



### **2010: Davies Award Pre-Requisites**

This document provides high-level “Who Can Apply?” and “Core Essential Application Requirements” background information for each respective Davies Award type:

- Davies Organizational
- Davies Ambulatory
- Davies Public Health
- Davies Community Health Organization

**It is essential that you review the pre-requisites closely before downloading and beginning the completion of the Davies applications.**

For questions regarding the Davies Award program, please do not hesitate to contact David Collins, Director, Healthcare Information Systems, at 804-550-1619 or [dcollins@himss.org](mailto:dcollins@himss.org).

## **2010 Davies Organizational Award**

### **Who Can Apply?**

Any hospital or health system, including academic medical centers, community hospitals, rural health hospitals and critical-access hospitals can apply as long as the institution provides acute care with inpatient beds.

A component of a hospital, such as an ambulatory clinic owned by a hospital, cannot apply on its own, as the entire hospital needs to apply. If a health system contains multiple hospitals, the health system must choose to either apply for its entire system or for designated hospitals within its system.

Behavioral health organizations qualify to apply if they have an integrated system that manages information across diverse levels of care within the organization, such as acute care, 24-hour programs, partial hospitalization and outpatient clinics.

All organizations, including behavioral health, must substantially demonstrate value and the achievement of meaningful use of the EHR according to CMS criteria, including computerized provider order entry for medication use, etc. Being a meaningful user does not guarantee Davies Award status. Visit [HIMSS Web site](#) for up-to-date analysis and information regarding ARRA. Additionally, visit online to view the latest [proposed rule for meaningful use](#).

### **Core Essential Requirements**

To be considered for the Organizational Davies Award, the organization should meet and address the following criteria in the Threshold Application:

- 1) The applicant must show substantial EHR implementation:
  - “Substantial” is defined as having the system in use for at least 75 percent of the total patient population across the enterprise. (For example, “a mean of 93 percent of physician progress notes in the three hospitals are generated in the electronic documentation system.”)
  - Evidence of substantial EHR utilization also should include demonstration that there has been transformation in the provision of care. This means that care information in most—if not all—of the organization’s care settings is supported primarily or exclusively by the EHR. The EHR should be the primary source of care information and, preferably, the only source of care information in most, if not all of the organization’s care settings. The EHR should be implemented in the care settings identified in the Self-Evaluation Form in the Threshold Application.
  - All clinical components of the EHR represented in your application must have been implemented throughout the organization prior to Dec. 31 of the year previous to the date of the application.
- 2) Where the EHR is implemented, CPOE should be utilized throughout the organization by all providers in the majority of essential care settings. For behavioral healthcare organizations, care plans should summarize all care being provided to a patient and be useable guides for the providers delivering or evaluating care. Where co-signatures are required, it should be possible to route a document and/or order to another provider for revision or co-signature.

- 3) The EHR implementation should be integral to achieving the organization's strategic objectives. The top leadership of the organization, including Board members, executives and physicians, should be committed and actively involved in initiating and sustaining the effort.
- 4) The organization should be able to demonstrate that real-time clinical decision support within the EHR systems is used to meet the quality, effectiveness, efficiency, regulatory and safety goals of the organization. This should include knowledge at the point of care, alerts, order sets, guidelines, etc., integrated into the clinician workflow.
- 5) Rather than a collection of scanned notes or text documents, EHR systems should be focused on improving care and workflow by making discrete, and when appropriate, coded information transferable and readily available to the appropriate providers.
- 6) The applicant organization should be able to present evidence that the business case and quality improvement goals it set for the EHR have been met or that significant progress has been made. The management and staff should be convinced by the documented evidence of the EHR's value to their organization.
- 7) The applicant organization must be able to respond "Yes" to the Critical Qualifying Questions in the Table below.

