Aligning Forces for Quality | Improving Health & Health Care in Communities Across America

Health Information Technology
Needs Assessment Report of the AF4Q Communities

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The Health Information Technology Resource Center provides technical assistance to *Aligning Forces for Quality*, a national initiative of the Robert Wood Johnson Foundation.

Introduction

In May 2009, the Health Information Technology Resource Center (HITRC) of the Aligning Forces for Quality (AF4Q) national program office (NPO), funded by the Robert Wood Johnson Foundation (RWJF), was charged with creating and conducting a needs assessment to gather information about how the AF4Q communities were or might be thinking about using health information technology (HIT) to achieve the goals of quality improvement (QI), performance measurement/public reporting (PM/PR), consumer engagement (CE) and equity. This assessment consisted of both an online survey and a follow-up semi-structured interview. The purpose of this data collection was to provide the HITRC with guidance in developing its HIT technical assistance (TA) plans for both the individual communities and the broader, macro-level AF4Q program. In addition, the assessment serves as a "baseline" in that it provides a snapshot of the current status of HIT efforts across communities, allowing AF4Q to track progress and advances over time in the use of HIT, especially as they relate to program goals.

This report describes the survey methods, findings and recommendations about the data collected from both the online survey and semi-structured interviews.

Methods

The needs assessment was conducted in two separate, but related, phases to collect both quantitative and qualitative data. The initial phase consisted of an online survey that took approximately 1 hour to complete, with data collection occurring between June 15 and July 30, 2009. All AF4Q communities (n=17) participated in Phase I. The second phase was a follow-up semi-structured interview, lasting 30 – 50 minutes, conducted between July 17 and August 10, 2009. All fully active (i.e., non-planning grant) AF4Q communities (n=15) participated in Phase II. The semi-structured interviews took place after each participating community's online survey was completed.

The AF4Q NPO supported the HITRC's efforts by both providing advance notice of the impending needs assessment (including the process and goals) to local community Project Directors (PDs) in a regularly scheduled teleconference, as well as deploying the subsequent e-mail that notified PDs of the online survey's launch.

See Appendix A for the list of communities and participants.

A. Online Survey

Phase I of the needs assessment consisted of two similar online surveys with a total of 17 respondents (one in each AF4Q community). Both were designed by the HITRC and conducted via the Internet site SurveyMonkey.com. The first survey, distributed to the 15 active AF4Q communities as of May 1, 2009, was entitled *AF4Q Health Information Technology Survey* (see Appendix B). It consisted of 24 questions, the majority of which were multiple-choice and which also offered supplemental brief elaborative probes. The second survey, *AF4Q Health Information Technology Survey II* (see Appendix C), was distributed to the two AF4Q communities (Central

Indiana and Greater Boston) that began planning grants on May 1, 2009. This 21-question survey was nearly identical to the first, but questions related to potential future use of HIT and TA needs (i.e., questions 4 – 6 and 23 from the first survey) were excluded due to the very early nature of these communities' efforts.

The online survey was designed to elicit basic information and opinions regarding the current and future desired use of HIT within each community, challenges and opportunities to the utilization of HIT amongst providers/patients/consumers and possible resources for the development or implementation of HIT. There were also questions regarding functionalities of the current AF4Q Intranet portal.

B. Semi-Structured Interviews

The second phase of the needs assessment was a semi-structured interview (see Appendix D) conducted via a recorded teleconference call. The interview provided the communities and the HITRC the capacity to drill deeper into the online survey data, exploring the contextual underpinnings to gain more three-dimensional insight regarding community needs, concerns, potential barriers and their targeted near-term opportunities.

A total of 15 interviews were conducted. Central Indiana and Greater Boston were not asked to participate due to the nascent stage of their communities' activities.

C. Respondents

17 PDs were invited to participant in the online survey. However, they were authorized to appoint proxies to complete this task. In the end, respondents included 14 AF4Q PDs with three proxies reporting for their communities.

With regards the semi-structured interviews, PDs were requested to participate in the calls but were also encouraged to invite other local stakeholders with knowledge of the community's HIT activities to join in.

Findings

The needs assessment findings presented below represent both data from the online survey and semi-structured interviews. We have clustered related questions in the categories below to enable a broader understanding of related concepts. When appropriate, we indicate which figures/charts map to the various online survey questions with parentheses – the numbers used correspond to the question numbering in the full (24 question) survey. The full raw data set from the online survey can be found in Appendix E.

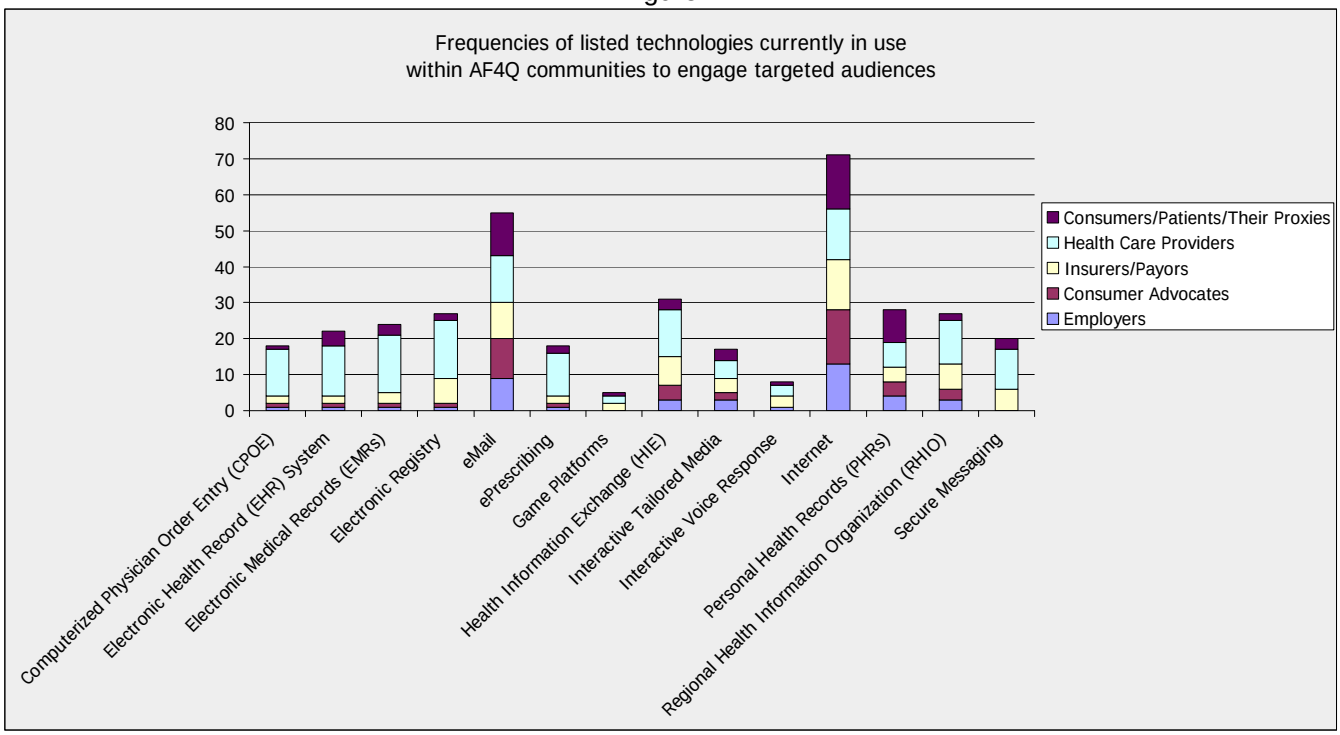
A. Current Use of HIT within AF4Q Communities

Two key issues presented themselves in the data analysis regarding current HIT use. The first was the respondents' capacity for precision and accuracy. Most respondents did not have reliable and validated data about HIT implementation and programs; rather, they provided estimates based

upon multiple sources from within their communities. Second, several of the use-related questions had a high percentage of respondents who selected "don't know." As a result of these issues, caution is warranted regarding the reliability or generalizability of the specifics of this data. What the data can offer is a sense of the current trends and perceptions about HIT within AF4Q.

Figure 1 (question 3) details the current use of various technologies across an array of target audiences.

Figure 1

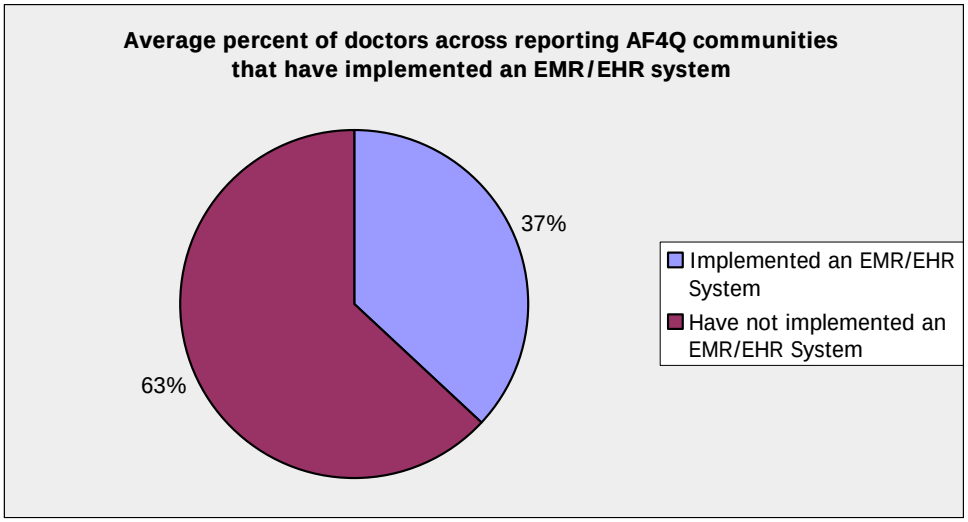


n=17

Of the nearly 400 instances of reported HIT use, 39.9% were among providers and 19.7% were among insurers/payers, followed closely by consumers/patients/their proxies at 17.1%. The leading technologies included the Internet (18.4%) and e-mail (14.2%), with the next closest technologies only hitting single digit percents.

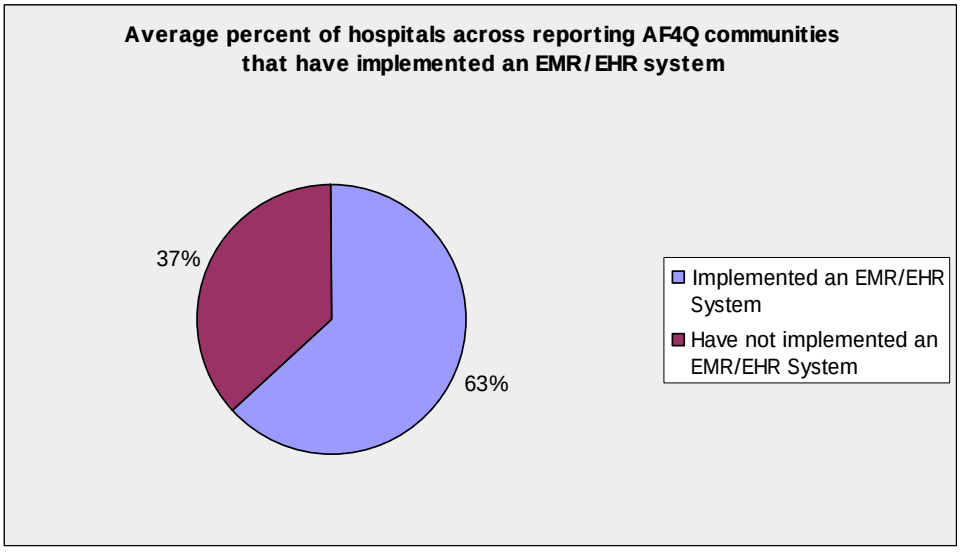
Figures 2 and 3 (questions 7 and 8) describe the implementation of electronic medical records (EMRs) or electronic health record (EHR) systems by doctors and hospitals, respectively. It is important to note that 1/3 of the survey respondents did not know the percentage of hospitals in their community that had so implemented EMR/HER systems, with nearly 20% not knowing physician practice data.

Figure 2



n=14

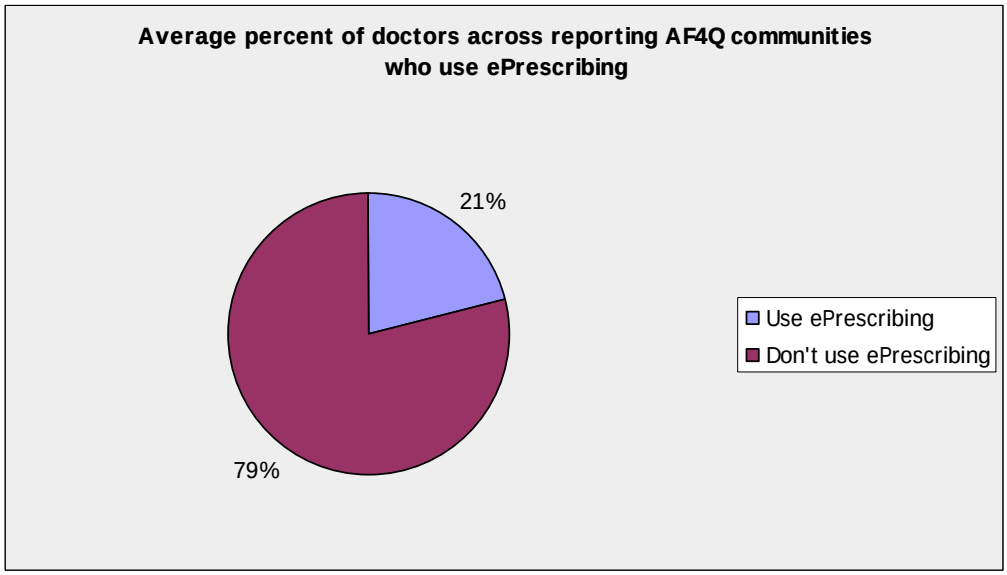
Figure 3



n=12

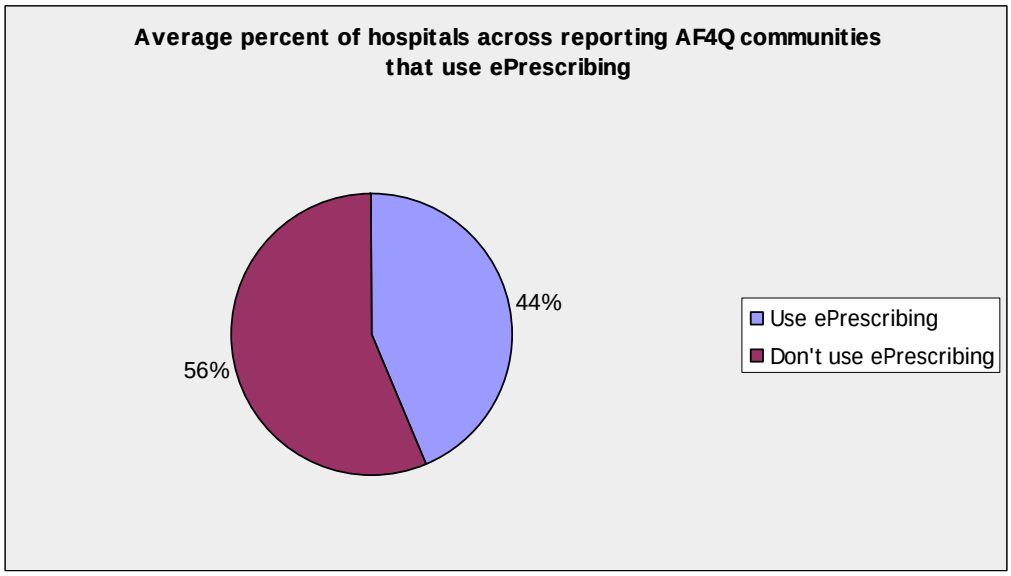
Figures 4 and 5 (questions 9 and 10) describe the use of ePrescribing by doctors and hospitals, respectively. 52.9% of the survey respondents did not know the percentage of doctors in their community that use ePrescribing; this jumped to 76.5% with regards to hospital use.

