Healthcare Quality Reporting Program

2015 HIT SURVEY

3/10/16, 3:00-4:30pm
Healthcentric Advisors

1. **Welcome & meeting objectives (3:00pm)**
   Samara Viner-Brown, MS, Rhode Island Department of Health
   Amy Zimmerman, MPH, Rhode Island Executive Office of Health and Human Services

   Objective: To review the 2015 survey results and identify areas for further data analysis and stakeholder outreach.

   Sam began the discussion by explaining that because the data has been stable in recent years, and to reduce the survey burden on physicians, we are going to shift the survey from annual to biennial. The next survey year will be 2017, so that this survey can be on the same timeline as the Healthcare Inventory Surveys. This group will meet again in the fall to begin discussing the 2017 survey instrument. Sam also noted that the Healthcare Quality reporting program receives funding from Medicaid to help cover the costs of the survey process. Emily explained that that having more time with the data before the next survey meant we could take a 'deeper dive' into the data, create additional reports and expand our outreach to stakeholders.

2. **Working Session – Plan for analysis and outreach (3:10pm)**
   Emily Cooper, MPH

   - **Review current reports**

     Emily explained that all of the data being reviewed during this meeting can be found on the Department of Health's website. These reports include aggregate Summary and Detail reports and a data book. The data book provides a broad overview of the completed aggregate analysis, additional analyses are included in the Summary and Detail reports. There is also a provider-level report available on the Department of Health website. Dr. Gardner noted that in addition to these reports, a PHD student has also created a physician-oriented report. This report was sent out to all physicians with an email address on file with the Department of Health. Emily offered to include this report with the minutes from this meeting.

     A question was raised regarding the other available data sources for HIT-related information at the physician, facility and state level, including recent data released by the Office of the National Coordinator. The group discussed the impact of survey methodology, including the definitions of HIT and EHR use, on survey data. It was also noted that with the HIT Survey, any provider who did not respond to the survey is counted as not using an EHR for the "All physician" analysis. While that may not be the case, it provides us with an upper and lower estimate of HIT use. The true rate of use is thought to be in between the two estimates. The group decided to work to align survey language, where possible, to allow for closer data comparisons.

The group talked specifically about what comparisons could be made between the HIT Survey data and the Inventory Survey data. Emily explained that the Inventory Survey collected data at the physician practice level, while the HIT Survey collected data at the physician level. There was an effort to avoid duplication of questions across the two surveys; however, there will be opportunities for analysis of the two data sets together.

Review of the data began with the Physician Summary Report. It was observed that more hospital-based physicians were using EHRs than office-based physicians. Additionally, office-based PCPs have a higher rate of EHR use than office-based non-PCPs, including higher use of EHRs for patient engagement and e-prescribing.

The Current Care report reflected a relatively low use of Current Care, with 81% of hospital-based physicians and 69% of office-based physicians responding that they are not yet signed up to view or receive data from Current Care. There was no significant change is these numbers from the previous year. It was noted that with some of the new methods of integrating CurrentCare into a physician's EHR, they may not realize that some of the information they are seeing is being fed into the system by CurrentCare. The group discussed these results and questioned if there was an expected rate of use. Elaine explained that at this time there was not. The group felt strongly that with the next survey there should be a deeper look into Current Care usage, with additional questions to help focus on actionable items.

The E-Prescribing report reflected lower use than desired for the Prescription Monitoring Program (PMP) for patients using opioids or benzodiazepines. The group agreed that there needed to be deeper exploration into why physicians are not utilizing this important tool. Melissa explained that changes are currently being made to the PMP system that should facilitate use. Opportunities for integrating the PMP more closely with EHR systems and with CurrentCare are also being explored, but will require changes to the associated regulations.

In looking at the report on the Impact of EHRs, it was observed that of those who use EHRs, most agree that it improves billing, communication, patient safety and quality improvement; however, few agree that EHRs improves clinical workflow, job satisfaction and communication with outside physicians.

The next report that was reviewed was Meaningful Use, with 65% of office-based physicians attesting to Meaningful Use, and 74% of those who had previously attested to Meaningful Use continuing to do so. The group noted that these figures seemed low, and questioned if additional analysis could be done. They felt that the next survey should include additional questions to explore this further. The group also discussed the large percentage of patients answered "Do not know" to these questions, and how this could be further explored.

The Patient Engagement questions, new to the survey this year, explore ways that physicians use various types of HIT to engage with their patients. It was observed that while there are many opportunities for physicians to use HIT for patient engagement, the majority of respondents still communicate with their patients primarily via telephone and US Mail.

The Population Health Management report focused on office-based physicians and their use of EHRs for Population Health management, including quality measures and patient reminders. The group noted that they would like to see this information further broken down by PCPs and non-PCPs.

In the Physician Respondents without EHR report, it was observed that more than half of the respondents not currently using an EHR do not plan on implementing an EHR in the future. Cost and functionality were the top reasons for not implementing an EHR. The group felt it would be

helpful if they could see respondent age information to see how age and/or years in practice impact lack of EHR use.

The final report discussed was the APRN and PA Summary report. It was observed that their results closely mirrored the physician results, which may be directly related to where they are practicing. Emily noted that additional analysis of this data has not been requested in previous years.

- **Discuss plan for additional analysis**
  - *What data is available?*
    Emily explained that because we are not administering the survey this year, we have resources available to complete additional analysis. The raw data file is also available to organizations for research purposes via a Data Use Agreement with the Department of Health.
  - *How can we use data to drive change?*
    Suggested opportunities for additional analysis include:
    - Expanded analysis of Current Care, PMP, Meaningful Use, Population Health Management and Patient Engagement, particularly looking at differences between PCP vs non-PCP providers, FQHC vs non-FQHC providers and impact of provider age and practice size
    - Comparative analysis of this data and the Inventory Survey data
    - Additional analysis of non-EHR uses, particularly physician characteristics such as age and practice size
    - Analysis of HIT use by psychiatrists
- **Stakeholder outreach**
  - *Are there groups that would be interested in a data presentation?*
    Proposed groups for targeted outreach/data sharing:
    - Rhode Island Business Group on Health
    - Hospital CIOs
    - Rhode Island Medical Society
    - SIM Patient Engagement group
  - *Are there additional outlets for dissemination of the reports?*
    - "Headline" report with key data/discussion points to share
    - Use data to make policy recommendations or to support currently proposed policies/changes

3. **Closing (4:15pm)**
   Rebekah Gardner, MD, FACP
   - **Next steps**
     We will review the recommendations discussed today and follow up with this group via email regarding new analysis and stakeholder outreach. We will meet again in the fall to begin discussing the 2017 survey instrument.
4. **Action items**
   - Create plan for additional analysis (Emily and Rebekah)
   - Complete additional analyses (Blake)
   - Create "Headline" Report (Emily and Rebekah)
   - Explore opportunities to share data with stakeholders (All)

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]

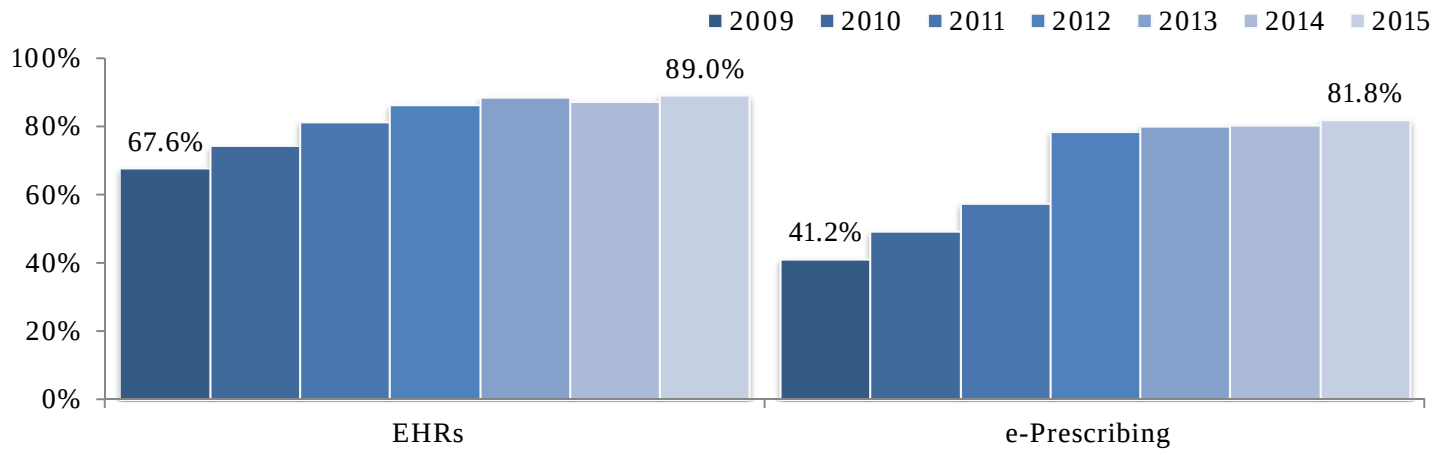


Figure 2. Trends among all physicians, including non-respondents, 2009-2015[5]

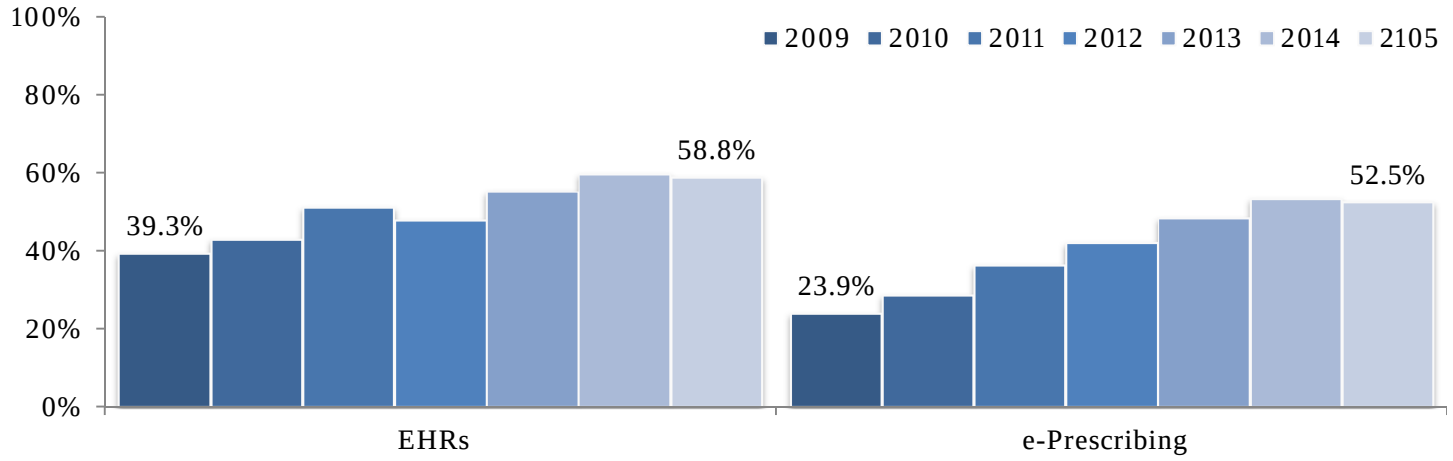
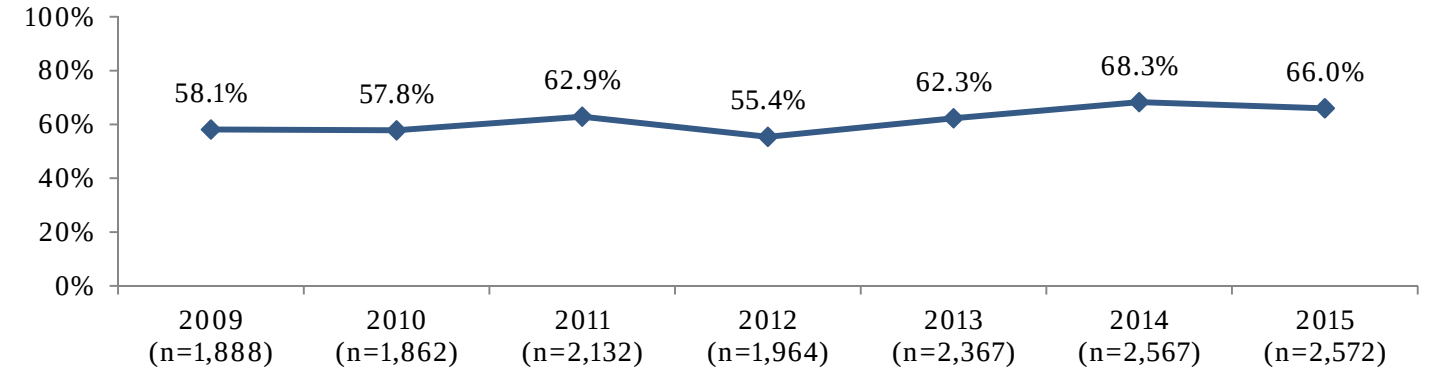


Figure 3. Physician response rate, 2009-2015



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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

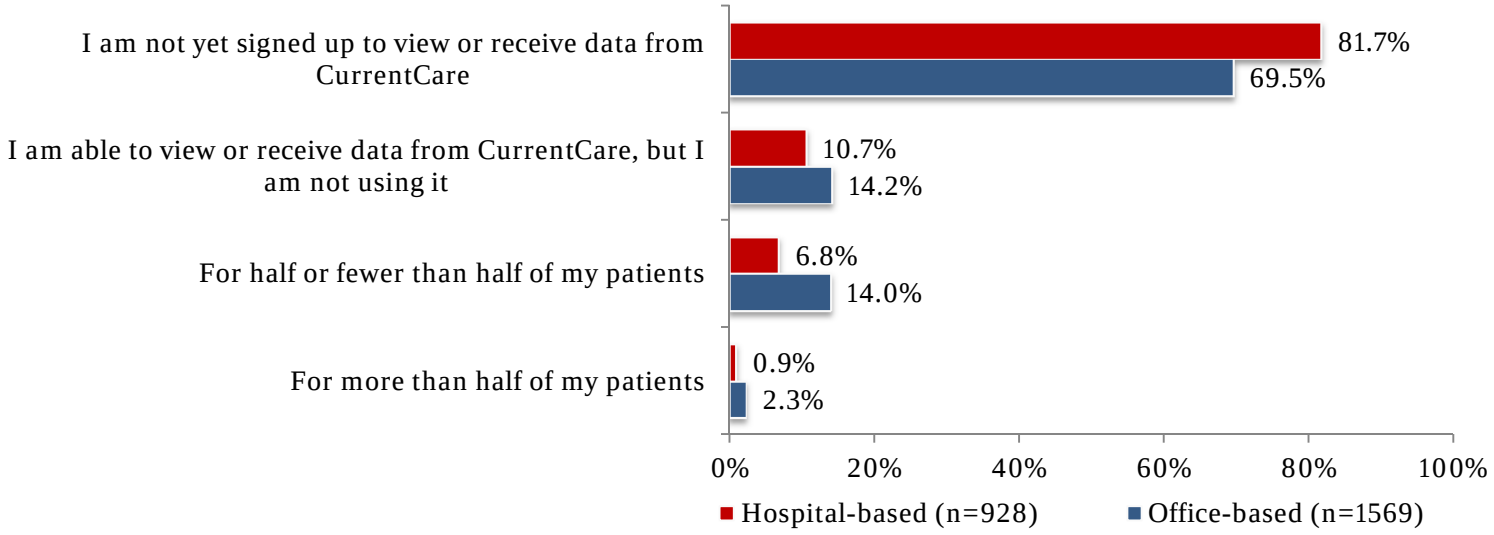


Figure 2. Among office-based physician respondents, the percent who view or receive data from CurrentCare, stratified by office-based non-PCP versus office-based PCP

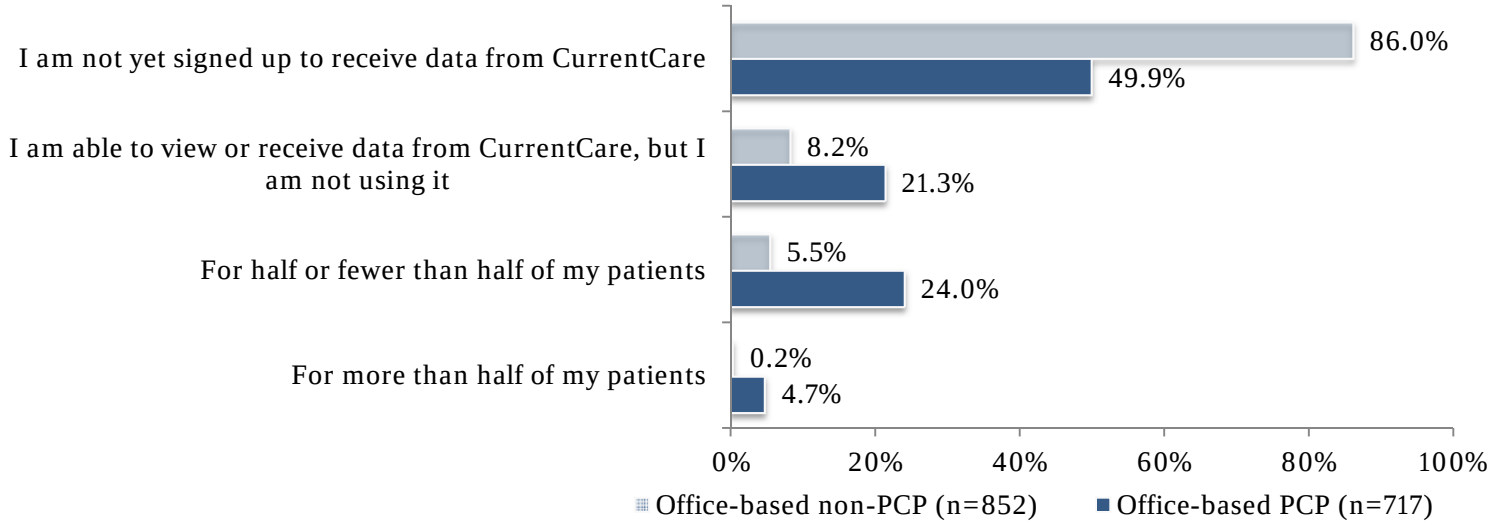


Figure 3. CurrentCare services with which respondents are familiar, stratified by setting

