Healthcare Quality Reporting Program

STEERING COMMITTEE
11/9/15, 3:05-4:05pm
Department of Health, **Room 302**

1. **Welcome & meeting objectives**
   - Meeting chair: N. Alexander-Scott
   - Program staff: E. Cooper, T. Mota, S. Viner-Brown, V. Carroll
   - Voting members in attendance (6/19): B. Collins, L. McDonald, J. Nyberg, P. Winderman (proxy for T. Almon), G. Rocha, J. Shaw
   - Other members in attendance: J. Buechner, L. Mermel, I. Philbrick
2. **Review previous action items**
   - Work on program policy for hand hygiene with HAI SC and Steering Committee – ongoing
     Emily noted that this is now being called a Hand Hygiene Agreement
   - Share HIT analysis upon completion – ongoing
     The data has been finalized and will be sent out with the minutes from this meeting
3. **Hand Hygiene Agreement**
   - *Review draft agreement*
     Emily opened the discussion by noting that the Steering Committee had decided to forgo the development of a hand hygiene measurement program due to existing oversight, logistical concerns and limited program resources. In order to reiterate this program's belief in the importance of hand hygiene, the Steering Committee asked the HAI Subcommittee to draft a Hand Hygiene Policy. The HAI Subcommittee drafted an agreement which enables facilities to maintain their current hand hygiene policies and measurement practices. Per this agreement, facilities would be required to include certain elements in their policies and would be asked to attest to the inclusion of these elements. The draft agreement includes the following elements:
     - Audits
     - Corrective Action Plan
     - Audit and Feedback
     - Education
     - Goals

     The committee discussed whether this type of requirement is within this program's scope, as determined by the program's legislative mandate. Concerns were also expressed regarding the public reporting element, and public access to any information reported to and held by the Department of Health.

     The committee decided that the agreement should not require hospitals' policies to include specific elements, but rather should put them forth as suggested elements. Hospitals will be asked to report to the department which of the suggested elements their policies contain. This information will be publically reported.

     The committee also discussed which items will be publically reported, and how we can make sure that this is clearly outlined in the policy. The committee agreed to report which of the suggested elements are in a hospital's policy, whether they have reported their hand hygiene goals and progress to the department (though not what the goals or progress are) and whether

they have reported any hand hygiene related deficiencies to the department (though not if they received any). We are exploring the concern of public access to information further.

Dr. Alexander-Scott stated that she felt the draft policy was thoughtful and met her expectations. Emily asked if she would be willing to sign a cover letter to accompany the policy explaining its purpose. Dr. Alexander-Scott said that she would be happy to do so. It was decided that the letter should be sent to the CEO and the Chief of Medical Staff with direction to work with the Infection Control staff to complete.

There was some discussion regarding the education element, and if there was a benefit to including patient education. It was noted that while there was some benefit to making patients aware of hand hygiene practices, and this could be a great teaching tool, current research suggests focusing on working with healthcare workers to improve practices. The group also discussed whether there should be some type of recognition that the hospitals could display. This will be discussed further with the HAI Subcommittee.

4. Program Updates

- *2016 HIT Survey*
  Emily stated that the 2015 data has been finalized and will be sent out with the minutes from this meeting. Due to its length, the Practitioner Level Report will not be included. All reports will be available on the DOH website shortly. Additionally there are two students from Brown's School of Public Health working with the data to create reports for stakeholders. One report will be directed at physicians and one will be directed at consumers. Since these reports are being created as part of a class assignment, they will not be finalized until the end of the current semester. The target date is the end of March, with the surveys due back by April 15th.

  In looking at 2016, we are looking to craft questions that will create more actionable items rather than just a landscape data view; however, there are certain items that must be on the survey for public reporting purposes. Program staff has made the recommendation to discontinue the APRN/PA survey, due to a lack of interest in that data and its similarity to the physician data. It was suggested that we speak to the Board of Nursing to see if they would be interested in this data before we discontinue surveying APRN/PAs.

  Nursing Home Satisfaction Survey
  The Nursing Home Satisfaction surveys have gone out to long-term residents and their family members. The survey company has started using a new online platform for the data, which will allow us quicker access to the survey results. This online system also allows users to create custom reports based on their facility's data. This program will have administrative access so that we can create reports for facilities that may not have the capacity to create their own.

5. Open forum

- *Medicaid Accountability Program*
  One of the attendees brought up the RFP currently open to organizations hoping to create a new Medicaid ACO, noting concerns with who will be responsible for monitoring quality issues. She asked if the Steering Committee could get involved and create or monitor quality indicators. The group agreed that this is an important issue, but monitoring quality indicators for this program will likely be included as a responsibility for the organization that receives the contract. The group discussed if in the future, as more ACOs begin operating in Rhode Island, it might be important for this program to monitor comparative healthcare quality information across ACOs in the state.

6. Action items

- Send out 2015 HIT Data to Steering Committee members (Emily)
- Send out updated Hand Hygiene Agreement (Emily)

Next meeting: TBD, January 2016

Healthcare Quality Reporting Program

HAND HYGIENE AGREEMENT

2015

Hospital Hand Hygiene Policy Elements

All acute-care hospital hand hygiene policies must meet, at a minimum, the National Patient Safety Goals for hand hygiene as determined by the Joint Commission (NPSG.07.01.01[1]); including following the guidelines of either the Centers for Disease Control and Prevention (CDC) or the World Health Organization (WHO), setting goals for improving hand hygiene and using those goals to improve hand cleaning. Further, all policies must include:

Audits

Monitoring should be done in multiple locations throughout the hospital, including surgical services and specialty departments, should be done during more than one shift and should include different healthcare worker groups (e.g., nurses, physicians, allied health professionals)

Corrective Action Plan

Hospital hand hygiene policies should include a corrective action plan for individual non-compliance among employed and non-employed healthcare workers

Audit and Feedback

Results of audits should be shared with all healthcare workers, leadership and infection prevention staff

Education

Hand hygiene education should be required for all health care workers on hire, during initial credentialing or at assignment

Goals

All hospitals should have clearly defined goals for improving hand hygiene that are assessed annually and that aim for demonstrating progressive improvement

[1] Joint Commission, 2015 Hospital National Patient Safety Goals. http://www.jointcommission.org/assets/1/6/2015_HAP_NPSG_ER.pdf Accessed September 30, 2015.

Hospital Reporting Requirements

Policy Elements

Hospitals are required to attest on an annual basis that their policies meet these requirements. These attestations are to be made to the Healthcare Quality Reporting Program. This program maintains the right to require hospitals to submit proof of compliance in the form of up-to-date documentation of hospital policies. This program also reserves the right to publicly report whether hospitals have met these requirements.

Hospital Goals

On an annual basis, hospitals are required to submit documentation of their hand hygiene goal(s) and their plan for meeting their goal(s). At this time hospitals will also be required to attest to whether their goals from the previous year have been met. Hospitals that have not met their stated goal(s) will be required to submit to the Healthcare Quality Reporting Program data related to the stated goal(s) and possible reasons for not meeting the goal(s).

Hospital Deficiencies

Hospitals are required to submit to the Healthcare Quality Reporting Program any deficiencies related to hand hygiene that they have received from either the CDC or Joint Commission. They are also required to submit to this program documentation of any mitigation plan developed related to that deficiency. This information will not be publically reported.

Public Reporting

This program reserves the right to publicly report on an annual basis whether hospitals have met the terms of this agreement. The design of this report will be determined by the appropriate committees of the Healthcare Quality Reporting Program.

Hospital Acknowledgement

I, _____, as Chief Executive Officer for

_____ acknowledge the above requirements and agree to support my facility's staff and healthcare workers in meeting these requirements.

_____ _____

Signature Date

I, _____, as Chief of Medical Staff for

_____ acknowledge the above requirements and agree to support my facility's staff and healthcare workers in meeting these requirements.

_____ _____

Signature Date

DRAFT

Healthcare Quality Reporting Program

HAND HYGIENE AGREEMENT

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All hospitals should have clearly defined goals for improving hand hygiene that are assessed regularly and that aim for demonstrating progressive improvement

[1] Joint Commission, 2015 Hospital National Patient Safety Goals. http://www.jointcommission.org/assets/1/6/2015_HAP_NPSG_ER.pdf Accessed September 30, 2015.

Hospital Reporting Requirements

The information outlined below must be reported to the Healthcare Quality Reporting Program on an annual basis. Hospitals will be provided with a link to submit this information electronically. Hospitals are also required to submit a copy of this document, signed by their Chief Operating Officer and Chief of Medical Staff to the address provided.

Policy Elements

Hospitals are required to attest on an annual basis whether their policies contain the suggested elements. These attestations are to be made to the Healthcare Quality Reporting Program. This program maintains the right to require hospitals to submit proof of compliance in the form of up-to-date documentation of hospital policies.

Hospital Goals

On an annual basis, hospitals are required to submit documentation of their hand hygiene goal(s) and their plan for meeting their goal(s). At this time hospitals will also be required to attest to whether their goals from the previous year have been met. Hospitals that have not met their stated goal(s) will be required to submit to the Healthcare Quality Reporting Program data related to the stated goal(s), possible reasons for not meeting the goal(s) and plans for meeting the stated goal(s) in the future.

Hospital Deficiencies

Hospitals are required to submit to the Healthcare Quality Reporting Program any deficiencies related to hand hygiene that they have received from either the Center for Medicare and Medicaid Services (CMS) or Joint Commission. Hospitals are also required to submit to this program documentation of any mitigation plan developed related to that deficiency.

Public Reporting

This program reserves the right to publicly report on an annual basis the following information:

- Which of the suggested policy elements are included in a hospital's hand hygiene policy
- Whether a hospital has submitted the required information about their hand hygiene goals
- Whether a hospitals has submitted the required information about their hand hygiene related deficiencies

The design of this report will be determined by the appropriate committees of the Healthcare Quality Reporting Program and will be made publically available on the Department of Health website.

DRAFT

Hospital Acknowledgement

As an acknowledgement of this document and its contents, Hospital CEOs and Hospitals Chiefs of Medical Staff are required to sign below. By signing this document the aforementioned individuals are also attesting that they have discussed this document with a representative from their hospital's Infection Prevention team.

I, _____, as Chief Executive Officer for
(Please print name)

_____ acknowledge the above requirements and agree
(Please print hospital name)

to support my facility's Infection Prevention team, staff and healthcare workers in meeting these requirements.

_____ _____

Signature Date

I, _____, as Chief of Medical Staff for
(Please print name)

_____ acknowledge the above requirements and agree
(Please print hospital name)

to support my facility's Infection Prevention team, staff and healthcare workers in meeting these requirements.

_____ _____

Signature Date

Please sign this document and return to:

Rhode Island Department of Health

Center for Health Data and Analysis

c/o Samara Viner-Brown

3 Capitol Hill

Providence, RI 02908

DRAFT

Healthcare Quality Reporting Program

HIT SURVEY MEASURES

The following health information technology (HIT) measures are derived from the Department of Health's annual HIT Survey. Measures have been publicly reported annually for individual physicians since 2009 and for advanced practice registered nurses (APRNs) and physician assistants (PAs) since 2014.

Note: In the following specifications, "practitioners" refers to physicians, APRNs and/or PAs.

Measure 1: Presence of an Electronic Health Record (EHR)

Summary-level:	Percent yes
Practitioner-level:	Yes/No
Numerator:	Practitioners who indicate that they use computer systems, or EHRs, that track patients' health care information at their main practice OR another practice.
Denominator:	All practitioners with Rhode Island licenses who are in active practice and have a mailing address in-state (Rhode Island) or an adjacent state (Connecticut or Massachusetts); includes survey non-respondents.
Notes:	Practitioners ineligible for the measures (e.g., are not in active practice) are excluded from the report. If a practitioner does not respond to the HIT Survey, they are reported as not using HIT and have "No" for Measure 1.
Definition:	EHR: An integrated electronic clinical information system that tracks patient health data, and may include functions such as visit notes, prescriptions, lab orders, etc., also known as an electronic medical record or EMR

Measure 2: Use of an EHR

Summary-level: 0-100 scale, with 100 indicating greatest use

Practitioner-level: Displayed as circles to show how a physician's HIT use compares to other physicians in the state; ●○○ means they are in the 1st quartile of responses, ●●○ means they are in the 2nd or 3rd quartile of responses, ●●● means they are in the 4th quartile of responses and ○○○ means they did not respond or do not have an EHR.

Calculation: Equal weight to each of the following 14 functionalities that practitioners report, with scores proportional to the frequency of use:

- **Clinical documentation functionalities**:
  - Write visit notes OR Write progress/consult notes
  - Documenting medication lists
  - Documenting problem lists
  - Patient demographics
- **Decision support functionalities**:

- Drug allergy or interaction warnings at the point of prescribing
- Prompts to practitioners at the point of care

- **Interoperability communication functionalities:**
  - Generating patient clinical summaries for consults, referrals or transfers
  - Requesting consults or referrals using an EHR
  - e-Consults (either providing or requesting specialist input via an EHR without a patient visit)
  - Secure emailing with practitioners outside the physician's office via an EHR
- **Order management functionalities**:
  - Laboratory order entry
  - Radiology order entry
- **Results management**:
  - Laboratory test results directly from lab via electronic interface
  - Radiology test results directly from facility via electronic interface

Population: All practitioners with Rhode Island licenses who are in active practice and have a mailing address in-state (Rhode Island) or an adjacent state (Connecticut or Massachusetts); the summary-level measure is limited to survey respondents who reported that they have an EHR.

Notes: Practitioners ineligible for the measures (e.g., not in active practice) are excluded from the report.

Definition: EHR: An integrated electronic clinical information system that tracks patient health data, and may include functions such as visit notes, prescriptions, lab orders, etc., also known as an electronic medical record or EMR

Measure 3: Use of an EHR for patient engagement

Summary-level: 0-100 scale, with 100 indicating greatest use

Practitioner-level: Displayed as circles to show how a physician's HIT use compares to other physicians in the state; ●○○ means they are in the 1st quartile of responses, ●●○ means they are in the 2nd or 3rd quartile of responses, ●●● means they are in the 4th quartile of responses and ○○○ means they did not respond or do not have an EHR.

Calculation: Equal weight to each of the following 12 functionalities and two practice level tools that physicians report:

- **Patient Interaction Functionalities**:
  - Patient portal
  - Patient access to medication list
  - Patient access to problem list
  - Patient access to visit, progress, or consult notes
  - Patient access to test results
  - After visit summaries for patients
  - Patient-specific educational resources
  - Patient-initiated prescription refill requests

- Patient-managed personal health record
- Patient submitted clinical data
- Scheduling patient appointments
- Secure messaging with patients using an EHR

- **Practice Level Tools**
  - Practice has a website intended for patients
  - Practice has an online option for patients to pay their bill

Population:	All practitioners with Rhode Island licenses who are in active practice and have a mailing address in-state (Rhode Island) or an adjacent state (Connecticut or Massachusetts); the summary-level measure is limited to survey respondents who reported that they have an EHR.
Notes:	Scores for the individual functionalities are proportional to their frequency of use and scores for the practice level tools are based on yes/no/don't know physician response. Practitioners ineligible for the measures (e.g., are not in active practice) are excluded from the report.
Definitions:	Patient Engagement: Certain actions patients may take to obtain the greatest benefit from the health care services available to them; in the context of this measure, patient engagement by a practitioner relates to providing patients access to their clinical information, providing patient education and facilitating communication by an EHR EHR: An integrated electronic clinical information system that tracks patient health data, and may include functions such as visit notes, prescriptions, lab orders, etc., also known as an electronic medical record or EMR

Measure 4: Use of e-Prescribing

Aggregate:	Percent yes
Practitioner-level:	Yes/No
Numerator:	Practitioners who indicate that they send their patients' prescriptions to the pharmacy electronically, or "e-prescribe."
Denominator:	All practitioners with Rhode Island licenses who are in active practice, have a mailing address in Rhode Island or an adjacent state (Connecticut or Massachusetts) and who prescribe medications; includes survey non-respondents.
Definition(s):	e-prescribing: Transmitting prescriptions or medication orders electronically to the pharmacy; includes both community pharmacies and hospital Transmitting prescriptions electronically: Prescriptions may be transmitted within physicians' EHRs or externally, but cannot be transmitted via fax
Notes:	To obtain a "yes" for the measure, office-based practitioners must transmit prescriptions electronically to the pharmacy for >0% of their patients; hospital-based practitioners must transmit medication orders electronically to their hospital pharmacy OR transmit prescriptions electronically to an outside or community pharmacy for >0% of their patients. Practitioners who do not prescribe medications are indicated by N/A. Practitioners ineligible for the measures (e.g., are not in active practice) are excluded from the report. If a practitioner does not respond to the HIT Survey, they are reported as not using HIT and have "No" for Measure 4.

Rhode Island HIT Survey: 2015 Results and Trends

September 2015

Last updated 9/22/2015

Survey Objectives

1. To measure presence (structural measures) and use (process measures) of HIT by clinicians caring for Rhode Island patients

2. To capture HIT data for state agencies and other key stakeholders using single instrument (i.e., minimize data collection burden)
    - BCBSRI
    - CurrentCare
    - Department of Health grant reporting
    - Inventory Survey
    - Primary Care Physician Survey
    - QIN-QIO

Last updated 9/22/2015

Methods, 2015

- **Administered to all Licensed Independent Practitioners (LIPs):**
  - Advanced Practice Registered Nurses (APRNs)
  - Physicians
  - Physician Assistants (PAs)
- **Electronic survey instrument** sent via:
  - Hard copy mailing
  - If email available, email notification and up to two reminders
- **Analyses limited to LIPs:**
  - Licensed in Rhode Island
  - In active practice
  - Located in Rhode Island or an adjacent state (Connecticut or Massachusetts)

Changes to 2015 Process and Survey

- **Changes to Process**
  - Physician survey was sent in two clusters, DOH identified PCPs first, then others and PCP non-respondents
  - APRN/PA survey sent with second cluster of physician survey
  - Physician surveys included questions from the Primary Care Survey (Office of Primary Care and Rural Health)
  - Surveys collected practice information that was used for PCP and specialty office inventory surveys
- **Changes to Survey**
  - Addition of patient engagement questions and measure
  - Combined Basic EHR Use and Advanced EHR Use measures

Publicly-Reported Measures, 2015

1. **Presence of an Electronic Health Records (EHR)**: Defined as a clinical information system that tracks patient health data, and may include such functions as visit notes, prescriptions, lab orders, etc.

2. **Use of an EHR**: Among those with EHRs, level of use of functionality related to documentation and results management, decision support, external communication, order management, and reporting

3. **Use of an EHR for Patient Engagement**: Among those with EHRs, level of use of functionality related to patient access to their clinical information, patient education, and communication

4. **Use of E-Prescribing**: Transmitting prescriptions or medication orders electronically to a pharmacy

Last updated 9/22/2015

Changes to 2015 Practitioner Report

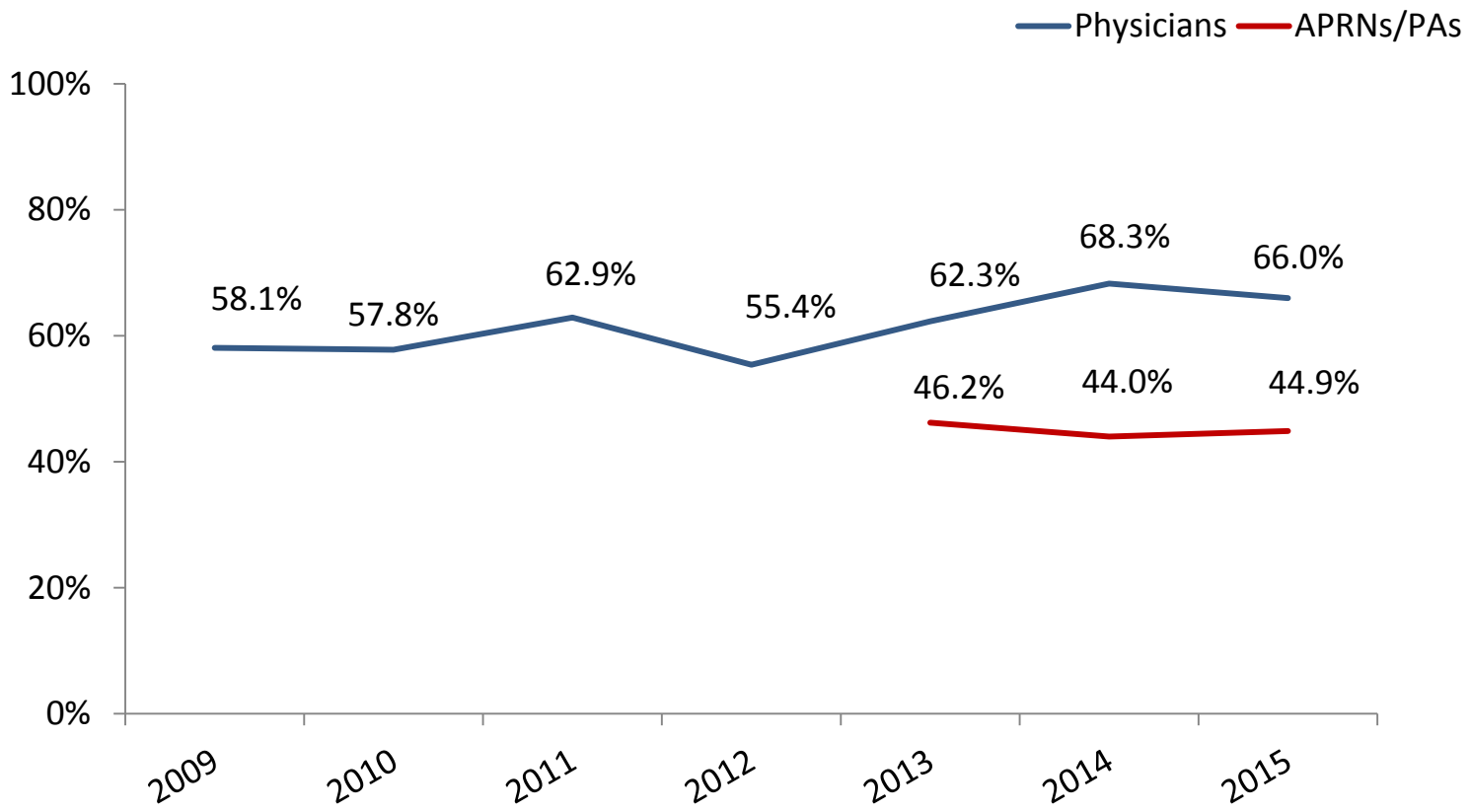
- **Publicly-reported measures in previous report format:**
  - Presence of EHR and use of e-Prescribing shown as yes/no
  - Basic and Advanced EHR use shown as a numerical score (0-100)
- **Publicly-reported measures in new report format:**
  - Level of EHR use and use of EHR for patient engagement shown as symbol
  - Symbols are easier to understand for those with low computational literacy
  - Circles, as opposed to stars or diamonds, help to differentiate between value and level of use

⊘○○ - Did not respond
●○○ - 1st Quartile of responses
●●○ - 2nd or 3rd Quartile of responses
●●● - 4th Quartile of responses

Last updated 9/22/2015

The HIT Survey has a relatively high response rate for a single-wave mailed survey. It is higher among physicians than APRNs/PAs.

Response rate by year (administration to APRNs/PAs began in 2013)



Last updated 9/22/2015

Physician Results

Overall Trends

Last updated 9/22/2015

The 2015 results provide a point-estimate of HIT adoption among physicians for the four publicly-reported measures.

Use of EHRs and e-prescribing, among respondents and all physicians

Measure	Survey Respondents (N=2,572)			All Physicians (N=3,898)	
	Population	Score		Population	Score
1. Physicians with EHRs, n (%)	2,572	2,290 (89.0%)		3,898	2,290 (58.8%)
2. EHR functionality use (0-100), median	2,290	75.0		--	--
3. Patient engagement EHR use (0-100), median	2,290	35.7		--	--
4. Physicians who are e-prescribing, n (%)	2,377	1,944 (81.8%)		3,703	1,944 (52.5%)

Non-respondents were reported as NOT using health information technology

Last updated 9/22/2015

EHR adoption is highest among hospital-based physicians, but office-based PCPs are more likely to use patient engagement functionality.

