



*Advancing Health in America*

# 2024 AHA Annual Survey Information Technology Supplement

Please return to:  
AHA Annual Survey  
Information Technology Supplement  
155 N. Wacker Drive  
Suite 400  
Chicago, IL 60606

HOSPITAL NAME: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

**Please Note:** This year we continue to include questions designed to capture interoperability and exchange, public health reporting, and advanced analytics. This information will provide important data on the state of health IT and interoperability in hospitals nationwide.

**GENERAL INSTRUCTIONS:** Please respond to each of the following questions as of the day the survey is completed.

**EHR System and IT Vendors**

**1. Which vendor below provides your primary inpatient electronic health record (EHR) or electronic medical record (EMR) system? (Please check only one.)** *"Primary" is defined as the system that is used for the largest number of patients or the system in which you have made the single largest investment. Please answer based on vendor name rather than product.*

- |   |  |
|---|--|
| a. <input type="checkbox"/> Allscripts            | g. <input type="checkbox"/> MEDHOST                                    |
| b. <input type="checkbox"/> Altera Digital Health | h. <input type="checkbox"/> Meditech                                   |
| c. <input type="checkbox"/> Athenahealth          | i. <input type="checkbox"/> Other (please specify): _____              |
| d. <input type="checkbox"/> Cerner/Oracle Health  | j. <input type="checkbox"/> Would prefer not to disclose EHR vendor    |
| e. <input type="checkbox"/> CPSI/Evident          | k. <input type="checkbox"/> We do not use an EMR/EHR system (go to 1a) |
| f. <input type="checkbox"/> Epic                  |  |

**1a. If you indicated you do NOT use an EMR/EHR system, what are the primary challenge(s) that have prevented your hospital from implementing and using an EMR/EHR system?** (Please check *all* that apply.)

1. ☐ Upfront capital costs/lack of access to capital to install systems
2. ☐ Ongoing cost of maintaining and upgrading systems
3. ☐ Obtaining physician cooperation
4. ☐ Obtaining other staff cooperation
5. ☐ Concerns about security or liability for privacy breaches
6. ☐ Uncertainty about certification requirements
7. ☐ Limited vendor capacity
8. ☐ Lack of adequate IT personnel in hospital to support implementation/maintenance
9. ☐ Challenge/complexity of meeting Promoting Interoperability program criteria within implementation timeframe
10. ☐ Pace and extent of other regulatory requirement changes
11. ☐ Other (specify) \_\_\_\_\_

**END OF SURVEY FOR RESPONDENTS WHO DO NOT USE AN EHR/EMR**

**2. Does your hospital provide outpatient care to patients?**

*Note: Outpatient care refers to both hospital-based and satellite outpatient departments/sites.*

- a. ☐ Yes (go to 3)                      b. ☐ No (go to 4)

**3. Do you use the same primary inpatient EMR/EHR system vendor (noted above) for your primary outpatient EMR/EHR system?** *"Primary" is defined as the system that is used for the largest number of patients or the system in which you have made the single largest investment. Please answer based on vendor name rather than product.*

- a. ☐ Yes, share single instance
- b. ☐ Yes, but do not share the single instance/version
- c. ☐ No
- d. ☐ Do not know
- e. ☐ NA

### **Patient Engagement**

**4. Are patients who receive care provided by your hospital or outpatient sites able to do the following?** (Check “Yes” only if the functionality has been “turned on” and is fully implemented and available to patients. Check both (1) and (2) if the functionality is turned on in both inpatient and outpatient settings.)