Figure 4



n=8

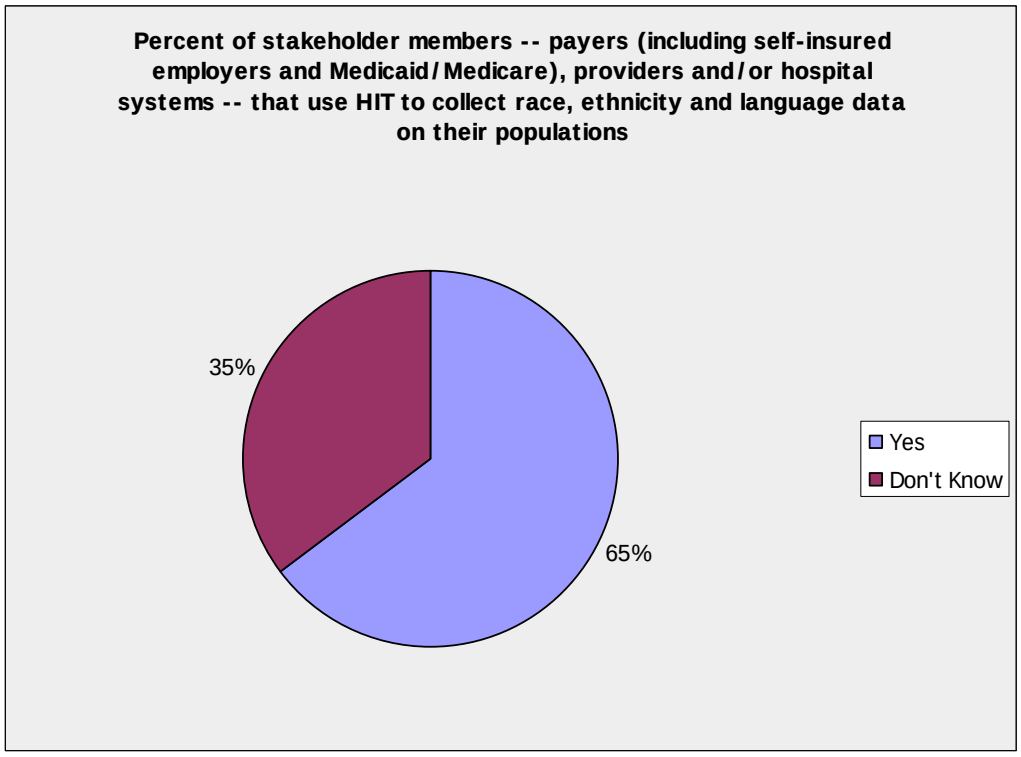
Figure 5



n=4

Finally, Figure 6 (question 16) reports on the use of HIT to collect race, ethnicity and language (REL) data.

Figure 6



n=17

35.3% of the respondents did not know if HIT in any form was used to collect REL data. And, of those who reported that HIT was used, the methods by which this was done differed. The respondents' comments are consistent with this finding:

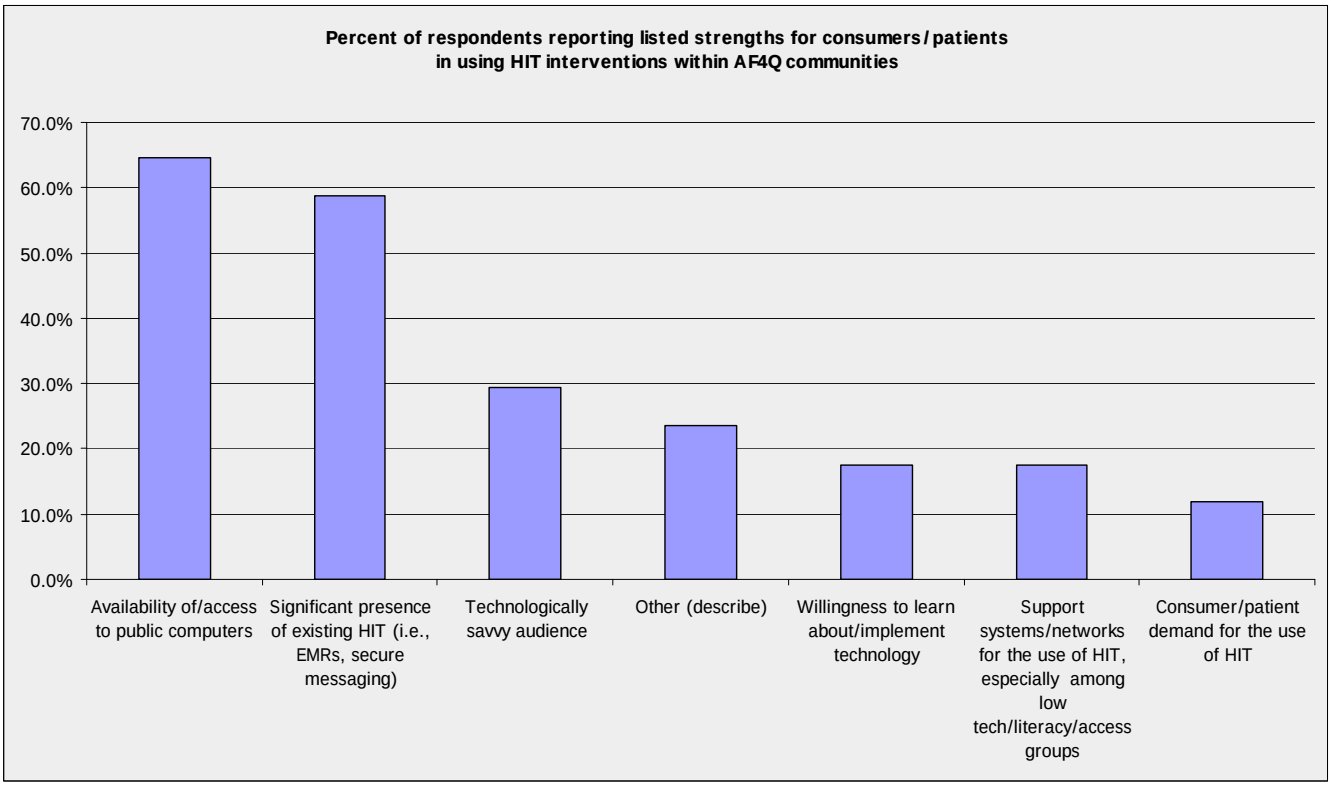
- "All do by various methodologies, increasingly through direct methods at the hospitals. Less known about the ambulatory environment."
- "Collection of this information is very limited, and data is not standardized across health systems."
- "Three of our largest hospitals are involved in our REL activity under AF4Q. Have, or are currently going through an extensive education/ training program for staff re: how to collect self-reported REL data, and are just beginning to move into data collection. Others collect these data – but probably not systematically or with high reliability."

B. Opportunities for and Challenges to the Use of HIT

Needs assessment participants were queried about the barriers and strengths within their communities to support the adoption of HIT by both providers and consumers/patients.

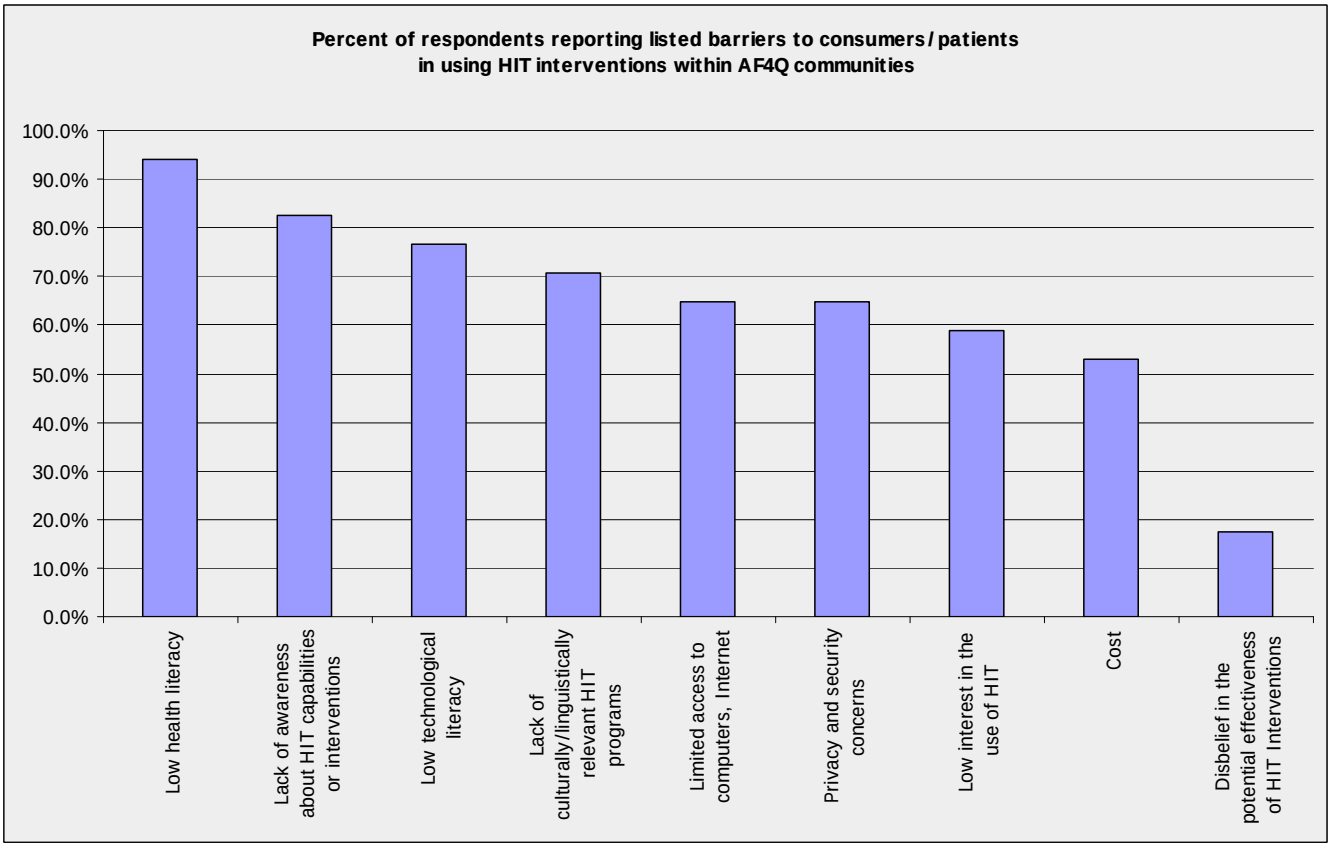
Figures 7 and 8 (questions 11 and 13) reflect the respondents' perceptions regarding consumers/patients' use.

Figure 7



n=17

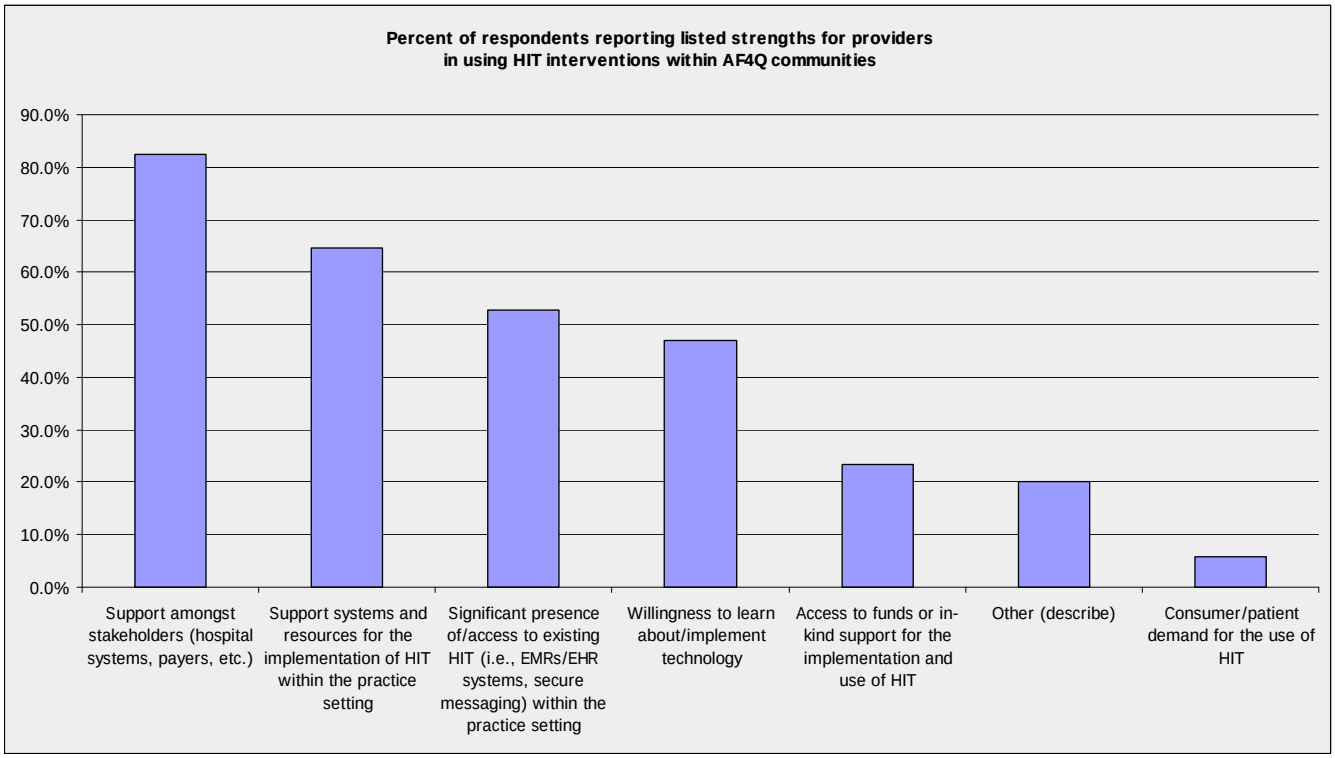
Figure 8



n=17

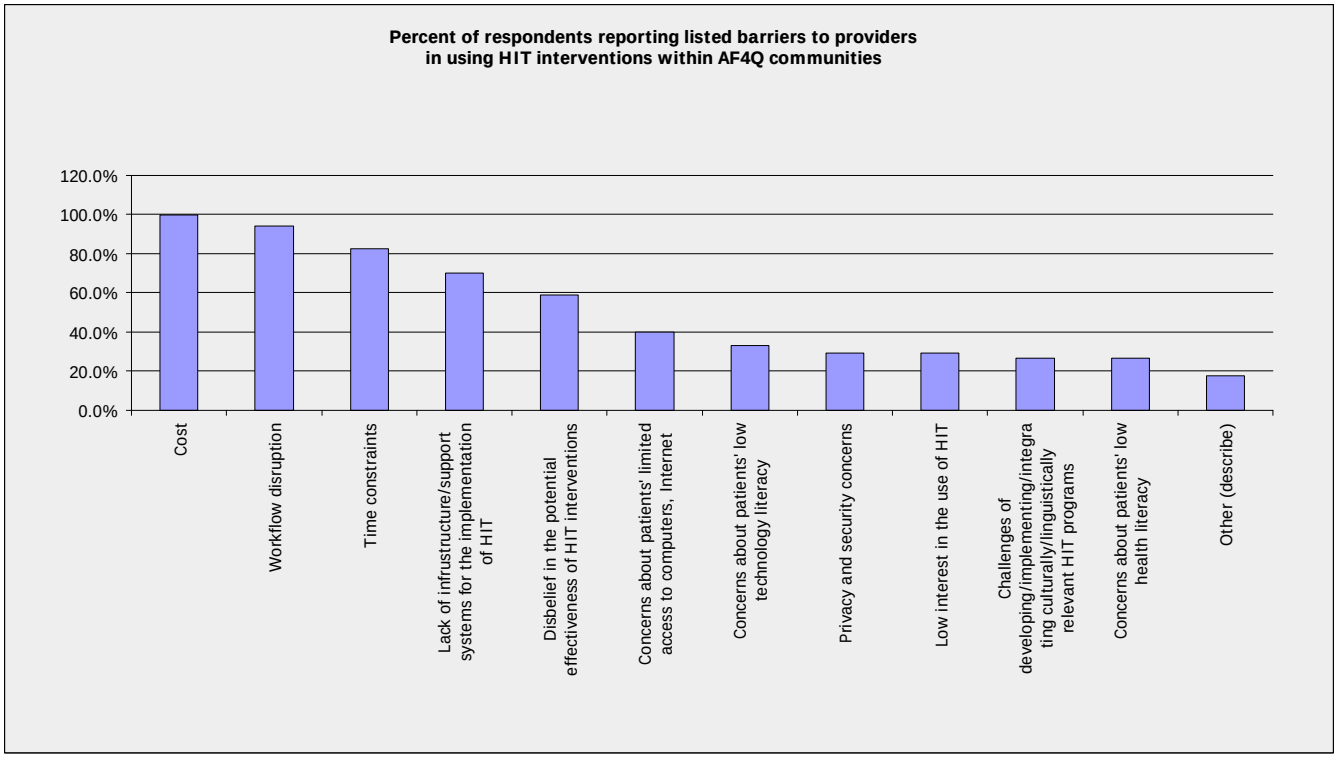
Figures 9 and 10 (questions 12 and 14) reflect the respondents' perceptions regarding healthcare providers' use.

