(PDF-046) Which of the following types of healthcare entities external to your organization can your organization's EHR successfully <u>send</u> discrete patient data electronically to (and for the receiving entity to claim they can incorporate the data into their patient record system)? (Check one per row)

(PDF-047) Which of the following types of healthcare entities external to your organization can your organization's EHR successfully <u>receive</u> discrete electronic patient data from (and incorporate their data into your organization's patient record system)?
(Check one per row)

	Yes	No	Not Applicable to our Patient Population
A. Hospital/hospital system			
B. Physician practice			
C. Home health agency			
D. Long-Term/Post-Acute Care facility (Skilled nursing facility, Rehab/extended/chronic care facility			
E. Retail pharmacy			
F. Government data/records such as immunizations, death records, syndromic surveillance			
G. Laboratories			
H. Health information exchange (HIE)			
I. Insurance companies/payers			
J. Emergency Ambulance agency			
K. Urgent care/Freestanding Emergency centers			
L. Referral networks			
M. Community Partners (patient advocacy orgs, behavioral health providers, community orgs.)			

The intent of these questions is to assess the ability of an HCO to electronically transmit (send and/or receive) patient data with specific requirements around the ability of the parties to "digest" the transmitted data.

> Data transmission works when a device or piece of equipment, such as a computer, intends to send a digital data object or file to one or multiple recipient devices, like a computer or server.

K. Emergency Ambulance agency
A freestanding emergency department (FSED) is a licensed facility that is structurally separate and distinct from a hospital and provides emergency care..

L.   Referral networks

Referral networks are a powerful tool that lets healthcare practitioners keep a steady track of patient referrals throughout the process of the care continuum. The primary objective is to enhance and streamline communication among all the physicians, healthcare providers, and specialists involved in a patient's care.

M. **Community Partners (patient advocacy orgs, behavioral health providers, community orgs.)**

Health care organizations are increasingly seeking to meaningfully partner with community members to better address community needs and priorities, especially for patients with complex health and social needs. As health care entities prioritize strategies to address health disparities and advance health equity, it is particularly important to acknowledge the critical perspectives that patients and their families can bring to inform program and policy design. It can, however, be challenging to obtain and incorporate community voices in a sustainable and authentic manner. Identifying community partners should include the widest possible net in order to ensure that everyone who may have interest and/or involvement is invited to attend. This includes educators, mental health providers, medical providers, and more.

(PDF-048) For transitions of care and referrals involving automated electronic processes, please indicate the percentage of cases in which your organization provides a summary care record…:
(Check one per row)

	100%	90-99%	50-89%	<50%	0%
A. Directly from your EHR					
B. From an HIE					

The intent of these questions is to assess the platforms through which summary care records are transmitted.

Transition of Care/referrals: The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another.

(PDF-049) How would you characterize your organization's adoption of an electronic disease registry(s) to identify and manage gaps in care across a population?

- **Fully Adopted**: A condition where the technology/solution has been implemented organization wide and the relevant users are generally utilizing the technology/solution as intended per industry expectations and organizational policy.
- **Partially Adopted**: A condition where the technology/solution has been implemented in at least one area of the organization but not organization wide, or the technology/solution has been implemented organization wide but the relevant users are not utilizing the technology/solution as intended per industry expectations and/or organizational policy.
- **Not Adopted**: A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

    A.   Fully adopted
    B.   Partially adopted
    C.   Not adopted

The intent of these questions is to assess an HCOs use of electronic disease registry(s).

Electronic disease registry(s): The registry allows providers to identify patients as having a particular condition based on tests performed by other clinicians that otherwise would be inaccessible. Thus, the registry enhances care coordination among providers electronically.

(PDF-050) How would you describe your organization's use of the following data sources in contributing data electronically to disease registries?
(Check one per row)

	Contributes data to disease registry and registry data is accessible at the point of care	Contributes data to disease registry but registry data not accessible at the point of care	Does not contribute data to disease registry
A. Clinician-reported data			
B. Patient-reported data/patient-generated data			
C. Electronic health records (EHRs)			
D. Ancillary clinical information systems			
E. Clinical data warehouses (CDWs) or integrated data repositories (IDRs)			
F. Administrative (claims) databases			

The intent of these questions is to assess how an HCO uses select data sources when contributing data electronically to disease registry(s).

