



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### Overview

**Welcome to the 2018 Health Information Technology (HIT) Ambulatory Clinic Survey.**

The Minnesota Department of Health (MDH) established the Minnesota Statewide Quality Reporting and Measurement System (SQRMS) in December 2009 through the adoption of Minnesota Rules, Chapter 4654. This measurement system requires physician clinics and hospitals to submit data on a defined set of quality measures that will be publicly reported. As part of these requirements, all physician clinics must complete this survey on health information technology between the dates of September 17, 2018 and October 17, 2018.

Survey results are used by MDH, MN e-Health Initiative, MN Community Measurement and others to:

- Measure Minnesota's status on adoption and use of technology and health information exchange;
- Identify gaps and barriers faced by clinics and their staff;
- Help develop programs and resources locally, statewide, and nationally; and
- Support community collaborative efforts.

Results will be used for public reporting by MDH, and MN Community Measurement on [mnhealthscores.org](http://mnhealthscores.org).

This survey is sent to all medical group's "primary contacts" registered with MN Community Measurement. The survey should be completed by each unique clinic site as registered in the MN Community Measurement data portal. Due to the variety of topics covered, survey respondents may need to coordinate with others at the clinic site to accurately answer all questions. We have found the most accurate reporting of total EHR capabilities occurs when informatics staff are consulted.

If you have multiple clinic locations that all use the same EHR platform, there is the ability to request response duplication across your other clinic sites at the survey's end. For assistance with taking the survey or other questions, please contact MN Community Measurement at [support@mncm.org](mailto:support@mncm.org).



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### Introduction

#### **SURVEY INSTRUCTIONS**

**Step 1: Make sure you are the appropriate person to answer the survey.**

The appropriate survey respondent is someone who works at the clinic site at least part-time and has knowledge of both clinic operations and HIT. Prior experience has shown more accurate survey responses if you have IT staff involved. If you do not think you are the right person you should forward the survey link to the appropriate staff and exit the survey.

**Step 2: Use the pdf survey tool located in the data portal to collect the survey answers before accessing the web survey. This is recommended as: 1) it will speed the time you spend entering the responses into the web, 2) you may need to get input from others in your organization and this can help, 3) because we need to allow for multiple entries from a single point of contact; you cannot leave and "resume" the survey on-line. THE WEB SURVEY NEEDS TO BE ENTERED IN ONE SITTING.** The survey pdf is located under the "Resources" tab in the Data Portal (<https://data.mncm.org/login>) and on our corporate website at [www.mncm.org](http://www.mncm.org).

**Step 3: Look up your MNCM Clinic ID.**

If you do not know your MNCM Clinic ID, log on to the MN Community Measurement portal at <https://data.mncm.org/login>. Then click on the "Clinics" tab to access the MNCM Clinic ID; it will be listed under the "MNCM ID" column for each clinic. (Do not enter the MNCM Medical Group ID)

**Step 4: Complete the web survey answering the questions on behalf of your clinic site from your paper copy. Use the PREV and NEXT buttons at the bottom of each page to move through the survey.**

There is the ability at the end of the survey to request the responses be duplicated to another clinic site(s) if the processes of care and EHR platform are identical. You will need to attest and provide the other clinic MNCM Clinic IDs.

When you have entered all of your responses, click DONE at the end of the survey.

Field testing found that clinics without electronic health records took an average of less than 10 minutes to complete the survey. Clinics with electronic health records averaged about 15-20 minutes to complete.

**QUESTIONS?** If at any time you have questions, please contact MN Community Measurement at

612-746-4522 or e-mail at [support@mncm.org](mailto:support@mncm.org).



