



HEALTH INFORMATION TECHNOLOGY,  
EVALUATION AND QUALITY CENTER

→ [hiteqcenter.org](http://hiteqcenter.org)

The HITEQ Center is a HRSA-funded National Cooperative Agreement that collaborates with HRSA partners including Health Center Controlled Networks, Primary Care Associations and other National Cooperative Agreements to support health centers in full optimization of their EHR/Health IT systems.

HITEQ identifies and disseminates resources for using health information technology (IT) to improve quality and health outcomes. HITEQ includes:

- A searchable **web-based health IT knowledgebase** with resources, toolkits, training, and a calendar of related events
- **Workshops and webinars** on health IT and QI topics
- **Technical assistance** and responsive teams of experts to work with health centers on specific challenges or needs

**Contact HITEQ for training or technical assistance**

### HITEQ SERVICES SUPPORT:

- Health IT Enabled Quality Improvement
- EHR Selection & Implementation
- Health Information Exchange
- Health IT/QI Workforce Development
- Value-Based Payment
- Privacy & Security
- Electronic Patient Engagement
- Population Health Management & Social Determinants of Health
- Achieving Meaningful Use
- Telehealth & Telemedicine



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# Select Resources on HITEQcenter.org

This document highlights select tools and resources from the HITEQ Center. Resources continue to be added and there are many more than what is listed here, so be sure to visit HITEQCenter.org periodically for additional resources.

Looking for something else? Email [HITEQinfo@jsi.com](mailto:HITEQinfo@jsi.com)

## Value-Based Payment

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## Population Health Management

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## Privacy and Security

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## Electronic Patient Engagement

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## Health IT-enabled Quality Improvement

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## Health IT/ QI Workforce Development

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## EHR Selection and Implementation

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## Health Information Exchange

## VALUE BASED PAYMENT

Find the following on HITEQCenter.org, under [Value Based Payment](#):

### INTRODUCTION TO VALUE-BASED PAYMENT FOR HEALTH CENTERS

This [brief](#) introduces value-based payment and answers key questions about health centers' engagement in value-based payment, including health-center specific Alternative Payment Methodology (APM), reasons to engage in payment reform, shifts in primary care payment, and the transition to value-based payment.

### WHAT MACRA MEANS FOR HEALTH CENTERS

This [brief](#) outlines Medicare Access and CHIP Reauthorization Act (MACRA), what it signals for payment reform, and impacts on health centers.

### WHY COLLECT STANDARDIZED DATA ON SOCIAL DETERMINANTS OF HEALTH (SDoH)?

This [slide deck](#) reviews commonly used ICD-10 codes that can help document SDoH and describes useful tools for collecting these data and how health centers can strengthen their efforts in addressing health disparities.

### HEALTH CENTER VALUE PROPOSITION TEMPLATE

Intended for communication with stakeholders, health centers can fill in and customize the [value proposition template](#) to demonstrate the value of their primary care services and care model in providing high quality, cost-effective care to those most in need. The template is structured around the three tenets of the Triple Aim.

### PAYMENT REFORM READINESS ASSESSMENT TOOL

The [readiness assessment tool](#) from NACHC allows health

centers to systematically self-assess their current state of readiness for engagement in value-based payment initiatives and identify opportunities to improve or maintain readiness. The tool includes a series of statements and scaled response choices to use.

## POPULATION HEALTH



Find the following on HITEQCenter.org, under Resources> [Population Health](#):

### CONCEPTS FOR POPULATION HEALTH MANAGEMENT

This [4-module PowerPoint](#) provides an overview of population health concepts, and discusses the role of the social determinants (SDoH) and population health management (PHM) within the general population. The four modules combined provide a working knowledge of concepts, implementation directions, create a cogent and current case for use of PHM and SDoH, an introduction to data sources and analytics, as well as next steps.

### DATA FOR POPULATION HEALTH MANAGEMENT

This [18-slide module](#) describes the role and importance of data to PHM, including the various sources for data that inform PHM, as well as an introduction to population health analytics. Frameworks for collecting data and measuring impacts and outcomes are included.

