HIT Assessment

The HIT Assessment is intended to assist Clinical Health Information Technology Advisors (CHITAs) and practice sites in the identification of health information technology (HIT) barriers or opportunities, and prioritization of quality improvement work to be completed in SIM. In completing the assessment the following is accomplished:

- Evaluation of practice site data elements captured and clinical quality measure (CQM) reporting capabilities (focusing on the data elements, CQM reports, and HIT tools that align with SIM goals of integration of advanced primary care activities, behavioral health services, and payment reform).

- Understanding for the CHITA of the practice site dynamics around using data to improve patient care.

- Enhancement of practice site knowledge and confidence in data driven improvement, use, and submission.

- Identification of practice site barriers with HIT (specifically related to alternative payment models).

The HIT Assessment additionally addresses health information exchanges (HIEs), utilization of telehealth services, and broadband connectivity and access. The assessment in broken out into the four sections: 1) Data Elements 2) Clinical Quality Measures 3) EHR System & HIE Features 4) Telehealth Utilization & HIT Needs/Barriers.

Data Elements

This section lists the data elements necessary to address conditions included in the set of thirteen Clinical Quality Measures (CQMs) SIM is focusing on. Select the most accurate color for each data element based on the status descriptions provided.

🟥	Data elements not captured accurately and consistently in discrete fields
🟨	Data captured in discrete fields with concern for accuracy and/or consistency
🟩	Data captured in discrete fields accurately and consistently for all practice site patients

1) Indicate the capture status in the practice site EHR for the following data elements:

Patient Linking Number	🟥	🟨	🟩
Patient Date of Birth	🟥	🟨	🟩
Patient Gender	🟥	🟨	🟩
Patient Ethnicity	🟥	🟨	🟩
Patient Race	🟥	🟨	🟩
Diagnostic Codes (*Linked to each visit*)	🟥	🟨	🟩
CPT codes (*Linked to each visit*)	🟥	🟨	🟩

Data Element			
Medications			
Problem List			
Patient Height			
Patient Weight			
BMI Percentiles *(Adult)*			
BMI Percentiles *(Adolescent)*			
BMI Follow-up Plan Exercise Counseling *(Adolescent)*			
BMI Follow-up Plan Nutrition Counseling *(Adolescent)*			
Diastolic Blood Pressure			
Systolic Blood Pressure			
Substance Abuse Screening			
Substance Abuse Follow-up Plan			
Dates of Alcohol or Other Drug Dependent Treatment			
Depression Screening for Patients 12+ Years Old			
Maternal Depression Screening			
Depression Follow-up Plan			
Fall Risk Assessment			
Standardized Assessment of Children for Developmental Behavioral, and Social Delays			
Asthma Medication *(Prescription Start Dates)*			
Immunizations			
Colon Cancer Screening Results			
Mammogram Results			
Hemoglobin A1C Results			
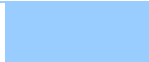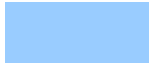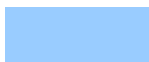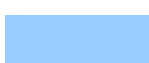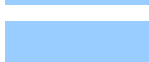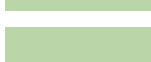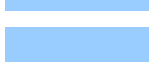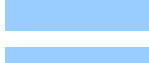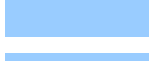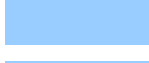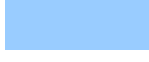
2) Document practice site barriers or concerns with tracking data elements consistently and accurately:

Clinical Quality Measures

This section lists the set of thirteen Clinical Quality Measures (CQMs) SIM is focusing on (view the SIM Clinical Quality Measures Summary Table for measure summaries). Select the most accurate color for each CQM based on the status descriptions provided.

🟥	Practice site does not have the report, but is able to build or get it
🟨	Practice site has the report, but does not fully trust the accuracy of the data
🟩	Practice Site has the report and trusts the accuracy of the data
⬛	Practice site is unable to build or get the report from the system/vendor
🟦	Measure is not applicable to the practice site patient population

3) Indicate the reporting status for the following Clinical Quality Measures (CQMs):

CQM	Red	Yellow	Green	Black	Blue
Depression (SIM/QPP) *NQF 0418 or CMS 2V6*					
Depression (CPC+) *NQF 0710 or CMS 159v5*					
Diabetes Hemoglobin A1C *NQF 0559 or CMS 122v5*					
Hypertension *NQF 0018 or CMS 165v5*					
Obesity Adult *NQF 0421 or CMS 69v5*					
Substance Use Disorder *NQF 0004 or CMS 137v5*					
Tobacco Substance Use *NQF 0028 or CMS 138v5*					
Alcohol Substance Use *NQF 2152 & CMS Not Available*					
Asthma Management *NQF 1799 & CMS Not Available*					
Fall Safety Screening *NQF 0101 or CMS 139v5*					
Maternal Depression *NQF 1401 or CMS 82v4*					
Development Screening *NQF 1448 & CMS Not Available*					
Obesity Adolescent *NQF 0024 or CMS 155v5*					

