Dear Laboratory Administrator,

Last year the Connecticut Department of Public Health (DPH) was awarded $7.29 million from the Office of the National Coordinator for Health Information Technology (ONC) through the State Health Information Exchange Cooperative Agreement Program. The purpose of the State HIE Program is to enable states to implement health information exchange (HIE) within the health care system. As an integral member of your laboratory, your views are of great importance to this initiative.

The Health Information Technology Exchange of Connecticut (HITE-CT) is a recently established quasi-public agency whose primary role is to work with DPH to promote the development of health information technology. This authority will assist providers in meeting meaningful use criteria for electronic health record adoption and support health care organizations participating in health information exchange. A critical next step in the development of this initiative is the evaluation of the development of this initiative, which is required to provide ONC with information about the current landscape for health information technology in Connecticut.

Through a contract with the state Department of Public Health, the University of Connecticut is responsible for evaluating the ongoing development and implementation of a statewide Health Information Exchange. The surveys that comprise this research will be administered across the state of Connecticut. The surveys attempt to measure adoption of health information technology functions as well as overall opinions about health information technology within the state of Connecticut. The survey should take approximately 15-20 minutes of your time, and will be of great value to the leaders in health information technology within the state of Connecticut. Additionally, if you agree to participate in a follow-up survey, we will contact you again next year to complete the survey. Since these surveys will be administered repeatedly over time, our evaluation would benefit most from your willingness to participate in the follow-up survey.

Your participation in this survey is voluntary. You do not have to answer any question for which you do not want to share a response.

If you would like to take the survey online, please use the following link:

You will need the following survey identification number to complete the survey online: 1

If you would like to take the survey in the following hard copy form, please return the survey using the prepaid envelope contained in this mailing.

If you have any questions about the survey, or would like more information about the evaluation, please do not hesitate to contact us. Thank you for your time.

Sincerely,

Minakshi Tikoo, PhD
Director of Evaluation and Program Development
Biomedical Informatics Center (BMIC), Connecticut Institute for Clinical and Translational Science (CICATS)
University of Connecticut Health Center
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tikoo@uchc.edu
LABORATORY SURVEY: BASELINE
Health Information Technology Exchange of Connecticut: UCHC Evaluation

I. LABORATORY FACILITY INFORMATION

1. Please review and correct any information that is incorrect in the address block below. Note: this block will be pre-filled for the facility based on the information received from the Connecticut Department of Public Health.

<table>
<thead>
<tr>
<th>Facility Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility License Number:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Address 2:</td>
</tr>
<tr>
<td>City/Town:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
</tr>
<tr>
<td>County:</td>
</tr>
<tr>
<td>Phone Number:</td>
</tr>
<tr>
<td>Fax Number:</td>
</tr>
</tbody>
</table>

2. Your contact Information

<table>
<thead>
<tr>
<th>Contact Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position/Title:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Contact Number:</td>
</tr>
</tbody>
</table>

3. Are you the designated contact person for Lab Health Information Exchange/meaningful Use Implementation at your facility?
   - [ ] Yes
   - [ ] No
   - [ ] Don’t know

4. If you answered No, to the Q3, please provide contact information for the person responsible for Lab Health Information Exchange/meaningful Use Implementation at your facility?

<table>
<thead>
<tr>
<th>Contact Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position/Title:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Contact Number: (xxx) xxx-xxxx</td>
</tr>
</tbody>
</table>

5. FACILITY TYPE: Which of the following most accurately describes this laboratory facility? (Please select only one answer)
   - [ ] Hospital Lab
   - [ ] Private/independent Lab
   - [ ] Physician office laboratories
☐ Reference lab
☐ Public health laboratories
☐ Regional blood center
☐ Other ___________(please specify)

6. LAB AFFILIATION: Is this lab affiliated with a hospital, group practice, other?

☐ Yes
☐ No

If Yes, list the hospital, group practice or affiliated entity name.

