

Utilization of Health Information Technology in Post-Acute Care Settings

Survey Introduction

Dear Provider:

In the absence of a financial incentive program for Long Term and Post-Acute Care (LTPAC) providers to adopt electronic health record (EHR) systems, the Centers for Medicare & Medicaid Services (CMS) is aware that many of these providers have begun to engage in both health information technology (HIT) adoption and electronic health information exchange (HIE) to support their clinical care services and to facilitate coordinated transitions in care across the continuum of health care services.

In an interest to learn more about the adoption and utilization of HIT and HIE practices in post-acute care, CMS is conducting a survey related to the adoption and utilization of HIT, such as the usage of EHRs and HIE.

The goal of the survey is to learn more about the adoption rate of HIT and engagement in HIE in LTPAC settings, and importantly the extent to which HIT and HIE is used in these settings. The information will help CMS understand where such technology may be playing a role in the delivery of health care services in LTPAC settings. It will also identify both the benefits and the gaps hindering provider participation in programs that promote care coordination, such as the participation in HIE.

Due to the technical nature of these questions, we highly recommend a respondent with technical knowledge and experience about the system complete the survey. In addition, this survey includes administrative questions (e.g., number of FTEs, future plans). You may need to seek support from a person with experience with the operation of the facility to complete these questions.

If you are an organization completing this survey and you represent multiple facilities, please consider completing a separate survey if the level of EHR readiness (implementation/adoption/use) varies among these settings.

This survey is fully voluntary, and there is no penalty for not responding. Individual survey responses will not be made public. The estimated time to complete the survey is 20 minutes.

If you need assistance or have questions, please contact the survey administrator.

Survey Administrator:
Lantana Consulting Group
CMSSurveyInfo@LantanaGroup.com

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Provider Information

This section gathers information about the type of provider and other distinguishing characteristics.

If you are an organization completing this survey and you represent multiple facilities, please consider completing a separate survey if the level of EHR readiness (implementation/adoption/use) varies among these settings.

* 1. Type of Provider:

- Home Health Agency (HHA)
- Skilled Nursing Facility (SNF)
- Nursing Facility (NF)
- Swing Bed (SB)
- In-patient Rehabilitation Facility (IPPS-Excluded IRF PPS Unit, or certified Inpatient Rehabilitation Hospital)
- Long Term Care Hospital (LTCH)
- Hospice
- Other

Other (please specify)

2. What is your organization's CMS Certification Number? (Not required.)

3. If answering on behalf of a organization operating a number of facilities, enter the number of facilities for each type.

HHA	<input type="text"/>
SNF	<input type="text"/>
NF	<input type="text"/>
SB	<input type="text"/>
IRF	<input type="text"/>
LTCH	<input type="text"/>
Hospice-In-patient	<input type="text"/>
Other	<input type="text"/>

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4. Number of patient's served annually:

- Less than 100
- 100 – 199
- 200 - 299
- 300 – 399
- 400 – 450
- Greater than 450

5. Service setting:

- Urban
- Rural
- N/A

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Electronic Health Record (EHR) Usage

This section gathers information about current use of EHR technology. If an EHR is currently implemented, questions will focus on the capabilities of the implemented system. Someone with technical knowledge and experience using the system will likely be needed to complete this section of the survey.

(Note: If an EHR is not currently implemented, the survey will skip to questions that focus on plans for future implementation.)

***6. An Electronic Health Record (EHR) is an electronic version of a patient's medical history, that is maintained by the provider over time, and may include all of the key administrative 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.**

Not including accounting or billing purposes, to what extent does your facility currently use an EHR to manage your patients' health records?

- An EHR is used to manage the health record for each patient
- An EHR is used to manage the health record for some patients
- An EHR is not used to manage the health records for any patient

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EHR System Functionality

Which functional areas does your EHR support?

7. What functionality does your EHR support and is your organization using it?

	EHR functionality available, and is used.	EHR functionality available, but is not used.	EHR functionality is not available.
Capture and edit care team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capture and edit patient demographics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capture and edit health assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capture, edit and share care/service plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capture, edit and share clinical documentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintain a person's problem list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indicate a person's advance directives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Record physician orders for tests or procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Send, receive and incorporate lab results electronically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
View diagnostic imaging requests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capture and edit physician orders for medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supports discrete medication reconciliation list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintain a person's medication administration records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Document medication allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Display alerts/warnings for drug interactions or contraindications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Send/receive E-prescribing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
View diagnostic imaging requests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Share discharge and transfer summaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inclusion of encounter information from other service providers (e.g. outpatient visits, inpatient services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capture results from diagnostic tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintain a person's immunizations list or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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report immunizations to a state registry

Integrate clinical decision support to support best practice recommendations

8. Is your EHR certified for Meaningful Use Stage 1 or Stage 2?

- Yes
- No

9. Which statement best describes how your EHR supports and is compatible with CMS assessment instruments (MDS 3.0, OASIS, LTCH CARE Data Set (LCDS), or IRF-PAI)?

- Assessment tools are not supported by the EHR.
- Assessment tools are accessible from the EHR, but data is not shared.
- The assessment tools push data to the EHR.
- The EHR pushes data to the assessment tools.
- The assessment tools and the EHR are integrated and share data back and forth.

Other (please specify)

EHR Usage - Benefits

This section identifies functional areas that have benefited from EHR adoption.

