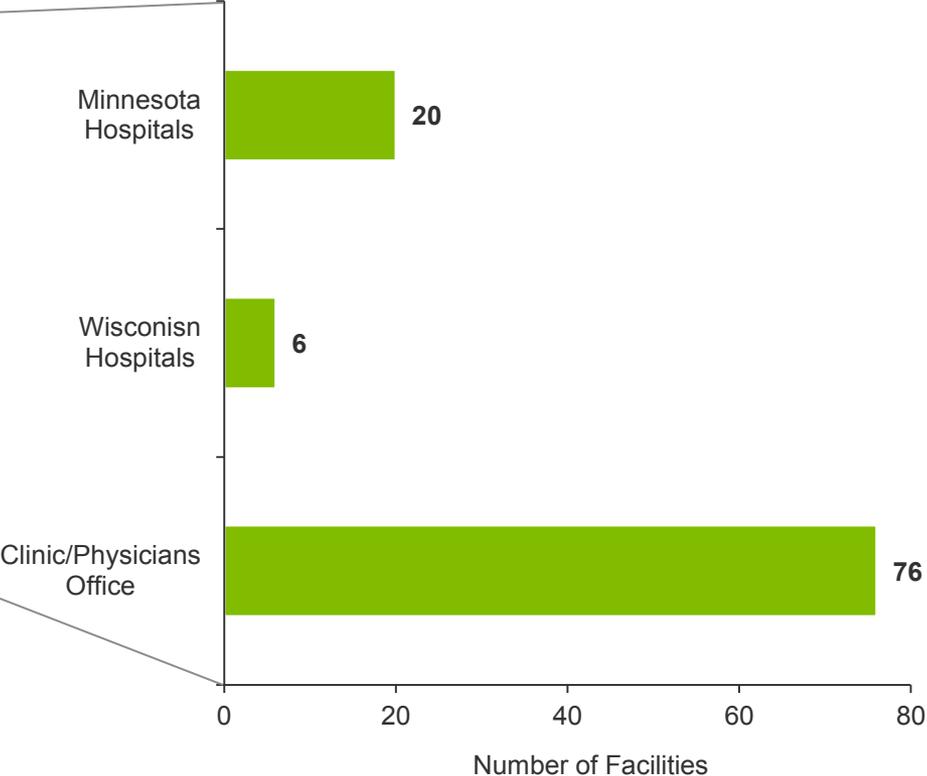


# Wisconsin Cancer Registry System (WCRS)

Percentage of Facilities Submitting to WCRS by Submission Type



Facility Type Submitting Data to WCRS by Mail or Fax



# Broadband Access



# Broadband Access Oversight in Wisconsin

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The Public Service Commission of Wisconsin (PSCW) Telecommunications Division is responsible for overseeing the wholesale and provider-to-provider portions of the telecommunications industry in Wisconsin by:

- Promoting competition
- Overseeing the providers of wholesale telecommunications services in the state
- Designating Eligible Telecommunications Carriers as defined by the Telecommunications Act of 1996 and federal Communications Commission rules and regulations.
- Administering Universal Service Fund programs:
  - Telephone Equipment Purchase Program (TEPP)
  - Lifeline and Link-up
  - Telemedicine grants
  - Grants to non-profit organizations for projects that promote universal service
  - High rate assistance credits
- Spearheading broadband planning and mapping under a grant from the National Telecommunications and Information Administration under the American Recovery and Reinvestment Act (ARRA):
  - Developing, maintaining and updating a [statewide map of broadband deployment](#)
  - Organizing and assisting regional broadband planning teams
  - Spearheading statewide broadband planning



# Public Service Commission of Wisconsin Surveys

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In order to maintain and update the statewide map of broadband deployment the PSC performs surveys to obtain the necessary data. Below are more details on these surveys:

- *Community Anchor Institution (CAI) Survey*
  - CAIs are defined as schools, libraries, hospitals, public safety sectors, state and federal government and other non-governmental organizations
    - Over 800 healthcare facilities are surveyed
  - Annually surveys CAI administrators and IT coordinators on their broadband subscription information
  - Next round of surveys to be administered Fall 2015
- *Wisconsin Broadband Demand Survey*
  - Survey on broadband demand from business and residents throughout the state, with a focus on their experience, cost of service, and speeds
  - 2013 survey included 11,000 Residents and 1,800 Businesses
- *Wisconsin Broadband Provider Survey*
  - Providers of Broadband Services are regularly surveyed to understand their coverage areas and product offerings



# Broadband Speeds and Access Overview

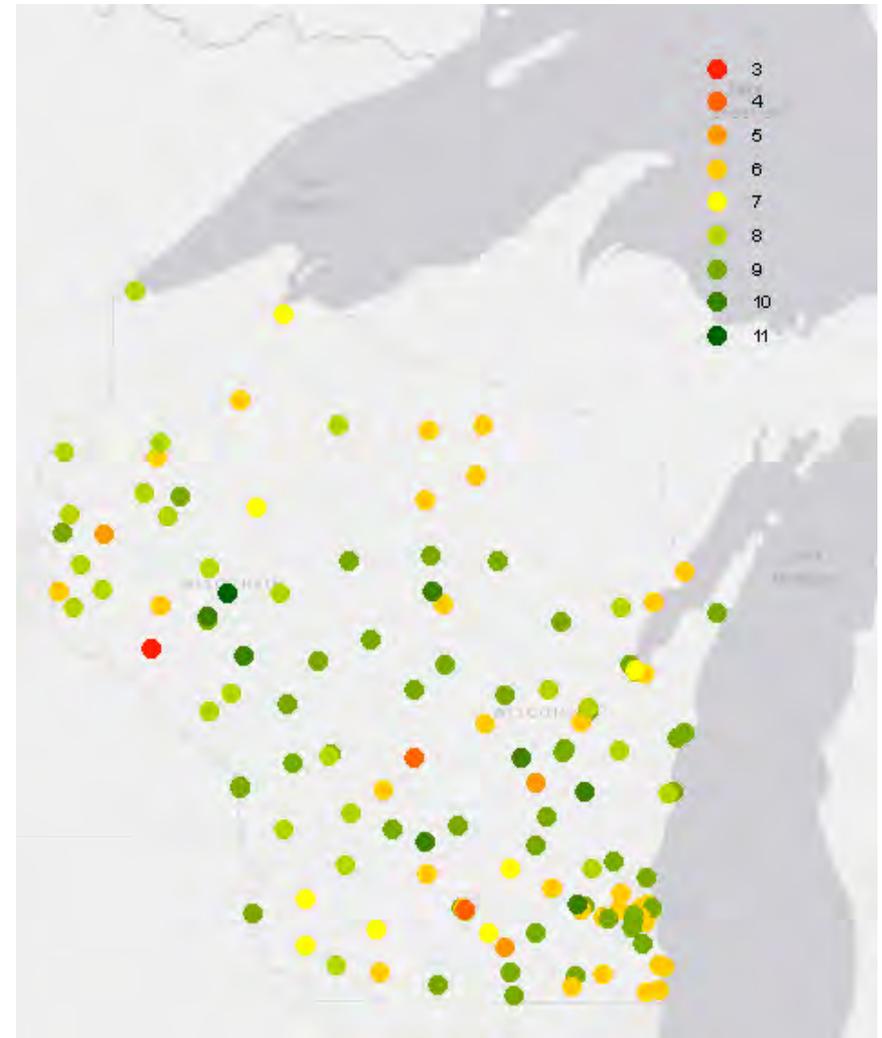
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- The FCC sets a benchmark of 3 mbps for downloads and 768 kbps for uploads
- As of December 2013, updates from the National Broadband Map (a collaborative project from the National Telecommunications and Information Administration (NTIA) and the FCC) show that only one county (Taylor) has less than 25% of its population unserved and that in the remaining counties more than 90% of the population now has access to broadband.
- The PSCW notes that most customers are accustomed to 25 mbps for downloads and 3 mbps for uploads.
- The PSCW has established the [LinkWISCONSIN Cost Quest Associates Bandwidth Assessment Tool](#) which can help individuals and businesses understand how much bandwidth they need.
- [LinkWISCONSIN Broadband Maps](#) offer an interactive resource to identify broadband speeds available and service providers. The current maps are were updated in October 2014 based on coverage as of June 30, 2014.



# Max Advertised Download Speeds for Hospital Sites

- This map shows the maximum advertised download speeds for Hospital Sites in Wisconsin.
- Varying Technologies are used based upon service provider and access.
- These providers will be surveyed again in Fall 2015 to obtain more up-to-date information.

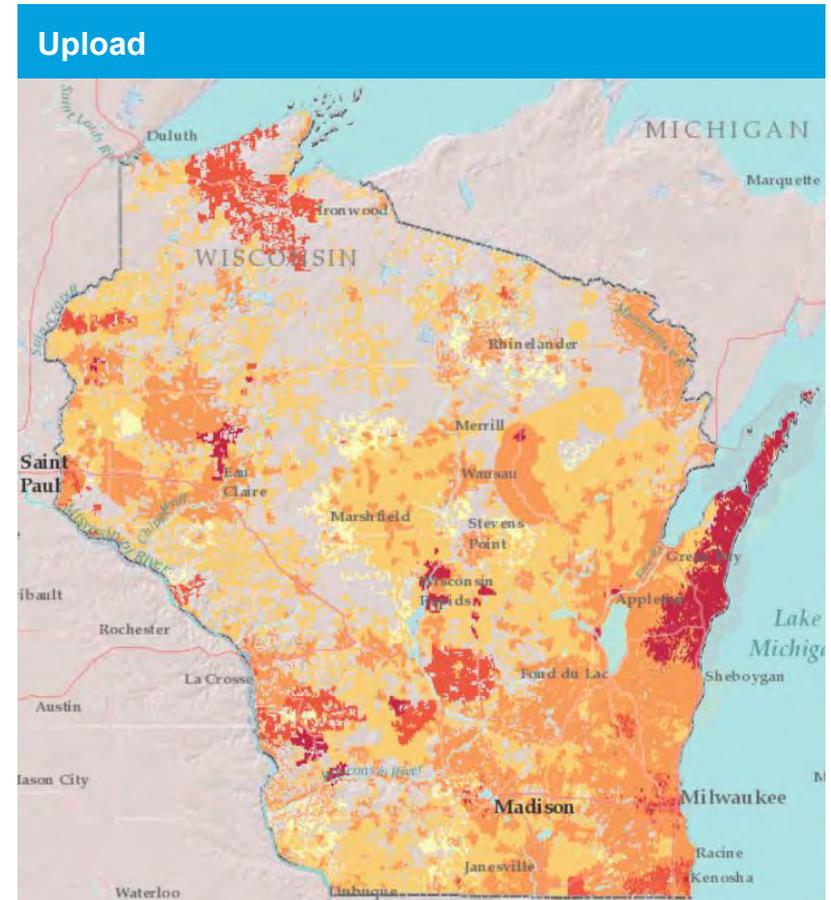
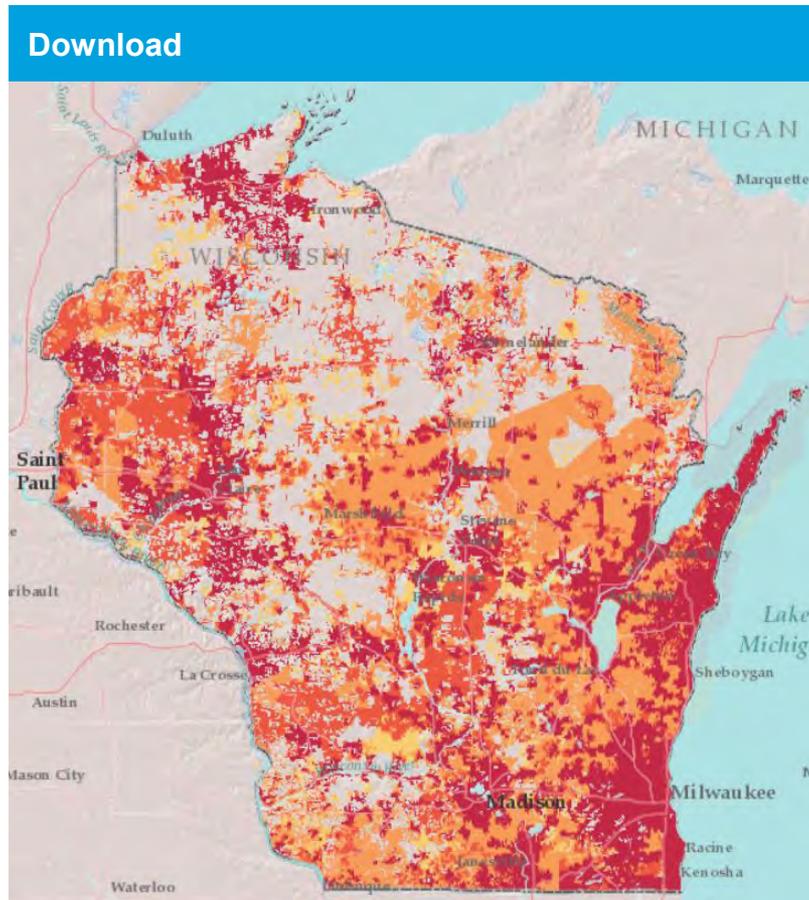


| Code | Speed Tiers   |
|------|---|
| 1    | Less than or equal to 200kbps                           |
| 2    | Greater than 200kbps and less than 768 kbps             |
| 3    | Greater than or equal to 768kbps and less than 1.5 mbps |
| 4    | Greater than or equal to 1.5 mbps and less than 3 mbps  |
| 5    | Greater than or equal to 3 mbps and less than 6 mbps    |
| 6    | Greater than or equal to 6 mbps and less than 10 mbps   |
| 7    | Greater than or equal to 10 mbps and less than 25 mbps  |
| 8    | Greater than or equal to 25 mbps and less than 50 mbps  |
| 9    | Greater than or equal to 50 mbps and less than 100 mbps |
| 10   | Greater than or equal to 100 mbps and less than 1 gbps  |
| 11   | Greater than or equal to 1 gbps                         |



# Max Advertised Speeds of Fixed Broadband

This map shows the maximum advertised download and upload speeds of fixed broadband service. Fixed broadband includes all wireline and fixed wireless technologies.



Note: These speeds are not typical speeds, but max advertised

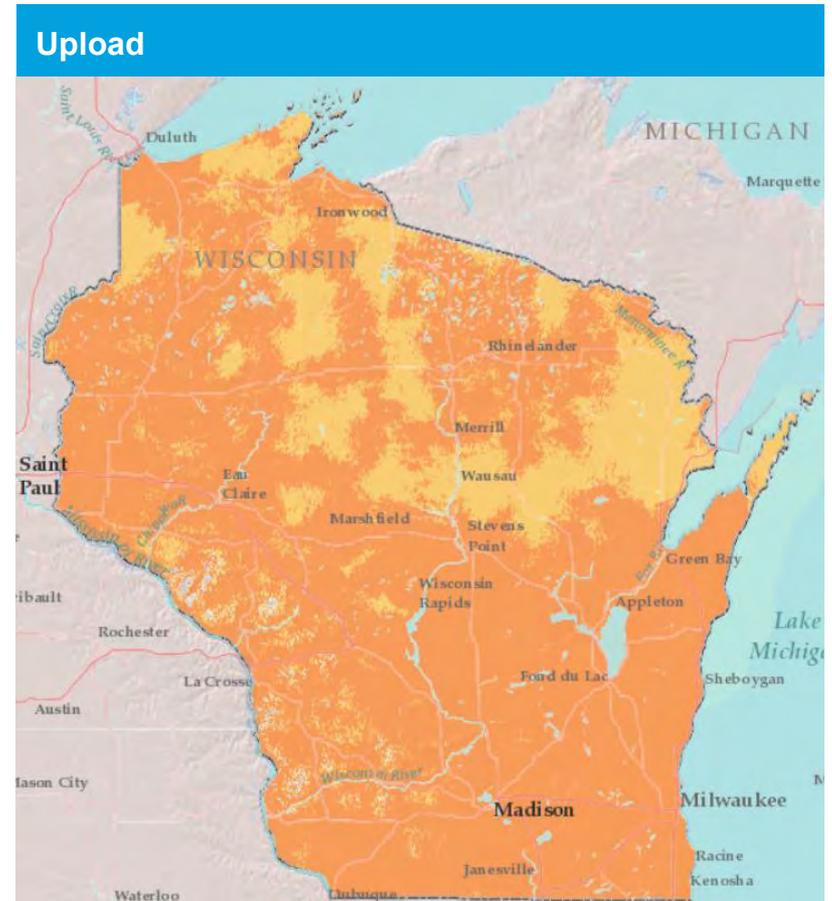
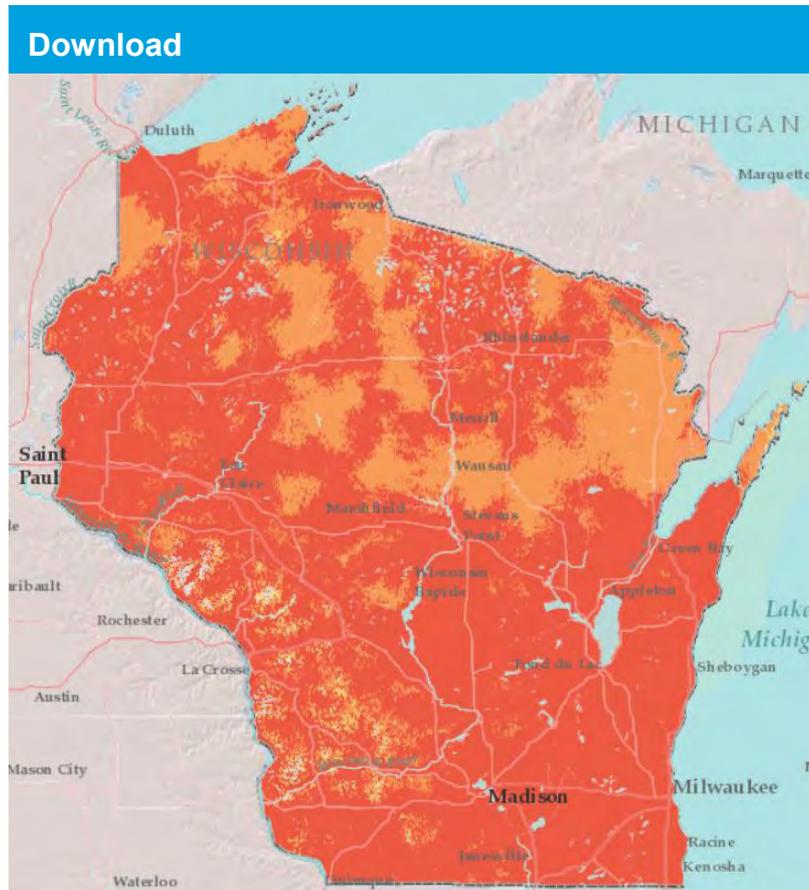
Source: LinkWISCONSIN Broadband Coverage Maps - <http://www.broadbandmap.wisconsin.gov/>





# Max Advertised Speeds of Mobile Broadband

This map shows the maximum advertised download and upload speeds of mobile broadband service, including smartphones.



Note: These speeds are not typical speeds, but max advertised

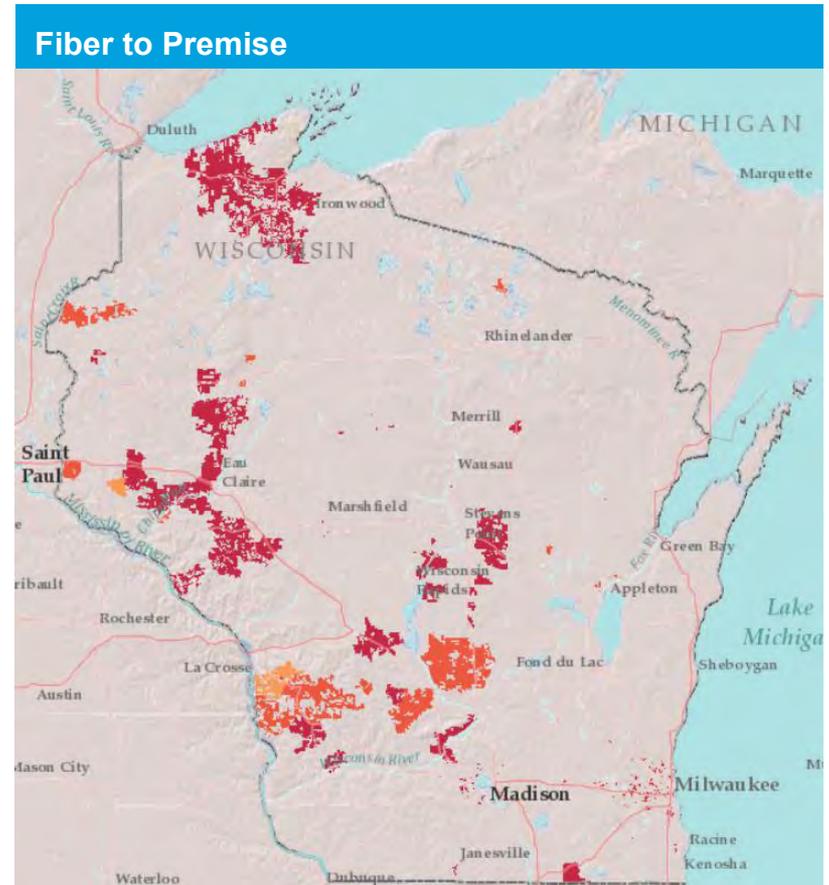
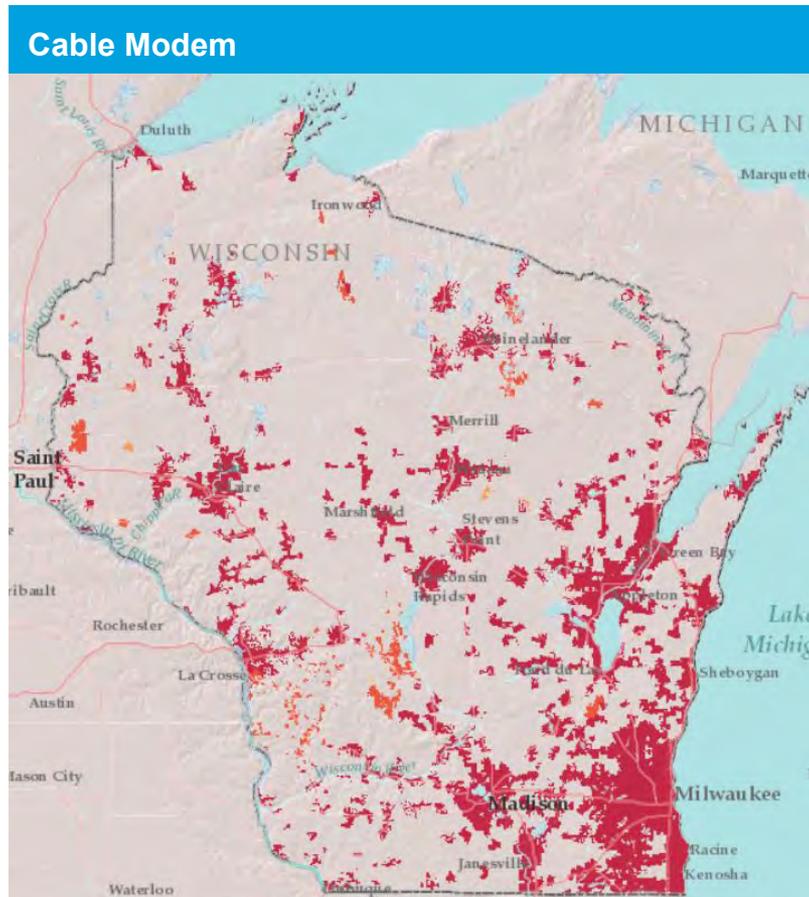
Source: LinkWISCONSIN Broadband Coverage Maps - <http://www.broadbandmap.wisconsin.gov/>



# Max Advertised Speeds of Cable Modem and Fiber to Premise Coverage



This map shows the maximum advertised download speeds of Cable wireline service and Fiber to Premise service.



Note: These speeds are not typical speeds, but max advertised

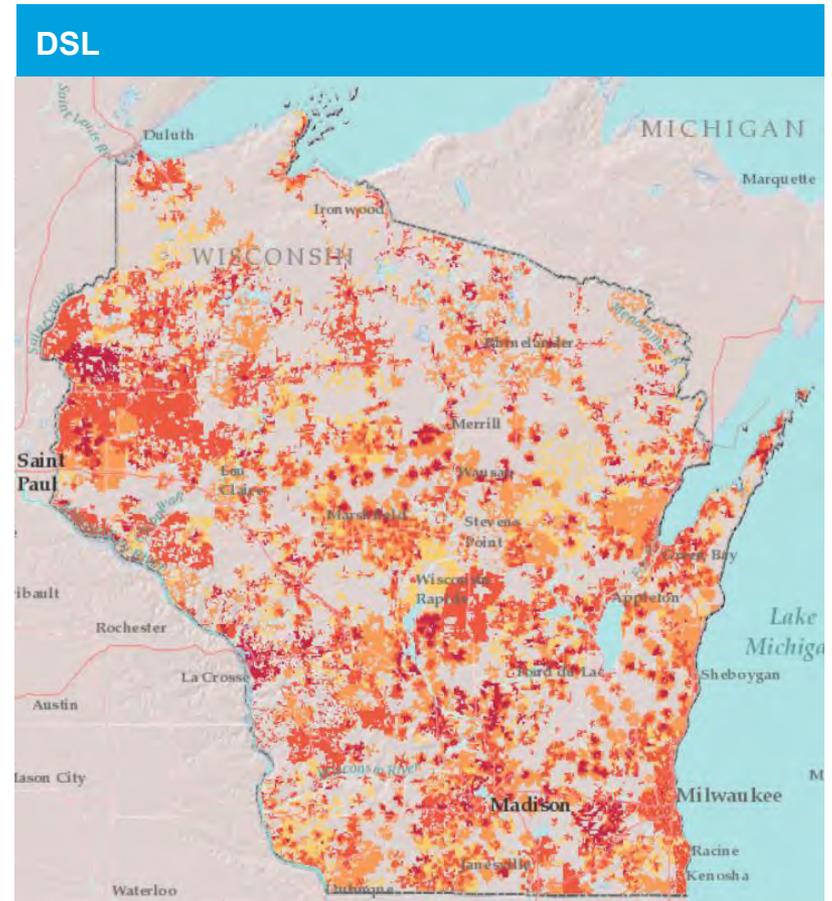
Source: LinkWISCONSIN Broadband Coverage Maps - <http://www.broadbandmap.wisconsin.gov/>



# Max Advertised Speeds of Copper Wireline and DSL Coverage



This map shows the maximum advertised download speeds of Copper Wireline services such as T1 and ISDN (excluding DSL) and xDSL service.



Note: These speeds are not typical speeds, but max advertised

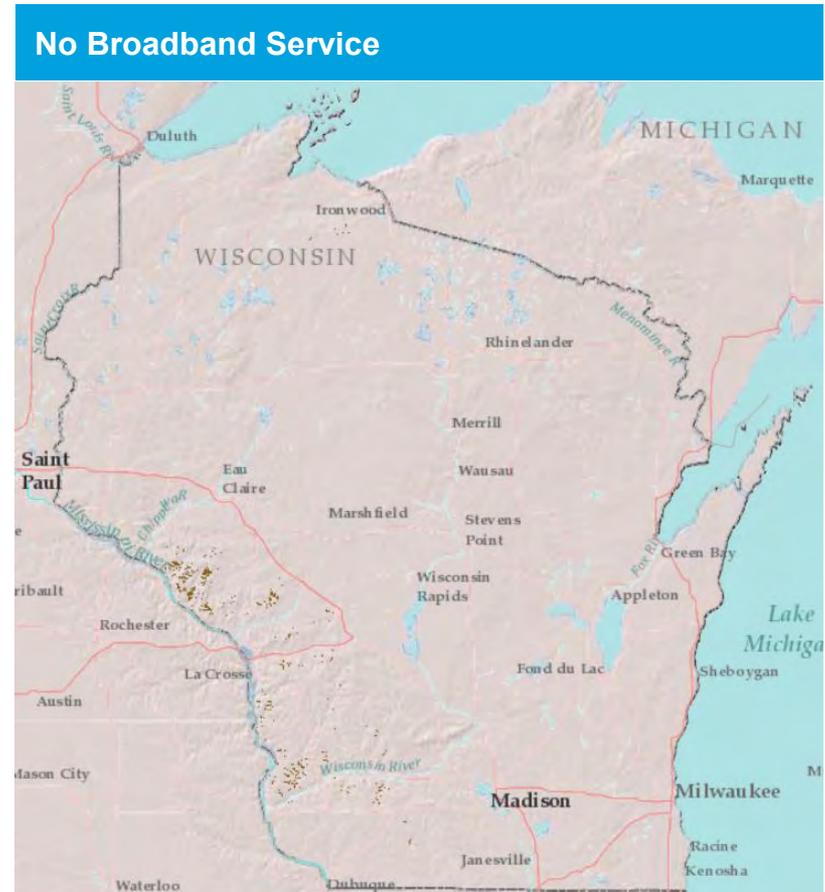
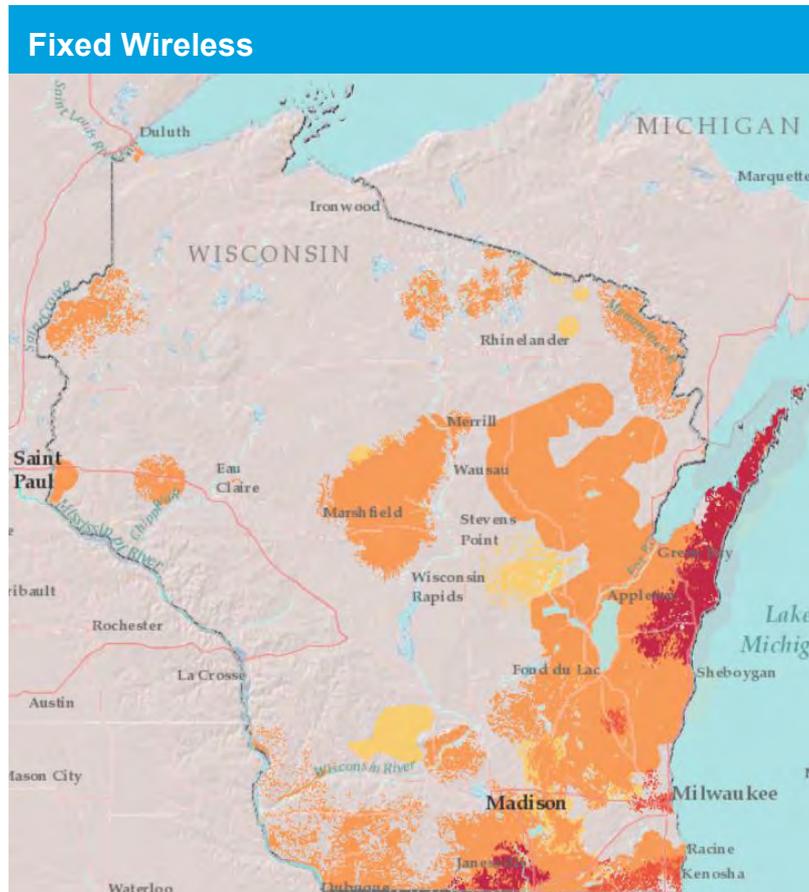
Source: LinkWISCONSIN Broadband Coverage Maps - <http://www.broadbandmap.wisconsin.gov/>



# Max Advertised Speeds of Fixed Wireless and Areas of No Broadband Coverage



This map shows the maximum advertised download speeds of Fixed Wireless services and areas of No Broadband Coverage.



Note: These speeds are not typical speeds, but max advertised

- 200 - 768 kbps
- 768 kbps - 3 mbps
- 3 - 10 mbps
- 10 - 25 mbps
- Greater than 25 mbps

- No Broadband Coverage

# State Asset Catalog



# Wisconsin Health IT Asset Catalog

## Public Health and Clinical Data Registries

- Wisconsin Public Health Information Network (WiPHIN)
- Wisconsin Electronic Disease Surveillance System (WEDSS)
- Wisconsin Cancer Reporting System
- Electronic Laboratory Reporting
- BioSense 2.0 (syndromic surveillance ADT HL7 message data)
- Wisconsin Immunization Registry
- Secure Public Health Electronic Record Environment (SPHERE)
- WCHQ

## Provider Directory

- Caregiver Regulation Information System
- ASPEN Licensing Information System
- Adult Programs Information System
- Emergency Medical Services System
- ForwardHealth interChange and Portal
- Facility Licensing and Certification System
- Wisconsin Medical Society (WMS)
- WCHQ
- WHIO
- WISHIN

## Providers

- Long Term Care Functional Screens
- Progress Notes / Treatment Planning Sys (TxMS)
- HMS System
- Ambulatory and hospital EHRs
- Wisconsin Statewide Health Information Network (WISHIN)
- Wisconsin Hospital Association Information Center (WHAIC)
- Wisconsin Collaborative for Health Care Quality (WCHQ)

## Quality Reporting Services

- WCHQ
- Medical Assistance Provider Incentive Repository
- WHAIC

## Data Repository/Warehouse

- Medicaid Decision Support System/Data Warehouse (DSS/DW)
- Wisconsin Primary Health Care Association (WPHCA)
- WCHQ
- WISHIN
- WHIO
- WHAIC

## Individual Identification and Matching

- DHS Master Customer Index
- Statewide Vital Records Information System (SVRIS)
- WI CARES
- WISHIN
- WHIO
- WCHQ

## Notification Services

- Public Health Surveillance Communication System Partner Communications and Alerting
- WISHIN notifications on hospital admissions

## Payers

- LTC (DDES) Encounter Reporting
- Pharmacy Point of Sale
- ForwardHealth interChange
- Wisconsin Health Information Organization (WHIO) data mart

## Analytics Tools

- WiPHIN Analysis, Visualization and Reporting
- WHIO

# Stakeholder Interviews

# Nine Statewide Stakeholder Organizations Interviewed



## Provider Member

- Wisconsin Hospital Association (WHA)
- Wisconsin Medical Society (WMS)
- Wisconsin Primary Care Association (WPHCA)

## Data Aggregators

- Wisconsin Collaborative for Healthcare Quality (WCHQ)
- WHAIC
- Wisconsin Health Information Organization (WHIO)
- Wisconsin Statewide Health Information Network (WISHIN)

## Quality Improvement

- MetaStar

## ACO Management

- Integrated Health Network (IHN)
- abouthealth



**Stakeholder Interviews**  
Key stakeholders were interviewed to help fill in the informational gaps not satisfied through all other information gathering activities



# Stakeholder Feedback

Through discussions with these stakeholders we identified where there was consensus on the Health IT Landscape, where there were varying opinions, and what was of key importance.

## Areas of Common Consensus

- Need for Collaboration and Alignment
- Need for common definition of HIT and HIE
- Support for HIT, SIM Planning and Incentives

## Divergence Of Opinions

- Impact of Epic's dominance in Wisconsin
- Provider directory capabilities
- Unknown value of a centralized database for provider identification and credentialing
- Patient engagement needs and approach
- Payer participation in HIE
- Use of policy/regulatory levers

## Key Issues For Stakeholders

- Provider Registry/Directory
- Provider Attribution
- Disparities in HIT/HIE
- Barriers to IT infrastructure
- Best Value for the Investment



# Key Observations and Overarching Themes

## Areas of Common Consensus

- **Need for Collaboration and Alignment**
  - Penetration of data collection is high, but the ability to exchange data within or outside of systems is challenging.
  - WISHIN, WHIO, WHA and WCHQ are great efforts, but each have only slices of the data necessary for transformation of Wisconsin's healthcare system. There isn't any place where all the data is being collected, aggregated, and compared.
  - Because WISHIN, WHIO, WHAIC, and WCHQ are governed by overlapping board members there is substantial insight into each other's operations, and also concerns about divided resources and sustainability.
- **Need for common definition of HIT and HIE**
  - More than one stakeholder explained that it “depends on how you define them.”
- **Support for HIT, SIM Planning, and Incentives**
  - The work of the SIM Design Grant was set up in the right way, with the three transformation teams and the “supporting” (i.e. enabling) teams.
  - A lot of work went into the WI HIT Plan (2010 HIT Strategic and Operational Plan), don't reinvent the wheel but move forward.
  - Need incentives to encourage adoption of HIT with some provider types
  - Value-based healthcare payments will demand and require HIE.



# Key Observations and Overarching Themes

## Divergence of Opinions

- **Impact of Epic's dominance in Wisconsin**
  - Many see the dominance of Epic and the large number of integrated systems in WI using Epic as contributing factors to lower HIE adoption rates.
  - While Epic-to-Epic data exchange is growing, data exchange with providers on other EHR systems is very low, and there is skepticism by some about Epic's willingness to facilitate information exchange beyond their users.
  - Others believe that Epic will participate in more robust data exchange when their largest customers demand that functionality.
- **Provider directory capabilities**
  - There are varying opinions on what constitutes a provider directory and how it should be used.
  - Many organizations have directories with provider data, but there is not consensus on whether there is one entity with the most comprehensive directory.
- **Unknown value of a centralized database for provider identification and credentialing**
  - Some stakeholders are unsure of common credentialing as a value. Liability issues and trust were cited as reasons.



# Key Observations and Overarching Themes

## Divergence of Opinions (cont'd)

- **Patient engagement needs and approach**
  - Patient engagement is not a strong focus, but the reasons cited for ranking consumer health IT tools as a lower priority were different among organizations.
  - Some feel it is too early in the process to demonstrate success with engaging patients through technology.
  - Lack of consensus on the number or types of data elements needed for electronic patient matching
  - Political sensitivity on the use of data and privacy/security concerns.
- **Payer participation in HIE**
  - Some believe payers need to be active participants in the conversation around HIE, both to act as a financial contributor and to drive incentives for providers to participate (set policy).
  - Many providers are wary of giving payers access to data and have blocked initial efforts in this area.
- **Use of policy/regulatory levers**
  - Some feel regulations and rule-making are critical to help accelerate health transformation, others do not see the need for government interventions.
  - Medicaid needs to be a leader in setting policy and incentives to increase participation in HIT and HIE.
  - Value will drive investment, we should not mandate something or create alternatives where individuals will not find value.



# Key Issues for Stakeholders

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## Provider Registry/Directory

- **Creating a common provider registry/directory could be valuable as a shared service**
  - Support is predicated on policy levers (state and/or organizational policies) to ensure accuracy of directory is maintained; Medicaid would be a key stakeholder in this.
  - Clear incentives need to be defined for Wisconsin organizations to provide and maintain updated information.
  - There are a lot of partial registries across the state, it is unclear if it would be desirable/wanted to have one organization govern in part due to the pride of ownership.

## Provider Attribution

- **Difficult task due to varying views of the data and transient nature of providers/members**
  - This is a complex issue because of need to tie individuals to a number of different providers including ED, specialty and primary care.
  - Data on attribution often missing due to variations in what is captured in provider systems and claims.
  - Complicated to identify the source of truth for provider attribution data.
  - On payer side, tend to force attribution based on claim rather than primary care.
  - The patient-centric view is often missing.



# Key Issues for Stakeholders

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## Disparities in HIT/HIE

- **There is a gap between the technology haves and have-nots – usually distinguished by size of organization**
  - Hospitals and larger organizations are fairly well covered, with some challenges related to geographic location.
  - Smaller clinics are slower to develop/use EHRs due to resource limitations and staff knowledge about HIE opportunities.
  - Behavioral Health systems have been slower to adopt as they have been left out of federal incentives and the increased sensitivity around their data.
  - Chiropractors and dentists are a big opportunity area.
- **Value proposition of HIE in Wisconsin is difficult due to the integrated nature of the health care landscape**
  - The high concentration of one vendor allows many providers to use their solution for health information exchange.
  - Larger integrated delivery networks are able to share information through their internal systems.



# Key Issues for Stakeholders

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## Barriers to IT infrastructure

- **Resource constraints limit ability to adopt of HIT/HIE**
  - Cost, staff time, competing priorities, infrastructure, education, and technical resources are all barriers to adoption – many believe their current methods are good enough and do not see the ROI.
- **Lack of incentives to share information**
  - Providers rely heavily on EHR vendors; however, EHR vendors have different incentives and timelines than providers.
  - The landscape in WI is an influencing factor, there is a lack of incentives around HIE, it is costly and providers do not fully understand the value.
- **Privacy and Security Concerns**
  - There is a great deal of concern about what happens to data once it is shared and who is liable for any data breaches.
  - Many organizations have set stringent policies around access to their data to protect patient data and the organization's risk.
  - Recent change to statute now allows for sharing of more sensitive behavioral health data, however organizations still need to adapt their individual policies to align with new laws.



# Key Issues for Stakeholders

## Best Value for the Investment

The “Magic Wand”



- **Integration of public mental health services/community care setting data with primary and inpatient care settings will provide more comprehensive data**
  - Need to include social determinants of health to gain full picture of the person and drive toward better outcomes.
  - Need to establish a shared vision on measurement to set consistent goals and incentives across the care continuum.
  - Consider patient-centric view of data and their experience.

**Q: What data elements would you collect that would enhance HIE and what are the barriers?**

**A:**

- **Socio economic variables**
- **Key data related to compliance and health care outcomes**
- **Total cost of care using allowed amounts (charged amounts are not of interest)**
- **Patient experience (not HCAPS), more ADL and pain level, return to work stuff**
- **LDL, triglycerides, screenings, BMI, blood pressure**



# General Comments

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- Wisconsin is unique, in many respects cutting edge and in other respects falling behind due to politics.
- The larger and more robust the data set, the more opportunity for improvement in the healthcare arena.
- Even if you collect data, folks don't know what to do with it.
- Generally, people would support more efficient use of information.
- Stakeholders could define what are ideal "shared services" for Wisconsin.
- Value will drive the investment; don't want to mandate something or create alternatives that people wouldn't find value in.
- Work that comes out of Madison and Milwaukee tends to be focused on those areas and doesn't necessarily involve the perspective of rural areas. That's a challenge with IT work if those patients are not included.





# Stakeholder Innovations

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## WHIO

- Launched myhealthwisconsin.com with a tiered rollout.
- Making improvements to site before conducting a broad communications effort, to make sure consumers will see value and return.
- Designed to let consumers know about how much a procedure will cost.
- Conducting a health literacy campaign/research.

## WISHIN

- Immunization pilot underway, with EHR option to query immunization registry. Next considerations are a cancer registry with pediatric and young adult, stroke registry.
- Use of WISHIN is increasing as the data in the system has grown; ADT transactions grew by almost 10 million in just one month
- Linking to other systems (IIS, PDMP, pharmacy data from Medicaid) and pharmacy data will be coming in file from state 2/x a day.
- Will soon have enough data for patient matching to populate CHR with prescription fill info for Medicaid patients.
- Setting up a real-time query of PDMP database, however PDMP data itself is not real-time (~ 7 days old).
- Expansion goals include nursing home, geographies, data between providers and payers.

## WHA and WCHQ

- Collaboration (Physician Compass) to provide publicly reported hospital and ambulatory data.



# Areas of Inquiry

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1. From your perspective, what is the current status of data collection, quality monitoring and reporting among Wisconsin providers?
2. From your perspective, what is the current status of HIE among Wisconsin providers?
3. What do you see as barriers to developing the necessary health IT infrastructure across Wisconsin to support healthcare transformation?
4. Apart from federal and state laws around substance abuse treatment, what are other specific (technical, cultural, business) barriers to exchanging data between providers in behavioral health and primary care settings?
5. What do you see as opportunities/“low-hanging fruit” to help make immediate progress to expand HIE and HIT services across the state (broadly defined, i.e., use of EHRs, telehealth, various health information exchange services, quality measurement and reporting services, provider and patient identification, etc.?)
6. Approximately how many different EHR systems are being used by providers participating in your ACO network(s)?
7. How is your organization approaching the integration of disparate EHR systems for purposes of exchanging/sharing health information for care coordination?
8. What methods of electronic health information exchange/sharing is your organization supporting for networked providers and what percentage of networked provider organizations are using electronic HIE as a regular part of their workflow?
9. How is your organization accessing data from EHR systems for purposes of risk stratification and/or quality measurement?
10. Does your organization have a reliable provider directory for electronic data exchange purposes?
11. How is your organization approaching provider-patient attribution and are you using any electronic tools in your approach?
12. How is your organization approaching patient identification and matching across the networked providers in your organization?
13. Are there other technology tools that your organization is using or considering to provide better care and manage care for the populations you are serving?
14. From your perspective, what is the current status of data collection, quality monitoring and reporting among Wisconsin providers?
15. What are you seeing in the field working with systems using different vendors? What does the landscape look like?

# BH & LTC Survey Analysis

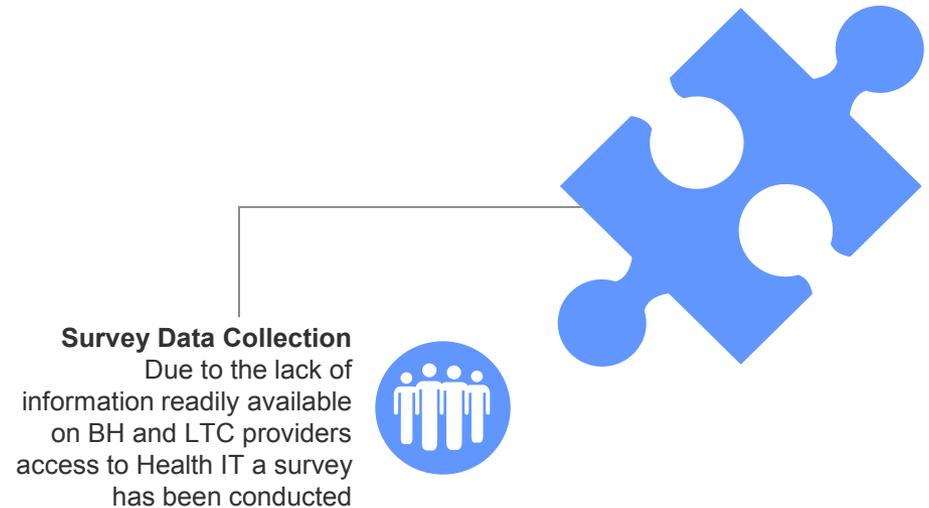
# Approach Overview



# Survey Goal: Assess HIT Current State, What's Needed

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- Create understanding of current capabilities of Wisconsin's long-term and behavioral health providers to:
  - Capture health information electronically
  - Share health information electronically
- Learn what information healthcare providers think they need to improve the quality and value of delivering care and services
- Areas assessed include:
  - Characteristics of survey population
  - EHR adoption – level, challenges, benefits
  - HIE integration – level, challenges, benefits
  - Clinical data needs of BH, LTC communities





# Survey Distribution

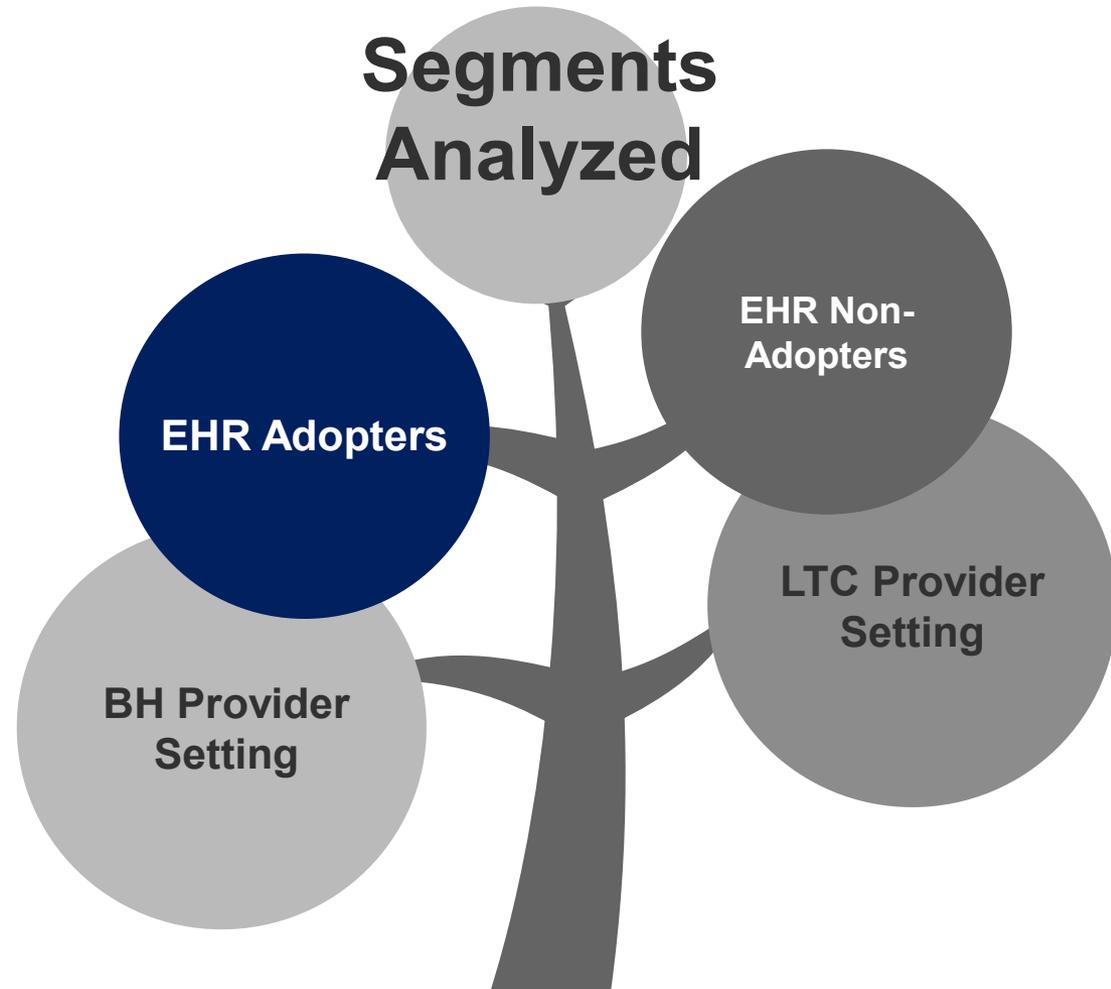
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- Targeted behavioral health and long term care providers that provide care and services to individuals with both public and private insurance coverage in Wisconsin.
- For efficient collection of data in SurveyMonkey, email addresses were used to distribute surveys
- Distributed through use of email list serve provided by the Department of Health Services and through distribution by professional organizations to their membership
- Below are the organizations that were asked to send out the survey:
  - Hospice Organization and Palliative Experts of Wisconsin
  - Professional Homecare Providers of Wisconsin
  - Rural Wisconsin Health Cooperative
  - Wisconsin Association on Alcohol and Other Drug Abuse
  - Wisconsin Association of Home Care
  - Wisconsin Association of Homes and Services for the Aging
  - Wisconsin Association of Medical Equipment Services
  - Wisconsin Health Care Association
  - Wisconsin Association for Home Health Care (WiAHC)
  - Wisconsin Medical Society
  - Wisconsin Optometric Association
  - Wisconsin OT/PT Association
  - Wisconsin Personal Services Association
  - Wisconsin Physical Therapy Association
  - Wisconsin Psychiatric Association
  - Wisconsin Speech/Language Pathology Association
  - Wisconsin County Human Services Association
  - Wisconsin Chapter, National Association of Social Workers
  - Wisconsin Psychological Association
  - Wisconsin Association of Marriage and Family Therapy
  - Wisconsin Health Care Association
  - Wisconsin Assisted Living Association
  - Wisconsin Hospital Association



# Analysis Methodology: Segmentation of Respondents

- The results of each survey question was analyzed at an aggregate level
- Then, responses were broken down by segments to allow for insights to be garnered around service setting and HIT use
- Focus was on understanding BH and LTC needs and what information is being captured





# Questions Posed to Assist Workgroup Develop Insights

## EHR Adoption and Use

What is the adoption rate of EHRs in these provider environments? What are the challenges/barriers to adoption and what do providers find most beneficial?

## Information Use

What types of data are BH and LTC providers using to manage care and services? How are they collecting it? Are BH and LTC providers sharing consumer/patient information amongst themselves? Who are they sharing with now and do they want to share with more/different providers? What information are they missing that could improve care?

## Integration of HIE

Are providers supplementing their EHR or paper-based records with data provided through HIE? If not, why? Is accessing clinical and service data an organizational priority for BH and LTC providers?

## Additional Questions

What are the barriers to using and opportunities to improve HIT and HIE that SIM investments or policy could help transform?



# Data Considerations and Assumptions

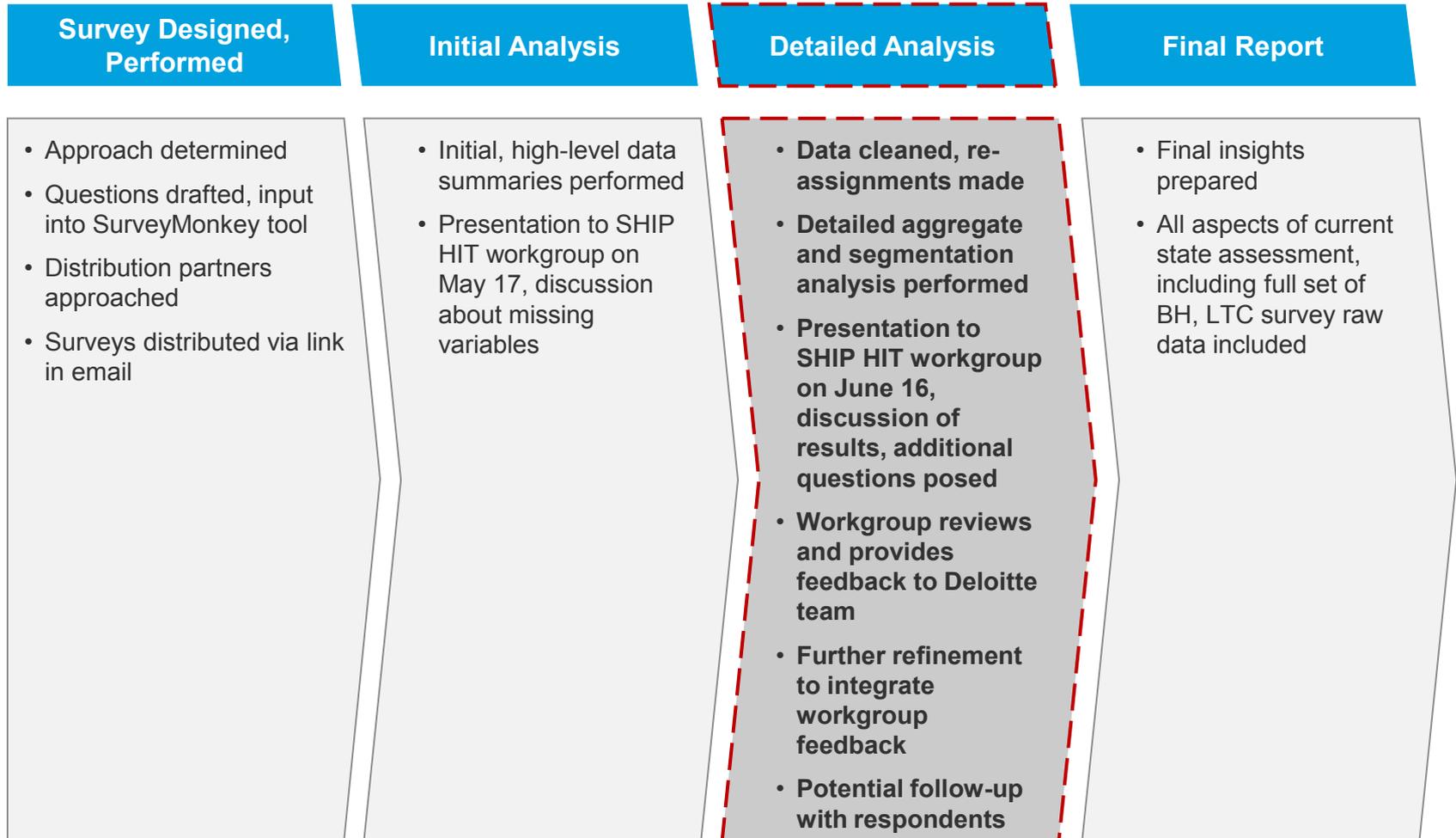
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- Survey methodology allowed for collection of quantitative and qualitative information; not meant as precise scientific measurement tool
- The aggregate denominator is unknown limiting our understanding of our response rate
- Two distinct surveys, but population of respondents likely overlaps, specifically County Human Service agencies, Tribal nations, RHC, FQHCs
- Presumption that if the targeted audience had no email, they likely are not using EHR
- Nature of HIT/HIE questions may have created confusion in responses, i.e. SharePoint and Excel usage cited as EHR tools
- Somewhat limited by how respondents classified themselves (community-based provider, ambulatory clinic), re-categorized to correct for errors and fit into defined categories when possible (but more may be needed before final report)



# Process and Deliverables for Current State Assessment

*Final report will include all analysis, insights based on SHIP HIT workgroup feedback and input*



# Characteristics of Survey Population

**Wisconsin Behavioral Health and Long-  
Term Care Providers**

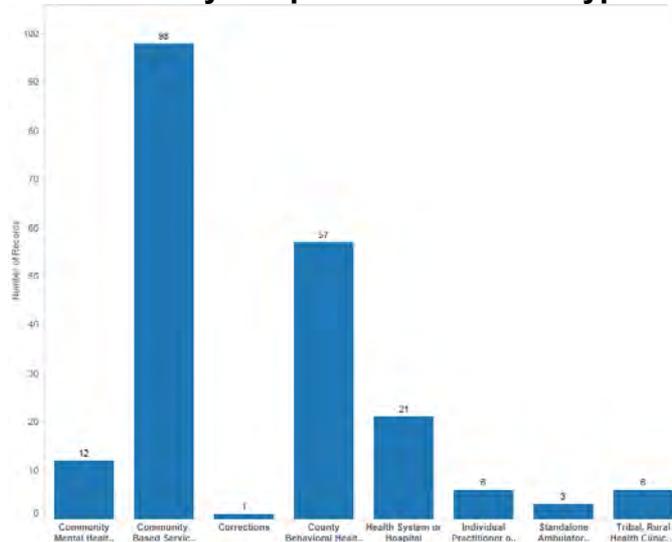


# Characteristics of Survey Populations

## Survey of Behavioral Health Providers

- 208 responses received
- 47% of respondents were community-based providers
- 37 of 72 county human services organizations completed survey
- Nearly half of providers offer outpatient mental health services
- 32% of providers report serve less than 100 consumers
- 16% report serving more than 1000

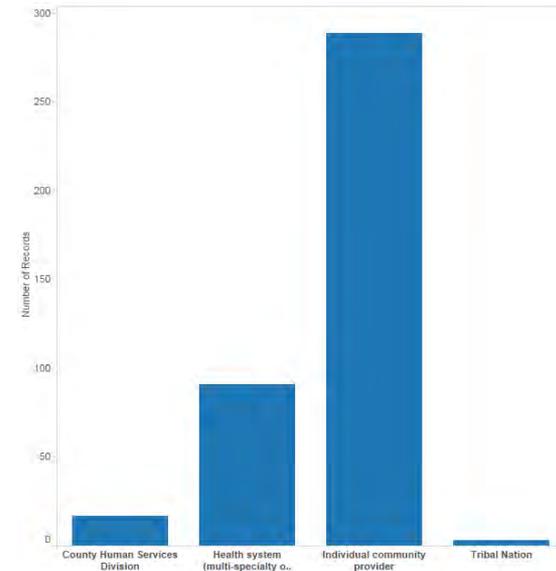
**BH Survey Respondent Provider Types**



## Survey of LTC Providers

- 400 responses received
- 72% of respondents were community-based providers
- 17 of 72 county human services organizations completed the survey
- 53% of providers report serve less than 100 consumers
- 10% report serving more than 1000

**LTC Survey Respondent Provider Types**

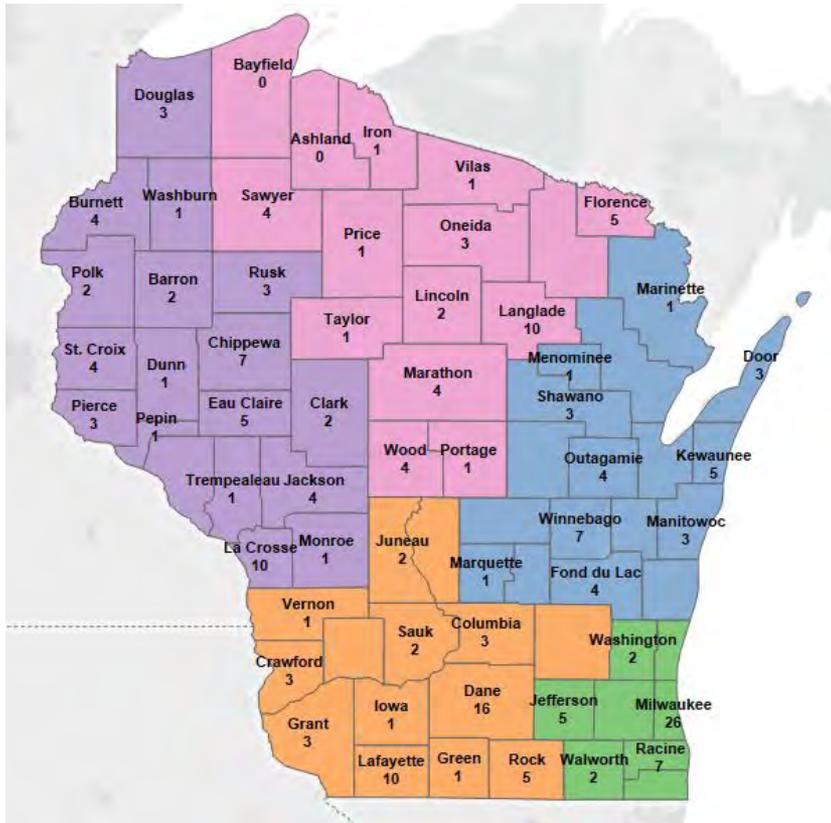




# Geomapping of Survey Populations

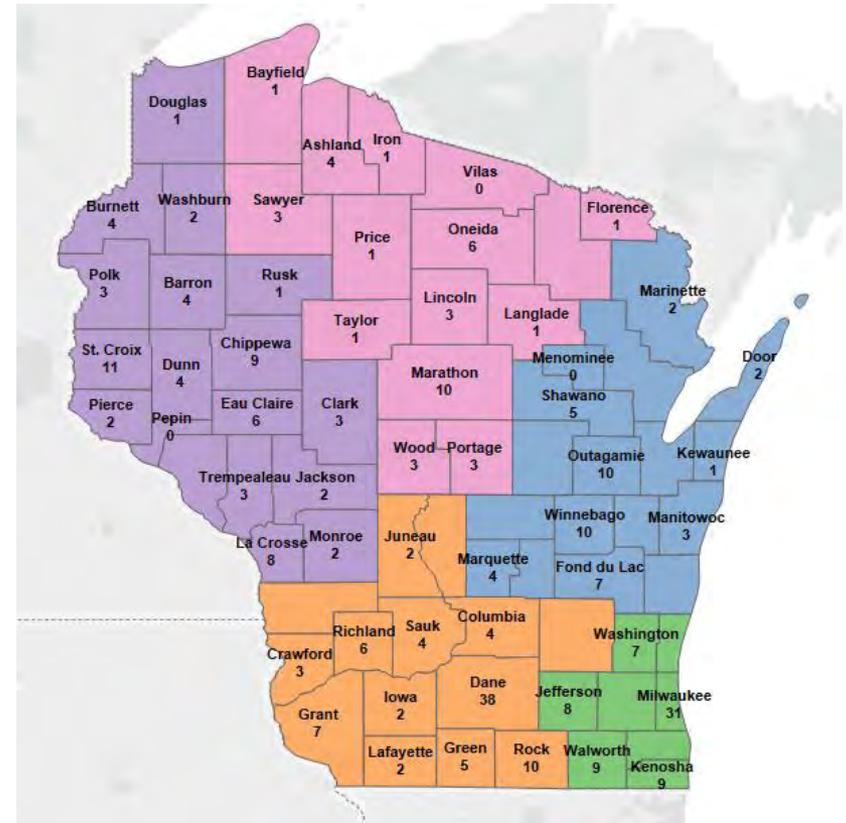
*Regions depicted align with DHS regions*

## Behavioral Health Providers



- Region**
- Northeastern - 52 Respondents
  - Northern - 41 Respondents
  - Southeastern - 57 Respondents
  - Southern - 50 Respondents
  - Western - 56 Respondents

## LTC Providers



- Region**
- Northeastern - 90 Respondents
  - Northern - 41 Respondents
  - Southeastern - 100 Respondents
  - Southern - 92 Respondents
  - Western - 67 Respondents

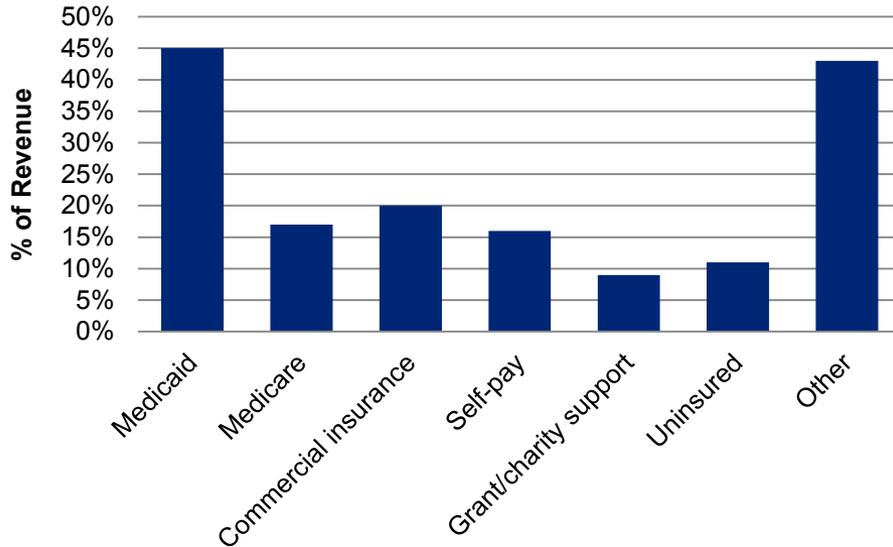


# Medicaid Primary Payer Reported by Respondents

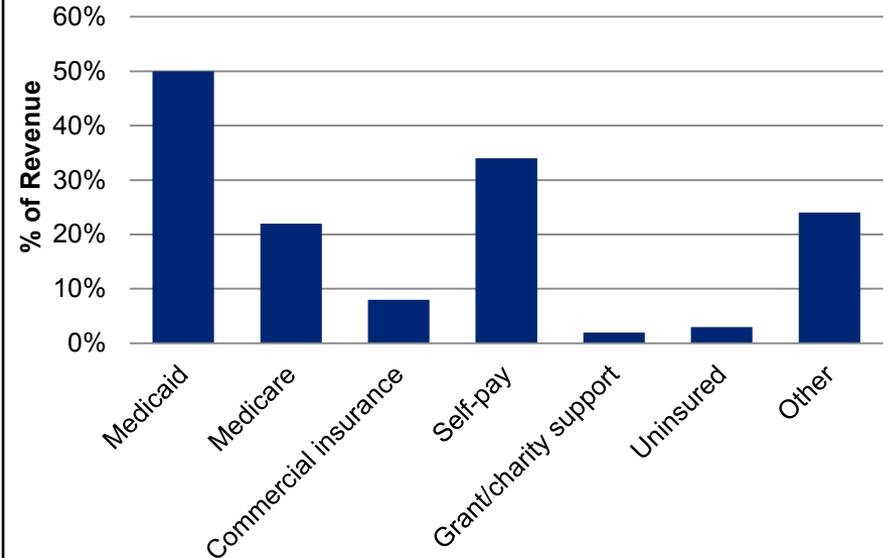
- ~30% of BH survey respondents (corrections facilities, individual providers) reported “other” payment sources
- Question, answer selection may have been source of confusion

## Estimated Payer Mix (Reported as a % of Revenue)

### BH Providers



### LTC Providers



# Survey Results

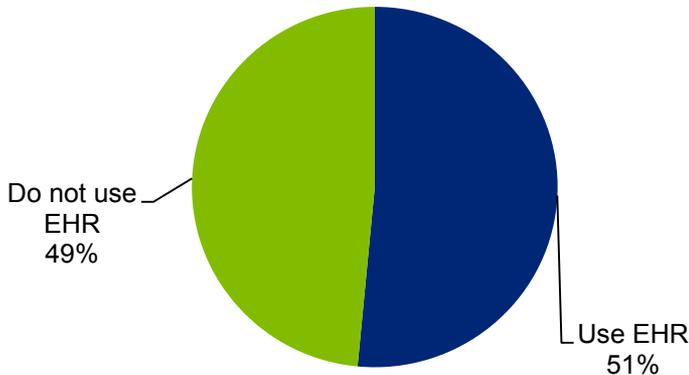
**Wisconsin Behavioral Health Providers**



# EHR Adoption in Behavioral Health Survey Population

*More than 50% of BH respondents report using an EHR*

## Percentage of Providers Reporting Use/Non-Use of EHRs n=208



\*2% did not provide response

## Percent of Providers Reporting EHR Adoption

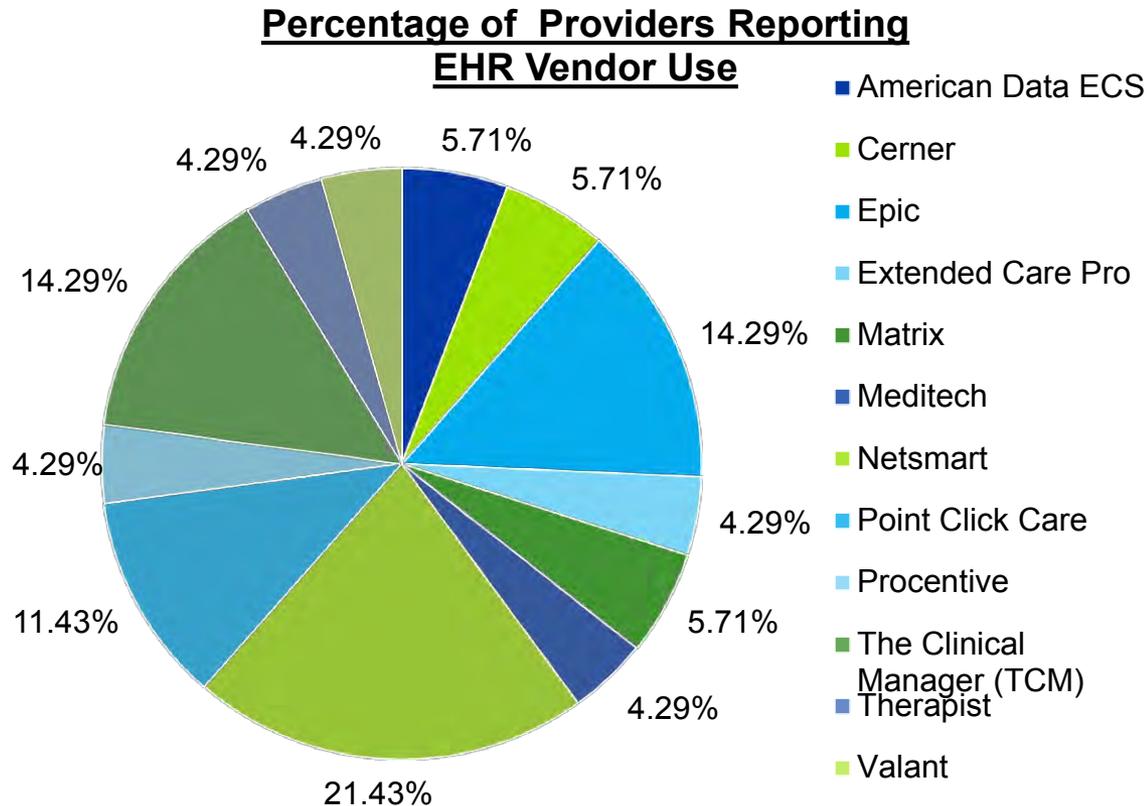
|                                      |                       |
|--------------------------------------|-----------------------|
| Community Mental Health Clinic       | 69%                   |
| Community-Based Service Provider     | 34%                   |
| County Behavioral Health Division    | 57%                   |
| Health System or Hospital            | 91%                   |
| Individual Practitioner or Clinician | 0%<br>(5 reporting)   |
| Standalone Ambulatory Clinic         | 100%<br>(3 reporting) |
| Tribal Nation, RHC, or FQHC          | 100%<br>(6 reporting) |





# EHR Vendor Penetration in BH Survey Population

*Netsmart is the most used EHR vendor reported by BH respondents*



- There were 12 EHR vendors most frequently listed by behavioral health survey respondents
- Not all respondents who indicated they used an EHR identified their product
- Some respondents listed systems such as SharePoint and LocusNotes, indicating a lack of understanding of what constitutes an EHR

**Of the reported EHRs being used, only five respondents provided the CMS EHR Certification ID**



# BH Provider Experience with EHRs

*Majority of those using an EHR have been doing so for more than 3 years*

- 91% use them for some/all patients
- 97% of providers with EHRs use their tools to interface with their accounting/billing systems
- 35% interface with their Practice Management Systems
- 14% interface with payroll

| Percentage of Providers Reporting Length of Time EHRs in Use | 0-12 mos. | 13-24 mos. | 25-36 mos. | >3 years |
|--|-----------|------------|------------|----------|
| CMHC   | 0%        | 11%        | 33%        | 56%      |
| Community-Based Service Provider                             | 7%        | 28%        | 3%         | 62%      |
| County BHD   | 9%        | 26%        | 18%        | 47%      |
| Health System/ Hospital                                      | 0%        | 5%         | 11%        | 84%      |
| Ambulatory Clinic  | 0%        | 0%         | 67%        | 33%      |
| Tribal, RHC or FQHC  | 17%       | 33%        | 17%        | 33%      |

| Percentage of Providers Reporting EHR Integration with Other Systems | Acct / Billing | Practice Management | Payroll |
|--|----------------|---------------------|---------|
| CMHC   | 69%            | 23%                 | 15%     |
| Community-Based Service Provider                                     | 16%            | 3%                  | 1%      |
| County BHD   | 40%            | 16%                 | 5%      |
| Health System/ Hospital  | 76%            | 43%                 | 10%     |
| Ambulatory Clinic  | 100%           | 33%                 | 33%     |
| Tribal, RHC or FQHC  | 67%            | 17%                 | 17%     |

\*No responses provided by corrections agencies or individual practitioners or clinicians



# BH Provider Experience with EHRs - Challenges

*Initial cost, staff education and training among higher rated challenges*

- Top challenge reported by CMHCs, community-based service providers and hospital/health systems was staff education
- For County BHDs, initial cost ranked highest followed by lack of technical resources



\*No responses provided by corrections agencies or individual practitioners or clinicians

\*Respondents asked to rank each challenge listed from 1-3, blank/no answer was allowed



# BH Provider Experience with EHRs - Benefits

- Top benefits of all EHR adopters were improved
  - Staff coordination
  - Improved safety
  - Ability to remotely monitor patient needs
- Community-based services providers reported improved safety ranked highest followed by improved health outcomes as top benefits



\*No responses provided by corrections agencies or individual practitioners or clinicians

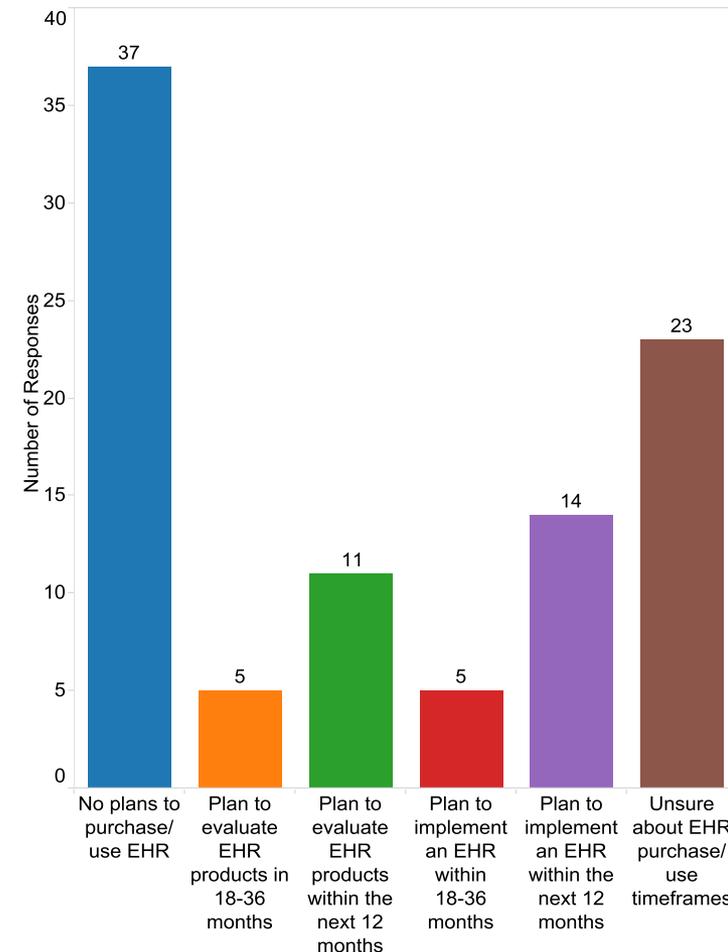


# Experience of Providers Without EHRs

*Cost to implement and maintain an EHR was top ranked reason for non-adoption; 37% reported no plans to purchase or use an EHR in the future (99% are community service providers or individual practitioners)*

| Percent of Providers Reporting Non-Adoption |                      |
|---|----------------------|
| Community Mental Health Clinic              | 31%                  |
| Community-Based Service Provider            | 66%                  |
| County Behavioral Health Division           | 43%                  |
| Health System or Hospital                   | 10%                  |
| Individual Practitioner or Clinician        | 100% (5 data points) |

**Timeline to Assess/Adopt EHR for Non-EHR Adopters**



## Top Reasons Reported for EHR Non-Adoption

| Rank | Reason                                |
|------|---------------------------------------|
| 1    | Cost to implement and maintain an EHR |
| 2    | Lack of internal technical resources  |
| 3    | Not a priority for management         |
| 4    | Provider resistance                   |

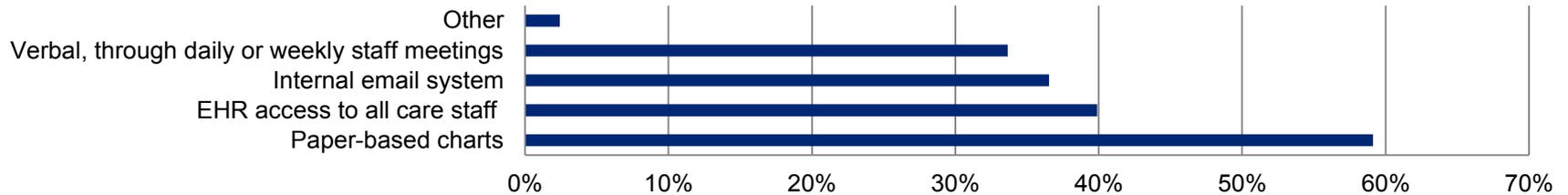
\*60% of respondents rated cost to implement and maintain an EHR as the top reason for EHR non-adoption



# Sharing Consumer Information within the Organization

*Nearly 60% of BH Providers use paper-based charts, including 39% of EHR users*

## Percent of Providers Reporting Methods Used to Share Consumer Clinical Hx, Care Service Information within the Organization (n=185)

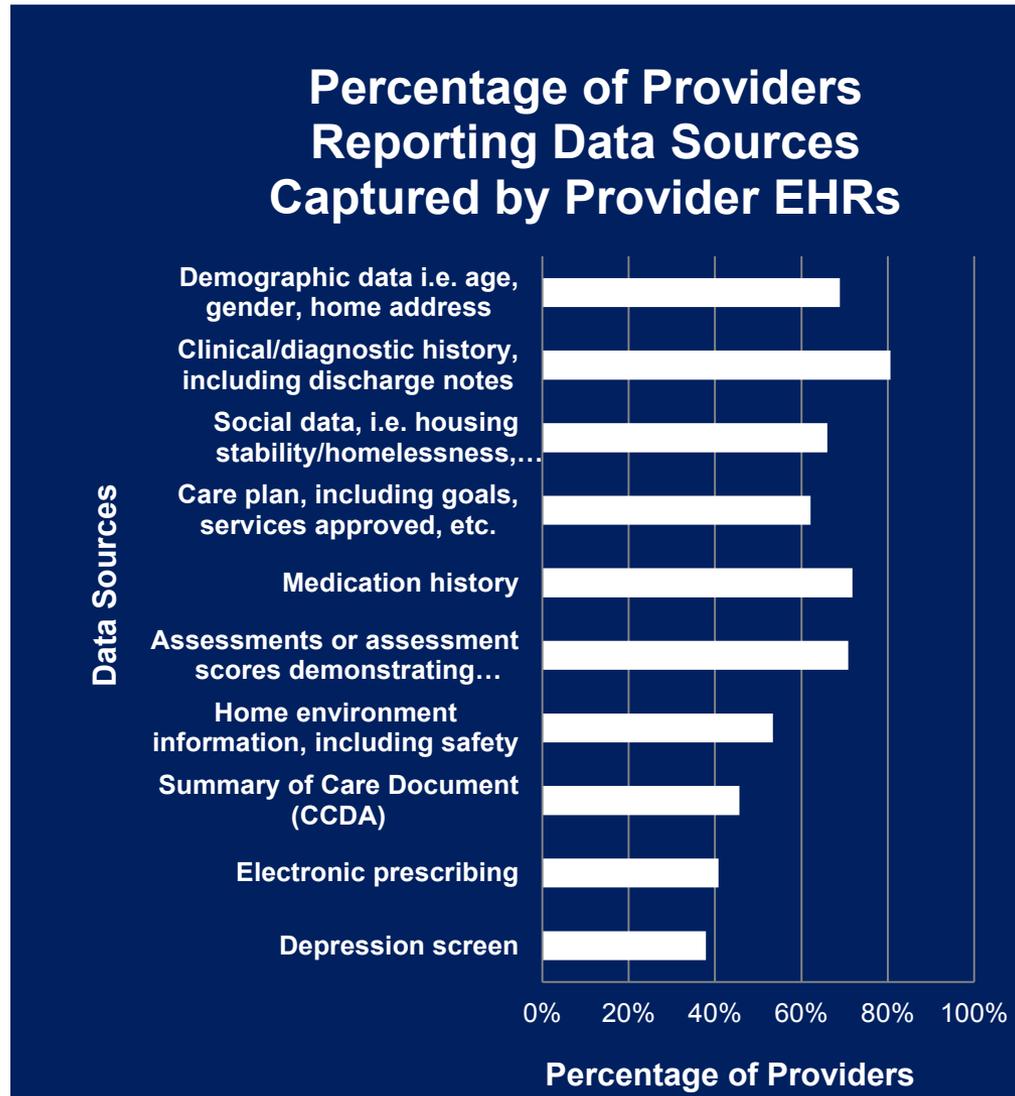


| Percent of Providers Reporting Methods by Which they Share Information | Paper-based charts | EHR access to all care staff | Internal email system | Verbal, through daily or weekly staff meetings | Verbal, through impromptu conversations, as needed |
|--|--------------------|------------------------------|-----------------------|--|--|
| Providers with EHR   | 37.86%             | 74.76%                       | 42.72%                | 34.95%   | 58.25%   |
| Providers not using EHR  | 83.00%             | 5.00%                        | 31.00%                | 32.00%   | 61.00%   |
| Community Mental Health Clinic   | 53.85%             | 46.15%                       | 23.08%                | 46.15%   | 69.23%   |
| Community-Based Service Provider                                       | 43.00%             | 19.00%                       | 23.00%                | 18.00%   | 40.00%   |
| County Behavioral Health Division                                      | 49.12%             | 45.61%                       | 47.37%                | 38.60%   | 59.65%   |
| Health System or Hospital  | 50.00%             | 77.27%                       | 54.55%                | 31.82%   | 63.64%   |
| Individual Practitioner or Clinician                                   | 100.00%            | 0.00%                        | 33.33%                | 33.33%   | 66.67%   |
| Standalone Ambulatory Clinic   | 50.00%             | 100.00%                      | 50.00%                | 100.00%  | 50.00%   |
| Tribal, RHC, FQHC  | 66.67%             | 100.00%                      | 16.67%                | 66.67%   | 83.33%   |



# Data In – Data Out: EHR User Data Capture Experience

*Over 70% of BH Providers using EHRs collect medication, assessment, clinical info*

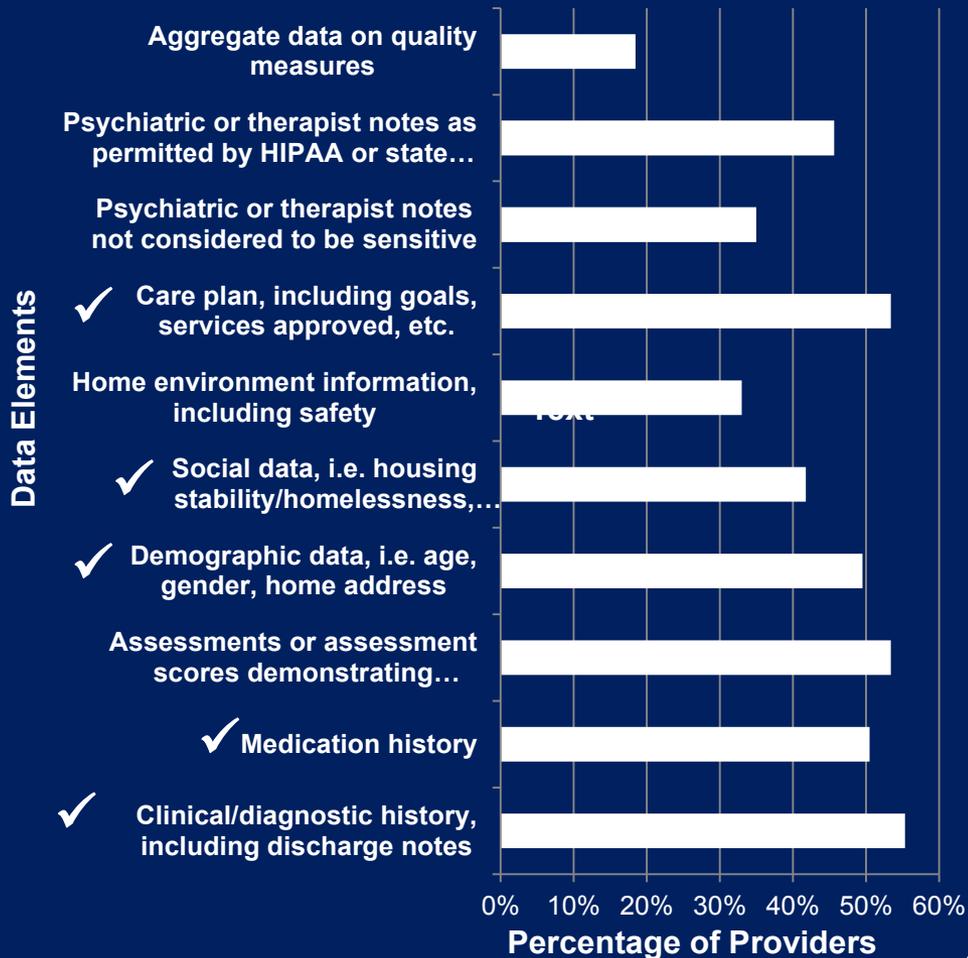


# Data In – Data Out: EHR User Data Distribution Experience



*71% of EHR users send individual consumer information outside of their organization*

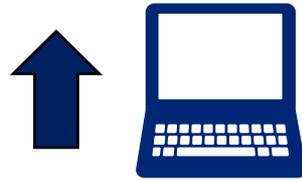
## Percentage of Providers Reporting Sending of Data Elements



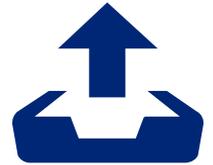
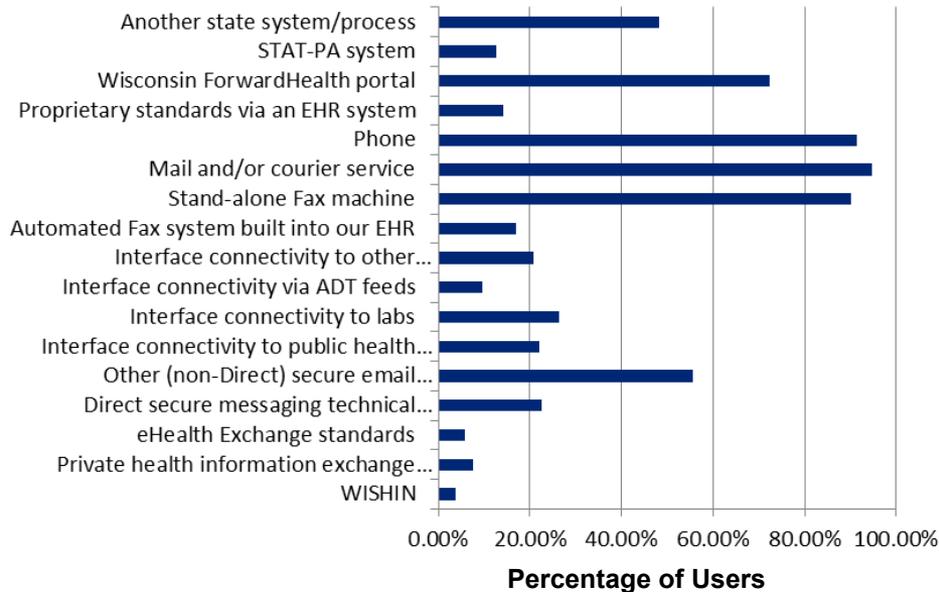


# Data In – Data Out: Methods of Sending Information

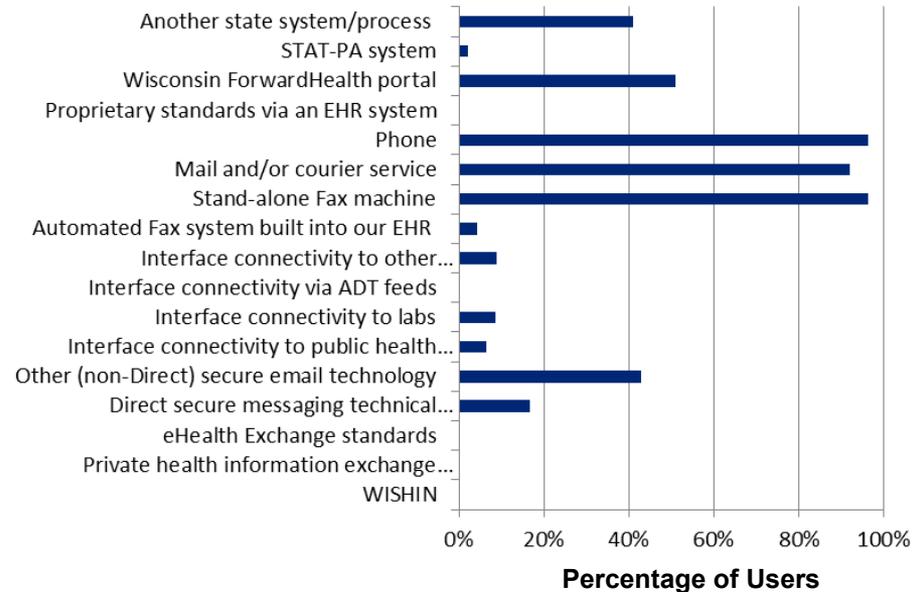
*Significantly higher use of WISHIN, private HIE network, and eHealth Exchange standards between EHR and non-EHR users*



## Percentage of EHR Adopters Reporting Using the Following Methods to Send Information



## Percentage of non-Adopters Reporting Using the Following Methods to Send Information

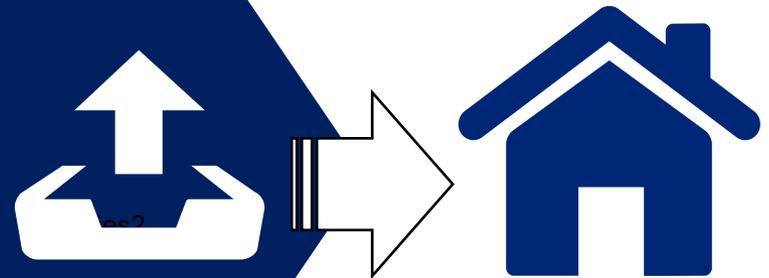
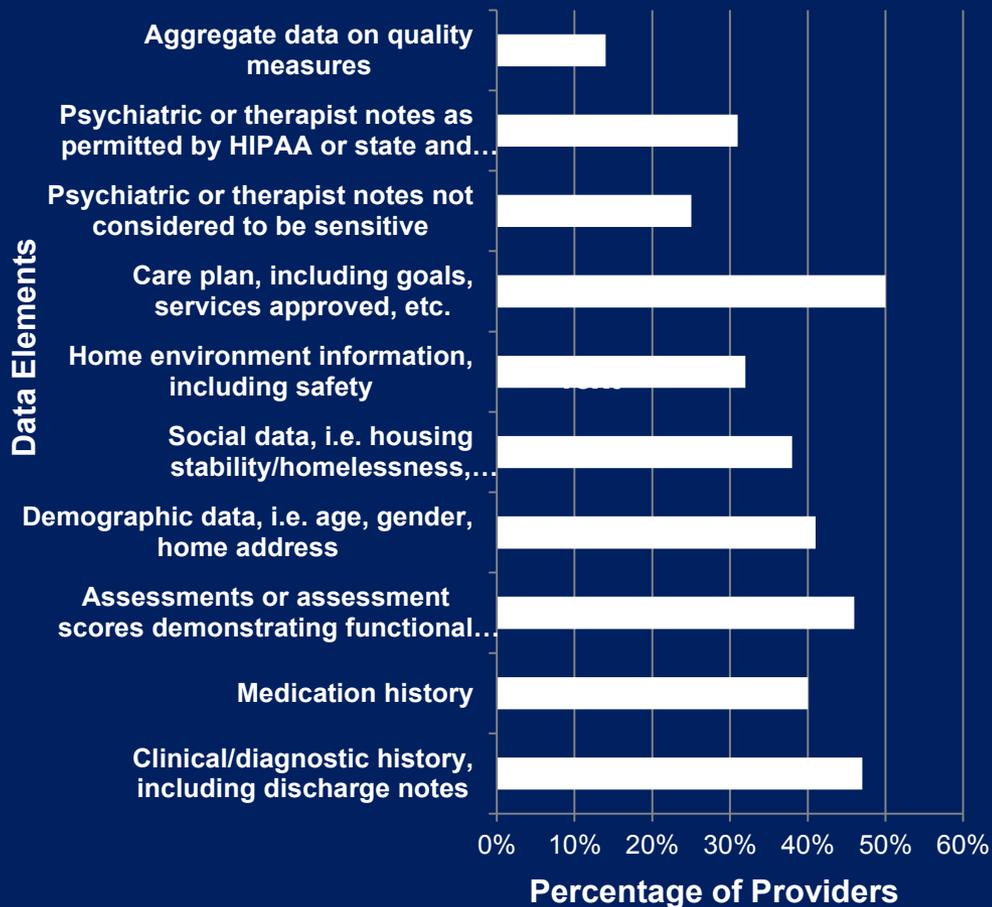


# Data In – Data Out: Non-EHR User Data Distribution Experience



*50% of Non-EHR Adopters send care plans to other providers*

## Percentage of Providers Reporting Sending of Data Elements





# Data In – Data Out: EHR Adopter Data Receipt Experience

*Clinical/dx history and current medications were consistently—across EHR users and non-users, and all provider types—the top most frequently received sources of data*



Data Sources

## Information Sources Received Most Frequently (by weighted average)

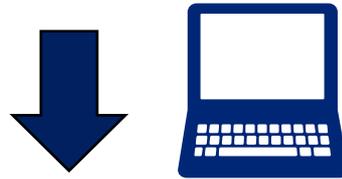


\*60% of respondents listed clinical/diagnostic history as the data element most often received

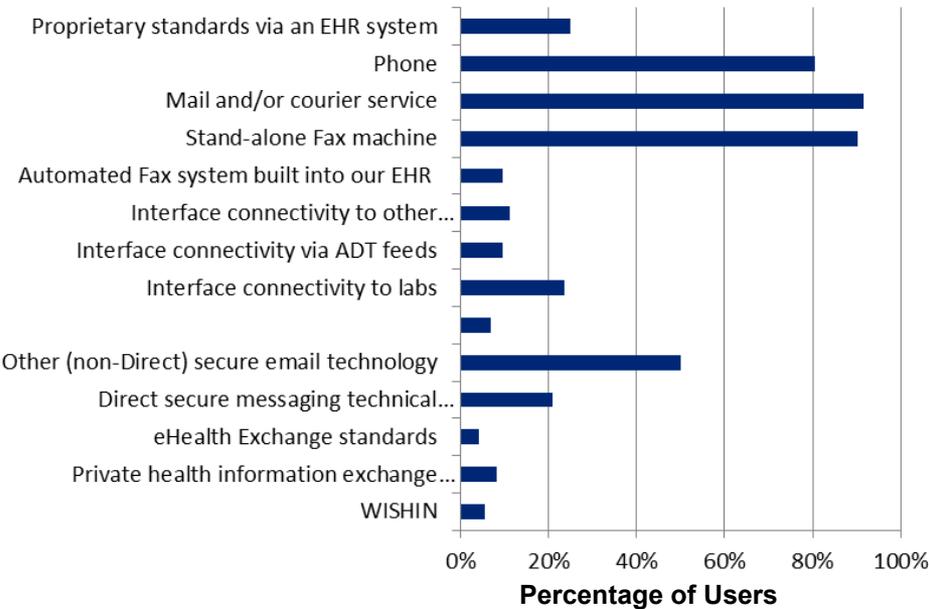


# Data In – Data Out: Methods Receiving Information

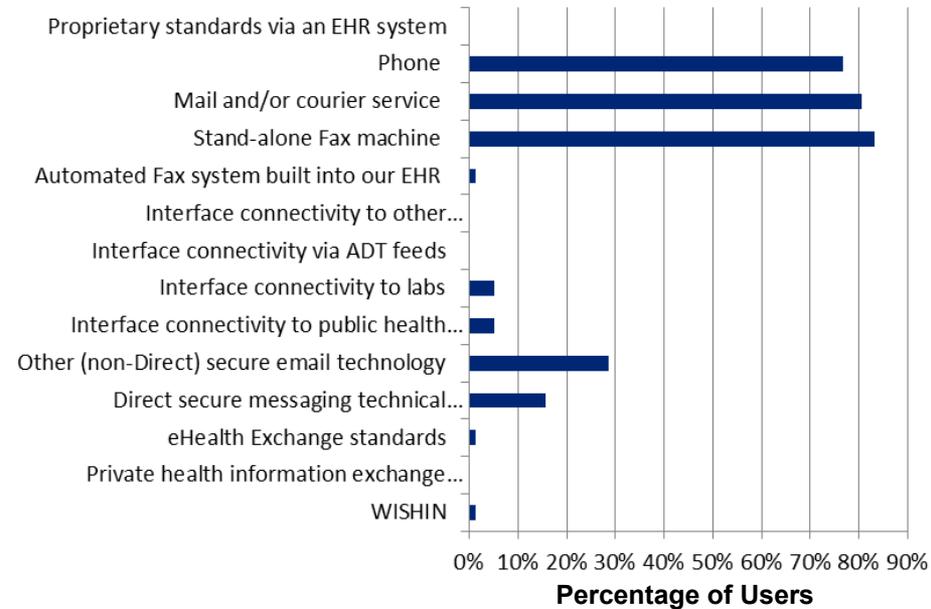
*Significantly higher use of WISHIN, private HIE network, and eHealth Exchange standards between EHR and non-EHR users*



