WISCONSIN DEPARTMENT
of HEALTH SERVICES

Wisconsin Medicaid eHealth Program: 2021 Health Information Technology Landscape Assessment Long-Term Care Facility Survey Hard Copy

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1   INTRODUCTION

The Wisconsin Division of Medicaid Services is administering this survey to assess the health information technology (health IT) infrastructure of organizations and facilities across Wisconsin. Health IT includes all forms of health information technology, including but not limited to Electronic Health Records (EHRs), electronic health information exchange, secure messaging, electronic prescribing, clinical data registries and reporting, telehealth, patient portals, and other innovations using technical tools. The survey results will inform the health IT plan that is required by the Centers for Medicare and Medicaid Services (CMS).

It should take **less than 15 minutes to complete the survey**, which **closes on June 1, 2021.** Respondents may save and pause the survey to complete it later.

2   DEMOGRAPHIC INFORMATION

1. **Select the organization type you represent when completing this survey (if your organization provides services at multiple types of facilities, please complete this survey multiple times, once for each facility type):**
   - ○ Skilled Nursing Facility (SNF)
   - ○ Adult Family Home (AFH) – *Please note, this survey is intended for operators of 3-4 bed AFHs. Disregard this survey if you operate a 1-2 bed AFH.*
   - ○ Community-Based Residential Facility (CBRF)
   - ○ Residential Care Apartment Complex (RCAC)
   - ○ Adult Day Care (ADC)
   - ○ Other (please specify)

2. **Which best describes your organization? Select all that apply.**
   - ○ Independently operated facility (single site)
   - ○ Franchise/organization with multiple sites
   - ○ Hospital or health system-affiliated facility
   - ○ County-operated facility
   - ○ Tribal Nation
   - ○ Other (please specify)

3. **Select the counties in which your organization operates. Select all that apply.**
   - ○ Add county list here. (include N/A)

4. **What percent of your organization's residents use Medicaid as their primary payer type?**
   - ○ 0%
   - ○ 1-25%
   - ○ 26-50%
   - ○ 51-75%
   - ○ 76-99%
   - ○ 100%
   - ○ Unsure

3 ELECTRONIC HEALTH RECORD ADOPTION AND USE

Definition: An electronic health record (EHR) is a computerized version of a patient's medical history, that is maintained by a healthcare entity over time, and may include all of the key administrative and clinical data relevant to that person's care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports.

5. **Does your organization use an electronic health record?**
   ○ Yes
   ○ No

(If no, skip to Question 12)

6. **How long has your organization been using an EHR?**
   ○ 0-12 months
   ○ 13-24 months
   ○ 25-36 months
   ○ More than 3 years

7. **Indicate the EHR vendor. Select multiple responses if your organization currently uses multiple EHRs.**
   ○ American Health Tech
   ○ Cattails (Marshfield Clinic)
   ○ Cerner
   ○ CPSI Inc.
   ○ ECS/American Data
   ○ Eldermark
   ○ Epic
   ○ Extended Care Pro (ECP)
   ○ GE/Centricity
   ○ Greenway Health
   ○ Healthland
   ○ HealthMEDX Vision
   ○ Henry Schein/Dentrix
   ○ Indian Health Service
   ○ LOGICARE
   ○ MatrixCare/AOD Software, Inc.
   ○ MEDHOST
   ○ MEDITECH
   ○ Methasoft
   ○ NetSmart Avatar
   ○ NextGen Healthcare
   ○ Orion Health
   ○ PointClickCare
   ○ Procentive
   ○ The Clinical Manager (TCM)
   ○ Therapist Helper

- ○ Valant Medical Solutions
- ○ Other: Home-grown EHR developed in-house
- ○ Other (please specify)

8. **Not including accounting or billing purposes, to what extent do staff working for your facility maintain an electronic chart with details of their residents' care?**
   - ○ An EHR is used to manage the health record of each patient
   - ○ An EHR is used to manage the health record for some patients (please explain why it is used for only some, and how that population is selected) – text box will appear
   - ○ An EHR is not used to manage the health records for any patient