RHODE ISLAND DEPARTMENT OF HEALTH

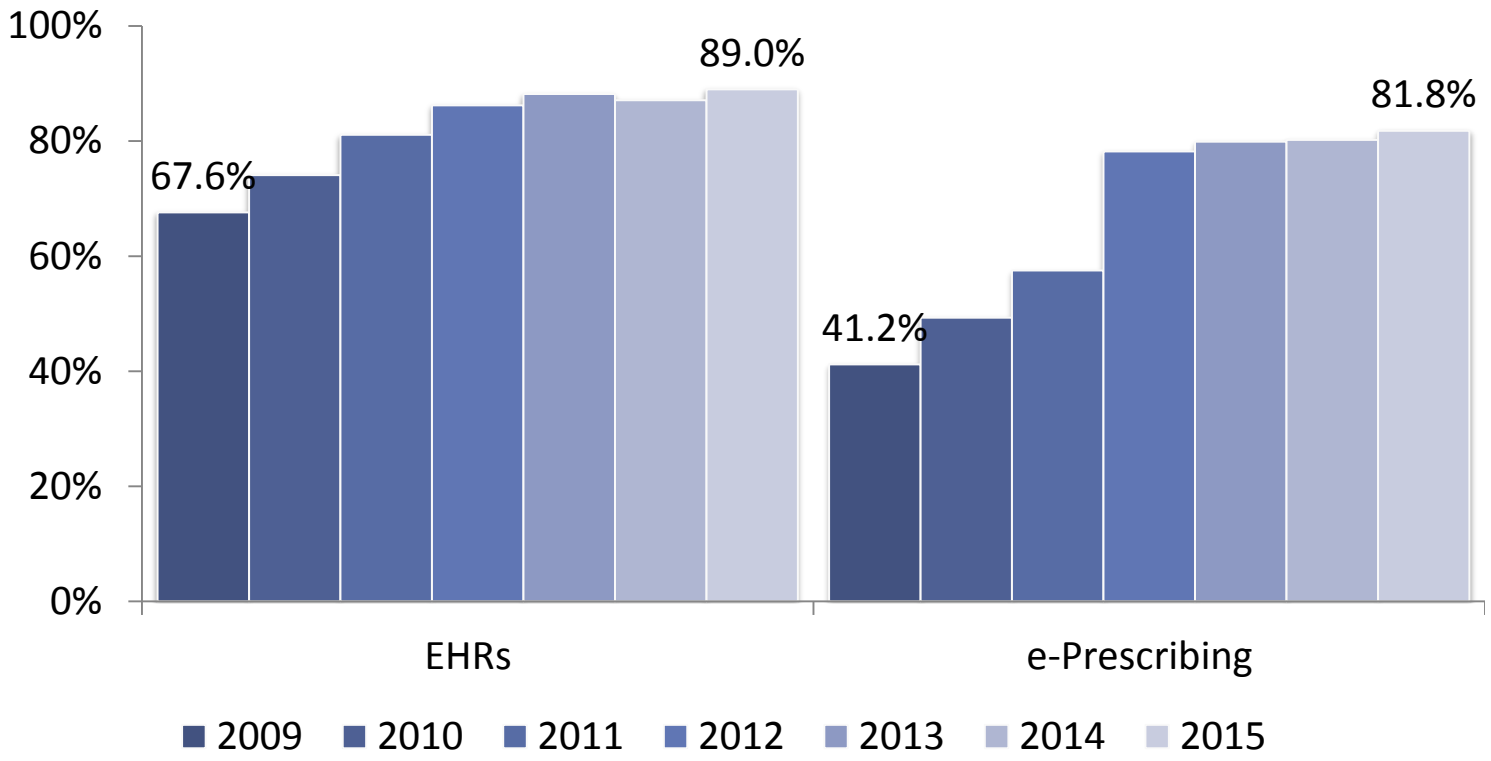
Respondents' use of EHRs and e-prescribing, by physician specialty and practice location

Measure	Setting		Office-Based Specialty		Overall Survey Respondents (N=2572)
	Office (N=1,621)	Hospital (N=951)	PCP (N=731)	Non-PCP (N=890)	
1. Physicians with EHRs, n (%)	1375 (84.8)	915 (96.2)	668 (91.4)	707 (79.4)	2290 (89.0)
2. EHR functionality use (0-100), median	75.0	75.0	82.1	64.3	75.0
3. Patient engagement EHR use (0-100), median	57.1	14.3	64.3	42.9	35.7
4. Physicians who are e-prescribing, n (%)	1,290 (82.4)	654 (80.6)	651 (90.4)	639 (75.5)	1,944 (81.8)

Last updated 9/22/2015

Adoption of EHRs and use of e-prescribing have been increasing since 2009. EHR adoption increased by nearly 31.6% and e-prescribing by 98.5%.

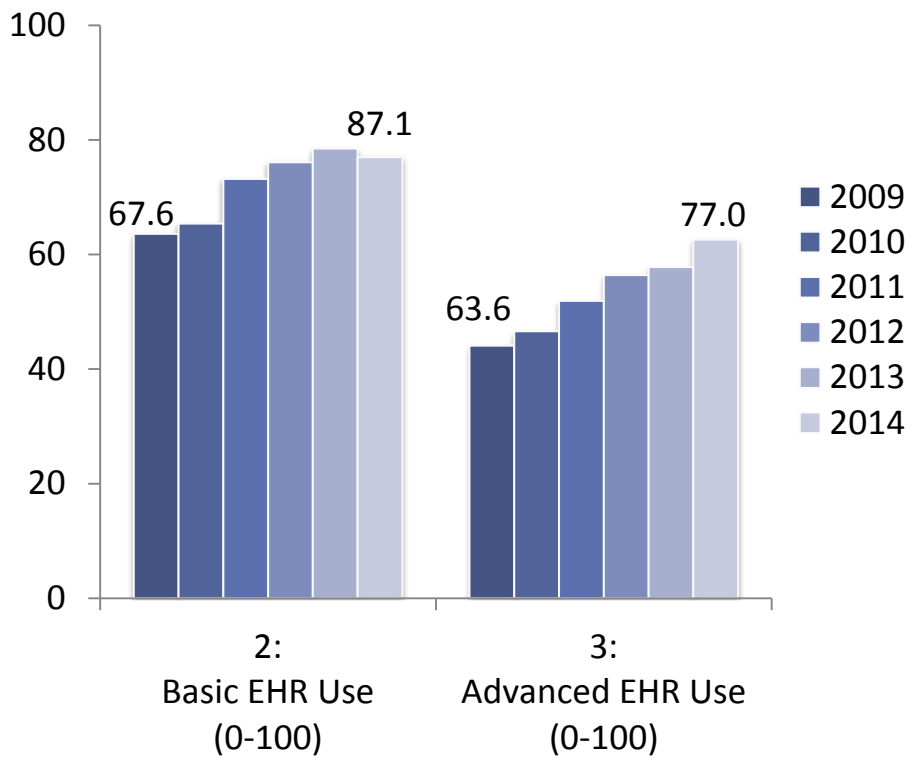
Survey respondents' use of EHRs and e-prescribing



Last updated 9/22/2015

Basic and Advanced EHR Use increased from 2009 to 2014. In 2015 we combined the data elements into a single measure, EHR Use.

Survey respondents' use of basic and advanced EHR functionality



2015 EHR Functionality Use:

75.0 out of 100

Last updated 9/22/2015

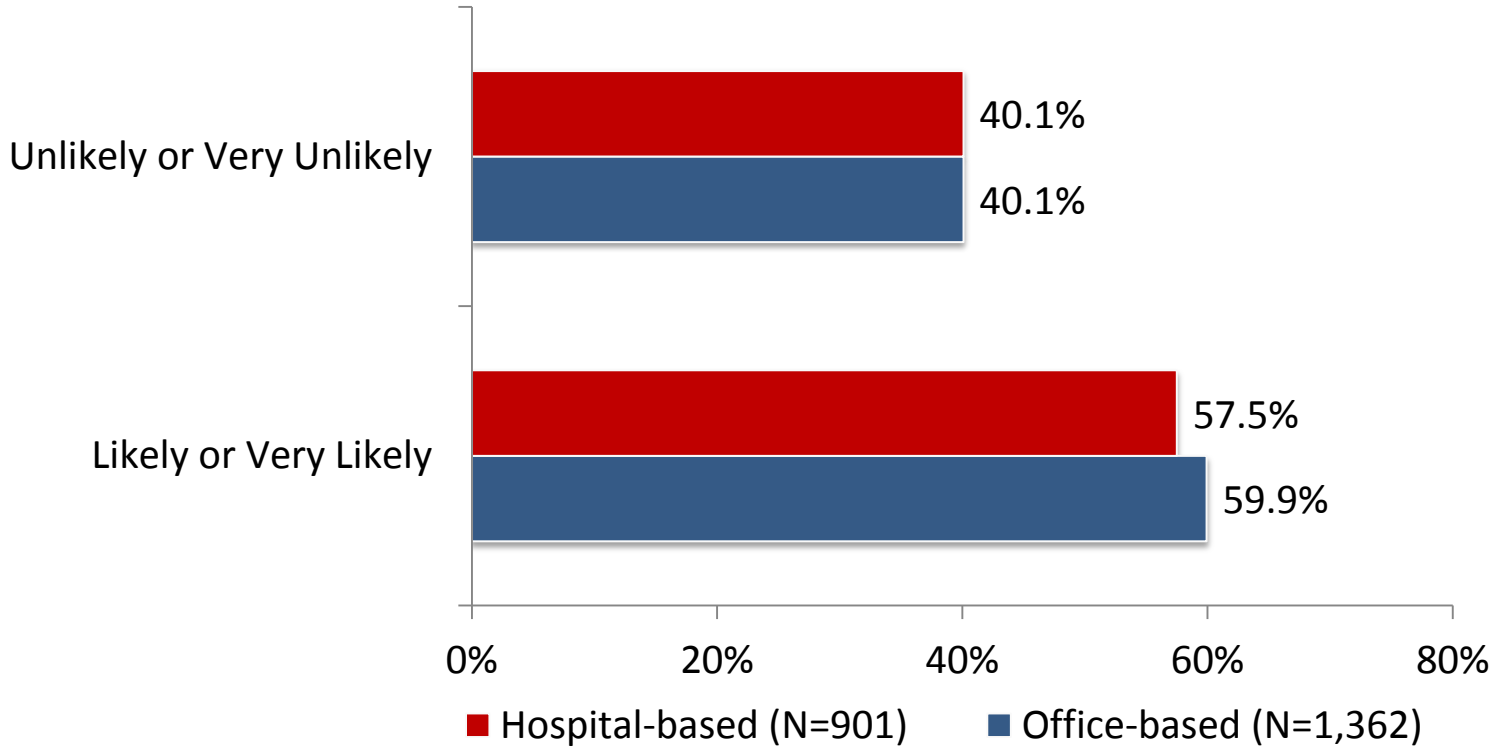
Physician Results

Impact of EHRs

Last updated 9/22/2015

More than half of office-based and hospital-based physicians would recommend their EHR vendor to a friend or colleague.

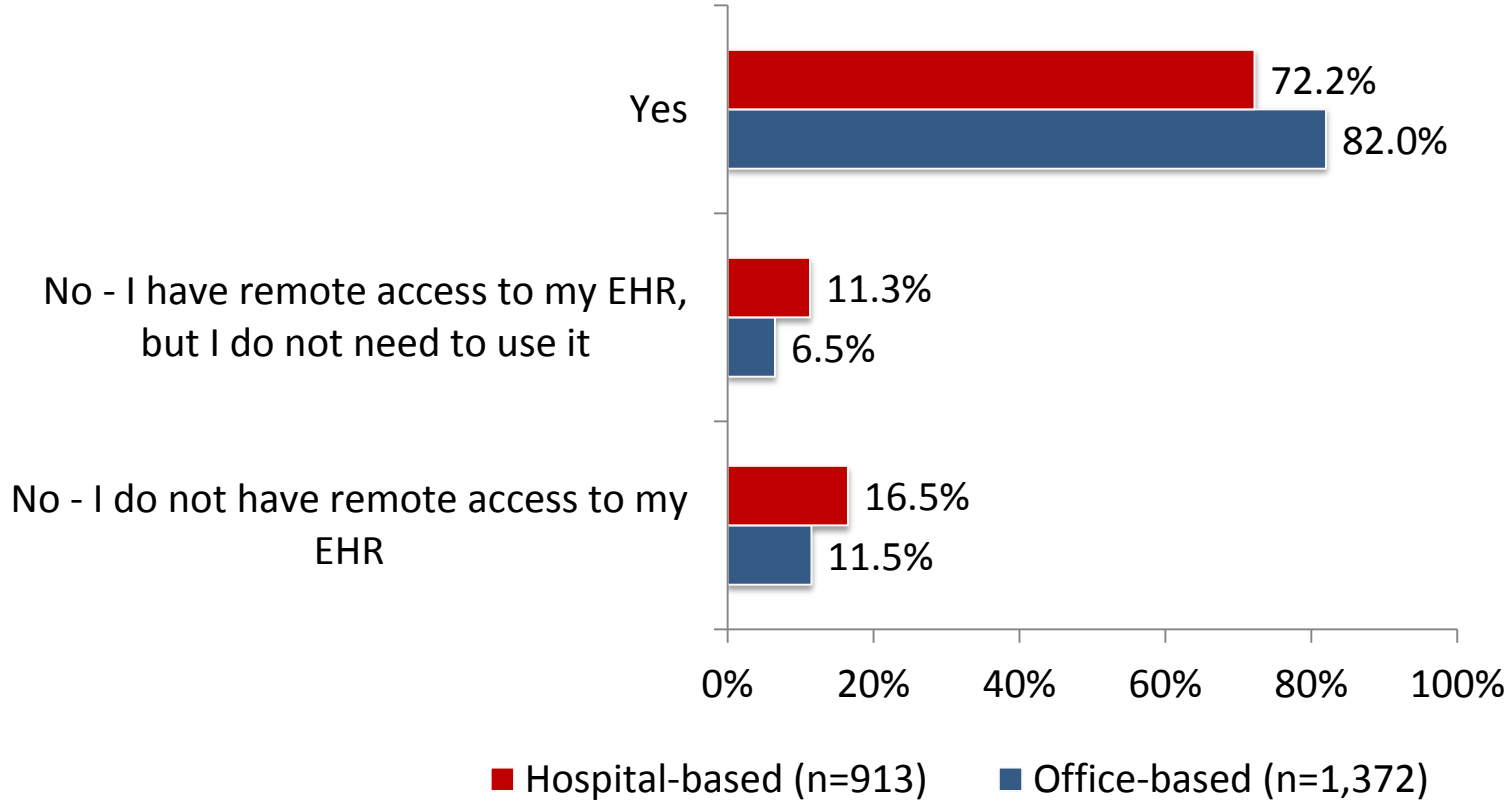
Likelihood of recommending current EHR vendor to friend or colleague



Last updated 9/22/2015

Most physicians have access to their EHR, and are using it, when they are away from their usual practice location.

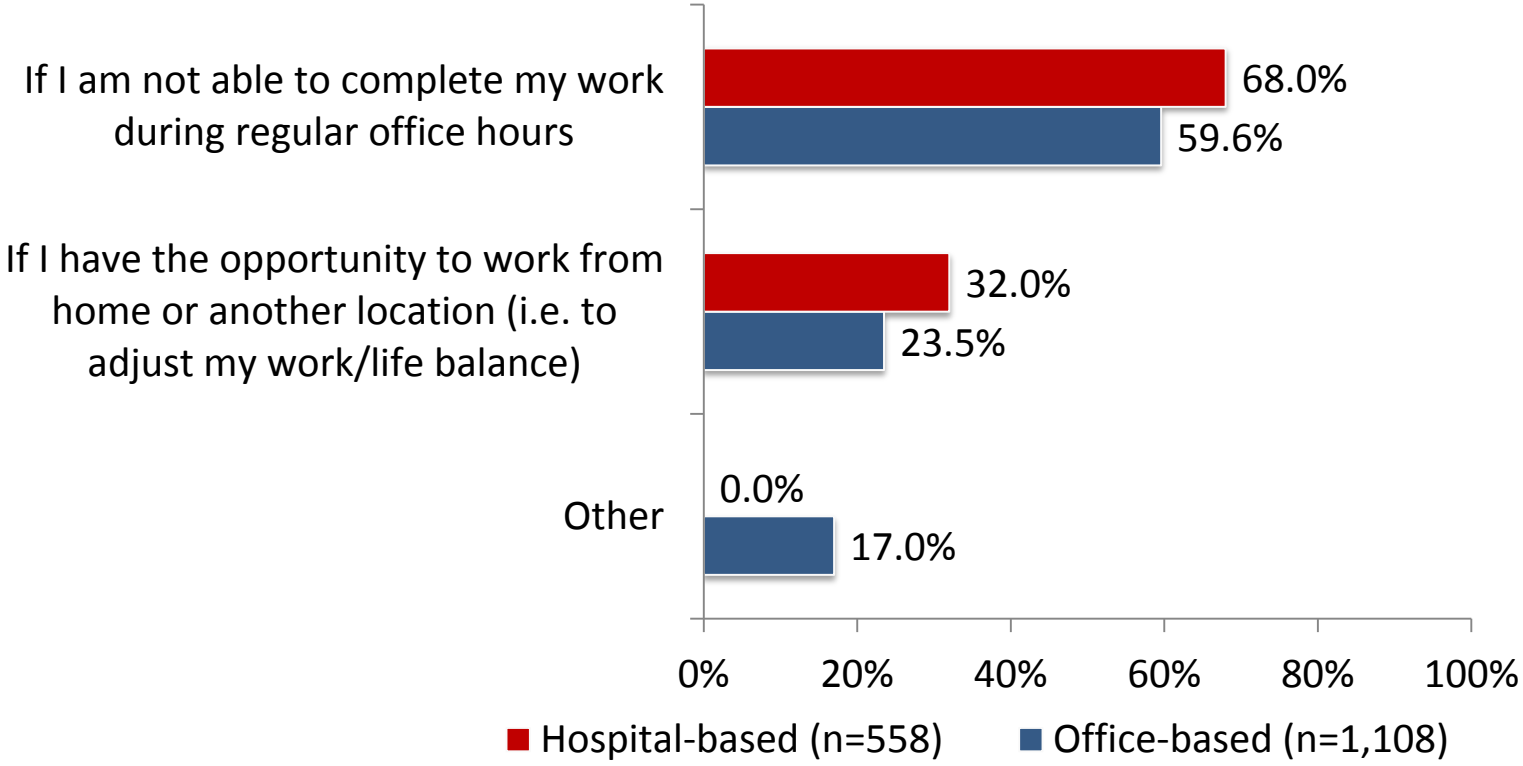
Percent of physicians who use their EHR outside of their usual practice location



Last updated 9/22/2015

Most physicians are using their EHR from other locations when they are not able to get things done during regular work hours.

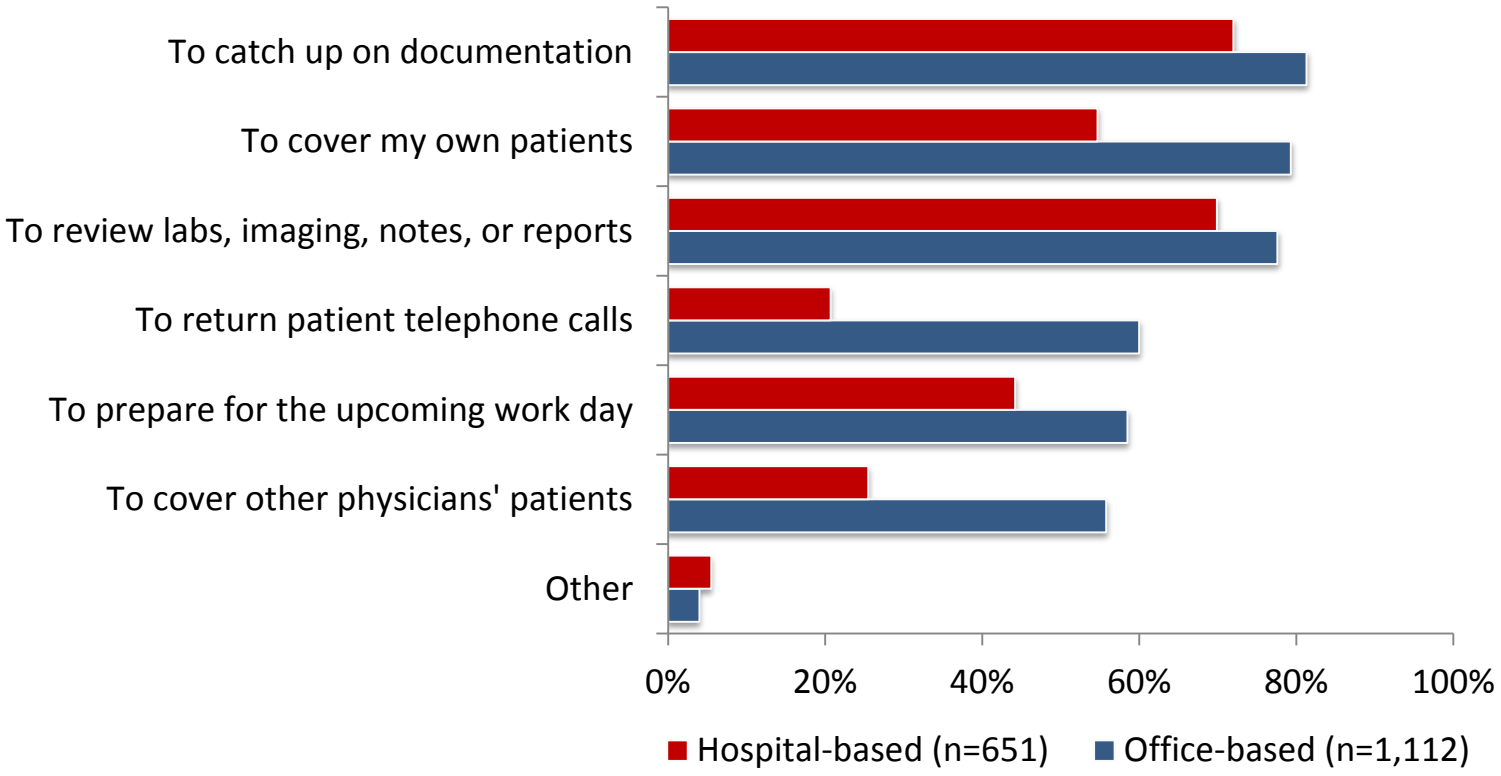
Circumstances under which physicians access their EHR from other locations most often, by practice setting



Last updated 9/22/2015

Physicians use their EHRs outside of their usual work location for a number of tasks, including catching up on documentation, covering patients, and reviewing labs, imaging, notes or reports.

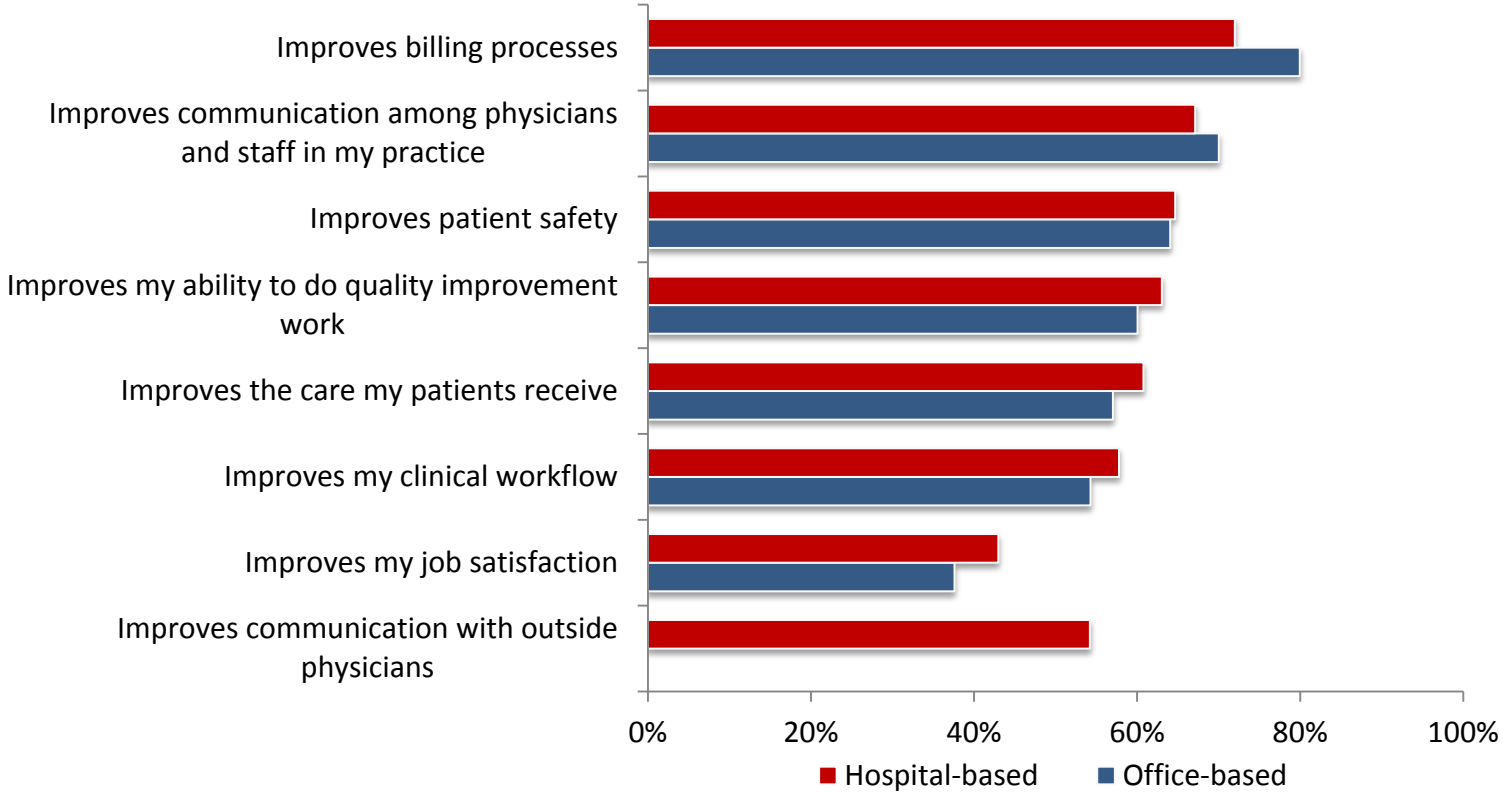
Percent of physicians who use their EHR outside of their usual location for the following tasks…



Last updated 9/22/2015

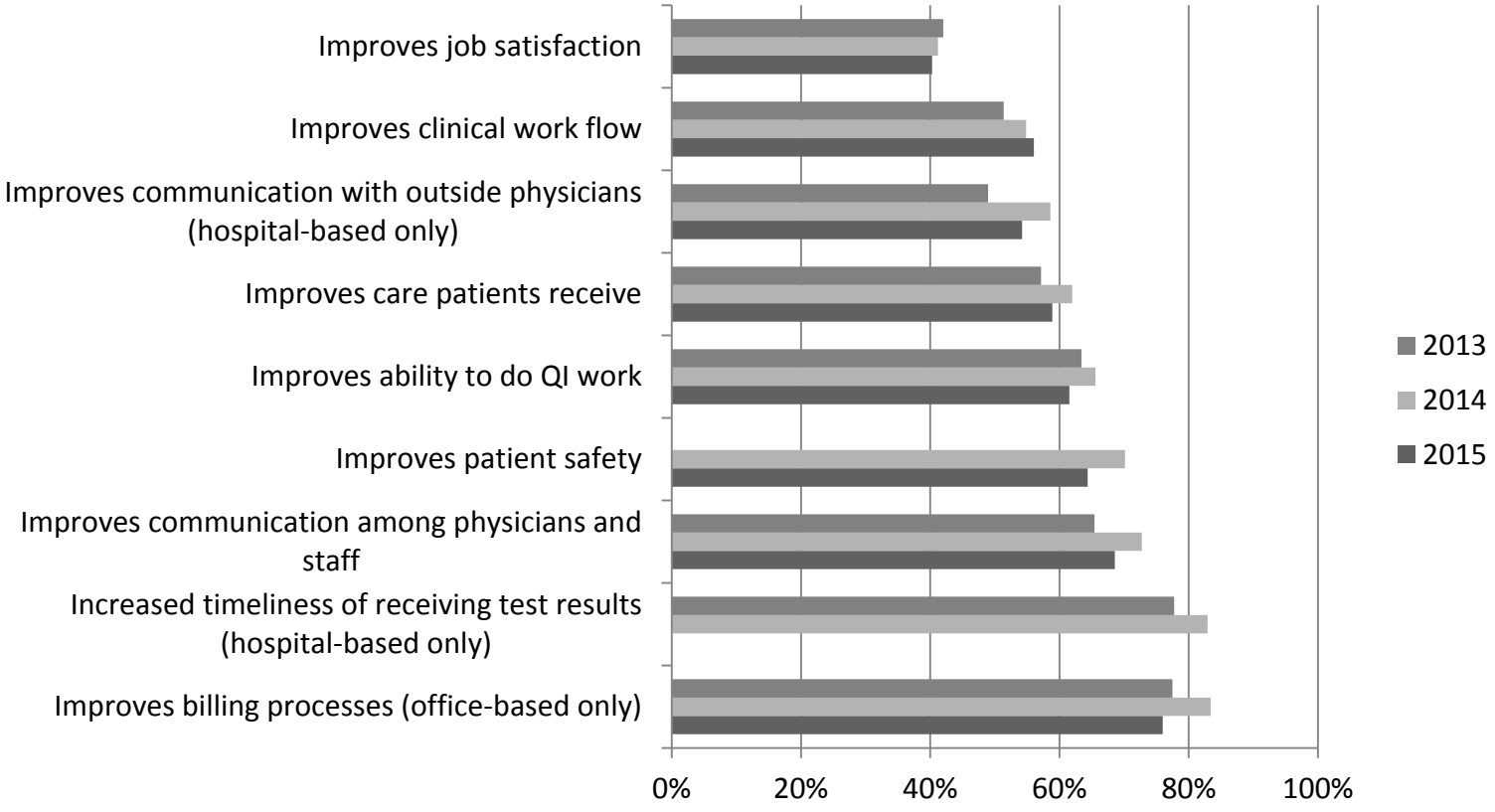
Though more than two thirds of physicians say that EHRs improve communication, fewer than half say that it improves their job satisfaction.