## Percentage of EHR Adopters Reporting Using the Following Methods to Send Information



## Percentage of non-Adopters Reporting Using the Following Methods to Send Information

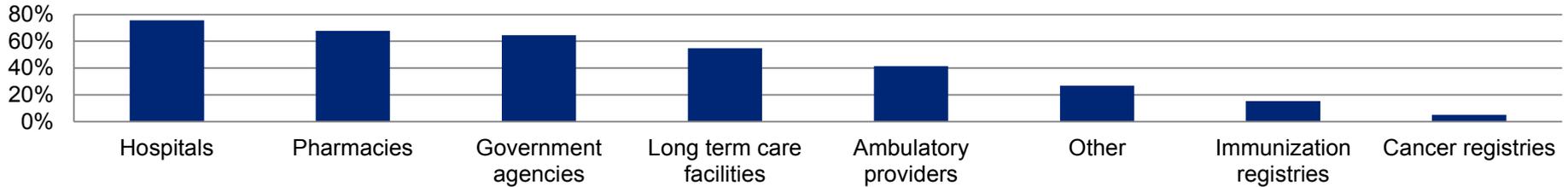


# Providers and Data Elements Critical in Delivering Services

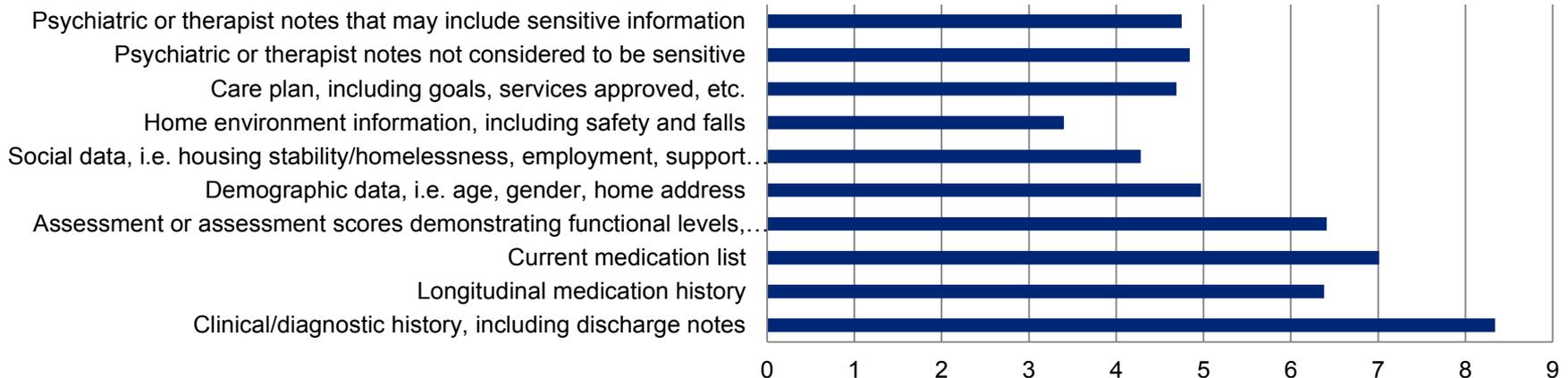


*76% of respondents report needing to exchange clinical data with hospitals, followed by pharmacies.; 46% reported wanting additional sources of data that would allow their providers to deliver better care*

## Percentage of Providers that Report Needing To Exchange Clinical Data with the Following Entities



## Ranking of Data Not Currently Received that Would be Helpful to BH Providers



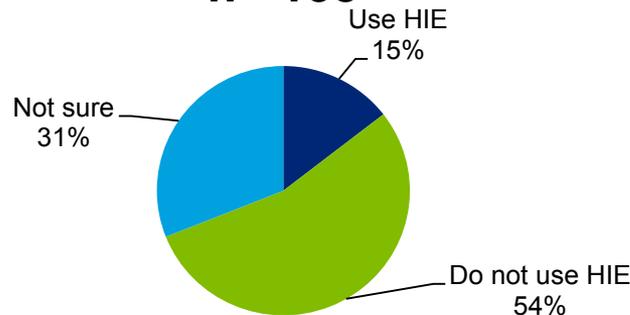


# HIE Use in Behavioral Health Survey Population

*The large majority of BH providers do not use HIE; those who have adopted an EHR have higher rates of HIE adoption*

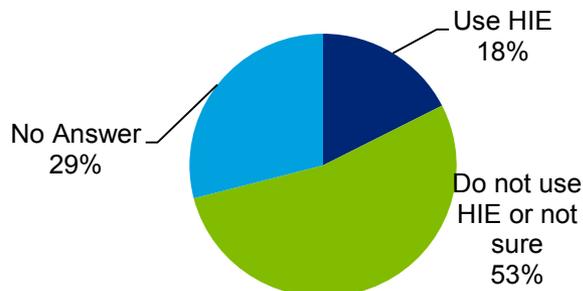
## Percentage of Providers Reporting Use/Non-Use of HIE

n= 158



## Percentage of EHR Adopters Reporting Use of HIE

n=73



| Organization Type                    | Use HIE                |
|--------------------------------------|------------------------|
| Community Mental Health Clinic       | 17%                    |
| Community-Based Service Provider     | 11%                    |
| County Behavioral Health Division    | 11.9%                  |
| Individual Practitioner or Clinician | 0%<br>(3 data points)  |
| Standalone Ambulatory Clinic         | 33%<br>(3 data points) |
| Tribal, RHC, or FQHC                 | 50%<br>(4 data points) |

## Top Barriers to Exchanging Health Information

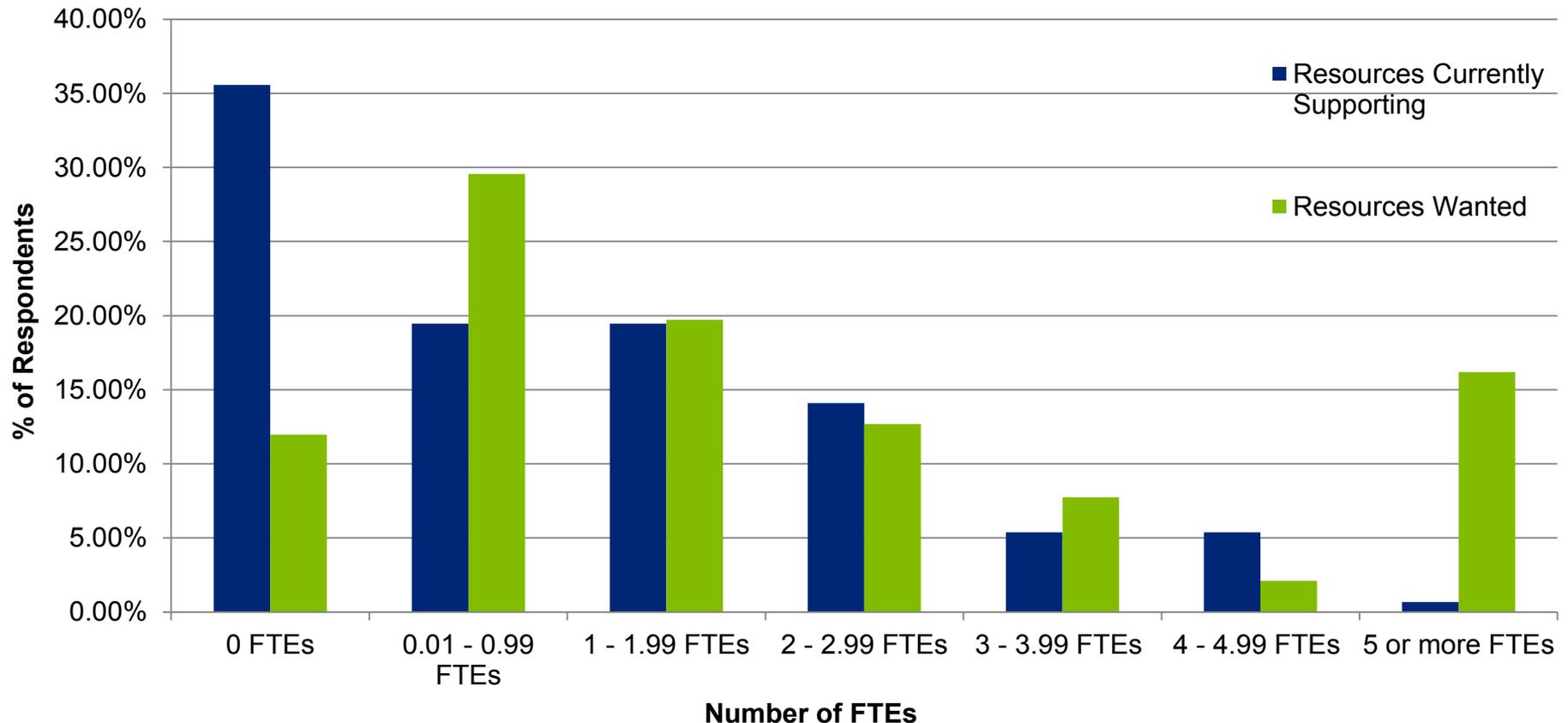
1. Concerns about privacy and security
2. Technology infrastructure not enabled to allow electronic information exchange
3. Information that can be exchanged doesn't meet needed use

# Resources for EHR and HIE Planning and Implementation Efforts



*Behavioral health survey respondents desire more resources for EHR and HIE planning and implementation*

## Percentage of Providers Reporting Resources Currently Supporting vs. Needed for EHR and HIE Planning/Implementation Efforts



# Survey Results

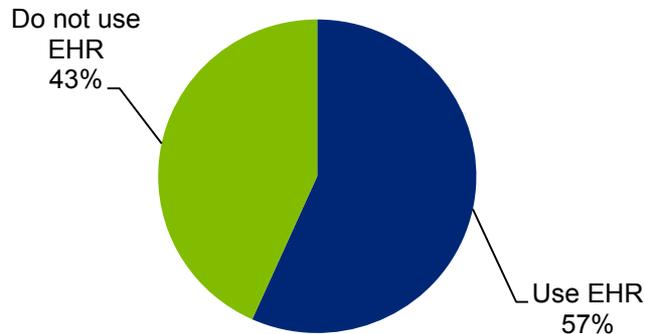
**Wisconsin Long-Term Care Providers**



# EHR Adoption in Long Term Care Survey Population

*More than 50% of LTC respondents report using an EHR*

## Percentage of Providers Reporting Use/Non-Use of EHRs (n=400)



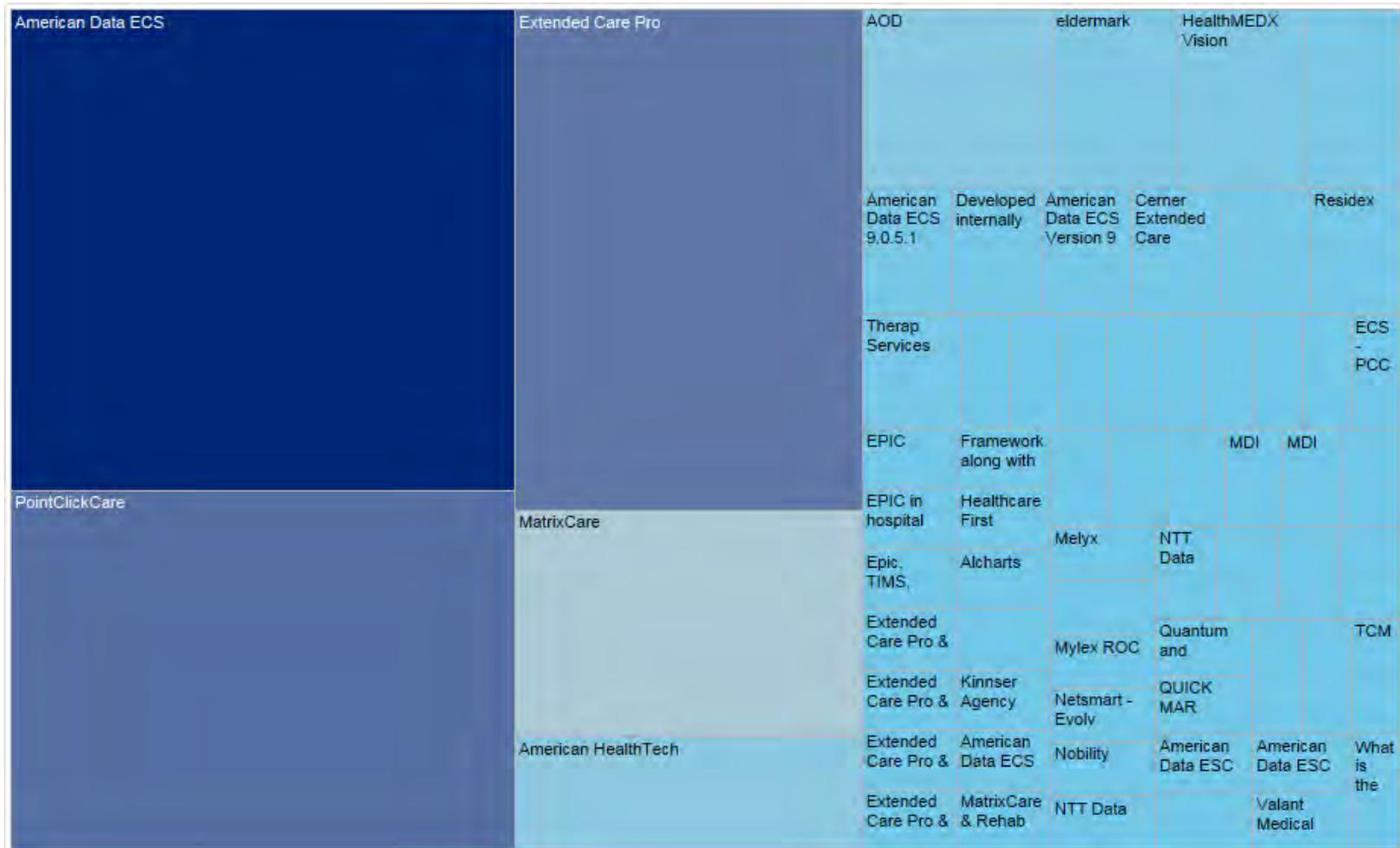
\*2% did not provide response

| Percentage of Providers Reporting EHR Use n=224   | Use EHR               |
|---|-----------------------|
| County Human Services Division                    | 50%<br>(16 reporting) |
| Health System (multi-specialty or multi-location) | 81%                   |
| Individual Community Provider                     | 49%                   |
| Tribal Nation                                     | 67%<br>(3 reporting)  |



# Body of Tools Used by EHR Adopters (LTC Providers)

The treemap below shows the volume of different EHR tools used by LTC providers. American Data ECS most used tool for LTC survey respondents.

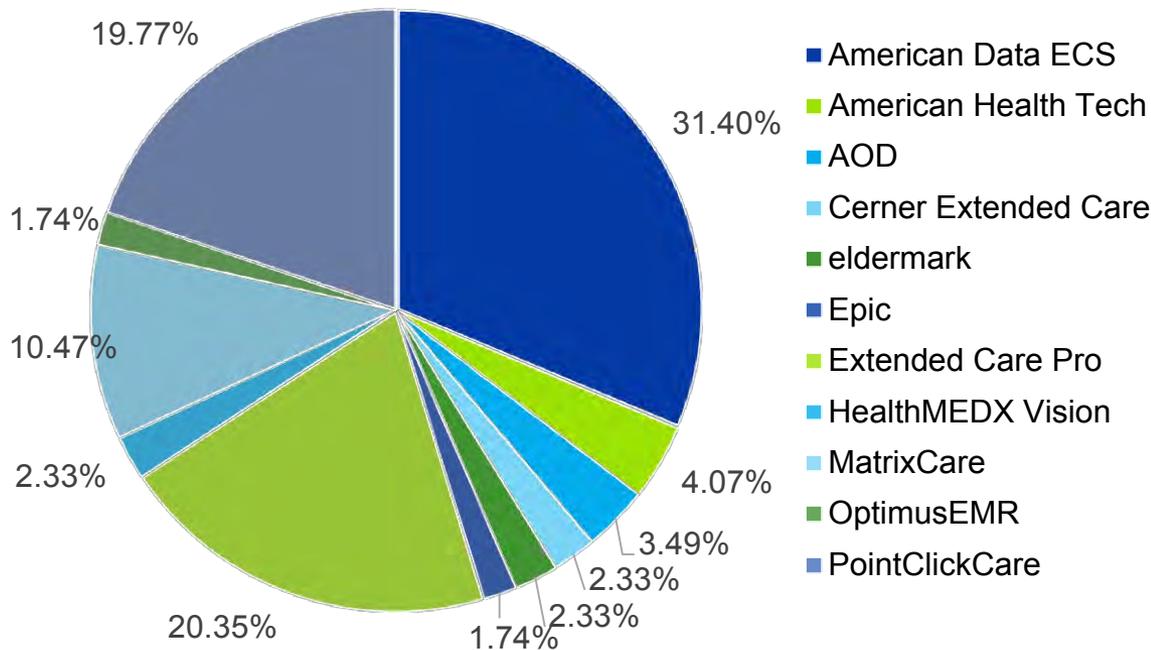


# EHR Vendor Penetration in Long Term Care Survey Population



*Of LTC Providers, American Data ECS is the most used EHR vendor*

## EHR Adopters Reporting EHR Vendor Use



- There were 11 EHR vendors most frequently listed by long term care survey respondents
- Respondents also listed that they had developed EHR systems internally
- Not all respondents who indicated they used an EHR identified their product

**Of the reported EHRs being used, only six respondents provided the CMS EHR Certification ID**



# LTC Provider Experience with EHRs

*Similar to BH Providers, the majority of LTC who adopted EHRs did so more than 3 years ago*

- 51% use them for some/all patients
- 32% of providers with EHRs use their tools to interface with their accounting / billing systems
- 4% interface with their Practice Management Systems
- 6% interface with payroll

| Percentage of Providers Reporting Length of Time EHRs in Use | 0-12 mos. | 13-24 mos. | 25-36 mos. | >3 years           |
|--|-----------|------------|------------|--------------------|
| County Human Services Division                               | 0%        | 0%         | 12.5%      | 87.5%              |
| Health System (multi-specialty or multi-location)            | 7%        | 8%         | 13%        | 72%                |
| Individual community provider                                | 16%       | 16%        | 11%        | 57%                |
| State-wide health provider regulator                         | N/A       | N/A        | N/A        | N/A                |
| Tribal nation  | 0%        | 0%         | 0%         | 100% (1 reporting) |

| Percentage of Providers Reporting EHR Integration with Other Systems | Acct / Billing | Practice Management | Payroll |
|--|----------------|---------------------|---------|
| County Human Services Division                                       | 23.5%          | 0%                  | 0%      |
| Health System (multi-specialty or multi-location)                    | 58%            | 8%                  | 7%      |
| Individual community provider  | 25%            | 2%                  | 6%      |
| State-wide health provider regulator (1 reporting)                   | 0%             | 0%                  | 0%      |
| Tribal nation (3 reporting)  | 33%            | 33%                 | 0%      |

\*No responses provided by corrections agencies or individual practitioners or clinicians



# LTC Provider Experience with EHRs - Challenges

*Top challenges reported include initial cost, staff education and training, maintenance costs*

Privacy, safety and security concerns was lowest rank challenge cited by EHR users



\*No responses provided by corrections agencies or individual practitioners or clinicians



# LTC Provider Experience with EHRs - Benefits

- Top benefits of all EHR adopters were improved
  - Saves staff time
  - Improvement in safety
  - Ability to remotely monitor patient needs
- Top benefits for County Human Service Divisions were
  - Saves staff time
  - Saves money
  - Improved patient outcomes



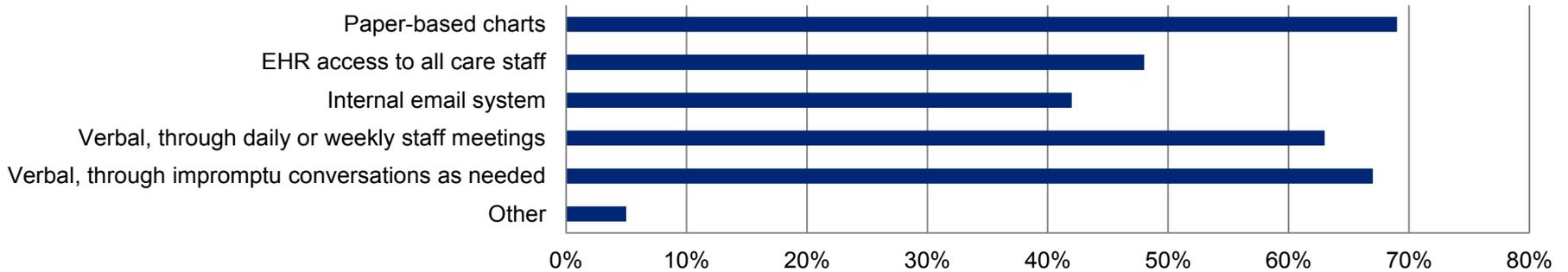
\*No responses provided by corrections agencies or individual practitioners or clinicians



# Sharing Consumer Information within the Organization

Nearly 69% of LTC Providers use paper-based charts, including 60% of EHR users

## Percent of Providers Reporting Methods Used to Share Consumer Clinical Hx, Care Service Information within the Organization (n=367)

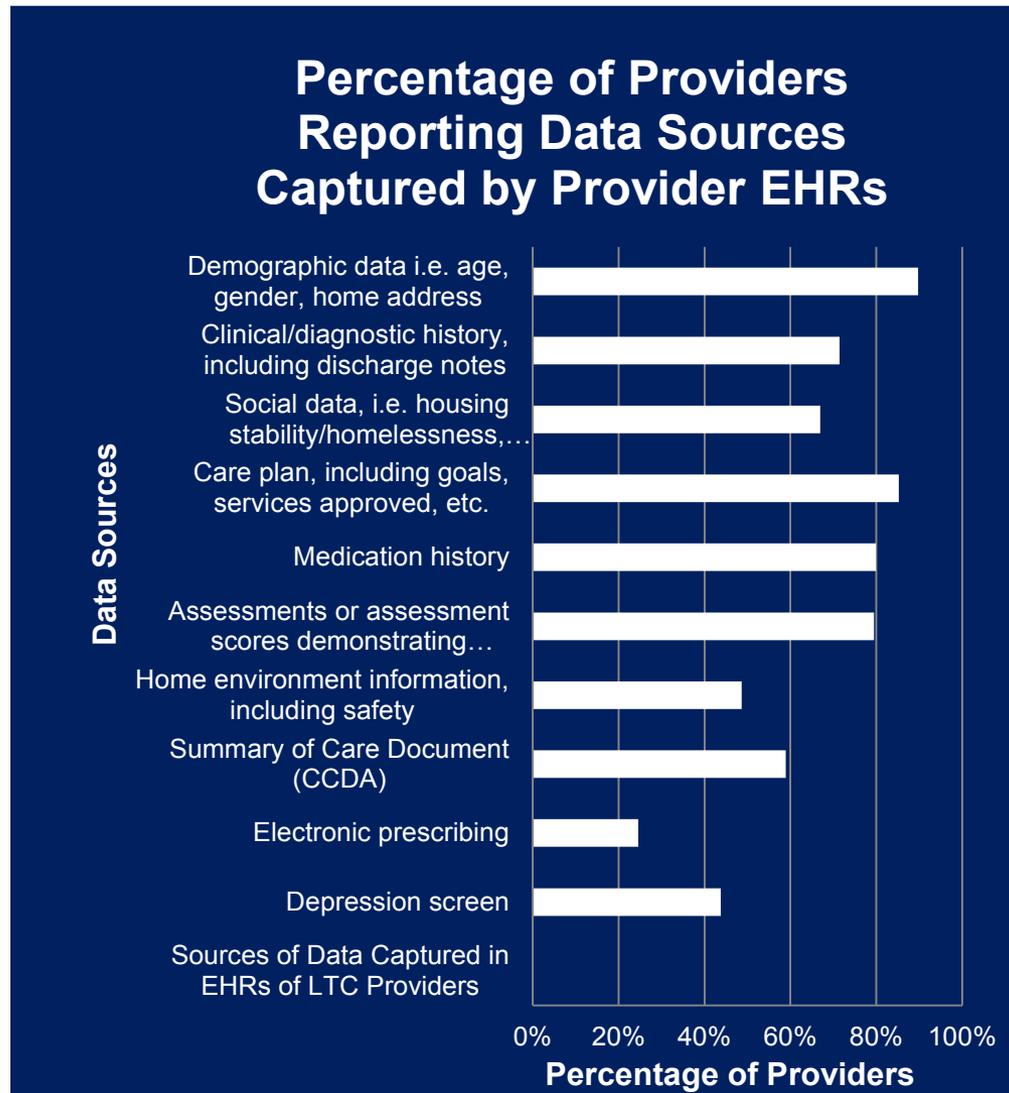


| Percent of Providers Reporting Methods by Which they Share Information | Paper-based charts | EHR access to all care staff | Internal email system | Verbal, through daily or weekly staff meetings | Verbal, through impromptu conversations, as needed |
|--|--------------------|------------------------------|-----------------------|--|--|
| Providers with EHR   | 58.93%             | 2.92%                        | 56.70%                | 75.45%   | 76.79%   |
| Providers not using EHR  | 84.21%             | 5.00%                        | 23.98%                | 47.95%   | 56.14%   |
| County Human Services Division   | 64.71%             | 29.41%                       | 47.06%                | 52.94%   | 47.06%   |
| Health system  | 70.33%             | 73.63%                       | 53.85%                | 76.92%   | 72.53%   |
| Individual community provider  | 69.90%             | 41.52%                       | 38.06%                | 59.52%   | 66.78%   |
| Tribal Nation  | 33.33%             | 33.33%                       | 33.33%                | 33.33%   | 66.67%   |

# Data In – Data Out: LTC EHR User Data Collection Experience



*Care plan and demographic data are the primary data sources collected in EHRs of LTC providers*



Other sources of data reported being collected:

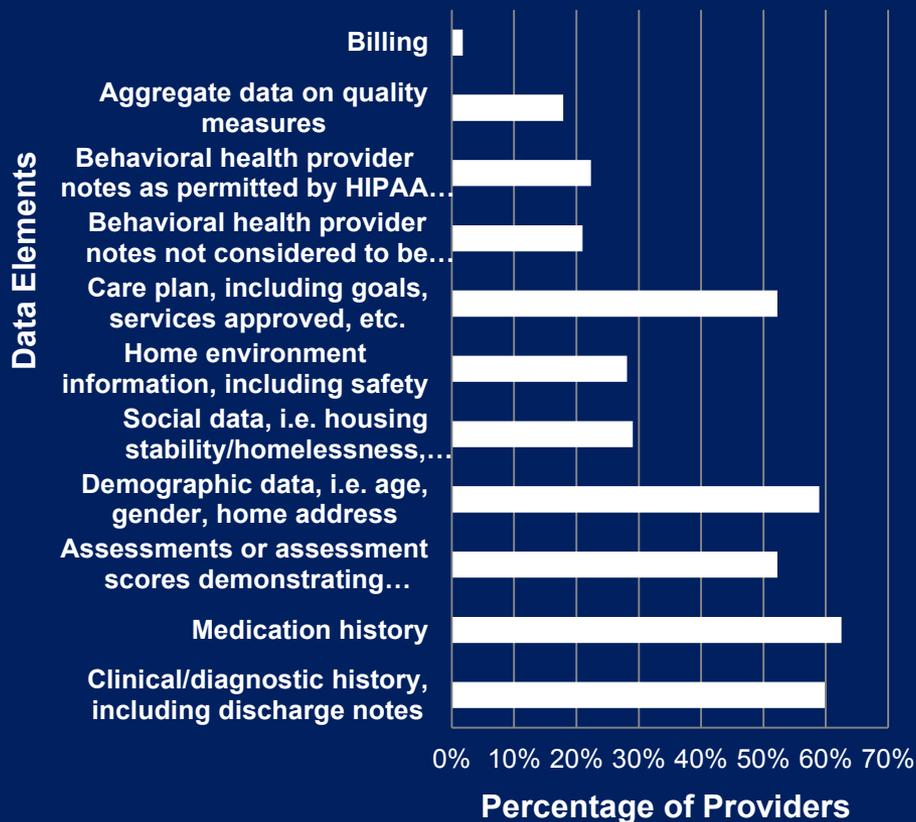
- Incident reports
- Brief Interview of Mental Status (BIM) assessment
- Advance Directives
- Minimum Data Set
- Admission paperwork, archives
- Nurses notes

# Data In – Data Out: EHR User Data Distribution Experience



*76% of LTC providers with EHRs send information outside of their organization; more than 60% send medication history and clinical/diagnostic history*

## Percentage of Providers Reporting Sending Data Element

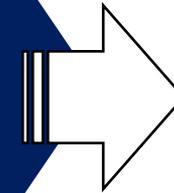
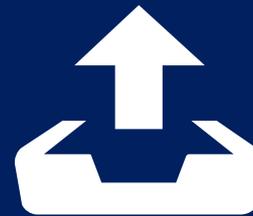
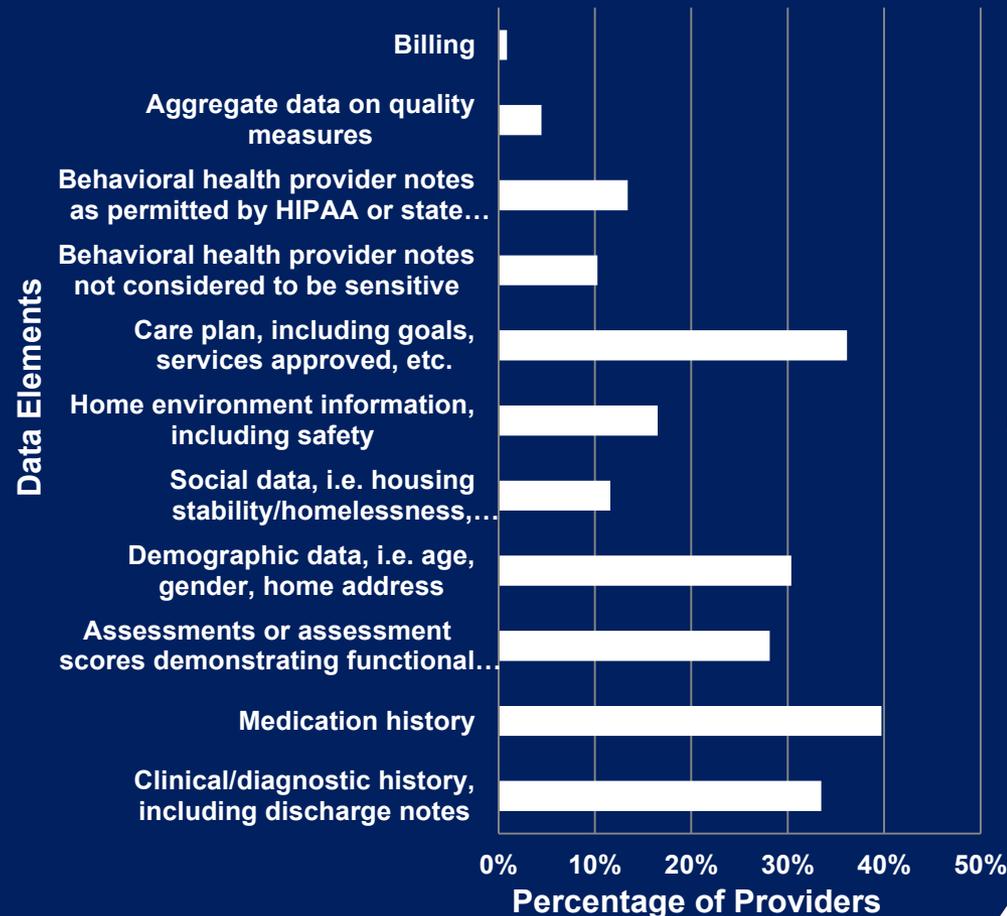


# Data In – Data Out: Non-EHR User Data Distribution Experience



*68% of LTC Providers without EHRs send data to outside organizations*

## Percentage of Non-Adopters of EHRs Reporting Sending Data Elements



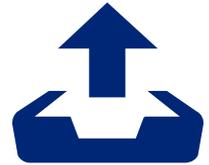
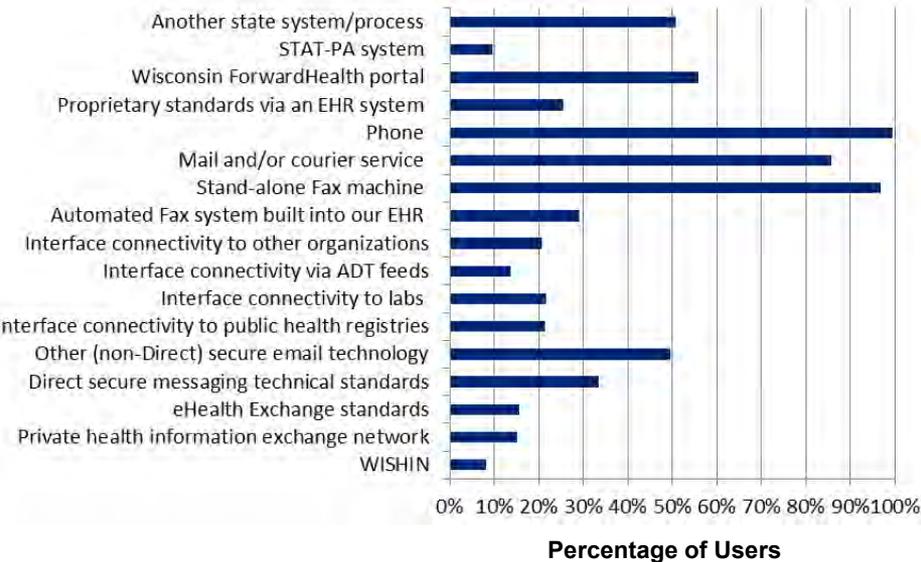


# Data In – Data Out: How Information is Sent

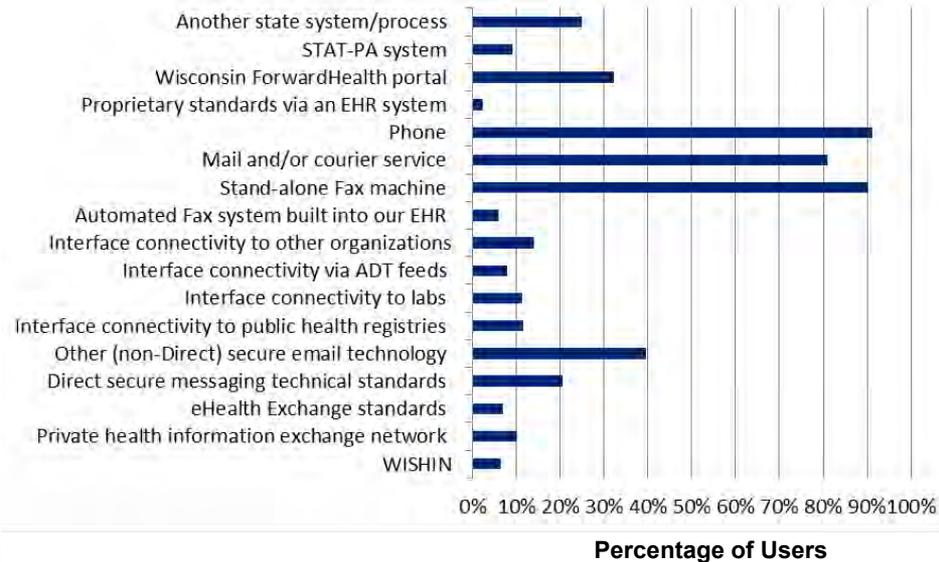
*Moderately higher WISHIN, private HIE network, and eHealth Exchange standards use between EHR and non-EHR users*



## Percentage of EHR Adopters Reporting Using the Following Methods to Send Information



## Percentage of EHR non-Adopters Reporting Using the Following Methods to Send Information





# Data In – Data Out: EHR User Data Receipt Experience



## Information Sources LTC Providers Receive Most Frequently (by weighted average)

Data Sources



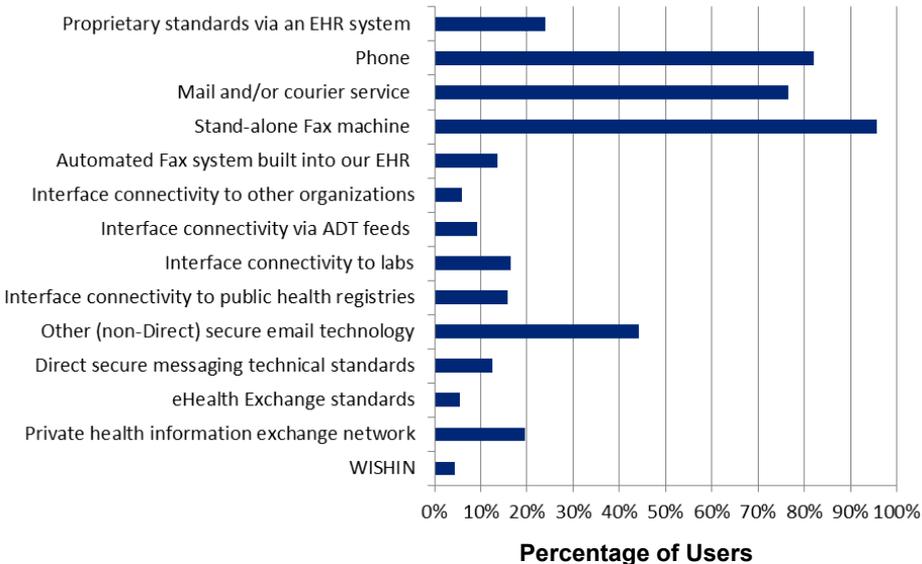


# Data In – Data Out: How Information is Received

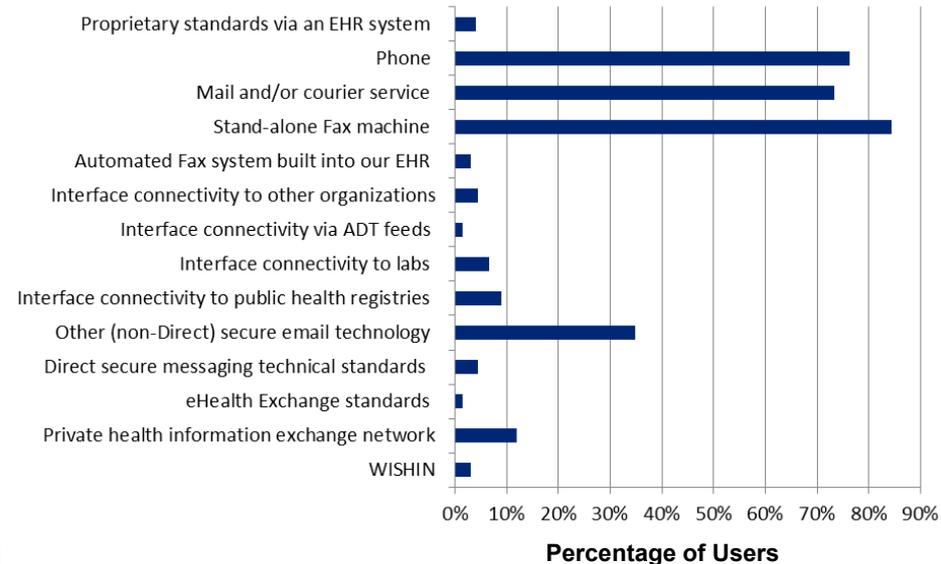
*Moderately higher WISHIN, private HIE network, and eHealth Exchange standards use between EHR and non-EHR users*



## Percentage of EHR Adopters Reporting Using the Following Methods to Receive Information



## Percentage of EHR non-Adopters Reporting Using the Following Methods to Receive Information





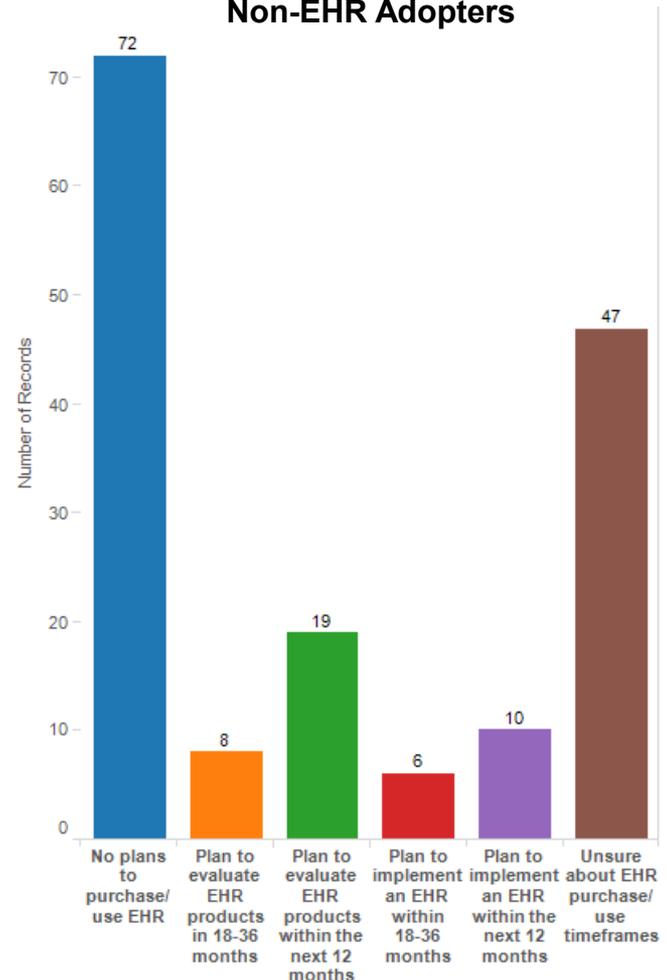
# Experience of Providers Without EHRs

*Cost to implement and maintain an EHR was top ranked reason for non-use*

- Cost to implement and maintain an EHR
- Lack of internal technical resources
- Not a priority for management
- Provider resistance

| Percent of Providers Reporting Non-Adoption |                         |
|---|-------------------------|
| Community Mental Health Clinic              | 31%                     |
| Community-Based Service Provider            | 66%                     |
| County Behavioral Health Division           | 43%                     |
| Health System or Hospital                   | 10%                     |
| Individual Practitioner or Clinician        | 100%<br>(5 data points) |

**Timeline to Assess/Adopt EHR for Non-EHR Adopters**

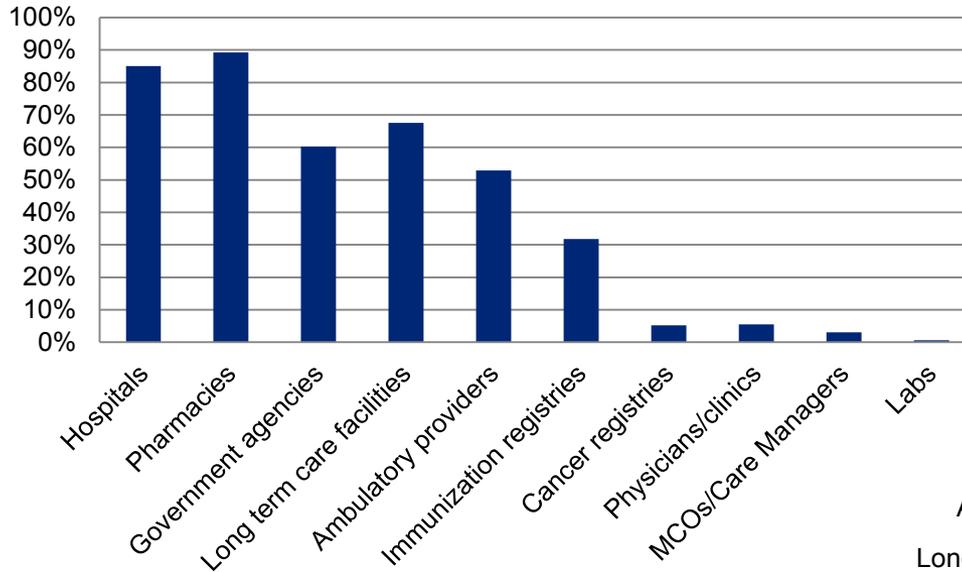


# Providers and Data Elements Critical in Delivering Services

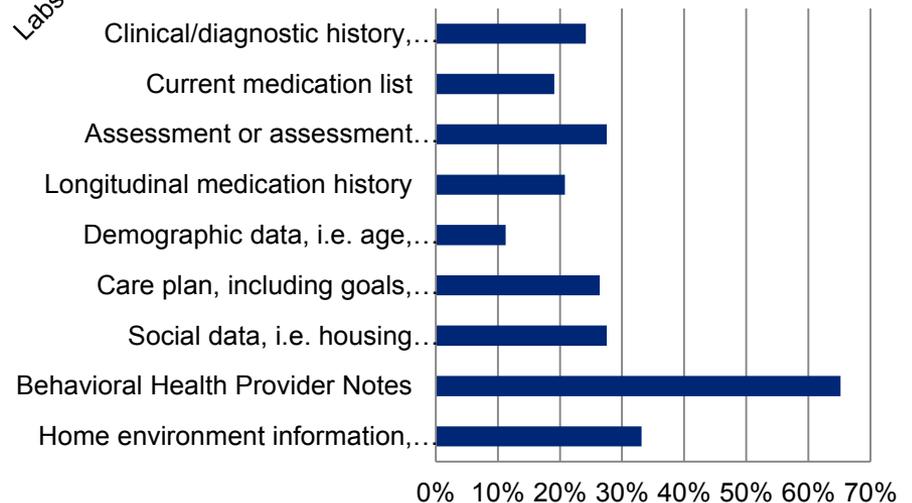


89% of Respondents report needing to exchange clinical data with pharmacies

## Types of Providers With Whom LTC Providers Report Needing to Exchange Clinical Data



## Data Not Currently Received that Would be Helpful to LTC Providers



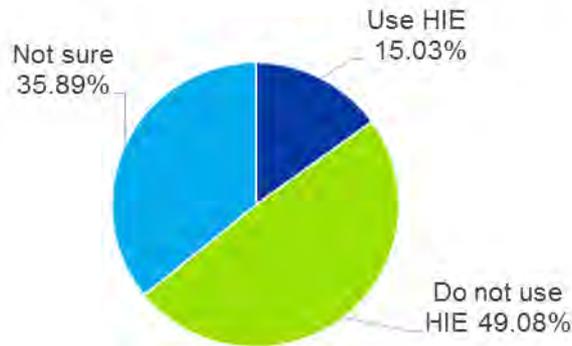


# HIE Use in Long Term Care Survey Population

*Large majority of LTC providers do not use HIE, including those who have adopted an EHR*

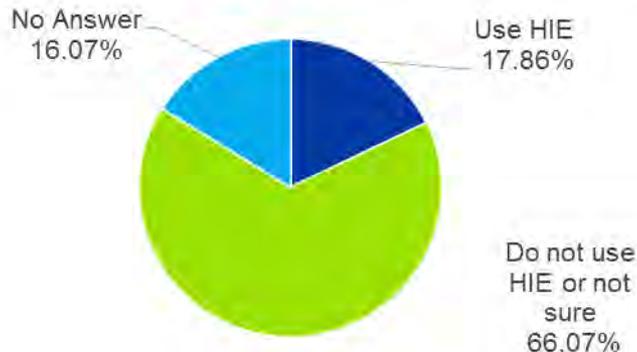
## Use of HIE (All Respondents)

n=400



## Use of HIE in EHR Adopters

n=188



| Organization Type                                 | Use HIE                |
|---|------------------------|
| County Human Services Division                    | 16.67%                 |
| Health System (multi-specialty or multi-location) | 17.81%                 |
| Individual Community Provider                     | 13.81                  |
| Tribal Nation                                     | 100%<br>(1 data point) |

## Top Barriers to Exchanging Health Information

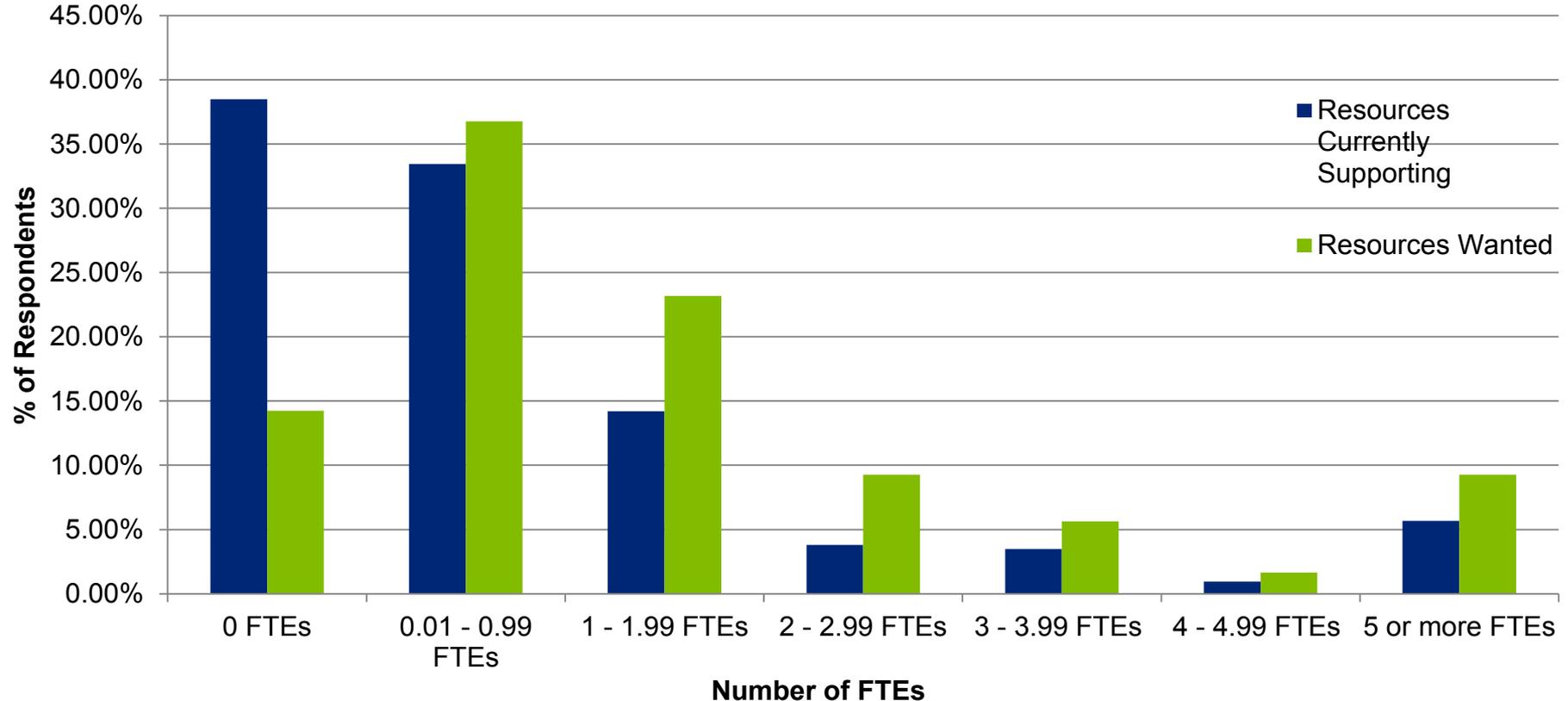
1. Technology infrastructure not enabled to allow electronic information exchange
2. Concerns about privacy and security
3. Technical resource limitations

# Resources for EHR and HIE Planning and Implementation Efforts



*Long term care survey respondents desire more resources for EHR and HIE planning and implementation*

## Percentage of Providers Reporting Resources Currently Supporting vs. Needed for EHR and HIE Planning/Implementation Efforts



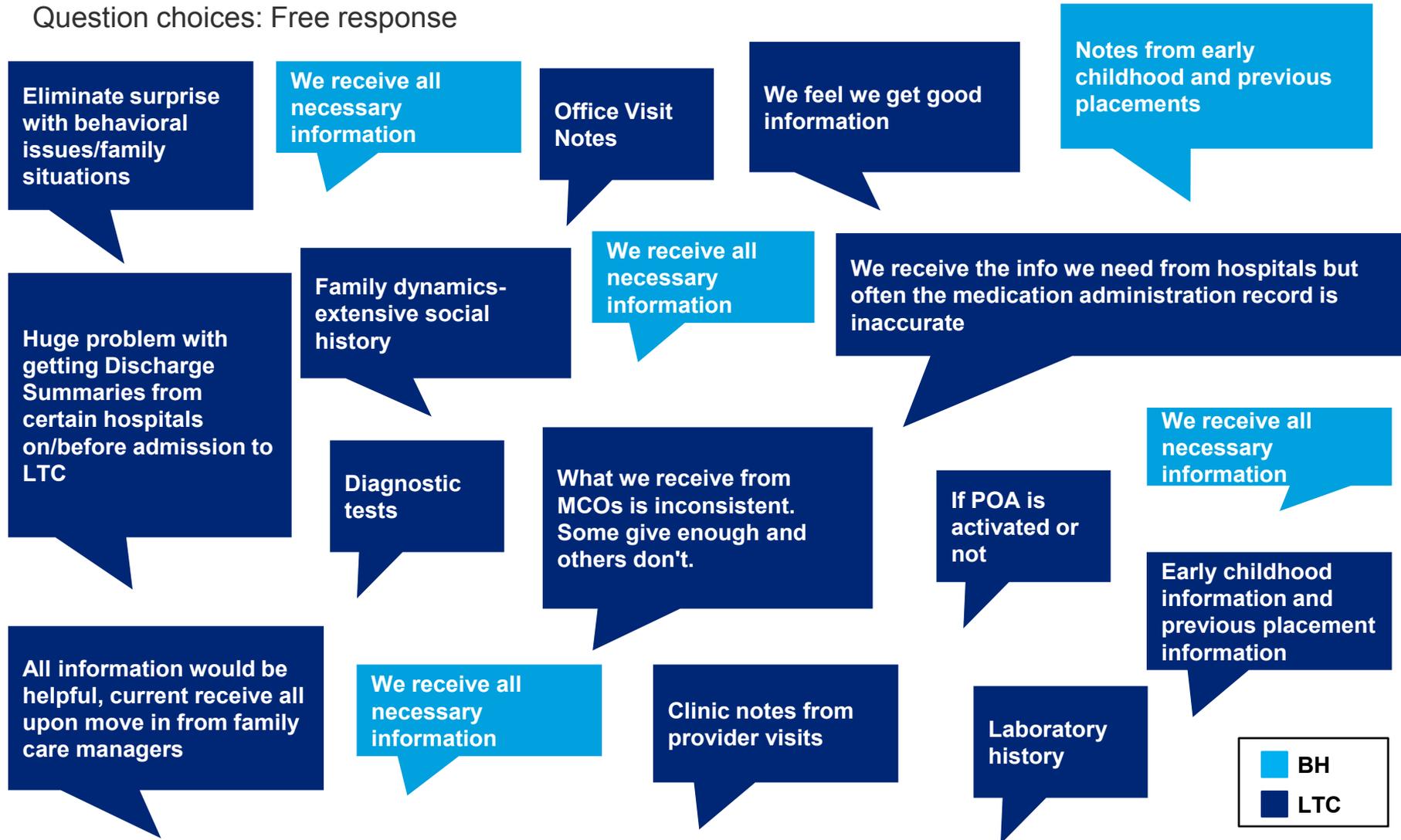
# Survey Respondent Testimonials

# Responses on Information Not Currently Received that Would Allow Organizations to Provide Better Care



Number of respondents: LTC 13/403, BH 6/208

Question choices: Free response



BH  
 LTC



# Changes to Integrate HIE into Organizations' Workflow

| Changing Workflow  | Implementing New Systems   | Using Current Capabilities  | Assessing Options  | Doing Nothing   |
|--|--|---|--|---|
| <ul style="list-style-type: none"><li>• Discharge coordination</li><li>• Changing policies and procedures</li><li>• Sign of release forms at their physician or psychiatrists office to allow for information sharing</li><li>• Separate intake department that asks questions and gathers data before an admission would occur into hospice</li><li>• We have identified staff members who manage and coordinate all information exchange per HIPAA and agency policy</li><li>• Using an automated query of HIE and other organizational information within 100 mile radius the night before an appointment</li><li>• Querying systems prior to appointment</li><li>• Providing printed medication list from EHR for all appointments</li></ul> | <ul style="list-style-type: none"><li>• Undergoing implementation of EHR which will significantly impact workflow (Avatar, Social Solutions)</li><li>• Integrating an updated version of their software program for clinical services to change processes starting with scheduling the patient, go through all phases of care, and ending with billing and cash application</li><li>• Engaged in a project to bring HIE into the Clinical system</li><li>• Adding additional modules</li></ul> | <ul style="list-style-type: none"><li>• Provider reported using EHRs for workflow changes (Epic)</li><li>• Modifying workflows to increase efficiencies within EHR capabilities.</li><li>• Our organization utilizes the EHR to communicate between providers and to provide a record or provider communication within our agency. Our psychiatric provider also has a staff that utilizes the EHR to screen and schedule appointments.</li><li>• Use secure email for information exchange</li></ul> | <ul style="list-style-type: none"><li>• Considering an EHR for integration with an HIE</li><li>• Looking at options to integrate all information from various systems to obtain access to data<ul style="list-style-type: none"><li>- Currently logging into many systems</li></ul></li><li>• Waiting for EHR software changes under development</li><li>• Working with local acute care provider who is pursuing a different care delivery model, will be involved in changes for care coordination (LTC provider)</li><li>• Documenting all workflow processes to assess options</li><li>• Learning how to effectively use EHR system and assessing options around integration</li></ul> | <ul style="list-style-type: none"><li>• Awaiting changes to be made by the county to upgrade their EHR in order to refine communication and effectiveness in providing services to the clients that are referred by the county</li><li>• No plans to make any changes (response from many)</li><li>• "My organization is doing very little. as an individual clinician, I am doing much and creating tools to allow for this."</li><li>• Unsure of next steps</li><li>• Changes are being made at the corporate level, but have not been communicated at the local level yet</li><li>• "We try to spend more time with the residents and not with the paperwork or multiple questions or information not needed."</li></ul> |

# BH Survey Respondent Stories/Insights for Consideration



- “ Smaller facilities have a harder time in justifying the cost of newer systems.
- The internal resources are extensive. Building your own system is too costly and doesn't create the consistency needed for the larger reporting systems.
  - The expenses of having to purchase almost all new equipment and increase internet speeds have been difficult for us. We wish we would have rolled out training differently and prevented a lot of errors and inconsistency.
  - There needs to be more EMR available with Behavioral Health resources available to state licensing requirements and not just medical platform. We have spent ALOT of money developing the behavioral health content.
  - Our electronic health system has had some downfalls with regards to client/patient data that is recorded. Unfortunately with the implementation of this system and adjustments staff have had to make there has likely been a loss of both staff productivity and overall quality of care to clients. However, it seems that the longer the system is in place the more these situations have become better and as with any new system there is likely to be an adjustment period for staff.

”

**Implementing an EHR is costly and the Behavioral Health Community has not received the same level of support as other care providers**

# LTC Survey Respondent Stories/Insights for Consideration



- “
- No one considers small long term care providers in implementing health information policies.
  - Please don't suggest anything that increase costs. Small providers can not afford it.
  - MCO's and COP/Waiver programs would have to include HIE/EHR costs as a means to support clients. Small providers do not receive enough payment to cover any IT costs.
  - LTC EHR providers need to step up their technology. LTC has no money for these resources, let us get in on the meaningful use funding.
  - YIKES! I am worried that I will have my most costly and valuable staff sitting in front of a computer trying to figure out how to use the program rather than delivering personalized care.
  - Computers slow, down, security of information, accurate data entry
  - Agency owners and staff are poorly skilled in the technology
  - Our home is operated by ourselves. There are no additional staff or providers that work within our facility. Emphasis is on providing care to our clients, not to have time consumed by excessive record keeping.
  - Our current system is affordable. If Epic was affordable it would be easier for our information to be accessed by Physicians and clinic staff for our Residents. It would provide a faster, better way to care for a patient in a long term care setting.
  - HIE questions are inappropriate, because they are directed to healthcare providers.
  - maybe funding us with implementing the HIE so that we could communicate with different organizations.
  - This survey is poorly designed for assisted living providers because we provide only CUSTODIAL CARE and don't have much of medical health information like you would find in a doctor's office or hospital. This survey is irrelevant to our operations.
  - I am not sure I fully understand the questions on this survey. Our company uses a system to hold and exchange information for only certain Management members. The info created on this system is then printed out and put in paper charts. The system does not "talk" to outside agencies and is only for internal use. I did my best on this survey but I am not sure how accurate my interpretation was of the questions.

”

**There is a need for funding assistance to support HIT/HIE Adoption, however the value of HIT/HIE for providers should be considered based upon their role and need for information.**

# Summary



# In Summary: EHR and Data Use Insights

The rate of EHR adoption varies by provider organization type.

- The majority of community-based service providers and individual practitioners do not use EHRs.
- However, in both BH and LTC survey populations Community Mental Health Centers, County Human Service Divisions, hospitals/health systems report adopting EHRs and have been using them for more than three years.
- At least 50% of adopters report using them for some/all of their consumers/patients.
- The adoption of EHRs by community LTC providers is 50%, which is higher than that of BH providers (34%). These organizations are primarily assisted living facilities and nursing homes.

The top reason for non-adoption of EHRs was cost.

- For the majority of all non-adopting providers (BH and LTC), overall cost to implement and maintain an EHR was top ranked reason for non-adoption.
- When looking just at County BHDs, that group indicated provider resistance as the top reason for not adopting EHRs.

The majority of EHR adopters use the tool to manage the health records for all patients.

- The majority of EHR adopters use the tool to manage the health records for all patients; however, in some instances, there are patient populations for which EHRs are not used.
- The majority of Skilled Nursing Facilities are capturing information via EHR, but Community Based Residential Facilities, Assisted Living Facilities, Independent Living are not, as it may not be necessary for supportive housing organizations to manage clinical data.



## In Summary: EHR and Data Use Insights (Cont'd)

The majority of providers who have not adopted an EHR are either unsure about adoption or do not have any plans to do so in the future.

- 72% of LTC non adopters reported they had no plans to purchase or use an EHR in the future.
- Nearly 40% of BH providers without EHR do not plan on buying one in the future (99% of those are community service providers or individual practitioners).
- Another 24% of BH providers report being unsure of EHR purchase/adoption.
- Certain BH and LTC providers reported that EHRs may not fit their business need, for example providers of supportive housing/supportive employment.

When looking at the perceived challenges and benefits of adopting EHRs, cost is identified as a key challenge. The same providers site staff efficiencies as the key benefit, above cost savings.

- Both BH and LTC providers ranked initial costs and staff training and development as the most significant challenges.
- Staff efficiency, consumer/patient safety and remote access to monitor patient needs were ranked most beneficial by both BH and LTC providers.



## In Summary: EHR and Data Use Insights (Cont'd)

The rankings and types of information shared outside of an organization does not significantly vary between EHR adopters and non-adopters; yet, the type of information providers want in order to provide care varies between BH and LTC settings.

- More than 90% of all providers report using a standalone fax machine to send individual clinical data.
- 65% of LTC providers reporting wanting BH provider notes. Home environment information and social data rank toward the other top data elements that providers would like to access in order to improve care.
- Conversely, BH providers reported wanting more clinical-type data, including clinical/diagnostic histories and current medication records.
- All respondents (both BH and LTC) indicated hospitals and pharmacies were the most important exchange partners.

While information is being shared between providers, only a small number of providers report integrating HIE into their workflows allowing them to access external clinical data without having to access additional portals or applications.

- 15% of all respondents indicated HIE is integrated into their workflow.
- 18% of EHR users have HIE integrated into their workflow.
- 5% of non-adopters report having HIE integrated into their workflow (unclear on methods of HIE used).
- Providers without EHRs vary in their use of HIE to share and receive information: BH providers do not use HIE; 6% of LTC providers use some form of HIE.



# Key Considerations for Workgroup

---

- What perspectives of the BH and LTC provider community are we missing?
  - What do we know about what's important to them?
  - How do we gain this perspective?
- Why is EHR adoption not a priority for management?
  - Do traditional EHRs not serve a purpose for universe of providers and their line of business (peer to peer support example)?
  - Lack of funding (share analysis of policy reform around access to EHR Incentive Program, Managed Care NPRM)
- Can it be assumed that LTC providers do not derive value from HIT and, if so, what can inpatient providers do to incentivize information exchange in order to reduce readmissions and improve outcomes?
  - The perceived benefits of HIT is understood in the inpatient setting—avoidance of readmissions, etc.—as is the role of LTC providers in sending data to hospitals prior to admissions. So, what incentives, motivators, rationale or value can be shared with LTC providers to encourage their use?



## Key Considerations for Workgroup (continued)

---

- What is the root cause of low HIE integration within these provider communities?
  - Are organizational policies preventing integration of HIE, specific to BH and sensitive information?
  - Is there a knowledge deficit here within the provider communities as to accessibility of HIE data?
  - Are there policies or activities the SIM grant can support to educate providers?
- What lessons, insight can be gleaned from the other SIM Transformation workgroups, i.e. BH, Population Health and Care Delivery?
  - Is there an enhanced role for Wisconsin Counties to support HIE through adoption of their own EHRs?
  - Similarly, is there an improved role for HMOs to support EHRs and HIE?
  - If funding were to be granted, what are the priority areas of support for this community of providers, i.e. broadband, wireless access?
  - How could expansion of HIT incentives impact BH and LTC provider environments?

# Appendix

# Appendix A

**Survey Raw Data Analysis: Behavioral Health**



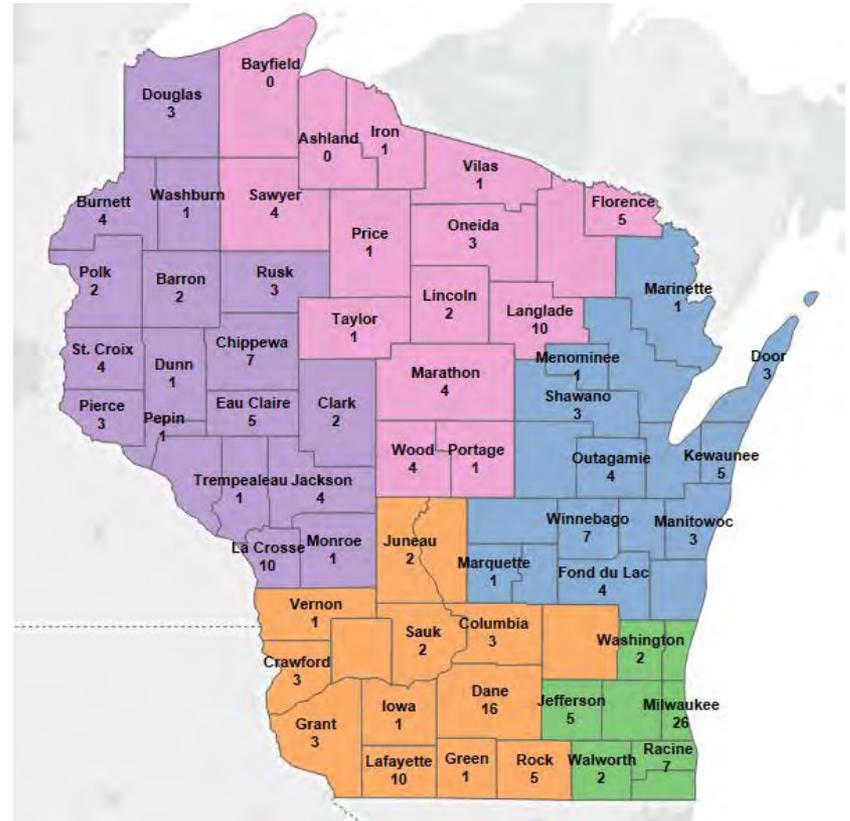
# Q1 – Demographic Information

Number of respondents: 208/208

Questions asked:

- Name of Organization
- Contact Name
- Address
- Address 2
- City
- State
- ZIP
- County
- Email Address
- Phone Number

## Distribution of Survey Respondents by County



### Region

- Northeastern - 52 Respondents
- Northern - 41 Respondents
- Southeastern - 57 Respondents
- Southern - 50 Respondents
- Western - 56 Respondents

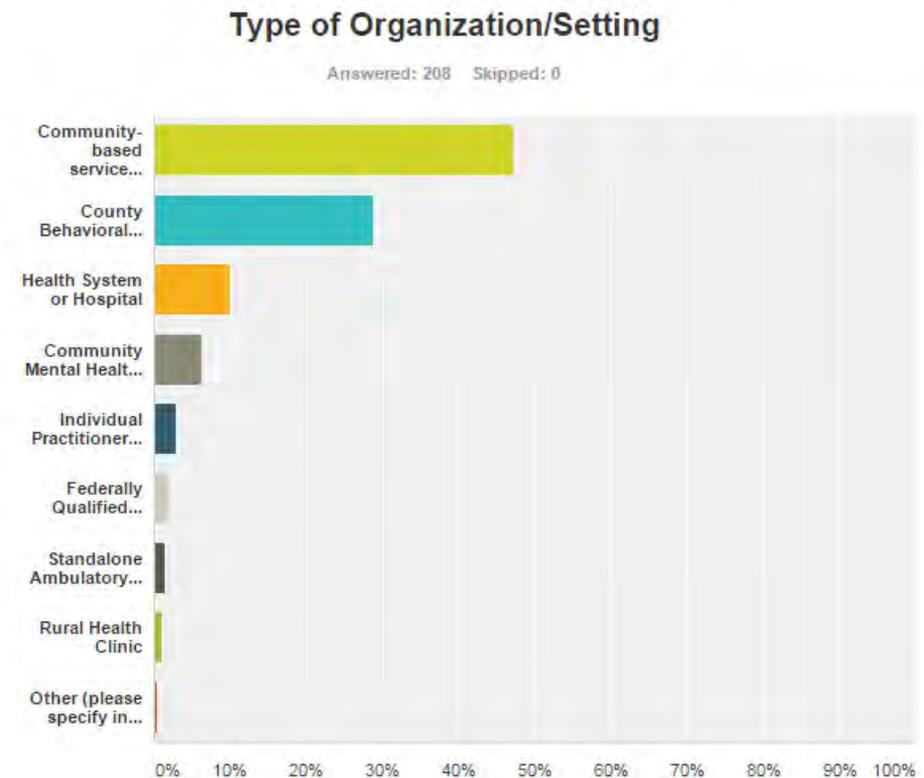


## Q2 – Type of Organization/Setting

Number of respondents: 208/208

Question choices:

- Community-based service provider
- County Behavioral Health Division
- Other (please specify in space provided below)
- Health System or Hospital
- Community Mental Health Clinic
- Federally Qualified Health Center
- Individual Practitioner or Clinician
- Standalone Ambulatory Clinic
- Rural Health Clinic or Tribal Nation



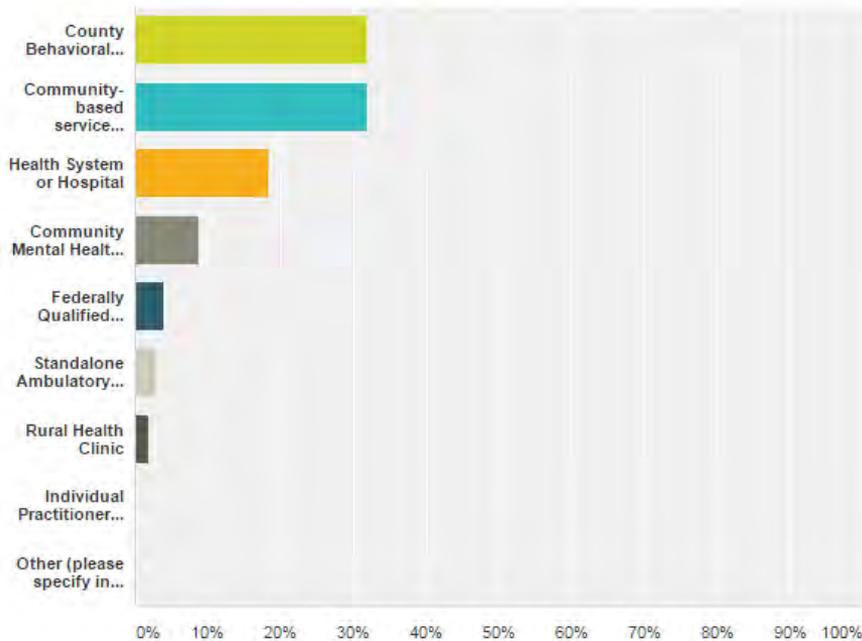


## Q2 – Segmentation by EHR Use

### EHR Users

#### Type of Organization/Setting

Answered: 103 Skipped: 0

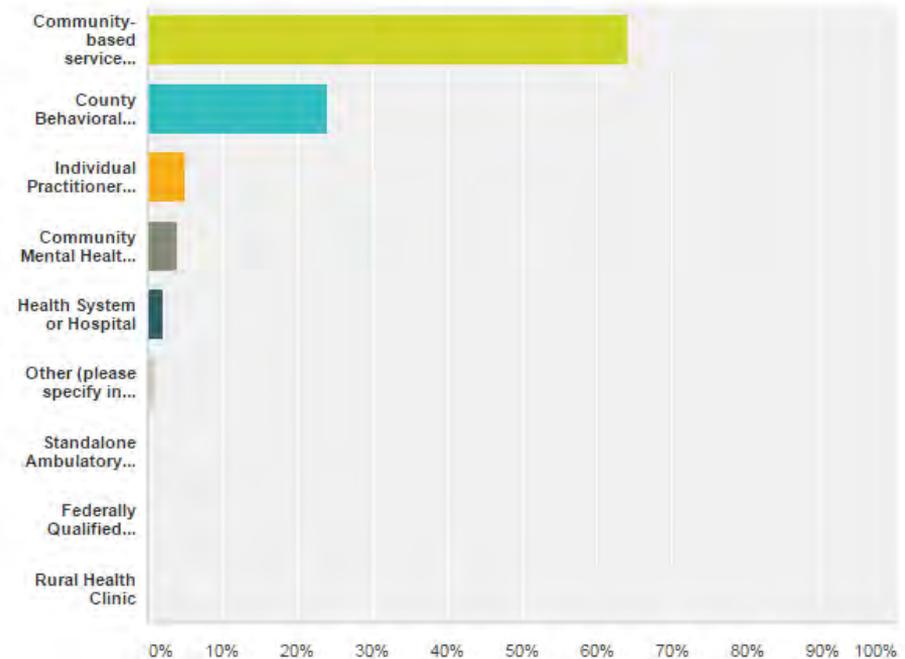


\*Individual Practitioner or Clinician & Other categories are at 0%

### Non-EHR Users

#### Type of Organization/Setting

Answered: 100 Skipped: 0



\*Federally Qualified Health Center and Rural Health Clinic or Tribal Nation are at 0%



## Q3 – Care/Services Offered Within Organization/Setting

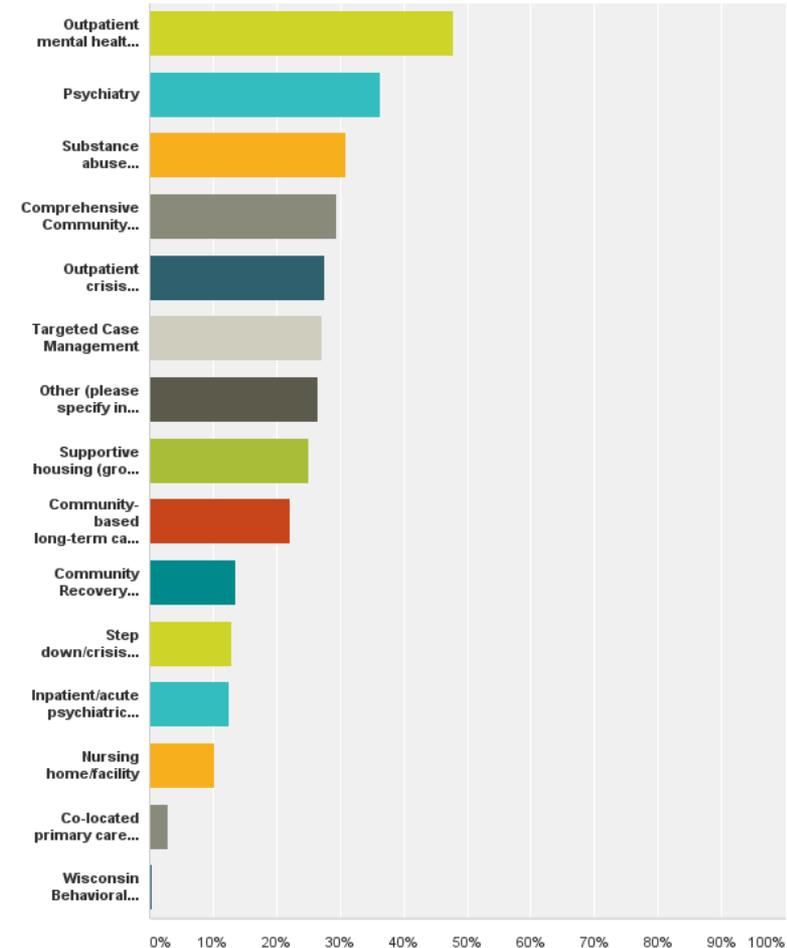
Number of respondents: 207/208

Question choices:

- Outpatient mental health services
- Psychiatry
- Substance abuse treatment, recovery, including residential or day treatment
- Comprehensive Community Services (CCS)
- Outpatient crisis intervention services, i.e. crisis line, clinic
- Targeted Case Management
- Other (please specify in space provided below)
- Supportive housing (group home) or supportive employment
- Community-based long-term waiver services
- Community Recovery Services (CRS)
- Step down/crisis stabilization unit
- Inpatient/acute psychiatric hospital
- Nursing home/facility
- Co-located primary care services
- Wisconsin Behavioral Health Home care coordination

Q3 Care/Services offered you offer within the Organization/Setting (select all that apply)

Answered: 207 Skipped: 1



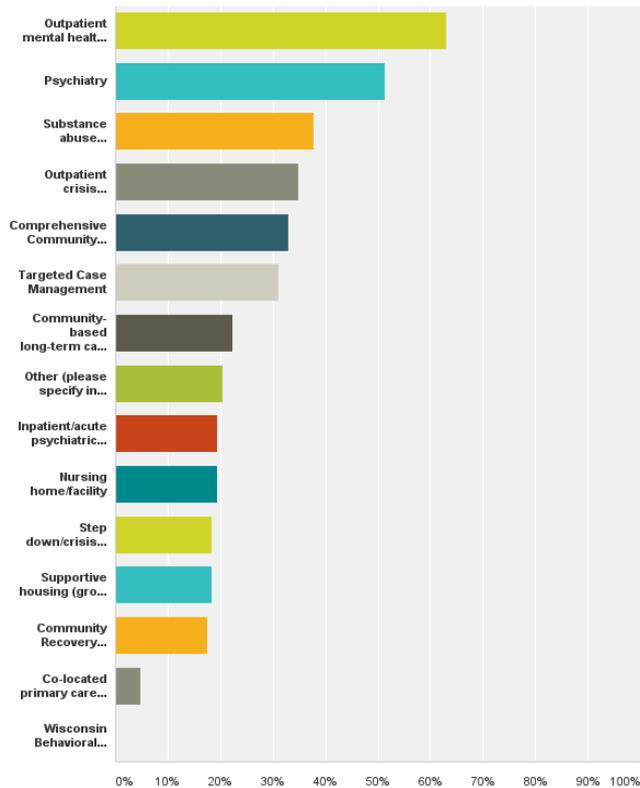


# Q3 – Segmentation by EHR Use

## EHR Users

Care/Services offered you offer within the Organization/Setting (select all that apply)

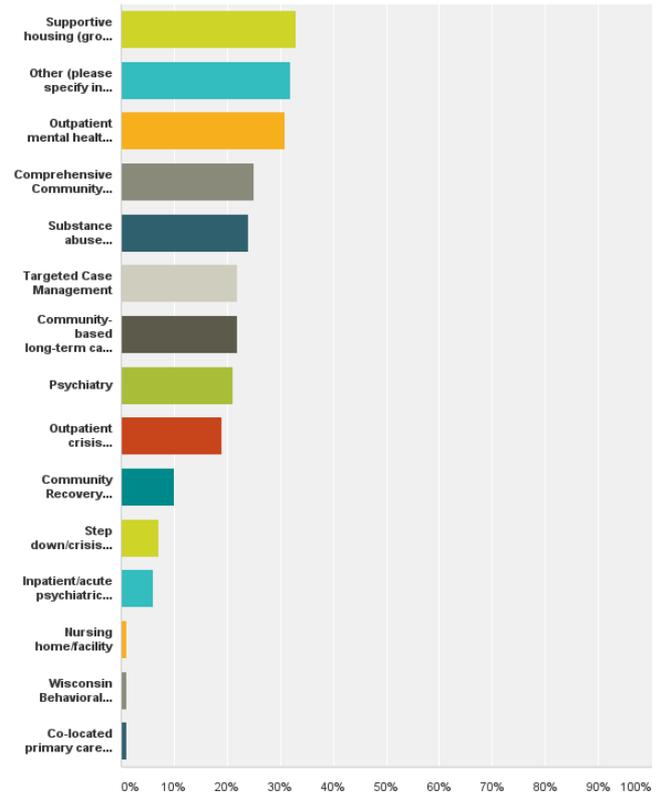
Answered: 103 Skipped: 0



## Non-EHR Users

Care/Services offered you offer within the Organization/Setting (select all that apply)

Answered: 100 Skipped: 0





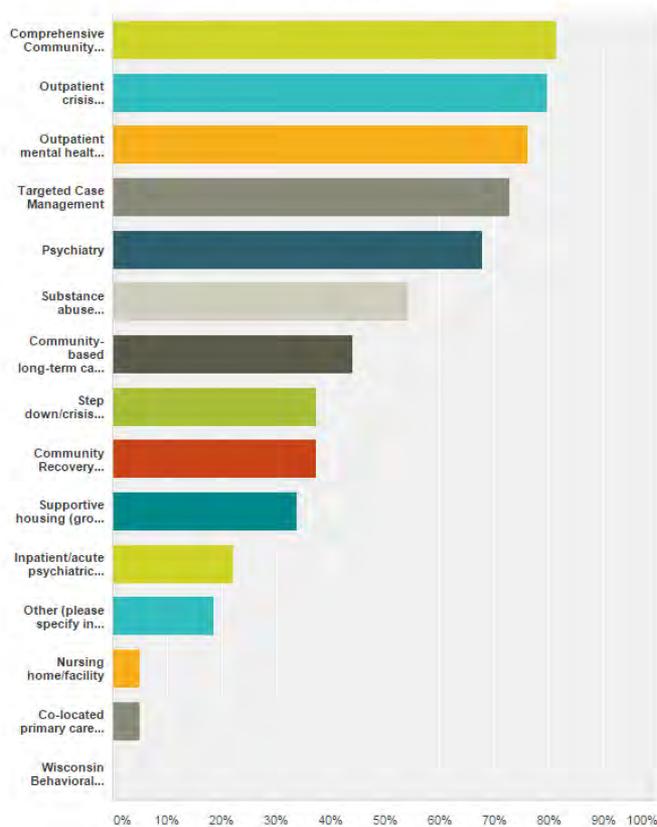
# Q3 – Segmentation by Provider Type (top 4 most reported types)

## County Behavioral Health Division

## Community-Based Service Provider

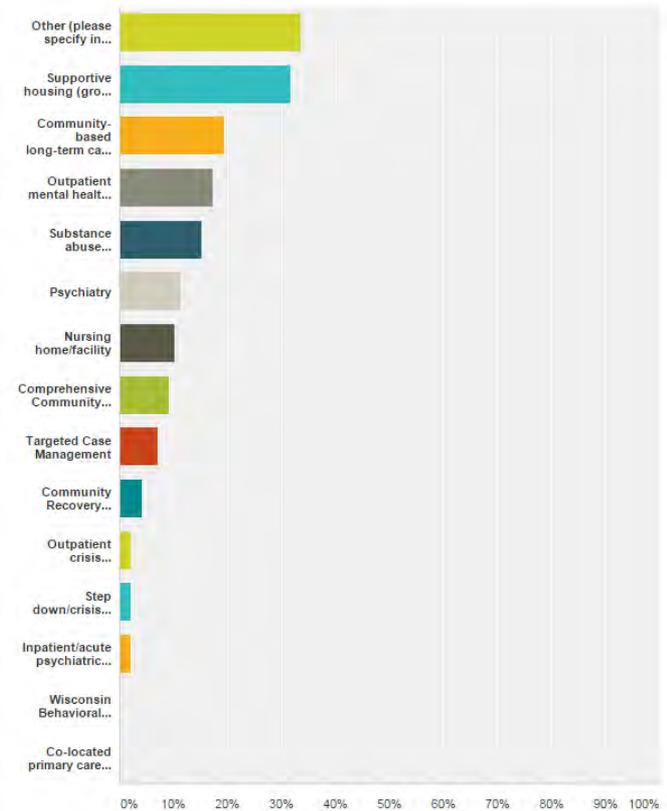
Care/Services offered you offer within the Organization/Setting (select all that apply)

Answered: 59 Skipped: 1



Care/Services offered you offer within the Organization/Setting (select all that apply)

Answered: 98 Skipped: 0



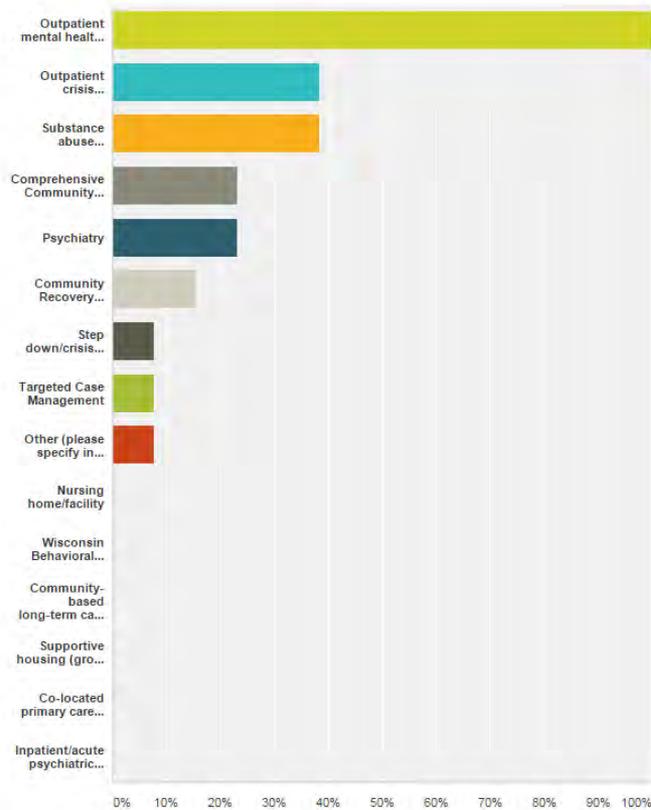
# Q3 – Segmentation by Provider Type (top 4 most reported types) (continued)



## Community Mental Health Clinic

Care/Services offered you offer within the Organization/Setting (select all that apply)

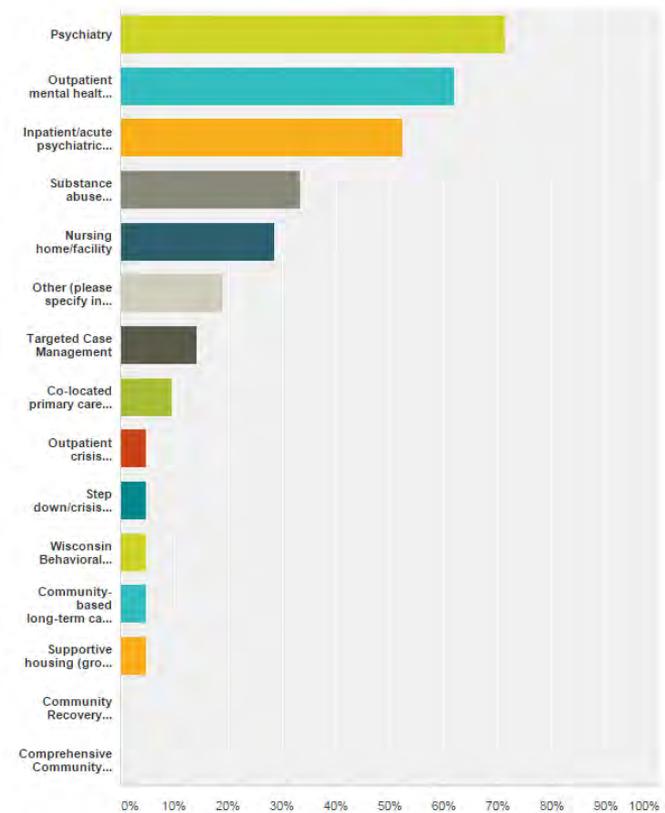
Answered: 13 Skipped: 0



## Health System or Hospital

Care/Services offered you offer within the Organization/Setting (select all that apply)

Answered: 21 Skipped: 0





## Q4 – Number of Individuals Served Annually

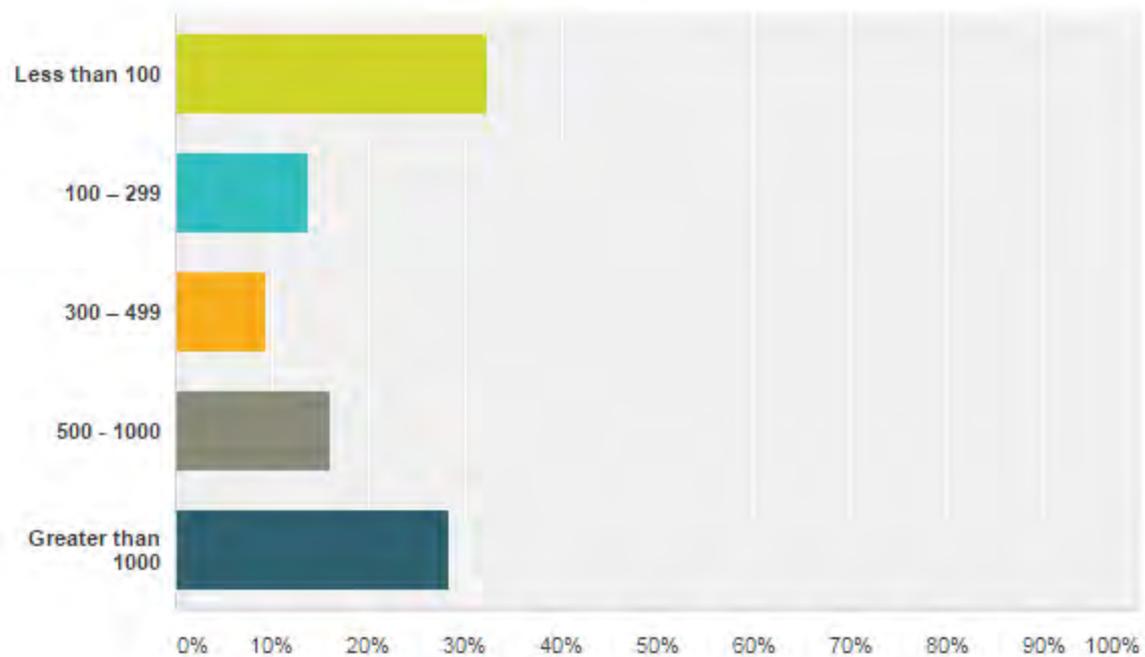
Number of respondents: 204/208

Question choices:

- Less than 100
- 100-299
- 300-499
- 500-1000
- Greater than 1000

### Number of consumers served annually by your organization across all programs/services:

Answered: 204 Skipped: 4





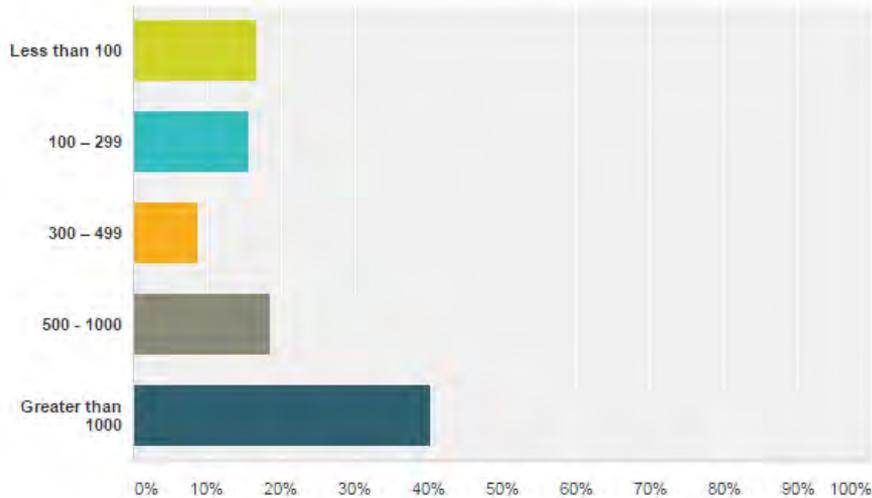
# Q4 – Segmentation by EHR Use

## EHR Users

## Non-EHR Users

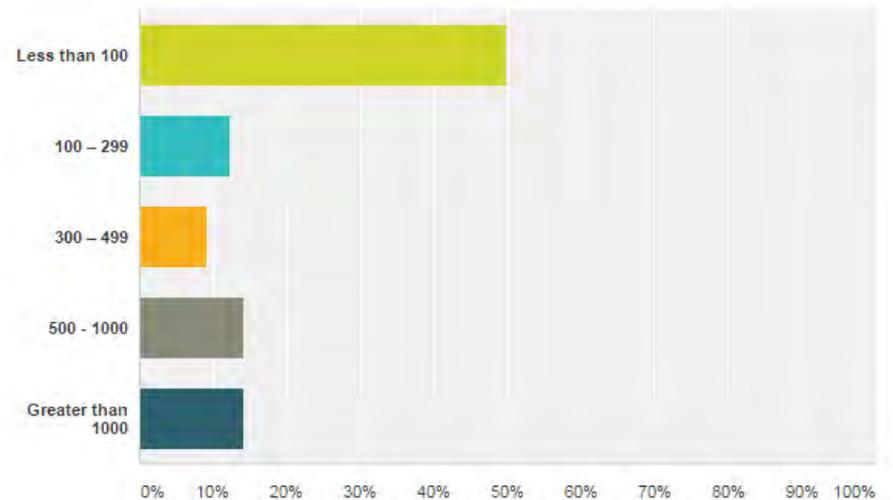
Number of consumers served annually by your organization across all programs/services:

Answered: 102 Skipped: 1



Number of consumers served annually by your organization across all programs/services:

Answered: 98 Skipped: 2



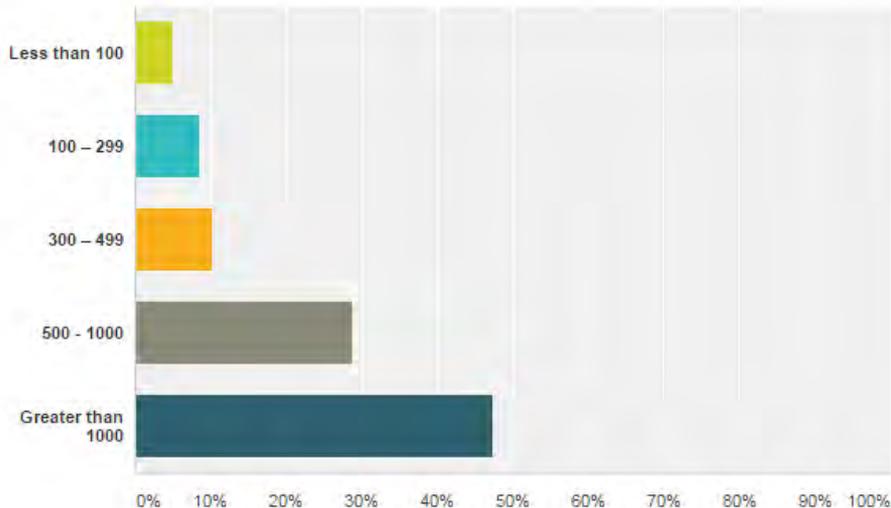


# Q4 – Segmentation by Provider Type (top 4 most reported types)

## County Behavioral Health Division

Number of consumers served annually by your organization across all programs/services:

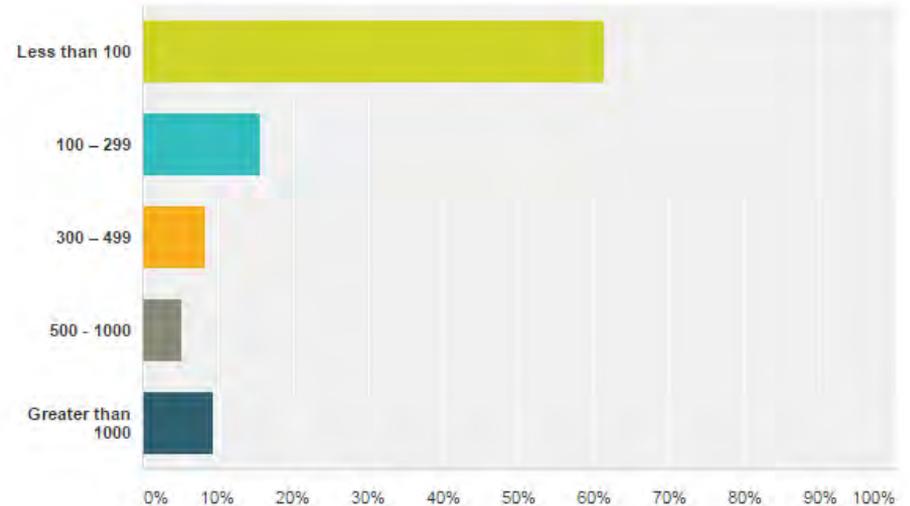
Answered: 59 Skipped: 1



## Community-Based Service Provider

Number of consumers served annually by your organization across all programs/services:

Answered: 96 Skipped: 2



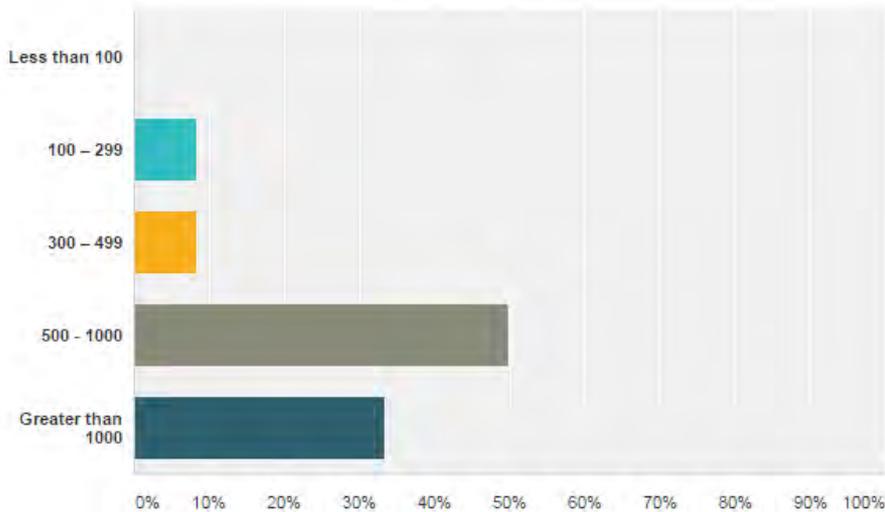
# Q4 – Segmentation by Provider Type (top 4 most reported types) (continued)