Figure 9



n=17

Figure 10



n=17

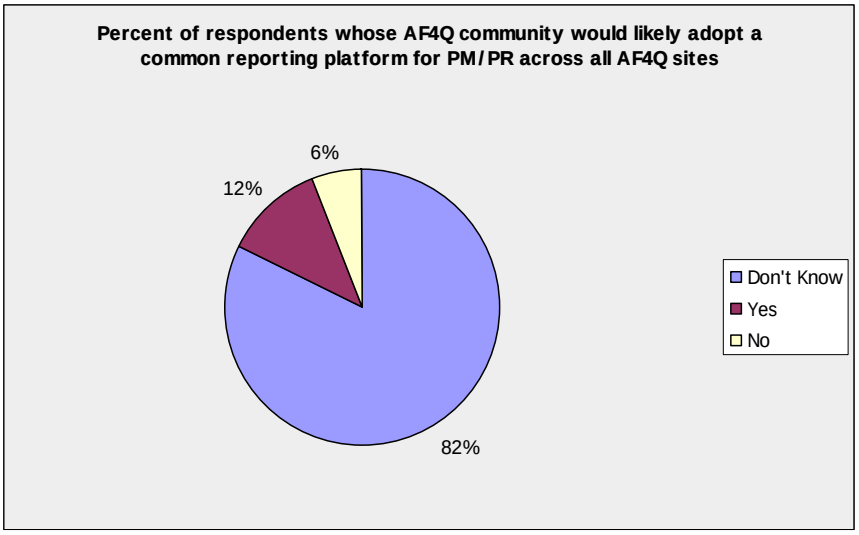
Finally, the overall level of support amongst local AF4Q leadership for the use of HIT (question 15, n=17) was reported as very strong (76.5%) or strong (23.5%). However, there were some qualifiers to this, noted in the comments:

- "Very supportive of concept and vision, but concerns about implementation issues and expected outcomes may not necessarily be achieved."
- "Everyone is supportive - that doesn't mean it translates to investments. There is a cadre of highly invested leaders, and a cadre of skeptics."

C. Public Reporting Platform

Participants were asked about the possibility of adopting a common platform for performance measurement/public reporting (PM/PR). As shown in **Figure 11** (question 20), most were unsure:

Figure 11



n=17

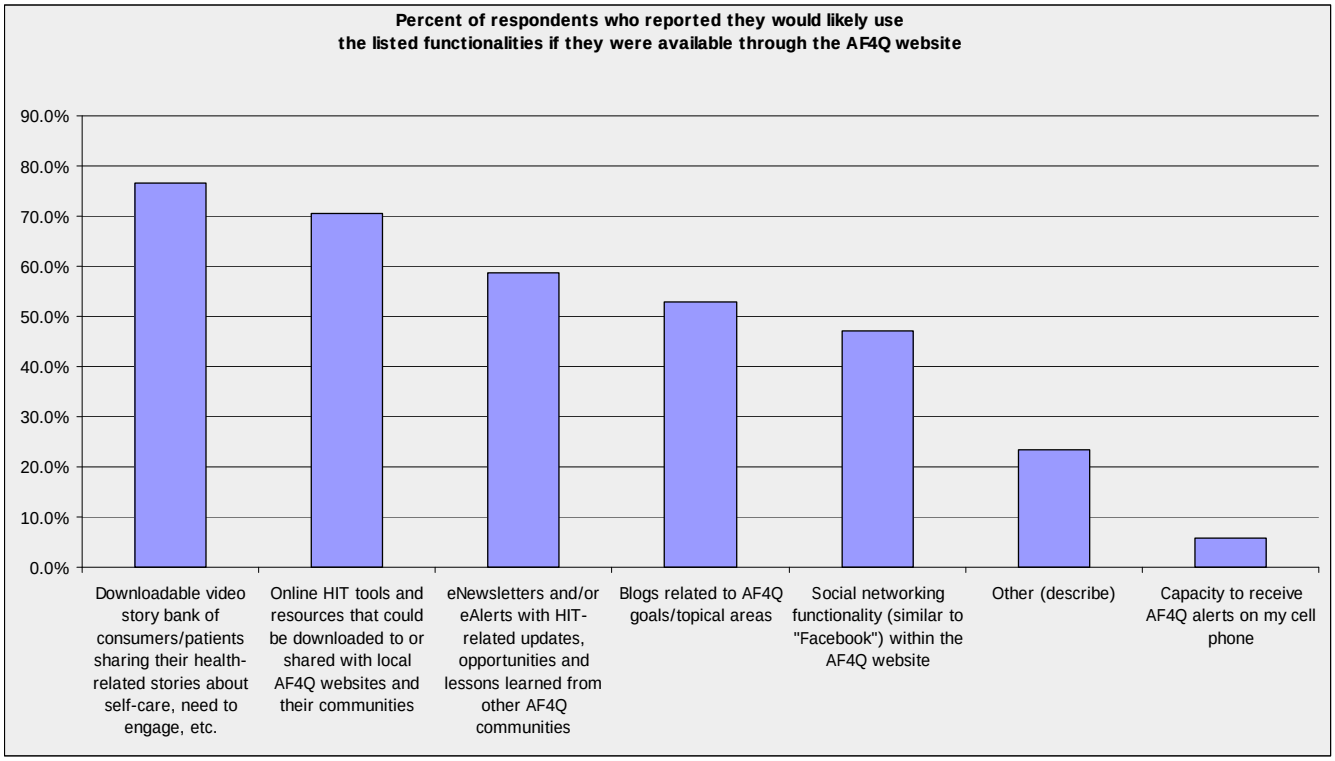
This topic generated the greatest level of uncommitted responses. The comments were diverse:

- "Depends if it could be customized."
- "Hard to say without details known. We would definitely like to be at any discussions/ strategy planning table and actively participate."
- "We are in our infancy with regard to vetting the PM/PR reports into our provider community. Until we have that feedback, we couldn't commit to it."
- "Depends on what it does."

D. AF4Q Intranet Portal

Two questions sought to determine more about the participants' use of the grantee-only portion of www.forces4quality.org. **Figure 12** (question 19) asked about potential functionalities:

Figure 12



n=17

Comments included:

- "Preference sensitive care videos or information that can be used across multiple communities."
- "We have a social networking site for the providers that we would like to use more effectively, both within our collaborative and across markets."
- "My sense is video stories are great, but should be local stories."
- "Access to software tool to produce utilization reports."

When asked what would motivate respondents to use the AF4Q website on a more regular basis (question 21, n=17), 35.3% indicated "more useful content," with 17.6% interested in "more interactive functions." Respondents overwhelming mentioned lack of time/competing demands as the biggest challenge to engaging more with the site. The calendar was most often mentioned as a current function they accessed. Other comments included:

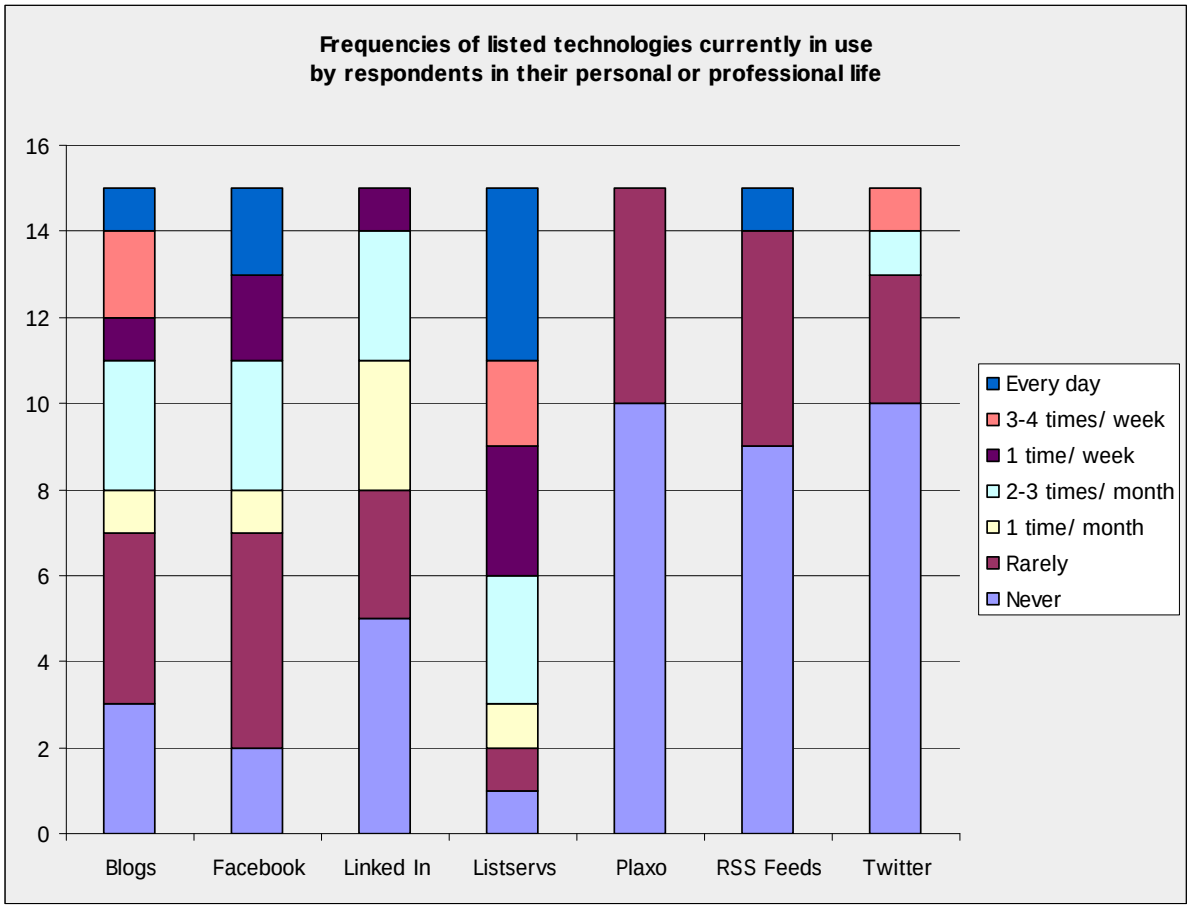
- "More interactive, appealing reminders, not plain text. I sort of look at them every day or other day but they get pushed to the side."
- "Easier way to locate items you need. Some of the materials for Quality, etc. are not on the AF4Q site, but are on the RWJF site; this can be confusing."
- "I have found the AF4Q website to be less useful since it was re-formatted. More difficult to find content, or maybe it's not even there, e.g., communications products, link to this survey. Having to scroll through a long list of resources isn't very efficient."

- "It is a good website. I just have so many web sites I need to interact with on a regular basis. The push e-mail is a big help."

E. Use of "Social Networking"

Given the global upswing of Web 2.0 and social networking activities, participants were probed about their current use of various social networking platforms. **Figure 13** (question 22) delineates frequency of use of these tools in respondents' personal and professional lives.

Figure 13



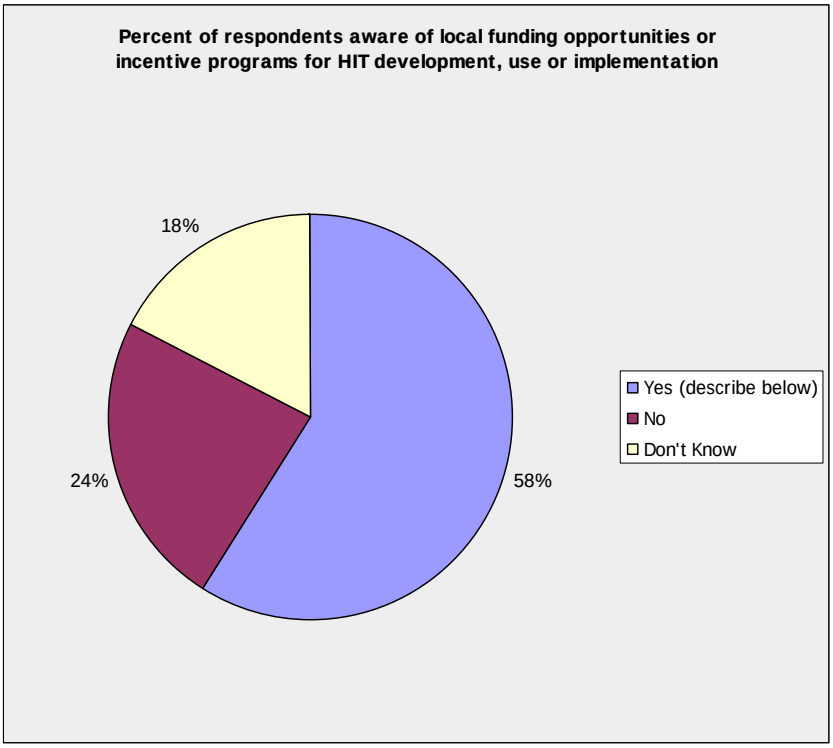
n=15

While the current use of these technologies is fairly low amongst participants, most expressed an interest in learning more about their potential use within AF4Q, either between colleagues or with various target audiences (e.g., consumers, providers).