**Critical Qualifying Questions**

The Awards Committee is respectful of the time and commitment involved in completing this Award application. If you are unable to answer "Yes" to the questions below, the Committee recommends that you wait to submit your application until next year's award cycle.

| Critical Qualifying Questions  | Yes/No |
|--|--------|
| 1. Are there outcomes and value achieved by your organization directly attributable to your EHR implementation?  |        |
| 2. Are more than 80 percent of all patient care orders entered into the EHR in advance of the execution of that order in all organizational locations for which you are applying?  |        |
| 3. Are more than 80 percent of Licensed Independent Practitioners (LIP) using CPOE to enter orders in all locations for which you are applying? The Joint Commission (2005) defines LIP as: <i>"Any practitioner permitted by law and by the organization to provide care and services, without direction or supervision, within the scope of the practitioner license and consistent with individually assigned clinical responsibilities."</i> |        |
| 4. If your application is for multiple facilities, can a patient move between care venues (inpatient, outpatient, OR, ED, hospital-to-clinic, hospital-to-hospital) seamlessly using the same patient identifier?  |        |
| 5. If your application is applying for multiple facilities, does your organization have an enterprise-wide master patient index that shares a common database among all facilities, providing for a consistent and efficient view of individual patient information?   |        |
| 6. Can a patient move between care venues seamlessly with the availability of consistent clinical data (i.e., common med list, allergy list, problem list)?  |        |
| 7. Has your organization noted improved quality outcomes as a result of clinical decision support incorporation into the EHR?  |        |

|   |  |
|---|--|
| <p>8. Can your organization address how you will meet CMS-defined meaningful use criteria? If your organization is selected for a site visit, you will be expected to have substantially addressed meaningful use criteria.</p> |  |
|---|--|

## **2010 Davies Ambulatory Award**

### **Who Can Apply?**

- Independent ambulatory care and specialty medical practices can apply for the award. “Independent” means physician-owned private practices, not those owned by an organizational entity. Practices that *do not* qualify include those owned by an academic medical center, IPAs, hospital systems, etc. If you are unsure if you qualify to apply, please contact [David Collins](#) via e-mail or by phone, 804-550-1619.
- The Committee highly values personalization of the application. An example of this is telling the story of how the decision was made to move forward with an EHR, which EHR was selected, etc. (e.g., conveying this information from first-hand experience.)
- Vendors may not apply.

### **Application Process Essentials: Core Requirements to Apply**

- All physicians and other staff in a qualifying practice need to have incorporated the EHR into routine care to improve the operation of the practice and the management of the patient care processes.
- One hundred percent of providers and clinical staff must, at the minimum, use the EHR to:
  1. Enter all patient encounters at the point of care and any patient request for data, including phone messages, medication refill requests, forms, etc.
  2. Generate prescriptions (ideal would be to see successful use of e-prescribing). Please indicate if your practice participates in e-prescribing incentive initiative offered by the Centers for Medicare and Medicaid Services (CMS), such as Medicare Improvements for Patients and Providers Act (MIPPA) or other payor-related incentive programs.
  3. Where possible place electronic orders out and/or receive electronic results. (An example would be between the practice EHR and an outside laboratory.)
  4. Using an EHR in a meaningful way should result in improvement in patient care and not just monitoring. A strong application will show both successful monitoring, as well as clear improvements in patient care that can be attributed to the use of the EHR. Show evidence of quality monitoring, which includes but are not limited to the following:
    - At the point of care, have a quality measurement system integrated into the EHR.
    - Produce quality reports within clinic or statewide or national measures, such as HPV vaccine administration.

- Physician Quality Reporting Initiative (PQRI) participation and use of results is acceptable as evidence of quality monitoring, but responsiveness to this information resulting in improved patient care is essential.
- As the Davies Award measures success in terms of the value achieved through EHR implementation, the practice also needs to have been using the system for all providers at all locations since at least July 1 of the year previous to submitting the application. This is required in order to provide sufficient evidence of improvements in efficiency, quality, service and staff or patient satisfaction as appropriate to the local expectations that led to the investment in the first place.