### THE VALUE PROPOSITION FOR POPULATION HEALTH MANAGEMENT FOR HEALTH CENTERS

Measuring return on investment (ROI) and the value of PHM investment is complex as the definition of value varies. This [white paper](#) discusses principles and approaches to measure the value proposition for PHM for health centers.

### DEMYSTIFYING PREDICTIVE ANALYTICS

This [one-page brief](#) outlines the basics of this complex topic. We define predictive analytics and describe how health centers are adopting this innovation. Sources and uses of data for making predictions are discussed, and specific applications of predictive analytics are described. Specific health center examples are offered to illustrate the potential of predictive analytics for health centers.

## TOP TIPS FOR SELECTING AND IMPLEMENTING POPULATION HEALTH MANAGEMENT ANALYTIC SYSTEMS

This [document](#) includes tips for selecting and implementing population health management analytic and integrated data systems derived from others who have recently implemented tools and systems.

## PRIVACY AND SECURITY



Find the following on HITEQCenter.org, under Resources> [Privacy & Security](#):

### HEALTH IT PRIVACY & SECURITY SKILL SETS THE IMPORTANCE OF INFORMATION SECURITY FOR ALL HEALTH CENTER STAFF

Health Centers need to invest in and devise a concrete roadmap and systems development and maintenance lifecycle that is transparent and supported by all levels of staff including clinical, front and back office, privacy and security staff, and the board of directors. This [guide](#) reviews strategies and tools that support these goals.

### RANSOMWARE GUIDANCE PRESENTATION FOR HEALTH CENTERS

This [resource](#) includes ransomware examples, including the Wanna Cry ransomware, and a PowerPoint presentation with guidance and recommendations which can be used/ adapted for your purposes.

### SECURITY RISK ASSESSMENT OVERVIEW PRESENTATION FOR HEALTH CENTERS

This Security Risk Assessment (SRA) [PowerPoint](#) template is intended for leadership and project leads to adapt for their specific needs, covers the following: overview of SRA-related privacy & security policies, implications for health center SRA requirements, review of the ONC SRA toolkit, and Office for Civil Rights audits.

### HOW TO ESTABLISH AN ONGOING SECURITY PROGRAM AND MEET MEANINGFUL USE FOR SRA

The HIPAA Security Rule mandates security standards to safeguard electronic protected health information (ePHI) maintained by EHRs, with detailed attention to how ePHI is stored, accessed, transmitted, and audited. This rule is

different from the HIPAA Privacy Rule. This [brief](#) for health centers reviews requirements and provides guidance and recommendations.

## **ENCRYPTING DATA AT REST ON SERVERS IMPLICATIONS FOR HEALTH CENTERS**

It is common practice today to encrypt data at rest (data stored on servers). However, like many smaller health organizations, health centers are particularly vulnerable to potential attack of data hacker infiltration as there may be fewer technical support staff, resource limitations, and organizational inertia that limits preventive action when no threat is perceived. This [issue brief](#) discusses benefits, limitations, and considerations for encrypting data at rest.

## **ELECTRONIC PATIENT ENGAGEMENT**



Find the following on HITEQCenter.org, under Resources> [Electronic Patient Engagement](#):

### **COMMUNITY HEALTH CENTER ADOPTION FRAMEWORK FOR ELECTRONIC PATIENT ENGAGEMENT**

Methods for deploying more personalized care to underserved populations

This [guide](#) provides health centers with an adoption framework and guidelines that can be used to assess the goals and methods for deploying electronic patient engagement services. The approach is multi-dimensional, in that it recognizes the interrelated socio-economic, user, organizational and policy elements to successful adoption and use.

### **MULTI-LINGUAL PATIENT PORTAL STATUS AND RESOURCES FOR HEALTH CENTERS**

A listing of the current language support status of patient portals and related resources

Health Center clients represent a broad range of cultures, many of whom do not speak easily, speak, read, or write in English. Unfortunately, many patient portals do not provide a broad range of available languages. The [spreadsheet](#) available herein provides a breakdown of the current known status of patient portal multi-lingual support and some multi-lingual resources available to support patient education and patient navigation efforts.

