

Prevention First
Environmental
Scan Report:
Electronic
Health Records



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Department of Health and Human Services
Division of Public Health

Environmental Scan Report: Electronic Health Records

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Table of Contents

Contents

INTRODUCTION.....	1
Background.....	1
Purpose.....	1
Acknowledgments.....	1
METHODS.....	2
Survey Design.....	2
Participant Selection.....	2
Data Collection.....	3
Data Analysis.....	3
RESULTS.....	4
Respondents.....	4
Table 1. Hospital System Survey Participation (n=4).....	4
Table 2. Medical Group Survey Participation (n=9).....	5
Electronic Health Records and Meaningful Use.....	5
Table 3. Hospital System EHR Utilization (n=3).....	6
Table 4. Medical Group EHR Utilization (n=5).....	6
Figure 1. Barriers Encountered with Adoption or Use of EHR System (n=8).....	6
Figure 2. Year EHR System Went Live (n=8).....	7
Table 5. Hospital System MU Participation Status (n=3).....	8
Table 6. Medical Group MU Participation Status (n=5).....	8
Electronic Reporting and Information Sharing.....	8
Figure 3. Title 17 CCR Reporting (n=8).....	9
Table 7. Hospital System CalREDIE PP and ELR Utilization (n=3).....	9
Table 8. Medical Group CalREDIE PP and ELR Utilization (n=5).....	10
Table 9. Hospital System Clinical Quality Measures Reporting (n=5).....	10
Table 10. Medical Group Clinical Quality Measures Reporting (n=5).....	11
Figure 4. CAIR Reporting (n=8).....	11
Figure 5. BioSense 2.0 Syndromic Surveillance Reporting (n=8).....	12
Health Information Exchange.....	12
Table 11. Hospital System HIE Participation (n=3).....	12

Table of Contents

Table 12. Medical Group HIE Participation (n=5)	13
Figure 6. Perceived Benefits of HIE Participation (n=8)	13
DISCUSSION.....	14
Strengths	14
Limitations.....	14
CONCLUSION.....	15
Table 13. Recommended Actions and Proposed Responsible Parties.....	15
Attachment (1):.....	15
Paper copy of electronic health records environmental scan survey.....	15

Introduction

INTRODUCTION

Background

The California Department of Public Health (CDPH), Chronic Disease Control Branch (CDCB) received a five-year grant from the Centers for Disease Control and Prevention (CDC) State Public Health Actions to Prevent and Control Diabetes, Heart Disease, and Obesity and Associated Risk Factors and Promote School Health (RFA-DP13-1305) in 2013. This initiative, known as “Prevention First” in California, is intended to support implementation of cross-cutting approaches to promote health and prevent and control chronic diseases in four prevention domains:

- Domain 1:** Epidemiology and Surveillance
- Domain 2:** Environmental Approaches
- Domain 3:** Health System Interventions
- Domain 4:** Improving Community-Clinical Linkages

Sacramento County Division of Public Health (SCPH) was one of four California counties awarded Prevention First funding by CDPH CDCB in at least one domain in 2014. Specifically, SCPH Health Education Unit (HEU) was awarded funding to conduct prevention activities in Domain 3 and Domain 4.

SCPH Disease Control and Epidemiology Unit (DCEU) and HEU, respectively, conducted two environmental scans to assess baseline status and needs within these domains:

- Domain 3 Environmental Scan:** Electronic Health Records
- Domain 4 Environmental Scan:** Chronic Disease Self-Management and Team-Based Care

This report focuses exclusively on the Domain 3 Electronic Health Records (EHR) Scan; an accompanying report focuses on the Domain 4 Chronic Disease Self-Management and Team-Based Care Environmental Scan.

Purpose

The purpose of the EHR Scan was to help assess to what degree healthcare delivery organizations are using electronic health records, what successes they have had, and what barriers they may have encountered in the adoption process.

Acknowledgments

The Division of Public Health acknowledges the Health Education Unit staff for their efforts in chronic disease prevention and health promotion. HEU Prevention First staff working on the environmental scans included Yvonne Rodriguez, MPH; Camille Arthur-Johnson, MPH; and Tasleem Chechi, MPH. Technical assistance for the EHR Scan was provided by the Tobacco Control Evaluation Center at the University of California, Davis (UCD), CDPH CDCB, and Intrepid Ascent Consulting.

For questions or comments about this report, please contact the SCPH Meaningful Use Coordinator, Jamie White at whiteja@saccounty.net.

Methods

METHODS

Survey Design

The EHR scan survey was created online using the cloud-based software, SurveyMonkey Professional Version. Evaluation staff at UCD provided SCPH with a survey template. Survey questions from the template were modified both in language and format (open-ended questions were changed to multiple choice if possible) for ease of analysis. The survey was also expanded to include several additional questions about health information exchange (HIE), electronic reporting, and meaningful use (MU) incentive program participation based on input from the SCPH Epidemiology Program Manager/MU Coordinator. Healthcare information technology consultants at Intrepid Ascent provided additional guidance on appropriate survey question wording and response options for the HIE and MU questions.

Participant Selection

The sampling frame for this scan included all major hospital systems with an emergency department and medical groups with at least one Federally Qualified Health Center (FQHC) or FQHC look-alike (LAL) located in Sacramento County. FQHCs are organizations receiving grants under Section 330 of the Public Health Service Act (PHSA). LALs are organizations that meet the criteria of being an FQHC but are not currently receiving PHSA grants. To qualify as an FQHC, a facility must meet the following criteria:

- 1) Serve an underserved area or population
- 2) Offer a sliding fee scale
- 3) Provide comprehensive services
- 4) Have an ongoing quality assurance program
- 5) Have a governing board of directors

Organizations outside of Sacramento County were excluded. Hospitals without an emergency department were excluded. Non-hospital medical groups that did not meet FQHC criteria were excluded.

