



Alaska Environmental Scan

Final Report

January 2018



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1 Executive Summary

To fully understand the current “As-Is” landscape relative to Health Information Technology (HIT), Electronic Health Record (EHR) adoption, and Health Information Exchange (HIE) participation within the State, the Alaska Department of Health and Social Services (DHSS), Health Information Technology Office has undertaken a project to conduct an updated environmental scan. Responses received throughout this effort have been analyzed and will be used in strategic planning efforts as they relate to the EHR Incentive Payment Program and HIT Infrastructure planning throughout the State.

The methodology for conducting the survey was broken down into three broad phases: Planning, Deployment, and Analysis and Reporting. Planning efforts began in early 2017 and included identification of the survey population, creation of the provider contact list, selection, development, and formatting of the electronic survey tool, drafting of the communication tools, and initial outreach to large stakeholder group contacts. The planning efforts resulted in a survey instrument that included 43 sections and 83 total questions that was deployed to a broad range of providers within the State. The survey was deployed electronically utilizing a tool that was supported by Google and was configured to include skip logic to streamline the experience for each respondent. Paper copies were made available to those respondents who were unable to, or preferred not to, respond electronically.

Deployment efforts began in September 2017 and included delivery of the survey to the identified survey population, conducting follow-up, targeted telephonic outreach for select groups, ongoing follow-up with large stakeholder group contacts, tracking of responses, and assisting providers as required. The final contact list included 1,018 email addresses representing approximately 624 groups or facilities. These email addresses were identified through several sources including online research and information obtained from the attestation process of the EHR Incentive Payment Program. All groups received multiple outreach attempts via email. In addition, the following activities were undertaken to increase participation rates:

- Additional hospital engagement via a customized email message requesting assistance in engaging their owned entities and providers with admitting privileges
- Telephonic outreach to key providers identified by DHSS
- Engagement of large group contacts
- Utilization of an alaska.gov email address to send the survey invitations

After the closure of the survey response timeframe on December 15, 2017, analysis efforts began along with the drafting of the final report. Ultimately, responses were received from 84 respondents representing approximately a 13 percent response rate.

The responses received to this survey have helped to determine the current “As-Is” landscape in Alaska as it relates to HIT, HIE, and EHR usage. A very high percentage of the respondents had high speed internet access which allows for meaningful use and interoperability of HIT, HIE, and EHR systems. Many respondents have adopted an EHR, however, there were still nearly 30 percent of respondents who were utilizing paper or some other mechanism for patient record storage. This is especially true for provider types such as Dental Providers whose rate of adoption falls well below the overall adoption rate of the survey population.

For those who have adopted an EHR, the survey responses indicate that EHRs are being more heavily utilized for tasks that support the internal operations of practices, such as storing clinical documentation, and less frequently for sharing or exchanging information with other providers of care. While the systems are in place, based on responses received, they are not currently being utilized to their fullest capability within the provider community.

While many respondents indicated referring patients to other providers or facilities for patient care, the electronic sharing of data between referring entities is very limited with most providers not sending or receiving patient information electronically. All responses to questions regarding electronic data exchange for referrals indicate that the lower 30 percent range of providers are sending or receiving referral information electronically. In addition, only 30 percent of providers receive notification electronically of patient hospital discharge. Only 42 percent of respondents indicated electronic exchange of data of any sort with out-of-state providers with any frequency and 30 percent of providers indicated not exchanging any data electronically in general.

Survey responses also indicate that telehealth is not widely used throughout the State. Only 29 percent of respondents indicate use of telehealth, with only six respondents indicating use of in-home monitoring. An exception to this is with respondents identifying as being affiliated with a tribal entity. Tribal affiliates indicate 100 percent usage of telehealth.

In addition, adoption rates for the HIE are very low with only a 28 percent overall adoption rate. While certain groups such as hospitals have high rates of adoption, responses indicate that those providers who have adopted the HIE are using the HIE infrequently; demonstrating that the HIE is likely not providing significant value to the provider community. For HIEs to be successful, stakeholders must recognize a clear return on investment.

The following chart provides an overview of EHR and HIE adoption rates compiled based upon the provider responses received during the environmental scan.

Provider Type	CEHRT Adoption Rate	HIE Participation Rate
Behavioral Health/Mental Health	59%	31%
Hospitals (including critical access)	100%	89%
Dental	50%	0
Physician Office/Ambulatory Care	82%	19%
Tribal Affiliated Providers	89%	50%
Affiliated with IPA	60%	0
Affiliated with FQHC	100%	63%
Affiliated with Larger HealthCare Entity	50%	60%
All Respondents	68%	28%

*Note: Percentages were calculated based upon respondent data for those who provided a response to the relevant question

** Note: CEHRT adoption rates based upon responses that specifically indicated adoption of Certified EHR Technology. In some cases CEHRT is being used in conjunction with paper charts.

The overall barriers cited for both EHR adoption and HIE adoption tend to overlap with lack of knowledge, staffing limitations, and financial limitations being key factors that are presenting barriers to those who have not adopted. It is recommended that moving forward, efforts be put in place to move towards mitigating those barriers particularly among those provider types who are currently low adopters as well as to both enhance and demonstrate the value proposition of the HIE with the goal of increasing overall adoption and use of the HIE. In approaching this problem, HIEs across the country have begun offering specific high value services linked to specific use cases to their customers.

2 Introduction

The Alaska Department of Health and Social Services, Health Information Technology Office has been participating in the Centers for Medicare and Medicaid Services (CMS) Electronic Health Record (EHR) Incentive Payment Program for its Medicaid eligible professionals (EP) and eligible hospitals (EH) (collectively Providers) since December 2011. At the beginning of the program, Alaska conducted an environmental scan (referred to as Version 1.0) to gain a thorough knowledge of the landscape relative to HIT, EHRs, and existing barriers to participation among the provider community. This Version 1.0 was heavily focused upon readiness for participation in the EHR Incentive Payment Program (Program).

Throughout the course of the Program the landscape relative to HIT, EHR adoption, and HIE participation has continued to evolve and change throughout Alaska. To fully understand these changes and the landscape as it exists today, Alaska has undertaken a project to conduct an updated environmental scan. The findings of the updated environmental scan have been analyzed, are included in this report, and will be utilized to assist in planning for the Health Information Infrastructure needs required to support the Alaska vision for healthcare transformation.

2.1 Purpose

The purpose of this environmental scan is to develop an accurate “As-Is” understanding of the HIT landscape within the State of Alaska. This landscape understanding includes the current extent of EHR adoption and meaningful use, HIE participation, and technology barriers and limitations as they exist today among the provider community. Information obtained from this scan has been analyzed and will be used in strategic planning efforts as they relate to the EHR Incentive Payment Program administration and HIT Infrastructure planning efforts in general within the State.

The purpose of this report is to display information regarding the survey results and corresponding analysis to promote a thorough understanding of the “As-Is” state including the current alignment of HIT ecosystems, assessment of interoperability between disparate EHR systems, and understanding the barriers to the flow of healthcare data and information. The compiled data and data analysis will be provided to DHSS, via this final report, to be used in the development of the Alaska State Medicaid HIT Plan (SMHP), gap analysis activities, and future strategic planning and roadmap development.

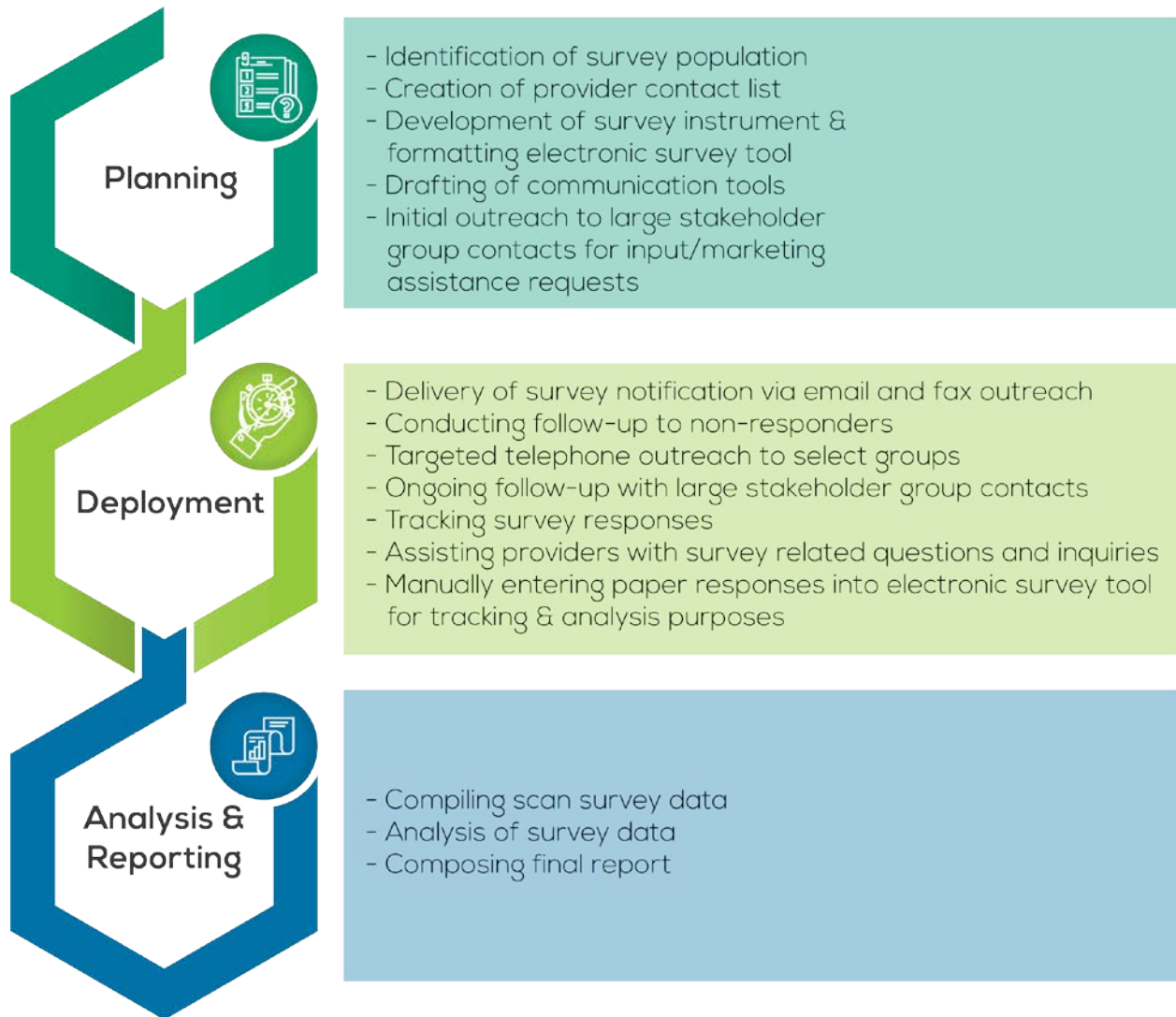
2.2 Scope

The scope of this project includes the following:

1. Compiling a comprehensive contact list of provider stakeholders within the State
2. Developing the survey instrument
3. Delivering the survey via two methods (electronic and paper based survey)
4. Performing analysis of survey data
5. Developing a report of findings and recommendations

3 Methodology

A multi-phase process was employed to conduct this environmental scan. Information regarding each phase and a general overview of phase activities is depicted in the following graphic.



These activities ultimately resulted in the delivery of a survey to a broad range of providers within the State of Alaska. The survey consisted of 43 sections and 83 total questions. Providers receiving the survey included, but were not limited to, hospitals, physician offices and ambulatory clinics, behavioral health providers and facilities, and long-term care and post-acute care facilities. The provider community was notified of the survey via the following methods:

- Direct email notification including basic scan information, a link to the survey online tool, and instructions for requesting a hard copy scan if required
- Notification from major provider stakeholder contacts, such as the Alaska Native Tribal Health Consortium, Alaska State Hospital and Nursing Home Association, and the Alaska Primary Care Association
- Messages placed on Alaska Medicaid Remittance Advices and the Department's public facing website
- Direct phone call (providers identified for target outreach only)

To provide flexibility to the provider community and mitigate any potential technology barriers or limitations, survey participation was possible via hard copy paper, in addition to an online survey tool. The online survey tool was supported by Google and was configured to include skip logic. This skip logic was incorporated to allow providers the ability to answer only those questions which applied to them. The skip logic used provider type information and answers to previous questions to route respondents through the survey via questions applicable to them to streamline the experience of survey respondents and minimize the time required to complete the survey. A paper copy of the survey was available to all respondents upon request. The paper copies included all questions with routing instructions detailed after each question to advise the respondent of the next question based upon their answer. Those responding to the survey via paper response were advised to forward the completed survey to a designated email address. The survey team monitored this address and entered paper survey responses into the online tool so that all response data would be housed in a central repository.

Email and contact information research was conducted on an ongoing basis throughout the duration of survey efforts to identify alternative contact information for previously identified provider groups and additional provider groups that could be contacted. The final email distribution list contained 1,018 email addresses. The identified email addresses came from multiple sources including online research and email information obtained throughout the attestation process for the EHR Incentive Payment Program. In many instances, the list contained multiple contact addresses for the same provider group, practice, or facility. The information available from the different sources varied, making the process of determining the exact number of groups, practices, and facilities a manual effort, but it is estimated that outreach efforts were made to approximately 624 groups, practices, or facilities. All entities received multiple invitations to participate in the environmental scan.

Regardless of the mechanism of response (online, paper survey, or telephonic interview) all responses were ultimately entered into the Google Survey tool. This occurred either directly by the respondents or by the survey team for paper responses and telephonic interviews. This allowed for effective management of all response data utilizing a centralized repository and greatly increased consistency in the data collection and data analysis processes.

The survey collection period was closed on December 15, 2017. Upon survey closure, the data collected was analyzed by the survey team and the analysis has been documented in this report.

3.1 Overview

Work began in early 2017 with onboarding of identified HealthTech Solutions staff to the survey team and the kick-off of preliminary planning meetings. By mid-summer 2017, a survey tool had been selected and survey questions were being developed simultaneously with the development of an email distribution list. The goal of the survey was to reach and compile response data from a wide range of provider types and specialties and, therefore, multiple sources were used to compile the contact list ranging from data pulled from the state level repository, information available from CMS, and information obtained via online research. The process of growing and refining the contact list was ongoing throughout the course of the project.

Based upon initial discussions, it was determined that due to the large tribal population in Alaska there was a desire to consider the landscape that exists among providers who are affiliated with a tribal organization. After consideration, two additional survey questions were added to allow for the

identification of these tribal providers so that their responses could be analyzed separately as needed. Beyond the identification of tribal affiliated providers, the scan was designed to include the following designations to allow analysis of responses submitted by each of these types:

- Hospitals
- Physician office/ambulatory care clinics
- Long term care/nursing homes
- Behavioral and mental health providers
- Urgent care clinics

There were specific questions tailored to some provider types included in the survey.

A question was also included to allow for identification of affiliation with a larger entity such as:

- Large Healthcare System
- Independent Practice Association
- Federally Qualified Health Center or Community Health Center
- Critical Access Hospital or Small Rural Hospital

A question was included in the survey to determine the number of individual practitioners affiliated with a given group or facility, however, the goal of the survey was to track and analyze response data based at the practice/facility level. The overall goal of the survey was to receive a participation rate of 30 percent of practice/facilities. In some cases, there were multiple email addresses identified for a practice/facility. Notifications were sent to all identified email addresses to encourage responses, however, response data was carefully reviewed to ensure that any duplication in responses was addressed.

Outreach efforts began in September 2017 and continued through December 2017 and included email notifications and follow-ups, fax notifications when email addresses were not available, target outreach to a portion of providers identified by DHSS, and outreach via large entities such as the hospital and tribal association. The survey response period concluded on December 15, 2017 at which time 84 survey responses had been received.

3.2 Electronic

The survey team carefully reviewed options before selecting Google Forms as the electronic survey tool. Google Forms was selected based upon ease of use of the tool along with the basic level of analytics the tool itself provided. While responses to all applicable survey questions were desired, the electronic tool was configured to allow questions to be skipped to avoid deterring respondents who did not know the answer to a given question but could provide valuable responses to other questions.

Initial survey invitations for participation were sent to the identified contact list in mid-September 2017. This invitation included a brief overview of the survey and its purpose, basic instructions, the mechanism to request a paper copy, if preferred, and the link to access and respond to the survey electronically. Reminder notifications were submitted to non-responders throughout October and November. A copy of the email notification may be found in Appendix B (all contacts) and Appendix C (hospital specific) of this report.

3.3 Phone

A telephone campaign was conducted during the week of October 16, 2017 as a way of making direct contact with select provider groups. DHSS identified 33 provider groups identified as “key providers.” A call script was drafted and utilized by the survey team as they conducted this telephone outreach campaign to ensure that the effort was conducted in a standardized and coordinated way. Outbound calls were initiated to each of the identified provider practices/facilities and, whenever possible, the survey team would interview the provider contact during this conversation and record the survey responses into the electronic survey tool. If contacts were unable to be reached, a detailed message was left. There were several reasons cited during the outreach attempts for the provider’s lack of availability to complete the scan. Primary reasons included:

- Contact was the physician and they were with patients
- Appropriate staff were unavailable or on vacation
- Messages left were not returned
- Physician phone systems only supported messages

In some instances, the contact opted not to participate in the survey due to time limitations or wished to complete the survey on their own. In those cases, a follow-up email with the link to the online survey tool was sent with encouragement to complete the survey.

The telephone campaign effort resulted in a 20 percent success rate with a total of six surveys completed by the survey team while on the phone with the provider and one additional paper copy received in follow-up to the outreach attempt. A copy of the telephone outreach script may be viewed in Appendix D.

4 Response Overview

Completed surveys were received from 84 respondents. This represents an overall participation response rate of 13 percent. This rate was determined by dividing the 84 responses by the estimated 624 groups that were sent invitations to participate. The responses received represented a wide variety of facility/practice types throughout the State including, but not limited to), hospitals, physician/ambulatory care clinics, long term care facilities and nursing homes, behavioral and mental health providers, dental providers, chiropractic providers, durable medical equipment providers, and hospice and home health providers. Physician Offices and Ambulatory Care Clinics were highly represented in the responses with 33 responses. Physician Office and Ambulatory Care Clinic responses indicated having a plethora of specialties including (but not limited to): orthopedic surgery, urology, oral and maxillofacial surgery, orthopedics, sports medicine, obstetrics and gynecology, primary care, and cardiovascular care. Nearly 50 percent of responses hailed from the urban areas of Alaska: Anchorage, Fairbanks, and Juneau; however, the remaining responses varied widely in terms of location and included responses from less populous and more rural areas such as Sitka and Clam Gulch.

The following table provides information regarding the number of surveys completed by practice/facility type:

Practice/Facility Type	Number of Responses Received	Rate within overall survey (percent)
Hospitals	10	11.9%
Physician Offices/Ambulatory Care	33	39.3%
Long Term Care/Nursing Home	1	1.2%
Behavioral Health/Mental Health	17	20.2%
Dental Providers	6	7.1%
Outpatient Therapy	2	2.3%
Hospice/Home Health	2	2.3%
Pharmacy/DME	2	2.3%
Birth Center	2	2.3%
Speech Pathology Clinic	1	1.2%
Chiropractic	1	1.2%
Care Coordination	1	1.2%
Residential Habilitation/Group Home	1	1.2%
Adult Day Center	1	1.2%
Outpatient Rehab	1	1.2%
Community Health Center	1	1.2%
Home Based	1	1.2%
Pathology Group	1	1.2%

The following table provides an overview of responses received by topic. Full information regarding each of these topics and others covered in the survey questions can be found in section 6 of this report.

Topic/Section	Survey Question Number(s)	Response Summary
Internet Access	16-21	<ul style="list-style-type: none"> 95% of respondents have access to Broadband internet access
Patient Data Storage	22	<ul style="list-style-type: none"> 66% currently use CEHRT exclusively for patient data storage 19% currently use exclusively paper charts Remaining respondents use a combination of CEHRT/EHR/paper or other methods of storage
EHR Vendor and Functionality Information	23-26	<ul style="list-style-type: none"> Approximately half of respondent EHR systems are complete 68% of respondent EHRs can interface with other vendors or technologies 62% have the ability to exchange information with other providers via their EHR
Personal Health Record	27-29	<ul style="list-style-type: none"> 58% of respondent EHR systems contain a Personal Health Record component PHR usage reported varied
Anticipated Changes to EHR	31	<ul style="list-style-type: none"> Over 20% of respondents anticipate making a change to their EHR by either switching vendors or adding additional functionality

EHR System Functionality Rating	32	<ul style="list-style-type: none"> • Most respondents reporting being either Very Satisfied or Moderately Satisfied in all aspects rated
EHR Task Rating	33	<ul style="list-style-type: none"> • Most commonly rated uses of EHR systems were reported as: <ul style="list-style-type: none"> ○ Medical History ○ Clinical Documentation ○ Problem Lists ○ Medicine Reconciliation • Least frequently reported uses for EHR systems were: <ul style="list-style-type: none"> ○ Public Health reporting ○ Exchange with other facilities ○ Identification of patient specific education resources ○ Generating lists of patients with particular health conditions
EHR Incentive Program Participation and Meaningful Use	34-38	<ul style="list-style-type: none"> • 46% of respondents participate in the EHR Incentive Payment Program • 78% of EHR Incentive Program participating respondents plan to attest to Meaningful Use (MU) for 2017 with 58% intending to attest to Stage 3
Non-Incentive Program Providers/Non-EHR Providers	39-40	<ul style="list-style-type: none"> • Time consuming nature of the EHR incentive program was cited as the major barrier to participation • Lack of knowledge and financial reasons were cited as the major barriers to EHR adoption
Alternative Technology	41	<ul style="list-style-type: none"> • Most respondents are unaware of technologies that would be an alternative to EHR technology to achieve the needed results
Use of Data Analytics	42-45	<ul style="list-style-type: none"> • 64% of respondents do not use data tools
Additional Health Technologies	46-47	<ul style="list-style-type: none"> • Respondents provided a lengthy list of alternative health technologies being used. The comprehensive list is included in the detailed response section of this report. Alternative technologies are being used for: analysis of patient demographic and encounter data, producing quality metrics and reporting, financial analysis and reporting, claims and payer mix analysis, to assess outcomes and effectiveness of care, and analysis of information from the EHR
Data Exchange/Connectivity	48-49	<ul style="list-style-type: none"> • Direct Secure Messaging and Patient portal were the most frequently cited mechanisms to facilitate electronic data exchange
Connectivity to Other Entities	50	<ul style="list-style-type: none"> • 39 of 53 respondents connect to labs and pharmacies • 20 of 53 respondents connect to hospitals • 19 of 53 respondents connect to other clinics/ER departments • 11 of 53 respondents connect to public health departments
Referrals	51-53	<ul style="list-style-type: none"> • 79% refer patients in state • 43% refer patients out-of-state
Out-of-State Correspondence	58-59	<ul style="list-style-type: none"> • Most respondents rarely exchange data with out-of-state providers and, when exchange occurs, it is not electronic exchange
Electronic Referral Information	60-63	<ul style="list-style-type: none"> • Most respondents indicated that they do not send or receive referral information electronically • Only 33% of respondents receive discharge information electronically from hospitals
Telemedicine & Telehealth	64-73	<ul style="list-style-type: none"> • Over 71% of respondents do not utilize telehealth • Utilization of telehealth is significantly higher by the tribal affiliated population
Health Information Exchange Adoption	74-81	<ul style="list-style-type: none"> • Only 28% of respondents indicated that they participate in the Alaska Health Information Exchange (HIE) • For those who do participate in the HIE, the frequency of use was indicated as Rarely or Never • Staffing limitations was cited as the most common barrier to HIE adoption

5 Summary of Findings

5.1 Overview of EHR and HIE Adoption

The table below provides a detailed breakdown of the questions in the survey related to EHR and HIE adoption within the environmental scan. The responses to these questions demonstrate the current “As-Is” state relative to EHR and HIE adoption. This information paired with qualitative information obtained throughout the scan (e.g., barriers, preferences, and significant variation between subsections of the survey population) may be used in strategic planning initiatives and definition of the “To-Be” state and roadmap development in the future.