7. CURRENT FACILITY PRACTICE: What type of lab testing is performed? (Check all that apply)

☐ Hematology (basic CBC analytes)
☐ Immunohematology (Blood banking)
☐ Clinical Chemistry
☐ Serology
☐ CD4 and other similar hematology testing
☐ Blood Lead
☐ Microbiology (including but not limited to bacteriology, virology, mycobacteriology, molecular biology, parasitology, and mycotics)
☐ Other ____________(please specify)

8. VOLUME OF LAB ACTIVITY: What is the number of completed orders that this laboratory averages per year?

9. LIS (Laboratory Information System): What current LIS (computerized data system) is used at your facility to manage lab results?

☐ None
☐ In-house/home grown
☐ Cerner Citation
☐ Cerner Classic
☐ Cerner Millennium
☐ Cerner Path Net HNA Classic
☐ E-micro
☐ HBO C
☐ LabCorp
☐ McKesson
☐ MediTech MAGIC LIS
☐ Quest
☐ Other_______ (please specify)
II. BASELINE OF ELECTRONIC CAPABILITY

10. Does the lab 'currently' have the capability to send 'structured electronic lab results'?
   (Reminder: 'electronic' refers to an electronic means of messaging, not using a fax, scanner or PDF)
   
   □ Yes
   □ No
   □ Don’t know

11. Is the lab 'currently' utilizing a 'structured electronic' means of lab reporting?
   
   □ Yes
   □ No
   □ Don’t know

12. If you answered YES to Q11, please check all that apply:
   
   □ Currently able to receive lab orders electronically from an ordering physician's EHR
   □ Currently able to receive lab results electronically from other labs
   □ Currently able to submit lab results electronically to an ordering physician's EHR
   □ Other _____________ (please specify)

13. If you answered NO to Q11, what are the major barriers to structured 'electronic' lab reporting?
   (Check all that apply)
   
   □ Cost
   □ Broadband internet access
   □ Lack of healthcare providers with lab abilities
   □ Lack of expertise in establishing an electronic reporting system
   □ HIPAA compliance
   □ Other _____________ (please specify)

III. ELECTRONIC HEALTH RECORDS (EHRs)

14. Does this facility currently have a 'certified' EHR? (i.e. 'certified' means deemed acceptable by the Office of the National Coordinator (ONC) and by CMS for Meaningful Use and included in the Certified HIT Product List (CHPL))
   
   □ Yes
   □ No
   □ Not Applicable (skip to HIE section, Q19)

15. If you answered YES to Q14, when was the initial go live for this EHR product in your facility?
   
   Month_________
16. If you answered NO to Q14, when do you anticipate going live with a certified EHR in your facility?

   Month ________
   Year________
   Other, Explain________

17. Which Certified EHR product is this laboratory utilizing (planning to utilize)?

   EHR product Vendor________
   EHR product name________
   Version________
   Other, Explain________

18. Does the selected Certified EHR for this facility use or plan to use the following terminology and standards for coding and communicating lab data. Check all that apply.

   ☐ CPT
   ☐ LOINC (Logical Observation Identifiers Names and Codes)
   ☐ SNOMED (Systematized Nomenclature for Medicine)
   ☐ Other: __________________________ (please specify)

IV. HEALTH INFORMATION EXCHANGE (HIE)
19. Does your laboratory submit any information (or is connected) to an electronic health information exchange (HIE) or a Regional health Information organization (RHIO)? An HIE refers to the movement of healthcare information (data) electronically across organizations within a region or community.

   ☐ Yes
   ☐ No
   ☐ Don’t know

20. If you answered YES to Q19, what is the name of the HIE/RHIO that this lab/facility is connected to? ________

21. Is lab data currently being shared with any other HIE or RHIO?

   ☐ Yes
   ☐ No
   ☐ Don’t know

22. If you answered YES to Q21, please name the HIE/RHIO with which lab data is being shared. ________
23. Does your practice give or share data electronically with the patient?

☐ Yes
☐ No
☐ Don’t know

24. If yes, what is the approximate percentage of patients whose data are shared? ______% 

25. Does your practice give or share data electronically with a personal health record (PHR)? A PHR is an electronic application through which individuals can maintain and manage their health information (and that of others for whom they are authorized) in a private, secure, and confidential environment.

