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SHIP HIT Long Term Care Survey

Survey Participant Information

* 1. Please provide contact your contact information below

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

* 2. Type of Organization

◯ County Human Services Division

◯ Tribal Nation

◯ Health system (multi-specialty or multi-location)

◯ Individual community provider

◯ Other (please specify in space provided below)

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

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

[ ]

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

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

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

Medicaid	[ ]
Medicare	[ ]
Commercial Insurance	[ ]
Self-pay	[ ]
Grant/charity support	[ ]
Uninsured	[ ]
Other	[ ]

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Electronic Health Record (EHR) Usage

An EHR is a computerized version of a patient's medical history, that is maintained by a healthcare entity over time, and may include all of the key administrative and clinical data relevant to that person's care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports.

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

◯ Yes

◯ No

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Electronic Health Record (EHR) Usage

An EHR is a computerized version of a patient's medical history, that is maintained by a healthcare entity over time, and may include all of the key administrative clinical data relevant to that person's care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports.

7. How long has your organization been using an EHR?

( ) 0-12 months

( ) 13-24 months

( ) 25-36 months

( ) More than 3 years

8. 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)

( ) 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)

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9. 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)

	1	2	3
Staff education/training to effectively use EHR technology	○	○	○
The initial cost to acquire an EHR	○	○	○
The ongoing cost to maintain an EHR	○	○	○
Availability of technical resources within the organization	○	○	○
Gaining internal commitment/support and change management	○	○	○
Concerns regarding consumer/patient privacy and security	○	○	○
Interruptions in patient care and/or appointments	○	○	○
Inconsistency of use between staff members and/or shifts	○	○	○

Please specify any other issues and/or challenges your organization experienced during the implementation of the EHR. Also please rate the issues and/or challenges from 1-3 with 1=most challenging and 3=less challenging.

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10. 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)

	1	2	3
Improved consumer/patient safety, i.e. fewer medical errors	○	○	○
Improved health outcomes	○	○	○
Ability to remotely monitor patient needs by logging into the EHR through the Internet offsite	○	○	○
Improved coordination/communication between clinicians and staff	○	○	○
Saves staff time	○	○	○
Saves the organization money	○	○	○
Improves communication with patient/family	○	○	○
No benefits realized	○	○	○

Please specify any other benefits your organization realized as a result of implementing an EHR. Also, please rate the benefits from 1-3 with 1=most beneficial and 3=least beneficial.

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

☐ 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)

12. Please provide us with more information about your EHR:

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

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

☐ Accounting/Billing

☐ Practice management system

☐ Payroll

☐ Other (please specify in space provided below)

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

	1	2	3
Not a priority for management	○	○	○
Provider resistance	○	○	○
Cost to implement and maintain an EHR	○	○	○
Lack of internal technical resources	○	○	○

Please specify any other reasons your organization has not implemented an EHR. Please rank the reasons from 1-3 with 1=most influential and 3=least influential.

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

( ) 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

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Health Information Exchange (HIE)

Health information exchange (HIE) is the electronic movement of health-related information among organizations according to nationally recognized standards. HIE allows doctors, nurses, pharmacists, other healthcare providers and patients to appropriately access and securely share a patient's vital medical information electronically—improving the speed, quality, safety and cost of patient care.

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

☐ 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)

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17. Does your organization <u>send</u> individual patient information outside of your organization with other providers in order to coordinate care?

○ Yes

○ No

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18. How does your organization send patients' clinical history, care or service information outside your organization? (For each of the options below, please choose one of the following: daily, weekly, monthly, quarterly, never) (Check all that apply)

	Daily	Weekly	Monthly	Quarterly	Never
We participate in the Wisconsin State 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	☐	☐	☐	☐	☐

	Daily	Weekly	Monthly	Quarterly	Never
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	☐	☐	☐	☐	☐

	Daily	Weekly	Monthly	Quarterly	Never
We submit data to WI state agencies through the STAT-PA system	☐	☐	☐	☐	☐
We submit data to WI state agencies through another state system/process	☐	☐	☐	☐	☐

Please specify answers in space provided below if applicable:

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19. What information is sent?

- [ ] 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)

20. 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)

- [ ] Ambulatory providers

- [ ] Government agencies

- [ ] Hospitals

- [ ] Long term care facilities

- [ ] Pharmacies

- [ ] Cancer registries

- [ ] Immunization registries

Other (please specify in space provided below)

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21. Does your organization <u>receive</u> patient information from providers outside your organization in order to coordinate care?

○ Yes

○ No

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

☐ We receive data through the Wisconsin Statewide 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)

☐ Please provide additional details here:

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

⠿	⬍	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.

24. Please state any other sources you receive information from most frequently and rank its frequency as would be seen in the previous question.

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25. 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)

☐ 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

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

27. 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.

○ Yes

○ No

○ Not Sure

28. Some organizations are changing their care delivery models to include new workflow models, such as querying for patient information prior to appointments or using dedicated staff members for electronic health information exchange. These models require different workflows and use of technology to appropriately capture and share information. Please provide a description of any changes your organization is taking to integrate HIE into your workflow:

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

⠿	[▲▼]	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
⠿	[▲▼]	Organizational policies prevent electronic information exchange
⠿	[▲▼]	Providers don't use EHR exchange functionality often enough, and forget how to use it
⠿	[▲▼]	Technical resources are limited
⠿	[▲▼]	Cost of implementing and training
⠿	[▲▼]	Lack of internal commitment/support

30. Please state any barriers your organization has faced in exchanging health information and rank its significance as would be seen in the previous question.

[   ]

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

○ 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

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

◯ 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

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

◯ 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

34. Please share with us any other stories or information that you think would be valuable to our efforts: