

Appendix F



**Missouri Healthcare Information Technology Task Force
Current Status Working Group
Survey Tool**

Purpose of survey:

The Missouri Healthcare Information Technology Task Force, created by Governor Matt Blunt in January 2006, is charged with recommending methods to enhance the sharing of healthcare information between state government and private organizations. The following survey is intended to broaden our understanding of the current status of healthcare information technology availability, utilization and efficacy within our state.

The following survey was prepared by the Current Status Working group of the Missouri Healthcare Information Technology Task Force. The survey will take approximately five to ten minutes to complete. Please contact HealthCareIT@dhss.mo.gov if you have any questions regarding the survey,

The survey consists of six sections including profile, level of adoption, areas of implementation, cost, information exchange and satisfaction. The satisfaction section of the survey is optional.

Please complete the survey by June 9, 2006. Thank you for your participation and assistance as we work together toward a more efficient, cost-effective, quality-driven healthcare delivery system in Missouri.

Please start the survey now by clicking on the **Continue** button below.

Profile

1. Are you answering this survey on behalf of a hospital or a system of hospitals?
 - a. No (Go to Question 2)
 - b. Yes (Go to Question 3)
2. Which of the following best describes your organization type: (Go to Question 5)
 - a. Health Care Provider Office/Clinic
 - b. Long-Term Care / Skilled Nursing Facility
 - c. Local Public Health Agency
 - d. Alternate Health Facility (e.g., Home Health or Hospice)
 - e. Mental / Behavioral Health
 - f. Payer (eg. public, Medicaid, third party payer or private)
 - g. Pharmacy
 - h. Laboratory
 - i. Other _____
3. Are you part of a hospital network?
 - a. Yes
 - b. No
4. Select the number of facilities in your network:
 - a. 1-5
 - b. 6-10
 - c. 11-20
 - d. 21-50
 - e. Greater than 50
 - f. Don't know
5. Select the number of beds in your network facility:
 - a. None
 - b. 1-50
 - c. 51-100
 - d. 101-250
 - e. 251-500
 - f. 500-1000
 - g. Greater than 1000
 - h. Don't know
6. Select the number of health care provider FTE employed your facility:
 - a. 1-500
 - b. 501-1000
 - c. 1001-2000
 - d. 2001-5000
 - e. 5000-9000
 - f. Greater than 9000
 - g. Don't know
7. What best describes your job function:
 - a. Administration
 - b. Clinical
 - c. Information Services
 - d. Laboratory
 - e. Other _____
8. Please provide your job title: _____

9. Please provide the zip code of facility where you provide the majority of your services: _____
10. Please provide your health care organization's gross revenue:
 - a. \$1 million or less
 - b. \$1 million – \$5 million
 - c. \$6 million – \$25 million
 - d. \$26 million to \$100 million
 - e. \$101 million to \$500 million
 - f. \$501 million to \$1 billion
 - g. Greater than \$1 billion
 - h. Not applicable
 - i. Don't know
11. Please provide the optional contact information:
 - a. Name: _____
 - b. Phone: _____
 - c. E-mail: _____
 - d. Organization Name: _____
 - e. Facility Name: _____
12. May we contact you if we have any questions regarding your survey?
 - a. Yes
 - b. No

Level of Adoption

1. What types of health information technology are you currently utilizing in your system? Select all that apply:
 - a. Telehealth
 - b. Electronic Health Record
 - c. E-Prescribing / Computerized Physician Order Entry (CPOE)
 - d. Laboratory Information Management Systems (LIMS)
 - e. Results
 - f. Public health reporting
 - g. Public health tracking (eg. surveillance and/or reporting)
 - h. Health information management (eg. deficiencies, release of information, imaging process, etc.)
 - i. Advance directives
 - j. Social services
 - k. Health education
 - l. Bar coding
 - m. Clinical data
 - n. Patient registration
 - o. Billing
 - p. Scheduling
 - q. Other _____
2. What barriers are preventing you from expanding your investment in Health Information Technology? Select all that apply:
 - a. Lack of financial support
 - b. Lack of strategic Information Technology Plan/Failure
 - c. Difficulty in proving Return on Investment
 - d. Lack of leadership

