



HIE Success Readiness Assessment

Relationship Management Checklist

Step 1 Obtain practice name and contact info (complete Your Information on the worksheet)

1. Provider name and address information
2. Contact information

Step 2 Complete your practice survey:

1. Determine existing EHR and other systems or interfaces (PMS, labs, etc.) and capability.
2. What HIE capabilities exist in provider's HIT environment?
3. Identify current IT/EHR system(s) environment.
4. What form(s) of exchange do systems (EHR) support?
5. If Direct enabled, obtain provider Direct email address(s)

Step 3 Complete Roadmap relationship list:

1. Obtain minimum of practice or provider name, specialty, phone number
2. Try to obtain fax number, address

Step 4 Verify your EHR information in the ONCCertified Technology List (CHPL)

(<https://chpl.healthit.gov/#/search>)

1. Use provider survey to Determine EHR Certification
2. Capture other information (such as Direct implementation if possible)

Step 5 Identify Provider on Roadmap

1. Do internet search of provider and obtain information not gathered by Customer
2. Fax number, alternative email addresses etc

Step 6 Outreach to providers on roadmap

- A. If email available, send email form (3 day response wait then escalate to next outreach step)
- B. If fax number available, send fax form (3 day response wait then escalate to next outreach step)
- C. Contact by phone.(Execute initial call script)



HIE Success Readiness Assessment

Overview

The Connecting Healthcare HIE Readiness Assessment assists healthcare providers in evaluating their readiness and ability to achieve health information exchange (HIE). This includes the identification of the operational, financial, and technical considerations necessary to successfully engage in HIE for both meaningful use considerations and patient care coordination and outcomes.

Utilizing this HIE assessment framework; provider organizations can establish operationally sustainable plans to exchange clinical data more efficiently. In addition to the basic benefits of a HIE, creating exchanges of data also drives the following operational benefits:

1. Enhanced patient safety and clinical outcomes
2. Enhancing transitions of care
3. Reducing potentially preventable readmissions
4. Reducing administrative costs
5. Increasing revenue from enhanced billings and collection
6. Increasing the efficiency of the trading partner referral base
7. Increasing the ability to support the information needs required for patient centered medical homes (PCMH), meaningful use (MU) requirements and accountable care organization (ACO) participation

HIE Assessment Approach

The outcomes of the Connecting Healthcare HIE-assessment will be used to determine the extent to which the provider is ready to deploy HIE and based on that assessment, the creation of a road map for the implementation of HIE.

Environmental scan

1. Identify and recruit internal HIE stakeholders within the provider practice.
2. Determine existing EHR and other systems or interfaces (PMS, labs, etc.) and capability.
 - 2.1. What HIE capabilities exist in provider's HIT environment?
 - 2.1.1. Identify current IT/EHR system(s) environment.
 - 2.2. What form(s) of exchange do systems (EHR) support?



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- 2.3. What are the upfront costs associated with upgrading to include HIE within the provider's EHR?
- 2.4. What is the ongoing maintenance and monthly costs of including HIE within the practice's EHR?
- 2.5. If provider does not currently have HIE functionality, determine applicability to integrate HIE service into existing EHR.
 - 2.5.1. Stand-alone Direct Messaging capability like the FL-HIE DM Service.
 - 2.5.2. SHI HIE Direct Hybrid tool from to connect to PLU.
 - 2.5.3. Other emerging state and local HIE Services.
- 2.6. If HIE is available but not installed, timeframe for when HIE will be available?
 - 2.6.1. Outreach to EHR or other HIT application vendors.
3. Identify desired and potential HIE stakeholders outside the provider organization and outreach plan for engagement in HIE.
 - 3.1. Referring providers.
 - 3.2. Referring hospitals.
 - 3.3. Other desired healthcare trading partners (practices, labs, clinics, etc.).

Operational goals and benchmarks

1. High-level assessment of the current operational environment within the provider system.
2. High-level assessment of the HIE operational environments within the identified stakeholders.
 - 2.1. Results from outreach HIE questionnaire/interview with key referral stakeholders for the provider.
3. Create operational goals for developing and implementing health information exchange.
 - 3.1. Process to enlist provider staff in the outreach to referral trading partners.
 - 3.2. Establish time-frames, goals and objectives.
 - 3.3. Determine the appropriate governance requirements between the provider practice, IT/EHR vendors and other stakeholders.
4. Identify processes for connecting new trading partners to the provider practice HIE capability.
 - 4.1. Method to test and determine new connections are functional.