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### Clinic Information

**If you need your MN Community Measurement (MNCM) Clinic ID, log on to <https://data.mncm.org/login> and click on "CLINICS" tab. The ID will be listed under the "MNCM ID" column for each clinic. Alternatively, you can find your Medical Group ID under the "GROUP" tab.**

**\* 1. Clinic/Group Site**

Clinic site name:

MNCM Clinic ID:

MNCM Medical Group ID:

**2. Who is completing this survey?**

Your name:

Your title:

Your e-mail:

Your phone number:

**3. What is the approximate number of patients (not visits or encounters) your clinic served during the 12 months ending July 1, 2018? Please break down by the following age groups, if possible; otherwise, use a total number.**

Age 0-17

Age 18-64

Age 65+

Total, All Ages

**4. Please indicate if the quantity(ies) above apply to:**

- My whole medical group/system
- Only the clinic(s) listed for this survey entry



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### Electronic Health Record (EHR) Implementation

***DEFINITION: An EHR is a real-time patient health record with access to evidence-based decision support tools that can be used to aid clinicians in decision-making. The EHR can also support the collection of data for uses other than clinical care; such as billing, quality management, outcome reporting, and public health disease surveillance and reporting. Source***

5. Which statement best describes your clinic's electronic health record (EHR) system?

- We do not have an EHR
- We have purchased/begun installation of an EHR but are not yet using the system
- We have an EHR installed and in use for some of our clinic staff and providers
- We have an EHR installed in all (more than 90%) areas of our clinic



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### EHR Implementation, continued

***DEFINITION: A certified EHR meets the adopted standards and certification criteria to help providers and hospitals achieve the meaningful use objectives and other measures established by the Centers for Medicare and Medicaid Services (CMS). [Source](#)***

6. Does your clinic currently use an ONC-certified EHR system?

- Yes, 2015 ONC Edition Certification
- Yes, 2014 ONC Edition Certification
- Yes, not sure which edition
- We do not use an ONC-certified EHR
- Not sure

7. Please select your clinic's current EHR system vendor from the drop down list:

If not listed, what is your system?



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### EHR Utilization

**DEFINITION: Clinical Decision Support (CDS) refers broadly to providing clinicians or patients with clinical knowledge and patient-related information, intelligently filtered or presented at appropriate times, to enhance patient care. Source**

8. Please indicate how often the following electronic clinical decision support tools are used by your clinic's providers and staff to support patient care; either through the EHR or its associated practice management system. (Respond for each tool listed)

	Used routinely	Used occasionally	Do not use	Not applicable
Automated reminders for missing or overdue labs and tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic disease care plans and flow sheets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical guidelines based on patient problem lists, gender, and age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication guides/alerts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient-specific or condition-specific reminders (e.g., foot exams for diabetic patients)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventive care services reminders (e.g., immunizations, screenings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. For which conditions does your clinic use clinical decision support tools? Select all that apply

- Diabetes
- Prediabetes
- High blood pressure
- High cholesterol
- Chronic kidney disease
- None of the above
- Not applicable

10. What other types of decision support tools does your clinic use (or would like to use) to support patient care?





## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### EHR Utilization, continued

***DEFINITION: An advance directive is a document by which a person makes provision for health care decisions in the event that, in the future, he/she becomes unable to make those decisions.***

**Source**

11. Does your clinic document the existence of a patient's advance directive in your EHR?

- Yes
- No
- Not sure



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### EHR Utilization, continued

12. What percent of your clinic's patients 65 years of age and older have an advance directive in your EHR?

- 80-100% of patients age 65 and older
- 50-79% of patients age 65 and older
- 25-49% of patients age 65 and older
- Less than 25% of patients age 65 and older
- Not sure

13. How do you store advance directive information?

- Electronically accessible- stored in readily accessible/consistent part of the EHR
- Incorporated into our EHR, but not kept in a consistent and separate place - more likely to be stored in a progress note or with other documents
- Paper documents
- Not sure



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### EHR Utilization, continued

14. For what percentage of patients does your clinic capture demographic information in the EHR or its associated practice management system?

	80-100% of patients	50-79% of patients	25-49% of patients	Less than 25% of patients	Not collected / Not able to collect
Race	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hispanic Ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Country of Origin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preferred Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insurance Type	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Does your clinic's EHR and/or its associated practice management system have the ability to capture and report more than one race per patient?