A total of four major hospital systems were identified: Dignity Health (Dignity), Kaiser Permanente Northern California (Kaiser), Sutter Health (Sutter), and University of California, Davis Medical Center (UCDMC). There are nine hospitals with emergency departments between these four hospital systems.

A total of nine medical groups with at least one FQHC were identified from the U.S. Department of Health Human Services Health Information Technology Listings: CARES Community Clinic (CARES); Elica Health Centers (Elica); Health for All, Inc.; Peach Tree; Rosales Medical Group (Rosales); Sacramento County Primary Care Clinic (SCPCC); Health and Life Organization Sacramento Community Clinic (HALO); Sacramento Native American Health Center (SNAHC); and WellSpace Health (WellSpace). There are a total of 29 FQHCs between these nine medical groups.

No LALs were identified. Individual contacts within each hospital system or medical group were identified by HEU staff.

Methods

Data Collection

A survey link was sent by email to the identified contacts within the four hospital systems and nine medical groups. A \$25 gift card was offered to the primary survey respondent as an incentive for completing the survey.

One week after the survey link was sent, follow-up emails were sent to individuals who had not completed the survey for their organization. A second follow-up email was sent two weeks later if necessary.

Data Analysis

Hospital systems and medical groups were the unit of analysis for this scan. Individual hospitals and FQHCs were not used as the unit of analysis based on the assumption that individual hospitals within a hospital system and individual medical facilities within medical groups would have the same internal EHR technology.

Basic descriptive statistics were queried using SurveyMonkey Analytic Tools. Raw Survey data was exported from SurveyMonkey into a Microsoft Office Excel spreadsheet for additional analysis and data display.

Results

RESULTS

Respondents

Three of the four hospital systems (75%) responded to the survey [Table 1]. Kaiser submitted two surveys: one for Kaiser South Sacramento and one for the all other sites. The two Kaiser responses were compared and combined unless otherwise noted. Kaiser indicated that responses also applied to some of its medical offices in Sacramento County (i.e., Folsom, Rancho Cordova). UCDCM indicated that responses also applied to its outpatient clinics.

Table 1. Hospital System Survey Participation (n=4)

Hospital System	Hospitals	Participation in Survey
Dignity Health	<ul style="list-style-type: none">• Mercy Folsom• Mercy General• Mercy San Juan• Methodist Hospital	Yes
Kaiser Permanente Northern California	<ul style="list-style-type: none">• Kaiser Sacramento• Kaiser South Sacramento	Yes
Sutter Health	<ul style="list-style-type: none">• Sutter General• Sutter Memorial	No
University of California, Davis	<ul style="list-style-type: none">• UCD Medical Center	Yes

Job titles of the four individual respondents from the three hospital systems (two individuals responded on behalf of Kaiser) included Assistant Physician in Chief of IT and Risk/Quality, Clinical Project Manager; Director of Quality Management, Regulatory Affairs & Infection Prevention; and Pediatrician. None of the hospital respondents were the Meaningful Use Coordinator for their organization.

Five of nine (55.6%) medical groups responded to the survey [Table 2]. Rosales has since become affiliated with Health for All and is now known as the Franklin Clinic. Rosales was counted as a separate entity from Health for All in this analysis.

Results

Table 2. Medical Group Survey Participation (n=9)

Medical Group	FQHC	Participation in Survey
CARES Community Clinic	<ul style="list-style-type: none"> Community Clinic 	No
Elica Health Centers	<ul style="list-style-type: none"> Arden Arcade Midtown Medical Center West Sacramento Center Mobile Medical Clinic 	No
Health for All, Inc.	<ul style="list-style-type: none"> Downtown (V Street) Clinic Meadowview (Freeport) Clinic North Avenue 	Yes
Peach Tree	<ul style="list-style-type: none"> Midtown Norwood 	Yes
Rosales Medical Group	<ul style="list-style-type: none"> Medical Clinic 	Yes
Sacramento County	<ul style="list-style-type: none"> Primary Care Clinic 	No
Health and Life Organization Sacramento Community Clinic (HALO)	<ul style="list-style-type: none"> HALO – Assembly Court HALO – Del Paso HALO – Del Paso (Dental) HALO – Explorer HALO - Southgate 	No
Sacramento Native American Health Center	<ul style="list-style-type: none"> Sacramento Native American Health Center 	Yes
WellSpace Health	<ul style="list-style-type: none"> Tom Gagan J Street South Valley Oak Park North Highlands Birth and Beyond Rancho Cordova Roseville Folsom Del Paso Heights San Juan Health Care for Women 	Yes

Job titles of the five individual respondents from the five medical groups included Chief Executive Officer, Chief Medical Officer, Clinical Application Coordinator, Data Analyst and Medical Assistant. Two of the five (40%) medical group respondents were the Meaningful Use Coordinators for their organization.

Electronic Health Records and Meaningful Use

All three hospital systems that responded to the survey utilize EHR technology. Respondents for the two hospital systems using Epic reported being very satisfied with the technology, whereas and the respondent for the hospital system using Cerner reported being somewhat satisfied [Table 3].

