2022 Digital Health Most Wired (DHMW) Survey – FAQs

1. How do I access the 2022 DHMW survey?

Representatives of provider healthcare organizations (HCOs) desiring to participate in the 2022 DHMW survey, now access the survey through our new home, CHIME's Digital Health Analytics portal:

https://www.dhinsights.org/portal

IF YOU PARTICIPATED IN THE 2020 and/or 2021 DHMW SURVEY… your DHMW team will be sending you a user ID and password. Once this information is entered into the login form, a personalized web page will open reflecting among other things your HCO's past DHMW reports and a pre-populated .pdf document displaying your last year's responses in this year's survey instrument. At the top of this web page is a direct link to the 2022 DHMW data entry tool.

OTHERWISE… complete the form on the Digital Health Analytics portal page to register for the DHMW 2022 survey. The DHMW team will email you with a user ID, password, and login instructions. Once this information is entered into the login form on the Digital Health Analytics portal page, you can begin entering data into the 2022 DHMW data entry tool.

2. Can I save the survey and finish it later?

The DHMW data collection tool automatically responds **but only when a survey section (e.g. Security) is completed**.

3. Is there a way to get a copy of the full survey so I can determine if we want to participate or to research the questions before inputting the answers online?

Yes. A generic .pdf version of the 2022 survey instrument can be downloaded here.

IF YOU PARTICIPATED IN THE 2021 DHMW SURVEY, a .pdf document of the 2022 survey pre-populated with your 2021 responses will be posted on your HCO's personalized web.

4. Can we fill out one survey for our health system (3 hospitals, 7 clinics, and 2 LTPAC facilities), or would you prefer we filled out a survey for each facility?

The DHMW survey allows for the profiling of three types of HCOs:

- Acute Hospitals
- Ambulatory clinics
- Long-term/Post-acute care (LTPAC) facilities (e.g. skilled nursing facilities)

As the DHMW survey program is a **strategic planning tool** (as well as a **recognition program**), the power of the DHMW program is realized in the accuracy of the inputted data. Accordingly, HCOs can select the approach for profiling the entities within their organization that best reflects their needs and situation. **The following reflect different ways HCOs can participate in this year's survey:**

ONE ACUTE, AMBULATORY and/or LTPAC SITE… ONE SURVEY

An individual care site (albeit *acute care facility, ambulatory clinic* or *LTPAC*) as a standalone entity or as part of an HCO system can complete their own survey and receive their own score and report.

This works best for HCO systems when there is great variability in an HCO's deployment and use of digital health technologies across its varied care sites.

MULTIPLE ACUTE and/or AMBULATORY SITES… ONE SURVEY

HCOs with multiple *acute care facilities* and/or *ambulatory clinics* may use one survey to report on the aggregated digital health profile of their organization (excluding LTPAC facilities) **if there is minimal variation in the digital health profile of these facilities/clinics**.

Under this scenario, the HCO system in the example in the above question using one survey for the three hospitals and seven clinics would receive:

1. One DHMW score and report for the three acute care hospitals
2. One DHMW score and report for the seven ambulatory clinics

The DHMW program defines a survey with "minimal variation" as one where **at least 80% of the responses are shared by the profiled entities**. In the 20% of situations where variability does exist, we offer the following for guidance:

EXAMPLE 1: "Check one" and "Check all that apply" questions

"Check one" and "Check all that apply" questions present binary response options ("YES this is true for our HCO"; "NO this is not true for our HCO"). **An affirmative response is warranted when the issue under question is true for 50% or more of the aggregated facilities**.

Which of the following information security frameworks does your organization use to guide your information security program?
(Check all that apply)
  A. **NIST cybersecurity framework**
  B. **COBIT**
  C. **ISO 27000 series**
  D. **HITRUST**
  E. **SANS Top 20/CIS critical controls**
  G. **Other/Self-developed**
  H. **No framework adopted**

If you are answering this question for 3 hospitals and 7 clinics (total of 10 care sites), and only 3 of the 10 entities use the HITRUST framework, **leave the HITRUST response option unchecked** as HITRUST as a framework is used by less than 50% of the facilities.

