

Specifications for Health IT Publications

Ink Colors: Health IT publications print in black ink and Pantone 202 (red). Photos may print in full process color or black and white. Screens of black or Pantone 202 ink may also be used in the publications.

Bleed: Inks may bleed off all four edges.

Sample products

AHRQ's Health IT Program

AHRQ's Health IT Program develops and disseminates evidence to inform policy and practice on how health information technology can improve the quality of health care. AHRQ's Health IT Program has invested in research grants and contracts awarded to over 180 distinct institutions in 47 States and the District of Columbia.

For more information, go to www.healthit.ahrq.gov

Connect With Us

- Subscribe to AHRQ Health IT email updates: subscribe@ahrq.gov or subscriptions@ahrq.gov
- Subscribe to the AHRQ Health IT YouTube channel: youtube.com/ahrqhealthit
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AHRQ Pub. No. 10-1040-EE
September 2010

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Health Information Technology

Health information technology (HIT) is the use of computers and networking to store, retrieve, share, and communicate health information. HIT can improve the quality and safety of patient care, reduce costs, and increase the efficiency of the health care system.

Examples of HIT include:

- Electronic health records (EHRs)
- Medical devices
- Health information exchanges (HIEs)
- Mobile health applications

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AHRQ Health IT Portfolio: List of Publications

AHRQ-Funded Project Reports

Using Health IT in Practice: Redesign: Impact of Health IT on Workflow

Evaluating the Relationship Between Health IT and Ambulatory Care Workflow Redesign: the "Team" names of projects cited July 2013. Available at <http://healthit.ahrq.gov/ITandAmbulatoryCareWorkflowRedesignReports> as AHRQ Pub. No. 13-0038-EE.

Health IT-Enabled Care Coordination and Impact of Implementing Health IT-Enabled Care Coordination within six ambulatory primary care clinics June 2015. Available at <http://healthit.ahrq.gov/ITandCareCoordination> as AHRQ Pub. No. 15-0032-EE.

Patients Reported Health IT and Workflow. Focuses on a specific area of health IT—application allowing patients to share information with clinicians electronically—and examines their impact on workflow. Also explores how clinicians redesign their information workflow to incorporate 2015. Available at <http://healthit.ahrq.gov/PatientsReportedHealthITandWorkflow> as AHRQ Pub. No. 15-0043-EE.

Evaluation of Meaningful Use: Objective: Maryland and Arkansas. Evaluates the feasibility of two Stage 3 MU Core Coordination (CC) measures (i.e., SCDP 305 & 308) to provide constructive feedback to policymakers and providers on modifying or feasibility of doing so. Available at <http://healthit.ahrq.gov/EvaluationofMeaningfulUseObjectiveMDandAR> as AHRQ Pub. No. 15-0032-EE.

Evaluation of Stage 3 Meaningful Use Objective: Oklahoma and the District of Columbia. Assesses the proposed implementation of selected Stage 3 MU objectives (as proposed) based on an evaluation of providers who serve diverse patient populations, representing states both rural and urban settings within March 2015. Available at <http://healthit.ahrq.gov/EvaluationofStage3MeaningfulUseObjectiveOKandDC> as AHRQ Pub. No. 15-0027-EE.

Evaluation of Stage 3 Meaningful Use Objective: North Carolina and Tennessee. Presents the findings from an assessment of nine proposed care coordination objectives for Stage 3 including provider, clinical staff, health IT practice settings at two organizations: Vanderbilt University Medical Center and the University of North Carolina HealthCare system, plus staff from health IT regional centers in North Carolina and Washington, DC. February 2015. Evaluation MUI/SC/Report/objreport/NCandTN as AHRQ Pub. No. 15-0022-EE.

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Guide to Evaluating Health Information Exchange Projects

This section describes how to start a successful HIE project evaluation by assembling your evaluation team with expertise in the following areas:

- Technical implementation
- Health care operations
- Clinical care
- Research methodology
- Project management
- Health care consumer (patient) perspective

The first step in conducting a successful HIE project evaluation is selecting your evaluation team. Depending on the number of organizations exchanging health information, the volume of data being exchanged, the evaluation duration, and the evaluation plan complexity, the expertise may need to be provided by (1) team members who are working full-time or part-time on the evaluation, (2) affiliates who join the evaluation team as needed, or (3) consultants. Together, the needed expertise provides a strong foundation for your HIE project evaluation.