## Community Mental Health Clinic

Number of consumers served annually by your organization across all programs/services:

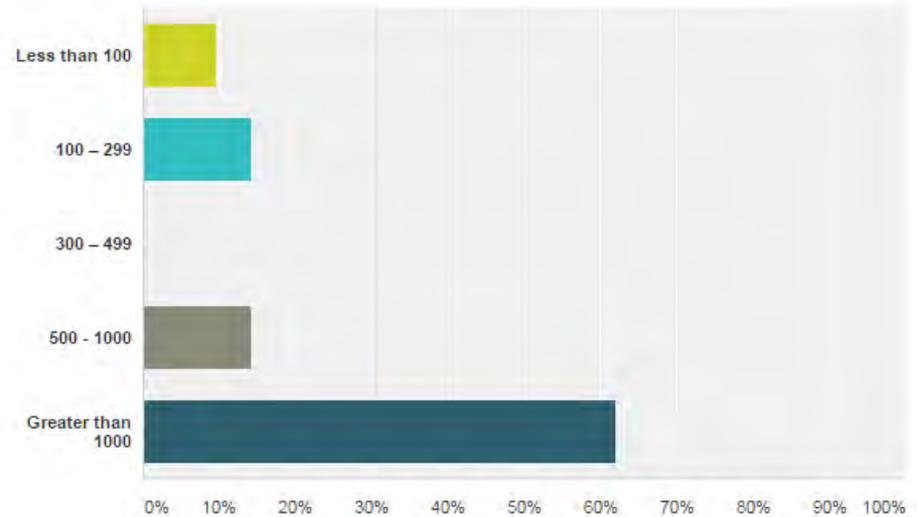
Answered: 12 Skipped: 1



## Health System or Hospital

Number of consumers served annually by your organization across all programs/services:

Answered: 21 Skipped: 0



# Q5 – Please estimate your public/private payer mix using percentages, i.e. 50%, in the space provided below



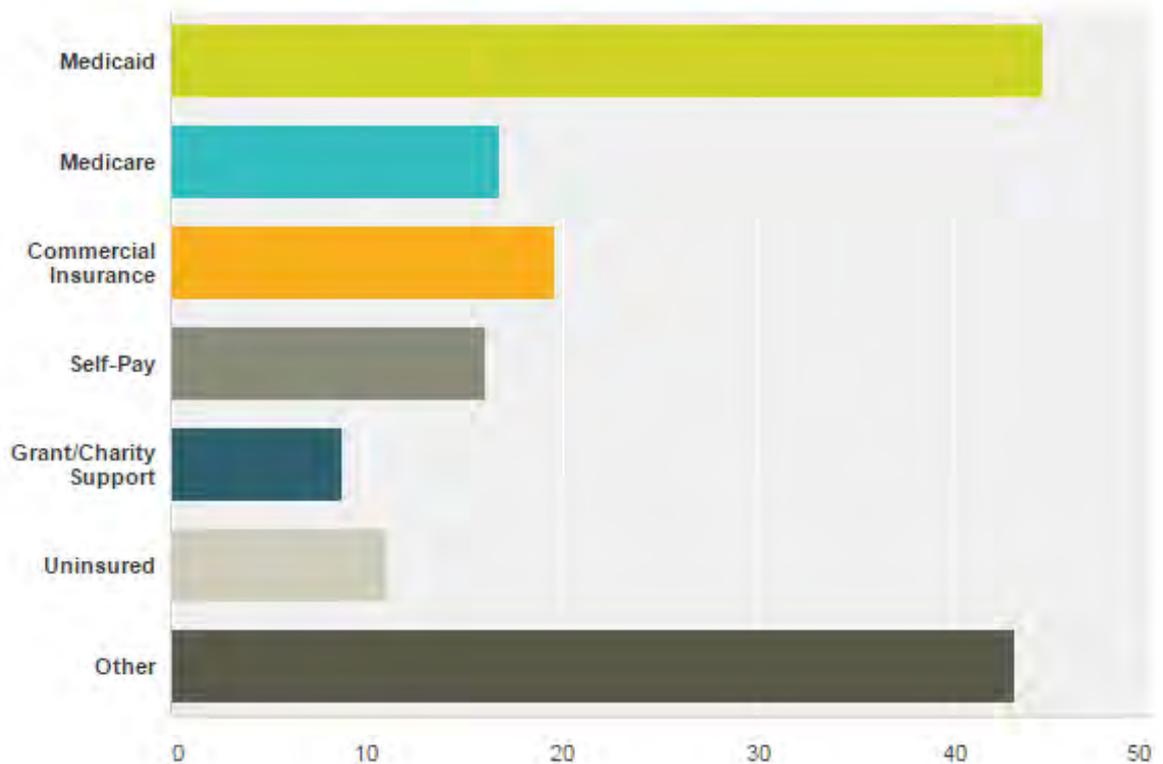
Number of respondents: 177/208

Question choices:

- Medicaid
- Medicare
- Commercial insurance
- Self-pay
- Grant/charity support
- Uninsured
- Other

Please estimate your public/private payer mix using percentages, i.e. 50%, in the space provided below (please enter numbers without % symbol):

Answered: 177 Skipped: 31



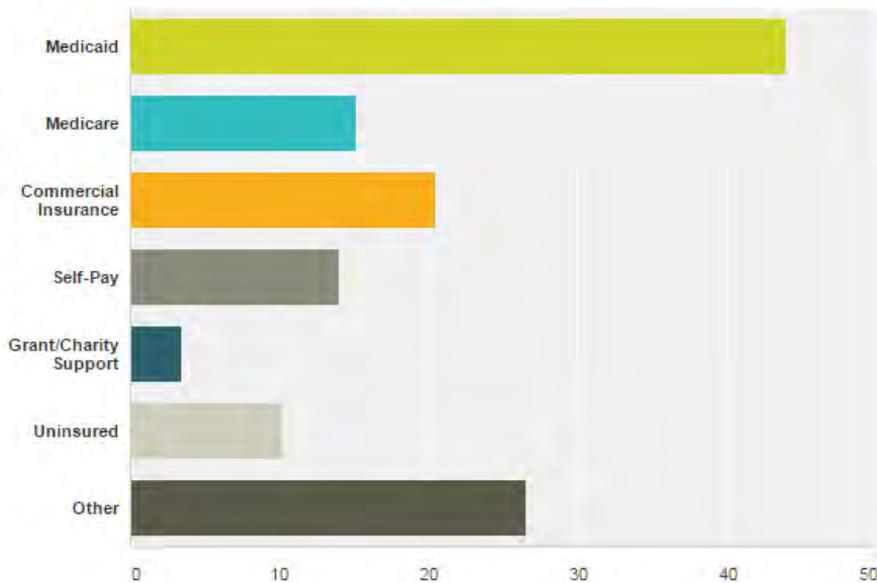


# Q5 – Segmentation by EHR Use

## EHR Users

Please estimate your public/private payer mix using percentages, i.e. 50%, in the space provided below (please enter numbers without % symbol):

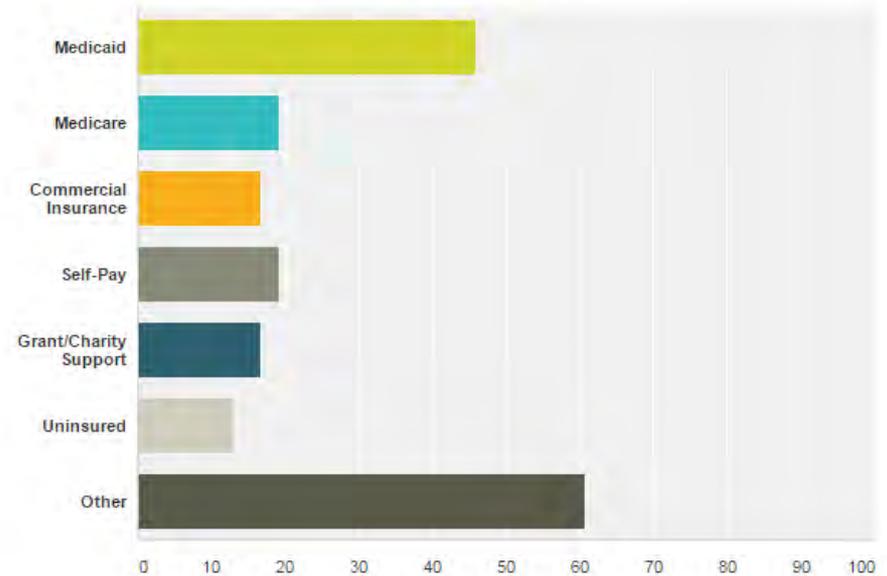
Answered: 86 Skipped: 17



## Non-EHR Users

Please estimate your public/private payer mix using percentages, i.e. 50%, in the space provided below (please enter numbers without % symbol):

Answered: 88 Skipped: 12



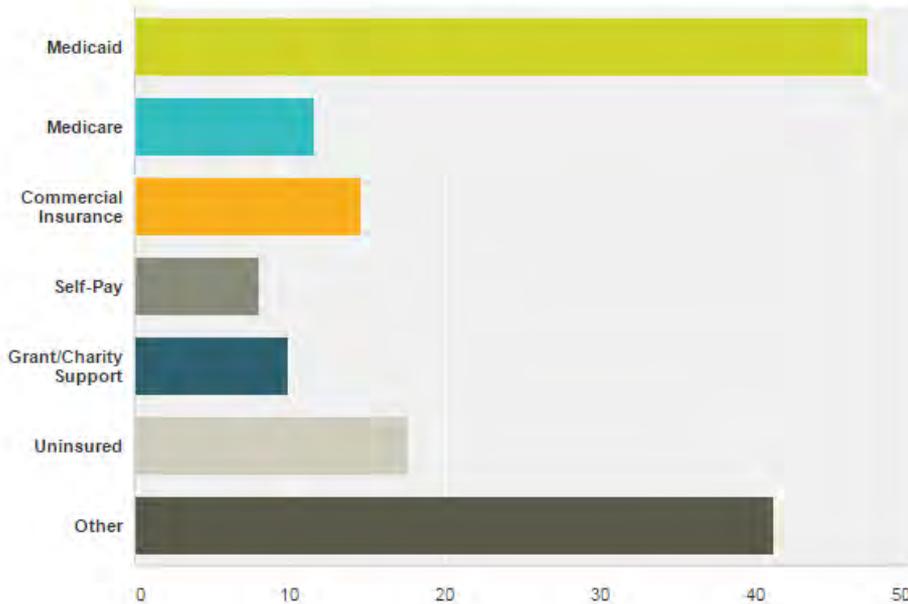


# Q5 – Segmentation by Provider Type (top 4 most reported types)

## County Behavioral Health Division

Please estimate your public/private payer mix using percentages, i.e. 50%, in the space provided below (please enter numbers without % symbol):

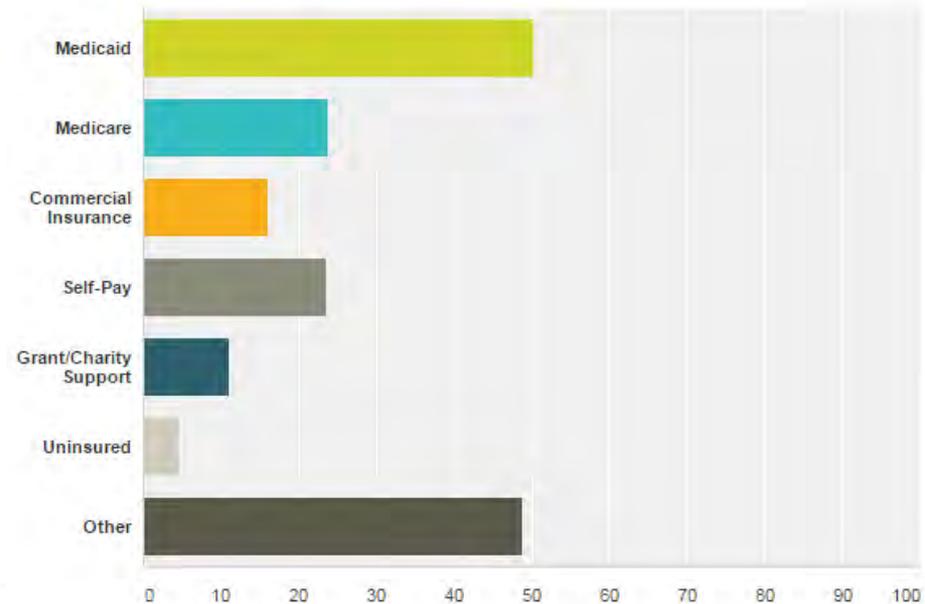
Answered: 48 Skipped: 12



## Community-Based Service Provider

Please estimate your public/private payer mix using percentages, i.e. 50%, in the space provided below (please enter numbers without % symbol):

Answered: 85 Skipped: 13



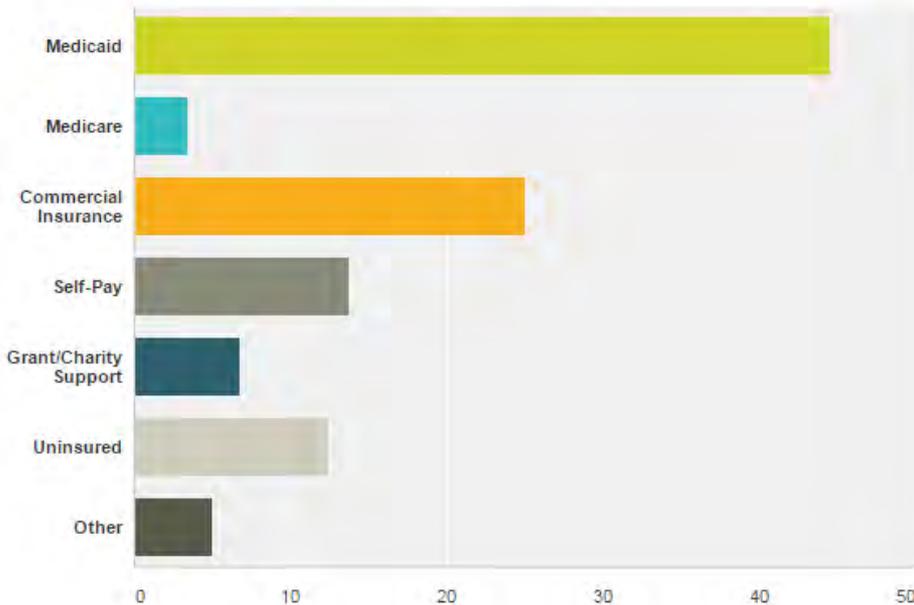
# Q5 – Segmentation by Provider Type (top 4 most reported types) (continued)



## Community Mental Health Clinic

Please estimate your public/private payer mix using percentages, i.e. 50%, in the space provided below (please enter numbers without % symbol):

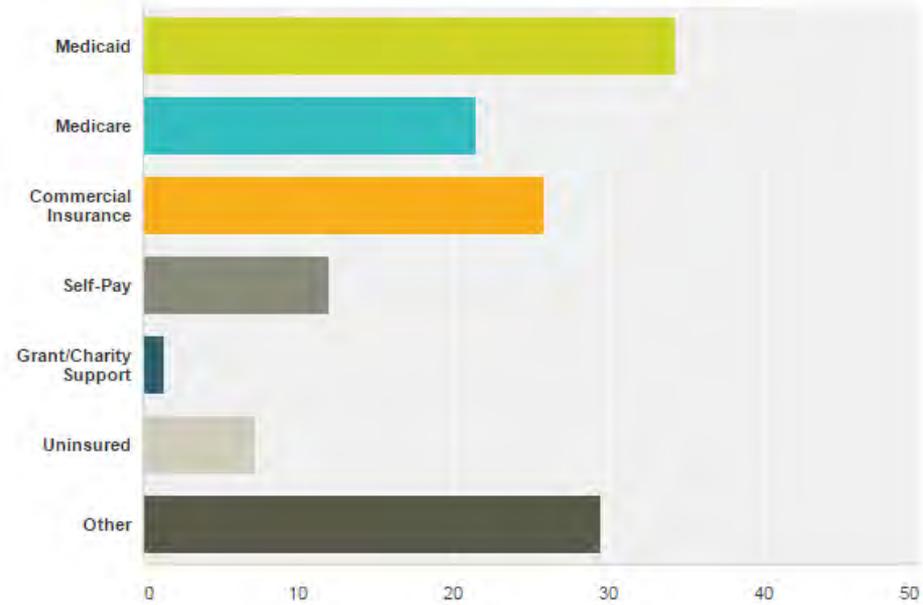
Answered: 12 Skipped: 1



## Health System or Hospital

Please estimate your public/private payer mix using percentages, i.e. 50%, in the space provided below (please enter numbers without % symbol):

Answered: 18 Skipped: 3





## Q6 – Does your organization use an EHR?

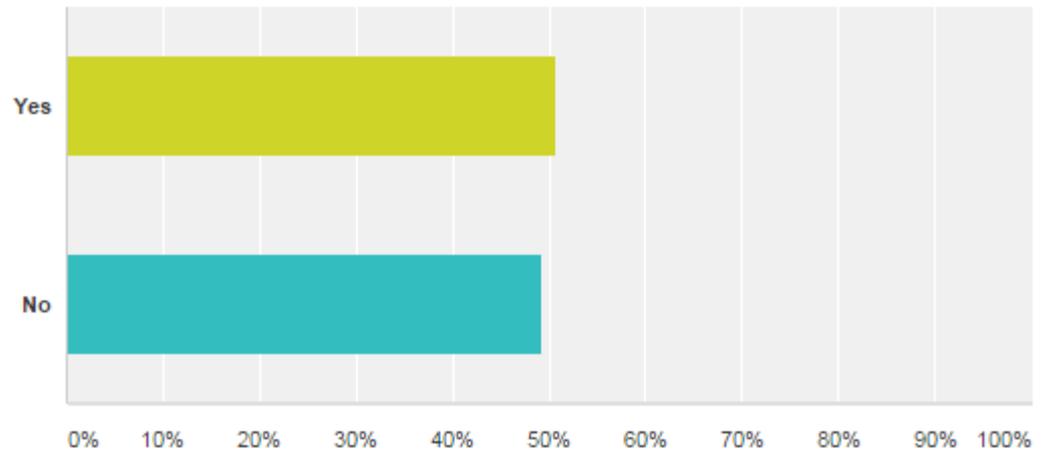
Number of respondents: 203/208

Question choices:

- Yes
- No

### Does your organization use an Electronic Health Record system (EHR)?

Answered: 203 Skipped: 5





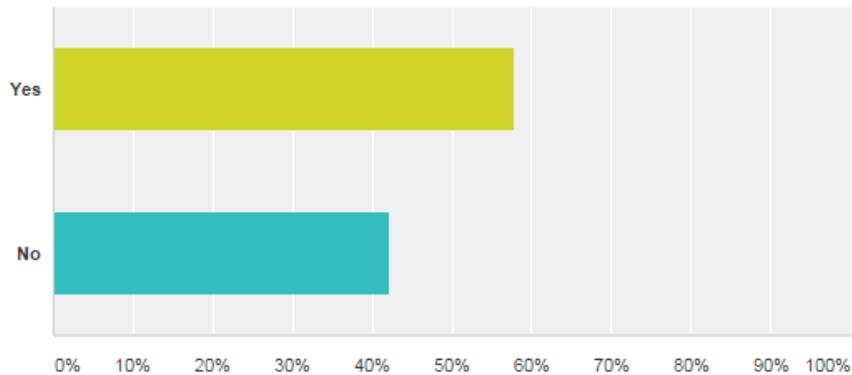
## Q6 – Segmentation by Provider Type (top 4 most reported types)

### County Behavioral Health Division

### Community-Based Service Provider

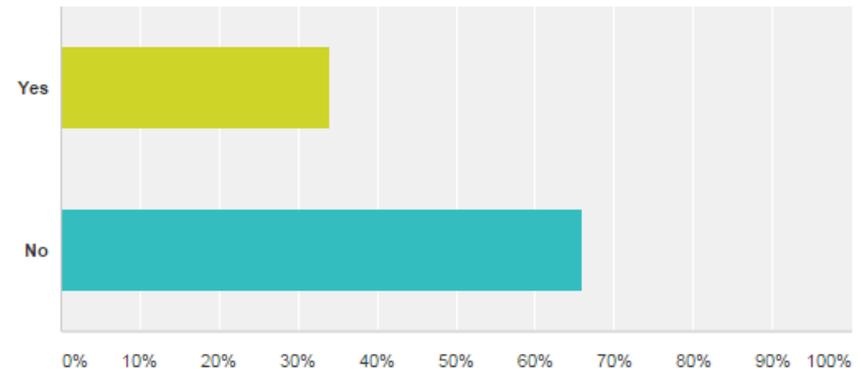
Does your organization use an Electronic Health Record system (EHR)?

Answered: 57 Skipped: 3



Does your organization use an Electronic Health Record system (EHR)?

Answered: 97 Skipped: 1



# Q6 – Segmentation by Provider Type (top 4 most reported types) (continued)

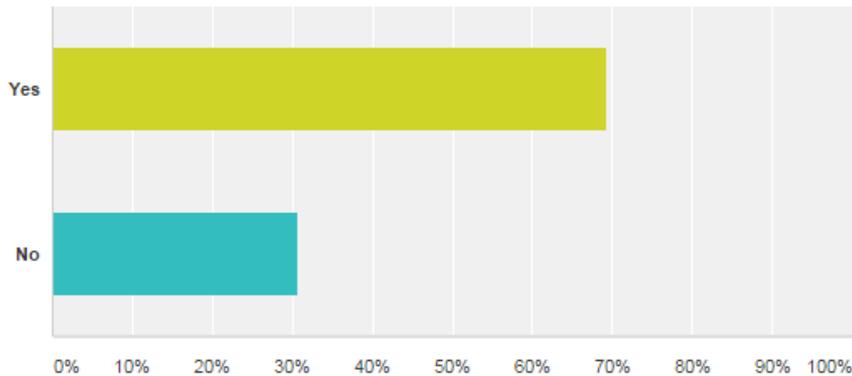


## Community Mental Health Clinic

## Health System or Hospital

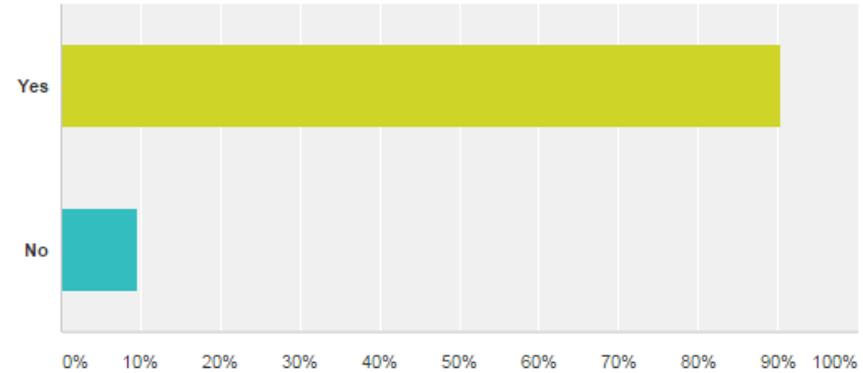
Does your organization use an Electronic Health Record system (EHR)?

Answered: 13 Skipped: 0



Does your organization use an Electronic Health Record system (EHR)?

Answered: 21 Skipped: 0





## Q7 – How long has your organization been using an EHR?

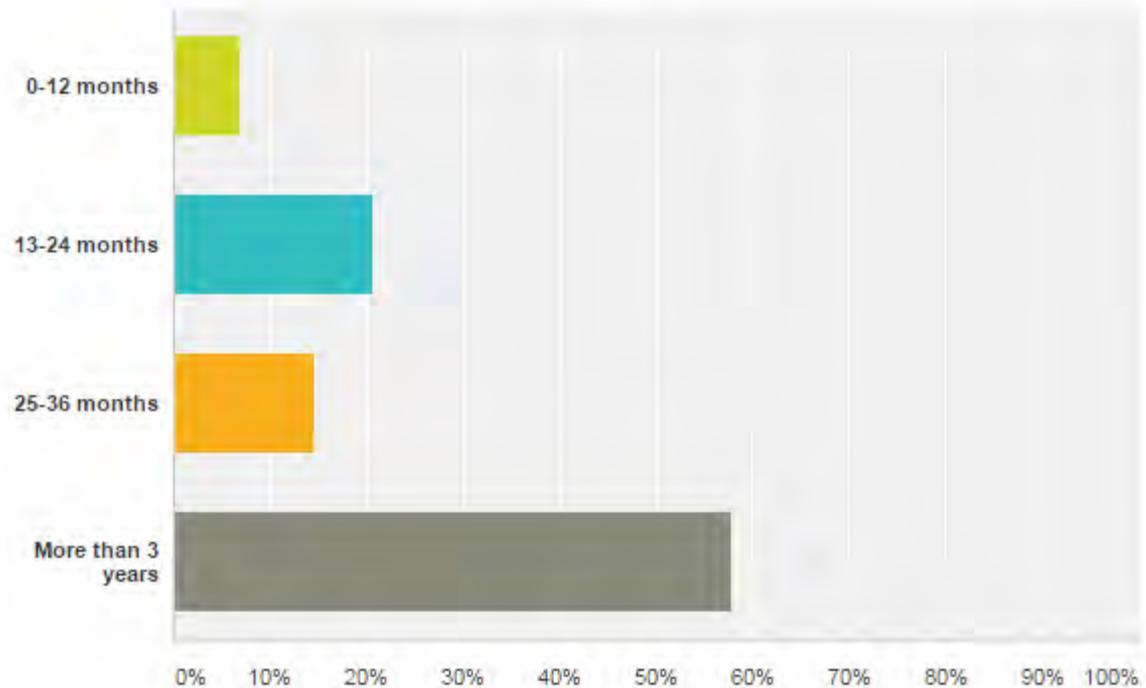
Number of respondents: 102/208

Question choices:

- 0-12 months
- 13-24 months
- 25-36 months
- More than 3 years

### How long has your organization been using an EHR?

Answered: 102 Skipped: 106





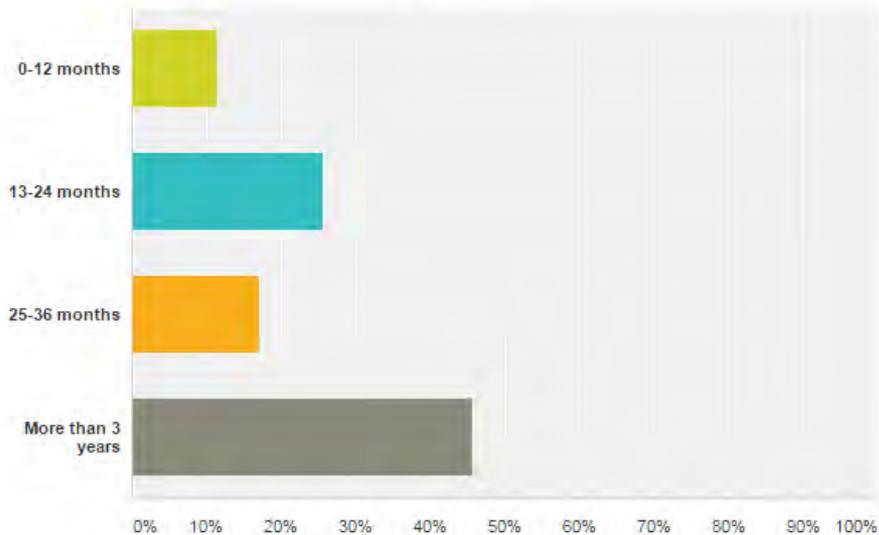
# Q7 – Segmentation by Provider Type (top 4 most reported types)

## County Behavioral Health Division

## Community-Based Service Provider

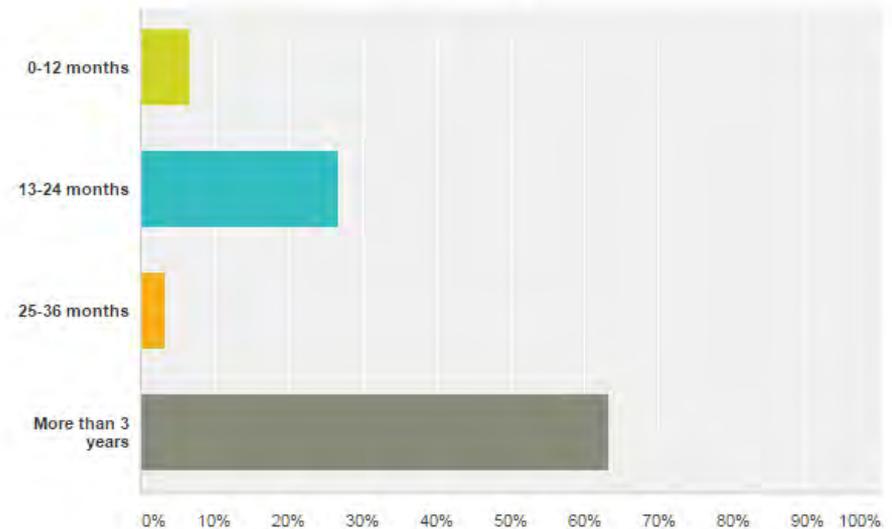
How long has your organization been using an EHR?

Answered: 35 Skipped: 25



How long has your organization been using an EHR?

Answered: 30 Skipped: 68



# Q7 – Segmentation by Provider Type (top 4 most reported types) (continued)

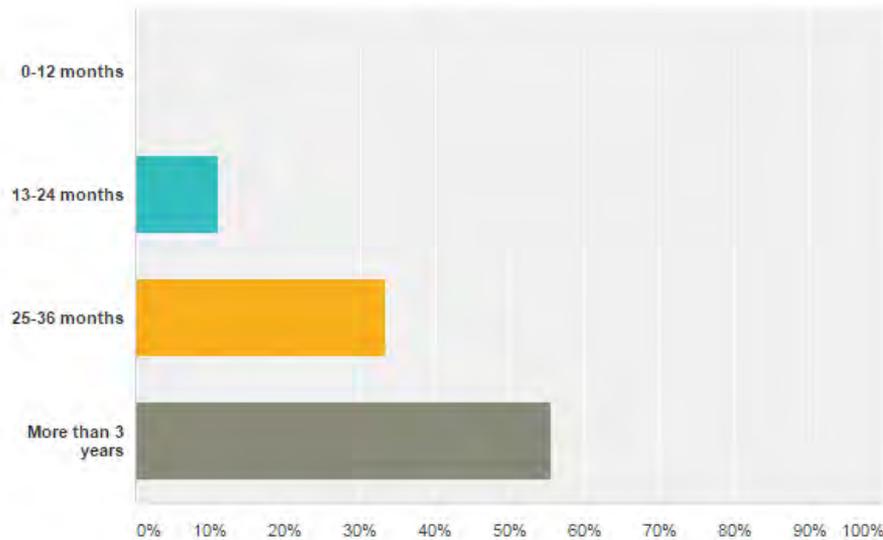


## Community Mental Health Clinic

## Health System or Hospital

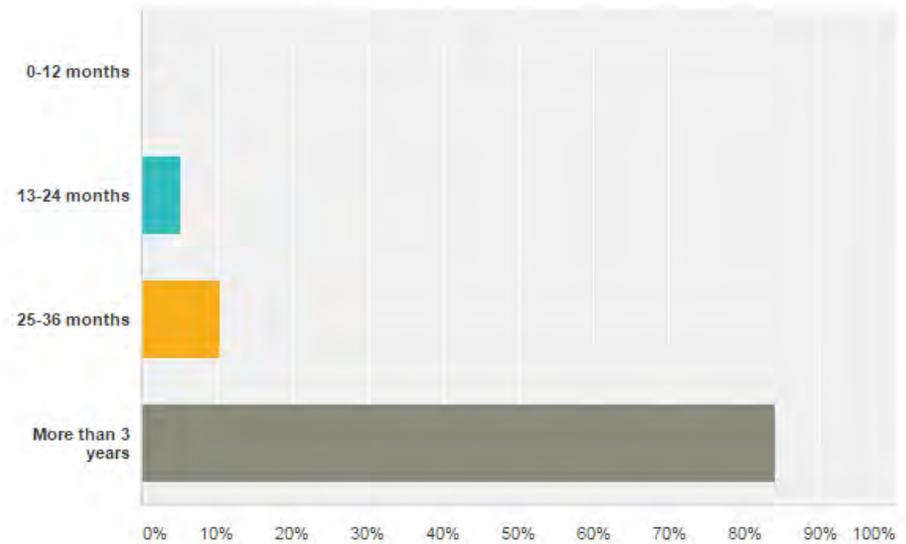
How long has your organization been using an EHR?

Answered: 9 Skipped: 4



How long has your organization been using an EHR?

Answered: 19 Skipped: 2



## Q8 – To what extent do providers working for your facility maintain an electronic chart with details of patients' care?



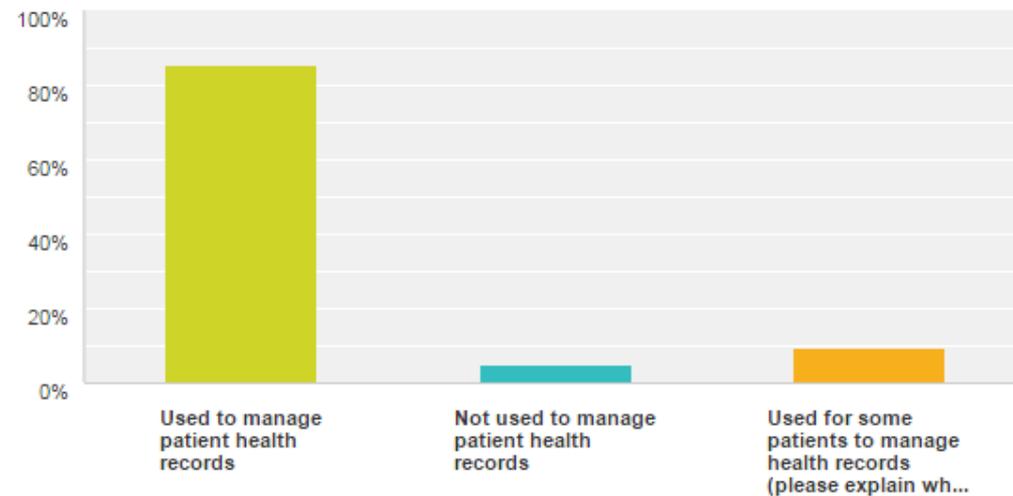
Number of respondents: 103/208

Question choices:

- An EHR is used to manage the health record for each patient
- An EHR is not used to manage the health records for any patient
- An EHR is used to manage the health record for some patients (please explain why it is used for only some, and how that population is selected)

**Not including accounting or billing purposes, to what extent do providers working for your facility maintain an electronic chart with details of consumers' care?**

Answered: 103 Skipped: 105





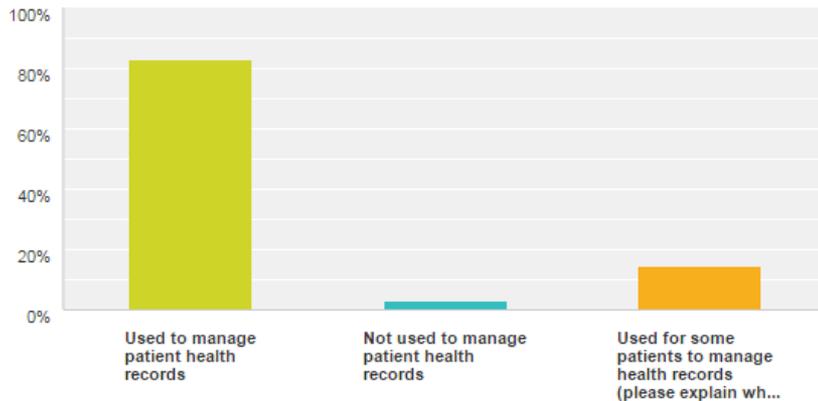
## Q8 – Segmentation by Provider Type (top 4 most reported types)

### County Behavioral Health Division

### Community-Based Service Provider

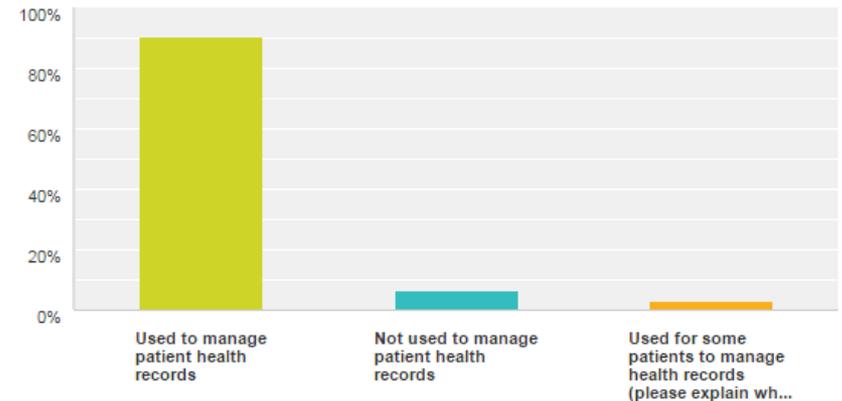
Not including accounting or billing purposes, to what extent do providers working for your facility maintain an electronic chart with details of consumers' care?

Answered: 35 Skipped: 25



Not including accounting or billing purposes, to what extent do providers working for your facility maintain an electronic chart with details of consumers' care?

Answered: 31 Skipped: 67



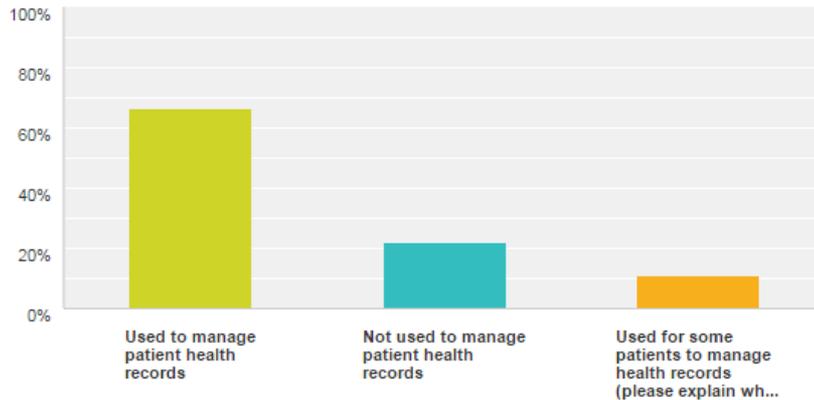
# Q8 – Segmentation by Provider Type (top 4 most reported types) (continued)



## Community Mental Health Clinic

Not including accounting or billing purposes, to what extent do providers working for your facility maintain an electronic chart with details of consumers' care?

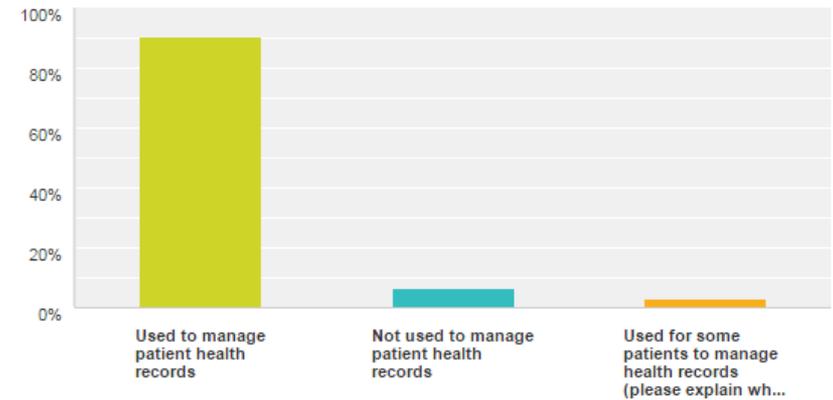
Answered: 9 Skipped: 4



## Health System or Hospital

Not including accounting or billing purposes, to what extent do providers working for your facility maintain an electronic chart with details of consumers' care?

Answered: 31 Skipped: 67



# Q9 – Rank the following on a scale of 1 to 3 for the level of challenge it has posed during the implementation of the EHR. (1=most, 3=least)



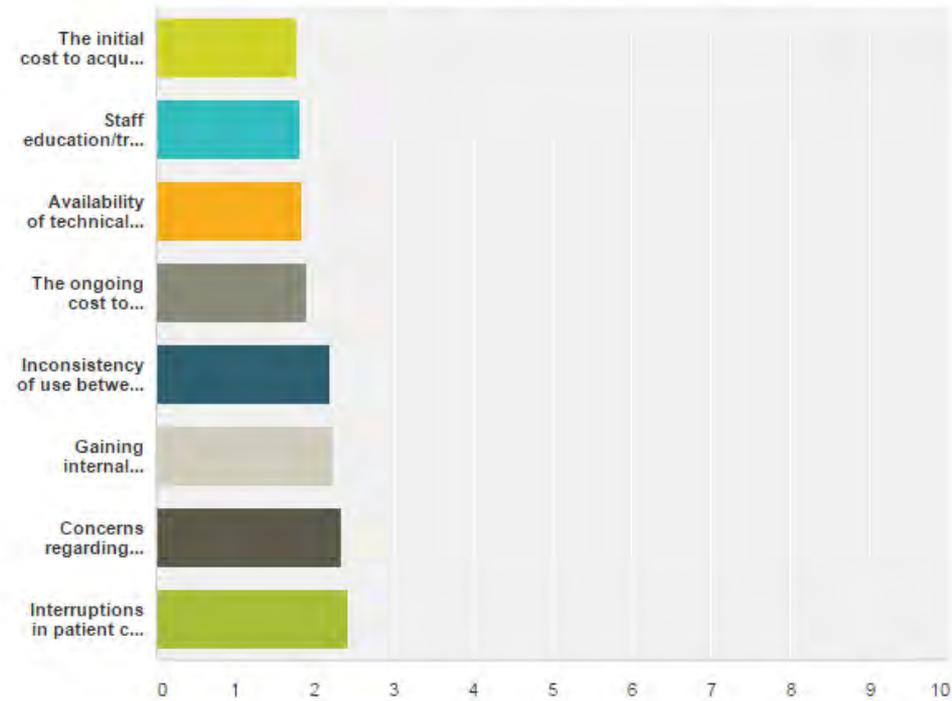
Number of respondents: 98/208

Question choices:

- The initial cost to acquire an EHR
- Staff education/training to effectively use EHR technology
- Availability of technical resources within the organization
- The ongoing cost to maintain an EHR
- Inconsistency of use between staff members and/or shifts
- Gaining internal commitment/support and change management
- Concerns regarding consumer/patient privacy and security
- Interruptions in patient care and/or appointments

Please rank the following based upon a scale of 1 to 3 for the level of challenge it has posed to your organization during the implementation of the EHR. (1=most challenging, 3=less challenging)

Answered: 98 Skipped: 110



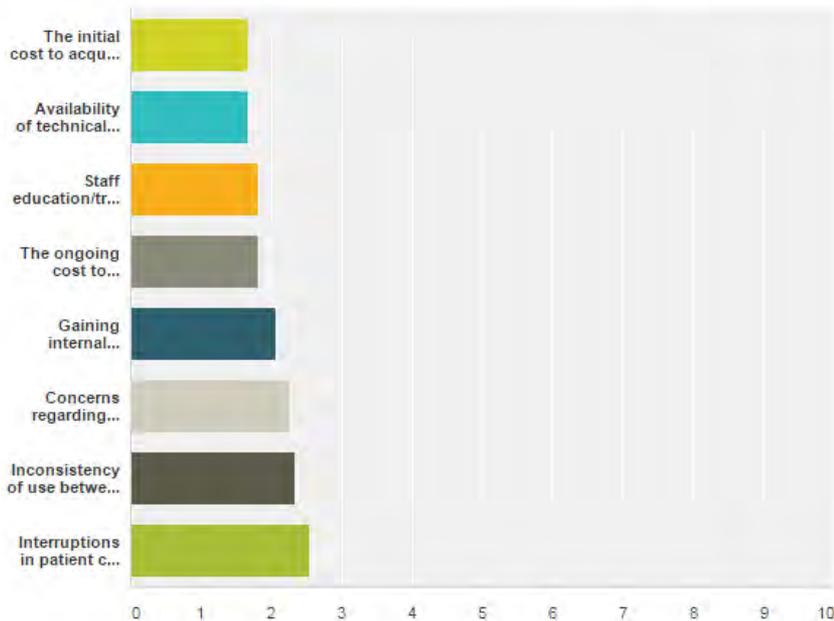


# Q9 – Segmentation by Provider Type (top 4 most reported types)

## County Behavioral Health Division

Please rank the following based upon a scale of 1 to 3 for the level of challenge it has posed to your organization during the implementation of the EHR. (1=most challenging, 3=less challenging)

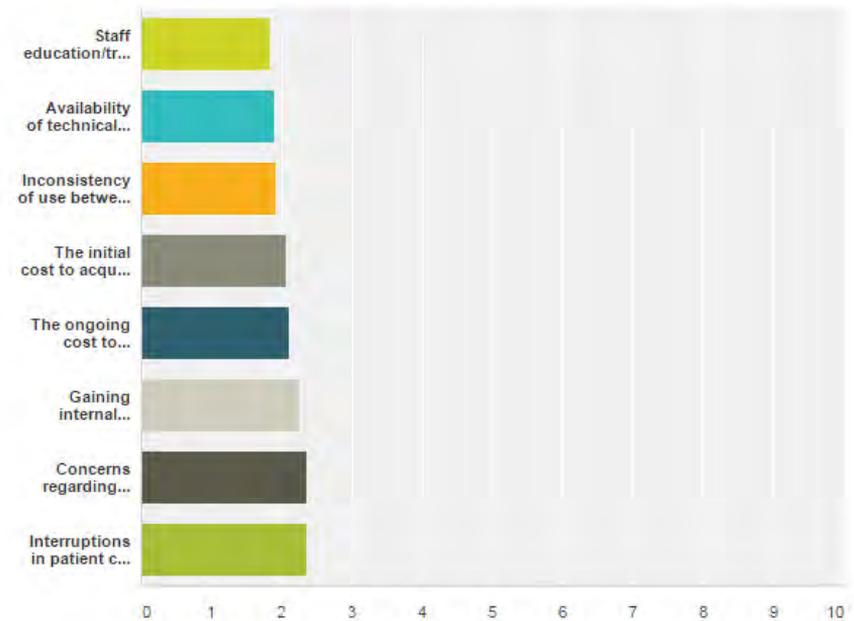
Answered: 34 Skipped: 26



## Community-Based Service Provider

Please rank the following based upon a scale of 1 to 3 for the level of challenge it has posed to your organization during the implementation of the EHR. (1=most challenging, 3=less challenging)

Answered: 29 Skipped: 69



# Q9 – Segmentation by Provider Type (top 4 most reported types) (continued)



## Community Mental Health Clinic

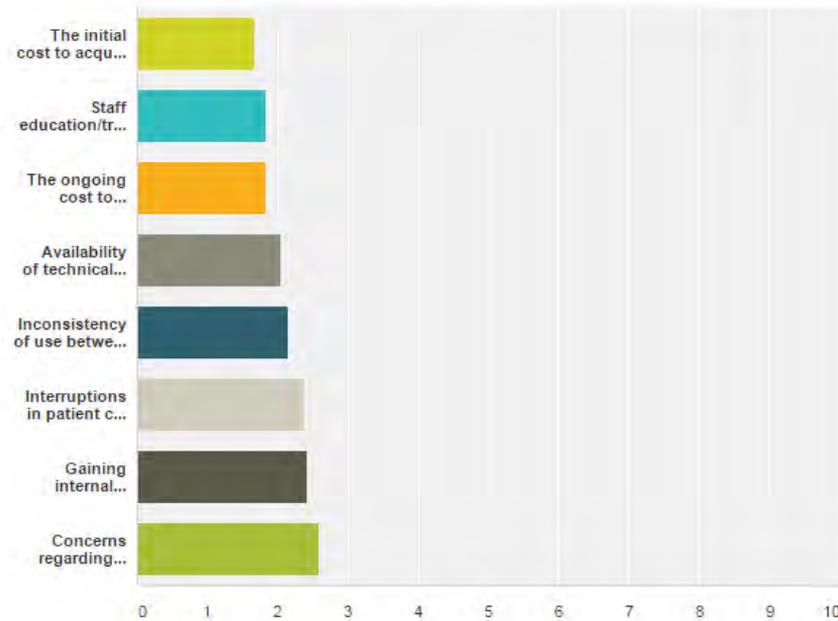
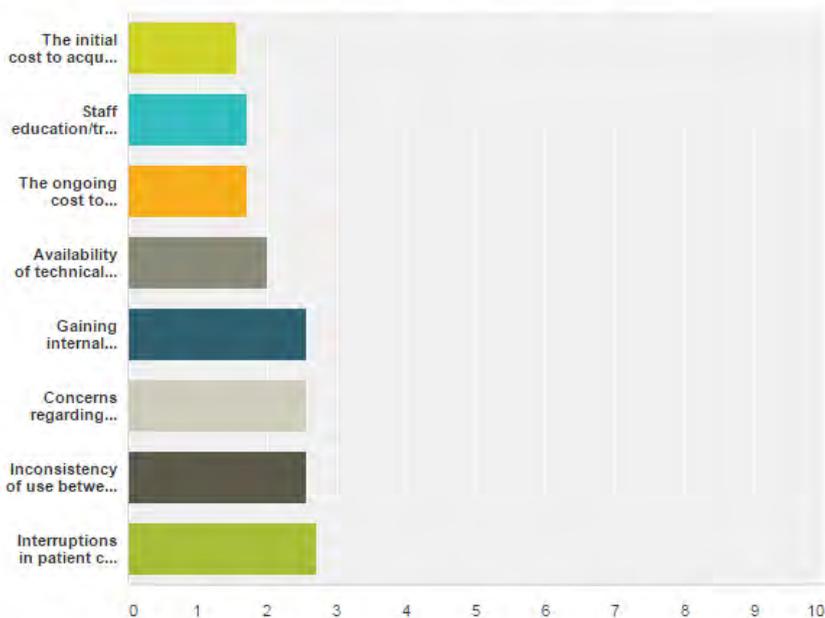
## Health System or Hospital

Please rank the following based upon a scale of 1 to 3 for the level of challenge it has posed to your organization during the implementation of the EHR. (1=most challenging, 3=less challenging)

Please rank the following based upon a scale of 1 to 3 for the level of challenge it has posed to your organization during the implementation of the EHR. (1=most challenging, 3=less challenging)

Answered: 7 Skipped: 6

Answered: 19 Skipped: 2



# Q10 – Rank the following on a scale of 1 to 3 for the level of benefit it has created as a result of implementing an EHR. (1=most, 3=least)



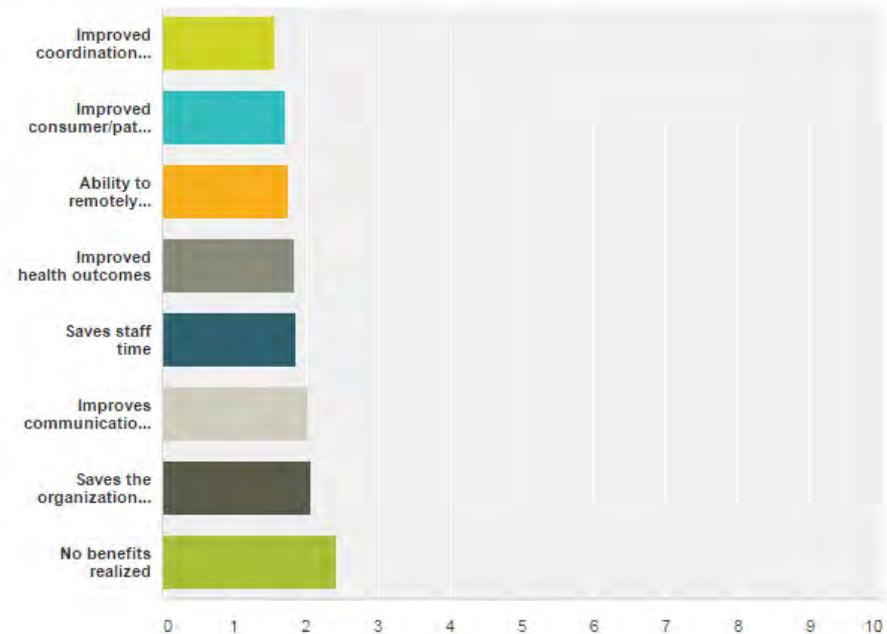
Number of respondents: 93/208

Question choices:

- Improved coordination/communication between clinicians and staff
- Improved consumer/patient safety, i.e. fewer medical errors
- Ability to remotely monitor patient needs by logging into the EHR through the Internet offsite
- Improved health outcomes
- Saves staff time
- Saves the organization money
- No benefits realized

Please rank the following based upon a scale of 1 to 3 for the level of benefit it has created for your organization as a result of implementing an EHR. (1=most beneficial, 3=least beneficial)

Answered: 93 Skipped: 115



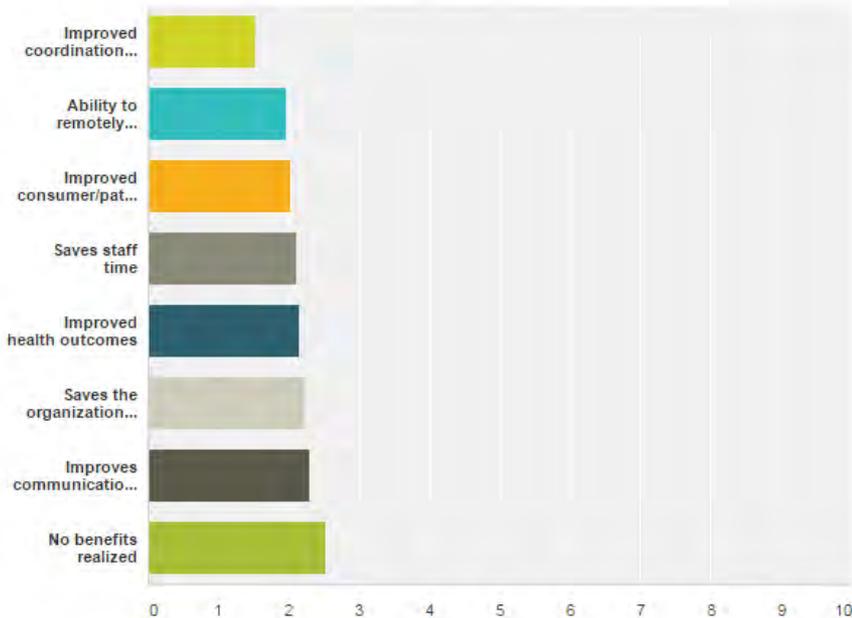


# Q10 – Segmentation by Provider Type (top 4 most reported types)

## County Behavioral Health Division

Please rank the following based upon a scale of 1 to 3 for the level of benefit it has created for your organization as a result of implementing an EHR. (1=most beneficial, 3=least beneficial)

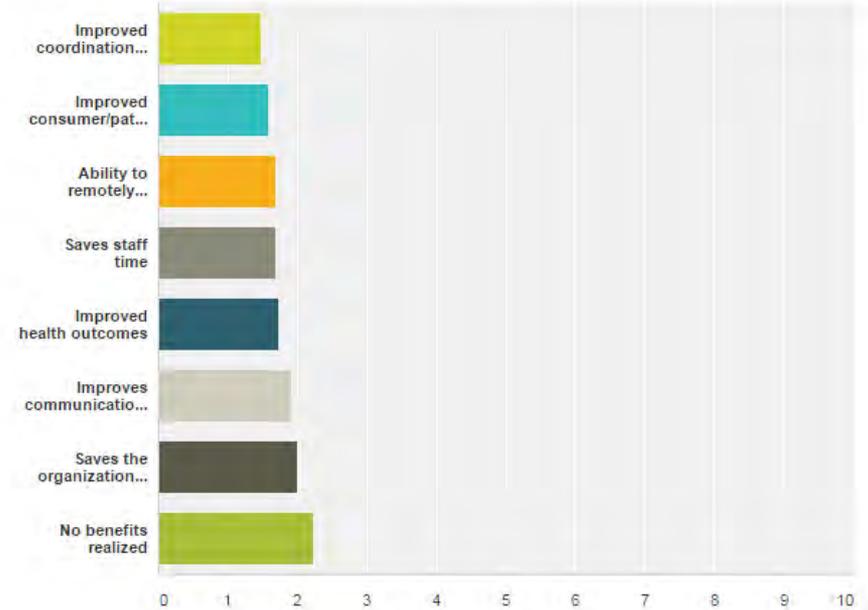
Answered: 29 Skipped: 31



## Community-Based Service Provider

Please rank the following based upon a scale of 1 to 3 for the level of benefit it has created for your organization as a result of implementing an EHR. (1=most beneficial, 3=least beneficial)

Answered: 27 Skipped: 71



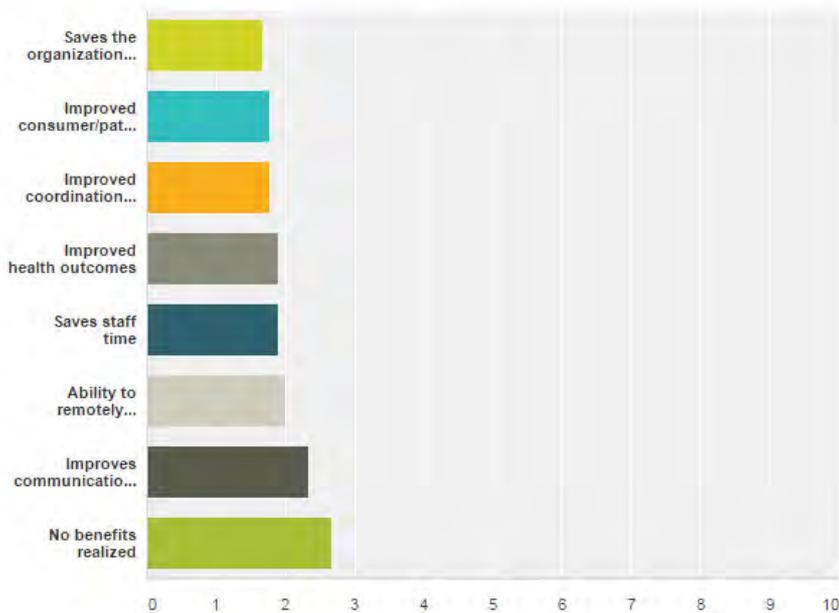
# Q10 – Segmentation by Provider Type (top 4 most reported types) (continued)



## Community Mental Health Clinic

Please rank the following based upon a scale of 1 to 3 for the level of benefit it has created for your organization as a result of implementing an EHR. (1=most beneficial, 3=least beneficial)

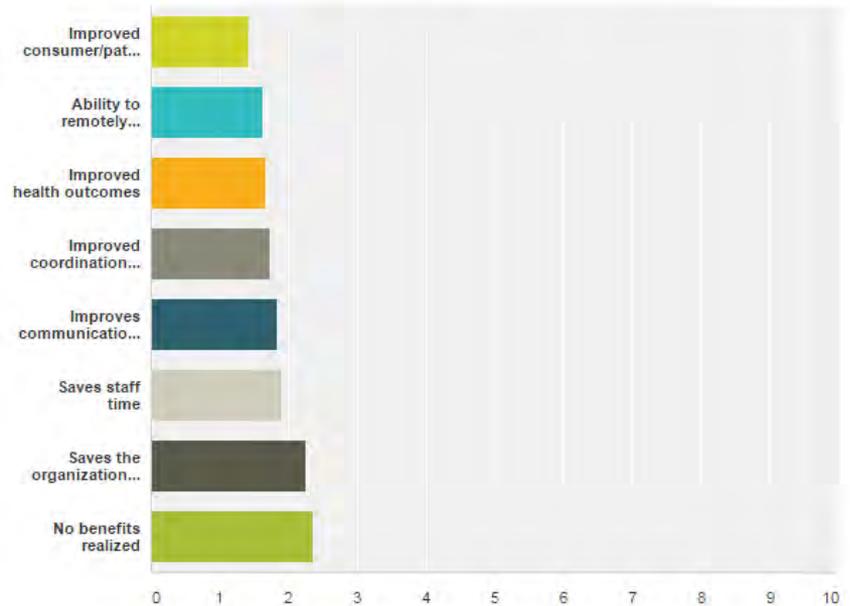
Answered: 9 Skipped: 4



## Health System or Hospital

Please rank the following based upon a scale of 1 to 3 for the level of benefit it has created for your organization as a result of implementing an EHR. (1=most beneficial, 3=least beneficial)

Answered: 19 Skipped: 2





## Q11 – What other internal systems interface with your EHR?

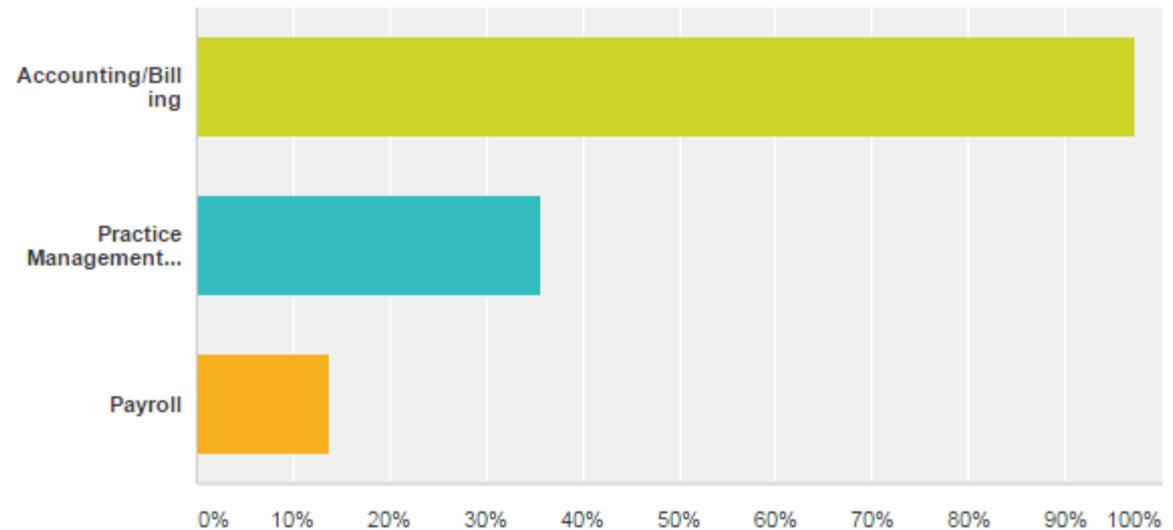
Number of respondents: 73/208

Question choices:

- Accounting/Billing
- Practice Management System
- Payroll

### What other internal billing systems interface with your EHR? (Check all that apply)

Answered: 73 Skipped: 135



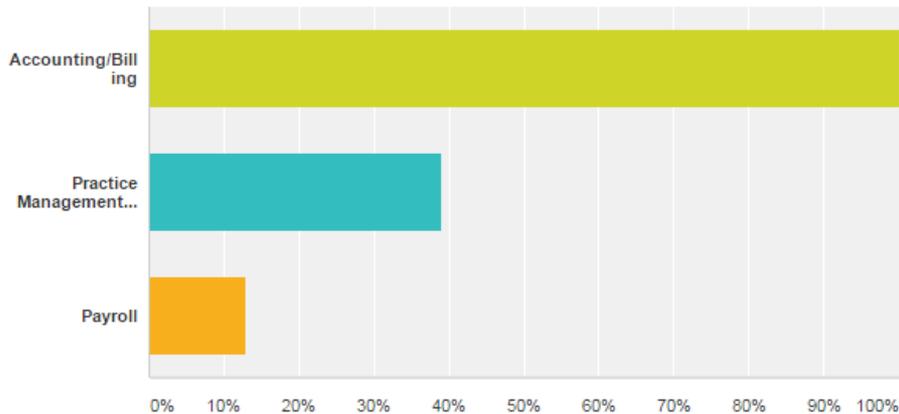


# Q11 – Segmentation by Provider Type (top 4 most reported types)

## County Behavioral Health Division

What other internal billing systems interface with your EHR? (Check all that apply)

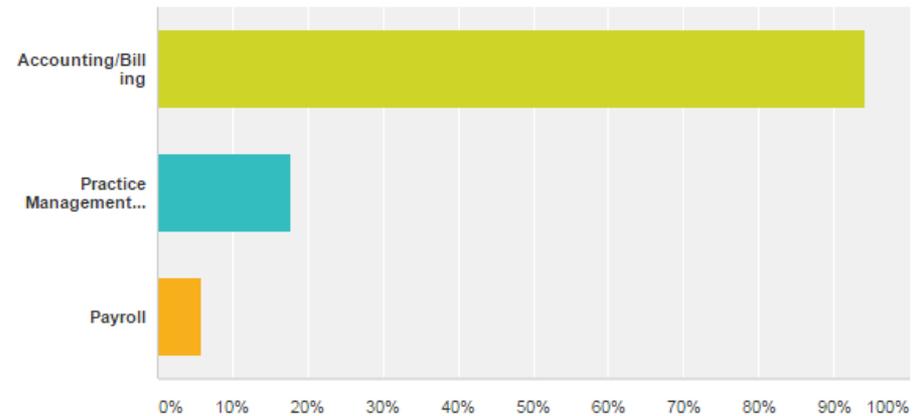
Answered: 23 Skipped: 37



## Community-Based Service Provider

What other internal billing systems interface with your EHR? (Check all that apply)

Answered: 17 Skipped: 81



# Q11 – Segmentation by Provider Type (top 4 most reported types) (continued)

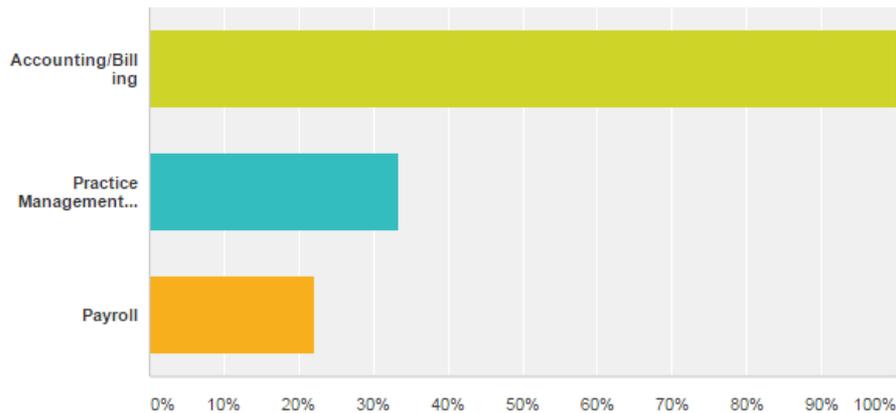


## Community Mental Health Clinic

## Health System or Hospital

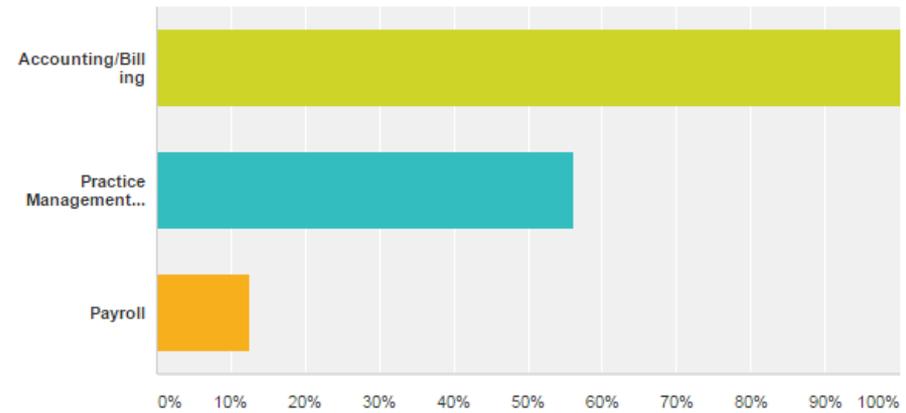
What other internal billing systems interface with your EHR? (Check all that apply)

Answered: 9 Skipped: 4



What other internal billing systems interface with your EHR? (Check all that apply)

Answered: 16 Skipped: 5





## Q12 – Please provide us with more information about your EHR

---

Number of respondents: 92/208

Questions asked:

- What is the vendor name and version of the EHR in use for your facility?
- If known, what is the CMS EHR Certification ID? Reference <http://oncchpl.force.com/ehrcert?q=chpl>

# Q12 – Please provide us with more information about your EHR (continued)



| EHR Reported                         | #  | CEHRT ID (if provided) | EHR Reported   | # | CEHRT ID (if provided) |
|--------------------------------------|----|------------------------|--|---|------------------------|
| ✓ Netsmart Avatar                    | 13 | 05222014-1914-6        | ✓ Foothold Technology – AWARDS   | 1 |                        |
| The Clinical Manager (TCM)           | 10 |                        | Harmony: Web Harmony   | 1 |                        |
| ✓ EPIC                               | 9  |                        | ✓ Healthland Centriq and American Health Tech                                  | 1 |                        |
| ✓ Point Click Care                   | 8  |                        | ✓ Healthland Physician Practice Documentation                                  | 1 |                        |
| ✓ Cerner                             | 4  |                        | ✓ IHS RPMS   | 1 |                        |
| ✓ ECS                                | 3  |                        | Internal program created by county - AS-400                                    | 1 |                        |
| Extended Care Pro                    | 3  |                        | ✓ Matrix   | 1 |                        |
| ✓ Meditech                           | 3  |                        | ✓ Matrix 4.0   | 1 |                        |
| ✓ Procentive                         | 3  |                        | ✓ Matrix Care 2015   | 1 |                        |
| ✓ Valant Medical Solutions           | 3  | 140113R00              | ✓ MatrixCare   | 1 | CC-1112-100063-1       |
| GE/Centricity                        | 2  |                        | MyClientsPlus  | 1 |                        |
| Therapist Helper                     | 2  |                        | NA   | 1 |                        |
| AIChartsPlus                         | 1  |                        | ✓ Netsmart: Evolv  | 1 |                        |
| ✓ American Data - ECS 9.0.5.1        | 1  |                        | ✓ NextGen  | 1 |                        |
| ✓ Celerity                           | 1  |                        | ✓ OCHIN – EPIC   | 1 |                        |
| Champ                                | 1  |                        | Residex  | 1 |                        |
| ✓ Core Solutions 360 System          | 1  | 12112014-2606-5        | SharePoint   | 1 |                        |
| Csp Exchange                         | 1  |                        | ✓ Streamline: Smartcare  | 1 |                        |
| ✓ Currently MedHost moving to Cerner | 1  |                        | ✓ Therap   | 1 |                        |
| ✓ Docutrac                           | 1  |                        | ✓ Currently: Locus Note - Gecko; Moving to: Lytec MD - Healthcare Data Systems | 1 |                        |
| ✓ ECHO                               | 1  |                        |  |   |                        |



## Q13 – What information do you capture in your EHR?

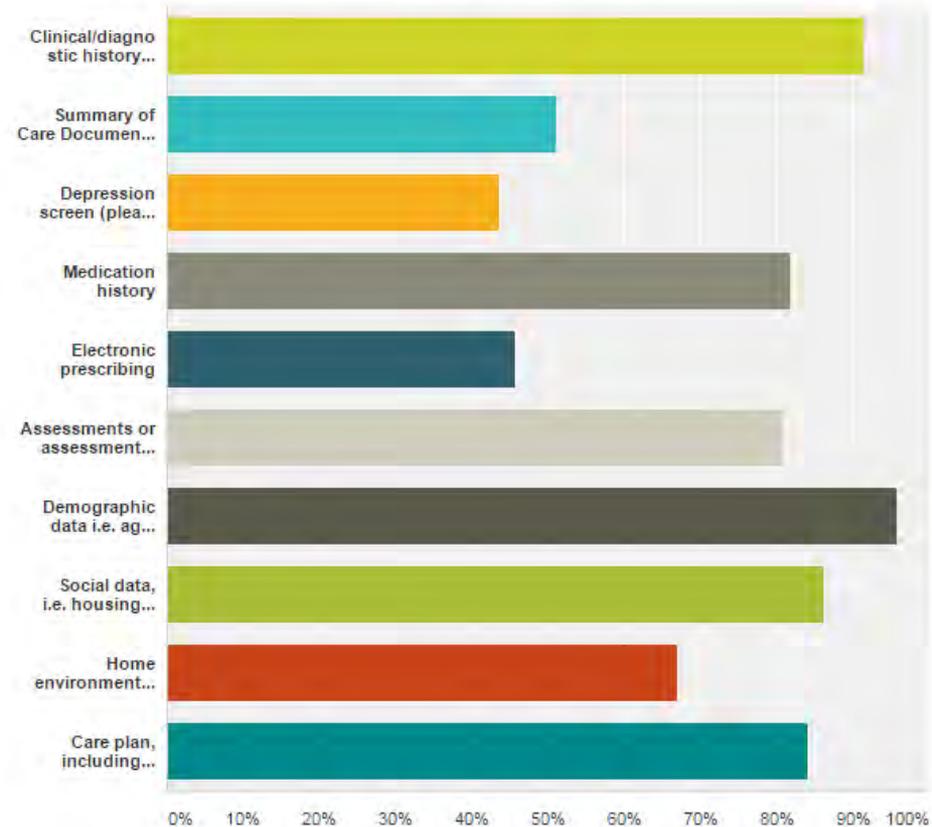
Number of respondents: 94/208

Question choices:

- Clinical/diagnostic history, including discharge notes
- Summary of Care Document (CCDA)
- Depression screen (please specify in space provided below)
- Medication history
- Electronic prescribing
- Assessments or assessment scores demonstrating functional levels, strengths, gaps, etc.
- Demographic data i.e. age, gender, home address
- Social data, i.e. housing stability/homelessness, employment, support system
- Home environment information, including safety
- Care plan, including goals, services approved, etc.

### What information do you capture in your EHR? (Select all that apply)

Answered: 94 Skipped: 114





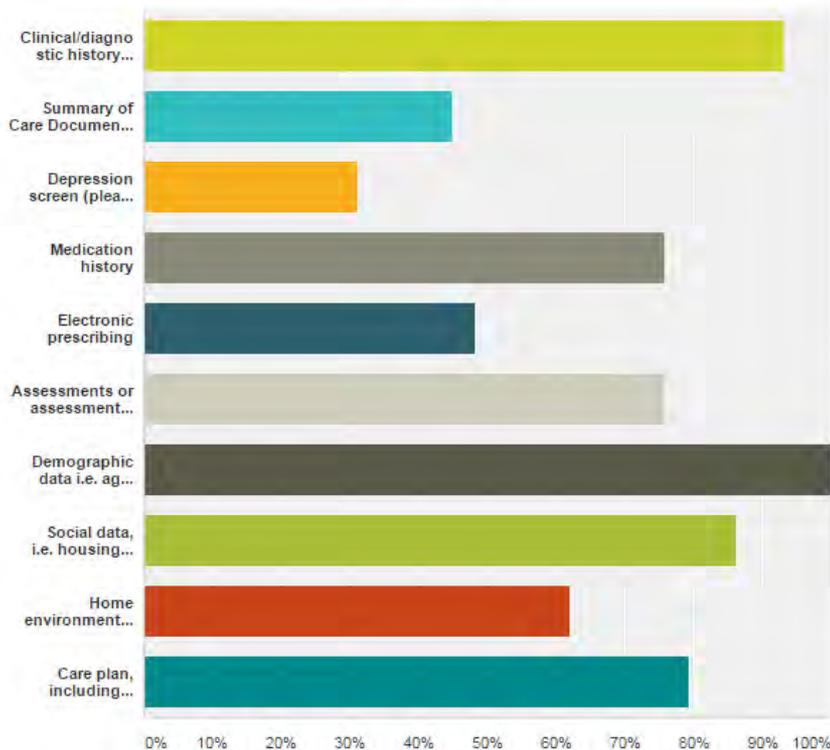
# Q13 – Segmentation by Provider Type (top 4 most reported types)

## County Behavioral Health Division

## Community-Based Service Provider

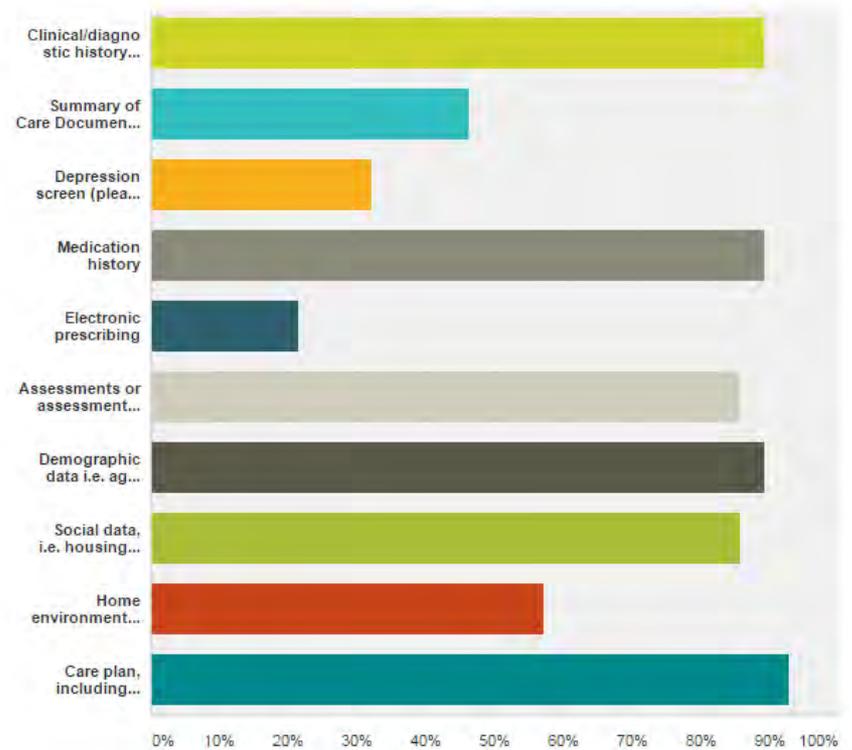
What information do you capture in your EHR? (Select all that apply)

Answered: 29 Skipped: 31



What information do you capture in your EHR? (Select all that apply)

Answered: 28 Skipped: 70



# Q13 – Segmentation by Provider Type (top 4 most reported types) (continued)

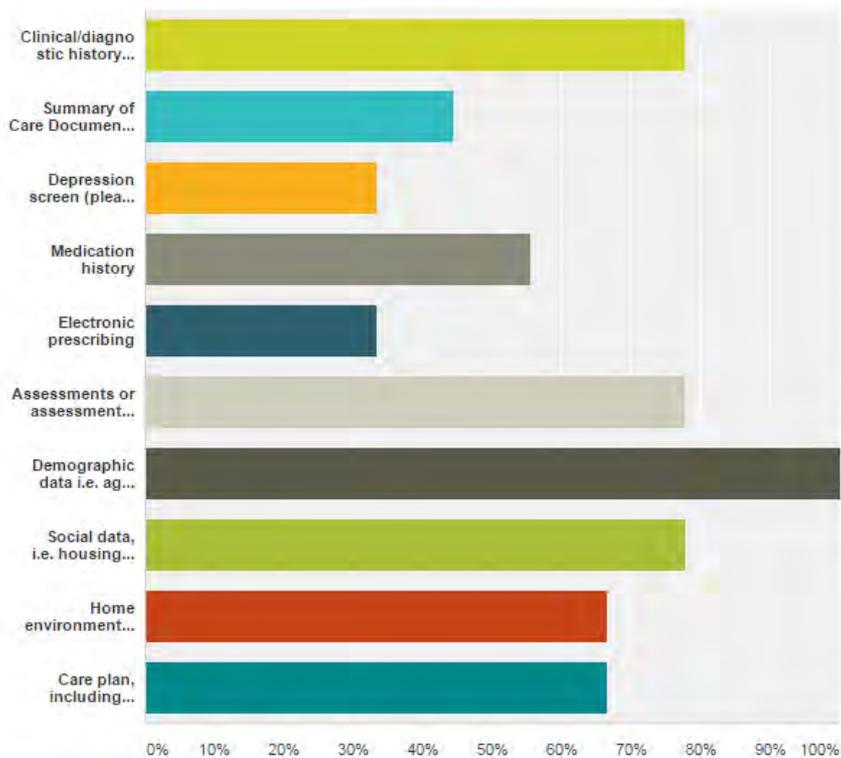


## Community Mental Health Clinic

## Health System or Hospital

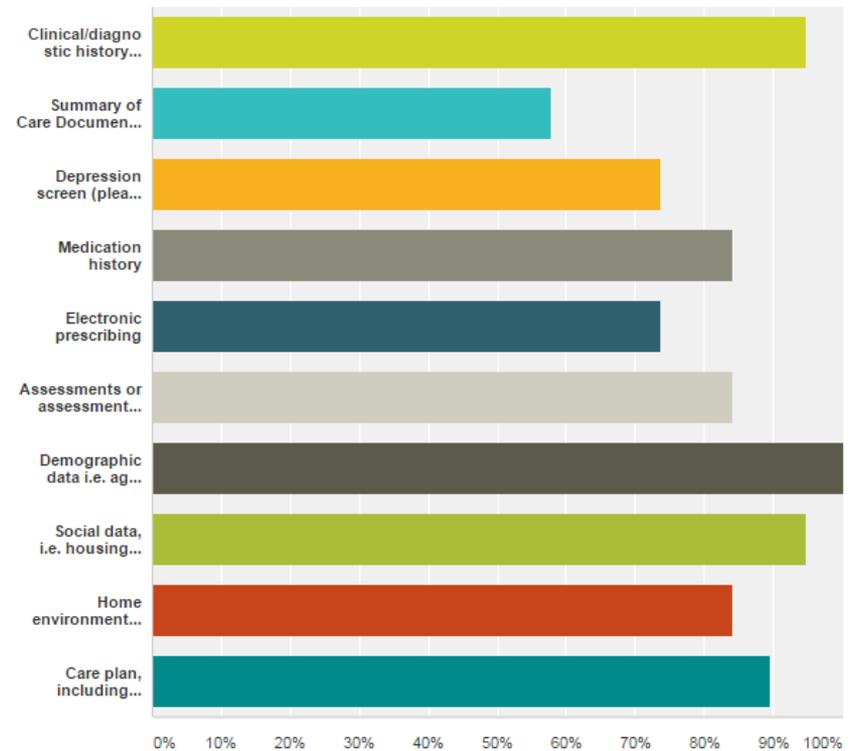
What information do you capture in your EHR? (Select all that apply)

Answered: 9 Skipped: 4



What information do you capture in your EHR? (Select all that apply)

Answered: 19 Skipped: 2



# Q14 – Rank the top three reasons your organization has not implemented an EHR (1=most influential, 3=less influential)



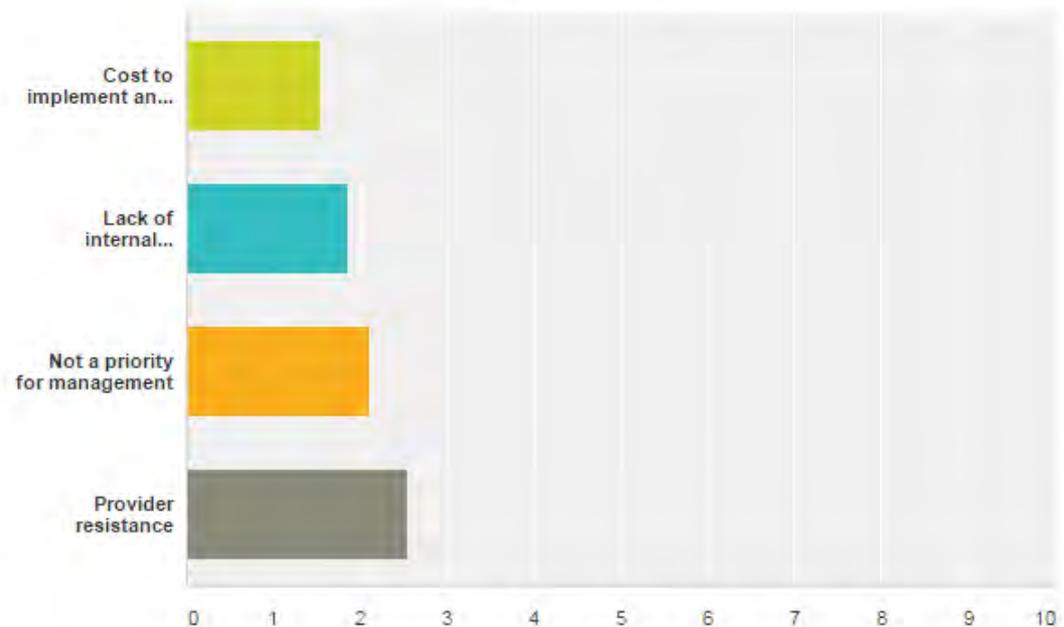
Number of respondents: 86/208

Question choices:

- Cost to implement and maintain an EHR
- Lack of internal technical resources
- Not a priority for management
- Provider resistance

**Rank the top three reasons your organization has not implemented an EHR.  
(1=most influential, 3=less influential)**

Answered: 86 Skipped: 122



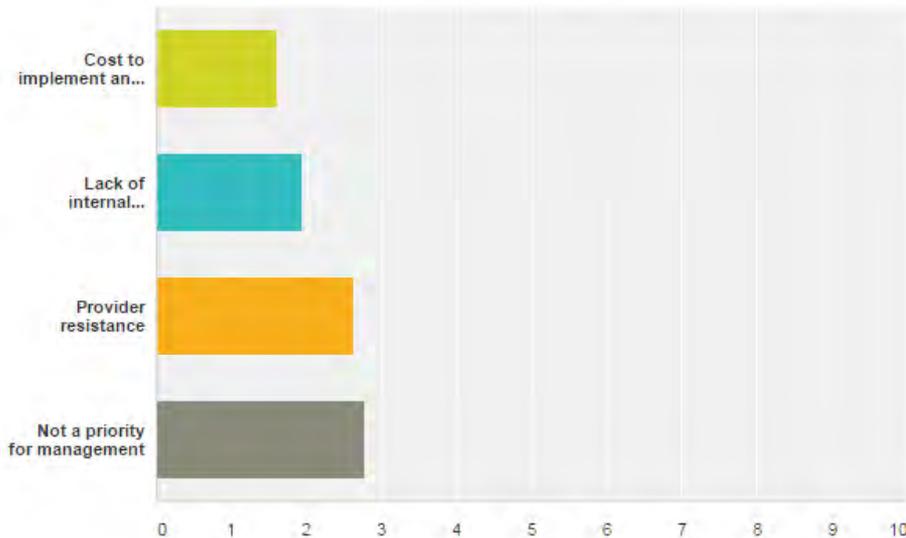


# Q14 – Segmentation by Provider Type (top 4 most reported types)

## County Behavioral Health Division

Rank the top three reasons your organization has not implemented an EHR. (1=most influential, 3=less influential)

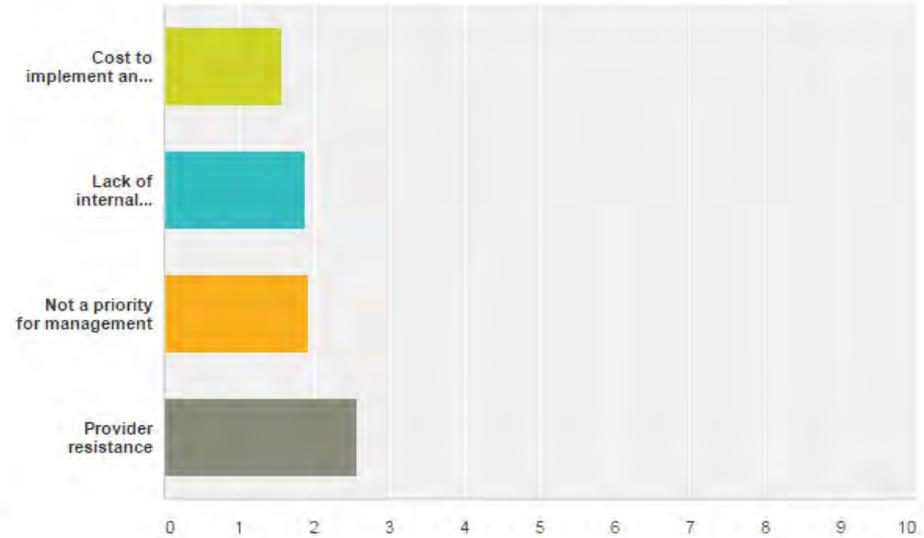
Answered: 18 Skipped: 42



## Community-Based Service Provider

Rank the top three reasons your organization has not implemented an EHR. (1=most influential, 3=less influential)

Answered: 59 Skipped: 39



# Q14 – Segmentation by Provider Type (top 4 most reported types) (continued)

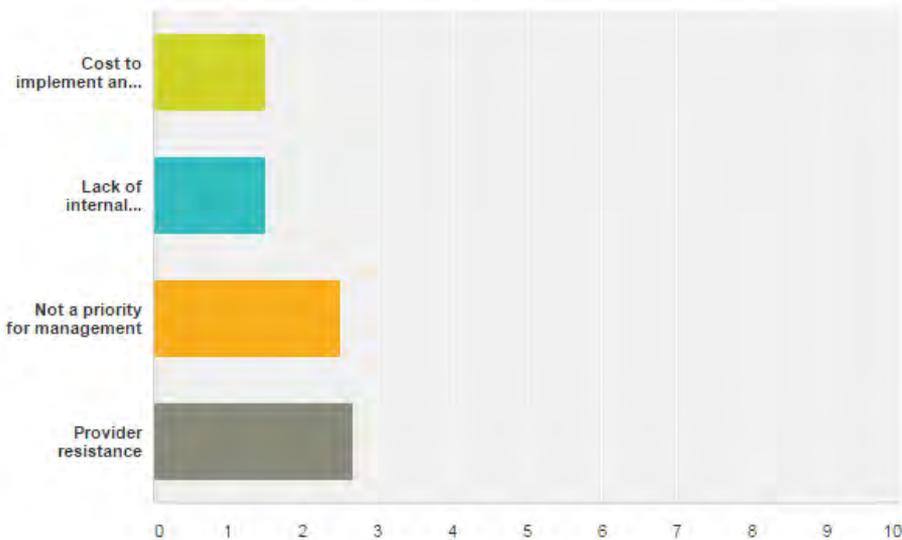


## Community Mental Health Clinic

## Health System or Hospital

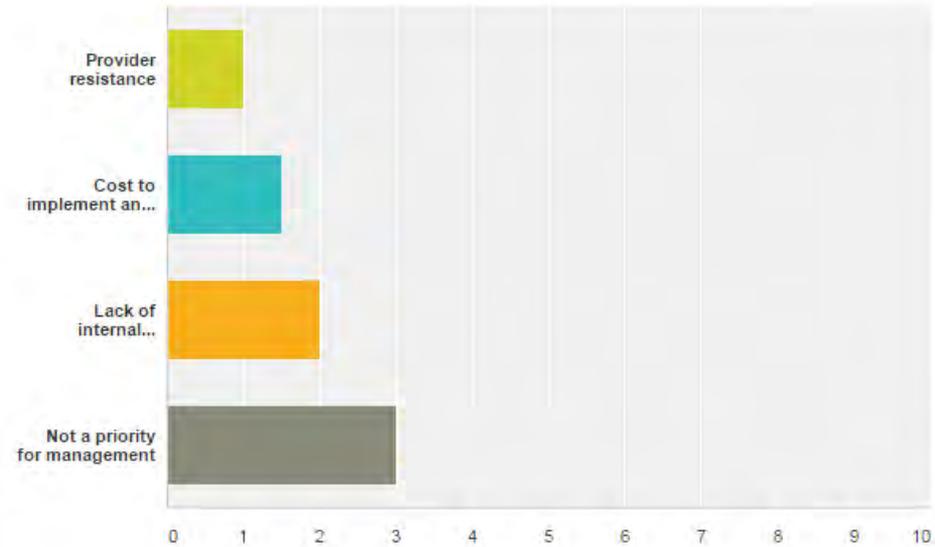
Rank the top three reasons your organization has not implemented an EHR. (1=most influential, 3=less influential)

Answered: 4 Skipped: 9



Rank the top three reasons your organization has not implemented an EHR. (1=most influential, 3=less influential)

Answered: 2 Skipped: 19



# Q15 – If your organization does not currently use an EHR, is there a projected time frame for doing so?



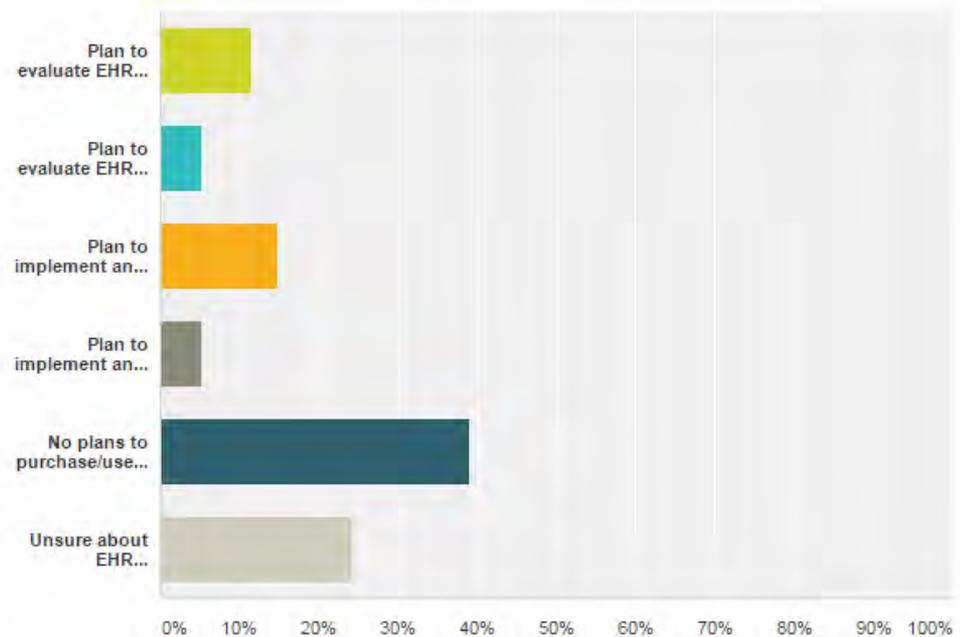
Number of respondents: 95/208

Question choices:

- Plan to evaluate EHR products within the next 12 months
- Plan to evaluate EHR products in 18-36 months
- Plan to implement an EHR within the next 12 months
- Plan to implement an EHR within 18-36 months
- No plans to purchase/use EHR
- Unsure about EHR purchase/use timeframes

If your organization does not currently use an EHR, is there a projected time frame for doing so?

Answered: 95 Skipped: 113



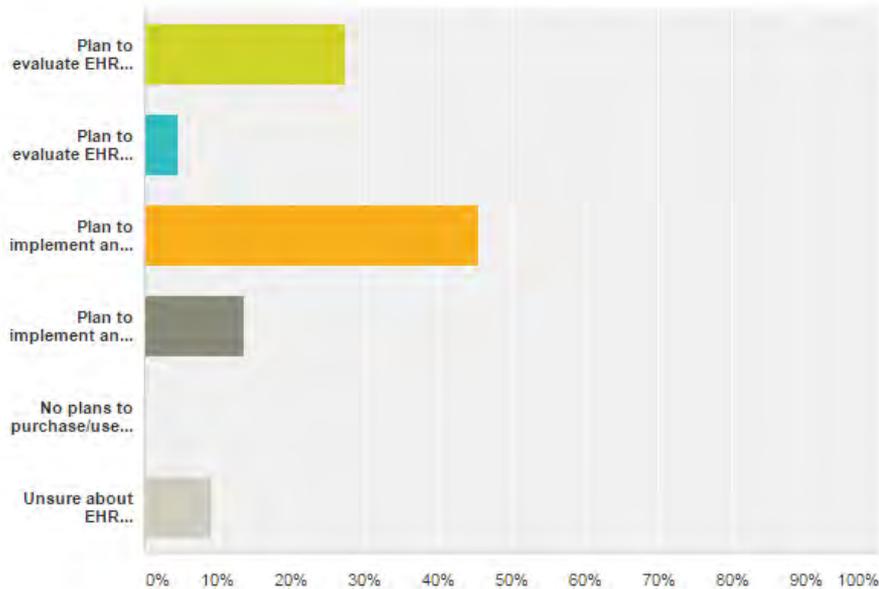


# Q15 – Segmentation by Provider Type (top 4 most reported types)

## County Behavioral Health Division

If your organization does not currently use an EHR, is there a projected time frame for doing so?

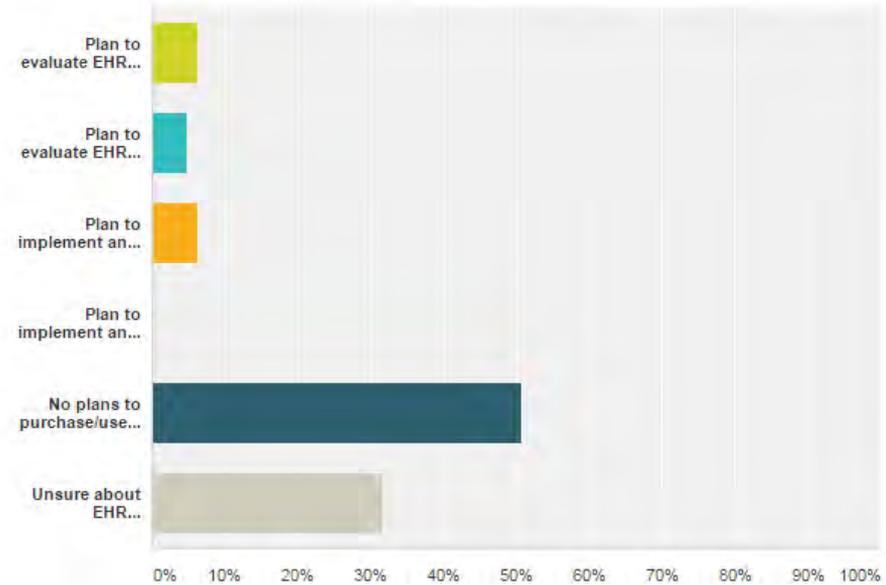
Answered: 22 Skipped: 38



## Community-Based Service Provider

If your organization does not currently use an EHR, is there a projected time frame for doing so?