If you are answering this question for 3 hospitals and 7 clinics (total of 10 care sites), and 5 of the 10 entities use the HITRUST framework, **check the HITRUST response option** as HITRUST as a framework is used by 50% or more of the facilities.

EXAMPLE 2: Numerical Range questions

Questions presenting response options in numerical ranges (e.g. percentages) should be answered using **a weighted average approach**.

What percentage of your pharmaceutical supply orders are electronically generated once they reach a predetermined par level?

(Check one)
  A. **81-100%**
  B. **61-80%**
  C. **41-60%**
  D. **21-40%**
  E. **1-20%**
  F. **None**

If you are answering this question for 3 hospitals and 7 clinics (total of 10 care sites), and 3 of the 10 entities order 100% of supplies electronically while the remaining 7 order 0% electronically, check the "**21-40%**" response option box since the weighted average for the entities profile falls within this category:

$$((3 \times 100\% = 300\%) + (7 \times 0\% = 0\%)) / 10 \text{ entities} = 30\%$$

ONE ORGANIZATION… MULTIPLE SURVEYS

HCOs with multiple *acute care facilities* and/or *ambulatory clinics* where **less than 80%** of the responses are shared by the profiled entities, will need to complete a survey for each unique facility/clinic profile.

EXAMPLE:

In the health system example above, 2 of the hospitals and 3 of the clinics share at least 80% of the responses, the one remaining hospital shares at least 80% of the responses with the 4 remaining clinics, and the two LTPAC facilities share at least 80% of the responses;

- one survey could be used for the 2 hospitals and 3 clinics that share at least 80% of the responses
- one survey could be used for the 1 hospital and 4 clinics that share at least 80% of the responses
- one survey could be used for the 2 LTPAC facilities

Under this scenario, the HCO would receive;

1. **two Acute reports/scores**
2. **two Ambulatory reports/scores, and**
3. **one LTPAC report/score**

LTPAC FACILITIES… SEPARATE SURVEY

A notable change to this year's survey involves the profiling of LTPAC facilities: **HCOs desiring to profile LTPAC facilities will need to complete a separate survey**.

LTPAC facilities tend to have very different digital health profiles than their acute and/or ambulatory peers, even if they belong to an acute care system. By separating LTPAC profiles from acute and ambulatory entities, the DHMW team intends to ensure the integrity of the DHMW program and to solidify the DHMW reports as a valued strategic planning tool for HCOs.

5. Are all questions scored?

No. Questions under the categories of "Organizational Information" and "General Information" used for identification and benchmarking purposes only which will not affect Most Wired status. Additionally, the section "Digital Health Transformation" is not scored but is a very useful section in assisting HCOs leaders socialize digital health transformation within their organizations.

6. Should outsourcing or application service provider models be included?

Yes.

7. Should depreciation and IT expenses in other departments be included in IT operating expense?

Yes, these expenses are important to include for total operating costs.

8. What should be included in IT capital?

We usually include the costs for acquisition, licensing and implementation for infrastructure (hardware, storage, network, data center) and software, as allowed by what can be capitalized per GAAP. As an example, we would include the cost of the PACS application, hardware, etc. But we would not include the digital acquisition devices that we added or swapped out over time. IT capital expense includes IT related capital included in the budget of other departments (e.g., lab, radiology, etc.), if known or can be reasonably estimated. Include the total value of capital leases to be signed in the current year.

9. Our organization is planning to have this technology in place later this year. Can I go ahead and answer the question as if we already had it in place?

All technology should be in place by **3/31/2022**.

10. When will I know if my organization is recognized?

We will send e-mail notifications by late-August to all participants to let them know if they received a Most Wired designation or not, your organizations benchmark report will be included at that time as well.