Results

Table 3. Hospital System EHR Utilization (n=3)

Hospital System	EHR Technology	EHR Vendor	Satisfaction Level
Dignity Health	Yes	Cerner	Somewhat satisfied
Kaiser Permanente Northern California	Yes	Epic	Very satisfied
University of California, Davis	Yes	Epic	Very satisfied

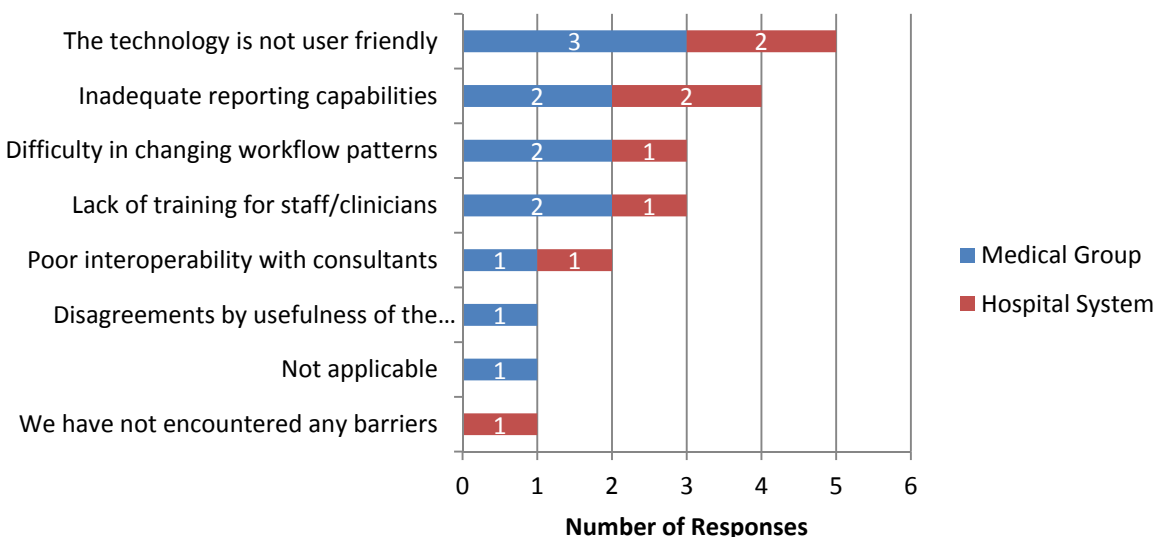
All five medical groups that responded to the survey utilize EHR technology. Epic and NEXTGEN were the most common EHR technologies used [Table 4]. The two medical groups using Epic reported being very satisfied with their EHR technology.

Table 4. Medical Group EHR Utilization (n=5)

Medical Group	EHR Technology	EHR Vendor	Satisfaction Level
Health for All, Inc.	Yes	Epic	Very satisfied
Peach Tree	Yes	NEXTGEN	No response
Rosales Medical Group	Yes	Epic	Very satisfied
Sacramento Native American	Yes	Care360	No response
WellSpace Health	Yes	NEXTGEN	Somewhat satisfied

The most common barriers that were cited regarding the adoption or use of an EHR system were 1) the technology is not user friendly (75%), 2) difficulty in changing workflow patterns (50%), 3) inadequate reporting capabilities (50%), and 4) lack of training for staff (37.5%) [Figure 1]. Five organizations reported receiving technical assistance to support the adoption or use of EHR system from outside companies including Cerner, HITCare, Molina Medical Group, OSIS Technology Services, and “various staffing contractors.”

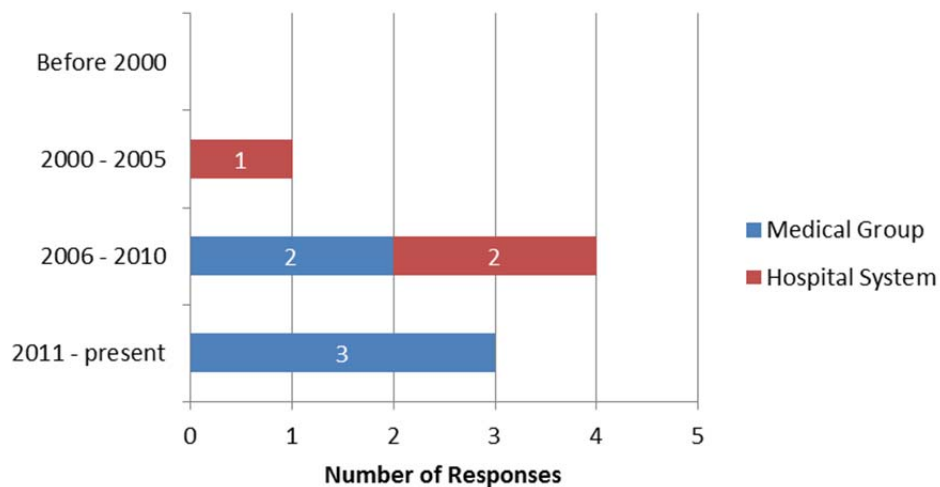
Figure 1. Barriers Encountered with Adoption or Use of EHR System (n=8)



Results

All survey respondents reported that their organization's EHR technology went live after the year 2000 [Figure 2]. Hospital systems were generally earlier adopters of EHR technology compared to medical groups.