|   | (1)<br>Yes, at<br>some or<br>all<br><u>inpatient</u><br>sites | (2)<br>Yes, at<br>some or<br>all<br><u>outpatient</u><br>sites | (3)<br>Not across<br>outpatient<br>or<br>inpatient<br>site(s) | (4)<br>Do not<br>know    |
|---|---|--|---|--------------------------|
| a. View their health/medical information online in their portal   | <input type="checkbox"/>                                      | <input type="checkbox"/>                                       | <input type="checkbox"/>                                      | <input type="checkbox"/> |
| b. Download health/medical information from their medical record from your portal   | <input type="checkbox"/>                                      | <input type="checkbox"/>                                       | <input type="checkbox"/>                                      | <input type="checkbox"/> |
| c. Import their medical records from other organizations into your portal   | <input type="checkbox"/>                                      | <input type="checkbox"/>                                       | <input type="checkbox"/>                                      | <input type="checkbox"/> |
| d. Electronically transmit (send via email or secure message) health/medical information to a third party from your portal (in a <u>structured</u> format such as CCDa) | <input type="checkbox"/>                                      | <input type="checkbox"/>                                       | <input type="checkbox"/>                                      | <input type="checkbox"/> |
| e. View their clinical notes (e.g., visit notes including consultation, progress, history and physical) in their portal   | <input type="checkbox"/>                                      | <input type="checkbox"/>                                       | <input type="checkbox"/>                                      | <input type="checkbox"/> |
| f. Access their health/medical information using applications (apps) configured to meet the application programming interfaces (API) specifications in your EHR         | <input type="checkbox"/>                                      | <input type="checkbox"/>                                       | <input type="checkbox"/>                                      | <input type="checkbox"/> |
| g. Access their health/medical information using applications (apps) configured to meet Fast Healthcare Interoperability Resource (FHIR) specifications                 | <input type="checkbox"/>                                      | <input type="checkbox"/>                                       | <input type="checkbox"/>                                      | <input type="checkbox"/> |
| h. Submit patient-generated data (e.g., blood glucose, weight)  | <input type="checkbox"/>                                      | <input type="checkbox"/>                                       | <input type="checkbox"/>                                      | <input type="checkbox"/> |
| i. Submit patient-generated data (e.g., blood glucose, weight) through apps configured to meet FHIR specifications.   | <input type="checkbox"/>                                      | <input type="checkbox"/>                                       | <input type="checkbox"/>                                      | <input type="checkbox"/> |
| j. Send/receive secure messages with providers  | <input type="checkbox"/>                                      | <input type="checkbox"/>                                       | <input type="checkbox"/>                                      | <input type="checkbox"/> |

### **Social Determinants of Health**

**5. Does your hospital routinely collect data on individual patients’ health related social needs (often referred to as social determinants of health) such as transportation, housing, food insecurity or other?**

- a. ☐ Yes, routinely      b. ☐ Yes, but not routinely      c. ☐ No (go to 8)  
d. ☐ Don’t know (go to 8)

**6a. How are data on individual patient’s health related social needs recorded at your hospital? Check all that apply.**

1. ☐ Structured electronic screening tool (including ‘keying in’ information from a paper form) (go to 6b)  
2. ☐ Free text note (go to 7)  
3. ☐ Diagnosis codes (e.g., ICD-10-CM Z codes) (go to 7)  
4. ☐ Non-electronic methods (including those that are scanned into the EHR) (go to 7)

**6b. If you use a screening tool, what type of screening tool?**

1. ☐ Customized/home grown tool (go to 7)  
2. ☐ An externally established tool (including modifications of such tools) (go to 6c)  
3. ☐ Don’t know (go to 7)

**6c. Which externally established screening tool(s) does your hospital use? Check all that apply.**

<https://sirennetwork.ucsf.edu/tools-resources/resources/screening-tools-comparison>

1. ☐ CMS AHC (Accountable Health Communities) Health-Related Social Needs Screening Tool
2. ☐ Upstream Risks Screening Tool and Guide
3. ☐ iHELP (Income, Housing, Education, Legal Status, Literacy, Personal Safety)
4. ☐ EHR vendor-based tool (i.e., screening tool integrated with EHR system)
5. ☐ PRAPARE (Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences)
6. ☐ WE CARE (Well Child Care, Evaluation, Community Resources, Advocacy Referral, Education)
7. ☐ WellRx
8. ☐ Health Leads Screening Toolkit
9. ☐ Other, please list: \_\_\_\_\_
10. ☐ Don't know

**7. How does your hospital use data on patients' health related social needs documented at your hospital? Check all that apply.**

- a. ☐ For referrals to social service organizations
- b. ☐ For population health analytics
- c. ☐ For quality management
- d. ☐ To inform community needs assessment or other equity initiatives
- e. ☐ To inform clinical decision making
- f. ☐ To inform discharge planning
- g. ☐ Other, please list: \_\_\_\_\_

**8. From which sources outside your hospital/health system does your hospital electronically receive data on patients' social needs? Check all that apply.**