F. Sources of Non-RWJF Support

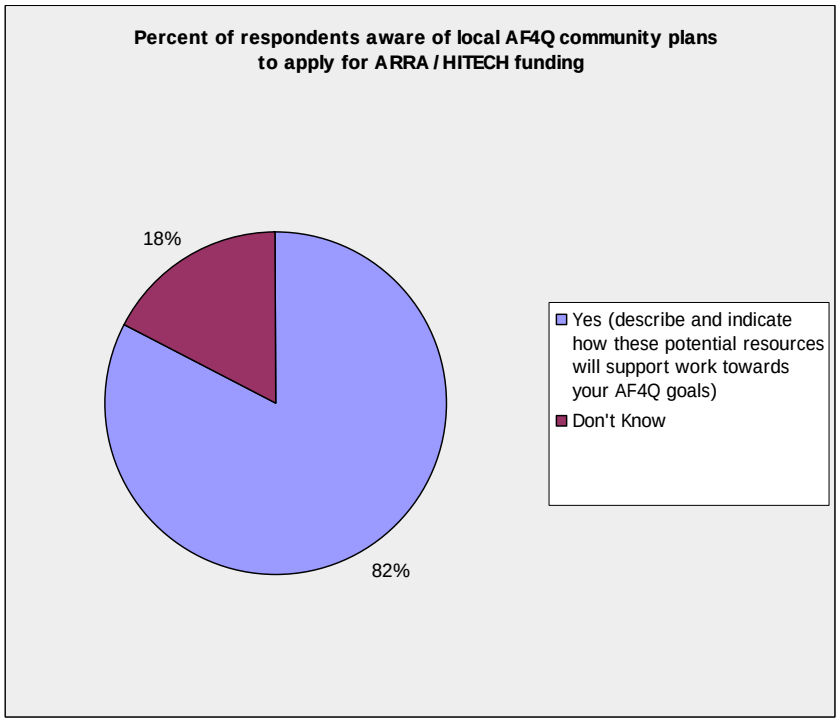
Two inquiries were made about potential non-RWJF funding and/or in-kind opportunities that may be available to local communities for HIT-related efforts. **Figures 14 and 15** (questions 17 and 18) provide a glimpse of these prospects:

Figure 14



n=17

Figure 15



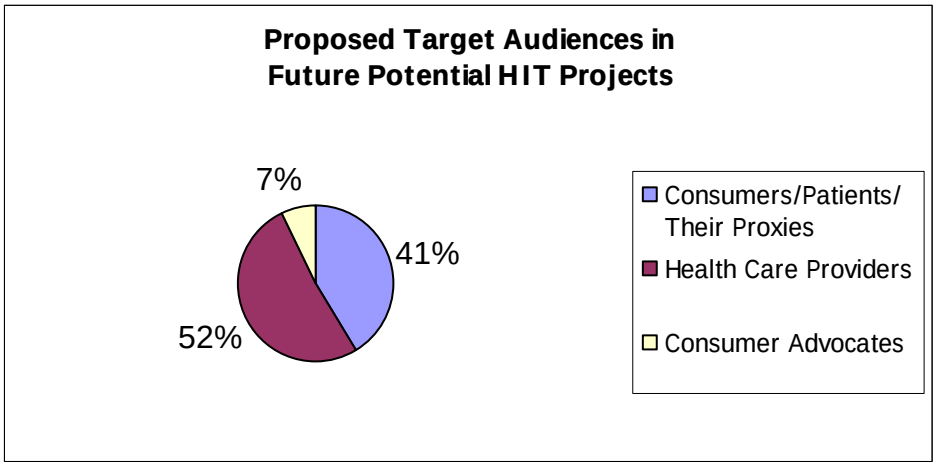
n=17

In general, participants were aware of various, but by no means comprehensive, local and federal opportunities, but the specifics of these efforts were sometimes unknown. See the comments for this question in Appendix E for more details.

G. Future Desired Use of HIT and Technical Assistance Needs

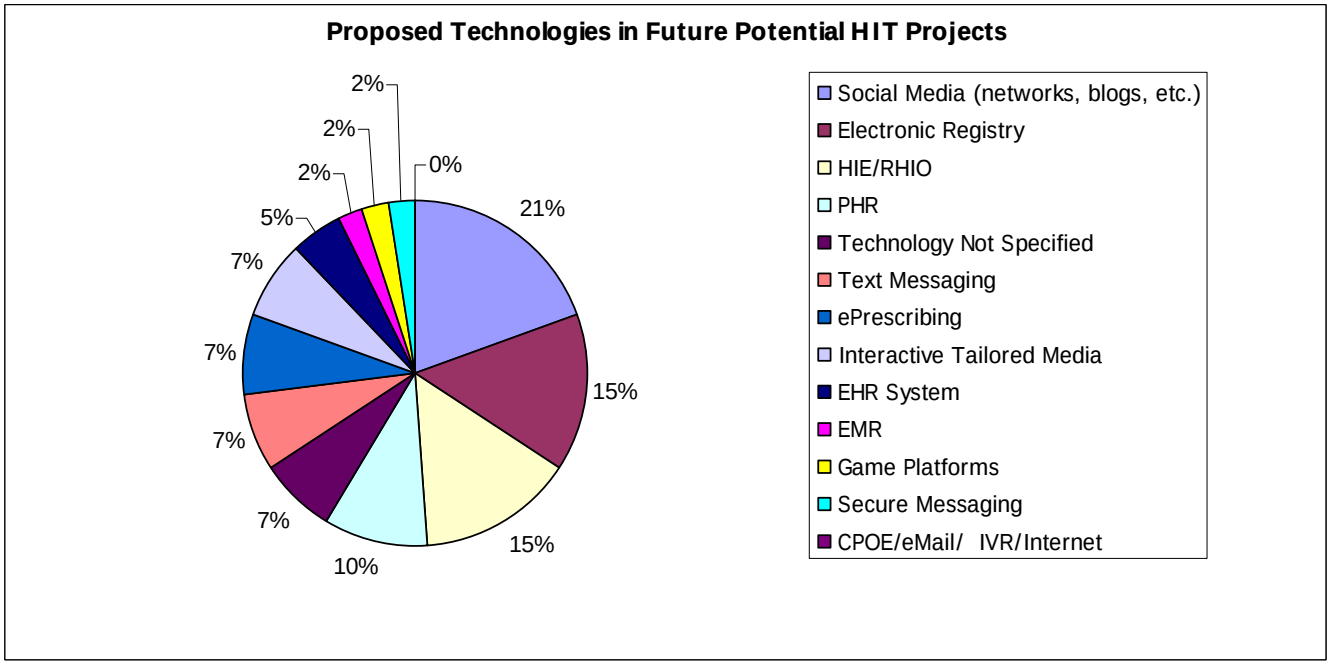
The topics covered in this section (questions 4 – 6 and 23) were addressed with the 15 currently active (i.e., non-planning grant) communities. **Figure 16 – 18** (questions 4 – 6) describe the desire to use HIT in 41 potential future projects for the listed target audiences, technologies and AF4Q goal areas.

Figure 16



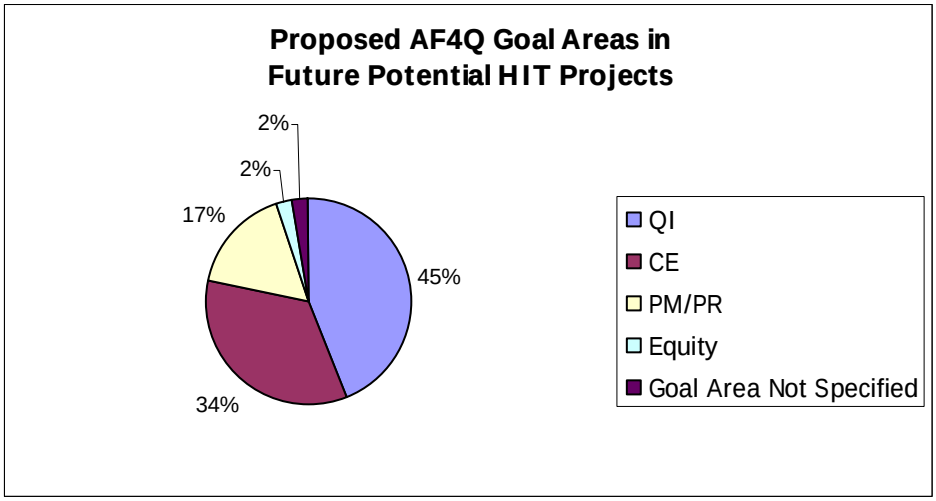
n=41

Figure 17



n=41

Figure 18



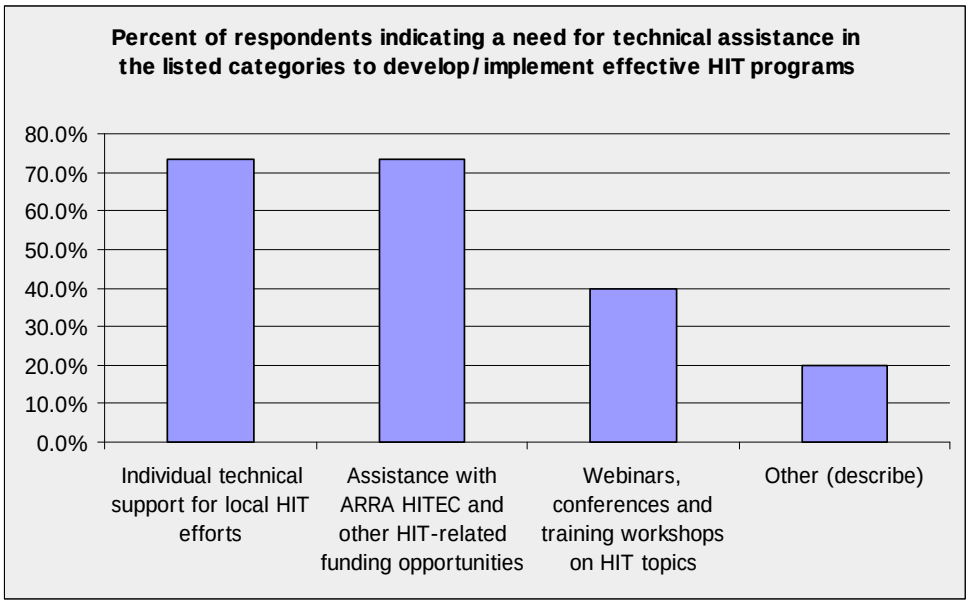
n=41

The predominant target audiences were healthcare providers and consumers/patients/their proxies, reflecting what respondents reported in question 3 about the current HIT-related activities within their communities. QI and CE led the AF4Q goal areas. With regards to technologies, interest was greatest for social media, electronic registries and health information exchanges (HIEs), juxtaposed well with desired target audiences and goals areas. It also mirrors the larger technology landscape, which has seen a significant increase in use of social media, as well as expanded interest in provider-centric technologies that will help achieve "meaningful use" criteria within the American Reinvestment and Recovery Act (ARRA) of 2009.

The detail and scope of proposed activities varied significantly across communities. Appendix F provides the specific ideas that participants had about future HIT use, delineated by AF4Q goal areas.

Figure 19 (question 23) presents data regarding the categories of HIT-related technical assistance (TA) that local AF4Q communities would like to develop and implement effective programs:

Figure 19



n=15

Topping the list was individually-based assistance for local efforts, as well as help with funding opportunities, even if the specifics were not known. Comments included:

- "It is too soon for us to know and we've really only been thinking about HIT in relation to the public reporting for consumers……We have not looked at HIT in isolation so it is a little challenging to think in those terms."
- "The responsibility for HIT programs is diffused throughout the community and while our efforts touch on these issues, the community-wide efforts are not housed within our organization. Therefore, while we see a potentially growing role in this area because of the connectivity to our other efforts, we would need substantially increased funding to take on a more major role."

General comments at the end of the online survey, as well as those during semi-structured interviews, reinforced the appeal of community-specific TA while also recognizing the potential for synergy between communities with similar readiness, interests and ideas.

Discussion

Results from the needs assessment indicate that HIT is viewed by the PDs and collaborators as an important component for improving health care quality, consumer engagement and public reporting in their communities. Interest was uniformly high with respect to their desire to leverage HIT wherever possible to support their work on priority goals for AF4Q. Perhaps the biggest challenge for some is how to proceed with prioritizing these efforts.

There was considerable variability across respondents and interviewees with respect to their level of awareness and knowledge of HIT assets and initiatives in their communities. This finding is not surprising given the fact that HIT is rapidly evolving and measures of HIT adoption, uptake and

meaningful use are limited at this time. The geographic area covered by these communities, as well as the sheer number of stakeholder collaborators, makes it extremely difficult to maintain a pulse on HIT-related efforts. Moreover, implementation of HIT has not been a specific priority goal of AF4Q, although a few communities (e.g., Cincinnati) stated that they considered HIT as a fundamental component to their quality improvement activities and from the onset of AF4Q established workgroups and other mechanisms to ensure ongoing development in this area. However, most AF4Q grantees also hold status as a Charter Value Exchange (CVE) of the Agency for Healthcare Research and Quality. HIT is a key component of CVE work, so opportunities to dovetail upon these efforts should be explored.

The following bullet points highlight the opportunities and challenges that the needs assessment results suggest and provide direction for the HITRC and the AF4Q NPO going forward:

- Communities require targeted and tailored technical assistance and tools (strategic guidance, tactics, measures, resources) in identifying near term opportunities and in taking advantage of HIT assets in their communities, including reliable and valid instruments to measure adoption of HIT by target audiences
- HIT adoption rates are accelerating rapidly in both inpatient and ambulatory settings, in addition to a resurgence of HIE initiatives related to both local and federal stimulus funding mechanisms; this fact presents both a near term opportunity as well as a challenge for communities to harness assets effectively given their requirement to focus scarce resources on priority goals in the short term
- Quality improvement is the AF4Q domain that respondents considered the most likely beneficiary of HIT-related development, followed closely by Consumer Engagement
- Use of the AF4Q Intranet website currently is largely episodic and limited to PDs and staff when specific information is sought or tasks need to be completed (e.g., calendar, report submission); there is substantial interest, however, among participants in more tailored content, delivered “just in time” and where they are, as well as easier search capabilities and the capacity for more user generated content
- Respondents are very interested in receiving HIT-related interactive tools, resources and technical assistance through multiple communication channels – Intranet portal, timely webinars, mobile devices, teleconferences; multi-media tools (e.g. story bank) are of substantial interest
- Interviewees indicated a strong interest in social media tools and resources (blogs, social networking sites, user-generated content, etc.) to enable AF4Q priority goals, but current use is low and there is a gap in knowledge, experience and recognition of potential value; bridging this gap and enabling the appropriate use of new media will require strategic planning, allocation of development/management resources and ongoing evaluation

- Respondents generally did not think that a "common platform" for PM/PR, as much as they could envision it, would be acceptable in their communities largely because of the investment and "buy in" that has already been made, or that is in the process of being made, in their local platforms; there was some recognition of the potential value in terms of economy of scale and sustainability for a common platform, but not sufficient to warrant a change in course
- Most communities were interested in potential HIT funding opportunities though the ARRA/HITEC legislation, although in a secondary role; a few were poised to assume a major role (e.g. WNY, Cincinnati, Maine)
- Several communities indicated they or one of their collaborators were planning to apply for a Development Fund grant in the HIT area

Recommendations

Community-specific TA plans had two components and were informed and created, in part, based upon the results of the needs assessment and its implications as listed above. In addition, the NPO served as a guide and sounding board to the HITRC, providing insight and suggesting refinements where needed, with the ultimate goal of integrating the HIT TA plans into the overall NPO TA Master Plan (a template developed by the AF4Q leadership used to construct individual community plans).

The first element of the community-level HIT TA plans was a review of the NPO's TA Master Plan, where the HITRC proposed edits to incorporate HIT and the HITRC across all AF4Q goal areas and their associated objectives, when appropriate. These changes impact all AF4Q communities. The second element was the formation of community-specific HIT objectives that were interwoven into several communities' overall TA plans. These are described below. While not all grantees have community-specific HIT objectives in the near term, they will have access to the HITRC, when required, to explore the potential use of HIT for QI, CE, PM/PR and Equity work.

1. Cincinnati

   Opportunity/Challenge: Cincinnati is pioneering a new method for collecting clinical data for performance measurement that leverages the electronic systems (practice management and electronic medical records) which many local medical groups have in place. Cincinnati's HIE, HealthBridge, is working with a small number of pilot practices to electronically extract data for performance measurement and submit to their analytic vendor, MN Community Measurement.

   HIT TA: Provide consultation about methods to lesson the administrative burden for the data collection process in order to improve the accuracy of performance measurement/public reporting to encompass the entire practice community. Provide targeted resources to enable more rapid aggregation and public reporting of performance measures.

   Primary Goal Area(s): Performance Measurement/Public Reporting

2. Cleveland

   Opportunity/Challenge: The larger hospital and integrated delivery systems have significant penetration of EMRs, but there is limited adoption amongst smaller local practices. The alliance wants to facilitate the growth of EMR use amongst these providers, potentially with funding from the ARRA, as one means of focusing on quality improvement.

   HIT TA: Assist with their effort to develop a plan for outreach to local providers without EMRs to assess interest/readiness regarding and barriers to adoption, awareness of ARRA funding for doing so and support needed to assist practices with full implementation. Provide targeted resources on assessment tools, ARRA funding criteria and determining the capacity for local organizations to provide assistance with implementation.

   Primary Goal Area(s): Quality Improvement

3. Maine

   Opportunity/Challenge: Maine received a Communications grant to engage "consumers to take action based on the information they receive and to make progress toward a sustainable consumer engagement infrastructure helping providers and patients to improve the quality of care." Through this grant, they are seeking to utilize multiple media channels, including the use of HIT, to connect with diverse and disparate patients and consumers.