Figure 2. Year EHR System Went Live (n=8)



The Affordable Care Act (ACA), Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 resulted in the establishment of Meaningful Use (MU) Centers for Medicare & Medicaid (CMS) Electronic Health Record incentive program. MU is the use of certified EHR technology to improve quality, safety, efficiency, and reduce health disparities; engage patients and families; improve care coordination, and population and public health; and maintain privacy and security of patient health information. MU sets specific objectives that eligible professionals and hospitals must achieve to qualify for the CMS MU incentive program. MU objectives evolve in stages:

Pre-Stage 1: Adopt, implement, Upgrade (AIU)

Stage 1: Data capture and sharing

Stage 2: Advance clinical processes

Stage 3: Improved outcomes

The EHR technologies used by all three (100%) hospital systems were certified by the Office of the National Coordinator for Health Information Technology (ONC) for the CMS MU Incentive Program. Four out of five (80%) medical group respondents reported that their organization's EHR technology was certified by ONC, the fifth did provide a response to this question.

All three hospital systems (100%) were participating in the CMS MU Incentive Program in 2015 [Table 5]. All hospital systems were working towards Stage 2 in 2015.

Results

Table 5. Hospital System MU Participation Status (n=3)

Hospital System	MU Participation	Stage in 2015
Dignity Health	Yes	Yes, working towards Stage 2
Kaiser Permanente Northern California	Yes	Yes, working towards Stage 2
University of California, Davis	Yes	Yes, working towards Stage 2

Four out of five (80%) medical group respondents indicated that they were participating in the CMS MU Incentive Program in 2015 [Table 6]. However, two of these four (50%) indicated that they had skipped the 2015 reporting year. The other two (50%) medical groups participating in the program were working towards Stage 1 in 2015.

Table 6. Medical Group MU Participation Status (n=5)

Medical Group	MU Participation	Stage in 2015
Health for All, Inc.	Yes	Yes, working towards Stage 1
Peach Tree	Yes	Yes, but skipped 2015 reporting year
Rosales Medical Group	Yes	Yes, but skipped 2015 reporting year
Sacramento Native American	No	N/A
WellSpace Health	Yes	Yes, working towards Stage 1

Electronic Reporting and Information Sharing

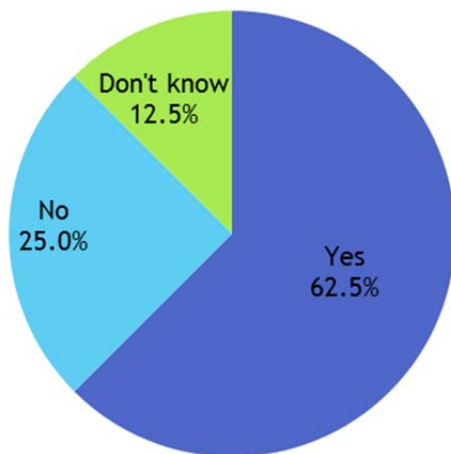
Medical providers and laboratories are mandated to report specific health information to health authorities and are encouraged to report other health information through incentive programs. Providers and laboratories may choose to report health information electronically.

Title 17, California Code of Regulations (CCR), Section 250 requires all healthcare providers to report cases or suspected cases of any disease or condition listed of public health importance to the local health department (LHD). Title 17 CCR Section 2505 requires laboratories to report laboratory testing results suggestive of a list of diseases of public health importance to the LHD.

Two of three (66.7%) hospital system respondents indicated that their organization reported Title 17 diseases and conditions to SCPH and one (33.3%) respondent indicated that their organization did not report Title 17 diseases and conditions to SCPH. Three of five (60%) medical group respondents indicated that their organization reported Title 17 diseases and conditions to SCPH. One (20%) respondent indicated that their organization did not report Title 17 diseases and conditions to SCPH and the other one (20%) indicated that they did not know if their organization reported Title 17 disease and conditions to SCPH [Figure 3].

Results

Figure 3. Title 17 CCR Reporting (n=8)



The California Reportable Disease Information Exchange (CalREDIE) is a web-based application for disease reporting and surveillance. CalREDIE was developed by CDPH to allow for near real-time reporting and surveillance of communicable diseases. CalREDIE allows providers and laboratories to meet MU reporting requirements for Title 17 diseases and conditions.

CalREDIE Provider Portal (PP) is a secure, web-based interface where providers can electronically submit Confidential Morbidity Reports (CMRs) to LHDs. Providers can request CalREDIE PP reporting accounts through the LHD CalREDIE liaison. CalREDIE Electronic Lab Reporting (ELR) is an automated, secure process for laboratories to report laboratory results to LHDs. The CDPH CalREDIE ELR team facilitates ELR onboarding of California laboratories.

Two of the three (66.7%) hospital systems indicated that their organization uses both CalREDIE PP and ELR [Table 7].

Table 7. Hospital System CalREDIE PP and ELR Utilization (n=3)

Hospital System	PP	ELR
Dignity Health	No, but interested in learning more	Don't know
Kaiser Permanente Northern California	Yes	Yes
University of California, Davis	Yes	Yes

Two of five (40%) of medical groups indicated that their organizations submitted CMRs using CalREDIE PP and two additional (40%) expressed interest in learning more about CalREDIE PP [Table 8]. Medical groups generally did not have laboratories and/or did not know if their organizations submitted laboratory results via CalREDIE ELR.

Results

Table 8. Medical Group CalREDIE PP and ELR Utilization (n=5)

Medical Group	PP	ELR
Health for All, Inc.	No, but interested in learning more	No, but interested in learning more
Peach Tree	No, and not interested at this time	Don't know
Rosales Medical Group	Yes	Don't know
Sacramento Native American	Yes	No, but interested in learning more
WellSpace Health	No, but interested in learning more	No, we don't have a laboratory

The National Quality Forum (NQF) is a non-profit, nonpartisan, public service organization that promotes patient protections and healthcare quality through measurement and public reporting. NQF reviews, endorses, and recommends use of standardized healthcare performance measures, also called quality measures.

