

# AHI PPS

TRANSFORMING  
the APPROACH  
to HEALTH CARE



Behavioral  
Health

Long Term  
Care

Hospitals

Public  
Health

Community  
Based  
Services

Primary  
Care

Home  
Health

## AHI PPS HIT Survey-March 2016

\* 1. Please enter your organization's name (as it appears on the AHI PPS Agreement).

\* 2. Please enter the TIN (Tax Identifier Number) for your organization named in Question #1.

3. Please enter the NPI number for your organization named in Question #1, if applicable.

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\* 4. Please select the Sector that best fits your organization.

- Hospital
- Public Health
- Office for the Aging
- Community Services Board
- Behavioral Health Provider
- Substance Use Provider
- Disability Provider
- Prevention Council
- Home Health/Long-term Care/Aging
- Community Based Organization (CBO)
- Economic Development
- Education
- Social Services
- Emergency Medical Services
- Law Enforcement/Justice
- Other Provider (please specify)

\* 5. Please select the Organization type that best fits your organization.

- HOSP=Hospital
- PCP = Primary Care
- BH= Behavioral Health
- SA= Substance Abuse
- CLIN = Clinic
- HCBS = Home and Community Based Services
- LT= Long-Term Care
- PA=Other Post-Accute
- PREV = Public Health and/or Prevention
- CM = Care Management
- PV = Pre-Vocational Services, Supported Employment, Extended Services
- HSP = Hospice
- CBO = Community-Based Organization
- PS= Peer Services
- Other (please specify)

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\* 6. Please provide contact information for the individual who completes this survey, or can answer any follow-up questions.

First Name (please specify)

Last Name (please specify)

Title (please specify)

Role (if different description from Title) (please specify, if not applicable put N/A)

Office Phone (please specify)

Cell Phone (please specify, if not applicable put N/A)

Email address (please specify)

7. Please provide contact information for the individual who leads the technology department whether in-house or outsourced (e.g., CIO, IT Manager).

First Name (please specify)	<input type="text"/>
Last Name (please specify)	<input type="text"/>
Title (please specify)	<input type="text"/>
Role (if different description from Title) (please specify, if not applicable put N/A)	<input type="text"/>
Office Phone (please specify)	<input type="text"/>
Cell Phone (please specify, if not applicable put N/A)	<input type="text"/>
Email address (please specify)	<input type="text"/>

8. Please provide contact information for the individual who leads the software development or application procurement/implementation effort whether in-house or outsourced (e.g., IT Manager).

First Name (please specify)	<input type="text"/>
Last Name (please specify)	<input type="text"/>
Title (please specify)	<input type="text"/>
Role (if different description from Title) (please specify, if not applicable put N/A)	<input type="text"/>
Office Phone (please specify)	<input type="text"/>
Cell Phone (please specify, if not applicable put N/A)	<input type="text"/>
Email address (please specify)	<input type="text"/>

9. Please provide contact information for the individual who leads the Data Analytics effort whether in-house or outsourced (e.g., Data Analyst).

First Name (please specify)	<input type="text"/>
Last Name (please specify)	<input type="text"/>
Title (please specify)	<input type="text"/>
Role (if different description from Title) (please specify, if not applicable put N/A)	<input type="text"/>
Office Phone (please specify)	<input type="text"/>
Cell Phone (please specify, if not applicable put N/A)	<input type="text"/>
Email address (please specify)	<input type="text"/>

10. Please provide contact information for the individual who manages your EHR whether in-house or outsourced (e.g., EHR Manager).

First Name (please specify)	<input type="text"/>
Last Name (please specify)	<input type="text"/>
Title (please specify)	<input type="text"/>
Role (if different description from Title) (please specify, if not applicable put N/A)	<input type="text"/>
Office Phone (please specify)	<input type="text"/>
Cell Phone (please specify, if not applicable put N/A)	<input type="text"/>
Email address (please specify)	<input type="text"/>

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## AHI PPS HIT Survey-March 2016

\* 11. Do you outsource Information Technology functions?