- e. Vendor inability to deliver product
- f. No End-user support/acceptance
- g. Lack of staff resources
- h. Concern over compatibility with other systems
- i. Afraid it will quickly become obsolete
- j. Lack of information about best practices
- k. Concern over productivity
- l. Security concerns
- m. Other _____

Areas of Implementation

1. Are you currently using an electronic health system?
 - a. Yes (**if yes, go to question 2**)
 - b. No (**if no, go to question 6**)
2. Was your electronic health system purchased from a vendor or built internally?
 - a. Purchased from vendor
 - b. Built Internally
3. Who is the primary owner of the electronic health system?
 - a. Organization itself
 - b. Hospital/Health System
 - c. Physicians in the group
 - d. External Vendor
 - e. Other _____
4. Which of the following components are contained in your electronic health system? Select all that apply:
 - a. Laboratory
 - b. Pharmacy
 - c. Radiology
 - d. Physical Therapy
 - e. Telehealth
 - f. Public health reporting
 - g. Public health tracking (eg. surveillance, registries)
 - h. Health Information Management (eg. deficiencies, release of information, imaging process)
 - i. Immunizations
 - j. Registries
 - k. Allergies
 - l. Social Services
 - m. Advance Directive
 - n. Problem List
 - o. Results
 - p. Health Education
 - q. E-Prescribing/ Computerized Physician Order Entry (CPOE)
 - r. Bar Coding
 - s. Scheduling
 - t. Patient Registration
 - u. Clinical Data
 - v. Billing
 - w. Other _____

5. How long have you been using your electronic health system?
 - a. 0-6 months
 - b. 6-12 months
 - c. 12-24 months
 - d. More than 24 months
6. If you do not currently have an electronic health system, are you in the process of implementing an electronic health system?
 - a. Yes (**if yes, go to question 7**)
 - b. Not currently, but are planning to implement (**Go to Question 7**)
 - c. No plans to implement at this time (**if no, complete question 8 and submit your results. You have completed the survey.**)
7. What is your timeframe for implementing and using an electronic health system?
 - a. Within 0-6 months
 - b. Within 6-12 months
 - c. Within 12-24 months
 - d. Within 24-36 months
 - e. Greater than 36 months
8. What has prevented you from implementing an electronic health system? Please select all that apply:
 - a. Lack of financial support
 - b. Lack of strategic information technology plan
 - c. Failure to implement strategic information technology plan
 - d. Difficulty in proving return on investment
 - e. Lack of leadership
 - f. Vendor inability to deliver product
 - g. No end-user support/acceptance
 - h. Lack of staff resources
 - i. Concern over compatibility with other systems
 - j. Afraid it will quickly become obsolete
 - k. Lack of information about best practices or products or solutions
 - l. Concern over productivity
 - m. Security concerns

Cost

1. How was your electronic health system purchased? Select all that apply:
 - a. Operating Revenue
 - b. Reserve and/or Physician's Capital Contributions
 - c. Affiliated Hospital/Health System
 - d. Borrowing/Leasing
 - e. Grants
 - f. Other _____
 - g. Don't know
2. What was the total cost for your electronic health system:
 - a. Less than \$25,000
 - b. \$26,000 - \$50,000
 - c. \$51,000 - \$100,000
 - d. \$101,000 - \$250,000
 - e. \$251,000 - \$500,000
 - f. \$501,000 - \$1 million

