Results from the Physician Health Information Technology Survey

2021 Survey Results
Outline

- Background
- Methods
- Sampling of results
- Dissemination and action
- Your thoughts
Background
Mission

To promote quality in the state’s healthcare system by developing a healthcare quality performance measures and reporting program to guide quality improvement initiatives.
Incentive Programs and Alternative Payment Models

Many of the new incentive programs and alternative payment models rely on or evaluate use of an EHR for documentation or quality reporting. For many physicians, these new models and programs will require significant changes to their workflow, including how they use EHRs and other technology.

The 2017 Health Information Technology (HIT) Survey measured the percent of Rhode Island physicians whose main practice site is a Patient Centered Medical Home (PCMH). The PCMH model aims to provide comprehensive, coordinated, patient-centered, accessible, and quality care. In Rhode Island, 29.8% of office-based physicians reported that their main practice site is a PCMH (Figure 19, page 21).

To learn more about the PCMH model of care, visit: https://www.ahrq.gov/page/defining-pcmh

Figure 19. Percent of office-based physician respondents whose main practice site is a Patient-Centered Medical Home (PCMH) (N=1,166)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
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<tbody>
<tr>
<td>26.6%</td>
<td>55.5%</td>
<td>14.8%</td>
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</table>

2017 HIT Survey
State of Rhode Island
Department of Health

2017 HIT Survey
State of Rhode Island
Department of Health

State of Rhode Island
Department of Health

Odds Ratio 95% Confidence Interval P
ref ref ref
2.5 1.9 - 3.3 < 0.001
ref ref ref
1.9 1.4 - 2.6 < 0.001
ref ref ref
0.9 0.6 - 1.3 n.s.
ref ref ref
1.6 1.3 - 2.4 < 0.001

Data revealed that 46% of U.S. physicians reported at least one symptom of burnout, defined as mental weakness and exhaustion. Some physicians also reported other problems, such as depression and anxiety. No symptoms were reported by 9% of physicians. The symptoms may be due, in part, to the way physicians interact with other people. For example, 11% of the respondents had previously commented that they had no perspective of being a scribe (office-based = 9.8%; hospital-based = 11.6%).
## Reporting Process

### Individual Practitioner-Level Report

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>RI License Number</th>
<th>Specialty</th>
<th>Measure 1: EHR</th>
<th>Measure 2: E-prescribing</th>
<th>Measure 3: ONC</th>
<th>Measure 4: Patient Engagement</th>
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<td>PEDIATRICS</td>
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<td>PULMONARY/CRITICAL CARE</td>
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Methods
2021 administration

- Via Survey Monkey in May 2021
- Hard copy mailing with survey link, email if possible
- All clinicians with RI licenses
- In active practice, providing direct patient care
- 4,466 physicians & 2,290 advanced practice providers
Sampling of Results
Main Summary Measures
Main results, by setting

<table>
<thead>
<tr>
<th>Measure</th>
<th>Setting</th>
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<tbody>
<tr>
<td>Physicians with EHRs, %</td>
<td>Office (N=1,109)</td>
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<tr>
<td></td>
<td>91%</td>
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# Main results, by setting

<table>
<thead>
<tr>
<th>Measure</th>
<th>Office (N=1,109)</th>
<th>Hospital (N=447)</th>
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</thead>
<tbody>
<tr>
<td>Physicians with EHRs, %</td>
<td>91%</td>
<td>97%</td>
</tr>
<tr>
<td>Physicians who e-prescribe, %</td>
<td>95%</td>
<td>88%</td>
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</table>
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<table>
<thead>
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<th>Measure</th>
<th>Office (N=1,109)</th>
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</tr>
<tr>
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<td>95%</td>
<td>88%</td>
</tr>
<tr>
<td>Physicians who e-prescribe controlled substances, %</td>
<td>93%</td>
<td>94%</td>
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</table>
### Main results, by setting

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<thead>
<tr>
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<td>95%</td>
<td>88%</td>
</tr>
<tr>
<td>Physicians who e-prescribe controlled substances, %</td>
<td>93%</td>
<td>94%</td>
</tr>
<tr>
<td>Physicians who use telemedicine, %</td>
<td>91%</td>
<td>55%</td>
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Main results, by specialty

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<tr>
<td>Physicians with EHRs, %</td>
<td>91%</td>
<td>94%</td>
<td>89%</td>
</tr>
<tr>
<td>Physicians who e-prescribe, %</td>
<td>95%</td>
<td>97%</td>
<td>92%</td>
</tr>
<tr>
<td>Physicians who e-prescribe controlled substances, %</td>
<td>93%</td>
<td>98%</td>
<td>89%</td>
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<tr>
<td>Physicians who use telemedicine, %</td>
<td>91%</td>
<td>97%</td>
<td>86%</td>
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EHR and e-prescribing trends