- a. ☐ Health information exchanges (i.e., state, regional, and/or local HIE/HIO(s))
- b. ☐ Social service or community-based referral platform (such as Unite Us or Aunt Bertha)
- c. ☐ National Networks (e.g., CommonWell, eHealthExchange, Carequality)
- d. ☐ EHR vendor-based network (e.g., Epic's Care Everywhere)
- e. ☐ Other Healthcare Organizations
- f. ☐ Community/social service organizations
- g. ☐ Other, please list: \_\_\_\_\_
- h. ☐ Don't know (go to 10)
- i. ☐ Do not receive data on health-related social needs from any external sources (go to 10)

**9. If you indicated receiving data on patients' health related social needs from sources outside your hospital /health system, how do you use these data? Check all that apply.**

- a. ☐ For screening at our hospital (e.g., prompt screening, prepopulate screening tool)
- b. ☐ For referrals to social service organization
- c. ☐ For population health analytics
- d. ☐ To inform community needs assessment or other equity initiatives
- e. ☐ To inform clinical decision making
- f. ☐ To Inform discharge planning
- g. ☐ Other, please list: \_\_\_\_\_

**Participation in health information exchange networks**

10. Please indicate your level of participation in a **state, regional, and/or local** health information exchange (HIE) or health information organization (HIO). *Note: This does not refer to a private, enterprise network.*

- a. ☐ HIE/HIO is operational in my area and we are participating and actively exchanging data in at least one HIE/HIO
- b. ☐ HIE/HIO is operational in my area, but we are not participating
- c. ☐ HIE/HIO is not operational in my area
- d. ☐ Do not know

11. Which of the following **national** health information exchange networks and/or frameworks does your hospital currently actively participate in (i.e., operational exchange)? *Check all that apply.*

- a. ☐ CommonWell Health Alliance
- b. ☐ e-Health Exchange
- c. ☐ Civitas (formerly SHIEC)/Patient Centered Data Home (PCDH)
- d. ☐ Carequality (network-to-network trust/governance framework)
- e. ☐ EHR vendor-based network that enables record location and exchange within the EHR vendor's network of users (e.g., Epic's Care Everywhere)
- f. ☐ Other national health information exchange network \_\_\_\_\_
- g. ☐ Do not participate in any national health information exchange networks (either via vendor or directly)
- h. ☐ Do not know

**Trusted Exchange Framework and Common Agreement**

12. **Are you aware of the Trusted Exchange Framework and Common Agreement (TEFCA)?**

<https://www.healthit.gov/topic/interoperability/trusted-exchange-framework-and-common-agreement-tefca>

- a. ☐ Yes
- b. ☐ No (go to 14)

13. **If yes, are you currently participating or do you plan to participate in TEFCA exchange (such as through your HIE or other national network)?**

- a. ☐ Yes, currently participating and have partner/contract in place
- b. ☐ Yes, plan to participate and have partner/contract in place
- c. ☐ Yes, plan to participate but do not have partner/contract in place
- d. ☐ No, not participating and do not plan to
- e. ☐ Don't know

## Public Health Reporting

**14. How does your hospital submit data for public health reporting related to the activities listed below? Please select *all* options used in each row. Note: this is referring to data generated through clinical processes involving patient care (production data NOT test data).**