Yes

No

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## AHI PPS HIT Survey-March 2016

12. Please describe your current HIT infrastructure and capabilities (e.g. with a schematic drawing), which can include location and functions such as patient record keeping (EHR/Manual), practice management, clinical reporting and analysis, connections/interfaces in place to send/receive data to/from HIE or RHIO., registration/scheduling, ADT, billing, or any other patient-related activities. Please send us documentation and/or schematics that outline this information. You may send this documentation to [dsripahi@ahihealth.org](mailto:dsripahi@ahihealth.org) by 03/21/2016, with the subject line "HIT Survey".

13. What Operating System (O/S) is used by your organization? Please select all that apply.

- Windows XP
- Windows 7
- Windows 8
- Windows 10
- Apple OS
- Linux OS (Unix)
- Other (please specify)



14. What type of internet connection is in place at your organization? Please select all that apply.

- No Internet Connection
- Dial-Up
- High Speed Broadband
- High Speed: Digital Subscriber Line (DSL)
- High Speed: Cable Modem
- High Speed: Fiber
- High Speed: Wireless
- High Speed: Satellite
- High Speed: Broadband over Powerlines (BPL)
- Other (please specify)

15. What web browser(s) do you utilize? Please select all that apply.

- Internet Explorer
- Google Chrome
- FireFox
- Safari
- Other (please specify)

16. What email system is used by your organization? Please select all that apply.

- MS Outlook
- Gmail
- Hotmail
- Yahoo
- Lotus Notes
- Other (please specify)

17. What types of system users are there within your organization? Please select all that apply.

- Office / Business Staff
- Care Managers / Coordinators
- Counselors
- Dentists
- Mid-Levels (NP, PA)
- Physicians (MD, DO)
- Psychiatrists
- Psychologists
- Social Workers
- PT / OT / SLP
- Nurses
- Patient Navigators
- Other (please specify)

18. Where does your organization use supporting software / technology for services and/or areas of operation? For example, some organizations use MS Outlook Calendars to schedule appointments. Please select all that apply.

- Appointment Scheduling
- Counseling
- Supported Housing
- Mentoring Programs
- Respite Programs
- Transportation/Coordination
- Prescriptions
- Patient Records
- Billing
- Reporting
- Referrals / Referral Tracking
- Other (please specify)



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19. What is your organization's status on implementing an EHR? If implemented or planning to implement, please also identify the EHR vendor. Please select all that apply.

- We have an EHR
- We don't have an EHR and we don't have a plan to adopt/implement an EHR
- Not applicable: EHR does not apply to my organization's service type
- We don't currently have an EHR but we are planning to adopt/implement an EHR (please also select the vendor(s))
- If planning to adopt/implement an EHR, estimated date of EHR implementation (please specify MM/YY in "other" field)
- 1011
- Allscripts
- Amazing Charts
- AOD - Answers
- athenahealth
- AWARDS
- Care Managers
- CareFacts
- Cerner
- Cerner Anasazi
- Chart Logic
- CMHC/MIS
- Comet - LinTech
- CPSI

- Delta Crescendo
- Delta Encore
- Delta Health
- eClinicalWorks
- eCR
- eMDs
- emsCharts
- EPIC
- Foothold
- GE Centricity
- Greenway
- HarmonyIS
- HCHB
- Health Fusion
- Homecare Homebase
- InsightPlus
- Kryptiq
- McKesson
- MD Suite
- MEDENT
- MEDITECH
- MindLinc
- Ndoc
- Netsmart-myAvatar
- Netsmart-myEvolv
- NextGen
- Office Practicum
- Optimus
- Point Click Care
- Practice Fusion
- SigmaCare

- Soarian
- SOS
- STI
- Suncoast
- TriZetto Care Advance
- Vitera
- Other (please specify)

20. For each vendor selected in #19, please list the vendor with its version number

21. If you have an EHR (or will be acquiring an EHR) per question #19, what functionality is (will be) utilized within your EHR? Please select all that apply.