Topic	Survey Question(s) #	Number of Responses	As-Is	Applicable Notes
EHR Adoption	22	84	66% Exclusively CEHRT 2% CEHRT and Paper Combination 4% EHR and Paper (certification status not indicated)	
EHR Interface with other Vendor/Technologies	25	66	68%	17% of respondents answered “uncertain”
Ability to share information through EHR system	26	65	62%	
EHR Personal Health Record Component	27	66	58%	
Use of PHR by > 21 patients	28	36	44%	
Frequent utilization of EHR for public health reporting	33	66	37%	includes providers rating use as ‘Frequently’ or ‘Always’
Frequent utilization of EHR for secure electronic messaging	33	66	55%	includes providers rating use as ‘Frequently’ or ‘Always’
Frequent utilization of EHR for medication reconciliation	33	65	74%	includes providers rating use as ‘Frequently’ or ‘Always’
Frequent utilization of EHR for identification of patient specific education resources	33	66	47%	includes providers rating use as ‘Frequently’ or ‘Always’
Frequent utilization of EHR to create reports on clinical care measures for patients with specific chronic conditions	33	65	42%	includes providers rating use as ‘Frequently’ or ‘Always’
Frequent utilization of the EHR to generate lists of patients with particular health conditions	33	66	42%	includes providers rating use as ‘Frequently’ or ‘Always’
Frequent use of EHR to identify patients for preventive/follow-up care	33	64	63%	includes providers rating use as ‘Frequently’ or ‘Always’
Frequent use of EHR for physician order entry	33	66	68%	includes providers rating use as ‘Frequently’ or ‘Always’
Frequent use of EHR to exchange information with other facilities	33	66	52%	includes providers rating use as ‘Frequently’ or ‘Always’

Frequent use of EHR for problem lists	33	65	86%	includes providers rating use as 'Frequently' or 'Always'
Frequent use of EHR for discharge planning	33	64	69%	includes providers rating use as 'Frequently' or 'Always'
Frequent use of EHR for clinical documentation	33	66	97%	includes providers rating use as 'Frequently' or 'Always'
Frequent use of EHR for medical testing result retrieval/consultation report	33	66	65%	includes providers rating use as 'Frequently' or 'Always'
Frequent use of the EHR for medical history	33	65	86%	includes providers rating use as 'Frequently' or 'Always'
Participation in the EHR Incentive Program	34	66	46%	
Plans to attest for Meaningful Use in Program Year 2017	35	32	78%	
Intention to attest to Stage 3	37	24	58%	
Current participation in the Alaska Health Information Exchange	75	79	28%	
Use of the HIE to send information to other providers for care coordination purposes	76	20	24%	Percentage includes responses that ranked use as 'Sometimes' or 'Frequently'
Use of the HIE to find or request information from other providers	76	20	25%	Percentage includes responses that ranked use as 'Sometimes' or 'Frequently'
Use of the HIE for "other" tasks	76	6	17%	Percentage includes responses that ranked use as 'Sometimes' or 'Frequently'

*Note: "As-Is" response percentages are based upon the number of responses received for each question.

5.1.1 EHR Adoption

The majority of respondents indicated that an EHR system had been adopted for use within their practices/location. Based on responses provided in question 22, 72 percent of respondents have adopted and utilize EHRs to some degree with 66 percent using CEHRT exclusively to store their patient records. This percentage was even higher when considering only tribal affiliated responses where 100 percent of respondents have adopted and utilize an EHR to some degree and nearly 90 percent use CEHRT exclusively to store their patient records. Nearly half of respondents reported having a complete EHR system and more than 60 percent reported an ability to share information with other providers via their EHR. When asked about the CEHRT that had been adopted, a wide variety of responses were received but the most commonly used CEHRTs among respondents were: Cerner, Athena Health, EPIC, Greenway, and Nextgen. Of those who have not adopted an EHR, the major barriers to adoption were cited as financial limitation and knowledge limitations.

When looking at survey responses based upon provider type, there is some degree of variation. The chart below displays the percentage of adoption of the more highly represented provider types of survey respondents. Hospitals and Physician Office/Ambulatory practices have very high rates of adoption based upon the responses received whereas Behavioral Health/Mental Health Providers and Dental providers have very low rates of EHR adoption. Respondents who indicated affiliation with a tribal entity, all hospitals, and all FQHCs responded as having adopted an EHR.

Provider Type	% CEHRT adoption
Behavioral Health/Mental Health	59%
Hospitals (including critical access)	100%
Dental	50%
Physician Office/Ambulatory Care	82%
Tribal Affiliated Providers	89%
Affiliated with IPA	60%
Affiliated with FQHC	100%
Affiliated with Larger HealthCare Entity	50%

*Note: Percentages were calculated using only the information for respondents who provided an answer to this question

** Note: CEHRT adoption rates based upon responses that specifically indicated adoption of Certified EHR Technology. In some cases, CEHRT is being used in conjunction with paper charts.

5.1.2 EHR Utilization

When asked about usage of their EHR to accomplish certain tasks, respondents indicated Medical History, Clinical Documentation, problem lists, and medication reconciliation as the tasks in which their EHR is most frequently utilized. The EHR was rated as less frequently used for the following tasks: public health reporting, exchange with other facilities, identification of patient specific education resources, and generating lists of patients with particular health conditions. These response ratings demonstrate that overall EHR systems are currently being used within the State to meet daily operational need aspects of patient care and record maintenance, but are being utilized less frequently to further interoperability with other entities or for purposes of population health initiatives.

Of those who have adopted an EHR, only 46 percent indicated participation in the EHR Incentive Payment Program. However, nearly 80 percent of those participating in the EHR Incentive Payment program indicated that they intend to attest to meaningful use in 2017. The remaining respondents, who indicated that they do not intend to attest to MU in 2017, indicated the primary reason for not attesting is that the incentives were not worthwhile to continue. Those who have adopted an EHR but have opted not to participate in the EHR Incentive Payment Program, cited lack of knowledge and the time-consuming nature of the program as the primary barriers to participation.

5.1.3 HIE Adoption

Responses received during this survey indicated that adoption of the HIE is very limited. Only 28 percent of respondents indicated that they have adopted the HIE. Of those who had not adopted the HIE, the most commonly cited barriers to adoption were staffing limitations, financial concerns, and security concerns. Most of those who have not adopted indicated that the cost to implement is too expensive for their specific situation. Respondents were somewhat non-committal in their response regarding adoption if the barriers were mitigated with more than half stating "Maybe" they would consider adoption.

When looking at response rates by provider type, there are a few groups that have higher adoption rates than the overall rate of 28 percent. The rate of adoption among hospitals, for example, is 89 percent. The HIE adoption rate among those who are affiliated with a tribal entity is 50 percent.

When looking at survey responses for HIE adoption based upon provider type, there is some degree of variation. The chart below displays the percentage of adoption of the more highly represented survey provider types. Hospitals, groups affiliated with tribal organizations and larger healthcare entities, and FQHCs all have significantly higher participation rates.

Provider Type	% HIE adoption
Behavioral Health/Mental Health	31%
Hospitals (including critical access)	89%
Dental	0%
Physician Office/Ambulatory Care	19%
Tribal Affiliated Providers	50%
Affiliated with IPA	0%
Affiliated with FQHC	63%
Affiliated with larger healthcare entity	60%

*Note: Percentages were calculated using only the information for respondents who provided an answer to this question

5.1.4 HIE Utilization

Question 76 speaks to the limited usage of the HIE. The 28 percent of respondents who had indicated adoption of the HIE were routed to this question to rate their level of usage of the HIE. Only five respondents indicated 'Frequent' or 'Sometime' use of the HIE to send information to other providers to coordinate care or find or request information from other providers, and only one indicating 'Sometime' use of the HIE for "other" tasks.

5.2 Additional Analyses

5.2.1 High-Speed Internet Access

Of the survey respondents, internet availability does not appear to be a significant barrier for EHR and HIE adoption in Alaska. The majority (95 percent) of those responding to question 16 regarding internet service availability indicated having access to high-speed internet. This access allows those respondents to utilize their EHR systems in a more interoperable way than those who do not have high-speed internet access. Two of the respondents that indicated a lack of high-speed internet were located in a rural location where availability of high-speed internet presented a barrier. Of the two remaining responses, located in Anchorage, only one responded to question number 17 regarding the reason for lack of high-speed internet and that response indicated that there was no perceived advantage. The small percentage of respondents who indicated having satellite or dial-up access did not consider this level of access to be a considerable barrier to providing patient care based upon their responses. Additional information was not obtained to understand the rationale behind the belief that their internet access did not present a barrier, however, it is possible that lack of knowledge of advantages of higher internet speeds could potentially be impacting the response to this question.

5.2.2 Telehealth

One specific area of interest that was identified during survey planning was the use of telehealth and alternative technologies such as in-home monitoring within the State. Questions 64-70 were included in

the survey to gain knowledge specifically about the current landscape regarding these topics. Based on responses provided, there is limited use of telehealth with only 29 percent of respondents indicating that they utilize telehealth. Of those who do use telehealth, the majority (87 percent) utilize real-time video teleconferencing with the most commonly used platform being Vidyo. In-Home monitoring use is very limited within the State based upon the responses. Only six respondents indicated use of in-home monitoring. However, when the tribal affiliation population is reviewed separately, these statistics vary greatly with 100 percent of tribal affiliated providers indicating use of telehealth to provide patient care.

5.2.3 Referral Patterns & Electronic Information Exchange

Over 78 percent of respondents indicated that patients are referred within the State for treatment with a much smaller percentage (43 percent) indicating referral to out-of-state providers. In-state referrals are made to both tribal and non-tribal entities whereas out-of-state referral for treatment is made to predominantly non-tribal providers. The most commonly referred to State is Washington.

When asked about the transfer of information regarding referrals, most providers are not sending or receiving patient information electronically. All responses to questions regarding electronic data exchange for referrals indicate that the lower 30 percent range of providers are sending or receiving referral information electronically. In addition, only 30 percent of providers receive notification electronically of patient hospital discharge. Only 42 percent of respondents indicated electronic exchange of data of any sort with out-of-state providers with any frequency and 30 percent of providers indicated not exchanging any data electronically in general.

6 Detailed Responses by Subject

Documented below are the detailed responses to each question asked in the survey.

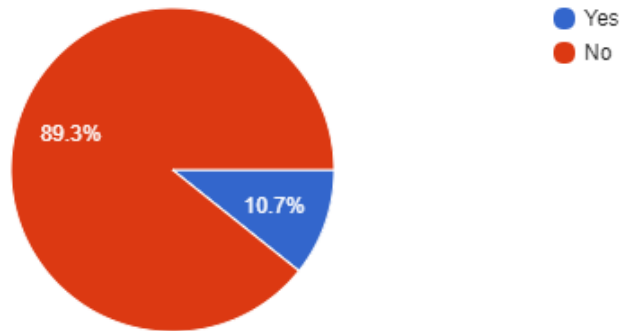
6.1 Tribal Affiliation

Question 1: Are you associated with a Tribal Health Organization? (Yes, No)

This question provided a checkbox to allow respondents to indicate a “Yes” or “No” response. All survey respondents provided an answer to this question. Of the 84 responses, nine indicated an association with a Tribal Health Organization making the overall rate of affiliation with Tribal Organizations of those participating in the survey 10.7 percent. This question included skip logic that would route those who answered “Yes” to question 2 and those who answered “No” to question 3.

Are you associated with a Tribal Health Organization?

84 responses



6.2 Identification of Tribal Organization(s)

Question 2: Which Tribal Health Organization(s) are you associated with? (full list of tribal entities provided for selection)

This question was answered only by those respondents who answered affirmatively to Tribal Health Organization affiliation in question 1. The question was structured with a checkbox listing all Tribal Health Organizations allowing respondents to select the box for any organization to which they were affiliated. The nine respondents to this question indicated affiliation with six different Tribal Health Organizations. Those organizations are as follows:

- Norton Sound Health Corporation
- Ketchikan Indian Community
- Native Village of Eyak
- Yukon-Kuskokwim Health Corporation
- Alaska Native Tribal Health Consortium
- Kodiak Area Native Association

6.3 Practice/Facility Designation

Question 3: Which of the following best describes your healthcare facility? (Hospital, Physician Office/Ambulatory Clinic, Long-Term Care/Nursing Home, Behavioral/Mental Health, Urgent Care Clinics, Other)

All survey respondents, regardless of prior answer, were routed to this question. The question provided a list of options available for selection. "Other" was provided as an available option with a free text field to indicate the type of other entity. The responses provided are detailed in the chart below:

Provider Type	Number
Physician Office/Ambulatory Care Clinic	33
Behavioral/Mental Health	17
Hospital	10

Long Term Care/Nursing Home	1
Urgent Care Clinics	0
Other	23

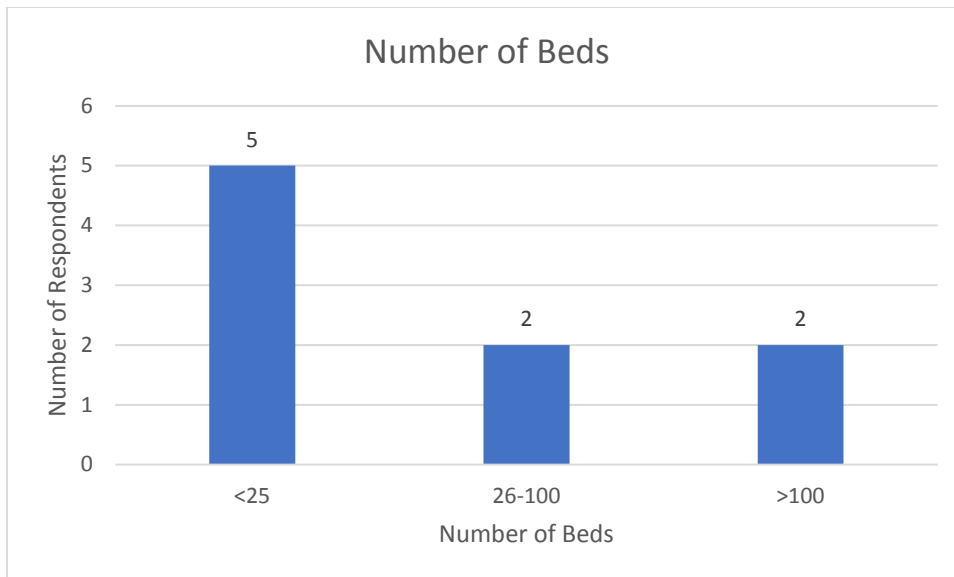
Those respondents identifying as “Other” in this question represented a broad range of provider types including but not limited to:

- Chiropractic providers
- Dental providers
- Outpatient therapy and rehabilitation facilities
- Pharmacy/DME providers
- Speech therapy providers

6.4 Hospital Specific Questions

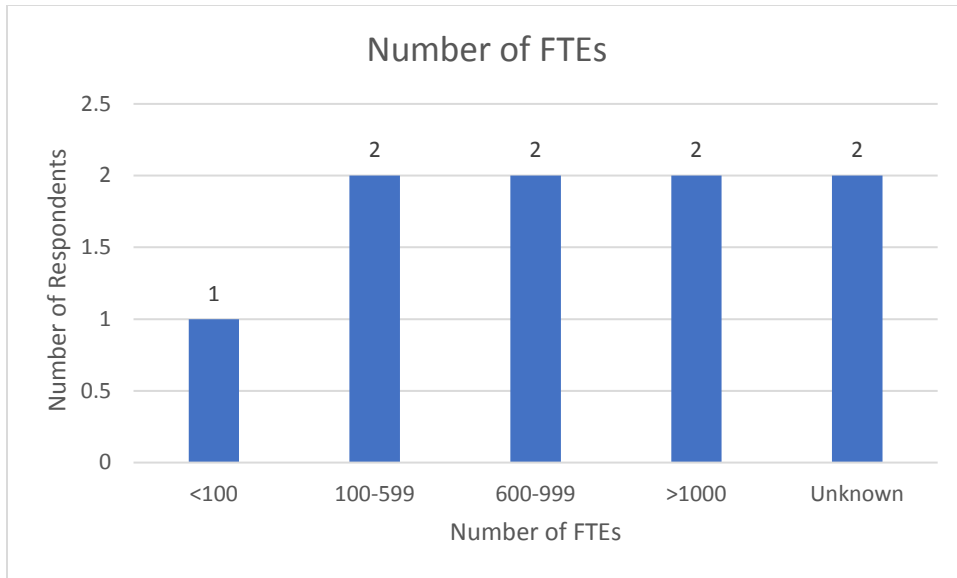
Question 4: Please provide the number of beds

Respondents were routed to this question only if their question 3 response was “Hospital.” This question allowed respondents to enter free text to provide the number of beds in their facility. The responses are displayed in the graph below.



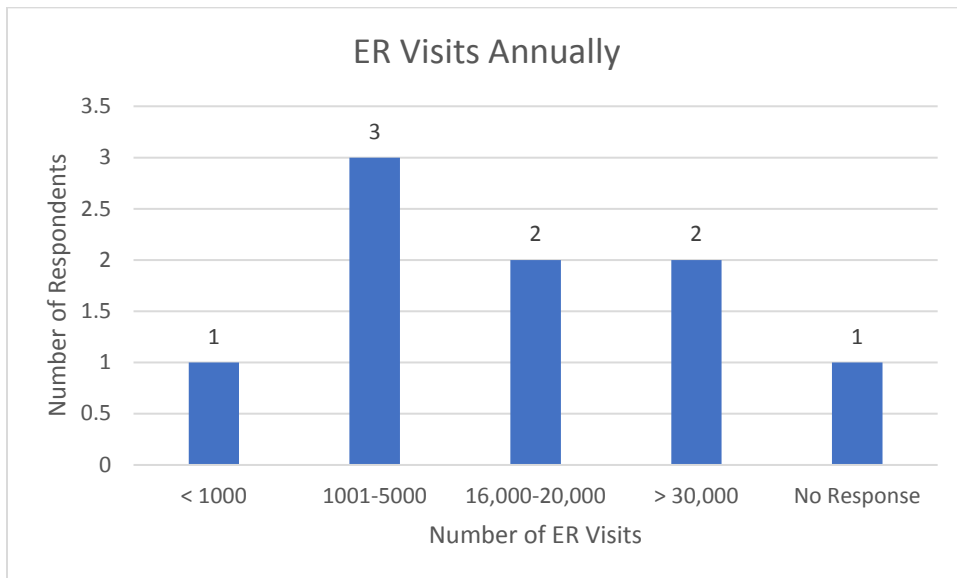
Question 5: Number of full time equivalent jobs

Respondents were routed to this question only if their question 3 response was “Hospital”. This question allowed respondents to enter free text to indicate the number of full time equivalent jobs in their facility. The responses are displayed in the following graph.



Question 6: Average number of ER visits annually?

Respondents were routed to this question only if their question 3 response was “Hospital”. This question allowed respondents to enter free text to indicate the number of ER visits annually. The responses are displayed in the following graph.



6.5 Long Term Care Specific Questions

Question 7: Which of the following best describes your facility? (Home Health, Nursing Home, Other)

Respondents were routed to this question only if their question 3 response was “Long Term Care/Nursing Home.” This question provided the options of Home Health, Nursing Home, or Other for the respondents

to select from. If “Other” was selected, a free text field would allow the respondent to provide additional detail. One survey respondent provided an answer to this question. The response was “Other” with the description of In Home Medical Care.

Question 8: Please provide the number of patients served annually by your facility (0-50, 51-100, 101-150, 151>)

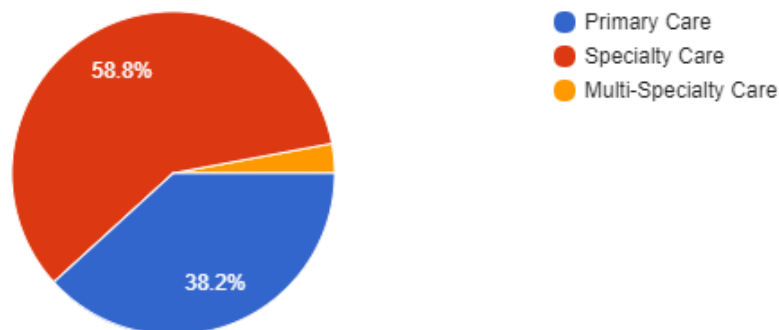
This question appeared along with question 7 and presented selection options of 0-50, 51-100, 101-150, and 151> for survey respondents to choose from. The single respondent to the question selected 0-50 patients served annually.

6.6 Physician Office/Ambulatory Care Clinic Specific Questions

Question 9: Which of the following best describes your practice? (Primary Care, Specialty Care, Multi-Specialty Care)

Respondents who selected Physician Office/Ambulatory Care Clinic to question 3 were routed to this question. It provided three options for respondents to select from: Primary Care, Specialty Care, and Multi-Specialty Care. Of the 33 respondents, 20 identified as providing Specialty Care. 12 identified as providing Primary Care with the remaining 1 providing Multi-Specialty Care.

Which of the following best describes your practice?



Question 10: What are the specialties of the providers practicing within your facility?