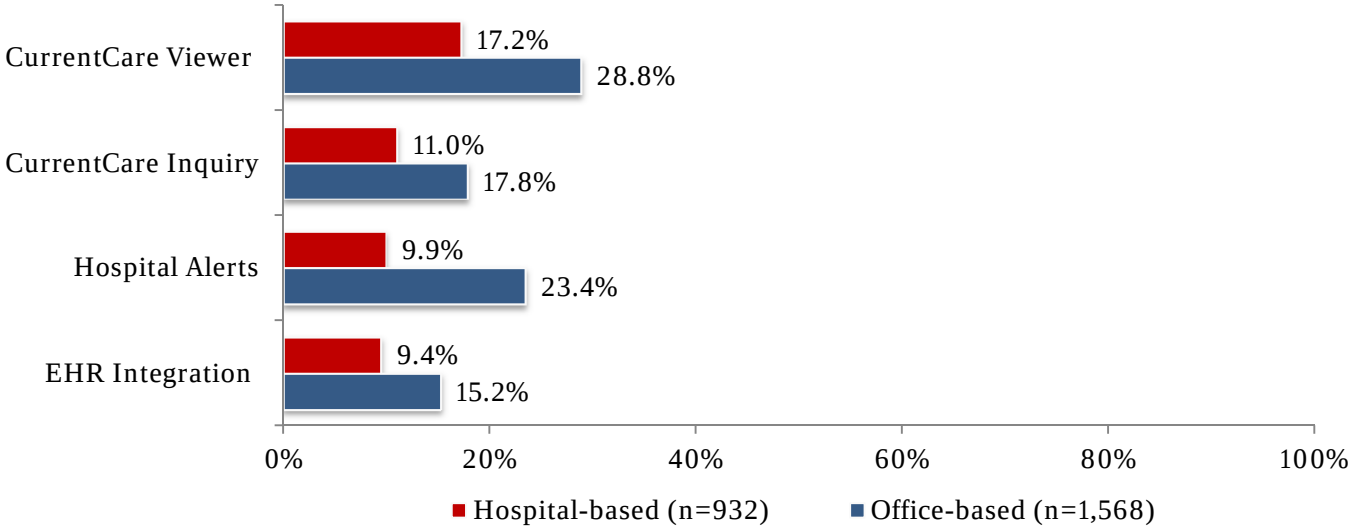
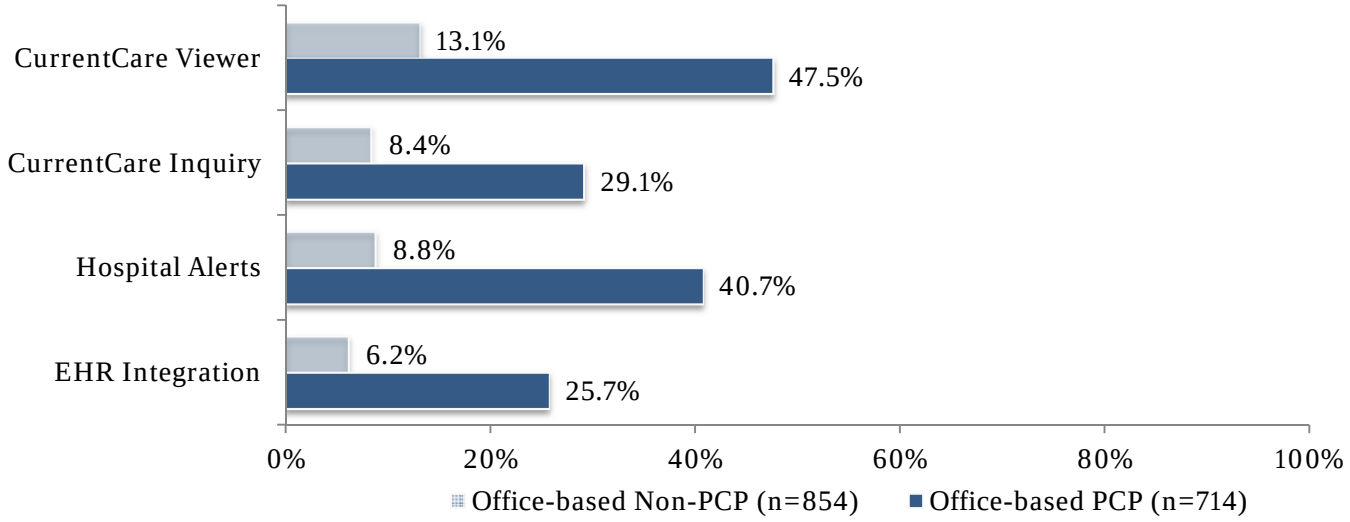


Figure 4. CurrentCare services with which respondents are familiar, stratified by Office-based PCP versus Office-based non-PCP



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)

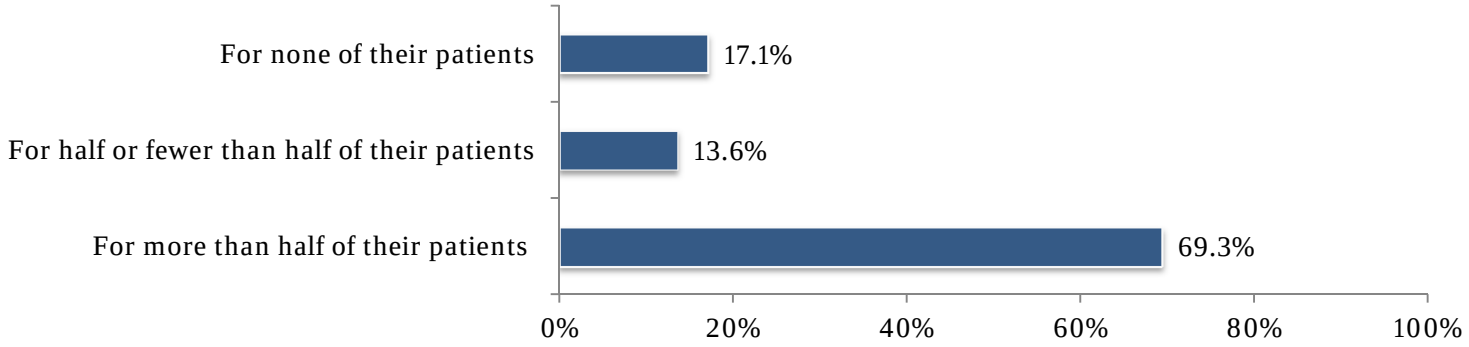


Figure 2. Among hospital-based physician respondents who prescribe medications, the percent who transmit prescriptions electronically to their hospital pharmacy versus to an outside or community pharmacy

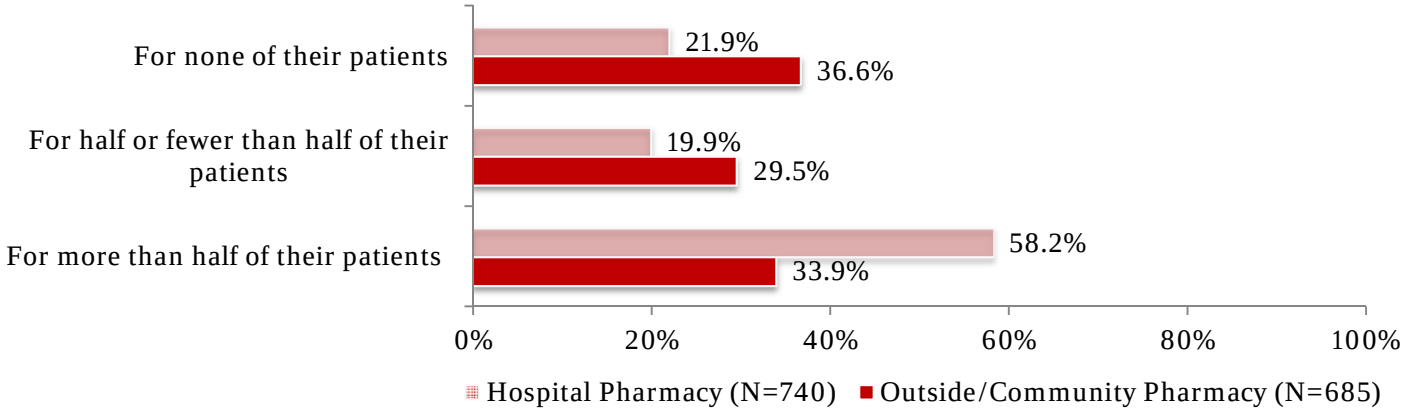


Figure 3. Among all physician respondents who prescribe controlled substances, percent who transmit prescriptions electronically for controlled substances, by practice setting

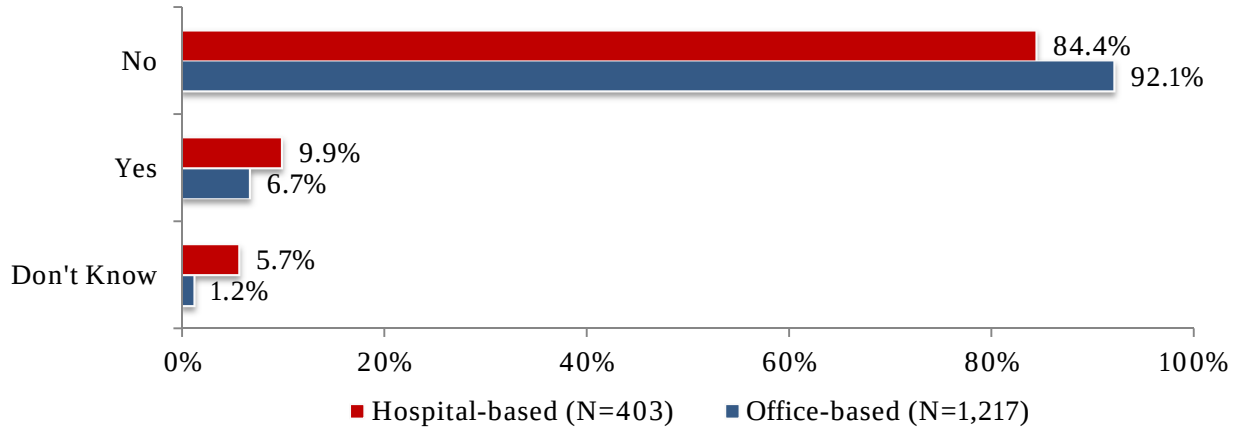
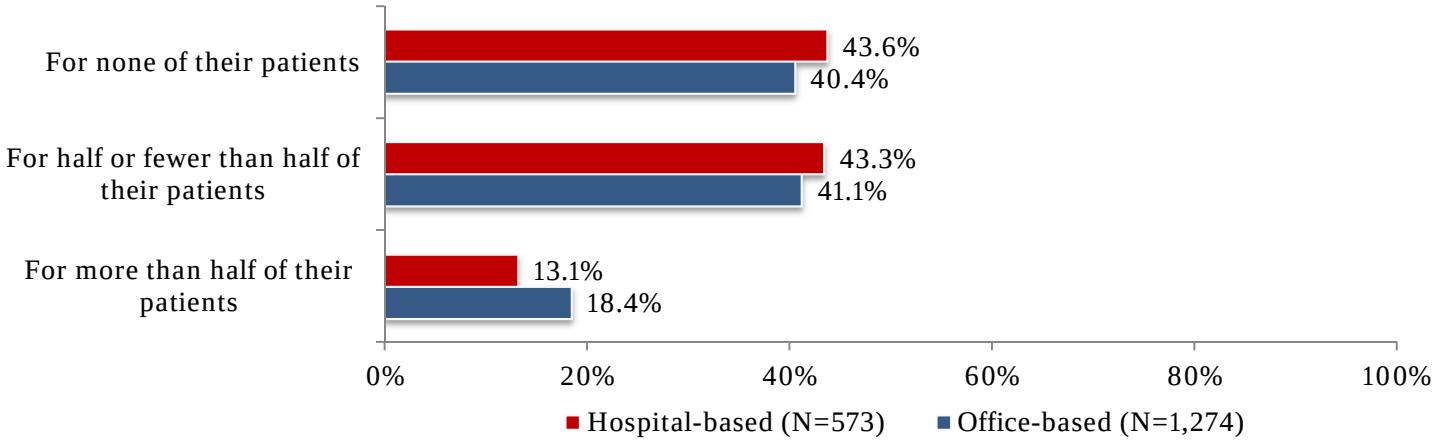


Figure 4. Among physician respondents who prescribe opioids or benzodiazepines, the percent who consult the Rhode Island Department of Health's Prescription Monitoring Program (PMP) before prescribing, by practice setting



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

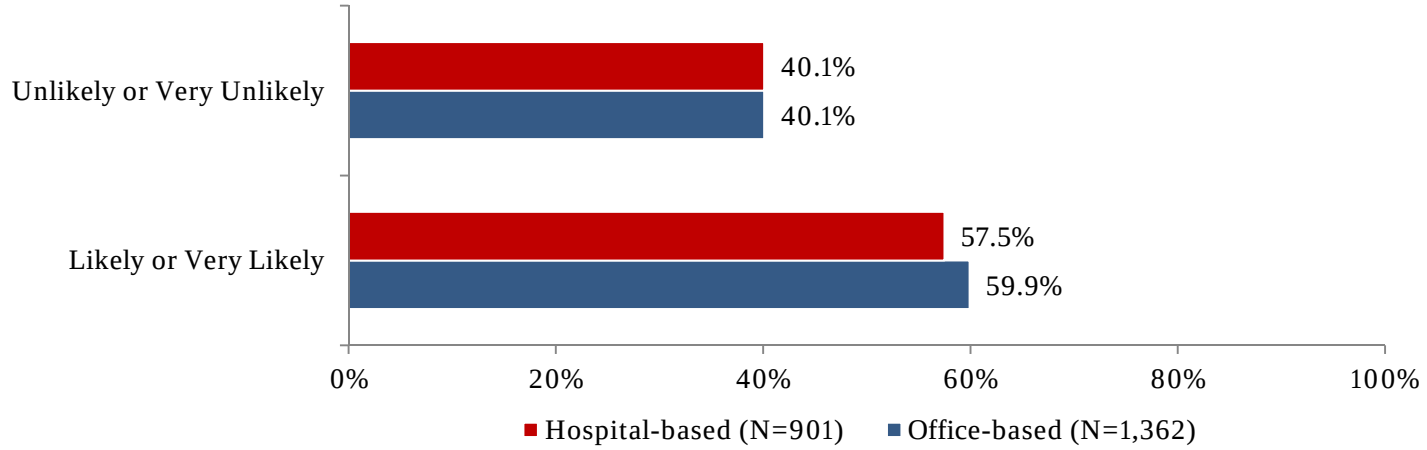


Figure 2. Percent of physician respondents who indicate their practices intend to switch EHR vendors, by practice setting

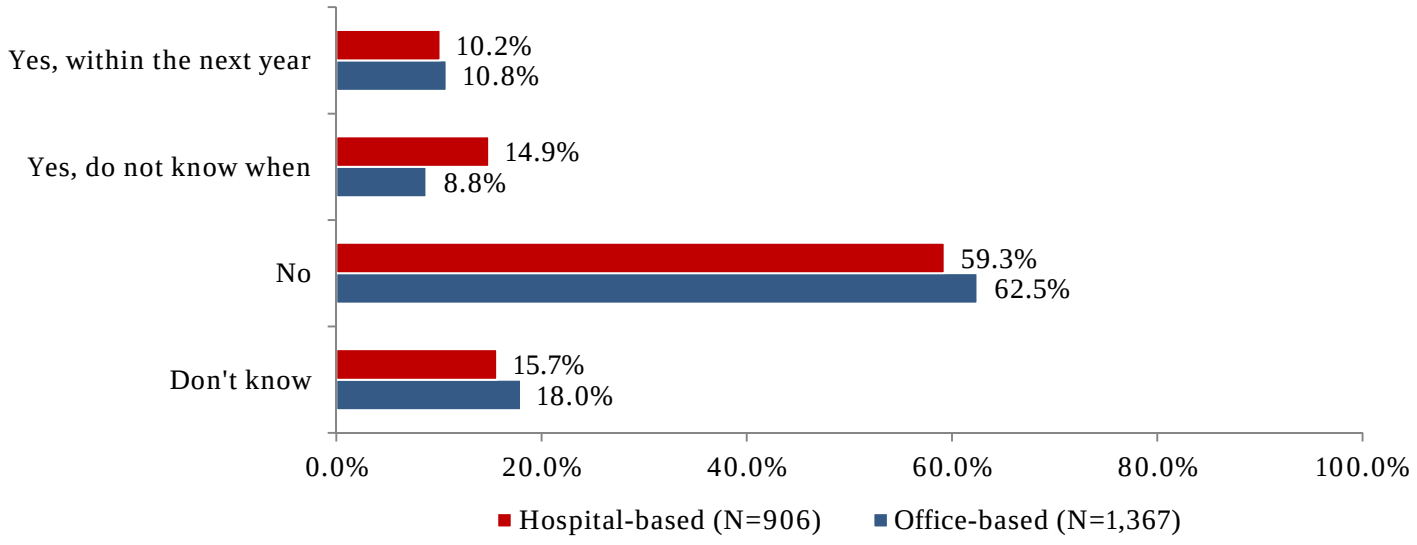


Figure 3. Percent of physician respondents who "agree or strongly agree" that using an EHR improves certain work-based processes, by practice setting