- Yes
- No
- Not sure



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### EHR Utilization, continued

*DEFINITION: Granular ethnicity is defined as a person's ethnic origin or descent, "roots", or heritage; or the place of birth of the person's parents or ancestors. An example of granular ethnicity would include "Hmong", "Vietnamese", or "Chinese" that would map/aggregate to the category of "Asian".*

*Source: Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement, Institute of Medicine, 2009.*

Source

16. Does your clinic's EHR or its associated practice management system have the ability to capture and report granular (detailed) ethnicity information?

- Yes
- No
- Not sure



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### EHR Utilization, continued

17. For approximately what percent of patients are you capturing detailed granular ethnicity information?

- 80-100% of patients
- 50-79% of patients
- 25-49% of patients
- Less than 25% of patients
- Not sure

18. Is your clinic able to generate at least one report from the data in your EHR that list patients by a specific condition (e.g., for disease management, care coordination, reasearch, etc.)?

- Yes
- No
- Not sure



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### EHR Utilization, continued

19. For which of the following chronic conditions does your clinic regularly (at least 4 times per year) generate patient lists? Select all that apply

- Diabetes
- Prediabetes
- High blood pressure
- High cholesterol
- None of the above
- Other (please specify)

20. Indicate which of the following activities your clinic conducts using data from the EHR. Select all that apply.

- Create benchmarks and/or goals for clinical priorities
- Monitor changes in patient outcomes
- Provider reports to providers (e.g., clinical dashboards)
- Track clinical outcomes
- Support patient care coordination
- Conduct business analytics (e.g., workflow improvement, caseload analysis, care utilization)
- Support professional development activities (e.g., certifications)

Other (please specify)

21. Does your clinic or health system use demographic information (e.g. race, age, gender) to assess disparities in clinical outcomes based on those patient characteristics?

- Yes
- No
- Not sure

22. What types of data would you like to have available from your EHR to support care delivery and patient outcomes (e.g., environmental exposures, housing instability, access to health foods, and other social determinants of health)?

23. Please indicate the extent to which you agree that your EHR system has helped providers in your clinic

.....

	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Not sure/Not Applicable
a. Enhance patient care in your clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Order fewer tests or images due to better availability of existing results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Coordinate care with your patients' other health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### Privacy/Patient Consent

24. Does your clinic's EHR or its associated practice management system allow patients to define permissions for who should have access to their health record and under what circumstances?

- Yes
- No
- Not Sure

25. How does your clinic track patient consents?

- Consents are tracked electronically (e.g., check boxes, electronic signatures, etc.)
- Scanned paper consents - signed papers are scanned into the EHR
- Paper consents only - signed consents are filed as paper

Other (please specify)





## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### Health Information Exchange

26. When a patient was seen by a provider outside of your organization or health system to what extent do providers at your clinic have the necessary clinical information electronically available from those outside providers (not including electronic fax or non-secured email)?

- Routinely
- Sometimes
- Rarely or never
- Do not know

27. When your clinic's patients need to see a provider outside of your organization or health system to what extent does your clinic routinely send the necessary clinical information electronically from your clinic's EHR (not including electronic fax or non-secure email)?

- Routinely
- Sometimes
- Rarely or never
- Do not know

28. Do you make referrals to health education programs (e.g. Diabetes Self-Management Program, Chronic Disease Self-Management Program, Diabetes Prevention Program) outside of your organization?

- Yes
- No
- Not sure



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### Health Information Exchange, cont'd.

29. To what extent are those referrals sent electronically from your clinic's EHR (not including electronic fax or non-secure email)?

- Routinely
- Sometimes
- Rarely or never
- Do not know

30. To what extent are referrals confirmed electronically from your clinic's EHR (not including electronic fax or non-secure email)?

- Routinely
- Sometimes
- Rarely or never
- Do not know

31. To what extent is information from those referrals reported back to your clinic (i.e., "closed loop") electronically to your clinic's EHR (not including electronic fax or non-secure email)?

- Routinely
- Sometimes
- Rarely or never
- Do not know

32. Please describe the barriers your clinic faces to ensure providers have needed patient information to support patient outcomes. This can include types of information (e.g., labs, images or notes), ability to exchange electronically, or other barriers.



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### Health Information Exchange, continued

33. For what percent of patients, who require a referral or transition to another care setting, does your clinic provide an electronic summary of care record to that facility (not including electronic fax or non-secure email)?