Point of Care: Clinical point of care (POC) is the point in time when clinicians deliver healthcare products and services to patients at the time of care.

(PDF-051) How would you characterize the adoption of technology in your organization to track the management of your chronic-care patients?

- **Fully Adopted**: A condition where the technology/solution has been implemented organization wide and the relevant users are generally utilizing the technology/solution as intended per industry expectations and organizational policy.
- **Partially Adopted**: A condition where the technology/solution has been implemented in at least one area of the organization but not organization wide, or the technology/solution has been implemented organization wide but the relevant users are not utilizing the technology/solution as intended per industry expectations and/or organizational policy.
- **Not Adopted**: A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

A. Fully adopted
B. Partially adopted
C. Not supported
D. Not Applicable to our Patient Population

The intent of these questions is to assess how an HCO uses digital health technologies to monitor the care of their chronic care patients.

Chronic-Care Patients: Chronic care management includes any care provided by medical professionals to patients who have chronic diseases and conditions. A disease or condition is chronic when it lasts a year or more, requires ongoing medical attention or limits the activities of daily life.

(PDF-052) For each of the following conditions, which electronic-based chronic and/or care disease management services do you provide to patients "outside the walls" of your facility? Include only fully implemented programs (not pilots) for relevant patient population. (Check all that apply) (Acute/Ambulatory)

	Self-test results entered manually online	Self-test results submitted using internet-enabled monitoring device	Medication management/ compliance using secure e-mail	Real-time care management	Care management data integrated with EHR	Not Applicable to our Patient Population
A. Asthma						
B. Behavioral health						
C. Cancer						
D. Chronic obstructive pulmonary disease						
E. Congestive heart failure						
F. Dementia (e.g., Alzheimer's)						
G. Diabetes						
H. End stage renal disease (ESRD)						
I. Heart disease						
J. Hypertension						
K. Obesity						
L. Sickle cell anemia						

The intent of these questions is to assess how an HCO uses digital health technologies to collect patient data from their various chronic care patients.

(PDF-053) Which technologies does your organization use in addressing the following population health activities?
(Check all that apply) (Acute/Ambulatory)

A. Data aggregation:

Activities	EMR	3rd Party Solution	Home Grown Solution	Not Applicable
A. Compilation of a longitudinal patient record to include clinical, claims, and care-management data				
B. Creation of a reliable master patient index (to include duplicate record merging/deletion)				
C. Aggregation of other data sources (social determinants of health, genomics, imaging data, etc.)				

B. Data analysis:

Activities	EMR	3rd Party Solution	Home Grown Solution	Not Applicable
A. Stratify patients according to risk				
B. Tailored advanced predictive/prescriptive analytics (i.e. AI, machine learning)				
C. Ability to identify and tag patient groups to develop internal registries				
D. Prioritized Worklist				

C. Care management:

Activities	EMR	3rd Party Solution	Home Grown Solution	Not Applicable
A. Identify gaps in care				
B. Empower care management workflow with data-driven intelligence				
C. Chronic disease management				
D. Use of social care networks for Social Determinants of Health (SDoH) referrals to community organizations				

D. Administrative and financial reporting:

Activities	EMR	3rd Party Solution	Home Grown Solution	Not Applicable
A. Financial performance tracking under risk-based contracts				
B. Total cost of care analytics				
C. Network utilization tracking and network optimization analysis (e.g., leakage and steering)				
D. Tool to monitor care management performance				

E. Patient engagement:

Activities	EMR	3rd Party Solution	Home Grown Solution	Not Applicable
A. Target patients for outreach				
B. Secure messaging between patient, care-providers and care-managers				
C. Full CRM that includes integrated patient portal, outreach, education, and satisfaction				

F. Clinician engagement:

Activities	EMR	3rd Party Solution	Home Grown Solution	Not Applicable
A. Ability to track clinician usage of population health tools and activities				
B. Quality measures and analytics at the physician level (e.g., MIPS, MACRA, etc.)				
C. Prioritized guidance on patient care-gaps and statuses				

The intent of these questions is to assess the varied digital health technologies an HCO leverages in support of their population health activities.