Percent of physicians who "agree" or "strongly agree" that using an EHR…



Last updated 9/22/2015

Compared to 2014, physicians' agreement *decreased* for all statements about how EHRs improve care, *except* that EHRs improve clinical workflow

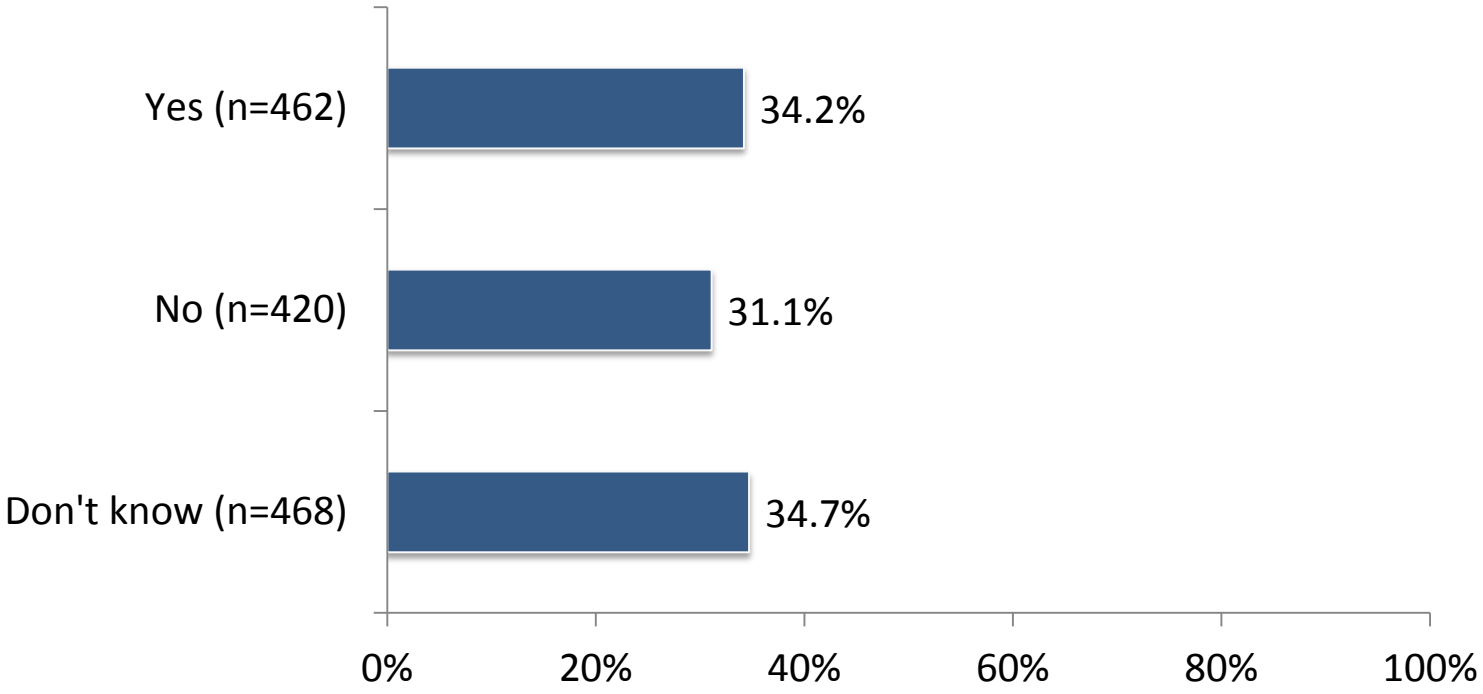


Physician Results

Population Health Management

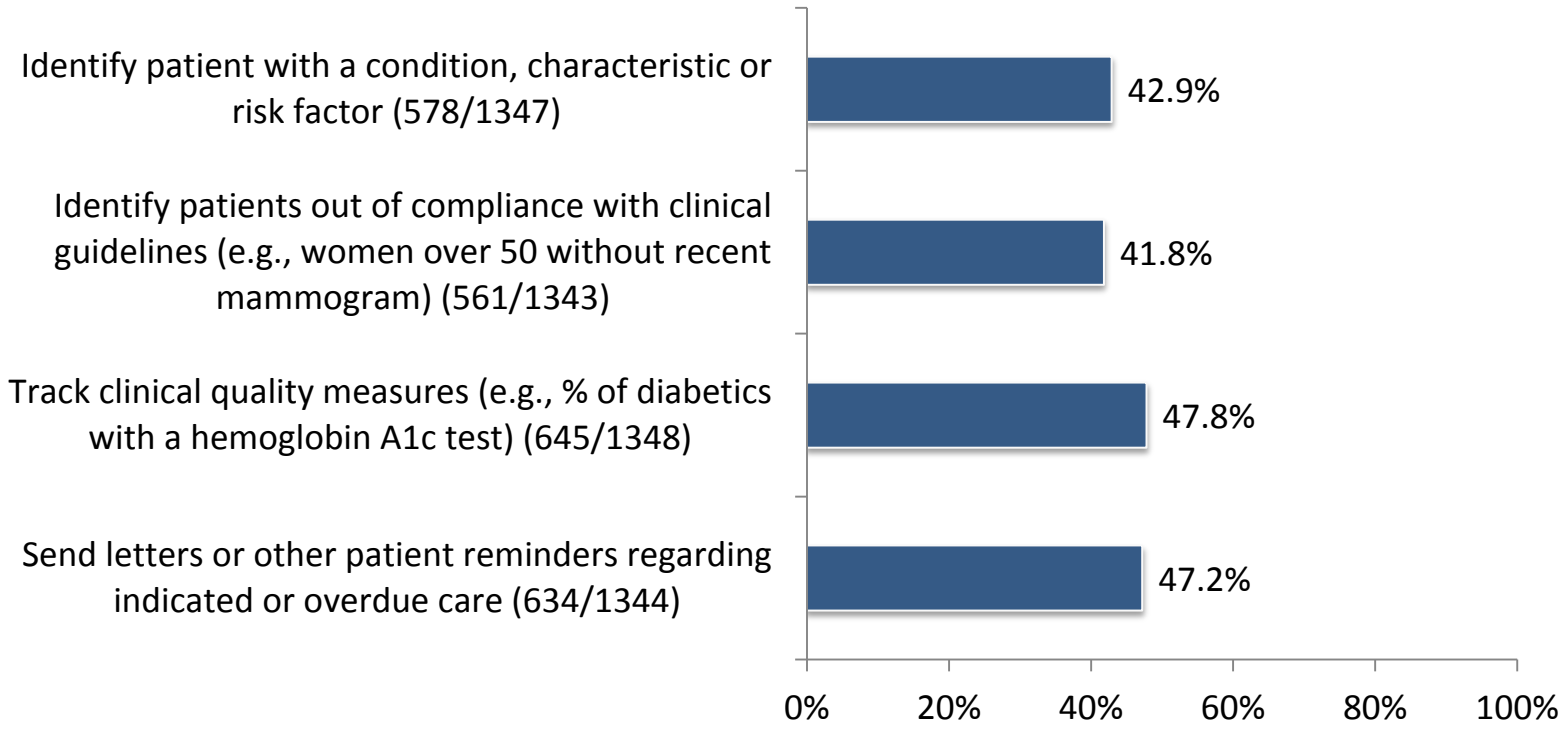
Last updated 9/22/2015

Approximately one third of office-based physicians are using their EHR for population health management. The same number is not aware if this is happening.



Last updated 9/22/2015

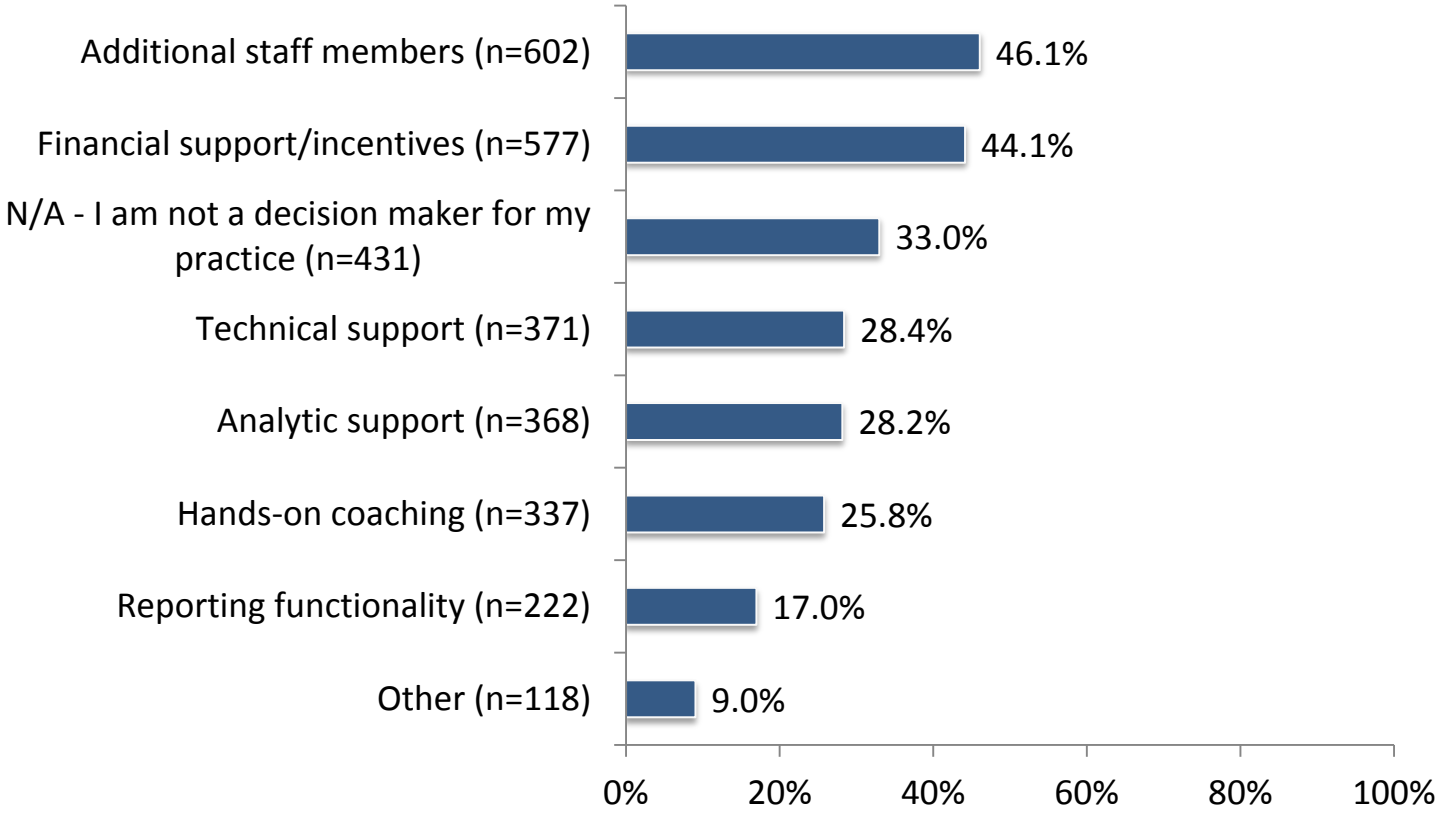
Tracking quality measures and sending patient reminders are among the most common ways that office-based physicians use their EHRs for population health management.



Last updated 9/22/2015

Among those not using their EHR for population health management, almost half say that they would need additional staff or financial support to do so.

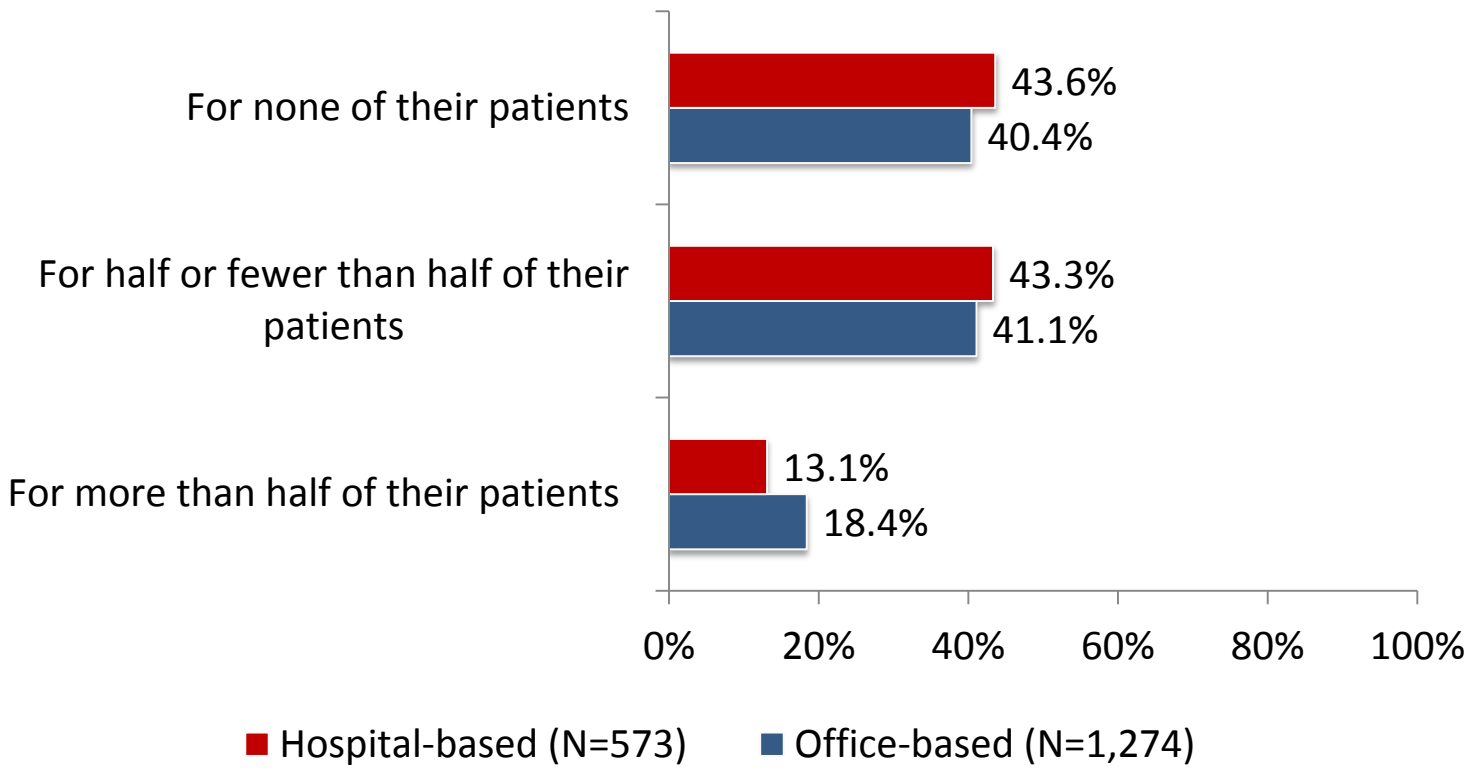
Percent of physicians who thought it would take the following for them to use their EHR for population health management… (N=1,307)



Last updated 9/22/2015

Among physicians who prescribe opioids or benzodiazepines, more than half consult the Prescription Monitoring Program (PMP) at least some of the time.

Percent of physicians who consult the PMP before prescribing (N=1,847)



Last updated 9/22/2015

Physician Results

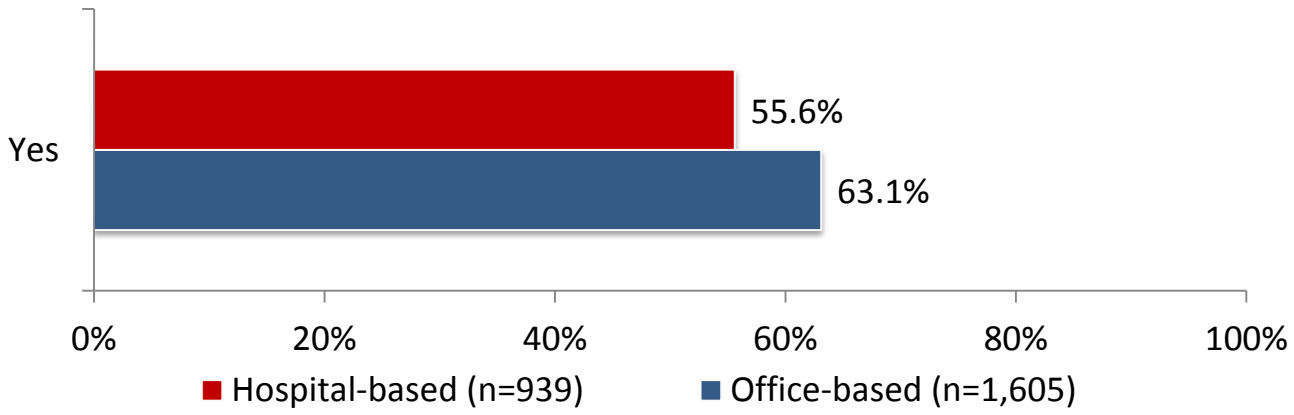
Communication

Last updated 9/22/2015

Some physician practices use technology other than an EHR with their patients.

Percent of physicians whose practice has…

A website intended for patients (e.g., a website for informational or public relations purposes)

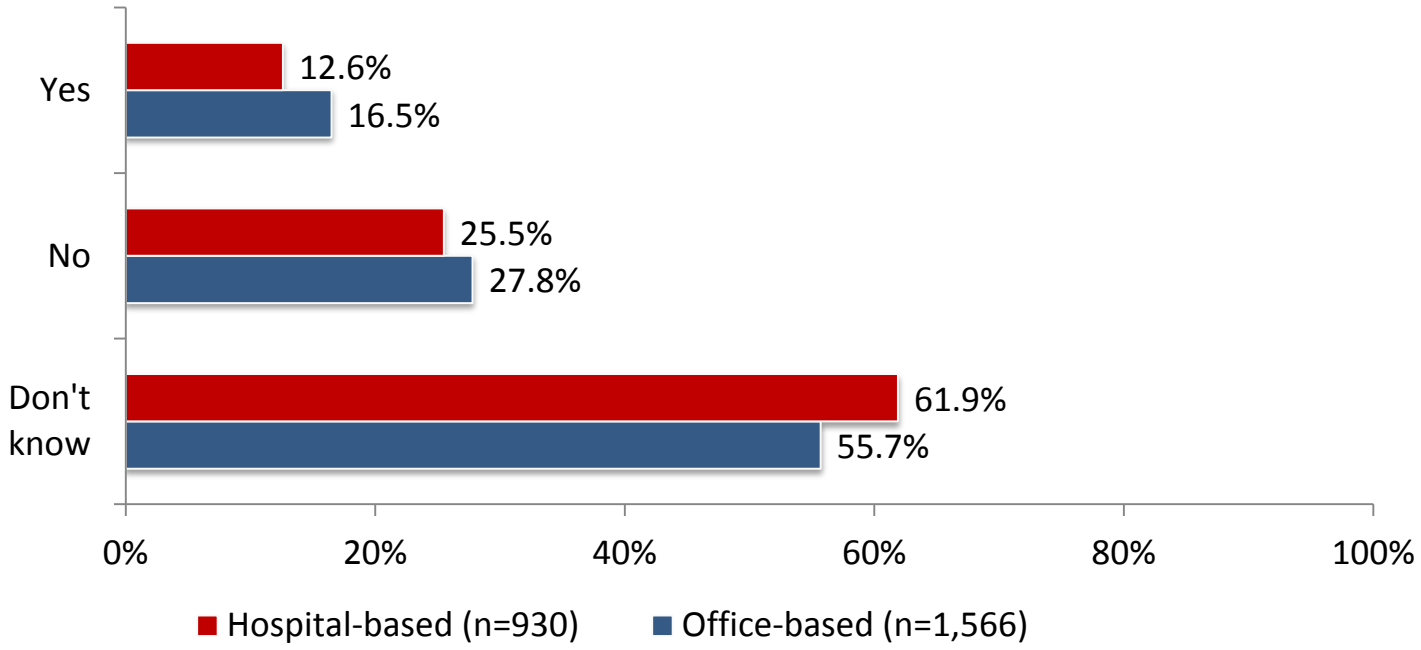


Last updated 9/22/2015

Some physician practices use technology other than an EHR to communicate with other practices.

Percent of physicians whose practice…

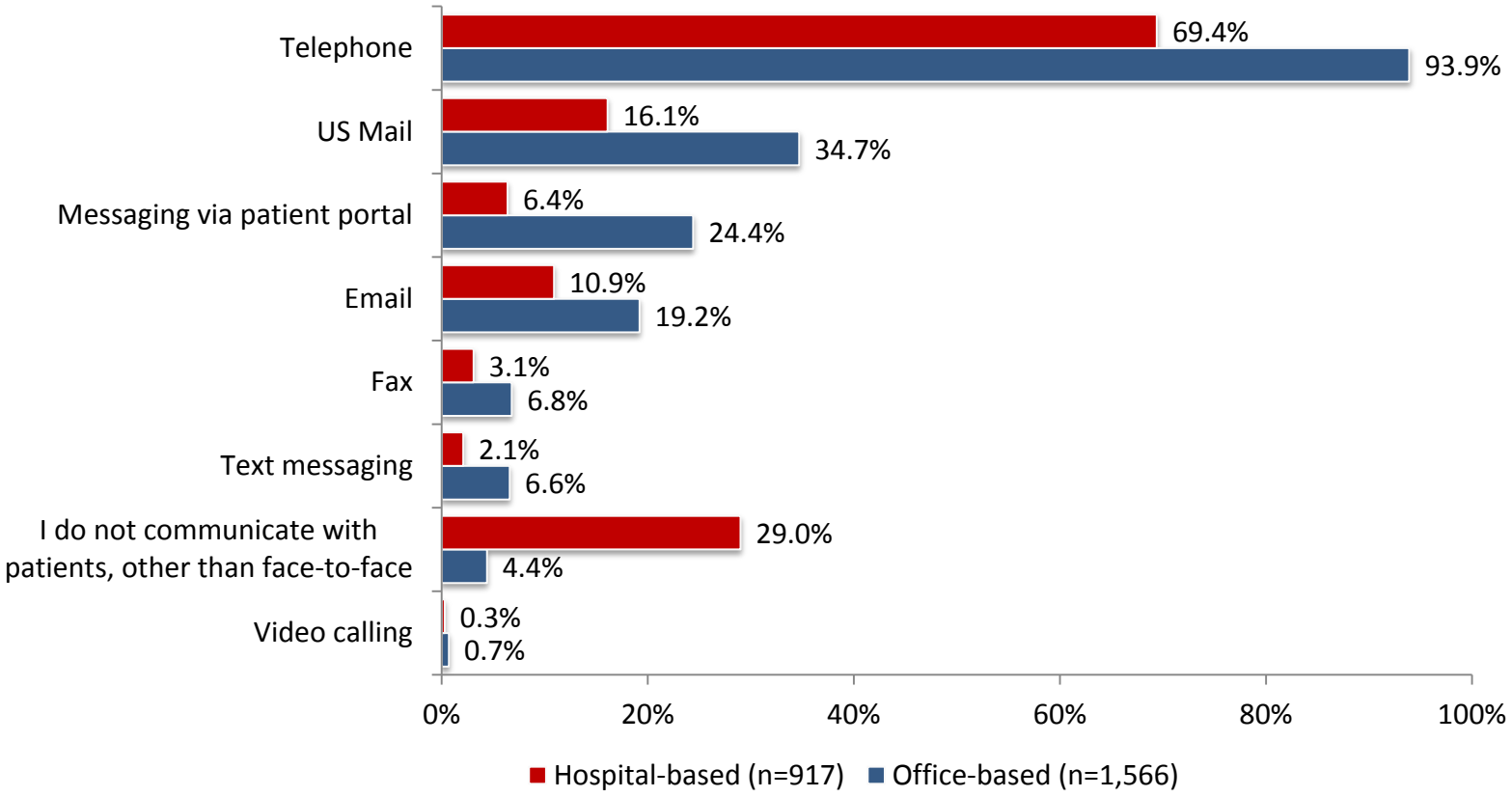
A "Direct address" (i.e., a specific electronic address for secure messaging using a Health Information Service Provider)



Last updated 9/22/2015

Most physicians use the phone and the postal service to communicate with patients outside of in-person visits.