Those who selected “Specialty Care” or “Multi-Specialty Care” for question 9 were routed to this question. This question was formatted to allow free text response from respondents. The following specialties were provided in response to this question:

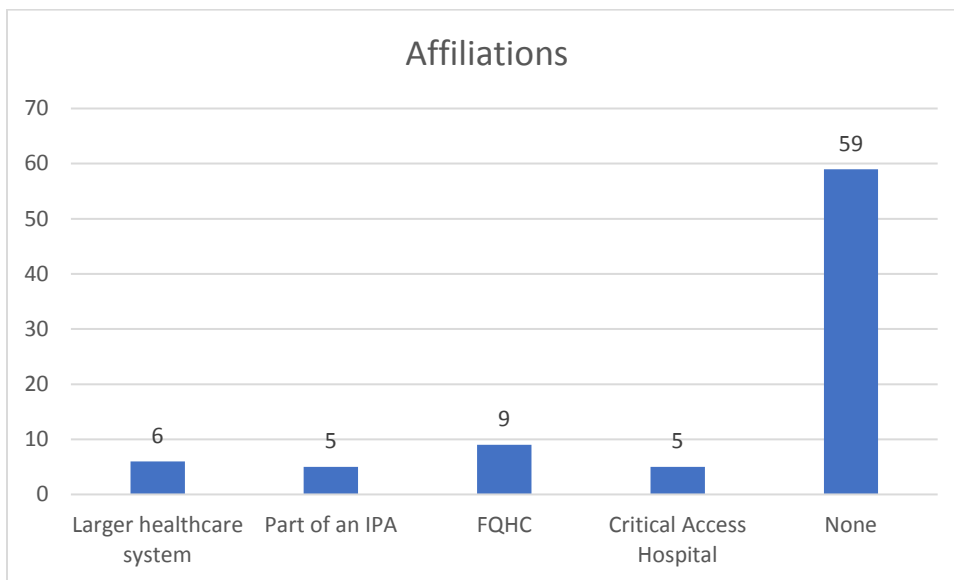
- Orthopedic Surgery
- Optometry
- Opiate Addiction
- Urology
- Oral and Maxillofacial Surgery
- OBGYN
- Women’s Primary Health
- Orthodontics

- Plastic Surgery
- Cardiovascular Care
- Breast Care
- Ophthalmology
- Phlebology
- Physical Therapy

6.7 Affiliations

Question 11: Which of the following applies to your healthcare facility (select all that apply) (Part of larger healthcare system, Part of an Independent Practice Association, Federally Qualified Health Center or Community Health Center, Critical Access Hospital or small rural hospital, none of the above)

All respondents, regardless of previous answers or provider types, were routed to this question. The question was designed with checkboxes and would allow respondents to select multiple options if applicable. 71 percent of respondents indicated no affiliation with other entities. The graph below provides details surrounding the responses to this question.



This question also provided a free text option for those responding with affiliation information to provide the name of the entities with whom they were affiliated. Some of the larger entities provided included:

- Alaska Surgery Center/Northern Lights Dental Anesthesia
- Peach Health System
- HCA
- Greater Fairbanks Community Hospital Foundation
- Alaska Tribal Health System
- UHS Inc
- Cellnetix Pathology and Laboratories

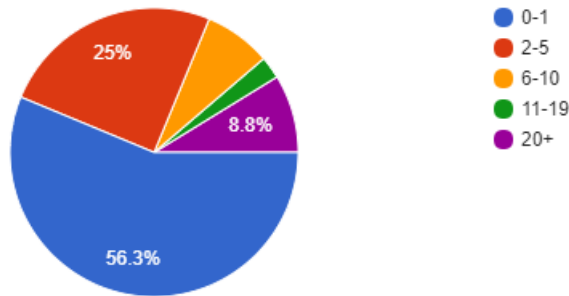
6.8 Provider and Payor Mix Information

Question 12: Please indicate the number of providers (MD/DO) at this location (0-1, 2-5, 6-10, 11-19, 20+)

All survey respondents, regardless of provider type or previous response, were routed to this question for response. This question provided respondents with drop down options for selection to indicate the number of MD/DO practicing at their location. There were 80 responses received to this question and most respondents indicated having fewer than five MD/DO practicing. The graph below provides additional details surrounding the responses to this question.

Please indicate the number of providers (MD/DO) at this location

80 responses

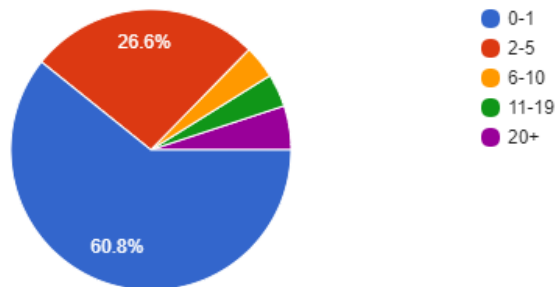


Question 13: Please indicate the number of Mid-Level Providers and CHAP/BHAPs at this location. (0-1, 2-5, 6-10, 11-19, 20+)

All survey respondents, regardless of provider type or previous response, were routed to this question for response. This question provided respondents with drop down options for selection to indicate the number of Mid-Level Providers and CHAP/BHAPs practicing at their location. There were 79 responses to this question and most respondents indicated having fewer than five mid-Level and CHAP/BHAPs practicing. The graph below provides additional details surrounding the responses to this question.

Please indicate the number of Mid-Level Providers and CHAPs/BHAPs at this location

79 responses

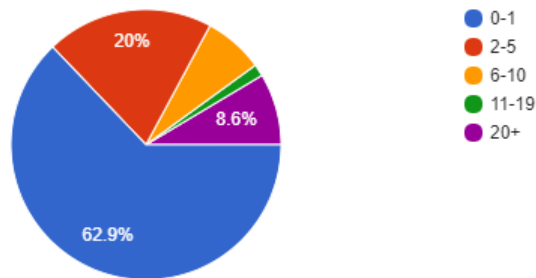


Question 14: Please indicate the number of other providers not included in the questions above at this location.

All survey respondents, regardless of provider type or previous response, were routed to this question for response. This question provided respondents with drop down options for selection to indicate the number of providers not captured in the previous questions. There were 70 responses to this question and most respondents indicated having fewer than five other provider types practicing. The graph below provides additional details surrounding the responses to this question.

Please indicate the number of other providers not included in the questions above at this location

70 responses

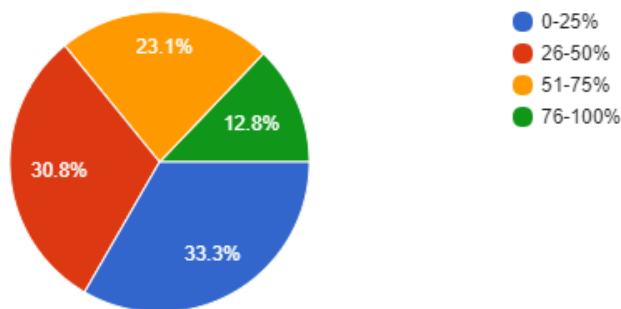


Question 15: What percentage of the payor mix of your practice/facility is Medicaid?

All survey respondents, regardless of provider type or previous response, were routed to this question for response. This question provided respondents with drop down options for selection to indicate the percentage of the payer mix within their practice that is comprised of Medicaid. There were 78 responses received to this question and over 60 percent of respondents indicated that Medicaid comprised less than 50 percent of their payor mix, however all categories were represented in the responses. The graph below provides details regarding the responses to this question.

What percent of the payor mix of your practice/facility is Medicaid?

78 responses



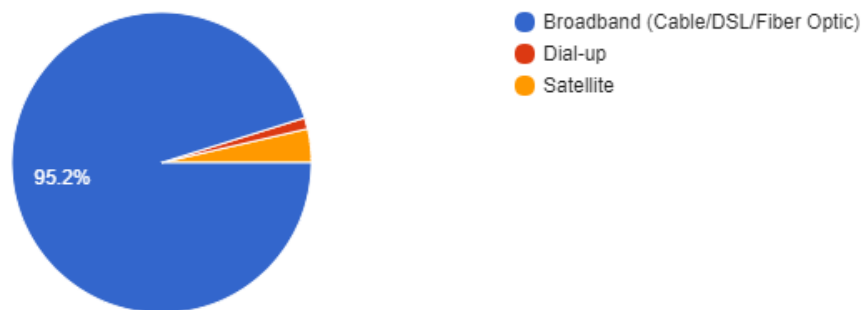
6.9 Internet Access

Question 16: What type of internet access does your practice currently have? (Broadband, Dial-up, Satellite)

All survey respondents, regardless of provider type or prior answers, were routed to this question. The question was written to gain an understanding of the type of internet services that were currently available to the respondent and provided three answers from which they could select. These options included Broadband, Dial-up, and Satellite. There were 83 responses to this question and over 95 percent of respondents indicated having access to Broadband internet. One respondent indicated having access to Dial-up internet and three indicated having Satellite internet access. Two of the respondents who indicated having satellite internet access were in Clam Gulch and the remaining were located in Anchorage. The only respondent who indicated having dial-up internet access was in Anchorage.

What type of internet access does your practice/facility currently have?

83 responses



6.10 Non-Broadband Internet

Respondents who answered anything other than “Broadband” to question 16 were routed to questions 17-21. These questions were asked to gain an understanding of why those respondents did not have access to Broadband internet.

Question 17: Please indicate any barriers or obstacles that prevent you from obtaining internet access: (Cost, Lack of availability in your area, Lack of technical expertise, No perceived advantages, Other)

Three of the respondents provided answers to this question. Two of those respondents, located in Clam Gulch, indicated that lack of availability presented a barrier. One respondent, located in Anchorage, indicated that there were no perceived advantages to having Broadband internet access.

Question 18: Do you anticipate a change in your internet access within the next year? (Yes, No, Maybe)

None of those responding to this question indicated an anticipated change in their internet access within the next year.

Question 19: If you anticipate a change in your internet access within the next year, what change are you anticipating?

There were no responses to this question.

Question 20: Do you consider your current internet access to be a major concern in exchanging data? (Yes, No)

None of the four respondents to this question believed their current internet access is a major concern in exchanging data.

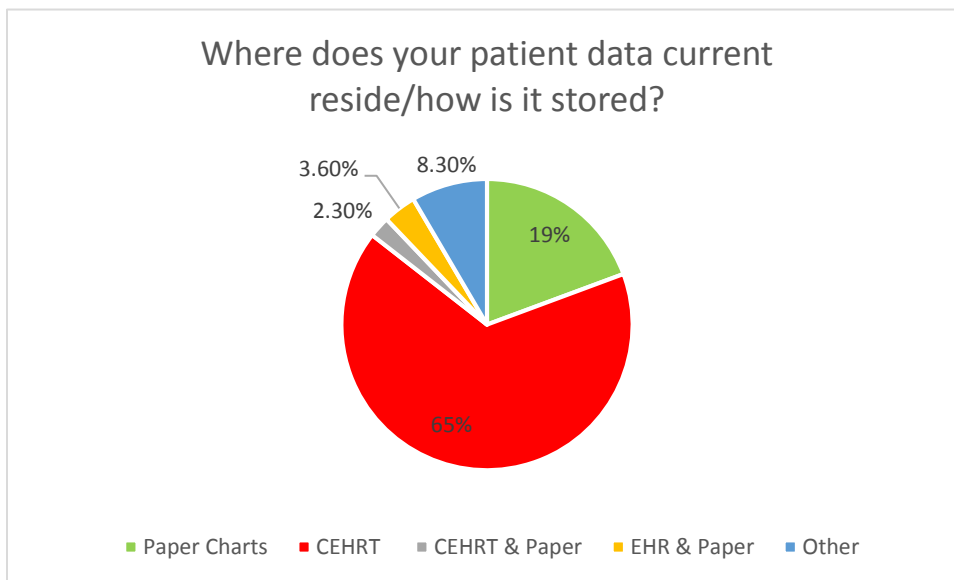
Question 21: If yes, why is this a major concern?

There were no responses to this question.

6.11 Patient Data Storage

Question 22: Where does your patient data currently reside/How is it stored? (Paper Charts, Certified Electronic Health Record (EHR) Technology, Other)

All survey respondents were routed to this question regardless of provider type or answers to previous questions. This question was included to determine the current landscape in terms of utilization of EHR technology within provider practices. There were 84 responses received to this question and most respondents, 65 percent, indicated that they currently utilize Certified EHR Technology (CEHRT) to store their patient data. Some practices, 19 percent, indicated exclusive use of paper charts. Six practices exclusively utilizing paper charts are in Anchorage. The remaining are geographically dispersed between Seward (1), Juneau (1), Kenai (2), Wasilla (2), Sitka (1), Kodiak (1), Homer (1), and Eagle River (1). The remainder indicated a combination of paper and EHR (some certified and some non-certified or various other types of mechanisms). The graph below provides details surrounding the responses received to this question.

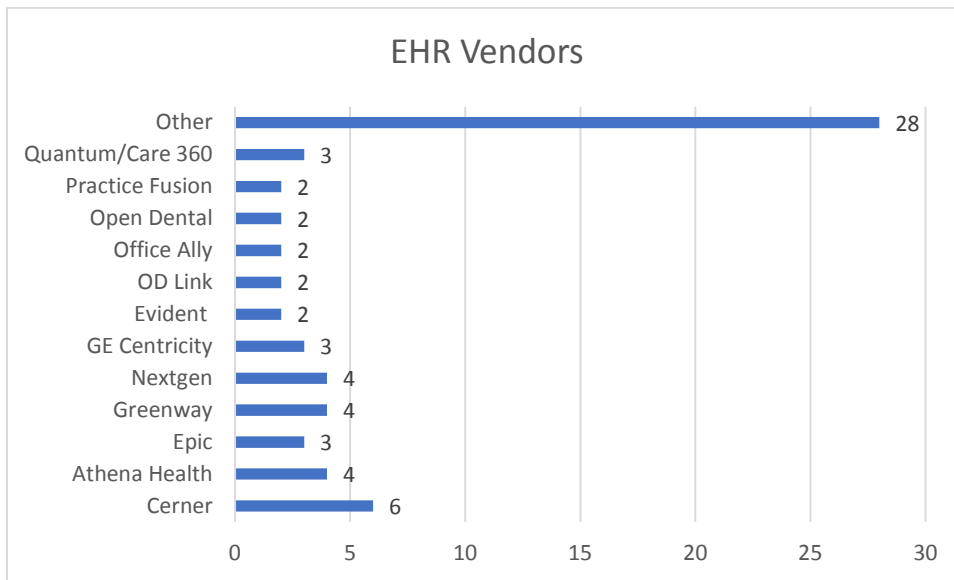


6.12 EHR Vendor and Functionality Information

Respondents who indicated use of Certified Electronic Health Record Technology (CEHRT) to question 22 were routed to questions 23-27 to provide additional information regarding the CEHRT that they used.

Question 23: Which EHR vendor do you currently use? (Cerner (ANMC), RPMS, Nextgen, Health Fusion, Greenway, Optus, Meditech, Athena Health, Other)

Sixty-five respondents provided answers to this question. There was a large degree of variation to the responses with 41 different EHR vendors being provided. The most prevalent vendors based on the responses were: Cerner, Athena Health, EPIC, Greenway, and Nextgen. For a full list of vendors provided by respondents see Appendix F.

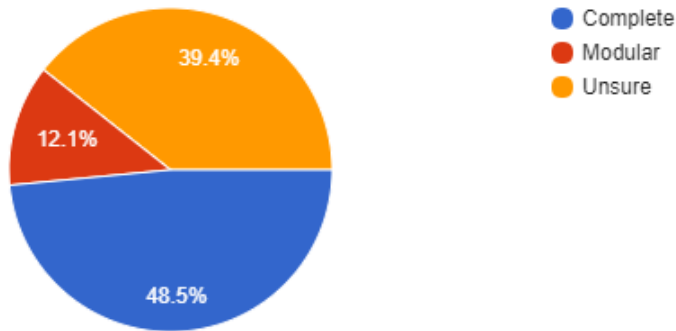


Question 24: Is your EHR complete or modular? (Complete, Modular, Unsure)

A complete EHR is one which has been certified as a complete package by a federally recognized testing and certification authority. Such systems meet all the federal government's criteria and clinics can confidently implement them to attest to meaningful use objectives. A modular EHR can be assembled by combining various components that are each individually certified for meaningful use. Nearly half of the 65 respondents to this question indicated that their EHR was complete while a relatively small portion of respondents indicated that the EHR was modular. There was a larger number of respondents who were unsure of the answer to this question. The following graph provides additional information regarding the responses.

Is your EHR complete or modular?

66 responses

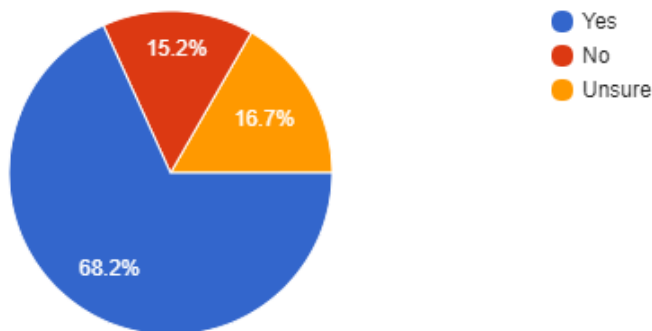


Question 25: Does your EHR interface with other vendors and/or technologies? (Yes, No)

The majority, 68 percent of the 66 respondents to this question, indicated that their EHR does interface with other vendors and/or technologies. 15 percent of the respondents indicated that their EHR did not interface with other technologies and 16 percent indicated that they were uncertain.

Does your EHR interface with other vendors and/or technologies?

66 responses

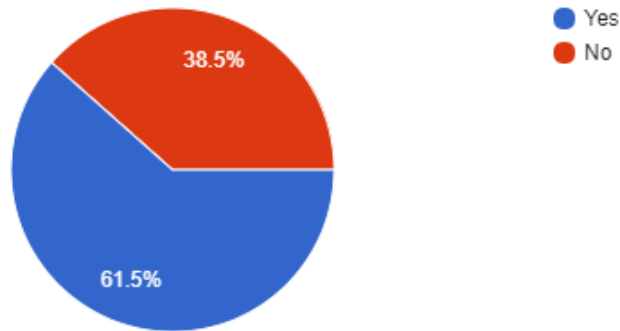


Question 26: Are you able to share information with other providers through your EHR? (Yes, No)

Of the 65 respondents to this question, 40 of those indicated that they could share information with other providers via their EHR. The remaining 25 indicated an inability to share information with other providers via their EHR.

Are you able to share information with other providers through your EHR?

65 responses

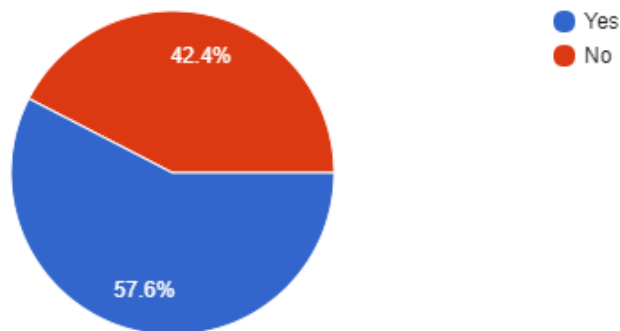


Question 27: Does the EHR have a Personal Health Record (PHR) component? (Yes, No)

Of the 66 respondents, slightly over half indicated that their EHR does have a Personal Health Record component. The remaining 42 percent indicated that their EHR did not have a Personal Health Record component.

Does the EHR have a Personal Health Record (PHR) Component?

66 responses



6.13 Personal Health Record

Respondents who answered “Yes” to question 27, to indicate that the EHR had a PHR component, were routed to this section to provide additional information regarding the PHR component and its use.

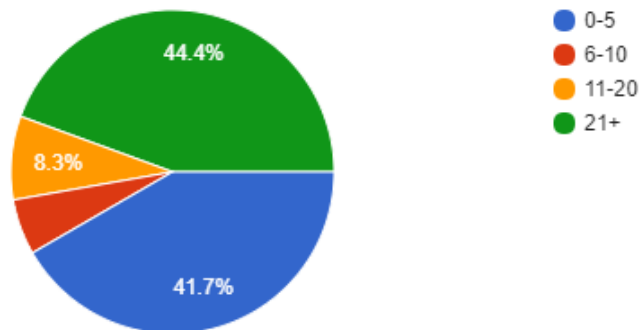
Question 28: Approximately how many patients accessed the PHR? (0-5, 6-10, 11-20, 21+)

This question provided a list of potential answers via drop down to allow respondents to select the number of patients that had accessed their PHR. The highest response rates were for both the lower end of the range (0-5) with 41 percent and the higher end of the range (21+) with 44 percent indicating a wide variation in the actual amount of use of PHR for those practices that have made these records available to their patients. The most common provider types of the respondents who indicated a high amount of

PHR use (20+) by their patients include physician office/ambulatory care clinics (9) and hospitals (5). The most common provider types of those respondents indicating a lower usage (0-5) were physician office/ambulatory care clinics (8) and behavioral health providers (4).

Approximately how many patients have accessed the PHR?

36 responses



Question 29: Of those patients who have not used the PHR, have you learned why? (No, Lack of access or computer, Patients not interested in visit data, Patients do not understand the visit data, Other)

This question offered respondents a set of predefined answers to select from along with the option of a free text “Other” option. The predefined categories were:

- No - for those who had not investigated why patients had not accessed the PHR
- Lack of access or computer
- Patient lack of interest in visit data
- Patients do not understand the visit data

Of the 36 respondents to this question, eight indicated “No.” Of those who had investigated the lack of use, 16 found patients to lack interest in visit data. The remaining responses were predominately surrounding lack of access by computer or lack of technical ability of the patients paired with a lack of interest in the data.

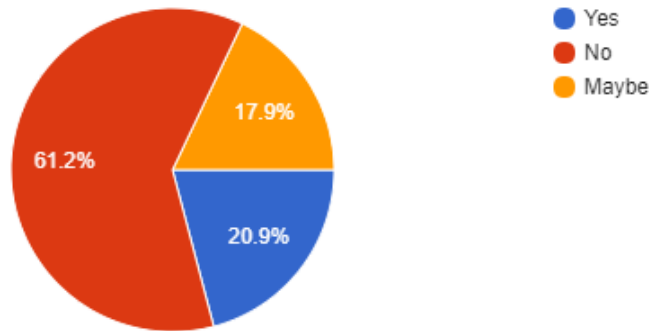
6.14 Anticipated Changes to EHR

Question 30: Do you anticipate making a change to your EHR in the future? (Yes, No, Maybe)

All respondents who indicated use of an EHR were routed to this question. The majority of respondents indicated that they did not anticipate making a change to the EHR in the future while smaller numbers of respondents indicated that they will be, or might be, making a change.

Do you anticipate making a change to your EHR in the future?