|  | (1)<br>Directly from<br>Electronic<br>health record<br>(e.g., HL7<br>interface or<br>API) | (2)<br>Health<br>information<br>exchange | (3)<br>Portal<br>submiss<br>ion | (4)<br>Flat files (e.g.,<br>CSV/XML Files) | (5)<br>Not<br>electronically<br>submitting<br>data (e.g., Fax) | (6)<br>Don't know        |
|--|---|--|---------------------------------|--|--|--------------------------|
| a. Syndromic surveillance reporting                              | <input type="checkbox"/>  | <input type="checkbox"/>                 | <input type="checkbox"/>        | <input type="checkbox"/>                   | <input type="checkbox"/>                                       | <input type="checkbox"/> |
| b. Immunization registry reporting                               | <input type="checkbox"/>  | <input type="checkbox"/>                 | <input type="checkbox"/>        | <input type="checkbox"/>                   | <input type="checkbox"/>                                       | <input type="checkbox"/> |
| c. Electronic case reporting                                     | <input type="checkbox"/>  | <input type="checkbox"/>                 | <input type="checkbox"/>        | <input type="checkbox"/>                   | <input type="checkbox"/>                                       | <input type="checkbox"/> |
| d. Public health registry reporting (e.g., cancer registries)    | <input type="checkbox"/>  | <input type="checkbox"/>                 | <input type="checkbox"/>        | <input type="checkbox"/>                   | <input type="checkbox"/>                                       | <input type="checkbox"/> |
| e. Clinical data registry reporting (e.g., ACC CathPCI registry) | <input type="checkbox"/>  | <input type="checkbox"/>                 | <input type="checkbox"/>        | <input type="checkbox"/>                   | <input type="checkbox"/>                                       | <input type="checkbox"/> |
| f. Electronic reportable laboratory result reporting             | <input type="checkbox"/>  | <input type="checkbox"/>                 | <input type="checkbox"/>        | <input type="checkbox"/>                   | <input type="checkbox"/>                                       | <input type="checkbox"/> |
| g. Antimicrobial use and resistance (AUR)                        | <input type="checkbox"/>  | <input type="checkbox"/>                 | <input type="checkbox"/>        | <input type="checkbox"/>                   | <input type="checkbox"/>                                       | <input type="checkbox"/> |
| h. Hospital capacity and utilization of medical supplies         | <input type="checkbox"/>  | <input type="checkbox"/>                 | <input type="checkbox"/>        | <input type="checkbox"/>                   | <input type="checkbox"/>                                       | <input type="checkbox"/> |

**15. For each type of public health reporting, please indicate whether your hospital uses automated, manual or a mix of both types of processes to transmit the data. Automated refers to EHR generated data sent electronically/automatically to the public health agency. Manual refers to chart abstraction with data faxed or re-input into a portal. A mix of both types of processes refers to files electronically generated from the EHR but manual steps required to transmit to public health agency.**

|  | (1)<br>Fully or<br>primarily<br>automated | (2)<br>Mix of<br>automated and<br>manual process | (3)<br>Fully or<br>primarily<br>manual | (4)<br>Don't<br>know     |
|--|---|--|--|--------------------------|
| a. Syndromic surveillance reporting                              | <input type="checkbox"/>                  | <input type="checkbox"/>                         | <input type="checkbox"/>               | <input type="checkbox"/> |
| b. Immunization registry reporting                               | <input type="checkbox"/>                  | <input type="checkbox"/>                         | <input type="checkbox"/>               | <input type="checkbox"/> |
| c. Electronic case reporting                                     | <input type="checkbox"/>                  | <input type="checkbox"/>                         | <input type="checkbox"/>               | <input type="checkbox"/> |
| d. Public health registry reporting (e.g., cancer registries)    | <input type="checkbox"/>                  | <input type="checkbox"/>                         | <input type="checkbox"/>               | <input type="checkbox"/> |
| e. Clinical Data registry reporting (e.g., ACC CathPCI registry) | <input type="checkbox"/>                  | <input type="checkbox"/>                         | <input type="checkbox"/>               | <input type="checkbox"/> |
| f. Electronic reportable laboratory result reporting             | <input type="checkbox"/>                  | <input type="checkbox"/>                         | <input type="checkbox"/>               | <input type="checkbox"/> |
| g. Antimicrobial use and resistance (AUR)                        | <input type="checkbox"/>                  | <input type="checkbox"/>                         | <input type="checkbox"/>               | <input type="checkbox"/> |
| h. Hospital capacity and utilization of medical supplies         | <input type="checkbox"/>                  | <input type="checkbox"/>                         | <input type="checkbox"/>               | <input type="checkbox"/> |

**16. What are some of the challenges your hospital has experienced in the past year when trying to submit health information electronically to public health agencies?** (Please check all that apply in each column.)

