

## Health Information Technology Infrastructure Survey

### Section I: Master Patient Index

\* 1. Name, Role and Organization (required)

Name of Organization

Contact Name

Contact Title

Contact Email

Contact Phone

Address, including zip

County

## Health Information Technology Infrastructure Survey

\* 2. Does your organization use a master patient index (MPI)?

Yes

No

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3. Does your organization maintain a master patient index?

Yes

No

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**Please answer the following related to the MPI that your organization maintains.**

4. Identify the vendor that your organization uses to maintain your MPI:

5. Identify all of the data elements below that your organization collects:

- First name
- Last name
- Middle name
- Middle initial
- Preferred name
- Previous name(s) and aliases/other names
- Title
- Address, street
- Address, city
- Address, zip
- Address, state
- Previous address
- Birthdate
- Race
- Ethnicity
- Gender
- Phone number, mobile
- Phone number, work
- Phone number, home
- Marital status
- Emergency contact
- Next of kin
- Spouse/partner
- Children

- Parents
- Siblings
- Social security number
- Medical record number
- Primary health plan ID
- Secondary health plan ID
- Employment status
- Employer
- Languages spoken
- Preferred language
- Living situation
- Educational level
- Income

Other (please specify)

6. Identify the users of the MPI:

7. Identify the uses of the MPI:

8. Identify the technical/database content standard(s) used

- LDAP
- HPD
- HPD+

Other (please specify)

9. Identify the protocols and profiles used:

- DNS
- REST
- SOAP
- XML
- PIX/PDQ

Other (please specify)

10. Identify the record matching algorithm type used:

- Exact match and deterministic algorithms
- Logic & arbitrary/subjective scoring systems
- Probabilistic theory, mathematical and statistical models

Other (please specify)

11. Estimate of FTE resources deployed to maintain the system:

12. Describe the typical training requirements for staff or others working on patient identification and matching:

13. Estimate the rate of false negatives (no record returned when system queried on an existing patient), if applicable:

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14. Identify the vendor that your organization uses for your MPI:

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### Section II: Provider Directory

\* 15. Does your organization use a provider directory?

*A provider directory supports management of health care provider information in a directory structure that can include provider type, specialties, credentials, demographics and service locations.*

Yes

No

## Health Information Technology Infrastructure Survey

16. Does your organization maintain a provider directory?

Yes

No

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### Provider Directory

**Please answer the following related to the provider directory that your organization maintains.**

17. Identify the vendor that your organization uses to maintain your provider directory:

18. Identify all of the data elements below that your organization collects:

- Provider name, first
- Provider name, last
- Provider name, middle
- Provider name, middle initial
- Direct secure messaging address (*Direct is a national encryption standard for securely exchanging clinical healthcare data via the Internet. It is also known as the Direct Project, Direct Exchange and Direct Secure Messaging. It specifies the secure, scalable and standards-based method for the exchange of Protected Health Information*)
- Practice location(s)
- Address, street
- Address, city
- Address, state
- Address, zip code
- Phone number
- Email address
- Office hours
- Website
- Organizational affiliations(s)
- Plan affiliation(s)
- Language(s) spoken
- Specialties
- Licensure
- Other (please specify)

19. Identify the technical/database standard(s) used:

- LDAP
- HPD
- HPD+

Other (please specify)

20. Identify the users of the provider directory:

21. Identify the uses of the provider directory:

22. How frequently is the provider directory updated?

23. How is the data contained within the provider directory updated?

24. Estimate the number of providers included in directory:

25. Estimate the organizations included in directory:

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### Section III: Notifications Services

\* 26. Does your organization receive patient notifications?

*Notifications are a service which enables health care providers to receive real-time alerts when a patient has a hospital encounter.*

Yes

No

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27. Identify the vendor that your organization uses to receive your notifications:

28. Identify all of the types of data that are received in your notifications:

- Admission Discharge Transfer (ADT)
- Insurance coverage status alerts
- Consolidated Clinical Document Architecture (C-CDAs)

Other (please specify)

29. Are the notifications customized by practice preference?

- Yes, specify (how):  No

Please specify

30. How are the notifications received?

- Real time secure email
- Real time secure Direct Messaging
- Real time secure text messages
- Batch secure email
- Batch secure Direct Messaging
- Batch secure text messages
- Real time portal push notifications
- Batch portal push notifications
- XDE

Other (please specify)

31. Select the top reason your organization does not receive notifications:

- Not applicable
- We don't have the capability to receive the information
- We don't have the information of how to receive the notifications
- Other (please specify)

32. Is your organization:

- Planning to consider notifications in the next year
- Planning to implement notifications in the next year
- Never going to use notifications
- Unsure about the value of notifications
- Other (please specify)