Answered: 63 Skipped: 35



# Q15 – Segmentation by Provider Type (top 4 most reported types) (continued)

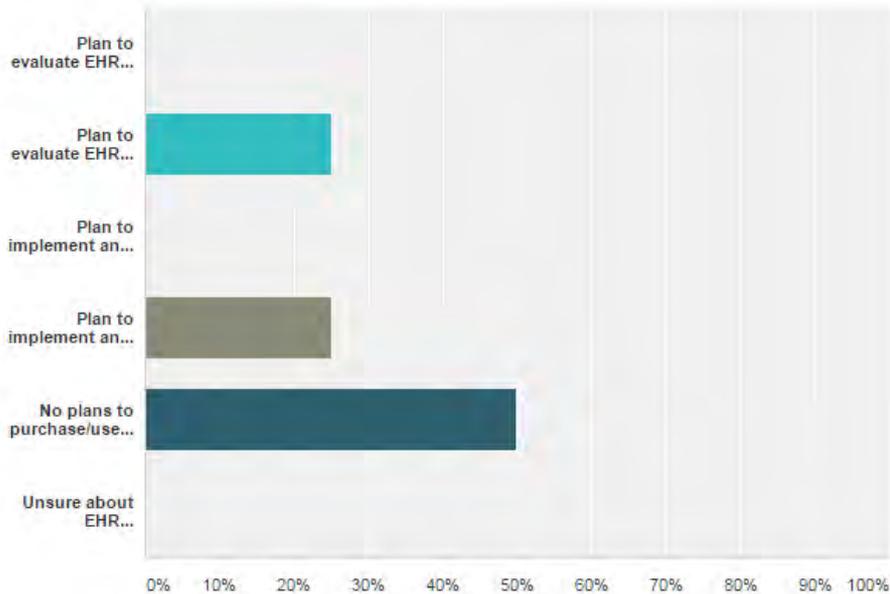


## Community Mental Health Clinic

## Health System or Hospital

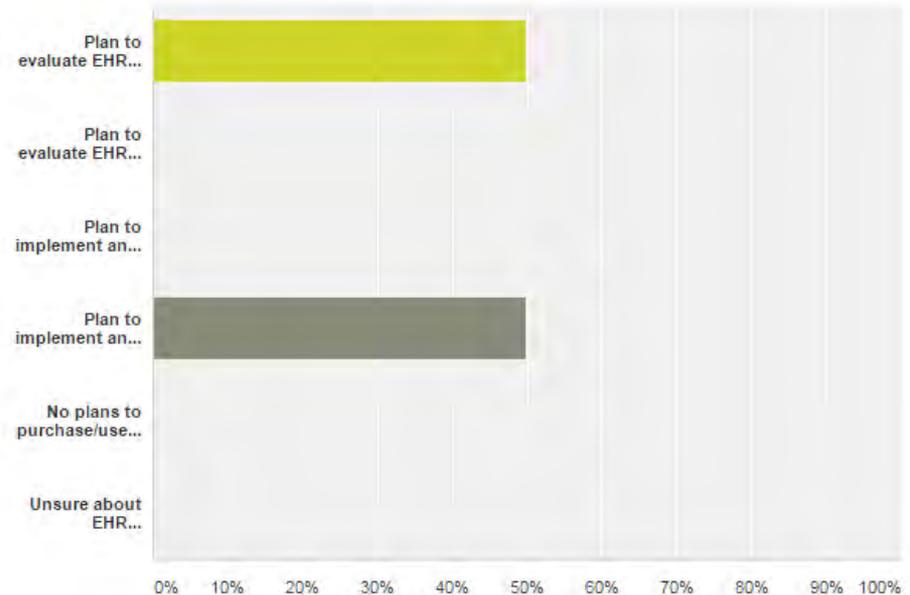
If your organization does not currently use an EHR, is there a projected time frame for doing so?

Answered: 4 Skipped: 9



If your organization does not currently use an EHR, is there a projected time frame for doing so?

Answered: 2 Skipped: 19



# Q16 – How does your organization share consumers' clinical history, care or service information within your organization?



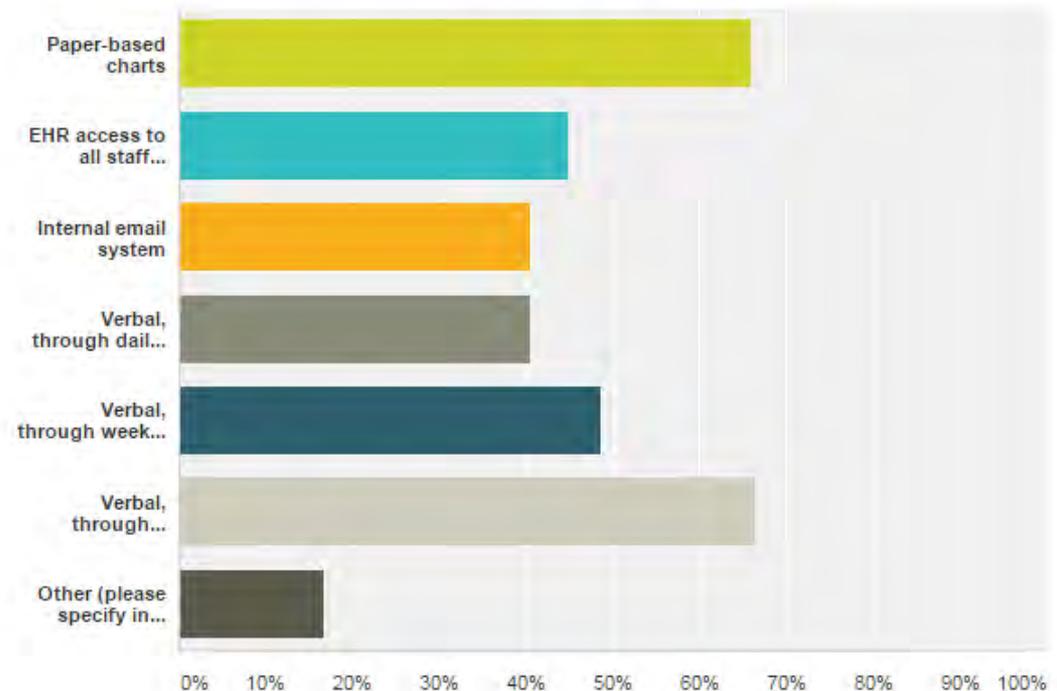
Number of respondents: 185/208

Question choices:

- Paper-based charts
- EHR access to all staff members who are involved in the patient's care
- Internal email system
- Verbal, through daily staff meetings
- Verbal, through weekly staff meetings
- Verbal, through impromptu conversations, as needed
- Other (please specify in space provided below)

## How does your organization share consumers' clinical history, care or service information within your organization? (Check all that apply)

Answered: 185 Skipped: 23



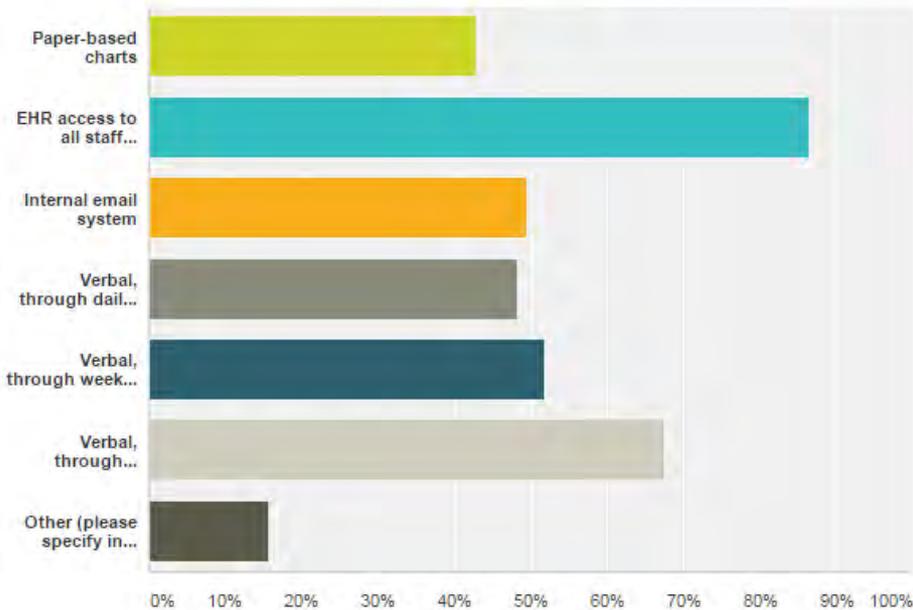


# Q16 – Segmentation by EHR Use

## EHR Users

How does your organization share consumers' clinical history, care or service information within your organization?  
(Check all that apply)

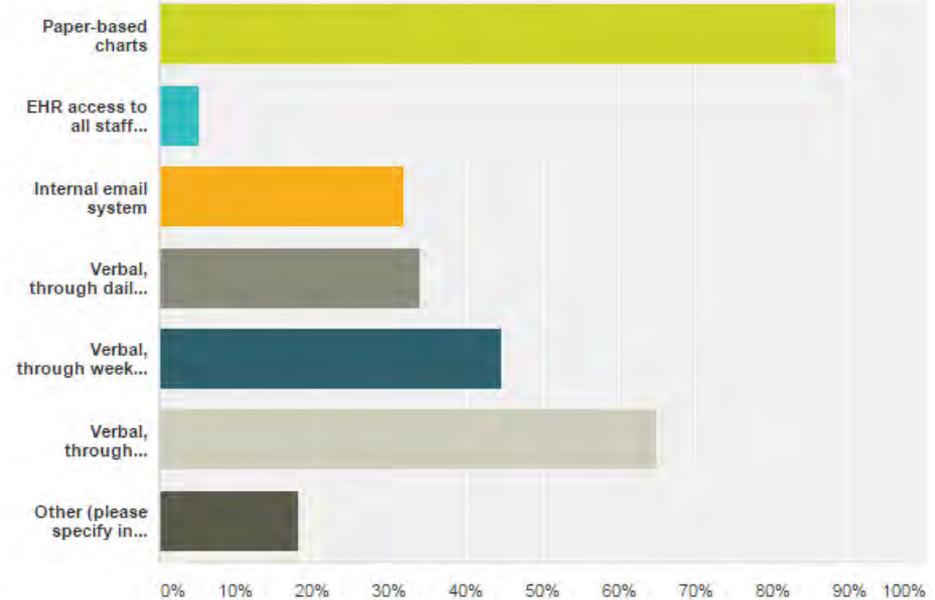
Answered: 89 Skipped: 14



## Non-EHR Users

How does your organization share consumers' clinical history, care or service information within your organization?  
(Check all that apply)

Answered: 94 Skipped: 6



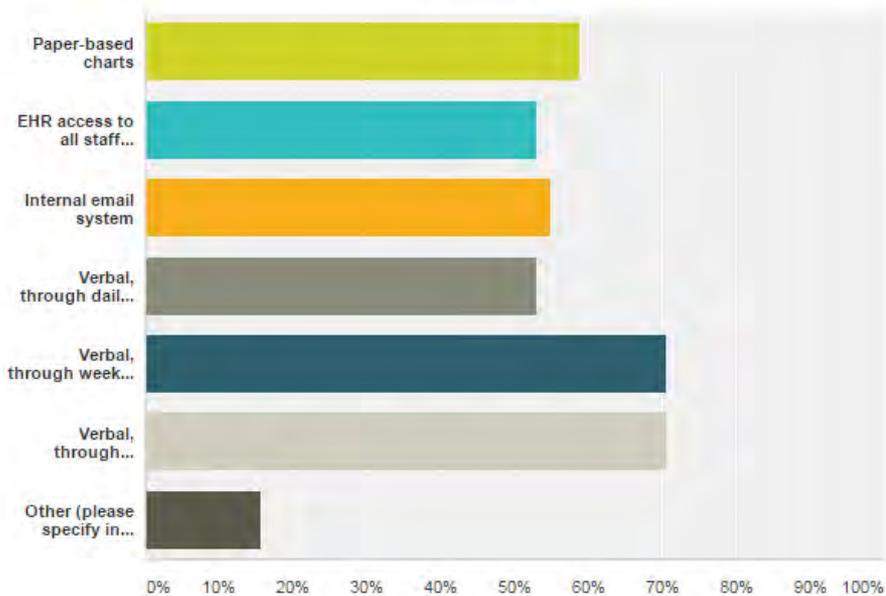


# Q16 – Segmentation by Provider Type (top 4 most reported types)

## County Behavioral Health Division

How does your organization share consumers' clinical history, care or service information within your organization?  
(Check all that apply)

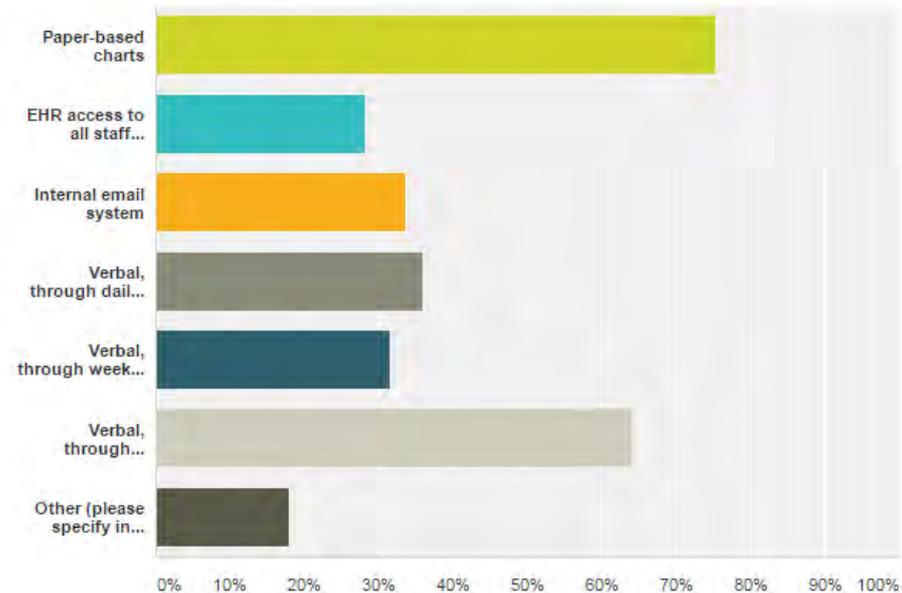
Answered: 51 Skipped: 9



## Community-Based Service Provider

How does your organization share consumers' clinical history, care or service information within your organization?  
(Check all that apply)

Answered: 89 Skipped: 9



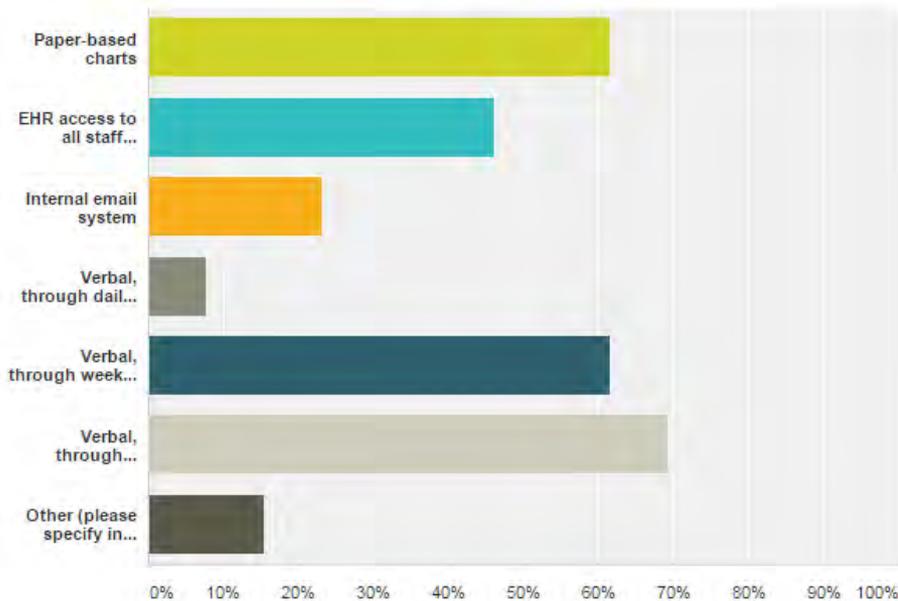
# Q16 – Segmentation by Provider Type (top 4 most reported types) (continued)



## Community Mental Health Clinic

How does your organization share consumers' clinical history, care or service information within your organization?  
(Check all that apply)

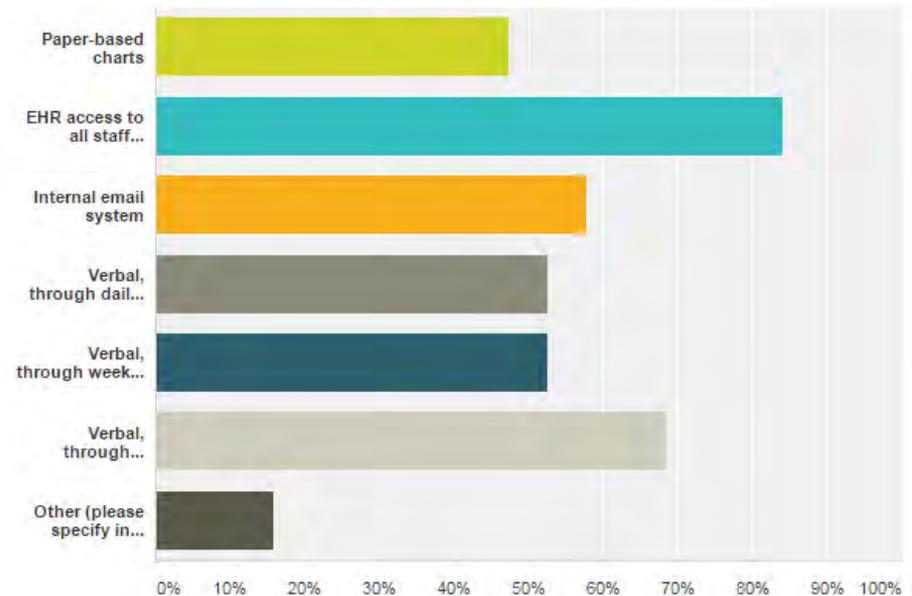
Answered: 13 Skipped: 0



## Health System or Hospital

How does your organization share consumers' clinical history, care or service information within your organization?  
(Check all that apply)

Answered: 19 Skipped: 2



# Q17 – Does your organization send individual patient information outside of your organization in order to coordinate care?



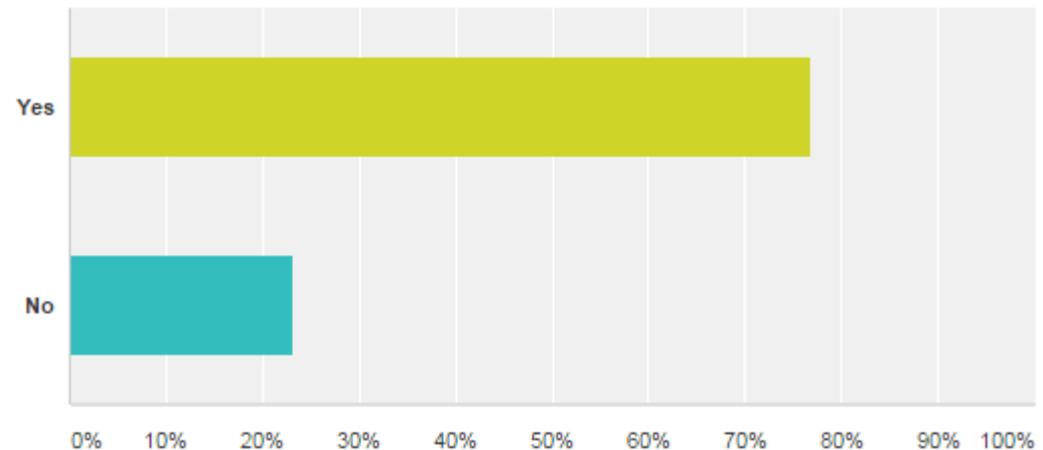
Number of respondents: 185/208

Question choices:

- Yes
- No

**Does your organization send individual consumer information outside of your organization with other providers in order to coordinate care?**

Answered: 185 Skipped: 23



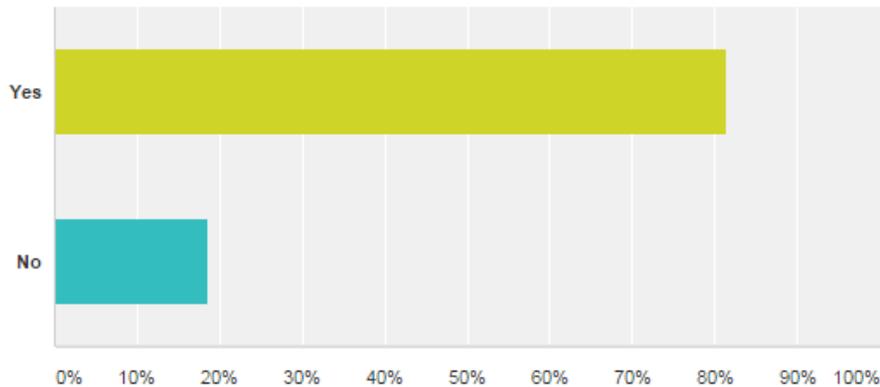


# Q17 – Segmentation by EHR Use

## EHR Users

Does your organization send individual consumer information outside of your organization with other providers in order to coordinate care?

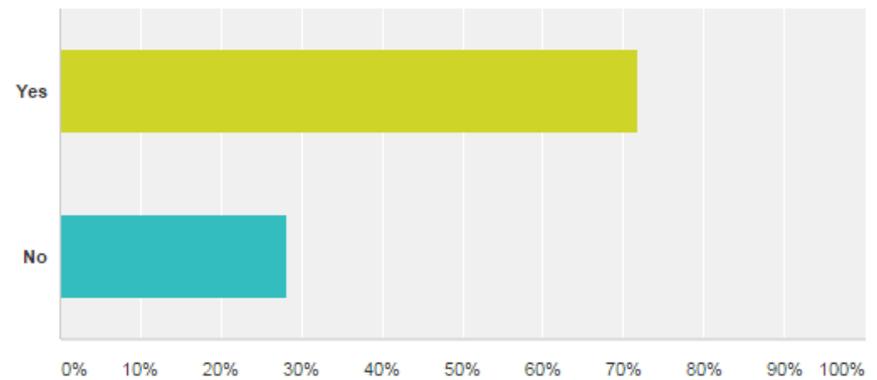
Answered: 91 Skipped: 12



## Non-EHR Users

Does your organization send individual consumer information outside of your organization with other providers in order to coordinate care?

Answered: 92 Skipped: 8





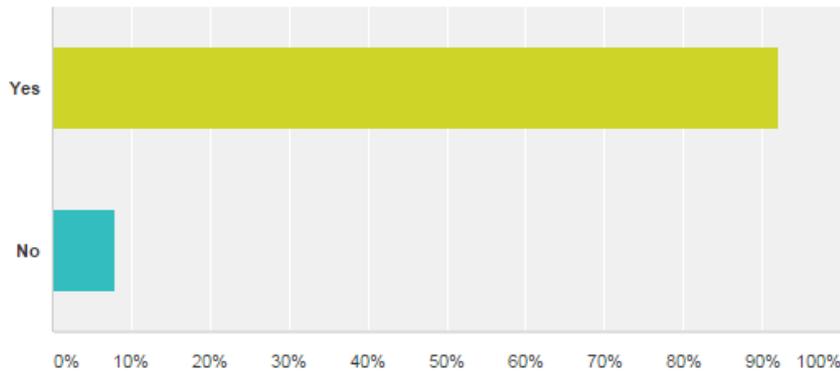
# Q17 – Segmentation by Provider Type (top 4 most reported types)

## County Behavioral Health Division

## Community-Based Service Provider

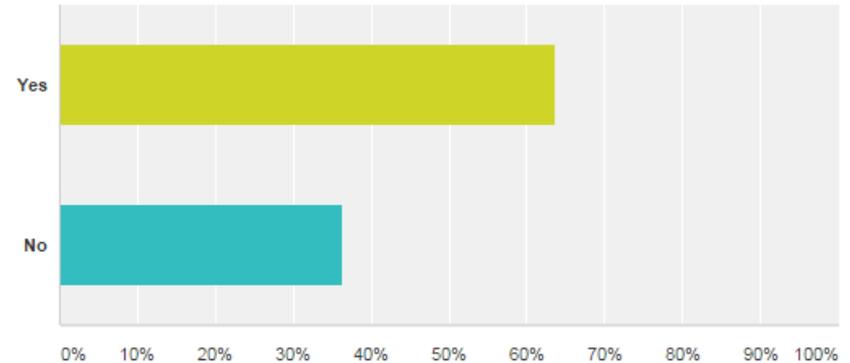
Does your organization send individual consumer information outside of your organization with other providers in order to coordinate care?

Answered: 51 Skipped: 9



Does your organization send individual consumer information outside of your organization with other providers in order to coordinate care?

Answered: 88 Skipped: 10



# Q17 – Segmentation by Provider Type (top 4 most reported types) (continued)

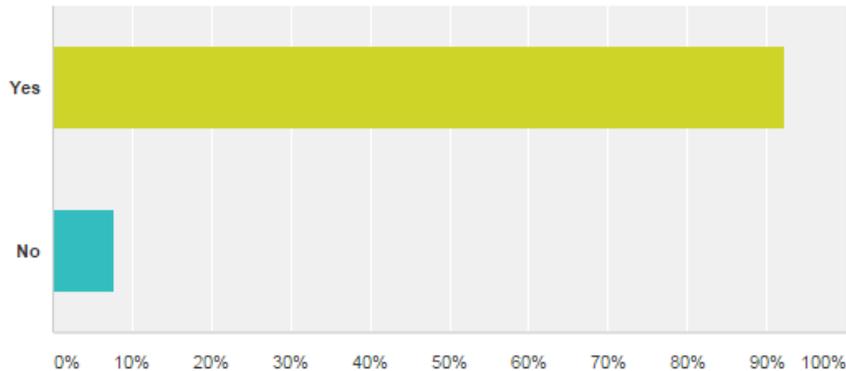


## Community Mental Health Clinic

## Health System or Hospital

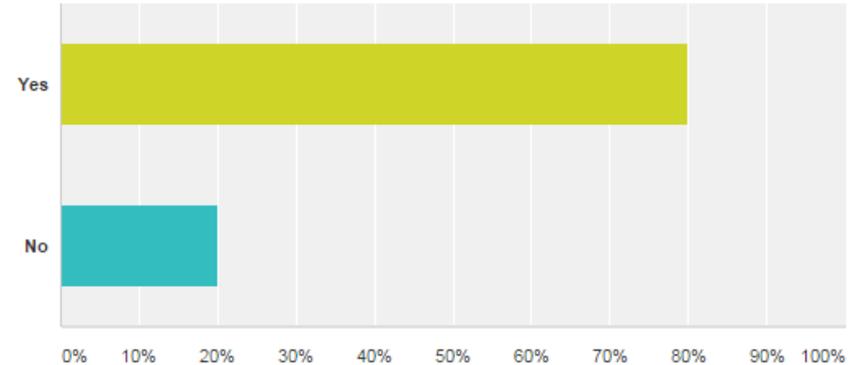
Does your organization send individual consumer information outside of your organization with other providers in order to coordinate care?

Answered: 13 Skipped: 0



Does your organization send individual consumer information outside of your organization with other providers in order to coordinate care?

Answered: 20 Skipped: 1



## Q18 – How does your organization send patients’ clinical history, care or service information outside your organization?



Number of respondents: 121/208

Question choices (respondents selected daily, weekly, monthly, quarterly, and/or never for each choice):

- We participate in the Wisconsin Statewide Health Information Network (WISHIN)
- We participate in a private health information exchange network
- We do not participate in WISHIN but we exchange healthcare information with other organizations using eHealth Exchange standards (eHealth Exchange offers a set of nationally-adopted standards & legal agreements for “query and retrieve” data exchange)
- We do not participate in WISHIN, but we exchange healthcare information using Direct secure messaging technical standards with other organizations
- We exchange healthcare information using other (non-Direct) secure email technology
- We exchange healthcare information via interface connectivity to public health registries
- We exchange healthcare information via interface connectivity to labs
- We exchange healthcare information via interface connectivity via ADT feeds (type of messaging used to send admission, discharge, and transfer patient information)
- We exchange healthcare information via interface connectivity to other organizations via other means (please specify in space provided below)
- We use an automated Fax system built into our EHR to exchange healthcare information
- We use a stand-alone Fax machine to exchange healthcare information
- We exchange healthcare information by Mail and/or courier service
- We use the phone to exchange healthcare information
- We exchange healthcare documents using proprietary standards via an EHR system (e.g. Epic CareEverywhere, Cerner Resonance) (please specify in space provided below)
- We submit data to WI state agencies through the Wisconsin ForwardHealth portal
- We submit data to WI state agencies through the STAT-PA system
- We submit data to WI state agencies through another state system/process

# Q18 – How does your organization send patients’ clinical history, care or service information outside your organization? (continued)



| Answer Options   | Daily | Weekly | Monthly | Quarterly | Never | Response Count |
|--|-------|--------|---------|-----------|-------|----------------|
| We participate in the Wisconsin Statewide Health Information Network (WISHIN)  | 1     | 0      | 1       | 0         | 100   | 102            |
| We participate in a private health information exchange network  | 2     | 1      | 1       | 0         | 98    | 102            |
| We do not participate in WISHIN but we exchange healthcare information with other organizations using eHealth Exchange standards (eHealth Exchange offers a set of nationally-adopted standards & legal agreements for “query and retrieve” data exchange) | 2     | 1      | 0       | 0         | 98    | 101            |
| We do not participate in WISHIN, but we exchange healthcare information using Direct secure messaging technical standards but we exchange healthcare information using Direct secure messaging technical standards with other organizations                | 7     | 8      | 4       | 2         | 82    | 102            |
| We exchange healthcare information using other (non-Direct) secure email technology  | 21    | 21     | 5       | 6         | 52    | 104            |
| We exchange healthcare information via interface connectivity to public health registries  | 5     | 6      | 2       | 1         | 85    | 99             |
| We exchange healthcare information via interface connectivity to labs  | 13    | 0      | 5       | 0         | 83    | 101            |
| We exchange healthcare information via interface connectivity via ADT feeds (type of messaging used to send admission, discharge, and transfer patient information)  | 3     | 1      | 1       | 0         | 96    | 101            |
| We exchange healthcare information via interface connectivity to other organizations via other means (please specify in space provided below)  | 9     | 3      | 2       | 3         | 84    | 100            |
| We use an automated Fax system built into our EHR to exchange healthcare information   | 6     | 2      | 1       | 3         | 91    | 103            |
| We use a stand-alone Fax machine to exchange healthcare information  | 64    | 28     | 11      | 6         | 8     | 116            |
| We exchange healthcare information by Mail and/or courier service  | 44    | 30     | 18      | 9         | 7     | 107            |
| We use the phone to exchange healthcare information  | 71    | 21     | 13      | 3         | 7     | 112            |
| We exchange healthcare documents using proprietary standards via an EHR system (e.g. Epic CareEverywhere, Cerner Resonance) (please specify in space provided below)   | 6     | 0      | 2       | 0         | 96    | 104            |
| We submit data to WI state agencies through the Wisconsin ForwardHealth portal   | 27    | 18     | 18      | 2         | 40    | 104            |
| We submit data to WI state agencies through the STAT-PA system   | 1     | 1      | 4       | 1         | 87    | 94             |
| We submit data to WI state agencies through another state system/process   | 20    | 11     | 9       | 7         | 57    | 103            |
| Answered question  |       |        |         |           |       | 121            |
| Skipped question   |       |        |         |           |       | 87             |



## Q18 – Segmentation by EHR Use

### EHR Users

| Answer Options   | Daily | Weekly | Monthly | Quarterly | Never | Response Count |
|--|-------|--------|---------|-----------|-------|----------------|
| We participate in the Wisconsin Statewide Health Information Network (WISHIN)  | 1     | 0      | 1       | 0         | 51    | 53             |
| We participate in a private health information exchange network  | 2     | 1      | 1       | 0         | 49    | 53             |
| We do not participate in WISHIN but we exchange healthcare information with other organizations using eHealth Exchange standards (eHealth Exchange offers a set of nationally-adopted standards & legal agreements for “query and retrieve” data exchange) | 2     | 1      | 0       | 0         | 49    | 52             |
| We do not participate in WISHIN, but we exchange healthcare information using Direct secure messaging technical standards but we exchange healthcare information using Direct secure messaging technical standards with other organizations                | 5     | 6      | 1       | 0         | 41    | 53             |
| We exchange healthcare information using other (non-Direct) secure email technology  | 12    | 12     | 3       | 3         | 24    | 54             |
| We exchange healthcare information via interface connectivity to public health registries  | 4     | 4      | 2       | 1         | 39    | 50             |
| We exchange healthcare information via interface connectivity to labs  | 11    | 0      | 3       | 0         | 39    | 53             |
| We exchange healthcare information via interface connectivity via ADT feeds (type of messaging used to send admission, discharge, and transfer patient information)  | 3     | 1      | 1       | 0         | 47    | 52             |
| We exchange healthcare information via interface connectivity to other organizations via other means (please specify in space provided below)  | 8     | 1      | 2       | 1         | 42    | 53             |
| We use an automated Fax system built into our EHR to exchange healthcare information   | 6     | 2      | 0       | 1         | 44    | 53             |
| We use a stand-alone Fax machine to exchange healthcare information  | 36    | 12     | 7       | 1         | 6     | 61             |
| We exchange healthcare information by Mail and/or courier service  | 26    | 15     | 10      | 3         | 3     | 57             |
| We use the phone to exchange healthcare information  | 38    | 10     | 5       | 1         | 5     | 58             |
| We exchange healthcare documents using proprietary standards via an EHR system (e.g. Epic CareEverywhere, Cerner Resonance) (please specify in space provided below)   | 6     | 0      | 2       | 0         | 48    | 56             |
| We submit data to WI state agencies through the Wisconsin ForwardHealth portal   | 16    | 12     | 11      | 1         | 15    | 54             |
| We submit data to WI state agencies through the STAT-PA system   | 0     | 1      | 4       | 1         | 41    | 47             |
| We submit data to WI state agencies through another state system/process   | 10    | 7      | 5       | 5         | 28    | 54             |
| Answered question  |       |        |         |           |       | 62             |
| Skipped question   |       |        |         |           |       | 41             |



## Q18 – Segmentation by EHR Use (continued)

### Non-EHR Users

| Answer Options   | Daily | Weekly | Monthly | Quarterly | Never | Response Count |
|--|-------|--------|---------|-----------|-------|----------------|
| We participate in the Wisconsin Statewide Health Information Network (WISHIN)  | 0     | 0      | 0       | 0         | 48    | 48             |
| We participate in a private health information exchange network  | 0     | 0      | 0       | 0         | 48    | 48             |
| We do not participate in WISHIN but we exchange healthcare information with other organizations using eHealth Exchange standards (eHealth Exchange offers a set of nationally-adopted standards & legal agreements for “query and retrieve” data exchange) | 0     | 0      | 0       | 0         | 48    | 48             |
| We do not participate in WISHIN, but we exchange healthcare information using Direct secure messaging technical standards but we exchange healthcare information using Direct secure messaging technical standards with other organizations                | 2     | 2      | 3       | 2         | 40    | 48             |
| We exchange healthcare information using other (non-Direct) secure email technology  | 9     | 8      | 2       | 3         | 28    | 49             |
| We exchange healthcare information via interface connectivity to public health registries  | 1     | 2      | 0       | 0         | 45    | 48             |
| We exchange healthcare information via interface connectivity to labs  | 2     | 0      | 2       | 0         | 43    | 47             |
| We exchange healthcare information via interface connectivity via ADT feeds (type of messaging used to send admission, discharge, and transfer patient information)  | 0     | 0      | 0       | 0         | 48    | 48             |
| We exchange healthcare information via interface connectivity to other organizations via other means (please specify in space provided below)  | 1     | 1      | 0       | 2         | 42    | 46             |
| We use an automated Fax system built into our EHR to exchange healthcare information   | 0     | 0      | 0       | 2         | 47    | 49             |
| We use a stand-alone Fax machine to exchange healthcare information  | 28    | 15     | 4       | 5         | 2     | 54             |
| We exchange healthcare information by Mail and/or courier service  | 18    | 15     | 8       | 5         | 4     | 49             |
| We use the phone to exchange healthcare information  | 33    | 10     | 8       | 2         | 2     | 53             |
| We exchange healthcare documents using proprietary standards via an EHR system (e.g. Epic CareEverywhere, Cerner Resonance) (please specify in space provided below)   | 0     | 0      | 0       | 0         | 47    | 47             |
| We submit data to WI state agencies through the Wisconsin ForwardHealth portal   | 11    | 6      | 7       | 1         | 24    | 49             |
| We submit data to WI state agencies through the STAT-PA system   | 1     | 0      | 0       | 0         | 45    | 46             |
| We submit data to WI state agencies through another state system/process   | 10    | 4      | 4       | 2         | 29    | 49             |
| Answered question  |       |        |         |           |       | 58             |
| Skipped question   |       |        |         |           |       | 42             |



# Q18 – Segmentation by Provider Type (top 4 most reported types)

## County Behavioral Health Division

| Answer Options   | Daily | Weekly | Monthly | Quarterly | Never | Response Count |
|--|-------|--------|---------|-----------|-------|----------------|
| We participate in the Wisconsin Statewide Health Information Network (WISHIN)  | 0     | 0      | 0       | 0         | 11    | 11             |
| We participate in a private health information exchange network  | 0     | 0      | 0       | 0         | 11    | 11             |
| We do not participate in WISHIN but we exchange healthcare information with other organizations using eHealth Exchange standards (eHealth Exchange offers a set of nationally-adopted standards & legal agreements for “query and retrieve” data exchange) | 0     | 0      | 0       | 0         | 11    | 11             |
| We do not participate in WISHIN, but we exchange healthcare information using Direct secure messaging technical standards but we exchange healthcare information using Direct secure messaging technical standards with other organizations                | 0     | 1      | 0       | 0         | 10    | 11             |
| We exchange healthcare information using other (non-Direct) secure email technology  | 3     | 2      | 1       | 1         | 4     | 11             |
| We exchange healthcare information via interface connectivity to public health registries  | 0     | 1      | 2       | 0         | 8     | 11             |
| We exchange healthcare information via interface connectivity to labs  | 1     | 0      | 1       | 0         | 9     | 11             |
| We exchange healthcare information via interface connectivity via ADT feeds (type of messaging used to send admission, discharge, and transfer patient information)  | 0     | 0      | 0       | 0         | 11    | 11             |
| We exchange healthcare information via interface connectivity to other organizations via other means (please specify in space provided below)  | 1     | 1      | 0       | 0         | 8     | 10             |
| We use an automated Fax system built into our EHR to exchange healthcare information   | 0     | 1      | 0       | 0         | 10    | 11             |
| We use a stand-alone Fax machine to exchange healthcare information  | 5     | 2      | 4       | 0         | 0     | 11             |
| We exchange healthcare information by Mail and/or courier service  | 5     | 2      | 3       | 1         | 0     | 11             |
| We use the phone to exchange healthcare information  | 6     | 1      | 1       | 0         | 3     | 11             |
| We exchange healthcare documents using proprietary standards via an EHR system (e.g. Epic CareEverywhere, Cerner Resonance) (please specify in space provided below)   | 1     | 0      | 0       | 0         | 10    | 11             |
| We submit data to WI state agencies through the Wisconsin ForwardHealth portal   | 5     | 2      | 1       | 0         | 3     | 11             |
| We submit data to WI state agencies through the STAT-PA system   | 0     | 0      | 1       | 0         | 10    | 11             |
| We submit data to WI state agencies through another state system/process   | 1     | 1      | 1       | 0         | 8     | 11             |
| Answered question  |       |        |         |           |       | 11             |
| Skipped question   |       |        |         |           |       | 2              |

# Q18 – Segmentation by Provider Type (top 4 most reported types) (continued)



## Community-Based Service Provider

| Answer Options   | Daily | Weekly | Monthly | Quarterly | Never | Response Count |
|--|-------|--------|---------|-----------|-------|----------------|
| We participate in the Wisconsin Statewide Health Information Network (WISHIN)  | 0     | 0      | 0       | 0         | 38    | 38             |
| We participate in a private health information exchange network  | 0     | 0      | 1       | 0         | 37    | 38             |
| We do not participate in WISHIN but we exchange healthcare information with other organizations using eHealth Exchange standards (eHealth Exchange offers a set of nationally-adopted standards & legal agreements for “query and retrieve” data exchange) | 1     | 0      | 0       | 0         | 37    | 38             |
| We do not participate in WISHIN, but we exchange healthcare information using Direct secure messaging technical standards but we exchange healthcare information using Direct secure messaging technical standards with other organizations                | 3     | 1      | 2       | 1         | 32    | 38             |
| We exchange healthcare information using other (non-Direct) secure email technology  | 6     | 7      | 1       | 2         | 24    | 39             |
| We exchange healthcare information via interface connectivity to public health registries  | 0     | 2      | 0       | 0         | 35    | 37             |
| We exchange healthcare information via interface connectivity to labs  | 2     | 0      | 1       | 0         | 34    | 37             |
| We exchange healthcare information via interface connectivity via ADT feeds (type of messaging used to send admission, discharge, and transfer patient information)  | 0     | 1      | 0       | 0         | 37    | 38             |
| We exchange healthcare information via interface connectivity to other organizations via other means (please specify in space provided below)  | 2     | 2      | 0       | 0         | 34    | 38             |
| We use an automated Fax system built into our EHR to exchange healthcare information   | 1     | 0      | 1       | 2         | 36    | 40             |
| We use a stand-alone Fax machine to exchange healthcare information  | 26    | 10     | 3       | 4         | 2     | 44             |
| We exchange healthcare information by Mail and/or courier service  | 12    | 9      | 9       | 6         | 5     | 40             |
| We use the phone to exchange healthcare information  | 28    | 7      | 7       | 1         | 2     | 43             |
| We exchange healthcare documents using proprietary standards via an EHR system (e.g. Epic CareEverywhere, Cerner Resonance) (please specify in space provided below)   | 1     | 0      | 1       | 0         | 36    | 38             |
| We submit data to WI state agencies through the Wisconsin ForwardHealth portal   | 1     | 4      | 5       | 0         | 27    | 37             |
| We submit data to WI state agencies through the STAT-PA system   | 0     | 0      | 1       | 1         | 34    | 36             |
| We submit data to WI state agencies through another state system/process   | 3     | 3      | 1       | 3         | 27    | 37             |
| Answered question  |       |        |         |           |       | 48             |
| Skipped question   |       |        |         |           |       | 50             |

# Q18 – Segmentation by Provider Type (top 4 most reported types) (continued)



## Community Mental Health Clinic

| Answer Options   | Daily | Weekly | Monthly | Quarterly | Never | Response Count |
|--|-------|--------|---------|-----------|-------|----------------|
| We participate in the Wisconsin Statewide Health Information Network (WISHIN)  | 1     | 0      | 1       | 0         | 7     | 9              |
| We participate in a private health information exchange network  | 0     | 1      | 0       | 0         | 8     | 9              |
| We do not participate in WISHIN but we exchange healthcare information with other organizations using eHealth Exchange standards (eHealth Exchange offers a set of nationally-adopted standards & legal agreements for “query and retrieve” data exchange) | 1     | 0      | 0       | 0         | 8     | 9              |
| We do not participate in WISHIN, but we exchange healthcare information using Direct secure messaging technical standards but we exchange healthcare information using Direct secure messaging technical standards with other organizations                | 1     | 1      | 1       | 0         | 6     | 9              |
| We exchange healthcare information using other (non-Direct) secure email technology  | 2     | 3      | 1       | 0         | 3     | 9              |
| We exchange healthcare information via interface connectivity to public health registries  | 2     | 1      | 0       | 0         | 5     | 8              |
| We exchange healthcare information via interface connectivity to labs  | 5     | 0      | 2       | 0         | 2     | 9              |
| We exchange healthcare information via interface connectivity via ADT feeds (type of messaging used to send admission, discharge, and transfer patient information)  | 2     | 0      | 1       | 0         | 6     | 9              |
| We exchange healthcare information via interface connectivity to other organizations via other means (please specify in space provided below)  | 3     | 0      | 2       | 0         | 6     | 10             |
| We use an automated Fax system built into our EHR to exchange healthcare information   | 1     | 1      | 0       | 1         | 6     | 9              |
| We use a stand-alone Fax machine to exchange healthcare information  | 8     | 0      | 0       | 0         | 2     | 10             |
| We exchange healthcare information by Mail and/or courier service  | 5     | 1      | 3       | 0         | 0     | 9              |
| We use the phone to exchange healthcare information  | 8     | 0      | 1       | 0         | 0     | 9              |
| We exchange healthcare documents using proprietary standards via an EHR system (e.g. Epic CareEverywhere, Cerner Resonance) (please specify in space provided below)   | 3     | 0      | 0       | 0         | 7     | 10             |
| We submit data to WI state agencies through the Wisconsin ForwardHealth portal   | 2     | 1      | 3       | 0         | 3     | 9              |
| We submit data to WI state agencies through the STAT-PA system   | 0     | 0      | 0       | 0         | 7     | 7              |
| We submit data to WI state agencies through another state system/process   | 2     | 0      | 0       | 2         | 5     | 9              |
| Answered question  |       |        |         |           |       | 10             |
| Skipped question   |       |        |         |           |       | 11             |



## Q18 – Segmentation by Provider Type (continued)

### Health System or Hospital

| Answer Options   | Daily | Weekly | Monthly | Quarterly | Never | Response Count |
|--|-------|--------|---------|-----------|-------|----------------|
| We participate in the Wisconsin Statewide Health Information Network (WISHIN)  | 0     | 0      | 0       | 0         | 35    | 35             |
| We participate in a private health information exchange network  | 2     | 0      | 0       | 0         | 33    | 35             |
| We do not participate in WISHIN but we exchange healthcare information with other organizations using eHealth Exchange standards (eHealth Exchange offers a set of nationally-adopted standards & legal agreements for “query and retrieve” data exchange) | 0     | 0      | 0       | 0         | 34    | 34             |
| We do not participate in WISHIN, but we exchange healthcare information using Direct secure messaging technical standards but we exchange healthcare information using Direct secure messaging technical standards with other organizations                | 2     | 5      | 1       | 0         | 27    | 35             |
| We exchange healthcare information using other (non-Direct) secure email technology  | 10    | 8      | 1       | 2         | 15    | 36             |
| We exchange healthcare information via interface connectivity to public health registries  | 1     | 2      | 0       | 1         | 30    | 34             |
| We exchange healthcare information via interface connectivity to labs  | 2     | 0      | 1       | 0         | 32    | 35             |
| We exchange healthcare information via interface connectivity via ADT feeds (type of messaging used to send admission, discharge, and transfer patient information)  | 0     | 0      | 0       | 0         | 34    | 34             |
| We exchange healthcare information via interface connectivity to other organizations via other means (please specify in space provided below)  | 0     | 0      | 0       | 3         | 31    | 34             |
| We use an automated Fax system built into our EHR to exchange healthcare information   | 1     | 0      | 0       | 0         | 33    | 34             |
| We use a stand-alone Fax machine to exchange healthcare information  | 21    | 13     | 3       | 1         | 3     | 41             |
| We exchange healthcare information by Mail and/or courier service  | 20    | 15     | 1       | 1         | 1     | 38             |
| We use the phone to exchange healthcare information  | 24    | 11     | 2       | 1         | 2     | 39             |
| We exchange healthcare documents using proprietary standards via an EHR system (e.g. Epic CareEverywhere, Cerner Resonance) (please specify in space provided below)   | 0     | 0      | 0       | 0         | 35    | 35             |
| We submit data to WI state agencies through the Wisconsin ForwardHealth portal   | 18    | 10     | 7       | 1         | 3     | 38             |
| We submit data to WI state agencies through the STAT-PA system   | 1     | 1      | 2       | 0         | 27    | 31             |
| We submit data to WI state agencies through another state system/process   | 14    | 7      | 6       | 2         | 9     | 37             |
| Answered question  |       |        |         |           |       | 42             |
| Skipped question   |       |        |         |           |       | 18             |



## Q19 – What information is sent?

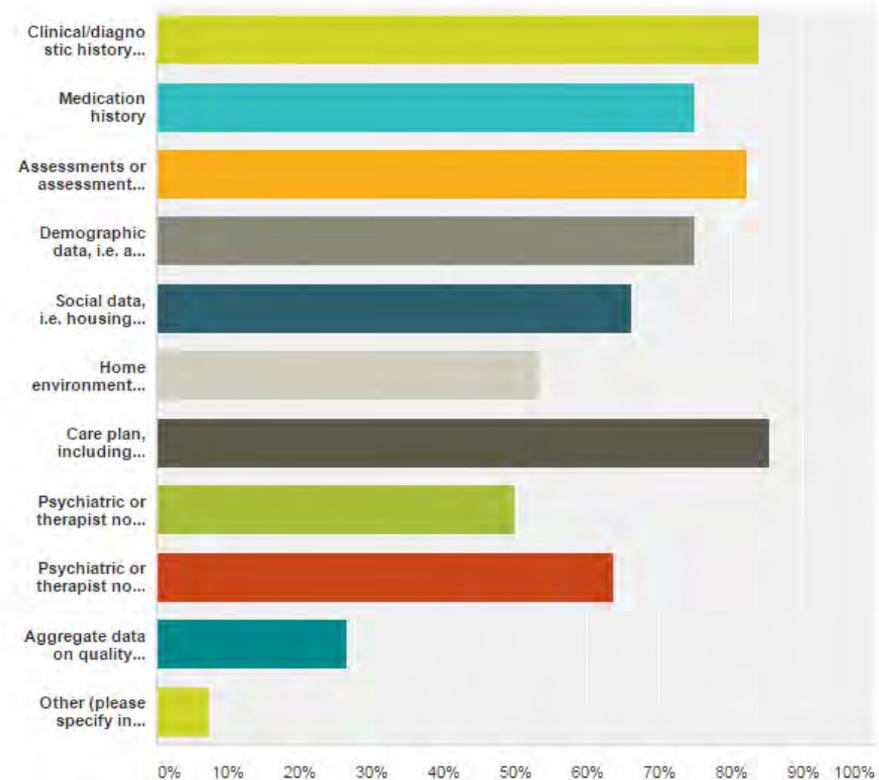
Number of respondents: 124/208

Question choices:

- Clinical/diagnostic history, including discharge notes
- Medication history
- Assessments or assessment scores, demonstrating functional levels, strengths, gaps, etc.
- Demographic data, i.e. age, gender, home address
- Social data, i.e. housing stability/homelessness, employment, support system
- Home environment information, including safety
- Care plan, including goals, services approved, etc.
- Psychiatric or therapist notes not considered to be sensitive
- Psychiatric or therapist notes as permitted by HIPAA or state and federal law
- Aggregate data on quality measures
- Other (please specify in space provided below)

### What information is sent? (Check all that apply)

Answered: 124 Skipped: 84



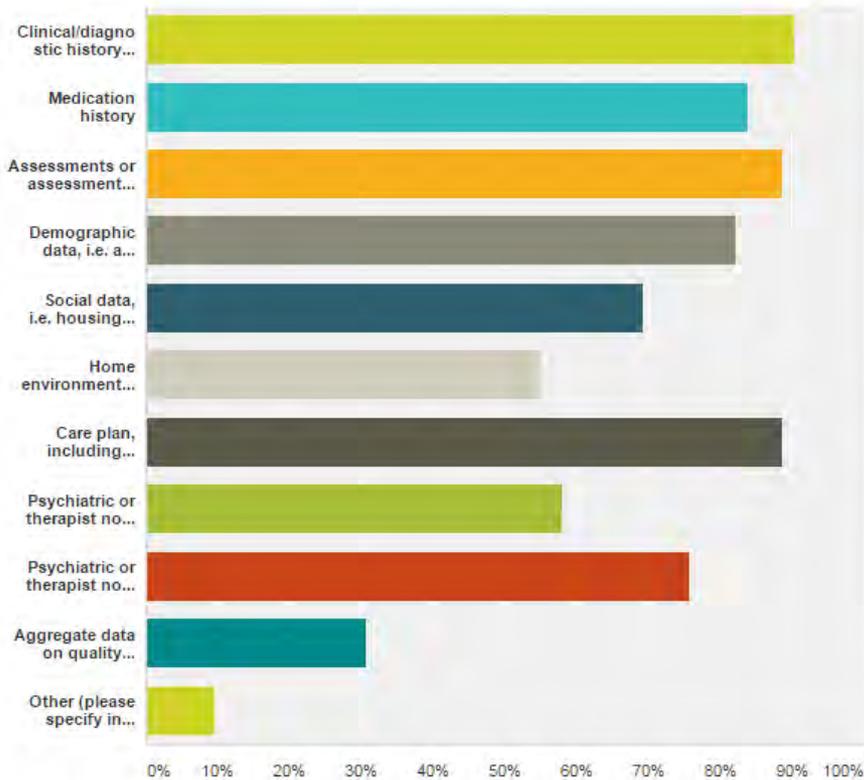


# Q19 – Segmentation by EHR Use

## EHR Users

What information is sent? (Check all that apply)

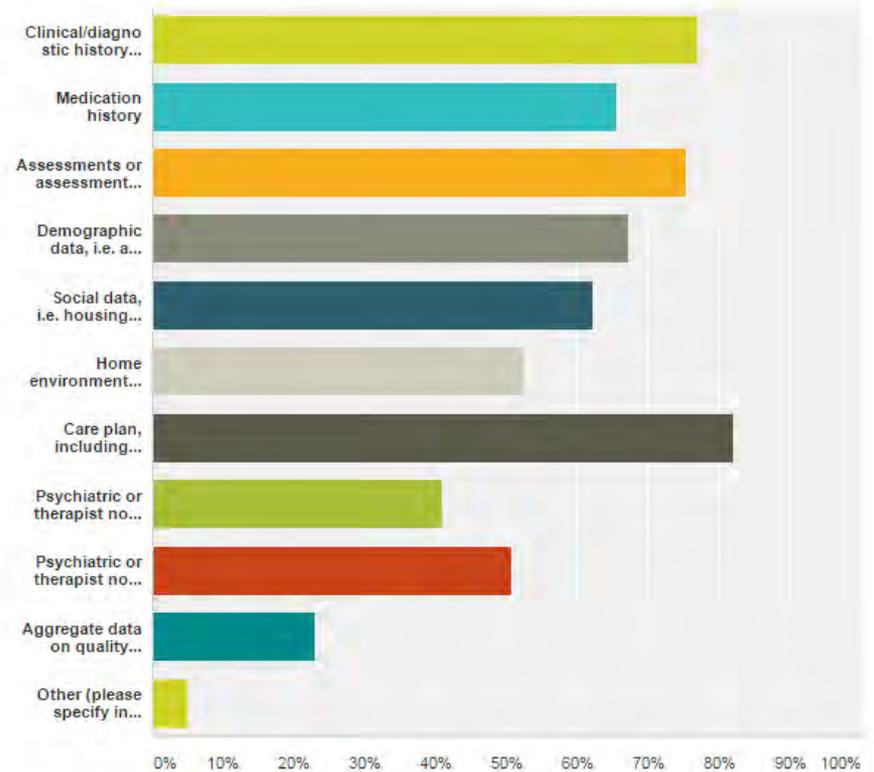
Answered: 62 Skipped: 41



## Non-EHR Users

What information is sent? (Check all that apply)

Answered: 61 Skipped: 39



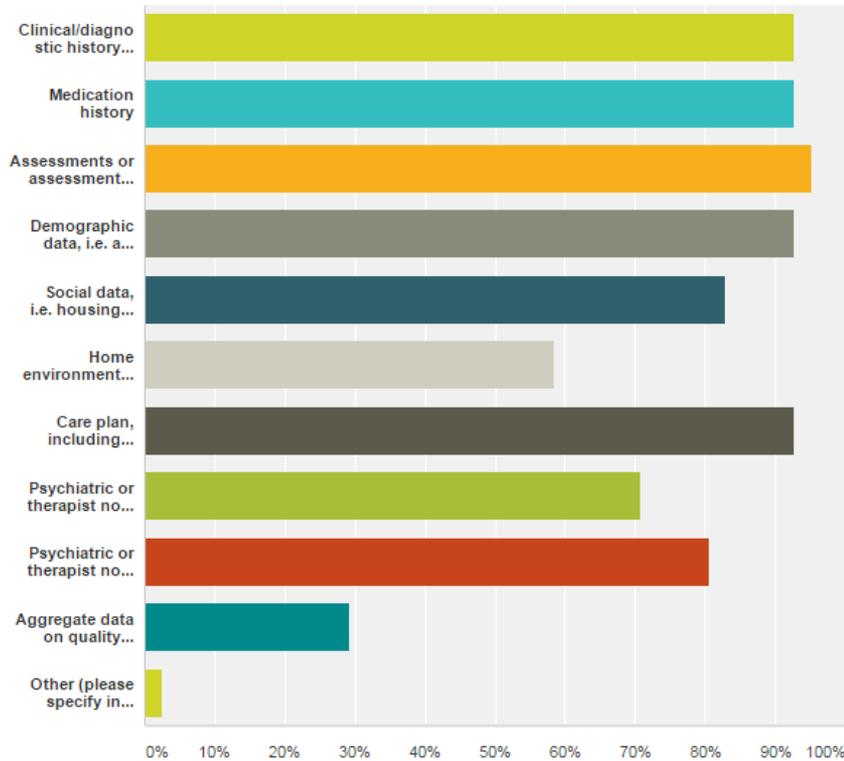


# Q19 – Segmentation by Provider Type (top 4 most reported types)

## County Behavioral Health Division

What information is sent? (Check all that apply)

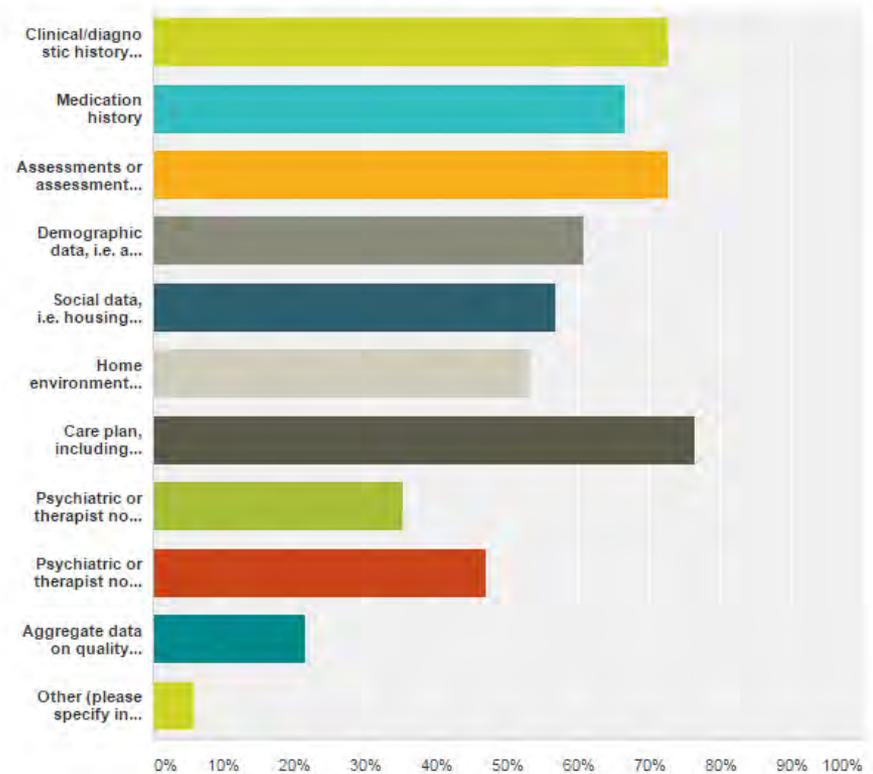
Answered: 41 Skipped: 19



## Community-Based Service Provider

What information is sent? (Check all that apply)

Answered: 51 Skipped: 47



# Q19 – Segmentation by Provider Type (top 4 most reported types) (continued)

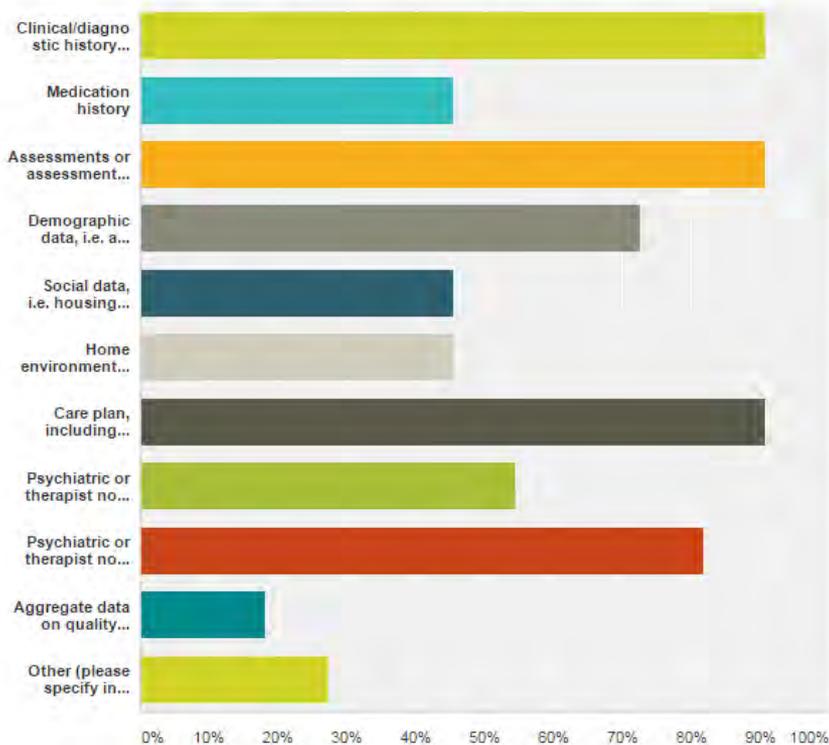


## Community Mental Health Clinic

## Health System or Hospital

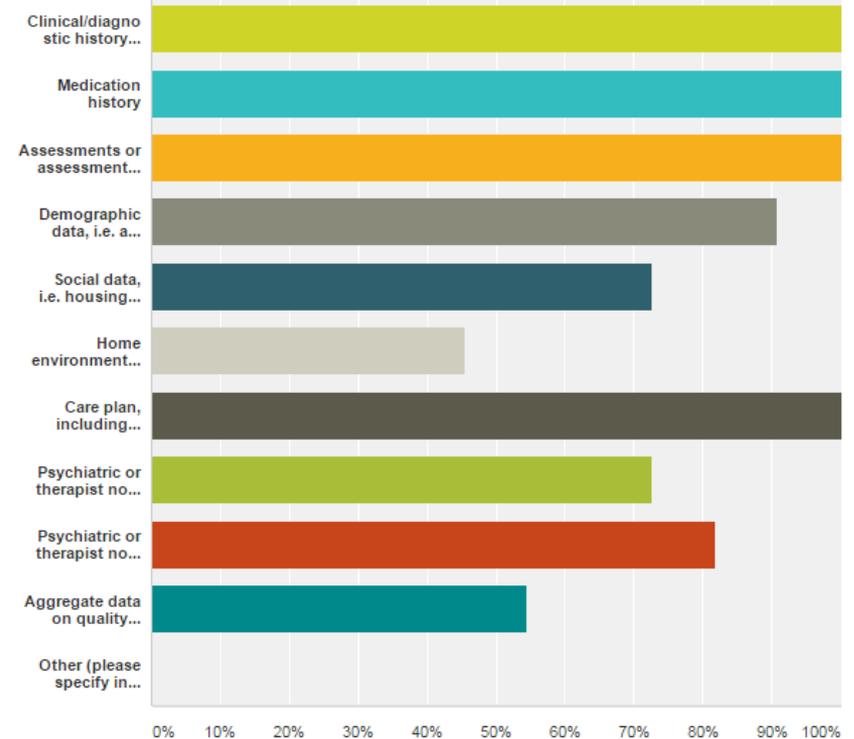
What information is sent? (Check all that apply)

Answered: 11 Skipped: 2



What information is sent? (Check all that apply)

Answered: 11 Skipped: 10



# Q20 – Who do you need to exchange (both send and receive) clinical data with (even if not currently exchange data electronically there)?



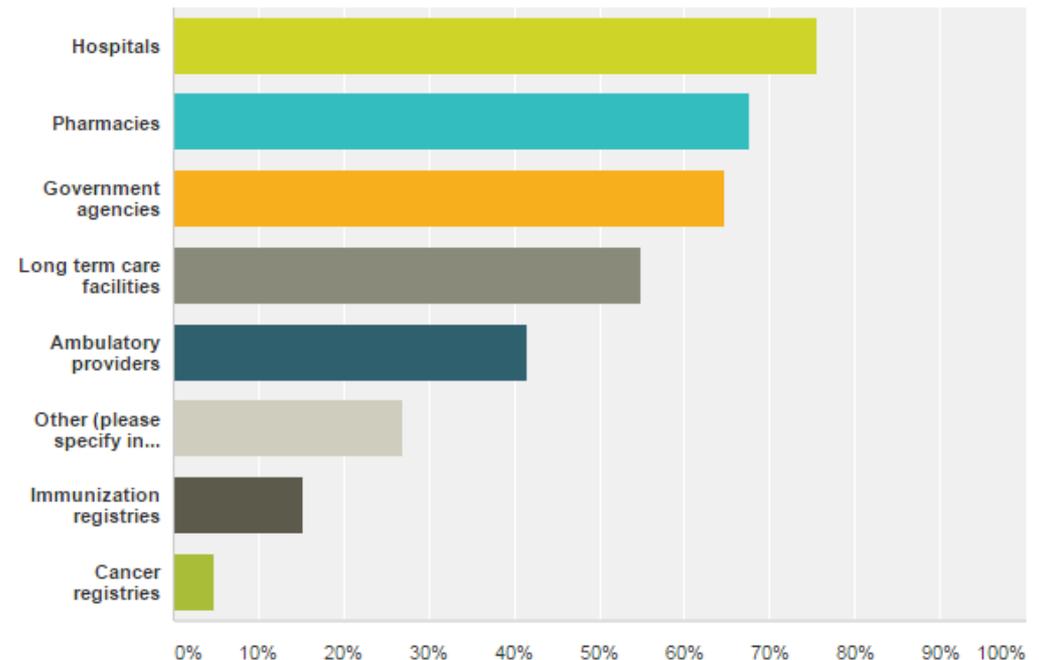
Number of respondents: 164/208

Question choices:

- Hospitals
- Pharmacies
- Government agencies
- Long term care facilities
- Ambulatory providers
- Other (please specify in space provided below)
- Immunization registries
- Cancer registries

Who do you need to exchange (both send and receive) clinical data with (even if not currently exchanging data electronically there)? (Check all that apply)

Answered: 164 Skipped: 44



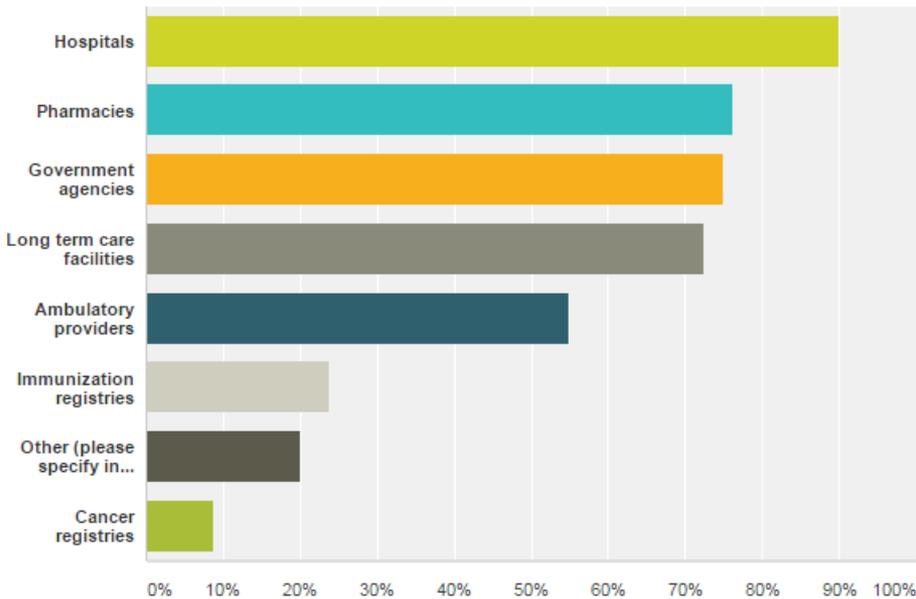


# Q20 – Segmentation by EHR Use

## EHR Users

Who do you need to exchange (both send and receive) clinical data with (even if not currently exchanging data electronically there)? (Check all that apply)

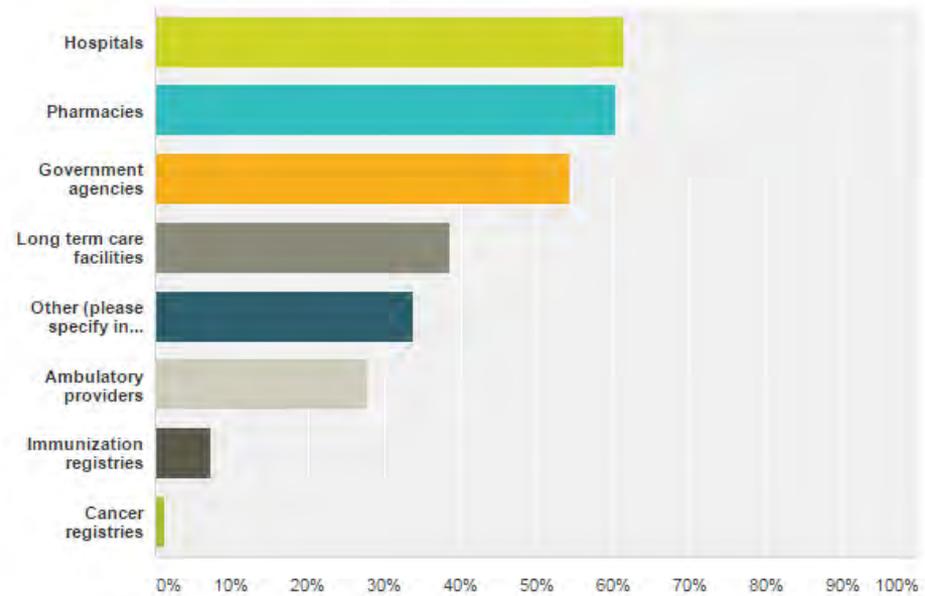
Answered: 80 Skipped: 23



## Non-EHR Users

Who do you need to exchange (both send and receive) clinical data with (even if not currently exchanging data electronically there)? (Check all that apply)

Answered: 83 Skipped: 17



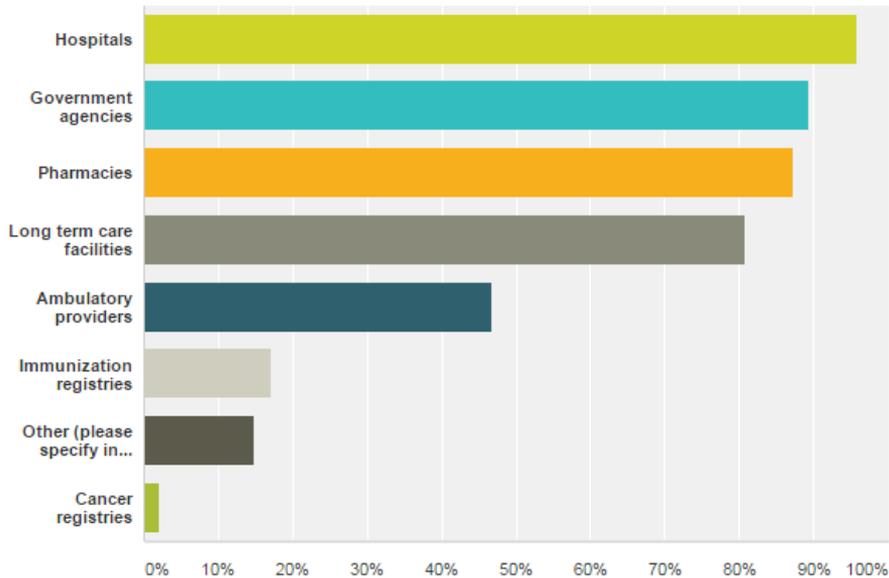


# Q20 – Segmentation by Provider Type (top 4 most reported types)

## County Behavioral Health Division

Who do you need to exchange (both send and receive) clinical data with (even if not currently exchanging data electronically there)? (Check all that apply)

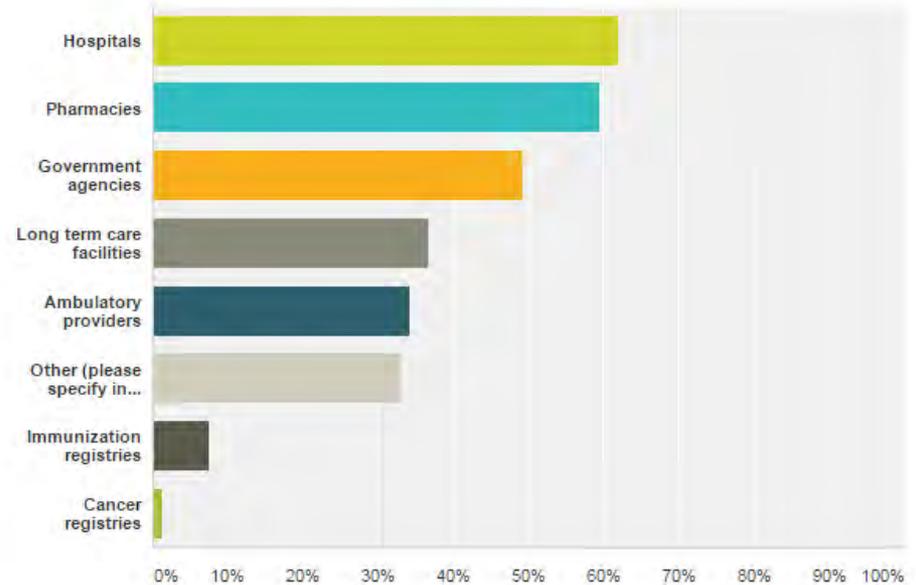
Answered: 47 Skipped: 13



## Community-Based Service Provider

Who do you need to exchange (both send and receive) clinical data with (even if not currently exchanging data electronically there)? (Check all that apply)

Answered: 79 Skipped: 19



# Q20 – Segmentation by Provider Type (top 4 most reported types) (continued)

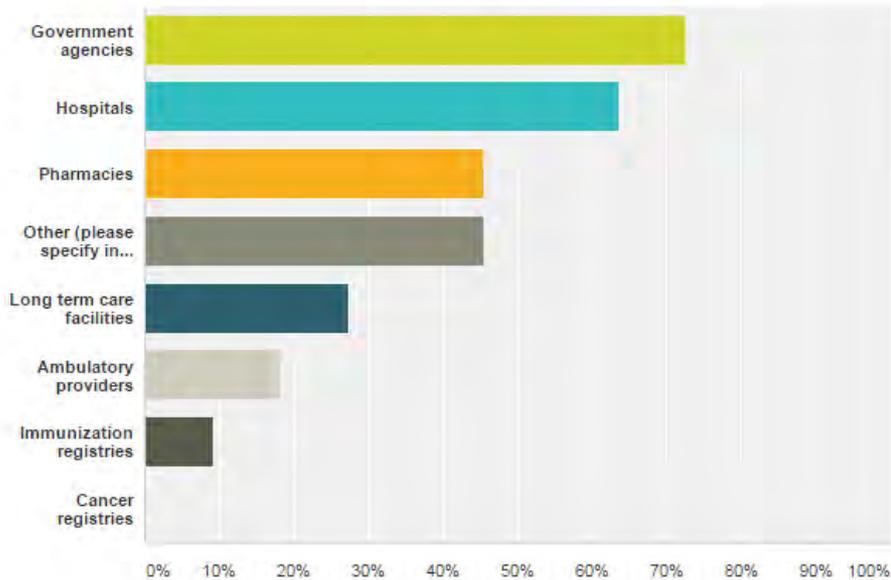


## Community Mental Health Clinic

## Health System or Hospital

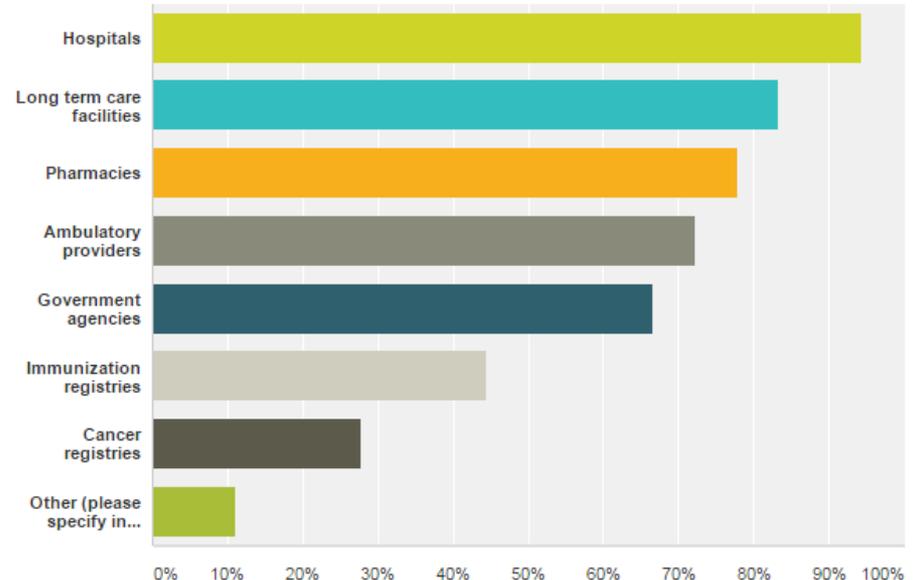
Who do you need to exchange (both send and receive) clinical data with (even if not currently exchanging data electronically there)? (Check all that apply)

Answered: 11 Skipped: 2



Who do you need to exchange (both send and receive) clinical data with (even if not currently exchanging data electronically there)? (Check all that apply)

Answered: 18 Skipped: 3



## Q21 – Does your organization receive patient information from providers outside your organization in order to coordinate care?



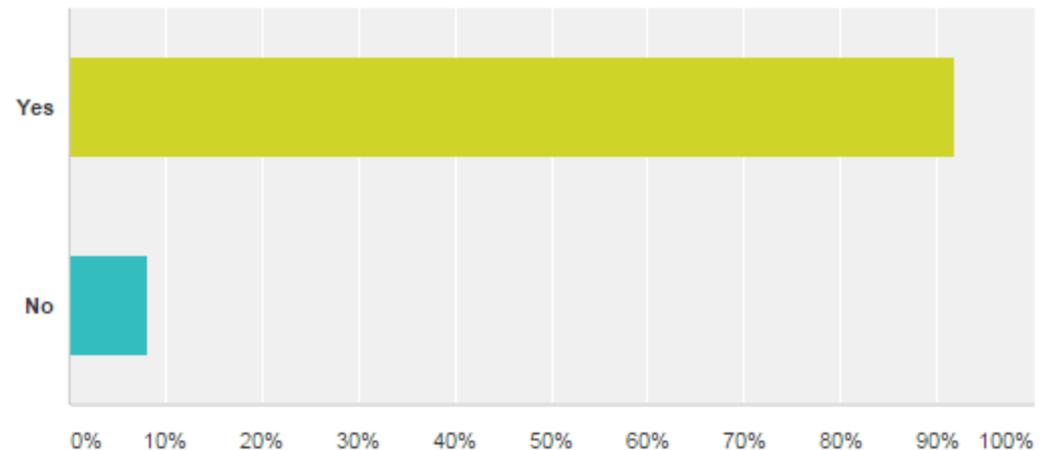
Number of respondents: 174/208

Question choices:

- Yes
- No

**Does your organization receive patient information from providers outside your organization in order to coordinate care?**

Answered: 174 Skipped: 34



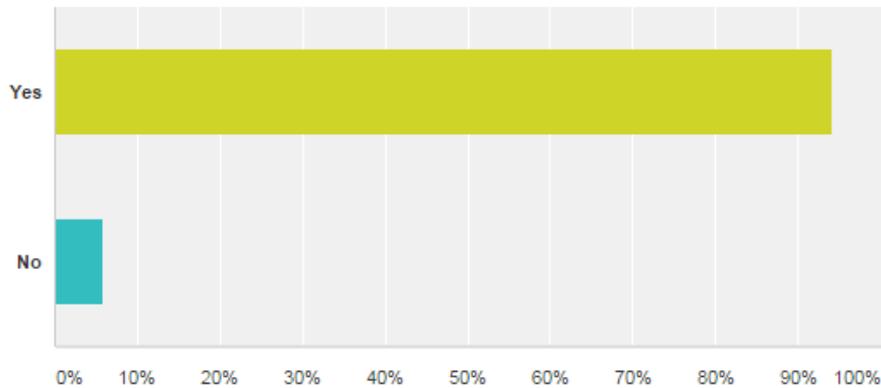


## Q21 – Segmentation by EHR Use

### EHR Users

Does your organization receive patient information from providers outside your organization in order to coordinate care?

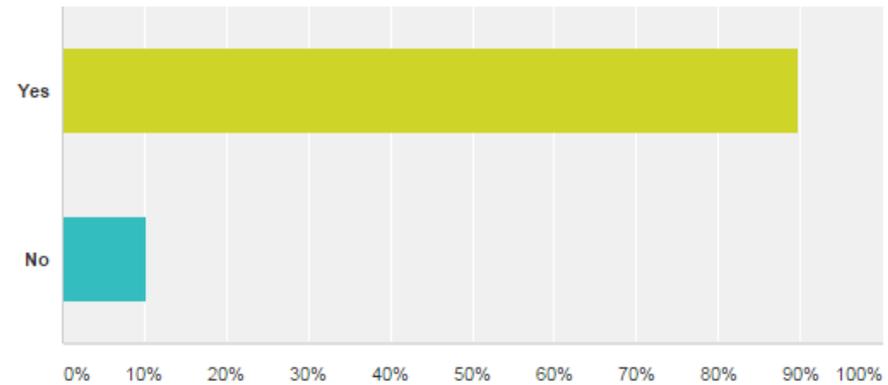
Answered: 85 Skipped: 18



### Non-EHR Users

Does your organization receive patient information from providers outside your organization in order to coordinate care?

Answered: 88 Skipped: 12



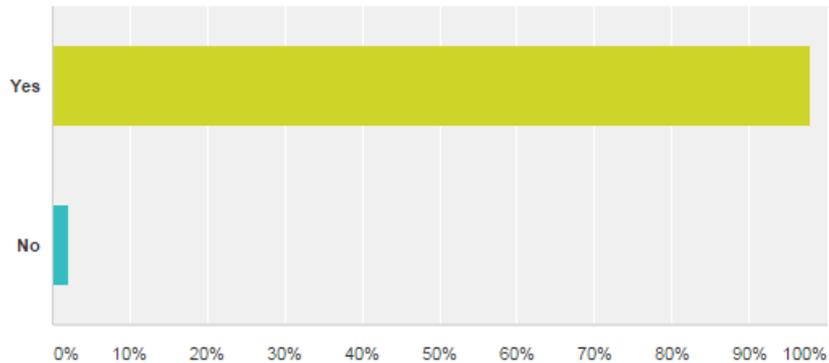


## Q21 – Segmentation by Provider Type (top 4 most reported types)

### County Behavioral Health Division

Does your organization receive patient information from providers outside your organization in order to coordinate care?

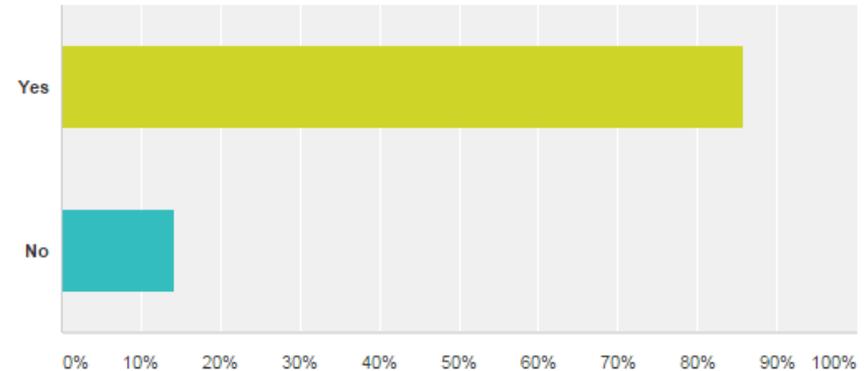
Answered: 47 Skipped: 13



### Community-Based Service Provider

Does your organization receive patient information from providers outside your organization in order to coordinate care?

Answered: 84 Skipped: 14



# Q21 – Segmentation by Provider Type (top 4 most reported types) (continued)

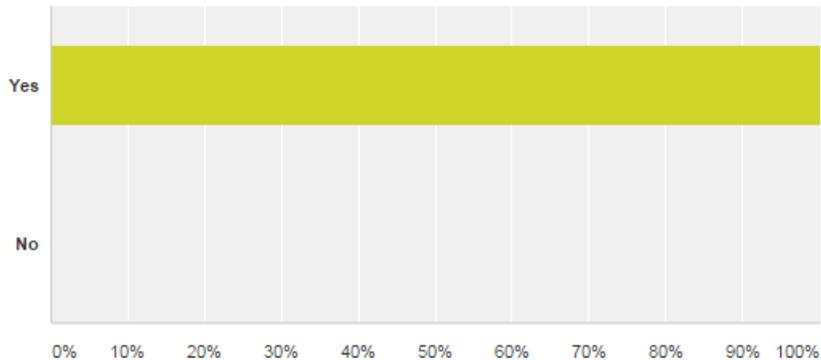


## Community Mental Health Clinic

## Health System or Hospital

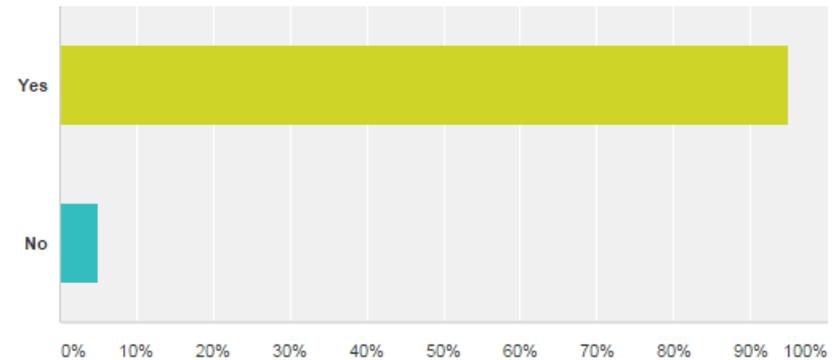
Does your organization receive patient information from providers outside your organization in order to coordinate care?

Answered: 12 Skipped: 1



Does your organization receive patient information from providers outside your organization in order to coordinate care?

Answered: 20 Skipped: 1





## Q22 – How does your organization receive the data?

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Number of respondents: 150/208

Question choices:

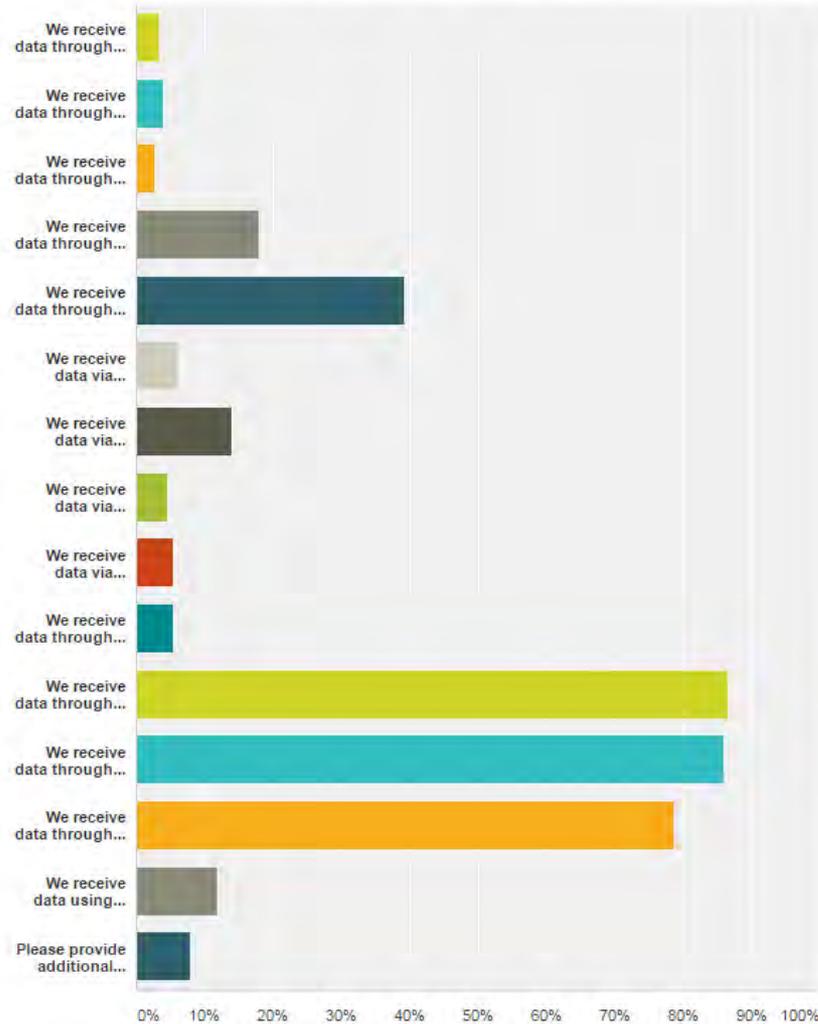
- We receive data through the Wisconsin State Health Information Network (WISHIN)
- We receive data through a private health information exchange network
- We receive data through eHealth Exchange standards (eHealth Exchange offers a set of nationally-adopted standards and legal agreements for “query and retrieve” data exchange)
- We receive data through Direct secure messaging technical standards
- We receive data through other (non-Direct) secure email technology
- We receive data via interface connectivity to public health registries
- We receive data via interface connectivity to labs
- We receive data via interface connectivity via ADT feeds (type of messaging used to send admission, discharge, and transfer patient information)
- We receive data via interface connectivity to other organizations via other means (please specify in space provided below)
- We receive data through an automated Fax system built into our EHR to exchange healthcare information
- We receive data through Mail and/or courier service
- We receive data through the phone to exchange healthcare information
- We receive data using proprietary standards via an EHR system (e.g. Epic CareEverywhere) (please specify in space provided below)



## Q22 – How does your organization receive the data? (continued)

How does your organization receive the data? (Check all that apply)

Answered: 150 Skipped: 58



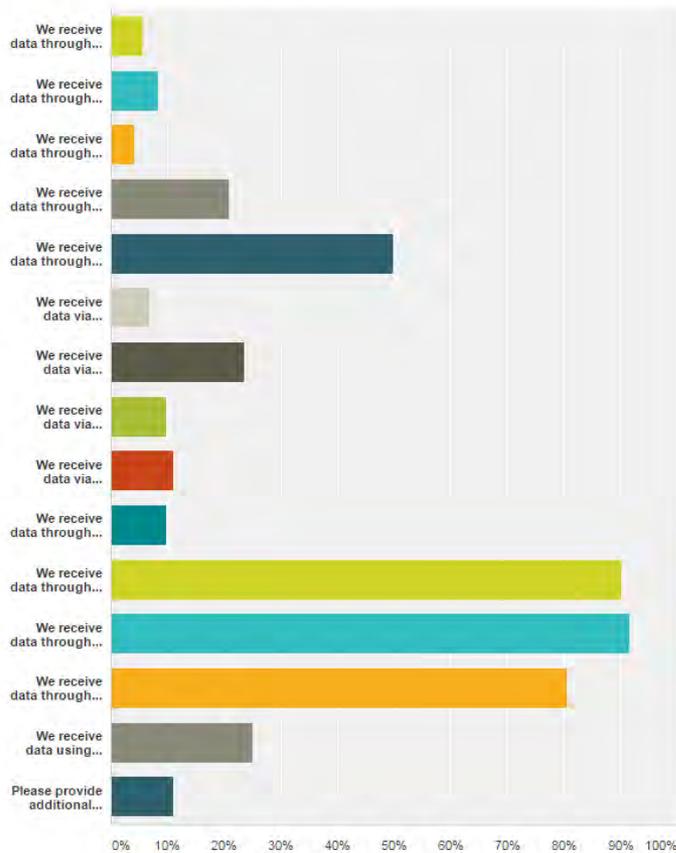


# Q22 – Segmentation by EHR Use

## EHR Users

How does your organization receive the data? (Check all that apply)

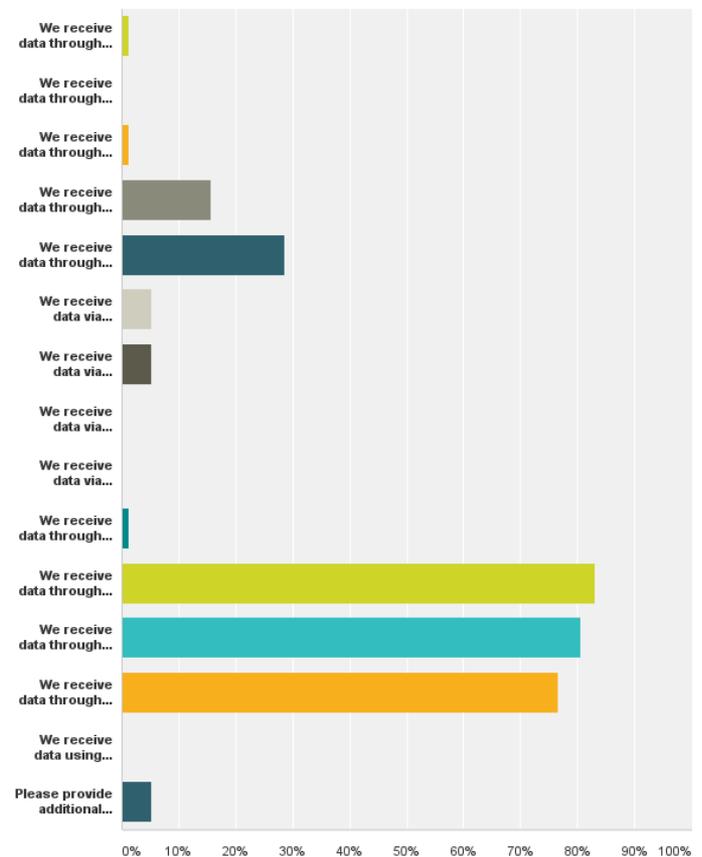
Answered: 72 Skipped: 31



## Non-EHR Users

Q22 How does your organization receive the data? (Check all that apply)

Answered: 77 Skipped: 23



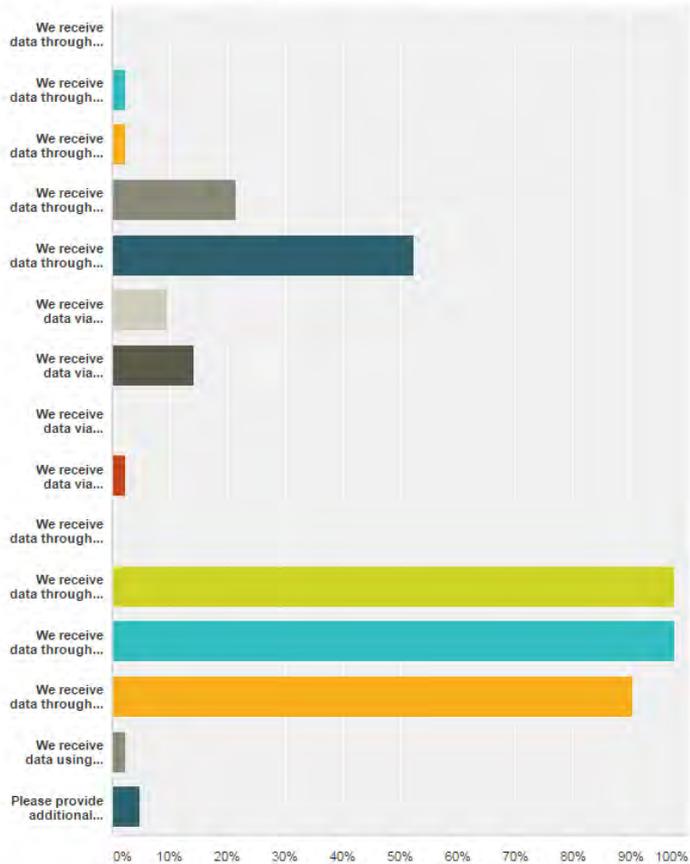


# Q22 – Segmentation by Provider Type (top 4 most reported types)

## County Behavioral Health Division

How does your organization receive the data? (Check all that apply)

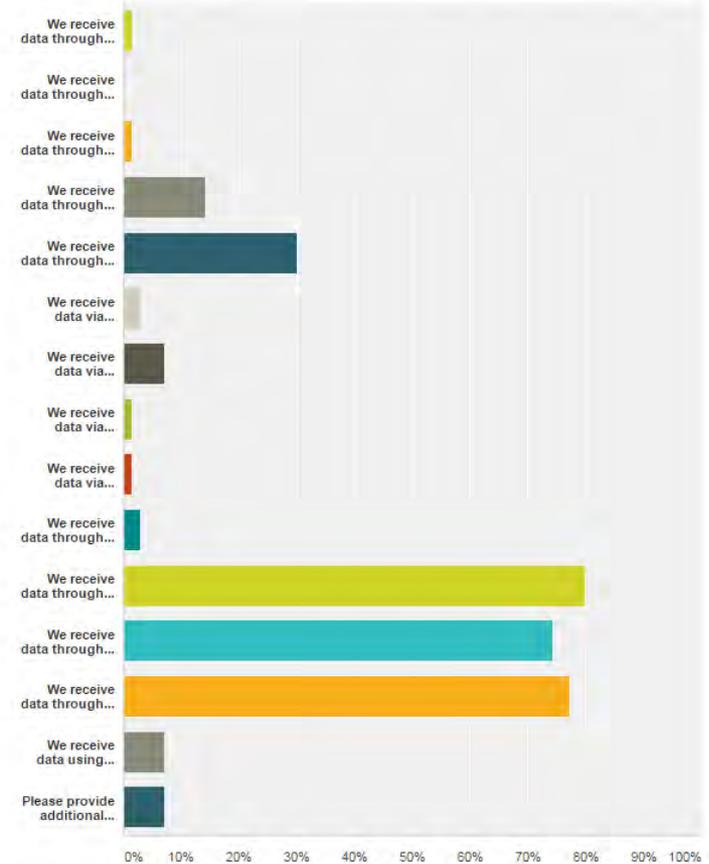
Answered: 42 Skipped: 18



## Community-Based Service Provider

How does your organization receive the data? (Check all that apply)

Answered: 70 Skipped: 28



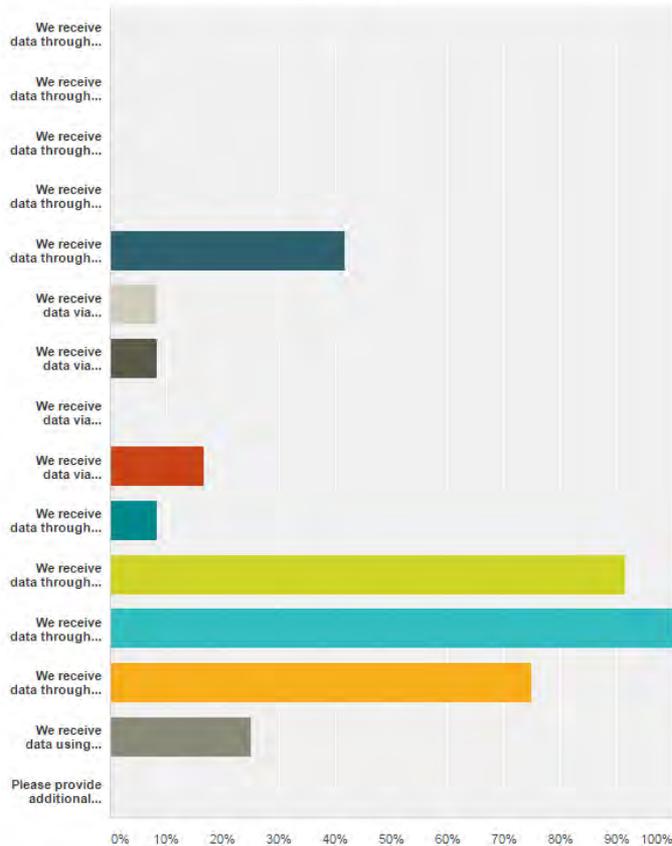
# Q22 – Segmentation by Provider Type (top 4 most reported types) (continued)



## Community Mental Health Clinic

How does your organization receive the data? (Check all that apply)

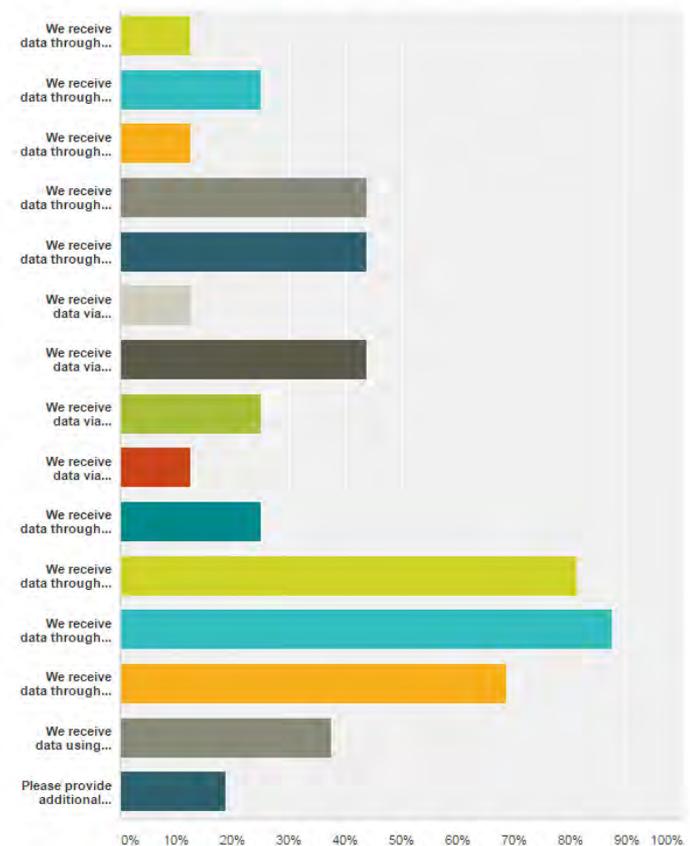
Answered: 12 Skipped: 1



## Health System or Hospital

How does your organization receive the data? (Check all that apply)

Answered: 18 Skipped: 5



## Q23 – Rank the information sources you receive most frequently. (1=most frequently received)



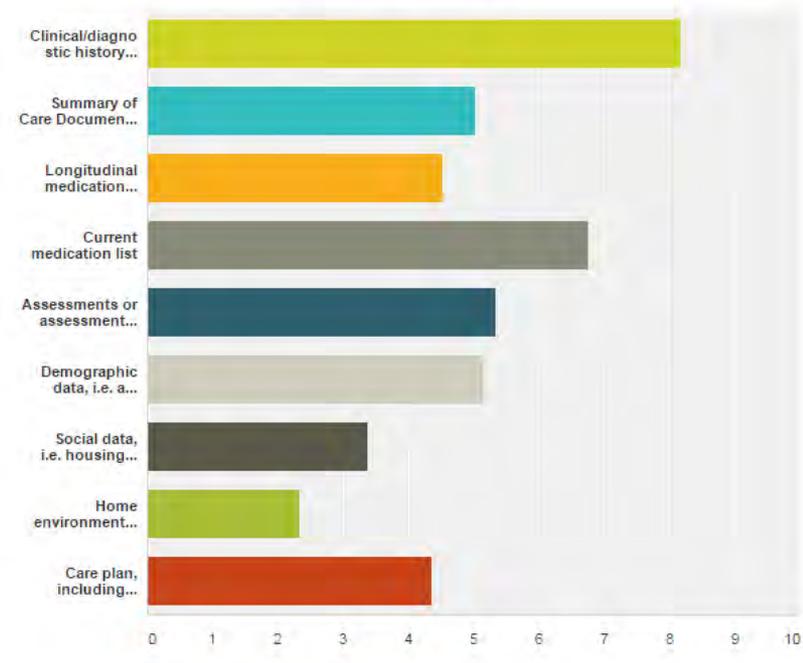
Number of respondents: 149/208

Question choices:

- Clinical/diagnostic history, including discharge notes
- Summary of Care Document (CCDA)
- Longitudinal medication history
- Current medication list
- Assessments or assessment scores demonstrating functional levels, strengths, gaps, etc.
- Demographic data, i.e. age, gender, home address
- Social data, i.e. housing stability/homelessness, employment, support system
- Home environment information, including safety
- Care plan, including goals, services approved, etc.