4) Indicate if the practice site has access to and uses a registry to manage patients with the following:

	Registry Not Available	Registry Available & Not Used	Registry Available & Regularly Used	Not Applicable (Condition not seen at Practice Site)
Depression	○	○	○	○
Maternal Depression	○	○	○	○
Alcohol Dependence	○	○	○	○
Tobacco Use Disorder	○	○	○	○
Other Drug Dependence	○	○	○	○
Hypertension	○	○	○	○
Diabetes	○	○	○	○
Patients at Risk of Falls	○	○	○	○
Asthma	○	○	○	○
Obesity	○	○	○	○
Children with Suspected or Confirmed Development Delays	○	○	○	○

5) Indicate software tools and/or registries used in addition to the EHR to produce CQM data or reports:
(Select all that apply)

☐ PRIME

☐ Azara

☐ Brainstorming

☐ i2i

☐ PopHealth

☐ DARTNet

☐ Syndromic Surveillance

☐ Other Tool or Registry (Specify)

_____

☐ No Additional Tool or Registry Used

6) Document practice site barriers or concerns about reporting SIM Clinical Quality Measures:

The Colorado SIM Initiative is developing an eCQM demonstration project that would collect CQMs from practice site EHRs, and more efficiently report them to multiple agencies on behalf of the practice site or system/multi-site organization.

7) Would this practice site or the system/multi-site organization be interested in joining this project?

Yes	No	Unknown

EHR System & HIE Features

8) Select the practice site Electronic Health Record (EHR) System/Product Name:

- ◯ Allscripts Enterprise EHR
- ◯ Allscripts Professional EHR
- ◯ Allscripts TouchWorks EHR
- ◯ Amazing Charts
- ◯ Aprima
- ◯ Athenahealth
- ◯ ClearPractice
- ◯ CureMD
- ◯ eClinicalWorks
- ◯ EHR 24/7
- ◯ ElationEMR
- ◯ eMDs
- ◯ Epic
- ◯ Evident
- ◯ GE Centricity
- ◯ Greenway Intergy

- ◯ Greenway Prime Suite
- ◯ Greenway SuccessEHS
- ◯ HealthFusion
- ◯ Kareo EHR
- ◯ Medisoft Clinical
- ◯ Medicat
- ◯ Meditab
- ◯ MedWorxs
- ◯ NextGen
- ◯ OpenEMR
- ◯ Physician's Computer Company
- ◯ Practice Fusion
- ◯ Practice Partner
- ◯ Practice Studio
- ◯ Other EHR System/Product (Specify)

_____

9) Specify HER version used by the practice site: _____

10) Does the practice site EHR have a CHPL ID?

EHR System CHPL ID can be searched for at https://chpl.healthit.gov/#/search

Yes EHR has CHPL ID (Specify)	No EHR Does Not Have a CHPL ID	Unknown

Specify CHPL IF for the practice site EHR: _____

11) Indicate how the practice site EHR is hosted:

Yes EHR has CHPL ID (Specify)	No EHR Does Not Have a CHPL ID	Unknown

12) Indicate how the practice site EHR is supported:

(Select all that apply)

- ☐ EMR vendor contacted directly for support.
- ☐ 3rd Party Vendor contacted for support.
- ☐ Practice/health system personnel provides support.

- ☐ Other Support (Specify)

_____

- ☐ EHR Support Unknown

13) Can the EHR import/export in Quality Reporting Document Architecture (QRDA) format?

Import/Export	Import Only	Export Only	Unable to Import/Export	Unknown

14) Can the EHR import/export in Consolidated Clinical Document Architecture (C-CDA) format?

Import/Export	Import Only	Export Only	Unable to Import/Export	Unknown

15) Indicate the EHR incentive programs the practice site participates in:
(Select all that apply)

☐ Medicare Quality Payment Program (MIPS/APM)   ☐ Other Incentive Program (Specify) _____

☐ Medicaid EHR Incentive Program   ☐ Not Participating in Incentive Programs

16) Indicate the Health Information Exchanges (HIEs) the practice site is connected to:
(Select all that apply)

☐ Connected to CORHIO   ☐ Connected to Other HIE (Specify) _____

☐ Connected to QHN   ☐ Not Connected to a HIE

If <u>connected to and HIE</u> respond to the following HIE features questions.

a) Indicate if the practice site has access to the following Health Information Exchange (HIE) features:

	Yes	No	Unknown
Results Delivery *e.g. Labs, Imaging*	Yes	No	Unknown
Patient Event Reports *ADT – Admission, Discharge, Transfer*	Yes	No	Unknown
Single Sign-on from EHR Interface	Yes	No	Unknown
Longitudinal Patient Record	Yes	No	Unknown
Care Summary View	Yes	No	Unknown
Care Summary Send	Yes	No	Unknown
Care Summary Query & Retrieve	Yes	No	Unknown
Other Features (Specify)	Yes	No	Unknown

b)   Specify the HIE 'Other Features' the practice site has access to:

17) Select most applicable response regarding support to integrate HIE services into clinical workflows:

○ Practice site needs additional support to integrate HIE services into clinical workflows.