*Definition: A summary of care record provides essential clinical information for the receiving care team and helps organize final clinical and administrative activities for the transferring care team. [Source](#)*

- 80-100% of patients who require referral or transition
- 50-79% of patients who require referral or transition
- 25-49% of patients who require referral or transition
- Less than 25% of patients who require referral or transition
- Not sure
- We do not have this functionality

34. For each type of clinical information received electronically from providers or sources outside your health system/organization, how do you usually integrate the information into your EHR? Select one method for each type of information.

	Usually data are automatically integrated into the EHR	Usually data are manually entered into the EHR	Not sure	Not applicable
a. Summary of care record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Lab Results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Medication History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Immunizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Radiology or specialty consult reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 35. Do providers at your clinic receive automatic electronic notifications (i.e., an alert) when any of their patients are admitted or discharged from the hospital, or visit the emergency department? Select all that apply.

- Yes, from hospitals/EDs within our health system
- Yes, from hospitals/EDs outside of our health system
- No
- Not sure



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### Non-Adopters

36. Does your clinic have a plan to acquire and implement an EHR?

- Yes
- No
- Do not know



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### E-health Resources

37. Which of the following e-health resources or workforce skills would help your clinic advance use of HIT and/or electronic exchange of health information (HIE)? Select all that apply.

- Implementing and EHR system, managing EHR system updates, and/or transitioning to a new EHR system
- Translating clinical needs to IT staff to optimize and/or customize EHR
- Training staff and clinics to use the EHR system
- Managing workflow changes
- Developing policies and procedures for managing data quality
- Using data analytics and/or informatics
- Managing patient consent to share health information
- Mitigating security risks to help prevent data breaches
- Developing infrastructure to support HIE
- Selecting an HIE vendor and/or negotiating an agreement
- Establishing HIE agreements with exchange partners (e.g., Business Associate Agreement)
- Integrating patient data from external sources into our EHR
- Understanding and/or using nationally recognized e-health standards
- Understanding Federal and State laws relating to e-health, health information exchange
- Technical assistance to support HIE with MDH

Other (please specify)



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### Patient Electronic Access

*DEFINITION: A patient portal is an internet application that allows patients to access their electronic health records and permits two-way communication between patients and their healthcare providers. [Source](#)*

38. Does your clinic offer an online portal?

- Yes, we have a patient portal
- No, we don't have a patient portal
- Not sure



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### Patient Electronic Access, continued

39. Which of the following features or functionalities are available to the patients through the patient portal?  
Select all that apply.

- Access to care plans
- Access to all or some of the providers' progress notes/documentation (e.g., Open Notes)
- Immunization records
- E-visits
- Patient education materials
- Submission of home-based health data (e.g., blood sugar, blood pressure values)

40. Approximately what percent of your clinic's active patients have signed up for the patient portal?

41. Indicate which functions are offered to patients to access and use their patient health information.  
Select all that apply.

- View online (patient or authorized representative can access patient's health information online)
- Download (patient or authorized representative can download patient's health information to a physical electronic media (USB, CD) or as PDF document)
- Transmission (patient or authorized representative can transmit patient's health information through any means of electronic transmission according to transport standards; this does not include downloading information to physical electronic media)
- None of the above
- Not sure





## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### Telemedicine

***DEFINITION: Telemedicine is the remote delivery of health care services and clinical information using telecommunications technology.***

**Source**

42. Does your clinic use telemedicine services? This does not include telemonitoring.

- Yes
- No
- Do not know



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### Telemedicine, continued

43. For which of the following activities does your clinic use telemedicine? Select all that apply.

- Primary care consultation with clinical specialists (e.g., cardiology, radiology, dermatology, neurology, etc.)
- Specialty care consultation with primary care clinician
- Hospital/emergency department consultation with your clinic
- Urgent Care
- Consultation with long-term and post-acute care, including hospice care
- Chronic disease management (e.g., diabetes self-management education)
- Psychiatry or psychology
- Wound Care
- Rehabilitation therapies
- Lifestyle change education (e.g., Diabetes Prevention Program, Weight Watchers, etc.)