Rank the information sources you receive most frequently. (1=most frequently received)

Answered: 149 Skipped: 59



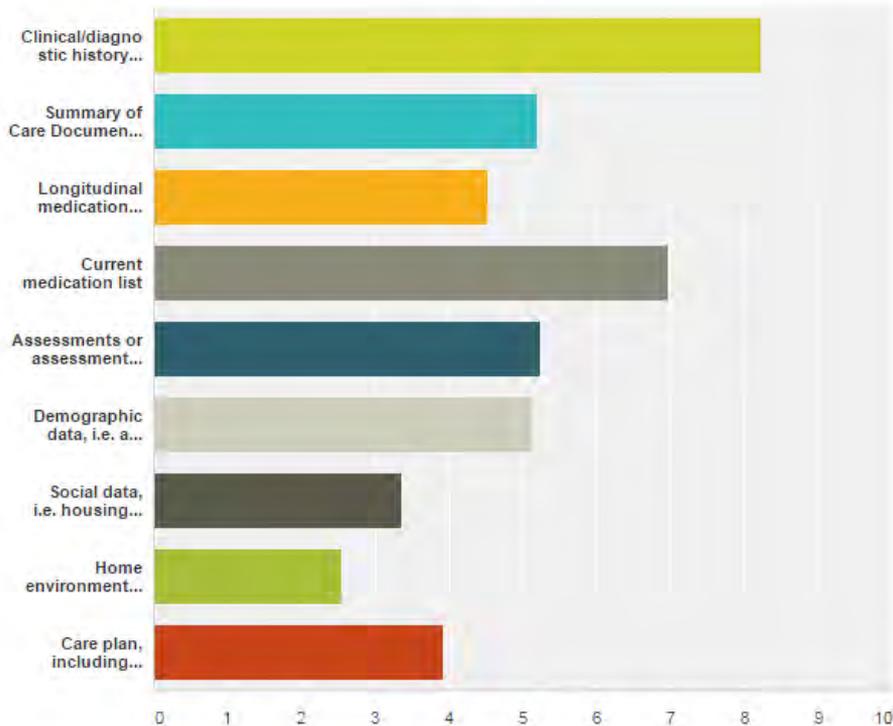


# Q23 – Segmentation by EHR Use

## EHR Users

Rank the information sources you receive most frequently. (1=most frequently received)

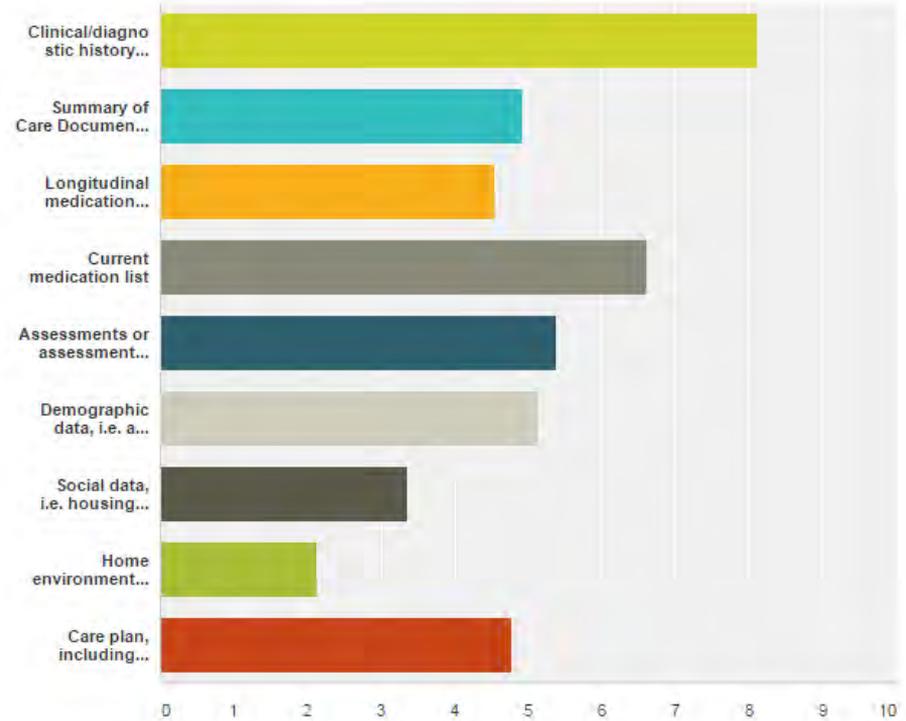
Answered: 72 Skipped: 31



## Non-EHR Users

Rank the information sources you receive most frequently. (1=most frequently received)

Answered: 76 Skipped: 24



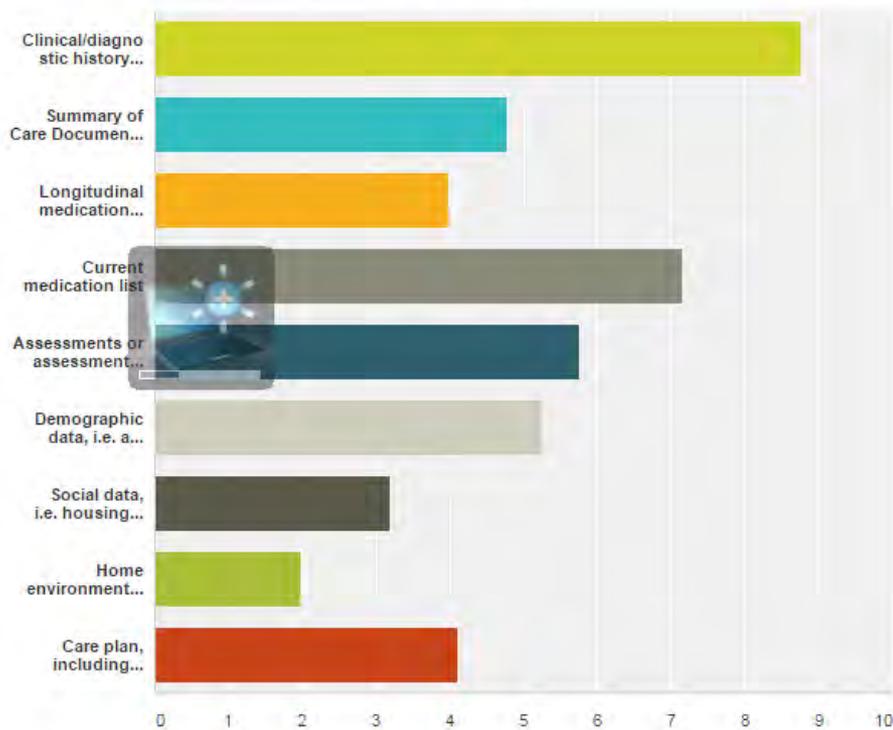


# Q23 – Segmentation by Provider Type (top 4 most reported types)

## County Behavioral Health Division

Rank the information sources you receive most frequently. (1=most frequently received)

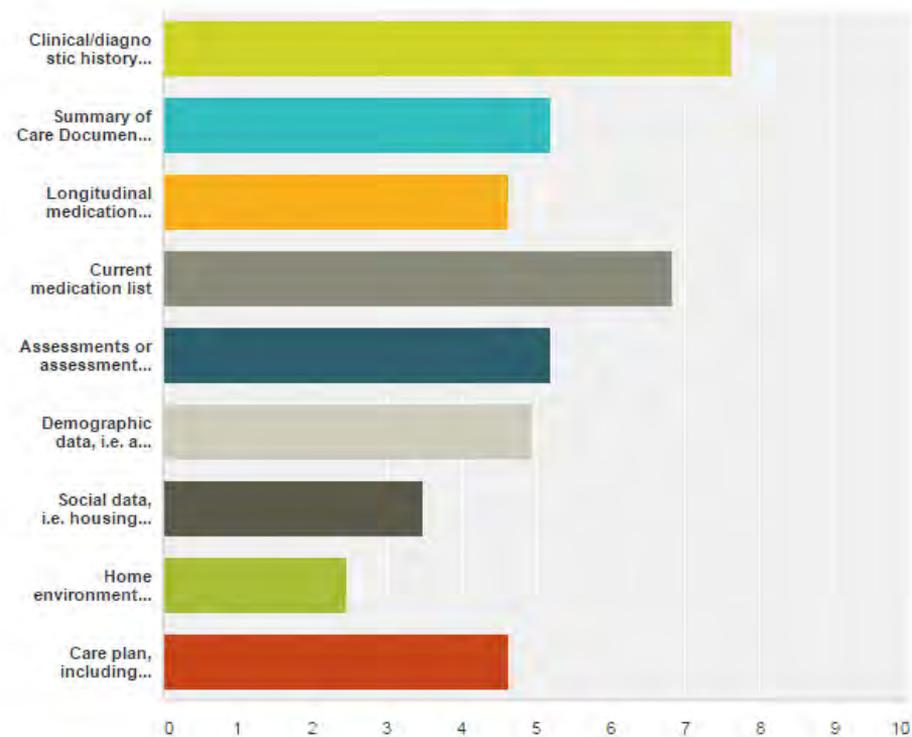
Answered: 42 Skipped: 18



## Community-Based Service Provider

Rank the information sources you receive most frequently. (1=most frequently received)

Answered: 69 Skipped: 29



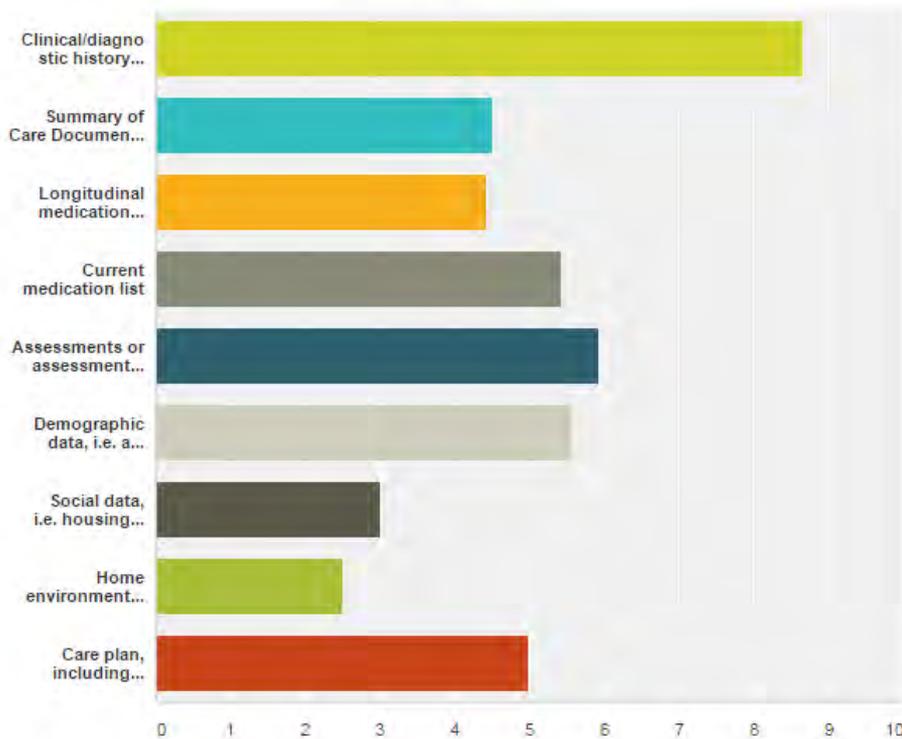
# Q23 – Segmentation by Provider Type (top 4 most reported types) (continued)



## Community Mental Health Clinic

Rank the information sources you receive most frequently. (1=most frequently received)

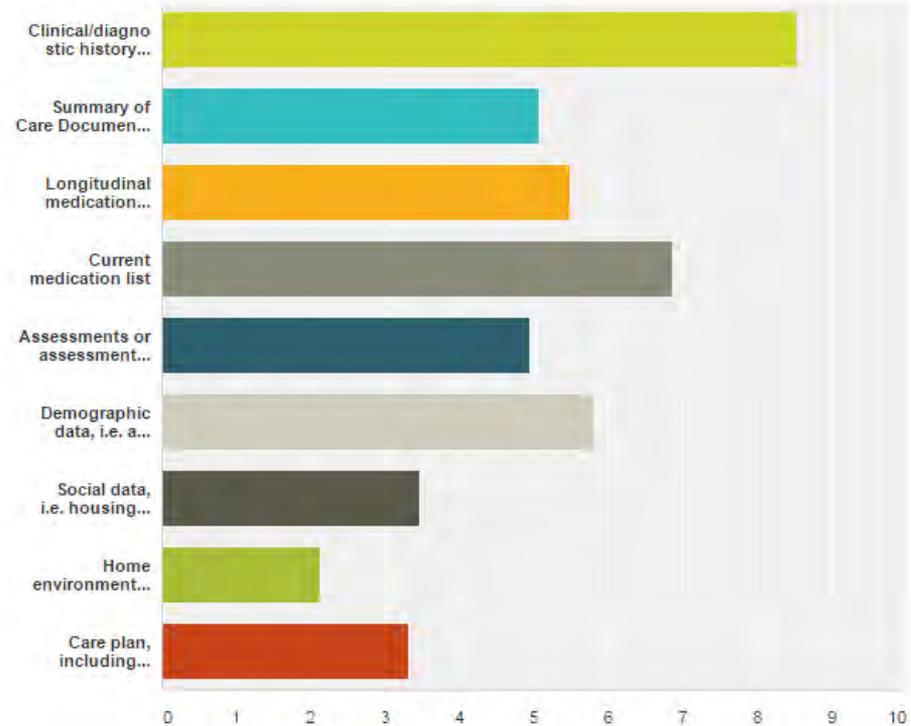
Answered: 12 Skipped: 1



## Health System or Hospital

Rank the information sources you receive most frequently. (1=most frequently received)

Answered: 16 Skipped: 5



## Q24 – State any other sources you receive information from most frequently and rank its frequency as seen in the previous question.



Number of respondents: 14/208

Question choices:

- Free-response

| Responses Provided  |
|---|
| Medical   |
| Legal history; probation status   |
| #1: Release of information; #2: Criminal complaint histories  |
| Pharmacies  |
| Legal history (commitment protective placement etc.); investigation documents and reports; autopsies          |
| Letters from teachers, IEP summaries (for children). These are received more frequently than demographic data |
| #8: Social Security   |
| Doctors/pharmacy orders from the residents PCP regarding medication or care plan changes                      |
| General medical orders from doctors   |
| School records (e.g. IEP)   |
| #5: Court/legal systems   |
| #1: ForwardHealth   |
| MN Rule 25 Assessment   |
| Laboratory results  |

# Q25 – What information not currently received would allow your organization’s providers to provide better care? (1 = most helpful)



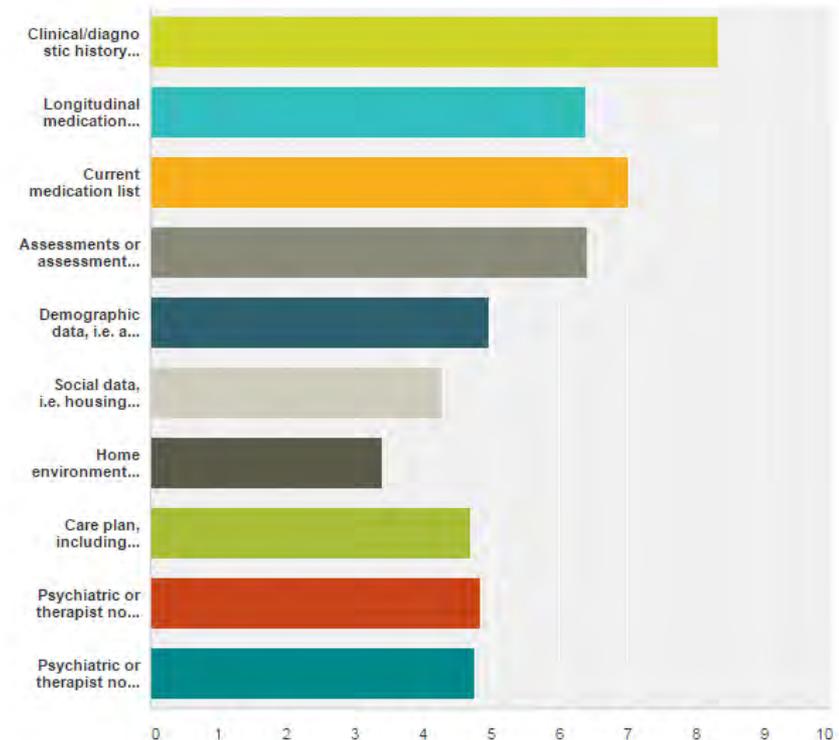
Number of respondents: 97/208

Question choices:

- Clinical/diagnostic history, including discharge notes
- Longitudinal medication history
- Current medication list
- Assessments or assessment scores demonstrating functional levels, strengths, gaps, suicide risk assessment, etc.
- Demographic data, i.e. age, gender, home address
- Social data, i.e. housing stability/homelessness, employment, support system
- Home environment information, including safety and falls
- Care plan, including goals, services approved, etc.
- Psychiatric or therapist notes not considered to be sensitive
- Psychiatric or therapist notes that may include sensitive information

What information that you don't currently receive would allow your organization's providers to provide better care for their consumers? (Please rank, with rank 1 = most helpful information to receive)

Answered: 97 Skipped: 111



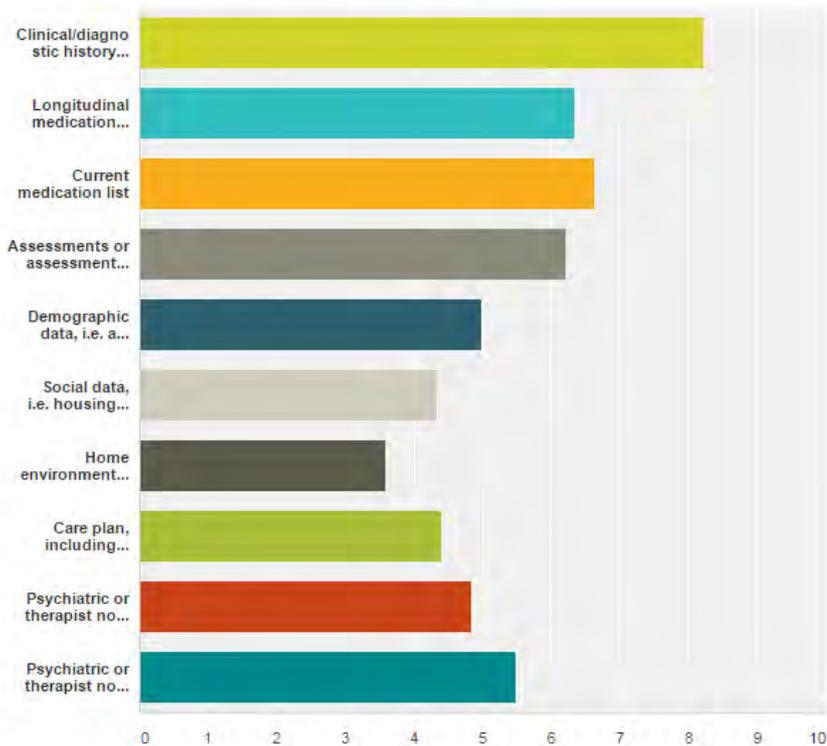


# Q25 – Segmentation by EHR Use

## EHR Users

What information that you don't currently receive would allow your organization's providers to provide better care for their consumers? (Please rank, with rank 1 = most helpful information to receive)

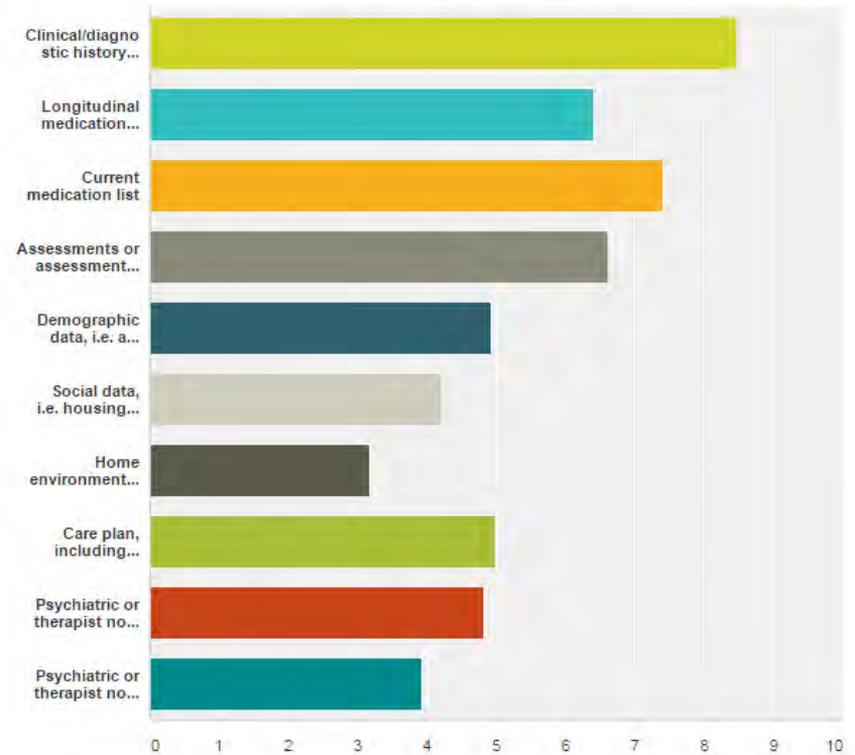
Answered: 51 Skipped: 52



## Non-EHR Users

What information that you don't currently receive would allow your organization's providers to provide better care for their consumers? (Please rank, with rank 1 = most helpful information to receive)

Answered: 46 Skipped: 54



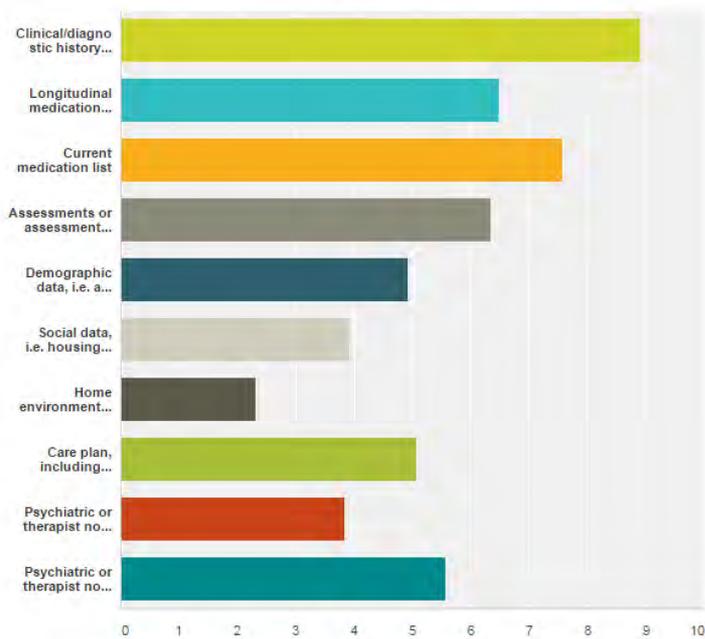


# Q25 – Segmentation by Provider Type (top 4 most reported types)

## County Behavioral Health Division

What information that you don't currently receive would allow your organization's providers to provide better care for their consumers? (Please rank, with rank 1 = most helpful information to receive)

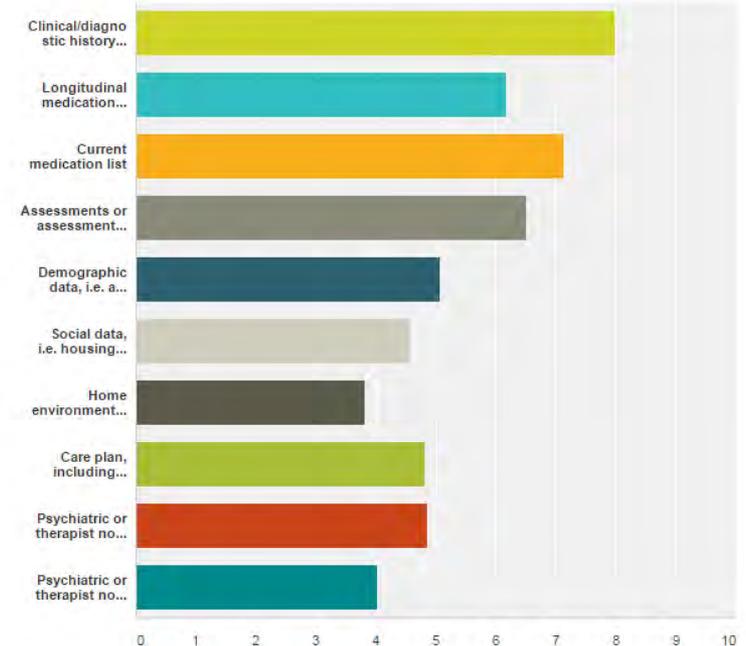
Answered: 26 Skipped: 34



## Community-Based Service Provider

What information that you don't currently receive would allow your organization's providers to provide better care for their consumers? (Please rank, with rank 1 = most helpful information to receive)

Answered: 45 Skipped: 53



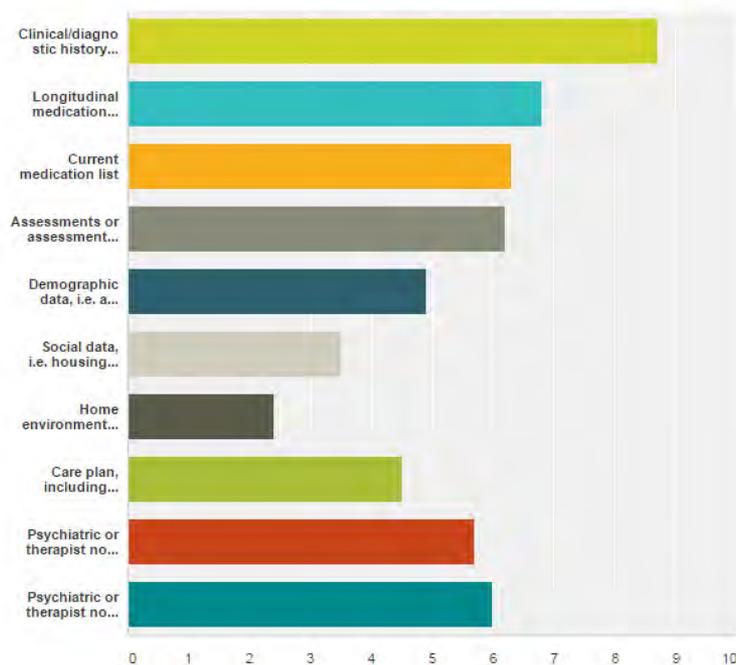
# Q25 – Segmentation by Provider Type (top 4 most reported types) (continued)



## Community Mental Health Clinic

What information that you don't currently receive would allow your organization's providers to provide better care for their consumers? (Please rank, with rank 1 = most helpful information to receive)

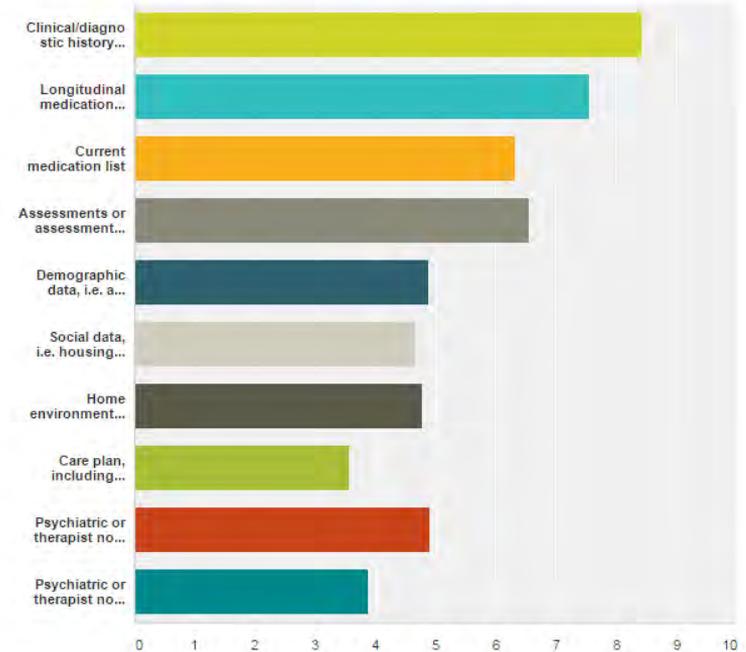
Answered: 10 Skipped: 3



## Health System or Hospital

What information that you don't currently receive would allow your organization's providers to provide better care for their consumers? (Please rank, with rank 1 = most helpful information to receive)

Answered: 10 Skipped: 11



## Q26 – Please state any other information you don't currently receive and rank its helpfulness as would be seen in the previous question.



Number of respondents: 6/208

Question choices:

- Free-response

### Responses Provided

#1: Huge problem with getting Discharge Summaries from certain hospitals on/before admission to LTC

Notes from early childhood and previous placements

We receive all necessary information.

## Q27 – Is Health Information Exchange integrated into the workflow of all providers working in your organization?



Number of respondents: 158/208

Question choices:

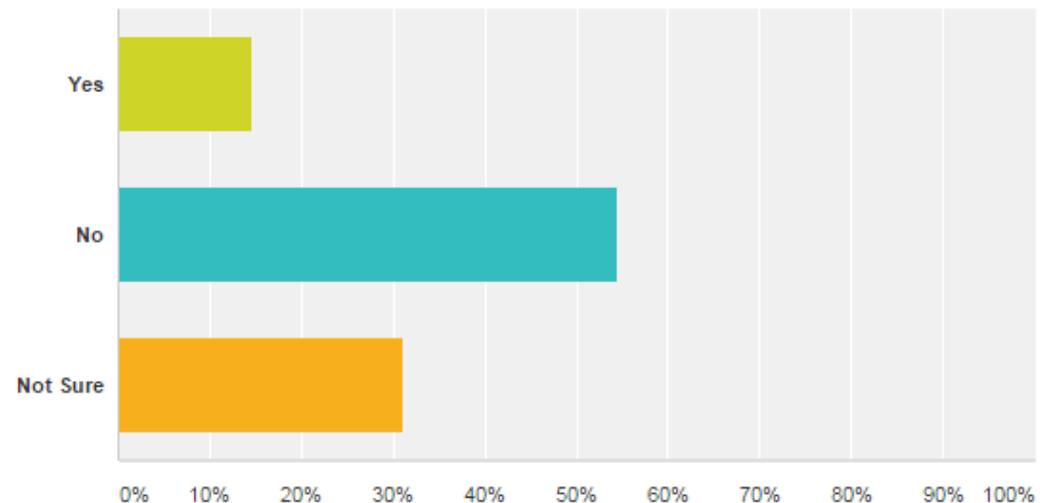
- Yes
- No
- Not Sure

**Is Health Information Exchange integrated into the workflow of all providers working in your organization? For HIE to be integrated into a clinical workflow means users are able to operate within their existing EHR application without needing to sign into additional applications or portals.**

**Reference for HIE:**

**<http://www.healthit.gov/providers-professionals/health-information-exchange/what-hie>.**

Answered: 158 Skipped: 50





## Q27 – Segmentation by EHR Use

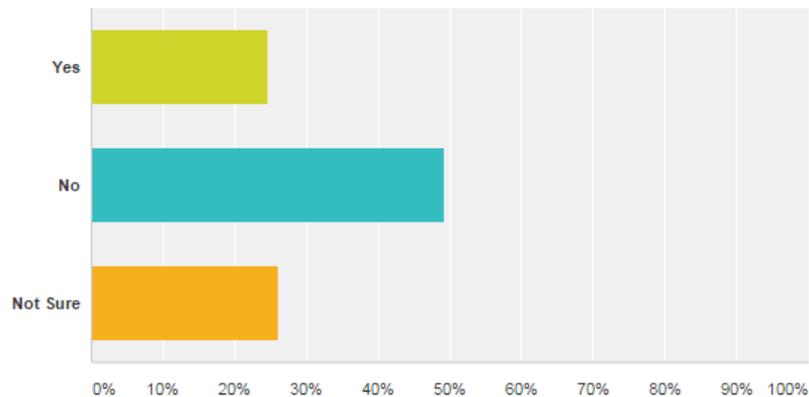
### EHR Users

Is Health Information Exchange integrated into the workflow of all providers working in your organization? For HIE to be integrated into a clinical workflow means users are able to operate within their existing EHR application without needing to sign into additional applications or portals.

Reference for HIE:

<http://www.healthit.gov/providers-professionals/health-information-exchange/what-hie>.

Answered: 73 Skipped: 30



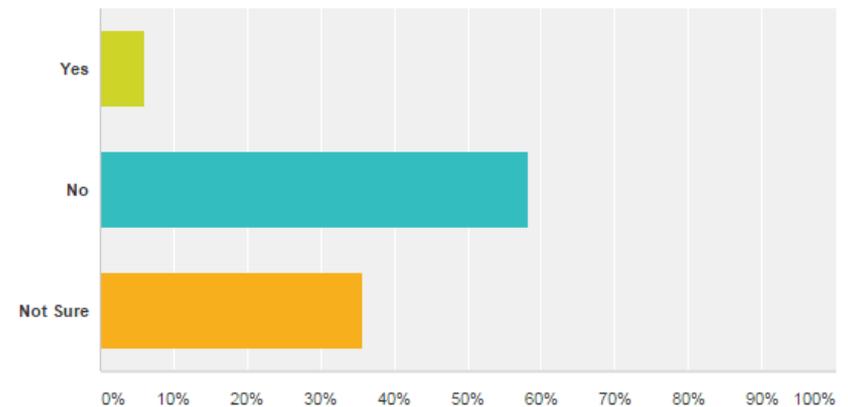
### Non-EHR Users

Is Health Information Exchange integrated into the workflow of all providers working in your organization? For HIE to be integrated into a clinical workflow means users are able to operate within their existing EHR application without needing to sign into additional applications or portals.

Reference for HIE:

<http://www.healthit.gov/providers-professionals/health-information-exchange/what-hie>.

Answered: 84 Skipped: 16





## Q27 – Segmentation by Provider Type (top 4 most reported types)

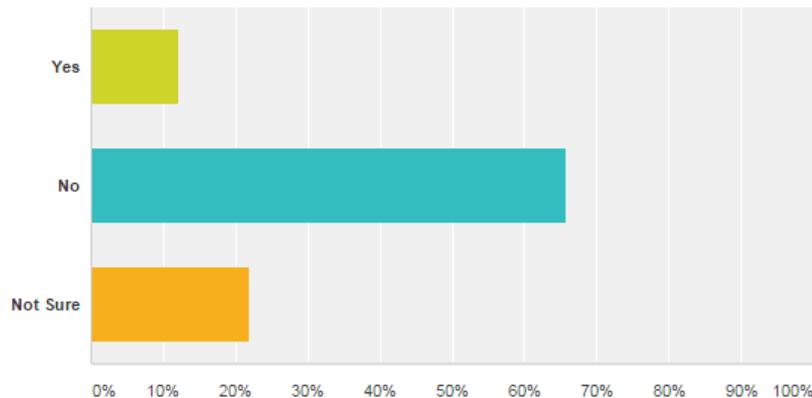
### County Behavioral Health Division

Is Health Information Exchange integrated into the workflow of all providers working in your organization? For HIE to be integrated into a clinical workflow means users are able to operate within their existing EHR application without needing to sign into additional applications or portals.

Reference for HIE:

<http://www.healthit.gov/providers-professionals/health-information-exchange/what-hie>.

Answered: 41 Skipped: 19



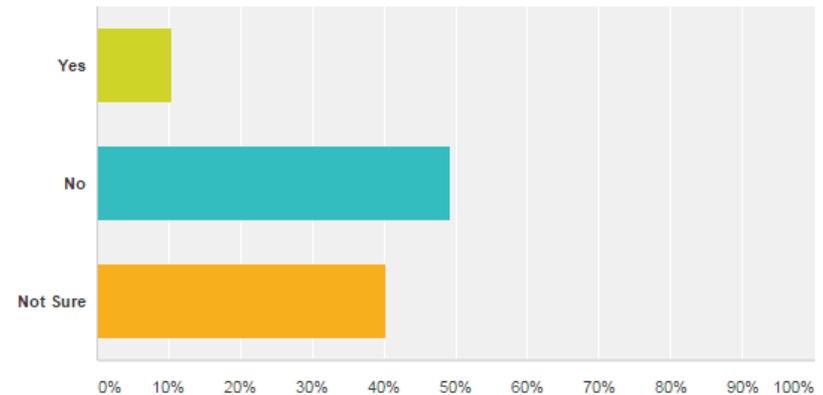
### Community-Based Service Provider

Is Health Information Exchange integrated into the workflow of all providers working in your organization? For HIE to be integrated into a clinical workflow means users are able to operate within their existing EHR application without needing to sign into additional applications or portals.

Reference for HIE:

<http://www.healthit.gov/providers-professionals/health-information-exchange/what-hie>.

Answered: 77 Skipped: 21



# Q27 – Segmentation by Provider Type (top 4 most reported types) (continued)



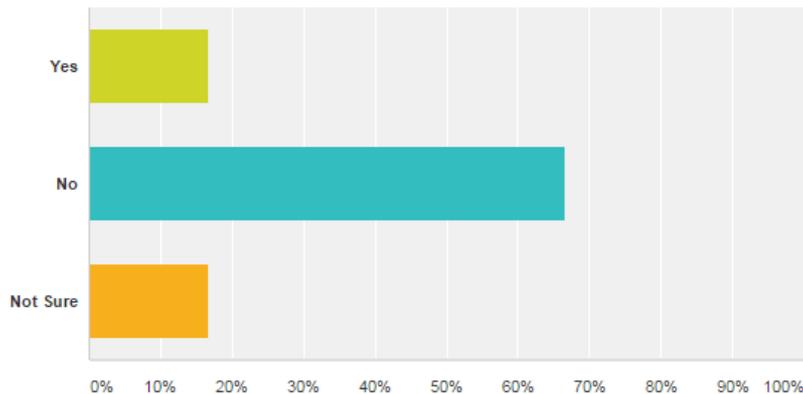
## Community Mental Health Clinic

Is Health Information Exchange integrated into the workflow of all providers working in your organization? For HIE to be integrated into a clinical workflow means users are able to operate within their existing EHR application without needing to sign into additional applications or portals.

Reference for HIE:

<http://www.healthit.gov/providers-professionals/health-information-exchange/what-hie>.

Answered: 12 Skipped: 1



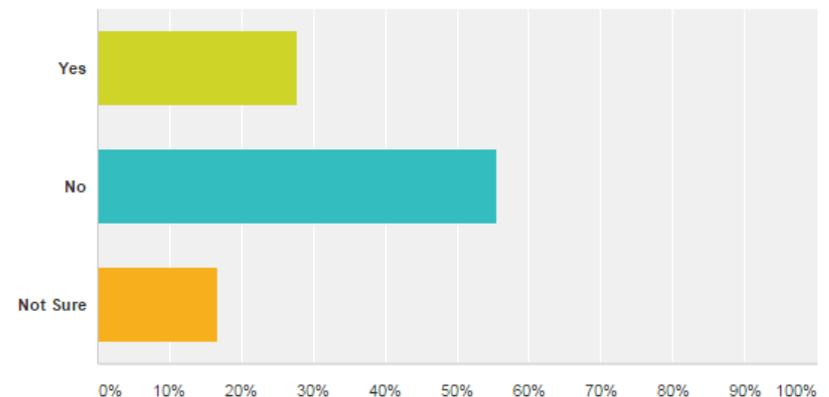
## Health System or Hospital

Is Health Information Exchange integrated into the workflow of all providers working in your organization? For HIE to be integrated into a clinical workflow means users are able to operate within their existing EHR application without needing to sign into additional applications or portals.

Reference for HIE:

<http://www.healthit.gov/providers-professionals/health-information-exchange/what-hie>.

Answered: 18 Skipped: 3



## Q28 – Please provide a description of any changes your organization is taking to integrate HIE into your workflow:



Number of respondents: 20/208

Question choices:

- Free-response

### Responses Provided

|  |   |
|--|---|
| Our organization utilizes the EHR to communicate between providers and to provide a record of provider communication within our agency. Our psychiatric provider also has a staff that utilizes the EHR to screen and schedule appointments. | We are currently waiting for the county to upgrade their EHR in order to refine communication and effectiveness in providing services to the clients that are referred by the county.   |
| Epic is designed as a workflow system  | We are in the process of implementing Social Solutions  |
| Everyone's daily job is changing because of the technology available. There is too many to write in this space. However, I am willing to discuss.  | Use of an automated query of HIE and other organizational information within 100 mile radius the night before the appointment   |
| Avatar will profoundly affect all workflow   | Discharge coordination  |
| None currently, as it is being developed   | Considering an EHR system to integrate HIE  |
| We are integrating an updated version of our software program for clinical services that will begin with scheduling the patient, go through all phases of care, and end with billing and cash application. The record will be electronic.    | We are in process of exploring this with the new system we are implementing. Currently we have to log into separate systems depending on what information we are looking for. We are hopeful everything will be available in one system once we convert over. |
| Currently building EHR. This system will become a part of the daily work flow  | Do search system before appointment   |
| Modifying workflows to increase efficiencies within EHR capabilities.  | We have them sign release forms ahead of time at their physicians' or psychiatrists' offices.   |
| My organization is doing very little. As an individual clinician, I am doing much and creating tools to allow for this.  | Currently engaged in a project to bring HIE into The Clinical Manager system, in use here at this time.   |
| We have identified staff members who manage and coordinate all information exchange per HIPAA and agency policy  | We have a separate intake department that asks questions and gathers data before an admission would occur into hospice  |

## Q29 – Rank the most significant barriers your organization has faced in exchanging health information. (Rank 1=most significant)



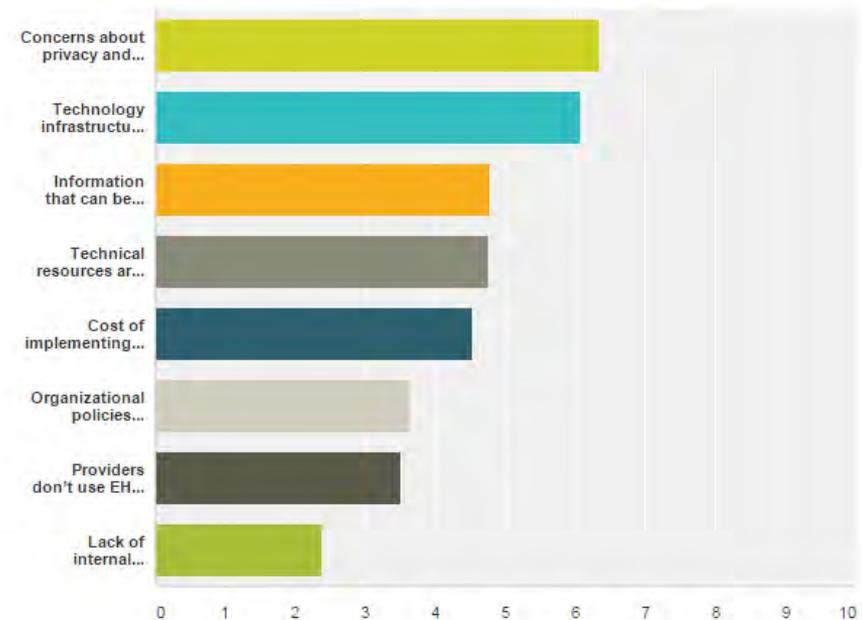
Number of respondents: 142/208

Question choices:

- Concerns about privacy and security, and/or lack of clarity about what is legally permitted to be shared (especially protected personal health information)
- Technology infrastructure is not enabled to allow electronic information exchange
- Information that can be exchanged doesn't meet needed uses
- Technical resources are limited
- Cost of implementing and training
- Organizational policies prevent electronic information exchange
- Providers don't use EHR exchange functionality often enough, and forget how to use it
- Lack of internal commitment/support

Please rank the most significant barriers your organization has faced in exchanging health information. (Rank 1=most significant barrier)

Answered: 142 Skipped: 66



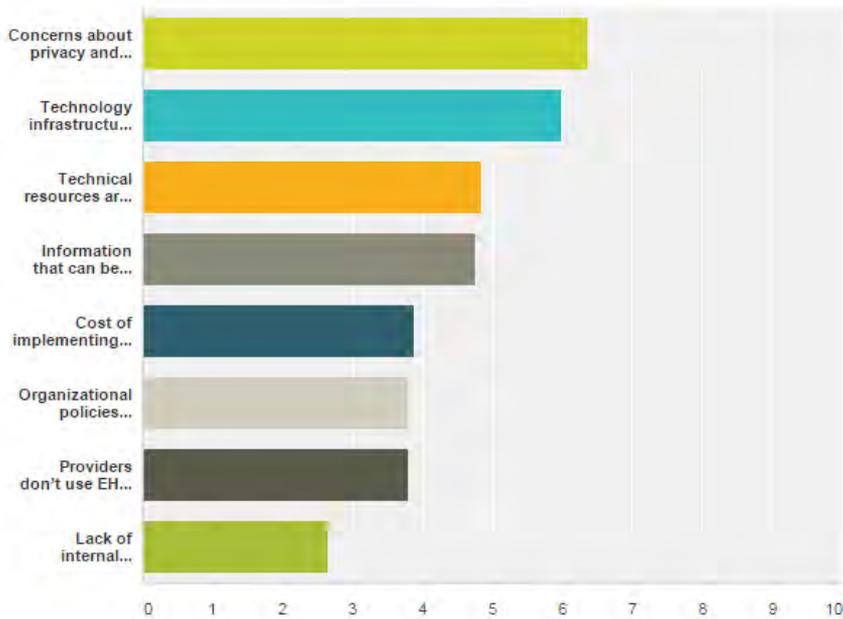


# Q29 – Segmentation by EHR Use

## EHR Users

Please rank the most significant barriers your organization has faced in exchanging health information. (Rank 1=most significant barrier)

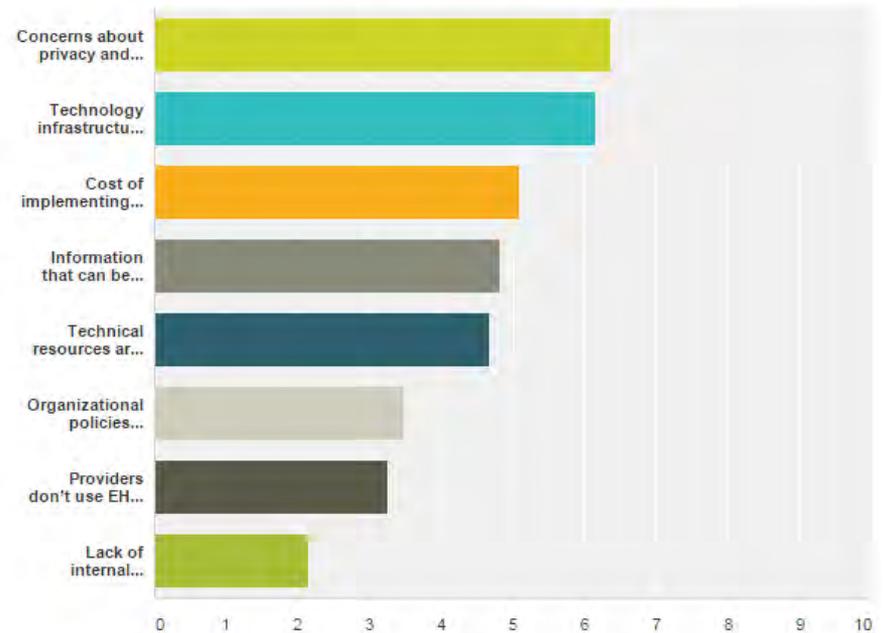
Answered: 68 Skipped: 35



## Non-EHR Users

Please rank the most significant barriers your organization has faced in exchanging health information. (Rank 1=most significant barrier)

Answered: 73 Skipped: 27



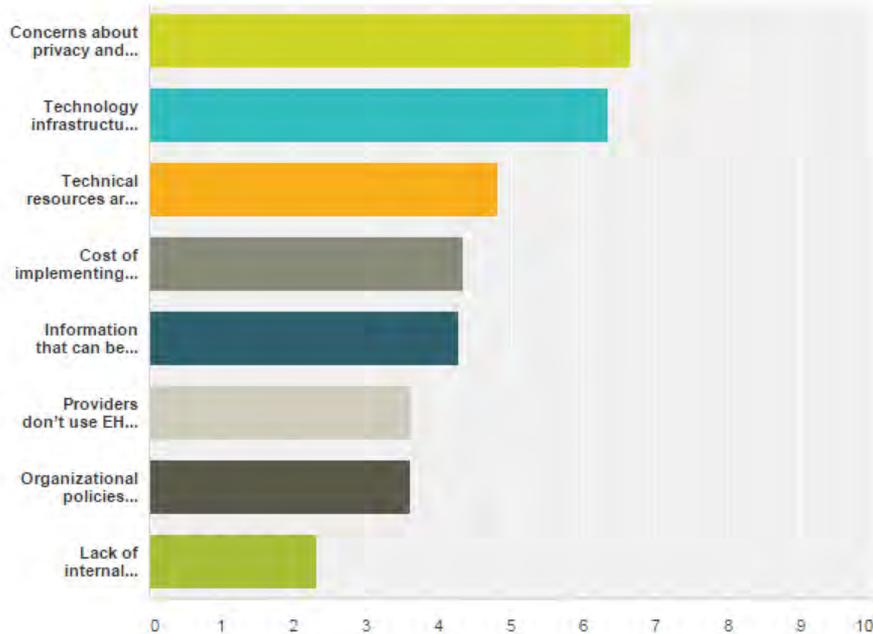


# Q29 – Segmentation by Provider Type (top 4 most reported types)

## County Behavioral Health Division

Please rank the most significant barriers your organization has faced in exchanging health information. (Rank 1=most significant barrier)

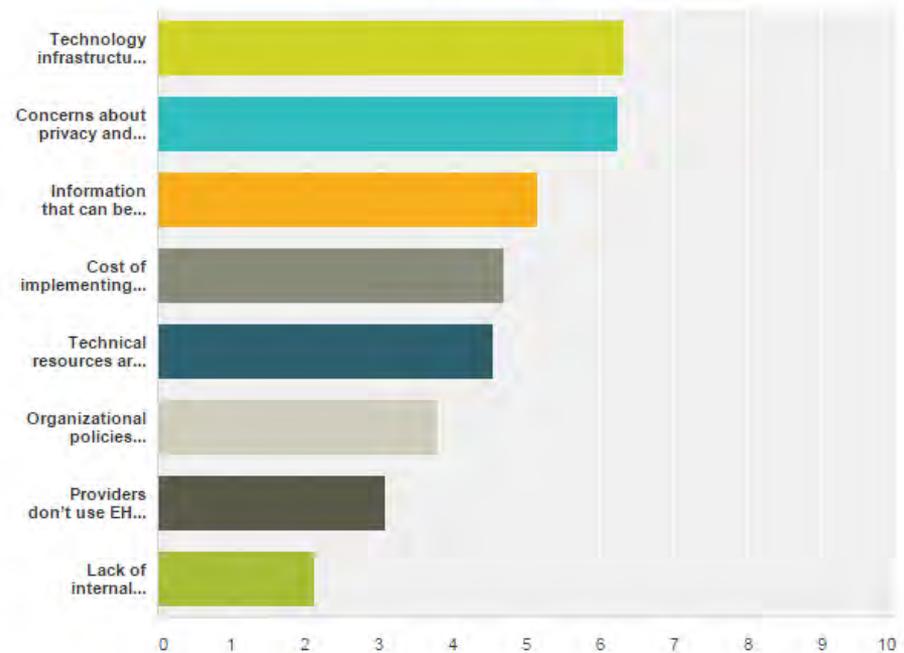
Answered: 41 Skipped: 19



## Community-Based Service Provider

Please rank the most significant barriers your organization has faced in exchanging health information. (Rank 1=most significant barrier)

Answered: 67 Skipped: 31



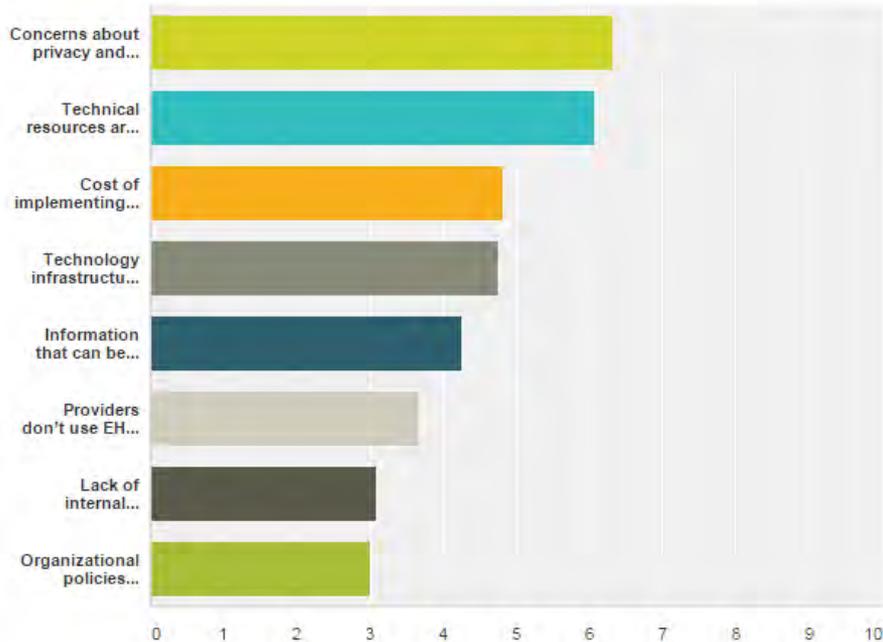
# Q29 – Segmentation by Provider Type (top 4 most reported types) (continued)



## Community Mental Health Clinic

Please rank the most significant barriers your organization has faced in exchanging health information. (Rank 1=most significant barrier)

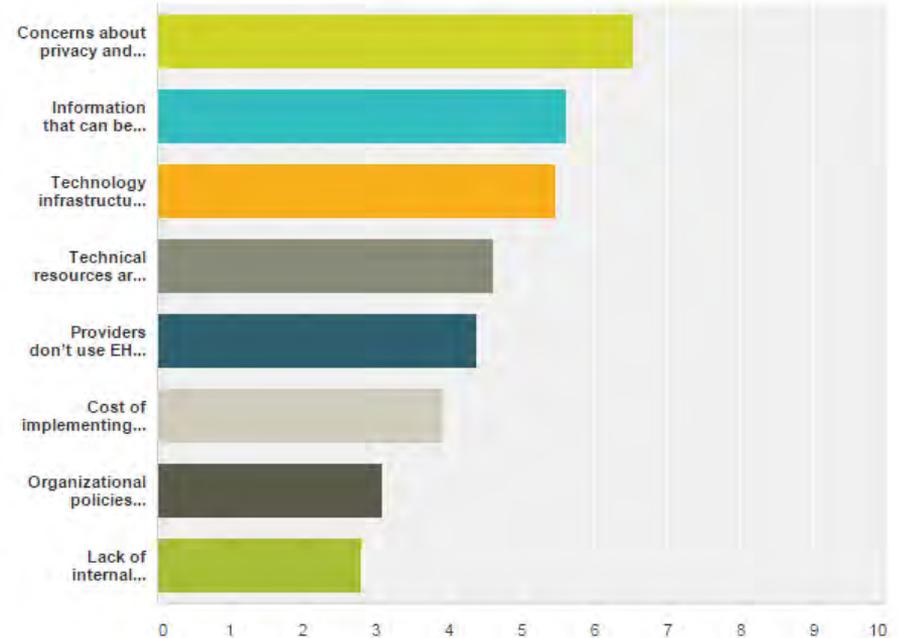
Answered: 12 Skipped: 1



## Health System or Hospital

Please rank the most significant barriers your organization has faced in exchanging health information. (Rank 1=most significant barrier)

Answered: 14 Skipped: 7



## Q30 – State any barriers your organization has faced in exchanging health information and rank as seen in the previous question.



Number of respondents: 13/208

Question choices:

- Free-response

| Responses Provided  |   |
|---|---|
| Many of our community agencies have very different systems and no bridge exists to share information electronically   | We find most often those we ask for information from do not respond to our request.   |
| Hospital still requires the guardian's verbal permission at time of test even though forms have been signed giving staff permission to accompany a resident to a clinical/hospital test   | MCOs will not work with providers on implementing internal software to exchange information   |
| Avatar product does not work for WI counties without significant work around it was intended to automate.   | In Milwaukee, no one including our agency has an upgraded EHR system to perform the actual exchanging of information.   |
| We have a contracted pharmacy in house. They operate on another computer/EHR system and our system's don't interface. So we have to have them print out paper MAR forms for us to use. It would be so great if we could share a MAR with them for the 95% of our CSP clients who use them as a pharmacy. Also, we are a contractor for our county and send crisis plans for the CSP clients we serve. Our computer systems do not interface, so someone has to convert files at their end for them to have the information. Lastly, we zip files to send them confidentially and have to wonder if there is an easier way/system. | Fear, organization, over-studying and under-delivering. Not allowing physicians' voices or autonomy in creating workflows. Trying to create something within EPIC is infinitely more cumbersome, time consuming and expensive than creating it as a standalone bolt on. Utilizing small pilot programs with external systems to allow for pivoting and changes on a faster scale would be helpful and ensure that there is buy-in and a working product before having to bring in pricey consultants and still getting a product that needs much change and has very little buy-in from those who are forced to use it. |
| WISHIN, for example, does not allow identification of AODA/Mental Health/etc. records required to meet State & HIPPA confidentiality requirements.  | BH providers using the computer while assessing the patient. It is difficult for providers to take out the relational part of completing a mental health assessment. Biggest complaint while implementing.  |
| The cost of operation annually to subscribe to the larger information services.   | Consistent exchange among area providers  |
| Multiple affiliates with different or non-connecting EHR's  |   |

# Q31 – How many resources do you currently have supporting your EHR and HIE planning and implementation efforts?



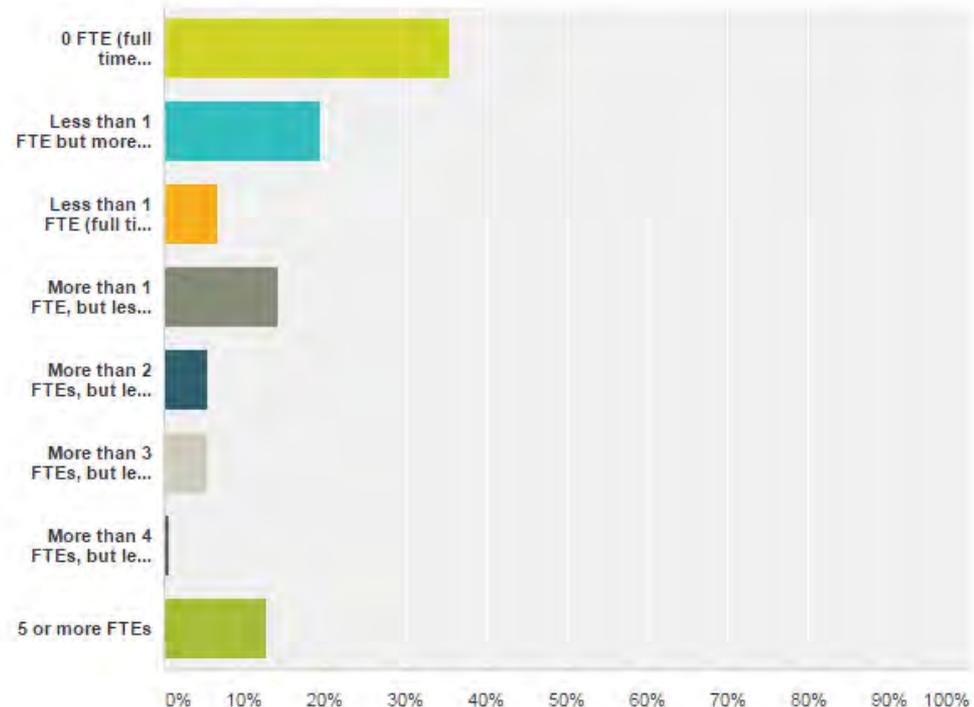
Number of respondents: 149/208

Question choices:

- 0 FTE (full time equivalent)
- Less than 1 FTE but more than 0 (full time equivalent)
- Less than 1 FTE (full time equivalent)
- More than 1 FTE, but less than 2 FTEs
- More than 2 FTEs, but less than 3 FTEs
- More than 3 FTEs, but less than 4 FTEs
- More than 4 FTEs, but less than 5 FTEs
- 5 or more FTEs

## How many resources do you currently have supporting your EHR and HIE planning and implementation efforts?

Answered: 149 Skipped: 59



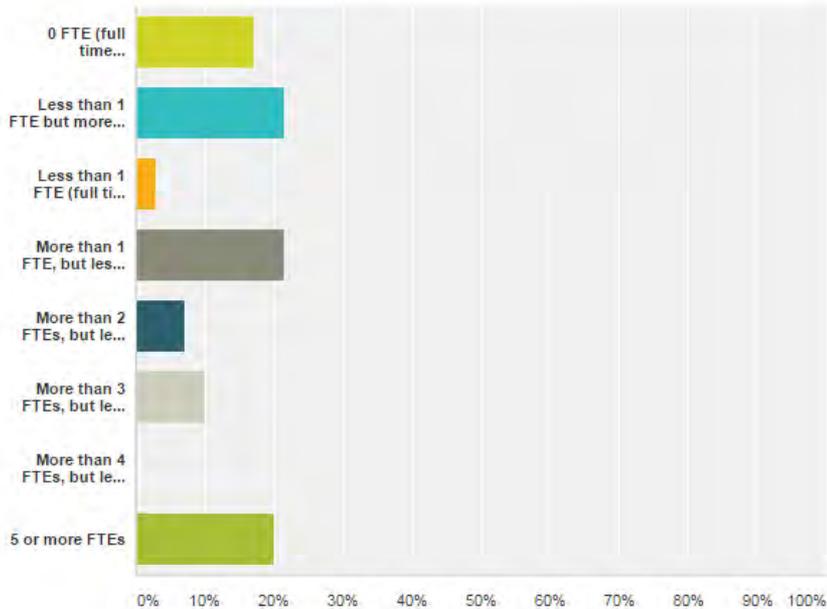


# Q31 – Segmentation by EHR Use

## EHR Users

How many resources do you currently have supporting your EHR and HIE planning and implementation efforts?

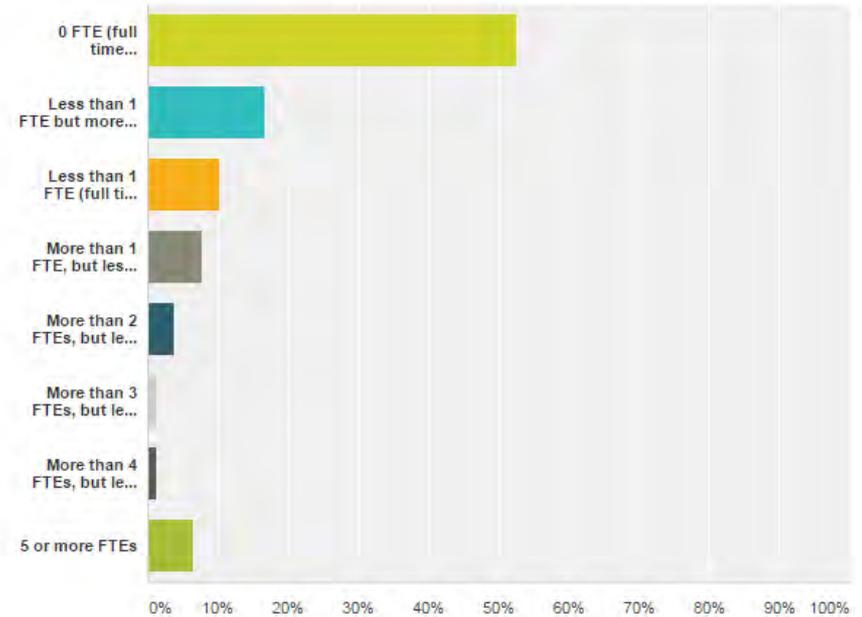
Answered: 70 Skipped: 33



## Non-EHR Users

How many resources do you currently have supporting your EHR and HIE planning and implementation efforts?

Answered: 78 Skipped: 22



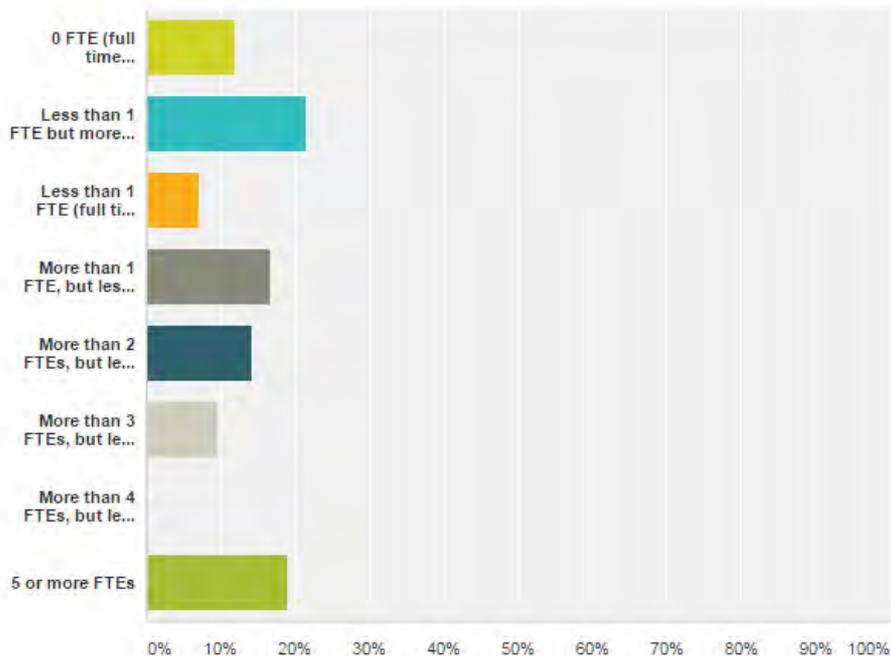


# Q31 – Segmentation by Provider Type (top 4 most reported types)

## County Behavioral Health Division

How many resources do you currently have supporting your EHR and HIE planning and implementation efforts?

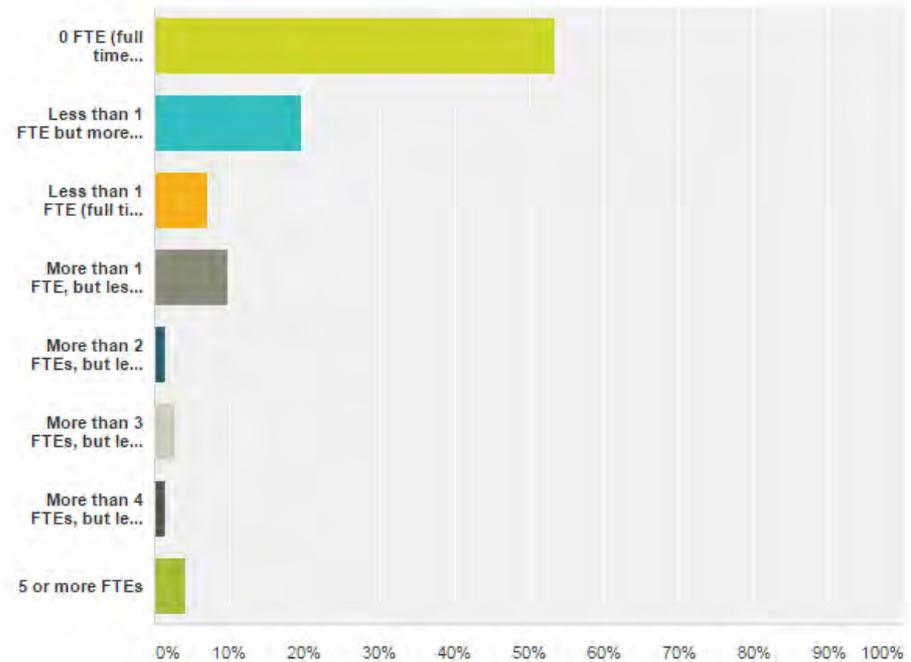
Answered: 42 Skipped: 18



## Community-Based Service Provider

How many resources do you currently have supporting your EHR and HIE planning and implementation efforts?

Answered: 71 Skipped: 27



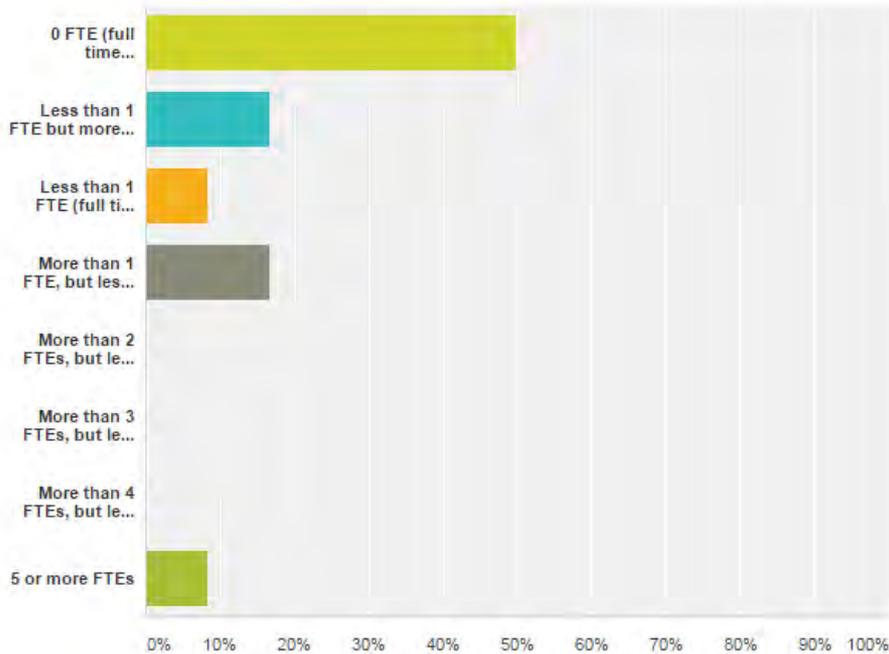
# Q31 – Segmentation by Provider Type (top 4 most reported types) (continued)



## Community Mental Health Clinic

How many resources do you currently have supporting your EHR and HIE planning and implementation efforts?

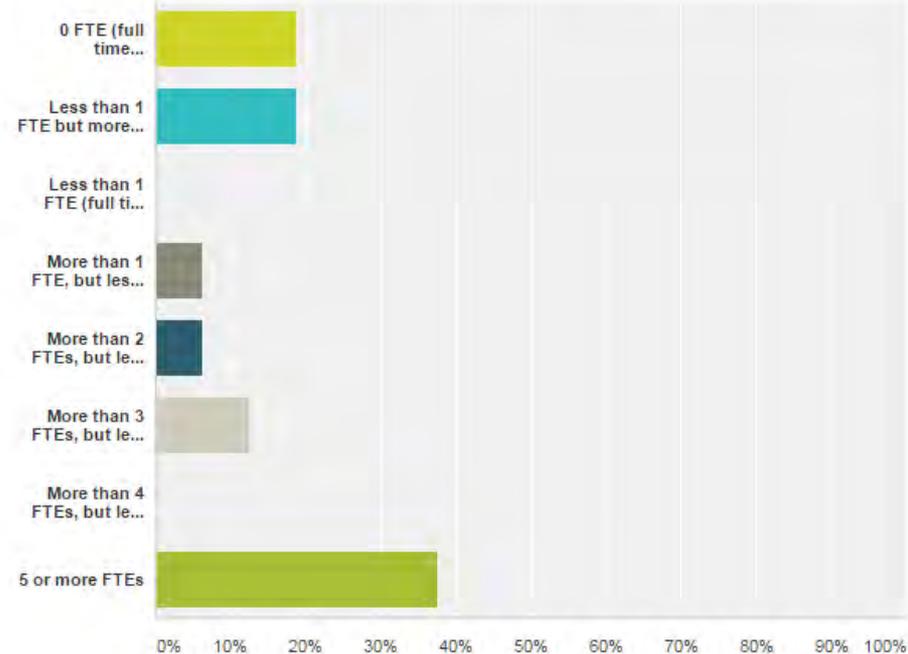
Answered: 12 Skipped: 1



## Health System or Hospital

How many resources do you currently have supporting your EHR and HIE planning and implementation efforts?

Answered: 16 Skipped: 5



# Q32 – How many resources do you feel you need for planning and implementation?



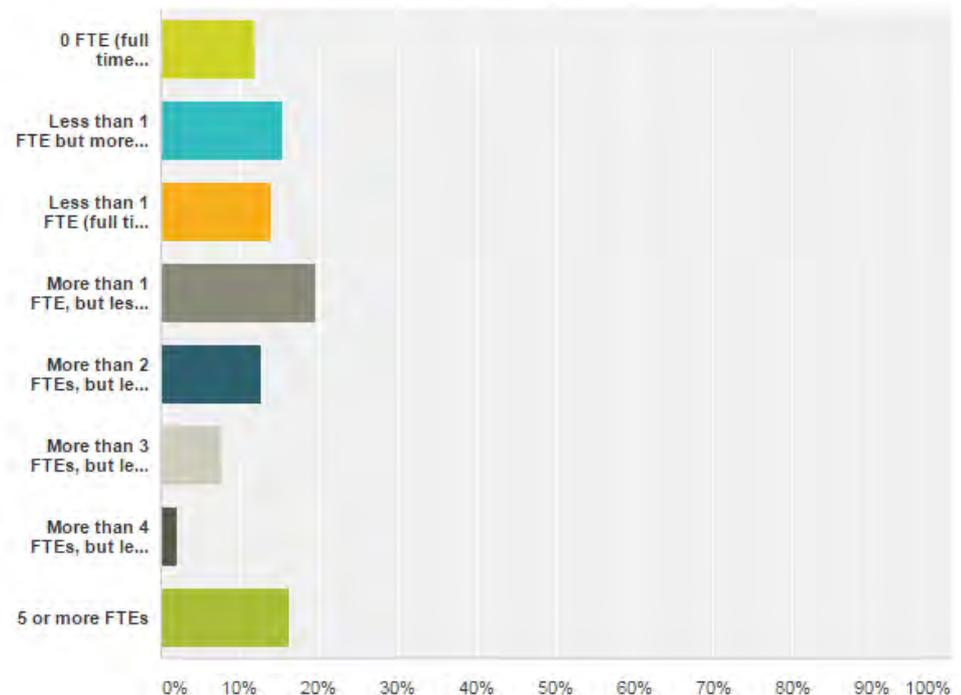
Number of respondents: 142/208

Question choices:

- Less than 1 FTE but more than 0 (full time equivalent)
- Less than 1 FTE (full time equivalent)
- More than 1 FTE, but less than 2 FTEs
- More than 2 FTEs, but less than 3 FTEs
- More than 3 FTEs, but less than 4 FTEs
- More than 4 FTEs, but less than 5 FTEs
- 5 or more FTEs

## How many resources do you feel you need for planning and implementation?

Answered: 142 Skipped: 66





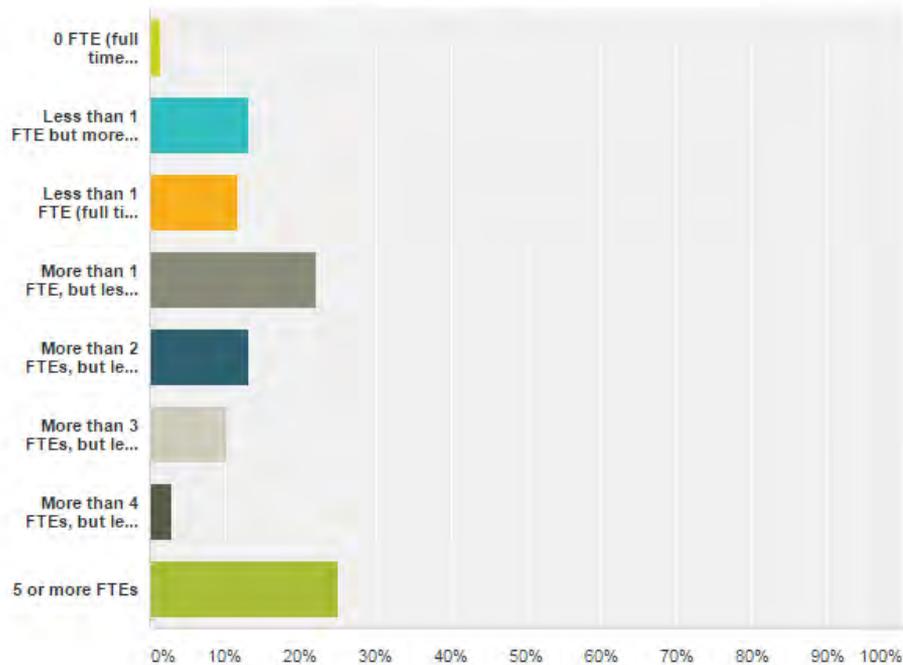
# Q32 – Segmentation by EHR Use

## EHR Users

## Non-EHR Users

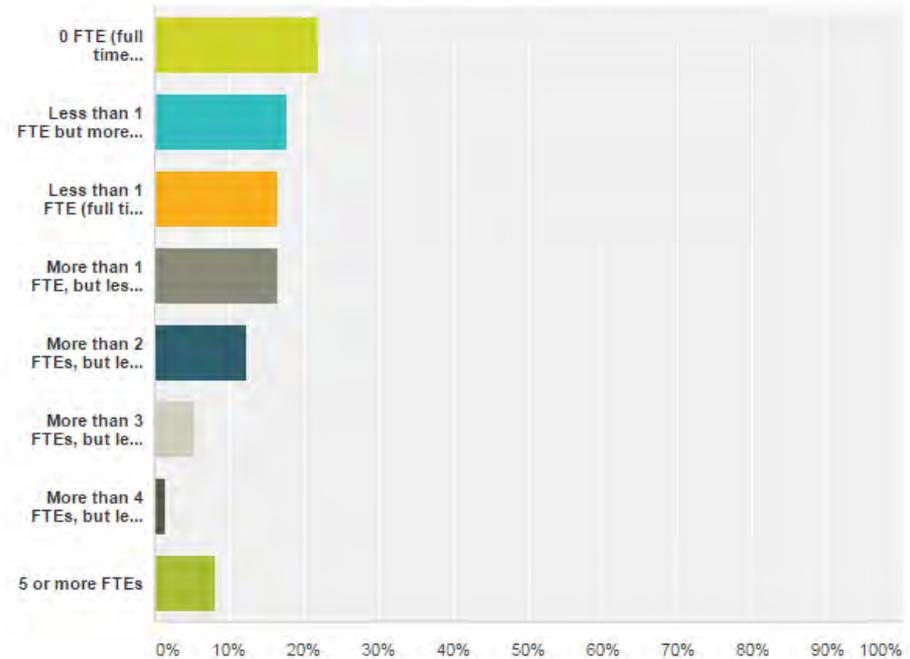
How many resources do you feel you need for planning and implementation?

Answered: 68 Skipped: 35



How many resources do you feel you need for planning and implementation?

Answered: 73 Skipped: 27





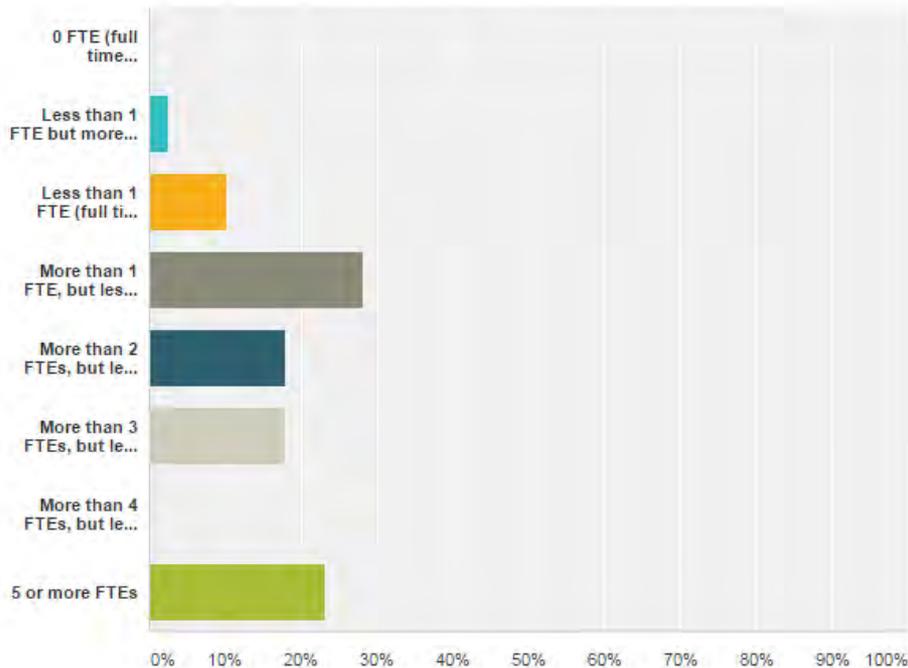
# Q32 – Segmentation by Provider Type (top 4 most reported types)

## County Behavioral Health Division

## Community-Based Service Provider

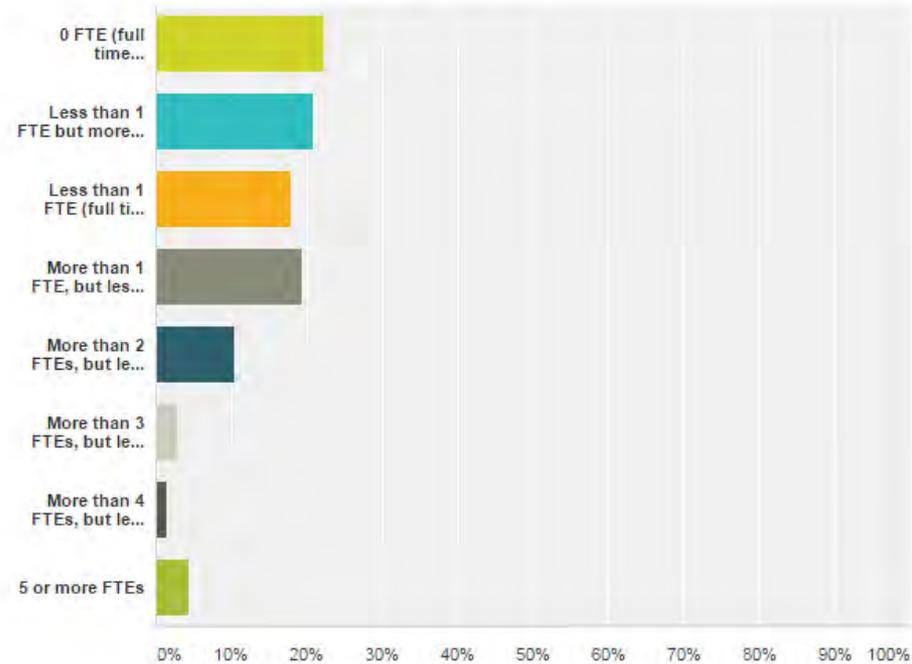
How many resources do you feel you need for planning and implementation?

Answered: 39 Skipped: 21



How many resources do you feel you need for planning and implementation?

Answered: 67 Skipped: 31



# Q32 – Segmentation by Provider Type (top 4 most reported types) (continued)

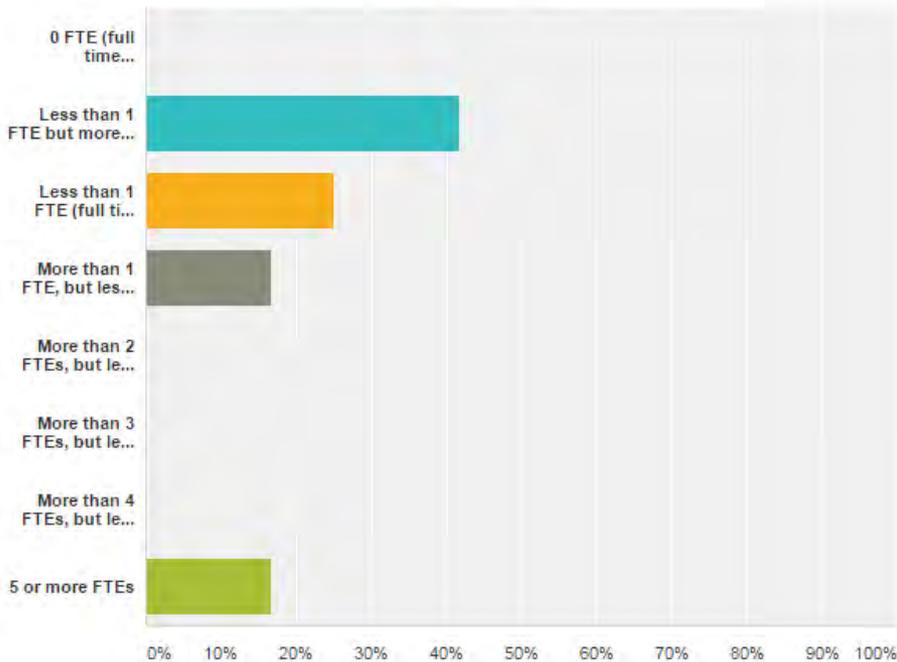


## Community Mental Health Clinic

## Health System or Hospital

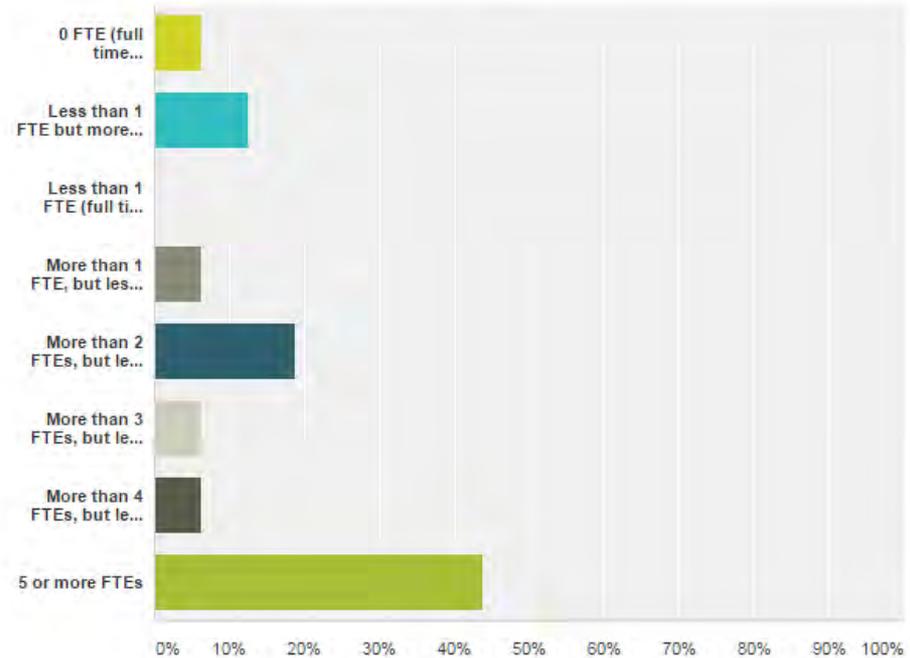
How many resources do you feel you need for planning and implementation?

Answered: 12 Skipped: 1



How many resources do you feel you need for planning and implementation?

Answered: 16 Skipped: 5



# Q33 – If your organization does not currently use an HIE, is there a projected timeframe for doing so?



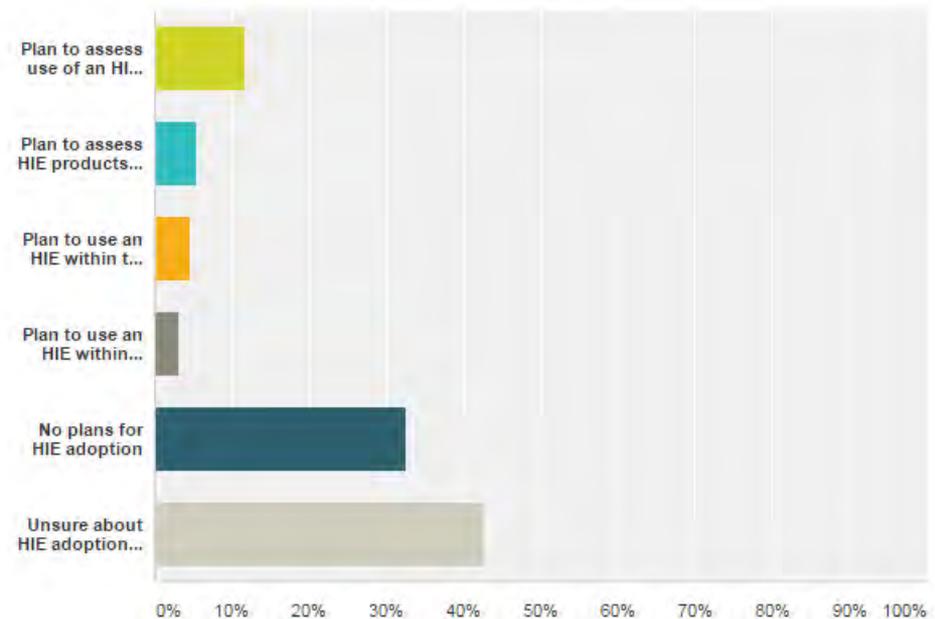
Number of respondents: 129/208

Question choices:

- Plan to assess use of an HIE within the next 12 months
- Plan to assess HIE products in 18-36 months
- Plan to use an HIE within the next 12 months
- Plan to use an HIE within 18-36 months
- No plans for HIE adoption
- Unsure about HIE adoption time frames

**If your organization does not currently use an HIE, is there a projected time frame for doing so?**

Answered: 129 Skipped: 79



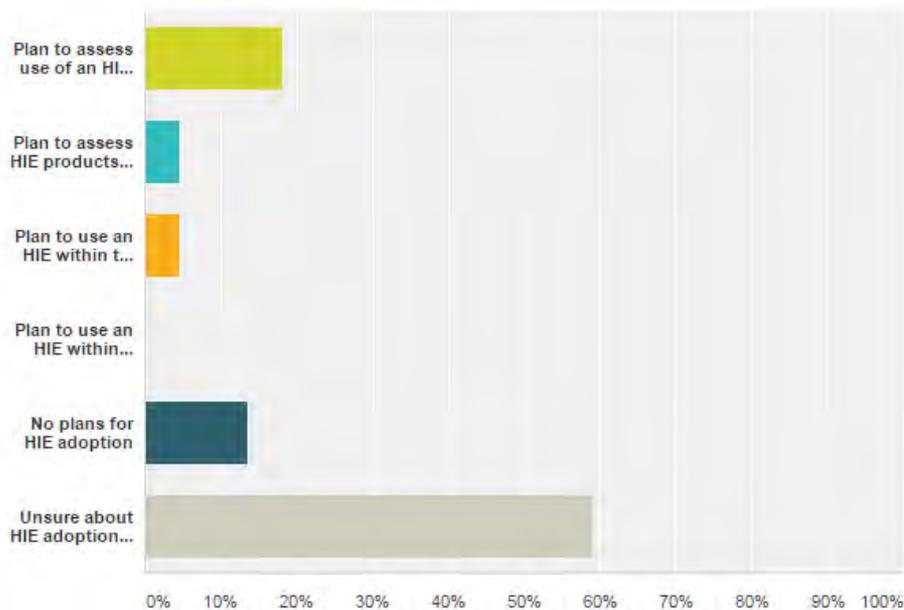


## Q33 – Segmentation by EHR Use

### EHR Users

If your organization does not currently use an HIE, is there a projected time frame for doing so?

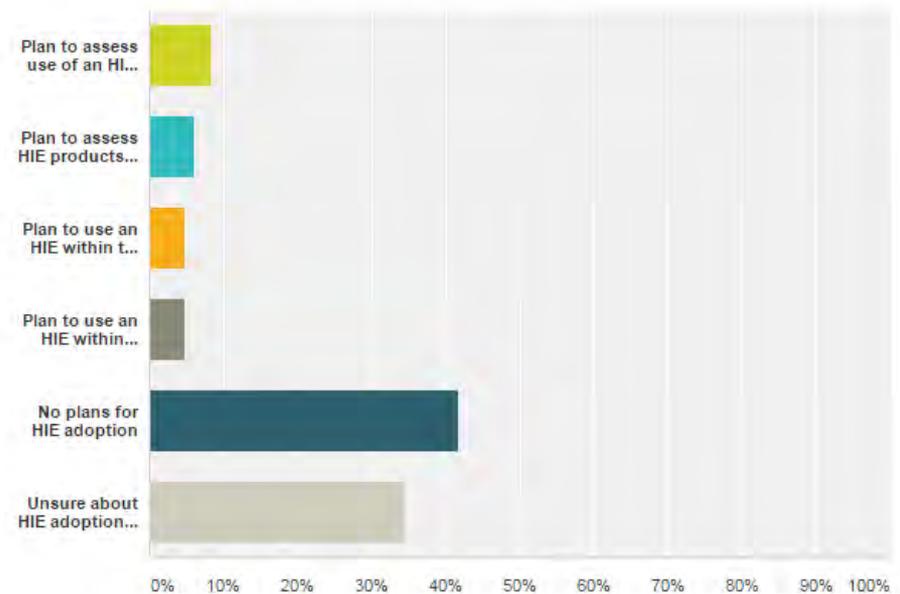
Answered: 44 Skipped: 59



### Non-EHR Users

If your organization does not currently use an HIE, is there a projected time frame for doing so?

Answered: 84 Skipped: 16



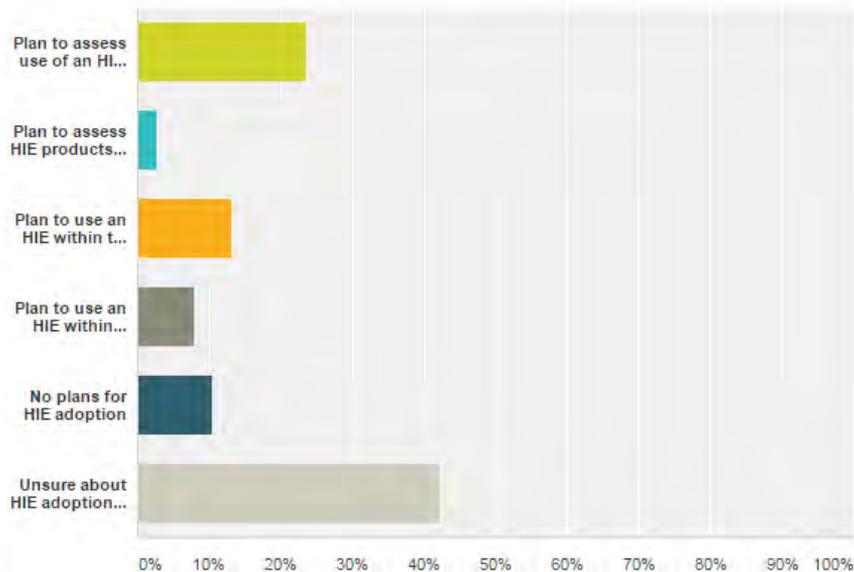


# Q33 – Segmentation by Provider Type (top 4 most reported types)

## County Behavioral Health Division

If your organization does not currently use an HIE, is there a projected time frame for doing so?

