***Transformation Plan Instructions***

*eQIP Milestone 1 requires Grantees to submit an acceptable Transformation Plan and HIway Use Case that is approved by MeHI. The Transformation Plan must provide a detailed description of how your Organization will prepare and transform its practice to maximize its investments in health IT in order to achieve identified outcomes and meet Program Milestones. The Plan is expected to be very comprehensive, demonstrating a detailed and thorough analysis.*

*The Transformation Plan should incorporate updated details and expand on elements of your Organization’s approach, as was outlined in the narrative submitted with your proposal. This approach is expected to address all required functionalities of A-EMRAM Stages 1–3 (Milestone 2), and A-EMRAM Stages 4–5 (Milestone–3) in all of the clinical care facilities that you submitted for the A-EMRAM survey and for which you received a score and Gap Assessment, as well as elements required for health information exchange (Milestone 4).*

*Please follow the template outline and do not omit any sections or attachments. Please also keep Attachments 1, 2, and 4 in the body of this document.*

**Approach**

1. **Operational and/or clinical outcomes** [*Table 1* below]
In *Table* 1, please list, describe, and estimate the target values and completion dates for the significant operational and/or clinical outcomes being pursued – and that will be measured – under this Grant, using the following definitions:
* Outcome measure: [List no more than 4] the operational and/or clinical outcome measures you intend to address (*e.g., % increase of care summaries shared back to referring providers*). NOTE: these are not the same as your activities listed in Section II: Grant Milestones, subsection 1. Project Phases (below);
* Description: provide details needed to clarify or further scope the measure;
* Baseline: if measured today, what would be the value for this measure? (*e.g., 10% of care summaries are shared back to referring providers*);
* Target Value: when measured at the end of this Grant period, what are you projecting will be the value for this measure? (*e.g., 30% of care summaries are shared back to referring providers)*; and
* Target Dates: the dates by which you intend to meet your target values;

**Table 1: Outcome Measures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome Measure** | **Description** | **Baseline****Value** | **Target Value** | **Target Date** |
| **Measure 1** |  |  |  |  |
| **Measure 2** |  |  |  |  |
| **Measure 3** |  |  |  |  |
| **Measure 4** |  |  |  |  |

1. **Description of how the Organization’s planned advancements in the use of health IT will support achieving those identified operational and/or clinical outcomes that you listed in Table 1 [narrative];**
2. **Grant Milestones**
Describe the Organization’s approach to meeting each of the Grant milestones, including:
	1. Project Phases [narrative]
	A description of the approach that breaks the project into phases. Phases may be aligned to milestones or some other preferred grouping of activities, for example:

Phase 1 = Procure/implement EHR [description],

Phase 2 = Achieving A-EMRAM Stages 1 through 3 [description],

Phase 3 = Achieving A-EMRAM Stages 4 and 5 [description].

* 1. Gap Analysis [*Table 2* below]
	In *Table 2*, provide a description of how the Grantee will address each A-EMRAM criteria marked as a “no,” so it may be reassessed and switched to a “yes.” Please also provide a detailed description of *how* your organization will address each identified gap to meet the required functionality.

**Table 2: Analysis of existing gaps and intended action plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Gap # Identified by A-EMRAM** | **Gap Category** | **Description of identified gap** | **How Organization intends to address identified gap** |
| *Example: 1.3* |  *Physician Documentation* | *Clinician transcribed reports are stored electronically.* |  |
|  *Example: 4.3* |  *Current Encounters* | *Ability to create growth charts from the capture of structured data (vital signs, immunizations, BMI, etc).* |  |
| *Example: 3.2* | *Clinical Data Repository* | *For current encounter vital signs including height, weight, blood pressure* | *Implement EHR Vitals Entry Form; transition from custom note to entering this data on the Form.*  |
|  |  |  |  |

