

RHIF Technology Readiness Assessment Questions

Organizational Profile

1. Contact

- ☐ First Name _____
- ☐ Last Name _____
- ☐ Phone _____
- ☐ Email Address _____

2. Legal name of organization or entity applying for funding.

(This is the name of your organization as registered with the NC Secretary of State's Office (Search Business Registration). This field is not for the 'Assumed Business Name' nor the 'Doing Business As Name')

3. Name or practice or clinic site of implementation. *(This is the Assumed Business Name (Doing Business As) for your organization.)*

4. Physical address of the practice or clinic site of implementation.

- ☐ Zip Code _____
- ☐ City/Town _____
- ☐ Address _____
- ☐ Apartment, Suite Number _____
- ☐ State _____

4a. County _____

5. National Provider Index (NPI) Type 2 number (10-digit number). Do not enter an individual provider's Type 1 NPI. If you are unsure of your organization's NPI, you can use the NPI Registry to locate it. _____

6. Is your practice or organization affiliated with a healthcare network or organization that provides shared technology, administrative, clinical, or quality improvement support services? *(This would include ACOs, CINs, IPAs, and PHOs.)*

☐ Yes

☐ No

6a. Please provide the name of the healthcare network or organization your practice is affiliated with. _____

7. During the previous month, how many licensed clinical providers practiced at the organization or clinic site(s) involved in this grant application?

☐ 1

☐ 2-5

☐ 6-12

☐ 21-30

☐ 31-50

☐ 50+

8. What was the approximate operating budget for the entity applying for this grant during the previous calendar year? *(This number can be found in either the IRS Form 990, the Medicare Cost Report, the HRSA UDS financial tables, or other filing reports.)*

☐ < \$1,000,000

☐ \$1,000,000 - \$5,000,000

☐ \$5,000,001 - \$10,000,000

☐ \$10,000,001 - \$20,000,000

☐ \$20,000,001 - \$40,000,000

☐ \$40,000,001 - \$70,000,000

☐ >\$70,000,000

9. During the previous month, approximately how many outpatient visits were completed at the organization or clinic site(s) involved in this grant application? *(Numbers only)*

10. Using your most recently completed fiscal year (or your best estimate), what percentage of patient visits were covered by the following primary payer types? *(Percentages should total 100%).*

Medicaid Fee-for-Service: _____

Medicare Advantage: _____

Dual-Eligible Medicare/Medicaid: _____

Private/Commercial Insurance: _____

Marketplace/Exchange Plans: _____

Uninsured/Self-Pay: _____

Veterans/VA/TRICARE/CHAMPVA: _____

Sliding Fee/Charity Care/Safety-Net Program: _____

Other: _____

Total: _____

11. Which of the following best describes the organization or clinic site involved in this grant application?

- ☐ Independent practice or organization (single location)
- ☐ Independent practice or organization (multiple locations)
- ☐ Federally Qualified Health Center/HRSA-funded
- ☐ Rural Health Clinic
- ☐ Hospital or health system-owned clinic or practice
- ☐ Local Health Department or public health clinic
- ☐ Tribal health organization

12. What type of clinical services does your organization primarily provide?

- ☐ Adult primary care
- ☐ Pediatric primary care
- ☐ Women's health
- ☐ Behavioral health
- ☐ Dental care
- ☐ Specialty care
- ☐ No single primary service

13. What percent of your average monthly patient visits are from residents who live in rural areas?

- ☐ 0-9%
- ☐ 10-19%
- ☐ 20-29%
- ☐ 30-39%
- ☐ 40-49%
- ☐ 50-59%
- ☐ 60-69%

- ☐ 70-79%
- ☐ 80-89%
- ☐ 90-100%

14. If your organization received funding to modernize health information technology, how would you rank the following areas from highest to lowest priority? (Select up to 3)

- ☐ IT hardware
- ☐ Internet/network connectivity
- ☐ Telehealth capabilities
- ☐ Participation in NC HealthConnex
- ☐ Electronic Health Record (EHR) enhancements
- ☐ AI enabled tools
- ☐ Remote patient monitoring
- ☐ Cybersecurity/Data security

15. Are you currently under sanction or debarment under DHHS Division of Health Benefits (NC Medicaid)?

- ☐ Sanction
- ☐ Debarment
- ☐ Not under sanction or debarment

Bandwidth Connectivity

16. What is the status of broadband connectivity at your physical location. Enter your address in NC_Broadband_Status_app and in the bottom left corner dialogue box for "Service Status" what does it state?

