Healthcare Quality Reporting Program

2015 HIT SURVEY DATA
Meeting Notes

9/24/15, 9:00-10:00am
HP Building, 3rd Floor Presentation Room
301 Metro Center Blvd., Warwick, RI 02886

1. **Welcome & meeting objectives (9:00am)**
   Samara Viner-Brown, MS, Rhode Island Department of Health
   Amy Zimmerman, MPH, Rhode Island Executive Office of Health and Human Services

2. **Presentation of 2015 HIT Data (9:10am)**
   Emily Cooper, MPH
   Emily began the presentation with a review of the survey objectives and process. The survey was administered to Physicians, APRNs and PAs who are in active practice and licensed in RI. The overall rate of response for 2015 (66.0%) was similar to recent years and is quite high for a single wave physician survey. Emily also noted that physicians who did not respond were noted as non-EHR users. Overall adoption of EHRs has increased significantly since 2009.

   This year we coordinated with the Office of Primary Care and Rural Health and with the Division of Policy, Information and Communications who administer the Primary Care Survey and the Inventory survey, respectively. This was in an effort to avoid duplication and to lessen the survey burden on physicians. This collaboration required us to administer the survey in two clusters. The first cluster was Department of Health identified primary care physicians (PCPs) and the second was non-respondent PCPs, other physicians and APRN/PAs.

   This year's physician-level report will feature some results displayed in circles to make the results easier to understand for consumers. Circles were chosen because we did not want to assign a positive or negative value to the results. Another new addition to this year's survey was questions regarding patient engagement. A question arose regarding how patient engagement was defined. Emily explained that specific questions were asked within the survey regarding various EHR functions physicians may use with patients. Another question was asked regarding how physician settings (office vs hospital) are defined. It was explained that users are asked to self-identify and there is not a distinction made between physician offices that are freestanding or part of a community network and those that are located at or connected with a hospital or hospital system.

   In looking at physician use of EHRs it was reported that more than half would recommend their current vendor and the majority use their EHR outside of the practice location. A question was asked regarding if a particular EHR vendor was listed when looking at the question of if the respondent is likely or unlikely to recommend their EHR. Unfortunately that information is not available at this time; however we can look at it in future analyses. It was also noted that the survey took place after the Lifespan EPIC transition, which may have impacted the results.

The next section reviewed was population health management, with most of the results focusing on office-based practices only. Approximately one-third are using EHR for population health management, such as identifying risk factors, tracking clinical measures and sending care reminders. Of those who are not there is a need for additional support: administrative, technical, and/or fiscal, in order to consider using their EHR for population health management. When prescribing opioids or benzodiazepines, more than half of physicians consult the Prescription Monitoring Program (PMP) at least some of the time. The group discussed the possibility of sharing this information with the Government Opioid Task Force.

Communication results were reviewed next and it was noted that the websites listed by the physicians on the surveys are fed into the "Find a Doctor" website to help complete their database. It was noted that when asking the question "Does your practice have a Direct address...," the results may not account for practices where the physician himself is not using a Direct address, but there is one that is staffed administratively. This question may be re-worked next year. Additionally, the survey found that a majority of physicians are still utilizing phone and US mail as their primary means of communication with patients outside of face-to-face encounters.

In reviewing the Meaningful Use section, it was noted that although more than half of physicians responded that they have attested, or had someone attest on their behalf, to Meaningful Use, almost half of those did not know what stage they were at. Further, over half said that an office manager or other administrative person completes their attestation, and less than 20% responded that they complete it themselves. It was noted that The Office of the National Coordinator for Health Information Technology (ONC) may be interested in these results.

The section on CurrentCare was of much interest to the group. More than 70% of respondents noted that they were not yet signed up to view or receive data from CurentCare. The group noted that these numbers may undercount actual physician use, since some EHR systems, such as Lifespan's EPIC, can directly import CurrentCare reports into the EHR without a physician having to log in separately. Further, the CurrentCare system may be used more frequently by support staff, who would be sharing pertinent information with physicians. In discussing these results, the question came up: Can RIQI look at individual physicians' answers to the CurrentCare questions in order to better understand how these data compare to RIQI data on use of the system at the individual level? Rebekah responded that this use of data was not part of physicians' expectations when responding to the survey, but that more detailed data on CurrentCare use was certainly available for analysis.

3. Closing (9:50)

Next Steps

Upon the finalization of the data, the reports will be shared on the Department of Health website. As the 2016 survey design begins, attendees were encouraged to share thoughts and ideas. This year we will also be sharing this data directly with physicians. We are looking to secure a Brown MPH student to create a physician-facing report. It was also noted that the data file is available for review upon request and the completion of a data file agreement.