○ Practice site is not interested in support to integrate HIE services into clinical workflows.

○ Practice site already has established clinical workflows that integrate HIE Services.

○ Currently unknown if the practice site needs support to integrate HIE services into clinical workflows.

Telehealth Utilization & HIT Needs/Barriers

18) Does this practice site provide services via telehealth?

This would include telemedicine, Project ECHO, electronic consultation (eConsult), or other tele-modalities that allow remote providers to have input into patient care.

Yes (Specify)	No

If practice site provides telehealth services respond to the following questions.

a) **Provide additional details about the telehealth services provided and the telecommunication technologies and/or platforms used:**

b) **Does the practice site bill for services provided via telehealth at the same rate as services provided in-person?**

Yes	No (Specify)

c) **Provide additional details why services provided via telehealth are not billed for at the same rate:**
   (If applicable)

19) Does the broadband connection adequately meet the needs of the practice site?

Yes	No (Specify)

a) **Provide additional details why the broadband connection is not adequately meeting needs:**
   (If applicable)

20) Rank listed HIT barriers or concerns from most to least pressing/important for the practice site:
Where 1=the most pressing/important, 13=the least pressing/important, and if no 'Other...' rank this item as #13.

(Rank)   **HIT Barrier or Concern**

_____   Acquiring & Using Telehealth Technology

_____   Accessing Cost & Utilization Data

_____   Building & Using Registries to Manage Patient Groups

_____   Building & Validating New eCQMs (Relating to Vendor Costs and Staff Time)

_____   Connecting to a Health Information Exchange (HIE)

_____   Coordinating Patient Care with Other Subspecialties (Including BH Specialties/Services)

_____   IT Support for Internal Business Planning & Clinic Operations

_____   Managing Practice Site EHR Vendor Problem(s)

_____   Optimizing Practice Site EHR Documentation Workflows

_____   Reporting CQMs to Outside Entities (e.g. Commercial Payers, QI Projects)

_____   Risk Stratifying the Practice Site Patient Population

_____   Using Cost & Quality Data to Inform Payer Contracts

_____   Other HIT Barriers or Concerns (Specify)

a) Specify 'Other HIT Barriers or Concerns' at the practice site:
(Optional and if applicable)

SIM Clinical Quality Measures Summary Table

SIM focuses attention on 13 CQMs). SIM practices are asked to submit numerators and denominators quarterly. The CHITA will work with the practice site to assess reporting capacity and whether the practice site can generate accurate reports.

Measures Title	NQF	CMS	Measure Summary
Clinical Depression Screening & Follow-Up Plan	0418	2v6	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan - Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool and if positive, a follow-up plan is documented on the date of the positive screen.
Depression Remission at 12 Months	0710	159v5	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.
Diabetes: Hemoglobin A1c Poor Control	0059	122v5	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.
Controlling High Blood Pressure (Hypertension)	0018	165v5	The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90) during the measurement year.
Body Mass Index (BMI) Screening and Follow-Up	0421	69v5	Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current reporting period documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented within the past six months or during the current reporting period.
Substance Use Disorder: Alcohol & Other Drug Dependence	0004	137v5	The percentage of adolescent and adult patients with a new episode of alcohol or other drug (AOD) dependence who received the following. o Initiation of AOD Treatment. The percentage of patients who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis. o Engagement of AOD Treatment. The percentage of patients who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.
Substance Use Disorder: Tobacco	0028	135v5	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.
Substance Use Disorder: Alcohol	2152	N/A	Percentage of patients aged 18 years and older who were screened at least once within the last 24 months for unhealthy alcohol use using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user.

Medication Management for People with Asthma	1799	N/A	The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on for at least 75% of their treatment period.
Falls: Risk Assessment (Safety)	0101	139v5	Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.
Maternal Depression Screening	1401	82v4	The percentage of children who turned 6 months of age during the measurement year, who had a face- to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.
Developmental Screening in the First Three Years of Life	1448	N/A	Percent of children screened for risk of developmental, behavioral, social delays by using standardized tool in first 3 years of life. Includes 3 age specific indicators assessing whether children are screened by 12, 24 or 36 months.
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	0024	155v5	Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician or Obstetrician/Gynecologist and who had evidence of the following during the measurement period. Three rates are reported: A) Percentage of patients with height, weight, and body mass index (BMI) percentile documentation. B) Percentage of patients with counseling for nutrition. C) Percentage of patients with counseling for physical activity.