## **USING THE SYSTEMS USABILITY SCALE TO ASSESS PATIENT PORTAL SYSTEMS ENGLISH AND SPANISH TEMPLATES**

When deploying personal health information systems such as patient portals Health Centers will often encounter challenges in effectively engaging their patient population. Understanding where these challenges are originating can at times be difficult to determine. One obvious area of evaluation is in determining whether the system being deployed is appropriately usable for the population. Patient perception of the overall usability of the patient portal system can be evaluated through use of survey instruments such as the [Systems Usability Scale \(SUS\)](#), which is a well-established and validated usability scale that helps to determine the value, ease and interest of users of a particular system.

### **MINOR AND PARENTAL ACCESS TO PATIENT PORTALS: NATIONAL AND STATE-BASED EXAMPLES AND USE CASES**

This [guide](#) provides examples and overviews of patient portal considerations for minors as it relates to Meaningful Use, HIPAA, state consent laws, and associated policies.

### **PATIENT ACTIVATION MEASURE METHODS FOR MEASURING PATIENT ACTIVATION AND ENGAGEMENT**

Once consumer health information systems and services have been deployed it is important to evaluate whether they are having a positive effect on consumers and patients. The [Patient Activation Measure \(PAM\)](#) can be used as a measure for engaging patients from vulnerable populations as well as patients suffering from chronic conditions. Additionally, the PAM encourages more active relationships between doctors and patients and parallels established patient engagement strategies.

## **HEALTH IT ENABLED QUALITY IMPROVEMENT**



Find the following on HITEQCenter.org, under Resources> [Health IT Enabled QI](#):

### **GUIDE TO IMPROVING CARE PROCESSES AND OUTCOMES IN HEALTH CENTERS**

This cornerstone QI [guide](#) provides strategies and tools



Find the following on HITEQCenter.org, under Resources> [Health IT and QI Workforce Development](#):

### ENGAGING THE DATA CREATORS: INVOLVING FRONT-LINE STAFF IN THE HEALTH IT ENABLED QI PROCESS

This [brief](#) discusses the importance of including frontline staff such as front desk, intake staff, and medical assistants in Health IT Enabled QI process, as they are often the 'data creators' or the ones entering the information into the system and thereby creating the information that health center leadership, providers, and payers are using to make decisions. Real world examples as well as suggested approaches and further resources are included.

### GETTING STARTED ON THE QUALITY JOURNEY: CASE VIGNETTES

These [vignettes](#) are intended to be aspirational examples of quality work that can be launched by an individual with relatively little support and produce results "by next Tuesday" (or relatively quickly). The vignettes are written to encompass both health centers with many resources and those with less to provide a variety of perspectives, and to inspire associative thinking to identify specific work that can be accomplished in a shorter timeframe.

### JOB FUNCTION DECISION TREE: SKILLS AND JOB DESCRIPTIONS FOR HEALTH IT STAFF

This [decision tree matrix](#) assists health center staff create new job descriptions and/or modify existing job descriptions to more clearly incorporate Health IT and quality-related responsibilities. The matrix provides responsibilities across three categories of roles: Medical Leadership, Quality, and Health IT. It differentiates these responsibilities based on typical job functions (e.g., Quality Improvement, Compliance, Meaningful Use).

### STAFFING MODELS, PROGRAM ELEMENTS, AND PERFORMANCE EXPECTATIONS

This [document](#) describes Quality and Health IT staffing models for lower, middle, and higher-resourced health centers. These models are intended to be both normative (e.g., How does my health center compare? Do I have all

that health centers can use to enhance care processes and outcomes targeted for improvement, such as hypertension and diabetes control, preventive care, and many others. The approach provides a framework and tools for documenting, analyzing, sharing and improving key workflows and information flows that drive quality.

### HEALTH CENTER DATA VALIDATION TOOL

Adult BMI Clinical Measure EHR Report Validation

This [Excel-based tool](#) supports validation of EHR reporting for the Adult BMI clinical measure by comparing results from EHR to results from chart reviews and underlying data. This assists in identifying specific data elements that are not being captured appropriately, either as a result of workflow or report logic, and thereby effecting compliance rates. Other clinical measures are coming!