Data aggregation:

A.   Compilation of a longitudinal patient record to include clinical, claims, and care-management data

A longitudinal health record is an electronic medical record of patient health information generated by one or more encounters in any care delivery setting. Each visit to the doctor usually focuses on a single reason for the encounter.

B.   Creation of a reliable master patient index (to include duplicate record merging/deletion)

The Master Patient Index identifies patients across separate clinical, financial and administrative systems and is needed for information exchange to consolidate the patient list from the various RPMS databases. The MPI contains records for all the patients from all of the IHS facilities.

C.   Aggregation of other data sources (social determinants of health, genomics, imaging data, etc.)

Data aggregation is any process whereby data is gathered and expressed in a summary form. When data is aggregated, atomic data rows -- typically gathered from multiple sources -- are replaced with totals or summary statistics.

Data Analysis

A.   Stratify patients according to risk

Risk stratification is "the process of assigning a health risk status to a patient, and using the patient's risk status to direct and improve care.

B.   Tailored advanced predictive/prescriptive analytics (i.e. AI, machine learning)

Machine Learning: Process of developing algorithms that can improve automatically through experience and by the use of data; it is seen as a building block of artificial intelligence.
Predictive Analytics: A variety of statistical techniques from data mining, predictive modelling, and machine learning that analyze current and historical facts to make predictions about future or otherwise unknown events.
Artificial Intelligence: A system that may utilize machine learning and predictive analytics to assess a situation and either recommend or take actions that maximize chances of success/positive outcomes.

C.   Ability to identify and tag patient groups to develop internal registries

A patient registry is an organized system that uses observational study methods to collect uniform data (clinical and other) to evaluate specified outcomes for a population defined by a particular disease, condition, or exposure, and that serves one or more predetermined scientific, clinical, or policy purposes.

D.   Prioritized Worklist

As healthcare organizations move toward value-based care and seek to improve performance and overall financial health, clinical documentation improvement (CDI) programs are under intense pressure to ensure documentation supports medical necessity and accurately captures each patient's clinical picture. As healthcare organizations move toward value-based care and seek to improve performance and overall financial health, clinical documentation improvement (CDI) programs are under intense pressure to ensure documentation supports medical necessity and accurately captures each patient's clinical picture.

Care Management

A.   Identify gaps in care

A "gap in care" is defined as the discrepancy between recommended best practices and the care that's actually provided. For example, a person is overdue for a recommended screening – like an annual mammogram, colonoscopy, or well visit – based on their age or other risk factors.

B.   Empower care management workflow with data-driven intelligence

Data-driven decision-making (DDDM) uses information that has been gathered, modeled, and analyzed to gain an understanding of specific business challenges and to support effective solutions. Data-driven decisions that nurse managers make include assigning unit and shift staffing levels based on patient acuity rates, increasing focus on infection control measures based on patient infection figures, and a heightened concentration on service delivery based on patient satisfaction survey results

C.   Chronic disease management

An integrated care approach to managing illness which includes screenings, check-ups, monitoring and coordinating treatment, and patient education.

D.   Use of social care networks for Social Determinants of Health (SDoH) referrals to community organizations

A community's social care organizations are essential for addressing basic needs such as housing, transportation and food.

Administrative and financial reporting

A.   Financial performance tracking under risk based contracts

Risk-based contracting is the act of establishing a contract between providers and payers that makes the provider (namely, the provider group) responsible for all the costs incurred in the care of empaneled health plan members.

B.   Total cost of care analytics

Total cost of care (TCOC) analytics is a metric that attempts to look at what it costs an entity to care for its customers. In other words, it is the cost associated with a population and its specific conditions. Cost of Care analysis is most often used to measure efficiency. By looking at

utilization rates you can measure how good a care management department is doing or where they can improve.

C.   Network utilization tracking and network optimization analysis (e.g., leakage and steering)
Network Utilization is the proportion of the current network traffic to the maximum amount of traffic that can be handled. It indicates the bandwidth consumption in the network.
Network Optimization refers to the tools, techniques, and best practices used to monitor and improve network performance. It involves analyzing the network infrastructure, identifying bottlenecks and other performance issues, and implementing solutions to eliminate or mitigate them.