- Identify and maintain patient records, including vital signs, immunizations, lab and radiology data, etc.
- Manage patient demographics
- Manage problem lists
- Manage medication lists
- Manage patient history
- Manage clinical documents and notes
- Capture external clinical documents
- Present and manage patient-specific care plans, guidelines, and protocols
- Generate and record patient-specific instructions
- Clinical Decision Support (provides knowledge and person-specific information, intelligently at appropriate times, to enhance health and health care)
- Patient Registries
- Patient Portal
- Reporting
- Patient Record Lookup
- DIRECT Exchange (Secure Messaging)
- Alerts
- Meets Meaningful Use Requirements (for hospitals and eligible professionals)

- Meaningful Use CEHRT ID from "Certified Health IT Product List" <http://oncchpl.force.com/ehrcert> (please specify in "other" field)
- Tracking "Actively Engaged Patients" for DSRIP projects the organization participates in
- Documentation of Behavioral Health screenings (e.g., PHQ-2 or 9 for those screening positive, SBIRT)
- Documentation of "warm transfer" to behavioral health provider
- Tracking / following up on referrals to outside providers / agencies
- Integration of medical and behavioral health record within individual patient records
- Patient reminders for follow-up or preventive care
- Integration with Tablets for accessing EHR remotely
- Mobile medical application access, communications, patient monitoring, alerts to mobile devices
- Tracking of patient discharge to home and home care –services, including hospice (for DSRIP project 2.bviii—Hosp/Home Care Collaboration)
- Other (please specify)

22. If applicable, please select the type of reports that are generated out of your EHR and for what purpose. Please select all that apply.

- Clinical decision support
- Reminders (e.g., diabetic eye exam, immunization, annual exam)
- Utilization (e.g., chronic illnesses)
- Trending or disease stratification (e.g., COPD, diabetes management, congestive heart failure results)
- Statistics (e.g., referrals to specialists, usage of certain medication types, immunizations provided)
- Referral management (e.g. tracking referrals to specialists)
- Other (please specify, and please specify types of decisions made on these reports)

23. If applicable, please select the types of metrics/analytics that are generated out of your EHR and for what purpose. Please select all that apply.

- Outcomes
- Quality
- Analysis of disease types (e.g., COPD, diabetes)
- Clinical and/or financial outcomes for patient care pathways
- Other (please specify)

24. Please select your methods of communicating with patients. Please select all that apply.

- Phone call
- Call center
- Patient portal messaging
- Mailings
- Text messaging
- Other (please specify)

25. If applicable, please explain how your organization uses mobile devices/applications as part of care delivery. Please select all that apply.

- Video conferencing (consult, follow up, medication management)
- Taking pictures of a patient's wound (home care)
- Calling a patient
- Patient self check-in
- Patient self check-out
- Patient taking self-screening assessment (e.g. PHQ-2/PHQ-9)
- Other (please specify)



26. Please select the option(s) that best describe your organization's participation in a Health Information Exchange (HIE). Please select all that apply.

- Do not participate in HIE and have no plans to do so
- Do not participate in HIE but we plan to do so
- Expected date of HIE participation (please specify MM/YY in "other" field)
- Participate in a Local HIE (please specify name of HIE in "other" field)
- Participate in an HIE using software / data that is considered "clinically interoperable" (meets the definition of Clinical Interoperability)
- Other (please specify)

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\* 27. Do you participate in a Qualified Entity (QE), otherwise known as a RHIO?

Yes

No

28. If you do participate in a RHIO (#27=Yes), please specify the RHIO name:

29. If you do participate in a RHIO (#27=Yes), what services do you currently use/plan to use? Please select all that apply.