Controlling High Blood Pressure is NQF Measure Number 0018 (NQF 18). NQF 18 is the percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.

Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) poor control (>9.0%) is NQF Measure Number 0059 (NQF 59). NQF 59 is the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control) or was missing a result, or if an HbA1c was not done during the measurement year.

All three hospital systems (100%) reported some NQF measures [Table 9].

Table 9. Hospital System Clinical Quality Measures Reporting (n=5)

Hospital System	Any NQFs	NQF 18	NQF 59
Dignity Health	Yes	Don't know	Don't know, but track internally
Kaiser Permanente Northern California	Yes	Don't know, but track internally	Don't know, but track internally
University of California, Davis	Yes	Yes	Yes

Two out of five (40%) medical groups reported NQF measures to CMS, including NQF 18 NQF 59 [Table 10].

Results

Table 10. Medical Group Clinical Quality Measures Reporting (n=5)

Medical Group	Any NQFs	NQF 18	NQF 59
Health for All, Inc.	Yes	Yes	Yes
Peach Tree	Yes	Yes	Yes
Rosales Medical Group	Don't know	Don't know	Don't know
Sacramento Native American	No	No	No
WellSpace Health	Don't know	Don't know	No

The California Immunization Registry (CAIR) is a secure, confidential, statewide computerized immunization information system for California residents. CAIR allows providers to meet MU requirements for immunization reporting. Two of three (66.7%) hospital systems and all five (100%) medical groups reported immunization data to CAIR [Figure 4].

Figure 4. CAIR Reporting (n=8)

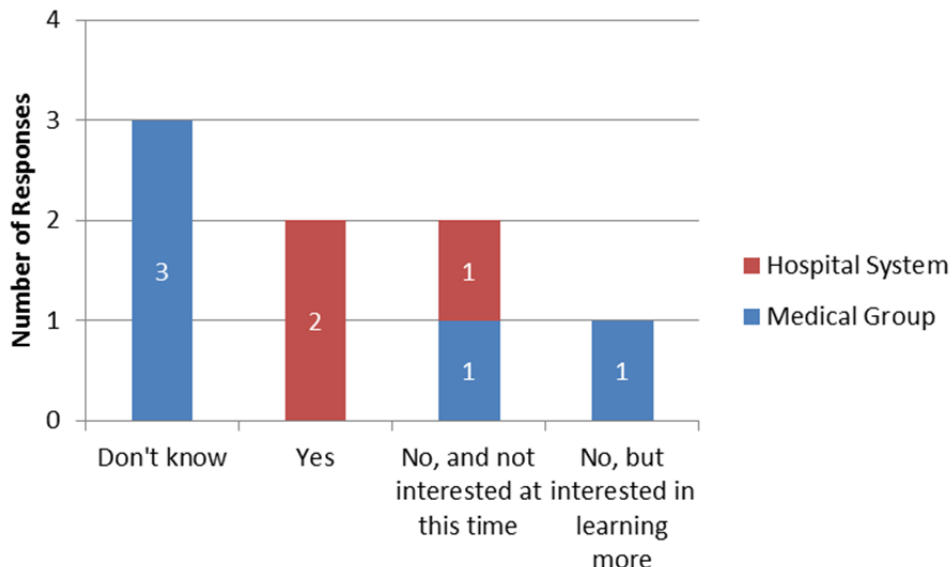


The CDC National Syndromic Surveillance Program (NSSP) BioSense 2.0 platform is a cloud-based computing environment that was developed to analyze and exchange syndromic data to improve common awareness of health threats over time and across regional boundaries. BioSense 2.0 also helps providers meet MU requirements for syndromic surveillance. At this time, SCPH only has the capacity to accept electronic syndromic messaging from hospital emergency departments (ED). Therefore, SCPH provides healthcare facilities without and ED in Sacramento County exemption from MU requirements for syndromic surveillance. However, SCPH has recently begun to test the utility of receiving outpatient syndromic surveillance data.

Results

Two of the three (66.7%) hospital systems indicated that its organization was reporting syndromic surveillance data. One of the five medical groups (20%) expressed interest in learning more about the BioSense 2.0 platform [Figure 5].

Figure 5. BioSense 2.0 Syndromic Surveillance Reporting (n=8)



Health Information Exchange

Health Information Exchange (HIE) allows healthcare delivery organizations and patients to appropriately access and securely share a patient’s vital medical information electronically. Sharing updated, electronic patient information from one health care professional to another helps to better coordinate individual patient care. The demand for HIE is growing nationwide along with efforts to improve the quality, safety and efficiency of health care delivery.

Two of three (66.7%) hospital systems reported current HIE participation and all three (100%) expressed interest in participating in a county-wide HIE [Table 11].