Percent of physicians who personally communicate with their patients using…



Last updated 9/22/2015

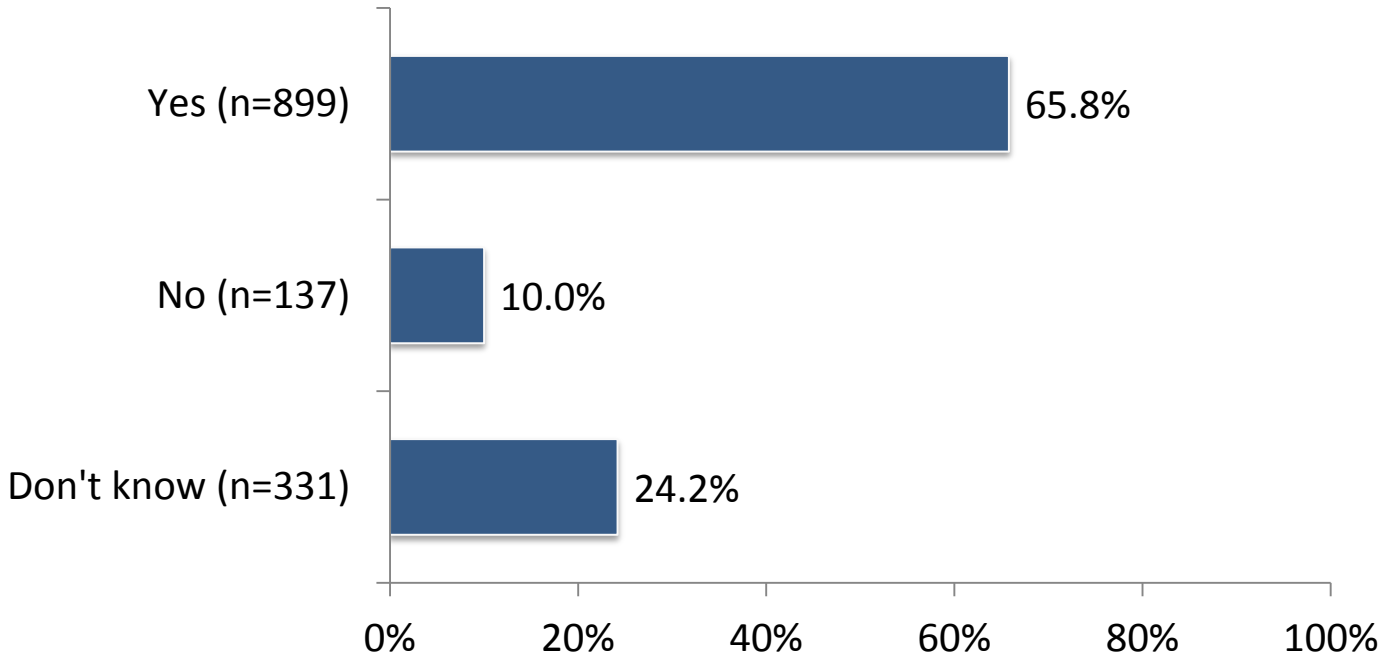
Physician Results

Meaningful Use

Last updated 9/22/2015

About two-thirds of office-based physicians report that they have attested to Meaningful Use.

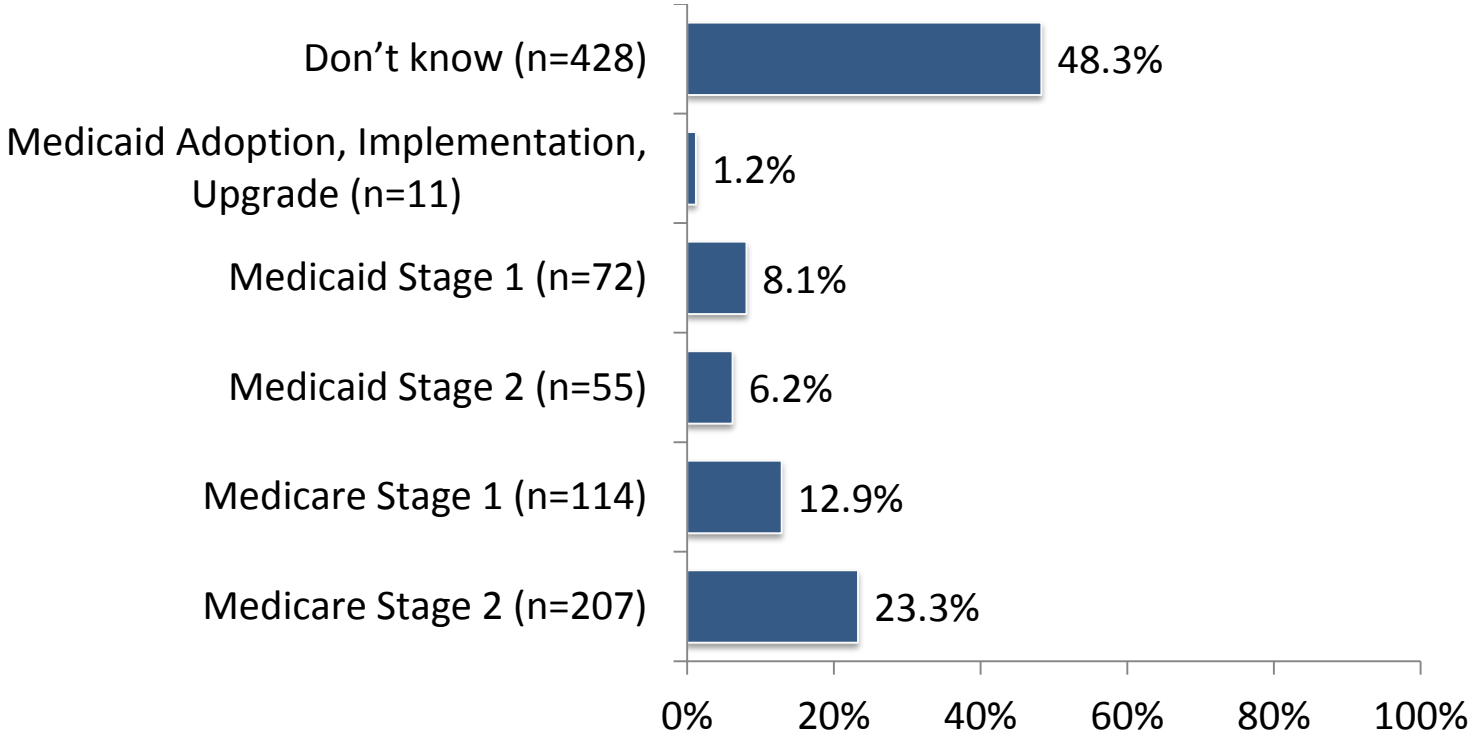
Percent of office-based physicians who have attested, or had someone attest on their behalf, to Meaningful Use (N=1,367)



Last updated 9/22/2015

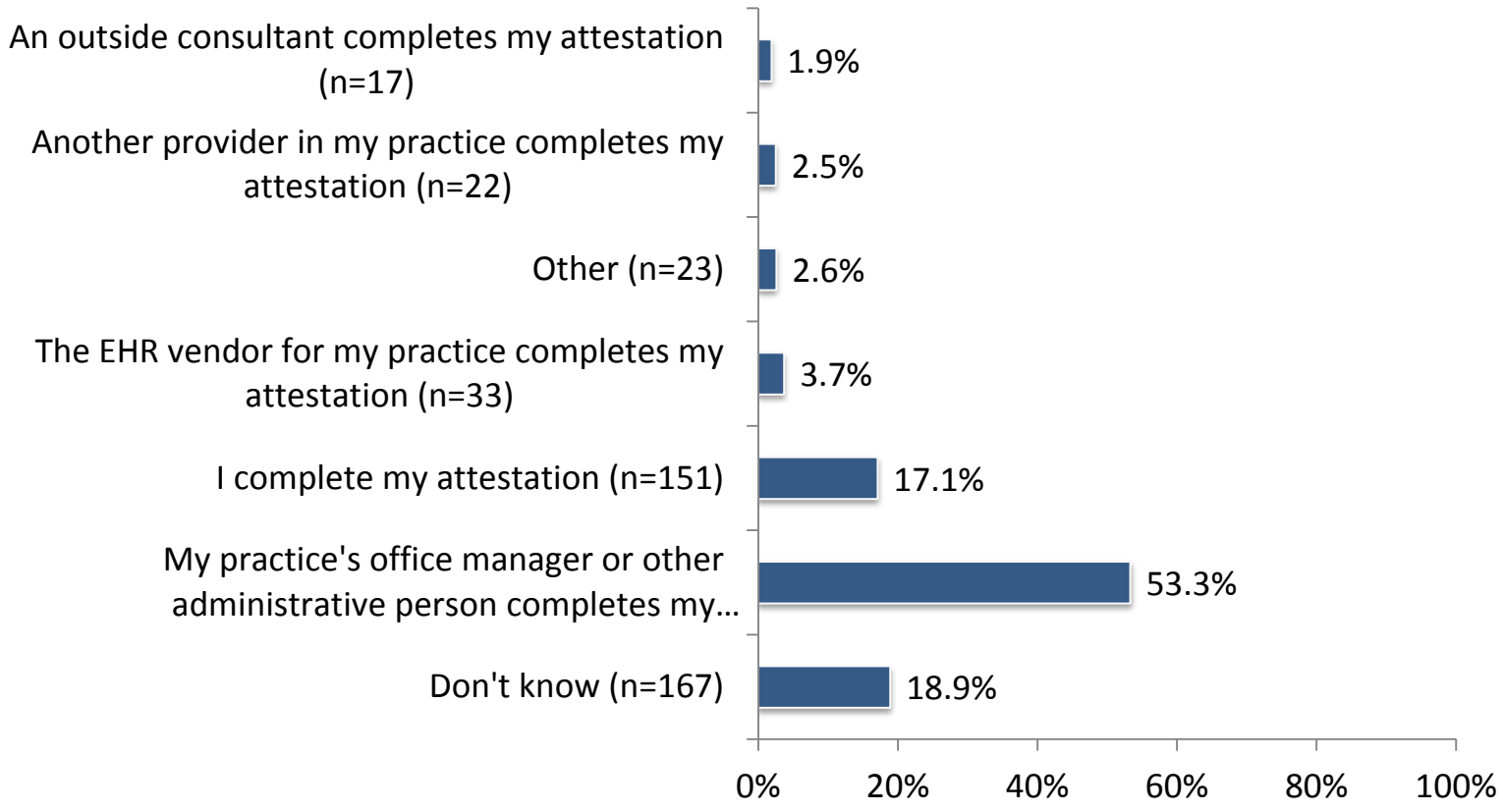
Medicare Stage 2 is the most common Meaningful Use attestation.

Percent of office-based physicians who attested to each stage of Meaningful Use in 2015 (N=887)



Last updated 9/22/2015

More than half of office-based physicians had someone else complete their Meaningful Use Attestation for them, most commonly an office manager or administrator.



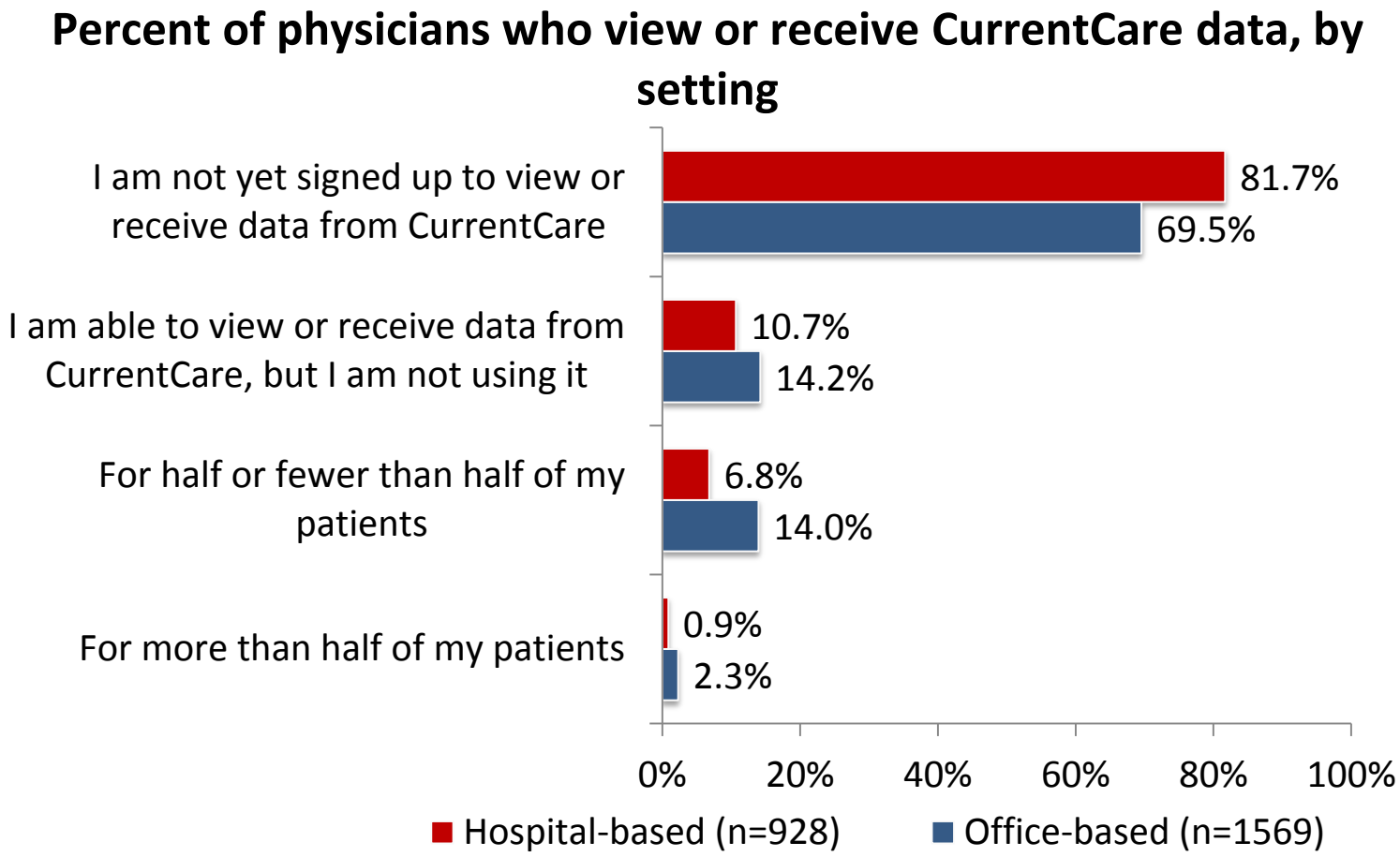
Last updated 9/22/2015

Physician Results

CurrentCare

Last updated 9/22/2015

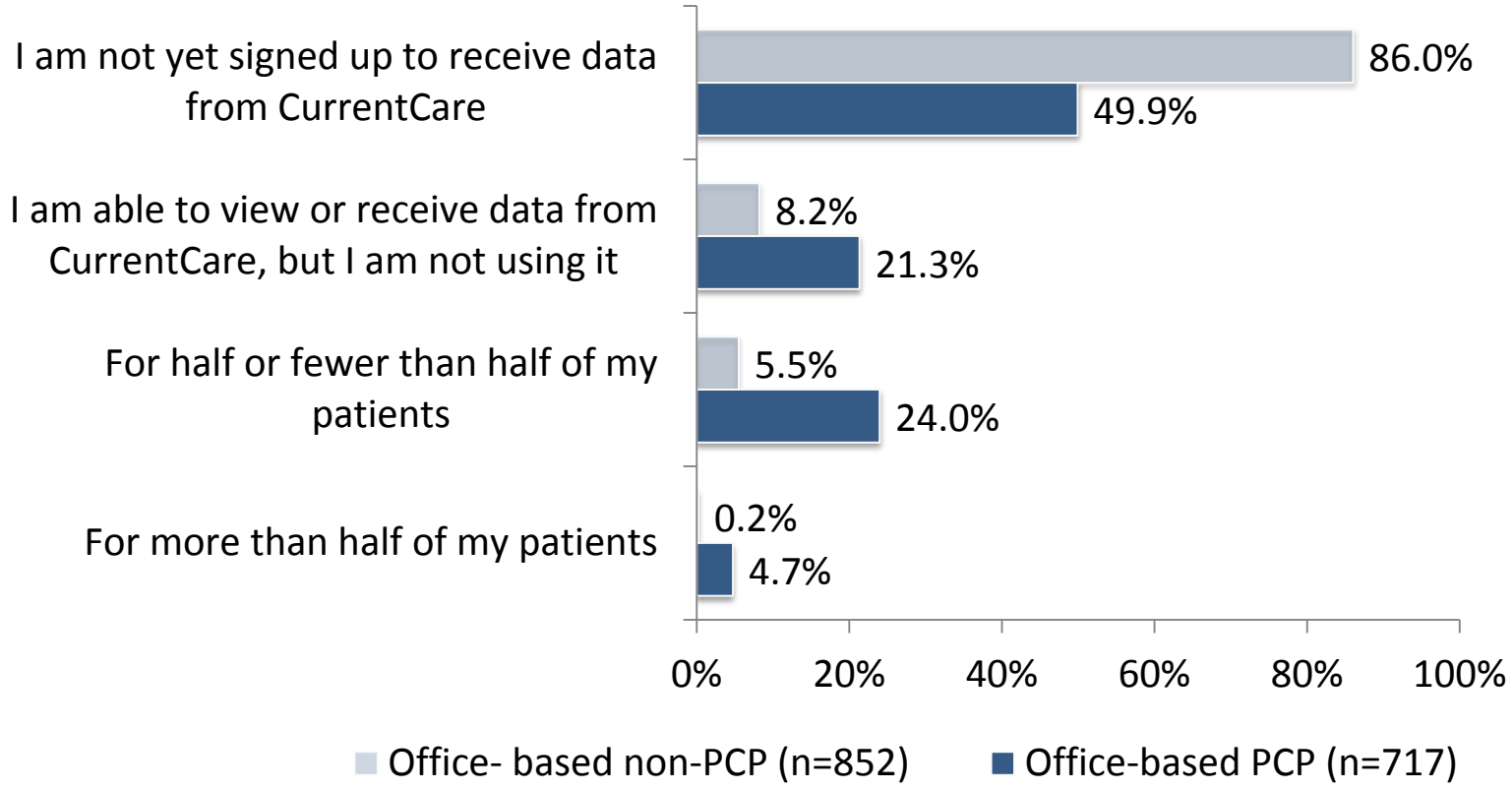
Most hospital and office-based physicians are not signed up to view or receive CurrentCare data.



Last updated 9/22/2015

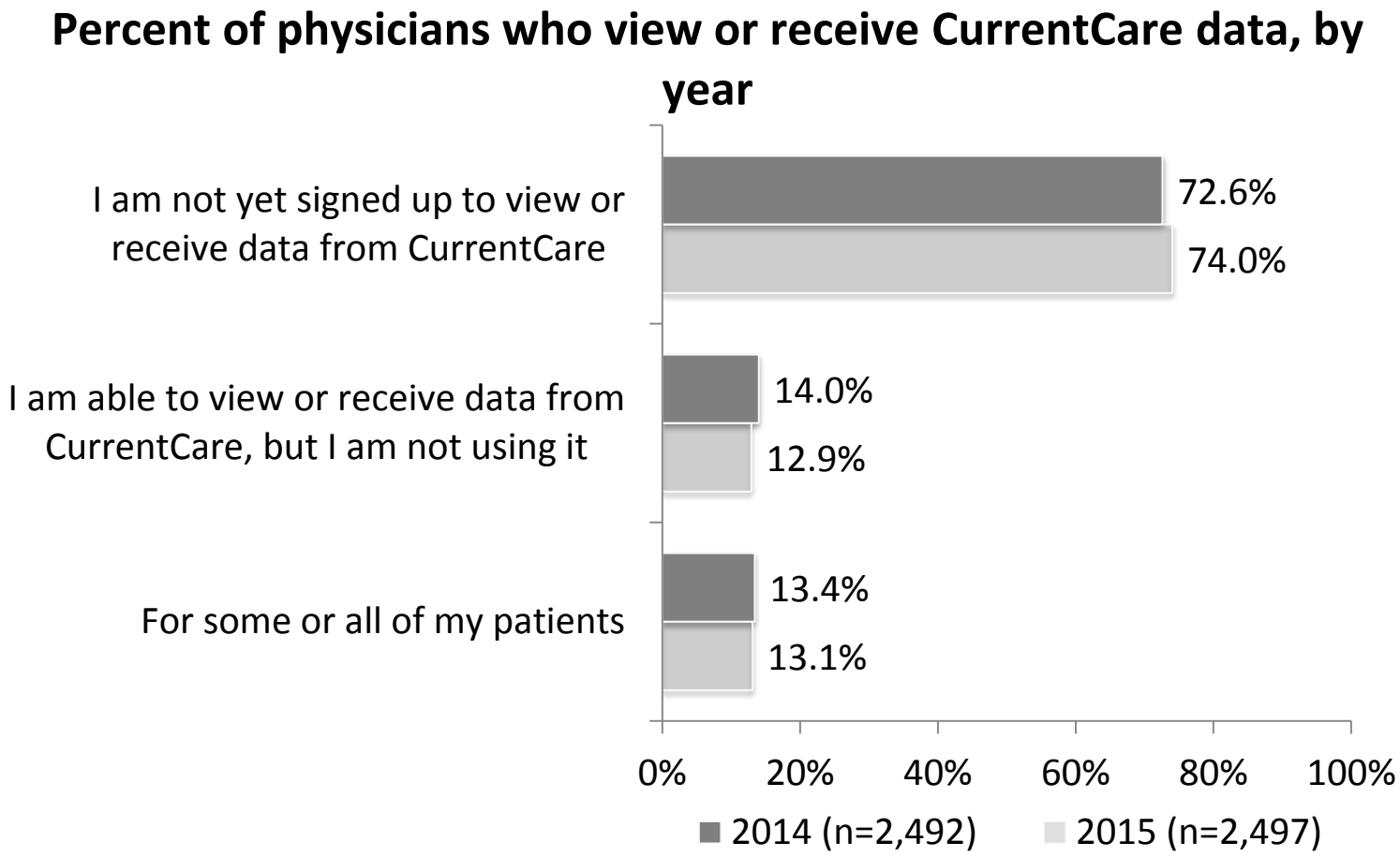
Office-based PCPs are more likely to be signed up for and using CurrentCare than office-based non-PCPs.

Percent of office-based physicians who view or receive CurrentCare data, by setting (N=1,569)



Last updated 9/22/2015

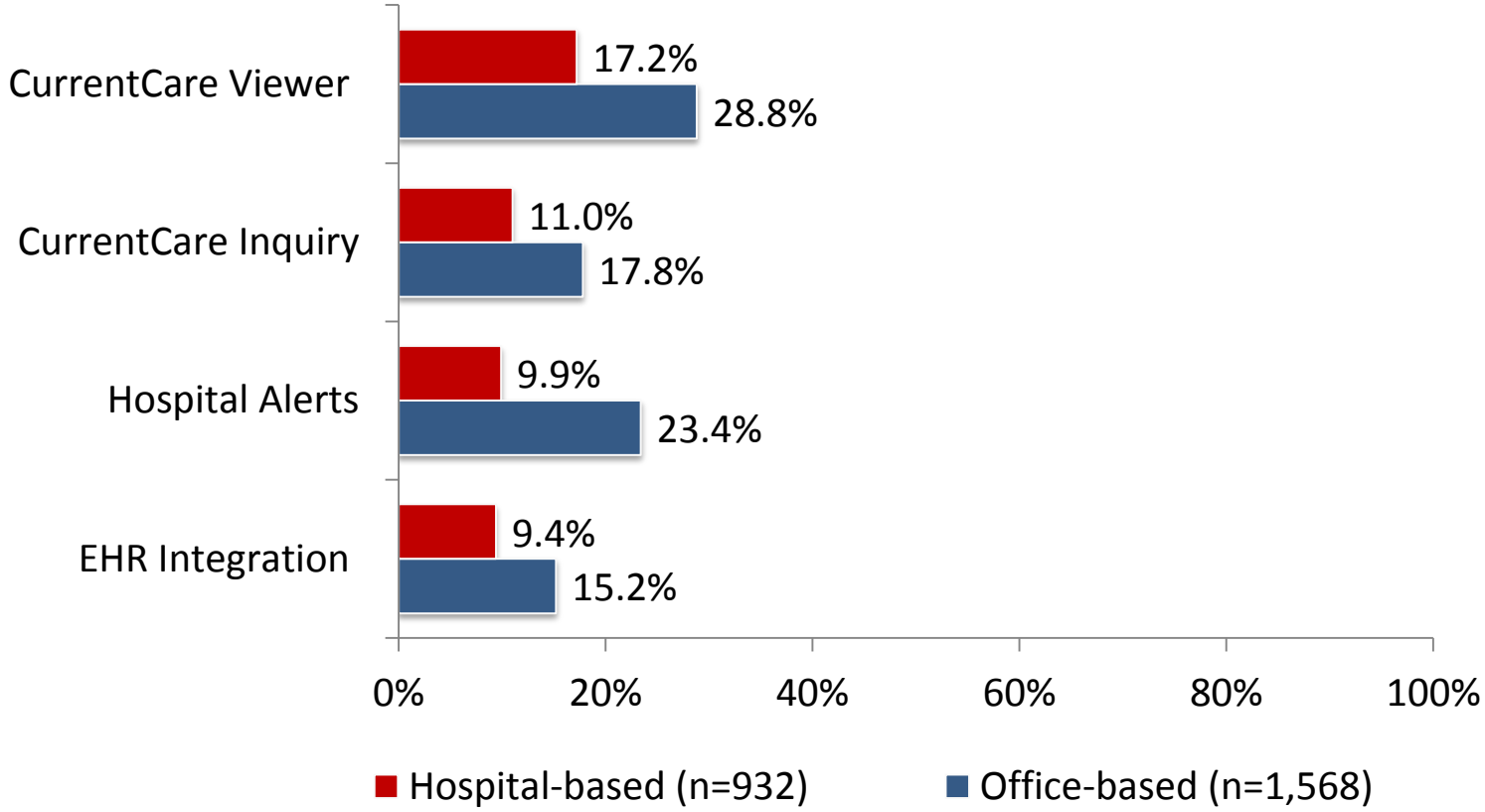
Use of CurrentCare by office and hospital-based physician respondents is similar for 2014 and 2015.



Last updated 9/22/2015

Office-based physicians are more likely than hospital-based physicians to be familiar with different CurrentCare services. The CurrentCare Viewer is the most well known.