- g. \$1 million - \$2 million
 - h. \$2.1 million - \$5 million
 - i. \$5 million - \$10 million
 - j. \$11 million - \$50 million
 - k. \$51 million - \$100 million
 - l. Greater than \$100 million
3. What are the total annual costs associated with your electronic health system? Please include training, staff time, maintenance, and other costs associated with the system.
- a. Less than \$10,000
 - b. \$11,000 - \$25,000
 - c. \$26,000 - \$50,000
 - d. \$51,000 - \$100,000
 - e. \$101,000 - \$250,000
 - f. \$251,000 - \$500,000
 - g. \$501,000 - \$1 million
 - h. \$1 million - \$2 million
 - i. \$2.1 million - \$5 million
 - j. \$5 million - \$10 million
 - k. Greater than \$10 million
4. What is the estimated annual savings your organization is achieving through the use of an electronic health system?
- a. Less than \$10,000
 - b. \$11,000 - \$25,000
 - c. \$26,000 - \$50,000
 - d. \$51,000 - \$100,000
 - e. \$101,000 - \$250,000
 - f. \$251,000 - \$500,000
 - g. \$501,000 - \$1 million
 - h. \$1 million - \$2 million
 - i. \$2.1 million - \$5 million
 - j. \$5 million - \$10 million
 - k. Greater than \$10 million
 - l. No cost savings realized
5. What types of savings does your organization hope to achieve from using an electronic health system?
- a. reduction of labor costs (check to make sure a and b both say reduction – someone reported a typo in this section)
 - b. reduction of supply costs
 - c. increase in Revenue cycle
 - d. Other _____
6. What is your estimated timeframe for return on investment?
- a. 0-6 months
 - b. 6-12 months
 - c. 12-18 months
 - d. 18-24 months
 - e. Greater than 24 months
 - f. No return on investment anticipated

Information Exchange

1. What is the level of information exchange in which your organization is involved?
 - a. Data exchanged between computer systems within the facility
 - b. Data exchanged among multiple facilities in same group
 - c. Data exchanged among multiple entities - read access only
 - d. Data exchanged among multiple entities - clinical data exchange
 - e. Not involved in any data exchange projects at this time
 - f. Other. Please describe in Question 3 below.
2. Does your computer system submit data to any of the following repositories?
 - a. Physician Voluntary Reporting Program (PVRP)
 - b. Doctor's Office Quality – Information Technology (DOQ-IT) warehouse
 - c. Other _____
3. Please describe any information exchange projects in which your organization is currently involved. Please include any Regional Health Information Organizations (RHIOs), Health Information Exchanges (HIEs), or other projects that involve the sharing of health data among two or more separate entities.

Satisfaction (Optional) If you prefer not to complete the fourteen questions in this section, please move to the bottom of this page and click the Continue button to submit your survey. Thank you!

In the following questions, the term “system” refers to an electronic health record or telehealth system.

1. How satisfied are you with your system?

Electronic Health Record	Telehealth
a. Very Satisfied	a. Very Satisfied
b. Somewhat Satisfied	b. Somewhat Satisfied
c. Somewhat Dissatisfied	c. Somewhat Dissatisfied
d. Very Dissatisfied	d. Very Dissatisfied
e. Not Applicable	e. Not Applicable
2. Would you recommend an electronic health record or telehealth system to your colleagues?

Electronic Health Record	Telehealth
a. Yes	a. Yes
b. Somewhat Likely	b. Somewhat Likely
c. Somewhat Unlikely	c. Somewhat Unlikely
d. No	d. No
e. Not Applicable	e. Not Applicable
3. Do you feel your organization's investment in Healthcare Information Technology is worth the investment?

Electronic Health Record	Telehealth
a. Strong Yes	a. Strong Yes
b. Somewhat Yes	b. Somewhat Yes
c. Unsure	c. Unsure
d. Somewhat No	d. Somewhat No
e. Strong No	e. Strong No
f. Not Applicable	f. Not Applicable