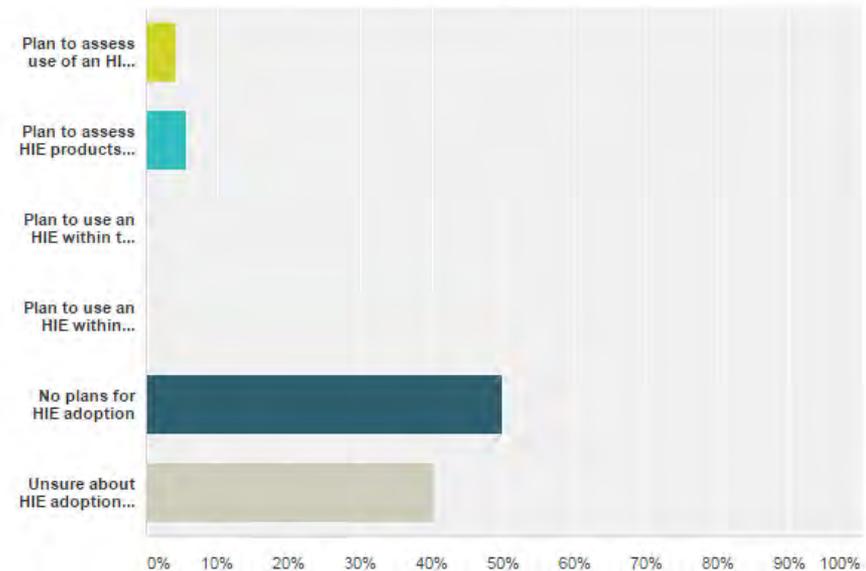
Answered: 38 Skipped: 22



## Community-Based Service Provider

If your organization does not currently use an HIE, is there a projected time frame for doing so?

Answered: 72 Skipped: 26



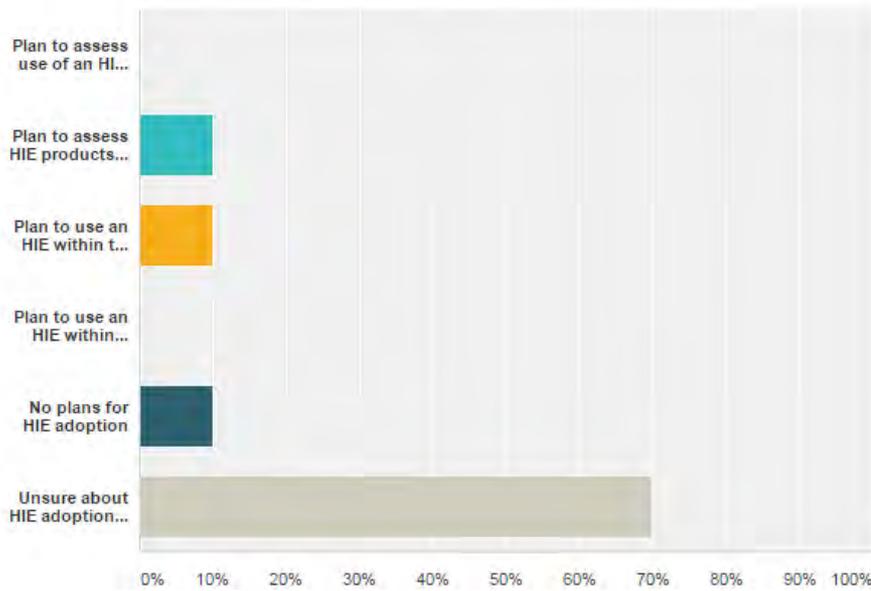
# Q33 – Segmentation by Provider Type (top 4 most reported types) (continued)



## Community Mental Health Clinic

If your organization does not currently use an HIE, is there a projected time frame for doing so?

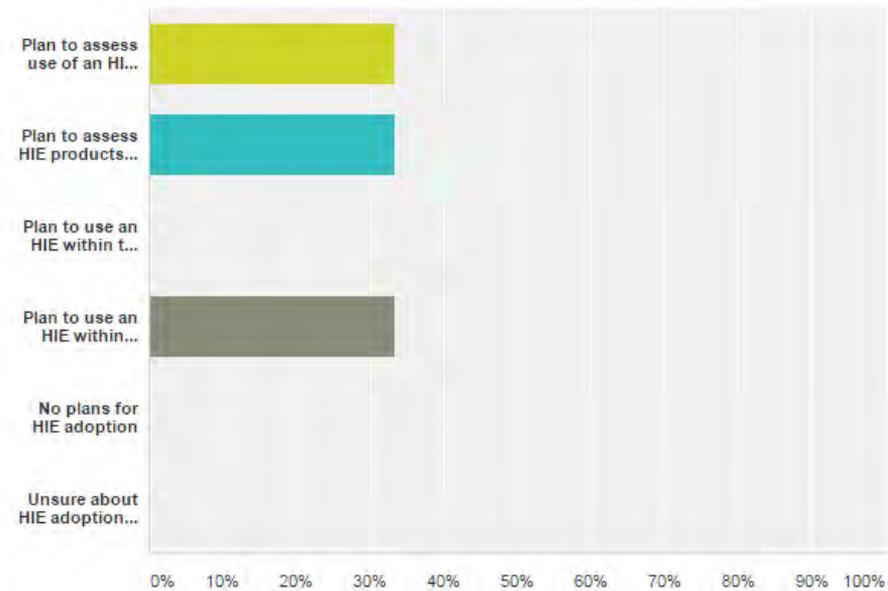
Answered: 10 Skipped: 3



## Health System or Hospital

If your organization does not currently use an HIE, is there a projected time frame for doing so?

Answered: 3 Skipped: 18



## Q34 – Please share with us any other stories or information that you think would be valuable to our efforts



Number of respondents: 7/208

Question choices:

- Free-response

### Responses Provided

Smaller facilities have a harder time in justifying the cost of newer systems.

There needs to be more EMRs available with Behavioral Health resources available to state licensing requirements and not just medical platform. We have spent ALOT of money developing the BH content.

The internal resources are extensive. Building your own system is too costly and doesn't create the consistency needed for the larger reporting systems.

Please feel free to email me at [behrens.jake@gmail.com](mailto:behrens.jake@gmail.com) for stories of patient care, EHR workflows, and physicians creating tools stemming from the pain points they individually experience as well as for ideas for how to empower those on the front lines.

No one considers small long term care providers in implementing health information policies.

The expenses of having to purchase almost all new equipment and increase internet speeds have been difficult for us. We wish we would have rolled out training differently and prevented a lot of errors and inconsistency

Our electronic health system has had some downfalls with regards to client/patient data that is recorded. Unfortunately with the implementation of this system and adjustments staff have had to make, there has likely been a loss of both staff productivity and overall quality of care to clients. However, it seems that the longer the system is in place the more these situations have become better and as with any new system there is likely to be an adjustment period for staff.

# Appendix B

**Survey Raw Data Analysis: Long Term Care**



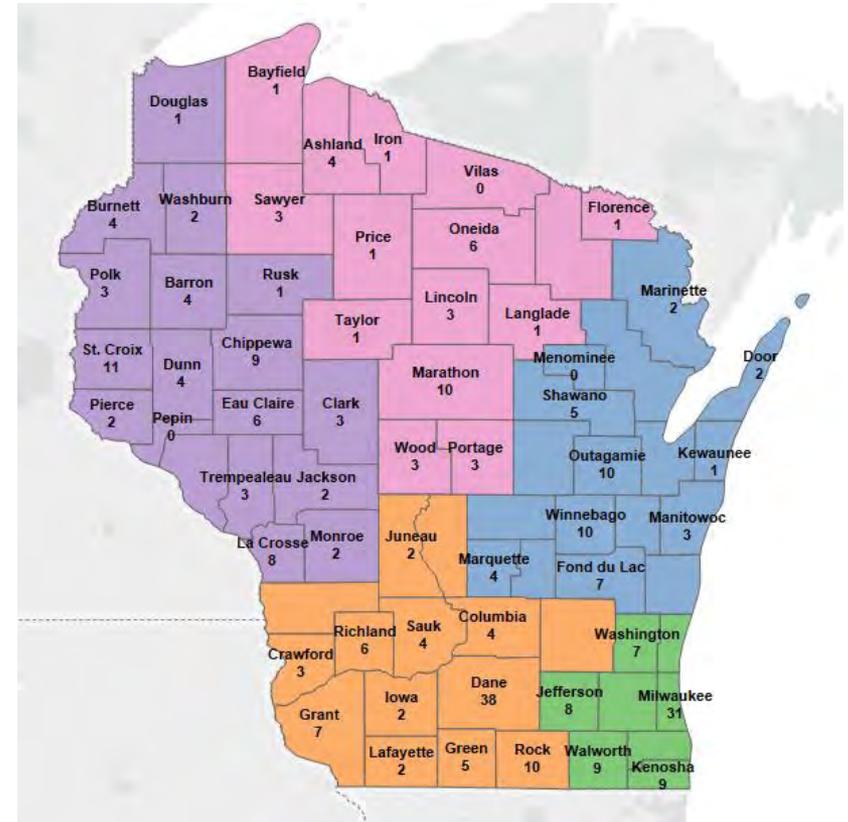
# Q1 – Demographic Information

Number of respondents: 400/400

Respondent questions:

- Contact Name
- Name of Organization
- Address
- Address 2
- City
- State
- ZIP
- County
- Email Address
- Phone Number

## Distribution of Survey Respondents by County



### Region

- Northeastern - 90 Respondents
- Northern - 41 Respondents
- Southeastern - 100 Respondents
- Southern - 92 Respondents
- Western - 67 Respondents



## Q2 – Type of Organization

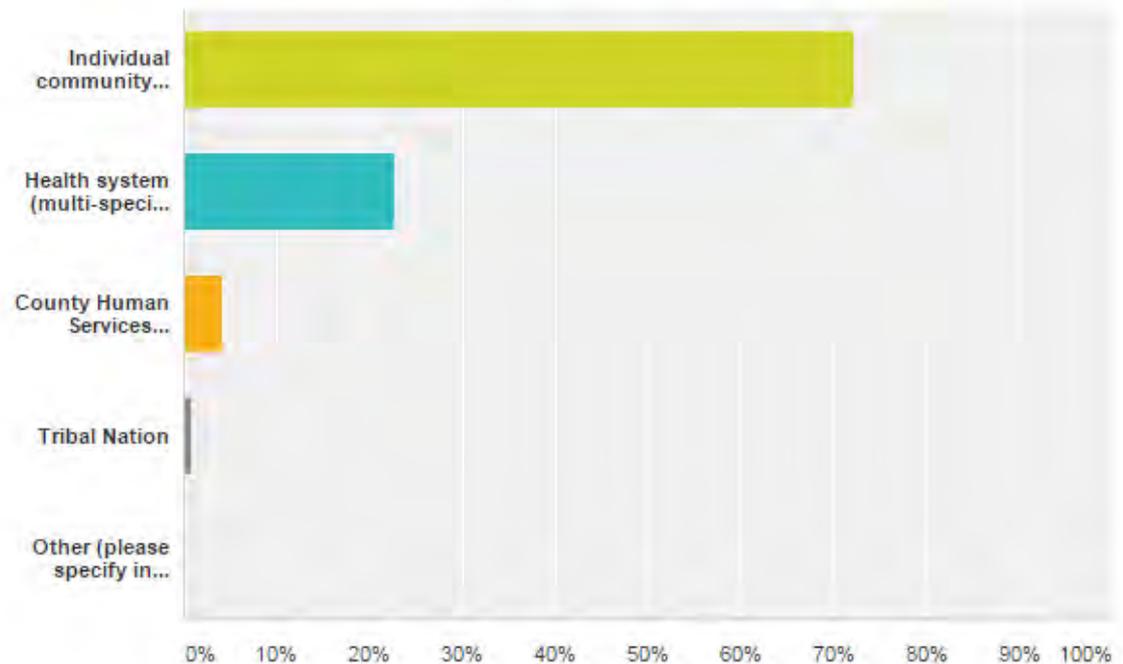
Number of respondents: 400/400

Question choices:

- Individual community provider
- Other (please specify in space provided below)
- Health system (multi-specialty or multi-location)
- County Human Services Division
- Tribal Nation

### Type of Organization

Answered: 400 Skipped: 0



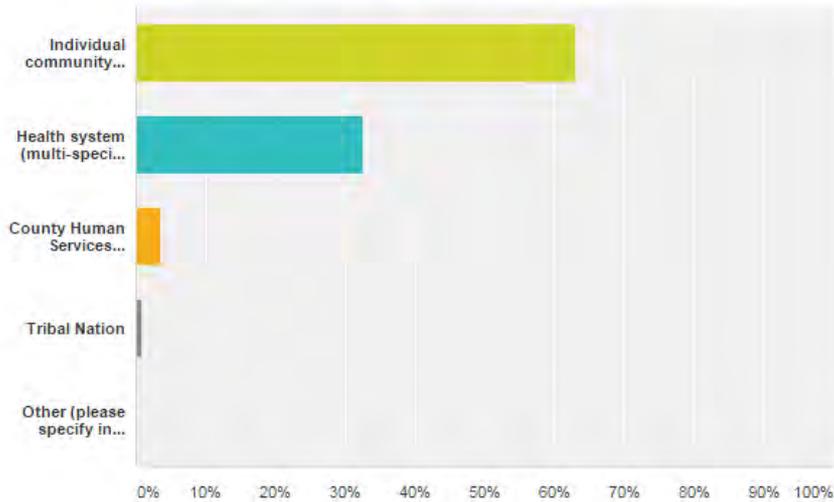


## Q2 – Segmentation by EHR Use

### EHR Users

#### Type of Organization

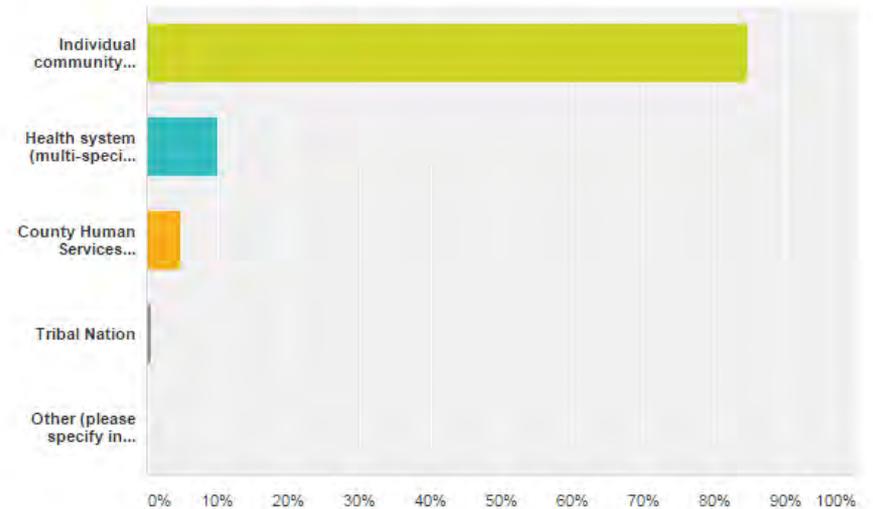
Answered: 224 Skipped: 0



### Non-EHR Users

#### Type of Organization

Answered: 170 Skipped: 0





## Q3 – Care/Services Offered Within Organization/Setting

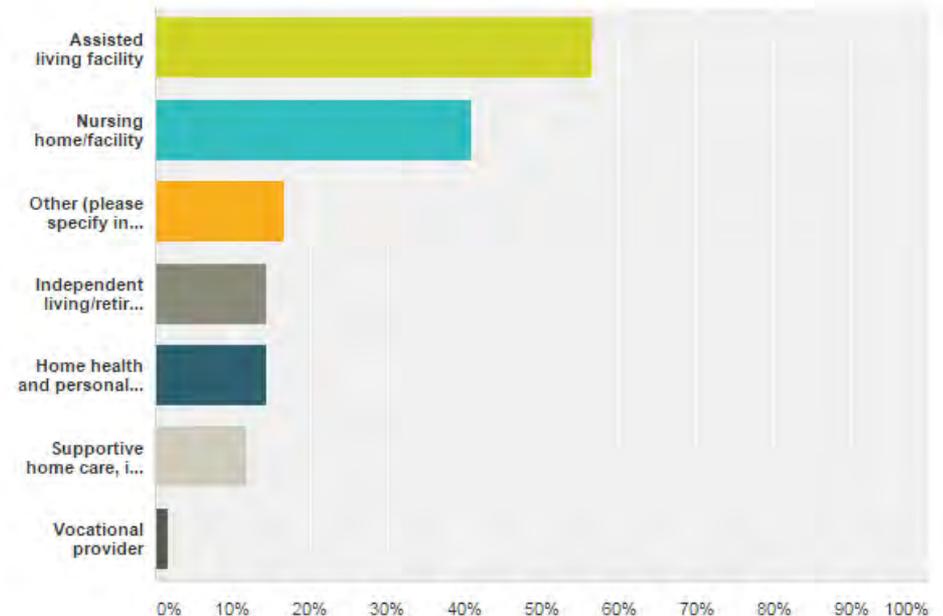
Number of respondents: 396/400

Question choices:

- Assisted living facility
- Nursing home/facility
- Other (please specify in space provided below)
- Independent living/retirement community
- Home health and personal care
- Supportive home care, i.e. house cleaning
- Vocational provider

### Care/Services you offer within the Organization/Setting (select all that apply)

Answered: 396 Skipped: 4



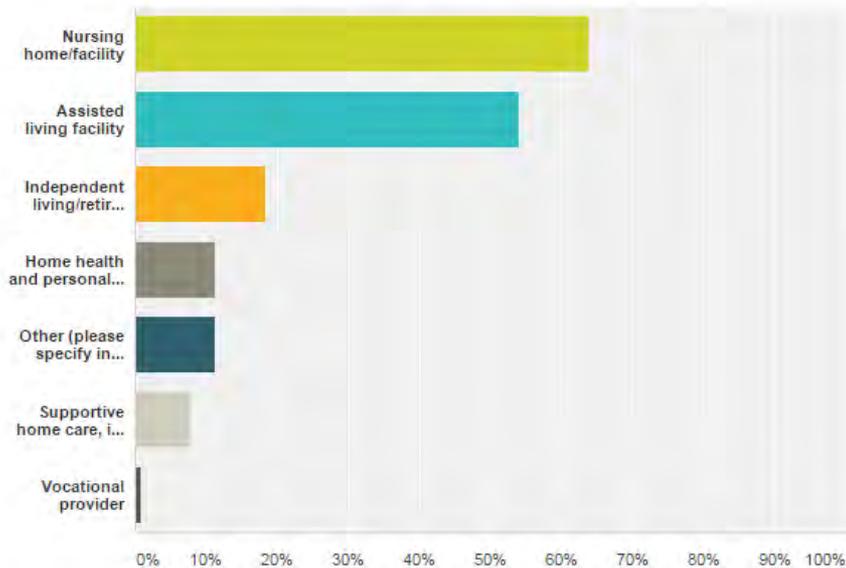


# Q3 – Segmentation by EHR Use

## EHR Users

Care/Services you offer within the Organization/Setting (select all that apply)

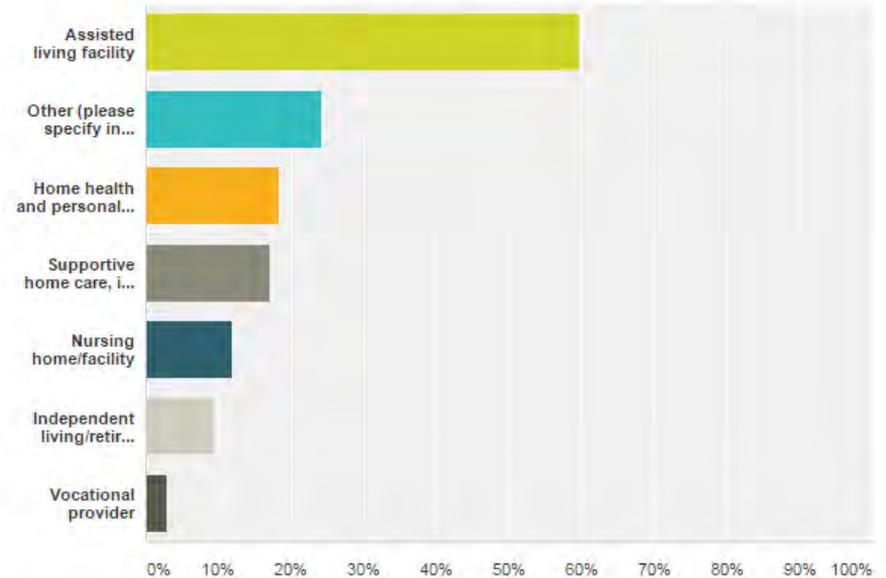
Answered: 222 Skipped: 2



## Non-EHR Users

Care/Services you offer within the Organization/Setting (select all that apply)

Answered: 169 Skipped: 1



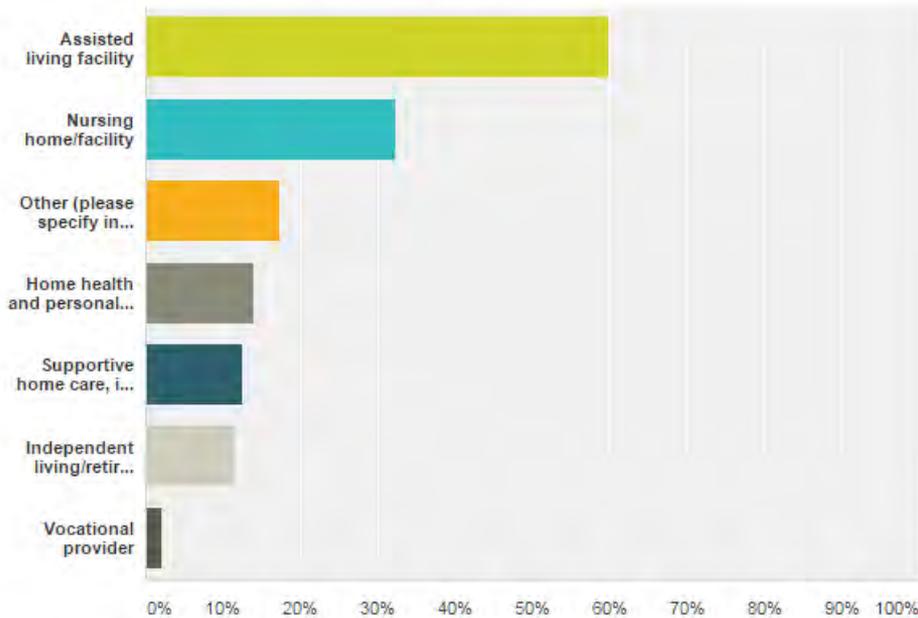


# Q3 – Segmentation by Provider Type (top 3 most reported types)

## Individual Community Provider

Care/Services you offer within the Organization/Setting (select all that apply)

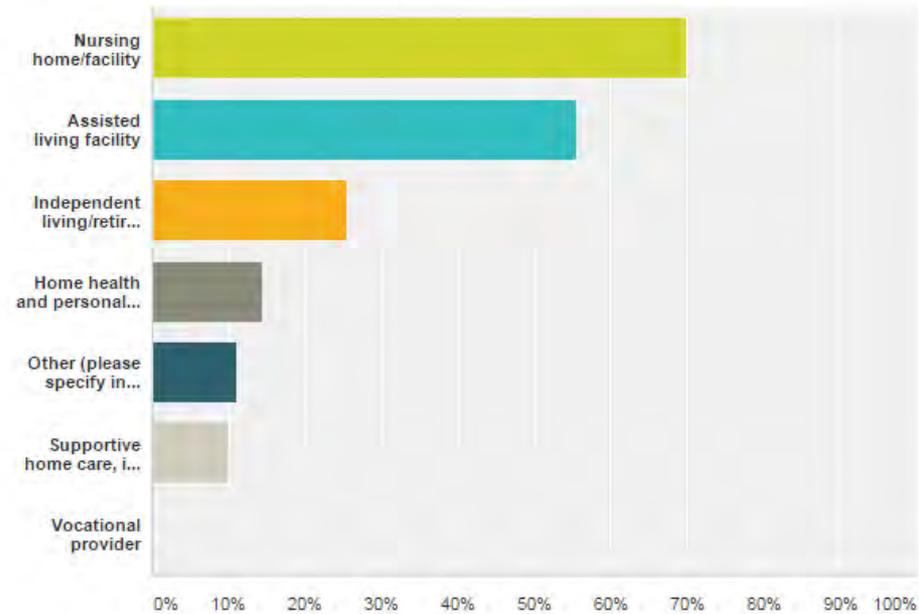
Answered: 287 Skipped: 2



## Health System (multi-specialty or multi-location)

Care/Services you offer within the Organization/Setting (select all that apply)

Answered: 90 Skipped: 1



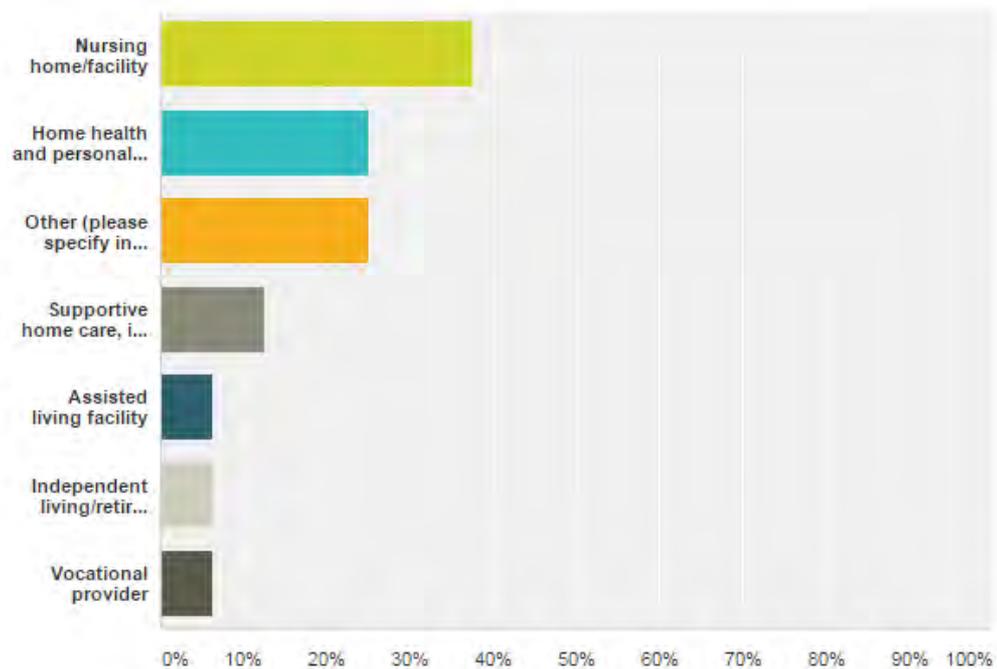
# Q3 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

Care/Services you offer within the Organization/Setting (select all that apply)

Answered: 16 Skipped: 1





## Q4 – Number of Individuals Served Annually

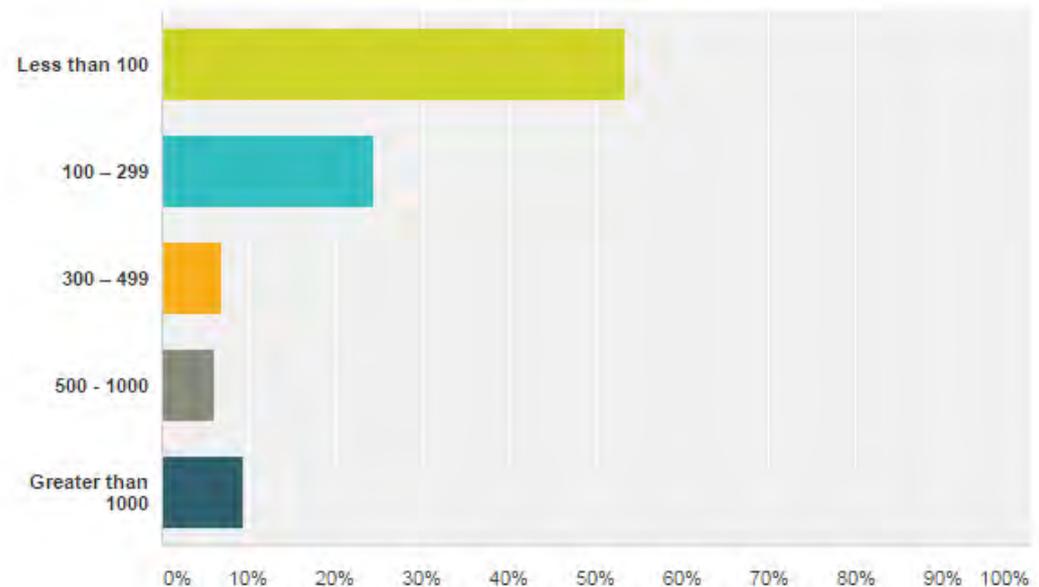
Number of respondents: 397/400

Question choices:

- Less than 100
- 100-299
- 300-499
- 500-1000
- Greater than 1000

### Number of individuals served annually by your organization across all programs/services:

Answered: 397 Skipped: 3



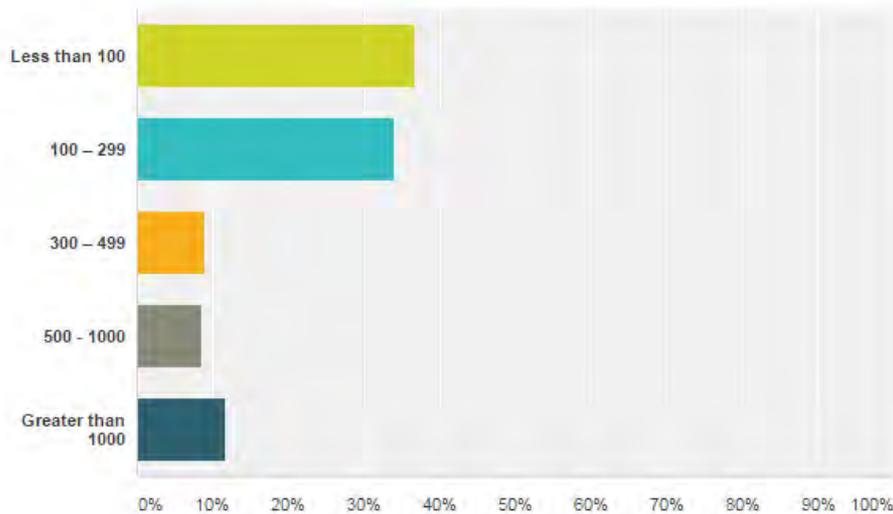


# Q4 – Segmentation by EHR Use

## EHR Users

Number of individuals served annually by your organization across all programs/services:

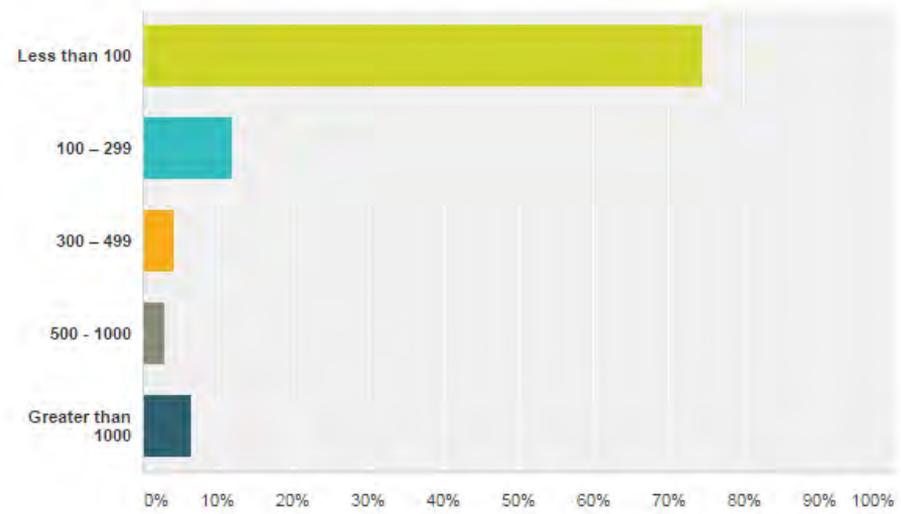
Answered: 223 Skipped: 1



## Non-EHR Users

Number of individuals served annually by your organization across all programs/services:

Answered: 169 Skipped: 1



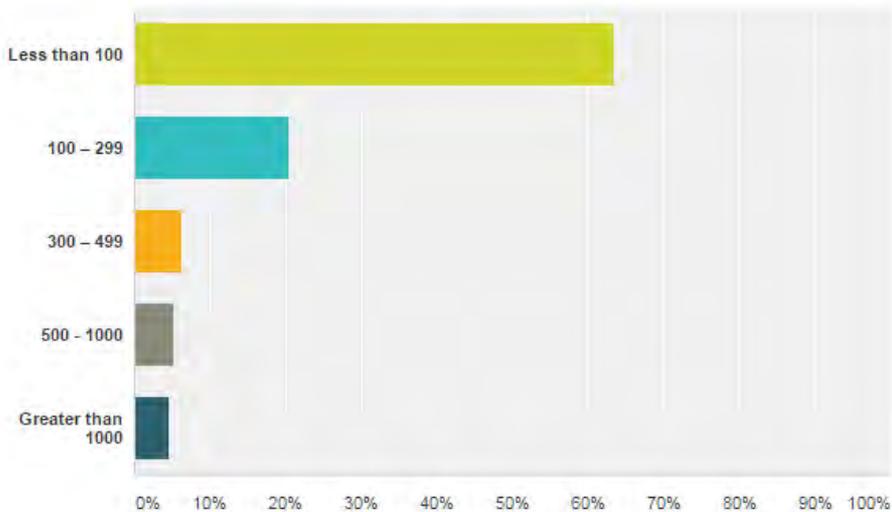


# Q4 – Segmentation by Provider Type (top 3 most reported types)

## Individual Community Provider

Number of individuals served annually by your organization across all programs/services:

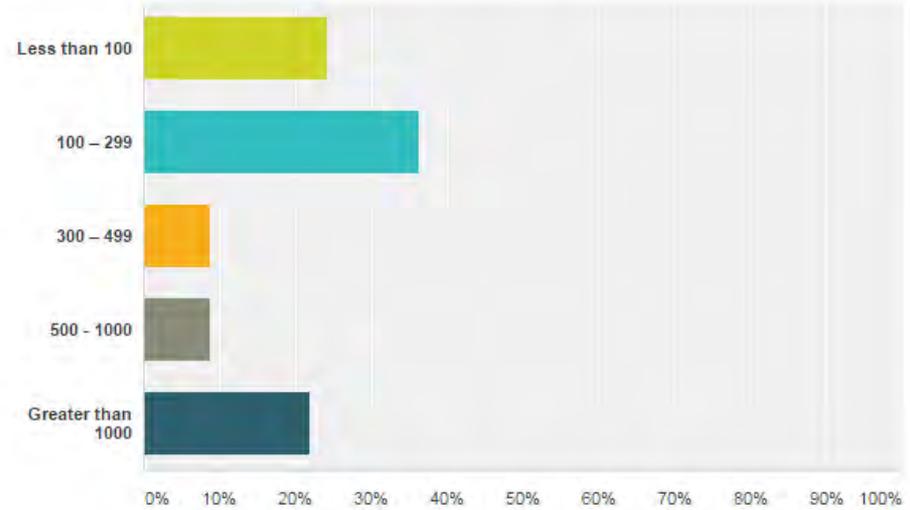
Answered: 287 Skipped: 2



## Health System (multi-specialty or multi-location)

Number of individuals served annually by your organization across all programs/services:

Answered: 91 Skipped: 0



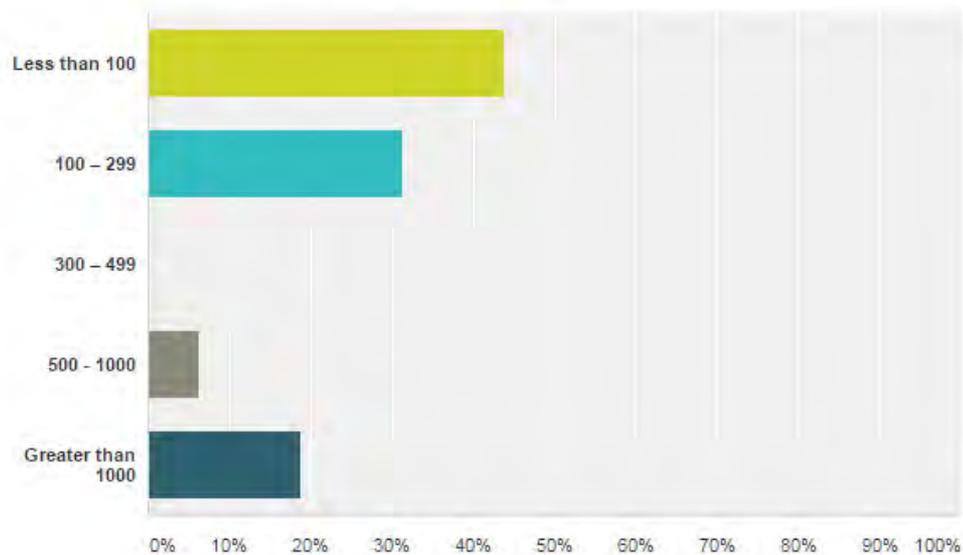
# Q4 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

Number of individuals served annually by  
your organization across all  
programs/services:

Answered: 16 Skipped: 1



# Q5 – Please estimate your public/private payer mix using percentages, i.e. 50%, in the space provided below



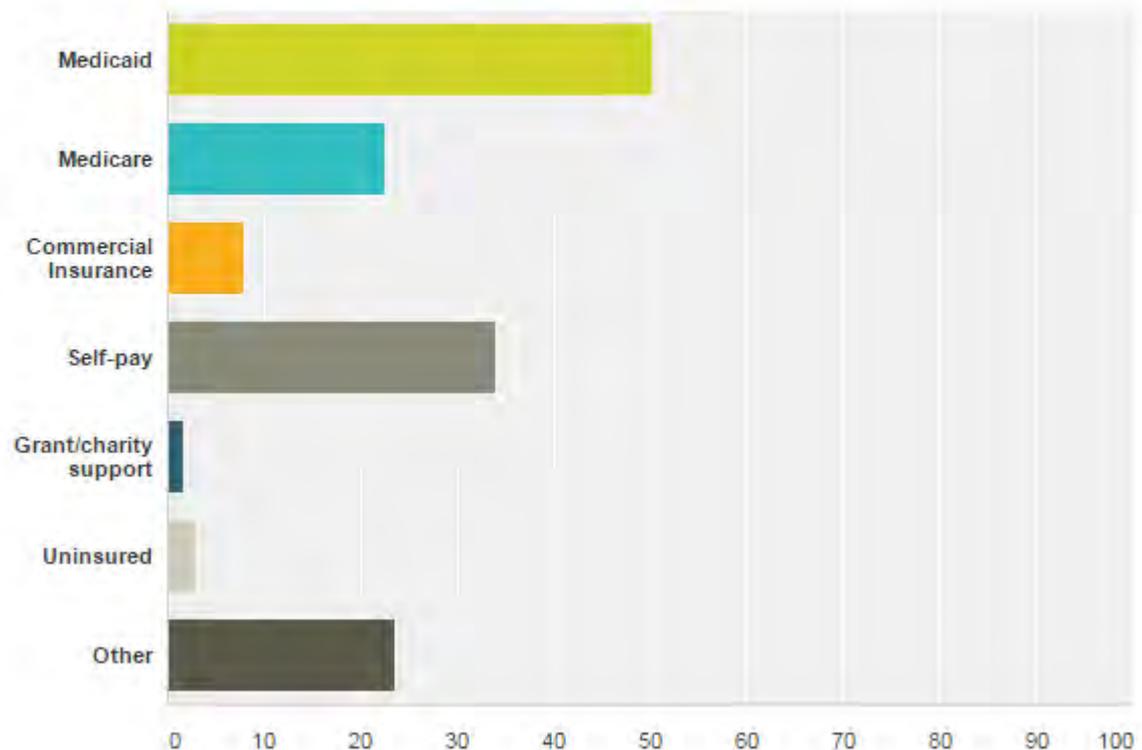
Number of respondents: 375/400

Question choices:

- Medicaid
- Medicare
- Commercial insurance
- Self-pay
- Grant/charity support
- Uninsured
- Other

**Please estimate your public/private payer mix using percentages, i.e. 50%, in the space provided below (please enter numbers without % symbol):**

Answered: 375 Skipped: 25



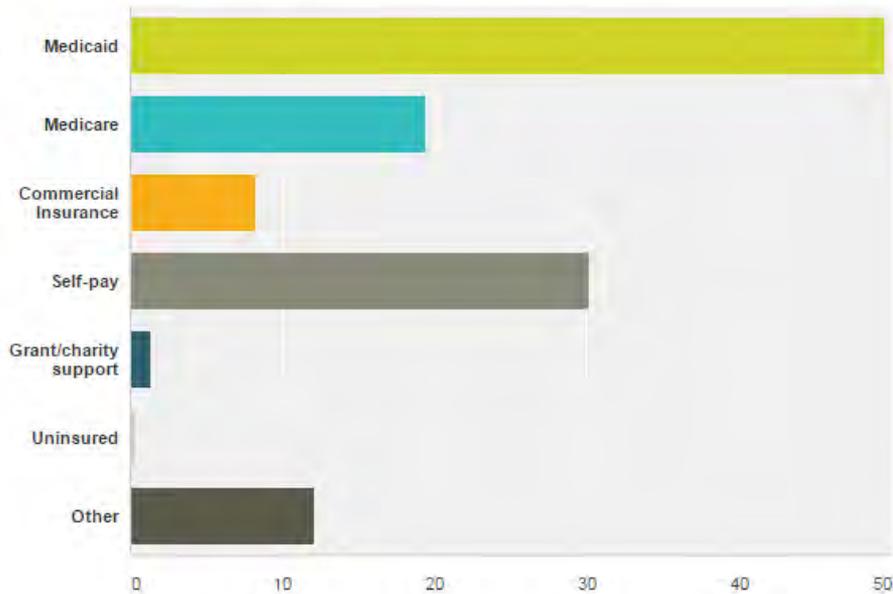


## Q5 – Segmentation by EHR Use

### EHR Users

Please estimate your public/private payer mix using percentages, i.e. 50%, in the space provided below (please enter numbers without % symbol):

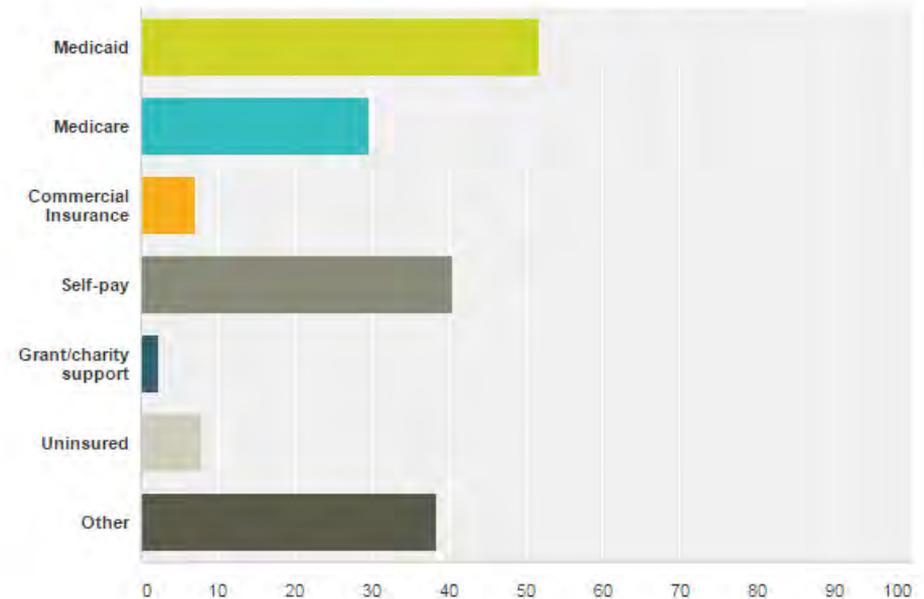
Answered: 213 Skipped: 11



### Non-EHR Users

Please estimate your public/private payer mix using percentages, i.e. 50%, in the space provided below (please enter numbers without % symbol):

Answered: 158 Skipped: 12



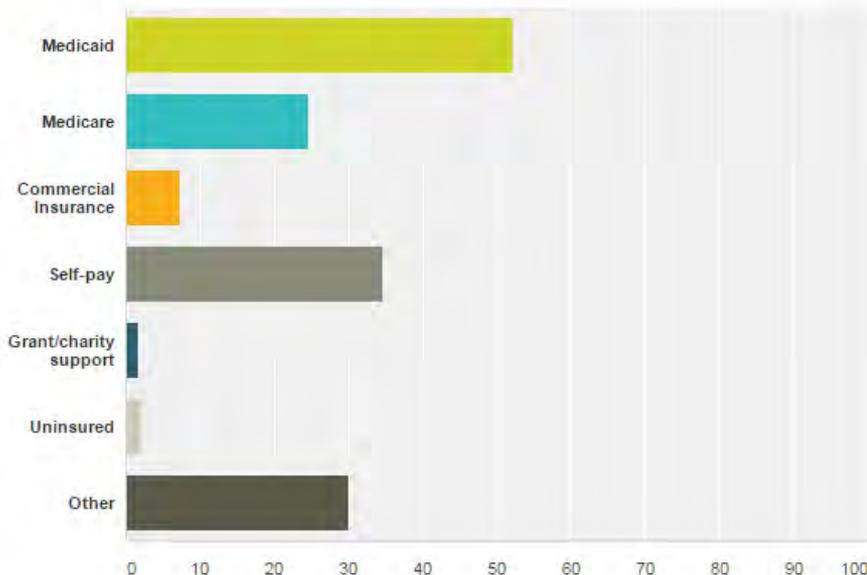


# Q5 – Segmentation by Provider Type (top 3 most reported types)

## Individual Community Provider

Please estimate your public/private payer mix using percentages, i.e. 50%, in the space provided below (please enter numbers without % symbol):

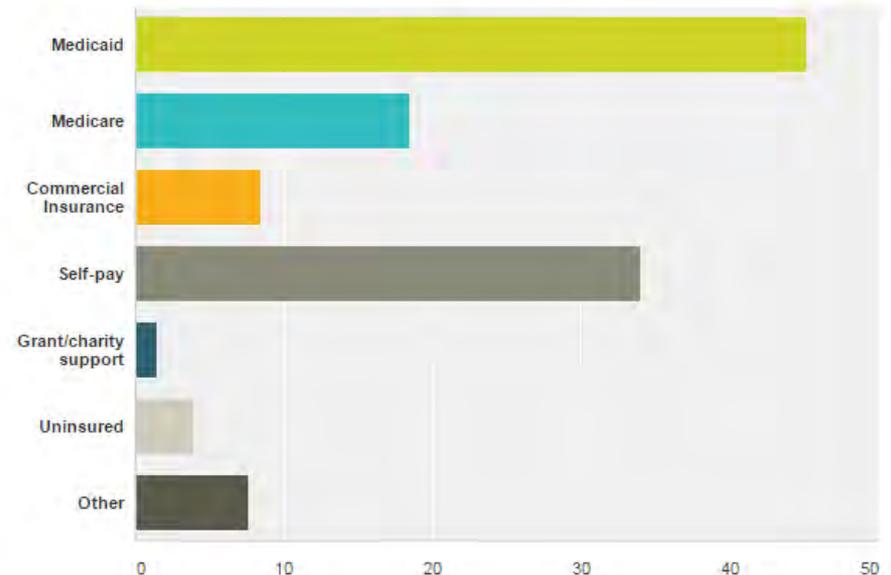
Answered: 274 Skipped: 15



## Health System (multi-specialty or multi-location)

Please estimate your public/private payer mix using percentages, i.e. 50%, in the space provided below (please enter numbers without % symbol):

Answered: 84 Skipped: 7



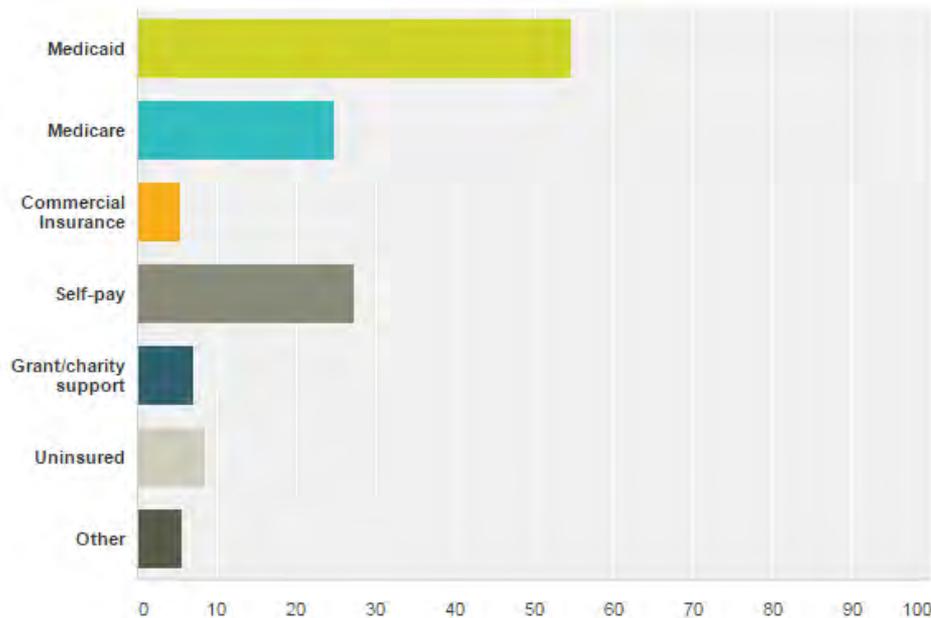
# Q5 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

Please estimate your public/private payer mix using percentages, i.e. 50%, in the space provided below (please enter numbers without % symbol):

Answered: 14 Skipped: 3





## Q6 – Does your organization use an EHR?

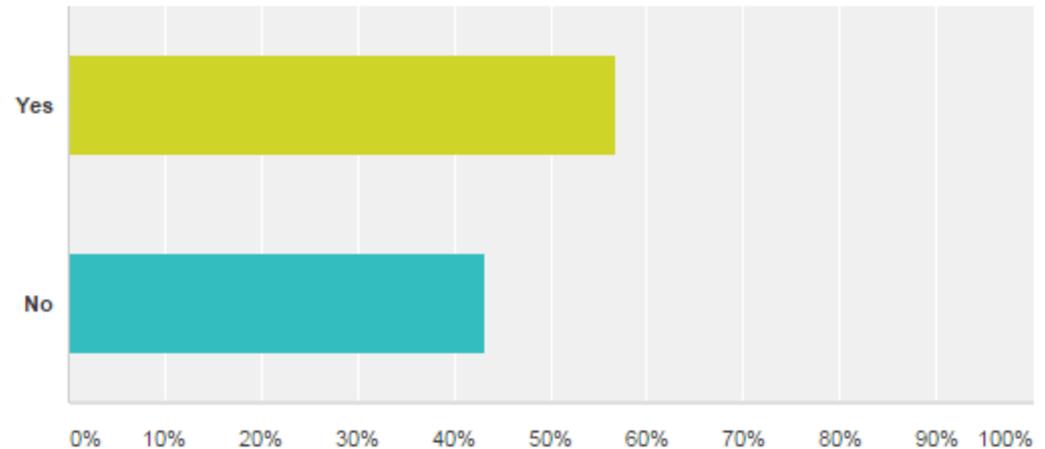
Number of respondents: 394/400

Question choices:

- Yes
- No

### Does your organization use an Electronic Health Record system (EHR)?

Answered: 394 Skipped: 6



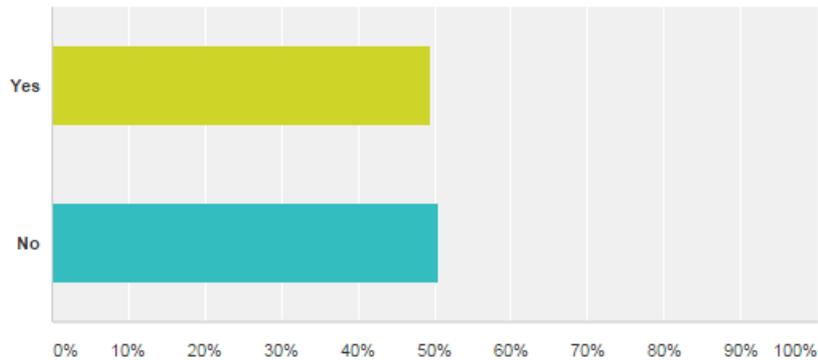


## Q6 – Segmentation by Provider Type (top 3 most reported types)

### Individual Community Provider

Does your organization use an Electronic Health Record system (EHR)?

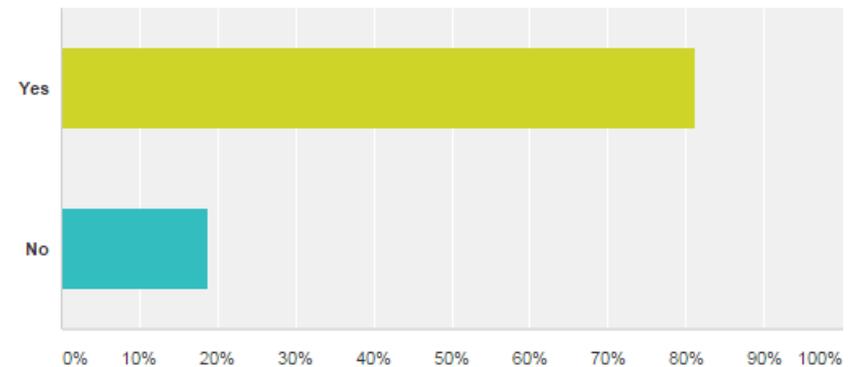
Answered: 285 Skipped: 4



### Health System (multi-specialty or multi-location)

Does your organization use an Electronic Health Record system (EHR)?

Answered: 90 Skipped: 1



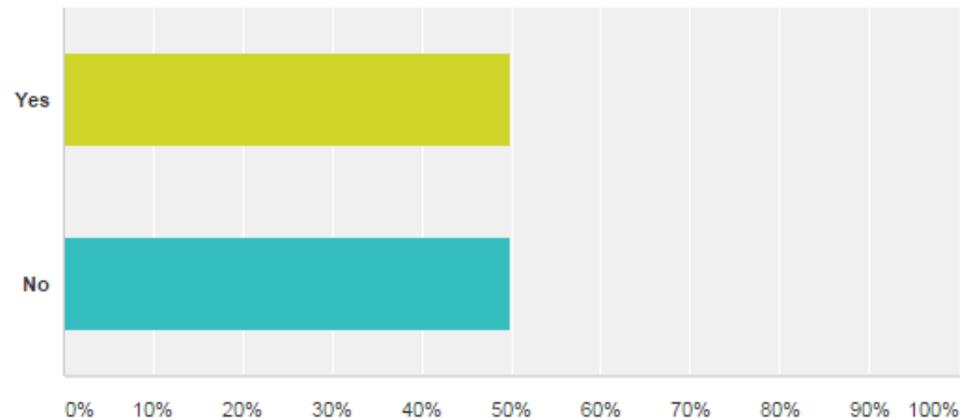
## Q6 – Segmentation by Provider Type (top 3 most reported types) (continued)



### County Human Services Division

Does your organization use an Electronic Health Record system (EHR)?

Answered: 16 Skipped: 1





## Q7 – How long has your organization been using an EHR?

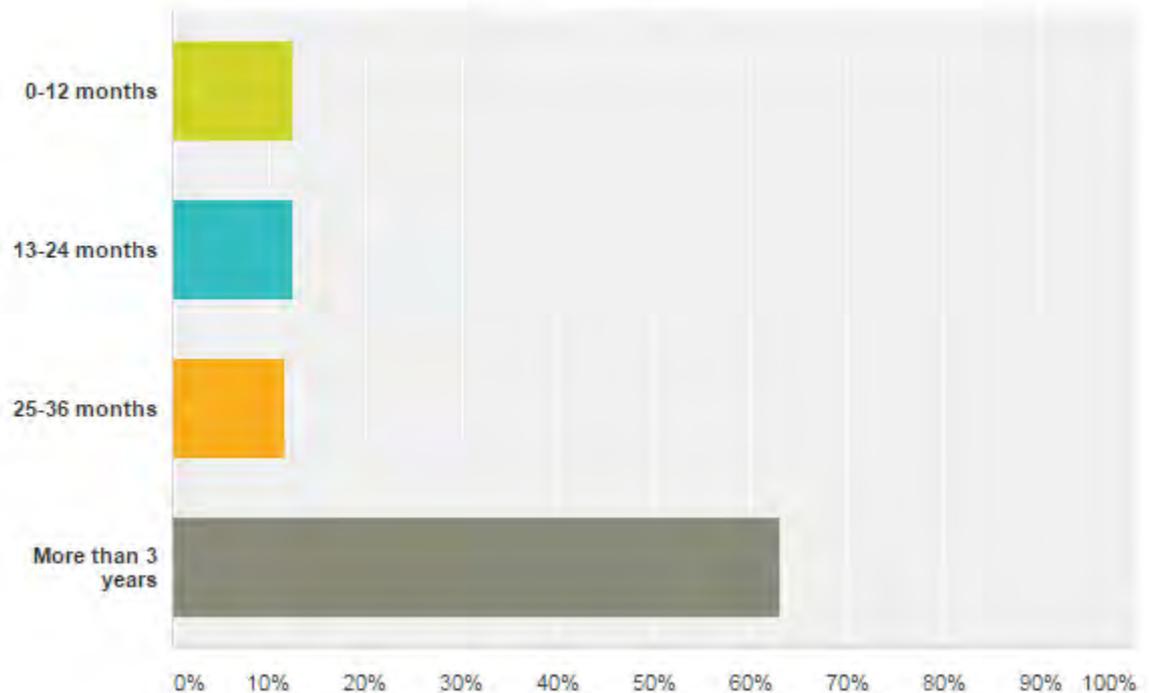
Number of respondents: 214/400

Question choices:

- 0-12 months
- 13-24 months
- 25-36 months
- More than 3 years

### How long has your organization been using an EHR?

Answered: 214 Skipped: 186





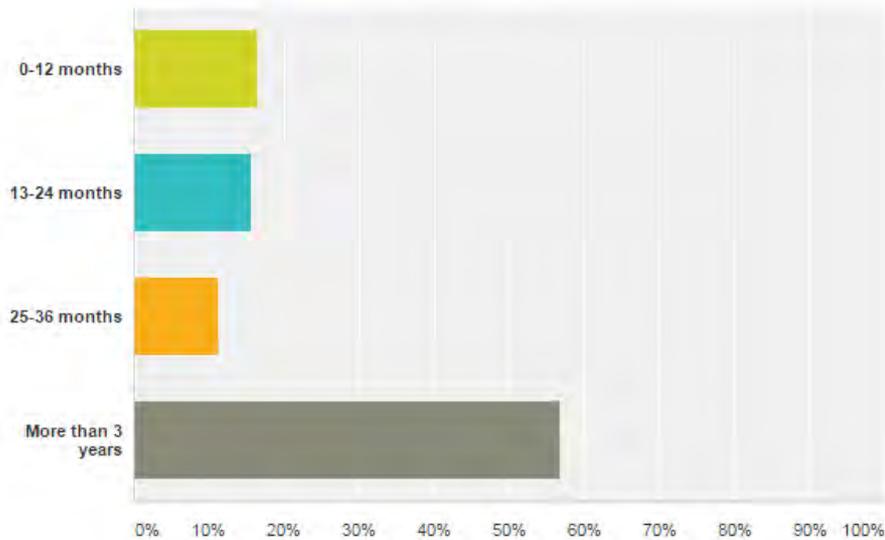
# Q7 – Segmentation by Provider Type (top 3 most reported types)

## Individual Community Provider

## Health System (multi-specialty or multi-location)

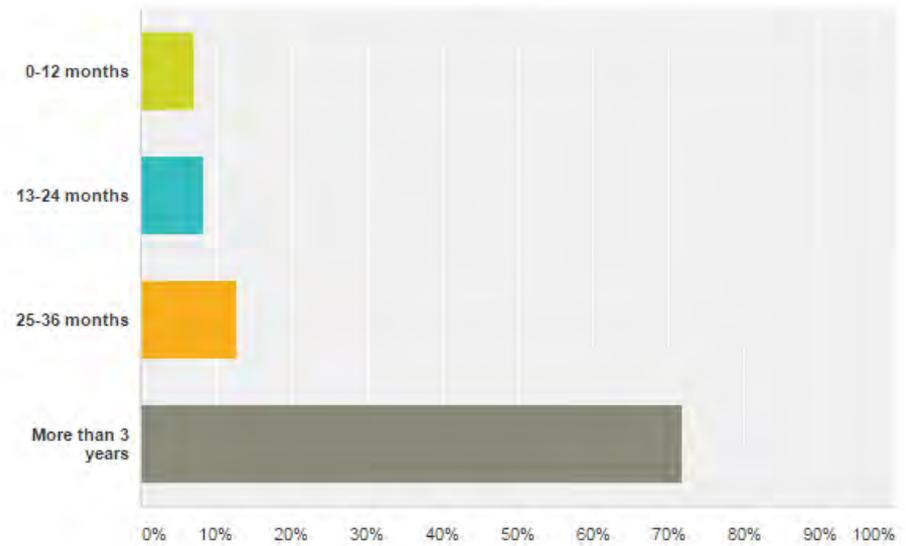
How long has your organization been using an EHR?

Answered: 134 Skipped: 155



How long has your organization been using an EHR?

Answered: 71 Skipped: 20



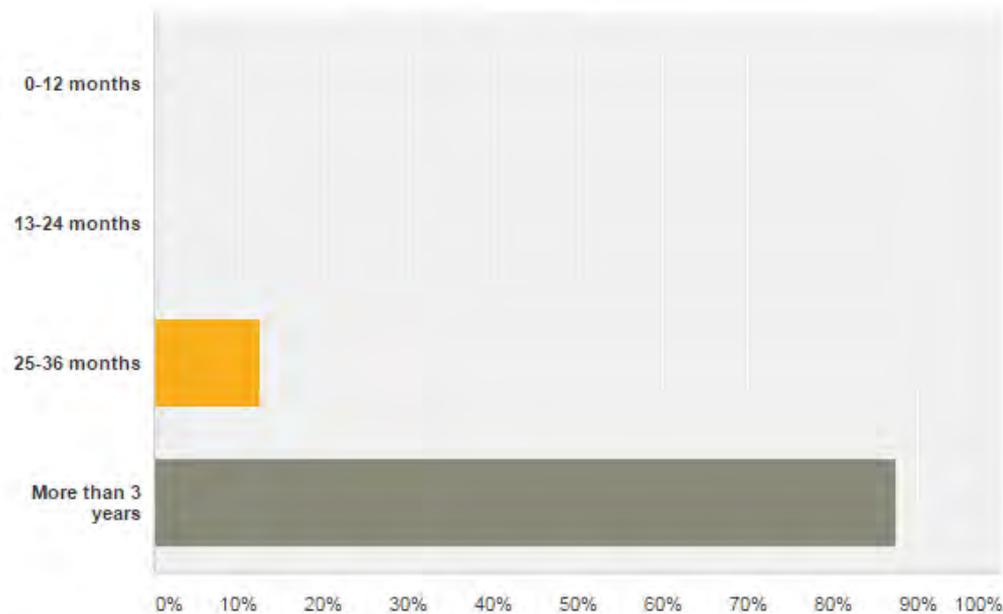
# Q7 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

How long has your organization been using an EHR?

Answered: 8 Skipped: 9



## Q8 – To what extent do providers working for your facility maintain an electronic chart with details of patients' care?



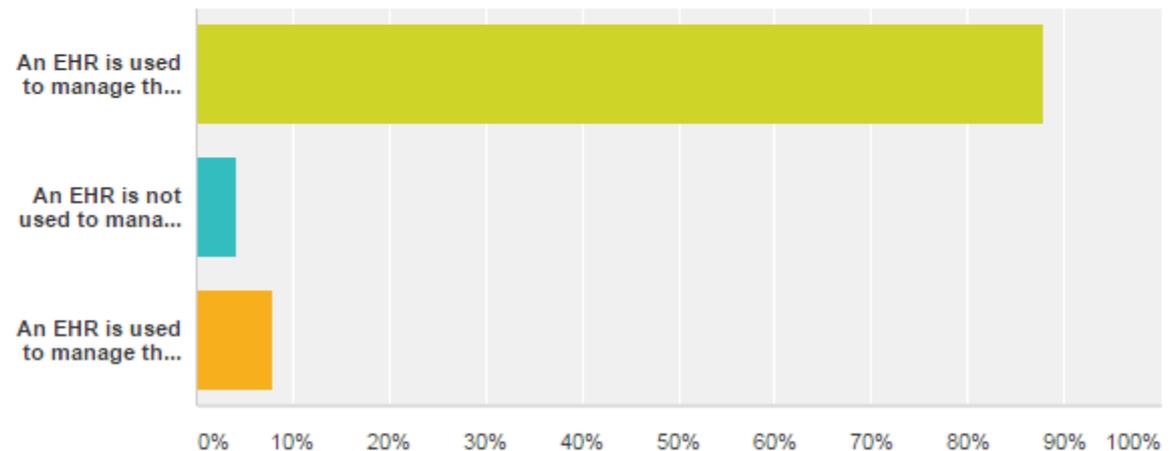
Number of respondents: 215/400

Question choices:

- An EHR is used to manage the health record for each patient
- An EHR is not used to manage the health records for any patient
- An EHR is used to manage the health record for some patients (please explain why it is used for only some, and how that population is selected)

**Not including accounting or billing purposes, to what extent do providers working for your facility maintain an electronic chart with details of their patients' care? (Check all that apply)**

Answered: 215 Skipped: 185



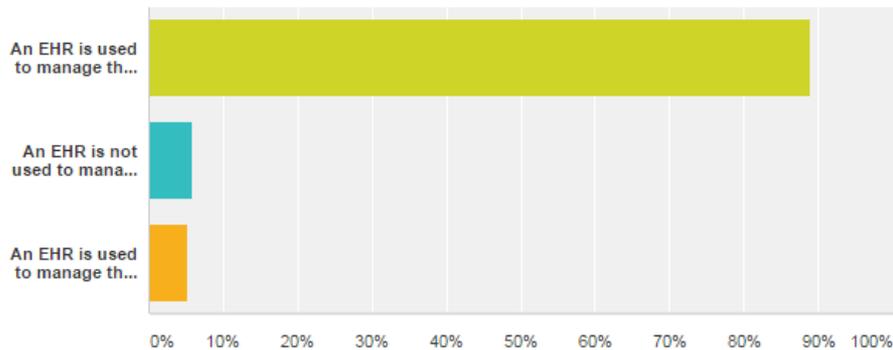


## Q8 – Segmentation by Provider Type (top 3 most reported types)

### Individual Community Provider

Not including accounting or billing purposes, to what extent do providers working for your facility maintain an electronic chart with details of their patients' care? (Check all that apply)

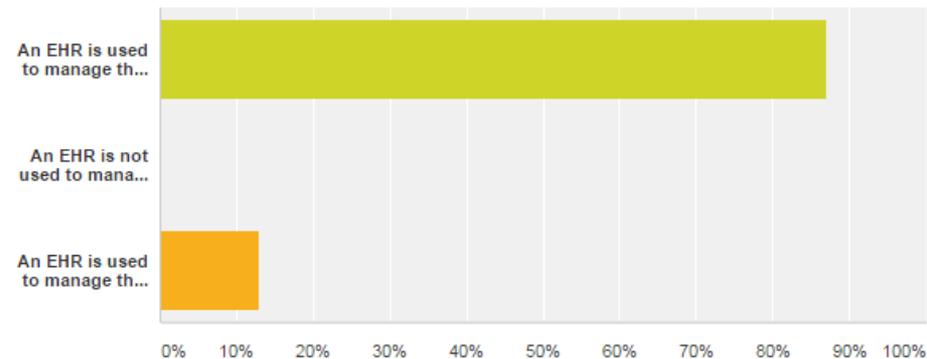
Answered: 136 Skipped: 153



### Health System (multi-specialty or multi-location)

Not including accounting or billing purposes, to what extent do providers working for your facility maintain an electronic chart with details of their patients' care? (Check all that apply)

Answered: 70 Skipped: 21



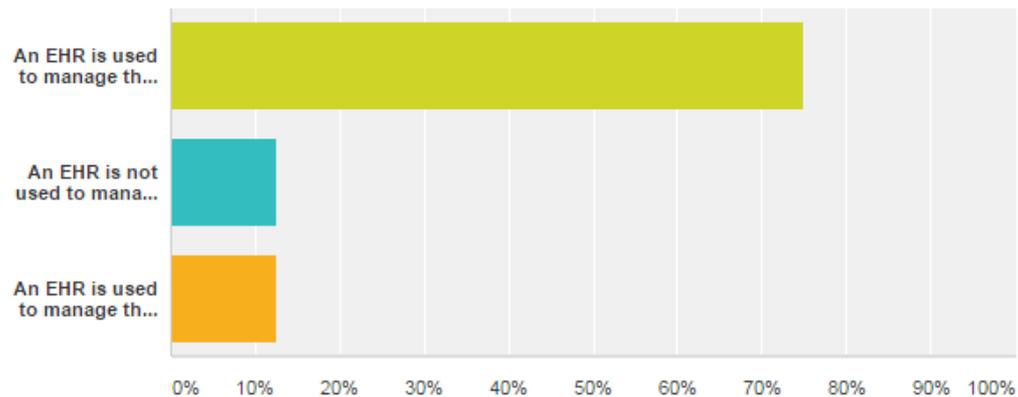
# Q8 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

Not including accounting or billing purposes, to what extent do providers working for your facility maintain an electronic chart with details of their patients' care? (Check all that apply)

Answered: 8 Skipped: 9



# Q9 – Rank the following on a scale of 1 to 3 for the level of challenge it has posed during the implementation of the EHR. (1=most, 3=least)



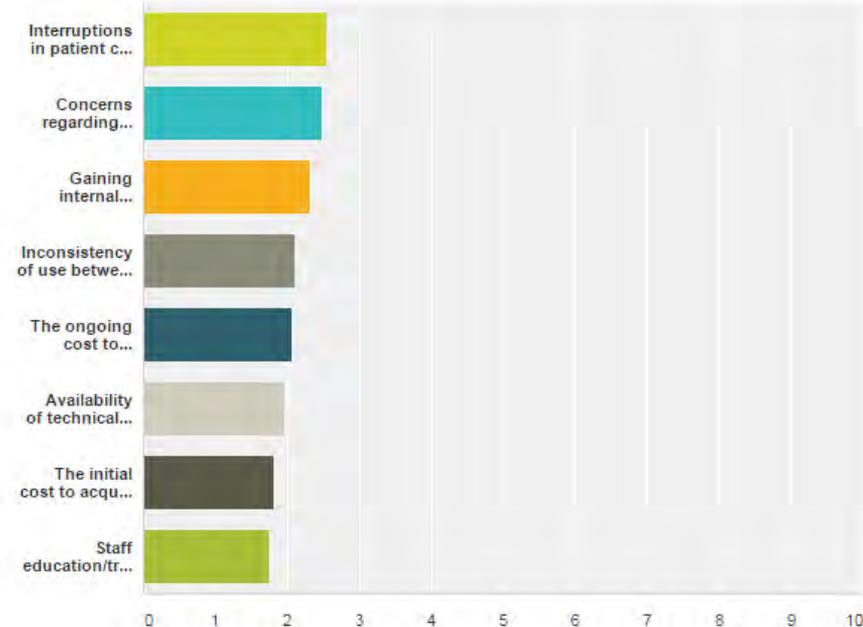
Number of respondents: 212/400

Question choices:

- Interruptions in patient care and/or appointments
- Concerns regarding consumer/patient privacy and security
- Gaining internal commitment/support and change management
- Inconsistency of use between staff members and/or shifts
- The ongoing cost to maintain an EHR
- Availability of technical resources within the organization
- The initial cost to acquire an EHR
- Staff education/training to effectively use EHR technology

Please rank the following based upon a scale of 1 to 3 for the level of challenge it has posed to your organization during the implementation of the EHR. (1=most challenging, 3=less challenging)

Answered: 212 Skipped: 188



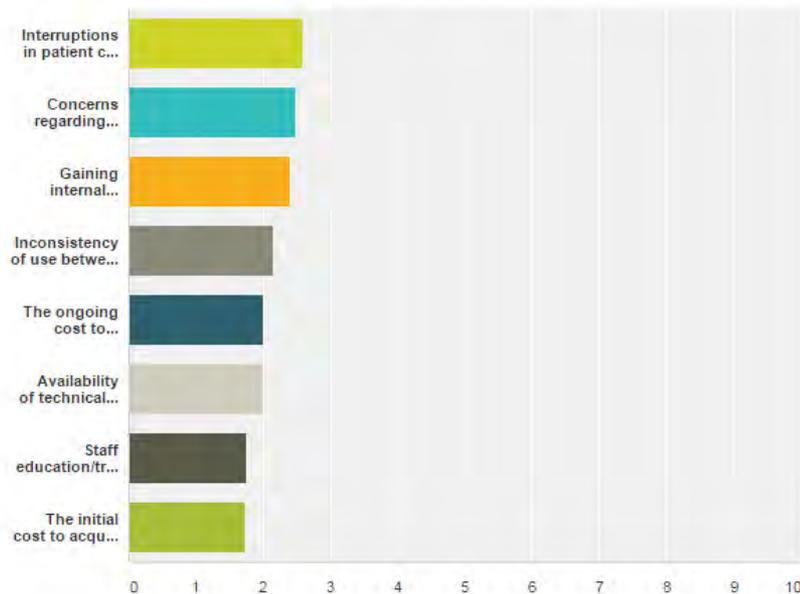


# Q9 – Segmentation by Provider Type (top 3 most reported types)

## Individual Community Provider

Please rank the following based upon a scale of 1 to 3 for the level of challenge it has posed to your organization during the implementation of the EHR. (1=most challenging, 3=less challenging)

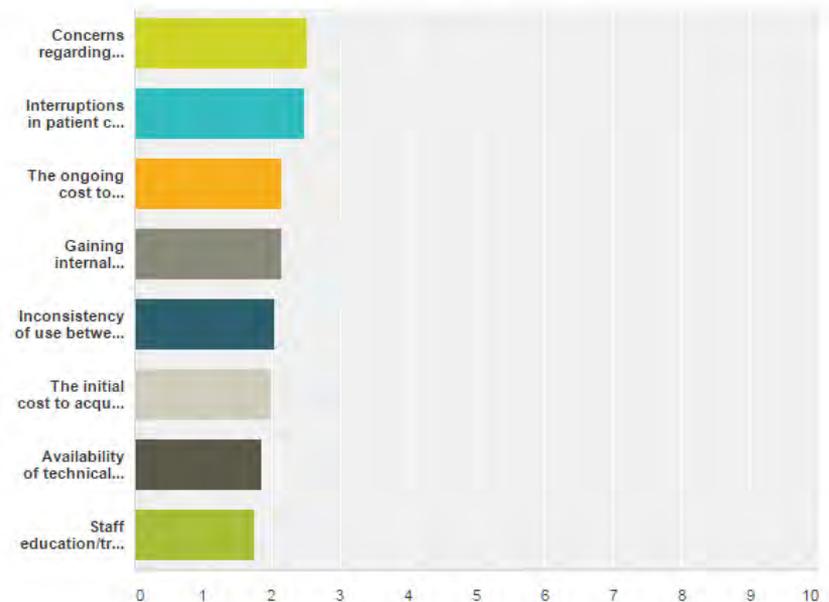
Answered: 135 Skipped: 154



## Health System (multi-specialty or multi-location)

Please rank the following based upon a scale of 1 to 3 for the level of challenge it has posed to your organization during the implementation of the EHR. (1=most challenging, 3=less challenging)

Answered: 68 Skipped: 23



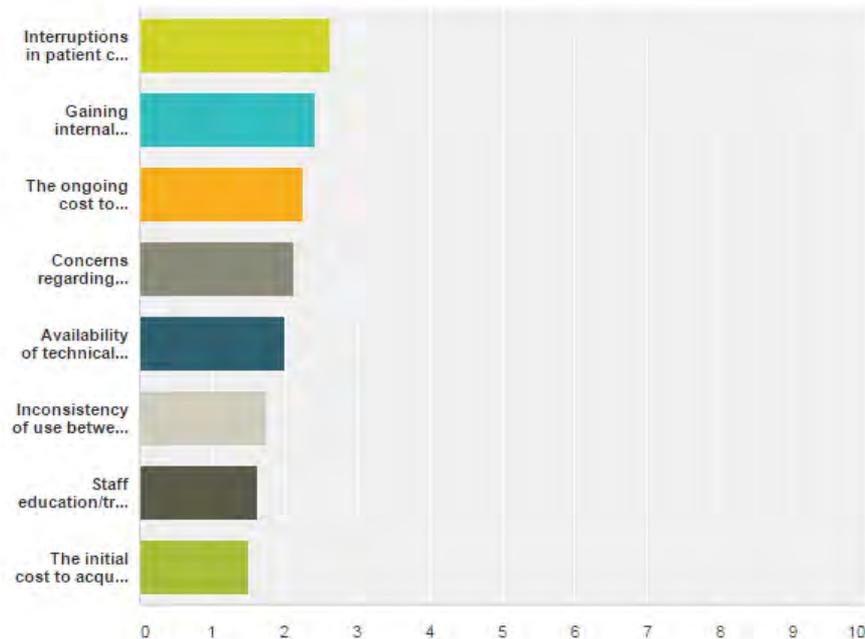
# Q9 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

Please rank the following based upon a scale of 1 to 3 for the level of challenge it has posed to your organization during the implementation of the EHR. (1=most challenging, 3=less challenging)

Answered: 8 Skipped: 9



# Q10 – Rank the following on a scale of 1 to 3 for the level of benefit it has created as a result of implementing an EHR. (1=most, 3=least)



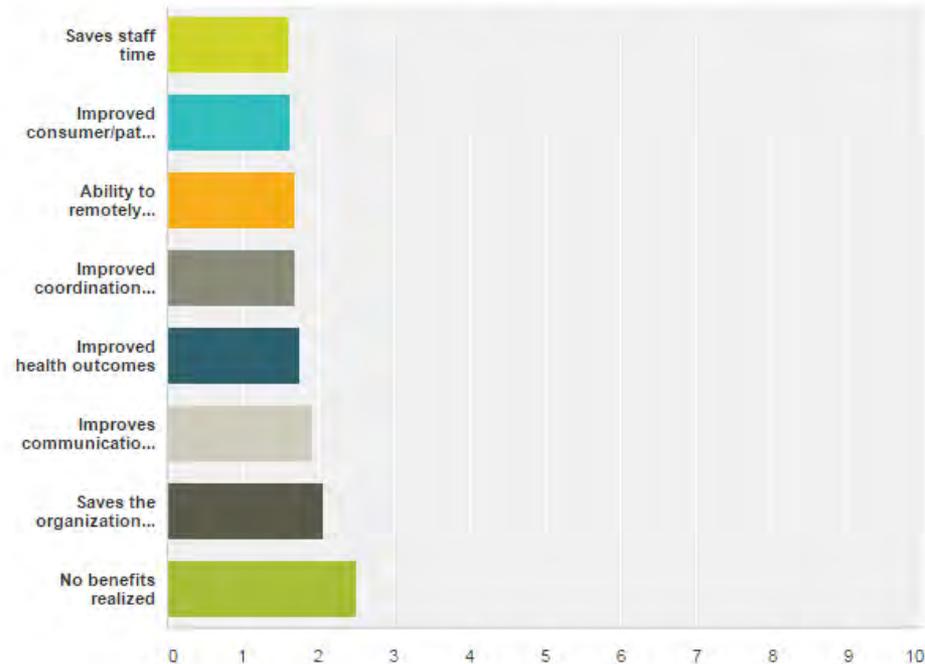
Number of respondents: 203/400

Question choices:

- Improved consumer/patient safety, i.e. fewer medical errors
- Saves staff time
- Ability to remotely monitor patient needs by logging into the EHR through the Internet offsite
- Improved coordination/communication between clinicians and staff
- Improved health outcomes
- Improves communication with patient/family
- Saves the organization money
- No benefits realized

Please rank the following based upon a scale of 1 to 3 for the level of benefit it has created for your organization as a result of implementing an EHR. (1=most beneficial, 3=least beneficial)

Answered: 203 Skipped: 197



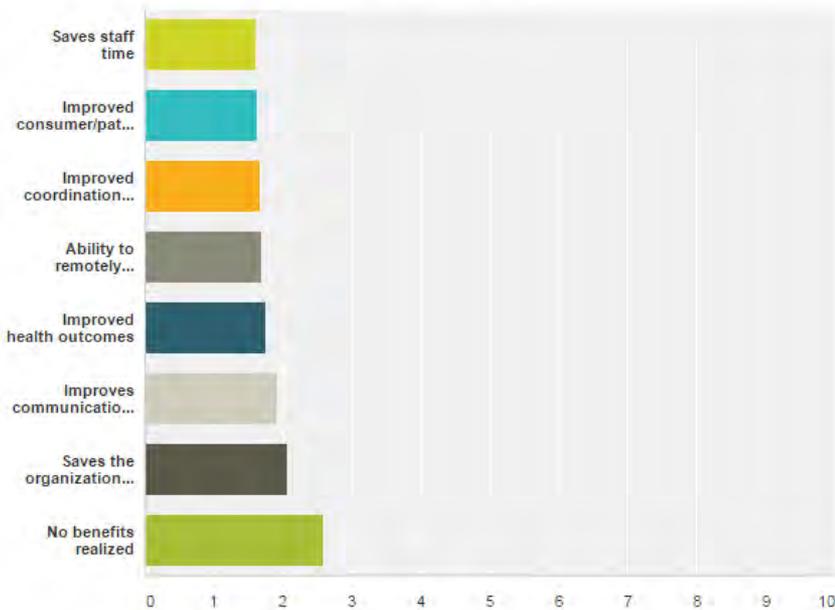


# Q10 – Segmentation by Provider Type (top 3 most reported types)

## Individual Community Provider

Please rank the following based upon a scale of 1 to 3 for the level of benefit it has created for your organization as a result of implementing an EHR. (1=most beneficial, 3=least beneficial)

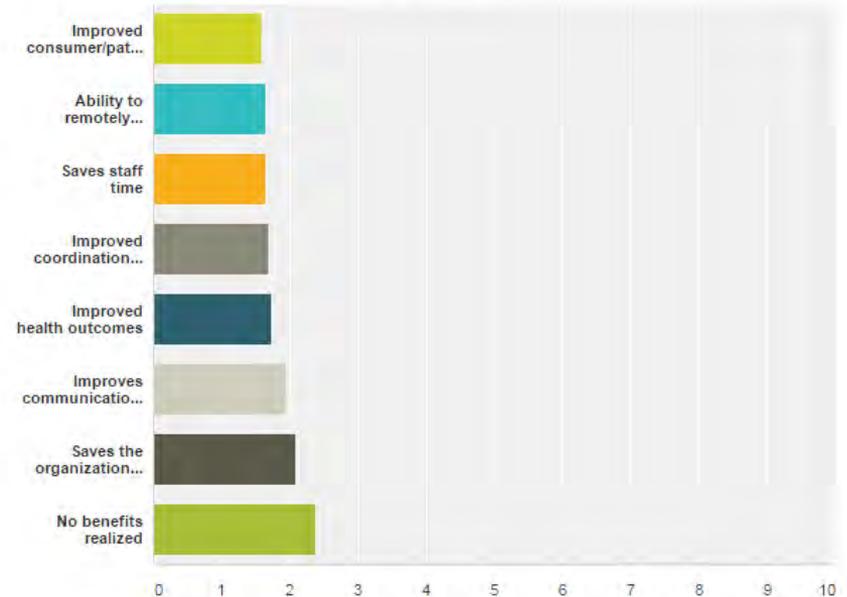
Answered: 130 Skipped: 159



## Health System (multi-specialty or multi-location)

Please rank the following based upon a scale of 1 to 3 for the level of benefit it has created for your organization as a result of implementing an EHR. (1=most beneficial, 3=least beneficial)

Answered: 66 Skipped: 25



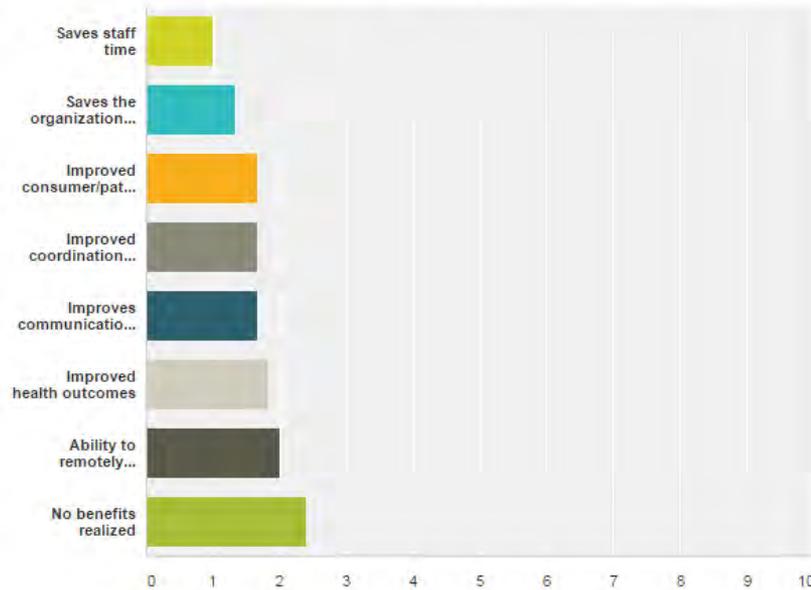
# Q10 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

Please rank the following based upon a scale of 1 to 3 for the level of benefit it has created for your organization as a result of implementing an EHR. (1=most beneficial, 3=least beneficial)

Answered: 5 Skipped: 11





## Q11 – What information do you capture in your EHR?

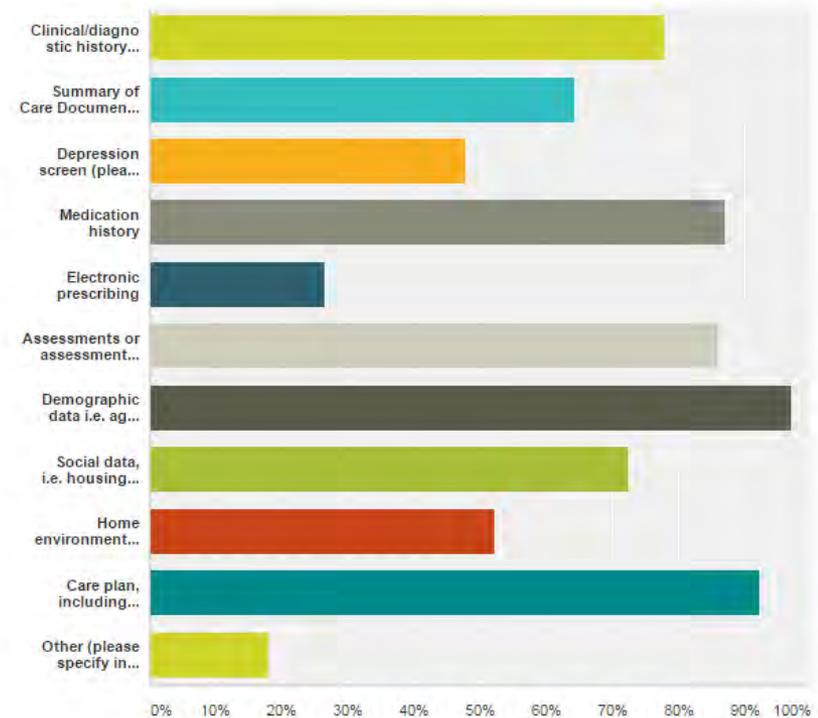
Number of respondents: 207/400

Question choices:

- Clinical/diagnostic history, including discharge notes
- Summary of Care Document (CCDA)
- Depression screen (please specify in space provided below)
- Medication history
- Electronic prescribing
- Assessments or assessment scores demonstrating functional levels, strengths, gaps, etc.
- Demographic data i.e. age, gender, home address
- Social data, i.e. housing stability/homelessness, employment, support system
- Home environment information, including safety
- Care plan, including goals, services approved, etc.
- Other (please specify in space provided below)

### What information do you capture in your EHR? (select all that apply)

Answered: 207 Skipped: 193





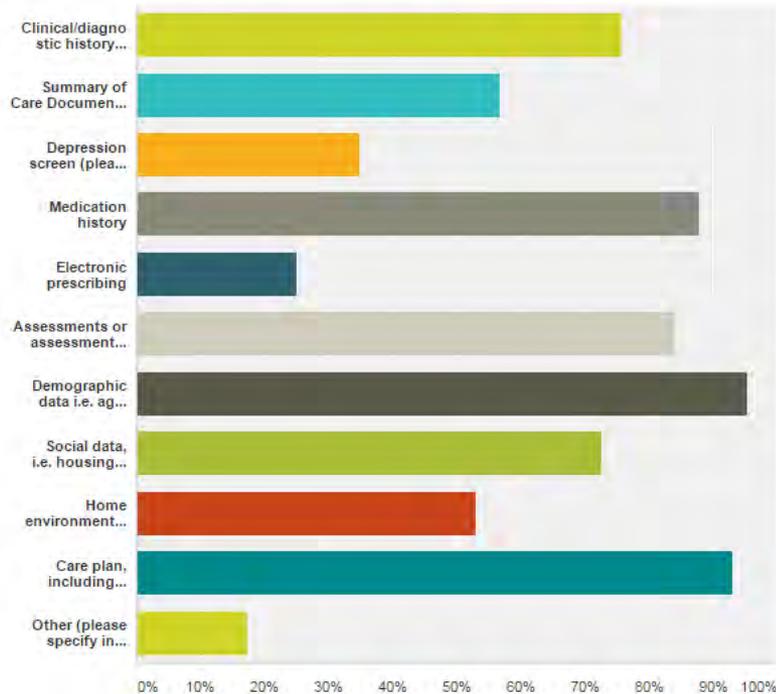
# Q11 – Segmentation by Provider Type (top 3 most reported types)

## Individual Community Provider

## Health System (multi-specialty or multi-location)

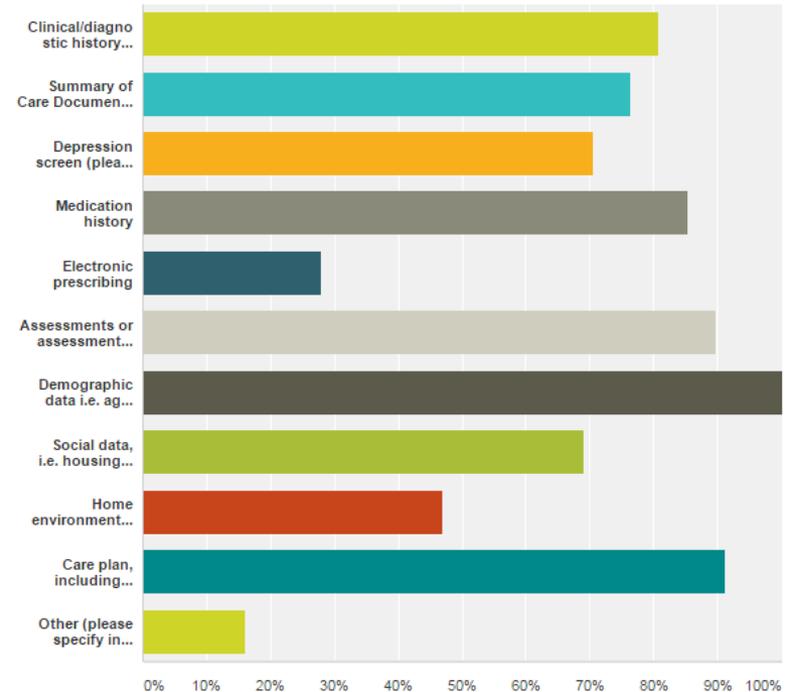
What information do you capture in your EHR? (select all that apply)

Answered: 132 Skipped: 157



What information do you capture in your EHR? (select all that apply)

Answered: 68 Skipped: 23



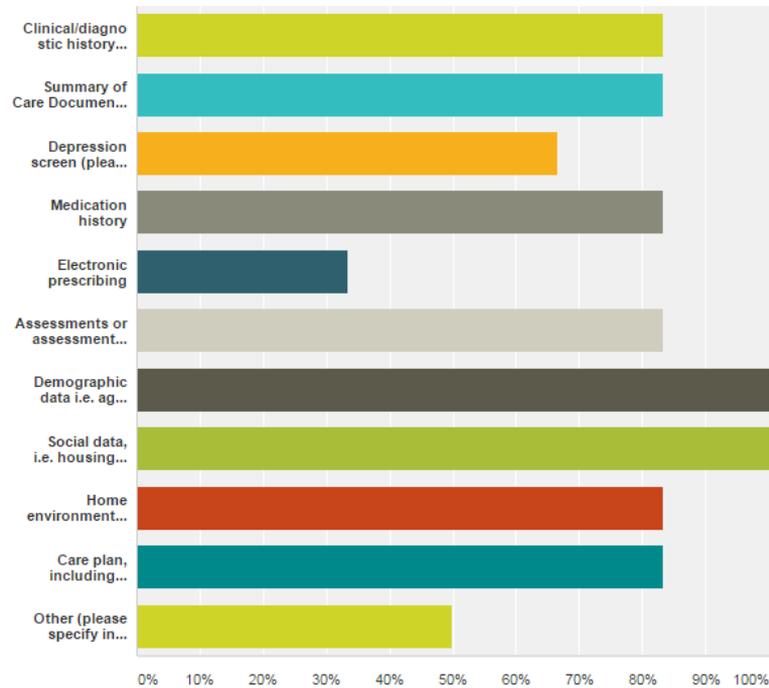
# Q11 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

What information do you capture in your EHR? (select all that apply)

Answered: 6 Skipped: 11





## Q12 – Please provide us with more information about your EHR

Number of respondents: 206/400

Questions asked:

- What is the vendor name and version of the EHR in use for your facility?
- If known, what is the CMS EHR Certification ID? Reference <http://oncchpl.force.com/ehrcert?q=chpl>

| EHR Reported                  | #  | CEHRT ID (if provided) | EHR Reported                              | # | CEHRT ID (if provided) |
|-------------------------------|----|------------------------|---|---|------------------------|
| ✓ American Data ECS           | 43 | CC-1112-100064-1       | ✓ PointClickCare 3.7.6.2.                 | 2 |                        |
| ✓ PointClickCare              | 32 |                        | Residex                                   | 2 |                        |
| Extended Care Pro             | 31 |                        | ✓ Therap Services                         | 2 |                        |
| ✓ MatrixCare                  | 14 |                        | Alcharts                                  | 1 |                        |
| American HealthTech           | 7  |                        | ✓ American Data ECS 9.0.5.0.SC            | 1 |                        |
| AOD                           | 6  |                        | ✓ American Data ECS 9.0.5.1 SC            | 1 | CC-1112-100064-1       |
| Eldermark                     | 4  |                        | ✓ American Data ECS V9045 & AL Charts V26 | 1 |                        |
| ✓ HealthMEDX Vision           | 4  | CC-1112-510940-1       | ✓ American Data ECS Version 3             | 1 |                        |
| OptimusEMR                    | 3  |                        | ✓ American Data ESC & EPIC                | 1 |                        |
| ✓ American Data ECS 9.0.5.1   | 2  | CC-1112-100064-1       | ✓ American Data ESC 9.0.5.1               | 1 | CC-1112-100064-1       |
| ✓ American Data ECS Version 9 | 2  |                        | ✓ American Data ESC 9.0.5.2               | 1 |                        |
| ✓ Cerner Extended Care        | 2  |                        | ✓ Athena                                  | 1 |                        |
| Developed internally          | 2  |                        | axiscare                                  | 1 |                        |



## Q12 – Please provide us with more information about your EHR

| EHR Reported                                      | # | CEHRT ID (if provided) | EHR Reported                  | # | CEHRT ID (if provided) |
|---|---|------------------------|-------------------------------|---|------------------------|
| CARE TRACKER                                      | 1 |                        | ✓ MatrixCare 4.0              | 1 |                        |
| Caseworthy  | 1 |                        | ✓ MatrixCare/Care Tracker     | 1 |                        |
| Casper  | 1 |                        | ✓ MDI Achieve Matrix          | 1 |                        |
| ✓ Cerner Extended Care – HomeWorks                | 1 |                        | ✓ MDI Achieve Matrix 2015 R1  | 1 |                        |
| ✓ Cerner Extended Care 5.6                        | 1 |                        | ✓ Meditech - (?)5.66 version  | 1 |                        |
| ✓ ECS – PCC                                       | 1 |                        | Melyx                         | 1 |                        |
| ✓ EPIC  | 1 |                        | MyHomeCareBiz                 | 1 |                        |
| ✓ EPIC in hospital and clinic, ECS in Care Center | 1 |                        | ✓ Mylex ROC                   | 1 |                        |
| ✓ Epic, TIMS, CPR+                                | 1 |                        | ✓ Netsmart – Evolv            | 1 |                        |
| Extended Care Pro & ✓ American Data ECS           | 1 |                        | Nobility                      | 1 |                        |
| Extended Care Pro & ✓ Bluestone Physician         | 1 |                        | ✓ NTT Data                    | 1 |                        |
| Extended Care Pro & ✓ EPIC                        | 1 |                        | ✓ NTT Data Version 6.5.0 p4   | 1 |                        |
| Extended Care Pro & ✓ Matrix                      | 1 |                        | Quantum and Extended Care Pro | 1 |                        |
| ✓ Framework along with DocuTrack                  | 1 |                        | QUICK MAR                     | 1 |                        |
| Healthcare First                                  | 1 |                        | ✓ SAEncompass                 | 1 |                        |
| ✓ Keane/NTT data                                  | 1 |                        | Sansio Home Solutions         | 1 |                        |
| Kinnser Agency Manager / Kinnser ADL              | 1 |                        | Saunders                      | 1 |                        |
| Rehab Optima & ✓ MatrixCare                       | 1 |                        | TCM                           | 1 |                        |
| ✓ MatrixCare 2015 R1                              | 1 |                        | ✓ Valant Medical Solutions    | 1 |                        |