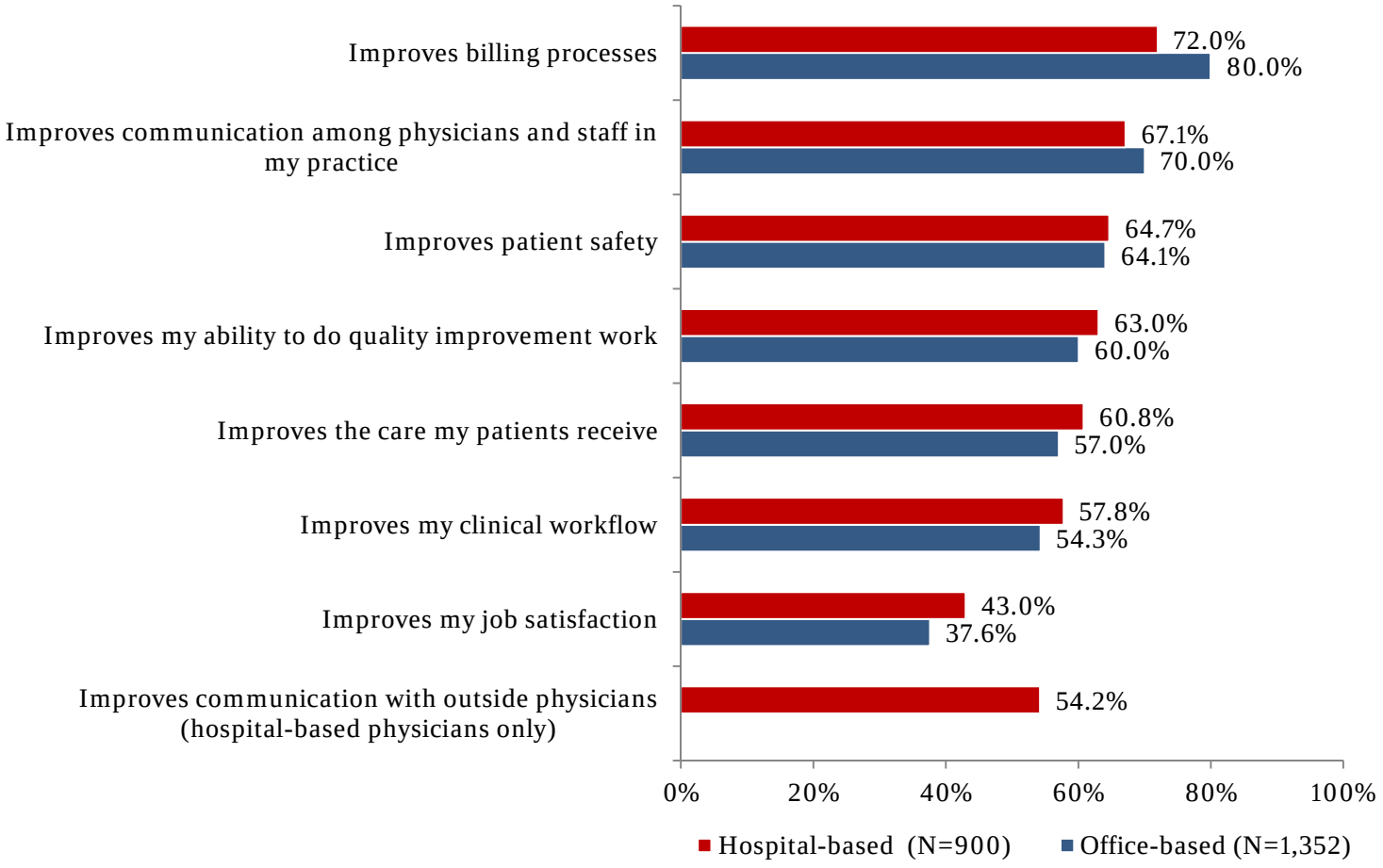


Table 1. Percent of physician respondents who access their EHR from other locations (e.g., home or another work-site), by practice setting

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)

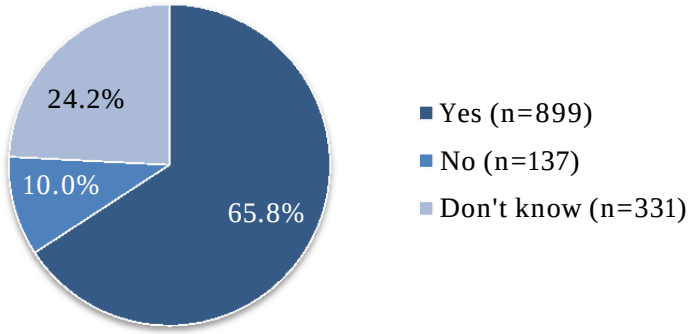


Figure 2. Percent of office-based physician respondents with EHRs who have previously attested or had someone attest on their behalf to Meaningful Use who plan to attest or have someone attest on their behalf to Meaningful Use in 2015 (N=888)

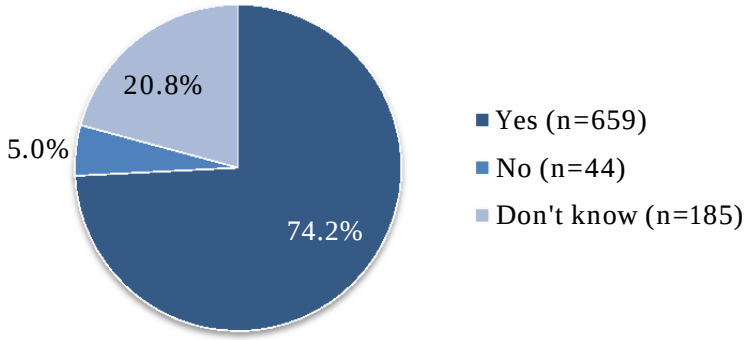


Figure 3. Among office-based physician respondents with EHRs who have attested or had someone attest on their behalf to Meaningful Use, percent attesting to each stage, by payer (N=887)[1]

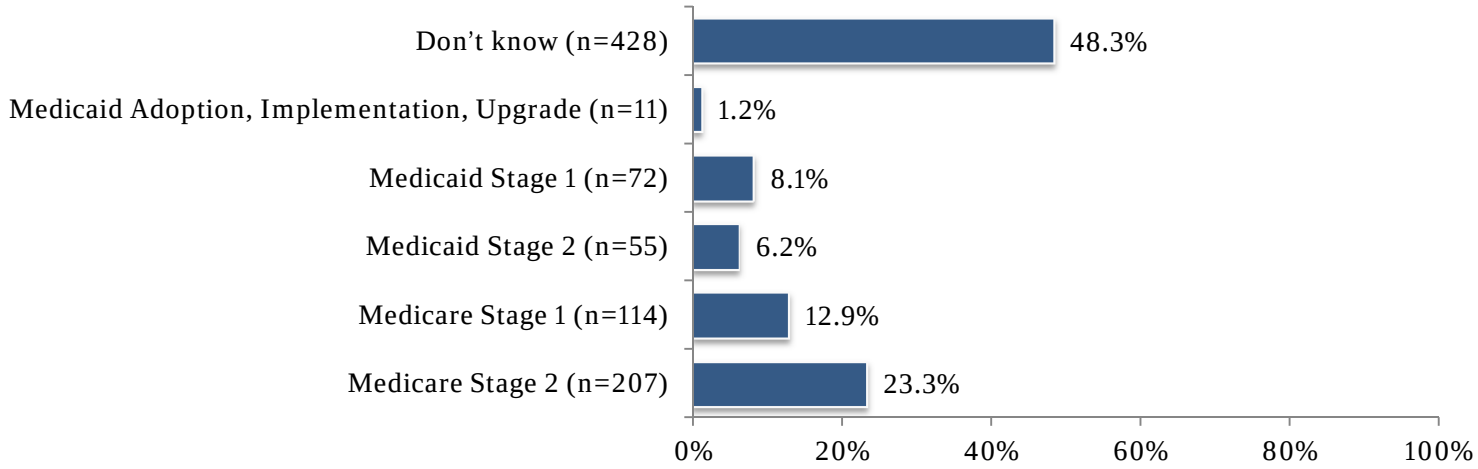
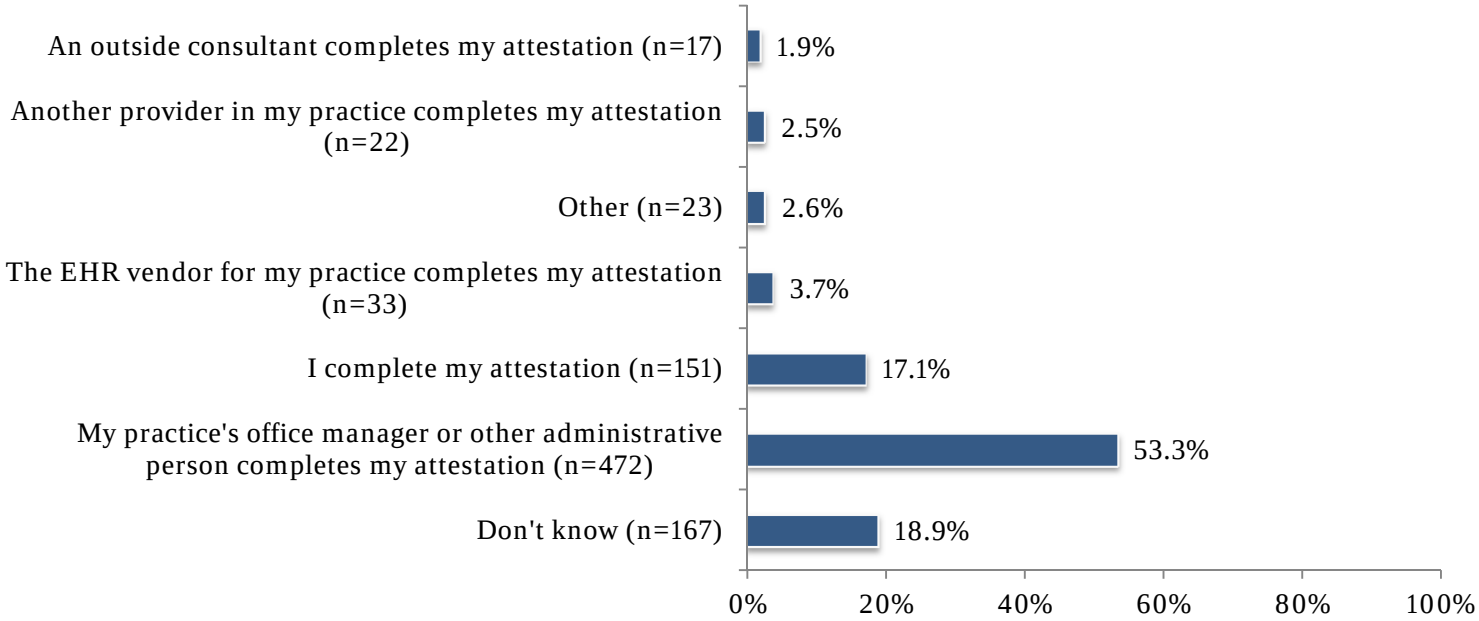


Figure 4. Among office-based physicians with EHRs who have attested or had someone attest on their behalf to Meaningful Use, the individual who completed the attestation (percent) (N=885)



[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

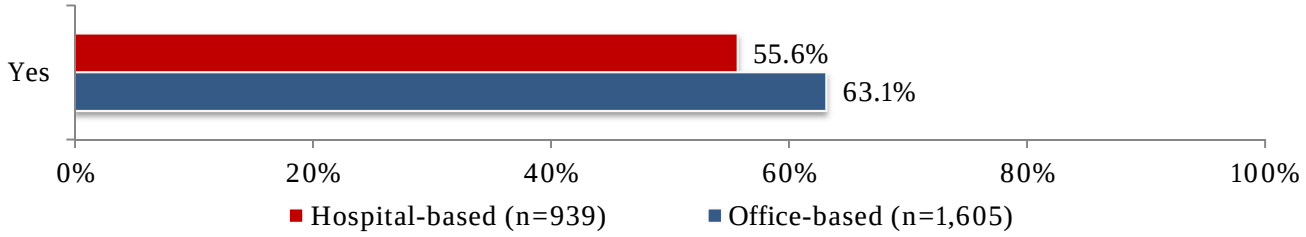


Figure 2. Percent of respondents whose main practice has an online option for patients to pay their bill, by practice setting

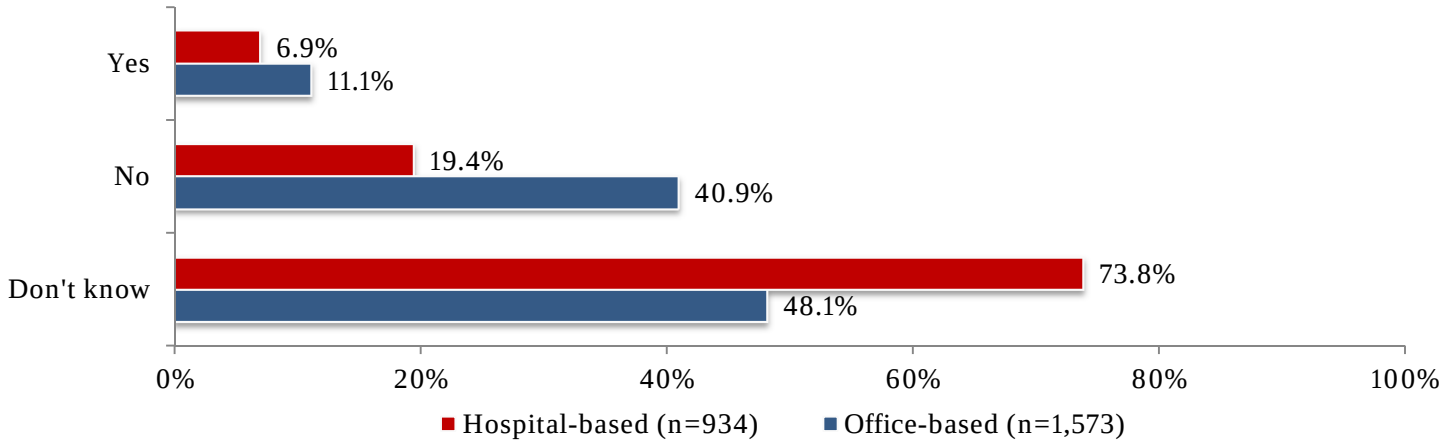


Figure 3. Percent of respondents whose practice has a "Direct address" (i.e., a specific electronic address for secure messaging using a Health Information Service Provider), by practice setting

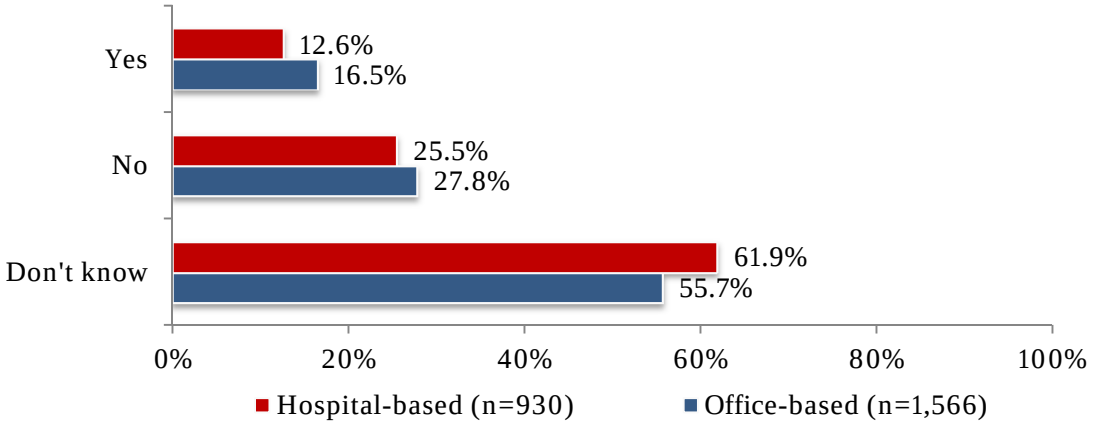


Figure 4. Percent of respondents who personally (i.e., not their office staff) communicate with patients using each modality, outside of a face-to-face encounter, by practice setting