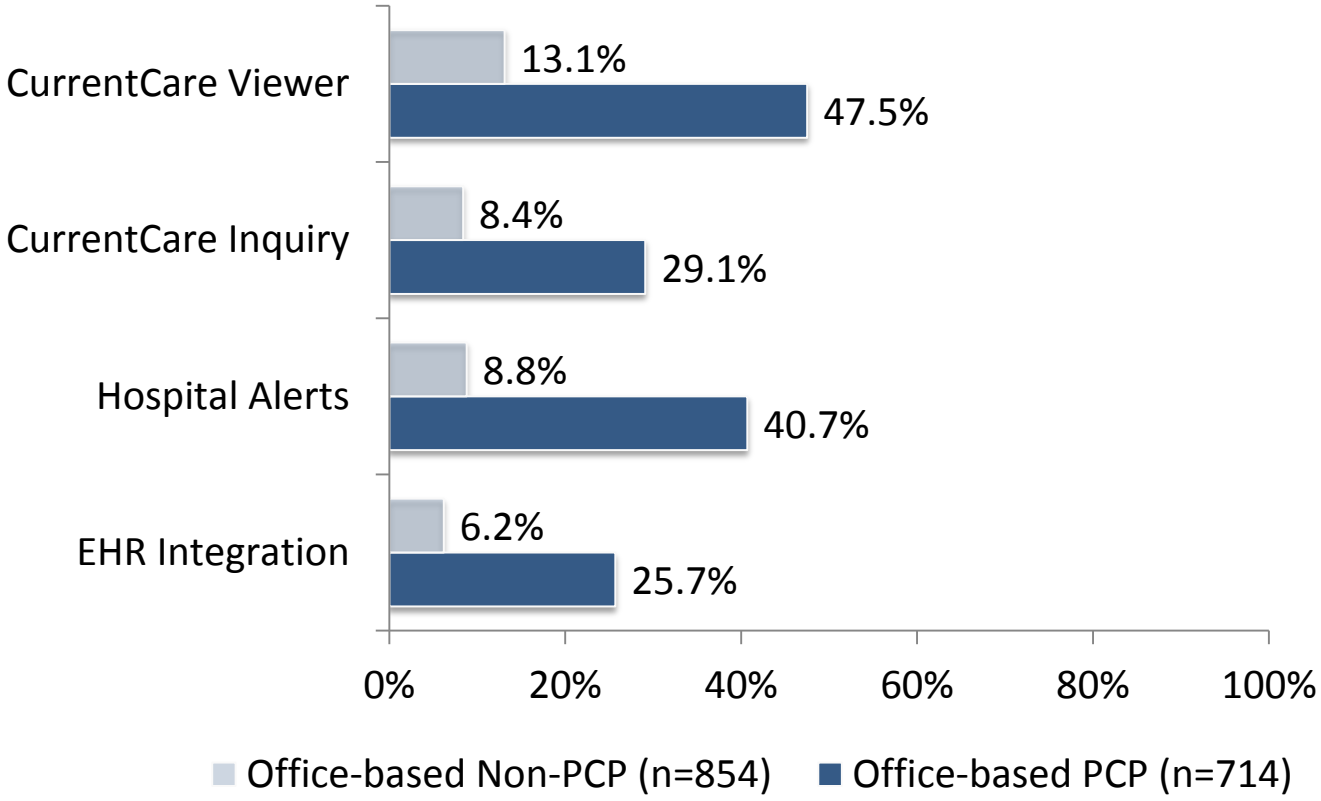
Percent of physicians who are familiar with these CurrentCare services, by setting…



Last updated 9/22/2015

Office-based PCPs were more than three times as likely to be familiar with all CurrentCare services compared to office-based non-PCPs.

Percent of office-based physicians who are familiar with these CurrentCare services, by specialty…



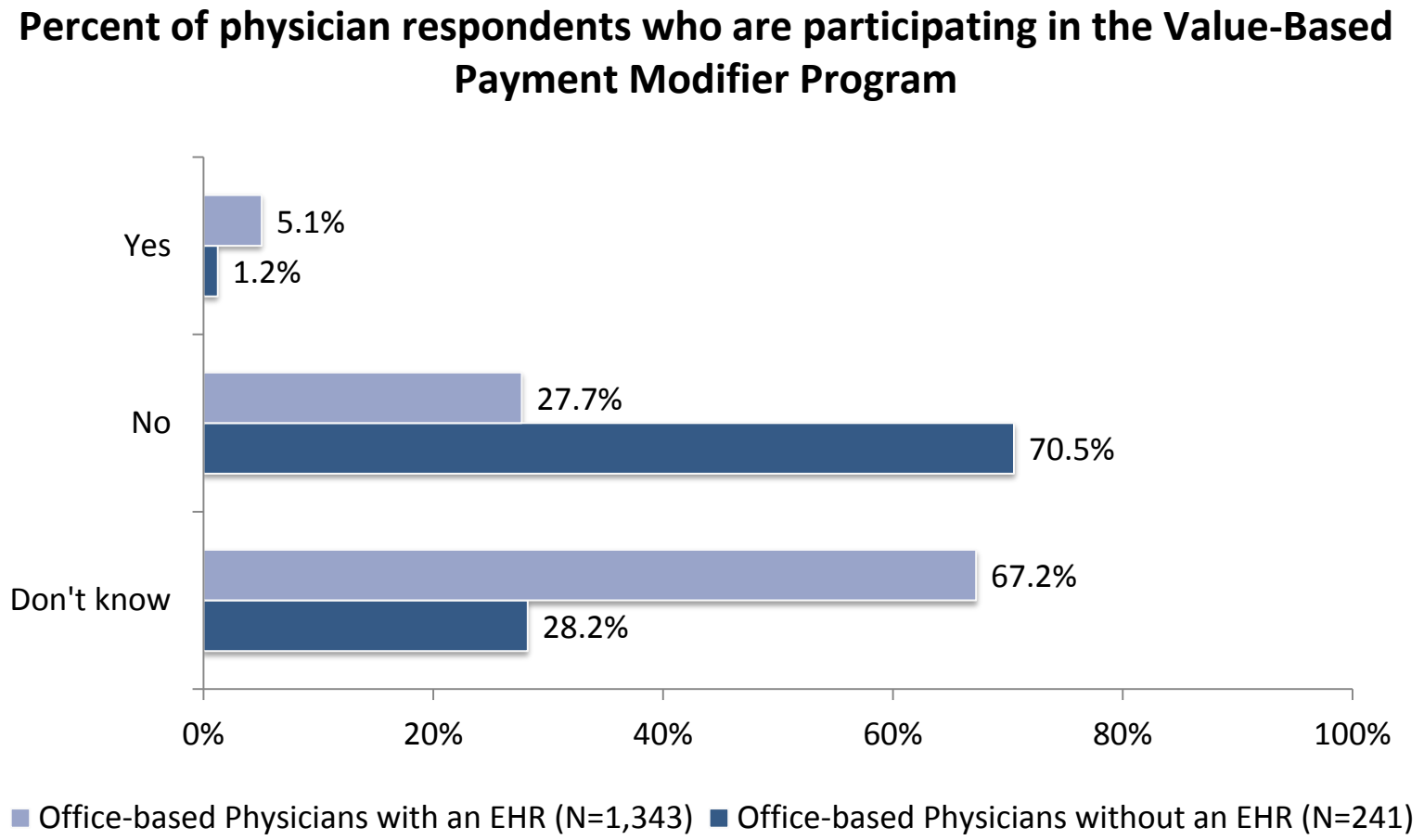
Last updated 9/22/2015

Physician Results

Respondents *without* EHRs

Last updated 9/22/2015

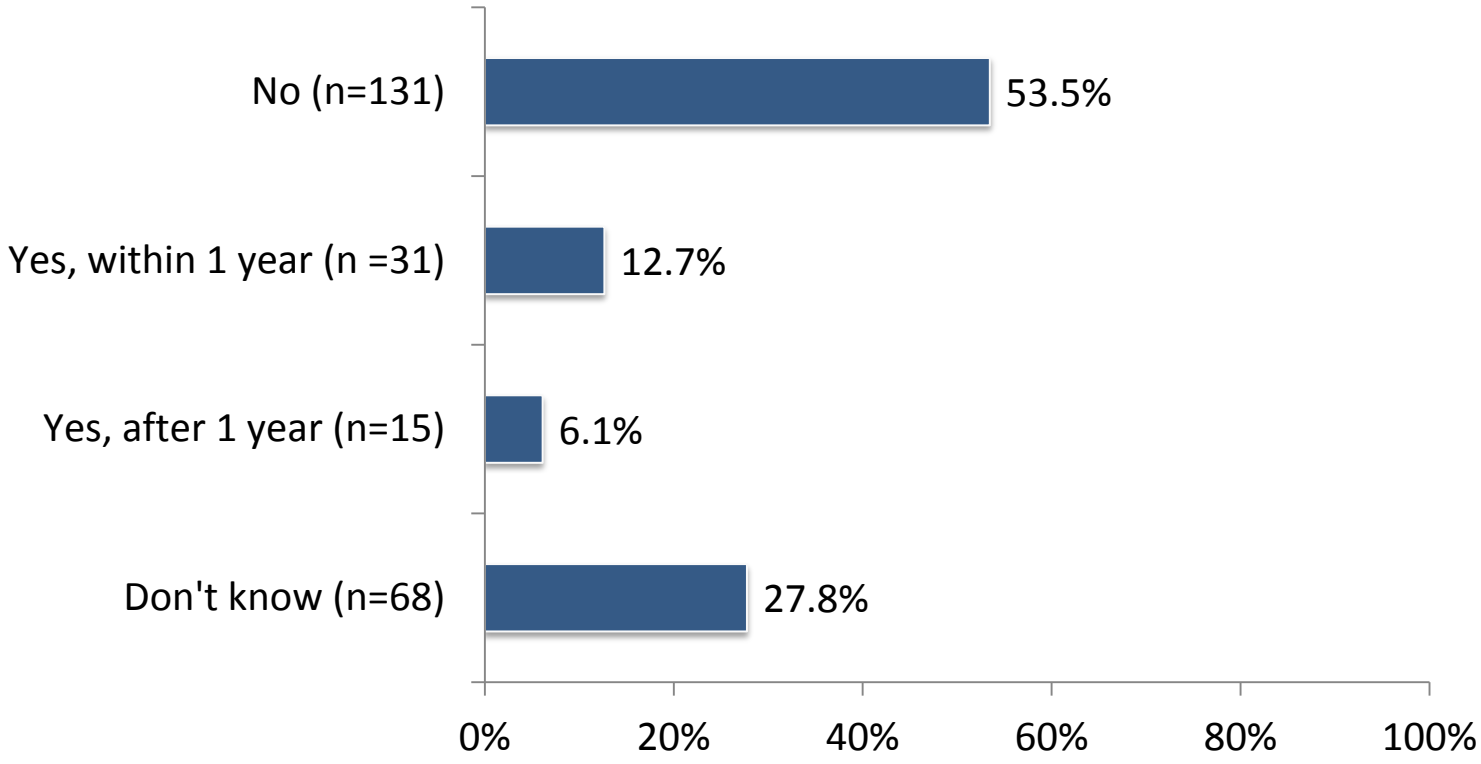
Among physician respondents, physicians with EHRs are slightly more likely to be participating in the Value-Based Payment Modifier Program than physicians without EHRs.



Last updated 9/22/2015

Among office-based physicians *without* EHRs, more than half are not planning to implement an EHR.

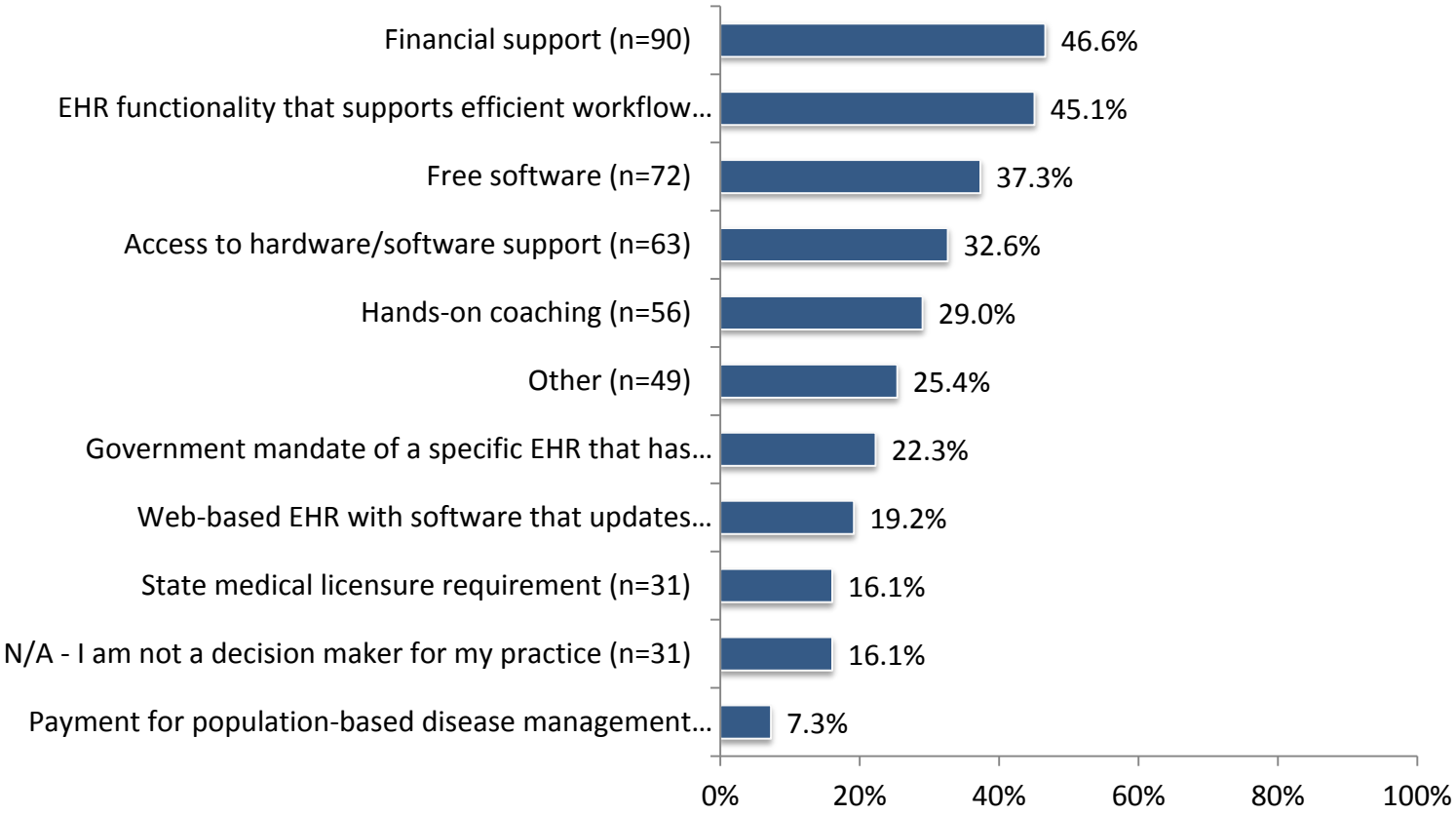
Percent of office-based physicians without EHRs whose main practice plans to implement an EHR (N=245)



Last updated 9/22/2015

Among office-based physicians *without* EHRs, responses varied about "what it would take" to implement one. Highest agreement related to financial support and EHR functionality that supports efficient workflow.

Percent of office-based physicians who thought it would take the following to implement an EHR… (N=193)



Last updated 9/22/2015

APRN and PA Results

Overall Trends

Last updated 9/22/2015

The 2015 results provide a point-estimate of HIT adoption among APRNs and PAs for the four publicly-reported measures.

RHODE ISLAND DEPARTMENT OF HEALTH

Use of EHRs and e-prescribing, among respondents and all APRNs/PAs

Measure	Survey Respondents (N=721)		All APRNs and PAs (N=1,606)	
	Population	Score	Population	Score
1. APRNs and PAs with EHRs, n (%)	721	645 (89.5%)	1,606	645 (40.2%)
1. EHR functionality use (0-100), median	645	71.4	--	--
1. Patient engagement EHR use (0-100), median	645	21.4	--	--
1. APRNs and PAs who are e-prescribing, n (%)	617	462 (74.9%)	1,502	462 (30.8%)

Last updated 9/22/2015

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Last updated 9/22/2015

Healthcare Quality Reporting Program

2015 HIT Survey

Detail and Summary Reports

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November 2015

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Physician Summary Report

Healthcare Quality Reporting Program

2015 HIT SURVEY PHYSICIAN SUMMARY REPORT

Publicly-Reported Measures

In early 2015, the Rhode Island Department of Health administered the Health Information Technology (HIT) Survey to 3,898 physicians licensed in Rhode Island, in active practice, and located in Rhode Island, Connecticut, or Massachusetts. The response rate was 66.0% (n=2,572).

Overall, the data demonstrate an increase across all the measures since the survey started in 2009. This year we introduced two NEW measures. Electronic Health Record (EHR) functionality replaces both the Basic EHR functionality and Advanced EHR functionality measures used in previous years and Patient engagement EHR use assesses physicians' use of their EHR to communicate and interact with their patients.

Table 1 presents EHR and e-prescribing results for the 2,572 respondents and for all 3,898 physicians (including 1,326 non-respondents, who were reported as not using any HIT). **Figures 1 and 2** compare this year's presence of EHRs and use of e-prescribing results with the results from 2009-2014. **Figure 3** shows this year's response rate compared to the rates from 2009-2014.

For more information, please visit: www.health.ri.gov/medicalrecords/about/survey/.

Table 1. Physician publicly-reported measures

Measure[1]	Survey Respondents (N=2,572)		All Physicians (N=3,898)	
	Population	Score	Population	Score
1. Physicians with EHRs, n (%)[2]	2,572	2,290 (89.0%)	3,898	2,290 (58.8%)
2. EHR functionality use (0-100), median[3]	2,290	75.0	--	--
3. Patient engagement EHR use (0-100), median[4]	2,290	35.7	--	--
4. Physicians who are e-prescribing, n (%)[5]	2,377[5]	1,944 (81.8%)	3,703	1,944 (52.5%)

Figure 1. Trends among physician survey respondents, 2009-2015[5]

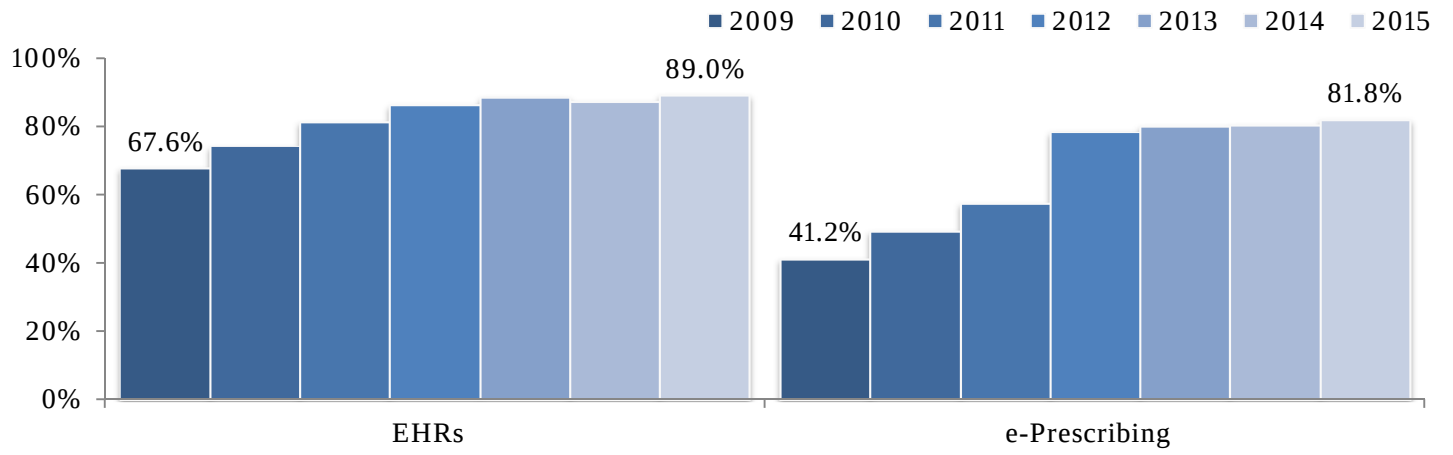


Figure 2. Trends among all physicians, including non-respondents, 2009-2015[5]

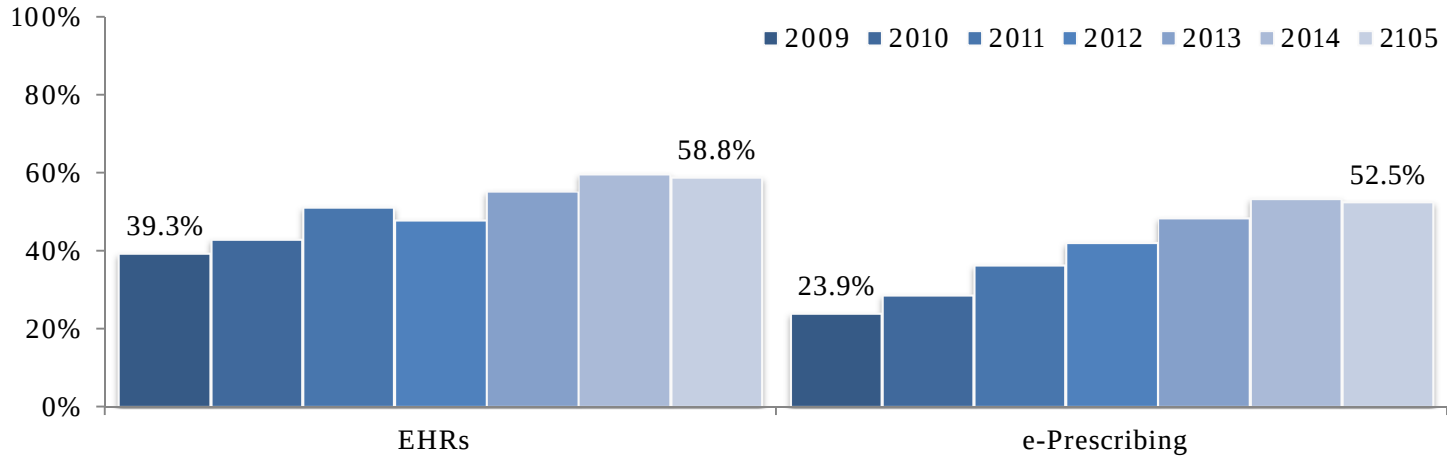
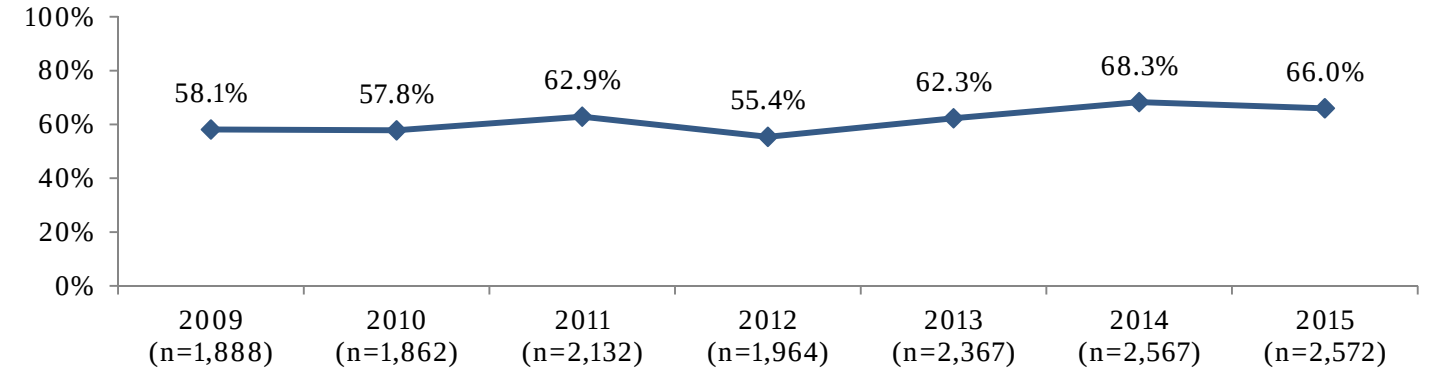


Figure 3. Physician response rate, 2009-2015



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[1] See the Measure Specifications for definitions of these measures: http://www.health.ri.gov/medicalrecords/about/survey/

[2] EHR: Integrated electronic clinical information system that tracks patient health data, and may include such functions as visit notes, prescriptions, lab orders, etc.

[3] EHR functionality use: Clinical documentation, results management, decision support, external communication, order management, and reporting. Scores range from 0-100, with 100 indicating greatest use.

[4] Patient engagement EHR use: Physician use of EHR to communicate and interact with their patients. Scores range from 0-100, with 100 indicating greatest use.

[5] Excludes physicians who responded that prescribing was not applicable to their clinical practice.

Physician Summary Report Report Stratified by Practice Setting and Office-Based Specialty

Healthcare Quality Reporting Program

2015 HIT SURVEY PHYSICIAN SUMMARY REPORT

Publicly-Reported Measures, by Practice Setting and Office-Based Specialty

In early 2015, the Rhode Island Department of Health administered the Health Information Technology (HIT) Survey to 3,898 physicians licensed in Rhode Island, in active practice, and located in Rhode Island, Connecticut, or Massachusetts. The response rate was 66.0% (n=2,572).

Table 1 presents the four publicly-reported electronic health record (EHR) and e-prescribing measures, stratified by main practice setting (office or hospital) and by office-based specialty (primary care physician [PCP] or non-PCP). More hospital-based physicians report using an EHR compared to office-based physicians, although office-based physicians report equal use of various EHR functionalities, higher use of EHRs for patient engagement, and more e-prescribing. When comparing PCPs with non-PCPs among office-based physicians, PCPs report higher EHR adoption, higher use of EHR functionalities, higher use of EHRs for patient engagement, and more e-prescribing than non-PCPs.

For more information, please visit: www.health.ri.gov/medicalrecords/about/survey/.