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Privacy and security assessment

1. Assess existing privacy & security policies and identify gaps within current standards.
 - 1.1. Review existing Security Risk Assessment and Connecting Healthcare SRA service opportunity.
2. Review of what privacy and security features EHR or other HIT environments currently provide and support?

Health exchange use cases

1. Identify and prioritize use cases for health information exchange in the provider ecosystem and those required to meet Meaningful Use Stage 1 and 2.
 - 1.1. Patient referrals (inbound or out-bound).
 - 1.1.1. Sending or receiving information from specialists.
 - 1.1.2. Summary of care and transition of care records.
 - 1.2. Distribution of results (lab, radiology, transcription).
 - 1.3. Reconciliation of medication.
 - 1.4. Transmission or receipt of clinical orders.
 - 1.5. Hospital/Emergency Room exchange of patient data.
 - 1.6. Meaningful use solutions for engaging patients.
 - 1.6.1. Provide clinical info (discharge/ visit).
 - 1.6.2. Communications/ messages.
 - 1.6.3. Patient access to records.
 - 1.7. Send immunization/ get history (Requires use of SHOTS registry in Florida).
 - 1.8. Syndromic surveillance (Florida Department of Health not accepting data from not urgent care providers at this time <http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/florida-meaningful-use.html>)
 - 1.9. Clinical integration /data warehouse.
 - 1.10. Regional HIE (Such as CHIT or SHI).
 - 1.11. ACO (if provider is impacted by local accountable care organization).
2. Develop benchmark metrics for each use case if appropriate).
3. Integrate use cases into operational/IT assessments.

HIE workflow assessment

1. Identify workflows specific to HIE operations in the practice.
2. Identify gaps in workflow between disparate EHR system(s) and the HIE.



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3. Assess workflows to enable HIE utilization.

Meaningful Use gap analysis

1. Assess gaps between current level of adoption and attestation for Meaningful Use Stage 1 and Stage 2.
2. Determine the gaps between successful Stage 1 and requirements for Meaningful Use Stage 2 HIE.
 - 2.1. Patient Access (EP).
 - 2.1.1. More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (within 4 business days after the information is available to the EP) online access to their health information subject to the EP's discretion to withhold certain information.
 - 2.1.2. More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.
 - 2.2. Patient Access (EH/CAH).
 - 2.2.1. More than 50 percent of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an EH or CAH have their information available online within 36 hours of discharge.
 - 2.2.2. More than 5 percent of all patients (or their authorized representatives) who are discharged from the inpatient or emergency department (POS 21 or 23) of an EH or CAH view, download or transmit to a third party their information during the reporting period.
 - 2.3. EPs provide clinical summaries provided to patients or patient-authorized representatives within 1 business day for more than 50 percent of office visits.
 - 2.4. Summary Care Record
 - 2.4.1. The EP, EH, or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals.
 - 2.4.2. The EP, EH or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10% of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network.



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- 2.4.3. An EP, EH or CAH must satisfy one of the two following criteria: (A) Conducts one or more successful electronic exchanges of a summary of care document, as part of which is counted in "measure 2" (for EPs the measure at §495.6(j)(14)(ii)(B) and for eligible hospitals and CAHs the measure at §495.6(l)(11)(ii)(B)) with a recipient who has EHR technology that was developed designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2); or (B) Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.
3. Based on the development of Meaningful Use Stage 3, a proposed Gap assessment between Stage 2 and Stage 3.

Operational sustainability

1. Identify high-level cost and revenue ROI metrics associated with HIE roadmap.
 - 1.1. Use the ONC HIE ROI Calculator <https://www.healthit.gov/providers-professionals/implementation-resources/hie-roi-tool-note-rural-health-resource-center>
2. Develop a high-level timeline for implementation of agreed upon use cases.
3. Create a high-level model for HIE with specific recommendations for its implementation.