### PRIMER ON DEVELOPING EFFECTIVE DATA DASHBOARDS

This is a [practical guide](#) to developing your dashboard including common pitfalls in the design process. Included is a summary table of the pros and cons of commonly used dashboard tools such as Excel, Tableau, and Power BI to assist in assessing and choosing an appropriate dashboard tool.

### ACCESSING YOUR DATA: QUESTIONS TO CONSIDER WITH YOUR EHR VENDOR

Intended to assist in ensuring full use and understanding of capabilities of current system and assessing the need for additional population health management or data integration tools, this [checklist](#) describes the steps health center quality improvement and IT staff can take to ensure they are maximizing capacity of current systems. Included are questions around the system itself, report generation, training, and resulting data, as well as considerations before and after you contact your vendor.

### ANNUAL UDS DATA MEASURE DATA DASHBOARD: EXCEL TOOL FOR DATA MONITORING

This [Excel dashboard](#) was shared by an existing health center and is used to depict performance on various clinical measures over time, which can be used to communication with staff or stakeholders. It was updated in 2017 to reflect 2016 reporting requirements and clinical measures.

of these positions covered?) and aspirational (e.g., What benefits could we get if we move to the next level?).

## **BENEFITS AND TOOLS FOR ONBOARDING AND ORIENTATION OF NEW STAFF MEMBERS**

This [guide](#) outlines the ways in which effective onboarding and orientation methods result in shorter learning curves, improved job satisfaction, and improved retention. It then provides explicit direction for how to organize an effective process with planning checklists and employee surveys.

## **EHR SELECTION AND IMPLEMENTATION**



Find the following on HITEQCenter.org, under Resources> [EHR Selection and Implementation](#):

### **HEALTH CENTER HEALTH IT/ EHR ASSESSMENT TOOL**

This [Excel-based programmed tool](#) assists HCCNs, PCAs, or other organizations in collecting and consolidating information about the EHR and health IT setup and capability in their member or related health centers. Short video overviews are provided for each tab of the tool to assist with implementation.

### **EHR TRANSITION TIPS**

[Three interrelated tools](#), each including pearls of wisdom from health centers who have recently transitioned to a new EHR, sharing their recommendations and insights about choosing a new EHR. The three tip sheets are 1.) motivation and planning, 2.) vendor solicitation and selection, and 3.) implementation.

### **PROVIDER ENGAGEMENT FOR HEALTH CENTERS: TURNING EHR FROM A BARRIER TO BENEFIT**

These [recordings](#) of a popular HITEQ and Star2 center joint webinar include discussion on the role of EHR in provider engagement and retention. This webinar discusses health center provider engagement from the three pillars of executive sponsorship, training and education, and governance throughout the life-cycle

management of the electronic health record (EHR) system. The presenter discusses the four phases of EHR lifecycle - EHR selection, EHR implementation, EHR functionality deployment, and EHR optimization.

## **EHR VENDORS MOST FREQUENTLY USED BY HEALTH CENTERS**

These [graphs](#), using health center-reported UDS data from 2014 through 2016, identifies the 10 most frequently vendors among health center programs, and shows the change between years.

## **HEALTH INFORMATION EXCHANGE (HIE)**



Find the following on HITEQCenter.org, under Resources> [Health Information Exchange](#):

### **UNDERSTANDING EHRS, ANALYTICS, DATA WAREHOUSES AND HIE REPOSITORIES**

There are many paths to interoperability, including HIE, data warehousing, and other EHR/analytics based methodologies. This [white paper](#) gives a brief guide to the common technologies in use.

### **GUIDE FOR HEALTH INFORMATION EXCHANGE**

This [shortcut](#) to CMS's official guide provides details on to how to meet Meaningful Use HIE requirements.

### **HIE EVALUATION CHECKLIST**

This [checklist resource](#) helps health centers to decide among multiple HIE options or, together with other HITEQ Center resources, prioritize the impact of HIE participation for the health center.