Table 1. Physician publicly-reported measures, by practice setting and office-based specialty

Measure	Setting		Office-Based Specialty [1]		Overall Survey Respondents (N=2,572)
	Office (N=1,621)	Hospital (N=951)	PCP (N=731)	Non-PCP (N=890)	
1. Physicians with EHRs, n (%)[2]	1,375 (84.8)	915 (96.2)	668 (91.4)	707 (79.4)	2,290 (89.0)
2. EHR functionality use (0-100), median[3]	75.0	75.0	82.1	64.3	75.0
3. Patient engagement EHR use (0-100), median[4]	57.1	14.3	64.3	42.9	35.7
4. Physicians who are e-prescribing, n (%)[5]	1,290 (82.4)	654 (80.6)	651 (90.4)	639 (75.5)	1,944 (81.8)

[1] Specialty: Classified as PCP or non-PCP based on physician self-report of specialty. PCP includes family medicine, pediatrics, geriatrics, and internal medicine without further sub-specialization.

[2] EHR: Integrated electronic clinical information system that tracks patient health data, and may include such functions as visit notes, prescriptions, lab orders, etc.

[3] EHR functionality use: Clinical documentation, results management, decision support, external communication, order management, and reporting. Scores range from 0-100, with 100 indicating greatest use and are calculated for survey respondents with EHRs only.

[4] Patient engagement EHR use: Physician use of EHR to communicate and interact with their patients. Scores range from 0-100, with 100 indicating greatest use and are calculated for survey respondents with EHRs only.

[5] Excludes physicians who responded that prescribing was not applicable to their clinical practice.

Physician Detail Report – CurrentCare

Healthcare Quality Reporting Program

2015 HIT SURVEY PHYSICIAN DETAIL REPORT

CurrentCare

In early 2015, the Rhode Island Department of Health administered the Health Information Technology (HIT) Survey to 3,898 physicians licensed in Rhode Island, in active practice, and located in Rhode Island, Connecticut, or Massachusetts. The response rate was 66.0% (n=2,572).

Overall, the data demonstrate that most respondents are not yet aware of or accessing information from Rhode Island's health information exchange, CurrentCare.

Figures 1 and 2 show the percent of patients for whom respondents view or receive data from CurrentCare, stratified by physician setting and by primary care physicians vs. non-primary care physicians. **Figures 3 and 4** demonstrate the CurrentCare services with which respondents are familiar, stratified by physician setting and by primary care physicians vs. non-primary care physicians. **Figures 5 and 6** show what percent of physicians want to be contacted for more information about CurrentCare, stratified by physician setting and by primary care physicians vs. non-primary care physicians.

For more information, please visit: www.health.ri.gov/medicalrecords/about/survey/.

Figure 1. Among physician respondents, percent who view or receive data from CurrentCare, stratified by setting

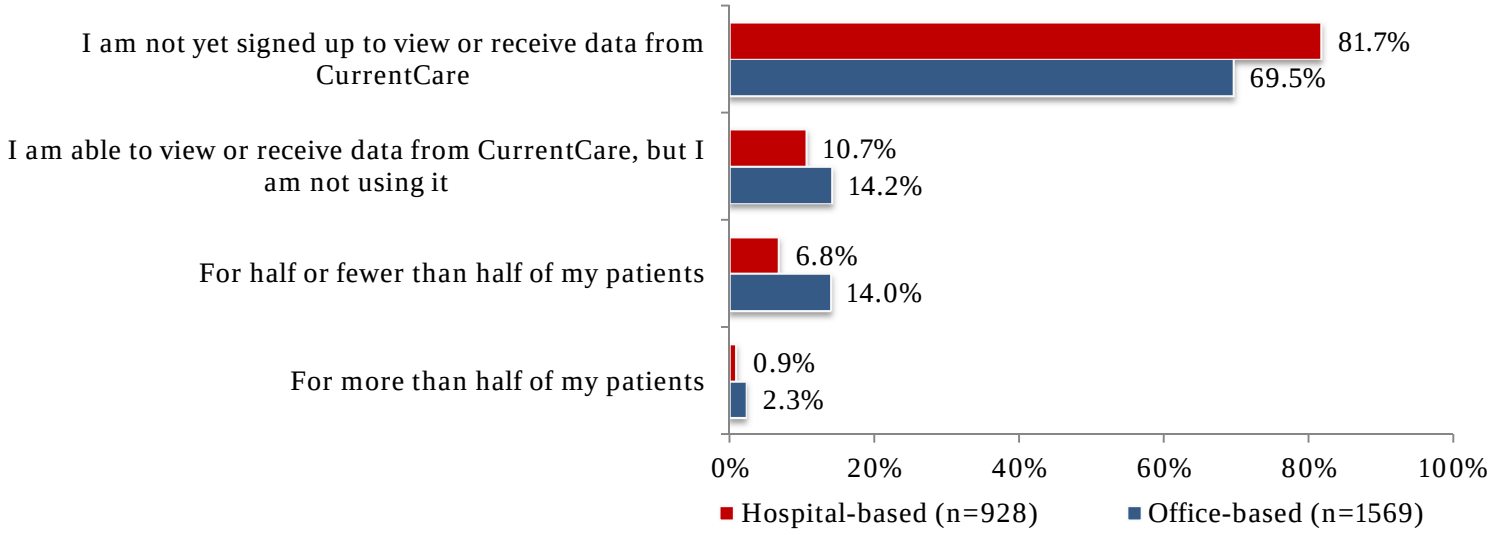


Figure 2. Among office-based physician respondents, the percent who view or receive data from CurrentCare, stratified by office-based non-PCP versus office-based PCP

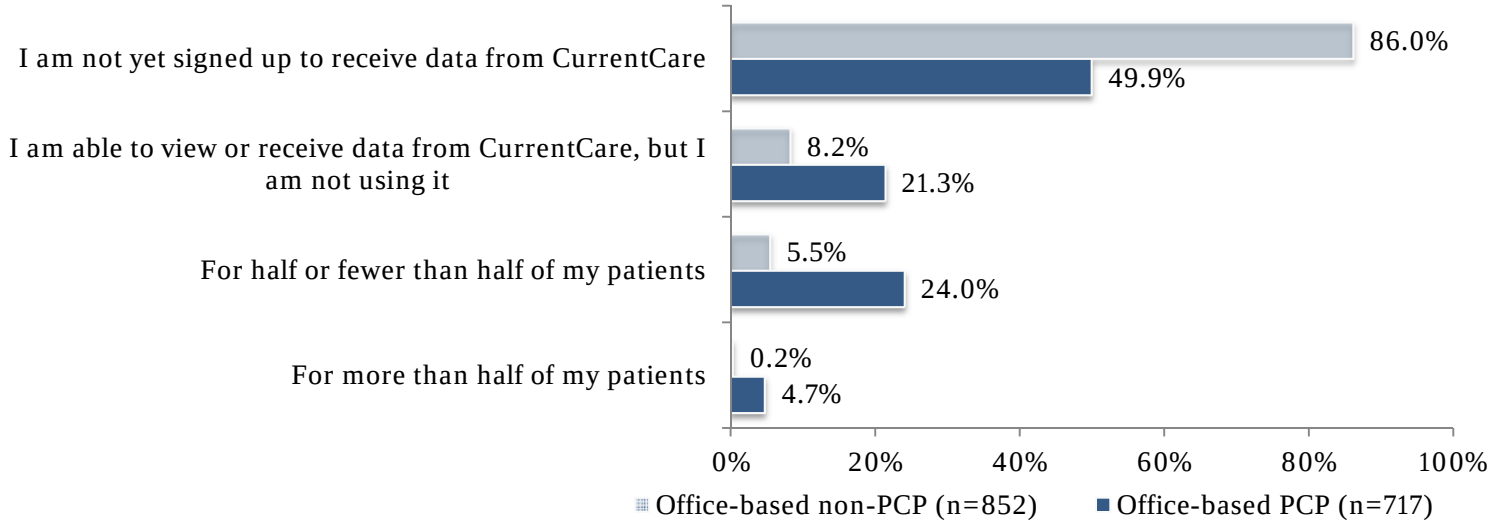


Figure 3. CurrentCare services with which respondents are familiar, stratified by setting

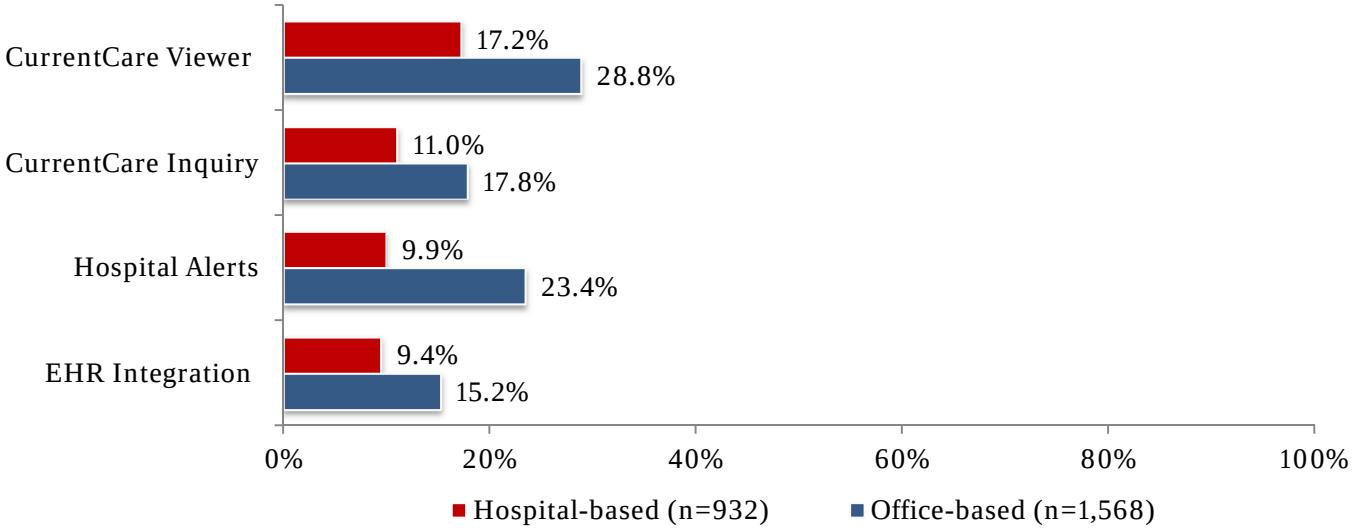
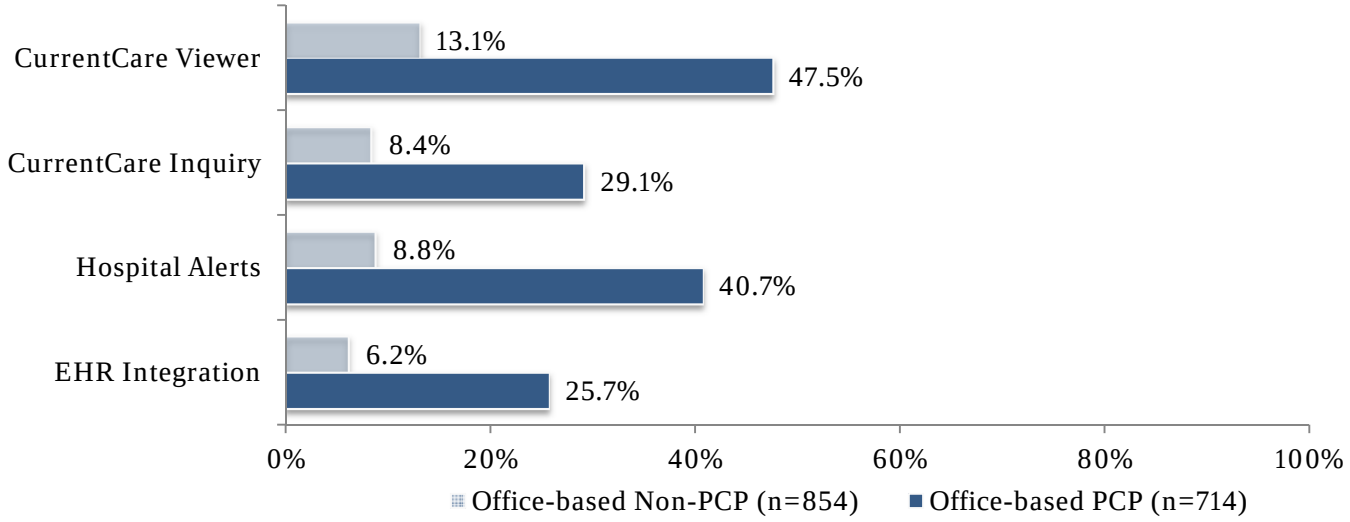


Figure 4. CurrentCare services with which respondents are familiar, stratified by Office-based PCP versus Office-based non-PCP



Physician Detail Report – ePrescribing

Healthcare Quality Reporting Program

2015 HIT SURVEY PHYSICIAN DETAIL REPORT

E-Prescribing

In early 2015, the Rhode Island Department of Health administered the Health Information Technology (HIT) Survey to 3,898 physicians licensed in Rhode Island, in active practice, and located in Rhode Island, Connecticut, or Massachusetts. The response rate was 66.0% (n=2,572).

The figures below present results from office-based and hospital-based physicians about their e-prescribing use. **Figure 1** shows how often office-based physicians transmit prescriptions electronically to the pharmacy. **Figure 2** shows how often hospital-based physicians transmit prescriptions electronically to their hospital pharmacy and how often they transmit prescriptions electronically to an outside or community pharmacy. **Figures 3** and **4** show whether or not physicians transmit prescriptions electronically for controlled substances and how often they consult the Rhode Island Department of Health's Prescription Monitoring Program (PMP), respectively.

For more information, please visit: www.health.ri.gov/medicalrecords/about/survey/.

Figure 1. Among office-based physician respondents who prescribe medications, the percent who transmit prescriptions electronically to the pharmacy (N=1,556)

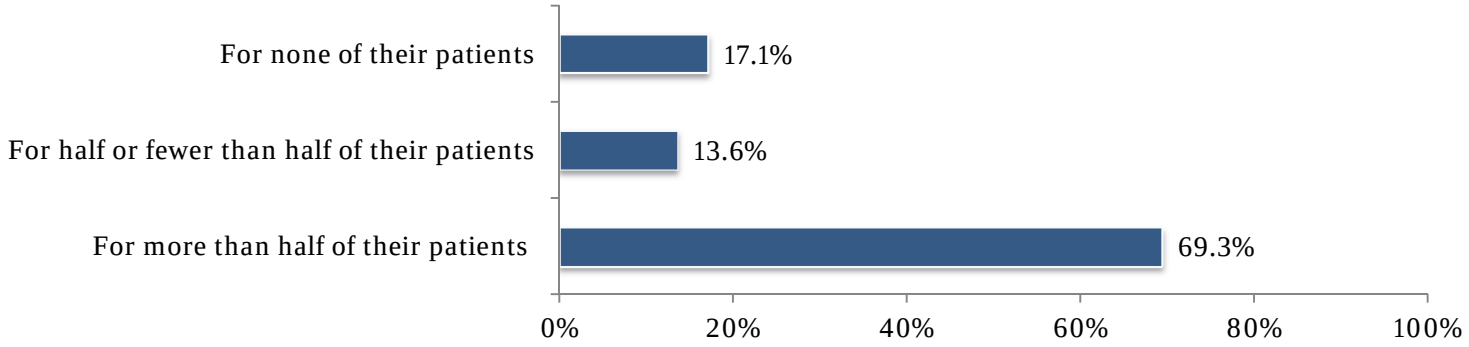


Figure 2. Among hospital-based physician respondents who prescribe medications, the percent who transmit prescriptions electronically to their hospital pharmacy versus to an outside or community pharmacy

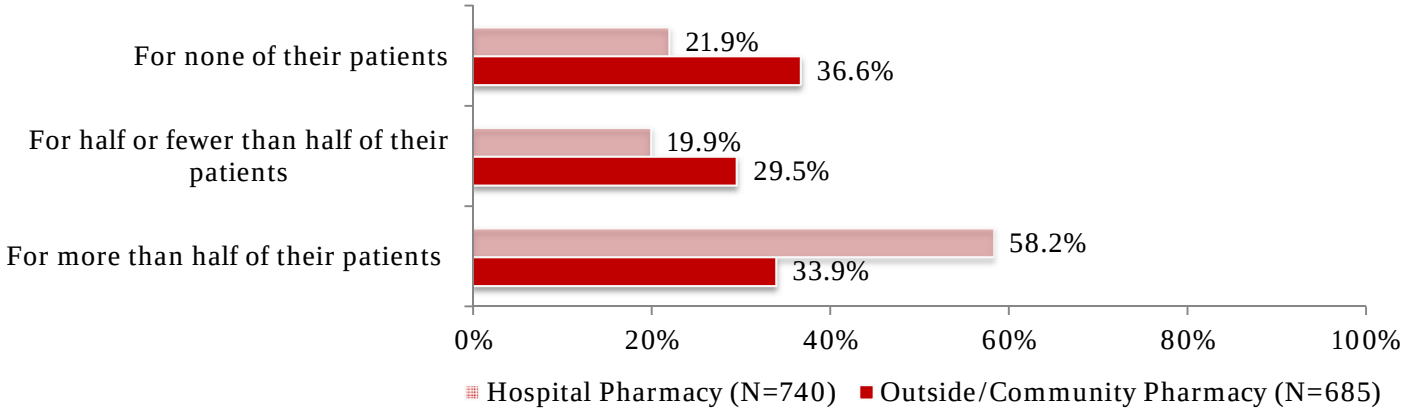


Figure 3. Among all physician respondents who prescribe controlled substances, percent who transmit prescriptions electronically for controlled substances, by practice setting

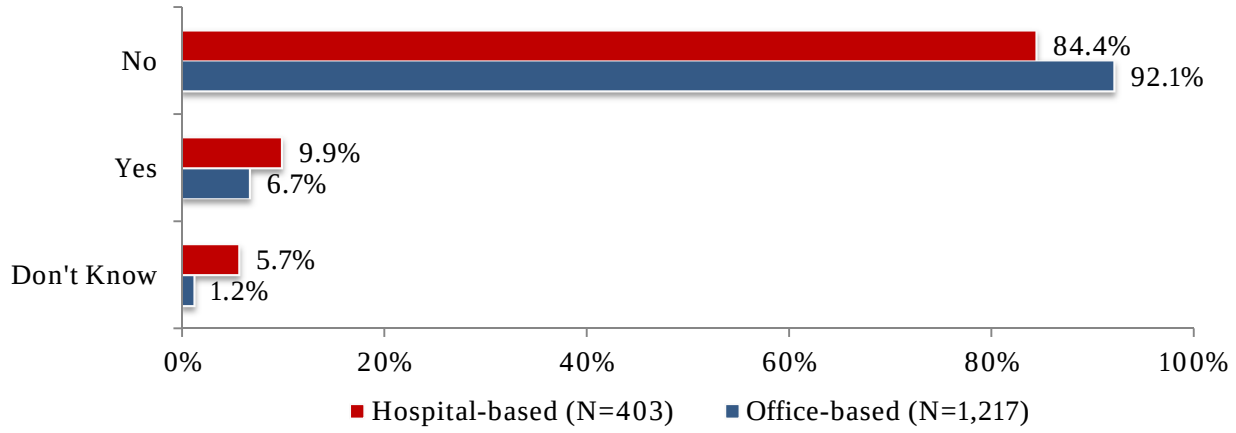
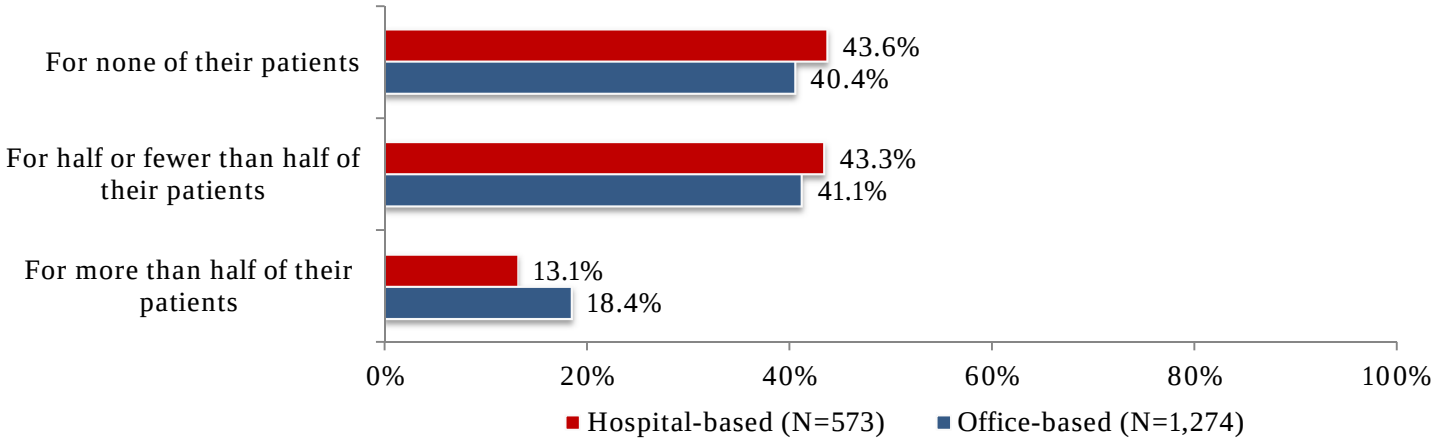


Figure 4. Among physician respondents who prescribe opioids or benzodiazepines, the percent who consult the Rhode Island Department of Health's Prescription Monitoring Program (PMP) before prescribing, by practice setting



Physician Detail Report - Impact of EHRs

Healthcare Quality Reporting Program

2015 HIT SURVEY PHYSICIAN DETAIL REPORT

Impact of EHRs

In early 2015, the Rhode Island Department of Health administered the Health Information Technology (HIT) Survey to 3,898 physicians licensed in Rhode Island, in active practice, and located in Rhode Island, Connecticut, or Massachusetts. The response rate was 66.0% (n=2,572).

Survey respondents who indicated they have an electronic health record (EHR) were asked a series of questions about their EHR vendor, how they use their EHR, and the impact the EHR has had on their practice. **Figure 1** shows how likely respondents are to recommend their current EHR vendor. More than half of office-based and hospital-based physicians responded they were likely or very likely to recommend their vendor to a friend or colleague. When respondents were asked whether their practice intends to switch EHR vendors (**Figure 2**), a majority responded "No."

These respondents were asked whether they agreed that using an EHR has improved certain work-related processes (**Figure 3**). A fairly high percentage of respondents agreed that EHRs improve many aspects of their work, including patient safety, communication among staff, and billing processes, but fewer than half agreed that it improved their job satisfaction.

Respondents were also asked whether they use their EHR from other locations (such as from home or another worksite) and under what circumstances. Compared to hospital-based physicians, office-based physicians more frequently reported using their EHR from other locations (**Table 1**). The most common circumstance under which physicians used their EHR from other locations was not being able to complete their work during regular hours (**Table 2**), and the most common tasks were to catch up on documentation and to review labs, imaging, notes, or reports (**Table 3**).

For more information, please visit: www.health.ri.gov/medicalrecords/about/survey/.