4. Do you feel the system has improved patient safety?
- | | |
|---------------------------------|-------------------|
| Electronic Health Record | Telehealth |
| a. Strong Yes | a. Strong Yes |
| b. Somewhat Yes | b. Somewhat Yes |
| c. Unsure | c. Unsure |
| d. Somewhat No | d. Somewhat No |
| e. Strong No | e. Strong No |
| f. Not Applicable | f. Not Applicable |
5. Do you feel the system provides the ability to reduce duplicative procedures?
- | | |
|---------------------------------|-------------------|
| Electronic Health Record | Telehealth |
| a. Strong Yes | a. Strong Yes |
| b. Somewhat Yes | b. Somewhat Yes |
| c. Unsure | c. Unsure |
| d. Somewhat No | d. Somewhat No |
| e. Strong No | e. Strong No |
| f. Not Applicable | f. Not Applicable |
6. Do you feel the system provides the ability to reduce medical errors?
- | | |
|---------------------------------|-------------------|
| Electronic Health Record | Telehealth |
| a. Strong Yes | a. Strong Yes |
| b. Somewhat Yes | b. Somewhat Yes |
| c. Unsure | c. Unsure |
| d. Somewhat No | d. Somewhat No |
| e. Strong No | e. Strong No |
| f. Not Applicable | f. Not Applicable |
7. Do you feel the system provides improved coordination of care with other providers?
- | | |
|---------------------------------|-------------------|
| Electronic Health Record | Telehealth |
| a. Strong Yes | a. Strong Yes |
| b. Somewhat Yes | b. Somewhat Yes |
| c. Unsure | c. Unsure |
| d. Somewhat No | d. Somewhat No |
| e. Strong No | e. Strong No |
| f. Not Applicable | f. Not Applicable |
8. Do you feel the system provides improved coordination with patients?
- | | |
|---------------------------------|-------------------|
| Electronic Health Record | Telehealth |
| a. Strong Yes | a. Strong Yes |
| b. Somewhat Yes | b. Somewhat Yes |
| c. Unsure | c. Unsure |
| d. Somewhat No | d. Somewhat No |
| e. Strong No | e. Strong No |
| f. Not Applicable | f. Not Applicable |
9. Do you feel the system provides improved coordination with payers?
- | | |
|---------------------------------|-------------------|
| Electronic Health Record | Telehealth |
| a. Strong Yes | a. Strong Yes |
| b. Somewhat Yes | b. Somewhat Yes |
| c. Unsure | c. Unsure |
| d. Somewhat No | d. Somewhat No |
| e. Strong No | e. Strong No |
| f. Not Applicable | f. Not Applicable |

10. Do you feel the system provides improved coordination with hospitals/ancillary sites?

Electronic Health Record

- a. Strong Yes
- b. Somewhat Yes
- c. Unsure
- d. Somewhat No
- e. Strong No
- f. Not Applicable

Telehealth

- a. Strong Yes
- b. Somewhat Yes
- c. Unsure
- d. Somewhat No
- e. Strong No
- f. Not Applicable

11. Do you feel the system helps your organization comply with HIPAA? (Both)

Electronic Health Record

- a. Strong Yes
- b. Somewhat Yes
- c. Unsure
- d. Somewhat No
- e. Strong No
- f. Not Applicable

Telehealth

- a. Strong Yes
- b. Somewhat Yes
- c. Unsure
- d. Somewhat No
- e. Strong No
- f. Not Applicable

12. Do you feel the system provides improved access to healthcare for the patient?

Electronic Health Record

- a. Strong Yes
- b. Somewhat Yes
- c. Unsure
- d. Somewhat No
- e. Strong No
- f. Not Applicable

Telehealth

- a. Strong Yes
- b. Somewhat Yes
- c. Unsure
- d. Somewhat No
- e. Strong No
- f. Not Applicable

13. Do you feel the system provides improved efficiency?

Electronic Health Record

- a. Strong Yes
- b. Somewhat Yes
- c. Unsure
- d. Somewhat No
- e. Strong No
- f. Not Applicable

Telehealth

- a. Strong Yes
- b. Somewhat Yes
- c. Unsure
- d. Somewhat No
- e. Strong No
- f. Not Applicable

14. Do you feel the system provides improved public health monitoring/reporting capabilities?

Electronic Health Record

- a. Strong Yes
- b. Somewhat Yes
- c. Unsure
- d. Somewhat No
- e. Strong No
- f. Not Applicable

Telehealth

- a. Strong Yes
- b. Somewhat Yes
- c. Unsure
- d. Somewhat No
- e. Strong No
- f. Not Applicable

End of Questions - Please click on the **Continue** button below to complete the survey and get your confirmation ID