10. What benefits have been achieved as a result of implementing your EHR? (Check all that apply)

- Improves patient safety
- Provides better quality of care
- Saves time
- Saves money
- Improves communication with patient/family
- Improves communication with other care providers

Other (please specify)

11. What barriers have you experienced as a result of implementing your EHR? (Check all that apply)

- Technology does not meet functional requirements
- Lack of experienced/trained personnel
- Lack of HIT expertise
- Benefit doesn't outweigh the cost
- Lack of funding
- Lack of internal commitment/support

Other (please specify)

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Health Information Exchange (HIE) - Receiving Capabilities

This section identifies the types of information the EHR is receiving from different data sharing partners.

***12. Is your EHR system capable of receiving data from systems outside of your organization?**

- Yes
- No
- Not sure

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13. Which of the following data transport methods does your EHR currently use to receive data from other systems? Please check all that apply. If not applicable or unknown, please leave blank.

	Direct	XDS	HL7 V2 messages	HL7 V3 messages	Proprietary interfaces	XCA
Provider or Hospital EHRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Information Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy Information Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Imaging Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LTPAC EHRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Health Record Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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14. Which of the following data representation methods does your EHR currently use to receive data from other systems? Please check all that apply. If not applicable or unknown, please leave blank.

	HL7 C-CDA CCD Document	Other types of HL7 C-CDA Documents	Other CDA document (HITSP C32, IHE)	HL7 V2 messages	PDF documents	Proprietary formats
Provider or Hospital EHRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Information Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy Information Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Imaging Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LTPAC EHRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Health Record Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Health Information Exchange (HIE) - Sending Capabilities

This section identifies the types of information the EHR is sending to different data sharing partners.

***15. Is your EHR system capable of sending data to systems outside of your organization?**

- Yes
- No
- Not sure

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16. Which of the following data transport methods does your EHR currently use to send data to other systems? Please check all that apply. If not applicable or unknown, please leave blank.

	Direct	XDS	HL7 V2 messages	HL7 V3 messages	Proprietary interfaces	XCA
Provider or Hospital EHRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Information Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy Information Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Imaging Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LTPAC EHRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Health Record Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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17. Which of the following data representation methods does your EHR currently use to send data to other systems? Please check all that apply. If not applicable or unknown, please leave blank.

	HL7 C-CDA CCD Document	Other types of HL7 C-CDA Documents	Other CDA document (HITSP C32, IHE)	HL7 V2 messages	PDF documents	Proprietary formats
Provider or Hospital EHRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Information Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy Information Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Imaging Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LTPAC EHRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Health Record Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health Information Exchange (HIE) - Barriers

18. What issues have been the major barriers for health information exchange across systems? (Check all that apply)

- Technology infrastructure does not enable information exchange
- Information that can be exchanged doesn't meet required uses
- Standards not implemented
- Lack of policies to permit data to be exchanged
- Lack of experienced/trained personnel
- Lack of HIT expertise
- Benefit doesn't outweigh the cost
- Lack of funding
- Lack of internal commitment/support

Other (please specify)

19. How many resources do you current have supporting your HIE planning and implementation efforts?

- Less than 1 FTE (full time equivalent)
- More than 1 FTE, but less than 2 FTEs
- More than 2 FTEs, but less than 3 FTEs
- More than 3 FTEs, but less than 4 FTEs
- More than 4 FTEs, but less than 5 FTEs
- 5 or more FTEs

EHR Adoption Planning

***20. Which of the following best describes your organization's timeline for EHR adoption?**

- Planning to implement an EHR within 1 year
- Planning to implement an EHR in the next 1-2 years
- Planning to implement an EHR in the next 3-5 years
- Not planning to implement an EHR within the next 5 years

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EHR Adoption Expected Benefits

**21. For your facility, what benefits are expected as a result of implementing an EHR?
(Check all that apply)**

- Improves patient safety
- Provides better quality of care
- Saves time
- Saves money
- Improves communication with patient/family
- Improves communication with other care providers

Other (please specify)

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EHR Adoption and HIE Barriers

22. For your facility, what issues present the major barriers to adoption of an EHR system? (Check all that apply)

- Technology does not meet functional requirements
- Lack of experienced/trained personnel
- Lack of HIT expertise
- Benefit doesn't outweigh the cost
- Lack of funding
- Lack of internal commitment/support

Other (please specify)

23. For your facility, what issues present major barriers for health information exchange across systems? (Check all that apply)

- Technology infrastructure does not enable information exchange
- Information that can be exchanged doesn't meet required uses
- Standards not implemented
- Lack of policies to permit data to be exchanged
- Lack of experienced/trained personnel
- Lack of HIT expertise
- Benefit doesn't outweigh the cost
- Lack of funding
- Lack of internal commitment/support

Other (please specify)

24. How many resources do you current have supporting your EHR planning and implementation efforts?

- Less than 1 FTE (full time equivalent)
- More than 1 FTE, but less than 2 FTEs
- More than 2 FTEs, but less than 3 FTEs
- More than 3 FTEs, but less than 4 FTEs
- More than 4 FTEs, but less than 5 FTEs
- 5 or more FTEs

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Survey Participant Information

This section gathers information about the survey participant and distinguishing characteristics about their organization.

***25. How would you categorize your role in the organization?**

- Executive
- Manager
- Professional
- Other

Other (please specify)

***26. How would your categorize your area of expertise?**

- Business
- Technical
- Clinical
- Other

Other (please specify)

***27. Which statement best describes your interest in participating in future surveys on EHR implementation and adoption of electronic quality measures?**

- Would be interested in participation
- Might be interested in future participation
- Would not be interested in future participation

Contact Information

*28. Contact Information:

Name:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

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Thank you for your participation

Thank you for participating in the CMS Utilization of Electronic Health Information survey. If you have questions regarding the survey, please contact the survey administrator.

Survey Administrator:
Lantana Consulting Group
CMSSurveyInfo@LantanaGroup.com