Figure 1. Likelihood physician respondents would recommend their current EHR vendor to a friend or colleague, by practice setting

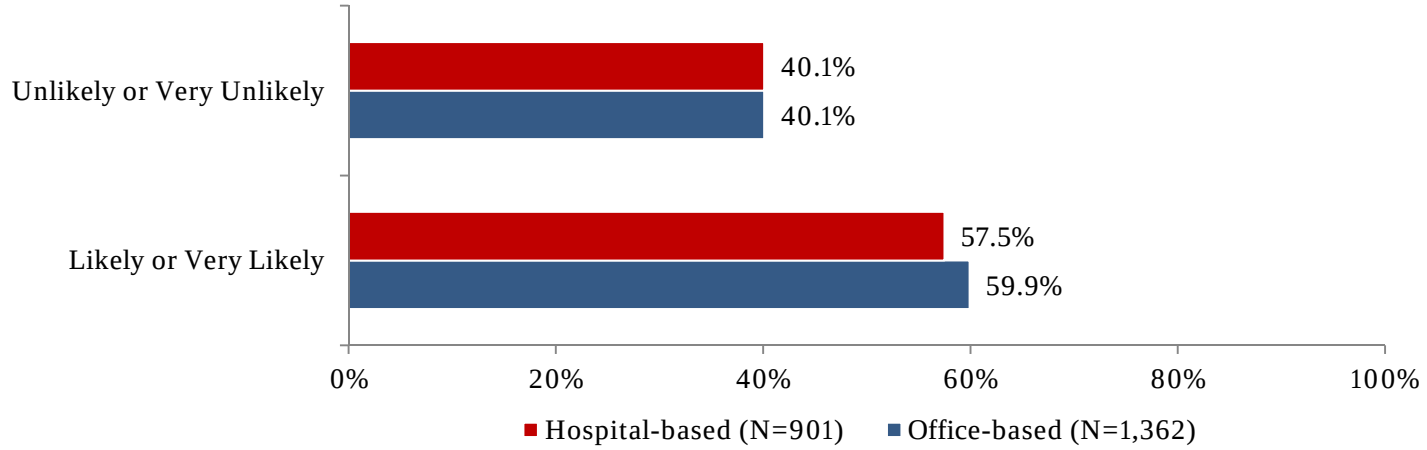


Figure 2. Percent of physician respondents who indicate their practices intend to switch EHR vendors, by practice setting

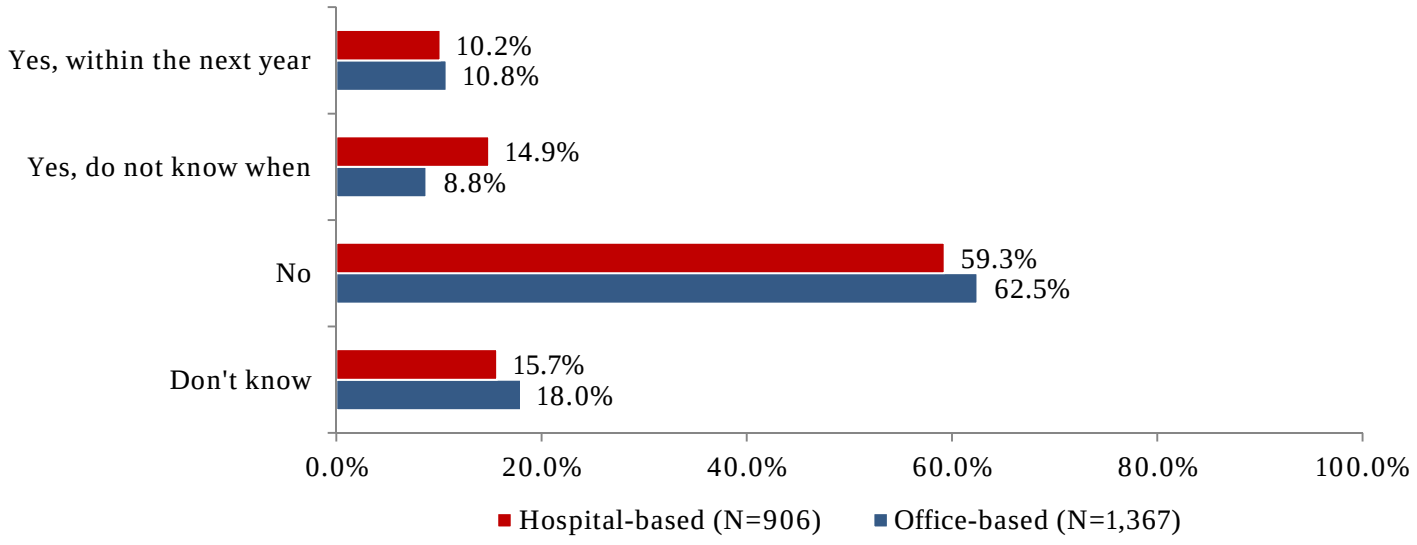


Figure 3. Percent of physician respondents who "agree or strongly agree" that using an EHR improves certain work-based processes, by practice setting

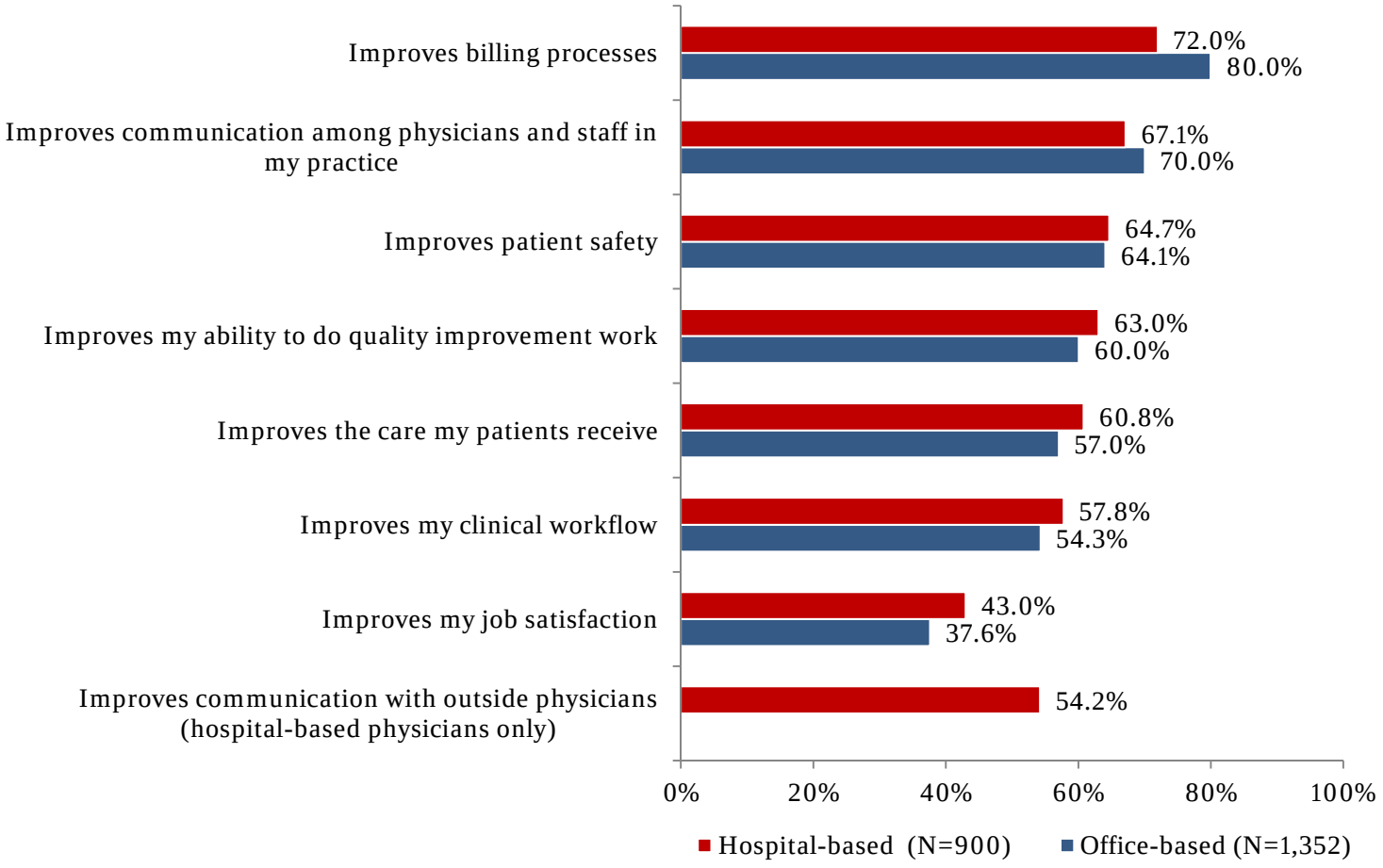


Table 1. Percent of physician respondents who access their EHR from other locations (e.g., home or another work-site), by practice setting

Response	Office-based (N=1,372)	Hospital-based (N=913)	Overall (N=2,285)
No – do not have remote access to my EHR	11.5%	16.5%	13.5%
No – have remote access to my EHR but do not need to use it	6.5%	11.3%	8.4%
Yes	82.0%	72.2%	78.1%

Table 2. Circumstances under which physician respondents access their EHR from other locations most often, by practice setting

Response	Office-based (N=1,108)	Hospital-based (N=558)	Overall (N=1,696)
If I am not able to complete my work during regular work hours	59.6%	68.0%	62.5%
If I have the opportunity to work from home or another location (i.e., to adjust my work/life balance)	23.5%	32.0%	26.4%
Other	17.0%	0.0%	11.1%

Table 3. Tasks for which physician respondents use their EHR from other locations, by practice setting (respondents could choose more than one)

Answer Choice	Office-based (N=1,112)	Hospital-based (N=651)	Overall (N=1,763)
To catch up on documentation	81.3%	72.0%	77.9%
To cover other physicians' patients	55.8%	25.5%	44.6%
To cover my own patients	79.3%	54.7%	70.2%
To review labs, imaging, notes, or reports	77.6%	69.9%	74.8%
To prepare for the upcoming work day	58.5%	44.2%	53.2%
To return patient telephone calls	60.0%	20.7%	45.5%
Other	4.0%	5.5%	4.5%

Physician Detail Report - Meaningful Use

Healthcare Quality Reporting Program

2015 HIT SURVEY PHYSICIAN DETAIL REPORT

Meaningful Use

In early 2015, the Rhode Island Department of Health administered the Health Information Technology (HIT) Survey to 3,898 physicians licensed in Rhode Island, in active practice, and located in Rhode Island, Connecticut, or Massachusetts. The response rate was 66.0% (n=2,572).

The figures below present data on participation in the Meaningful Use program among office-based respondents with electronic health records (EHRs). For the past few years, Medicare and Medicaid have offered incentive payments to physicians who implement and use EHRs. This incentive program, often referred to as Meaningful Use, requires providers to achieve specific standards for use of EHRs and other HIT during clinical practice.

Figures 1 and 2 show the percent of respondents who have already or who are planning to attest to Meaningful Use. Among those respondents who have attested to Meaningful Use, **Figure 3** presents their reported stage in the program, and **Figure 4** presents which individual completed the Meaningful Use attestation on behalf of the physician.

For more information, please visit www.health.ri.gov/medicalrecords/about/survey/.

Figure 1. Percent of office-based physician respondents with EHRs who have attested or had someone attest on their behalf to Meaningful Use (N=1,367)

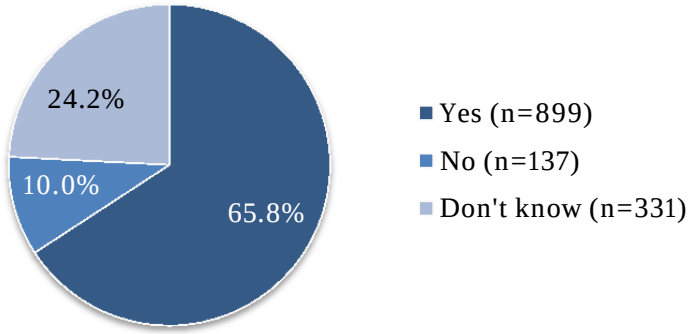


Figure 2. Percent of office-based physician respondents with EHRs who have previously attested or had someone attest on their behalf to Meaningful Use who plan to attest or have someone attest on their behalf to Meaningful Use in 2015 (N=888)

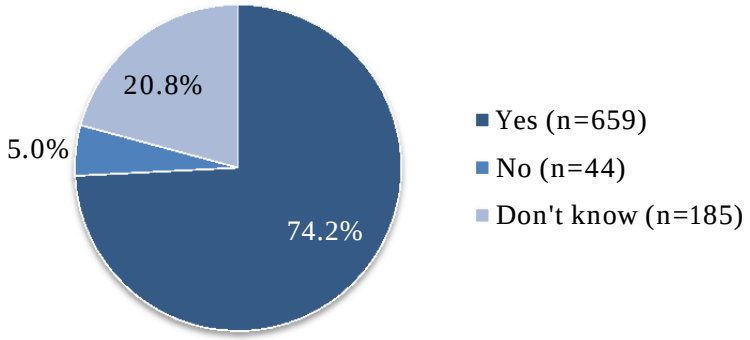


Figure 3. Among office-based physician respondents with EHRs who have attested or had someone attest on their behalf to Meaningful Use, percent attesting to each stage, by payer (N=887)[1]

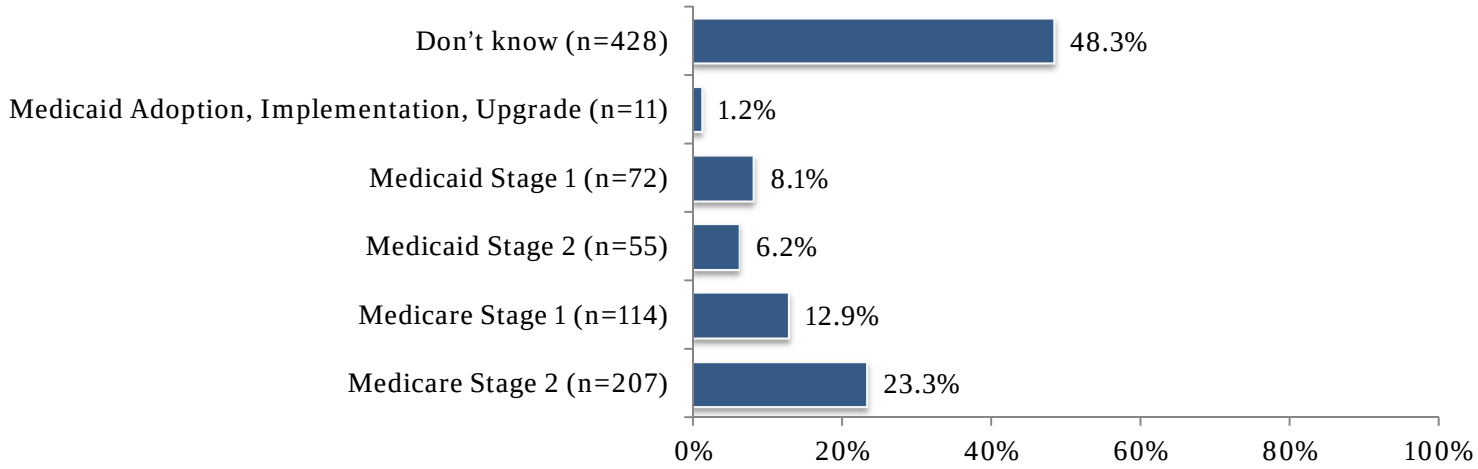
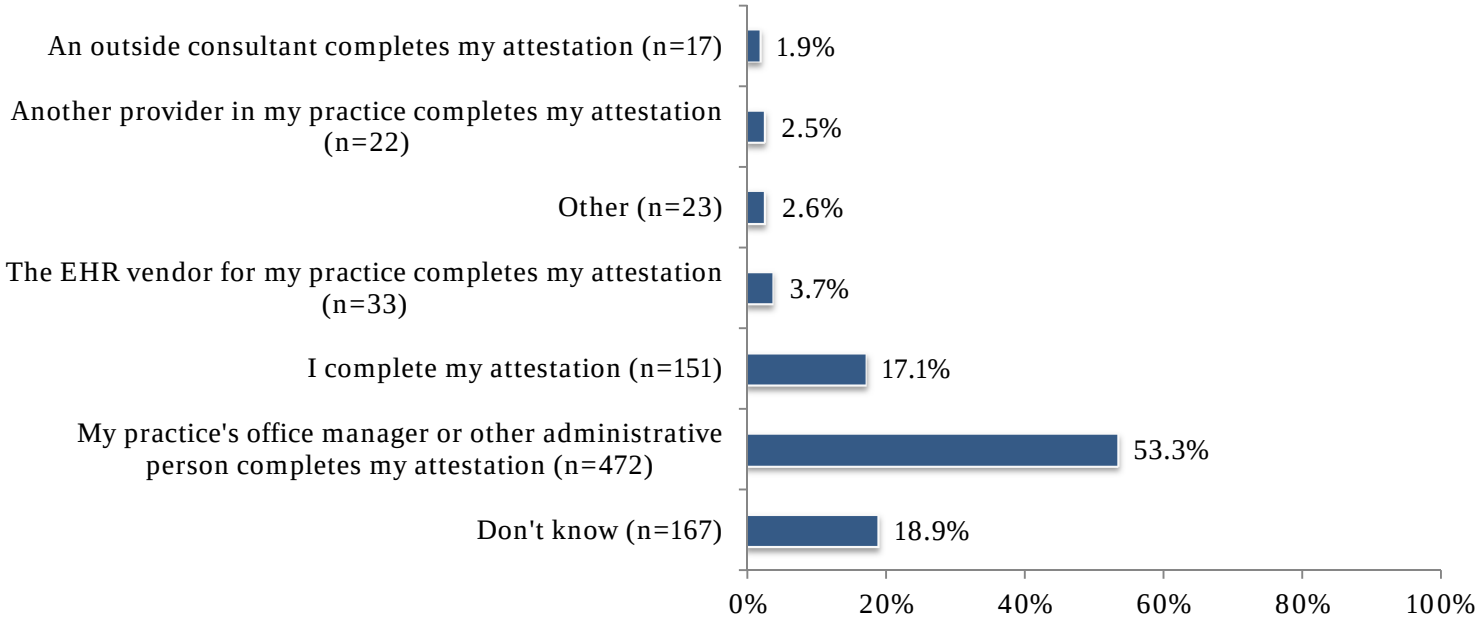


Figure 4. Among office-based physicians with EHRs who have attested or had someone attest on their behalf to Meaningful Use, the individual who completed the attestation (percent) (N=885)



[1] When attesting to Meaningful Use, physicians can receive incentive payments from either Medicaid or Medicare; respondents may have attested to more than one stage.

Physician Detail Report - Patient Engagement

Healthcare Quality Reporting Program

2015 HIT SURVEY PHYSICIAN DETAIL REPORT

Patient Engagement

In early 2015, the Rhode Island Department of Health administered the Health Information Technology (HIT) Survey to 3,898 physicians licensed in Rhode Island, in active practice, and located in Rhode Island, Connecticut, or Massachusetts. The response rate was 66.0% (n=2,572).

Physicians both with and without electronic health records (EHRs) are using technology to engage their patients. Non-EHR technology includes use of an informational website **(Figure 1)**, use of online bill-pay options for patients **(Figure 2)** and use of a "Direct address" for secure messaging **(Figure 3)**. Regardless of whether they have an EHR, both office-based and hospital-based physicians are still more likely to use the phone or postal service when communicating with their patients outside of a visit **(Figure 4)**. Physicians with EHRs are using their EHRs for many types of patient engagement, primarily in the provision of after-visit summaries **(Figure 5)**.

For more information, please visit: www.health.ri.gov/medicalrecords/about/survey/.

Figure 1. Percent of respondents whose main practice has a website intended for patients (e.g., a website for informational or public relations purposes), by practice setting

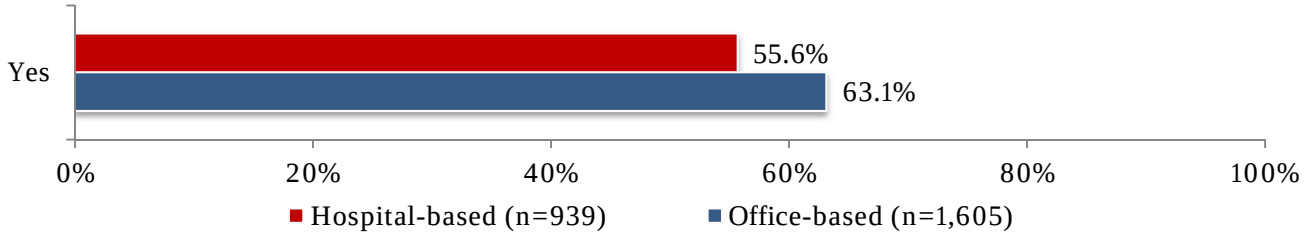


Figure 2. Percent of respondents whose main practice has an online option for patients to pay their bill, by practice setting

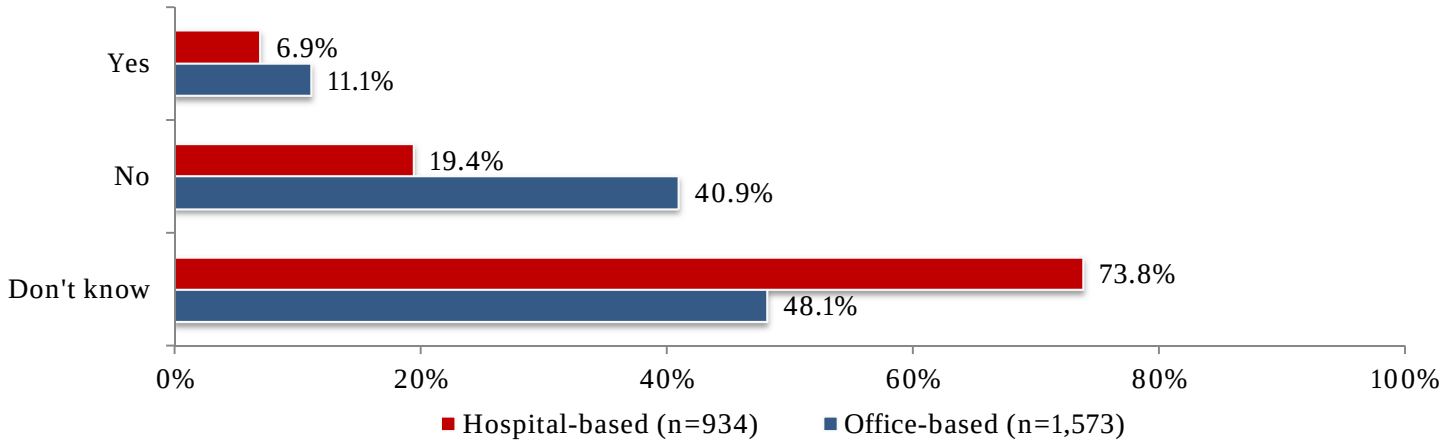


Figure 3. Percent of respondents whose practice has a "Direct address" (i.e., a specific electronic address for secure messaging using a Health Information Service Provider), by practice setting

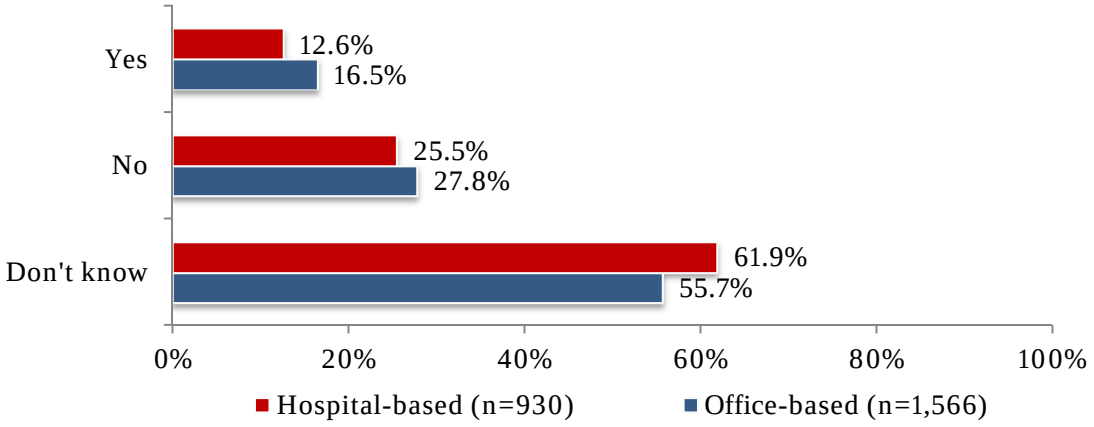


Figure 4. Percent of respondents who personally (i.e., not their office staff) communicate with patients using each modality, outside of a face-to-face encounter, by practice setting

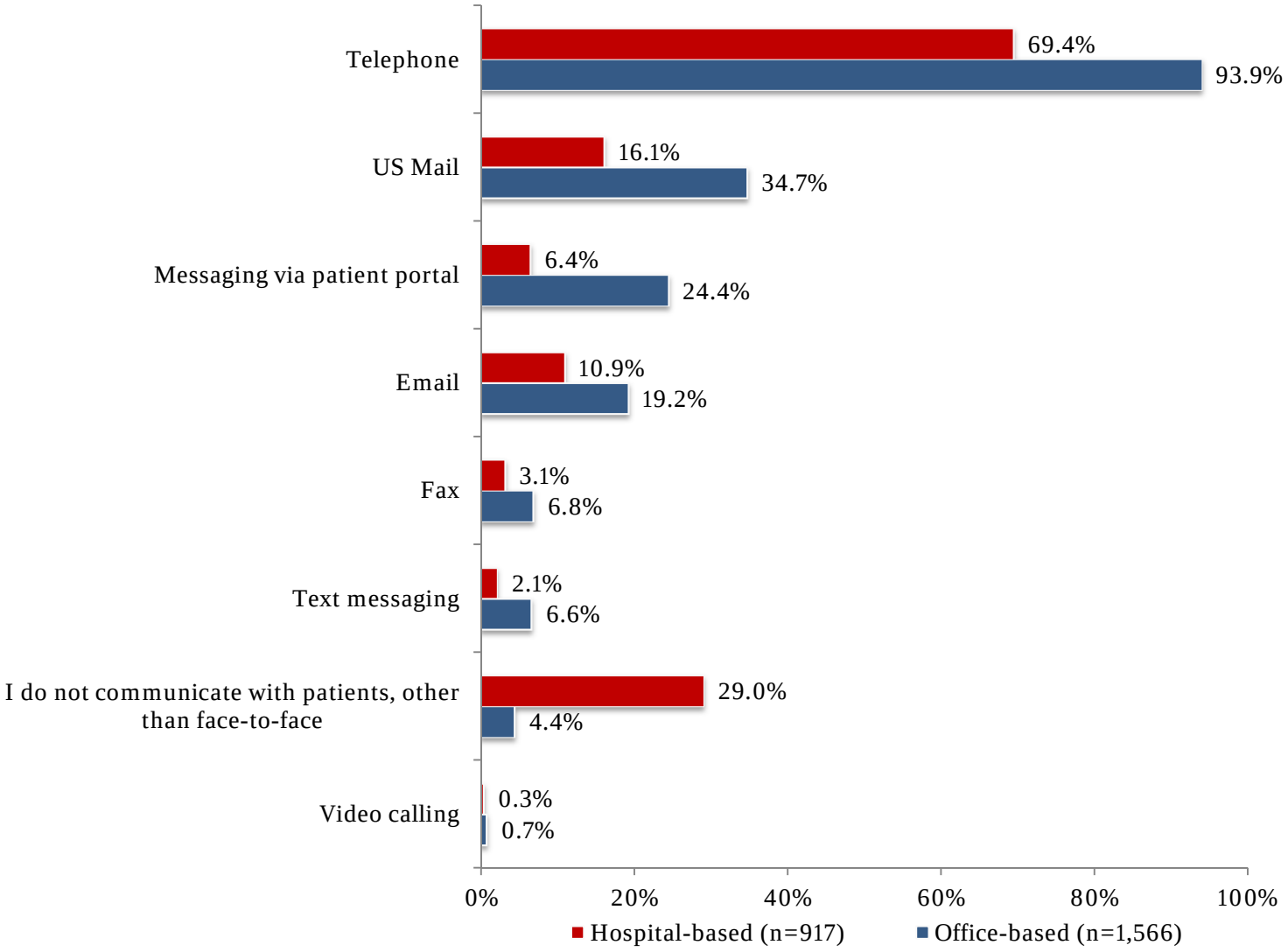
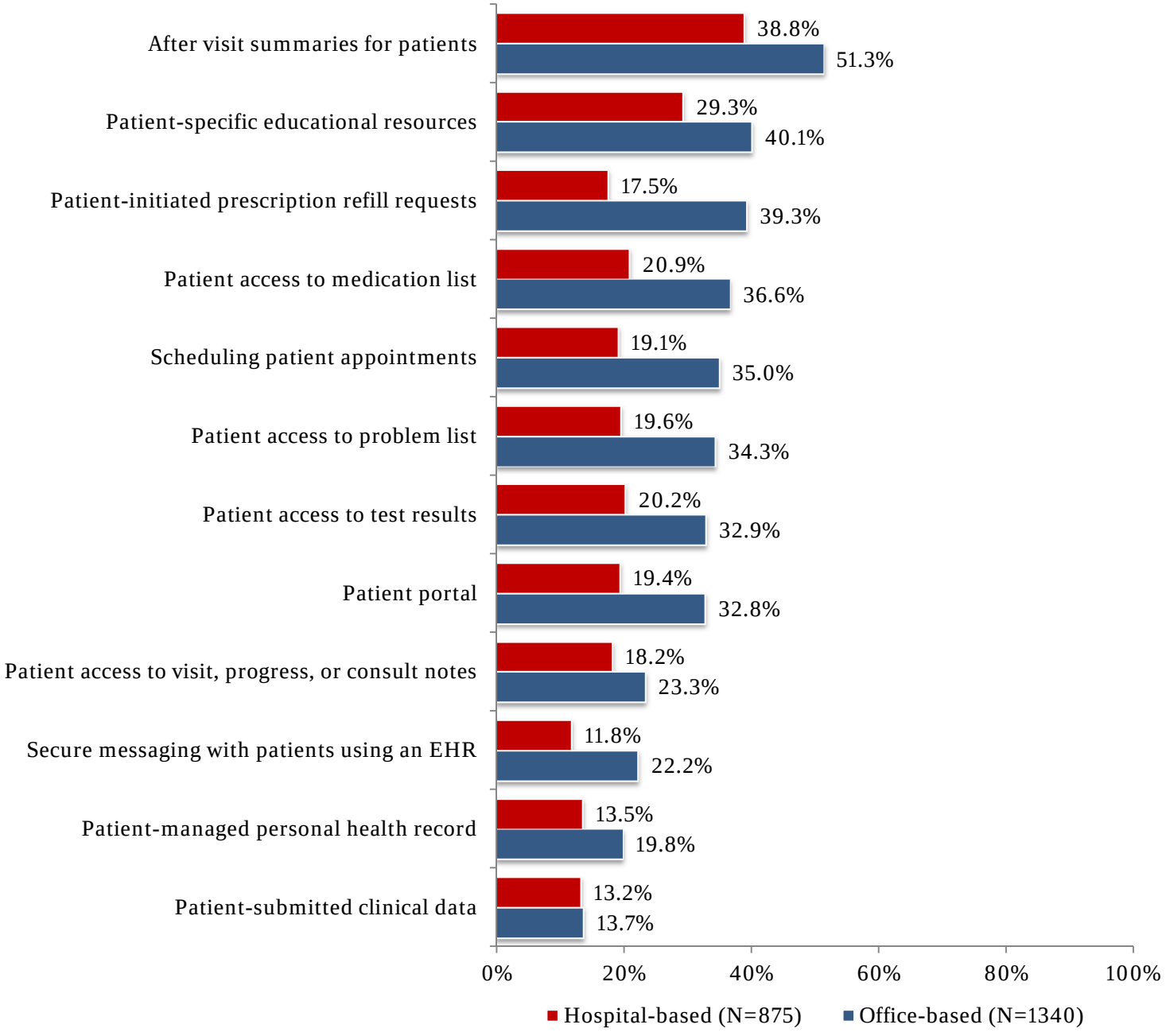


Figure 5. Among physicians with EHRs, percent of respondents who use each of the following patient interaction tools for more than half of their patients, by practice setting



Physician Detail Report - Population Health Management

Healthcare Quality Reporting Program

2015 HIT SURVEY PHYSICIAN DETAIL REPORT

Population Health Management

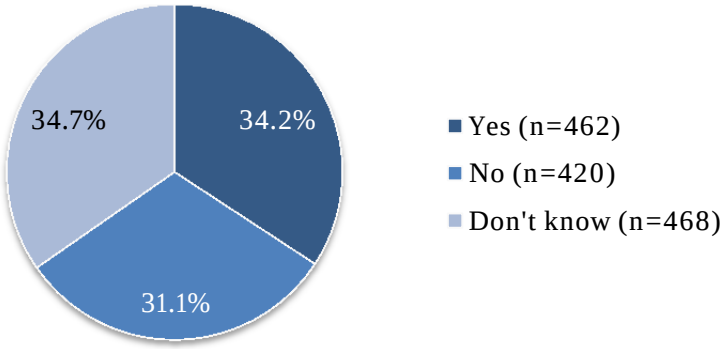
In early 2015, the Rhode Island Department of Health administered the Health Information Technology (HIT) Survey to 3,898 physicians licensed in Rhode Island, in active practice, and located in Rhode Island, Connecticut, or Massachusetts. The response rate was 66.0% (n=2,572).