Table 11. Hospital System HIE Participation (n=3)

Hospital System	EHR Vendor	Current HIE	County-Wide HIE Interest
Dignity Health	Cerner	Don't know	Somewhat interested
Kaiser Permanente Northern California	Epic	Care Everywhere	Very interested
University of California, Davis	Epic	SureScripts	Very interested

Results

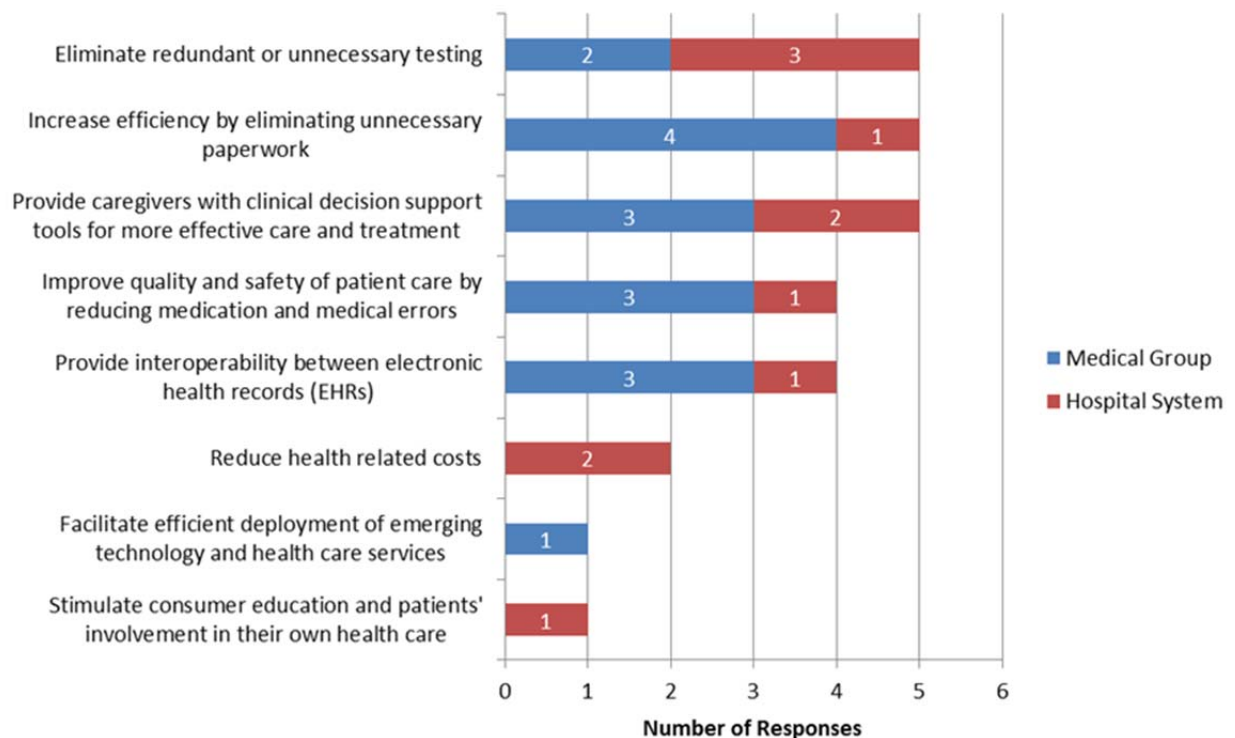
All five (100%) medical groups responded that they either did not or did not know if they participated in an HIE currently [Table 12]. However, those with Epic indicated some level of information sharing with other organizations using EPIC through Care Everywhere.

Table 12. Medical Group HIE Participation (n=5)

Medical Group	EHR Vendor	Current HIE	County-Wide HIE Interest
Health for All, Inc.	Epic	None	Neutral
Peach Tree	NEXTGEN	None	Somewhat interested
Rosales Medical Group	Epic	Don't know	Neutral
Sacramento Native American	Care360	None	Very interested
WellSpace Health	NEXTGEN	Don't know	Very interested

The most common perceived benefits of HIE were that it would 1) eliminate redundant or unnecessary testing (18%), 2) increase efficiency by eliminating unnecessary paperwork (18%), 3) provide caregivers with clinical decision support tools for more effective care and treatment (18%), and 4) improve quality and safety of patient care by reducing medication and medical errors (14.8%) [Figure 6].

Figure 6. Perceived Benefits of HIE Participation (n=8)



Discussion

DISCUSSION

Strengths

All Sacramento County hospital systems and medical groups that responded to this survey reported utilizing EHR technology and almost all have participated in some stage of the MU CMS incentive program. Despite some barriers, respondents generally reported a high level of satisfaction with their current EHR technology.

Most survey respondents indicated that their organizations were reporting health information electronically. Several are utilizing CalREDIE to report CA Title 17 reportable diseases and condition. Nearly all were reporting clinical quality measures to CMS and immunization data to CAIR.

Although not all of the hospital systems responding indicated on the survey that they were submitting syndromic surveillance data via BioSense 2.0, all three are in the process of submitting syndromic data to SCPH and finalizing data use agreements with SCPH.

Most organizations expressed interest in a county-wide HIE and acknowledged several benefits of HIE participation. None expressed disinterest.

Limitations

Several Sacramento County healthcare organizations were not invited to participate in this survey. Expanding the sampling frame to include hospital systems without emergency departments (i.e., Crestwood Psychiatric Health, Heritage Oaks, Shriners' Hospital for Children, Vibria) and pharmacies would have provided more comprehensive insight into EHR and HIE readiness and utilization in Sacramento County.

Response rates for this survey were somewhat low (61.5%) and therefore findings may not be generalizable to all hospital systems and FQHC medical groups. Some individual survey respondents may not have been the best contact to answer the survey questions. More strategic and targeted identification of contacts (e.g., MU Coordinators) may have improved response accuracy.

Conclusion

CONCLUSION

Findings from this survey provide a baseline assessment of local readiness and utilization of EHR technology. Key informant interviews with survey respondents and/or healthcare organization MU Coordinators will be conducted in late 2016 or early 2017 to enhance information collected in this environmental scan. Results will be used to inform efforts to improve quality, safety and efficiency of healthcare delivery in Sacramento County and enhance SCPH surveillance efforts. Table 13 below outlines SCPH key recommended actions based on the findings of this environmental scan.