   HIT TA: Examine various social media tools (e.g., social networking, micro blogging) to both drive enhanced awareness about and engagement in the use of performance measurement information, as well as its role as a platform for quality improvement initiatives. Provide targeted resources

   Primary Goal Area(s): Quality Improvement, Consumer Engagement

4. Minnesota

   Opportunity/Challenge: The D5 program, designed to assist patients with diabetes and their providers in managing the disease more effectively, is currently in "static" form on websites and in print materials. It could benefit from the use of technology (e.g., PHRs, social media, evidence-based disease management programs) to support interactive tailored interventions, patient self management and decision making, as well as enhanced communications between patients, clinicians and diabetes educators through the use of shared resources and tools.

   HIT TA: Determine currently existing technology opportunities (i.e., patients w/diabetes who have a PHR, provider practices with EHRs accessible to patients and/or the capacity to link to PHRs) to explore and potentially pilot HIT-based D5 interventions. Provide targeted resources on available evidence-based diabetes management eHealth applications and other platforms that link to providers.

   Primary Goal Area(s): Quality Improvement, Consumer Engagement

5. Puget Sound

   Opportunity/Challenge: Puget Sound is a large, highly diverse and complex system with varying stages of HIT implementation throughout. One quality improvement goal is to incorporate EMR-based data into their reporting data warehouse to attain more complete/detailed data, capture outcomes information, denote race/ethnicity/language, etc.

   HIT TA: Assist with the assessment of current data warehouse systems and reporting procedures to determine the feasibility of, best practices for and processes needed to incorporate EHR data into the warehouse in order to collate and generate reports on new topics of interest. Provide targeted resources on workflow management and other challenges to the current system's functionality.

   Primary Goal Area(s): Quality Improvement

6. South Central Pennsylvania

   Opportunity/Challenge: A significant part of the work being done in South Central PA revolves around the patient-centered medical home. As a result, one goal is to find a way to connect the four health systems' EMRs (at various stages of functionality), as well as adoption of EMRs within smaller practices, to create a robust EHR system for patients, creating greater care coordination and information sharing at the point of interaction between doctor and patients.

   HIT TA: Consult on the development of a plan for outreach both to local providers without EMRs and larger healthcare organizations with limited execution to assess interest/readiness regarding and barriers to adoption/interoperability, awareness of ARRA funding for doing so and support needed to assist practices with full implementation. Provide targeted resources on assessment tools, ARRA funding criteria and determining the capacity for local organizations to provide assistance with implementation.

   Primary Goal Area(s): Quality Improvement

7. Western New York

   Opportunity/Challenge: Western New York is integrating EHR systems into primary care practices that are currently not technology-enabled, providing clinical transformation support services to these entities. As a part of this, they are exploring the capacity of EMRs, ePrescribing and patient registries to support the patient-centered medical home and ability to extract data from physicians' practices.

   HIT TA: Within the EHR implementation project, help develop a strategy to prioritize which HIT functionalities offer the greatest near-term success for adoption and meeting quality improvement goals. Provide targeted resources on various HIT tools and the opportunities and challenges of their implementation within the primary care setting.

   Primary Goal Area(s): Quality Improvement

8. Willamette Valley

   Opportunity/Challenge: The alliance is currently using health plan claims in its performance measurement/public reporting efforts, but wants to move toward clinic submitted EHR data, using population management/registry functions of the EHRs.

   HIT TA: Assist the community in determining the resources, processes and timelines for shifting reporting from claims to clinical data. Provide targeted resources on mechanisms used and implementation challenges faced by other reporting organizations and entities that currently use clinical data.

   Primary Goal Area(s): Performance Measurement/Public Reporting

Appendix A
Needs Assessment Participants and Communities

Online Survey Respondents – *AF4Q Health Information Technology Survey*

- Albuquerque – Patricia (Pat) Montoya, Project Director
- Cincinnati – Trudi Matthews, Director of Policy and Public Relations, HealthBridge*
- Cleveland – Randy Cebul, Project Director
- Detroit – Jan Whitehouse, Project Director
- Humboldt County – Laura McEwen, Project Director
- Kansas City – Cathy Davis, Project Director
- Maine – Lisa Letourneau – Executive Director, Quality Counts*
- Memphis – Renee Frazier, Project Director
- Minnesota – Diane Mayberry, Interim Project Director
- Puget Sound – Natasha Rosenblatt, Performance Project Manager*
- South Central PA – Christine Amy, Project Director
- West Michigan – Robert Parrish, Team Leader and Staff Leadership
- Western New York – Shelley Hirshberg, Project Director
- Willamette Valley – Nancy Clarke, Project Director
- Wisconsin – Cynthia Schlough – Project Director

* – Indicates proxy for Project Director

Online Survey Respondents – *AF4Q Health Information Technology Survey II*

- Central Indiana – Chris Schultz
- Greater Boston – Barbra Rabson

Semi-Structured Interview Participants

- Albuquerque, NM – Patricia (Pat) Montoya, AF4Q Project Director; Kevin McMullen, AF4Q Leadership Counsel
- Cincinnati, OH – Craig Brammer, AF4Q Project Director and Senior Research Associate of Public Health Sciences at University of Cincinnati; Trudi Matthews, Director of Policy and Public Relations at Healthbridge
- Cleveland, OH – Randy Cebul, AF4Q Project Director; Neil Jane, Director of Research at Cleveland Clinic and Co-Chair of Information Management Committee; Diane Solov, Program Manager for Greater Health Greater Cleveland
- Detroit, MI – Jan Whitehouse, AF4Q Project Director and Senior Vice President of Greater Detroit Area Health Coalition; George Kipa, Deputy Corporate Medical Director for Blue Cross Blue Shield Michigan; Mallory Lawrenchuk, Greater Detroit Area Health Coalition; Lisa Mason, Senior Program Manager at Greater Detroit Area Health Coalition
- Humboldt County, CA – Laura McEwen, AF4Q Project Director; Eric Pembrees, Executive Director for Community Health Alliance
- Memphis, TN - Renee Frazier, AF4Q Project Director and Executive Director Healthy Memphis Common Table; Cristie Travis, CEO at Memphis Business Group On Health

- Minnesota – Diane Mayberry, AF4Q Project Director and Senior Program Executive for Minnesota Community Management; Jennifer Lenblad, CEO, Stratus Health; Sue Sieverson, Director of HIT Services, Stratus Health; Mark Sonnenborn, Quality Reporting and Data and Information Services, Minnesota Hospital Association
- Western New York – Shelley Hirshberg, AF4Q Project Director; Susan Fenster, Owner at Clinical Support Services, Inc.; John Taylor, Executive Director of University of Buffalo Primary Care Research Institute; Gary Kerl, Blue Cross/Blue Shield Western New York; Neva Henderson, HealtheLink
- Willamette Valley, OR – Nancy Clarke, AF4Q Project Director
- Wisconsin – Cynthia Schlough, AF4Q Project Director and Director of Member Services and Strategic Partnerships at the Wisconsin Collaborative for Healthcare Quality; Chris Queram, AF4Q Leadership Team Member and CEO Wisconsin Collaborative for Healthcare Quality; Dana Richardson, AF4Q Leadership Team Member and Vice President of Quality Initiatives Wisconsin Hospital Association

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Appendix B
AF4Q Health Information Technology Survey

The Health Information Technology Resource Center provides technical assistance to *Aligning Forces for Quality*, a national initiative of the Robert Wood Johnson Foundation.

AF4Q Health Information Technology Survey

Instructions

The Health Information Technology Resource Center (HITRC) of AF4Q designed this survey to gather information from you and other AF4Q project directors about how your community is or may be thinking about using health information technology (HIT) to achieve the goals of quality improvement (QI), performance measurement/public reporting (PM/PR) and consumer engagement (CE).

There are no right or wrong answers. The HITRC will use the information to assess needs for and provide technical assistance in the HIT realm, both across the alliance and within each local community.

Required questions have a * next to them.

There are a total of 24 questions, most of which are multiple choice. We estimate that the survey will take you no longer than 30 minutes to complete.

The following page contains a glossary. You can either print that page or refer back to it as you are taking the survey by selecting the "Previous" button at the bottom of any page.

If you would like assistance with or have questions about components of this survey, please contact the Health Information Technology Resource Center at hetinitiative@partners.org (e-mail) or 617/525-6167 (phone).

Please complete the survey by Friday, June 26.

Thanks!

* 1. Name:

* 2. Location

	Select
AF4Q Community	

AF4Q Health Information Technology Survey

Glossary

Computerized Provider Order Entry–CPOEs are electronic applications, typically used in inpatient settings, which providers use to place orders for diagnostic tests, medications and ancillary services.

Electronic Health Record systems–EHR systems are computer-accessible, interoperable repositories of clinical and administrative information pertinent to the health of an individual. EHR systems often include an embedded EMR as defined below, but also incorporate information that is drawn from multiple clinical and administrative sources.

Electronic Medical Record–EMRs are generally housed within a physician practice, clinic, hospital or integrated delivery system. Basic functionalities usually include documenting patient problems, clinical interventions, lab/test results and prescribed medications, essentially automating what had been previously located in paper records.

Electronic Registry–A database and repository of individually identifiable information that is searchable and reportable and generally condition or disease specific (e.g., diabetes) on a panel of patients.

ePrescribing–ePrescribing is a process that enables the electronic capture and transfer of a prescription from a provider's office to a pharmacy.

Game Platforms-Platforms for games (video, computer, web-based, etc.) that are developed for health care applications.

Health Information Exchange–HIEs are defined as the flow electronically of health-related data according to an agreed-upon set of interoperability standards, processes and activities across non-affiliated organizations in a manner that protects privacy and security of that data. The entity that organizes and takes responsibility for the process can vary, but is a collaborative in most cases.

Interactive Tailored Media–These computerized, interactive programs and applications assist individuals in changing their health behaviors or managing chronic diseases. They can be delivered through the Internet, wireless devices or remote monitoring equipment that connects to telephone lines or wireless networks.

Interactive Voice Response–A computer-automated telephone system that uses specialized telephone hardware and manipulation of a digitized voice. It is often described as a telephone connected to a "talking computer" to provide health care services such as education or information, assessment and treatment options.

Personal Health Record–Unlike institutionally controlled EMRs, consumers control information in and access to data within their PHR. Conceptually, the PHR is not linked to a single provider or health plan, but rather spans a person's lifetime, and can contain data entered by patients that might not normally be a part of an EMR (e.g., non-prescription medications and supplements taken by patients, alternative and complementary modalities of care).

Regional Health Information Organization–A multi-stakeholder governance entity that convenes non-affiliated health and health care-related providers and the beneficiaries they serve for the purpose of improving health care for the communities in which it operates. RHIOs take responsibility for the processes that enable the electronic exchange of interoperable health information within a defined contiguous geographic area.

Secure Messaging-A form of written electronic communication that, unlike regular e-mail, offers confidential and secure exchanges between people that authenticates the identity of each (such as a patient and his/her doctor). Secure messaging transactions are logged by a server and may also

integrate with an EMR.

Social Media–These technologies are often referred to as “Web 2.0” applications and include social networking websites (e.g., Facebook, PatientsLikeMe), blogs (interactive electronic dialoging), and the like that enable the sharing of perspectives, improved collaboration, communication, user involvement and, ultimately, retention of consumer engagement on these sites in novel ways.

AF4Q Health Information Technology Survey

Use of HIT

3. What technologies are currently being utilized within your AF4Q community to engage the listed target audiences in order to achieve AF4Q goals (check all that apply)?

	Consumers/Patients/Their Proxies	Health Care Providers	Insurers/Payors	Consumer Advocates	Employers
Computerized Physician Order Entry (CPOE)	☐	☐	☐	☐	☐
Electronic Health Record (EHR) System	☐	☐	☐	☐	☐
Electronic Medical Records (EMRs)	☐	☐	☐	☐	☐
Electronic Registry	☐	☐	☐	☐	☐
eMail	☐	☐	☐	☐	☐
ePrescribing	☐	☐	☐	☐	☐
Game Platforms	☐	☐	☐	☐	☐
Health Information Exchange (HIE)/Regional Health	☐	☐	☐	☐	☐
Information Organization (RHIO)	☐	☐	☐	☐	☐
Interactive Tailored Media	☐	☐	☐	☐	☐
Interactive Voice Response	☐	☐	☐	☐	☐
Internet	☐	☐	☐	☐	☐
Personal Health Records (PHRs)	☐	☐	☐	☐	☐
Secure Messaging	☐	☐	☐	☐	☐
Social Media (networks, blogs, etc.)	☐	☐	☐	☐	☐
Text Messaging	☐	☐	☐	☐	☐

Other (please describe additional target audiences and/or technologies)

AF4Q Health Information Technology Survey

* 4. Please BRIEFLY describe up to three technology-based interventions that your AF4Q team would like to implement or enhance. Include why you think this intervention will bring value/draw your target audience to use it vs. utilizing non-HIT-based programs.

For example: Use existing social networks to promote and link consumers to PM/PR websites, as well as educate them regarding the importance of using PM/PR data to make better decisions about where to seek care. Consumers will utilize this because they are already using social networks and, therefore, will not have to do anything different (i.e., search out this information) to find PM/PR info.

If you have more than one idea, please complete questions 5 and/or 6. Otherwise, skip to question 7.

	Target Audience	Technologies	AF4Q Goal Areas
Select:			

Brief description (please also include other technologies or target audiences that were not listed above)

5. Please see instructions for Question 4.

	Target Audience	Technologies	AF4Q Goal Areas
Select:			

Brief description (please also include other technologies or target audiences that were not listed above)

6. Please see instructions for Question 4.

	Target Audience	Technologies	AF4Q Goal Areas
Select:			

Brief description (please also include other technologies or target audiences that were not listed above)

* 7. Approximately what percent of doctors in your community have implemented an EMR/EHR system?

- ◯ Don't Know
- ◯ Percent (enter number below)

* 8. Approximately what percent of hospitals in your community have implemented an EMR/EHR system?

- ◯ Don't Know
- ◯ Percent (enter number below)

* 9. Approximately what percent of doctors in your community use ePrescribing?

- ◯ Don't Know
- ◯ Percent (enter number below)

* 10. Approximately what percent of hospitals in your community use ePrescribing?

- ◯ Don't Know
- ◯ Percent (enter number below)

AF4Q Health Information Technology Survey

Barriers and Strengths

* 11. For consumers/patients, what barriers exist to using HIT interventions within your community (check all that apply)?

- [ ] Low health literacy
- [ ] Low technological literacy
- [ ] Limited access to computers, Internet
- [ ] Privacy and security concerns
- [ ] Low interest in the use of HIT
- [ ] Cost
- [ ] Disbelief in the potential effectiveness of HIT Interventions
- [ ] Lack of culturally/linguistically relevant HIT programs
- [ ] Lack of awareness about HIT capabilities or interventions
- [ ] Other (describe)

* 12. For health care providers, what barriers exist to using HIT interventions within your community (check all that apply)?

- [ ] Cost
- [ ] Time constraints
- [ ] Workflow disruption
- [ ] Lack of infrustructure/support systems for the implementation of HIT
- [ ] Privacy and security concerns
- [ ] Low interest in the use of HIT
- [ ] Disbelief in the potential effectiveness of HIT interventions
- [ ] Challenges of developing/implementing/integrating culturally/linguistically relevant HIT programs
- [ ] Concerns about patients' low health literacy
- [ ] Concerns about patients' low technology literacy
- [ ] Concerns about patients' limited access to computers, Internet
- [ ] Other (describe)

* 13. For consumers/patients, what strengths exist in using HIT interventions within your community (check all that apply)?

- [ ] Technologically savvy audience
- [ ] Availability of/access to public computers
- [ ] Willingness to learn about/implement technology
- [ ] Support systems/networks for the use of HIT, especially among low tech/literacy/access groups
- [ ] Significant presence of existing HIT (i.e., EMRs, secure messaging)
- [ ] Consumer/patient demand for the use of HIT
- [ ] Other (describe)

AF4Q Health Information Technology Survey

* 14. For health care providers, what strengths exist in using HIT interventions within your community (check all that apply)?