## Q13 – What other internal billing systems interface with your EHR?

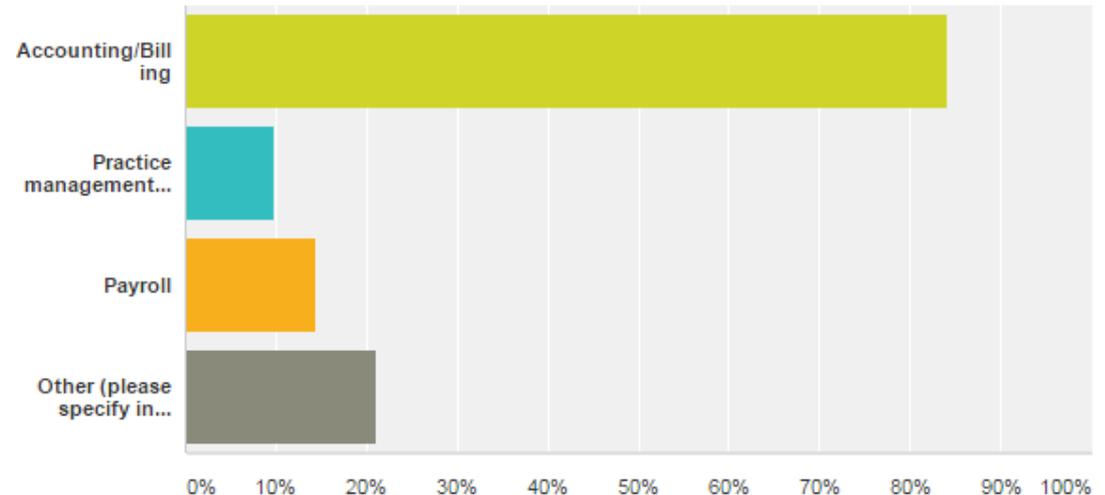
Number of respondents: 152/400

Question choices:

- Accounting/Billing
- Practice management system
- Payroll
- Other (please specify in space provided below)

### What other internal systems interface with your EHR? (Check all that apply)

Answered: 152 Skipped: 248





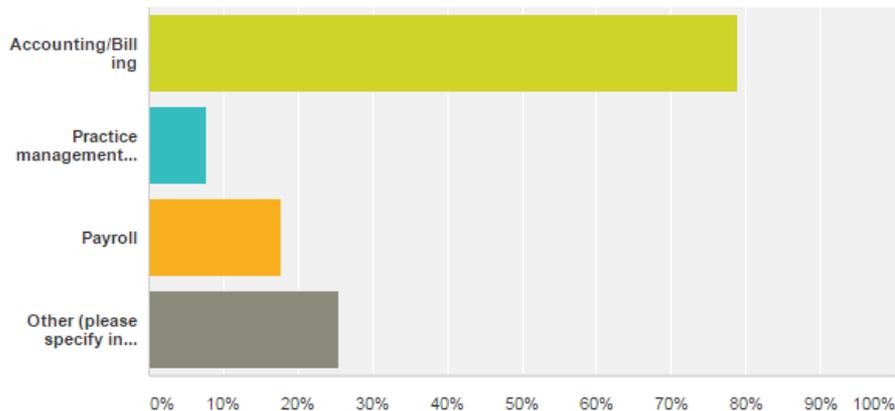
# Q13 – Segmentation by Provider Type (top 3 most reported types)

## Individual Community Provider

## Health System (multi-specialty or multi-location)

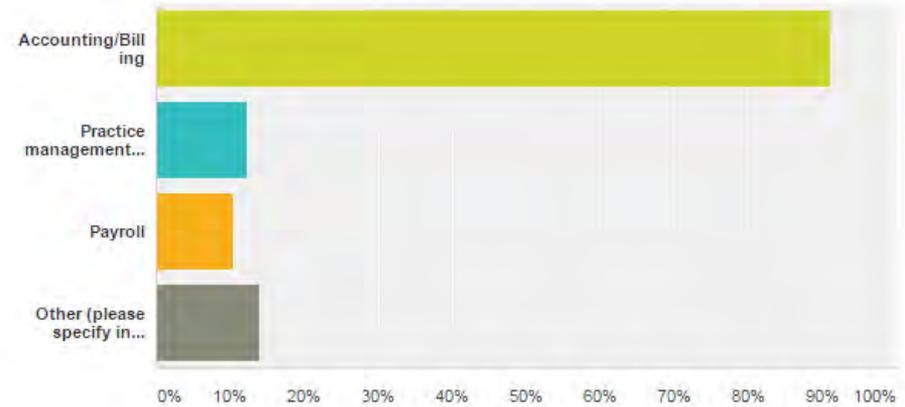
What other internal systems interface with your EHR? (Check all that apply)

Answered: 90 Skipped: 199



What other internal systems interface with your EHR? (Check all that apply)

Answered: 57 Skipped: 34



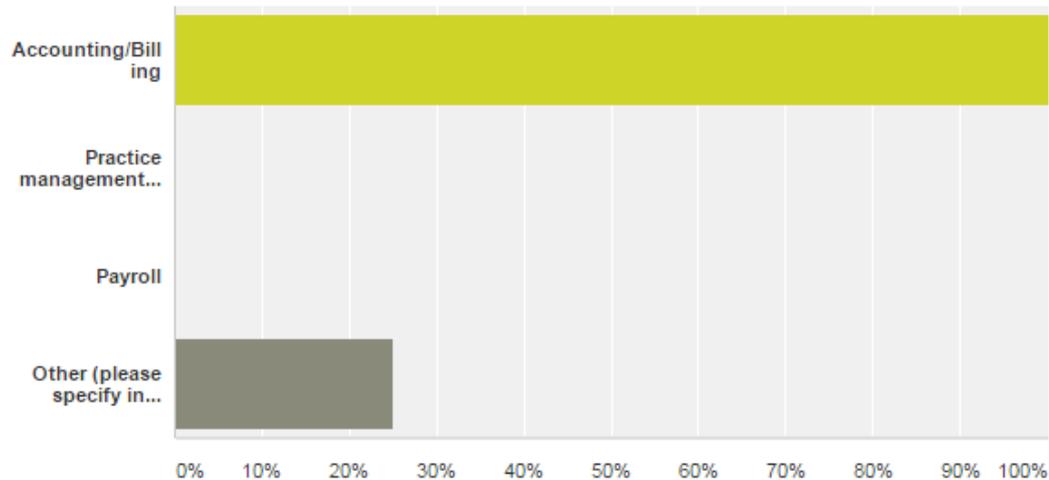
# Q13 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

What other internal systems interface with your EHR? (Check all that apply)

Answered: 4 Skipped: 13



# Q14 – Rank the top three reasons your organization has not implemented an EHR (1=most influential, 3=less influential)



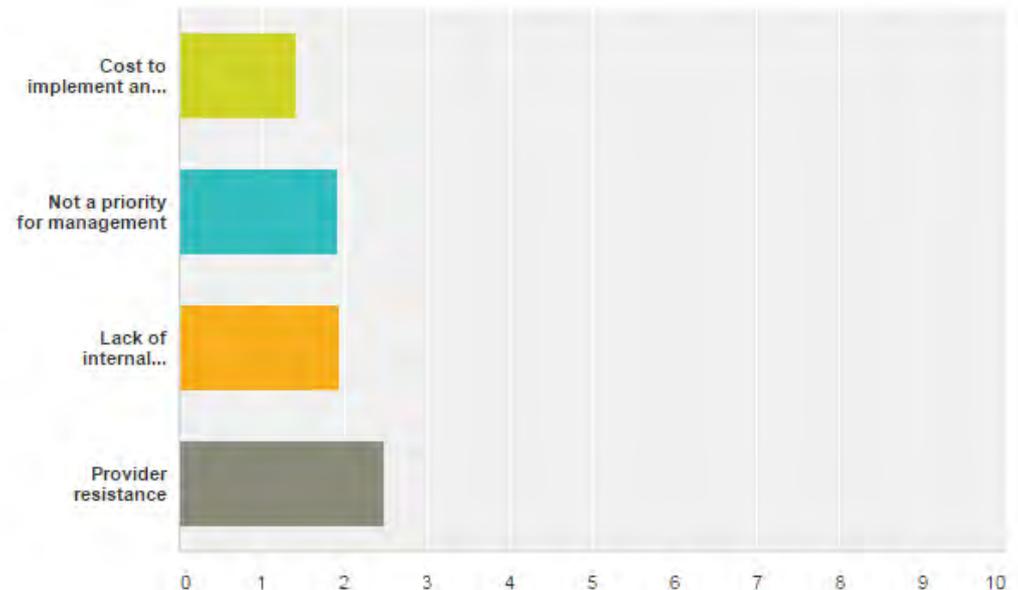
Number of respondents: 172/400

Question choices:

- Cost to implement and maintain an EHR
- Not a priority for management
- Lack of internal technical resources
- Provider resistance

Rank the top three reasons your organization has not implemented an EHR?  
(1=most influential, 3=less influential)

Answered: 172 Skipped: 228



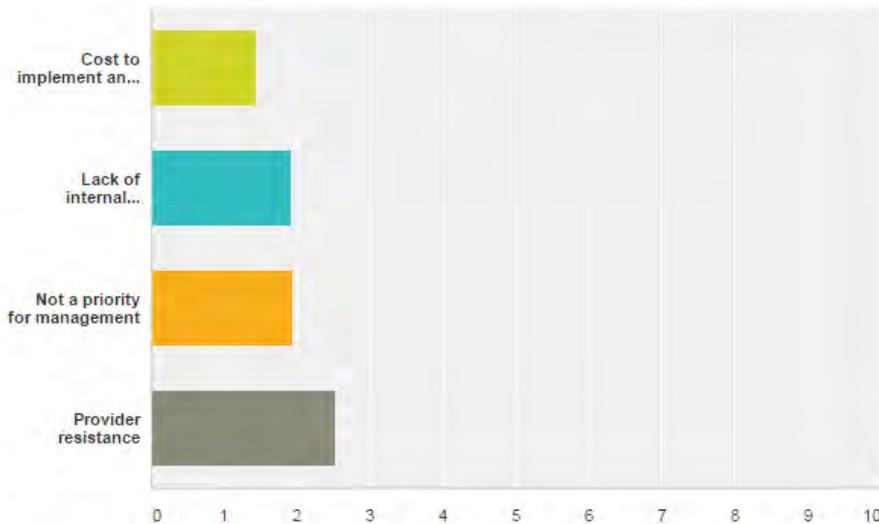


# Q14 – Segmentation by Provider Type (top 3 most reported types)

## Individual Community Provider

Rank the top three reasons your organization has not implemented an EHR?  
(1=most influential, 3=less influential)

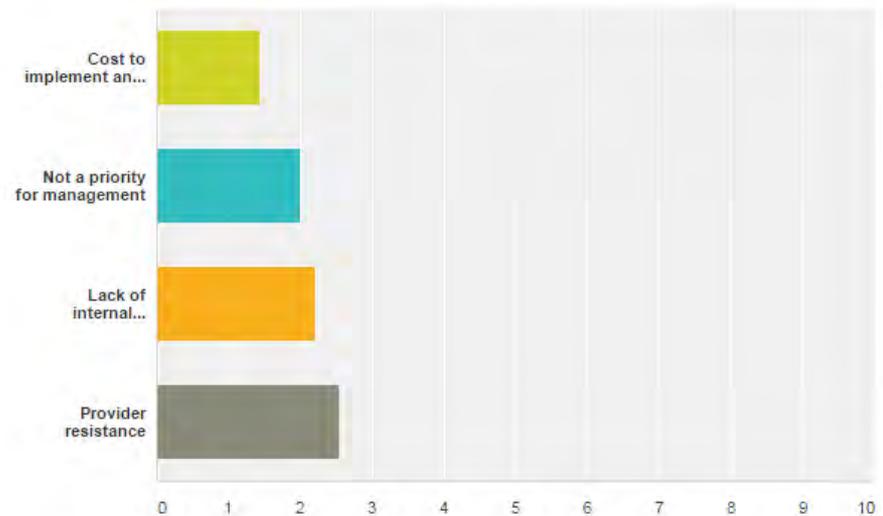
Answered: 142 Skipped: 147



## Health System (multi-specialty or multi-location)

Rank the top three reasons your organization has not implemented an EHR?  
(1=most influential, 3=less influential)

Answered: 20 Skipped: 71



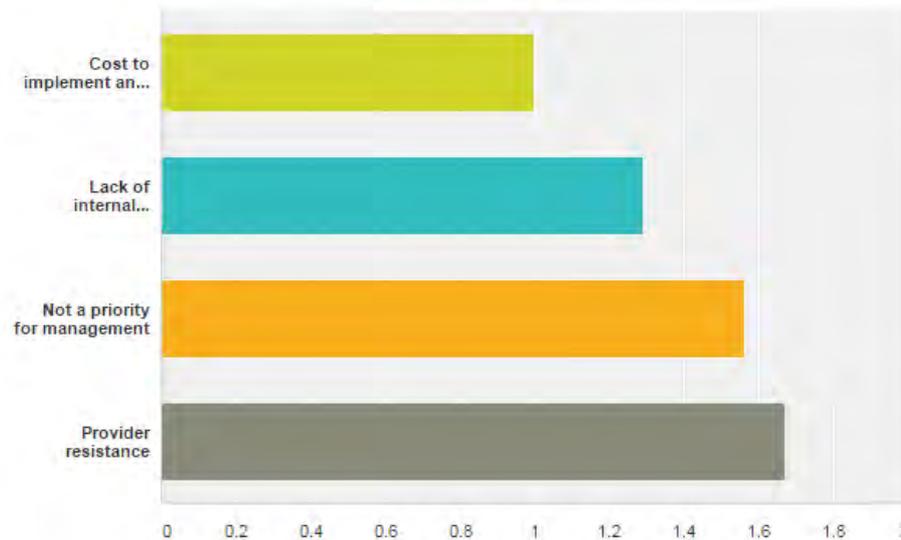
# Q14 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

Rank the top three reasons your organization has not implemented an EHR?  
(1=most influential, 3=less influential)

Answered: 9 Skipped: 8



# Q15 – If your organization does not currently use an EHR, is there a projected time frame for doing so?



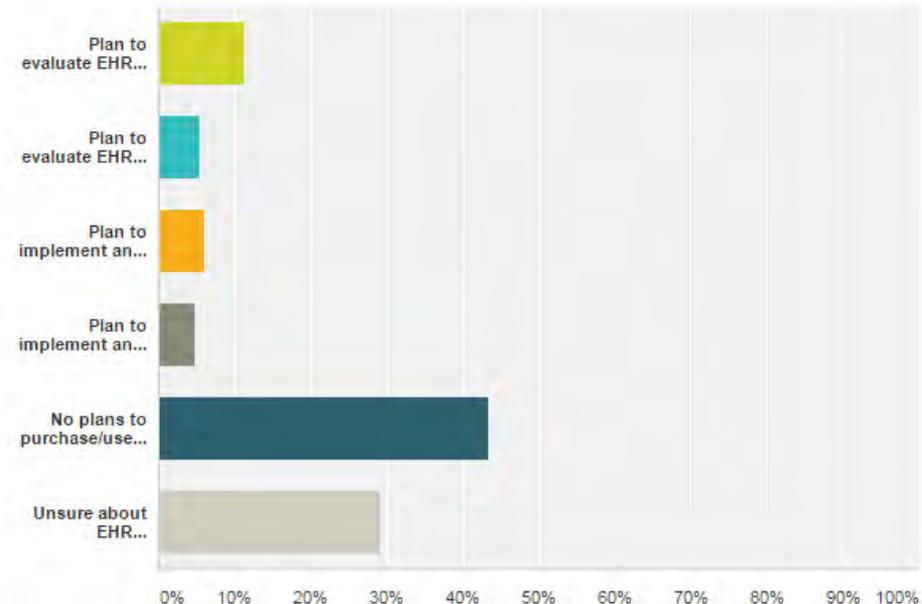
Number of respondents: 168/400

Question choices:

- Plan to evaluate EHR products within the next 12 months
- Plan to evaluate EHR products in 18-36 months
- Plan to implement an EHR within the next 12 months
- Plan to implement an EHR within 18-36 months
- No plans to purchase/use EHR
- Unsure about EHR purchase/use timeframes

If your organization does not currently use an EHR, is there a projected timeframe for doing so?

Answered: 168 Skipped: 232



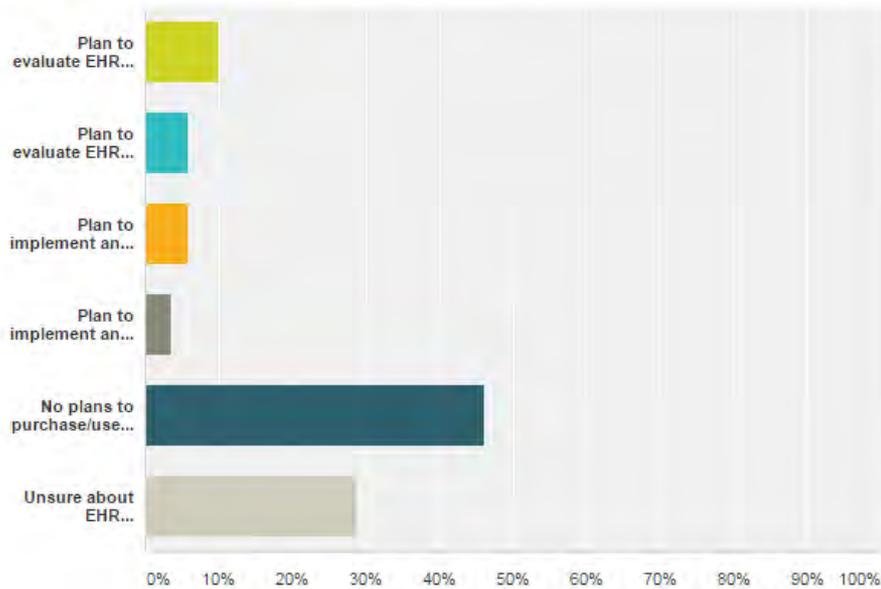


# Q15 – Segmentation by Provider Type (top 3 most reported types)

## Individual Community Provider

If your organization does not currently use an EHR, is there a projected timeframe for doing so?

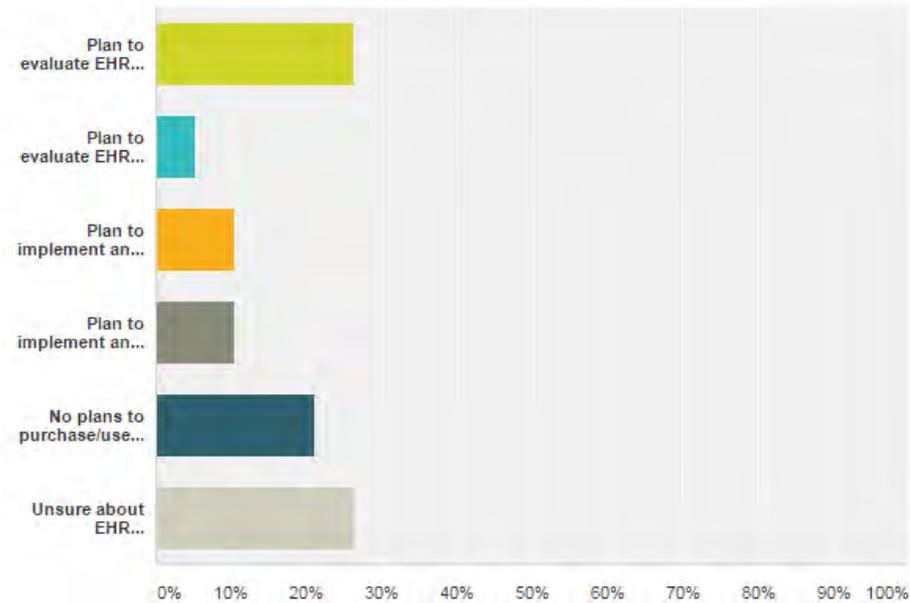
Answered: 139 Skipped: 150



## Health System (multi-specialty or multi-location)

If your organization does not currently use an EHR, is there a projected timeframe for doing so?

Answered: 19 Skipped: 72



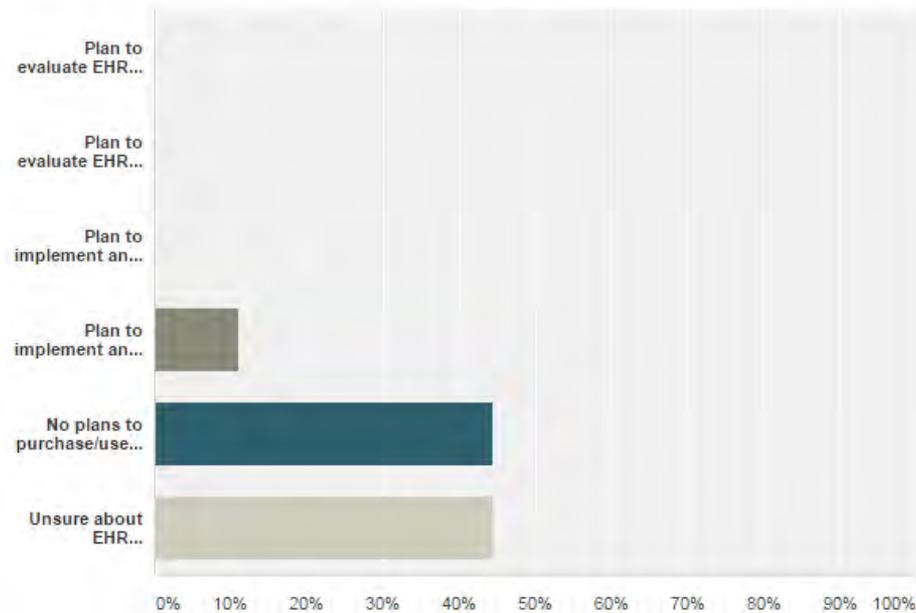
# Q15 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

If your organization does not currently use an EHR, is there a projected timeframe for doing so?

Answered: 9 Skipped: 8



# Q16 – How does your organization share consumers' clinical history, care or service information within your organization?



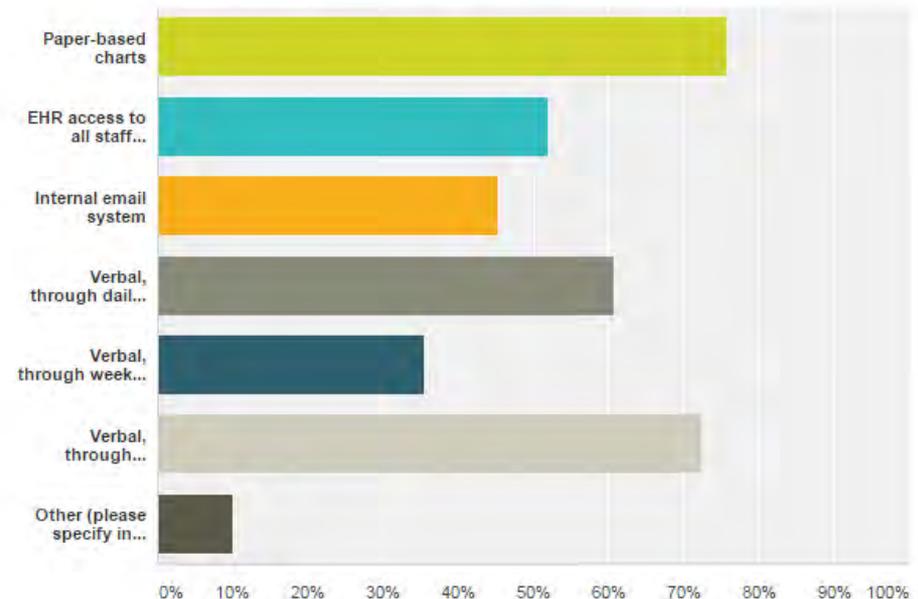
Number of respondents: 367/400

Question choices:

- Paper-based charts
- EHR access to all staff members who are involved in the patient's care
- Internal email system
- Verbal, through daily staff meetings
- Verbal, through weekly staff meetings
- Verbal, through impromptu conversations, as needed
- Other (please specify in space provided below)

**How does your organization share patients' clinical history, care or service information within your organization? (Check all that apply)**

Answered: 367 Skipped: 33





# Q16 – Segmentation by EHR Use

## EHR Users

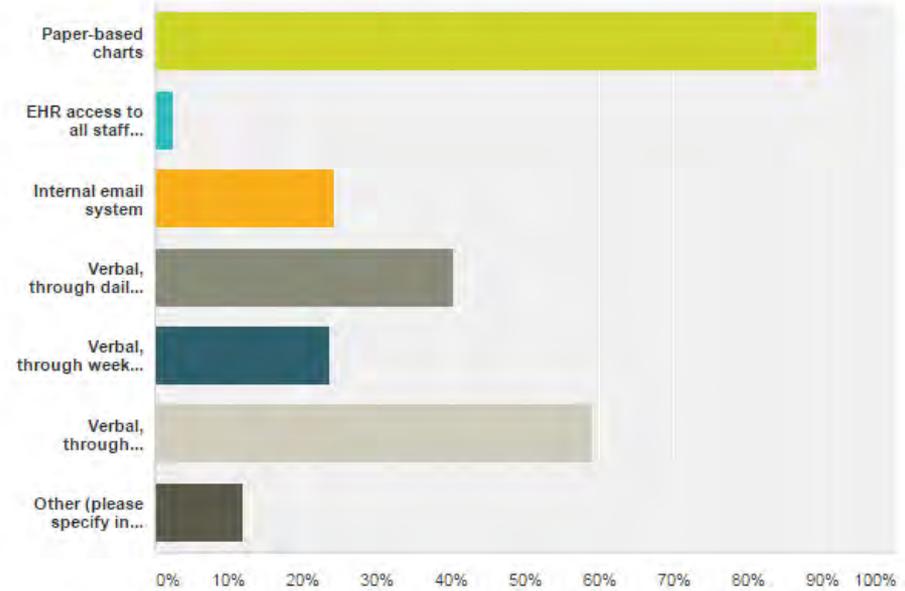
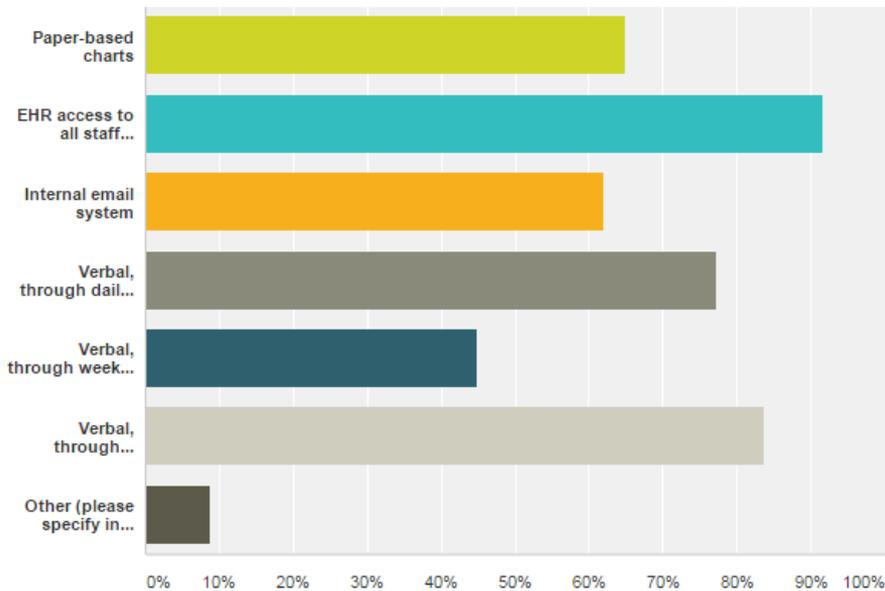
## Non-EHR Users

How does your organization share patients' clinical history, care or service information within your organization? (Check all that apply)

How does your organization share patients' clinical history, care or service information within your organization? (Check all that apply)

Answered: 203 Skipped: 21

Answered: 161 Skipped: 9



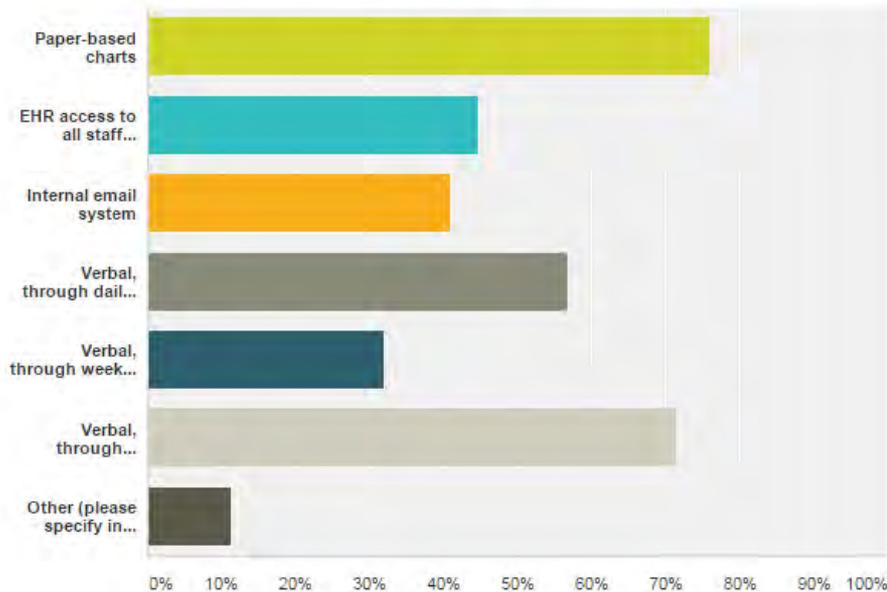


# Q16 – Segmentation by Provider Type (top 3 most reported types)

## Individual Community Provider

How does your organization share patients' clinical history, care or service information within your organization? (Check all that apply)

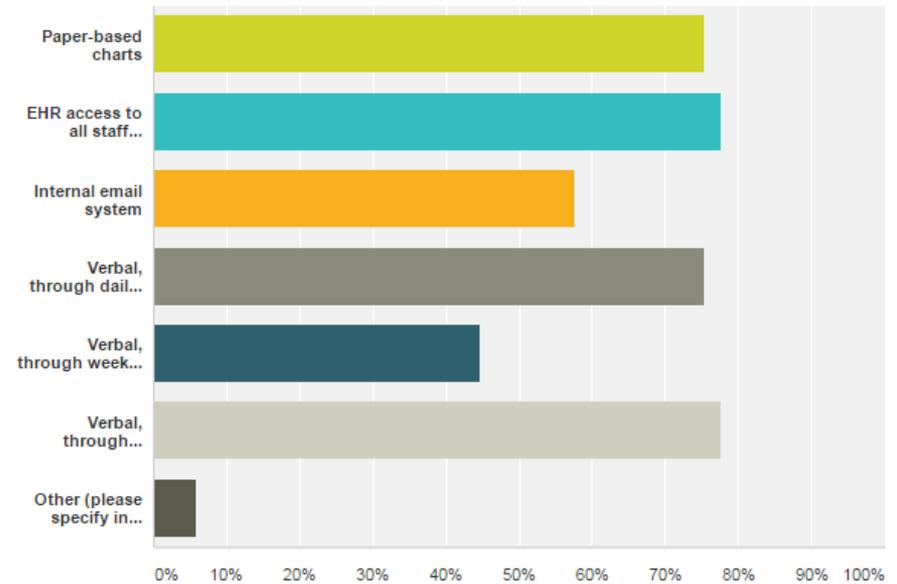
Answered: 266 Skipped: 23



## Health System (multi-specialty or multi-location)

How does your organization share patients' clinical history, care or service information within your organization? (Check all that apply)

Answered: 85 Skipped: 6



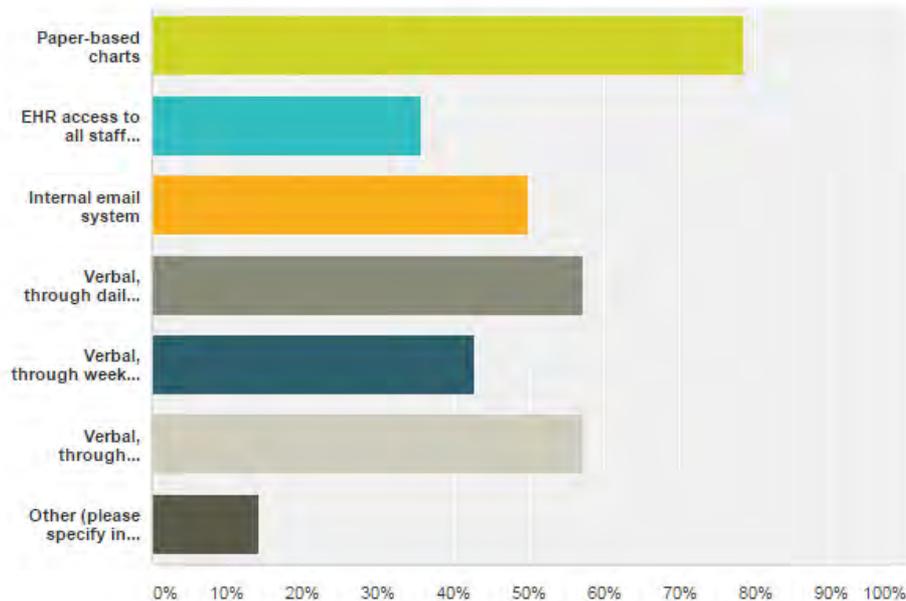
# Q16 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

How does your organization share patients' clinical history, care or service information within your organization? (Check all that apply)

Answered: 14 Skipped: 3



# Q17 – Does your organization send individual patient information outside of your organization in order to coordinate care?



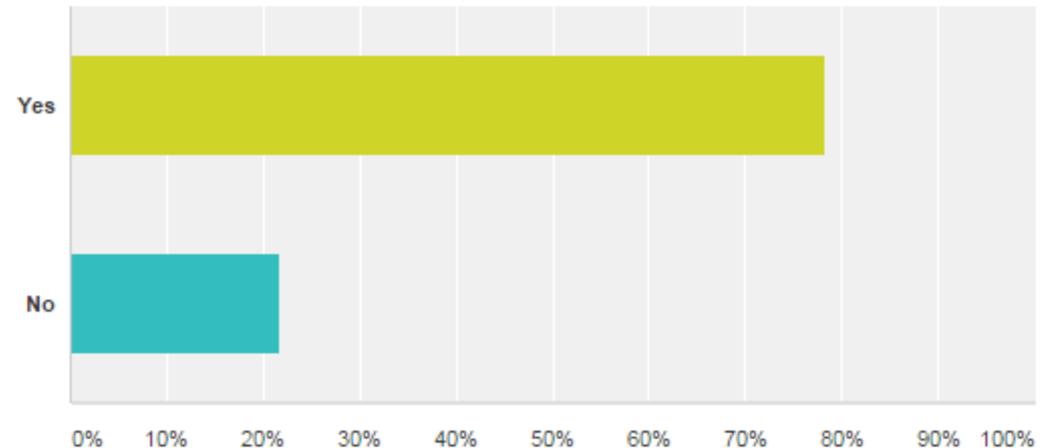
Number of respondents: 368/400

Question choices:

- Yes
- No

**Does your organization send individual patient information outside of your organization with other providers in order to coordinate care?**

Answered: 368 Skipped: 32





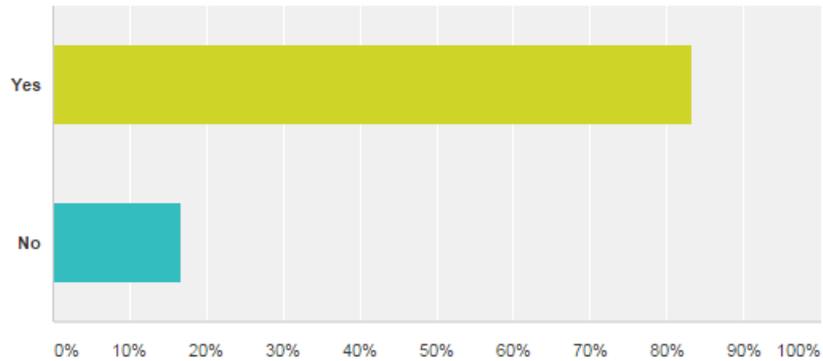
# Q17 – Segmentation by EHR Use

## EHR Users

## Non-EHR Users

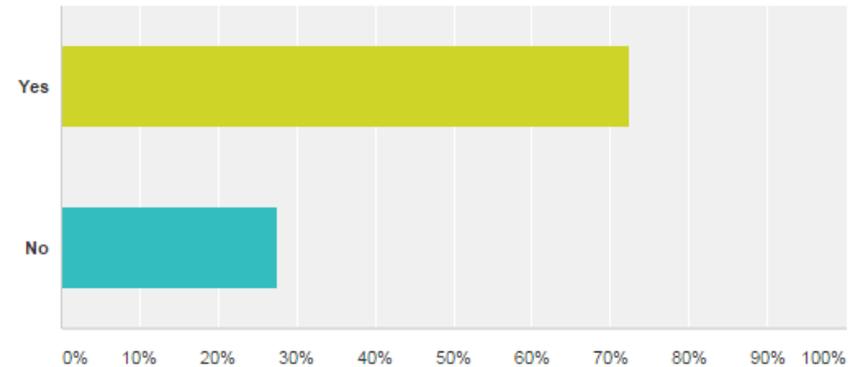
Does your organization send individual patient information outside of your organization with other providers in order to coordinate care?

Answered: 204 Skipped: 20



Does your organization send individual patient information outside of your organization with other providers in order to coordinate care?

Answered: 160 Skipped: 10





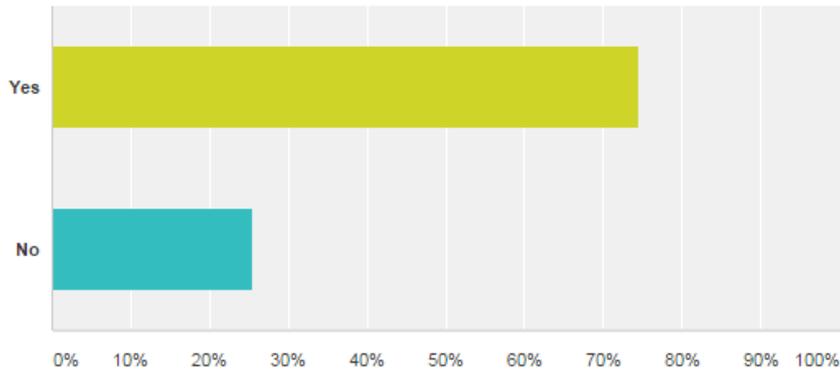
# Q17 – Segmentation by Provider Type (top 3 most reported types)

## Individual Community Provider

## Health System (multi-specialty or multi-location)

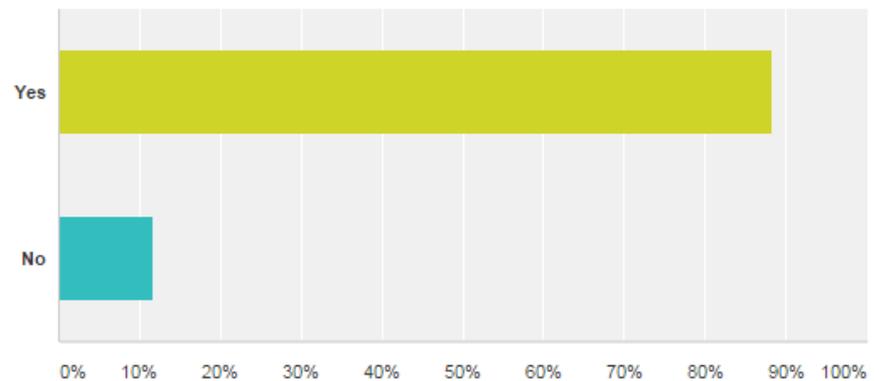
Does your organization send individual patient information outside of your organization with other providers in order to coordinate care?

Answered: 266 Skipped: 23



Does your organization send individual patient information outside of your organization with other providers in order to coordinate care?

Answered: 86 Skipped: 5



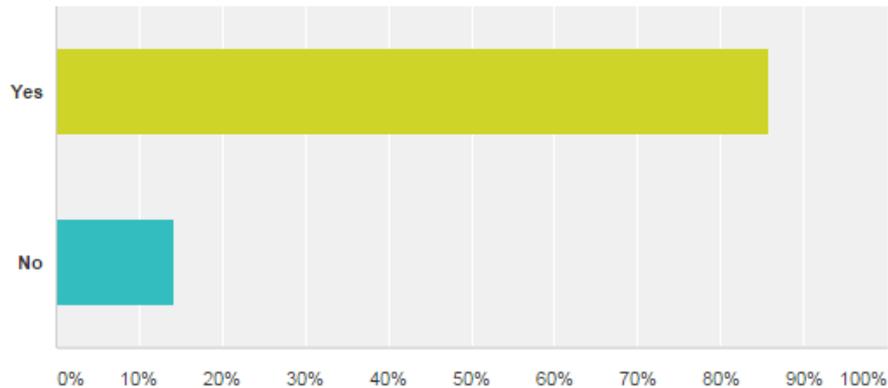
# Q17 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

Does your organization send individual patient information outside of your organization with other providers in order to coordinate care?

Answered: 14 Skipped: 3



# Q18 – How does your organization send patients’ clinical history, care or service information outside your organization?



Number of respondents: 268/400

Question choices:

- We participate in the Wisconsin Statewide Health Information Network (WISHIN)
- We participate in a private health information exchange network
- We do not participate in WISHIN but we exchange healthcare information with other organizations using eHealth Exchange standards (eHealth Exchange offers a set of nationally-adopted standards & legal agreements for “query and retrieve” data exchange)
- We do not participate in WISHIN, but we exchange healthcare information using Direct secure messaging technical standards with other organizations
- We exchange healthcare information using other (non-Direct) secure email technology
- We exchange healthcare information via interface connectivity to public health registries
- We exchange healthcare information via interface connectivity to labs
- We exchange healthcare information via interface connectivity via ADT feeds (type of messaging used to send admission, discharge, and transfer patient information)
- We exchange healthcare information via interface connectivity to other organizations via other means (please specify in space provided below)
- We use an automated Fax system built into our EHR to exchange healthcare information
- We use a stand-alone Fax machine to exchange healthcare information
- We exchange healthcare information by Mail and/or courier service
- We use the phone to exchange healthcare information
- We exchange healthcare documents using proprietary standards via an EHR system (e.g. Epic CareEverywhere, Cerner Resonance) (please specify in space provided below)
- We submit data to WI state agencies through the Wisconsin ForwardHealth portal
- We submit data to WI state agencies through the STAT-PA system
- We submit data to WI state agencies through another state system/process

# Q18 – How does your organization send patients’ clinical history, care or service information outside your organization? (continued)



| Answer Options   | Daily | Weekly | Monthly | Quarterly | Never | Response Count |
|--|-------|--------|---------|-----------|-------|----------------|
| We participate in the Wisconsin Statewide Health Information Network (WISHIN)  | 3     | 3      | 5       | 5         | 212   | 228            |
| We participate in a private health information exchange network  | 16    | 5      | 5       | 4         | 198   | 228            |
| We do not participate in WISHIN but we exchange healthcare information with other organizations using eHealth Exchange standards (eHealth Exchange offers a set of nationally-adopted standards & legal agreements for “query and retrieve” data exchange) | 15    | 7      | 8       | 2         | 194   | 222            |
| We do not participate in WISHIN, but we exchange healthcare information using Direct secure messaging technical standards but we exchange healthcare information using Direct secure messaging technical standards with other organizations                | 32    | 15     | 10      | 7         | 158   | 222            |
| We exchange healthcare information using other (non-Direct) secure email technology  | 50    | 33     | 17      | 11        | 132   | 241            |
| We exchange healthcare information via interface connectivity to public health registries  | 6     | 11     | 15      | 8         | 183   | 222            |
| We exchange healthcare information via interface connectivity to labs  | 22    | 15     | 4       | 2         | 188   | 228            |
| We exchange healthcare information via interface connectivity via ADT feeds (type of messaging used to send admission, discharge, and transfer patient information)  | 11    | 6      | 7       | 2         | 201   | 227            |
| We exchange healthcare information via interface connectivity to other organizations via other means (please specify in space provided below)  | 26    | 10     | 5       | 2         | 182   | 222            |
| We use an automated Fax system built into our EHR to exchange healthcare information   | 32    | 10     | 4       | 1         | 178   | 223            |
| We use a stand-alone Fax machine to exchange healthcare information  | 190   | 38     | 20      | 10        | 14    | 256            |
| We exchange healthcare information by Mail and/or courier service  | 94    | 59     | 38      | 22        | 39    | 241            |
| We use the phone to exchange healthcare information  | 191   | 38     | 18      | 11        | 10    | 255            |
| We exchange healthcare documents using proprietary standards via an EHR system (e.g. Epic CareEverywhere, Cerner Resonance) (please specify in space provided below)   | 27    | 8      | 4       | 1         | 189   | 228            |
| We submit data to WI state agencies through the Wisconsin ForwardHealth portal   | 34    | 49     | 33      | 7         | 128   | 237            |
| We submit data to WI state agencies through the STAT-PA system   | 5     | 8      | 9       | 0         | 201   | 221            |
| We submit data to WI state agencies through another state system/process   | 26    | 32     | 20      | 19        | 135   | 227            |
| Answered question  |       |        |         |           |       | 268            |
| Skipped question   |       |        |         |           |       | 132            |



# Q18 – Segmentation by EHR Use

## EHR Users

| Answer Options   | Daily | Weekly | Monthly | Quarterly | Never | Response Count |
|--|-------|--------|---------|-----------|-------|----------------|
| We participate in the Wisconsin Statewide Health Information Network (WISHIN)  | 3     | 2      | 1       | 5         | 125   | 136            |
| We participate in a private health information exchange network  | 14    | 1      | 3       | 3         | 117   | 138            |
| We do not participate in WISHIN but we exchange healthcare information with other organizations using eHealth Exchange standards (eHealth Exchange offers a set of nationally-adopted standards & legal agreements for “query and retrieve” data exchange) | 15    | 2      | 6       | 2         | 113   | 134            |
| We do not participate in WISHIN, but we exchange healthcare information using Direct secure messaging technical standards but we exchange healthcare information using Direct secure messaging technical standards with other organizations                | 28    | 9      | 6       | 2         | 89    | 134            |
| We exchange healthcare information using other (non-Direct) secure email technology  | 37    | 21     | 7       | 7         | 73    | 145            |
| We exchange healthcare information via interface connectivity to public health registries  | 5     | 8      | 11      | 6         | 106   | 135            |
| We exchange healthcare information via interface connectivity to labs  | 19    | 10     | 3       | 1         | 109   | 139            |
| We exchange healthcare information via interface connectivity via ADT feeds (type of messaging used to send admission, discharge, and transfer patient information)  | 8     | 5      | 5       | 1         | 120   | 139            |
| We exchange healthcare information via interface connectivity to other organizations via other means (please specify in space provided below)  | 20    | 6      | 3       | 0         | 107   | 135            |
| We use an automated Fax system built into our EHR to exchange healthcare information   | 30    | 8      | 3       | 1         | 97    | 137            |
| We use a stand-alone Fax machine to exchange healthcare information  | 131   | 16     | 6       | 1         | 5     | 154            |
| We exchange healthcare information by Mail and/or courier service  | 68    | 30     | 17      | 11        | 21    | 147            |
| We use the phone to exchange healthcare information  | 133   | 16     | 5       | 2         | 1     | 152            |
| We exchange healthcare documents using proprietary standards via an EHR system (e.g. Epic CareEverywhere, Cerner Resonance) (please specify in space provided below)   | 24    | 8      | 4       | 1         | 105   | 141            |
| We submit data to WI state agencies through the Wisconsin ForwardHealth portal   | 26    | 32     | 22      | 3         | 63    | 143            |
| We submit data to WI state agencies through the STAT-PA system   | 3     | 5      | 6       | 0         | 121   | 134            |
| We submit data to WI state agencies through another state system/process   | 21    | 27     | 13      | 11        | 70    | 142            |
| Answered question  |       |        |         |           |       | 158            |
| Skipped question   |       |        |         |           |       | 66             |



## Q18 – Segmentation by EHR Use (continued)

### Non-EHR Users

| Answer Options   | Daily | Weekly | Monthly | Quarterly | Never | Response Count |
|--|-------|--------|---------|-----------|-------|----------------|
| We participate in the Wisconsin Statewide Health Information Network (WISHIN)  | 0     | 1      | 4       | 0         | 85    | 90             |
| We participate in a private health information exchange network  | 2     | 4      | 2       | 1         | 79    | 88             |
| We do not participate in WISHIN but we exchange healthcare information with other organizations using eHealth Exchange standards (eHealth Exchange offers a set of nationally-adopted standards & legal agreements for “query and retrieve” data exchange) | 0     | 4      | 2       | 0         | 80    | 86             |
| We do not participate in WISHIN, but we exchange healthcare information using Direct secure messaging technical standards but we exchange healthcare information using Direct secure messaging technical standards with other organizations                | 4     | 5      | 4       | 5         | 68    | 86             |
| We exchange healthcare information using other (non-Direct) secure email technology  | 13    | 12     | 10      | 4         | 58    | 95             |
| We exchange healthcare information via interface connectivity to public health registries  | 1     | 3      | 4       | 2         | 75    | 85             |
| We exchange healthcare information via interface connectivity to labs  | 3     | 5      | 1       | 1         | 77    | 87             |
| We exchange healthcare information via interface connectivity via ADT feeds (type of messaging used to send admission, discharge, and transfer patient information)  | 3     | 1      | 2       | 1         | 79    | 86             |
| We exchange healthcare information via interface connectivity to other organizations via other means (please specify in space provided below)  | 6     | 4      | 2       | 2         | 73    | 85             |
| We use an automated Fax system built into our EHR to exchange healthcare information   | 2     | 2      | 1       | 0         | 79    | 84             |
| We use a stand-alone Fax machine to exchange healthcare information  | 59    | 20     | 14      | 9         | 9     | 100            |
| We exchange healthcare information by Mail and/or courier service  | 26    | 29     | 21      | 10        | 18    | 93             |
| We use the phone to exchange healthcare information  | 57    | 22     | 13      | 8         | 9     | 101            |
| We exchange healthcare documents using proprietary standards via an EHR system (e.g. Epic CareEverywhere, Cerner Resonance) (please specify in space provided below)   | 2     | 0      | 0       | 0         | 83    | 85             |
| We submit data to WI state agencies through the Wisconsin ForwardHealth portal   | 8     | 17     | 11      | 4         | 63    | 92             |
| We submit data to WI state agencies through the STAT-PA system   | 2     | 3      | 3       | 0         | 78    | 85             |
| We submit data to WI state agencies through another state system/process   | 5     | 5      | 7       | 8         | 63    | 83             |
| Answered question  |       |        |         |           |       | 108            |
| Skipped question   |       |        |         |           |       | 62             |



# Q18 – Segmentation by Provider Type (top 3 most reported types)

## Individual Community Provider

| Answer Options   | Daily | Weekly | Monthly | Quarterly | Never | Response Count |
|--|-------|--------|---------|-----------|-------|----------------|
| We participate in the Wisconsin Statewide Health Information Network (WISHIN)  | 1     | 2      | 4       | 1         | 155   | 163            |
| We participate in a private health information exchange network  | 6     | 4      | 3       | 1         | 147   | 161            |
| We do not participate in WISHIN but we exchange healthcare information with other organizations using eHealth Exchange standards (eHealth Exchange offers a set of nationally-adopted standards & legal agreements for “query and retrieve” data exchange) | 10    | 4      | 3       | 0         | 141   | 158            |
| We do not participate in WISHIN, but we exchange healthcare information using Direct secure messaging technical standards but we exchange healthcare information using Direct secure messaging technical standards with other organizations                | 21    | 11     | 6       | 6         | 116   | 160            |
| We exchange healthcare information using other (non-Direct) secure email technology  | 31    | 23     | 12      | 10        | 96    | 171            |
| We exchange healthcare information via interface connectivity to public health registries  | 2     | 8      | 8       | 3         | 137   | 158            |
| We exchange healthcare information via interface connectivity to labs  | 9     | 11     | 3       | 2         | 137   | 162            |
| We exchange healthcare information via interface connectivity via ADT feeds (type of messaging used to send admission, discharge, and transfer patient information)  | 5     | 2      | 6       | 2         | 147   | 162            |
| We exchange healthcare information via interface connectivity to other organizations via other means (please specify in space provided below)  | 19    | 6      | 3       | 2         | 129   | 157            |
| We use an automated Fax system built into our EHR to exchange healthcare information   | 19    | 6      | 2       | 1         | 133   | 159            |
| We use a stand-alone Fax machine to exchange healthcare information  | 134   | 25     | 14      | 9         | 10    | 181            |
| We exchange healthcare information by Mail and/or courier service  | 68    | 44     | 23      | 16        | 33    | 173            |
| We use the phone to exchange healthcare information  | 130   | 29     | 14      | 7         | 10    | 180            |
| We exchange healthcare documents using proprietary standards via an EHR system (e.g. Epic CareEverywhere, Cerner Resonance) (please specify in space provided below)   | 12    | 5      | 1       | 0         | 144   | 161            |
| We submit data to WI state agencies through the Wisconsin ForwardHealth portal   | 22    | 34     | 21      | 5         | 100   | 171            |
| We submit data to WI state agencies through the STAT-PA system   | 2     | 6      | 5       | 0         | 147   | 159            |
| We submit data to WI state agencies through another state system/process   | 17    | 21     | 15      | 14        | 100   | 162            |
| Answered question  |       |        |         |           |       | 190            |
| Skipped question   |       |        |         |           |       | 99             |

# Q18 – Segmentation by Provider Type (top 3 most reported types) (continued)



## Health System (multi-specialty or multi-location)

| Answer Options   | Daily | Weekly | Monthly | Quarterly | Never | Response Count |
|--|-------|--------|---------|-----------|-------|----------------|
| We participate in the Wisconsin Statewide Health Information Network (WISHIN)  | 2     | 0      | 1       | 4         | 49    | 56             |
| We participate in a private health information exchange network  | 10    | 1      | 1       | 3         | 43    | 58             |
| We do not participate in WISHIN but we exchange healthcare information with other organizations using eHealth Exchange standards (eHealth Exchange offers a set of nationally-adopted standards & legal agreements for “query and retrieve” data exchange) | 5     | 3      | 5       | 2         | 44    | 55             |
| We do not participate in WISHIN, but we exchange healthcare information using Direct secure messaging technical standards but we exchange healthcare information using Direct secure messaging technical standards with other organizations                | 10    | 3      | 3       | 1         | 36    | 53             |
| We exchange healthcare information using other (non-Direct) secure email technology  | 17    | 9      | 4       | 1         | 29    | 59             |
| We exchange healthcare information via interface connectivity to public health registries  | 3     | 3      | 6       | 4         | 40    | 55             |
| We exchange healthcare information via interface connectivity to labs  | 12    | 3      | 1       | 0         | 44    | 57             |
| We exchange healthcare information via interface connectivity via ADT feeds (type of messaging used to send admission, discharge, and transfer patient information)  | 5     | 3      | 1       | 0         | 47    | 56             |
| We exchange healthcare information via interface connectivity to other organizations via other means (please specify in space provided below)  | 6     | 3      | 2       | 0         | 46    | 56             |
| We use an automated Fax system built into our EHR to exchange healthcare information   | 10    | 4      | 2       | 0         | 40    | 56             |
| We use a stand-alone Fax machine to exchange healthcare information  | 50    | 11     | 5       | 1         | 3     | 65             |
| We exchange healthcare information by Mail and/or courier service  | 21    | 14     | 12      | 6         | 6     | 59             |
| We use the phone to exchange healthcare information  | 54    | 7      | 2       | 4         | 0     | 64             |
| We exchange healthcare documents using proprietary standards via an EHR system (e.g. Epic CareEverywhere, Cerner Resonance) (please specify in space provided below)   | 14    | 3      | 3       | 1         | 37    | 58             |
| We submit data to WI state agencies through the Wisconsin ForwardHealth portal   | 12    | 10     | 12      | 2         | 24    | 57             |
| We submit data to WI state agencies through the STAT-PA system   | 3     | 1      | 4       | 0         | 46    | 53             |
| We submit data to WI state agencies through another state system/process   | 9     | 10     | 5       | 3         | 29    | 56             |
| Answered question  |       |        |         |           |       | 67             |
| Skipped question   |       |        |         |           |       | 24             |

# Q18 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

| Answer Options   | Daily | Weekly | Monthly | Quarterly | Never | Response Count |
|--|-------|--------|---------|-----------|-------|----------------|
| We participate in the Wisconsin Statewide Health Information Network (WISHIN)  | 0     | 1      | 0       | 0         | 7     | 8              |
| We participate in a private health information exchange network  | 0     | 0      | 1       | 0         | 7     | 8              |
| We do not participate in WISHIN but we exchange healthcare information with other organizations using eHealth Exchange standards (eHealth Exchange offers a set of nationally-adopted standards & legal agreements for “query and retrieve” data exchange) | 0     | 0      | 0       | 0         | 8     | 8              |
| We do not participate in WISHIN, but we exchange healthcare information using Direct secure messaging technical standards but we exchange healthcare information using Direct secure messaging technical standards with other organizations                | 1     | 1      | 1       | 0         | 5     | 8              |
| We exchange healthcare information using other (non-Direct) secure email technology  | 2     | 1      | 1       | 0         | 6     | 10             |
| We exchange healthcare information via interface connectivity to public health registries  | 1     | 0      | 1       | 1         | 5     | 8              |
| We exchange healthcare information via interface connectivity to labs  | 1     | 1      | 0       | 0         | 6     | 8              |
| We exchange healthcare information via interface connectivity via ADT feeds (type of messaging used to send admission, discharge, and transfer patient information)  | 1     | 1      | 0       | 0         | 6     | 8              |
| We exchange healthcare information via interface connectivity to other organizations via other means (please specify in space provided below)  | 1     | 1      | 0       | 0         | 6     | 8              |
| We use an automated Fax system built into our EHR to exchange healthcare information   | 3     | 0      | 0       | 0         | 4     | 7              |
| We use a stand-alone Fax machine to exchange healthcare information  | 6     | 1      | 1       | 0         | 1     | 9              |
| We exchange healthcare information by Mail and/or courier service  | 5     | 1      | 2       | 0         | 0     | 8              |
| We use the phone to exchange healthcare information  | 7     | 1      | 2       | 0         | 0     | 10             |
| We exchange healthcare documents using proprietary standards via an EHR system (e.g. Epic CareEverywhere, Cerner Resonance) (please specify in space provided below)   | 1     | 0      | 0       | 0         | 7     | 8              |
| We submit data to WI state agencies through the Wisconsin ForwardHealth portal   | 0     | 5      | 0       | 0         | 3     | 8              |
| We submit data to WI state agencies through the STAT-PA system   | 0     | 1      | 0       | 0         | 7     | 8              |
| We submit data to WI state agencies through another state system/process   | 0     | 1      | 0       | 2         | 5     | 8              |
| Answered question  |       |        |         |           |       | 10             |
| Skipped question   |       |        |         |           |       | 7              |

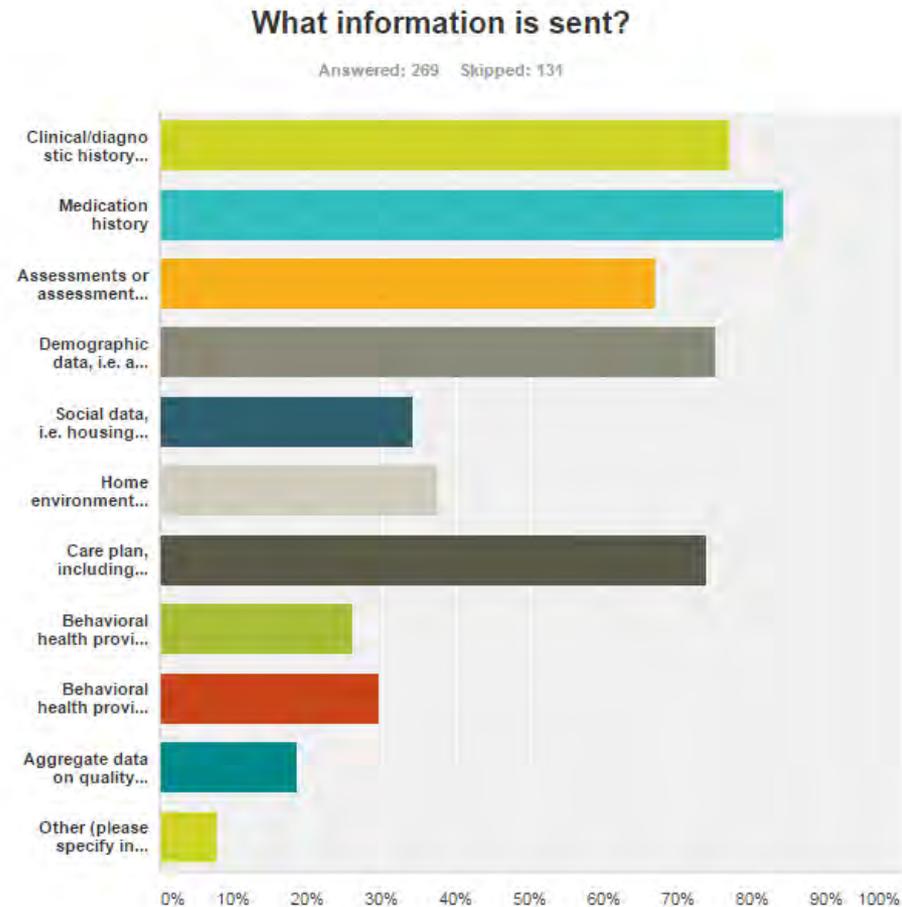


## Q19 – What information is sent?

Number of respondents: 269/400

Question choices:

- Clinical/diagnostic history, including discharge notes
- Medication history
- Assessments or assessment scores demonstrating functional levels, strengths, gaps, etc.
- Demographic data, i.e. age, gender, home address
- Social data, i.e. housing stability/homelessness, employment, support system
- Home environment information, including safety
- Care plan, including goals, services approved, etc.
- Behavioral health provider notes not considered to be sensitive
- Behavioral health provider notes as permitted by HIPAA or state and federal law
- Aggregate data on quality measures
- Other (please specify in space provided below)



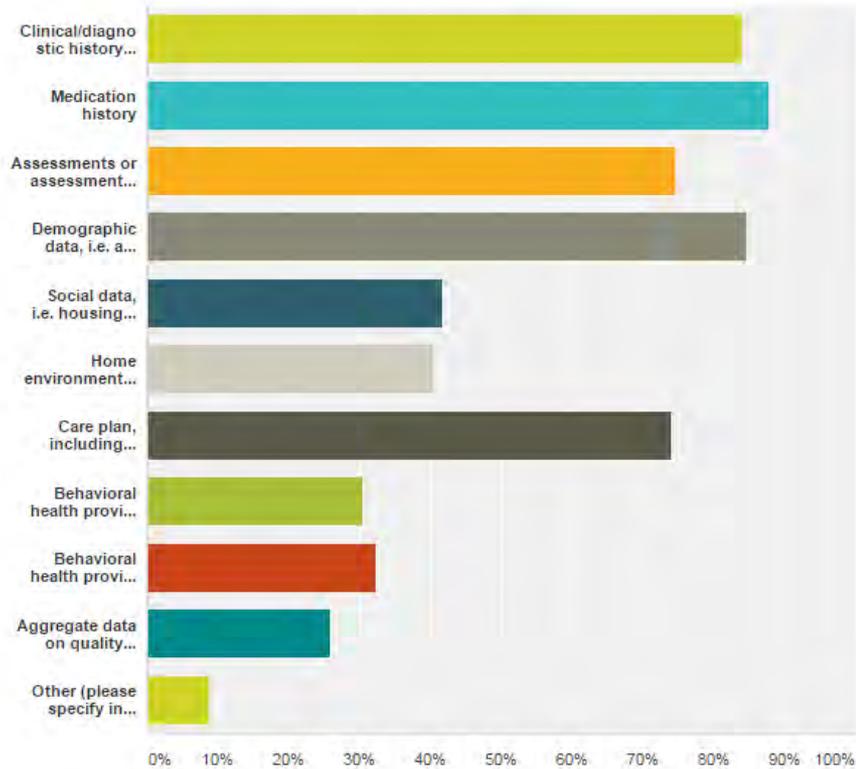


# Q19 – Segmentation by EHR Use

## EHR Users

### What information is sent?

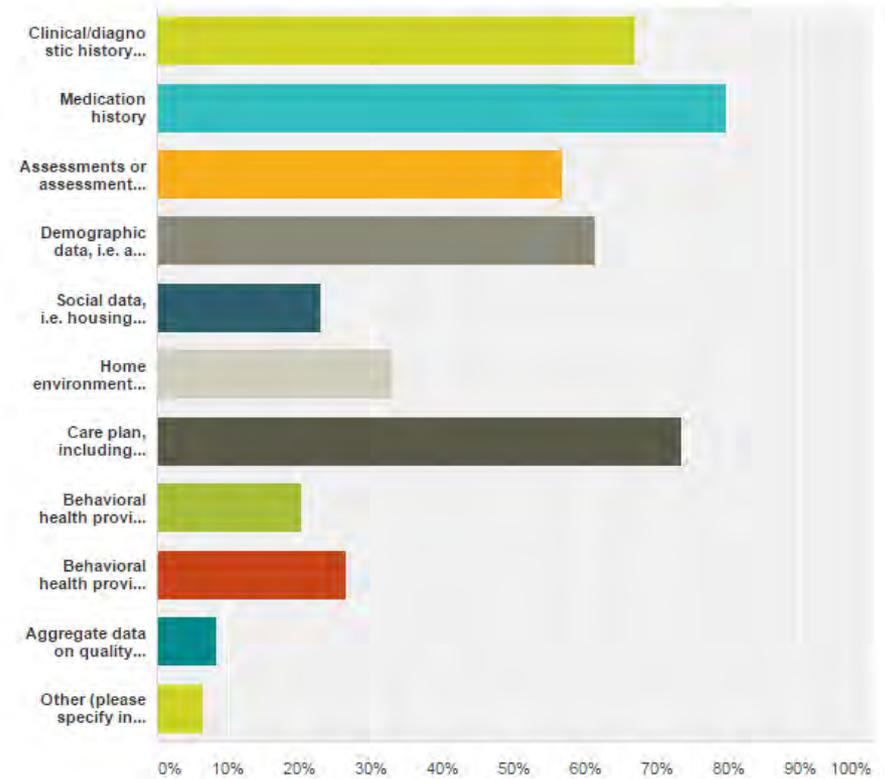
Answered: 158 Skipped: 66



## Non-EHR Users

### What information is sent?

Answered: 109 Skipped: 61





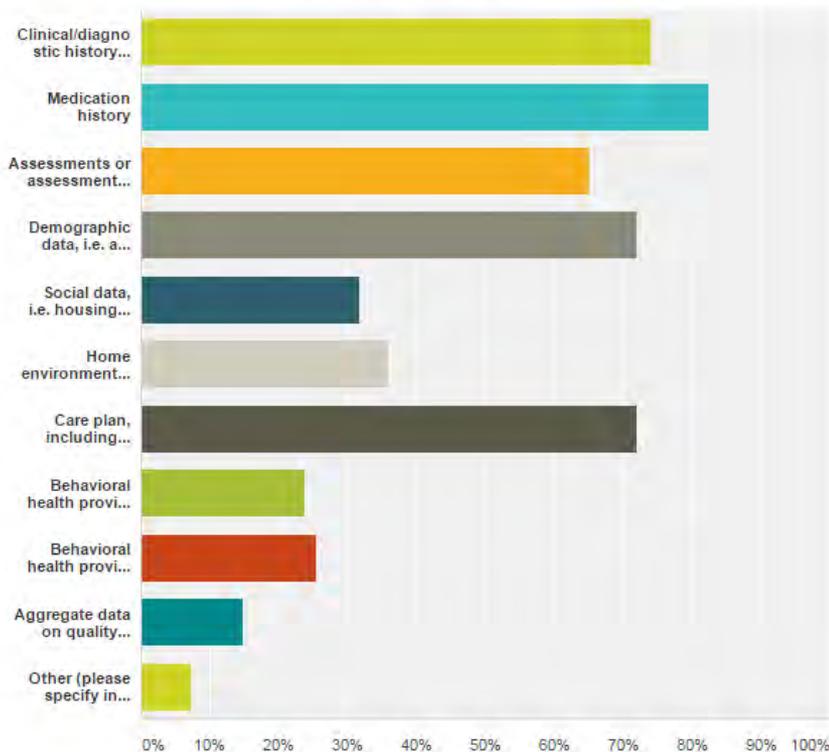
# Q19 – Segmentation by Provider Type (top 3 most reported types)

## Individual Community Provider

## Health System (multi-specialty or multi-location)

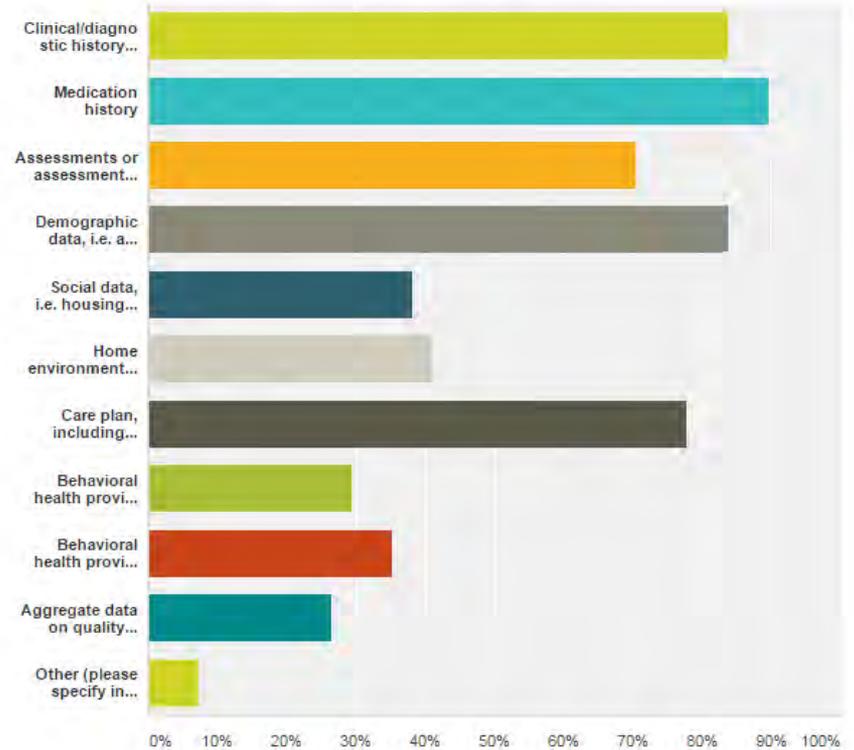
What information is sent?

Answered: 189 Skipped: 100



What information is sent?

Answered: 68 Skipped: 23



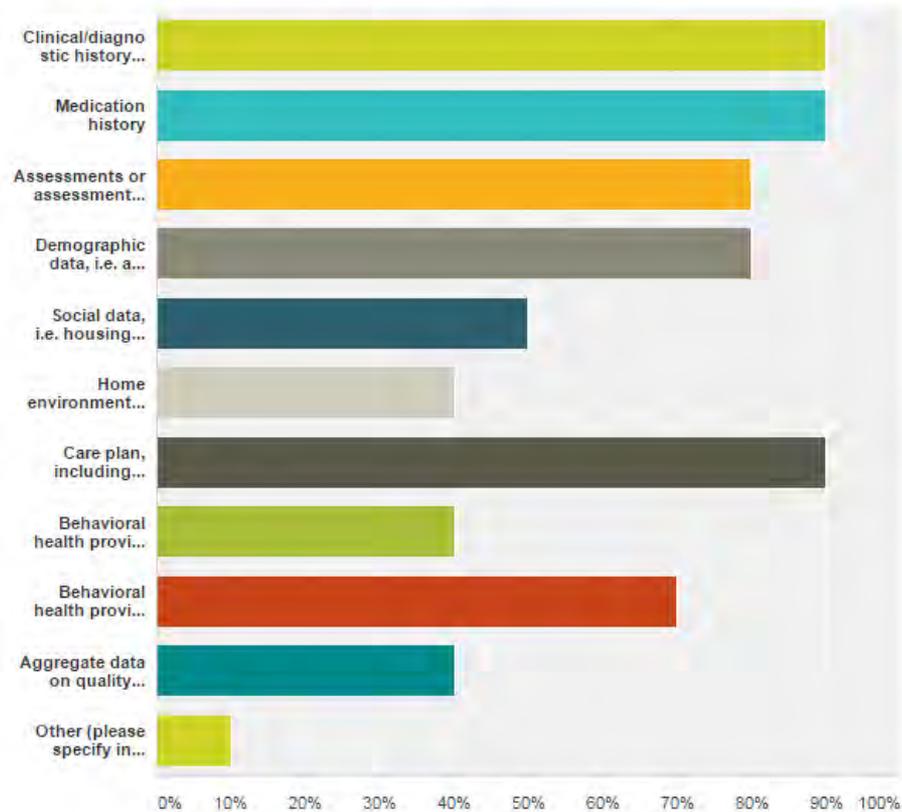
# Q19 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

### What information is sent?

Answered: 10 Skipped: 7



## Q20 – Who do you need to exchange (both send and receive) clinical data with?



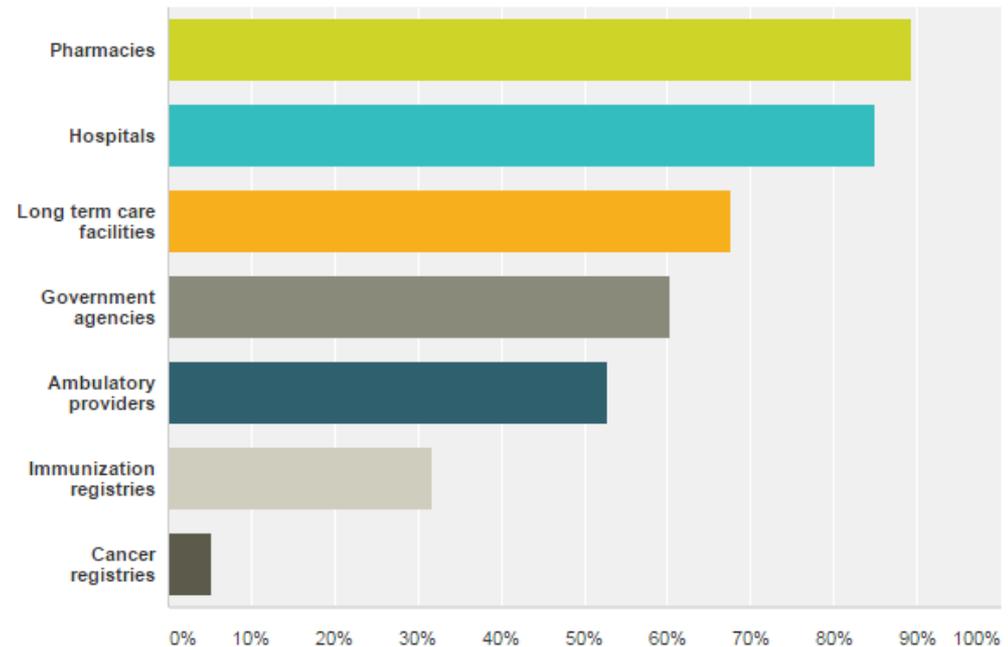
Number of respondents: 327/400

Question choices:

- Pharmacies
- Hospitals
- Long term care facilities
- Government agencies
- Ambulatory providers
- Immunization registries
- Cancer registries

**Who do you need to exchange (both send and receive) clinical data with (even if not currently exchanging data electronically there)? (Check all that apply)**

Answered: 327 Skipped: 73



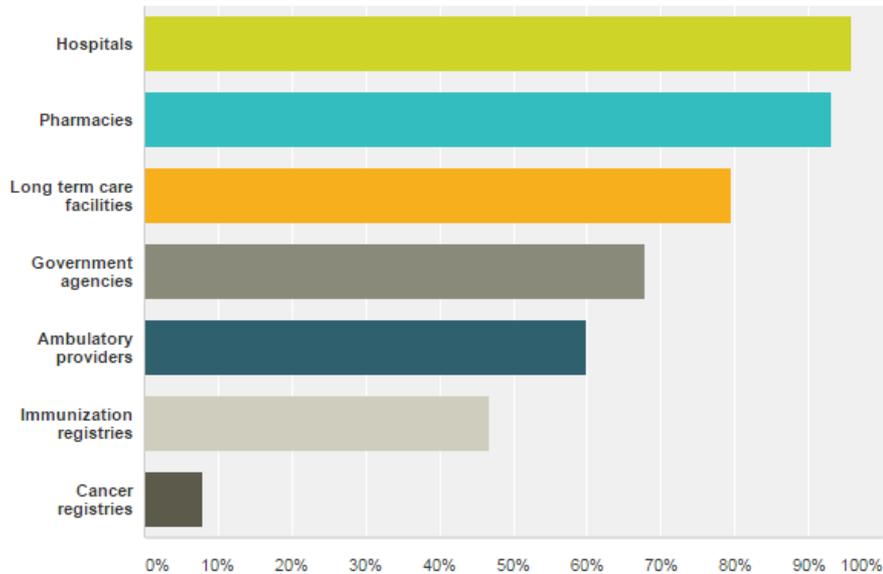


## Q20 – Segmentation by EHR Use

### EHR Users

Who do you need to exchange (both send and receive) clinical data with (even if not currently exchanging data electronically there)? (Check all that apply)

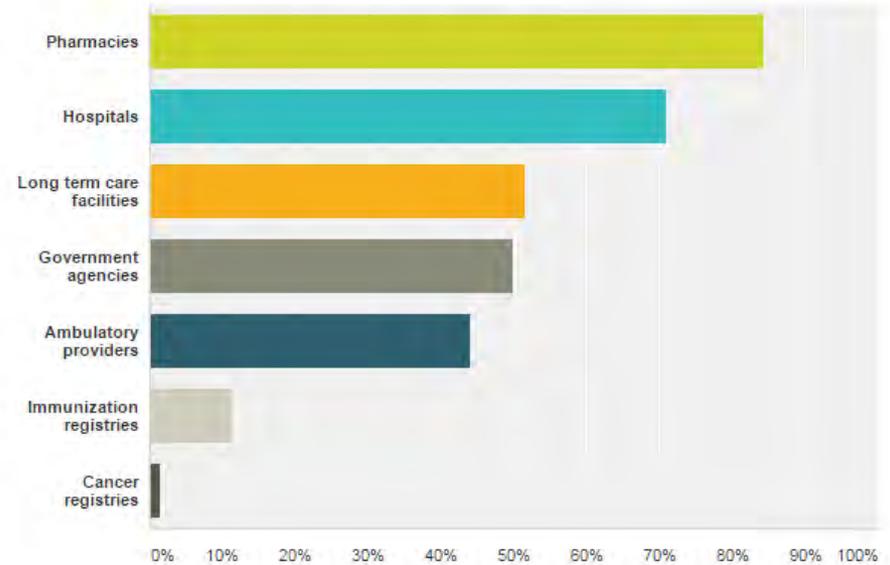
Answered: 190 Skipped: 34



### Non-EHR Users

Who do you need to exchange (both send and receive) clinical data with (even if not currently exchanging data electronically there)? (Check all that apply)

Answered: 134 Skipped: 36



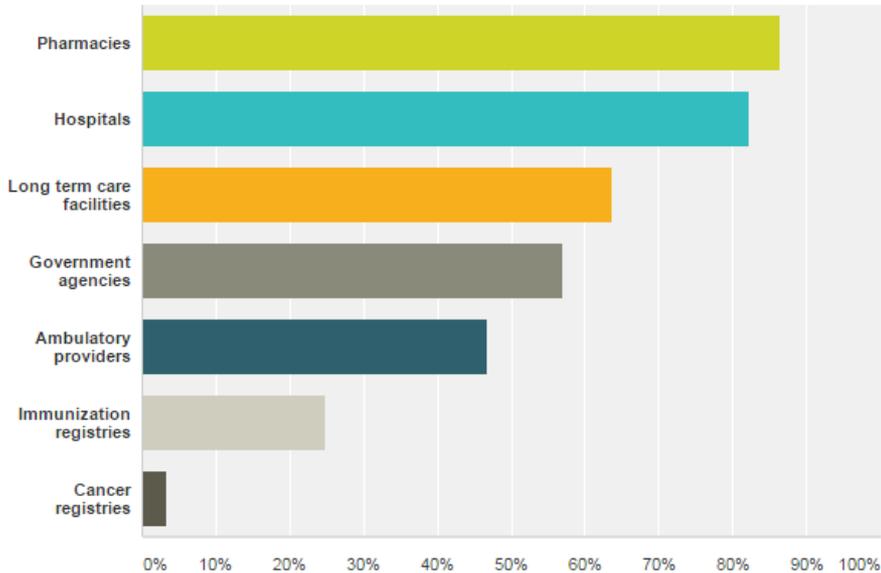


## Q20 – Segmentation by Provider Type (top 3 most reported types)

### Individual Community Provider

Who do you need to exchange (both send and receive) clinical data with (even if not currently exchanging data electronically there)? (Check all that apply)

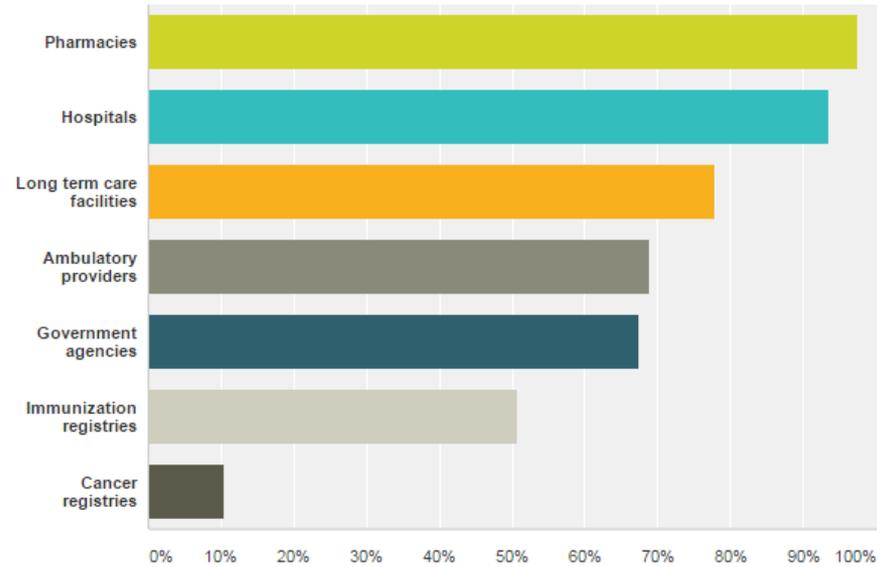
Answered: 237 Skipped: 52



### Health System (multi-specialty or multi-location)

Who do you need to exchange (both send and receive) clinical data with (even if not currently exchanging data electronically there)? (Check all that apply)

Answered: 77 Skipped: 14



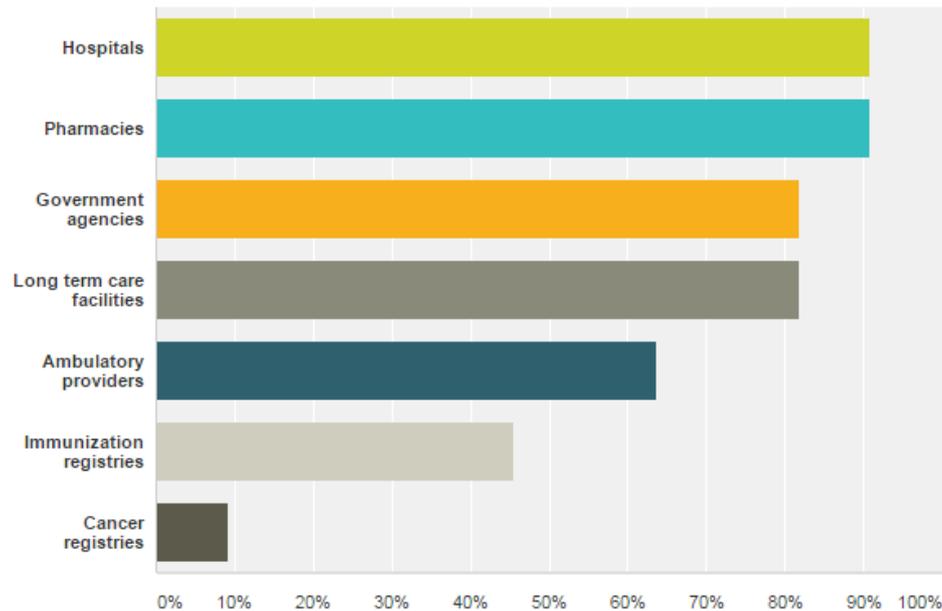
# Q20 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

Who do you need to exchange (both send and receive) clinical data with (even if not currently exchanging data electronically there)? (Check all that apply)

Answered: 11 Skipped: 6



## Q21 – Does your organization receive patient information from providers outside your organization in order to coordinate care?



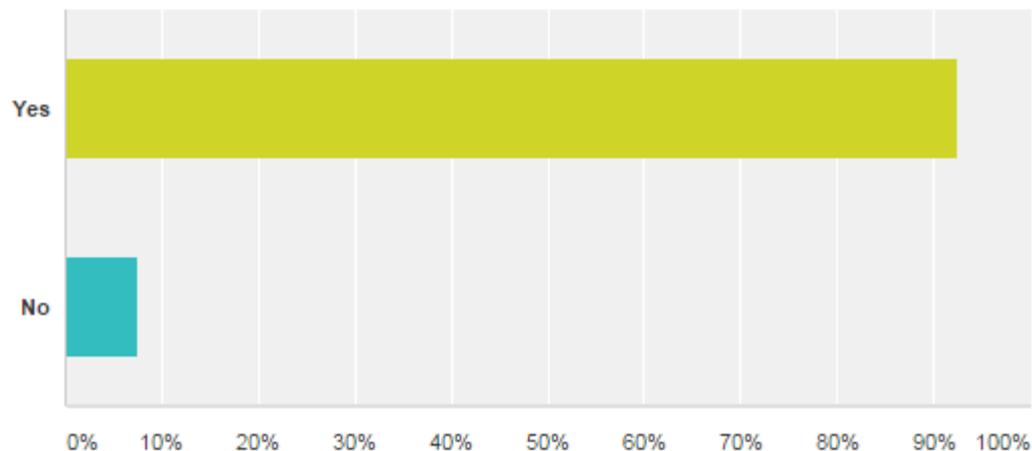
Number of respondents: 355/400

Question choices:

- Yes
- No

**Does your organization receive patient information from providers outside your organization in order to coordinate care?**

Answered: 355 Skipped: 45



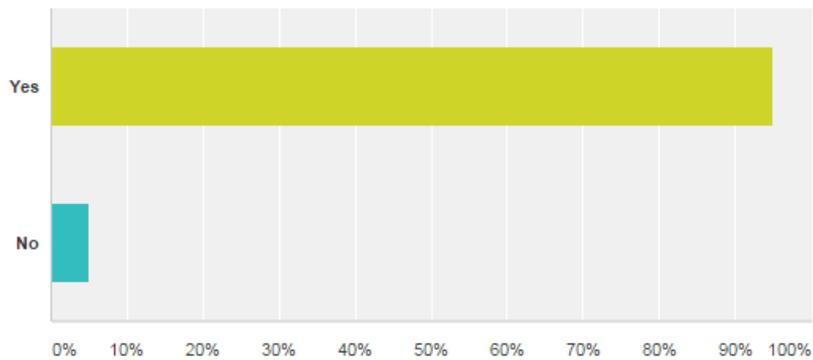


## Q21 – Segmentation by EHR Use

### EHR Users

Does your organization receive patient information from providers outside your organization in order to coordinate care?

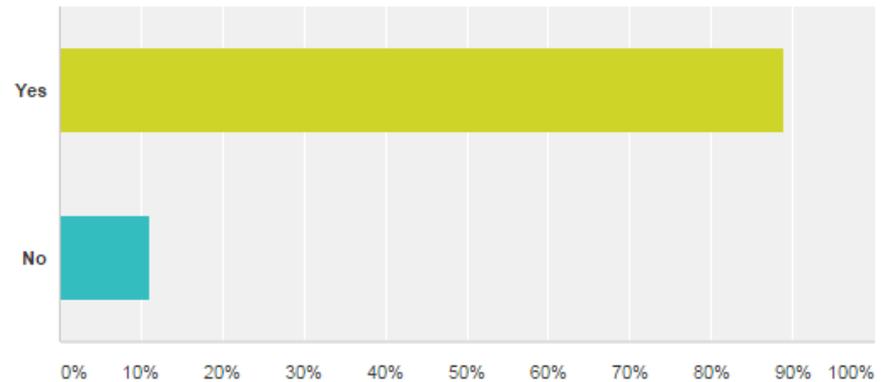
Answered: 197 Skipped: 27



### Non-EHR Users

Does your organization receive patient information from providers outside your organization in order to coordinate care?

Answered: 154 Skipped: 16





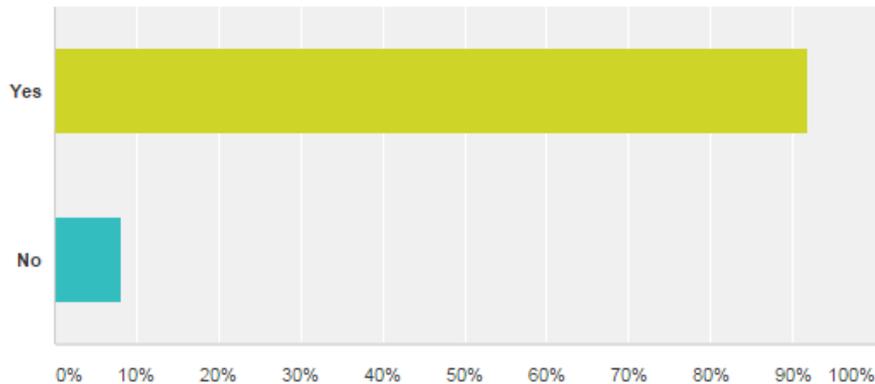
## Q21 – Segmentation by Provider Type (top 3 most reported types)

### Individual Community Provider

### Health System (multi-specialty or multi-location)

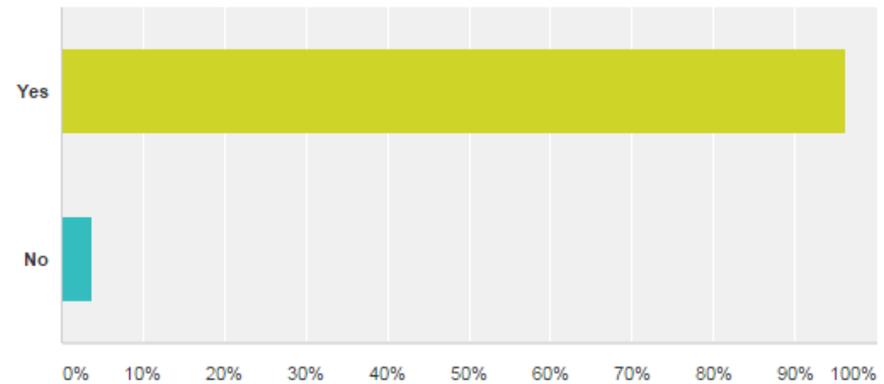
Does your organization receive patient information from providers outside your organization in order to coordinate care?

Answered: 260 Skipped: 29



Does your organization receive patient information from providers outside your organization in order to coordinate care?

Answered: 80 Skipped: 11



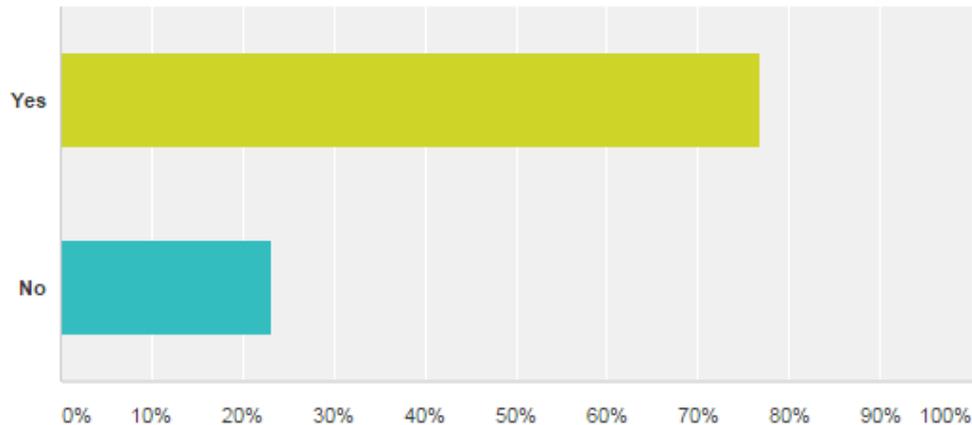
# Q21 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

Does your organization receive patient information from providers outside your organization in order to coordinate care?