67 responses



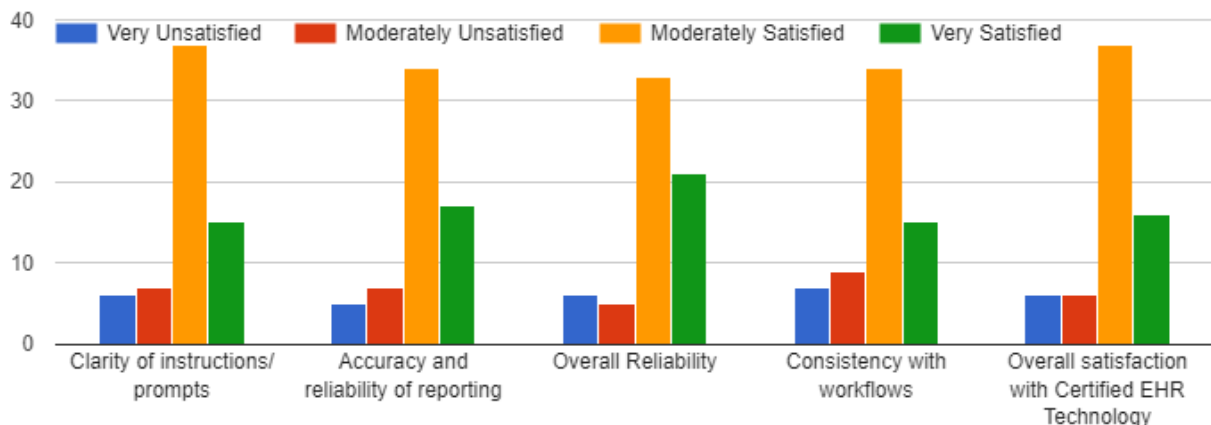
Question 31: If yes, what type of change are you considering?

The 17 responses to this question indicated that respondents were considering switching EHR Vendors or were considering adding or enhancing EHR functionality.

6.15 EHR System Functionality Rating

Question 32: Please rate your EHR system on the following items by placing a mark in the appropriate box:

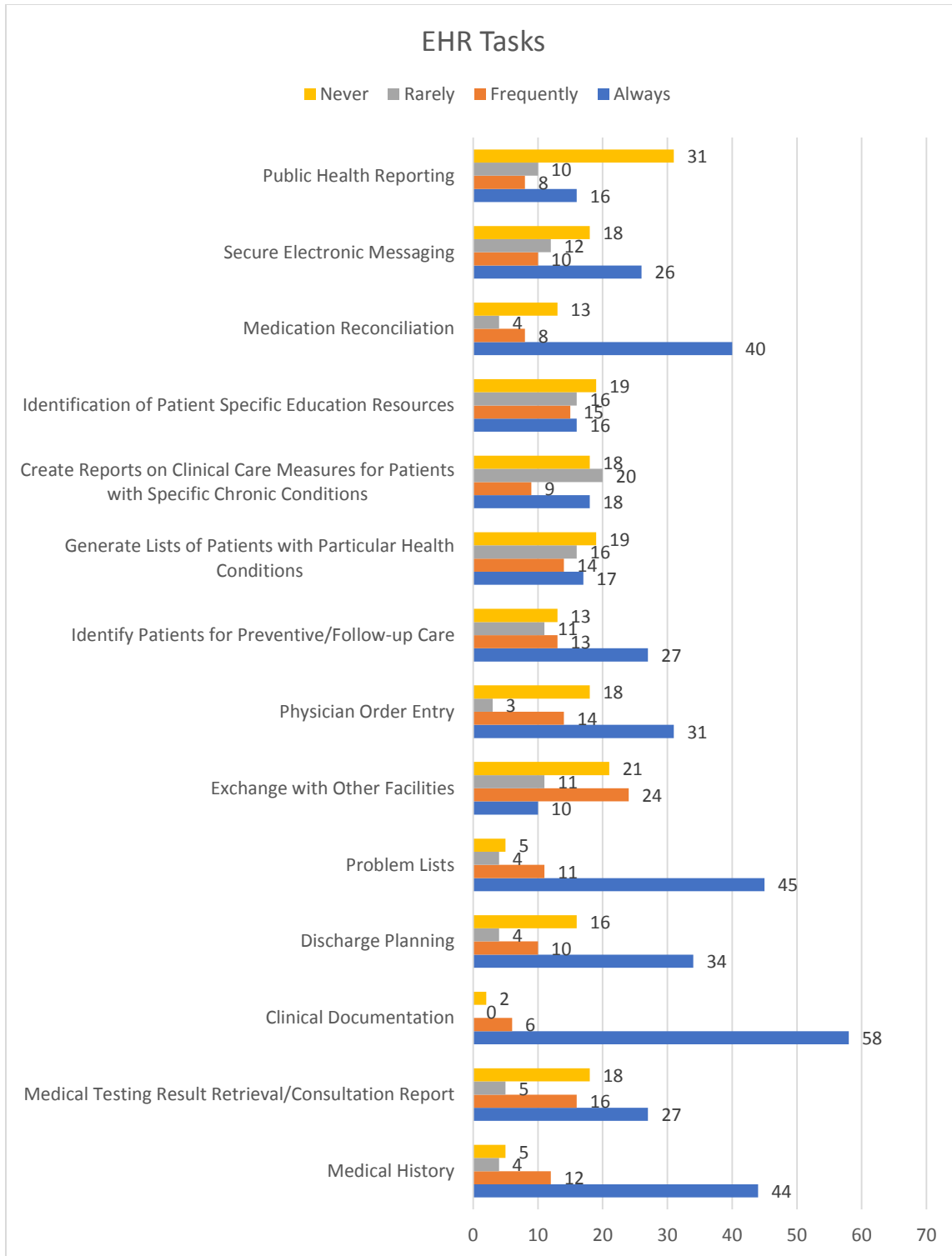
This question presented respondents with a grid that allowed them to select a rating of certain aspects of their current EHR system. The respondents were asked to rate the system’s clarity of instructions/prompts, accuracy and reliability of reporting, overall reliability, consistency with workflows, and overall satisfaction using the rating criteria of Very Satisfied, Moderately Satisfied, Moderately Unsatisfied, and Very Unsatisfied. The responses received are detailed in the graph below. The majority of respondents indicated being either Very Satisfied or Moderately Satisfied with their current EHR system in terms of the items addressed in this question.



6.16 EHR Tasks

Question 33: Please indicate the frequency in which you use your EHR to accomplish the following tasks, by placing a mark in the appropriate box:

This question asked respondents to rate the frequency in which they used their EHR to accomplish certain tasks. The question presented the tasks in the form of a grid and allowed respondents to select the appropriate frequency from the options: Never, Rarely, Frequently, or Always. The responses are detailed in the following graph.



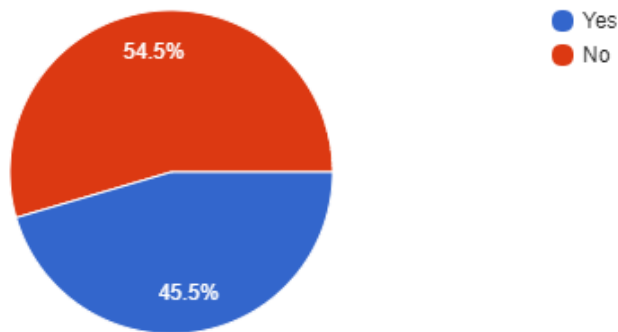
6.17 EHR Incentive Program Participation

Question 34: Did you/Do you participate in the Alaska Medicaid EHR Incentive Payment Program? (Yes, No)

All respondents who had indicated use of an EHR system in previous questions were routed to this question. The question provided responses of “Yes” and “No” from which the respondents could select. This question received 66 responses, of which 45 percent indicated that they were participating in the Alaska Medicaid EHR Incentive Payment Program.

Did you/Do you participate in the Alaska Medicaid EHR Incentive Payment Program?

66 responses



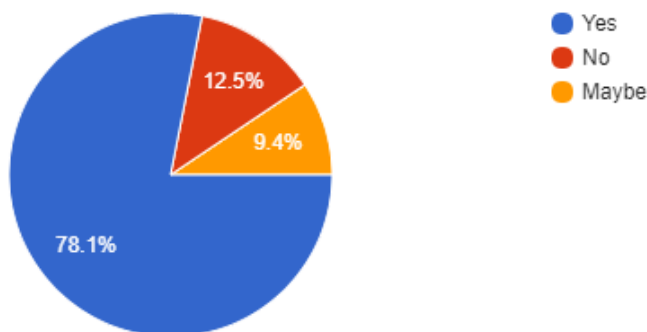
6.18 Meaningful Use Attestation

Question 35: Will you attest for Meaningful Use for Program Year 2017? (Yes, No, Maybe)

Respondents who answered “Yes” to question 34 were routed to this question. This question provided three options for respondents to select: Yes, No, and Maybe. The question received 32 responses and 78 percent of those responded to indicate that they would be attesting to Meaningful Use in 2017.

Will you attest for Meaningful Use for Program Year 2017?

32 responses

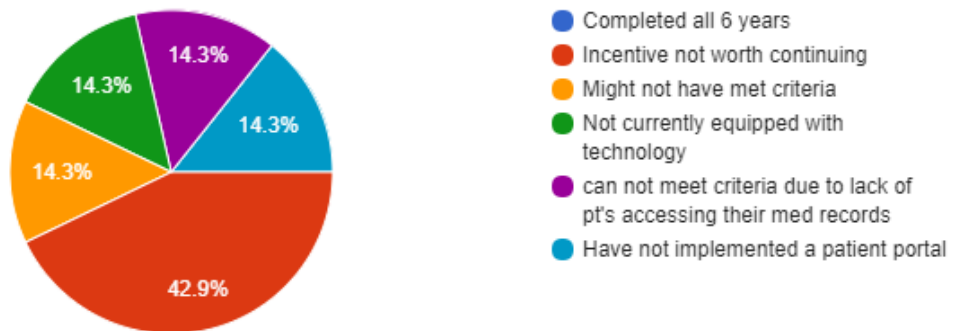


Question 36: If you will not be attesting to Meaningful Use for Program Year 2017, please indicate why (Completed all 6 years, Incentive not worth continuing, Other (if other provide a description))

Those who responded “No” or “Maybe” regarding attesting to Meaningful Use in question 35 were routed to this question. The question provided three potential answers for respondents to select from. These answers were: Completed all 6 years, Incentive not worth continuing, and Other. Selection of the “Other” option allowed respondents to type in additional detail via a text field. Seven respondents provided answers to this question. Three of the respondents indicated that the incentive was not worth continuing. Each of the remaining responses categories received a single response for each.

If you will not be attesting to Meaningful Use for Program Year 2017 please indicate why

7 responses

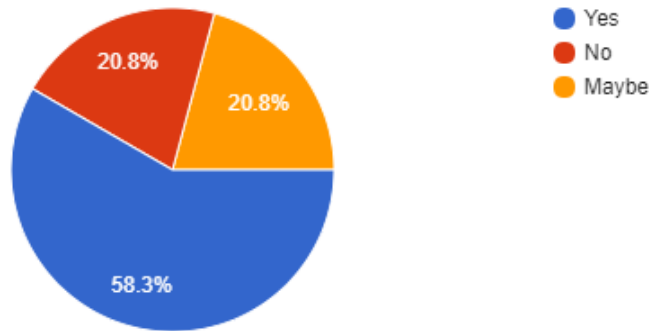


Question 37: Do you intend to attest to Stage 3? (Yes, No, Maybe)

Respondents who indicated “Yes” to question 35 regarding attesting to meaningful use in 2017 were routed to this question. This question provided three possible options for respondents to choose: Yes, No, and Maybe. There were 24 responses received to this question. Most (14) of the respondents indicated that they did intend to attest to Stage 3. The remaining 10 responses were equally divided between No and Maybe.

Do you intend to attest to Stage 3?

24 responses

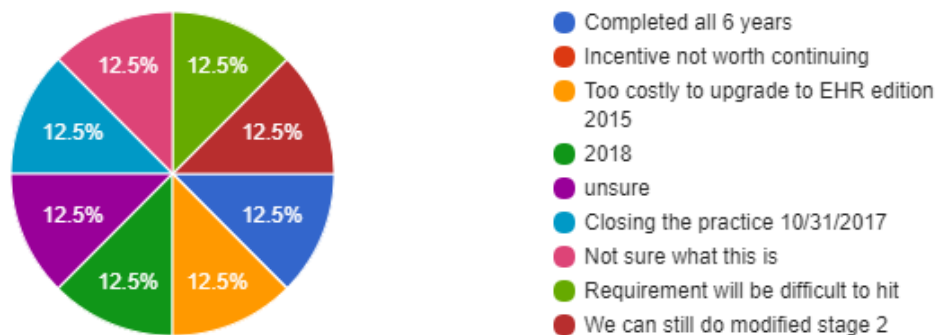


Question 38: Please indicate why you are considering not attesting to Stage 3 (Completed all 6 years, Incentive not worth continuing, Too costly to upgrade to EHR technology 2015 edition, Other (if other provider a description))

Those who responded with “No” or “Maybe” to question 37 to indicate that they will not or may not attest to Stage 3 were routed to this question. The question provided respondents with four potential answers: Completed all 6 years, Incentive not worth continuing, Too costly to upgrade to EHR technology 2015 edition, or Other. If “Other” was selected a free text field allowed the respondent to provide additional detail. Eight respondents provided an answer to this question and each of the answers was different from those of the other respondents.

Please indicate why you are considering not attesting to Stage 3

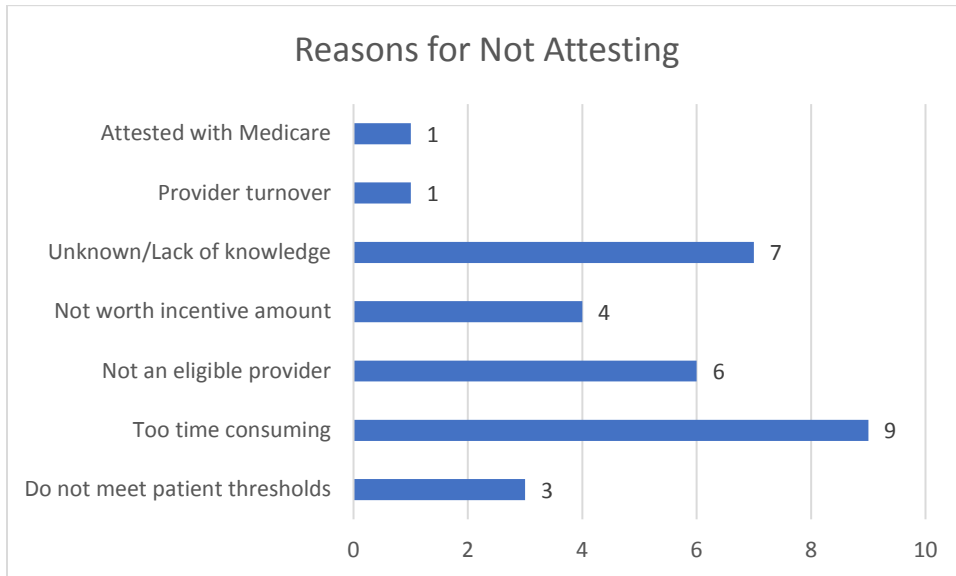
8 responses



6.19 Non-Incentive Program Providers

Question 39: If you have adopted an EHR but have not attested to Meaningful Use, please indicate why (Check all that apply)

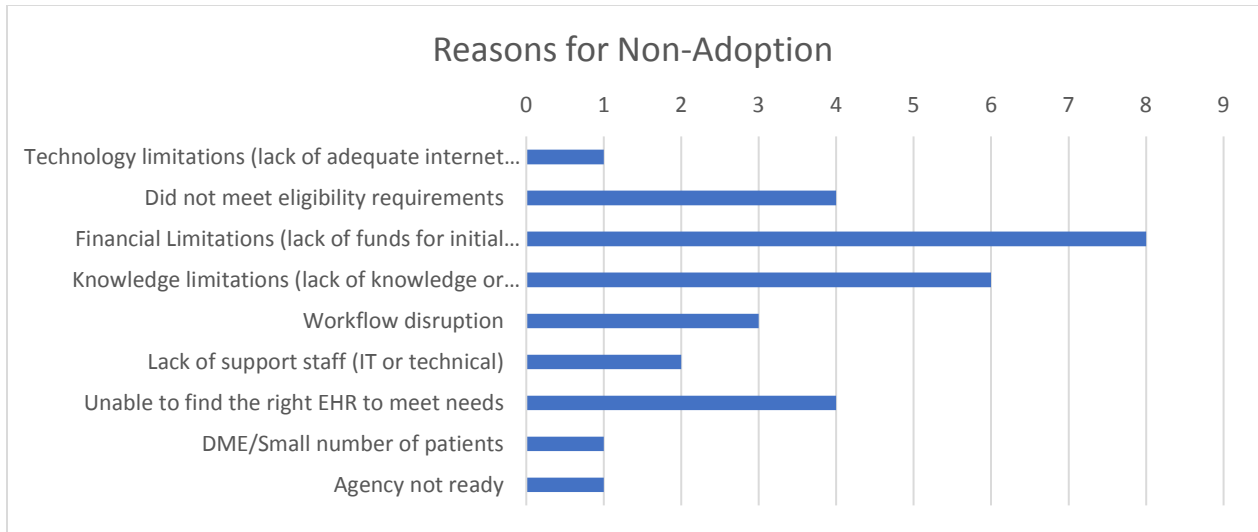
Respondents who answered “No” in question 34 to indicate that they did not participate in the Alaska EHR Incentive Payment Program were routed to this question. The question provided five possible answers from which the respondent could select: Do not meet patient thresholds, Too time consuming, Not an eligible provider, Not worth the incentive amount, and Other. If “Other” was selected the respondent was provided with a free text field to provide additional detail about their response. The reasons provided are displayed in the graph below.



6.20 Non-EHR Providers

Question 40: If you did not adopt an EHR and did not participate in the EHR incentive program, please select the factor(s) that led to the decision to not participate: (Technology limitations (lack of adequate internet connectivity, lack of hardware), Did not meet eligibility requirements, Financial limitations (lack of funds for initial investments; no return on investment), Knowledge limitations (lack of knowledge of the program, lack of understanding of the program), Workflow disruption, Lack of support staff (IT/Technology, Administrative), Unable to find the right EHR to meet needs, Other (if other provide a description)).

Respondents who indicated paper charts or other methods of managing patient records aside from EHR in question 22 were routed to this question. This question provided several options to select from including an option of “Other” with a text field to add any reasons not identified in the pre-defined list. This question received 16 responses and the majority of respondents indicated financial and knowledge limitations as the major factors that led them not to adopt an EHR and participate in the EHR incentive program. The following graph provides details of the answers received.



6.21 Alternative Technology

Question 41: What technology do you believe may be utilized in place of the EHR to attain the same results/data?

All respondents were routed to this question and it provided a free text field for providers to share their thoughts around other possible technologies they believe could be used in place of an EHR. More than half of the respondents indicated that they were unaware of technologies that would be an alternative to EHR technology to achieve needed results. Other answers included a small number of respondents who believe paper is a better alternative, a few that believe a custom database or data warehouse is better, and some who indicated that an EHR would be best but their current EHR does not meet their needs.

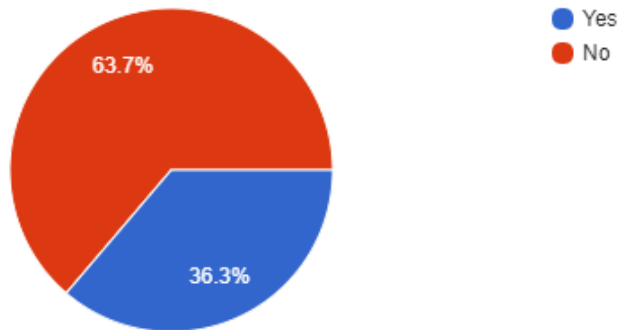
6.22 Use of Data Analytics

Question 42: Do you utilize any data analytics (Business Intelligence/Business Analytic tools)? (Yes, No)

All respondents were routed to this question and 80 responses were received. Of the 80 responses, 64 percent indicated that they do not use data analytics.

Do you utilize any data analytics (Business Intelligence/Business Analytic tools)?

80 responses



6.23 Data Analytics Tools

Only those respondents who answered “Yes” to the use of data analytics in question 42 were routed to questions 43-45.

Question 43: What business analytics tools do you use?

This question was a free text question that allowed respondents to type in any tools that were being utilized. There were 26 responses received to the question and the tools included in the answers are listed below.

- Business Intelligence
- O365
- MediTrack
- Point of Sale System Software
- PPS
- BI Query
- Quick Books
- Yapi
- Excel
- nuMed
- Business Objects
- Dentrix
- eBO via eCW
- Medisolv
- Premier Quality Advisor
- Midas
- Cerner vCGM
- Care Optimize
- Business Solutions
- EHR Dashboard
- Greenway Financial Intelligence
- WebPT
- i2i systems
- Manual processes
- Internal Databases
- AKAIMS
- Nextgen HQM

Question 44: What types of data have you analyzed?

This question was a free text question that allowed respondents to indicate the information that they analyzed. The overall responses included:

- Patient demographics and encounter data
- Quality metrics and reporting
- Financial analysis and reporting

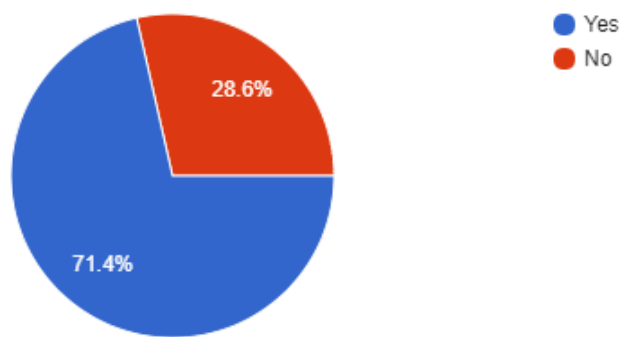
- Claims and payor mix analysis
- Outcomes of care/effectiveness of care

Question 45: Have you used this tool to analyze data captured through your EHR? (Yes, No)

This question provided the options of: Yes or No. There were 28 responses received and 71 percent of those responses indicated that the tools were used to analyze data captured through the EHR.

Have you used this tool to analyze data captured through your EHR?

28 responses



6.24 Additional Health Technologies

Question 46: What, if any, additional health technologies (i.e., devices, systems) do you use?

All respondents were routed to this question. The question allowed respondents to enter free text and there were 50 responses received. 17 of those responses were “none” or “N/A.” The additional responses are as follows:

- | | | |
|---|-----------------------------|-----------------------------|
| • AKAIMS | • AthenaNet | • Access |
| • Chiro Quick Charts | • Kinnser | • GP |
| • Computers, tablets, cellphones, email | • McKesson PACS | • Beacon |
| • Dentrax | • Fetal Link | • Secure Video Conferencing |
| • Yapi | • ARIA | • Therap |
| • EPM | • ONCOCHART | • Telehealth |
| • Hospital CITRIX portal | • PACs | • Vixwin |
| • Medstrat PACS system | • Exper | • Athena Pop Health |
| • OBIX | • Practice Perfect software | • Pharmacy software |
| • Innovian | • SAMS | |
| | • GEMS | |

Question 47: How do you use these technologies?