Table 13. Recommended Actions and Proposed Responsible Parties

Recommended Actions		Proposed Responsible Parties
Education	Inform providers of mandatory reporting requirements	SCPH Health Officer, DCEU, HEU, SCPH MU Coordinator
	Dispel myths about EHR adoption and implementation	
	Promote benefits of MU and HIE participation	
Technical Assistance (TA)	Provide TA or linkage to TA for organizations expressing interest in signing up for CalREDIE PP reporter accounts or CalREDIE ELR	SCPH CalREDIE Liasons, CDPH
	Provide TA or linkage to TA for organizations expressing interest in syndromic surveillance and BioSense 2.0 onboarding	SCPH MU Coordinator, CDC
	Connect healthcare delivery organizations seeking TA for EHR technology to local health information technology contractors	SCPH Health Officer, DCEU, HEU
Collaboration	Establish a county-wide HIE	Hospital Council, Right Care Initiative, SCPH Health Officer
	Establish an MU collaborative group where information and efforts can be shared across health agencies	SCPH and healthcare delivery organization MU Coordinators
Registries	Advocate for establishment of a state-wide diabetes registry to supplement NQF 59 measure reporting	SCPH Health Officer, HEU, CDPH
	Advocate for mandated immunization reporting to CAIR	SCPH Health Officer, Immunization Coordinator, CDPH

Attachment (1):

[Paper copy of electronic health records environmental scan survey](#)

1. Welcome to My Survey

Thank you for participating in our survey. Your feedback is important.

Sacramento County EHR Survey - FINAL

2. Introduction

* 1. Please provide the name of your organization.

2. If your organization has multiple sites, do the responses in this survey apply to only one site, or multiple sites?

- One site
- Some, but not all, of the sites in the health system
- All sites in the health system

If answering for more than one site, please specify which sites:

* 3. Please provide your contact information.

Name:

Job Title:

Email Address:

Phone Number:

4. Please provide your mailing address where you would like to receive your gift card.

Name:

Address:

Address 2:

City/Town:

State:

ZIP:

* 5. What is your role at your organization?

- Meaningful Use Coordinator or equivalent
- Information Technology Support or equivalent
- Clinician
- Chief Medical Informatics Officer or equivalent
- Chief Operating Officer or equivalent
- Data Analyst or equivalent
- Other (please specify)

3. Type of Organization

* 6. Please mark which best describes the organization you represent (check all that apply):

- Hospital
- Outpatient clinic of hospital system
- Indian Health Service or tribal clinic
- Pharmacy
- Private practice clinic
- Community health clinic
- Other (please specify)

* 7. Are you a Federally-Qualified Health Center (FQHC)?

- Yes
- No, but we are in the process of applying for FQHC status
- No, but we are an FQHC Look-a-Like
- No
- Don't know
- Other (please specify)

4. Electronic Health Records

* 8. Do you currently use an Electronic Health Record (EHR) system at your organization? (e.g., Epic, Cerner, McKesson, etc)

- Yes
- No, but we are in the process of adopting an EHR system
- No, but we have plans to adopt an EHR system within the next 3 years
- No, and we currently have no plans to adopt an EHR system

9. If you are in the process of adopting an EHR, or have plans to do so, what year do you expect your EHR system will go live?

Sacramento County EHR Survey - FINAL

5. EHR Details

* 10. If your organization currently uses an EHR, which system do you use? If you have plans to adopt an EHR in the future, please indicate the system you expect to use.

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> Advanced Data Systems Corporation | <input type="checkbox"/> e-MDs | <input type="checkbox"/> Nuesoft |
| <input type="checkbox"/> Advanced MD | <input type="checkbox"/> Epic | <input type="checkbox"/> OPTUM Insight |
| <input type="checkbox"/> AllScripts | <input type="checkbox"/> Greenway | <input type="checkbox"/> PracticeFusion |
| <input type="checkbox"/> Amazing Charts | <input type="checkbox"/> McKesson | <input type="checkbox"/> SOAPware |
| <input type="checkbox"/> athenahealth | <input type="checkbox"/> Meditab | <input type="checkbox"/> Vitera |
| <input type="checkbox"/> Care 360 | <input type="checkbox"/> Meditech | <input type="checkbox"/> Undecided |
| <input type="checkbox"/> eClinicalWorks | <input type="checkbox"/> NEXTGEN | <input type="checkbox"/> We have no plans to adopt an EHR |
| <input type="checkbox"/> Other (please specify) | | |

* 11. If your organization currently uses an EHR, in what year did the system go live?

- Before 2000
- 2000 - 2005
- 2006 - 2010
- 2011 - present
- Don't know
- Our organization does not use an EHR

12. If your organization currently uses an EHR, please rate your satisfaction with your current EHR system.

Not Satisfied	Somewhat Satisfied	Neither Satisfied Nor Dissatisfied	Somewhat Satisfied	Very Satisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. EHR Barriers

* 13. Have you received technical assistance to support the adoption or use of an EHR system from any organization besides your vendor?

- No
- Don't know
- Yes (please specify the organization)

* 14. What barriers (if any) have you encountered in the past or are you encountering currently with the adoption or use of an EHR system? (Check all that apply)

- Justifying the expense
- Lack of training for staff/clinicians
- Difficulty in changing workflow patterns
- The technology is not user friendly
- Disagreements about the usefulness of the system
- Concerns about HIPAA or patient privacy
- Poor interoperability with consultants
- Inadequate reporting capabilities
- We have not encountered any barriers
- Not applicable
- Other (please specify)

7. Meaningful Use

* 15. Is your EHR certified by the Office of the National Coordinator for Health Information Technology for the EHR Meaningful Use incentive program?

