

**Advancing Healthcare Quality  
through Technology (AHQT)  
Readiness Assessment  
Sample from web-based tool**

### Important Information:

- A link will be provided to the provider/practice only after a Provider Service Agreement (PSA) has been signed allowing the collection of the information.
- The number of questions depend on the responses that will show skip logic.

	Technical Readiness Tier	Providers/Practice who...	Minimum	Maximum
Core Questions	Tier 2, 3	...attest to PI	13	13
	Tier 1, 2, 3	...do not attest to PI and have internet and an EHR	17	20
	Tier 0	...do not have internet and/or EHR	7	9
Appendix Questions	Tier 1, 2, 3	...have internet and EHR	5	11
	Tier 0	...do not have internet and/or EHR	1	3

- As seen on the screenshots, the assessment can be completed on a mobile device making the assessment easily accessible.

# Pre - assessment message

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## Advancing Healthcare Quality Through Technology Readiness Assessment

Greetings! This is an assessment of foundational, technical, administrative, and operational capabilities to assess readiness to transition systems and infrastructure to access, share, and use data electronically for quality improvement. All questions are equally important. Your responses will be highly appreciated.

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12:29



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# Let's get started.....

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Tools

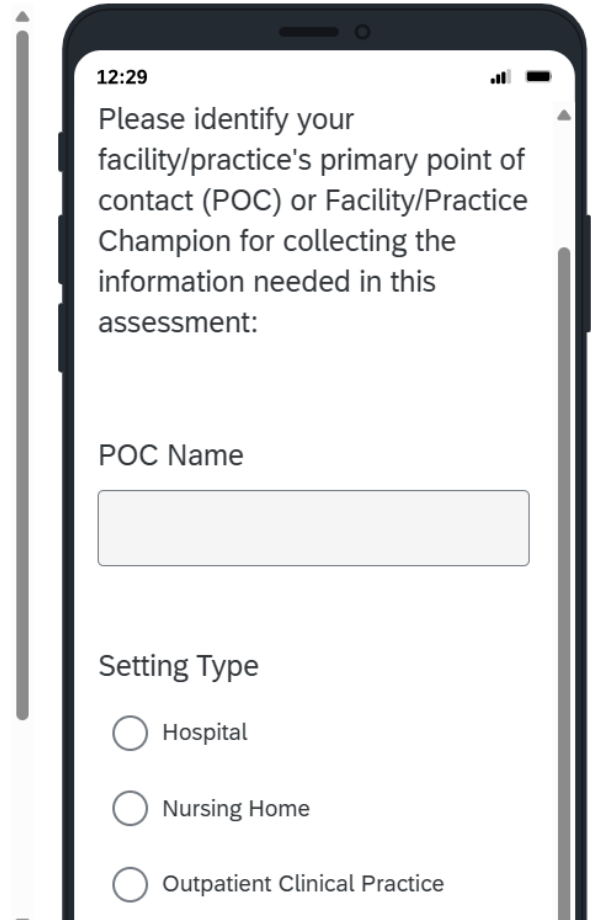
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Please identify your facility/practice's primary point of contact (POC) or Facility/Practice Champion for collecting the information needed in this assessment:

POC Name

Setting Type

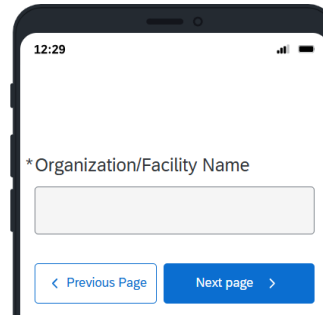
- ☐ Hospital
- ☐ Nursing Home
- ☐ Outpatient Clinical Practice



\*Organization/Facility Name

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There will be a drop down of pre-populated organization/facility name when first few letters are entered

If required information (marked with \*) is not answered, the participant will not be able to proceed until information is provided as shown below

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There are 3 issues to fix. [Go to first issue >](#)

Response required

\*Organization/Facility Name

[Go to next issue >](#)

Please enter your organization/facility's Organizational CMS Certification Number (CCN)

Response required

\*Facility/Practice Address

12:29

\*Organization/Facility Name

[Go to next issue >](#)

Please enter your organization/facility's Organizational CMS Certification Number (CCN)

Response required

\*Facility/Practice Address

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0:00 Share Preview

Thank you for completing the assessment. Please refer to your 010 for additional questions. ▶ ◀

- ▶ Thank you for completing the assessment.
- ▶ Please refer to your 010 for additional questions.

# This the end of the assessment.