All respondents were routed to this question. The question provided a free text field for response. There were 30 responses received and a summary of the recurring themes throughout the free text answers are as follows:

- State reporting
- Data analysis
- Billing and Scheduling
- Access to patient information (labs, records, imaging)
- Providing patient care

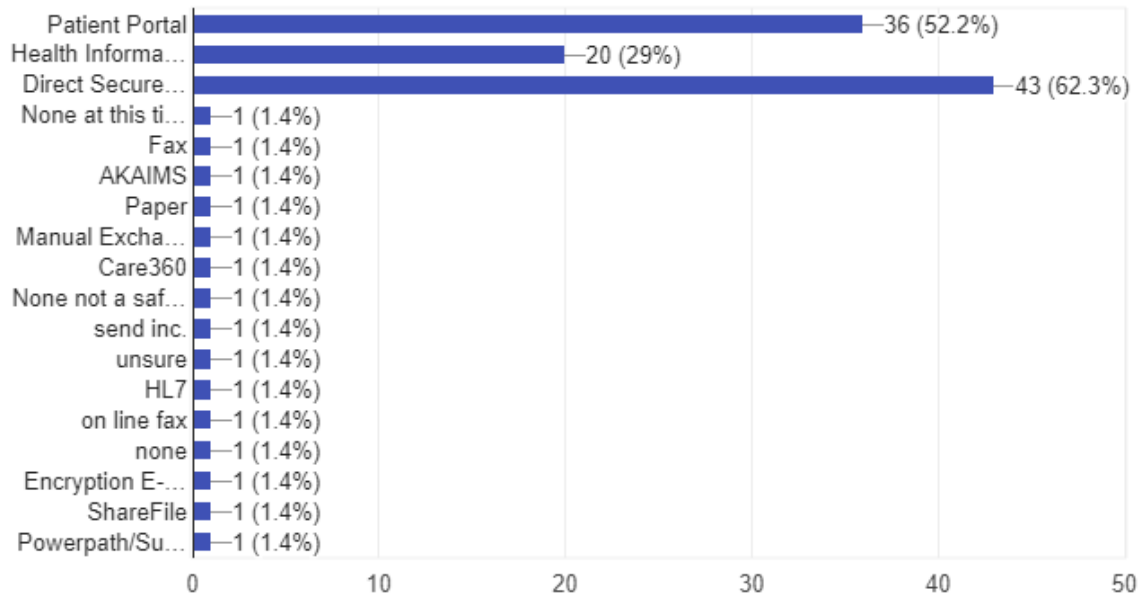
6.25 Data Exchange/Connectivity

Question 48: What tools do you use to facilitate electronic exchange of health information? Please select one or more options: (Patient Portal, Health Information Exchange (HIE), Direct Secure Messaging, Other (please specify))

All respondents were routed to this question. The question provided four options for respondents to select from: Patient Portal, Health Information Exchange (HIE), Direct Secure Messaging, and Other. The “Other” option allowed for the typing of free text to provide additional detail. There were 69 responses to this question. Many respondents indicated the use of Direct Secure Messaging and Patient Portal with fewer using the HIE and other mechanisms to facilitate electronic exchange of health information. Details regarding the answers are demonstrated in the graph below:

What tools do you use to facilitate electronic exchange of health information? Please select one or more options:

69 responses

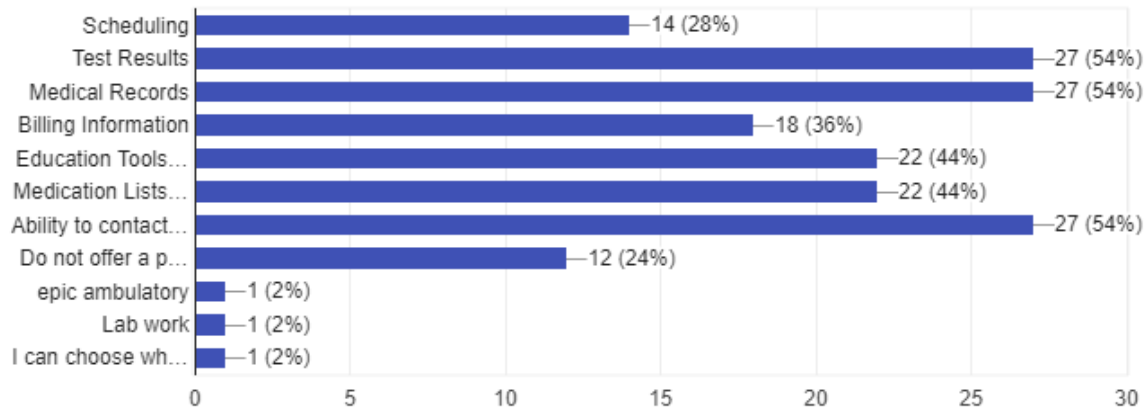


Question 49: If patient portal was selected from the list above, what capabilities does the portal provide? (Select all that apply) (Scheduling, Test Results, Medical Records, Billing Information, Education Tools and Resources, Medication List-Refill Requests, Ability to contact physician/office staff, do not offer a patient portal, Other (please specify))

All respondents were routed to this question. The question provided a list of checkboxes of which respondents could select any of the options that would apply. The available options were: Scheduling, Test Results, Medical Records, Billing Information, Education Tools and Resources, Medication List-Refill Requests, Ability to Contact Physician/Office Staff, Do Not Offer a Patient Portal, or Other. Respondents who selected “Other” were provided with a free text option to provide additional detail. The details regarding the responses are demonstrated in the graph below.

If patient portal was selected from the list above, what capabilities does the portal provide? (Select all that apply)

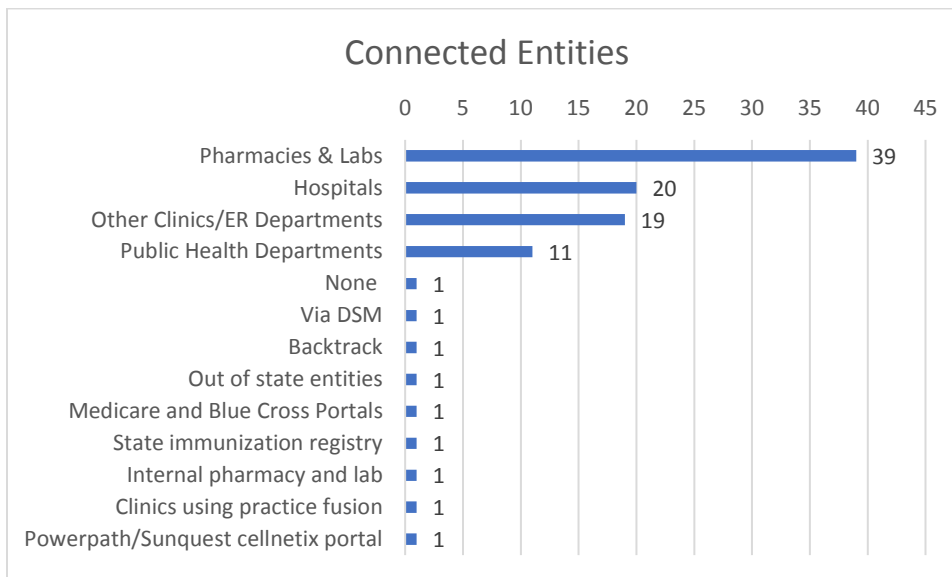
50 responses



6.26 Connectivity to other entities

Question 50: I am currently (please select all that apply): (Connecting to pharmacies and labs, connected to other hospitals, connected to other clinics and emergency departments, connected to the public health department, connected to digital radiology, other (please specify))

All respondents were routed to this question. The question provided checkboxes with the following options of which the respondent could select any that would apply: Connecting to pharmacies and labs, connected to other hospitals, connected to other clinics and emergency departments, connected to the public health department, connected to digital radiology, or other. Respondents who selected “Other” were provided with a free text option to provide additional detail. There were 53 responses received to this question and the responses are detailed in the graph below.



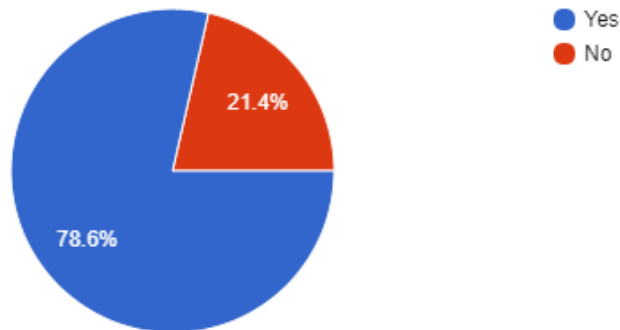
6.27 In State Referrals

Question 51: Do you refer or transfer patients within the State for treatment? (Yes, No)

All survey respondents were routed to this question and 84 responses were received. Respondents were given the selection options of “Yes” or “No” and 66 respondents indicated that they do refer or transfer patients within the State for treatment.

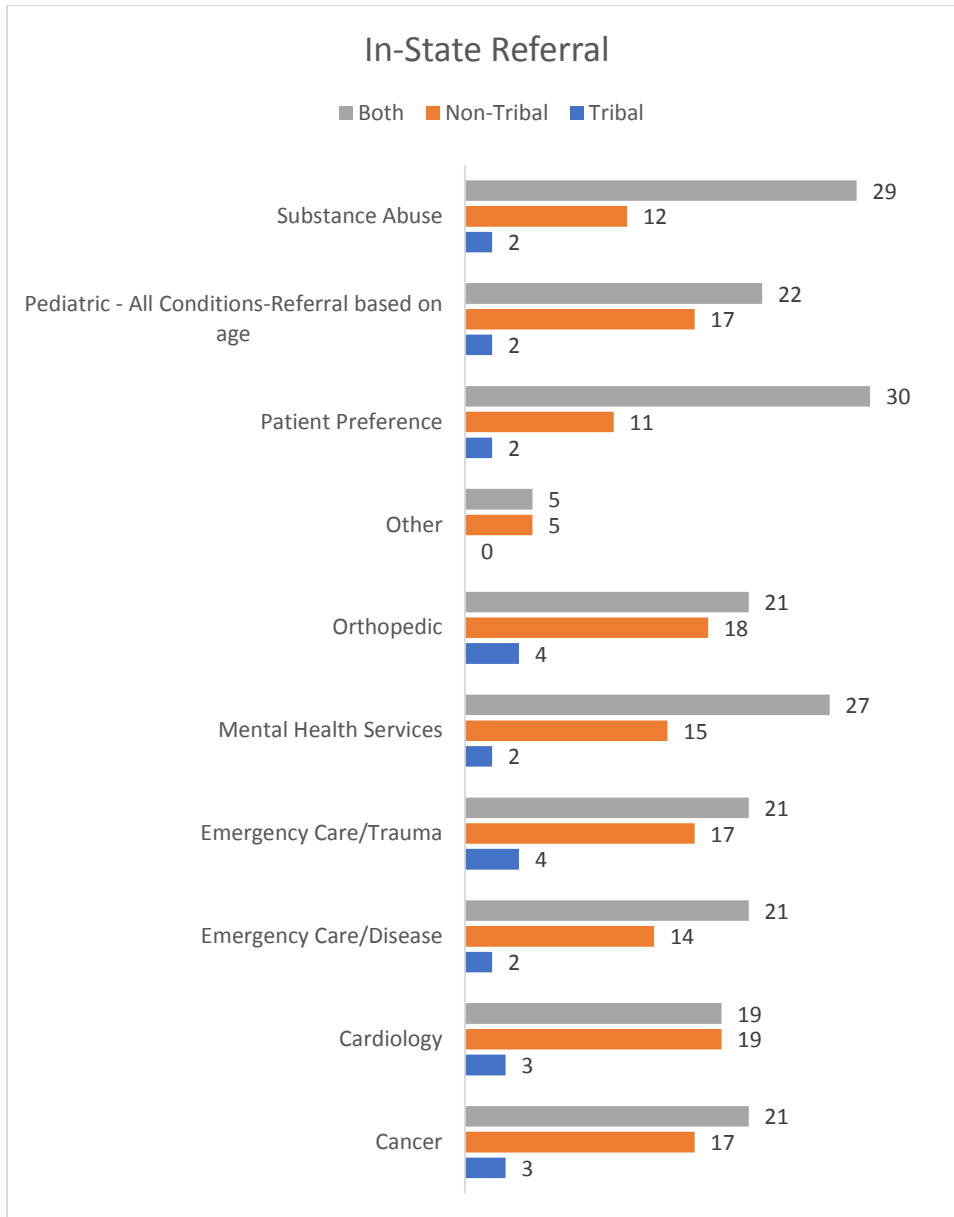
Do you refer or transfer patients within the state for treatment?

84 responses



Question 52: Please indicate if you refer patients for treatment to other in-state providers for the following specialties. Indicate all that apply, by marking if you refer to Tribal Providers, Non-Tribal Providers, or Both.

All respondents who answered “Yes” to indicate that they did transfer patients within the State for treatment in question 52 were routed to this question. The respondents were presented with a grid of commonly referred specialties and asked to select if they referred to “Tribal”, “Non-Tribal”, or “Both” for each of the specialties. The resulting responses are detailed in the graph below.



Question 53: What factors do you consider when you are selecting an in-state provider for a referral?

All respondents who had indicated that they do in-state referrals were routed to this question. The question allowed providers to enter free text to provide details regarding the factors considered when selecting providers for referrals. There were 50 responses received. The following are the most commonly stated factors that are considered:

- Specialty
- Location
- Patient relationship to the provider

- Client preference
- Health plan acceptance
- Patient needs
- Culture
- Availability
- Provider reputation

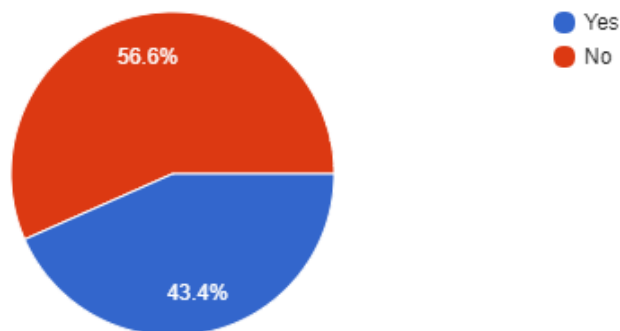
6.28 Out-of-State Referrals

Question 54: Do you refer or transfer patients out-of-state for treatment? (Yes, No)

All respondents were routed to this question. The question provided the answer options of “Yes” or “No” and there were 83 responses provided. Of those who responded, 36 indicated that they transfer patients out-of-state for treatment.

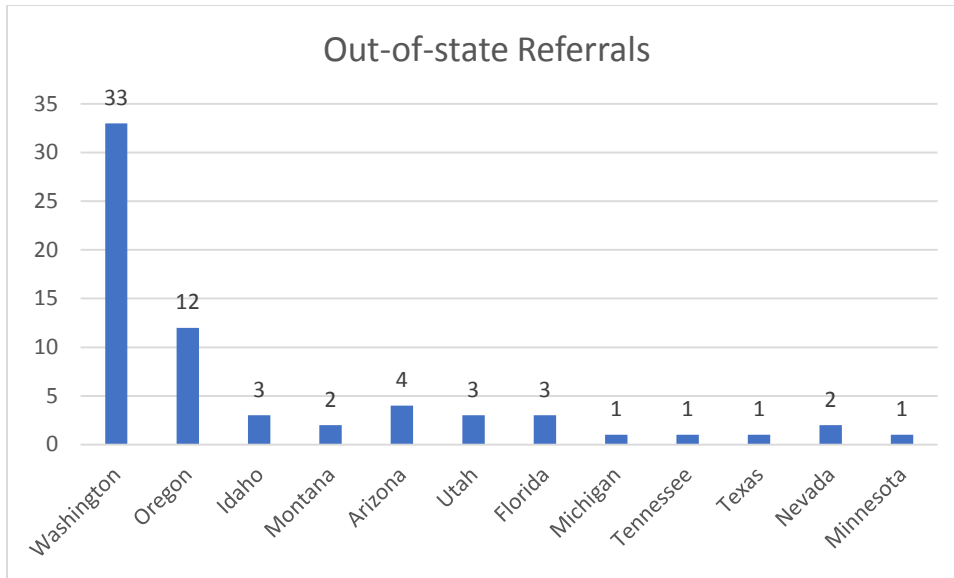
Do you refer or transfer patients out-of-state for treatment?

83 responses



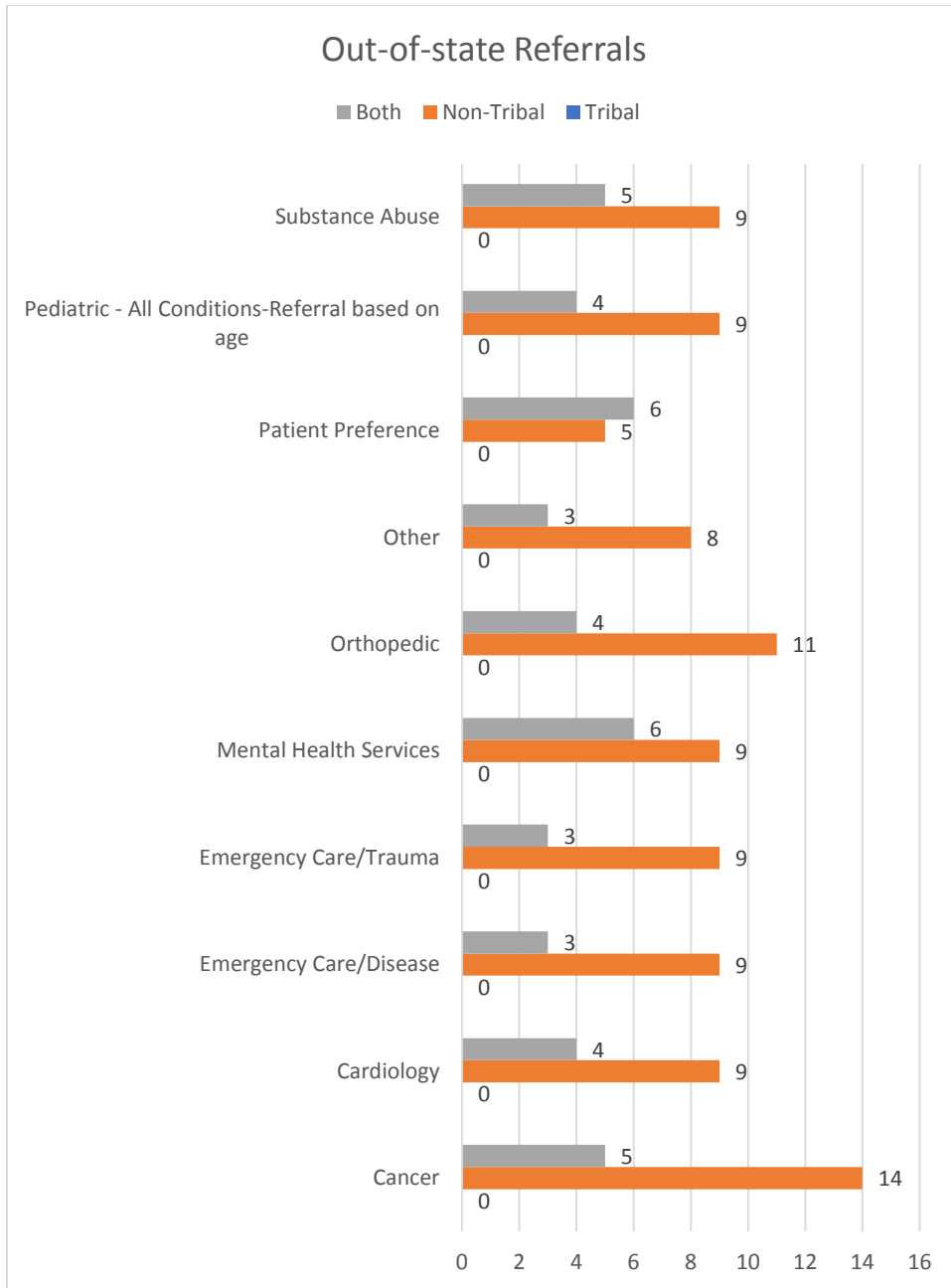
Question 55: Which states do you refer to? (choose all that apply) (Washington, Oregon, California, Idaho, Montana, Other)

All respondents who answered “Yes” to question 54 were routed to this question. The question provided checkboxes with commonly referred to states and respondents were instructed to select any that applied. In addition, an option for “Other” with a free text was available to capture any states not provided in the checkboxes. The question received 36 responses and the most commonly referred to State based upon the responses is Washington.



Question 56: Please indicate if you refer patients for treatment to out-of-state providers for the following specialties. For those referrals, indicate if you refer to Tribal Providers, Non-Tribal Providers, or Both by marking the appropriate column

All respondents who answered “Yes” to indicate that they did transfer patients out-of-state for treatment in question 54 were routed to this question. The respondents were presented with a grid of commonly referred specialties and ask to select if they referred to “Tribal”, “Non-Tribal”, or “Both” for each of the specialties. The resulting responses are detailed in the graph below.



Question 57: What factors do you consider when making a referral?

All respondents who indicated “Yes” to question 54 regarding out-of-state referrals were routed to this question. The question provided a free text field for respondents to provide detail regarding the factors considered when making an out-of-state referral. The overall responses are listed below:

- Complexity/Severity
- Patient Preference

- Lack of availability in the State
- Family proximity
- Patient insurance

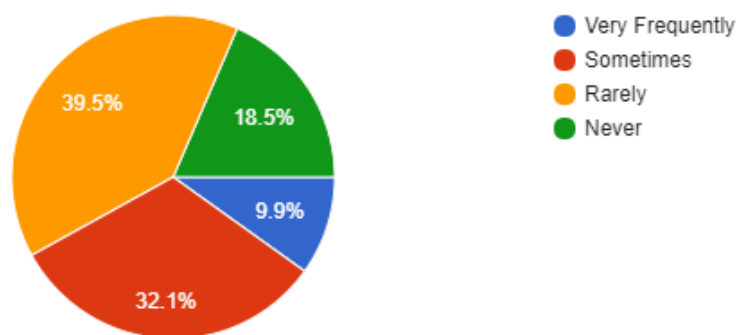
6.29 Out-of-State Correspondence

Question 58: Throughout the course of providing patient care do you frequently correspond with providers or healthcare entities in other states? (Very Frequently, Sometimes, Rarely, Never)

All respondents were routed to this question. Respondents were given four answer options from which to select. These options were: Very Frequently, Sometimes, Rarely, and Never. There were 81 responses received to this question with the most common responses being “Sometimes” or “Rarely.”