9. **Please rate each of the following based on a scale of 1 to 10 for level of challenge it has posed to your organization during the implementation of the EHR. (1 = most challenging, 10 = least challenging)**
   - ○ Staff education/training to effectively use EHR technology
   - ○ The initial cost to acquire an EHR
   - ○ The ongoing cost to maintain an EHR
   - ○ Availability of technical resources within the organization
   - ○ Gaining internal commitment/support
   - ○ Concerns regarding consumer/resident privacy and security
   - ○ Interruptions in resident care
   - ○ Inconsistency of use between staff members and/or shifts
   - ○ Other (please specify)

10. **Please rate each of the following based upon a scale of 1 to 10 for the level of benefit it has created for your organization as a result of implementing an EHR. (1 = most beneficial, 10 = least beneficial)**
    - ○ Improved consumer/resident safety, (e.g., fewer medical errors)
    - ○ Improved health outcomes
    - ○ Ability to remotely monitor resident needs by logging into the EHR through the internet offsite
    - ○ Improved coordination/communication between clinicians and staff
    - ○ Saves staff time
    - ○ Saves the organization money
    - ○ Improves communication with the resident/family
    - ○ No benefits realized
    - ○ Other (please specify)

11. **What information do you capture in your EHR? Select all that apply.**
    - ○ Clinical/diagnostic history, including discharge notes
    - ○ Depression screening results (please specify)
    - ○ Medication history
    - ○ Electronic prescribing
    - ○ Assessments or assessment scores demonstrating functional levels, strengths, gaps, etc.
    - ○ Demographic data (i.e., age, gender, race, ethnicity, home address)
    - ○ Social data (i.e., housing stability/homelessness, employment, support system)
    - ○ Home environment information, including safety
    - ○ Care plan, including goals, services approved, etc.
    - ○ Other (please specify)

(Proceed to HIE section)

(The following question is for those who indicated they do not have an EHR)

12. **Rank, in order, the following reasons your organization has not implemented an EHR. (1 = most influential, 4 = least influential)**
    ○ Not a priority for management
    ○ Provider resistance
    ○ Cost to implement and maintain an EHR
    ○ Lack of internal technical resources

13. **If your organization does not currently use an EHR is there a projected timeframe for doing so?**
    ○ Plan to evaluate EHR products within the next 12 months
    ○ Plan to evaluate EHR products in 18-36 months
    ○ Plan to implement an EHR within the next 12 months
    ○ Plan to implement an EHR within 18-36 months
    ○ No plans to purchase/use EHR
    ○ Unsure about EHR purchase/use timeframes

4   HEALTH INFORMATION EXCHANGE

Definition: Health information exchange (HIE) is the electronic movement of health-related information among organizations according to nationally recognized standards. HIE allows doctors, nurses, pharmacists, other healthcare providers and residents to appropriately access and securely share a resident's vital medical information electronically. HIE can also refer to an organization that provides services to enable the electronic and secure sharing of health-related information. In Wisconsin, the state designated entity for health information exchange is the Wisconsin Statewide Health Information Network (WISHIN).

14. **How does your organization share resident medical, behavioral, and social history, care or service information within your organization? Select all that apply.**
    ○ Paper-based charts
    ○ EHR access to all staff members who are involved in the resident's care
    ○ Internal email system
    ○ Verbal, through staff meetings
    ○ Verbal, through impromptu conversations, as needed
    ○ Other (please specify)

15. **Does your organization send resident medical, behavioral, and social information to providers of care outside of your organization?**
    ○ Yes
    ○ No

(If no, skip to Question 18)

16. **How does your organization send residents medical, behavioral, and social history, care or service information outside of your organization? Select all that apply.**
    ○ Wisconsin Statewide Health Information Network (WISHIN)
    ○ HIE network available through our EHR vendor (e.g., Epic Care Everywhere) (please specify)
    ○ A nationally recognized HIE network (e.g., eHealth Exchange) (please specify)
    ○ Direct secure messaging (Direct is a nationally adopted standard for healthcare data. Using Direct, healthcare documents can be sent between EHR systems or through a web portal, similar to other secure email technology)

- ○ Other (non-Direct) secure email technology
- ○ Interface connectivity to public health registries
- ○ Interface connectivity to labs
- ○ Interface connectivity for ADT feeds (type of messaging used to send admission, discharge, and transfer resident information)
- ○ Automated fax system built into our EHR
- ○ Stand-alone fax machine
- ○ US mail and/or courier service
- ○ Phone
- ○ Wisconsin ForwardHealth Portal (for data submission to Wisconsin state agencies)
- ○ STAT-PA system (for data submission to Wisconsin state agencies)
- ○ We submit data to Wisconsin state agencies through another state system/process. (please specify)