- [ ] Willingness to learn about/implement technology
- [ ] Support systems and resources for the implementation of HIT within the practice setting
- [ ] Significant presence of/access to existing HIT (i.e., EMRs/EHR systems, secure messaging) within the practice setting
- [ ] Access to funds or in-kind support for the implementation and use of HIT
- [ ] Consumer/patient demand for the use of HIT
- [ ] Support amongst stakeholders (hospital systems, payers, etc.)
- [ ] Other (describe)

* 15. What is the overall level of support amongst your local AF4Q leadership for the use of HIT?

- ◯ Very supportive
- ◯ Supportive
- ◯ Neutral
- ◯ Little support
- ◯ Not supportive

Comments (optional)

AF4Q Health Information Technology Survey

* 16. Do your stakeholder members -- payers (including self-insured employers and Medicaid/Medicare), providers and/or hospital systems -- use HIT to collect race, ethnicity and language data on their populations?

- ◯ No
- ◯ Don't Know
- ◯ Yes (describe below, including an estimate of the %)

AF4Q Health Information Technology Survey

Funding Opportunities

* 17. Do any local funding opportunities or incentive programs (from payers, foundations, organizations, businesses, employers, etc.) exist for the development, use or implementation of HIT?

- ◯ No
- ◯ Don't Know
- ◯ Yes (describe below)

* 18. Does your AF4Q community or any of its members have plans to respond to the American Reinvestment and Recovery Act/HITECH funding opportunities?

- ◯ No
- ◯ Don't Know
- ◯ Yes (describe and indicate how these potential resources will support work towards your AF4Q goals)

AF4Q Health Information Technology Survey

HIT Information and Technical Support

* 19. Which of the following functionalities would you likely use if they were available through the AF4Q website (check all that apply)?

- [ ] Downloadable video story bank of consumers/patients sharing their health-related stories about self-care, need to engage, etc.
- [ ] Blogs related to AF4Q goals/topical areas
- [ ] Online HIT tools and resources that could be downloaded to or shared with local AF4Q websites and their communities (provide ideas and examples, if you have them, in the text box below)
- [ ] eNewsletters and/or eAlerts with HIT-related updates, opportunities and lessons learned from other AF4Q communities
- [ ] Capacity to receive AF4Q alerts on my cell phone
- [ ] Social networking functionality (similar to "Facebook") within the AF4Q website
- [ ] Other (describe)

* 20. If a common reporting platform were available/created for PM/PR across all AF4Q sites, would your community likely adopt it?

- ◯ No
- ◯ Don't Know
- ◯ Yes

Comments (optional)

AF4Q Health Information Technology Survey

* 21. What would motivate you to use the AF4Q website on a more regular basis (check all that apply)? Please provide examples/suggestions in the text box below, if you have any.

- [ ] More interactive functions
- [ ] More useful content
- [ ] Incentives for use (contests, etc.)
- [ ] Other (describe)

* 22. How often do you utilize the following technologies in your personal or professional life?

	Every day	3-4 times/ week	1 time/ week	2-3 times/ month	1 time/ month	Rarely	Never
Blogs	◯	◯	◯	◯	◯	◯	◯
Facebook	◯	◯	◯	◯	◯	◯	◯
Linked In	◯	◯	◯	◯	◯	◯	◯
Listservs	◯	◯	◯	◯	◯	◯	◯
Plaxo	◯	◯	◯	◯	◯	◯	◯
RSS Feeds	◯	◯	◯	◯	◯	◯	◯
Twitter	◯	◯	◯	◯	◯	◯	◯

Other (describe)

* 23. What types of technical support do you think you will need to develop and implement effective HIT programs (check all that apply)?

- [ ] Individual technical support for local HIT efforts
- [ ] Assistance with ARRA HITEC and other HIT-related funding opportunities
- [ ] Webinars, conferences and training workshops on HIT topics
- [ ] Other (describe)

24. Please share any other thoughts, ideas or questions that you have regarding the role of HIT in achieving AF4Q goals:

AF4Q Health Information Technology Survey

Thank You!

We appreciate the time you took to provide us with your insights and thoughts. Have a great day!

Aligning Forces for Quality | Improving Health & Health Care in Communities Across America

Appendix C
AF4Q Health Information Technology Survey II

The Health Information Technology Resource Center provides technical assistance to *Aligning Forces for Quality*, a national initiative of the Robert Wood Johnson Foundation.

AF4Q Health Information Technology Survey II

Instructions

The AF4Q Health Information Technology Resource Center (HITRC) designed this survey to gather information from you about how your community is using health information technology (HIT) to achieve the goals of quality improvement (QI), performance measurement/public reporting (PM/PR) and consumer engagement (CE).

There are no right or wrong answers. Required questions have a * next to them.

There are a total of 20 questions, most of which are multiple choice. We estimate that the survey will take you no longer than 30 minutes to complete.

The following page contains a glossary. You can either print that page or refer back to it as you are taking the survey by selecting the "Previous" button at the bottom of any page.

If you would like assistance with or have questions about components of this survey, please contact the Health Information Technology Resource Center at hetinitiative@partners.org (e-mail) or 617/525-6167 (phone).

Please complete the survey by Monday, July 20.

Thanks!

* 1. Name:

* 2. Location

	Select
AF4Q Community	

AF4Q Health Information Technology Survey II

Glossary

Computerized Provider Order Entry–CPOEs are electronic applications, typically used in inpatient settings, which providers use to place orders for diagnostic tests, medications and ancillary services.

Electronic Health Record systems–EHR systems are computer-accessible, interoperable repositories of clinical and administrative information pertinent to the health of an individual. EHR systems often include an embedded EMR as defined below, but also incorporate information that is drawn from multiple clinical and administrative sources.

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Game Platforms-Platforms for games (video, computer, web-based, etc.) that are developed for health care applications.

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integrate with an EMR.

Social Media–These technologies are often referred to as “Web 2.0” applications and include social networking websites (e.g., Facebook, PatientsLikeMe), blogs (interactive electronic dialoging), and the like that enable the sharing of perspectives, improved collaboration, communication, user involvement and, ultimately, retention of consumer engagement on these sites in novel ways.

AF4Q Health Information Technology Survey II

Use of HIT

3. What technologies are currently being utilized within your community to engage the listed target audiences in order to achieve AF4Q goals (check all that apply)?

	Consumers/Patients/Their Proxies	Health Care Providers	Insurers/Payors	Consumer Advocates	Employers
Computerized Physician Order Entry (CPOE)	☐	☐	☐	☐	☐
Electronic Health Record (EHR) System	☐	☐	☐	☐	☐
Electronic Medical Records (EMRs)	☐	☐	☐	☐	☐
Electronic Registry	☐	☐	☐	☐	☐
eMail	☐	☐	☐	☐	☐
ePrescribing	☐	☐	☐	☐	☐
Game Platforms	☐	☐	☐	☐	☐
Health Information Exchange (HIE)/Regional Health	☐	☐	☐	☐	☐
Information Organization (RHIO)	☐	☐	☐	☐	☐
Interactive Tailored Media	☐	☐	☐	☐	☐
Interactive Voice Response	☐	☐	☐	☐	☐
Internet	☐	☐	☐	☐	☐
Personal Health Records (PHRs)	☐	☐	☐	☐	☐
Secure Messaging	☐	☐	☐	☐	☐
Social Media (networks, blogs, etc.)	☐	☐	☐	☐	☐
Text Messaging	☐	☐	☐	☐	☐

Other (please describe additional target audiences and/or technologies)

* 4. Approximately what percent of doctors in your community have implemented an EMR/EHR system?

- ◯ Don't Know
- ◯ Percent (enter number below)

AF4Q Health Information Technology Survey II

* 5. Approximately what percent of hospitals in your community have implemented an EMR/EHR system?

- ◯ Don't Know
- ◯ Percent (enter number below)

* 6. Approximately what percent of doctors in your community use ePrescribing?

- ◯ Don't Know
- ◯ Percent (enter number below)

* 7. Approximately what percent of hospitals in your community use ePrescribing?

- ◯ Don't Know
- ◯ Percent (enter number below)

AF4Q Health Information Technology Survey II

Barriers and Strengths

* 8. For consumers/patients, what barriers exist to using HIT interventions within your community (check all that apply)?

- [ ] Low health literacy
- [ ] Low technological literacy
- [ ] Limited access to computers, Internet
- [ ] Privacy and security concerns
- [ ] Low interest in the use of HIT
- [ ] Cost
- [ ] Disbelief in the potential effectiveness of HIT Interventions
- [ ] Lack of culturally/linguistically relevant HIT programs
- [ ] Lack of awareness about HIT capabilities or interventions
- [ ] Other (describe)

AF4Q Health Information Technology Survey II

* 9. For health care providers, what barriers exist to using HIT interventions within your community (check all that apply)?

- [ ] Cost
- [ ] Time constraints
- [ ] Workflow disruption
- [ ] Lack of infrustructure/support systems for the implementation of HIT
- [ ] Privacy and security concerns
- [ ] Low interest in the use of HIT
- [ ] Disbelief in the potential effectiveness of HIT interventions
- [ ] Challenges of developing/implementing/integrating culturally/linguistically relevant HIT programs
- [ ] Concerns about patients' low health literacy
- [ ] Concerns about patients' low technology literacy
- [ ] Concerns about patients' limited access to computers, Internet
- [ ] Other (describe)

* 10. For consumers/patients, what strengths exist in using HIT interventions within your community (check all that apply)?

- [ ] Technologically savvy audience
- [ ] Availability of/access to public computers
- [ ] Willingness to learn about/implement technology
- [ ] Support systems/networks for the use of HIT, especially among low tech/literacy/access groups
- [ ] Significant presence of existing HIT (i.e., EMRs, secure messaging)
- [ ] Consumer/patient demand for the use of HIT
- [ ] Other (describe)

AF4Q Health Information Technology Survey II

* 11. For health care providers, what strengths exist in using HIT interventions within your community (check all that apply)?

- [ ] Willingness to learn about/implement technology
- [ ] Support systems and resources for the implementation of HIT within the practice setting
- [ ] Significant presence of/access to existing HIT (i.e., EMRs/EHR systems, secure messaging) within the practice setting
- [ ] Access to funds or in-kind support for the implementation and use of HIT
- [ ] Consumer/patient demand for the use of HIT
- [ ] Support amongst stakeholders (hospital systems, payers, etc.)
- [ ] Other (describe)

* 12. What is the overall level of support amongst your local AF4Q community for the use of HIT?

- ◯ Very supportive
- ◯ Supportive
- ◯ Neutral
- ◯ Little support
- ◯ Not supportive

Comments (optional)

AF4Q Health Information Technology Survey II

* 13. Do your stakeholder members -- payers (including self-insured employers and Medicaid/Medicare), providers and/or hospital systems -- use HIT to collect race, ethnicity and language data on their populations?

- ◯ No
- ◯ Don't Know
- ◯ Yes (describe below, including an estimate of the %)

AF4Q Health Information Technology Survey II

Funding Opportunities

* 14. Do any local funding opportunities or incentive programs (from payers, foundations, organizations, businesses, employers, etc.) exist for the development, use or implementation of HIT?

- ◯ No
- ◯ Don't Know
- ◯ Yes (describe below)

* 15. Does your AF4Q community or any of its members have plans to respond to the American Reinvestment and Recovery Act/HITECH funding opportunities?

- ◯ No
- ◯ Don't Know
- ◯ Yes (describe and indicate how these potential resources will support work towards your AF4Q goals)

AF4Q Health Information Technology Survey II

HIT Information and Technical Support

* 16. Which of the following functionalities would you likely use if they were available through the AF4Q website (check all that apply)?

- [ ] Downloadable video story bank of consumers/patients sharing their health-related stories about self-care, need to engage, etc.
- [ ] Blogs related to AF4Q goals/topical areas
- [ ] Online HIT tools and resources that could be downloaded to or shared with local AF4Q websites and their communities (provide ideas and examples, if you have them, in the text box below)
- [ ] eNewsletters and/or eAlerts with HIT-related updates, opportunities and lessons learned from other AF4Q communities
- [ ] Capacity to receive AF4Q alerts on my cell phone
- [ ] Social networking functionality (similar to "Facebook") within the AF4Q website
- [ ] Other (describe)

* 17. If a common reporting platform were available/created for PM/PR across all AF4Q sites, would your community likely adopt it if it were selected to continue beyond the planning grant phase?

- ◯ No
- ◯ Don't Know
- ◯ Yes

Comments (optional)

AF4Q Health Information Technology Survey II

* 18. What would motivate you to use the AF4Q website on a more regular basis (check all that apply)? Please provide examples/suggestions in the text box below, if you have any.

- [ ] More interactive functions
- [ ] More useful content
- [ ] Incentives for use (contests, etc.)
- [ ] Other (describe)

* 19. How often do you utilize the following technologies in your personal or professional life?

	Every day	3-4 times/ week	1 time/ week	2-3 times/ month	1 time/ month	Rarely	Never
Blogs	◯	◯	◯	◯	◯	◯	◯
Facebook	◯	◯	◯	◯	◯	◯	◯
Linked In	◯	◯	◯	◯	◯	◯	◯
Listservs	◯	◯	◯	◯	◯	◯	◯
Plaxo	◯	◯	◯	◯	◯	◯	◯
RSS Feeds	◯	◯	◯	◯	◯	◯	◯
Twitter	◯	◯	◯	◯	◯	◯	◯

Other (describe)

20. Please share any other thoughts, ideas or questions that you have regarding the role of HIT in achieving AF4Q goals:

AF4Q Health Information Technology Survey II

Thank You!

We appreciate the time you took to provide us with your insights and thoughts. Have a great day!

Appendix D
Semi-Structured Interview Questions

Introduction

- Purpose – To supplement survey results and elaborate on specific responses
- Format – Semi-structured interview tailored to community needs and opportunities
- Please note: Not all questions below will be covered in the teleconference. Instead, topics more pertinent to your community's online survey responses will be addressed.

1. You indicated on the HIT survey (from q 3) that you are currently using HIT in your community to: _____. Please tell us more details about that/those project(s).

2. You indicated on the HIT survey that the HIT-related projects you're interested in implementing (from q 4-6) are: _____. Please tell us more about your ideas.

3. You indicated that the following functionalities would be useful to you if they were available, or more developed, on the AF4Q website: _____. Please tell us more about areas that you would use and why.

4. (if Yes on q 18) You indicated that you and/or your community are planning to apply for Stimulus Funds through the HITECH component of ARRA. Tell us more about your plans and ideas.

5. You indicated on q 20 that your community would (would not, are not sure) likely adopt a common reporting platform if it were available/created for PM/PR across all AF4Q sites. Please tell us more.

Closing comments

- Formal HIT TA plan draft forthcoming from the NPO
- HITRC is available in the mean time for consultation and to address time-sensitive requests

Appendix E
Online Survey Data

NOTE: The data in this appendix combines both online surveys (i.e., for the fully active AF4Q communities, as well as those who are in the planning grant stage). The question numbers used correspond to the question numbering in the full (24 question) survey.

AF4Q Health Information Technology Survey - Question 1 and 2

Name:	
Answer Options	**Response Count**
	17
answered question	**17**
skipped question	**0**

Respondents	Community
Patricia (Pat) Montoya	Albuquerque
Chris Schultz	Central Indiana
Craig Brammer	Cincinatti
Trudi Matthews	Cleveland
Jan Whitehouse	Detroit, MI
Barbra Rabson	Greater Boston
Laura McEwen	Humboldt County
Cathy Davis	Kansas City
Lisa Letourneau	Maine
Renee S. Frazier	Memphis
Diane Mayberry	Minnesota
Natasha Rosenblatt	Puget Sound
Christine Amy	South Central Pennsylvania
Robert Parrish	West Michigan
Shelley Hirshberg	Western New York
Nancy Clarke	Willamette Valley
Cindy Schlough	Wisconsin

AF4Q Health Information Technology Survey - Question 3

What technologies are currently being utilized within your AF4Q community to engage the listed target audiences in order to achieve AF4Q goals (check all that apply)?