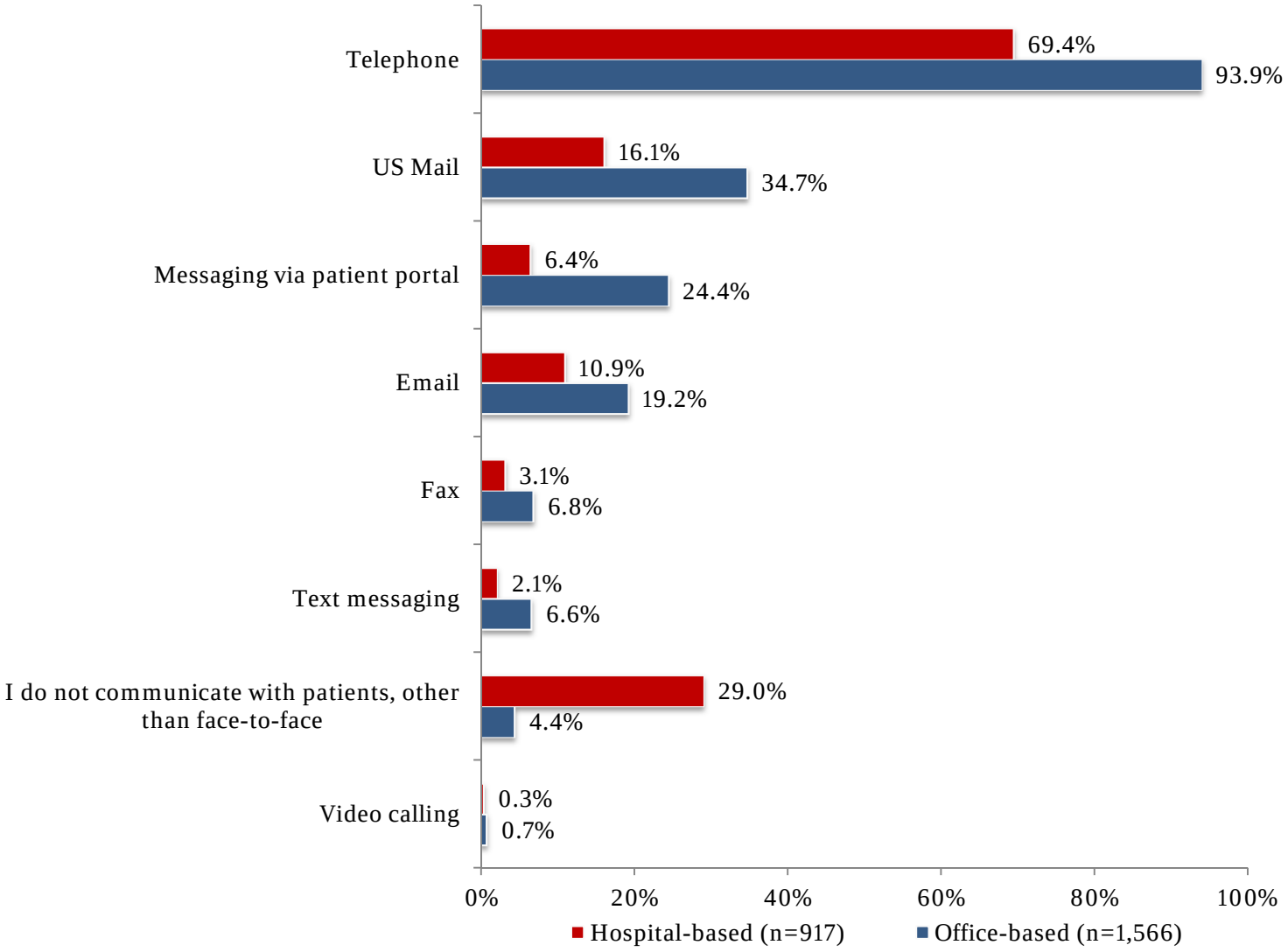
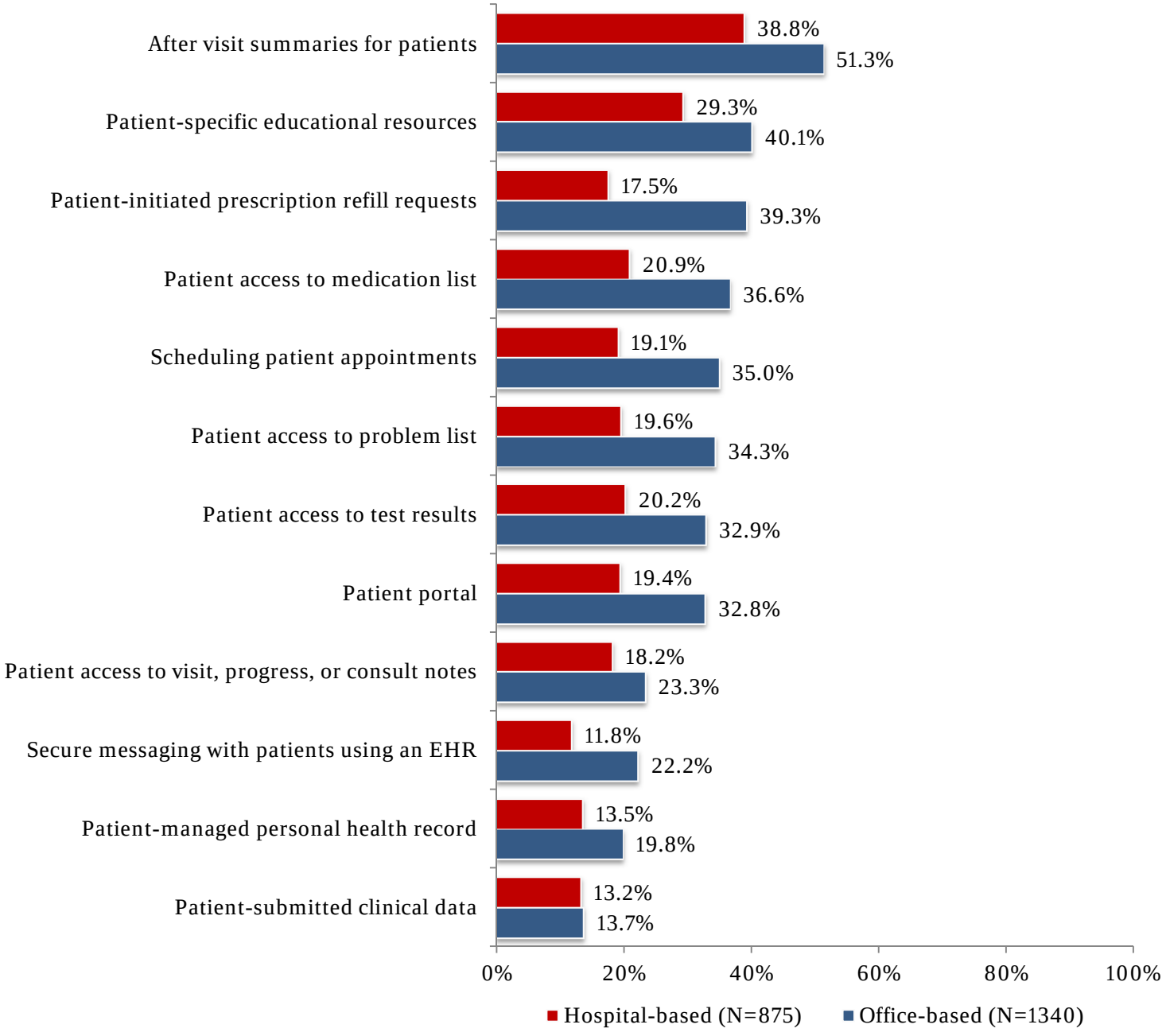


Figure 5. Among physicians with EHRs, percent of respondents who use each of the following patient interaction tools for more than half of their patients, by practice setting



Physician Detail Report - Population Health Management

Healthcare Quality Reporting Program

2015 HIT SURVEY PHYSICIAN DETAIL REPORT

Population Health Management

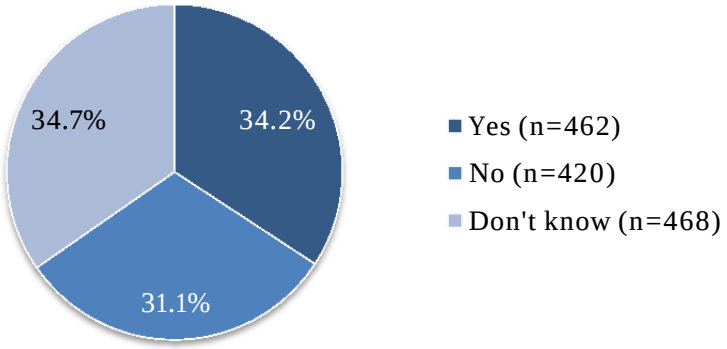
In early 2015, the Rhode Island Department of Health administered the Health Information Technology (HIT) Survey to 3,898 physicians licensed in Rhode Island, in active practice, and located in Rhode Island, Connecticut, or Massachusetts. The response rate was 66.0% (n=2,572).

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)

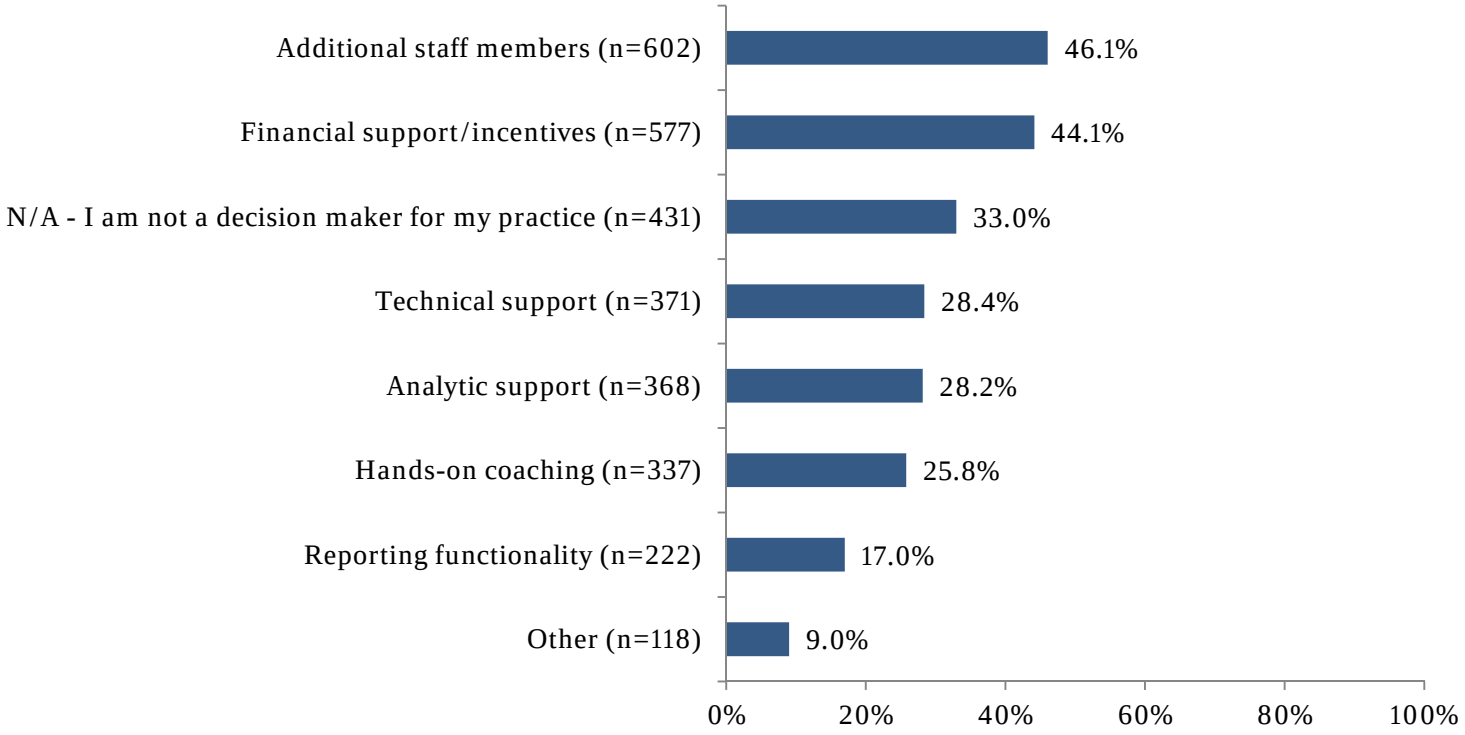


[1]Population health management: An approach to care that uses information on a subgroup of patients within a practice to improve the clinical outcomes within that practice. For example, a practice might identify their post-surgical patients who have not presented for follow-up appointments, diabetic 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)

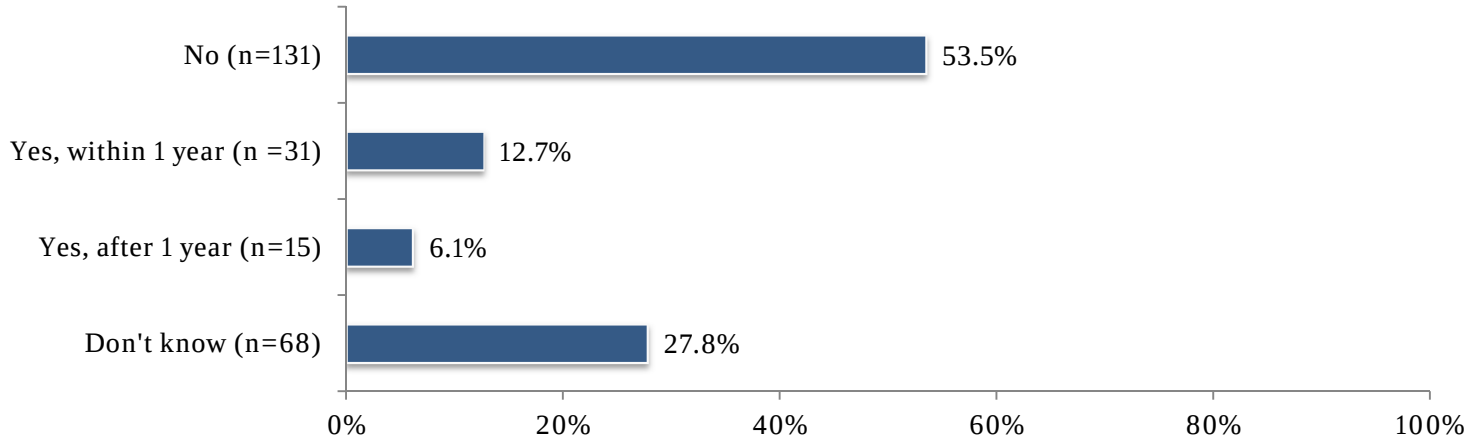


Table 1. Among office-based physician respondents without EHRs, percent whose main practice site reverted from an EHR back to paper charts (N=241)

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)

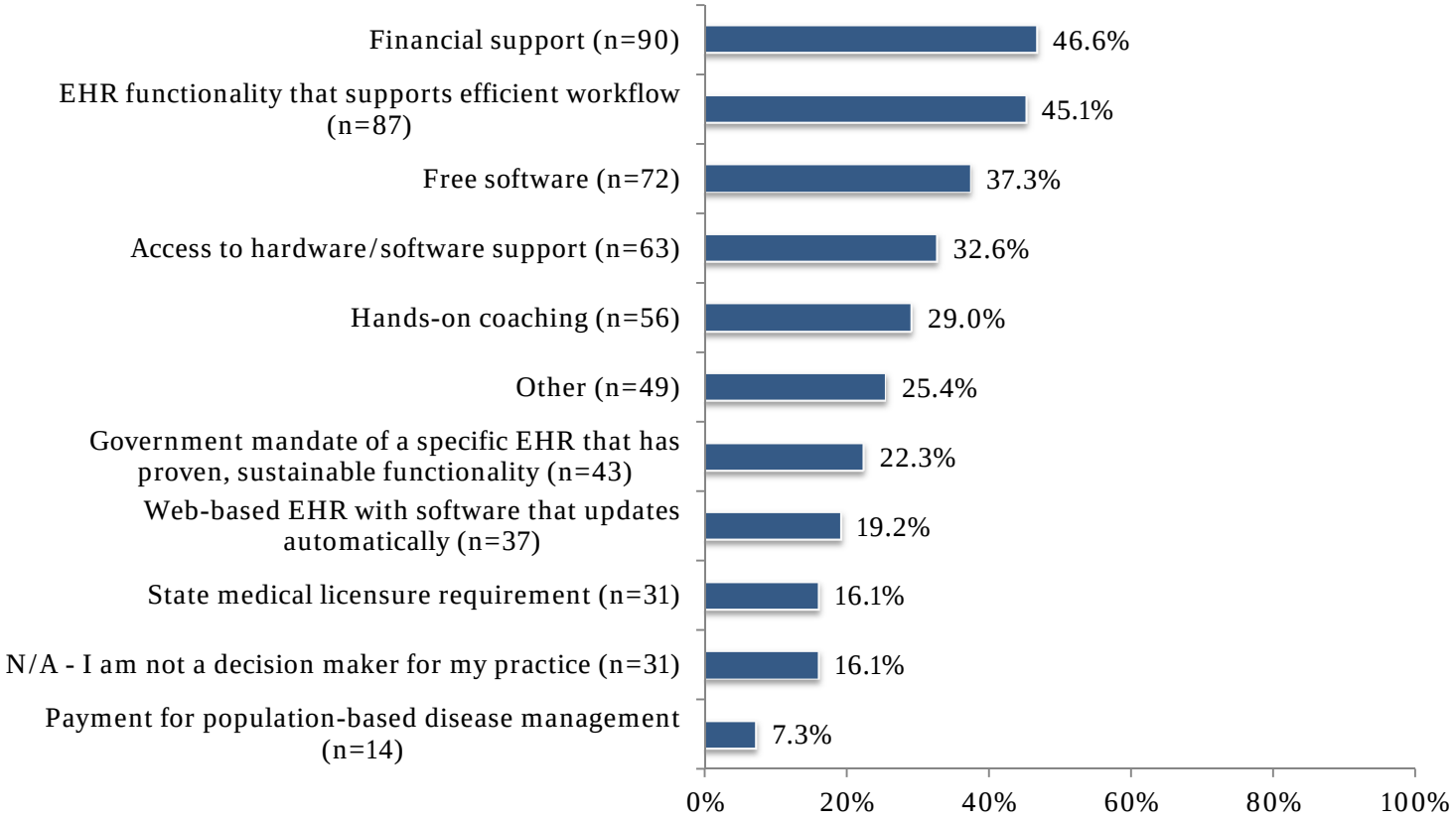


Figure 3. Among office-based physician respondents without EHRs, percent who are participating in the Value-Based Payment Modifier Program (N=241)

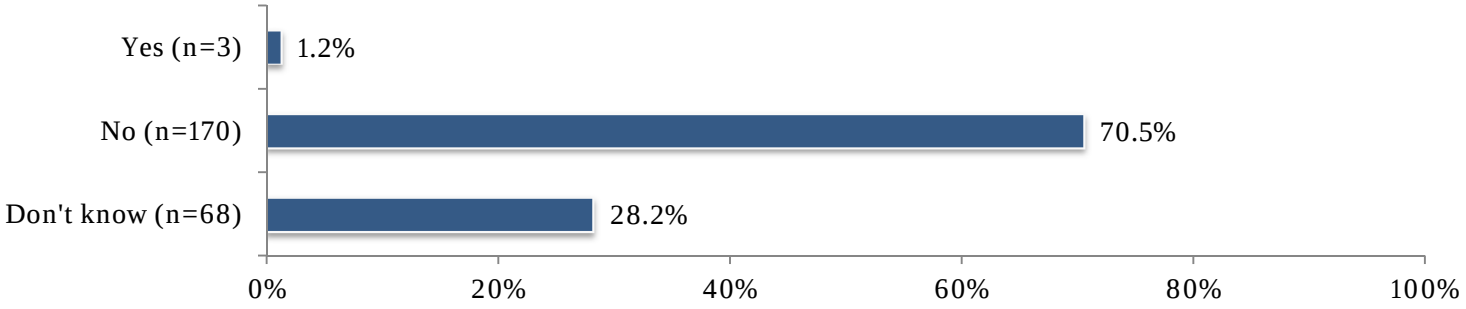


Figure 4. Among office-based physician respondents without EHRs, percent who have accessed or received their Quality and Resource Use Report (N=241)