|  | (1)<br>We feel that <b>public health agencies</b> lack the capacity (e.g., technical, staffing) to electronically <u>receive</u> the information | (2)<br>We do not have the capacity (e.g., technical, staffing) to electronically send the information | (3)<br><b>Technical complexity</b> of interfaces, transmission, or submission process | (4)<br><b>Cost</b> related to interfaces, transmission, or submission | (5)<br>We use different vocabulary standards than the public health agency, making it difficult to submit | (6)<br>Difficulty extracting relevant information from EHR | (7)<br>The onboarding process for electronic reporting is too cumbersome | (8)<br>Did not experience any major challenges |
|--|--|---|---|---|---|--|--|--|
| a. Syndromic surveillance reporting                              | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                                   | <input type="checkbox"/>   | <input type="checkbox"/>                       |
| b. Immunization registry reporting                               | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                                   | <input type="checkbox"/>   | <input type="checkbox"/>                       |
| c. Electronic case reporting                                     | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                                   | <input type="checkbox"/>   | <input type="checkbox"/>                       |
| d. Public health registry reporting (e.g., cancer registries)    | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                                   | <input type="checkbox"/>   | <input type="checkbox"/>                       |
| e. Clinical Data registry reporting (e.g., ACC CathPCI registry) | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                                   | <input type="checkbox"/>   | <input type="checkbox"/>                       |
| f. Electronic reportable laboratory result reporting             | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                                   | <input type="checkbox"/>   | <input type="checkbox"/>                       |
| g. Antimicrobial use and resistance (AUR)                        | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                                   | <input type="checkbox"/>   | <input type="checkbox"/>                       |
| h. Hospital capacity and utilization of medical supplies         | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                                   | <input type="checkbox"/>   | <input type="checkbox"/>                       |

### **Advanced Analytics**

**17. Please indicate whether you have used electronic clinical data from the EHR or other electronic system in your hospital to:** (Please check all that apply.)

- a. ☐ Create an approach for clinicians to query the data
- b. ☐ Assess adherence to clinical practice guidelines
- c. ☐ Identify care gaps for specific patient populations
- d. ☐ Support a continuous quality improvement process
- e. ☐ Monitor patient safety (e.g., adverse drug events)
- f. ☐ Identify high risk patients for follow-up care using algorithm or other tools
- g. ☐ None of the above

18. Does your hospital use any machine learning or other predictive models that display output or recommendations (e.g., risk scores or clinical decision support) in your EHR or an App embedded in or launched by your EHR?

|   | (1)<br>Yes | (2)<br>No | (3)<br>Don't know |
|---|------------|-----------|-------------------|
| a. Machine Learning   |            |           |                   |
| b. Other Non-Machine Learning Predictive Models (e.g., APACHE IV) |            |           |                   |

19. To which of the following uses has your hospital applied machine learning or other predictive models?

(Please check all that apply.)

- a. ☐ Predicting health trajectories or risks for inpatients (such as early detection of onset of a disease or condition like sepsis; predicting in-hospital fall risk)
- b. ☐ Identify high risk outpatients to inform follow-up care (e.g., readmission risk)
- c. ☐ Monitor health (e.g., through integration with wearables)
- d. ☐ Recommend treatments (e.g., identify similar patients and their outcomes)
- e. ☐ Simplify or automate billing procedures
- f. ☐ Facilitate scheduling (e.g., predicting no-shows or block utilization).
- g. ☐ Other operational process optimization (e.g., supply management) \_\_\_\_\_
- h. ☐ Other clinical use cases \_\_\_\_\_
- i. ☐ None of the above
- j. ☐ Don't know

20. Who developed the machine learning or other predictive models used at your hospital? (Select all that apply.)

- a. ☐ Our EHR Developer
- b. ☐ A third-party developer
- c. ☐ Self-developed
- d. ☐ Public domain
- e. ☐ Don't know

21. What share of your machine learning or other predictive models have been evaluated using data from your hospital or health system for:

|  | (1)<br>All models        | (2)<br>Most models       | (3)<br>Some models       | (4)<br>Few models        | (5)<br>None              | (6)<br>Don't know        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Model Accuracy (e.g., sensitivity or specificity)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Model Bias (e.g., false positive parity across patients from different races, conditions, or other factors) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Post-implementation evaluation or monitoring  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**22. Who in your hospital or health care system is accountable for evaluating models? (Check all that apply.)**

- a. ☐ Designated Senior Executive (CMIO / CIO / Director of Technology)
- b. ☐ Specific Committee or Task Force for Machine Learning or Predictive Modeling
- c. ☐ Clinical Decision Support Committee / other non- Machine Learning or Predictive Modeling Specific Committee
- d. ☐ Division/Department Leaders
- e. ☐ IT staff
- f. ☐ None of the above

**23. Does your hospital or health system have a large language model (e.g., ChatGPT, GPT-4, Google Gemini, Nuance DAX) integrated into the electronic health record?**

- a. ☐ No
- b. ☐ Yes, currently using
- c. ☐ Plan to use in the next year
- d. ☐ Plan to use in the next 5 years
- e. ☐ Don't know