- Send and Receive data from HIE/RHIO
- Only Send/Push data from HIE/RHIO
- Only Receive/Pull data from HIE/RHIO
- EMR / EHR Standards and Interoperability Services
- eHealth Exchange
- Event Notification
- Secure Direct Messaging
- Secure Patient Portal
- Provider Portal
- Patient Care Summary/Health Record/ADT Information
- Data Analytics
- Population Health Management
- Medical history (Medication, allergy and problem list)
- Results and Reports (e.g. lab information delivery, radiology information delivery)
- sPRL (Statewide Patient Record Lookup)
- Patient Record Lookup (Community)
- Patient Record Lookup (Statewide)
- Identity Management & Security
- Consent Management
- Public Health Reporting/Syndromic Surveillance
- Provider and Public Health Clinical Viewer
- Public Health Integration
- Training
- Other (please specify)

30. If you do not participate in a RHIO (#27=No), please select all that apply.

- No plans to participate in a RHIO
- No current RHIO connectivity available
- Plan to participate in Hixny
- Plan to participate in HealthConnections
- Plan to participate in another RHIO (please specify in comment field)
- Planned date of RHIO participation (please specify MM/YY in comment field)

Comment:

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31. Please describe how your organization manages Population Health (defined as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group"). Please select all that apply.

- We do not perform Population Health Management and have no plans to do so
- We perform Population Health Management using an application built in-house or using our existing EHR
- We perform Population Health Management using a vendor solution
- We perform Population Health Management using a "closed system" (e.g. drawing only data within the EHR system on our own patients)
- We perform Population Health Management using a "regional system" (e.g. drawing data from a RHIO or through a vendor having regional or national data)
- We do not perform Population Health Management but plan to do so
- If using a vendor solution or planning to use a vendor solution, please specify the Population Health Management vendor in the comment field
- If planning to implement a Population Health Management vendor solution, please specify anticipated implementation date MM/YY in the comment field

Comment:

32. If your organization performs (or plans to perform) Population Health Management functions (per question #31), please select all functions that apply.

- Population identification/risk stratification
- Predictive modeling
- Outcomes measurement
- Disease registries
- Patient registries
- Risk scoring
- Care management
- Outlier management
- Utilization management
- Readmissions management
- Value measurement
- Wellness and Patient engagement/compliance
- Reporting and decision support
- Payment administration
- Other (please specify)

33. How are you notified when one of your patients visits an Emergency Department, is admitted to a hospital, is discharged from a hospital, has a psychiatric admission / release, or has a substance use admission /release? Please select all that apply.

- We are not notified
- We receive a phone call, email or fax
- We generate the transfer of the patient
- We have access to another hospital's EHR system (e.g., View only)
- Receive/Pull data from HIE/RHIO
- Other (please specify)

34. Is the current method of communication (identified in #33) the desired method?

Yes

No

35. If #35 = No, why is this communication method not desirable?

36. For Care Management services, please select the option that applies to your organization.

We utilize AHI's Health Home Care Management System (InsightPlus)

We utilize systems of another Health Home for Care Management

We utilize a third-party payer system

We utilize our own internal system(s) for Care Management (e.g., EHR)

We do not have a system that we utilize for Care Management

N/A

Other (please specify)

37. If you are a Long-Term Care facility, what Clinical and/or Administrative Functions are supported by Software/Technology? Please select all that apply.

Resident Assessment and Care Planning

Census Management (Patient Demographics)

Medications Administration Record (MAR)

Documentation of Clinical Notes

Medical Orders

Billing Interface

Accounts Payable (AP) / Accounts Receivable (AR)

Quality Monitoring

Decision Support Tools

Receipt of External Clinical Documents

e-Prescribing between Practitioner & Pharmacy

Other (please specify)

38. If you are a community based organization, what system do you use to track services provided (please specify vendors name(s) if applicable:

39. If you entered a vendor name(s) in #38, does your system that tracks services also have the ability to interface with an EHR?

- Our system can interface with an EHR
- Our system cannot interface with an EHR

40. What other systems/applications are in place within your organization that are relevant to providing care and/or services to the community?

41. This space is intended for you to provide any other details about your current HIT infrastructure and capabilities, specific to your organization's type (e.g., hospital, outpatient primary care services, specialty care services)