



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

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Value-Based Payment

Population Health Management

Privacy and Security

Electronic Patient Engagement

Health IT-enabled Quality Improvement

Health IT/ QI Workforce Development

EHR Selection and Implementation

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.

USING DATA TO MANAGE POPULATION HEALTH UNDER RISK-BASED CONTRACTS: A BACKGROUND ON WHAT YOU NEED AND HOW TO USE IT

This [brief](#) addresses three key questions related to using data to succeed under risk-based contracts: 1) What data do I need and how do I get it? 2) How should I analyze the data? and 3) How should I use the data to manage quality and cost? Understanding the answers to these questions assists in understanding data-related capacities needed to succeed in risk-bearing payment models.

ICD-10 Z-CODES FOR SOCIAL DETERMINANTS OF HEALTH: A QUICK REFERENCE GUIDE

This [resource](#) describes ways standardized social determinant of health (SDoH) data can be used and provides a quick reference guide to which ICD-10 codes can help document standardized SDoH data.

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.

THE FQHC ALTERNATIVE PAYMENT METHODOLOGY TOOLKIT

This [comprehensive guide](#) from NACHC describes the types of financial and utilization data needed to develop a payment model, and covers how the data can be used as well as key challenges and considerations when using the data. The guide also provides an overview of data available from and used by payers. These data include attribution and assignment-related data.

POPULATION HEALTH



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

USING SOCIAL DETERMINANTS OF HEALTH DATA & NEW TECHNOLOGY TOOLS TO CONNECT WITH APPROPRIATE COMMUNITY RESOURCES

This [case study](#) provides examples of tools that health centers can use to address non-medical needs identified through social determinants of health assessments. The tools profiled include Aunt Berth and 2-1-1. A framework is also provided for how these can be integrated into case management processes in a health center.

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 CENTER SECURITY & COMPLIANCE SYSTEM IMPLEMENTATION GUIDE

This [toolkit](#) provides a framework (including references and worksheets) for health centers to evaluate compliance and security concerns as they purchase, adopt, and implement technology solutions.

42 CFR PART 2: CONFIDENTIALITY FOR THOSE SEEKING TREATMENT FOR SUBSTANCE USE DISORDERS

These [related resources](#) provide information about SAMHSA's revised Substance Abuse Confidentiality Regulations for Health Information Exchange Final Rule (referred to as 42 CFR Part 2) and how it may affect health centers. It includes information from the Final Rule published on January 3, 2018.

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 series of Security Risk Assessment (SRA) [PowerPoint](#) templates 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

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

Health Center clients represent a broad range of cultures, many of whom do not speak easily, read, or write in English. This [spreadsheet](#) 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

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.

EFFECTIVE SOCIAL MEDIA MANAGEMENT FOR HEALTH CENTERS

As a health center, having a professional social media presence is becoming an influential channel in which to engage patient populations and maintaining a good name in the digital era is becoming increasingly important. This [brief and infographic](#) discuss keys to success on social media.

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 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.

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. A workbook is also available.

INTEGRATING INTERNAL + EXTERNAL DATA INTO A HEALTH CENTER'S PRIMARY CARE SERVICE

This [brief](#) discusses the importance of integrated data, and provides examples of how other health centers have integrated and utilized oral health, colon cancer screening data, and other data within primary care.

UTILIZING + INTEGRATING BEHAVIORAL HEALTH DATA INTO HEALTH CENTER PRIMARY CARE SERVICES

As more health centers seek to break down siloes that can fragment patient care, collaboration with or integration of behavioral health care has been strengthened, although data integration remains difficult and privacy remains paramount. This [brief](#) discusses some of the approaches, successes, and challenges in integrating behavioral health data within primary care services.

ADDRESSING CHILDHOOD OBESITY IN HEALTH CENTERS: PROMISING PRACTICES AND LESSONS LEARNED

This [publication](#) discusses how health centers are meeting the Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (CMS155v6) UDS measure, and how they are taking further steps to identify and intervene with those at risk of obesity by leveraging health IT, EHRs, and resulting data.

WORKFORCE DEVELOPMENT



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

BUILDING DATA TEAMS AND SKILLS: MAXIMIZING DATA LITERACY AND DATA GOVERNANCE FOR A DATA DRIVEN CULTURE

This [compendium](#) of references and tools is intended to support Quality Improvement efforts and to build skills across health center staff, particular those who may be tasked with leading data literacy and data governance activities or are new to the health center world.

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 those entering information into the system and thereby creating the information that 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 relatively quickly). The vignettes are written to encompass both health centers with many resources and those with less to, 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 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.

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.

EHR SELECTION AND IMPLEMENTATION



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

EHR IMPLEMENTATION TIMELINE

This [planning tool](#) provides a simplified timeline to aid health centers in planning EHR implementation or migration.

ACCESSING YOUR DATA: QUESTIONS TO CONSIDER WITH YOUR EHR VENDOR

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.

ABILITY TO USE DATA WITHOUT EXCESSIVE CHARGES

The decision to use a hosted EHR (rather than operating the EHR on their own hardware) and the terms of data access in those arrangements are important factors in addressing respond to data needs. This [brief](#) provides issues and suggestions for contract negotiations.

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.

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 of health center provider engagement from the three pillars of executive sponsorship, training and education, and governance throughout the life-cycle management of the EHR system. and discusses the four phases of EHR lifecycle - selection, implementation, functionality deployment, and optimization.

EHR VENDORS MOST FREQUENTLY USED BY HEALTH CENTERS

These [graphs](#), using health center-reported UDS data from 2014 through 2017, identify the 10 most frequently vendors among health center programs, and show the change between years.

HEALTH INFORMATION EXCHANGE + INTEROPERABILITY



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

CAREQUALITY AND COMMONWELL — WHAT MATTERS TO HEALTH CENTERS

It is believed that when technology vendors fully embrace interoperability standards great value will be created for users; [this brief](#) outlines what health centers should know.

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.

DATA TYPES AND SOURCES FOR HEALTH INFORMATION EXCHANGE (HIE)

This [issue brief](#) focuses on the sources and types of data that are exchanged by HIEs as outlined by ONC.

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.