- ☐ Unserved
- ☐ Underserved
- ☐ Served

17. What is the speed of the connection?

- ☐ No broadband service available
- ☐ Below 25 mb/s download and/or below 3mb/s upload
- ☐ Between 25-100 mb/s download and 3-20mb/s upload
- ☐ Greater than 100 mb/s and 20 mb/s upload

Enterprise

18. Do you have an enterprise resource planning system?

(An ERP system is a software system that runs the business side of the organization. Typically, it handles one or more organizational functions in an integrated system (e.g., finance, supplies, HR, payroll, etc.). Examples would be Oracle, Workday, SAP, etc.)

- ☐ Yes
- ☐ No

18a. What is the name of the enterprise resource planning system?

18b. What software version of the system do you have?

19. Do you have a patient engagement tool?

(A patient engagement tool is the technology that keeps patients connected to and involved in their care between visits. Examples would be a patient portal, text reminders, or secure messaging.)

- ☐ Yes
- ☐ No

19a. What is the name of your vendor for the patient engagement tool?

19b. Which types of engagement tools do you use? (Select all that apply)

- ☐ HIPAA compliant messaging
- ☐ Surveys
- ☐ Intake forms
- ☐ Scheduling
- ☐ Other _____

Electronic Health Record (EHR) Environment

20. Do you have an electronic health record (EHR) system?

- ☐ Yes
- ☐ No

20a. What is the name of the EHR? _____

20b. If yes, what software version of the system do you have?

20c. Rate to the level of integration EHR module usage has within your practice operations?

- ☐ Not Present / Ad Hoc
- ☐ Emerging / Inconsistent
- ☐ Operational / Repeatable
- ☐ Integrated / Measured
- ☐ Optimizing / Continuously Improving

Health Information Exchange

21. Do you have a signed participation agreement with NCHealthConnex, the North Carolina Health Information Exchange, also known as the HIE? *(The NC HealthConnex participation agreement is a formal step in the form of an agreement that governs the healthcare organization's connection to NC HealthConnex and defines how the organization will submit and/or receive patient health data.)*

- ☐ Yes
- ☐ No

22. Are you connected to NCHHealthConnex?

☐ Yes

☐ No

22a. If yes, what type of connections to NCHHealthConnex do you have (check all that apply)?

☐ HL7 (ADT or ORU)

☐ CCD

☐ Pharmacy

☐ NC*Notify

☐ Don't know

22b. If yes, how do you access patient data in NC HealthConnex (check all that apply)?

☐ Provider Clinical Portal

☐ Bidirectional connectivity

☐ eHealth Exchange

☐ NC*Notify

☐ None of the above

22c. Rate to what degree HIE data is used in care coordination workflows?

☐ Not Present / Ad Hoc

☐ Emerging / Inconsistent

☐ Operational / Repeatable

☐ Integrated / Measured

☐ Optimizing / Continuously Improving

22d. Rate the degree your practice is using the connection types you have available?

- ☐ Not Present / Ad Hoc
- ☐ Emerging / Inconsistent
- ☐ Operational / Repeatable
- ☐ Integrated / Measured
- ☐ Optimizing / Continuously Improving

Population Health

23. Are you or your Clinically Integrated Network (CIN) using any population health or risk stratification tools?

- ☐ Yes
- ☐ No

23a. What is/are the name(s) of the population health or risk stratification tool(s)? If it is not known, indicate this here. _____

23b. Rate the degree your practice is maximizing the population health or risk stratification tools you have available?

- ☐ Not Present / Ad Hoc
- ☐ Emerging / Inconsistent
- ☐ Operational / Repeatable
- ☐ Integrated / Measured
- ☐ Optimizing / Continuously Improving

Remote Patient Monitoring

24. Are you using remote patient monitoring (RPM)?

- ☐ Yes
- ☐ No

24a. What types of RPM devices are you using? _____

24b. What is the product name of the hardware for those devices?

24c. What is the name of the software for those devices?

24d. Rate to what degree your practice is maximizing RPM software and devices you have available?

- ☐ Not Present / Ad Hoc
- ☐ Emerging / Inconsistent
- ☐ Operational / Repeatable
- ☐ Integrated / Measured
- ☐ Optimizing / Continuously Improving

Artificial Intelligence

25. Are you using a purpose-built AI to scribe patient visits rather than a general purpose AI tool (i.e., ChatGPT, Claude, etc.)?

- ☐ Yes
- ☐ No

25a. Are you using a purpose-built AI clinical decision support tool rather than a general purpose AI tool (i.e., ChatGPT, Claude, etc.)?

- ☐ Yes
- ☐ No

25b. Is the purpose-built AI associated with your EHR?

- ☐ Yes
- ☐ No

25c. Rate the utilization level and presence AI has at your practice?

- ☐ Not Present / Ad Hoc
- ☐ Emerging / Inconsistent
- ☐ Operational / Repeatable
- ☐ Integrated / Measured
- ☐ Optimizing / Continuously Improving

Infrastructure and Security

26. Cybersecurity

26a. Do you have a cybersecurity policy?