17. **What information is sent? Select all that apply.**
- ○ Clinical/diagnostic history, including discharge notes
- ○ Medication history
- ○ Assessments or assessment scores demonstrating functional levels, strengths, gaps, etc.
- ○ Screening scores demonstrating behavioral health needs (e.g., depression screening results)
- ○ Demographic data (e.g., age, gender, home address)
- ○ Social data (e.g., housing stability/homelessness, employment, support system)
- ○ Home environment information, including safety
- ○ Care plan, including goals, services approved, etc.
- ○ Behavioral health provider notes not subject to the requirements at 42 CFR Part 2
- ○ Behavioral health provider notes that may be subject to the requirements at 42 CFR Part 2
- ○ Aggregate data on quality measures
- ○ Transcription summary data (e.g., discharge summary)
- ○ Other (please specify)

18. **Please rate each of the following based on a scale of 1 to 10 for how important it is to exchange (both send and receive) clinical data with the entity, even if you are not currently electronically exchanging data with them. (1 = most important, 10 = least important)**
- ○ Ambulatory providers
- ○ Government agencies
- ○ Hospitals
- ○ Long-term care facilities
- ○ Long-term care adult family homes
- ○ Pharmacies
- ○ Cancer registries
- ○ Immunization registries
- ○ Behavioral health and/or SUD treatment providers
- ○ Primary care physicians
- ○ Dental care
- ○ Emergency medical services
- ○ Non-profit or community-based organizations providing social services (e.g., Community Advocates, Inc., Community Living Connections, Inc., Rise Up, Inc.)
- ○ Managed care and/or other administrative entities
- ○ Law enforcement
- ○ Department of Corrections

○ County-based programs (e.g., Community Support Programs, Comprehensive Community Services)
○ K-12 schools
○ Assistive, communication, or adaptive aid providers
○ Other (please specify)

19. **Does your organization <u>receive</u> resident information from providers <u>outside</u> of your organization to coordinate care?**
○ Yes
○ No

(If no, skip to Question 24)

20. **How does your organization receive the information? Select all that apply.**
○ Wisconsin Statewide Health Information Network (WISHIN)
○ HIE network available through our EHR vendor (e.g., Epic Care Everywhere) Please specify.
○ A nationally recognized HIE network (e.g., eHealth Exchange) Please specify.
○ Direct secure messaging (Direct is a nationally adopted standard for healthcare data. Using Direct, healthcare documents can be sent between EHR systems or through a web portal, similar to other secure email technology)
○ Other (non-Direct) secure email technology
○ Interface connectivity to public health registries
○ Interface connectivity to labs
○ Interface connectivity for ADT feeds (type of messaging used to send admission, discharge, and transfer resident information)
○ Automated fax system built into our EHR
○ Stand-alone fax machine
○ US mail and/or courier service
○ Phone

21. **Please rate each of the following based on a scale of 1 to 10 for how often you currently receive each type of information. (1 = most often received, 10 = least often received)**
○ Clinical/diagnostic history, including discharge notes
○ Summary of Care Document (e.g., Continuity of Care Document)
○ Longitudinal medication history
○ Current medication list
○ Assessments or assessment scores demonstrating functional levels, strengths, gaps, etc.
○ Demographic data (e.g., age, gender, home address)
○ Social data (e.g., housing stability/homelessness, employment, support system)
○ Home environment information, including safety
○ Care plan, including goals, services approved, progress notes, etc.
○ Behavioral health provider notes not subject to the requirements at 42 CFR Part 2
○ Behavioral health provider notes that may be subject to the requirements at 42 CFR Part 2
○ Individualized Education Program (IEP) documentation
○ Transcription summary data (e.g., discharge summary)
○ Crisis intervention service history

22. **Please rate each of the following based on a scale of 1 to 10 for how helpful the information is to receive to improve care delivery and coordination. (1 = most helpful to receive, 10 = least helpful to receive)**
○ Clinical/diagnostic history, including discharge notes