☐ Yes
☐ No
☐ Don’t know

26. If yes, what is the approximate percentage of patients whose data are shared? ______% 

27. How familiar are you with the Connecticut Health Information Exchange (HIE) Initiative?

☐ Very familiar
☐ Somewhat familiar
☐ A little familiar
☐ Not familiar at all

28. Overall, please rate how useful you believe a health information exchange (HIE) could be within the state of Connecticut:

Not useful at all  Somewhat useful  Very useful

Comment: _____________________________

______________________________

29. Overall, please rate your level of satisfaction with the Connecticut Health Information Exchange (HIE) Initiative:

Very dissatisfied  Dissatisfied  Neutral  Satisfied  Very satisfied

☐ Not applicable
Comment: ____________________________________________________________

30. In your opinion, will Connecticut be successful in implementing a statewide health information exchange (HIE) by 2014?

☐ Yes
☐ No

31. If yes, why?

Comment: ____________________________________________________________

32. If no, why not?

Comment: ____________________________________________________________

33. What concerns if any do you have relating to the HIE?

Comment: ____________________________________________________________

V. REFERENCE LABS

34. What reference lab(s) does this lab use, if any? Please list

____________

35. Is this lab able to SUBMIT lab ORDERS ELECTRONICALLY to the reference labs? (Reminder: 'electronic' refers to HL7 v2.x messages/CDA documents preferably via an EHR; not manually through a portal or via fax)

☐ Yes
☐ No
☐ Not Applicable, do not use reference labs
36. Is this lab able to RECEIVE structured lab RESULTS ELECTRONICALLY (via HL7 v2.x messages/CDA documents) from the reference labs?

☐ Yes  
☐ No  
☐ Not Applicable, do not use reference labs

VI. AFFILIATED PHYSICIANS

37. Can physicians ELECTRONICALLY ORDER lab tests from this laboratory using their EHR system?

☐ Yes  
☐ No  
☐ Don’t Know

38. What percent of physician practices connected to this laboratory are able to receive structured electronic laboratory results?

☐ None  
☐ Specify percent__________  
☐ Don’t know

VII. LAB ORDERS

39. Is this lab able to RECEIVE LAB ORDERS ELECTRONICALLY (from an EHR to your LIS)?

☐ Yes  
☐ No  
☐ Don’t Know

40. If you answered YES to Q39, what electronic standard are you using?

☐ HL7 - v 2.3.1  
☐ HL7 - v 2.5.1  
☐ Continuity of Care Document (CCD)  
☐ Continuity of Care Record (CCR)  
☐ Other  
☐ If Other, please specify

41. Do any providers 'currently' submit lab ORDERS to this lab electronically?

☐ Yes  
☐ No  
☐ Don’t Know

42. If you answered YES to Q41, what is the approximate percentage of providers who submit lab ORDERS to this lab electronically? ________________%

43. Are lab ORDERS input thru Computerized Provider Order Entry (CPOE)?

☐ Yes  
☐ No  
☐ Don’t Know
VIII. LAB RESULTS

44. Is this lab able to produce STRUCTURED LAB RESULTS (using a LIS software product)?
   - [ ] Yes
   - [ ] No
   - [ ] Don’t Know

45. If you answered YES to Q44, do the structured lab results include LOINC and SNOMED standards?
   - [ ] Yes
   - [ ] No
   - [ ] Don’t Know

46. Is this lab able to accurately report and successfully transmit lab results electronically from the laboratory LIS system to the Ordering Provider's EHR System, module or other results receiver?
   - [ ] Yes
   - [ ] No
   - [ ] Don’t Know

47. Does this lab have the capacity to submit structured results electronically to any health agencies? (Check all that apply)
   - [ ] Yes, for state public health agencies
   - [ ] No, for state public health agencies
   - [ ] Yes, for federal health agencies (such as Center for Disease Control or CDC)
   - [ ] No, for federal health agency
   - [ ] Other, _______ (please specify)
   - [ ] Don’t Know

48. Is this lab 'currently' submitting structured results electronically to any health agencies?
   - [ ] Yes, for state public health agencies
   - [ ] No, for state public health agencies
   - [ ] Yes, for federal health agencies (such as Center for Disease Control or CDC)
   - [ ] No, for federal health agency
   - [ ] Other, _______ (please specify)
   - [ ] Don’t Know

