



# HITEQ ELECTRONIC PATIENT ENGAGEMENT FRAMEWORK

Team Name: \_\_\_\_\_

EPE Tool: \_\_\_\_\_

Date: \_\_\_\_\_

Total Score X 5: \_\_\_\_\_

**DIRECTIONS: ANSWER EACH QUESTION. RATE THE DEGREE TO WHICH YOUR TEAM SCORES IN TERMS OF POTENTIAL FOR ADOPTION OR CURRENT IMPLEMENTATION.**

**PERSONAL:** How will this tool better support your patients? What barriers exist?

Opportunities:

Barriers:

1 2 3 4 5

**TECHNICAL:** How does this technology make things better? What barriers exist?

Opportunities:

Barriers:

1 2 3 4 5

**ORGANIZATIONAL:** What organizational factors may be improved? What barriers exist?

Opportunities:

Barriers:

1 2 3 4 5

**POLICY:** What policy-level opportunities encourage adoption? What barriers exist?

Opportunities:

Barriers:

1 2 3 4 5