Please provide answers to each of the 12 yes/no statements below to your application submission. If you have not accomplished these items, you may not be ready to submit a Davies Award application.

|   | <b>Yes<br/>(Y)</b> | <b>No<br/>(N)</b> |
|---|--------------------|-------------------|
| My practice has accomplished 100 percent usage of the system by all clinical staff, including providers, since July 1 of the previous year. |                    |                   |
| All clinical staff at my practice use computers at the point of care.   |                    |                   |
| My practice was able to improve quality, safety, efficiency and/or reduce health disparities.   |                    |                   |
| My practice's implementation of an EHR allows us to engage patients and families.   |                    |                   |
| My practice's implementation of the EHR improved care coordination.   |                    |                   |
| My practice's implementation of the EHR ensures adequate privacy and security for personal healthcare information.                          |                    |                   |
| Where possible, my practice utilizes e-prescribing and the EHR to generate all appropriate prescriptions.                                   |                    |                   |
| My implementation of the EHR has functional interfaces that allow receiving or transmitting lab results or orders.                          |                    |                   |
| My practice has tested the EHR disaster recovery mode.  |                    |                   |
| My practice demonstrates efficient workflow.  |                    |                   |
| My practice's EHR implementation and usage is a model for other practices.  |                    |                   |
| My practice is willing to share our experience with others.   |                    |                   |

## **2010 Davies Public Health Award**

### **Award Eligibility**

The Davies Public Health Award is applicable to any federal, state, local, tribal or non-profit public health program that improves the health of a defined community through health information management. Size of the system does not matter, but the community impacted must be clearly evident and described by geographic area, socioeconomic group or other applicable factors. The emphasis must be on measuring and improving the health of a defined population, not on individual patient care. The production system must be in routine (preferably daily) use and provide data currently acted upon by public health professionals. Public health informatics researchers from academic or research organizations should partner in application with the government organizations employing these systems in practice.

Vendors are not eligible to apply for the award, but they may assist by providing information or exhibits, or by sponsoring research on the value the organization achieves through the computerization of the public health system. Public health systems must incorporate information technology into all phases of the system's operation and practice. Because the Davies Award measures success in terms of the value achieved through implementation, the organization also needs to have been using the system long enough to describe and provide evidence for improvements in efficiency, quality, service, and staff or public satisfaction, as appropriate to the local expectations [HIMSS Davies Awards](#) that led to the initial investment.

### **Davies Public Health Award: Application Process Essentials**

- The Award recognizes the use of person- and population-level data for public health issues, and ideally, its impact on population health. It does not recognize care delivery.
- Vendors can provide assistance to the applicant organization, but cannot apply for the award themselves.
- Public health informatics researchers should provide assistance in submitting the application.

The Davies Public Health Award recognizes excellence in an organization's effective use of a public health electronic information system using the following criteria:

1. The system is in routine use and has been incorporated into all phases of the system's operation and practice.

2. The system has been implemented long enough to show strong evidence of measuring and improving the health of a defined population, not individual care.
3. The system provides data currently acted upon by public health officials.
4. The system shares data in a standardized and secure manner with other public health systems.

## **2010 Davies Community Health Organization Award**

### **CHO Applicant Qualifications**

Community Health Organizations are uniquely characterized as *providing direct patient care and health services to safety-net underserved and vulnerable populations*. Represented in every state and territory, there are more than 8,000 ambulatory CHOs in the United States that serve a growing population of Americans. Regardless of a patient's ability to pay, CHOs maintain an open-door policy as they provide primary care and preventive health services, including women's health, pediatric care, behavioral health, chronic disease management, social services, and on-site dental and pharmaceutical services.

### **Populations Served**

While most CHOs serve a cross-section of their communities, some focus on specific special populations such as the homeless, migrant and seasonal farm workers, residents of public housing and at-risk school children. Populations served by CHOs include people who face barriers in accessing services because of ability to pay, language or cultural differences, or because of insufficient healthcare resources available in the community.

### **Qualifying Criteria**

**To qualify for the Davies CHO Award, the organization must:**

- Provide primary medical care and preventive health services for the population served. The majority of the primary care is delivered directly, though some care, such as prenatal care and behavioral health, may be arranged via formal referrals.
- Maintain an open-door policy.
- Accept patients regardless of their ability to pay.

