



Bree Collaborative Data Capabilities Assessment

Audience: IT Directors, Medical Director, COO, CEO, CIO

Introduction: This assessment is designed to measure data infrastructure, interoperability, and data use. It leverages the HIMSS recommendations for IT infrastructure improvement and interoperability as well as the KLAS definitions of deep interoperability.

According to KLAS an organization is counted as having reached deep interoperability if it (1) often or nearly always has access to needed data through any interoperable means, (2) is able to easily locate specific patient records or have them automatically presented to clinicians, (3) has the retrieved patient data fully integration into the EMR's native data fields or in a separate tab or section within the EMR, and (4) feels retrieved patient data often or nearly always benefits patient care to the extent that it should.

Purpose: The purpose of this assessment is to determine the extent to which an organization has the technological capabilities, processes, and capacity to support Bree Guidelines recommendations which rely on this kind of functionality.

Instructions: For each row item circle the corresponding number that best represents the capabilities of your organization for that item. At the end of each section add up the scores and divide by the number of items in that section. At the bottom of the assessment, add up the section scores and divide by three.

Notes: This assessment can be used for developing metrics to help your organization progress on interoperability and IT infrastructure improvement initiatives. The areas included in the interoperability section of this assessment come from HIMSS recommendations on interoperability metrics. You can learn more here: <https://www.himss.org/resources/determining-measures-success-interoperability>

Infrastructure		Level 1	Level 2	Level 3
Connectivity...	...lacks sufficient broadband for all internal users/data exchange activities; is costly; is sporadic or unreliable	...lacks sufficient broadband for most internal users/data exchange activities; is costly; is often not available on the patient end for data exchange/telehealth	...sufficient for internal users/data exchange activities; is costly; is generally available on the patient end for data exchange/telehealth (i.e. patient portal, video calls, telephone calls)	...is sufficient for all user/data exchange activities; is reasonably priced; is available for other stakeholder data exchange (i.e electronic submissions, EHR embedded telehealth)

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				and all telehealth activities
	1	2 3 4	5 6 7	8 9 10
Telehealth technology infrastructure...	...does not exist	... uses audio platforms only	... uses audio and video platforms	... uses audio and video platforms with recorded telemetry; embedded in EHR
	1	2 3 4	5 6 7	8 9 10
EHRdoes not exist	... exists but is not a certified EHR	... is a certified EHR; our organization does not have full control over modifications; is partially integrated with other services (behavioral health, dental, etc.)	...is a certified EHR; our organization has full control over modifications; is fully integrated with other services (behavioral health, dental, etc.)
	1	2 3 4	5 6 7	8 9 10
Total for Infrastructure (sum/3)				
Spectrum of interoperability		Level 1	Level 2	Level 3
Basic transactions , (defined as the ability of two or more technologies or systems to exchange information in a way that can be natively used by the receiving system) occurs and the volume and type of transaction are measured, including: <ul style="list-style-type: none"> a) Sent b) Received c) Query/Find function d) Use/Integrate (the “integration” of external data into a home system without the need to manually transcribe this information) 	...does not occur	...is an organizational goal, but not in use	...is done sporadically but no formal process exists or tracking system in place; not all types of transactions occur or can be measured	...is part of standard practice; a formal process is in place; transactions occur at all sites
	1	2 3 4	5 6 7	8 9 10

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Partners and/or stakeholders that the interoperability network or market supplier supports (These may include measurement of exchange on an individual level, i.e., between patients, providers, payers and other authorized entities, and at the population level, i.e., registries, reporting, etc.)	...do not exist	...is limited to other medical providers	...is interoperable other types of care providers (Dental, behavioral health, etc.) and State/County/Local Health Agencies	...is part of standard practice; used for multiple entities (patients, all health care providers, payers, other authorized entities)
	1	2 3 4	5 6 7	8 9 10
Measurements for Standards used in the transactions include: (does this align with ONC? TEFCA?) 1. Capturing message type: identity, admission, orders, results, referral, discharge, etc. 2. Standards used for each: Direct, HL7 V2, V3, FHIR®, DICOM, GS1, ISO, etc. <small>(Language from the TEFCA - U.S. Department of Health & Human Services (HHS) has adopted in regulations, ONC has identified in the Interoperability Standards Advisory (ISA), or a standards developing organization (SDO) accredited by the American National Standards Institute (ANSI) has published)</small>	...does not occur	...is an organizational goal, but not in use	...is done sporadically but no formal process exists or tracking system in place	...is part of standard practice; a formal process is in place
	1	2 3 4	5 6 7	8 9 10
Profiles such as IHE, implementation guides and test venues defining Transactions	...are not used	...is an organizational goal, but not in use	...is done sporadically but no formal process exists or tracking system in place	...is part of standard practice; a formal process is in place
	1	2 3 4	5 6 7	8 9 10

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User characteristics such as bed size or number of registered network users, i.e., clinicians, rural or urban locations, etc., to understand the settings are used in interoperable transactions.	...does not occur	...is an organizational goal, but not in use	...is done sporadically but no formal process exists or tracking system in place	...is part of standard practice; a formal process is in place
	1	2 3 4	5 6 7	8 9 10
A QI process for timing of transactions exists, (i.e., whether the information is sent real-time (<15 minutes), delayed, or as a batch at a later time.)	...does not exists	...is an organizational goal, but not in use	...is done sporadically but no formal process exists or tracking system in place	...is part of standard practice; a formal process is in place
	1	2 3 4	5 6 7	8 9 10
Volume of transactions for each of the technology types as well as network-reported trend data is reported on in the form of significant increases or decreases or being flat.	...does not occur	...is an organizational goal, but not in use	...is done sporadically but no formal process exists or tracking system in place	...is part of standard practice; a formal process is in place
	1	2 3 4	5 6 7	8 9 10
Future plans , (e.g., one to two years, to expand on types of transactions a healthcare setting plans to support) are documented and a work plan is in place.	...does not exist	...is an organizational goal, but has not been started	...has been started but is not yet complete; has leadership buy in	...is documented; a formal workplan has been adopted
	1	2 3 4	5 6 7	8 9 10
Total for Spectrum of Interoperability (sum/8)				
Use of data		Level 1	Level 2	Level 3
A QI process for query and use data to support clinical, population health, and business decisions which uses data according to an identified model	...does not exists	...is an organizational goal, but not in use	...is done sporadically but no formal model exists or tracking system in place	...is part of standard practice; a formal model is in place



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	1	2	3	4	5	6	7	8	9	10
Total for Use of data (sum/1)										
Total for all sections										
Assessment Score (Sum of sections/3)										

Bree Collaborative use of scores:

No scores in this assessment will be identified by organization. The scores in each section will be aggregated by area, and where there is sufficient number of organizations, by organization type (hospital, primary care, behavioral health, etc.) The goal of reporting these scores is to better understand where organizations may need technical assistance, advocacy, or investments.

The overall score will be used to... (ID candidates for awards, compare to guidelines uptake to understand the relationship between IT infrastructure/interoperability and guideline recommendations adoption; to inform future areas of focus for guidelines)

Assessment as a tool:

Section 1 of this assessment can be use to help your organization better understand where advocacy and investments are needed. Sections two and three of this assessment can be used as a tool for organizations to help develop metrics which measure progress towards better IT infrastructure and interoperability.