



## Healthcare Quality Reporting Program

### 2017 HIT SURVEY

10/17/16, 11:00am-12:00pm

Healthcentric Advisors, 235 Promenade St., Suite 500, Providence, RI 02908

#### 1. Welcome & meeting objectives (11:00am)

*Samara Viner-Brown, MS, Rhode Island Department of Health*

*Amy Zimmerman, MPH, Rhode Island Executive Office of Health and Human Services*

**Program Staff:** E. Cooper, R. Gardner, D. Harris, S. Viner-Brown

**Attendees:** L. Morton, N. Harrison, D. Mowry, E. Fontaine, D. Morris, S. Prokep, M. Lauer, L. Capizzo, S. DeToy, A. Zimmerman

**Meeting Objectives:** Review the expanded analysis of the 2015 survey data and begin planning for the 2017 survey process.

Emily opened with a review of the survey process. She noted that while the HIT survey had previously been administered annually, it was determined last year that the survey would be moved to a biennial process. This will reduce the burden on providers and allow program staff and other stakeholders to take a deeper dive into the data. The 2017 HIT survey will be administered in late winter/late spring 2017.

#### 2. 2015 Survey Results – Brief Review of New Analysis (11:05am)

*Emily Cooper, MPH*

- **Review new reports (sent in advance of meeting)**

Emily informed the group that the new analyses requested by the group at the last meeting is now publically available and ad hoc analyses can be completed (please contact Emily for more information).

- **Discussion**

- *Are there any questions about the new analysis?*
- *How should we disseminate this data?*

A group member noted that there seem to be some providers who have EHRs but are not using them for e-prescribing and asked whether there were any providers who were e-prescribing outside of their EHRs. Another participant noted that more states are promoting e-prescribing of controlled substances but that this can be a challenging process. The suggestion was made that future questions should explore potential barriers to e-prescribing of controlled substances (e.g. functionality of EHR, cost/burden of additional security, etc.)

#### 3. Working Session – Plan for 2017 Survey (11:15am)

*Emily Cooper, MPH*

- **Review current process**

Emily reminded the group that the survey goes to all licensed physicians, advanced practice registered nurses (APRNs) and physician assistants (PAs). Data are reported at the provider level

and in aggregate. Raw data is also available to stakeholders. She opened the discussion to topics related to the administration of the 2017 survey.

- **Discussion**

- *Should we continue to survey the APRN/PAs?*
- *Are there other initiatives that we should align with to reduce provider burden?*
- *What other changes should we make to the process for 2017?*

Emily described that APRN/PAs were surveyed in previous years. She reported that few stakeholders have expressed interest in this data. Moreover, data from APRN/PAs closely mirror responses from physicians. Lastly, APRN and PA response rates are considerably lower than physicians.

Considering this, program staff has proposed discontinuing the APRN/PA survey. The group discussed the impact of this in light of environmental changes (e.g. new payment systems from Medicare) and data needs related to workforce transformation projects. They also discussed whether it would be possible to survey only APRNs who are practicing independently; however it was determined that we would not be able to identify those specific individuals with available datasets.

In response to a question about the cost of surveying the APRNs, Emily explained that the cost comes is driven by postage (survey notice mailed to all licensed physicians and APRN/PAs) and person time to develop the survey and communications materials and to perform the analysis. While the program has funding to support surveying this population, these funds could alternatively be used for additional analysis of the physician data, stakeholder outreach and dissemination of survey results.

A participant suggested moving forward with developing questions for the 2017 physician survey and then reviewing the questions to determine if they were likely to generate different responses from APRNs versus physicians. A consensus was not reached and program staff will continue to review this issue with Department of Health leadership.

Emily noted that we will be coordinating these efforts with the state Inventory Survey and the state Primary Care Survey.

- **Survey instruments (handouts)**

- *What questions/sections can we remove?*
- *What questions/sections need to be updated?*
- *What new questions/sections should we add?*

Emily explained that the focus for 2017 is to collect actionable data. This can be data that are used to direct, or measure the impact of, stakeholder activities (e.g. technical assistance or quality improvement projects). The group discussed the high-level topics that should be addressed within the 2017 survey. These topics will be further explored with the appropriate stakeholders in the coming weeks. The topics discussed were:

1. E-prescribing, specifically for controlled substances
2. Planning for MIPS/MACRA
3. Medicaid meaningful use and other Medicaid needs
4. Workplace transformation initiatives
5. Security risk assessments, practice and individual level
6. Obtaining quality metrics from EHRs
7. Transforming Clinical Practices Initiative
8. ONC measures to assess usage and data exchange
9. Needs assessment around data exchange consolidation to assess physician preferences (e.g., shared care plans, EMS run sheets, etc)
10. Health information exchange and integrating health information into an EHR

#### **4. Closing (11:55am)**

*Rebekah Gardner, MD, FACP*

The meeting ended with a confirmation of shared goals: continue moving questions addressing practice-level information to the Inventory survey and continue making sure that the questions included in the physician-level survey generate actionable data. All concurred that the group will continue to discuss the overarching objectives of the survey and how we plan to disseminate and use the data we collect.

Participants decided that another in-person meeting would be helpful to discuss specific proposed changes to the survey and to achieve consensus on overall objectives.

#### **Action items**

- Outreach to stakeholders to further discuss their requested questions (Emily)
- Develop a matrix comparing the HIT Survey to the HIT-related questions from the Inventory Survey (Dan)
- Begin drafting the HIT survey and share with group (Program staff)
- Schedule next group meeting (Program staff)