### **Qualified Community Health Organizations include:**

- Federally Qualified Health Centers (FQHC).
- FQHC look-alikes.
- School-based health centers that qualify under the PHS 330 program.
- County-run clinics.
- County hospital-based outpatient or free-standing clinics.
- Indian Health Service clinics (NOT hospitals).
- Family planning clinics (Planned Parenthood, Family PACT and Title X eligible).
- Rural health centers.
- Migrant health centers.
- Free clinics, and/or faith-based clinics.
- Healthcare for the homeless.
- Public health clinics.

Davies CHO Application Options:

1. **Option 1:** A single community health organization applies individually.
2. **Option 2:** One or two CHOs that participate with a collaborative entity apply with a description of how the collaborative entity supported each CHO in the EHR implementation and adoption process.
3. **Option 3:** Three or more qualifying CHOs that participate with a collaborative entity apply *in partnership* with the collaborative entity.

**How to Apply:**

Whether CHOs apply individually, together or in partnership (i.e., Options 1, 2 and 3), the following information is required:

1. Community Health Organizations intending to apply for the Davies CHO Award are asked to conform to these application guidelines:
  - a. Meet the qualification criteria described in Section 4 “CHO Applicant Qualifications: Who Can Apply for the Davies CHO Award”?
  - b. Meet the application pre-requisites as described in Section 5 “Before You Apply: What Are the Application Prerequisites?”
2. Every applicant CHO must submit an Individual CHO Identification Form (Section 8, A1)
3. Every applicant CHO must submit a letter of support for the Davies Award application signed by the CEO or Executive Director.
4. If a collaborative entity is included in the application, the CHO/Collaborative Entity Partnership Identification Form (Section 8, A2) must also be submitted.

**Guidelines for CHO Applicants that Participate with a Collaborative Entity**

Some qualifying CHOs participate with a collaborative entity, such as a consortium, partnership, or "network." It is possible to include the collaborative entity in the application. For Options 2 or 3, additional information is required as described below.

While a collaborative entity usually does not provide direct patient services, it may be included in the application if it collaborated with the member CHOs on the implementation and adoption of the EHR and quality initiatives that would have an impact on patient care outcomes. Davies is most interested in how the leveraging of the EHR (clinical and practice management systems) was supported by the collaborative entity so that improvements in patient care processes, quality outcomes, and operational efficiencies could be attained by the member CHOs.

The Davies CHO Committee is not looking for an ASP model framework. That is, if a network collaborative entity is merely providing infrastructure support, but not acting as a partner and resource to the individuals CHOs to impact patient care, then the network collaborative entity need not apply.

Please provide a “yes” or “no” response to the following questions. If, as a network collaborative entity, you answer “no” to any of the following questions, you may not be eligible to apply.

| <i>Does your network work with member CHOs to perform clinical and operational functions such as:</i>                 | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|
| 1. Analysis of performance data and identification of corrective action.  |            |           |
| 2. Designing clinical protocols.  |            |           |
| 3. Designing and delivering clinical staff training.  |            |           |
| 4. Analysis and design of clinical workflows for improved efficiency.   |            |           |
| 5. Designing and implementing other management and clinical processes.  |            |           |
| 6. Assessment of results reflected in reporting tools, such as dashboards, and recommendations for improvements.      |            |           |
| 7. Sharing of successful tools, improvement processes and management/clinical decision making throughout the network. |            |           |
| 8. Developing common reports for use among the CHOs.  |            |           |
| 9. Benchmarking CHOs with each other.   |            |           |

**Application Option 2:** In some cases, one or two qualifying CHOs that participate with a collaborative entity may wish to apply for the Davies CHO Award. In their application, the CHO(s) should describe how the collaborative entity provided support for their EHR process. In this case, the Davies CHO Award will be granted to the applicant CHO(s), and the collaborative entity will be acknowledged for its contributions and support.