* 1. Impacted Workflows [narrative]
	Describe anticipated workflows that will be impacted and/or changed during the Organization’s transition to the future state of health IT (*e.g., transition in billing procedures from old system to new system)*,and describe how the Organization will facilitate the change.
1. MeHI HIE Use Case Development Form [Form, Attachment 3]
Complete the MeHI Use Case Development form – *Attachment 3*.
2. **Description of the strategy, policies and procedures that the Organization will employ to protect its electronic health information, including how staff will be trained to ensure the privacy and security of electronic patient health information** [narrative]**;**
3. **Updated description of how the Organization will use health IT to support efforts to integrate its behavioral health services with other settings of medical care, such as coordinated treatment plans or maintaining continuity of care** [narrative]**;**
4. **Timelines [*Table 3* below]**
	1. List (in *Table 3* below) the major activities required to achieve the Organization’s future state and identified outcomes; include the planned start and end dates and intended lead person;

**Table 3: Identification of Major Activities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity #** | **Activity** | **Start Date** | **End Date**  | **Lead** |
|  |  |  |  |  |
|  |  |  |  |  |
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* 1. List (in *Table 4* below) the projected dates that Grantee intends to meet each program milestone

**Table 4: Milestone date projections**

|  |  |
| --- | --- |
| **eQIP****Milestone** | **Targeted Date** |
| **M-1** |  |
| **M-2** |  |
| **M-3** |  |
| **M-4** |  |

**Attachment 1**

**Current State Analysis**

1. Report the current health IT state of your Organization’s practice, including:
	1. List of health IT products in use, being implemented or committed/planned for implementation within the next year (*Table 5* below).

**Table 5: List of health IT products and status (current)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HIT Vendor** | **HIT Product** | **HIT Version** | **Certified (Y/N) *If yes, enter CHPL ID & Year*** | **Status (in use, being implemented, procured, planned)** | **Description of Setting of Care (in-patient, ambulatory/out-patient, emergency)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

* 1. Diagram depicting health information and supporting technologies; current state of internal integration of these systems; include any interfaces to external systems or organizations. **Example diagrams may be found of the Grantee webpage on the MeHI website.**
	2. Description of the current state of adoption and use of health IT within your Organization. This is intended to be a short narrative to summarize and tie together your list of health IT products (subsection a.) and your technology diagram (subsection b.) which unto themselves may not fully communicate the current state.

**Attachment 2**

**Future State Analysis**

1. Report on the desired future health IT state (as of the end of the grant period) of your Organization’s practice, including:
	1. List of health IT products anticipated to be in use, being implemented or planned for implementation within one year of Grant end date (*Table 6* below).

**Table 6: Projected list of health IT products and status (future)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HIT Vendor** | **HIT Product** | **HIT Version** | **Certified (Y/N) *If yes, enter CHPL ID & Year*** | **Status (in use, being implemented, procured, planned)** | **Description of setting of Care (in-patient, ambulatory/out-patient, emergency)** |
|  |  |  |  |  |  |
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* 1. Diagram of anticipated health information and supporting technologies, include any interfaces to external systems or organizations. **Example diagrams may be found of the Grantee webpage on the MeHI website**.
	2. Description of the state of adoption and use of health IT within your organization as of the end of the grant period of performance. This is intended to be a short narrative to summarize and tie together the list of health IT products (subsection a.) and your technology diagram (subsection b.) which unto themselves may not fully communicate the future state. This description shall include organizational goals for how health IT can support sustaining the business and improving practice operations and clinical care.

**Attachment 3**

**Attach completed MeHI Use Case Development Form**

**Attachment 4**

**Waiver Requests**

Organizations must request a waiver for those requirements on the HIMSS Analytics Gap Assessment that may be irrelevant to their specific practice *(e.g., CDC reporting*). Waivers will be approved on a case-by-case basis. Please confer with your Grant Manager if you are unclear about the definition of a particular function or its applicability to your practice.

Organizations should request *by facility* and include a justification for each waiver request. If your organization received a gap assessment for ‘all locations’, please write *[Organization Name] – All Locations* in the ‘Facility name’ column. MeHI will either approve or deny the waiver request.

Waiver requests *must* be submitted with the Transformation Plan.

Please electronically complete the table [*Table 7* below] for each request.

**Table 7**: Waiver Requests

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Request #** | **Facility Name (as listed on HIMSS gap assessment)** | **Requested Waiver Criteria #****(Ex: 3.2)** | **Justification** | **MeHI Status (approved or denied)** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5.  |  |  |  |  |
| 6.  |  |  |  |  |