Other (please specify)



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### E-Prescribing

44. Approximately what percent of your clinic's prescriptions are electronically prescribed?

For prescriptions that DO NOT include controlled substances

For prescriptions that INCLUDE controlled substances

45. Does your clinic utilize the electronic Formulary and Benefit Standard for reviewing medication formulary and benefit information?

*Definition: The Formulary and Benefit Standard are files from the payer that prescribers use to identify formulary status (i.e., preferred/non-preferred), copay and coverage information (i.e., PA, age/quantity limits) and alternative product information.*

- Yes
- No
- Not sure



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### E-prescribing, continued

46. How helpful is the information in e-prescribing decisions?

- Very helpful
- Somewhat helpful
- Not helpful
- Not sure

47. Describe how this information could be more helpful for your practice.

48. To what extent do prescribers in your clinic use the electronic prior authorization (ePA) to request medication prior authorizations with payers and pharmacy benefit managers?

*Definition: Prior Authorization (PA) is the process that is used to request coverage of a specific medication for a specific patient. Electronic Prior Authorization (ePA) is the electronic transmission of information between the prescriber and payer/PBM to determine whether or not the PA is granted. [Source](#)*

- For 80-100% of prescriptions
- For 50-79% of prescriptions
- For 25-49% of prescriptions
- For less than 25% of prescriptions
- We do not use electronic prior authorizations
- Not sure



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### Administrative Transactions

**Minnesota statutes, section 62J.536 requires that providers, payers, and intermediaries such as clearinghouses exchange certain health care business (administrative) transactions electronically, using a single, uniform data format and content based on national standards (ASC X12). Please indicate the extent to which your clinic uses these standards for the following administrative transactions.**

49. Does your clinic check insurance eligibility electronically, using the standard known as the “270/271”?

- Yes, for 50-100% of patients
- Yes, for less than 50% of patients
- No
- Not sure

50. Does your clinic receive electronic remittance advices (ERA) using the standard known as the “835” ?

- Yes, for 50-100% of claims
- Yes, for less than 50% of claims
- No
- Not sure

51. Does your clinic receive electronic acknowledgements of claims submissions using any of the standards known as the “TA1,” “999,” or “277CA”?

- Yes, for 50-100% of claims
- Yes, for less than 50% of claims
- No
- Not sure



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

### Response Duplication Request

**The responses contained in this survey may be the same for other clinic sites within your medical group. If those sites qualify, MNCM can duplicate the responses from this survey to those clinic sites based on the following eligibility:**

- 1) the same EHR technology systems are installed in ALL of your clinic sites. If not, a separate HIT survey must be completed for each site with a different system.**
- 2) identical processes of care exist across ALL clinic sites. Again, if not, a separate HIT survey must be completed for each site with different processes.**

52. Please indicate your attestation by checking the boxes below:

- I attest that all clinics in my medical group that I am requesting response duplication for have the same EHR technology and functions.
- I attest that all clinics in my medical group that I am requesting response duplication have the same processes of care.

53. Duplication across all sites: If you are requesting duplication of survey responses across ALL active clinic sites under your medical group, please click the button below. MNCM will duplicate these responses to all clinics in your medical group.

- Duplicate survey responses across ALL clinics in my medical group

54. Identifying specific clinic sites - If you have more than one EHR system in your medical group, you will need to take the HIT survey more than once for each system. List the clinic IDs below that these survey responses should be duplicated for (you will need to take the survey again for other unique EHR systems you have). If you need to reference your clinic site IDs, log into <https://data/mncm.org/login> and click on "Clinics" tab.



## 2018 Health Information Technology (HIT) Ambulatory Clinic Survey

Thank You

**You have completed the 2018 HIT Ambulatory Clinic Survey! Please click the "Done" button on the bottom of this page to submit your survey responses to MNCM.**

### **VALIDATION**

**MN Community Measurement will contact clinics who are selected for validation audits starting November 8, 2018.**

**If you have further questions about the HIT Ambulatory Clinic Survey, please contact MN Community Measurement by phone at (612) 746-4522 or by email at [support@mncm.org](mailto:support@mncm.org).**