Answered: 13 Skipped: 4





## Q22 – How does your organization receive the information?

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Number of respondents: 321/400

Question choices:

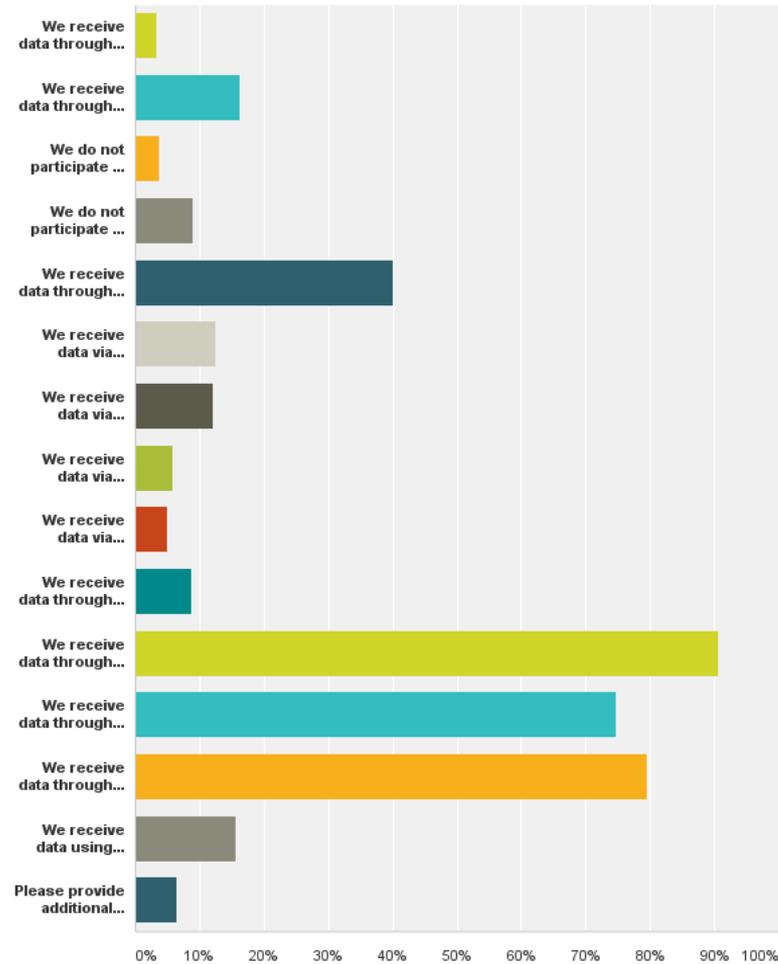
- We receive data through the Wisconsin State Health Information Network (WISHIN)
- We receive data through a private health information exchange network
- We do not participate in WISHIN, but we exchange healthcare information with other organizations using eHealth Exchange standards (eHealth Exchange offers a set of nationally-adopted standards and legal agreements for “query and retrieve” data exchange)
- We do not participate in WISHIN, but we exchange healthcare information using Direct secure messaging technical standards with other organizations (Direct is a nationally-adopted standard for healthcare data. Using Direct, healthcare documents can be sent between EHR systems or through a web portal, similar to other secure email technology)
- We receive data through other (non-Direct) secure email technology
- We receive data via interface connectivity to public health registries
- We receive data via interface connectivity to labs
- We receive data via interface connectivity via ADT feeds (type of messaging used to send admission, discharge, and transfer patient information)
- We receive data via interface connectivity to other organizations via other means (please specify in space provided below)
- We receive data through an automated Fax system built into our EHR to exchange healthcare information
- We receive data through a stand-alone Fax machine to exchange healthcare information
- We receive data through Mail and/or courier service
- We receive data through the phone to exchange healthcare information
- We receive data using proprietary standards via an EHR system (e.g. Epic CareEverywhere) (please specify in space provided below)

# Q22 – How does your organization receive the information? (continued)



Q22 How does your organization receive the information? (Check all that apply)

Answered: 321 Skipped: 79



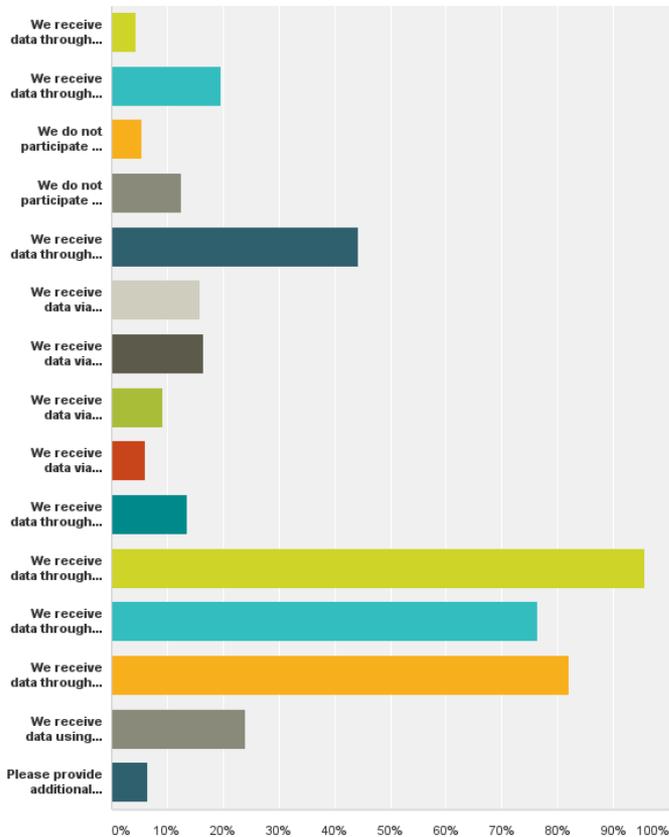


# Q22 – Segmentation by EHR Use

## EHR Users

Q22 How does your organization receive the information? (Check all that apply)

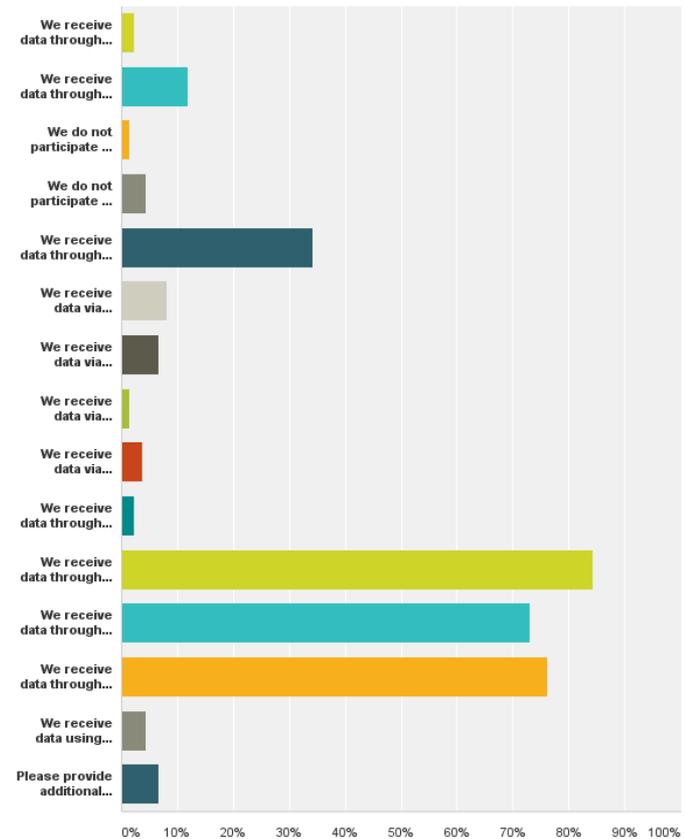
Answered: 183 Skipped: 41



## Non-EHR Users

Q22 How does your organization receive the information? (Check all that apply)

Answered: 134 Skipped: 36



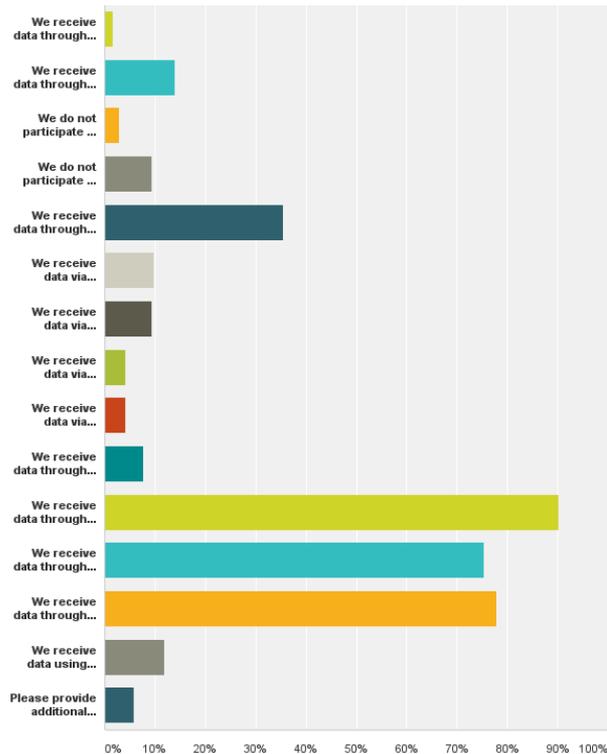


# Q22 – Segmentation by Provider Type (top 3 most reported types)

## Individual Community Provider

Q22 How does your organization receive the information? (Check all that apply)

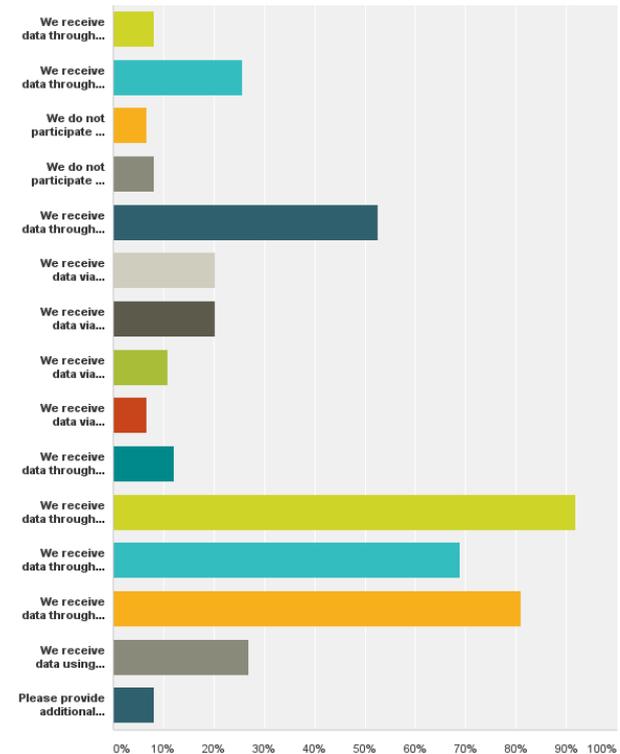
Answered: 236 Skipped: 53



## Health System (multi-specialty or multi-location)

Q22 How does your organization receive the information? (Check all that apply)

Answered: 74 Skipped: 17



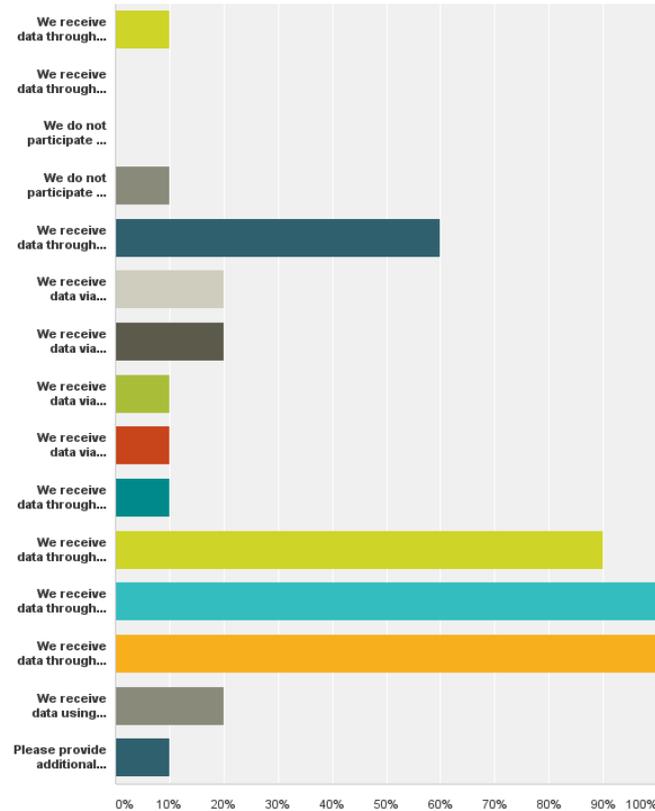
# Q22 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

Q22 How does your organization receive the information? (Check all that apply)

Answered: 10 Skipped: 7



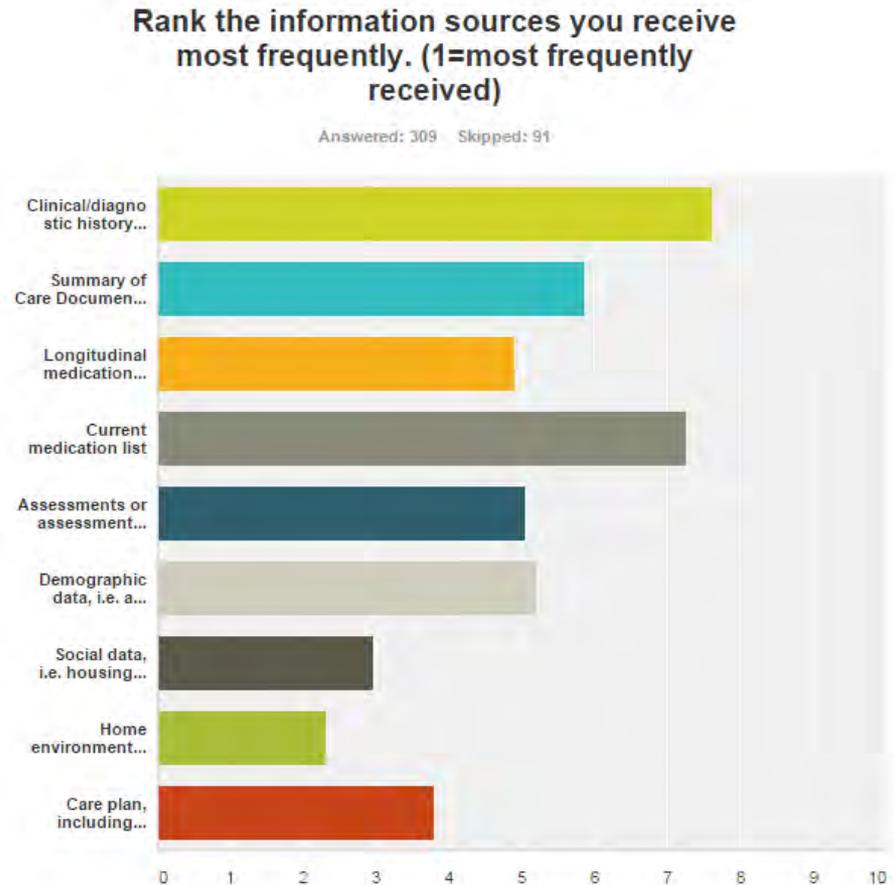
## Q23 – Rank the information sources you receive most frequently. (1=most frequently received)



Number of respondents: 309/400

Question choices:

- Clinical/diagnostic history, including discharge notes
- Summary of Care Document (CCDA)
- Longitudinal medication history
- Current medication list
- Assessments or assessment scores demonstrating functional levels, strengths, gaps, etc.
- Demographic data, i.e. age, gender, home address
- Social data, i.e. housing stability/homelessness, employment, support system
- Home environment information, including safety
- Care plan, including goals, services approved, etc.



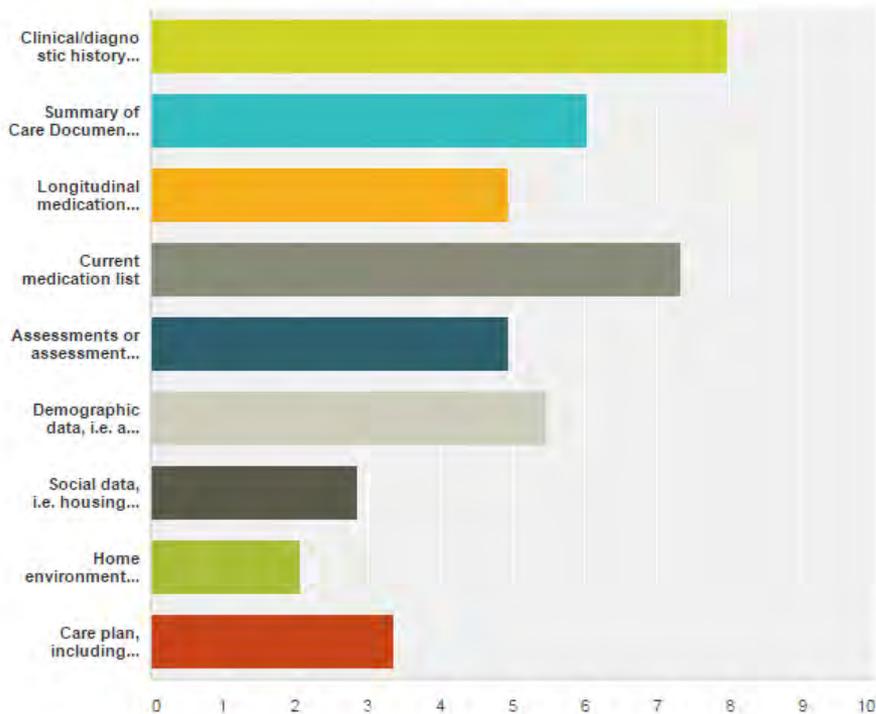


# Q23 – Segmentation by EHR Use

## EHR Users

Rank the information sources you receive most frequently. (1=most frequently received)

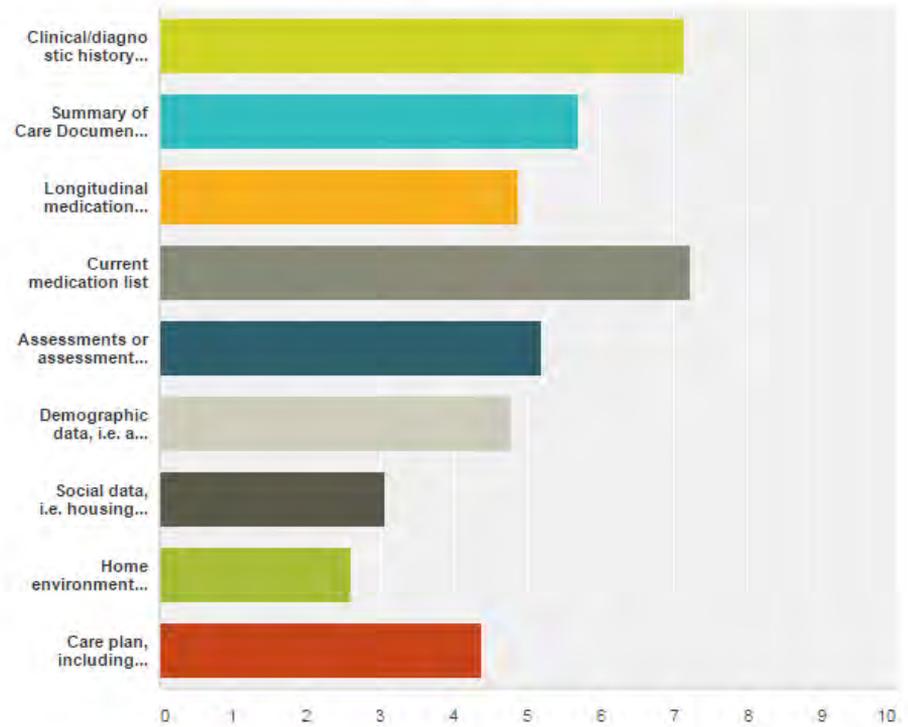
Answered: 177 Skipped: 47



## Non-EHR Users

Rank the information sources you receive most frequently. (1=most frequently received)

Answered: 129 Skipped: 41



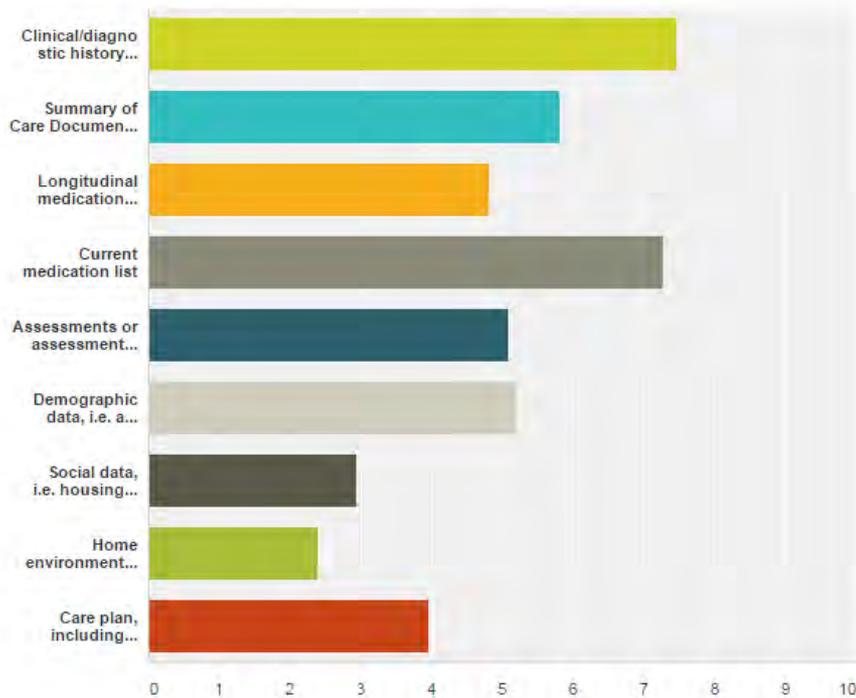


# Q23 – Segmentation by Provider Type (top 3 most reported types)

## Individual Community Provider

Rank the information sources you receive most frequently. (1=most frequently received)

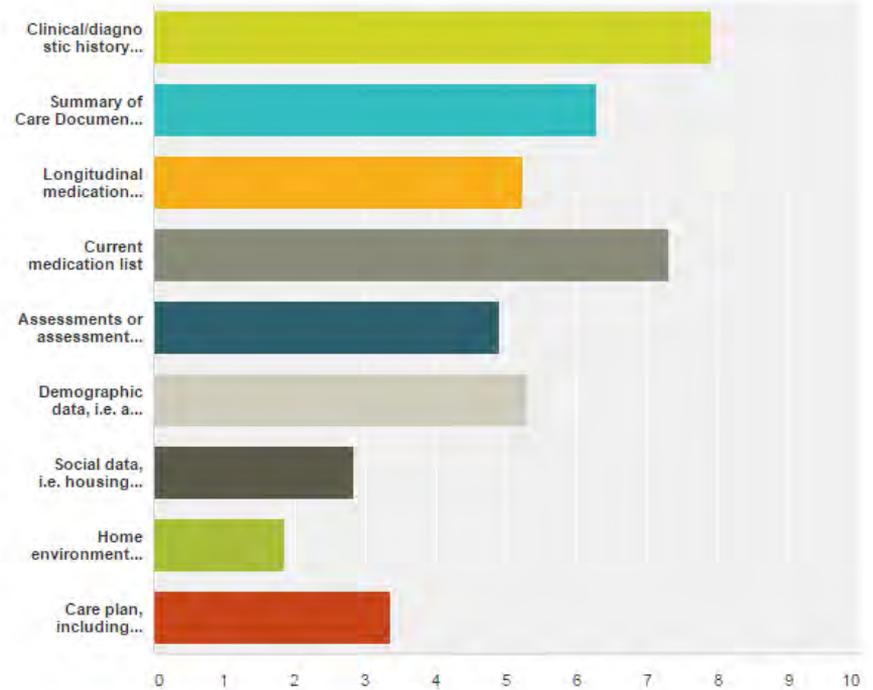
Answered: 227 Skipped: 62



## Health System (multi-specialty or multi-location)

Rank the information sources you receive most frequently. (1=most frequently received)

Answered: 70 Skipped: 21



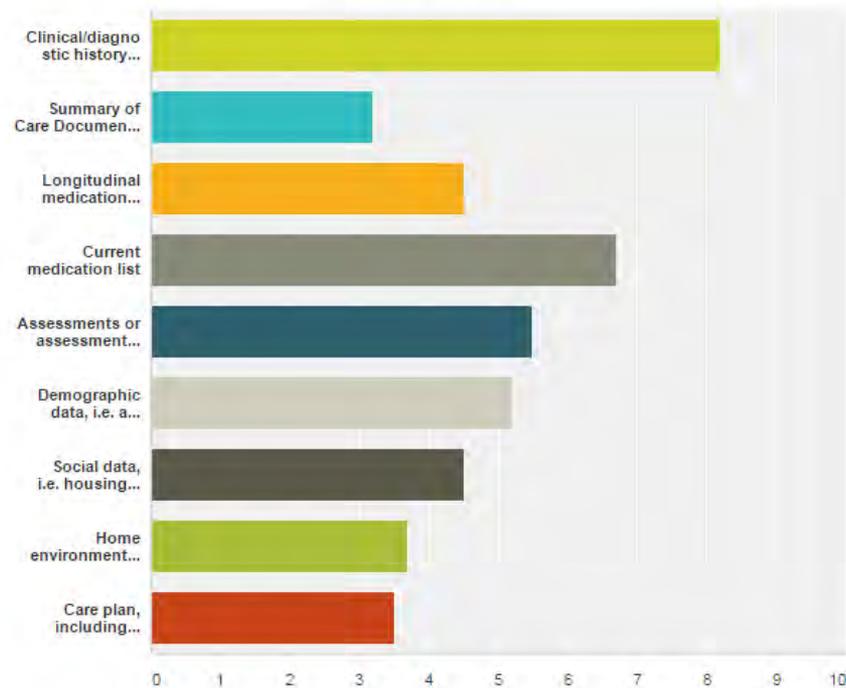
# Q23 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

Rank the information sources you receive most frequently. (1=most frequently received)

Answered: 10 Skipped: 7



## Q24 – State any other sources you receive information from most frequently and rank its frequency as seen in the previous question.



Number of respondents: 17/400

Question choices:

- Free-response

| Responses Provided  |   |
|---|---|
| Doctors and pharmacy  | Labs  |
| Reports from CMS: QIES and CASPER   | #4: Insurance information   |
| Lab/x-ray services; Hospice notes/assessments; MD telephone orders/visits; Consults-inside facility/outside facility; Transferring facilities-hospitals/assisted living/NH/Home | Except in the cases of a new resident, it is generally the AFH that is providing the historical information to inform medical teams as it relates to a medical care need. We know our residents as "people and family members". |
| Physician communication/orders by fax multiple times daily  | Info from family members, POA Healthcare, Family Care, etc.   |
| Hospital discharge planners   | Couldn't rank items above, system would not let me  |
| #1: New medication and treatment orders   | Resident's physician's clinic; Hospice; Family; or POA  |
| MD/PT/OT/ST orders  | #1: Physician orders and clinic visit notes   |
| ASPEN surveys, ALIS Surveys, APIS Surveys   | Physician orders  |
| #10: Court history  |   |

# Q25 – What information not currently received would allow your organization’s providers to provide better care? (1 = most helpful)



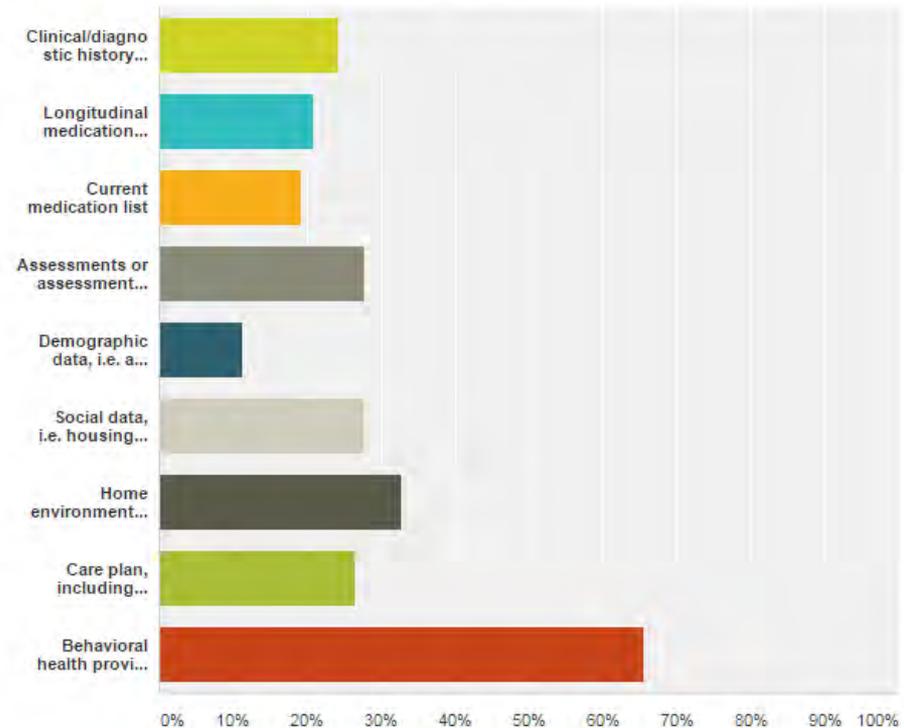
Number of respondents: 177/400

Question choices:

- Clinical/diagnostic history, including discharge notes
- Longitudinal medication history
- Current medication list
- Assessments or assessment scores demonstrating functional levels, strengths, gaps, suicide risk assessment, etc.
- Demographic data, i.e. age, gender, home address
- Social data, i.e. housing stability/homelessness, employment, support system
- Home environment information, including safety and falls
- Care plan, including goals, services approved, etc.
- Behavioral health provider notes

What information that you don't currently receive would allow your organization's providers to provide better care for their patients? (Check all that apply)

Answered: 177 Skipped: 223



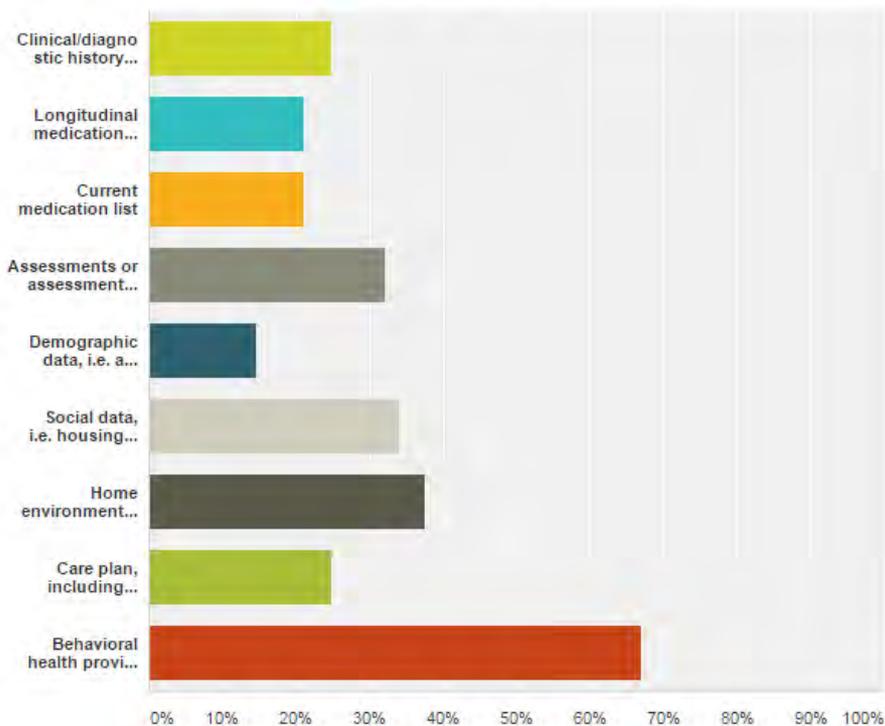


## Q25 – Segmentation by EHR Use

### EHR Users

What information that you don't currently receive would allow your organization's providers to provide better care for their patients? (Check all that apply)

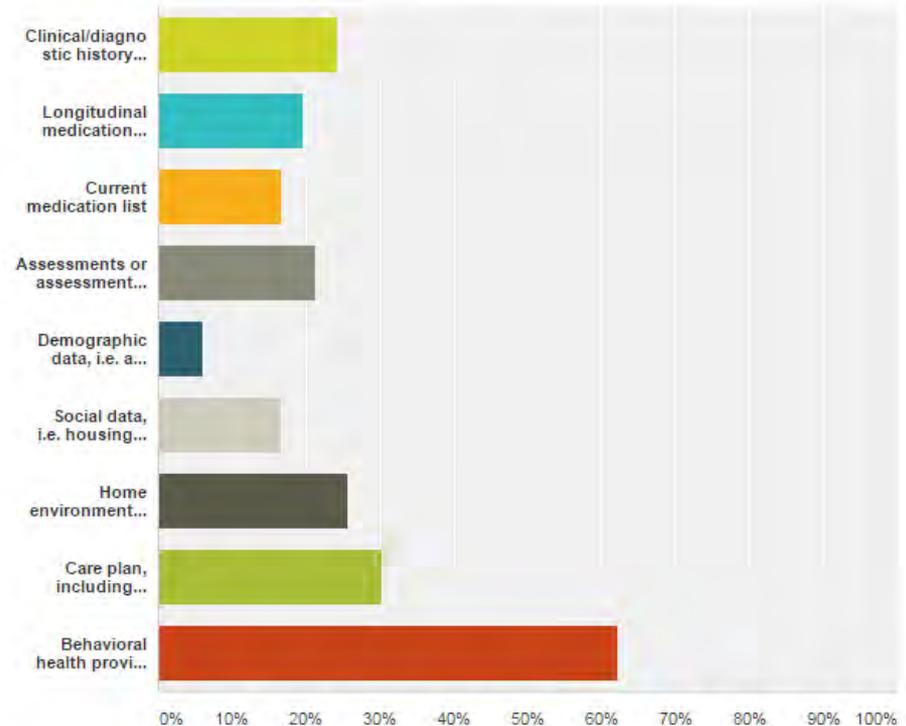
Answered: 109 Skipped: 115



### Non-EHR Users

What information that you don't currently receive would allow your organization's providers to provide better care for their patients? (Check all that apply)

Answered: 66 Skipped: 104



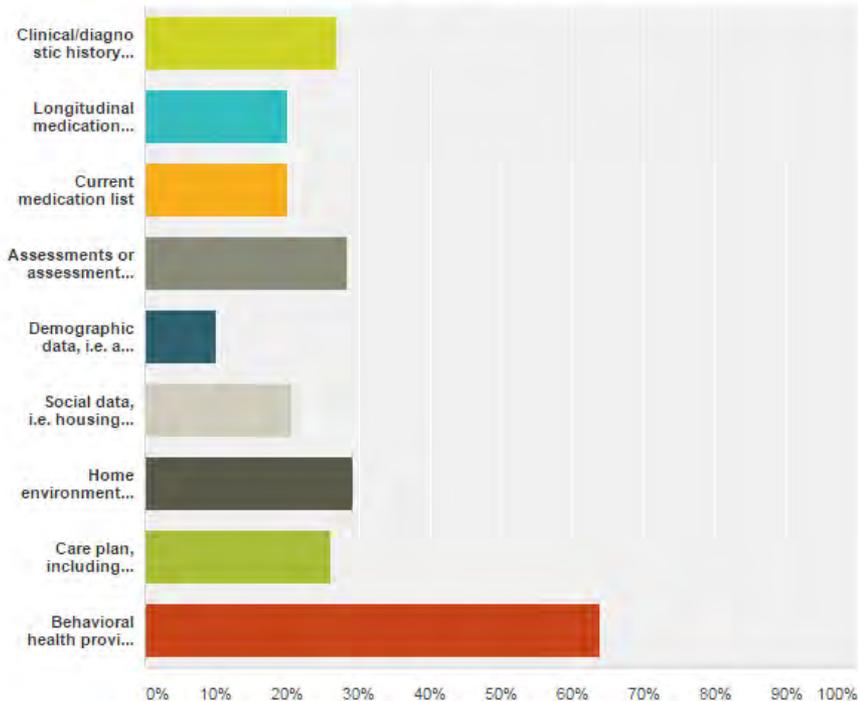


## Q25 – Segmentation by Provider Type (top 3 most reported types)

### Individual Community Provider

What information that you don't currently receive would allow your organization's providers to provide better care for their patients? (Check all that apply)

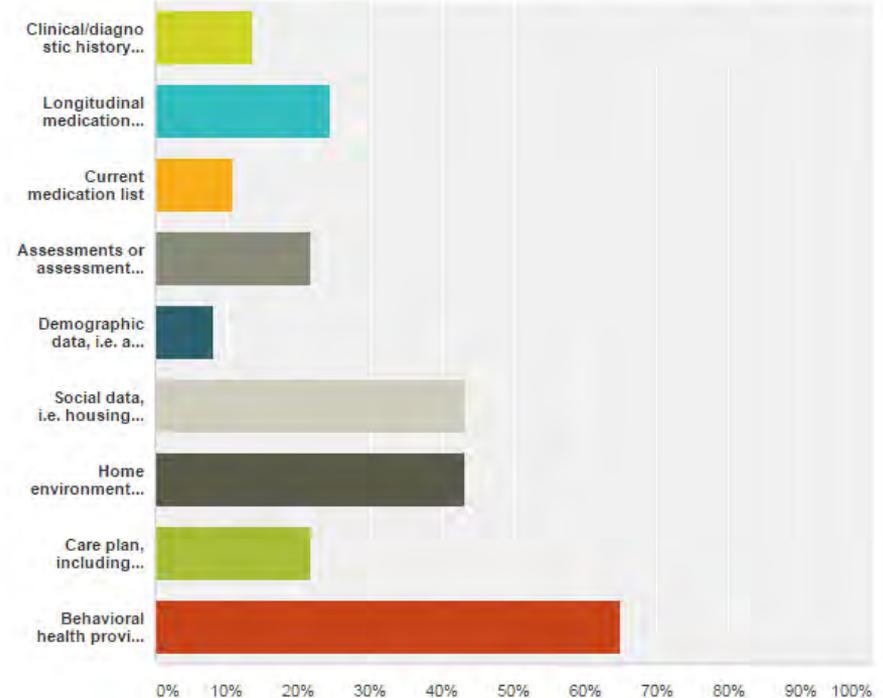
Answered: 130 Skipped: 159



### Health System (multi-specialty or multi-location)

What information that you don't currently receive would allow your organization's providers to provide better care for their patients? (Check all that apply)

Answered: 37 Skipped: 54



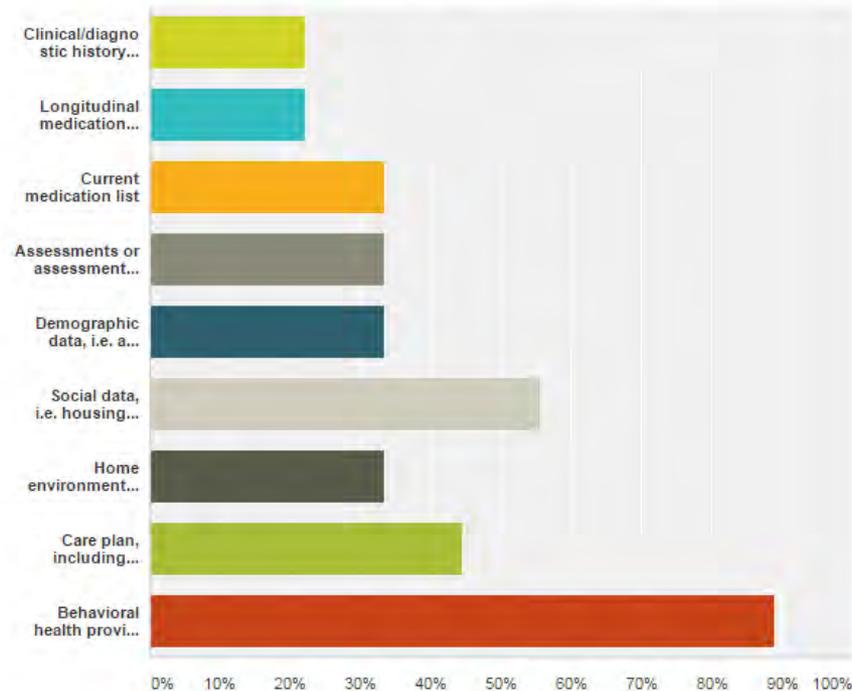
# Q25 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

What information that you don't currently receive would allow your organization's providers to provide better care for their patients? (Check all that apply)

Answered: 9 Skipped: 8



## Q26 – Please state any other information you don't currently receive and rank its helpfulness as would be seen in the previous question.



Number of respondents: 12/400

Question choices:

- Free-response

### Responses Provided

Eliminate surprise with behavioral issues/family situations

Laboratory history

All would be helpful, but I receive upon move-in all from family care managers

Family dynamics, extensive social history

#2: Labs; #3: Diagnostic tests

Office visit notes

Clinic notes from provider visits

We receive the info we need from hospitals but often the medication administration record is inaccurate

Early childhood info and previous placement info.

If POA is activated or not

What we receive from MCOs is inconsistent. Some give enough and others don't.

We feel we get good information

# Q27 – Is Health Information Exchange integrated into the workflow of all providers working in your organization?



Number of respondents: 324/400

Question choices:

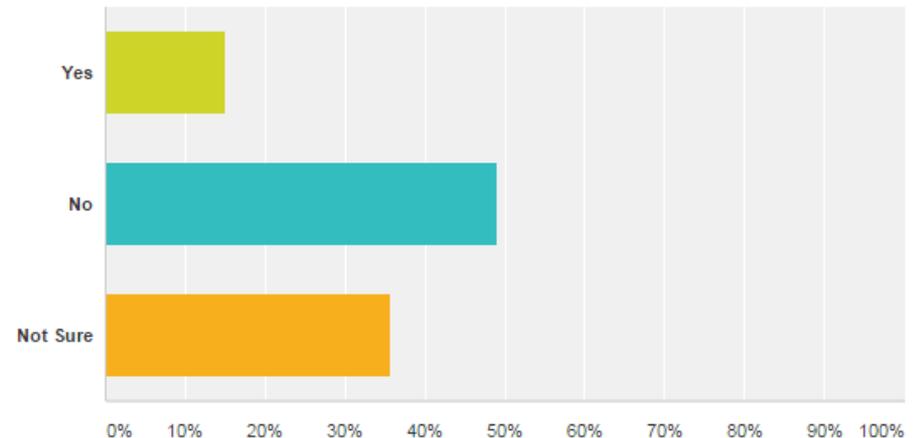
- Yes
- No
- Not sure

**Is Health Information Exchange integrated into the workflow of all providers working in your organization? For HIE to be integrated into a clinical workflow means users are able to operate within their existing EHR application without needing to sign onto additional applications or portals.**

**Reference for HIE:**

**<http://www.healthit.gov/providers-professionals/health-information-exchange/what-hie>.**

Answered: 324 Skipped: 76





## Q27 – Segmentation by EHR Use

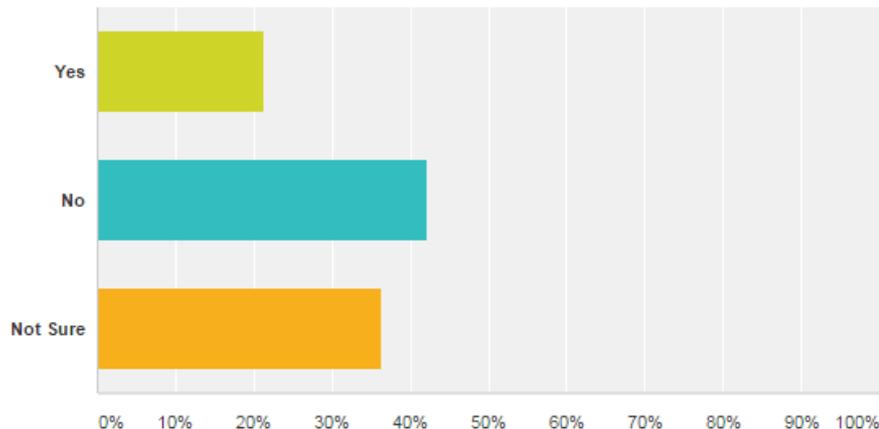
### EHR Users

Is Health Information Exchange integrated into the workflow of all providers working in your organization? For HIE to be integrated into a clinical workflow means users are able to operate within their existing EHR application without needing to sign onto additional applications or portals.

Reference for HIE:

<http://www.healthit.gov/providers-professionals/health-information-exchange/what-hie>.

Answered: 187 Skipped: 37



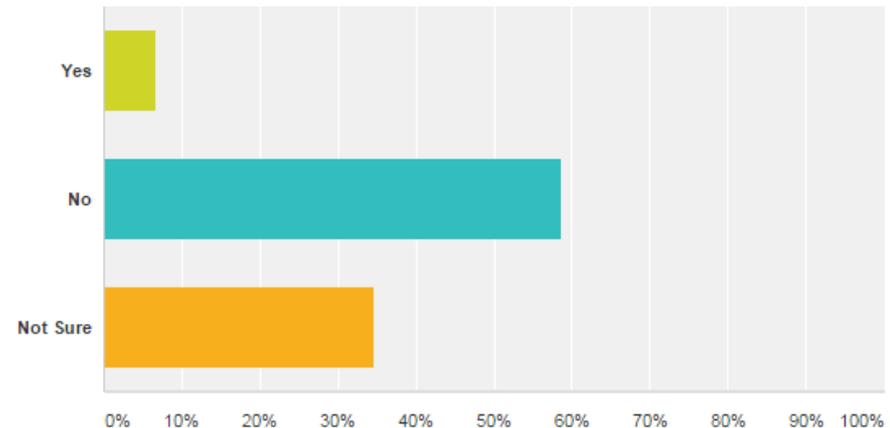
### Non-EHR Users

Is Health Information Exchange integrated into the workflow of all providers working in your organization? For HIE to be integrated into a clinical workflow means users are able to operate within their existing EHR application without needing to sign onto additional applications or portals.

Reference for HIE:

<http://www.healthit.gov/providers-professionals/health-information-exchange/what-hie>.

Answered: 133 Skipped: 37





## Q27 – Segmentation by Provider Type (top 3 most reported types)

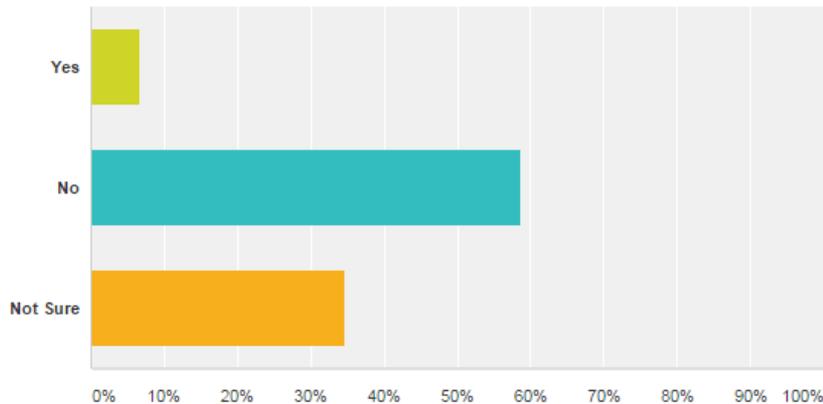
### Individual Community Provider

Is Health Information Exchange integrated into the workflow of all providers working in your organization? For HIE to be integrated into a clinical workflow means users are able to operate within their existing EHR application without needing to sign onto additional applications or portals.

Reference for HIE:

<http://www.healthit.gov/providers-professionals/health-information-exchange/what-hie>.

Answered: 133 Skipped: 37



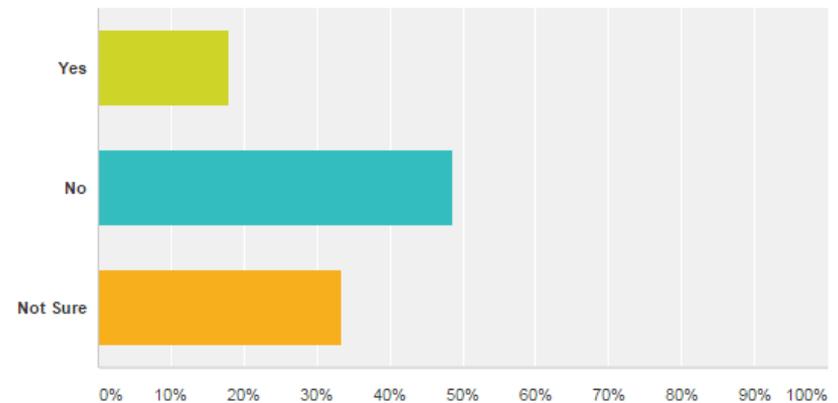
### Health System (multi-specialty or multi-location)

Is Health Information Exchange integrated into the workflow of all providers working in your organization? For HIE to be integrated into a clinical workflow means users are able to operate within their existing EHR application without needing to sign onto additional applications or portals.

Reference for HIE:

<http://www.healthit.gov/providers-professionals/health-information-exchange/what-hie>.

Answered: 72 Skipped: 19



## Q27 – Segmentation by Provider Type (top 3 most reported types) (continued)



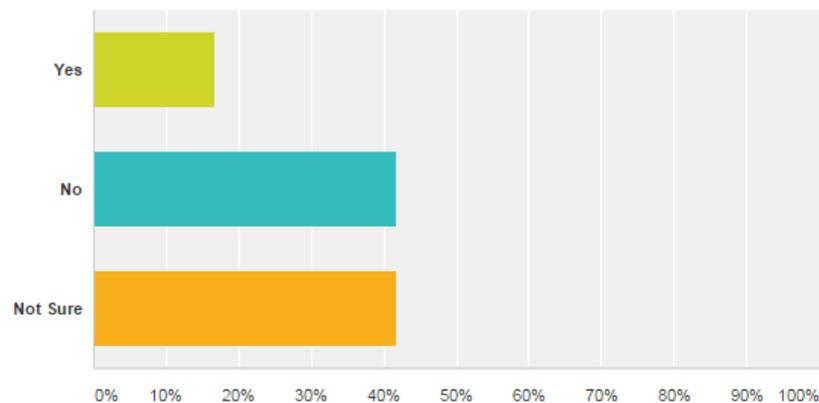
### County Human Services Division

Is Health Information Exchange integrated into the workflow of all providers working in your organization? For HIE to be integrated into a clinical workflow means users are able to operate within their existing EHR application without needing to sign onto additional applications or portals.

Reference for HIE:

<http://www.healthit.gov/providers-professionals/health-information-exchange/what-hie>.

Answered: 12 Skipped: 5



## Q28 – Please provide a description of any changes your organization is taking to integrate HIE into your workflow:



Number of respondents: 20/400

Question choices:

- Free-response

| Responses Provided   |   |
|--|---|
| Matrixcare is developing new software but we haven't seen the "roll out" yet   | Local acute care provider pursuing a different care delivery model & we will be involved with at some time in the future  |
| We use physician consult forms and hospital transfer forms to provide needed information and also to send to providers to add on consult/response information. | We have two systems in place: Meditech for the hospital and nursing homes. The PCP can access this information prior to clinic or new hospital visits. The clinic has its own EHR and it is separate so it does not flow with Meditech. We have to go into the different systems for different information but it is all available to us. |
| Need to evaluate   | We use continue us secure email also  |
| No changes to current system are anticipated   | Not applicable, we are a state regulatory agency  |
| ECP  | At the moment we are not looking to make any changes.   |
| We try to spend more time with the residents and not with the paperwork, multiple questions or information not needed.   | We have not changed workflow but we are abreast of possible uses of HIE   |
| Use of an automated query of HIE and other organizational within 100 mile radius the night before the appointment  | These changes will be integrated as we learn how to fully utilize our EHR system.   |
| Changes are being made at the corporate level. It has not trickled down to our level yet.  | Typed letter sent with printed med list from ECP to all appointments  |
| Uncertain if we will add more. Already using electronic records system.  | We do not use an electronic system  |
| Diagram workflow for all processes.  | Adding more modules   |

## Q29 – Rank the most significant barriers your organization has faced in exchanging health information. (Rank 1=most significant)



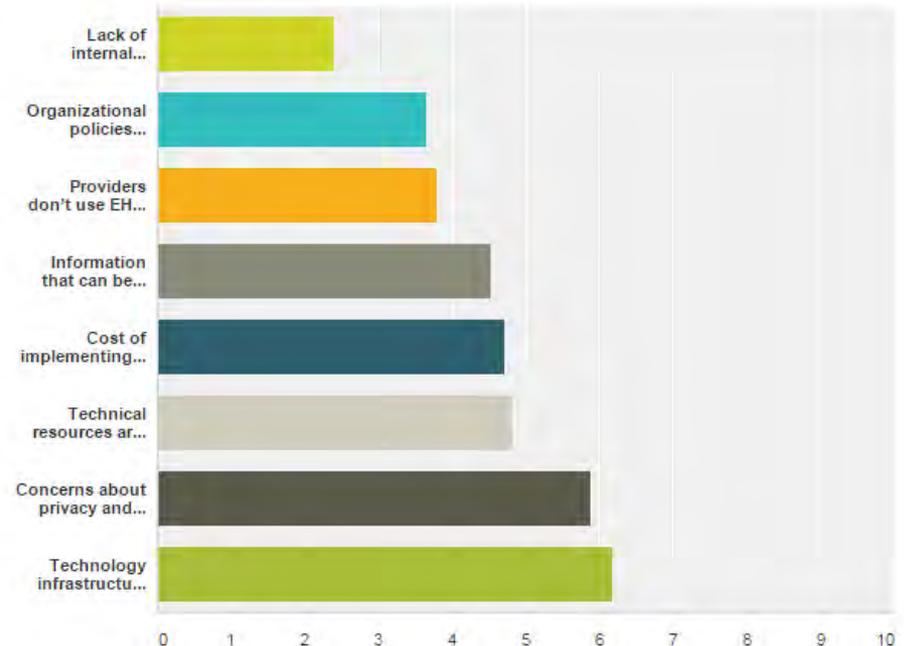
Number of respondents: 290/400

Question choices:

- Lack of internal commitment/support
- Organizational policies prevent electronic information exchange
- Providers don't use EHR exchange functionality often enough, and forget how to use it
- Information that can be exchanged does not meet needed uses
- Cost of implementing and training
- Technical resources are limited
- Concerns about privacy and security, and/or lack of clarity about what is legally permitted to be shared (especially protected personal health information)
- Technology infrastructure is not enabled to allow electronic information exchange

Please rank the most significant barriers your organization has faced in exchanging health information. (Rank 1=most significant barrier)

Answered: 290 Skipped: 110



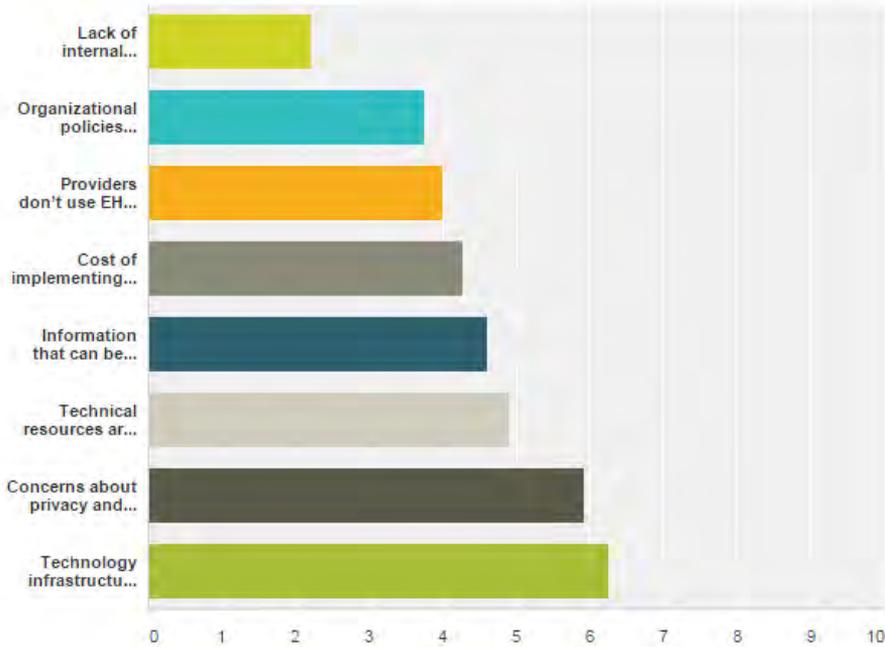


# Q29 – Segmentation by EHR Use

## EHR Users

Please rank the most significant barriers your organization has faced in exchanging health information. (Rank 1=most significant barrier)

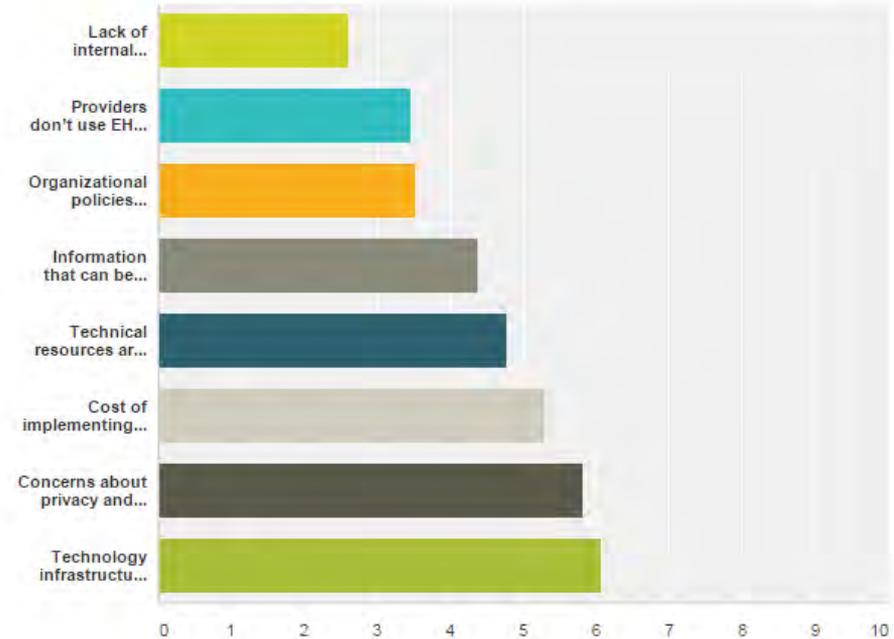
Answered: 168 Skipped: 56



## Non-EHR Users

Please rank the most significant barriers your organization has faced in exchanging health information. (Rank 1=most significant barrier)

Answered: 118 Skipped: 52



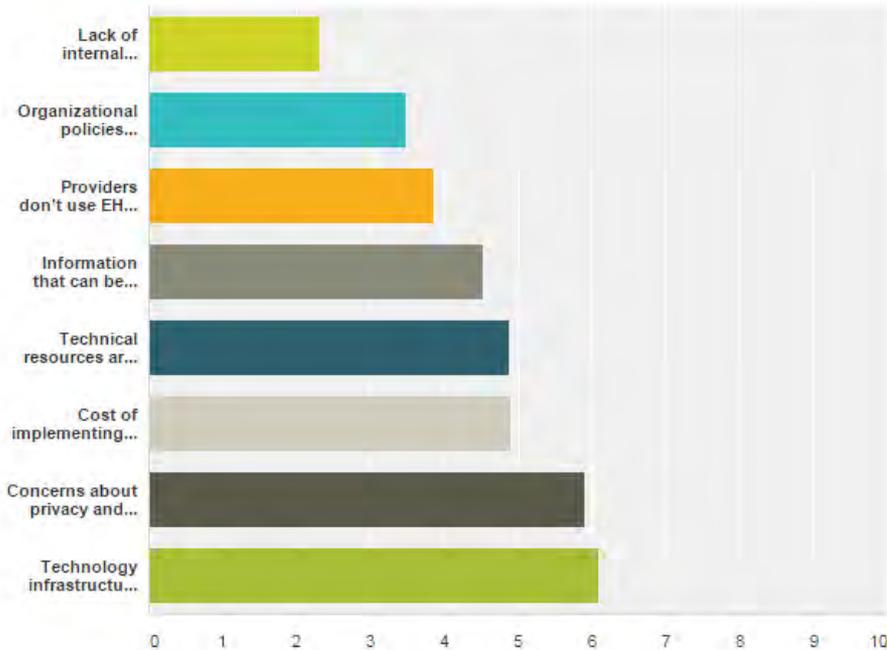


## Q29 – Segmentation by Provider Type (top 3 most reported types)

### Individual Community Provider

Please rank the most significant barriers your organization has faced in exchanging health information. (Rank 1=most significant barrier)

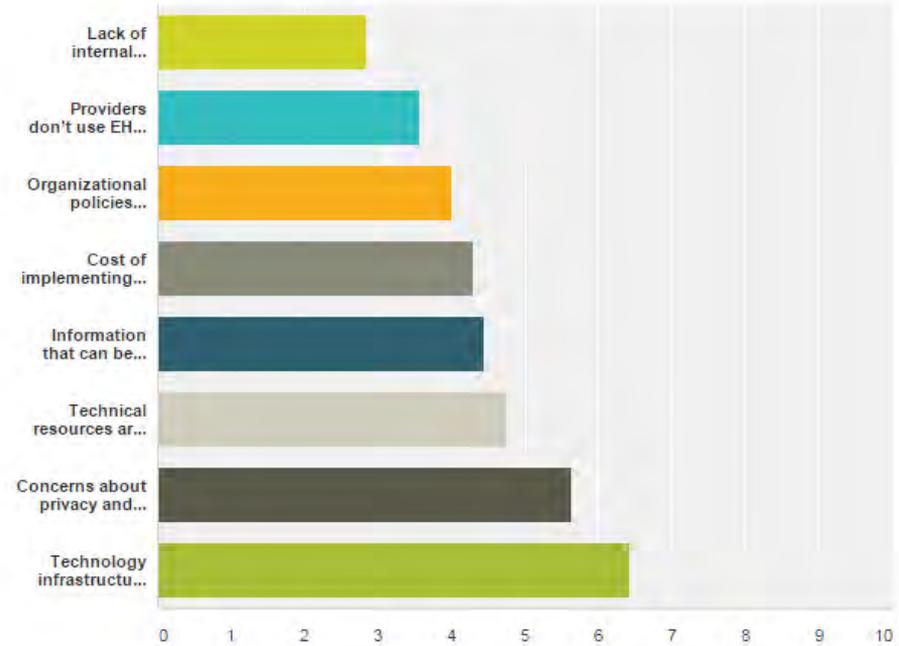
Answered: 215 Skipped: 74



### Health System (multi-specialty or multi-location)

Please rank the most significant barriers your organization has faced in exchanging health information. (Rank 1=most significant barrier)

Answered: 64 Skipped: 27



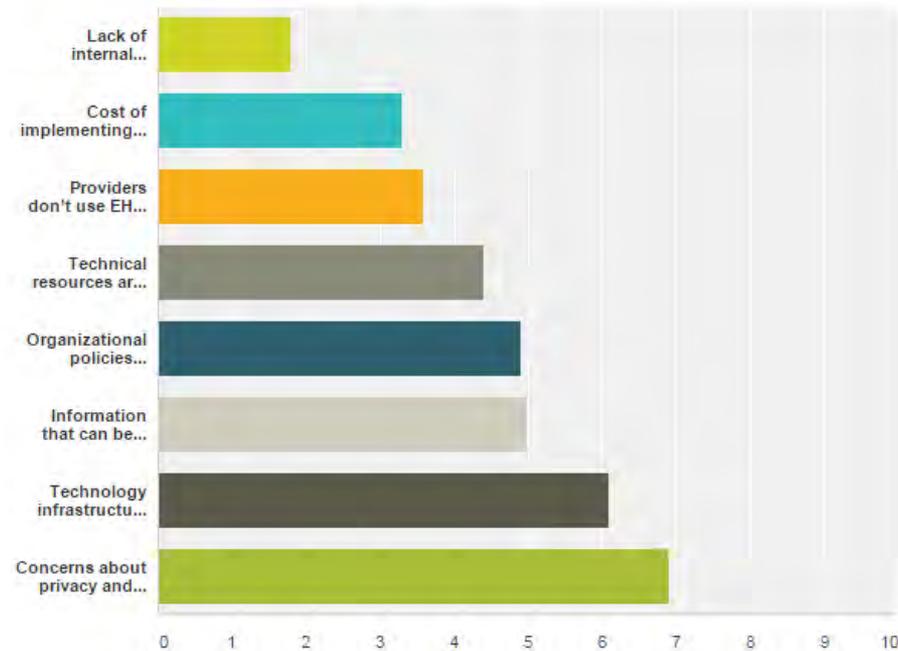
# Q29 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

Please rank the most significant barriers your organization has faced in exchanging health information. (Rank 1=most significant barrier)

Answered: 10 Skipped: 7



## Q30 – State any barriers your organization has faced in exchanging health information and rank as seen in the previous question.



Number of respondents: 33/400

Question choices:

- Free-response

| Responses Provided  |   |
|---|---|
| No issues however new rules for Pharmacy and faxing narcotic scripts have been challenging. A lot more leaving the building to hand deliver prescriptions has taken place.  | Keep changing systems over years results in information constantly being reentered and losing information during transitions  |
| #1: Different hospital systems are not willing to grant access.   | Limited financial resources   |
| Different types of systems. We are LTC and exchange with Hospital system. Our hospitals use EPIC which we have view access to. There is not currently a LTC model of Epic and we use ECS by American Data. Two different platforms. | Our nursing home area of the Lutheran Home uses a different system, but the benefits to us using a different system outweigh the benefits of using the same. They do not have as easy of an access to our electronic health records |
| Cost  | System is not capable   |
| Vendors are not available in LTC, development of interface to pharmacy systems  | LTC EHR providers DO NOT have the technology to participate in these exchanges.   |
| #1: Physicians do not want information electronically, they want it on paper  | Guardian releases are often required just to schedule appointments.   |
| Each employee enters information into different areas of the EMR so when you go to retrieve it, you may have to search long and hard to find if it was charted.   | Other providers in our town don't have systems that talk to each other or to us and the cost for us was prohibitive to go with their systems  |
| No barriers noted at this time  | Money   |
| No on site IT person. Have to wait long periods of time for people to help with IT situations.  | we have found no barriers; all information is gotten in person  |

## Q30 – State any barriers your organization has faced in exchanging health information and rank as seen in the previous question. (cont'd)



| Responses Provided   |   |
|--|---|
| Support costs for subscription and maintenance   | Unable to rank any scores, will not allow numbers to be changed                           |
| #1: Getting permission from other acute hospitals to allow us access to information.                   | Have not found a comprehensive program that meets our unique needs                        |
| We just have to keep up with the hospitals   | Case managers don't know patient's history  |
| Information and training on systems  | Internet in remote areas  |
| #2: System is not always able to interface with other systems  | Every MCO seems to interpret HIPAA differently.   |
| System has limited ability for providers outside of organization to access information                 | Reluctance of outside providers to access electronic health information                   |
| #1: Hospital systems unwilling to allow partner providers access to their systems to share information | My Facility is not large enough to benefit from this type of Health information exchange. |
| Not using the system for all of it's capabilities  |   |

# Q31 – How many resources do you currently have supporting your EHR and HIE planning and implementation efforts?



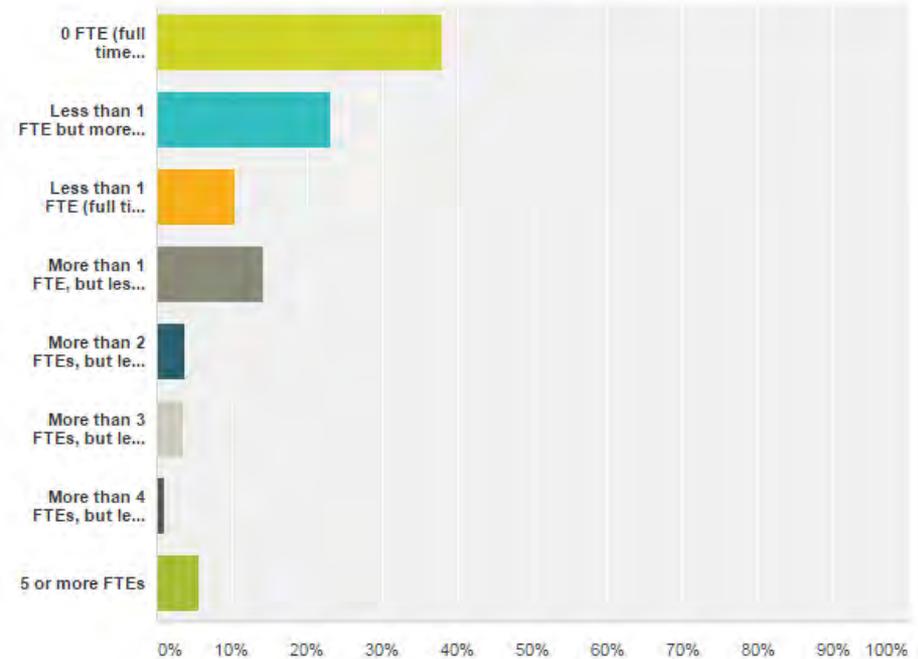
Number of respondents: 315/400

Question choices:

- 0 FTE (full time equivalent)
- Less than 1 FTE but more than 0 (full time equivalent)
- Less than 1 FTE (full time equivalent)
- More than 1 FTE, but less than 2 FTEs
- More than 2 FTEs, but less than 3 FTEs
- More than 3 FTEs, but less than 4 FTEs
- More than 4 FTEs, but less than 5 FTEs
- 5 or more FTEs

## How many resources do you currently have supporting your EHR and HIE planning and implementation efforts?

Answered: 315 Skipped: 85





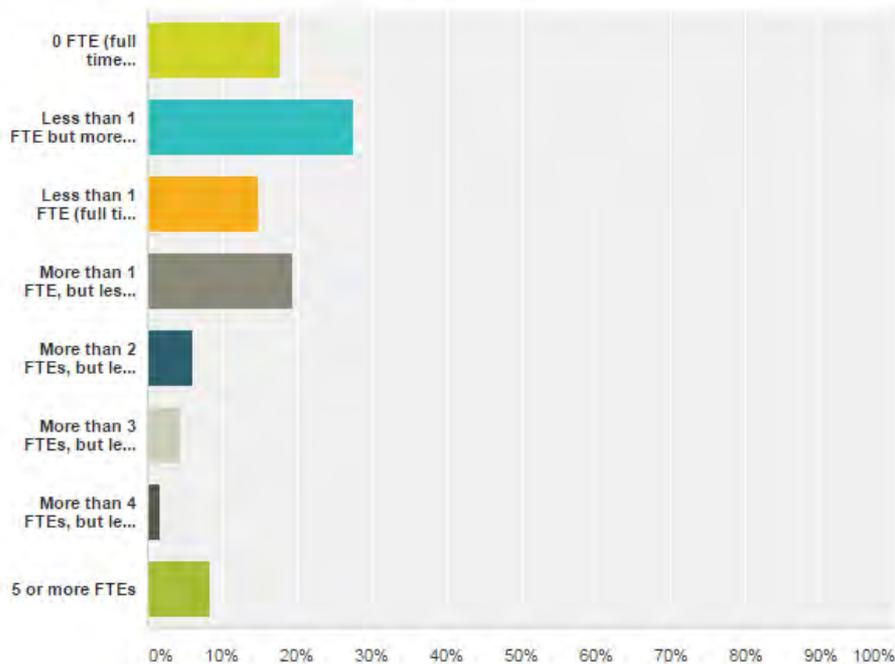
# Q31 – Segmentation by EHR Use

## EHR Users

## Non-EHR Users

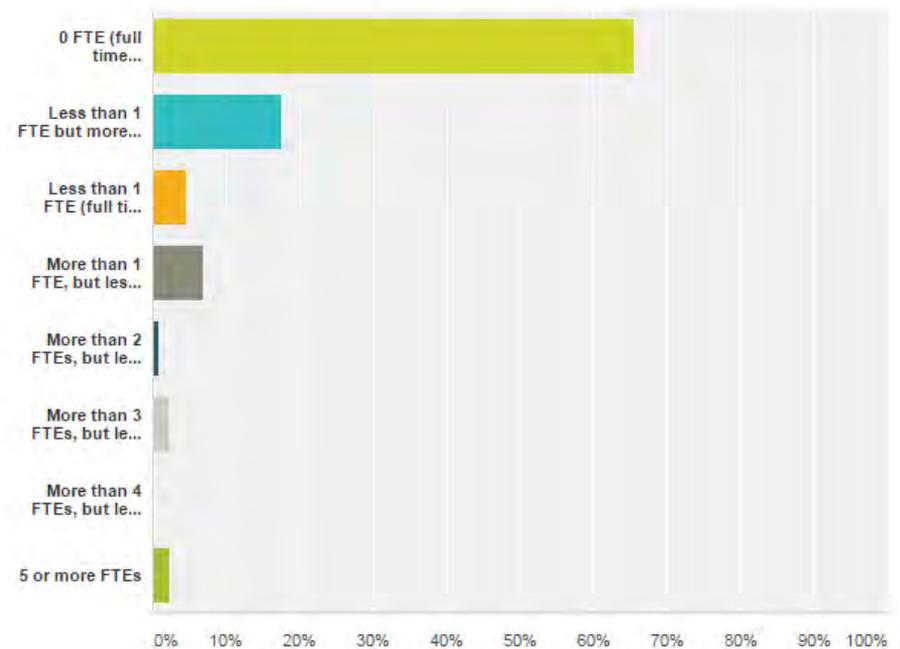
How many resources do you currently have supporting your EHR and HIE planning and implementation efforts?

Answered: 181 Skipped: 43



How many resources do you currently have supporting your EHR and HIE planning and implementation efforts?

Answered: 131 Skipped: 39



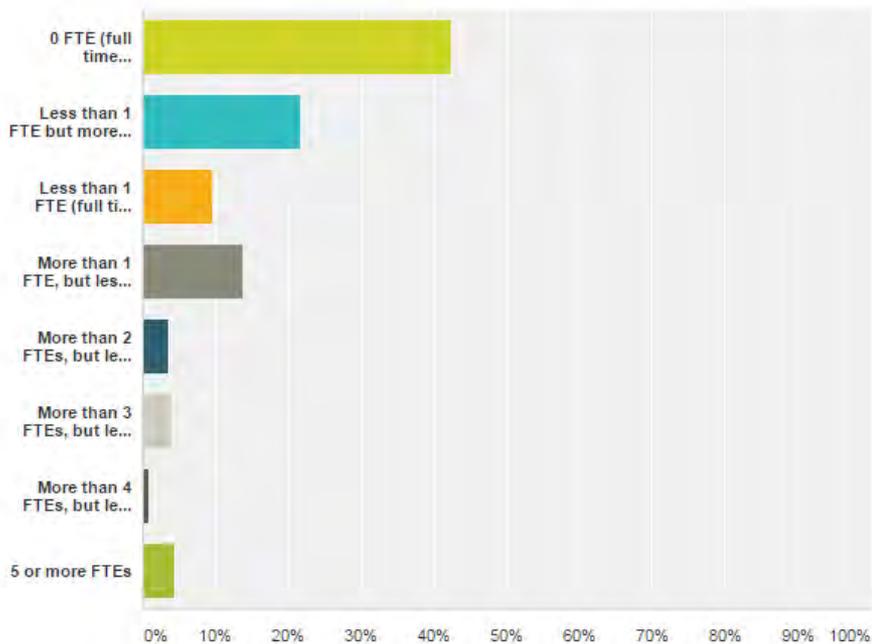


# Q31 – Segmentation by Provider Type (top 3 most reported types)

## Individual Community Provider

How many resources do you currently have supporting your EHR and HIE planning and implementation efforts?

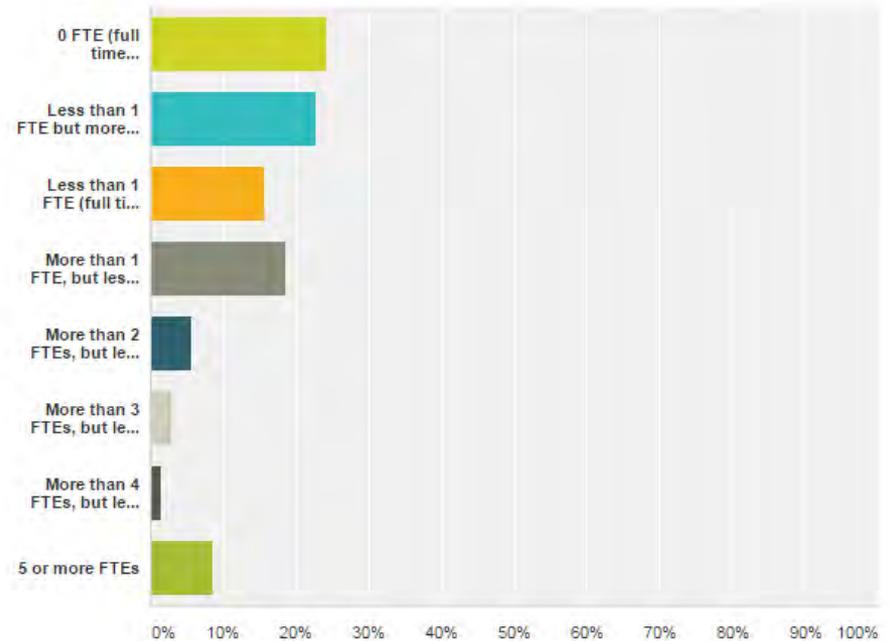
Answered: 231 Skipped: 58



## Health System (multi-specialty or multi-location)

How many resources do you currently have supporting your EHR and HIE planning and implementation efforts?

Answered: 70 Skipped: 21



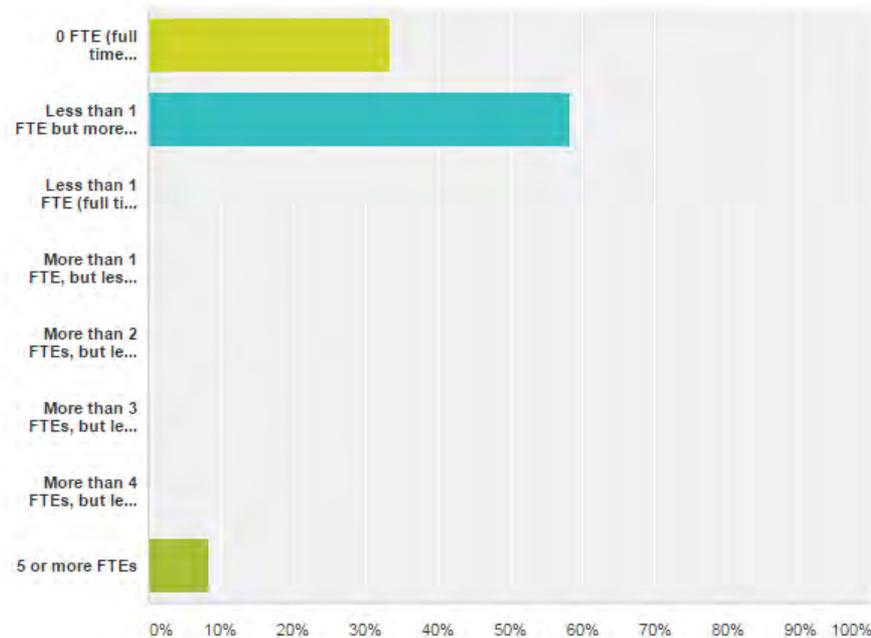
# Q31 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

How many resources do you currently have supporting your EHR and HIE planning and implementation efforts?

Answered: 12 Skipped: 5



# Q32 – How many resources do you feel you need for planning and implementation?



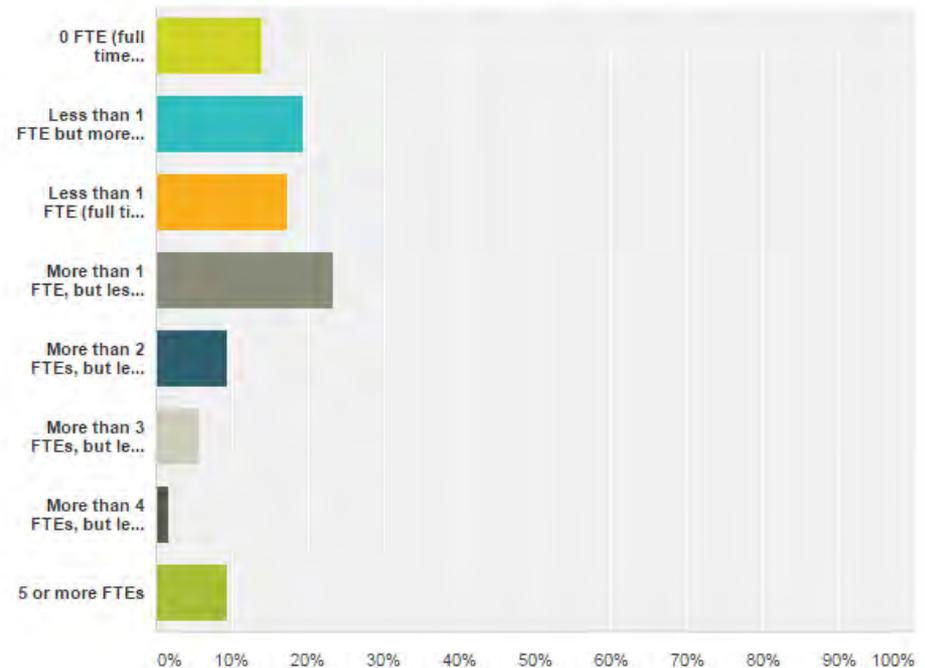
Number of respondents: 300/400

Question choices:

- 0 FTE (full time equivalent)
- Less than 1 FTE but more than 0 (full time equivalent)
- Less than 1 FTE (full time equivalent)
- More than 1 FTE, but less than 2 FTEs
- More than 2 FTEs, but less than 3 FTEs
- More than 3 FTEs, but less than 4 FTEs
- More than 4 FTEs, but less than 5 FTEs
- 5 or more FTEs

## How many resources do you feel you need for planning and implementation?

Answered: 300 Skipped: 100





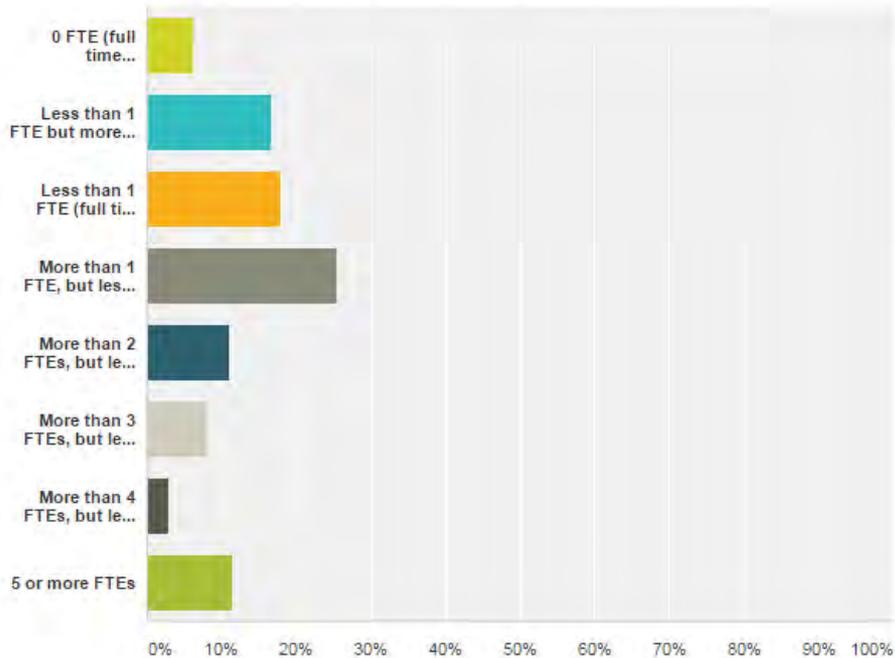
# Q32 – Segmentation by EHR Use

## EHR Users

## Non-EHR Users

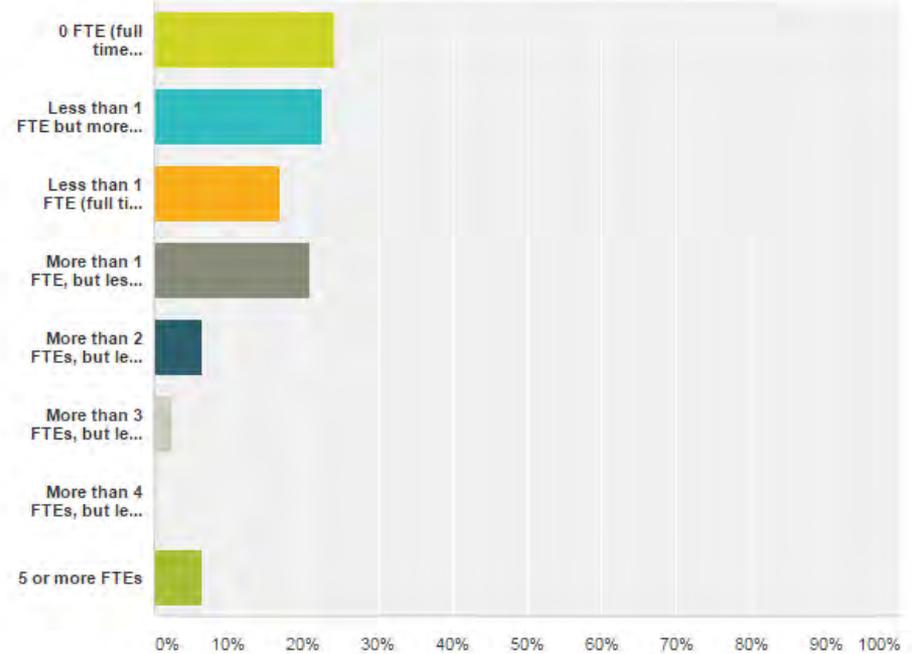
How many resources do you feel you need for planning and implementation?

Answered: 173 Skipped: 51



How many resources do you feel you need for planning and implementation?

Answered: 124 Skipped: 46



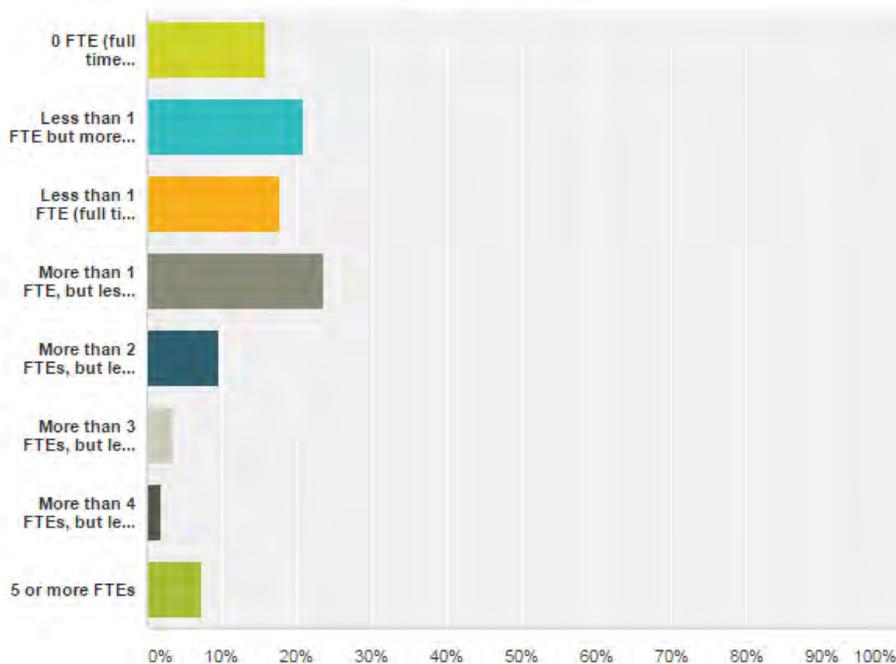


## Q32 – Segmentation by Provider Type (top 3 most reported types)

### Individual Community Provider

How many resources do you feel you need for planning and implementation?

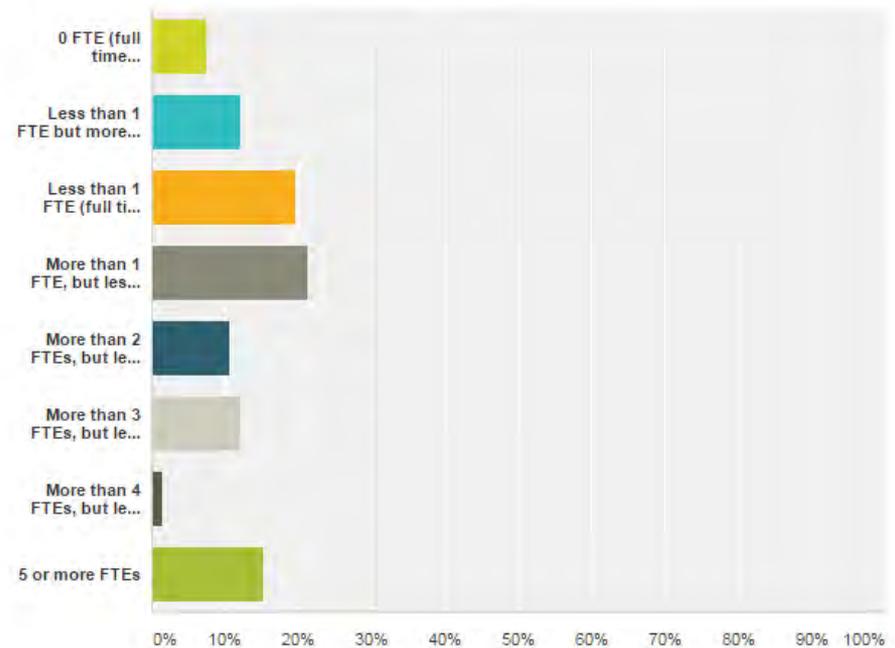
Answered: 221 Skipped: 68



### Health System (multi-specialty or multi-location)

How many resources do you feel you need for planning and implementation?

Answered: 66 Skipped: 25



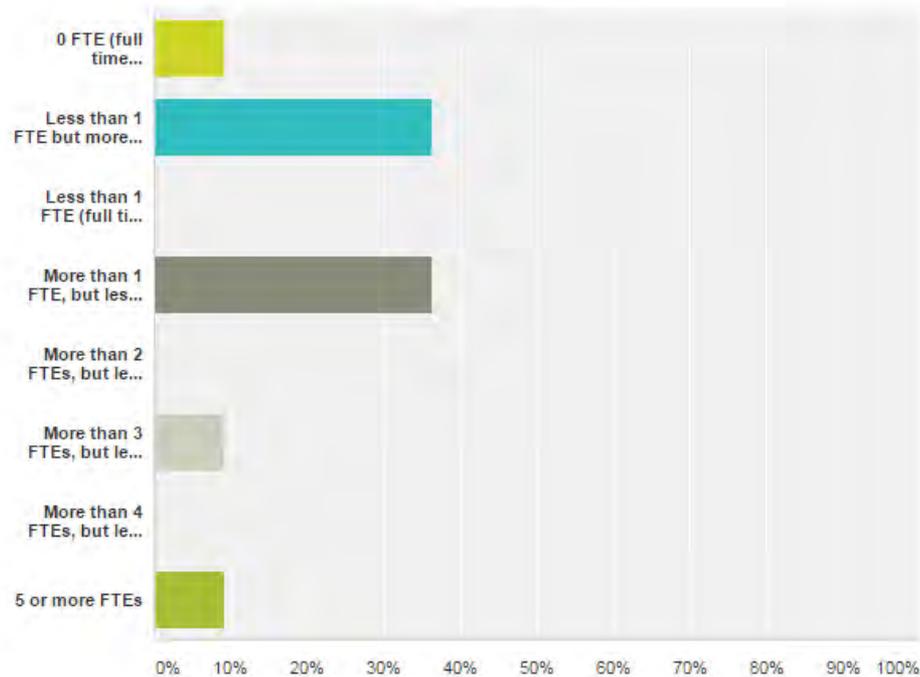
# Q32 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

How many resources do you feel you need for planning and implementation?

Answered: 11 Skipped: 6



# Q33 – If your organization does not currently use an HIE, is there a projected timeframe for doing so?



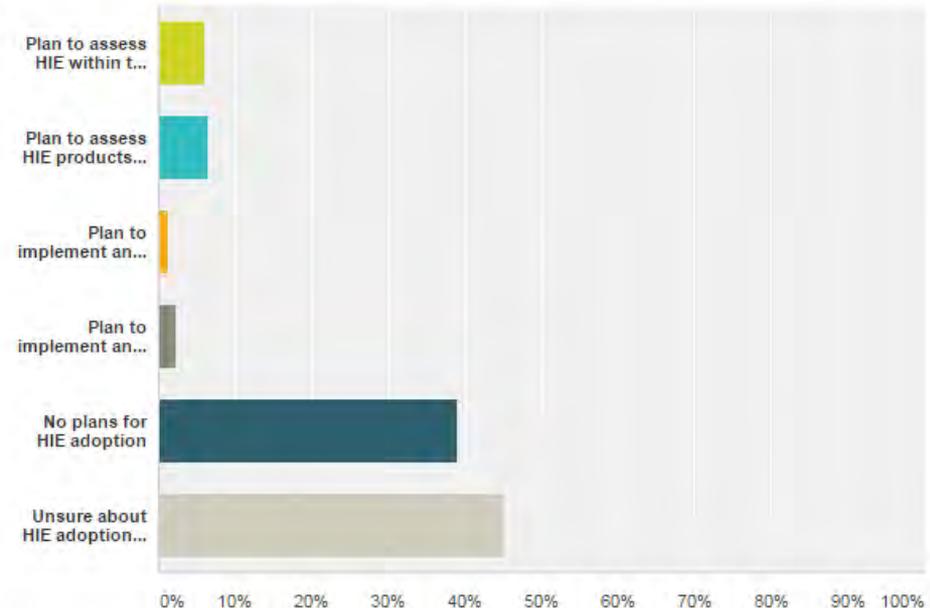
Number of respondents: 251/400

Question choices:

- Plan to assess HIE within the next 12 months
- Plan to assess HIE products within 18-36 months
- Plan to implement an HIE within the next 12 months
- Plan to implement an HIE within 18-36 months
- No plans for HIE adoption
- Unsure about HIE adoption time frames

**If your organization does not currently use an HIE, is there a projected timeframe for doing so?**

Answered: 251 Skipped: 149



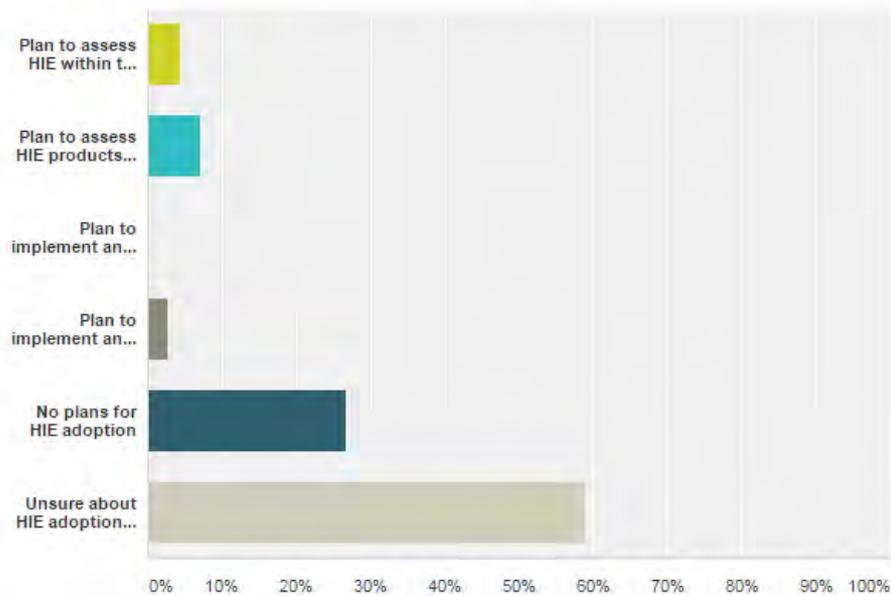


## Q33 – Segmentation by EHR Use

### EHR Users

If your organization does not currently use an HIE, is there a projected timeframe for doing so?

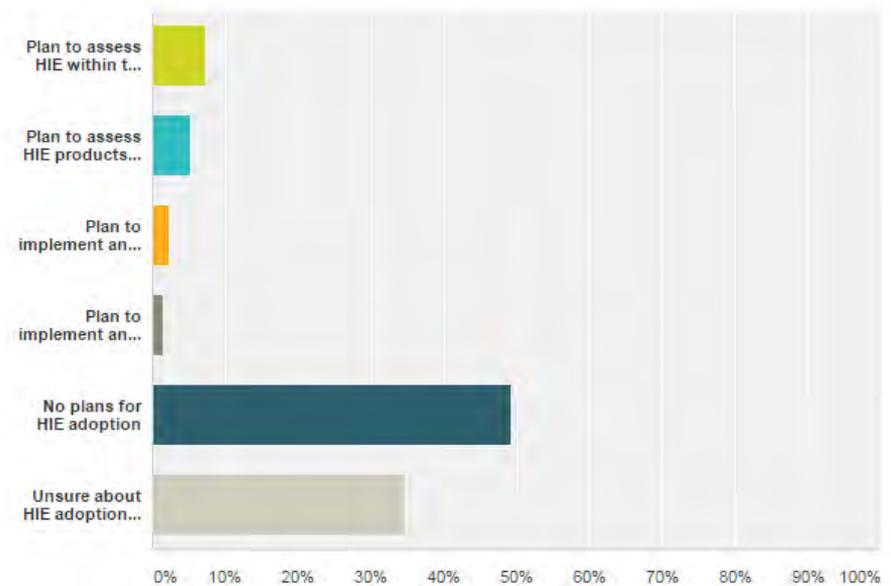
Answered: 112 Skipped: 112



### Non-EHR Users

If your organization does not currently use an HIE, is there a projected timeframe for doing so?

Answered: 136 Skipped: 34



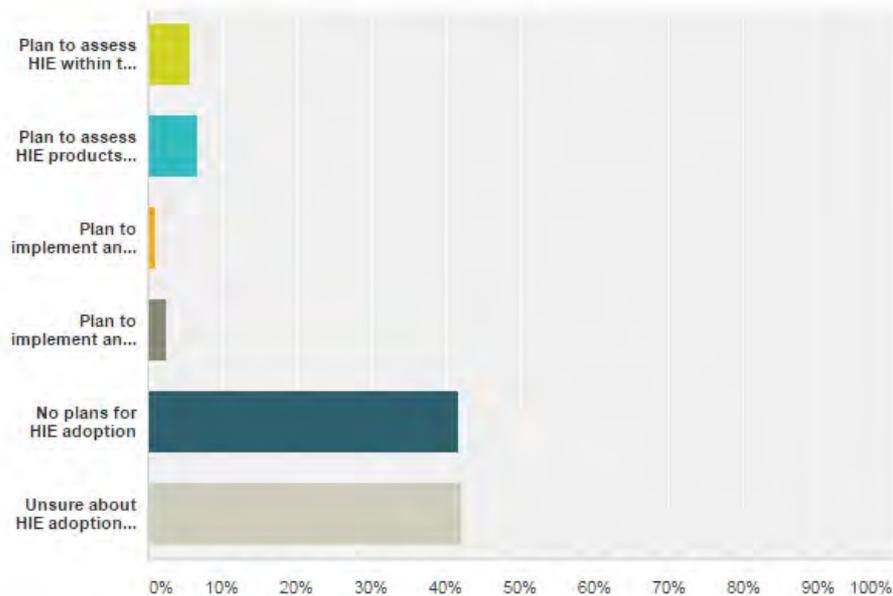


## Q33 – Segmentation by Provider Type (top 3 most reported types)

### Individual Community Provider

If your organization does not currently use an HIE, is there a projected timeframe for doing so?

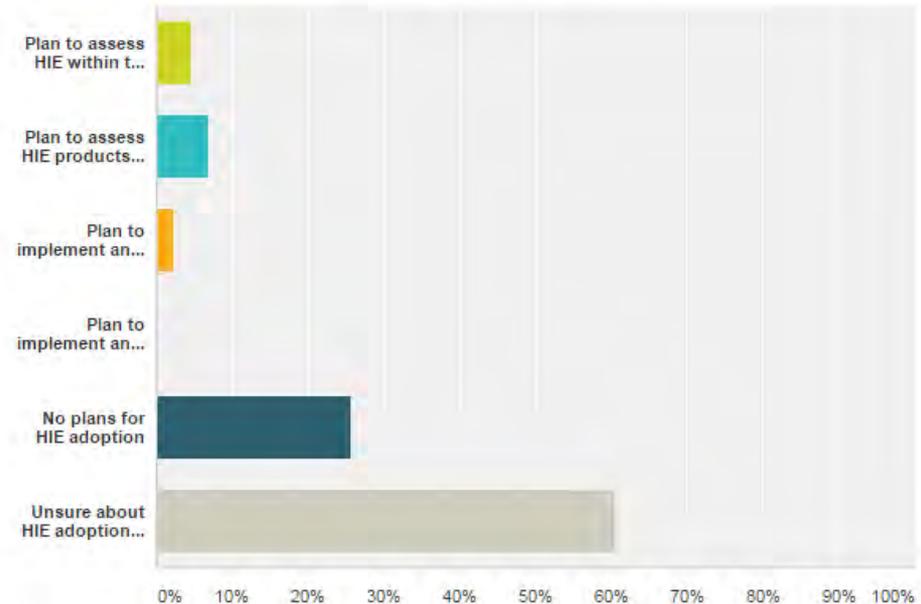
Answered: 194 Skipped: 95



### Health System (multi-specialty or multi-location)

If your organization does not currently use an HIE, is there a projected timeframe for doing so?

Answered: 43 Skipped: 48



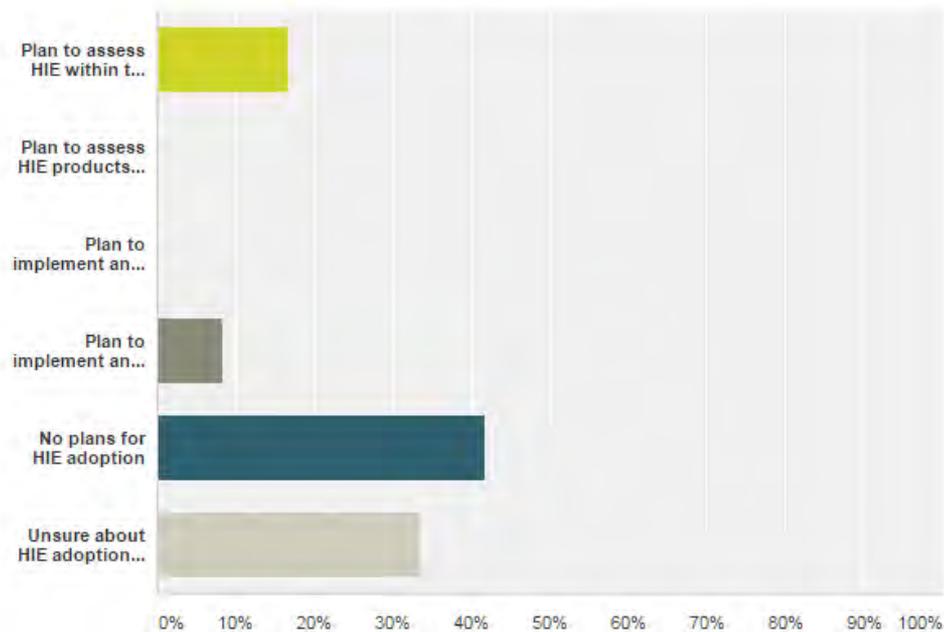
# Q33 – Segmentation by Provider Type (top 3 most reported types) (continued)



## County Human Services Division

If your organization does not currently use an HIE, is there a projected timeframe for doing so?

Answered: 12 Skipped: 5



# Q34 – Please share with us any other stories or information that you think would be valuable to our efforts



Number of respondents: 18/400

Question choices:

- Free-response

## Responses Provided

|   |  |
|---|--|
| Our company uses a system to hold and exchange information for only certain Management members. The info created on this system is then printed out and put in paper charts. The system does not "talk" to outside agencies and is only for internal use. I did my best on this survey but I am not sure how accurate my interpretation was of the questions. | This survey is poorly designed for assisted living providers because we provide only CUSTODIAL CARE and don't have much of medical health information like you would find in a doctor's office or hospital. This survey is irrelevant to our operations. |
| Agency owners and staff are poorly skilled in the technology  | Implemented EHR in May 2014  |
| Our facility will be becoming a part of Agnesian and may be transitioning to Cerner in the future.  | Computers slow, down, security of information, accurate data entry   |
| MCO's and COP/Waiver programs would have to include HIE/EHR costs as a means to support clients. Small providers do not receive enough payment to cover any IT costs.   | Our IT department is remote from the corporate office. Not certain of FTE equivalents. Guestimating less than 1 per community  |
| YIKES! I am worried that I will have my most costly and valuable staff sitting in front of a computer trying to figure out how to use the program rather than delivering personalized care  | LTC EHR providers need to step up their technology. LTC has no money for these resources, let us get in on the meaningful use funding  |
| Please don't suggest anything that increase costs. small providers can not afford it.   | Maybe funding us with implementing the HIE so that we could communicate with different organizations.  |
| Just started this process and need some time to get comfortable and coordinated well. Need to find good part time IT support.   | HIE questions are inappropriate, because they are directed to healthcare providers   |
| Our current system is affordable. If EPIC was affordable it would be easier for our information to be accessed by Physicians and clinic staff for our Residents. It would provide a faster, better way to care for a patient in a long term care setting.   | Our home is operated by ourselves, with no additional staff/providers that work within our facility. Emphasis is on providing care to our clients, not to have time consumed by excessive record keeping.  |
| We really only use ours for charting ...our corporation is planning to roll out a new program for full usage within 16 months.  | We are only an 8 bed facility.   |