D.   Tool to monitor care management performance
Care management programs apply systems, science, incentives, and information to improve medical. practice and assist consumers and their support system to become engaged in a collaborative process. designed to manage medical/social/mental health conditions more effectively.

Patient Engagement
A.   Target patients for outreach
Using technology and data to inform risk stratification can help deliver care targeted to each patient's individual needs and risks.

B.   Secure messaging between patient, care-providers and care-managers
Secure messaging in healthcare is essentially HIPAA-compliant communication, which regulates who has access to text conversations and how they are stored. Mimecast provides end-to-end encryption text messaging, which prevents anyone other than the sender and recipient from monitoring the text conversation.

C.   Full CRM that includes integrated patient portal, outreach, education, and satisfaction
Full (or complete) CRM is a SaaS solution that provides organizations the tools they need to effectively manage everything from marketing to sales, operations and more - all under one roof.

Clinician Engagement
A.   Ability to track clinician usage of population health tools and activities
Population Health Management (PHM) Software integrates data across healthcare IT systems and stores and aggregates patient data for analysis. These tools provide a large patient data resource and set of analytic tools to better predict and manage illnesses and diseases..

B.   Quality measures and analytics at the physician level (e.g., MIPS, MACRA, etc.)
Measures physician performance in effectiveness of care, access/availability of care, utilization, risk adjusted utilization, and misc. measures reported using electronic clinical data systems.

C.   Prioritized guidance on patient care-gaps and statuses

Care Gaps identify missing recommended preventive care services so that prviders may address them when they interact with their patients.

(PDF-054) Which of the following care coordination activities involving your clinical partners are performed leveraging information technologies?
(Check all that apply)
  A. Manage care transitions
  B. Build linkages to community-based resources
  C. Coordinate and monitor exchanges of information with specialists and other facilities
  D. Use call center to support care coordination
  E. Secure messaging with patients and health professionals
  F. Electronic medication and diagnostic ordering/management
  G. Consult/referral management and follow-up communications with electronic authorizations
  H. Wellness and prevention

The intent of these questions is to assess the varied care coordination activities HCO undertake which leverage digital health.

A.   Manage care transitions
          Care transitions include the coordination of medical and long term services and supports (LTSS) when an individual is admitted to a hospital, emergency room, or other for acute medical care.

D.   Build linkages to community-based resources
          The term 'community resources' covers a wide range of things that's potentially helping the community. This could be anything as long as it provides assistance or a service to the members of the local area. To put it simply, community resources include people, places, activities and things.

E.   Coordinate and monitor exchanges of information with specialists and other facilities
          Health exchanges allows health care professionals and patients to appropriately access and securely share a patient's medical information electronically. There are many health care delivery scenarios driving the technology behind the different forms of health information exchange available today.

F.   Use call center to support care coordination
          Healthcare call centers are outsourced teams that help healthcare organizations with inbound calls. They take a large load off of administrative staff and can help staff focus on more impactful business activities.

G.   Secure messaging with patients and health professionals
          Secure messaging in healthcare is essentially HIPAA-compliant communication, which regulates who has access to text conversations and how they are stored. Mimecast provides end-to-end encryption text messaging, which prevents anyone other than the sender and recipient from monitoring the text conversation.

H. **Electronic medication and diagnostic ordering/management**

Electronic Medication Management governs a hospital's complete medication cycle, which involves the prescribing of drugs by doctors, the revision and dispensing of prescription orders by pharmacists, and the administration of the same by nurses.

I. **Consult/referral management and follow-up communications with electronic authorizations**

A referral management system is a robust and remarkable tool for healthcare providers. It helps them keep up with their patient referrals during their period of care. The system synchronizes patient data from one physician or specialist to another, as well as to the patient.

J. **Wellness and prevention**

Preventive care is things like getting your yearly check ups, your vaccinations, things like that to keep you from getting sick. And then wellness care would be like, "I'm sick I should go to the doctor now..