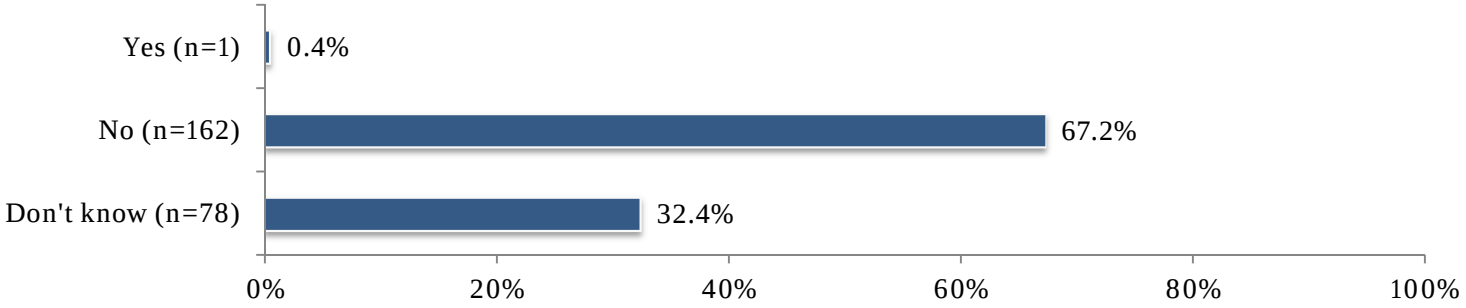
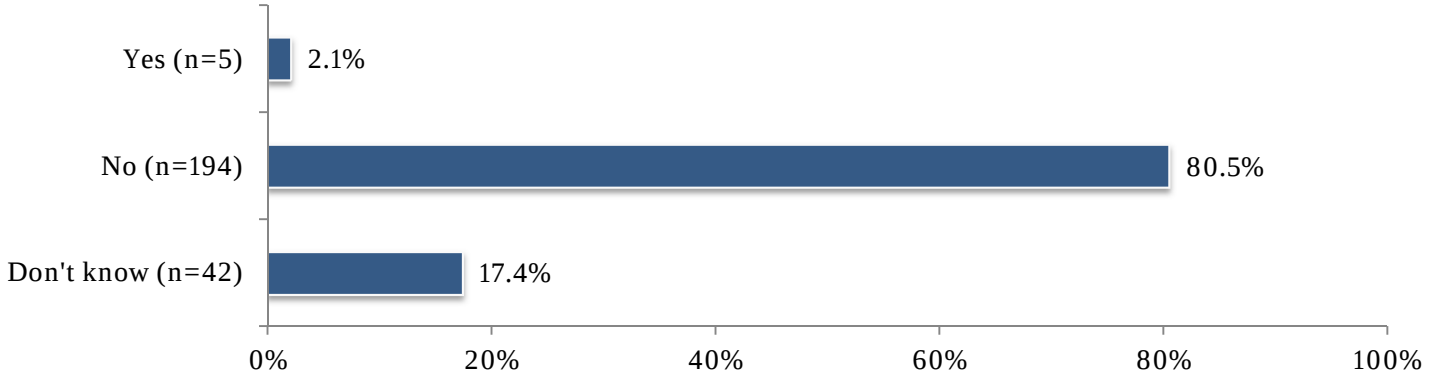


Figure 5. Among office-based physician respondents without EHRs, percent who have stopped accepting patients from a particular health plan or payor because of penalties related to value-based payment programs (N=241)



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.

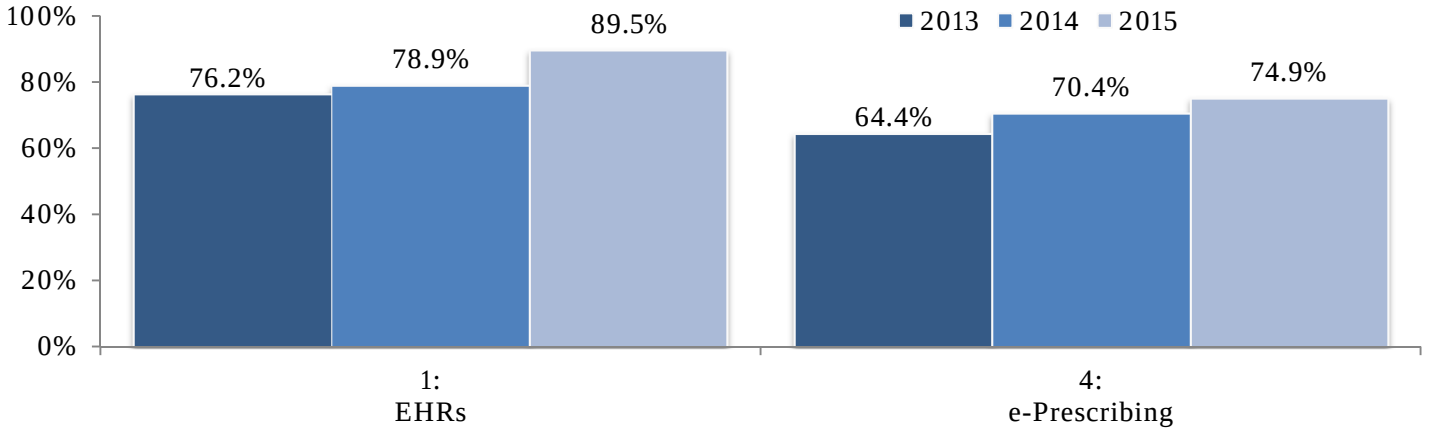
Table 1 presents EHR and e-prescribing results for the 721 respondents and for all 1,606 APRNs and PAs (including 885 non-respondents, who were reported as not using any HIT). **Figure 1** compares this year's presence of EHRs and use of e-prescribing results with the results from 2013 and 2014.

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*.

For more information, contact Samara Viner-Brown at Samara.VinerBrown@health.ri.gov

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)

Last updated 9/22/2015

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

Last updated 9/22/2015

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

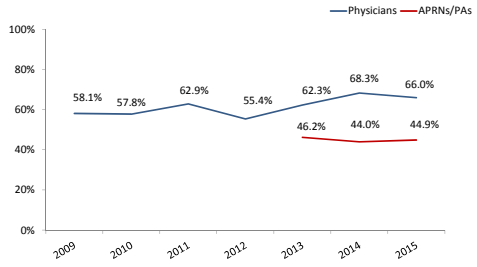
- **Publicly-reported measures in previous report format:**
  - Presence of EHR and use of e-Prescribing shown as yes/no
  - Basic and Advanced EHR use shown as a numerical score (0-100)
- **Publicly-reported measures in new report format:**
  - Level of EHR use and use of EHR for patient engagement 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.

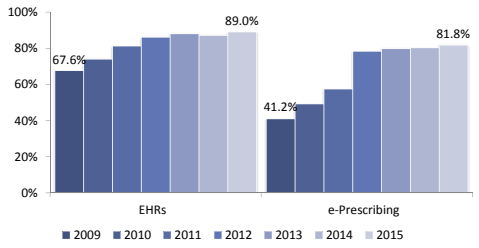
Respondents' use of EHRs and e-prescribing, by physician specialty and practice location

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%.

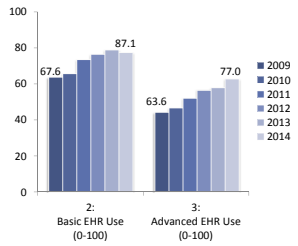
Survey respondents' use of EHRs and e-prescribing



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

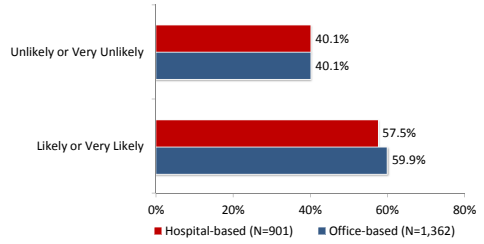
Physician Results

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.

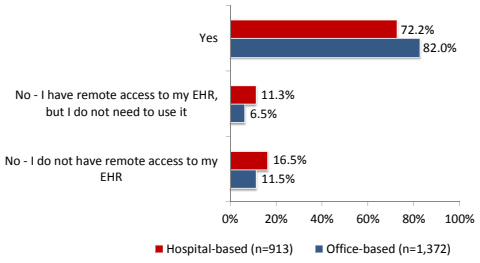
Likelihood of recommending current EHR vendor to friend or colleague



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.

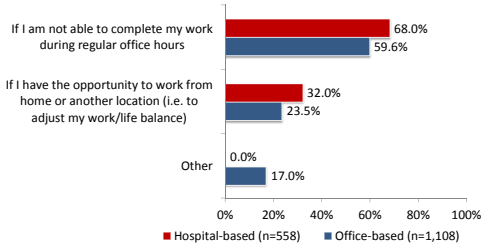
Percent of physicians who use their EHR outside of their usual practice location



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.

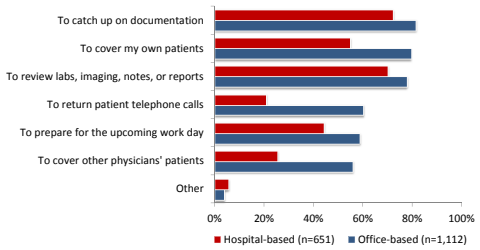
Circumstances under which physicians access their EHR from other locations most often, by practice setting



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.

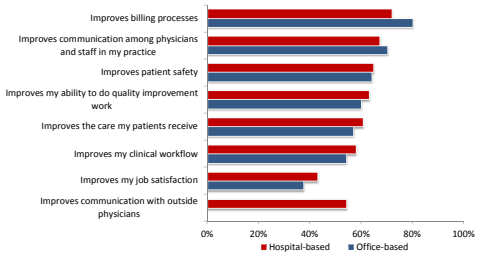
Percent of physicians who use their EHR outside of their usual location for the following tasks…



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.

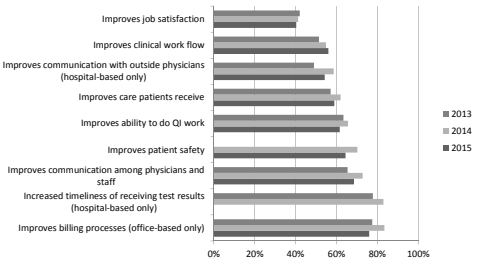
Percent of physicians who "agree" or "strongly agree" that using an EHR…



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

% of physicians who "agree or strongly agree" that EHRs…



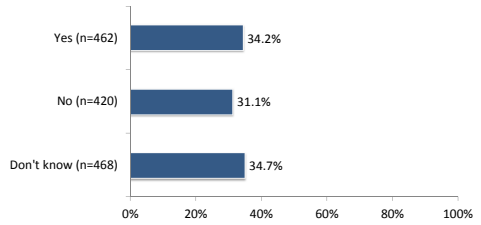
Physician Results

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.

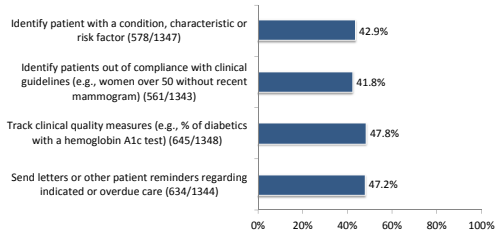
Percent of physicians using their EHR for population health management (N=1,350)



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.

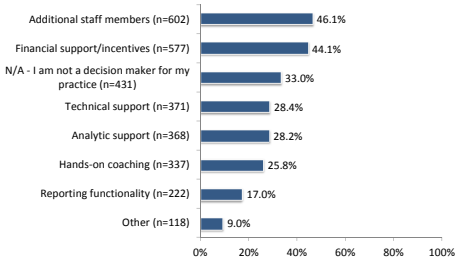
Percent of physicians who use their EHR to…



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.

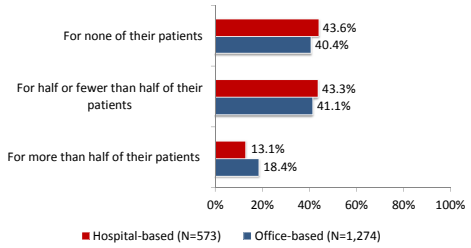
Percent of physicians who thought it would take the following for them to use their EHR for population health management… (N=1,307)



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

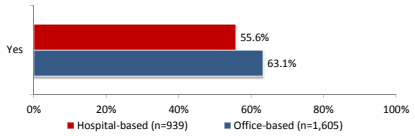
Communication

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)

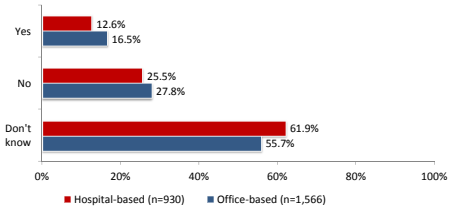


Last updated 9/22/2015

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

Percent of physicians whose practice…

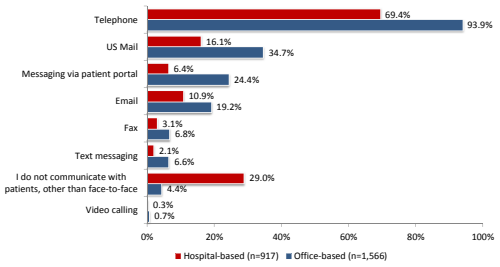
A "Direct address" (i.e., a specific electronic address for secure messaging using a Health Information Service Provider)



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

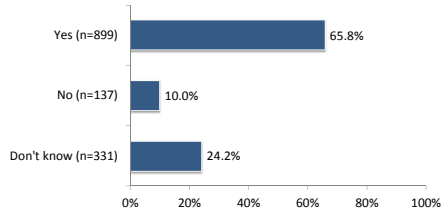
Physician Results

Meaningful Use

Last updated 9/22/2015

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

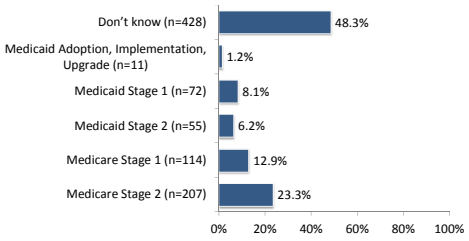
Percent of office-based physicians who have attested, or had someone attest on their behalf, to Meaningful Use (N=1,367)



Last updated 9/22/2015

Medicare Stage 2 is the most common Meaningful Use attestation.

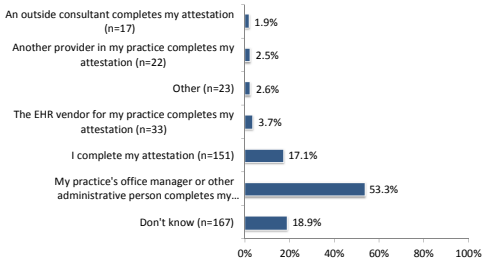
Percent of office-based physicians who attested to each stage of Meaningful Use in 2015 (N=887)



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.

Who completes your Meaningful Use attestation? (N=885)



Last updated 9/22/2015

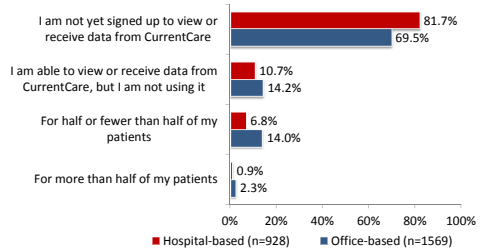
Physician Results

CurrentCare

Last updated 9/22/2015

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

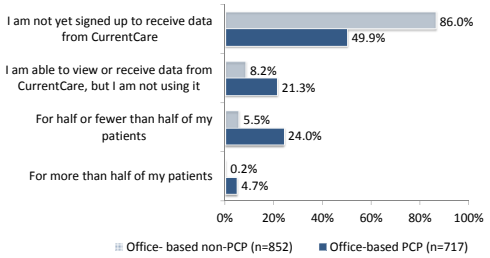
Percent of physicians who view or receive CurrentCare data, by setting



Last updated 9/22/2015

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

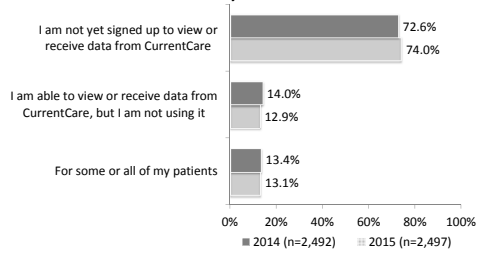
Percent of office-based physicians who view or receive CurrentCare data, by setting (N=1,569)



Last updated 9/22/2015

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

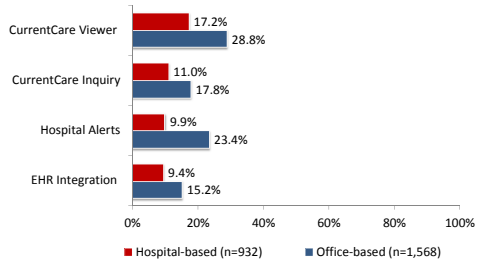
Percent of physicians who view or receive CurrentCare data, by year



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.

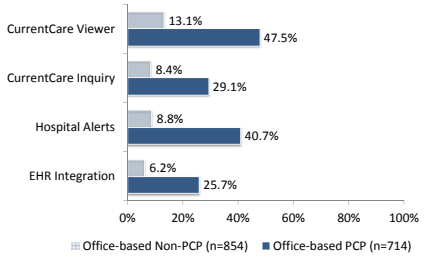
Percent of physicians who are familiar with these CurrentCare services, by setting…



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

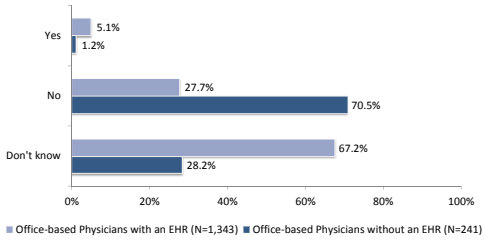
Physician Results

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.

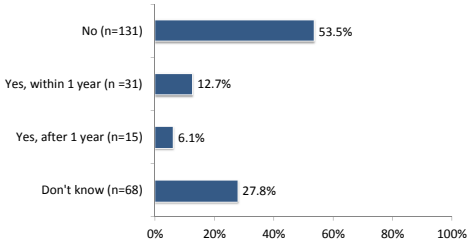
Percent of physician respondents who are participating in the Value-Based Payment Modifier Program



Last updated 9/22/2015

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

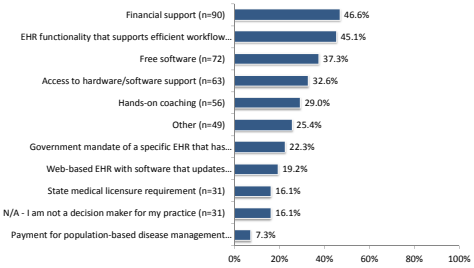
Percent of office-based physicians without EHRs whose main practice plans to implement an EHR (N=245)



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.