Answer Options	Consumers/Patients/Their Proxies	Health Care Providers	Insurers/Payors	Consumer Advocates	Employers	Totals	Response Count
Computerized Physician Order Entry (CPOE)	1	13	2	1	1	18	11
Electronic Health Record (EHR) System	4	14	2	1	1	22	12
Electronic Medical Records (EMRs)	3	16	3	1	1	24	14
Electronic Registry	2	16	7	1	1	27	14
eMail	12	13	10	11	9	55	12
ePrescribing	2	12	2	1	1	18	10
Game Platforms	1	2	2	0	0	5	2
Health Information Exchange (HIE)	3	13	8	4	3	31	12
Interactive Tailored Media	3	5	4	2	3	17	5
Interactive Voice Response	1	3	3	0	1	8	4
Internet	15	14	14	15	13	71	15
Personal Health Records (PHRs)	9	7	4	4	4	28	8
Regional Health Information Organization (RHIO)	2	12	7	3	3	27	11
Secure Messaging	3	11	6	0	0	20	9
Social Media (networks, blogs, etc.)	3	3	2	3	1	12	5
Text Messaging	2	0	0	1	0	3	2
Totals	66	154	76	48	42	386	
					answered question		**17**
					skipped question		**0**
					skipped question		**0**

AF4Q Health Information Technology Survey - Question 4 - 6

Please BRIEFLY describe up to three technology-based interventions that your AF4Q team would like to implement or enhance.

Target Audience

Answer Options	Consumers / Patients / Their Proxies	Health Care Providers	Consumer Advocates	Insurers / Payors	Employers	Response Count
Select:	17	21	3	0	0	41
	41%	51%	7%	0%	0%	

Technologies

Answer Options	Social Media (networks, blogs, etc.)	Electronic Registry	HIE / RHIO	PHR	Technology Not Specified	Text Messaging	ePrescribing	Interactive Tailored Media	EHR System	EMR	Game Platforms	Secure Messaging	CPOE / eMail / IVR / Internet	Response Count
Select:	8	6	6	4	3	3	3	3	2	1	1	1	0	41

AF4Q Goal Areas

Answer Options	QI	CE	PM / PR	Equity	Goal Area Not Specified	Response Count
Select:	18	14	7	1	1	41
	34%	2%	17%	44%	2%	

Comments – See Appendix F

AF4Q Health Information Technology Survey - Question 7

Approximately what percent of doctors in your community have implemented an EMR/EHR system?		
Answer Options	**Response Percent**	**Response Count**
Don't Know	17.6%	3
Percent (enter number below)	82.3%	14
answered question		**17**
skipped question		**0**

Number	Percent
1	40
2	50
3	43
4	8
5	62
6	20
7	25
8	45
9	28
10	55
11	10
12	50
13	30
14	50

AF4Q Health Information Technology Survey - Question 8

Approximately what percent of hospitals in your community have implemented an EMR/EHR system?		
Answer Options	**Response Percent**	**Response Count**
Don't Know	33.3%	5
Percent (enter number below)	70.5%	12
answered question		**17**
skipped question		**0**

Number	Percent
1	100
2	50
3	50
4	75
5	15
6	70
7	25
8	80
9	80
10	80
11	100
12	29

AF4Q Health Information Technology Survey - Question 9

Approximately what percent of doctors in your community use ePrescribing?		
Answer Options	**Response Percent**	**Response Count**
Don't Know	52.9%	9
Percent (enter number below)	47.1%	8
answered question		**17**
skipped question		**0**

Number	Percent
1	5
2	60
3	35
4	9
5	10
6	1
7	10
8	40

AF4Q Health Information Technology Survey - Question 10

Approximately what percent of hospitals in your community use ePrescribing?		
Answer Options	**Response Percent**	**Response Count**
Don't Know	76.5%	13
Percent (enter number below)	23.5%	4
answered question		**17**
skipped question		**0**

Number	Percent
1	50
2	43
3	1
4	80

AF4Q Health Information Technology Survey - Question 11

For consumers/patients, what barriers exist to using HIT interventions within your community (check all that apply)?		
Answer Options	**Response Percent**	**Response Count**
Low health literacy	94.1%	16
Lack of awareness about HIT capabilities or	82.4%	14
Low technological literacy	76.5%	13
Lack of culturally/linguistically relevant HIT programs	70.6%	12
Limited access to computers, Internet	64.7%	11
Privacy and security concerns	64.7%	11
Low interest in the use of HIT	58.8%	10
Cost	52.9%	9
Disbelief in the potential effectiveness of HIT	17.6%	3
answered question		**17**
skipped question		**0**

Comments

1. It is difficult to assess this, but our responses are based on an educated guess.

AF4Q Health Information Technology Survey - Question 12

For health care providers, what barriers exist to using HIT interventions within your community (check all that apply)?		
Answer Options	**Response Percent**	**Response Count**
Cost	100.0%	17
Workflow disruption	94.1%	16
Time constraints	82.4%	14
Lack of infrustructure/support systems for the	70.1%	12
Disbelief in the potential effectiveness of HIT	58.8%	10
Concerns about patients' limited access to computers,	40.0%	6
Concerns about patients' low technology literacy	33.3%	5
Privacy and security concerns	29.4%	5
Low interest in the use of HIT	29.4%	5
Challenges of developing/implementing/integrating	26.7%	4
Concerns about patients' low health literacy	26.7%	4
Other (describe)	17.6%	3
answered question		**17**
skipped question		**0**

Comments

1. Lack of meaningful rewards.
2. I have insufficient day-to-day contact with the non-users to adequately represent their concerns. The non-users in our collaborative (representing ~10% of patients) want to be users, with cost the historically a major constraint. Our main partners are mature EMR users and large systems with employed physicians. The main non-partners in the collaborative are mostly non-users, according to the PSU survey. It would be interesting to know the real distribution of perceived barriers in this group (vs. my opinions).
3. Concern about selecting the wrong technology solution.

AF4Q Health Information Technology Survey - Question 13

For consumers/patients, what strengths exist in using HIT interventions within your community (check all that apply)?		
Answer Options	**Response Percent**	**Response Count**
Availability of/access to public computers	64.7%	11
Significant presence of existing HIT (i.e., EMRs, secure messaging)	58.8%	10
Technologically savvy audience	29.4%	5
Other (describe)	23.5%	4
Willingness to learn about/implement technology	17.6%	3
Support systems/networks for the use of HIT, especially	17.6%	3
Consumer/patient demand for the use of HIT	11.8%	2
answered question		**17**
skipped question		**0**

Comments

1. Hard for me to know or represent consumers/patients and their perspectives.
2. We really do not have enough information to understand that strengths that might be available to us.
3. Media interest in promoting use of HIT.
4. The mayor of Boston is hoping to provide internet access to all residents - has not happened yet, but would be very supportive of greater use of HIT.

AF4Q Health Information Technology Survey - Question 14

For health care providers, what strengths exist in using HIT interventions within your community (check all that apply)?		
Answer Options	**Response Percent**	**Response Count**
Support amongst stakeholders (hospital systems,	82.4%	14
Support systems and resources for the implementation	64.7%	11
Significant presence of/access to existing HIT (i.e.,	52.9%	9
Willingness to learn about/implement technology	47.1%	8
Access to funds or in-kind support for the	23.5%	4
Other (describe)	20.0%	3
Consumer/patient demand for the use of HIT	5.9%	1
answered question		**17**
skipped question		**0**

Comments

1. Large systems with support.
2. Interest in becoming patient-centered medical homes--for P4P financial rewards as well as its intrinsic value.
3. The push under health care reform and opportunity to increase income.

AF4Q Health Information Technology Survey - Question 15

What is the overall level of support amongst your local AF4Q leadership for the use of HIT?		
Answer Options	**Response Percent**	**Response Count**
Very supportive	76.5%	13
Supportive	23.5%	4
Neutral	0.0%	0
Little support	0.0%	0
Not supportive	0.0%	0
Comments (optional)		4
answered question		**17**
skipped question		**0**

Comments

1. Very supportive of concept and vision but concerns about implementation issues and expected outcomes may not necessarily be achieved.
2. It dominates the PM/PR component.
3. Cincinnati has a decade long commitment to collaboration around HIT and exchange, as it is home to one of the nation's leading HIEs serving more than 80 percent of physicians and hospitals in the region. This collaborative technology infrastructure makes use of HIT easier for physicians. HealthBridge is actively involved in AF4Q, and similarly AF4Q has contributed in shaping Health Bridge's strategic focus on quality (e.g., registry hosting, EMR data extraction for measurement).
4. Everyone is supportive - that doesn't mean it translates to investments. There is a cadre of highly invested leaders, and a cadre of skeptics regarding the financial investment and the community is quite divided in how to proceed.

AF4Q Health Information Technology Survey - Question 16

Do your stakeholder members -- payers (including self-insured employers and Medicaid/Medicare), providers and/or hospital systems -- use HIT to collect		
Answer Options	**Response Percent**	**Response Count**
Yes (describe below, including an estimate of the %)	64.7%	11
Don't Know	35.3%	6
No	0.0%	0
answered question		**17**
skipped question		**0**

Comments

1. Very limited.
2. R/E/L information is only collected for Inpatient Hospital data reported HC4 and it is done poorly and inconsistently by the four area hospitals. So 100% of the hospitals collect race and ethnicity but the data is not good. The payers in our area do not collect R/E/L information - they use a geocoding system.
3. Don't have this data.
4. All do by various methodologies, increasingly through direct methods at the hospitals. Less known about the ambulatory environment at this time, but gathering information.
5. Some do. Some don't.
6. 3 of our largest hospitals are involved in our R/E/L activity under AF4Q. Have, or are currently going through an extensive education/training program for staff re: how to collect self-reported R/E/L data, and are just

beginning to move into data collection. Others collect these data--but probably not systematically or with high reliability.

7. Medicaid and safety net providers collect this information using the forms and systems. Is that HIT?
8. Medicaid health plans, Missouri and Kansas Medicaid offices due. It is self reported and the forms need to be updated. I do not think that language is collected at this time. The commercial health plans do not collect race, ethnicity and language at this time.
9. We know that certain medical groups and hospitals are using HIT to collect race and ethnicity data....language is a completely separate area and we automatically link the three areas together. We do not know the percentage, but imagine it low and most likely at less than 30 percent.
10. 50% of the hospitals, and the Physician community, we do not know the amount.
11. Collection of this information is very limited, and data is not standardized across health systems.

AF4Q Health Information Technology Survey - Question 17

Do any local funding opportunities or incentive programs (from payers, foundations, organizations, businesses, employers, etc.) exist for the

Answer Options	Response Percent	Response Count
Yes (describe below)	58.8%	10
No	23.5%	4
Don't Know	17.6%	3
answered question		**17**
skipped question		**0**

Comments

1. The three full-service payors have come together to help fund some HIT integration into PCP practices. We have recently been involved in submitting a NYS grant (HEAL 10) to secure additional HIT support for PCPs.
2. Minnesota has a very strong eHealth infrastructure, including an active multi-stakeholder eHealth advisory committee, strong Minnesota Department of Health leadership and staffing, a statewide implementation plan (one of only a few in the nation), a 3 year history of state funded HIT grants and loans for Minnesota providers and communities and both statewide and regional health information exchange efforts.
3. There are modest P4P programs available through several payers & employers that include (but do not necessarily focus on) incentives for use of HIT.
4. Yes, multiple payer incentives, most notably the BCBSM Physician Group Incentive Program (PGIP) plus their similar hospital incentive program. Employers initiated/driving the SEMi ePrescribing program with incentives.
5. P4P programs of the 2 largest payers--BCBSM and Priority Health.
6. Pilot supports from plans; Medicaid PHR projects.
7. State of TN has some funds for hospitals. It is a small fund.
8. Washington Health Information Collaborative. The Alliance co-sponsors this effort.
9. Quality Health First program of the Indiana Health Information Exchange and local foundations.
10. The MA legislature created an HIT Institute with $15m in funding, but no funds have yet been distributed. BCBS of MA funded the MA eHealth Collaborative to promote HIT and HIE implementation in 3 communities in MA (not greater Boston). Health plans offer incentives to promote HIT adoption.

AF4Q Health Information Technology Survey - Question 18

Does your AF4Q community or any of its members have plans to respond to the American Reinvestment and Recovery Act/HITECH funding opportunities?		
Answer Options	**Response Percent**	**Response Count**
Yes (describe and indicate how these potential	82.4%	14
Don't Know	17.6%	3
No	0.0%	0
	answered question	**17**
	skipped question	**0**

Comments

1. Looking into HIE for area.
2. Our local FQCH has received ARRA funding and has access to apply for HIT support to implement an EMR. Other than that, I do not know of any other stakeholder that is receiving funds.
3. Our primary goal is to create a robust clinical data set for PM/PR purposes.
4. There are several folks, including the QIO which houses and support the AF4Q initiative in our community working with the State and planning to respond to the ARRA/HITECH funding opportunities. This also includes the State's HIE. As this moves ahead hopefully will develop some resources for supporting physician practices, particularly the small non-hospital employed physician groups, and will support the further development of the HIE.
5. I believe the Minnesota Department of Health and the Minnesota Department of Human Services have plans to respond to the ARRA and are seeking funding opportunities. These funds provided to Minnesota providers will support the EHR mandate for EHR adoption by January 1, 2015 for all providers and ePrescibing mandate effective January 1, 2011.
6. The "Maine CVE Alliance" (Quality Counts, Maine Health Management Coalition, Maine Quality Forum, and HealthInfoNet) plan to submit an application for REC status, either individually or as part of a collaborative New England REC application.
7. Yes, discussions underway. Specifics not yet known.
8. Ideally quality measurement and reporting will be part of the state planning process.
9. Regional Resource Center Bi-State. We are exploring other possibilities.
10. The Wisconsin Department of Health Services is holding a series of public meetings to gather health-related information and understand how the American Recovery and Reinvestment Act of 2009 (ARRA) will affect the state of Wisconsin. The meetings are part of a larger initiative that is being led by our eHealthBoard, which has hired Deloitte Consulting to develop a Wisconsin eHealth Action Plan. It could be quite helpful to become more familiar with that initiative so we can create complementary approaches with our AF4Q efforts and/or reinforce areas that are of particular importance. You can read about the larger initiative at the Web site below: http://dhs.wisconsin.gov/eHealth/HIE/index.htm."
11. Our regional QIO, and the Hospital RHIO.
12. Our Board member serves a critical role in coordinating these efforts for Washington State. We are monitoring the state's coordination of these efforts so we are prepared to play the appropriate role as the direction becomes clear.
13. By increasing the accessibility to data through technology.
14. Don't know yet.

AF4Q Health Information Technology Survey - Question 19

Which of the following functionalities would you likely use if they were available through the AF4Q website (check all that apply)?		
Answer Options	**Response Percent**	**Response Count**
Downloadable video story bank of consumers/patients	76.5%	13
Online HIT tools and resources that could be	70.6%	12
eNewsletters and/or eAlerts with HIT-related updates,	58.8%	10
Blogs related to AF4Q goals/topical areas	52.9%	9
Social networking functionality (similar to "Facebook")	47.1%	8
Other (describe)	23.5%	4
Capacity to receive AF4Q alerts on my cell phone	5.9%	1
answered question		**17**
skipped question		**0**

Comments

1. Preference sensitive care videos or information that can be used across multiple communities.
2. We have a social networking site for the providers (@ Within3.com) that we would like to use more effectively, both within our collaborative and across markets.
3. My sense is video stories are great, but should be local stories.
4. Access to software tool to produce utilization reports.

AF4Q Health Information Technology Survey - Question 20

If a common reporting platform were available/created for PM/PR across all AF4Q sites, would your community likely adopt it?		
Answer Options	**Response Percent**	**Response Count**
Don't Know	82.4%	14
Yes	11.8%	2
No	5.9%	1
Comments (optional)		8
answered question		**17**
skipped question		**0**

Comments

1. Depends if it could be customized. We are very concerned about verbiage. Our PMPR centers around the concept that doctors and patients need to improve their relationship and the PMPR data can do that and less focus on good & bad doctors or choosing high performing doctors as we have a very limited supply of primary care physicians. A platform for R/E/L reporting would be most helpful and a data set for inpatient quality that allows a plug and chug function for aggregating hospital data would also be helpful. On another topic, help in working with CMS data is needed. The data base has lots of good info but we do not have the resources to break it down and make it meaningful for PMPR.
2. We are in our infancy with regard to vetting the PM reports into our provider community. Until we have that feedback, we couldn't commit to adopting to any standard reporting platform.
3. Our community is still very development overall on HIT implementation and physician public reporting. At the same time that might provide the opportunity.
4. Hard to say without details known. MNCM would definitely like to be at any discussions/ strategy planning table and actively participate in shaping what this could look like.