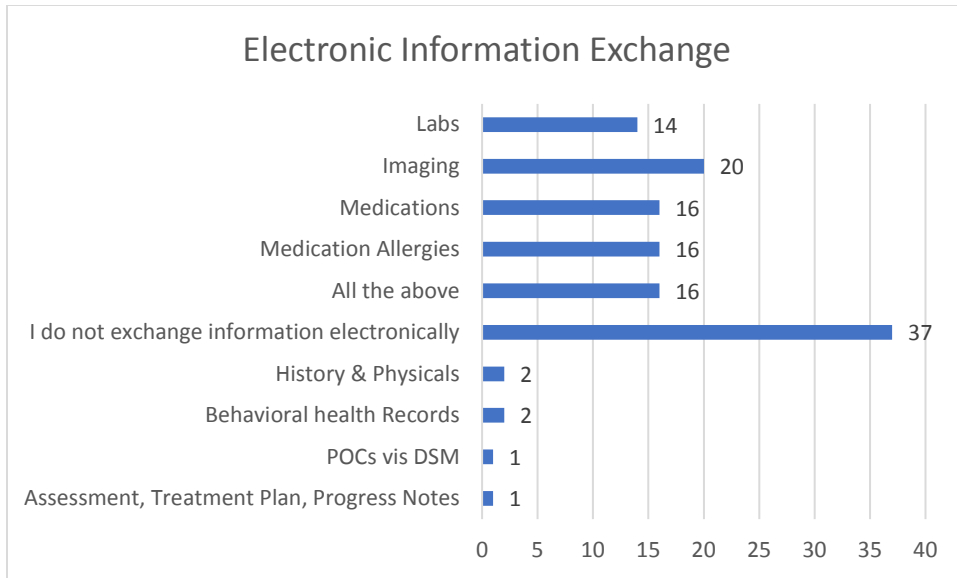
Throughout the course of providing patient care do you frequently correspond with providers or healthcare entities in other states?

81 responses



Question 59: Which data do you share electronically? (Please select all that apply) (Labs, Imaging, Medications, Medication allergies, I do not exchange information electronically, other(specify), all the above)

All respondents were routed to this question. The question provided a list of checkboxes from which the respondents could select. The options were: Labs, Imaging, Medications, Medication allergies, I do not exchange information electronically, Other, and All the above. The option for “Other” provided a text box to allow respondents to provide additional description. Details of the responses are displayed in the following graph.



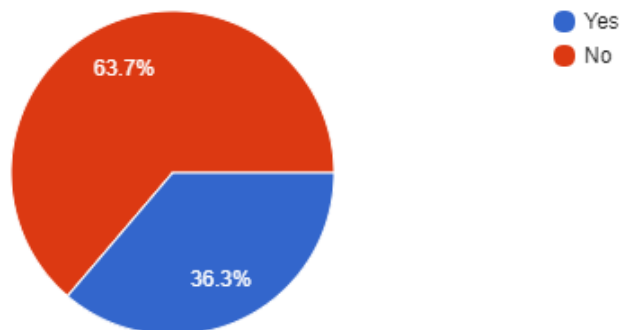
6.30 Electronic Referral Submission

Question 60: When you send a referral, do you electronically send the patient record? (Yes, No)

All respondents were routed to this question. The question provided a “Yes” or “No” answer selection and 80 responses were received. The majority (51) of respondents indicated that “No” they do not send the patient record electronically for referrals.

When you send a referral, do you electronically send the patient record?

80 responses



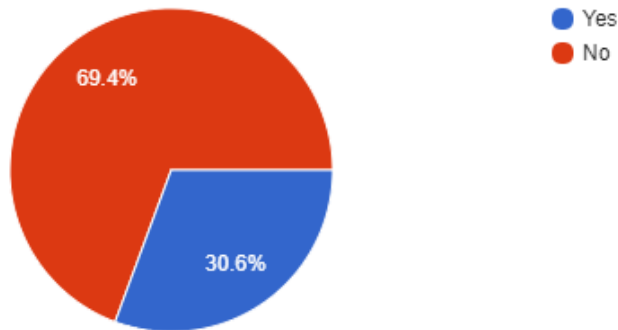
6.31 Receipt of Results and Discharge Information

Question 61: When you send a patient record electronically for a referral do you receive an electronic record back with the results? (Yes, No)

All respondents were routed to this question. The question provided a “Yes” or “No” answer selection and 62 responses were received. The majority (43) of respondents indicated that “No” they do not receive an electronic record back with results.

When you send a patient record electronically for a referral do you receive an electronic record back with the results

62 responses

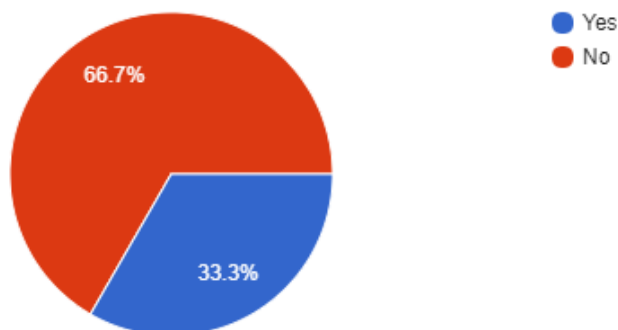


Question 62: Do you receive discharge information electronically for your patients that are in the hospital? (Yes, No)

All respondents were routed to this question. The question provided a "Yes" or "No" answer selection and 75 responses were received. The majority (50) of respondents indicated that "No" they do not receive discharge information electronically for their patients that are in the hospital.

Do you receive discharge information electronically for your patients that are in the hospital?

75 responses

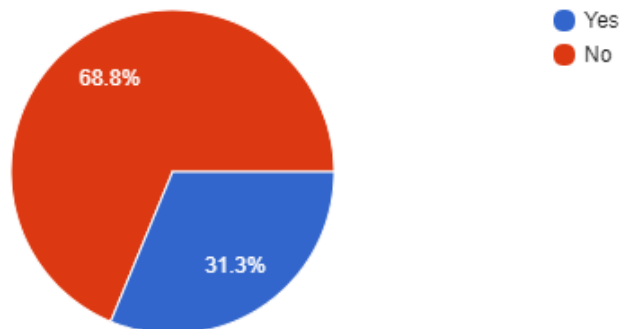


Question 63: When you are referred to, do you receive electronic referral data? (Yes, No)

All respondents were routed to this question. The question provided a “Yes” or “No” answer selection and 80 responses were received. The majority (55) of respondents indicated that “No” they do not receive electronic referral data when referred to.

When you are referred to, do you receive electronic referral data?

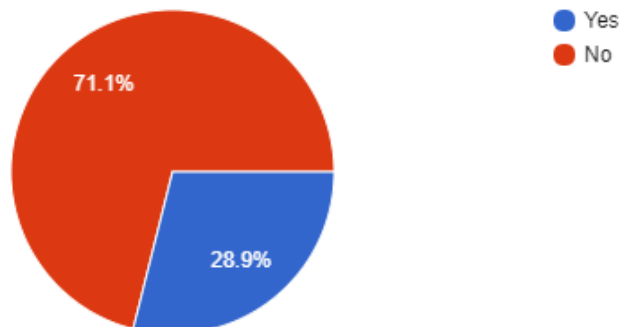
80 responses

**6.32 Telemedicine and Telehealth****Question 64: Are you using telemedicine or telehealth? (Yes, No)**

All respondents were routed to this question. The question provided a “Yes” or “No” answer selection and 83 responses were received. The majority (59) of respondents indicated that “No” they do not use telemedicine or telehealth.

Are you using telemedicine or telehealth?

83 responses

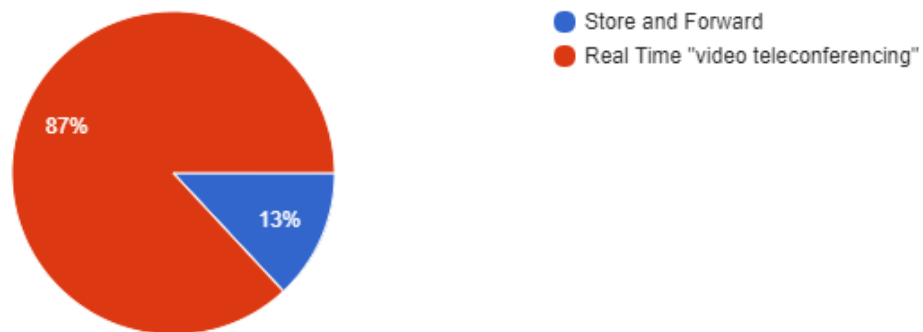


Question 65: Which technology platform are you using to deliver services via telemedicine and telehealth? (Store & Forward, Real Time “video teleconferencing”)

Only those respondents who answered “Yes” to the use of telemedicine or telehealth in question 64 were routed to this question. The question gave two answer options: Store & Forward or Real Time “video teleconferencing.” There were 23 responses received, of which 20 indicated use of Real Time “video teleconferencing.”

Which technology platform are you using to deliver services via telemedicine and telehealth?

23 responses



Question 66: If using Store & Forward, what is the name of the Store & Forward platform you are using?

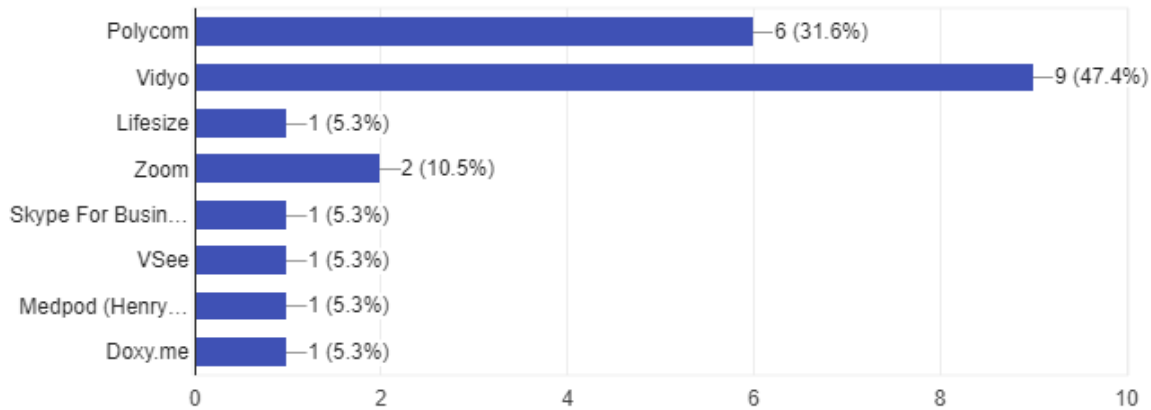
All respondents who answered “Yes” to question 64 regarding the use of telemedicine and telehealth were routed to this question. Two respondents indicated use of AFHCAN as the platform and one respondent indicated use of a secure portal.

Question 67: If using video teleconferencing, which video teleconferencing platform are you using? (Polycom, Vidyo, Lifesize, Zoom, Other (please specify))

All respondents who answered “Yes” to question 64 regarding the use of telemedicine and telehealth were routed to this question. Respondents were given a list of options to select from: Polycom, Vidyo, Lifesize, Zoom, or Other. Respondents who selected “Other” were provided with a free text field to share additional information. There were 19 responses received. The most widely used platform for video teleconferencing among the respondents was Vidyo.

If using video teleconferencing, which video teleconferencing platform are you using?

19 responses

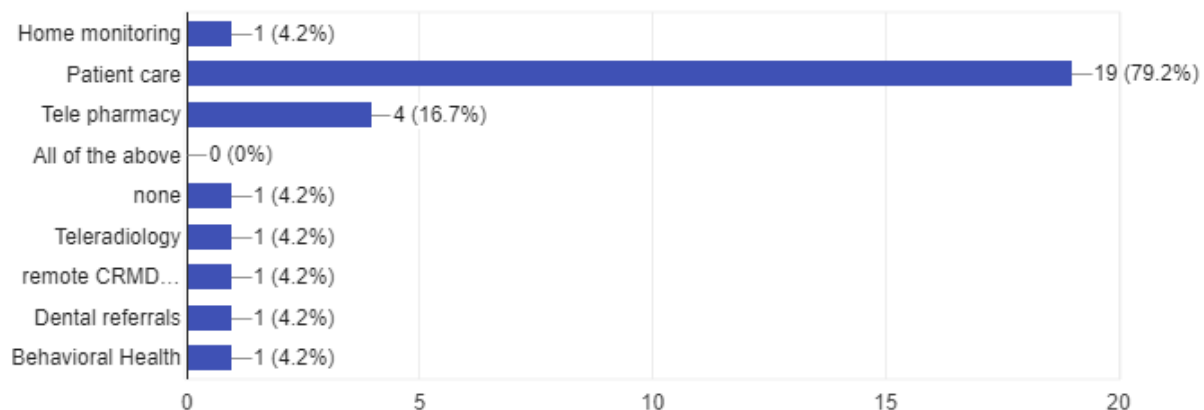


Question 68: Are you using telemedicine or telehealth for any of the following? (select all that apply) (Home monitoring, Providing care to patients, telepharmacy, Other (please specify), All the above)

All respondents who answered “Yes” to question 64 regarding the use of telemedicine and telehealth were routed to this question. The question provided a selection of checkboxes of which the respondents could select any which were applicable. The answer options were: Home monitoring, Providing care to patients, telepharmacy, Other, or All of the Above. Respondents who selected “Other” were provided with a free text space to provide additional information. There were 24 responses received with 19 of the respondents indicating use of telemedicine to provide care to patients.

Are you using telemedicine or telehealth for any of the following? (select all that apply)

24 responses

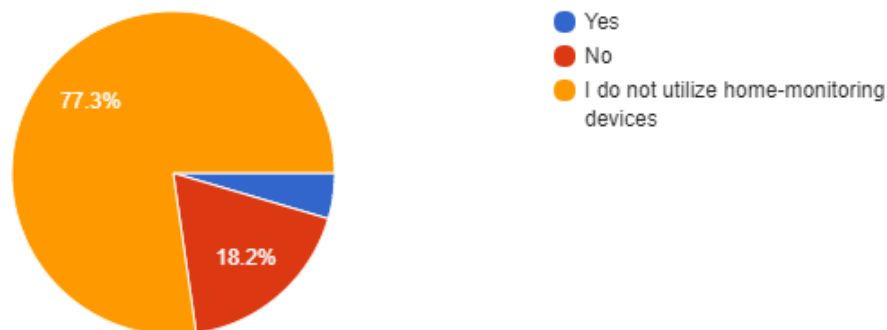


Question 69: When utilizing home-monitoring devices for patient care, are those devices connected to your EHR? (Yes, No, I do not utilize home-monitoring devices)

All respondents who answered “Yes” to question 64 regarding the use of telemedicine and telehealth were routed to this question. The question provided three possible answers from which the respondents could select. The possible answers were: Yes, No, and I do not utilize home monitoring devices. There were 22 responses to the question and 17 indicated that they did not utilize home monitoring devices. Of the five who did indicate use of home-monitoring devices, only one indicated that the devices were connected to the EHR.

When utilizing home-monitoring devices for patient care, are those devices connected to your EHR?

22 responses

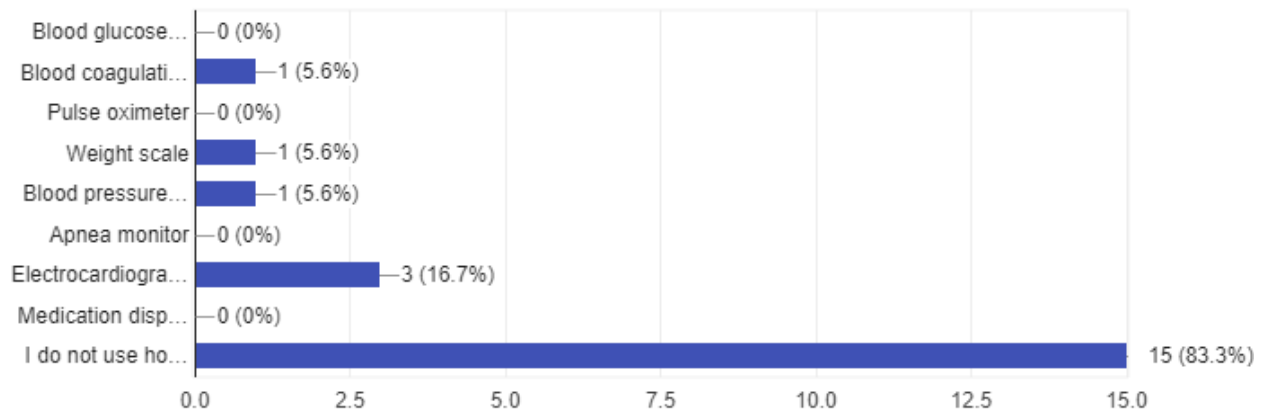


Question 70: What types of home-monitoring devices do you currently use? (Select all that apply) (Blood glucose meter, Blood coagulation meter, Pulse oximeter, Weight scale, Blood pressure monitor, Apnea monitor, Electrocardiogram monitor, Medication dispensing devices, I do not use home-monitoring devices, Other)

All respondents who answered “Yes” to question 64 regarding the use of telemedicine and telehealth were routed to this question. Respondents were given a selection of checkboxes as possible answers from which they were instructed to select all that would applicable. The selections given were: Blood glucose meter, Blood coagulation meter, Pulse oximeter, Weight scale, Blood pressure monitor, Apnea monitor, Electrocardiogram monitor, Medication dispensing devices, I do not use home-monitoring devices, or Other. Those who selected “Other” were given a free text field to provide additional details regarding their response. There were 18 responses received and 15 of those responses indicated that home monitoring devices were not currently used. The only devices indicated as being used were Electrocardiogram monitor, Blood pressure monitor, weight scale, and blood coagulation monitor, and those were used by very few respondents.

What types of home-monitoring devices do you currently use? (select all that apply)

18 responses



Question 71: What is the estimated percentage of patients utilizing home-monitoring devices? (0-25 percent, 26-50 percent, 51-75 percent, 76-100 percent)

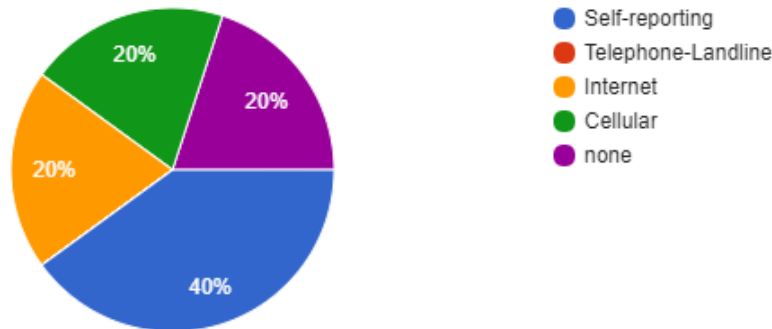
All respondents who answered “Yes” to question 64 regarding the use of telemedicine and telehealth were routed to this question. Respondents were given four answer options to select from, each of which provided a percentage range to indicate the percentage of patients utilizing home-monitoring devices. The ranges to select from consisted of: 0-25 percent, 26-50 percent, 51-75 percent, and 76-100 percent. There were 13 responses to the questions and each of the respondents selected 0-25 percent.

Question 72: How do you receive results from home-monitoring devices? (Self-reporting, Telephone – Landline, Internet, Cellular, Other)

All respondents who answered “Yes” to question 64 regarding the use of telemedicine and telehealth were routed to this question. Respondents were given a list of possible answers to select from. Those answers were: Self-reporting, Telephone-Landline, Internet, Cellular, or Other. Respondents who selected “Other” were given a free text field to provide additional detail regarding their answer. There were five responses provided to this question who gave Internet, Cellular, Self-Reporting, and none as their answers.

How do you receive results from home monitoring devices?

5 responses



Question 73: What is your overall satisfaction level with home-monitoring devices? (Very Unsatisfied, Moderately Unsatisfied, Moderately Satisfied, Very Satisfied)

All respondents who answered “Yes” to question 64 regarding the use of telemedicine and telehealth were routed to this question. Respondents were asked to rate their satisfaction level with home-monitoring devices using one of the following options: Very Unsatisfied, Moderately Unsatisfied, Moderately Satisfied, or Very Satisfied. There were four responses received to this question and all indicated that they were “Moderately Satisfied” with their home monitoring devices.

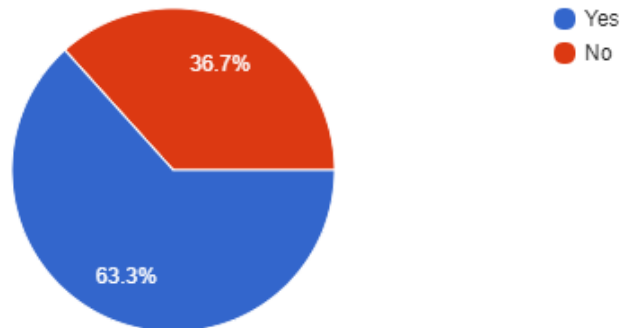
6.33 Health Information Exchange

Question 74: Does your hospital or practice have an Information Technology (IT) plan as part of your overall organizational strategic plan? (Yes, No)

All respondents were routed to this question. The question gave the possible responses as “Yes” or “No” to indicate if the hospital or practices had an IT plan as a part of the overall strategic plan. There were 79 responses to the question with 50 of those responses indicating that “Yes” there was an IT plan as a part of the overall organizational strategic plan.

Does your hospital or practice have an Information Technology (IT) plan as a part of your overall organizational strategic plan?

79 responses

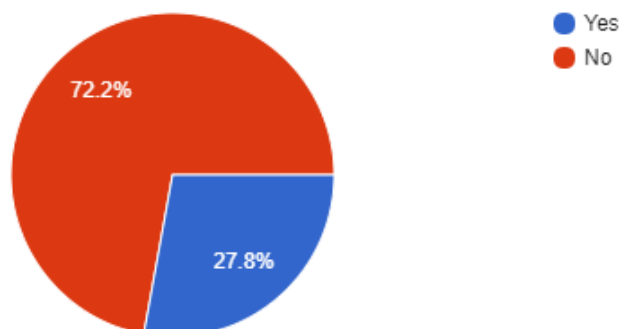


Question 75: Are you currently participating in the Alaska HIE?

All respondents were routed to this question. Respondents were given the options of “Yes” or “No” to indicate participation in the Alaska HIE. There were 79 responses received with only 22 of those responses indicating participation in the Alaska HIE.

Are you currently participating in the Alaska HIE?

79 responses



6.34 Active Use of HIE

Question 76: Please indicate how frequently you use the HIE for the following tasks

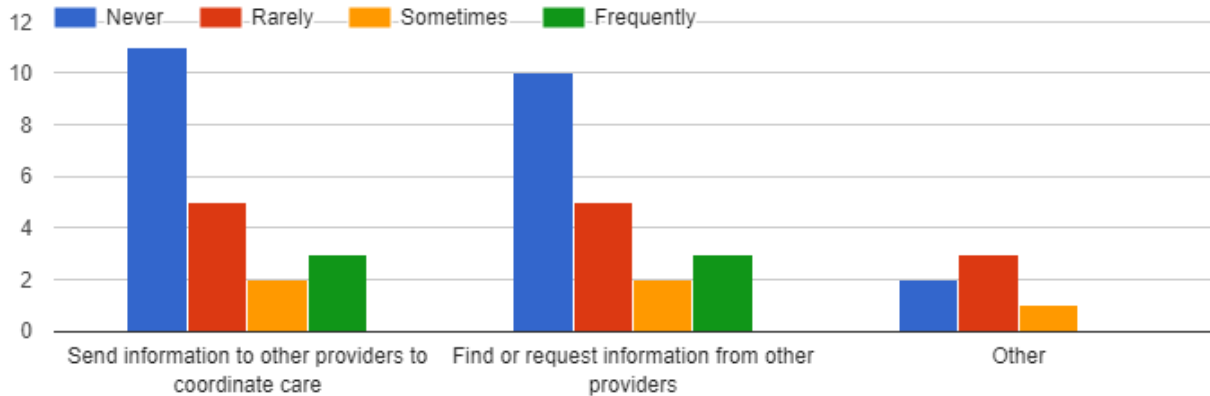
Respondents who answered “Yes” to question 75 indicating participation in the Alaska HIE were routed to this question. The question asked respondents to indicate how frequently they utilized the HIE for certain tasks using the rating system of: Never, Rarely, Sometimes, or Frequently. The tasks were:

- Send information to other providers to coordinate care

- Find or request patient information from other providers
- Other

The responses received are detailed in the graph below.