   ○ Longitudinal medication history
   ○ Current medication list
   ○ Assessments or assessment scores demonstrating functional levels, strengths, gaps, suicide risk assessment, etc.
   ○ Demographic data (e.g., age, gender, home address)
   ○ Social data (e.g., housing stability/homelessness, employment, support system)
   ○ Home environment information, including safety and falls
   ○ Care plan, including goals, services approved, etc.
   ○ Behavioral health provider notes not subject to the requirements at 42 CFR Part 2
   ○ Behavioral health notes that may be subject to the requirements at 42 CFR Part 2
   ○ Individualized Education Program (IEP) documentation
   ○ Transcription summary data (e.g., discharge summary)
   ○ Crisis intervention service history

23. **Is health information exchange integrated into the workflow of all staff working in your organization?** For HIE to be integrated into a clinical workflow, users must be able to operate within their existing EHR application without needing to sign into additional applications or portals.
   ○ Yes
   ○ No
   ○ Unsure

24. **Please rate each of the following based on a scale of 1 to 10 for level of challenge it has posed to your organization relative to electronically exchanging health information. (1 = most challenging, 10 = least challenging)**
   ○ Concerns about privacy and security, and/or lack of clarity about what is legally permitted to be shared (especially protected personal health information)
   ○ Technology infrastructure is not enabled to allow electronic information exchange
   ○ Information that can be exchanged does not meet needed uses
   ○ Organizational policies prevent electronic information exchange
   ○ Providers do not use EHR exchange functionality often enough and forget how to use it
   ○ Technical resources are limited
   ○ Cost of implementing and training
   ○ Lack of internal commitment/support

25. **If your organization does not currently exchange health information electronically with external entities, is there a timeframe for doing so?**
   ○ Not applicable, health information is currently being electronically exchanged
   ○ Plan to assess options for electronic health information exchange within the next 12 months
   ○ Plan to assess options for electronic health information exchange within the next 18-36 months
   ○ Plan to implement electronic health information exchange within the next 12 months
   ○ Plan to implement electronic health information exchange within the next 18-36 months
   ○ No plans to electronically exchange health information
   ○ Unsure

5 TELEHEALTH

Definition: Telehealth is audio and video contact between an individual and their doctor or health care provider using a phone, computer, or tablet. It includes health care services, getting a diagnosis, consultations

to discuss treatment, and treatment for medical conditions. Examples of telehealth include outpatient mental health and office or other outpatient medical services. Remote services (e.g., supported employment, day services, remote monitoring, etc.) under the Home and Community Based Services waiver program are not considered telehealth.

26. **Do your residents receive health care services from primary or specialty care providers via telehealth? (This includes any behavioral health services)**
    ○ Yes
    ○ No
(If no, skip to Question 31)

27. **Please rate each of the following services based on a scale of 1 to 4 for how often telehealth is used to deliver it. (1 = frequently, 2 = sometimes, 3 = never, 4 = unsure)**
    ○ Behavioral Health (counseling, therapy)
    ○ Crisis Intervention, Stabilization, and Planning
    ○ SUD treatment
    ○ Therapies (Speech, Physical, and/or Occupational Therapy)
    ○ Telestroke
    ○ Triage/Emergency Department avoidance
    ○ Medication review/optimization
    ○ Teledermatology
    ○ Primary Care
    ○ Teledentistry
    ○ Other (please specify)
28. **How are residents engaging with their health care providers via telehealth?**
    ○ Audio and visual
    ○ Audio only
29. **How do residents provide their consent for a telehealth visit? Select all that apply.**
    ○ Through the telehealth platform
    ○ Through an online resident portal
    ○ US mail and or courier service
    ○ In person signature
    ○ Other (please specify)
30. **How do residents access the telehealth platform? Select all that apply.**
    ○ Mobile device
    ○ Computer with internet access
    ○ Landline phone
    ○ Other (please specify)
    ○ Unsure
31. **What are the challenges and barriers residents face when considering telehealth as a means of service delivery?**
    ○ Free text box
32. **Please share with us any other stories or information that you think would be valuable to our efforts.**
    ○ Free text box

6 CLOSING MESSAGE TO RESPONDENTS

Thank you for completing this survey. Your responses provide critical feedback on program and policy planning for Wisconsin Medicaid. If you have questions or would like to provide additional feedback, please contact DHSPromotingInteroperabilityProgram@wi.gov.