***Transformation Plan Instructions***

*Develop a Transformation Plan that describes how the Organization will prepare and transform its practice to maximize the potential of its investments in health IT in order to achieve identified outcomes.*

*The Transformation Plan should incorporate updated details and expand on elements of your Organization’s approach as outlined in your proposal narrative. The plan shall describe, at a minimum the information provided below.*

1. **Grant Approach**
2. List, describe, and target the operational and/or clinical outcomes being pursued under this Grant. Please complete Table 1 below;
	1. Outcome measure -- the operational and/or clinical outcome measure(s) you intend to address, e.g., % increase of care summaries shared back to referring providers;
	2. Description – provide any detail needed to clarify or further scope the measure;
	3. Baseline –– if measured today, what would the value for this measure be, e.g., 10% of care summaries are shared back to referring providers;
	4. Target –– when measured in the future, what are you projecting the value for this measure to be, e.g., 30% of care summaries are shared back to referring providers; and
	5. Target Date – the date by which you intend to meet your target;

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| --- | --- | --- | --- | --- |
| **Outcome Measure** | **Description** | **Baseline** | **Target** | **Target Date** |
| **Measure 1** |  |  |  |  |
| **Measure 2** |  |  |  |  |
| **Add other lines for additional measures** |  |  |  |  |

**Table 1: Outcome Measures**

1. Describe the Organization’s approach to meeting each milestone, including:
	1. Optionally (but highly encouraged), a description of the Grant Approach that breaks the project into phases. Phases may be aligned to milestones or some other preferred grouping of activities, e.g., Phase 1 = Procure/implement EHR, Phase 2 = Getting to EMRAM Stage 3, Phase 3 = Getting to EMRAM Stage 5;
	2. A description of how the Grantee will address each aEMRAM criteria marked as a “no” so it may be reassessed and switched to a “yes” (Attachment 3 describes the gap; this section describes how you will address the identified gaps);
	3. The completed MeHI Use Case Development Form and a description of how the use case will be pursued and implemented – add as Attachment 4; and
	4. A list and description of anticipated workflows impacted during the Organization’s transition to the future state of health IT, and how the Organization will facilitate the change;
2. Description of how the Organization’s planned advancements in the use of health IT will support achieving identified operational and/or clinical outcomes;
3. Description of how the Organization will protect its electronic health information;
4. Description of how the Organization will integrate behavioral health services with other medical care;
5. Timeline of major activities to include the planned start and end dates and intended lead person to achieve the Organization’s future state and identified outcomes; and

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| --- | --- | --- | --- | --- |
| **Activity #** | **Activity** | **Start Date** | **End Date**  | **Lead** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Table 2. Identification of Major Activities**

1. Projection of dates Grantee intends to meet each milestone (Table 3. below).

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

**Table 3. Milestone date projections**

*Note:* Grantees shall incorporate findings from the provided aEMRAM gap assessment into their Transformation Plan.

**Attachment 1**

**Current State Analysis**

1. Report on the current health IT state of the Organization’s practice, including:
	1. Brief, general description of the state of adoption and use of health IT within the organization. This is intended to be a short narrative to summarize and tie together the technology diagram (b.) and the list of health IT products (c.) described below – which unto themselves may not fully communicate the current state;
	2. Diagram of health information and supporting technologies; current state of internal integration of these systems; include any interfaces to external systems or organizations; and
	3. List of health IT products in use, being implemented or committed/planned for implementation within the next year (Table 4. below).

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| --- | --- | --- | --- | --- | --- |
| **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)** |
|  |  |  |  |  |  |

**Table 4. List of health IT products and status (current)**

**Attachment 2**

**Future State Analysis**

1. Report on the desired future health IT state of the Organization’s practice as of the end of the grant period , including:
	1. Description of the state of adoption and use of health IT within the 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 technology diagram (b.) and the list of health IT products (c.) described below – which unto themselves may not fully communicate the future state. This description shall include:
		1. Organizational goals for how health IT can support sustaining the business and improving practice operations and clinical care;;
	2. Diagram of anticipated health information and supporting technologies,, include any interfaces to external systems or organizations;
	3. List of health IT products anticipated to be in use, being implemented or planned for implementation within one year of Grant end date (Table 5. below).

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| --- | --- | --- | --- | --- | --- |
| **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)** |
|  |  |  |  |  |  |

**Table 5. Projected list of health IT products and status (future)**

**Attachment 3**

**Gap Analysis**

1. Analysis of the gap that exists between current and future state of health IT, including:
	1. List of the gaps that exists, e.g., table of the items to be addressed as part of the aEMRAM Gap Assessment, non-existent or changing workflows, HIway connection;

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| --- | --- | --- |
| **Gap #** | **Gap (if aEMRAM gap, include Gap Assessment #)** | **Describe identified gap** |
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**Table 6. Identified Gaps**

**Attachment 4**

**Attach completed MeHI Use Case Development Form**

**Attachment 5**

**Waiver Requests**

**Waiver Request Process**

Organizations must request a waiver for those requirements on the HIMSS Analytics Gap Assessment that are irrelevant, e.g., capturing physician notes if there are no physicians. 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, below, for each request.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.  |  |  |  |  |

**Table 7. Waiver requests**

**\*\* Waiver Request History (for MeHI-use only) \*\***

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| --- | --- | --- | --- |
| **Request #** | **Requested Waiver Criteria #**  | **Status (approved or denied)** | **Date** |
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