Please indicate how frequently you use the HIE for the following tasks?



Respondents who rated “Other” provided the following descriptions of “Other” tasks:

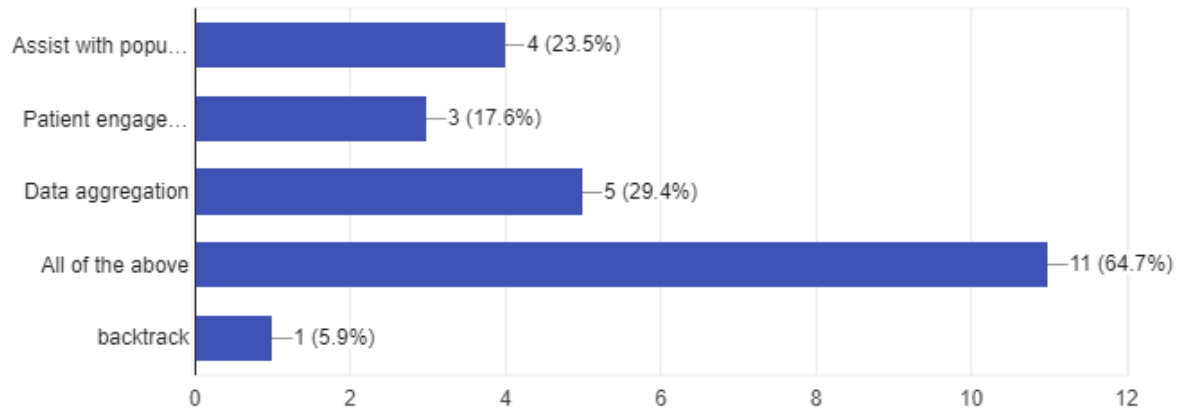
- Referral from State = ASAP
- Direct Secure Messaging
- In testing phase of HIE

Question 77: What additional capabilities and functionality would like to see with the HIE? (select all that apply) (Assist with population health, Patient engagement, Data aggregation, All the above, Other (please specify))

Respondents who answered “Yes” to question 75 indicating participation in the Alaska HIE were routed to this question. A selection of checkboxes with the following possible answers were provided from which the respondent could select all that apply: Assist with population health, Patient engagement, Data aggregation, All the above, or Other. There were 17 responses received and the details of those responses are captured in the graph below:

What additional capabilities and functionality would you like to see with the HIE? (Select all that apply)

17 responses

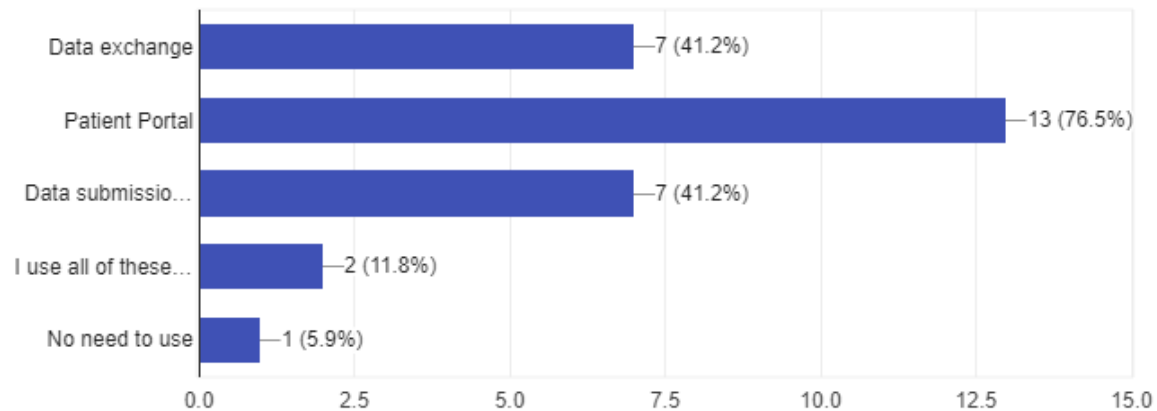


Question 78: Please select any functions of the Alaska HIE that you do not use:

Respondents who answered “Yes” to question 75 indicating participation in the Alaska HIE were routed to this question. A list of checkboxes including the following options were presented for respondents to select any that were applicable: Data exchange, Patient portal, Data submission to public health, I use all of these functions, or other. There were 17 responses to this question received and the details of those responses are displayed in the graph below.

Please select any of functions of the Alaska HIE that you do not use:

17 responses

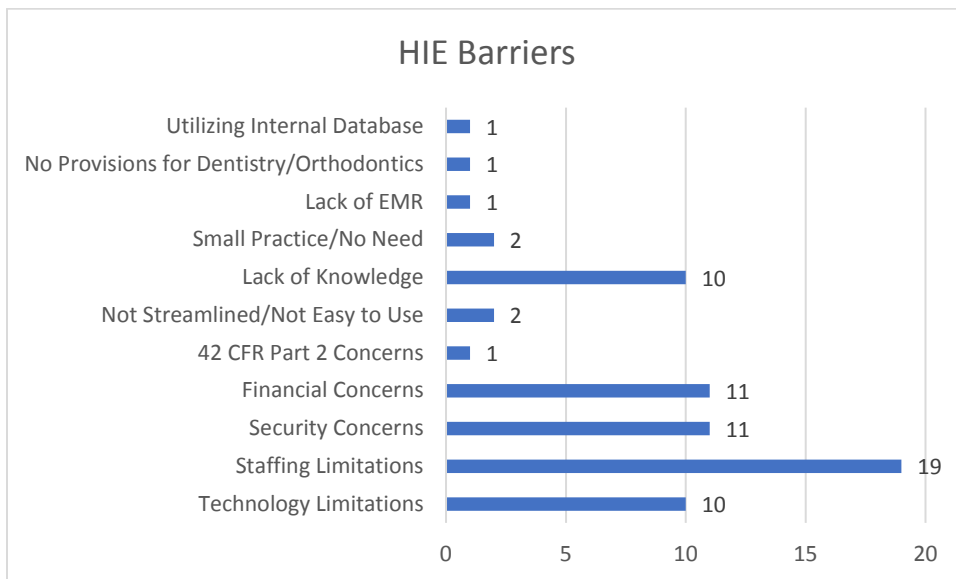


6.35 HIE-Non-Participation

Respondents who answered “No” to question 75 indicating lack of participation in the Alaska HIE were routed to questions 79-81.

Question 79: What are the barriers that have prevented you from utilizing the Alaska HIE? (Technology limitations, Staffing limitations (understaffed/lack of understanding), Security Concerns, Financial Concerns, Other)

This question provided the following checkboxes of possible answers from which respondents could select any that were applicable: Technology limitations, Staffing limitations (understaffed/lack of understanding), Security Concerns, Financial Concerns, or Other. Those who selected “Other” were provided with a free text space to allow for additional detail regarding their response. The largest barrier indicated was Staffing limitations with 19 respondents indicating that as a barrier. The details regarding this response can be found in the graph below.



Question 80: If financial concerns were cited above as a barrier to utilization of the HIE, please provide additional details:

This question provided a free text space where providers could explain in additional detail their financial concerns regarding the HIE. There were nine answers received and the summary of the overall barriers provided are as follows:

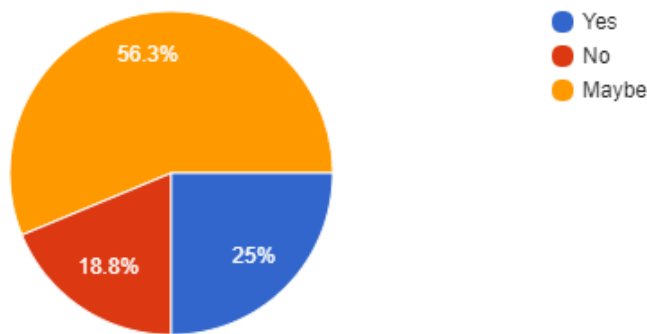
- Cost
- Recent office relocation/EHR transition
- Desire for common platform for exchange
- Will not invest in HIE until all hospitals are utilizing HIE
- Ability to get some features, such as direct secure messaging via other means

Question 81: If the barriers selected above were mediated, would you consider participating in the Alaska HIE? (Yes, No, Maybe)

Respondents were given the options of Yes, No, or Maybe to indicate if they would consider participation in the HIE if the barriers were mediated. There were 48 responses to this question, most of which were “Maybe.”

If the barriers selected above were mediated, would you consider participating in the Alaska HIE?

48 responses

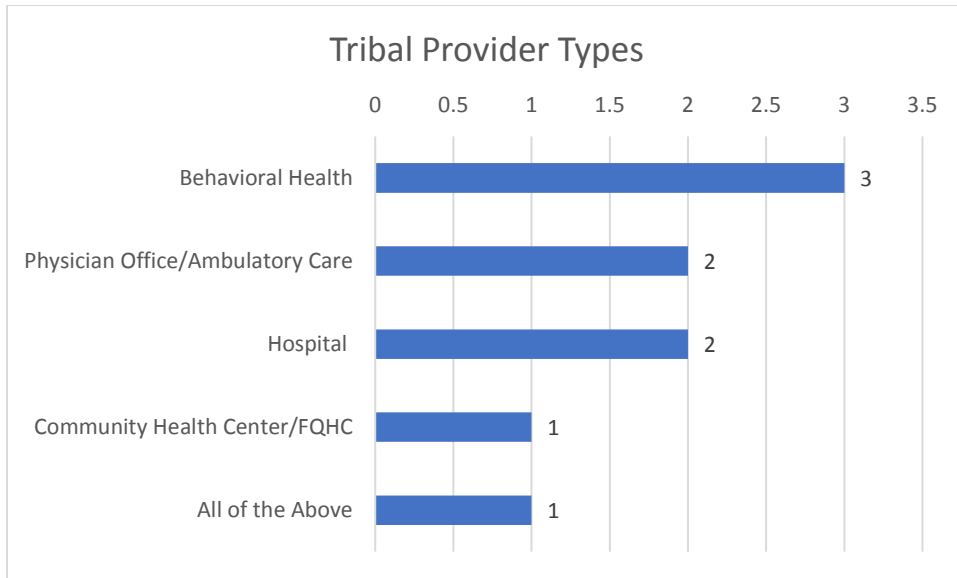


6.36 Tribal Specific Information

The survey was designed in a way that would allow for analysis and review of information specifically for tribal affiliated entities. The following sub-sections provide an overview of responses to key questions received by respondents who identified as being tribal affiliated providers.

6.36.1 Tribal Internet Access

There were nine respondents who indicated an affiliation to a tribal entity. The following grid details the provider type information of those nine providers.

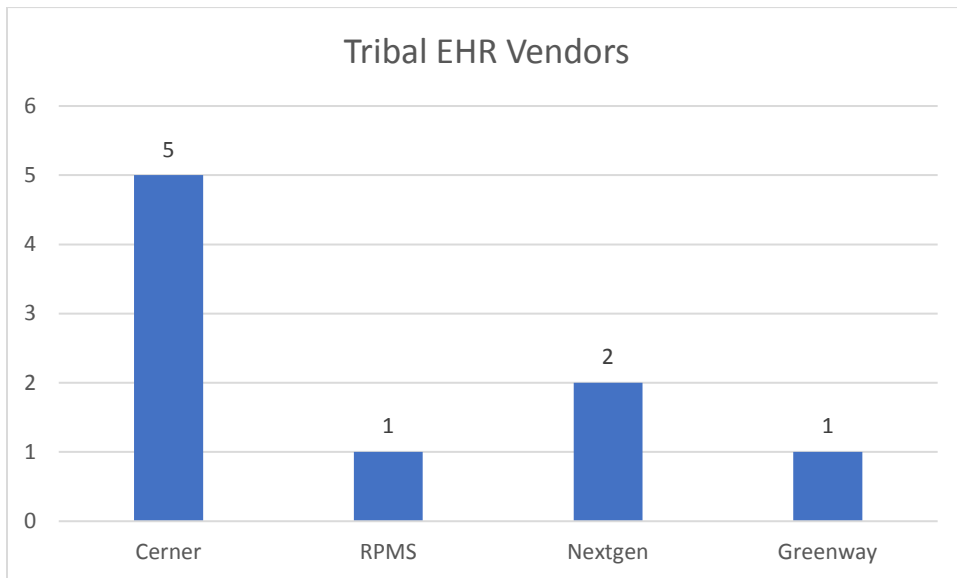


Of the nine tribal affiliated respondents, all but one indicated having access to Broadband internet services. The remaining respondent did not respond to the question.

6.36.2 Tribal EHR Use

All nine tribal affiliated respondents provided an answer to question number 22 regarding the storage of patient data. All but one indicated that their patient data is stored in CEHRT. The remaining respondent indicated a combined use of EHR and paper charts.

More than half of the tribal affiliated entities indicated the use of Cerner as their CEHRT. All but one respondent indicated that their EHR interfaced with other entities and they can share information with other entities via their EHR. The following graph provides information regarding the EHR vendors used by tribal affiliated respondents.



All but one of the tribal affiliated respondents indicated a moderate level of satisfaction with their EHR vendor, however, more than half (5) indicated they were considering making a change to their EHR in the future. The potential changes cited were a switch to another vendor or adding additional functionality to their current system.

Based on responses received, participation in the EHR Incentive Payment Program among tribal affiliated entities is relatively high. Of the nine tribal affiliated respondents, six indicated participation in the EHR Incentive Payment Program. All six of those participating indicated that they would be attesting to MU in 2017 with three of them planning to attest to Stage 3.

6.36.3 Tribal Telehealth

All nine tribal affiliated respondents indicated use of telehealth. All but one respondent indicated use of real time “video teleconferencing” with the remaining respondent indicating use of Store & Forward. All respondents indicated the use of Vidyo for this services with three indicating use of Polycom in addition to Vidyo.

6.36.4 Tribal HIE Use

Of the nine tribal affiliated respondents, less than half (4) indicated that they participated in the Alaska Health Information Exchange. Those utilizing the HIE indicated limited use of the HIE for the purposes of coordinating care or requesting information from other providers, with only two indicating use “Sometimes” and the others as “Rarely” or “Never.” Four respondents indicated that they do not participate and one respondent did not supply an answer to this question. Those who did not participate in the HIE indicated financial concerns and lack of knowledge about the HIE as the primary barrier to participation.

6.37 Study Limitations

The primary limitation of this study was the participation level by the provider community. As survey efforts progressed it became evident that lack of response posed a significant risk to the success of the survey. To remediate this risk, the following mitigation strategies were employed:

- Targeted telephonic outreach
- Additional hospital engagement
- Additional email and contact information research
- Utilization of an alaska.gov email address to send the survey invitation

The targeted outreach was conducted telephonically by the survey team. A call script was created to effectively navigate the telephonic interview process in a standardized way and outreach was made to approximately 33 providers that were identified by DHSS. In instances where the respondent could be reached and agreed to participate in the survey, the survey team interviewed the respondent and recorded the answers in the online survey tool. If respondents were unavailable, messages were left and the survey link was provided. Success rates for this effort were limited. The survey team was successful in reaching 14 of the identified 33 providers; of the 14, six agreed to continue with the survey interview. The remaining eight providers indicated a preference of completing the survey online independently, but only one survey response was received from this group.

In addition, all hospital contacts on the master email address received a survey invitation letter specifically geared towards engaging the hospitals in distributing the scan invitation to providers with whom they

were affiliated. The letter requested that, in addition to responding to the survey on behalf of the hospital, that the notice be forwarded to all provider groups/practices owned by the hospital system as well as any providers who had admitting privileges at the facility in hopes of increasing survey response rates.

In the final month of survey collection efforts, it was determined that lack of familiarity with the email address being used to send survey invitations could be a possible cause of low response rates. All outreach had been initiated from the email address: AKEnviroscan@thinkhts.com. Given that this address has no direct affiliation with DHSS and is not connected to an entity which the provider community is familiar, it was believed that it may have raised some security concerns with some recipients. On November 28 2017, a final attempt was sent directly from DHSS utilizing the email address: hss.hitinfo@alaska.gov. A modest increase of 16 responses was received following this attempt through the December 15 collection close date of the scan.

After analyzing the data, overall, it is believed that a broad spectrum of providers in terms of provider type, geographic location, size, and affiliation were represented in the respondent population of the study making the information obtained through survey responses useful and representative of a broad spectrum of the provider population within Alaska.

7 As-Is Conclusion

The responses received to this survey have helped to determine the current “As-Is” landscape in Alaska as it relates to HIT, HIE, and EHR usage. A very high percentage of the respondents had high speed internet access which allows for the usage, interoperability, and meaningful use of HIT, HIE, and EHR usage. However, while many respondents have adopted an EHR, there were still nearly 30 percent of respondents who are utilizing paper or some other mechanism for patient record storage. This is especially true for Behavioral Health/Mental Health providers and other provider types such as Dental providers whose rate of adoption falls well below the overall adoption rate of total survey responses.

For those who have adopted an EHR, the survey responses indicate that EHRs are being more heavily utilized for tasks that support the internal operations of the practices, such as storing clinical documentation, and less frequently, for sharing or exchanging information with other providers of care. While the systems are in place, based on responses received, they are not currently being utilized to their fullest capability within the provider community. EHR/HIE linkage at the provider site is key to better tracking and securely sharing patients’ complete medical histories and more.

More than half of the respondents reporting adoption of an EHR indicated they participate in the EHR Incentive Payment Program with the majority indicating they would be attesting to Meaningful Use in 2017. However, when asked if they would attest to Stage 3, the affirmative answer dropped considerably. Reasons for not attesting to Stage 3 were varied. In addition, respondents indicated that nearly 60 percent of EHRs include a Personal Health Record Component (PHR). Utilization of the PHR varied greatly with the highest utilization reported by physician offices/ambulatory care clinics and the lowest utilization was reported by behavioral health providers.

Adoption rates for the HIE are very low with only a 28 percent overall adoption rate. While certain groups, such as hospitals, have high rates of adoption, responses indicate that the HIE is being used infrequently and likely is not providing significant value to the provider community. For HIEs to be successful, stakeholders must recognize a clear return on investment.

Adoption rates reported by behavioral health providers is noteworthy. When reviewing response rates of behavioral health providers independently, the EHR adoption was 59 percent which is lower than the adoption rate of the total survey population. However, the rate of HIE adoption was approximately 31 percent which is slightly higher than that of the total survey population.

The overall barriers cited for both EHR adoption and HIE adoption tend to overlap with lack of knowledge, staffing limitations, and financial limitations being key factors that are presenting barriers to those who have not adopted. It is recommended that, moving forward, efforts be put in place to move towards mitigating those barriers, particularly among those provider types who are currently low adopters as well as to both enhance and demonstrate the value proposition of the HIE with the goal of increasing overall adoption and use of the HIE.

8 Appendix A – Survey Questions & Skip Logic

The following displays all survey questions along with the skip logic instructions that were provided to each of the respondents. Those who completed the survey electronically would be automatically routed to the appropriate question based upon the answers provided and the logic that was built into the survey tool. The small portion of individuals who opted to complete the survey via hard copy paper submittal had to follow the instructions as provided at the end of each survey question.