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

Last updated 4/9/15

Rhode Island Department of Health

2015 PHYSICIAN HIT SURVEY

Office or Outpatient Version

INSTRUCTIONS: *You will need the following information to complete the survey:*

- *Your license number*
- *Your Individual National Provider Identifier (NPI)*
- *The name of the EHR system you are using, if any*
- *Information on whether your practice is participating in any value-based payment programs (e.g., PQRS, Value-Based Payment Modifier Program).*

SECTION A: Physician and Practice Information

1. **What is your name?** _____
   First name *Last name*

2. **What is your email address?** (*Your email address will remain confidential and will not be shared publicly.)*
   _____

3. **What is your Rhode Island medical license number?**
   a. **Rhode Island medical license number:** ___ ___ ___ ___ ___
   b. **License type:** ☐ MD ☐ DO ☐ Neither ➔ *If not a physician, stop the survey*
   c. **NPI number:** ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

4. **Do you currently provide direct patient care?**

   ☐ No ➔ *If not providing direct patient care, stop the survey*
   ☐ Yes, and my primary specialty is (circle one*):*

Allergy & Immunology	Hospitalist	Occupational Med.	Radiology
Anesthesiology	Infectious Disease	Ophthalmology	Rheumatology
Cardiology	Intensivist	Otolaryngology	Surgery (general and other)
Colorectal Surgery	Internal Medicine (general)	Orthopedic Surgery	Thoracic Surgery
Dermatology	Medicine/ Pediatrics	Pathology	Urology
Emergency Med.	Nephrology	Pediatrics	Vascular Surgery
Endocrinology	Neurology	Physical Med/Rehab.	Other (*please specify*):
Family Medicine	Neurosurgery	Plastic Surgery	
Gastroenterology	Nuclear Medicine	Psychiatry	
Geriatrics	OB-GYN	Pulmonary/Critical Care	
Hematology/ Oncology		Radiation Oncology	

5. **Do you provide primary care?** *[Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community (Institute of Medicine).]*

   ☐ No
   ☐ Yes

6. **What is the name and address of your MAIN practice site (the place where you spend the most time providing direct patient care)?**
   Practice Name: _____
   Practice Address: _____
   City: _____ **State:** _____ **ZIP Code:** _____

7. **What is the name and contact information of your MAIN practice administrator or office manager?** (*This information will be used for future practice level communications from the Department of Health. This information will not be made publicly available.)*

   Practice Administrator Name: _____
   Practice Administrator Email: _____
   Practice Administrator Phone: _____

8. **Is your MAIN practice site affiliated with any of the following? (Select all that apply.)**

   ☐ Anchor Medical Associates
   ☐ Coastal Medical
   ☐ Federally Qualified Health Center (FQHC)
   ☐ Rhode Island Primary Care Physician Corporation (RIPCPC)
   ☐ University Medicine
   ☐ No, none of the above

9. **Altogether, approximately how large is your MAIN practice site?** *Please consider physicians, nurse practitioners, and physician assistants. If your practice site is part of a larger group, consider the clinicians at the physical location that you consider your MAIN practice site***.**

   ☐ 1 clinician
   ☐ 2 clinicians
   ☐ 3 clinicians
   ☐ 4 clinicians
   ☐ 5 clinicians
   ☐ 6 clinicians
   ☐ 7 clinicians
   ☐ 8 clinicians
   ☐ 9 clinicians
   ☐ 10+ clinicians

10. **Does your MAIN practice have a website intended for patients (e.g. a website for informational or public relations purposes)?**
    ☐ No
    ☐ Yes (please provide URL):_____

SECTION B: Electronic Health Records (EHR) Status*

11. **Does your MAIN practice site have an EHR?** *By 'EHR,' we mean an integrated electronic clinical information system that tracks patient health data, and may include such functions as visit notes, prescriptions, lab orders, etc. (This is also known as an electronic medical record or EMR.)*

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* EHR questions adapted with permission from:

- Simon et al. Physicians and electronic health records: A statewide survey. *Arch Intern Med* 2007; 167: 507-512.
- Simon et al. Correlates of electronic health record adoption in office practices: A statewide survey. *J Am Med Inform Assoc* 2007; 14: 110-117.

- ☐ Yes ➔ *Skip to Q21*
- ☐ No ➔ a. **Aside from your main practice site, do ANY of your practice sites have an EHR?** *If more than one has an EHR, please choose the site in which you provide the most direct patient care.*
  - ☐ No
  - ☐ Yes, an inpatient or hospital-based practice ➔ *Stop and complete the hospital version*
  - ☐ Yes, an outpatientor office-based practice ➔ *Skip to Q21*
  - ☐ N/A – no other practices

SECTION C: Plans to Implement EHR

12. **Has your main practice site reverted from an EHR back to paper charts?**

- ☐ No
- ☐ Yes
- ☐ Don't know

13. **Does your main practice site plan to implement an EHR?**

- ☐ No
- ☐ Yes, within 1 year *Skip to Q15*
- ☐ Yes, after 1 year *Skip to Q15*
- ☐ Don't know

14. **What would it take for you to implement an EHR?** (*Check all that apply.*)

- ☐ Access to hardware/software support
- ☐ EHR functionality that supports efficient workflow
- ☐ Financial support
- ☐ Free software
- ☐ Government mandate of a specific EHR that has proven, sustainable functionality
- ☐ Hands-on coaching
- ☐ Payment for population-based disease management
- ☐ State Medical Licensure requirement
- ☐ Web-based EHR with software that updates automatically
- ☐ N/A – I am not a decision maker for my practice
- ☐ Other (*please specify*): _____

The Physician Quality Reporting System (PQRS) is a CMS program to incentivize physicians to report on specific quality metrics.

15. **In 2014, did you report on EITHER NQF18 or PQRS 236 (the percentage of patients 18 to 85 years of age with hypertension and whose blood pressure was adequately controlled)?**

- ☐ No
- ☐ Yes
- ☐ Don't know

16. **In 2014, did you report on EITHER NQF 59 or PQRS 1 (the percentage of patients 18-75 years of age with diabetes who had A1C > 9%)?**

- ☐ No
- ☐ Yes
- ☐ Don't know

17. **Are you participating in the Value-Based Payment Modifier Program?**

- ☐ No
- ☐ Yes
- ☐ Don't know

18. **Have you accessed or received your Quality and Resource Use Report (QRUR)?**

- ☐ No
- ☐ Yes
- ☐ Don't know

19. **Has your practice stopped accepting patients from a particular health plan or payor because of penalties related to value-based payment programs (e.g., Meaningful Use or PQRS)?**

- ☐ No
- ☐ Yes, if yes which plan(s) _____
- ☐ Don't know

20. **Would you like to receive more information about quality improvement through value-based payment programs (e.g., PQRS, Value-Based Payment Modifier Program)?** *If you are interested in being contacted, you must re-enter your email address below. Email addresses provided elsewhere in the survey will not be provided to outside organizations.*

- ☐ No, I am not interested in being contacted about quality improvement through value-based payment programs.
- ☐ Yes, I would like to be contacted about quality improvement through value-based payment programs. My email address is: _____

➔ *Skip to Q42*

SECTION D: EHR Use

➔ *The following questions are for physicians using EHRs, in your main practice site or another practice. If you don't have an EHR in either your main practice site or another practice, skip to Q12.*

WE UNDERSTAND THAT MANY OF YOU ARE IN THE MIDDLE OF TRANSITIONING TO A NEW EHR SYSTEM. PLEASE ANSWER BASED ON THE SYSTEM WITH WHICH YOU HAVE THE MOST FAMILIARITY, WHICH FOR SOME PHYSICIANS WILL BE THEIR OLD SYSTEM.

21. **Please provide the following information about the EHR you use.** *If your main practice site has an EHR, answer these questions based on your main practice. If your main practice does* not *have an EHR, answer them based on the practice with an EHR in which you spend the most time providing direct patient care.*

a. **How long have you been using your current EHR?**

- ☐ < 1 year
- ☐ 1-5 years
- ☐ > 5 years

b. **What EHR vendor do you use?**

- ☐ Allscripts
- ☐ Amazing Charts
- ☐ Athenaheath
- ☐ Cerner - PowerChart
- ☐ CPRS/Vista (VA Hospital)
- ☐ eClinicalWorks
- ☐ McKesson Provider Technology
- ☐ Misys
- ☐ Next Gen
- ☐ Polaris - EpiChart
- ☐ Practice Fusion
- ☐ Practice Partner

- ☐ e-MD
- ☐ Epic Systems
- ☐ GE Centricity
- ☐ Greenway
- ☐ Ingenix - Caretracker
- ☐ LifeLinks
- ☐ SOAPware
- ☐ SuccessEHS
- ☐ Vitera Intergy
- ☐ Don't know
- ☐ Other, homegrown system
- ☐ Other (please specify): _____

c. **How likely is it that you would recommend your current EHR vendor to a friend or colleague?**

- ☐ Very unlikely
- ☐ Unlikely
- ☐ Likely
- ☐ Very likely

22. **Does your practice intend to switch EHR vendors?**

- ☐ No
- ☐ Yes – within the next year
- ☐ Yes – do not know when
- ☐ Don't know

23. **If your practice has switched EHR vendors in the past 3 years, or is planning to switch EHR vendors, please explain the reason for the switch.** _____

➔ *For the following questions, please indicate how often you use each EHR function when the function is applicable.*

We recognize that some of these functions may not be applicable to your practice type or your specialty.

WE UNDERSTAND THAT MANY OF YOU ARE IN THE MIDDLE OF TRANSITIONING TO A NEW EHR SYSTEM. PLEASE ANSWER BASED ON THE SYSTEM WITH WHICH YOU HAVE THE MOST FAMILIARITY, WHICH FOR SOME PHYSICIANS WILL BE THEIR OLD SYSTEM.

24. **Please indicate how often you use each of the following EHR functions:**

Clinical Documentation	Don't have	Have but don't use	Use for **fewer than half** of my patients	Use for **more than half** of my patients
• Patient demographics	☐	☐	☐	☐
• Documenting medication lists	☐	☐	☐	☐
• Documenting problem lists	☐	☐	☐	☐
• Writing visit, progress or consult notes	☐	☐	☐	☐

Decision Support	Don't have	Have but don't use	Use for **fewer than half** of my patients	Use for **more than half** of my patients
• Drug allergy or interaction warnings at the point of prescribing	☐	☐	☐	☐
• Prompts at the point of care, regarding recommended care specific to the patient	☐	☐	☐	☐

Interoperability	Don't have	Have but don't use	Use for **fewer than half** of my patients	Use for **more than half** of my patients
• 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)	☐	☐	☐	☐
• Clinical messaging (secure emailing with clinicians outside your practice site via an EHR)	☐	☐	☐	☐

Order Support	Don't have	Have but don't use	Use for **fewer than half** of my patients	Use for **more than half** of my patients
• Laboratory order entry	☐	☐	☐	☐
• Radiology order entry	☐	☐	☐	☐

Results Management	Don't have	Have but don't use	Use for **fewer than half** of my patients	Use for **more than half** of my patients
• Laboratory test results directly from lab via electronic interface	☐	☐	☐	☐
• Radiology test results directly from facility via electronic interface	☐	☐	☐	☐

Patient Interaction Tools	Don't have	Have but don't use	Use for **fewer than half** of my patients	Use for **more than half** of my patients
• 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 (e.g., blood pressure or blood sugar tracking)	☐	☐	☐	☐
• Scheduling patient appointments	☐	☐	☐	☐
• Secure messaging with patients using an EHR	☐	☐	☐	☐

25. **In considering the tasks for which you currently use your EHR, please indicate the extent to which you agree or disagree with the following statements. Using my current EHR:**

	Strongly Disagree	Disagree	Agree	Strongly Agree
Improves my clinical workflow	☐	☐	☐	☐
Improves the care my patients receive	☐	☐	☐	☐

	Strongly Disagree	Disagree	Agree	Strongly Agree
Improves communication among the physicians and staff in my practice	☐	☐	☐	☐
Improves billing processes	☐	☐	☐	☐
Improves my ability to do quality improvement work	☐	☐	☐	☐
Improves my job satisfaction	☐	☐	☐	☐
Improves patient safety	☐	☐	☐	☐

Please use this space to provide any examples._____

26. **Do you access your EHR from other locations (e.g., from home or another worksite)?**

☐ No – I do not have remote access to my EHR ➔ *Skip to Q29*
☐ No – I have remote access to my EHR, but I do not need to use it ➔ *Skip to Q29*
☐ Yes

27. **Under what circumstances do you MOST OFTEN use your EHR from other locations?**

☐ If I am not able to complete my work during regular office hours
☐ If I have the opportunity to work from home or another location (i.e., to adjust my work/life balance)
☐ Other (please specify): _____

28. **Why do you use your EHR from other locations?** (*Select all that apply.*)

☐ To cover my own patients
☐ To cover other physicians' patients
☐ To catch up on documentation
☐ To review labs, imaging, notes or reports
☐ To return patient telephone calls
☐ To prepare for the upcoming work day
☐ Other (*please specify*): _____

SECTION E: Population Health Management

29. **Is your practice using health information technology (e.g., an EHR, CurrentCare, a health registry) to track, outreach to and care for specific patient populations within the practice (sometimes called population health management)?**

☐ No
☐ Yes
☐ Don't know

30. **Does your practice use an EHR for the following population health management functions?**

	No	Yes	Don't Know
Identifying patients with a condition, characteristic or risk factor	☐	☐	☐
Identifying patients out of compliance with clinical guidelines (e.g., women over age 50 without a recent mammogram)	☐	☐	☐
Tracking clinical quality measures (e.g., % of diabetics with a	☐	☐	☐

hemoglobin A1c test)			
Sending letters or other patient reminders regarding indicated or overdue care	☐	☐	☐

31. **What would it take for your practice to use, or increase your use of, an EHR for population health management?** (*Select all that apply.*)

- ☐ Additional staff members
- ☐ Analytic support
- ☐ Financial support/incentives
- ☐ Hardware/software support
- ☐ Hands-on coaching
- ☐ Reporting functionality
- ☐ N/A – I am not a decision maker for my practice
- ☐ Other (*please specify*):

32. **Have you or has someone on your behalf attested to Meaningful Use?**

- ☐ No ➔ *Skip to Q35*
- ☐ Yes, and I/we have attested to (*select the highest level to which you have attested*):
  - ☐ Medicaid Adoption, Implementation, Upgrade (AIU)
  - ☐ Medicaid Stage 1
  - ☐ Medicaid Stage 2
  - ☐ Medicare Stage 1
  - ☐ Medicare Stage 2
- ☐ Don't know ➔ *Skip to 35*

33. **Are you planning to continue to attest to Meaningful Use in 2015?**

- ☐ No
- ☐ Yes
- ☐ Don't know

34. **Who completes your Meaningful Use attestation?**

- ☐ I complete my attestation
- ☐ An outside consultant completes my attestation
- ☐ Another provider in my practice completes my attestation
- ☐ My practice's office manager or other administrative person completes my attestation
- ☐ The EHR vendor for my practice completes my attestation
- ☐ Don't know

35. **Please provide any comments about your experience generating or using Clinical Quality Measures (CQMs) for Meaningful Use reporting.** _____

The Physician Quality Reporting System (PQRS) is a CMS program to incentivize physicians to report on specific quality metrics.

36. **In 2014, did you report on EITHER NQF18 or PQRS 236 (the percentage of patients 18 to 85 years of age with hypertension and whose blood pressure was adequately controlled)?**

- ☐ No
- ☐ Yes
- ☐ Don't know

37. **In 2014, did you report on EITHER NQF 59 or PQRS 1 (the percentage of patients 18-75 years of age with diabetes who had A1C > 9%)?"**

- ☐ No
- ☐ Yes
- ☐ Don't know

38. **Are you participating in the Value-Based Payment Modifier Program?**

- ☐ No
- ☐ Yes
- ☐ Don't know

39. **Have you accessed or received your Quality and Resource Use Report (QRUR)?**

- ☐ No
- ☐ Yes
- ☐ Don't know

40. **Has your practice stopped accepting patients from a particular health plan or payor because of penalties related to value-based payment programs (e.g., Meaningful Use or PQRS)?**

- ☐ No
- ☐ Yes, if yes which plan(s) _____
- ☐ Don't know

41. **Would you like to receive more information about quality improvement through value-based payment programs (e.g., PQRS, Value-Based Payment Modifier Program)?** *If you are interested in being contacted you must re-enter your email address below. Email addresses provided elsewhere in the survey will not be provided to outside organizations.*

- ☐ No, I am not interested in being contacted about quality improvement through value-based payment programs.
- ☐ Yes, I would like to be contacted about quality improvement through value-based payment programs. My email address is: _____

SECTION F: Electronic Prescribing (e-Prescribing) Use

42. **What percent of the time do you transmit prescriptions electronically to the pharmacy? *(Exclude faxing.)***

- ☐ N/A – I do not prescribe medications ➔ *Skip to Q46*
- ☐ 0%
- ☐ 1-50%
- ☐ >50%

43. **Do you transmit prescriptions electronically for controlled substances?**

- ☐ N/A – I do not prescribe controlled substances ➔ *Skip to Q46*
- ☐ No
- ☐ Yes
- ☐ Don't know

44. **For what percentage of patients do you consult the Rhode Island Department of Health's Prescription Monitoring Program (PMP) before prescribing opioids or benzodiazepines? (*Consider only opioid and benzodiazepine prescriptions when answering this question.)***

- ☐ N/A – I do not prescribe opioids or benzodiazepines
- ☐ 0%
- ☐ 1-50%
- ☐ >50%

45. **What are some of the barriers to using the Rhode Island Department of Health's Prescription Monitoring Program (PMP)?**

SECTION G: Other Health Information Technology

46. **Whether or not you use an EHR, please indicate the extent to which you consider each of the following to be a barrier to EHR use.**

	Not a barrier	Minor barrier	Major barrier
Access to hardware/software support	☐	☐	☐
Competing priorities	☐	☐	☐
Impact of computer on doctor-patient interaction	☐	☐	☐
Lack of hands-on coaching	☐	☐	☐
Lack of interoperability (i.e., ability of different systems to communicate)	☐	☐	☐
Need for multiple log-ins for different information systems	☐	☐	☐
Ongoing financial costs	☐	☐	☐
Slow speed of EHR	☐	☐	☐
Start-up financial costs	☐	☐	☐
Technical limitations of systems	☐	☐	☐
Training and productivity impact	☐	☐	☐
Lack of vendor responsiveness	☐	☐	☐
Other (please specify):			

47. **CurrentCare is Rhode Island's Health Information Exchange (HIE); are you familiar with the following CurrentCare services?**

	No	Yes
CurrentCare Viewer	☐	☐
CurrentCare Inquiry (receiving a patient summary from CurrentCare directly in your EHR)	☐	☐
Hospital Alerts	☐	☐
EHR Integration (sending clinical summaries from your EHR to CurrentCare)	☐	☐

48. **For what percentage of patients do you view or receive data from CurrentCare?**

- ☐ 0% - I am not yet signed up to view or receive data from CurrentCare
- ☐ 0% - I am able to view or receive data from CurrentCare, but I am not using it
- ☐ 1-50%
- ☐ >50%

49. **What information would you like to be added to CurrentCare? (Select all that apply.)**

- ☐ EKG tracings
- ☐ Hospital discharge summaries
- ☐ Immunizations
- ☐ Radiology images
- ☐ Other (please specify) _____

50. **Would you like to learn more about CurrentCare?** *If you are interested in being contacted you must re-enter your email address below. Email addresses provided elsewhere in the survey will not be provided to outside organizations.*

    ☐ No, I am not interested in being contacted about CurrentCare.
    ☐ Yes, I would like to be contacted about CurrentCare. My email address is: _____

51. **Do you or does your practice have a "Direct address" (i.e., a specific electronic address for secure messaging using a Health Information Service Provider)?**

    ☐ No
    ☐ Don't know
    ☐ Yes, and my Direct address is: _____

52. **Does your practice have an online option for patients to pay their bill?**

    ☐ No
    ☐ Yes
    ☐ Don't know

53. **How do you personally (i.e., not your office staff) communicate with patients, outside of a face-to-face encounter? (Select all that apply.)**

    ☐ Email
    ☐ Fax
    ☐ Messaging via a patient portal
    ☐ Telephone
    ☐ Text messaging
    ☐ US Mail
    ☐ Video calling
    ☐ N/A – I do not communicate with patients, other than face-to-face
    ☐ Other *(please specify)*: _____

54. **If you have any additional feedback about CurrentCare, please provide it here.**

55. **If you have any additional feedback about e-prescribing, please provide it here.**[†]

56. **If you have any additional feedback about EHRs, please provide it.**

57. **If you have any additional feedback, please provide it here.**

Thank you for taking the time to complete this survey.