49. Does this facility have the capacity to electronically submit structured lab data to the following? (Check all that apply)
   - [ ] Connecticut Department of Health
   - [ ] Providers
   - [ ] Payers
   - [ ] Other labs
   - [ ] No we do not have the capacity
   - [ ] Other, _______ (please specify)
50. What transmission methods does this lab use to report test results back to ordering providers? (Provide an estimate of each method used to report results; total percent of all methods should equal 100%)

Do Not Report % _______
Mail % _______
Fax % _______
Electronic % _______
Other % _______

51. If this lab is submitting structured results 'electronically', what mode is being utilized?

☐ VPN
☐ FTP
☐ HTTP
☐ SMTP
☐ Disk
☐ Don’t Know
☐ Other, ________ (please specify)

52. How many outbound result interfaces is this lab currently supporting, if any?

☐ None
☐ Please provide numerical answer
☐ Don’t Know

53. For any 'electronic' reporting (submission) of lab results, what electronic standard is this lab using? (Check all that apply)

☐ HL7 - v 2.3.1
☐ HL7 - v 2.5.1
☐ Continuity of Care Document (CCD)
☐ Continuity of Care Record (CCR)
☐ Other ______________ (please specify)

IX. REPORTABLE LAB RESULTS

54. Are you aware of the regulations governing the control and reporting of communicable diseases in Connecticut?

☐ Yes
☐ No
☐ Don’t Know

55. Does this laboratory perform tests that REQUIRE reporting to the CT Department of Public Health (CT-DPH)?

☐ Yes
☐ No
☐ Don’t Know

56. What METHOD does this lab use to SEND REPORTABLE test results/diagnostic results to the CT-DPH? (Check all that apply)

☐ Not applicable, lab does not perform reportable tests
57. If you selected 'Electronic' in Q56, what is the approximate percentage of all results sent electronically? (Electronic/Electronic + Paper = 100%) __________

58. Who is the appropriate CONTACT in this facility for submitting reportable lab data to the CT-DPH?

   Name:
   Role/Title:
   Address:
   City/Town:
   ZIP:
   County:
   Email:
   Phone Number:

X. ELECTRONIC ELIGIBILITY

59. Does this lab RECEIVE electronic eligibility claim data (i.e. Medicare, Blue Cross, etc.)?
   □ No
   □ Yes, by logging into a separate portal for each payer
   □ Yes, by logging into a multi-payer portal
   □ Yes, directly through an interface to my EHR
   □ Other, ________ (please specify)
   □ Don’t Know

60. With what entities does this lab have the 'capacity' to EXCHANGE electronic eligibility information? (Check all that apply)
   □ Not applicable
   □ Medicaid
   □ Medicare
   □ Blue Cross Blue Shield
   □ Cigna
   □ United healthcare
   □ Other, ________(please specify)

61. If there is the capacity to electronically SUBMIT claim data to payers, with whom does this lab 'currently' SUBMIT electronic eligibility information? (Check all that apply)
   □ Not applicable
   □ Medicaid
   □ Medicare
   □ Blue Cross Blue Shield
   □ Cigna
   □ United healthcare
   □ Other, ________(please specify)
XI. MEANINGFUL USE

62. According to CMS requirements, does this facility qualify to apply for Meaningful Use incentives?

☐ Yes
☐ No
☐ Don’t Know

63. If you answered YES to Q62, under what category does this facility qualify?

☐ Eligible Provider (EP)
☐ Eligible Hospital (EH)
☐ Both

64. Has this facility registered (or going to register) as an EP or EH?

☐ Yes
☐ No
☐ Don’t Know

65. If you answered YES to Q64, under what program did (will) this facility register?

☐ Medicaid
☐ Medicare
☐ Both

66. Is this lab able to TRANSMIT STRUCTURED LAB RESULTS ELECTRONICALLY (using HL7 2.3.1 or 2.5.1 messages)?

☐ Yes
☐ No
☐ Don’t Know

67. Are providers able to receive structured lab results electronically from this facility?

☐ Yes, at least some are
☐ No
☐ Don’t Know

68. If you answered YES to Q67, please explain what % of providers are able to receive structured lab results electronically from this lab and which providers have this capability. ________%

69. Lastly, please describe any additional comments you may have:

Comment:


Adapted from Survey prepared by the State of Tennessee, 2011.