Office-based physicians were asked about their involvement with population health management, defined as tracking, outreaching to and caring for specific patient populations within the practice. About one-third responded that they use HIT for population health management (**Figure 1**). **Table 1** shows the percent of respondents using specific population health management functions. Almost half of respondents track clinical quality measures (e.g., % of diabetics with a hemoglobin A1c test) and send letters or other patient reminders regarding indicated or overdue care.

Respondents were also asked what it would take to increase their use of an electronic health record (EHR) for population health management (**Figure 2**). The highest percentage of respondents indicated that they would need additional staff members and financial support or incentives.

For more information, please visit: www.health.ri.gov/medicalrecords/about/survey/.

Figure 1. Among office-based physician respondents with EHRs, percent using HIT (e.g., an EHR, CurrentCare, a health registry) to track, outreach to, and care for specific patient populations (sometimes called population health management[1]) (N=1,350)

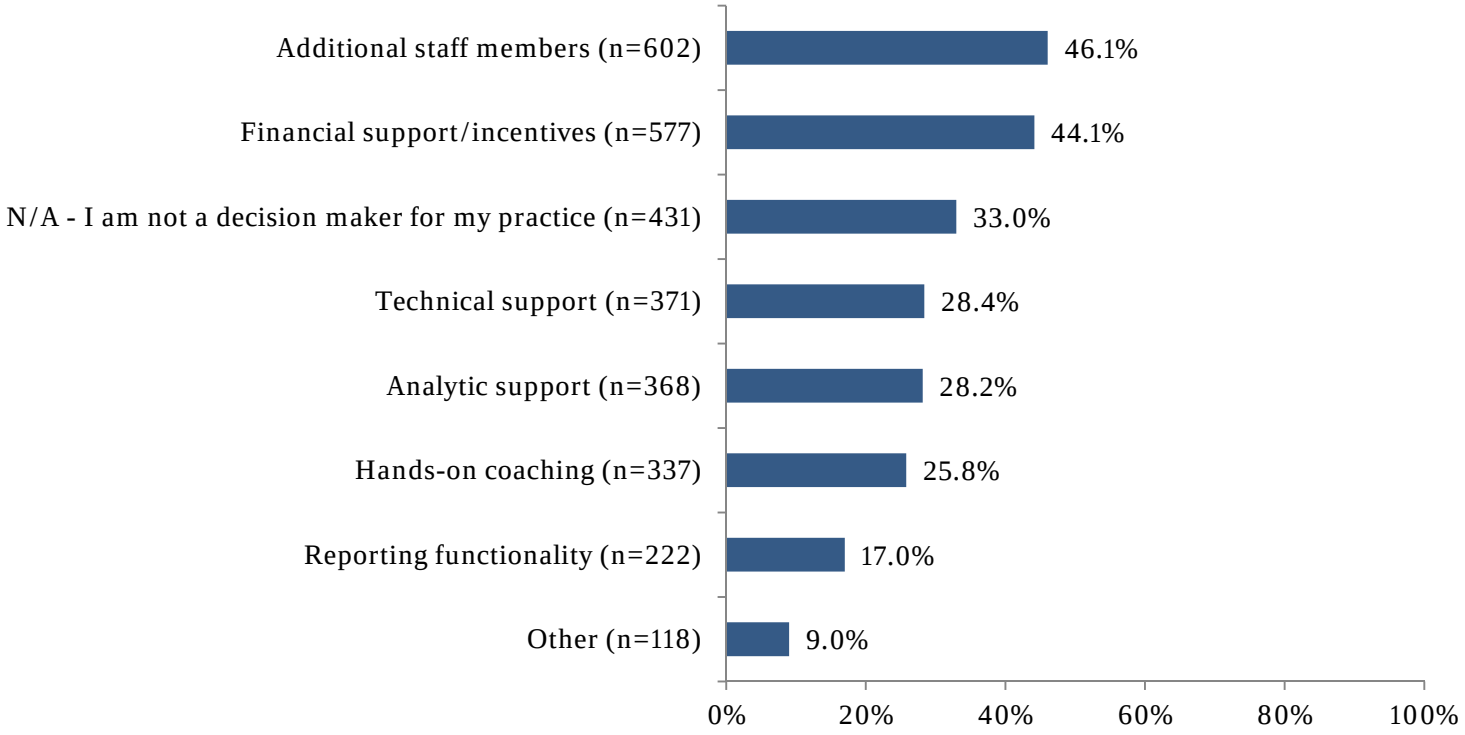


[1]Population health management: An approach to care that uses information on a subgroup of patients within a practice to improve the clinical outcomes within that practice. For example, a practice might identify their post-surgical patients who have not presented for follow-up appointments, diabetic patients who need annual eye exams, or patients with cardiovascular disease who might benefit from a smoking cessation group. The practice would then implement an intervention to accomplish the needed tests or care. Population health management may be more easily accomplished when it can be partially automated, as with some EHRs.

Table 1. Among office-based physician respondents with EHRs, percent using specific population health management functions (N=1,348)

Answer Choice	Yes	No	Don't know
Tracking clinical quality measures	47.8%	29.2%	23.0%
Sending letters or other patient reminders	47.2%	28.4%	24.4%
Identifying patients with a condition, characteristic, or risk factor	42.9%	29.9%	27.2%
Identifying patients out of compliance with clinical guidelines	41.8%	32.8%	25.5%

Figure 2. Among office-based physician respondents with EHRs, percent who identified each factor as one that would induce them to use, or increase use of, an EHR for population health management (respondents could choose more than one) (N=1,307)



Physician Detail Report - Physicians without EHRs

Healthcare Quality Reporting Program

2015 HIT SURVEY PHYSICIAN DETAIL REPORT

Physician Respondents without EHRs

In early 2015, the Rhode Island Department of Health administered the Health Information Technology (HIT) Survey to 3,898 physicians licensed in Rhode Island, in active practice, and located in Rhode Island, Connecticut, or Massachusetts. The response rate was 66.0% (n=2,572).

The figures and table below present responses from office-based physicians who do not have an electronic health record (EHR) (n=282). **Figure 1** shows physicians' plans for implementing an EHR and the **Table 1** shows whether or not a physician's main practice site reverted from an EHR back to paper charts. **Figure 2** shows the factors that would induce physicians to implement an EHR. **Figures 3, 4, and 5** show whether or not physicians are participating in the Value-Based Payment Modifier Program, the percent of physicians who have accessed or received their Quality and Resource Use Report, and the percent who have stopped accepting patients from a particular health plan or payor because of penalties related to value-based payment programs.

For more information, please visit: www.health.ri.gov/medicalrecords/about/survey/.

Figure 1. Among office-based physician respondents without EHRs, percent whose main practice site plans to implement an EHR (N=245)

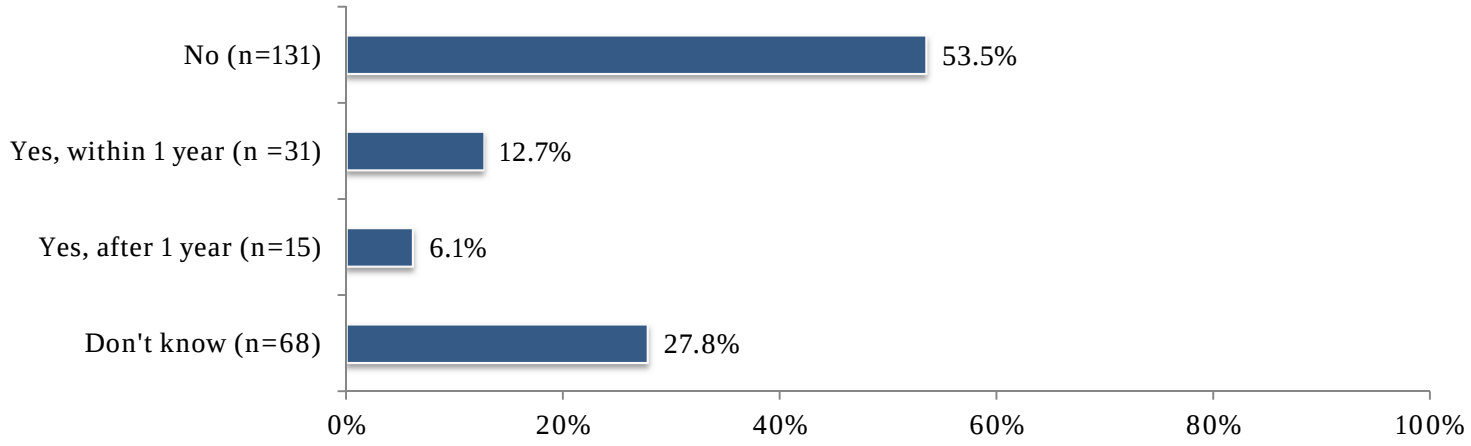


Table 1. Among office-based physician respondents without EHRs, percent whose main practice site reverted from an EHR back to paper charts (N=241)

Response	Percent
Don't know (5)	2.1%
Yes (8)	3.3%
No (228)	94.6%

Figure 2. Among office-based physician respondents without EHRs, percent who identified each factor as one that would induce them to implement an EHR (respondents could choose more than one) (N=193)

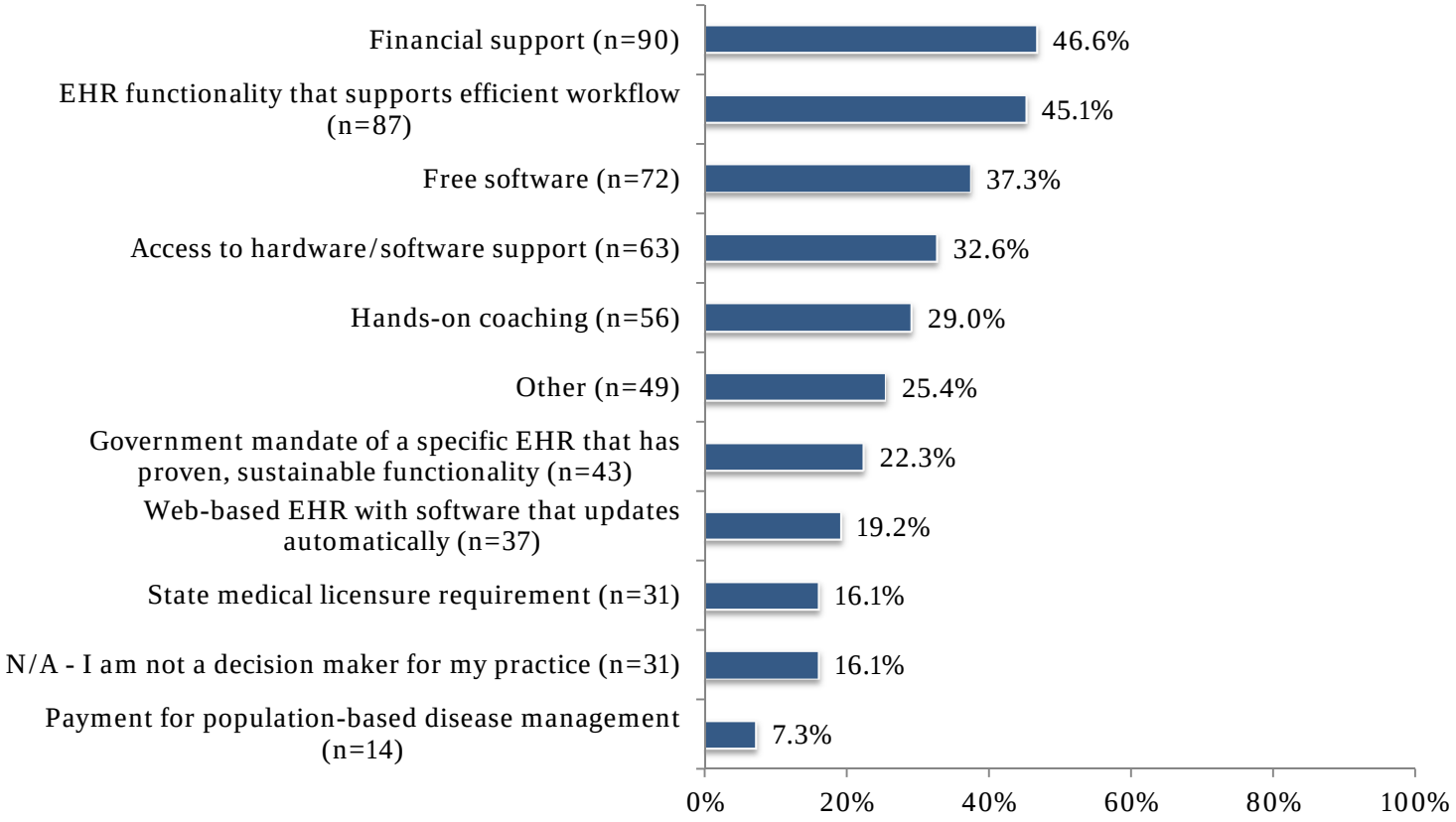


Figure 3. Among office-based physician respondents without EHRs, percent who are participating in the Value-Based Payment Modifier Program (N=241)

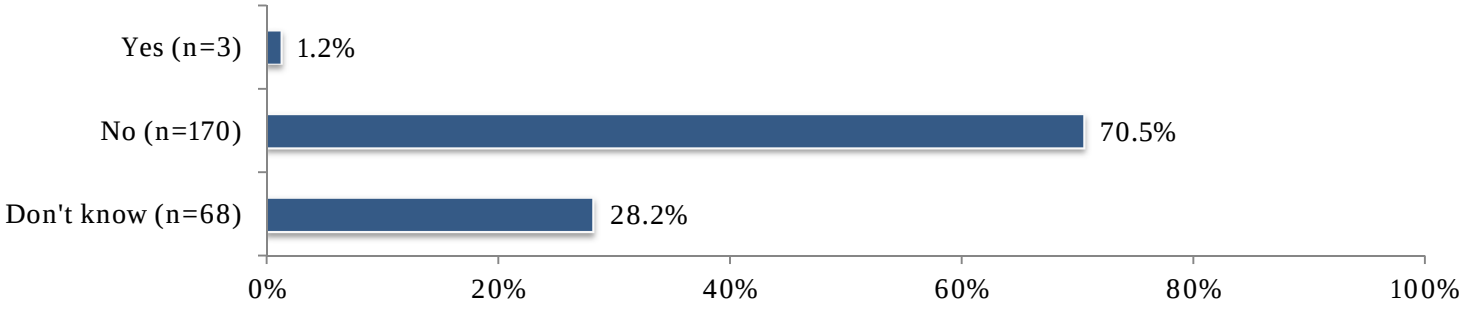


Figure 4. Among office-based physician respondents without EHRs, percent who have accessed or received their Quality and Resource Use Report (N=241)

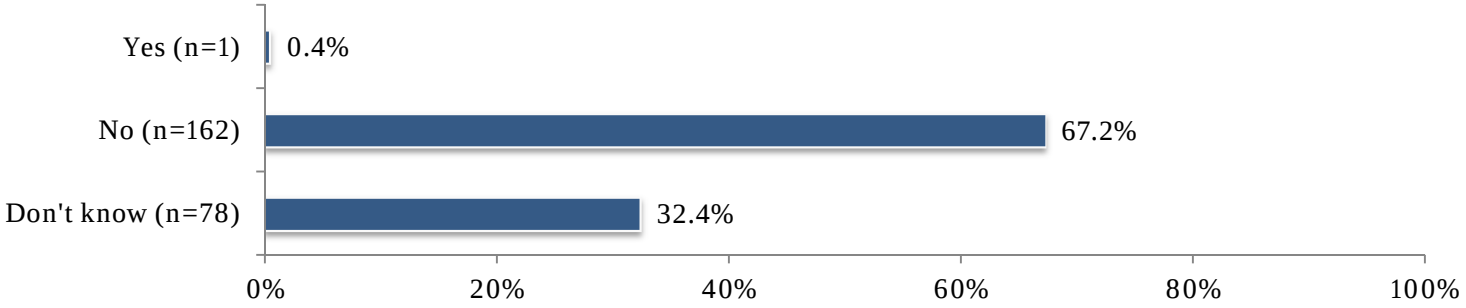
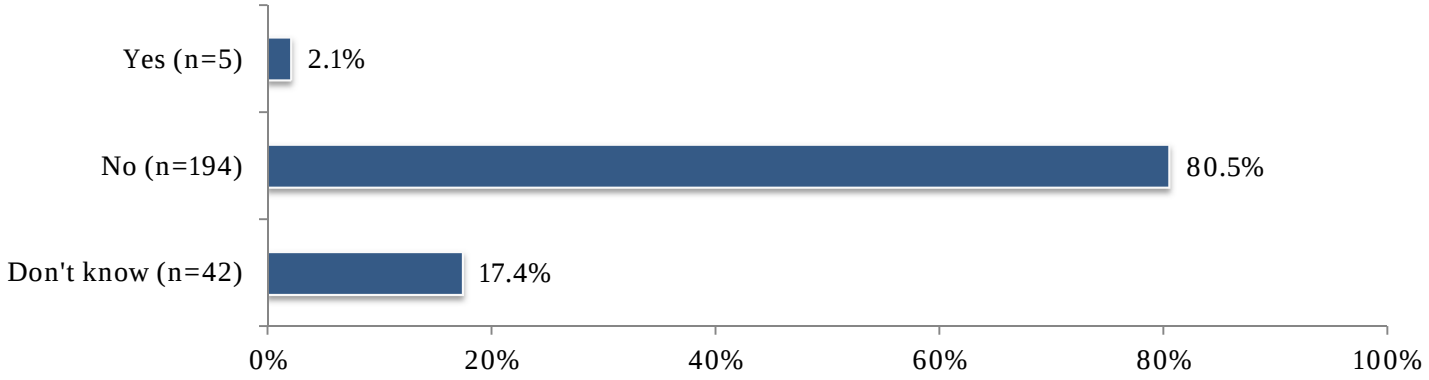


Figure 5. Among office-based physician respondents without EHRs, percent who have stopped accepting patients from a particular health plan or payor because of penalties related to value-based payment programs (N=241)



APRN and PA Summary Report

Healthcare Quality Reporting Program

2015 HIT SURVEY APRN AND PA SUMMARY REPORT

Publicly-Reported Measures

In early 2015, the Rhode Island Department of Health administered the Health Information Technology (HIT) Survey to 1,606 Advanced Practice Registered Nurses (APRNs) and Physicians Assistants (PAs) licensed in Rhode Island, in active practice, and located in Rhode Island, Connecticut, or Massachusetts. The response rate was 44.9% (n=721). This compares to a 46.2% response rate in 2013 and a 44.0% response rate in 2014.

Overall, the data demonstrate an increase both in presence of electronic health records (EHRs) and in e-prescribing from 2013 to 2015. This year we introduced two NEW measures. Use of EHR functionality replaces both the Use of basic EHR functionality and Use of advanced EHR functionality measures used in previous years. The Use of EHR for patient engagement assesses clinicians' use of their EHR to communicate and interact with their patients.

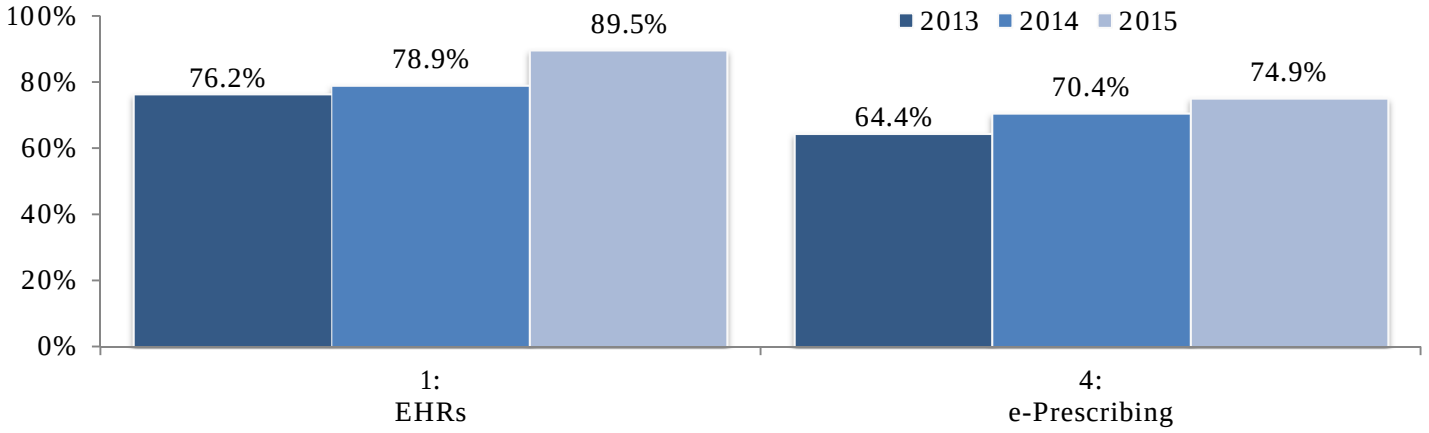
Table 1 presents EHR and e-prescribing results for the 721 respondents and for all 1,606 APRNs and PAs (including 885 non-respondents, who were reported as not using any HIT). **Figure 1** compares this year's presence of EHRs and use of e-prescribing results with the results from 2013 and 2014.

For more information, please visit: http://www.health.ri.gov/medicalrecords/about/survey/

Table 1. APRN and PA publicly-reported measures

Measure[1]	Survey Respondents (N=721)		All APRNs and PAs (N=1,606)	
	Population	Score	Population	Score
1. APRNs and PAs with EHRs, n (%)[2]	721	645 (89.5%)	1,606	645 (40.2%)
2. EHR functionality use (0-100), median[3]		71.4	--	--
3. Patient engagement EHR use (0-100), median[4]		21.4	--	--
4. APRNs and PAs who are e-prescribing, n (%)[5]	617	462 (74.9%)	1,502	462 (30.8%)

Figure 1. Trends among APRN and PA survey respondents, 2013-2015



[1] See the Measure Specifications for definitions of these measures. http://www.health.ri.gov/medicalrecords/about/survey/

[2] EHR: Integrated electronic clinical information system that tracks patient health data, and may include such functions as visit notes, prescriptions, lab orders, etc.

[3] EHR functionality use: Clinical documentation, results management, decision support, external communication, order management, and reporting. Scores range from 0-100, with 100 indicating greatest use.

[4] Patient engagement EHR use: Use of EHR to communicate and interact with their patients. Scores range from 0-100, with 100 indicating greatest use.

[5] Excludes APRNs and PAs who responded that prescribing was not applicable to their clinical practice.

[6] - EHR functionality use and Patient engagement EHR use are calculated for survey respondents with EHRs only.

This report is part of the Department of Health's Healthcare Quality Reporting Program. For information about the quality of care provided by facilities (such as home health agencies, hospitals, or nursing homes), visit: *http://www.health.ri.gov/healthcare/about/quality*.

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