- Yes
- No
- Don't know
- Not applicable

* 16. Is your organization participating in the EHR Meaningful Use incentive program?

- Yes, we are in the Adopt, Implement, Upgrade (AIU) phase for our first year in 2015
- Yes, we are working toward Stage 1 in 2015
- Yes, we are working toward Stage 2 in 2015
- Yes, but we are skipping the 2015 reporting year
- No, we are not in the Meaningful Use program at this time
- Don't Know
- N/A

17. If no, briefly describe why your organization is not in the Meaningful Use program at this time (limit: 100 characters).

8. Clinical Quality Measures

* 18. Do you report clinical quality measures via your EHR or another reporting tool?

- Yes
- No
- Don't Know

* 19. Do you report clinical quality measures to Centers for Medicare and Medicaid Services (CMS)?

- Yes
- No
- Don't know

* 20. Do you report clinical quality measures to any other organizations?

- Yes
- No
- Don't know

21. If yes, please specify the organization:

9. Clinical quality measures - Hypertension

* 22. Do you currently report the clinical quality measure called National Quality Forum (NQF) 18?

NQF 18 is percentage of patients 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled ($<140/90$) during the measurement period.

Yes

No

Don't know

* 23. Do you track this measure internally?

Yes

No

Don't know

10. Clinical quality measures - Diabetes

* 24. Do you report on the diabetes clinical quality measure National Quality Forum (NQF) 59?

NQF 59 is the percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control) or was missing a result, or whose HbA1c test was not done during the measurement year.

- Yes
- No
- Don't know

* 25. Do you track this measure internally?

- Yes
- No
- Don't Know

11. Health Information Exchange (HIE)

* 26. Do you participate or collaborate with a Health Information Exchange (HIE) system?

- Yes
- No
- Don't know

27. If yes, please specify which HIE:

* 28. Do health care providers in your organization exchange patient health information electronically with other providers outside your organization?

- Yes
- No
- Don't know

29. If yes, with which organization(s)?

Sacramento County EHR Survey - FINAL

12.

* 30. How would your organization benefit from participation in an HIE? Check all that apply.

- Create a potential loop for feedback between health-related research and actual practice
- Eliminate redundant or unnecessary testing
- Facilitate efficient deployment of emerging technology and health care services
- Improve public health reporting and monitoring
- Improve quality and safety of patient care by reducing medication and medical errors
- Increase efficiency by eliminating unnecessary paperwork
- Provide caregivers with clinical decision support tools for more effective care and treatment
- Provide a basic level of interoperability among electronic health records (EHRs) maintained by individual physicians and organizations
- Reduce health related costs
- Stimulate consumer education and patients' involvement in their own health care
- Other (please specify)

* 31. Please rate your interest in participating in a county-wide Health Information Exchange (HIE).

Not at all interested

Not very interested

Neutral

Somewhat interested

Very interested

13. CalREDIE and Title 17 Reportable Diseases and Conditions

* 32. Does your organization report Title 17 reportable diseases and conditions to Sacramento County Division of Public Health?

- Yes
- No
- Don't know

* 33. Does your organization submit reportable diseases using the California Reportable Disease Information Exchange (CalREDIE) Provider Portal?

- Yes
- No, but interested in learning more
- No, and not interested at this time
- Don't know

* 34. Does your organization submit positive laboratory results using the CalREDIE Electronic Lab Reporting (ELR) system?

- Yes
- No, we don't have a laboratory
- No, but interested in learning more
- No, and not interested at this time
- Don't know

14. Immunizations and Syndromic Surveillance

* 35. Does your organization report immunizations to the California Immunization Registry (CAIR)?

- Yes
- No, but interested in learning more
- Not, and not interested at this time
- Don't know

* 36. Does your organization report syndromic surveillance to Sacramento County Division of Public Health via the National Syndromic Surveillance Program (NSSP) BioSense 2.0 platform?

- Yes
- No, but interested in learning more
- No, and not interested at this time
- Don't know

* 37. Has your organization received a letter of exclusion from Sacramento County Division of Public Health for syndromic surveillance?

- Yes
- No
- Don't know

15. Intermedix (EMSystem) EMResource

* 38. Does your organization participate in Intermedix EMResource system for emergency management?

- Yes
- No, but interested in learning more
- No, and not interested at this time
- Don't know

16. Technical Assistance

* 39. Are you interested in receiving technical assistance to support the adoption or use of an EHR system?

- Yes
- No
- Maybe

* 40. What kind of technical assistance would be useful to you (check all that apply)?

- EHR implementation and project management guidance
- Privacy and security risk assessment support
- HIE planning
- Support for progress towards Meaningful Use attestation
- Selection of Clinical Quality Measures
- Staff Meaningful Use education
- Meaningful Use audit support
- We are not interested in technical assistance
- Other (please specify)

17.

41. Please provide the contact information of anyone who helped you complete this survey.

Name:

Job title:

Email Address:

Phone Number:

42. Do you have any other comments, questions, or concerns?

18. Thank you!

Thank you for completing the survey. If you have any questions please contact:

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For more information on your local jurisdiction's public health electronic reporting capacity, visit <http://hie.cdph.ca.gov/lhj-matrix.html>.