[†] e-Prescribing of controlled substances (i.e., Schedule II-V medications) is now allowed by the Drug Enforcement Administration (DEA). Although needed regulations and infrastructure are now in place in most states, including Rhode Island, many physicians and pharmacies are still working to get the approved technology. We know this is frustrating for many of you, and we are working to support this process in Rhode Island.

Last updated 4/10/15

Rhode Island Department of Health

2015 ADVANCED PRACTICE REGISTERED NURSE AND PHYSICIAN ASSISTANT

Office or Outpatient Version

INSTRUCTIONS: *You will need the following information to complete the survey:*

- *Your license number*
- *Your Individual National Provider Identifier (NPI)*
- *The name of the EHR system you are using, if any*

SECTION A: Physician and Practice Information

1. **What is your name?** _____
   First name *Last name*

2. **What is your email address?** (*Your email address will remain confidential and will not be shared publicly.)*
   _____

3. **Are you licensed in Rhode Island?**
   - ☐ No ➔ *Skip to end*
   - ☐ Yes, and my 5-digit Rhode Island license number is: ___ ___ ___ ___ ___

4. **Please indicate your primary credentials.** ***(Please select the license type linked to the license number you provided above.)***
   - ☐ **I am not an APRN or PA** ➔ *Skip to end*
   - ☐ Certified Nurse Midwife
   - ☐ Clinical Nurse Specialist
   - ☐ Nurse Anesthetist
   - ☐ Nurse Practitioner
   - ☐ Nurse Practitioner Prescriptive
   - ☐ Psychiatric CNS
   - ☐ Psychiatric CNS Prescriptive
   - ☐ Physician Assistant
   - ☐ Other APRN or PA credentials (please specify): _____

5. **What is your Individual National Provider Identifier (NPI)?** ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

6. **Do you provide direct patient care?**
   - ☐ No ➔ *Skip to end*
   - ☐ Yes

7. **Do you provide primary care?** *[Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community (Institute of Medicine).]*
   - ☐ No
   - ☐ Yes

8. **What is the name and address of your MAIN practice site (the place where you spend the most time providing direct patient care)?**
   Practice Name: _____

Practice Address: _____
City: _____ **State:** _____ **ZIP Code:** _____

9. **Does your MAIN practice have a website intended for patients (e.g. a website for informational or public relations purposes)?**
   - ☐ No
   - ☐ Yes (please provide URL):_____

SECTION B: Electronic Health Records (EHR) Status*

10. **Does your MAIN practice site have an EHR?** *By 'EHR,' we mean an integrated electronic clinical information system that tracks patient health data, and may include such functions as visit notes, prescriptions, lab orders, etc. (This is also known as an electronic medical record or EMR.)*
    - ☐ Yes
    - ☐ No ➔ a. **Aside from your main practice site, do ANY of your practice sites have an EHR?** *If more than one has an EHR, please choose the site in which you provide the most direct patient care.*
      - ☐ No ➔ *Skip to Q14*
      - ☐ Yes, an inpatient or hospital-based practice ➔ *Stop and complete the hospital version*
      - ☐ Yes, an out patient or office-based practice
      - ☐ N/A – no other practices ➔ *Skip to Q14*

SECTION C: EHR Use

➔ *The following questions are for clinicians using EHRs, in your main practice site or another practice. If you don't have an EHR in either your main practice site or another practice, skip to QXX.*

WE UNDERSTAND THAT MANY OF YOU ARE IN THE MIDDLE OF TRANSITIONING TO A NEW EHR SYSTEM. PLEASE ANSWER BASED ON THE SYSTEM WITH WHICH YOU HAVE THE MOST FAMILIARITY, WHICH FOR MANY CLINICIANS WILL BE THEIR OLD SYSTEM.

Please provide the following information about the EHR you use. *If your main practice site has an EHR, answer these questions based on your main practice. If your main practice does* not *have an EHR, answer them based on the practice with an EHR in which you spend the most time providing direct patient care.*

a. **How long have you been using your current EHR?**

- ☐ < 1 year
- ☐ 1-5 years
- ☐ > 5 years

* EHR questions adapted with permission from:
- Simon et al. Physicians and electronic health records: A statewide survey. *Arch Intern Med* 2007; 167: 507-512.
- Simon et al. Correlates of electronic health record adoption in office practices: A statewide survey. *J Am Med Inform Assoc* 2007; 14: 110-117.

b. **What EHR vendor do you use?**

- ☐ Allscripts
- ☐ Amazing Charts
- ☐ Athenaheath
- ☐ Cerner - PowerChart
- ☐ CPRS/Vista (VA Hospital)
- ☐ eClinicalWorks
- ☐ e-MD
- ☐ Epic Systems
- ☐ GE Centricity
- ☐ Greenway
- ☐ Ingenix - Caretracker
- ☐ LifeLinks
- ☐ McKesson Provider Technology
- ☐ Misys
- ☐ Next Gen
- ☐ Polaris - EpiChart
- ☐ Practice Fusion
- ☐ Practice Partner
- ☐ SOAPware
- ☐ SuccessEHS
- ☐ Vitera Intergy
- ☐ Don't know
- ☐ Other, homegrown system
- ☐ Other (please specify): _____

c. **How likely is it that you would recommend your current EHR vendor to a friend or colleague?**

- ☐ Very unlikely
- ☐ Unlikely
- ☐ Likely
- ☐ Very likely

➔ *For the following questions, please indicate how often you use each EHR function when the function is applicable.*

We recognize that some of these functions may not be applicable to your practice type or your specialty.

WE UNDERSTAND THAT MANY OF YOU ARE IN THE MIDDLE OF TRANSITIONING TO A NEW EHR SYSTEM. PLEASE ANSWER BASED ON THE SYSTEM WITH WHICH YOU HAVE THE MOST FAMILIARITY, WHICH FOR SOME CLINICIANS WILL BE THEIR OLD SYSTEM.

11. **Please indicate how often you use each of the following EHR functions:**

Clinical Documentation	Don't have	Have but don't use	Use for **fewer than half** of my patients	Use for **more than half** of my patients
• Patient demographics	☐	☐	☐	☐
• Documenting medication lists	☐	☐	☐	☐
• Documenting problem lists	☐	☐	☐	☐
• Writing visit, progress or consult notes	☐	☐	☐	☐

Decision Support	Don't have	Have but don't use	Use for **fewer than half** of my patients	Use for **more than half** of my patients
• Drug allergy or interaction warnings at the point of prescribing	☐	☐	☐	☐
• Prompts at the point of care, regarding recommended care specific to the patient	☐	☐	☐	☐

Interoperability	Don't have	Have but don't use	Use for **fewer than half** of my patients	Use for **more than half** of my patients

• 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)	☐	☐	☐	☐
• Clinical messaging (secure emailing with clinicians outside your practice site via an EHR)	☐	☐	☐	☐

Order Support	Don't have	Have but don't use	Use for **fewer than half** of my patients	Use for **more than half** of my patients
• Laboratory order entry	☐	☐	☐	☐
• Radiology order entry	☐	☐	☐	☐

Results Management	Don't have	Have but don't use	Use for **fewer than half** of my patients	Use for **more than half** of my patients
• Laboratory test results directly from lab via electronic interface	☐	☐	☐	☐
• Radiology test results directly from facility via electronic interface	☐	☐	☐	☐

Patient Interaction Tools	Don't have	Have but don't use	Use for **fewer than half** of my patients	Use for **more than half** of my patients
• 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 (e.g., blood pressure or blood sugar tracking)	☐	☐	☐	☐
• Scheduling patient appointments	☐	☐	☐	☐
• Secure messaging with patients using an EHR	☐	☐	☐	☐

12. **Do you access your EHR from other locations (e.g., from home or another worksite)?**

☐ No – I do not have remote access to my EHR ➔ *Skip to Q14*
☐ No – I have remote access to my EHR, but I do not need to use it ➔ *Skip to Q14*
☐ Yes

13. **Under what circumstances do you MOST OFTEN use your EHR from other locations?**

☐ If I am not able to complete my work during regular office hours
☐ If I have the opportunity to work from home or another location (i.e., to adjust my work/life balance)
☐ Other (please specify): _____

14. **Why do you use your EHR from other locations?** (*Select all that apply.*)
    - ☐ To cover my own patients
    - ☐ To cover other clinicians' patients
    - ☐ To catch up on documentation
    - ☐ To review labs, imaging, notes or reports
    - ☐ To return patient telephone calls
    - ☐ To prepare for the upcoming work day
    - ☐ Other (*please specify*): _____

SECTION F: Electronic Prescribing (e-Prescribing) Use

15. **What percent of the time do you transmit prescriptions electronically to the pharmacy? *(Exclude faxing.)***
    - ☐ N/A – I do not prescribe medications ➔ *Skip to Q19*
    - ☐ 0%
    - ☐ 1-50%
    - ☐ >50%

16. **Do you transmit prescriptions electronically for controlled substances?**
    - ☐ N/A – I do not prescribe controlled substances ➔ *Skip to Q19*
    - ☐ No
    - ☐ Yes
    - ☐ Don't know

17. **For what percentage of patients do you consult the Rhode Island Department of Health's Prescription Monitoring Program (PMP) before prescribing opioids or benzodiazepines? (*Consider only opioid and benzodiazepine prescriptions when answering this question.)***
    - ☐ N/A – I do not prescribe opioids or benzodiazepines
    - ☐ 0%
    - ☐ 1-50%
    - ☐ >50%

18. **What are some of the barriers to using the Rhode Island Department of Health's Prescription Monitoring Program (PMP)?**

SECTION G: Other Health Information Technology

19. **Whether or not you use an EHR, please indicate the extent to which you consider each of the following to be a barrier to EHR use.**

	Not a barrier	Minor barrier	Major barrier
Access to hardware/software support	☐	☐	☐
Competing priorities	☐	☐	☐
Impact of computer on doctor-patient interaction	☐	☐	☐
Lack of hands-on coaching	☐	☐	☐
Lack of interoperability (i.e., ability of different systems to communicate)	☐	☐	☐
Need for multiple log-ins for different information systems	☐	☐	☐
Ongoing financial costs	☐	☐	☐
Slow speed of EHR	☐	☐	☐
Start-up financial costs	☐	☐	☐

Technical limitations of systems	☐	☐	☐
Training and productivity impact	☐	☐	☐
Lack of vendor responsiveness	☐	☐	☐
Other (please specify):			

20. **CurrentCare is Rhode Island's Health Information Exchange (HIE); are you familiar with the following CurrentCare services?**

	No	Yes
CurrentCare Viewer	☐	☐
CurrentCare Inquiry (receiving a patient summary from CurrentCare directly in your EHR)	☐	☐
Hospital Alerts	☐	☐
EHR Integration (sending clinical summaries from your EHR to CurrentCare)	☐	☐

21. **For what percentage of patients do you view or receive data from CurrentCare?**

☐ 0% - I am not yet signed up to view or receive data from CurrentCare
☐ 0% - I am able to view or receive data from CurrentCare, but I am not using it
☐ 1-50%
☐ >50%

22. **What information would you like to be added to CurrentCare? (Select all that apply.)**

☐ EKG tracings
☐ Hospital discharge summaries
☐ Immunizations
☐ Radiology images
☐ Other (please specify) _____

23. **Would you like to learn more about CurrentCare?** *If you are interested in being contacted you must re-enter your email address below. Email addresses provided elsewhere in the survey will not be provided to outside organizations.*

☐ No, I am not interested in being contacted about CurrentCare.
☐ Yes, I would like to be contacted about CurrentCare. My email address is: _____

24. **Do you or does your practice have a "Direct address" (i.e., a specific electronic address for secure messaging using a Health Information Service Provider)?**

☐ No
☐ Don't know
☐ Yes, and my Direct address is: _____

25. **Does your practice have an online option for patients to pay their bill?**

☐ No
☐ Yes
☐ Don't know

26. **How do you personally (i.e., not your office staff) communicate with patients, outside of a face-to-face encounter? (Select all that apply.)**

☐ Email
☐ Fax

- ☐ Messaging via a patient portal
- ☐ Telephone
- ☐ Text messaging
- ☐ US Mail
- ☐ Video calling
- ☐ N/A – I do not communicate with patients, other than face-to-face
- ☐ Other *(please specify)*: _____

27. **If you have any additional feedback about CurrentCare, please provide it here.**

28. **If you have any additional feedback about e-prescribing, please provide it here.**[†]

29. **If you have any additional feedback about EHRs, please provide it.**

30. **If you have any additional feedback, please provide it here.**

Thank you for taking the time to complete this survey.

[†] e-Prescribing of controlled substances (i.e., Schedule II-V medications) is now allowed by the Drug Enforcement Administration (DEA). Although needed regulations and infrastructure are now in place in most states, including Rhode Island, many physicians and pharmacies are still working to get the approved technology. We know this is frustrating for many of you, and we are working to support this process in Rhode Island.

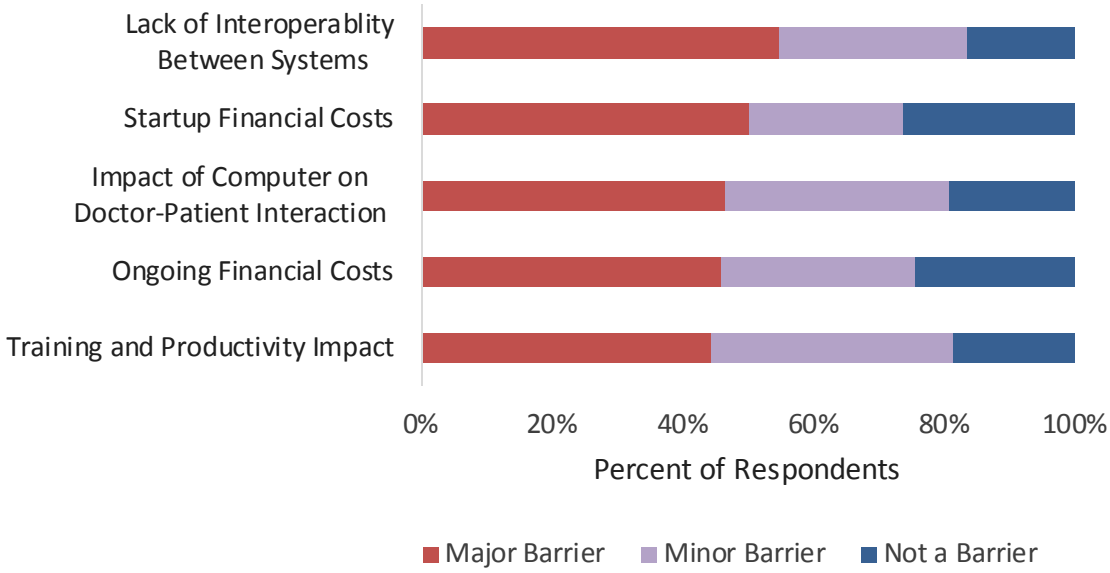
2015 Rhode Island Health Information Technology Survey

Report for Physicians

In early 2015, the Rhode Island Department of Health administered the Health Information Technology (HIT) Survey to all 3,898 physicians licensed in Rhode Island, in active practice, and located in Rhode Island, Connecticut, or Massachusetts. The response rate was 66% (n=2,572). The purpose of this report is to provide physicians with a summary of key findings.

What are the Barriers to Electronic Health Record (EHR) Implementation?