- ☐ Yes
- ☐ No

26b. Is your facility's protected health information (PHI) encrypted at rest and in transit?

- ☐ At Rest
- ☐ In Transit
- ☐ Both
- ☐ Neither

26c. Have you had a third-party cybersecurity audit within the last five years?

- ☐ Yes
- ☐ No

26d. Which cybersecurity best practices does your practice have?

- ☐ Mult-factor authentication
- ☐ Endpoint protection
- ☐ Firewalls
- ☐ Unified threat management
- ☐ Encrypted Wi-Fi standards
- ☐ Email phishing training/testing
- ☐ Other: _____

27. Data Security

27a. Do you have a data security policy?

- ☐ Yes
- ☐ No

27b. Have you had a third-party data security audit within the last five years?

- ☐ Yes
- ☐ No

27c. How long ago was the most recent audit performed?

- ☐ 0-12 months
- ☐ 13-36 months
- ☐ 37-60 months
- ☐ 61+ months

28. Data Governance

28a. Do you have a data governance or data stewardship policy?

- ☐ Yes
- ☐ No

28b. How long ago was the last update date for the data governance or data stewardship policy?

- ☐ 0-12 months
- ☐ 13-36 months
- ☐ 37-60 months
- ☐ 61+ months

29. Computer Replacement Cycle

29a. Do you have a documented procedure for replacing organizational computers due to their age (computer refresh cycle)?

- ☐ Yes
- ☐ No

29b. At what intervals is your replacement cycle scheduled?

- ☐ Every 2 years
- ☐ Every 3 years
- ☐ Every 4 years
- ☐ Every 5 years
- ☐ Greater than every 5 years

30. Do you have staff specifically employed for IT support, whether in-house or external/outsourced?

(As in, you have at least one (1) FTE specifically designated for IT support.)

- ☐ Yes
- ☐ No

30a. How many IT support people are employed? If you have external IT support and it is pooled resources, please provide your best guess as to the level of support translated to full-time equivalents.

- ☐ 1-3
- ☐ 4-6
- ☐ 7-10

- ☐ 10-14
- ☐ 15-20
- ☐ 20+

Clinical Reporting

31. Are you using clinical reporting tools?

- ☐ Yes
- ☐ No

31a. What is the name of the clinical reporting tool?

31b. Rate the degree your practice is maximizing its clinical reporting tool(s).

- ☐ Not Present / Ad Hoc
- ☐ Emerging / Inconsistent
- ☐ Operational / Repeatable
- ☐ Integrated / Measured
- ☐ Optimizing / Continuously Improving

Organizational Readiness for Change

32. Have staff had digital systems training within the last two years? (*Digital systems training includes any organizationally required training specifically targeted to improve digital skills in relation to the healthcare environment.*)

- ☐ Yes
- ☐ No

32a. What types of digital systems trainings have been provided to staff? (Select all that apply)

- ☐ EHR digital systems
- ☐ Digital clinical documentation
- ☐ HIE training
- ☐ Data analytics and reporting
- ☐ Digital care coordination
- ☐ Other _____

33. Please rate the following:

	Not Present / Ad Hoc	Emerging / Inconsistent	Operational / Repeatable	Integrated / Measured	Optimizing / Continuously Improving
How clear and well-defined your governance structure is for leadership decision-making and workflow ownership.	☐	☐	☐	☐	☐
Demonstrated engagement from clinicians, nurses, operational, and leadership staff.	☐	☐	☐	☐	☐
Existing workflow maps for key clinical processes.	☐	☐	☐	☐	☐
Standardization level of processes across providers and locations	☐	☐	☐	☐	☐
Staffing plans and ownership for supporting IT new systems, applications, and hardware	☐	☐	☐	☐	☐
Monitoring of staff turnover	☐	☐	☐	☐	☐

Performance Management

34. Please rate the following:

	Not Present / Ad Hoc	Emerging / Inconsistent	Operational / Repeatable	Integrated / Measured	Optimizing / Continuously Improving
How routinely performance dashboards/reports are produced (this can include quality data reporting and operational quality reporting). For example, any regular or planned rhythm would be considered at least "Operational/Repeatable".	☐	☐	☐	☐	☐
The level at which quality improvement (QI) exists. For example, any regular meetings, or planned review would be considered at least "Operational/Repeatable."	☐	☐	☐	☐	☐
The extent to which key performance indicators are routinely reviewed and integrated into organizational decision-making	☐	☐	☐	☐	☐

35. Does your organization have 2-3 year or longer-term goals and priorities or a strategic plan?

☐ Yes

☐ No

36a. Please attach your goals and priorities or strategic plan here. Please use the following naming convention for the uploaded document:

[NPI Number]_[OrganizationName]_StrategicPlan_[Year]

Attestation By signing below, I certify that the following statements are true, accurate, and complete to the best of my knowledge.