**Application Option 3:** In some cases, three or more CHOs that participate with a collaborative entity may wish to apply for the Davies CHO Award *in partnership* with the collaborative entity. The application should explain how the collaborative entity helped the applicant CHOs meet their organizational goals, deal with challenges, provide resources and manage change, and how the collaborative entity's goals were met. In this case, the collaborative entity may assist with the preparation of the application, if needed. In an addendum at the end of the application, each of the applicant CHOs should "tell their story," where they address the issues set forth in Section 10 of the application, "Progress/Impact: Value, Outcomes and Lessons Learned." The individual stories should be no more than two pages long and should focus on Criterion No. 10. In the body of the application, the individual CHO stories should be elaborated on, and the accomplishments of the applicant CHOs from the care delivery perspective described. In this case, an individual from either the collaborative entity or the CHO should take the lead in assuring that the application is organized and flows coherently. In this case, the Davies CHO Award would be granted to the applicant CHOs and their partner, the collaborative entity.

**Please note: No matter how an application is submitted, all applicants must meet the qualifying criteria and the application pre-requisites, and will be evaluated independently based on uniform scoring criteria.**

If uncertain whether your organization qualifies, please contact [David Collins](#), HIMSS, Director, Healthcare Information Systems, 804-550-1619.

## 5. Before You Apply

Prior to completing the application, applicants are encouraged to validate their eligibility for the Davies CHO Award by checking both the CHO Applicant Qualifications, as well as the essential application pre-requisites listed below. In summary, this checklist is intended to help gauge your readiness to apply for the Davies Award before proceeding to the full application.

- Test of time.
- Test of EHR-based, technology-enabled care delivery.
- Organization-wide adoption test.
- Strategic alignment and value test.
- Infrastructure/sustainability test.

**A. Test of time.** The applicant must have implemented and utilized the EHR for a minimum of two years prior to submission to the Davies Awards to demonstrate value through clinical and operational process improvements. In other words, documented improvements in processes based on the implementation of healthcare IT will define maturity for the Davies winner.

**B. Test of EHR-based, technology-enabled patient care delivery.** The core provision of patient care processes are supported with technology. The EHR is the primary source of patient care information (i.e., care is supported primarily by the EHR, rather than a paper medical record). The EHR system is used in real time to manage historical and current patient information, and also proactively to manage data for patient care improvement. The applicant

can demonstrate the adoption of some form of computerized plan of care/treatment which may include e-prescribing, diagnostic testing, therapy, etc. Additionally, the applicant can demonstrate the adoption of some form of clinical decision support within the EHR system that is used to meet the quality, efficiency and safety goals. For more information, please refer to the sections on defining an EHR and the application guidelines that follow.

**C. Organization-wide adoption test.** HIMSS maintains an EHR adoption standard of 100 percent, i.e., the EHR is used for all patient documentation, by all providers and staff, all of the time. However, HIMSS recognizes that certain factors may preclude 100-percent adoption (such as volunteer providers, mobile sites, etc.). If the applicant's level of EHR adoption is less than 100 percent, the applicant will describe their plan and timeline for progressing to full EHR adoption, as defined by the CHO. The applicant will also demonstrate its current level of EHR adoption. For the purposes of the Davies CHO application, HIMSS expects that the EHR is being used in all care settings by 100 percent of providers all the time, or 100 percent of patient visits are documented in the electronic chart as part of day-to-day care delivery, with a resultant reduction on paper-based processes.

**D. Value and strategic alignment test.** The applicant must demonstrate that the EHR implementation has been integral to the achievement of the organization's strategic objectives, and that the top leadership of the organization, including board members, executives and physicians, are committed to and actively involved in initiating and sustaining the effort. The applicant is able to present evidence that demonstrates how the goals for the EHR have been met, what significant progress has been made and that the evidence of the EHR's value to the organization is clearly understood by both leadership and staff.

**E. Infrastructure/sustainability test.** The applicant can demonstrate that technical, clinical, financial and human resource support systems are in place to support the EHR patient care system as it thrives and grows over time. Mechanisms are established for ongoing staff education/competency programs, procedures to keep systems current with clinical practice and ongoing alignment with strategic clinical and business objectives.