5. Don't like to say never, but highly unlikely we would be early joiners. Interpreting as actual data aggregation type platform/technology, not just common framework of measures and approach (which I think would also be difficult for us...).
6. Not sure what you have in mind.
7. Depends on what it does.
8. This is very difficult to answers. So many issues to address for a common platform. If it is totally funded by RWJ, and we could get buy in from the health plans, it may work. I think a common way to report data is what we hope to achieve in our current work with the health plans. If we could centralize what hospitals and physicians had to report, and not duplicate reporting requirements, that would make a lot of sense.
9. There has to be extensive work to develop the existing PM/PR platform in this AF4Q site.
10. Probably but depends on the details.

AF4Q Health Information Technology Survey - Question 21

What would motivate you to use the AF4Q website on a more regular basis (check all that apply)? Please provide examples/ suggestions in the text box

Answer Options	Response Percent	Response Count
Other (describe)	76.4%	13
More useful content	35.3%	6
More interactive functions	17.6%	3
Incentives for use (contests, etc.)	0.0%	0
answered question		**17**
skipped question		**0**

Comments

1. List of the library of information quarterly.
2. More interactive, appealing reminders not plain text. I sort of look at them every day or other day but they get pushed to the side. Ability to not have to log in with my name and password every time.
3. More time in the day!
4. More reminders about what's available on it.
5. Time to follow-up on intentions :) Content.
6. Fewer other sites that warrant my time.
7. I have found the AF4Q website to be less useful since it was re-formatted. More difficult to find content, or maybe it's not even there, e.g., communications products, link to this survey. Having to scroll through a long list of resources isn't very efficient.
8. Easier way to locate items you need. So of the materials for Quality etc are not on the AF4Q but are on the RWF this can be confusing.
9. More time: I like the new site, but just do not have time available to really dig into it and pull out the wonderful content.
10. It is a good web site, I just have so many web sites I need to interact with on a regular basis. The push e-mail is a big help. So, I am pretty happy with the current web site, and its approach.
11. Links to software tools for use in utilization reporting to assist providing physicians tools to evaluate the performance measurement impact on patients in the community. Have not had enough time to evaluate other functions of the website to provide additional input.
12. More time..

AF4Q Health Information Technology Survey - Question 22

How often do you utilize the following technologies in your personal or professional life?

Answer Options	Every day	3-4 times/ week	1 time/ week	2-3 times/ month	1 time/ month	Rarely	Never	Response Count
Blogs	1	2	1	3	1	4	3	15
Facebook	2	0	2	3	1	5	2	15
Linked In	0	0	1	3	3	3	5	15
Listservs	4	2	3	3	1	1	1	15
Plaxo	0	0	0	0	0	5	10	15
RSS Feeds	1	0	0	0	0	5	9	15
Twitter	0	1	0	1	0	3	10	15
Other (describe)								
							answered question	**15**
							skipped question	**2**

Comments

1. I do not use any of these at this time. I use to use Linked in and it became too much of a time commitment. I just have decided to use daily e-mail. Works fine for my needs.

2. Others in Greater Boston are greater users than I am!

AF4Q Health Information Technology Survey - Question 23

What types of technical support do you think you will need to develop and implement effective HIT programs (check all that apply)?		
Answer Options	**Response Percent**	**Response Count**
Individual technical support for local HIT efforts	73.3%	11
Assistance with ARRA HITEC and other HIT-related	73.3%	11
Webinars, conferences and training workshops on HIT	40.0%	6
Other (describe)	20.0%	3
answered question		**15**
skipped question		**0**

Comments

1. The responsibility for HIT programs is diffused throughout the community and while our efforts touch on these issues, the community wide efforts are not housed within our organization. Therefore, while we see a potentially growing role in this area because of the connectivity to our other efforts, we would need substantially increased funding to take on a more major role.

2. It is too soon for us to know and we've really only been thinking about HIT in relation to the public reporting for consumers. I imagine the individual technical support and Webinars could be helpful, but it would depend on the content and our strategic priorities for our AF4Q work in Wisconsin. We have not looked at HIT in isolation so it is a little challenging to think in those terms.

3. We would also like to have funds to do a more detailed assessment of the use of tech. in our physician practices and community health centers.

AF4Q Health Information Technology Survey - Question 24

Please share any other thoughts, ideas or questions that you have regarding the role of HIT in achieving AF4Q goals:	
Answer Options	**Response Count**
	8
answered question	**8**
skipped question	**7**

Comments

1. We are very interested in HIT and connecting our stakeholders better to support patients. How that is done in our small community is unknown at this time. We need help to find out that the possibilities are.

2. WNY is fairly advanced and very aggressive in the direction being taken for HIT adoption. However, I still think it will take many years to get to effective use and interoperability of all providers in the WNY region. In the meantime we need to stay focused on preparing providers for adoption so they are ready and accepting of the technology when it arrives at their door step.

3. Although we have a strong statewide system for supporting primary care providers in EHR use and adoption - and our EHR adoption and implementation are better than most the rest of the country - we still have ample need for continued work, especially in rural and underserved areas of Minnesota.

4. As Cincinnati joins a small group of markets that are using clinical data for performance measurement, there are still many unanswered questions about how to leverage electronic systems effectively. Questions include: What is the optimal role for an HIE in using data for improvement and accountability (e.g., public reporting, P4P)? The business case for HIE-based registries and electronic data extraction for measurement are still

weak. Better analysis of HIT tools needed to assist practice-level improvement is needed. Practical guides and lessons learned in using HIT and HIE for QI would be helpful; but for markets with an existing HIE and those in the development process.

5. HIT is a critical infrastructure component that enables our 3 project areas to be carried out much more effectively than would otherwise be possible. But, it is a means to the end of improving quality, efficiency and value--not an end in itself.

6. Would appreciate help with funding. Knowledge on how similar communities have nudged PCP into HIT.

7. I was not able to provide you with answers for questions 7 - 10, but you could probably use the following resources to develop a better understanding of what is happening with EMR/EHR and e-prescribing in Wisconsin. Please let me know of the resources are helpful:
   A. 2008 Wisconsin Ambulatory HIT Survey. See slides 50-70:
   http://ehealthboard.dhfs.wisconsin.gov/materials/materials/121008eHealthmeetingslides.pdf
   B. 2008 Wisconsin Hospitals Connect to Health Information Technology:
   http://www.wha.org/pubArchive/special_reports/HITreport_8-20-08.pdf

8. We think using HIT is a very important process and we are pleased RWJ is looking at the value of supporting the communities in this area.

Appendix F
Comments from Online Survey Questions 4 – 6

Consumer Engagement

1. There has been very little work done in the area of consumer engagement in our community, so starting with the need of establishing a personal health record as a way to begin responsibly engaging them in their own health is necessary. We may need to start with basics on educating them on personal health records and putting together a personal health record before transferring to electronic based/computer access PHR

2. Use social networking through our new website to enhance and support CE goals and face-to face meeting or support in cyberspace. We envision features like those found in meetup and diabetesmine.

3. Use an electronic PHR for specific high-use populations. Linked to PHR on our website and links to PM/PR information about physician PM/PR data. It will also have calendaring capacity for medical appointments, (ideally) filling of prescriptions, and letting a person of choice know if these were not fulfilled.

4. Social networks including blog to increase consumer engagement and provide a sense of ownership.

5. Text messaging that will push out reminders and updates i.e. appointments, health tips, etc.

6. Use social media methods to engage consumers in improving health care quality (have RWJF "Communications Mini-Grant" to work on this).

7. Support use of PHR/EMR portals to better engage patients in their health care.

8. We would like to use text messaging to reminder consumers to walk 30 minutes a day, ask their doctors key questions, and use their Take Charge Check List. We also want to send daily reminders for other key activities: use our web site for key information on providers, use the web site for other important information, use to web site to find your take charge action plan. Given we have a low internet use in the Memphis area (under 35%), we are hoping to use text messaging to send people to the Internet. Then, they can go to the library or work with one of our community partners. We think Text messaging allows us to reach a younger and more mobile population as well. Text reminders are what we hope to develop over the next few years.

9. There is already a high use of social networks. We plan to have our web page work like Y-Tube. We want to do interviews of people on the street and out in the community. Only 2minute messaging of the Take Charge for Better Health approach. We hope to have students on the campus and others using their phones to send in various 2 minute clips. We have

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thoughts about a contest for the best Take Charge Message of the month! We want to have a very engaging web site, and use the social media approach to attract the younger market segments, and urban youth.

10. Use technology to enhance patient engagement and use of the D5. This could be in the form of PHRs that have the D5 measures embedded to support patient self management and decision making and /or the use of technology social networking media to connect clinicians and diabetes educators to share resources and tools.

11. We would like to implement the example used above--implementing social media to promote use of our Rethink Healthy website--which will contain both health and health care (performance) information. Increased use of PHRs by consumers/patients to self manage chronic conditions, but also including links on sponsors' websites to our Rethink Healthy website--to promote use of the information therein--is also something we would be interested in exploring.

12. The launch of our public reporting portal in 1Q2010 will necessitate an intense marketing effort into the consumer sector. The ability to appropriately manage Web 2.0 tools would greatly enhance our outreach capabilities.

13. We completed a series of focus groups with Wisconsin-based Medicaid enrollees and learned text messaging is a preferred mode of communication. We believe there could be exciting ways to use this technology to supplement our current approaches and introduce additional strategies that might be quite effective to our AF4Q efforts.

14. We were intrigued with the Web 2.0 presentation that was given in Amelia Island and have often wondered about new ways to engage consumers through technology. We also recognize this is a completely new area for us...and that makes us cautious to explore it, so it would be wonderful to receive guidance and expertise in this area. We would be interested in seeing evidence that shows Game Platforms and other Web 2.0 approaches truly impact behavior and create new levels of knowledge.

Equity

1. Use technology to better reach out and engage with Minnesota's cultural communities. Build on current efforts underway in community engagement to explore if/how the use of technology could supplement cultural community engagement.

Public Reporting/Performance Measurement

1. Currently our three main hospital systems are all moving towards implementation of an EHR system and these hospitals all employ many of the primary care physician groups. The University Hospital has had an EHR for a while (CERNER) but has had problems with reporting, the other two hospitals are now in implementation stages. There will be a need for much focused attention on implementation and all the interoperability issues and interfaces needed for successfully connecting to the HIE, which has been developed and is needing to be expanded. It is not totally operable yet.

2. Cincinnati is pioneering a new method for collecting clinical data for performance measurement that leverages the electronic systems (practice management and electronic medical records) many local medical groups have in place. Cincinnati's Health Information Exchange, HealthBridge, is working with a small number of pilot practices to electronically extract data for performance measurement and submit to our analytic vendor, MN Community Measurement. The aim is to lesson the administrative burden and improve the accuracy of the data collection process for measurement, public reporting and P4P.

3. The target audience is actually all of the above. We are working toward incorporating EMR-based data into our reporting data warehouse. We are looking into the following potential benefits of this data: 1) attain more complete information (e.g. double mastectomies to exclude patients from breast cancer screening denominators); 2) capture outcomes information (e.g. ability to control blood sugar among diabetic patients); 3) report on new measures (e.g. hybrid measures); 4) capture race/ethnicity/ language information for use in disparities reporting; and 5) capture immunization information to assist with local public health efforts.

4. The first disease state we are tackling is diabetes, and we would be interested in demonstrating the effectiveness of ITMs within this population to provide effective reminder systems to better manage this chronic condition.

5. We want to move from health plan claims reporting to clinic submitted EHR data, using population management/registry functions of EHRs. The ultimate user of the information is consumers.

6. We need an innovative way for patients to provide experience/satisfaction data in modes other than snail mail and phone.

Quality Improvement

1. Cincinnati's Health Information Exchange, HealthBridge, is providing a disease registry and additional support to a pilot group of practices participating in a regional chronic care collaborative --The Primary Care Innovation Group. By deploying the registry at the HIE level, practices do not have to worry about implementing and maintaining a registry themselves. This pilot was supported with AF4Q grant funding.

2. Increase installation and use of ePrescribing, including eliminating barriers/limitations to use for better quality, safe care.

3. Increase installation and use of registries and help physicians learn to use them to improve care/health and use the data to demonstrate that improvement. Also, build foundation for better data collection and aggregation for PMPR.

4. Additional work on Observations of data framework from PMPR and how best use to help influence and drive QI.

5. This is for e-referral, but it was not a choice. Use an e-referral system for all physicians to order consultations, diagnostic testing, procedures, etc. between physicians and outpatient hospitals. It will improve coordination of care between physician and place of service. We expect to roll this out in September.

6. Health Information Exchange for QI and PM/PR to provide close to real time reports and data to PCP and encourage the use of EHRs.

7. Support use of ME's emerging HIE (HealthInfoNet) among providers.

8. We are looking at ways to engage the provider community more in tracking the activities of Diabetics in the Memphis area. We have been tracking Diabetes as a major disease in the Memphis Area, and would like to create a more consistent approach to panels of patients, and their current status.

9. Education on Use Registries and EHR decision support tools - technology and cost barriers can discourage smaller practices from implementing clinical decision support tools. Physician education (real examples of practices that have made the change) on integrating these tools into clinical workflow would benefit physicians, patients and improve quality. Use of patient registries to improve care coordination, and improvement in many areas such as compliance with preventive care services. They also can facilitate MD involvement in quality as they can report out performance rates and support participation in P4P programs. However, barriers exist to implementation including cost and workflow changes. MN could focus an effort on diabetes clinical decision support tools and engage with EMR vendors to strengthen diabetes treatment and management.

10. We are looking into the feasibility of incorporating patient registries to help each target audience improve care follow-up, including childhood immunizations and chronic care management.

11. Finding a way to connect the four health systems EMR in York & Adams County to create a robust EHR for patients, so that coordinated care can be given to patients, the needed information is at the point of interaction between doctor and patients.

12. We would like to support and assist physician organizations and physician practices, especially smaller ones, to install and begin using EMRs or electronic registries--to support both quality improvement and transmittal of clinical information to our data aggregation vendor for PM/PR work. ePrescribing would be an important functionality of either product. Support would include help w/ product selection and changing workflows to take optimal advantage of the technology.

13. One of our key goals is development of an HIE for W Michigan. We have a business plan for implementation of an HIE in W Michigan. Depending upon what the State decides to do regarding implementation at the state level, we may or may not decide to pursue implementation of our own HIE in W Michigan (as opposed to somehow connecting to a statewide HIE).

14. As a community, we are in the midst of integrating EHR systems into primary care practices that are currently not technology enabled, in addition to having P2 provide clinical transformation support services. Due to these "heavy lift" projects, we have not tested more innovative technologies that would better serve patients in communicating with providers via secure messaging.

15. All audiences, We need a more coordinated approach to get patients information to where it is needed for treatment; requires better coordination between and within regions.

16. We've assembled an impressive and exciting collection of health care providers that are, for the most part, interacting through "traditional" modes of communication including e-mail, conference calls, and in-person meetings. It seems that we could take their interactions to a new level by introducing new modes of communication. We would be interested in receiving guidance and expertise in how to move into this new direction for our work in the areas of both PM/PR and QI...the Survey Monkey drop-down menu only allows me to select on AF4Q Goal Area, but this interest would span multiple areas.

Not Specified

1. Target Audience: Providers/Consumers Technologies: Data Submission Portal linked with Consumer-Facing Site AF4Q Goal Areas: PM/PR and CE Cincinnati has leveraged the clinical data submission portal developed by MNCM, and has made several modifications in partnership with MNCM to this proven approach (e.g., Sample Calculator for non-EMR practices). Detailed, physician-level results are delivered back to participating providers through a new password-protected dashboard. Aggregated results are accessed through the portal by BridgeWorldwide, one of the country's top 50 interactive firms. Website design is being informed by consumer research by Procter & Gamble and local consumer marketing partners.