ARIZONA DEPARTMENT OF HEALTH SERVICES

PREPAREDNESS

Interoperability:
Provider EHR and ASIIS Electronic Data Exchange
Initial Interest Form
Please complete pages 1 and 2 of this form (to the best of your ability) to indicate your interest in participation with the ADHS interoperability project. Fax or email as directed below.

A. Provider Organization

Organization Name:				
ASIIS IRMS Id:				
Street Address:				
City:				
State:				
Zip code:				
Phone/Fax:	Phone:		Fax:	
Number of Providers	# of MDs:	#of DOs:	# of NPs:	# of PAs:
Patient Descriptors	# of Children:	# of Adults:	% of Patients on AHCCCS: %	

B. Electronic Health Record System (EHR)

EHR Name:	
EHR Vendor:	
Software version:	
Years in use:	

C. Data Exchange

What version of HL7 can your EHR system produce (ask your vendor)?

_____ HL7 2.3.1

_____ HL7 2.5.1

Preferred Transport Mechanism (ask your vendor)

_____ Web Service

_____ HTTPS POST

_____ Other, please specify _____

D. Office Contact

Primary Office Contact

Name:	
Email:	
Phone number:	

Primary Technical Contact

Name:	
Email:	
Phone number:	

Secondary Technical Contact

Name:	
Email:	
Phone number:	

Other Contacts

Possible Project Team	Personnel Name	Telephone Number	Email
IT Support			
Primary Decision Maker			
Project Manager			
Business Operations			

Interoperability:

Provider Electronic Health Record system and ASIIS Electronic Data Exchange

<u>Provider Readiness Checklist:</u>

Complete this check list to see if your practice is ready to start working with ADHS on direct submission from your Electronic Health Record to ASIIS.

1) We have been using our current Electronic Health Record (EHR) system for at least 6 months.
2) We have a high speed internet connection and are able to connect to ASIIS via our EHR.
3) Our EHR has been certified by the Certification Commission for Healthcare Information Technology (CCHIT). If you don't know, please ask your EHR vendor.
4) Our EHR sends and receives electronic data using HL7 messages version 2.5.1. If you don't know, please ask your EHR vendor.
5) Our EHR vendor has a history of supporting our office when we need technical assistance with their product.
6) We have access to Information Technology (IT) support when we need it. This support has the capacity to understand, translate and correct HL7 message protocol errors. If you don't know, ask your IT support provider or EHR vendor.
7) We want to reduce our staff time required to report to ASIIS.
8) We want complete, accurate immunization records on all of our patients.
9) We want to reduce vaccine wastage by eliminating unnecessary vaccinations.
10) Our practice is committed to quality data exchange with ASIIS and will provide the staff time and effort necessary to develop, test and implement an interface with ASIIS.

Once this form is completed, please fax or email it to

ASIIS Interoperability Team

Fax: 602-364-3285

Email: ASIIS_Group1@azdhs.gov