**Use of Apps and APIs for Data Sharing and Information Access**

**For this next set of questions, please indicate whether your hospital uses a standards-based API or other method to do each of the following activities. An application programming interface or "API" is code that enables communication between applications or software so that the systems can exchange information or data. A standards-based API is one that uses a common data format or vocabulary standard, like FHIR or USCDI. Other methods may include non-standards-based APIs (aka proprietary EHR APIs) or HL7 interfaces.**

**Clinical use**

**24. Through what method(s) does your hospital directly integrate data for clinical purposes into your EHR received from third party technology (e.g., app, website, or medical device) for the following uses? Check all that apply.**

| Use Case                      | (1)<br>Standards-based API | (2)<br>Other method(s) (e.g.,<br>proprietary EHR APIs,<br>HL7 interface) | (3)<br>Do not receive or<br>integrate data for<br>this purpose | (4)<br>Don't know        |
|-------------------------------|----------------------------|--|--|--------------------------|
| a. Patient monitoring devices | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                                       | <input type="checkbox"/> |
| b. Telehealth visits          | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                                       | <input type="checkbox"/> |
| c. Clinical decision support  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                                       | <input type="checkbox"/> |
| d. Population health          | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                                       | <input type="checkbox"/> |
| e. Other _____                | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                                       | <input type="checkbox"/> |

25. Through what method(s) does your hospital provide data for clinical purposes from your EHR to third party technology (e.g., app, website, or medical device) for the following uses? Check all that apply.

| Use Case                      | (1)<br>Standards-based API | (2)<br>Other method(s) (e.g.,<br>proprietary EHR APIs,<br>HL7 interface) | (3)<br>Do not provide<br>data for this<br>purpose | (4)<br>Don't know        |
|-------------------------------|----------------------------|--|---|--------------------------|
| a. Patient monitoring devices | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                          | <input type="checkbox"/> |
| b. Telehealth visits          | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                          | <input type="checkbox"/> |
| c. Clinical decision support  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                          | <input type="checkbox"/> |
| d. Population health          | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                          | <input type="checkbox"/> |
| e. Other _____                | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                          | <input type="checkbox"/> |

**Administrative use**

26. Through what method(s) does your hospital directly integrate data for administrative purposes into your EHR received from third party technology (e.g., app, website, or external system) for the following uses? Check all that apply.

| Use Case                            | (1)<br>Standards-based API | (2)<br>Other method(s)<br>(e.g., proprietary<br>EHR APIs, HL7<br>interface) | (3)<br>Do not receive or<br>integrate data for<br>this purpose | (4)<br>Don't know        |
|-------------------------------------|----------------------------|---|--|--------------------------|
| a. Scheduling/ Intake               | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                                       | <input type="checkbox"/> |
| b. Prior authorization              | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                                       | <input type="checkbox"/> |
| c. Quality reporting and management | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                                       | <input type="checkbox"/> |
| d. Other _____                      | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                                       | <input type="checkbox"/> |

27. Does your hospital provide data for administrative purposes from your EHR to third party technology (e.g., app, website, or external system) for any of the following uses and by what method?

| Use Case                            | (1)<br>Standards-based API | (2)<br>Other method(s)<br>(e.g., proprietary<br>EHR APIs, HL7<br>interface) | (3)<br>Do not provide<br>data for this<br>purpose | (4)<br>Don't know        |
|-------------------------------------|----------------------------|---|---|--------------------------|
| a. Scheduling / Intake              | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                          | <input type="checkbox"/> |
| b. Prior authorization              | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                          | <input type="checkbox"/> |
| c. Quality reporting and management | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                          | <input type="checkbox"/> |
| d. Other _____                      | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                          | <input type="checkbox"/> |

28. Thank you for your cooperation in completing this survey. If you are not the CIO, or person responsible for information technology, have they reviewed your answers to this survey?

a. ☐ Yes

b. ☐ No

\_\_\_\_\_  
Respondent Name (please print)    Circle CIO or Print Title if other    (Area Code) Telephone #

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Completion

\_\_\_\_\_  
Name of CIO (if other than respondent)

\_\_\_\_\_  
Email Address

**NOTE: PLEASE PHOTOCOPY THIS INFORMATION FOR YOUR HOSPITAL FILE BEFORE  
RETURNING THE ORIGINAL FORM TO THE AMERICAN HOSPITAL ASSOCIATION.  
THANK YOU**