The ideal evaluation team includes individuals with expertise in the following areas:

- Technical Implementation.** These are information technology (IT) experts who specialize in health IT implementation. Ideally with experience in HIE projects, health IT and HIE standards, and clinical data warehousing. A technical implementation expert can help you to determine what is technically possible to measure. Your evaluation team needs to understand the technical infrastructure of the HIE system, the standards it uses, and the types and sources of data being exchanged. In order to determine what data are available for the evaluation and to estimate the effort required to collect and process the data. Your evaluation team also needs to have the technical expertise and authority to demonstrate the feasibility of your evaluation plan to project stakeholders.
- Health Care Operations.** These are individuals with a detailed understanding of the administrative and business side of health care operations. This expertise is needed to document health care workflows pre- and post-HIE, in order to determine efficacy and to measure impact. While technical expertise enables data exchange and captures the raw measurement data, health care operations expertise is needed to understand how the data can be used to create meaningful measures. A health care operations expert can communicate with organizational staff and administrators, represent their needs to the evaluation team, and help determine what health care organizations and stakeholder need to measure. In addition, health care operations expertise will help determine the validity of measures for financial assessments of HIE costs and savings, such as reduced utilization of services.

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Section 1: Selecting Your Evaluation Team

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Specifications for Health IT Publications

Design Elements: *Health IT circles:* The health IT circles should be used in each publication. The circles print in a graduated screen from 90 percent of Pantone 202 to 30 percent of Pantone 202. The circles may be either staggered or aligned rows. The circles are always the same size within the groupings.

Sample circles



Photos: *Health IT circles with photos:* Photos may be used where appropriate and should relate to the publication topic. Photos can print in full process color or black and white. Photos should always appear in circles. Three circular photos are often used together as a design element. The three photos shown in the sample below can be used for all health IT publications, or more specific photos may be used that better relate to the publication's topic.

Sample circle photos



Specifications for Health IT Publications

- Fonts:**
- Front cover title:* 25-point Futura Bold.
 - Front cover subtitle:* 21-point Garamond.
 - Body text:* 11-point Garamond with 13.5-point leading.
 - Level 1 heads:* 14-point Garamond Bold with 16-point leading.
 - Level 2 heads:* 14-point Garamond Semibold Italic with 16-point leading
 - Run-in heads:* 11-point Garamond Bold.
- Bullets:** Round.
- Hyphenation:** Should be turned off.

Sample fonts and sizes

Sample Title is 25-point Futura Bold

Subtitle is 21-point Garamond

Head Level 1 is 14-point Garamond Bold

Head Level 2 is 14-point Garamond Semibold Italic

Body text is 11-point Garamond with 13.5-point leading. It should be flush left, ragged right, with no hyphenation.

- This is a sample of bulleted text with a round bullet. It should be flush left, ragged right, with no hyphenation. The text size is 11-point Garamond with 13.5-point leading.

Run-in heads. This is a sample of a run-in head. The run-in head is 11-point Garamond Bold.

Specifications for Health IT Publications

Branding: HHS and AHRQ branding logos must be placed at the bottom of the front cover (see below). The HHS/AHRQ logos must not be stretched, cropped, or modified in any way. The branding logo should fit proportionally with the design elements on the front cover. Use black or white (reversed out) for color. The Health IT block may also be added to the right of the branding. See sample below.

Front cover branding logo



AHRQ logo, publication number, date, and AHRQ Web site must appear at bottom of back cover.

All AHRQ publications being printed for distribution from the AHRQ Clearinghouse must bear an AHRQ publication number and a date. These items normally appear at the bottom of cover four or on the last page of fact sheets and marketing materials. The AHRQ logo and publication number may be flush right or left depending on the design. The AHRQ editor will provide publication numbers to contractors. See sample below of flush left back cover.

Back cover logo



Submitting Files to AHRQ: For draft materials going to AHRQ for content review or layout, provide Word 2010 documents (do not provide PDF files).

For print-ready proofs to go to the Government Printing Office (GPO), provide AHRQ source files in Quark Xpress or Adobe InDesign. Include fonts, logos, and any picture files (TIFs, EPS, or JPGs) with the source files.

In addition to the electronic files, a full-size color printout of each page including bleeds and crop marks and a folding dummy are required.

GPO also requires that a completed Form 952 accompany print files. This form is downloadable from the GPO Web site at www.gpo.gov.