Section 1

PROVIDER/FACILITY/GROUP INFO

Name of Healthcare Facility _____

Name of Provider(s) _____

Provider NPI _____

Provider Address (Street): _____

City _____

State _____

Zip _____

1. Are you associated with a Tribal Health Organization?

Yes (*proceed to Section 2*)

No (*proceed to Section 3*)

Section 2

Tribal Organizations

2. Which Tribal Health Organization(s) are you associated with?

Alaska Native Tribal Health Consortium

Aleutian Pribilof Islands Association

Arctic Slope Native Association

Bristol Bay Area Health Corporation

Chickaloon Native Village

Chugachmiut

Copper River Native Association

Council of Athabascan Tribal Governments

Eastern Aleutian Tribes

Kenaitze Indian Tribe

Ketchikan Indian Community

Knik Tribal Council

Kodiak Area Native Association

Maniilaq Association

Metlakatla Indian Community

- Mount Sanford Tribal Consortium
- Native Village of Chitina
- Native Village of Ekultna
- Native Village of Eyak
- Native Village of Tyonek
- Ninilchik Traditional Council
- North Slope Borough
- Norton Sound Health Corporation
- Seldovia Village Tribe
- Southcentral Foundation
- SouthEast Alaska Regional Health Consortium
- St. George Traditional Council
- Tanana Chiefs Conference
- Tanana Tribal Council
- Yakutat Tlingit Tribe
- Yukon-Kuskokwim Health Corporation

Section 3

Provider Type

3. Which of the following best describes your healthcare facility? (Check one and proceed to Section annotated)

- Hospital (*If selected proceed to Section 4*)
- Physician Office/Ambulatory Clinic (*If selected proceed to Section 6*)
- Long-Term Care/Nursing Home (*If selected proceed to Section 5*)
- Behavioral/Mental Health (*If selected proceed to Section 8*)
- Urgent Care Clinics (*If selected proceed to Section 8*)
- Other: _____ (*if selected proceed to Section 7*)

Section 4

Hospital Specific Questions

Please provide the following information for your facility

Please provide the number of beds? _____

Number of full time equivalent Jobs? _____

Average number of ER visit annually? _____

Proceed to Section 8

Section 5

Long Term Care Specific Questions

4. Which of the following best describes your facility?

- Home Health
- Nursing Home
- Other: _____

5. Please provide the number of patients served annually by your facility

- 0-50
- 51-100
- 101-150
- 151 >

Proceed to Section 8

Section 6

Physician Office/Ambulatory Care Specific Questions

6. Which of the following best describes your practice?

- Primary Care (*Proceed to Section 8*)
- Specialty Care (*Proceed to Section 7*)
- Multi-Specialty Care (*Proceed to Section 7*)

Section 7

Specialty Provider Specific Question

7. What are the specialties of the providers practicing within your facility?
_____ (*Proceed to Section 8*)

Section 8

Affiliations

8. Which of the following applies to your healthcare facility (select all that apply)?

- Part of a larger Healthcare System

- Part of an Independent Practice Association (IPA)
- Federally Qualified Health Center or Community Health Center
- Critical Access Hospital or Small Rural Hospital
- None of the above

Please provide the names of any entities or partnerships referenced above:

Proceed to Section 9

Section 9

Provider & Payor Mix Information

12. Please indicate the number of providers (MD/DO) at this location

- 0 - 1
- 2 - 5
- 6 - 10
- 11 - 19
- 20 +

13. Please indicate the number of Mid-Level Providers and CHAP/BHAPs at this location.

- 0 - 1
- 2 - 5
- 6 - 10
- 11 - 19
- 20+

14. Please indicate the number of other providers not included in the questions above at this location

- 0 - 1
- 2 - 5
- 6 - 10
- 11 - 19
- 20+

15. What percentage of the payor mix of your practice/facility is Medicaid?

- 0-25%
- 26-50%

- 51-75%
- 76-100%

Proceed to Section 10

Section 10

Internet Access

16. What type of internet access does your practice currently have?

- Broadband (Cable/DSL/Fiber Optic) (Proceed to Section 12)
- Dial up (Proceed to Section 11)
- Satellite (Proceed to Section 11)

Section 11

Non-Broadband Internet

17. Please indicate any barriers or obstacles that prevent you from obtaining internet access:

- Cost
- Lack of availability in your area
- Lack of technical expertise
- No perceived advantages
- Other: _____

18. Do you anticipate a change in your internet access within the next year?

- Yes
- No
-

Maybe

19. If you anticipate a change in your internet access within the next year, what change are you anticipating?

20. Do you consider your current internet access to be a major concern in exchanging data?

- Yes
- No

21. If yes, why is this a major concern?

Proceed to Section 12

Section 12

Patient _____ Data _____ Storage _____

22. Where does your patient data currently reside/How is It stored?

- Paper charts (*Proceed to Section 24*)
- Certified Electronic Health Record (EHR) Technology (*Proceed to Section 13*)
- Other _____ (*Proceed to Section 13*)

Section 13

EHR _____ Vendor _____ and _____ Functionality _____ Information _____

23. Which EHR vendor do you currently use?

- Cerner (ANMC)
- RPMS
- Nextgen
- Health Fusion
- Greenway
- Optus
- Meditech
- Athena Health
- Other: _____

24. Is your EHR complete or modular?

- Complete
- Modular
- Unsure

25. Does your EHR interface with other vendors and/or technologies?

- Yes
- No
- Unsure

26. Are you able to share information with other providers through your EHR?

- Yes
- No

27. Does the EHR have a Personal Health Record (PHR) component?

- Yes (*Proceed to Section 14*)
- No (*Proceed to Section 15*)

Section 14

Personal Health Record

28. Approximately how many patients accessed the PHR?

- 0 – 5
- 6 – 10
- 11- 20
- 21+

29. Of those patients who have not used the PHR, have you learned why?

- No
- Lack of access or computer
- Patients not interested in visit data
- Patients do not understand the visit data
- Other _____

Proceed to Section 15

Section 15

Anticipated Changes to EHR

30. Do you anticipate making a change to your EHR in the future?

-
-
- Maybe

Yes
No

31. If yes, what type of change are you considering?

Proceed to Section 16

Section 16

EHR System Functionality Rating

32. Please rate your EHR system on the following items by placing a mark in the appropriate box

Function	1. Very Unsatisfied	2. Moderately Unsatisfied	3. Moderately Satisfied	4. Very Satisfied
Clarity of Instructions/Prompts				
Accuracy & Reliability of Reporting				
Overall Reliability				
Consistency with Workflows				
Overall Satisfaction with Certified EHR Technology				

Proceed to section 17

Section 17

EHR Tasks

33. Please indicate the frequency in which you use your EHR to accomplish the following tasks, by placing a mark in the appropriate box:

EHR Use				
Task	Always	Frequently	Rarely	Never
Medical History				
Medical Testing Result Retrieval Consultation Report				
Clinical Documentation				
Discharge Planning				
Problem Lists				
Exchange with other facilities				
Physician Order Entry				
Identify patients due for preventive or follow-up care				
Generate Lists of Patients with particular health conditions				

EHR Use				
Task	Always	Frequently	Rarely	Never
Create Reports on clinical care measures for patients with specific chronic conditions				
Identification of patient-specific education resources				
Medication Reconciliation				
Secure electronic messaging				
Public Health Reporting				

Proceed to Section 18

Section 18

EHR Incentive Program Participation

34. Did you/Do you participate in the Alaska Medicaid EHR Incentive Payment Program?

Yes (*Proceed to Section 19*)

No (*Proceed to Section 23*)

Section 19

Meaningful Use Attestation

35. Will you attest for Meaningful Use for Program Year 2017?

Yes (*Proceed to Section 21*)

No (*Proceed to Section 20*)

Maybe (*Proceed to Section 20*)

Section 20

No Attestation in 2017

36. If you will not be attesting to Meaningful Use for Program Year 2017, please indicate why

Completed all 6 years

Incentive not worth continuing

___ Other (if other provide description):

Proceed to Section 23

Section 21

Stage 3 Attestation

37. Do you intend to attest to Stage 3?

___ Yes (*Proceed to Section 24*)

___ No (*Proceed to Section 22*)

___ Maybe (*Proceed to Section 22*)

Section 22

No Stage 3 Attestation

38. Please indicate why you are considering not attesting to Stage 3

___ Completed all 6 years

___ Incentive not worth continuing

___ Too costly to upgrade to EHR technology 2015 Edition

___ Other (if other provide description): _____

Proceed to Section 23

Section 23

Non-Incentive Program Providers

39. If you have adopted an EHR but have not attested to Meaningful Use, please indicate why (Check all that apply)

___ Do not meet patient thresholds

___ Too time consuming

___ Not an Eligible Provider

___ Not worth the incentive amount

___ Other (if other provide description): _____

Proceed to Section 25

Section 24

Non-EHR Providers

40. If you **did not** adopt an EHR and did not participate in the EHR incentive program, please select the factor(s) that led to the decision to not participate:

___ Technology limitations

- lack of adequate internet connectivity,

- lack of hardware
 - ___ Did not meet eligibility requirements
 - ___ Financial limitations
 - lack of funds for initial investments;
 - no return on investment
 - ___ Knowledge limitations
 - lack of knowledge of the program
 - Lack of understanding of the program
 - ___ Workflow disruption
 - ___ Lack of support staff
 - IT/Technology
 - Administrative
 - ___ Unable to find the right EHR to meet needs
 - ___ Other (if other provide description): _____
- Proceed to Section 25*

Section 25

Alternative Technology

41. What technology do you believe may be utilized in place of the EHR to attain the same results/data?

Proceed to Section 26

Section 26

Use of Data Analytics

42. Do you utilize any data analytics (Business Intelligence/Business Analytic tools)?

- ___ Yes (*Proceed to Section 27*)
- ___ No (*Proceed to Section 28*)

Section 27

Data Analytic tools

43. What business analytics tools do you use?

44. What types of data have you analyzed?

45. Have you used this tool to analyze data captured through your EHR?

Yes

No

Proceed to Section 28

Section 28

Additional Health Technologies

46. What, if any, additional health technologies (i.e. devices, systems) do you use?

47. How do you use these technologies?

Proceed to Section 29

Section 29

Data Exchange/Connectivity

48. What tools do you use to facilitate electronic exchange of health information? Please select one or more options:

- Patient Portal
- Health Information Exchange (HIE)
- Direct Secure Messaging
- Other; please specify: _____

49. If patient portal was selected from the list above, what capabilities does the portal provide?
(Select all that apply)

- Scheduling
- Test Results
- Medical Records
- Billing Information
- Education Tools and Resources
- Medication List - Refill Requests
- Ability to contact physician/office staff
- Do not offer a patient portal
- Other, please specify: _____

Proceed to Section 30

Section 30

Connectivity to other entities

50. I am currently (please select all that apply):

- Connecting to pharmacies and labs
- Connected to other hospitals
- Connected to other clinics and emergency departments
- Connected to the public health department
- Connected to digital radiology
- Other; please specify: _____

Proceed to Section 31

Section 31

In State Referrals

51. Do you refer or transfer patient within the state for treatment?

- Yes (*Proceed to Section 32*)
- No (*Proceed to Section 33*)

Section 32

In State Referral Information

52. Please indicate if you refer patients for treatment to other in-state providers for the following specialties. Indicate all that apply, by marking if you refer to Tribal Providers, Non-Tribal Providers or Both.

Primary Reason for Transfer	Tribal	Non-Tribal	Both
Orthopedics			
Cardiology			
Emergency care-Trauma			
Emergency care-Disease			
Cancer			
Pediatric (all conditions-transfer based on age)			
Mental Health Service			
Patient Preference			
Substance Abuse			
Other _____			

53. What factors do you consider when you are selecting an in-state provider for a referral?

Proceed to Section 33

Section 33

Out-of-State Transfers

54. Do you refer or transfer patients out of state for treatment?

___ Yes (*Proceed to Section 34*)

___ No (*Proceed to Section 35*)

Section 34

Referral States

55. Which states do you refer to? (choose all that apply)

- Washington
- Oregon
- California
- Idaho
- Montana
- Other: _____

56. Please indicate if you refer patients for treatment to out-of-state providers for the following specialties. For those referrals, indicate if you refer to Tribal Providers, Non-Tribal Providers or Both by marking the appropriate column

Primary Reason for Transfer	Tribal	Non-tribal	Both
Orthopedics			
Cardiology			
Emergency care-Trauma			
Emergency care-Disease			
Cancer			
Pediatrics (all conditions-transfer based on age)			
Mental Health Services			
Substance Abuse			
Patient Preference			
Other _____			

57. What factors do you consider when making a referral?

Proceed to Section 35

Section 35

Out-of-State Correspondence

58. Throughout the course of providing patient care do you frequently correspond with providers or healthcare entities in other states?

- Very Frequently
- Sometimes
- Rarely
- Never

59. Which data do you share electronically? (Please select all that apply)

- Labs
- Imaging
- Medications
- Medication allergies
- I do not exchange information electronically
- Other; specify: _____
- All of the above

Proceed to Section 36

Section 36

Electronic Referral Submission

60. When you send a referral, do you electronically send the patient record?

- Yes
- No

Proceed to Section 37

Section 37

Receipt of Results

61. When you send a patient record electronically for a referral do you receive an electronic record back with the results

- Yes
- No

Proceed to Section 38

Section 38

Discharge Information & Referral Receipt

62. Do you receive discharge information electronically for your patients that are in the hospital?

- Yes
- No

63. When you are referred to, do you receive electronic referral data?

- Yes
- No

Proceed to Section 39

Section 39

Telemedicine & Telehealth

64. Are you using telemedicine or telehealth?

- Yes (*Proceed to Section 40*)
- No (*Proceed to Section 41*)

Section 40

Uses of Telemedicine/Telehealth & Home Monitoring Devices

65. Which technology platform are you using to deliver services via telemedicine and telehealth?

- Store and Forward
- Real Time “video teleconferencing”

66. If using Store and forward, what is the name of the store and forward platform you are using?

67. If using video teleconferencing, which video teleconferencing platform are you using?

- Polycom
- Vidyo
- Lifesize
- Zoom
- Other; please specify _____

68. Are you using telemedicine or telehealth for any of the following? (select all that apply)

- Home monitoring
- Providing care to patients
- Tele pharmacy
- Other; please specify _____
- All of the above

69. When utilizing home-monitoring devices for patient care, are those devices connected to your EHR?

- Yes
- No
- I do not utilize home-monitoring devices

70. What types of home-monitoring devices do you currently use? (Select all that apply)

- Blood glucose meter
- Blood coagulation meter
- Pulse oximeter
- Weight scale
- Blood pressure monitor
- Apnea monitor
- Electrocardiogram monitor
- Medication dispensing device
- I do not use home-monitoring devices
- Other

71. What is the estimated percentage of patients utilizing home-monitoring devices?

- 0-25%
- 26-50%
- 51-75%
- 76-100%

72. How do you receive results from home-monitoring devices?

- Self-reporting
- Telephone - Landline
- Internet
- Cellular
- Other

73. What is your overall satisfaction level with home-monitoring devices?

- 1 Very Unsatisfied
- 2 Moderately Unsatisfied
- 3 Moderately Satisfied
- 4. Very Satisfied

Proceed to Section 41

Section 41

Health Information Exchange

74. Does your hospital or practice have an Information Technology (IT) plan as part of your overall organizational strategic plan?

- Yes
- No

75. Are you currently participating in the Alaska HIE?

- Yes (*Proceed to Section 42*)
- No (*Proceed to Section 43*)

Section 42

Active Use of the HIE

76. Please indicate how frequently you use the HIE for the following tasks

Task	Never	Rarely	Sometimes	Frequently
Send information to other providers to coordinate care				
Find or request patient information from other providers				
Other, please specify:				

77. What additional capabilities and functionality would you like to see with the HIE? (select all that apply)

- Assist with population health
- Patient engagement
- Data aggregation
- All of the above
- Other; please specify _____

78. Please select any functions of the Alaska HIE that you do not use:

- Data Exchange
- Patient Portal
- Data submission to public health
- I use all of these functions

Thank you for your participation, please submit your form.

Section 43

HIE Non-Participation

79. What are the barriers that have prevented you from utilizing the Alaska HIE?

- Technology limitations
- Staffing limitations (understaffed/lack of understanding)
- Security Concerns
- Financial Concerns
- Other

80. If financial concerns were cited above as a barrier to utilization of the HIE, please provide additional details:

81. If the barriers selected above were mediated, would you consider participating in the Alaska HIE?

Yes

No

Maybe

Thank you for your participation, please submit your form.

9 Appendix B - Electronic Survey Email Text – All Provider Types

From: Alaska Environmental Scan
Sent: Friday, October 13, 2017 6:45 PM
To: 'Alaska Environmental Scan'
Subject: Important information request from the Alaska Department of Health and Social Services

Environmental Scan Survey

The Department of Health and Social Services, Health Information Technology office is releasing an Environmental Scan survey. The purpose of an Environmental Scan is to acquire information from external sources that will allow for a greater understanding of their current environment relative to certain topics. The Department is seeking information from health care providers relating to health care delivery and their current use of technology. The information will be used to establish a baseline, assist in the planning of future courses of action relative to technology use, and to obtain federal funds for positive health transformation.

The Environmental Scan Survey is available both online and in paper format. The online survey can be accessed via <https://goo.gl/s366pK>. The survey should be completed by provider staff with knowledge of the provider's internet access, health record storage, Health Information Exchange participation, and other health technologies utilized. We have estimated the survey should not take more than 15 minutes, but must be completed in one sitting, answers cannot be saved for later submission.

Questions regarding the survey, requests for paper copies, and submission of completed paper surveys should be submitted to AKenviroScan@thinkhts.com.

The Department encourages participation. The scan will be used as we plan for the future and write the Health Information Technology Plan. Knowledge of existing technologies and identification of gaps are key to our success and allows for the creation of plans, tools, and technologies that benefit both the citizens of Alaska and the Alaska provider community.

The Department is asking organizations to complete the environmental scan by October 19, 2017.

10 Appendix C - Electronic Survey Email Text - Hospitals

From: Alaska Environmental Scan
Sent: Tuesday, November 14, 2017 10:19 AM
To: Alaska Environmental Scan
Subject: Important information request from the Alaska Department of Health and Social Services

Environmental Scan Survey

The Department of Health and Social Services, Health Information Technology office is releasing an Environmental Scan survey. The purpose of an Environmental Scan is to acquire information from external sources that will allow for a greater understanding of their current environment relative to certain topics. The Department is seeking information from health care providers relating to health care delivery and their current use of technology. The information will be used to establish a baseline, assist in the planning of future courses of action relative to technology use, and to obtain federal funds for positive health transformation.

The Environmental Scan Survey is available both online and in paper format. The online survey can be accessed via <https://goo.gl/s366pK>. The survey should be completed by provider staff with knowledge of the provider's internet access, health record storage, Health Information Exchange participation, and other health technologies utilized. We have estimated the survey should not take more than 15 minutes, but must be completed in one sitting, answers cannot be saved for later submission.

The Department encourages participation by all providers and healthcare entities. As a hospital, your participation in this scan is crucial. The Department is seeking to obtain a comprehensive understanding of the use of Health Information Technology and Health Information Exchange, barriers that impede the use of these technologies, and future needs and use cases that can further providers' ability to provide integrated and high-quality care to the citizens of Alaska. The scan will be used as we plan for the future and write the Health Information Technology Plan. Knowledge of existing technologies and identification of gaps is key to our success and allows for the creation of plans, tools, and technologies that benefit both the citizens of Alaska and the Alaska provider community. In order to obtain a full and comprehensive view relative to these topics we ask that in addition to completing the scan based upon your direct experience, you also distribute the link to the scan to contacts for all provider groups which are owned, affiliated, or have admitting privileges at your facility. This will allow the department to have access to a broad spectrum of data regarding the experiences and needs of the provider community at large and assist greatly in future planning efforts.

Questions regarding the survey, requests for paper copies, and submission of completed paper surveys should be submitted to AKenviroScan@thinkhts.com.

The Department is asking organizations to complete the environmental scan by November 22, 2017.

11 Appendix D - Telephonic Script

Telephonic Outreach

Instructions:

1. Calls may begin after 1 o'clock Eastern Standard Time
2. Have paper copy survey form printed and ready for use if needed
3. Have Google survey open and ready to begin
4. Initiate contact with provider by utilizing the Environmental Scan Outreach List
5. Ask to speak to the individual listed in column A
6. Utilize the script detailed below to conduct the outreach interview.

Hello, this is _____ with HealthTech Solutions, we are the Technical Assistant Contractor working on behalf of the Alaska Department of Health and Social Services. We are assisting the Health Information Technologies office with an Environmental Scan Survey. The Department is seeking information from health care providers to establish a baseline for planning of future technology needs. Do you have a few moments to answer our survey questions?

Yes	No
Excellent - the questions focus on internet access, health record storage, Health Information Exchange participation and other health technology utilization. <ul style="list-style-type: none"> • Am I speaking to the correct staff person at the facility to answer questions relating to these topics? 	We will gladly call back at a more convenient time, our questions focus on internet access, Health Information Exchange and health technologies, if you feel these are areas you could answer on behalf of the facility, when would be a better time for us to call and complete the survey. (Capture response and or appropriate person to speak with.)
Yes <ul style="list-style-type: none"> • Great let's get started 	No Who do you recommend we speak with and are they available?
Your Provider name is (state name under column E of spread sheet)	
Yes - Enter the name under "Name of Healthcare Facility and proceed"	No - capture name of Healthcare Facility

7. If the individual does not feel comfortable answering all questions, but is willing to begin and answer what questions they can, use the paper form to capture responses (we will transfer to online survey once completed), Capture on the form the individual's name and number who has been identified to answer any skipped questions.
8. At the end of the call ask:
 - a. If questions were skipped ask to be transferred to the identified staff person who is best suited to provider those details.

- b. If all questions completed
 - i. Thank you for your time and participation in this survey.

12 Appendix E – List of Respondents

The following is a list of provider entities that responded to the survey. If more than one response was received from an entity with the same name, the individual questions were reviewed to determine if there was variation in the answers provided. If the answers varied between responses, the responses were considered unique for the purposes of analysis.

1st Choice home Health Care, Inc.	HOME VISIT DOCTOR, LLC
Adventures In Pediatrics	Ilanka Community Health Center
Agape Peninsula Eye Care, LLC	Infinite Options Care Coordination Services
Agape Peninsula Eye Care, LLC	Inspire Physical Therapy
Alaska Baptist Family Services dba Birchwood Behavioral Health	Integrated Wellness & Center for Birth
Alaska Breast Care and Surgery, LLC	Integrated Women's Wellness
Alaska Center for Pediatrics	Interior Community Health Center
Alaska Heart and Vascular Institute	James D. Briggs, M.D.
Alaska Heart Institute	Jett Morgan Treatment Services, LLC
Alaska Native Tribal Health Consortium	John C Boston DO-PC
Alaska Regional Senior Healthcare Clinic	Juneau Alliance for Mental Health, Inc
Alaska Vein Care	Just Kids Pediatric Dental Center
Alaska Women's Health, PC	Ketchikan Indian Community
Assets, Inc.	Kodiak Area Native Association
Bartlett Regional Hospital	Linsenmayer Dentistry, LLC
Barton S Sloan, LCSW	Manuka Health Clinic
Bethel Family Clinic	Mat-Su Community Pediatrics
Better Health Pain and Wellness	Mat-Su Dental Center
Cary S. Keller, MD, PC/dba/Sportsmedicine Fairbanks	mat-su dental center
Catholic Community Services	Mat-Su Plastic Surgery
Cellnetix Pathology and Laboratories	Meridian Park Oral Surgery
Central Peninsula Hospital	MICHAEL MERRICK, MD
Chugach Physical Therapy, Inc.	Mountain View Eye Center
Cook Inlet Council on Alcohol & Drug Abuse	Norton Sound Health Corporation/Behavioral Health Services
Cordova Community Medical Center	NSHC
Denali OBGYN Clinic	One Family Community Birth Center
Eagle River Orthodontics	Ophthalmic associates
Eyaka Community Health Center	Peace Health Ketchikan
Fairbanks Memorial Hospital	Petersburg Mental Health Services, Inc.
Frontline Hospital LLC	Polar Pediatrics
Gastineau Human Services	Same Day Dental
Harry Race Pharmacy	SeaView Community Services
Hearts and Hands Inc	Seward Community Health Center
	South Peninsula Hospital, INC

Southeast Urology
Speak To Me Communication Therapy
Sprout Family Services
SVT Health & Wellness
Talk Sense LLC
The Arc of Anchorage
The Salvation Army Clitheroe Center
The Salvation Army Clitheroe Center
Therapyby Design, LLC

Tower Joint Replacement Clinic
Tower Joint Replacement Clinic, Inc.
Tundra Kids Dentistry LLC
UR Precious ALH, LLC
Whale Tail Pharmacy
Women's Total Health, LLC
Wrangell Medical Center
Yukon Kuskokwim Health Corporation

13 Appendix F – List of EHR Respondent EHR Vendors

- AKAIMS
- Allmeds
- Amazing Charts
- Athena Health
- Care360
- CareCloud
- Carelogic
- Centricity Practice Solution (GE Product)
- Cerner - Hosted in Bethel Not ANMC
- Cerner (ANMC)
- Davlong/Medflow
- Dentrax - owned by Henry Shrine
- DSN
- eClinicalWorks
- Epic
- Evident
- GE Centricity
- glo
- Greenway
- Health Fusion
- Healthcare First
- Healthland Centriq
- Home Solutions
- Lytec MD
- Meditech
- Nextgen
- OD Link
- Office Ally
- Online EMR
- Open Dental
- Patterson Eaglesoft
- PayerPath(Medicaid) & Change Healthcare(VA)
- Practice Fusion
- Qualifacts/CareLogic
- Quanum
- RPMS
- Rx30
- Sunquest
- Therap
- Therapist Helper
- UroChart/Healthwinds
- WebPT