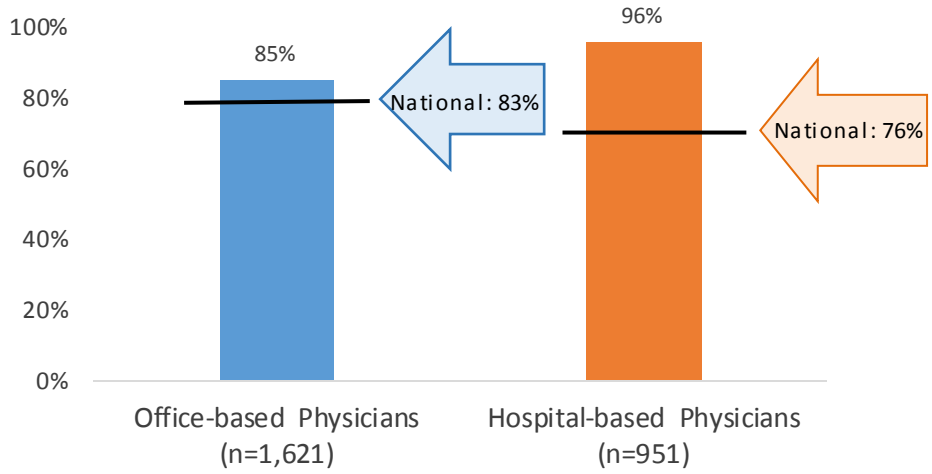
Figure 1: Physicians report the top barriers to EHR Implementation include lack of interoperability, cost, impact on patient-physician interaction, and training



"Slow, with antiquated interface. Lack of interoperability and cost are enormous barriers…."

Overall EHR Use by Setting

Figure 2: Despite these barriers, both office- and hospital-based physicians in RI report high rates of EHR use compared to national benchmarks

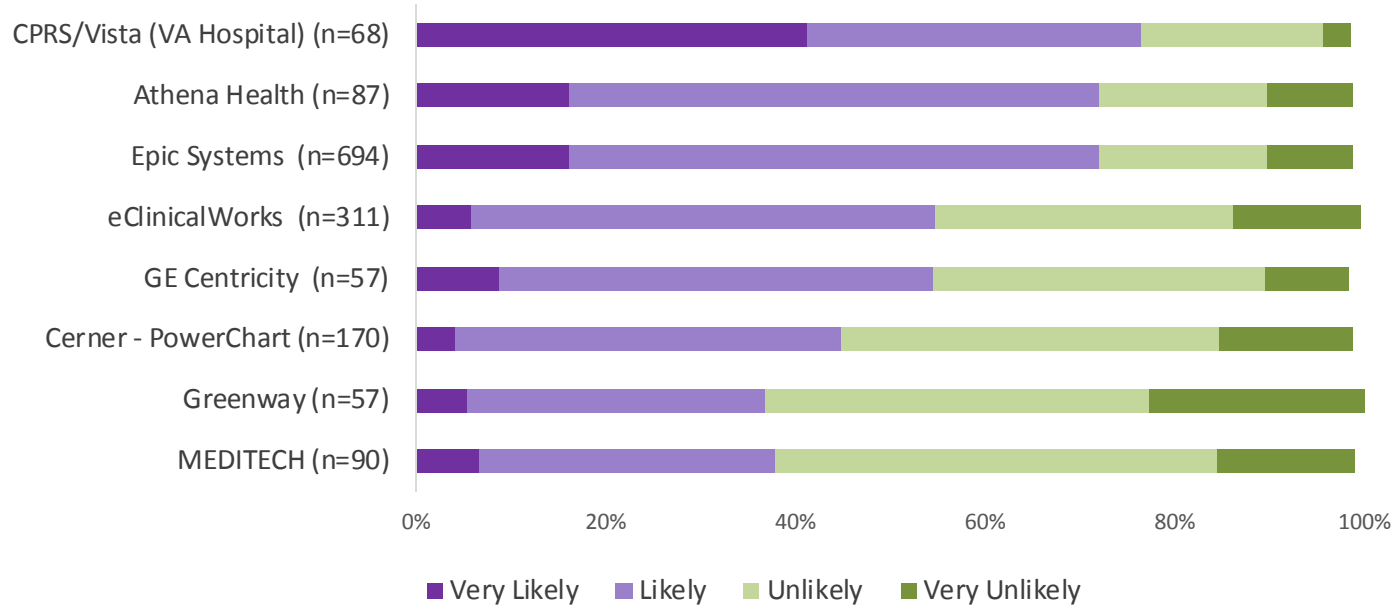


"The EHR makes retrieval of patient data more efficient, which is the main benefit."

All benchmarks used in this report were obtained from: DHHS. Health IT Dashboard http://dashboard.healthit.gov/
Note: An EHR was defined as "an integrated electronic clinical information system that tracks patient health data"

How likely are Rhode Island Physicians to Recommend Their EHR?

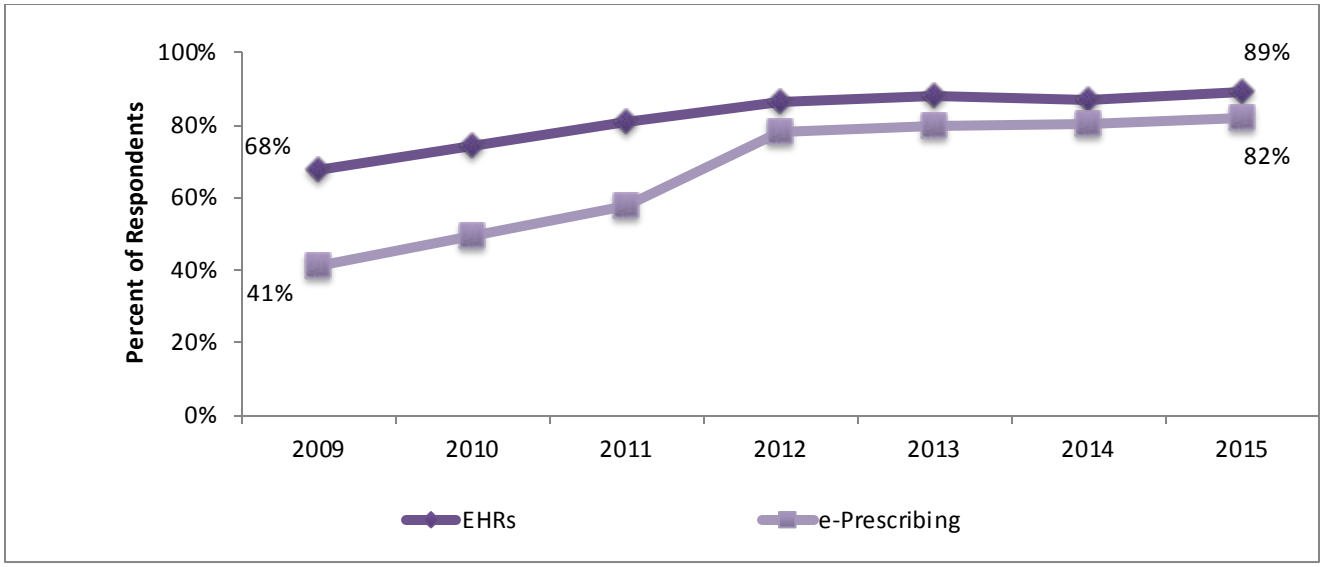
Figure 3: Among the most commonly used EHR vendors (with 55 or more reported users), physicians are most likely to recommend CPRS/Vista (VA), Athena Health, and Epic



Although not one of the most frequently used EHR vendors, Amazing Charts (developed in RI), received the highest ratings, recommended by 83% (29 of 35) of users.

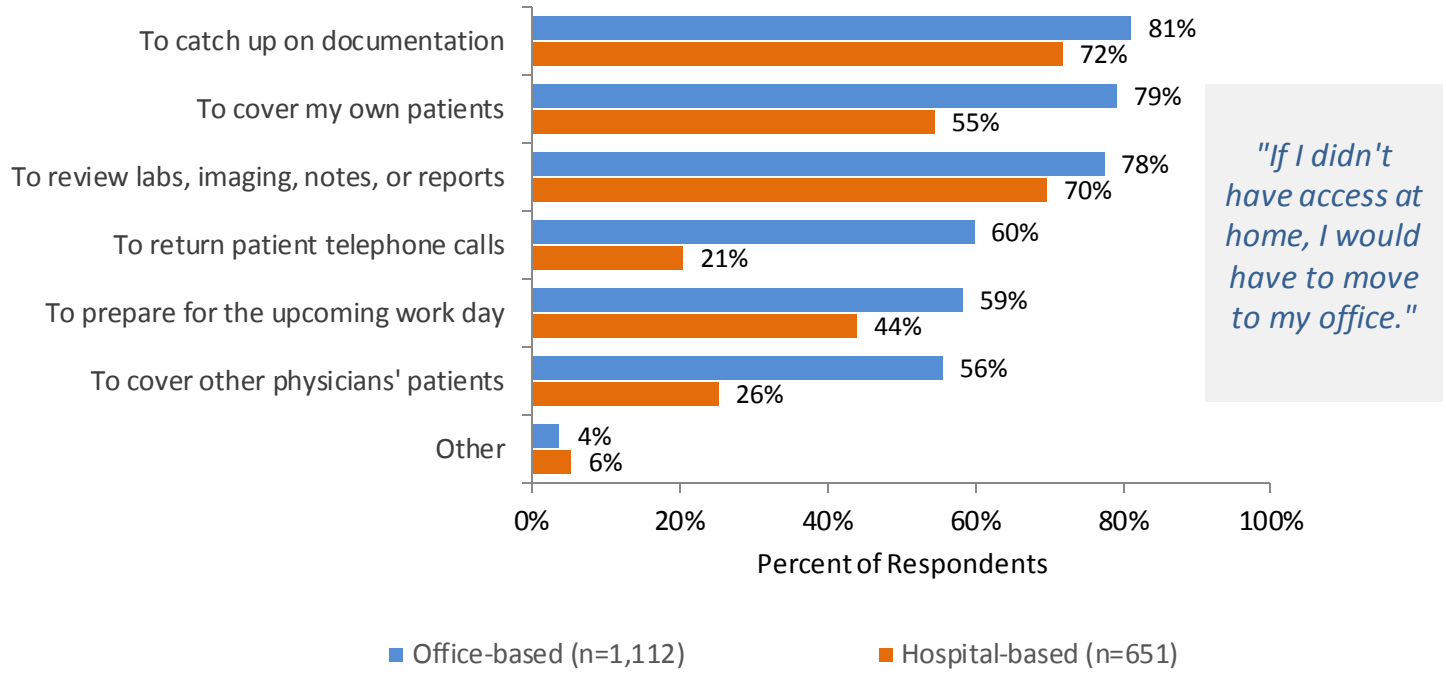
EHR Use and E-Prescribing are Increasing Over Time

Figure 4: Trends among office- and hospital-based physicians from 2009 through 2015



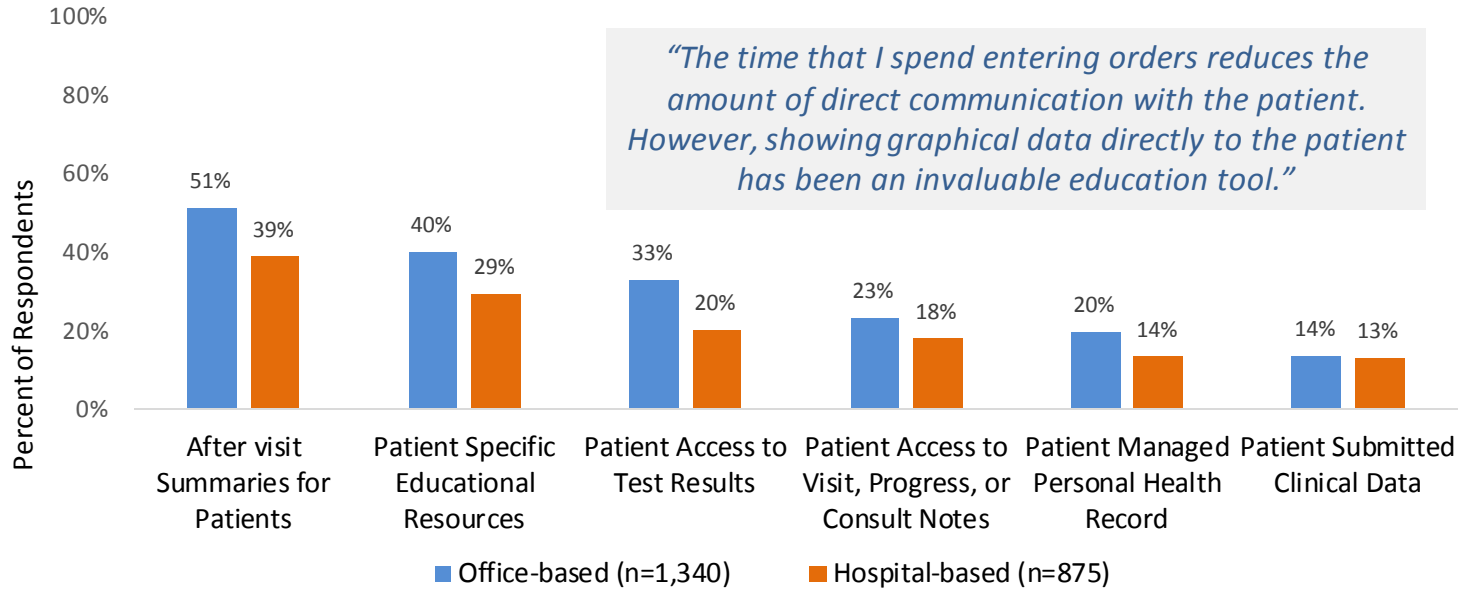
Most Rhode Island Physicians Use Their EHR Away from Their Usual Work Site

Figure 5: Approximately 82% of office-based and 72% of hospital-based physicians with an EHR reported using it outside of their usual practice location, most commonly for documentation



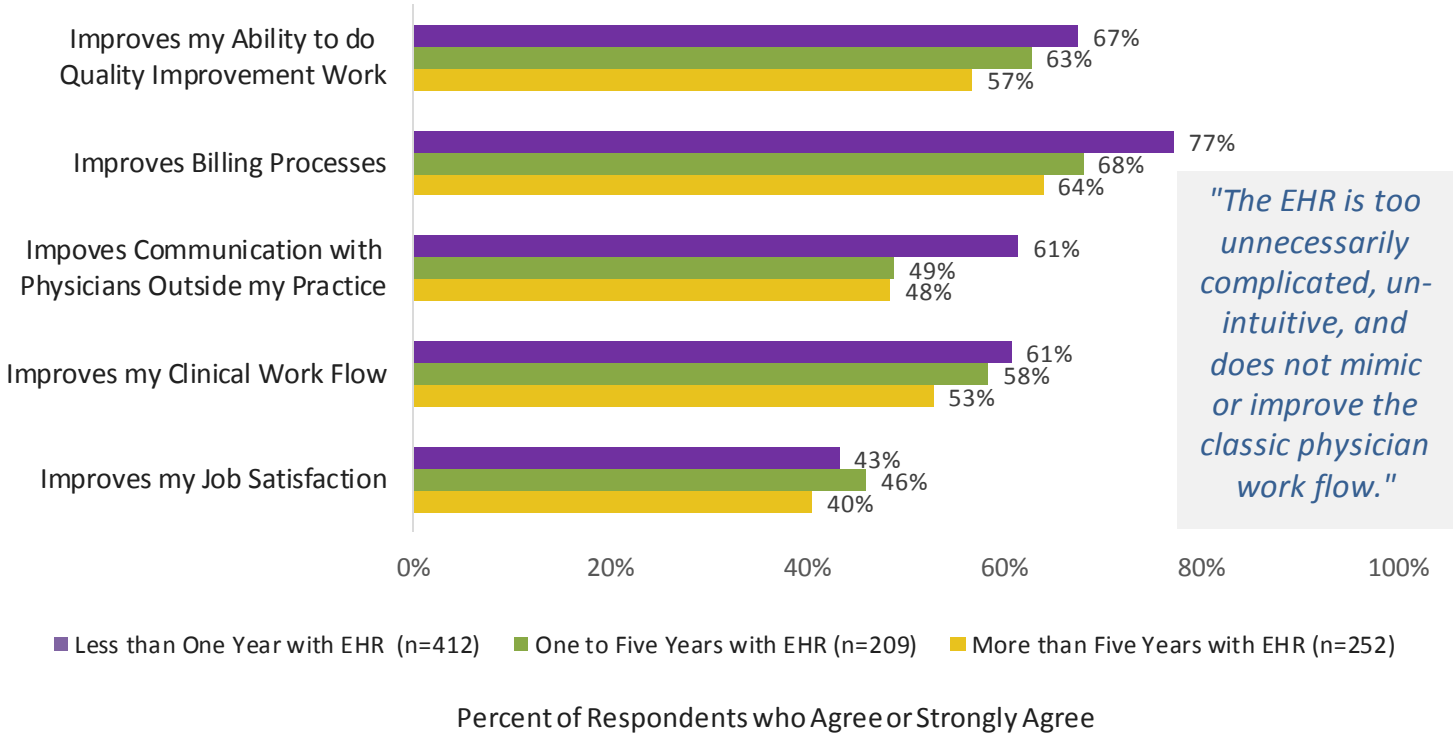
Office-based Physicians are More Likely than Hospital-based to Use EHRs to Engage Patients

Figure 6: The most common patient engagement activities are providing after visit summaries and producing personalized educational materials



Satisfaction with EHRs Decreases, As Years of Use Increases

Figure 7: The longer physicians have been using their EHR, the less satisfied they are; many reported their EHR does not improve any aspect of their job and could not identify any added value from their EHR



"The EHR is too unnecessarily complicated, un-intuitive, and does not mimic or improve the classic physician work flow."

"I am so distracted by the computer, and clicking boxes that it takes away from my ability to interact with patients. I also spend far more time documenting, and doing simple review of data."

How is the Information from the RI HIT Survey Used?

The survey minimizes the data collection burden for physicians by consolidating all Rhode Island stakeholder and state agency HIT data needs into a single survey instrument.

The findings provide the Department of Health and other state agencies with details about the use of HIT in Rhode Island, and may be used to direct resources, guide policy and inform publicly reported measures.

More Information About This Report

We appreciate the time that RI physicians take to complete this survey. Information about the survey and detailed information regarding the calculation of each measure is available at: Healthcare Quality Reporting Program

We welcome any feedback or question regarding this report. Please send all comments and inquiries to: Samara.VinerBrown@health.ri.gov.