- EHRs
- E-prescribing

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<th>EHR</th>
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<td>68%</td>
<td>41%</td>
</tr>
<tr>
<td>2010</td>
<td>74%</td>
<td>49%</td>
</tr>
<tr>
<td>2011</td>
<td>81%</td>
<td>58%</td>
</tr>
<tr>
<td>2012</td>
<td>86%</td>
<td>78%</td>
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<tr>
<td>2013</td>
<td>88%</td>
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<td>2014</td>
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<tr>
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<td>2019</td>
<td></td>
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<td></td>
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<tr>
<td>2021</td>
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EHR Vendors
Number of EHR vendors

Percent of physicians who use each of the following EHR vendors

Epic Systems: 28% (55% Hospital-Based), 20% (Office-Based)
eClinicalWorks: 2% (Hospital-Based), 2% (Office-Based)
Athenahealth: 11% (Office-Based), 1% (Hospital-Based)
Cerner: 16% (Hospital-Based)
Greenway: 5% (Office-Based)
MEDITECH: 9% (Office-Based)
Don't know: 2% (Office-Based), 2% (Hospital-Based)

Office-Based (n=1,007) vs. Hospital-Based (n=434)
Key Findings

- Epic Systems is the **most frequently used EHR** vendor, used by the majority of hospital-based physicians (55%) and more than a quarter of office-based physicians (28%)

- More than half of **office-based physicians use 1 of 3 vendors**: Epic (28%), eCW (20%), and Athenahealth (11%)
Physician Use of Telemedicine
Telemedicine

- Overall, 80% of physician respondents reported using telemedicine to care for patients in the prior year (June 2020-May 2021).
- Higher proportions of office-based physicians reported using telemedicine (91%), compared to hospital-based physicians (55%).
- Among all respondents, only 11% had used telemedicine before the pandemic (12% of office-based physicians, 10% of hospital-based).

Telemedicine was defined in the survey as remote, real-time communication between a patient and clinician, in lieu of a face-to-face visit.
Platforms and technologies

Percent of physicians who use the following platforms and technologies for telemedicine

- Regular phone call: 65% (Office-Based) vs. 52% (Hospital-Based)
- Doximity: 32% (Office-Based) vs. 20% (Hospital-Based)
- Doxy.me: 27% (Office-Based) vs. 21% (Hospital-Based)
- Zoom: 35% (Office-Based) vs. 21% (Hospital-Based)
- Facetime: 14% (Office-Based) vs. 8% (Hospital-Based)
- Platform within EHR: 13% (Office-Based) vs. 17% (Hospital-Based)
- Other: 24% (Office-Based) vs. 16% (Hospital-Based)
Among respondents using telemedicine, the percent who spend a “moderately high” or “excessive” amount of time on the following tasks:

- Assisting patients with their technology during the encounter: 28% (Office-Based), 32% (Hospital-Based)
- Telemedicine-specific documentation: 21% (Office-Based), 24% (Hospital-Based)
- Managing or setting up my hardware: 14% (Office-Based), 20% (Hospital-Based)
- Managing or signing into my software: 12% (Office-Based), 21% (Hospital-Based)
- Locating a private and/or quiet space: 7% (Office-Based), 15% (Hospital-Based)
Barriers to telemedicine

Percent of respondents who reported the following barriers to telemedicine

- My specialty often requires a procedure or examination that must be done in-person: 41% (Office-Based), 42% (Hospital-Based)
- My patients do not have the technology required but struggle to use it during visits: 28% (Office-Based), 38% (Hospital-Based)
- My patients do not have the physical technology required (e.g. smart phone, tablet, or computer): 22% (Office-Based), 36% (Hospital-Based)
- My patients do not have reliable internet access: 21% (Office-Based), 25% (Hospital-Based)
- Unsure if services will be reimbursed: 16% (Office-Based), 19% (Hospital-Based)
- My patients do not want to have video visits: 10% (Office-Based), 15% (Hospital-Based)
- Difficult to incorporate use of interpreters: 11% (Office-Based), 15% (Hospital-Based)
- My patients do not have access to a private space for the appointment: 10% (Office-Based), 13% (Hospital-Based)
- I do not have sufficient administrative support: 10% (Office-Based), 16% (Hospital-Based)
- None: 15% (Office-Based), 16% (Hospital-Based)

Office-Based (n=1,052)  Hospital-Based (n=337)
Barriers to telemedicine

Percent of respondents who reported the following barriers to telemedicine, stratified by whether they had provided telemedicine in the past year

- **My patients have the technology required but struggle to use it during visits**
  - Cared for patients using telemedicine in the past year (n=1,213): 40%
  - Did not care for patients using telemedicine in the past year (n=176): 7%

- **My specialty often requires a procedure or examination that must be done in-person**
  - Cared for patients using telemedicine in the past year (n=1,213): 39%
  - Did not care for patients using telemedicine in the past year (n=176): 60%

- **My patients do not have the physical technology required**
  - Cared for patients using telemedicine in the past year (n=1,213): 36%
  - Did not care for patients using telemedicine in the past year (n=176): 8%

- **My patients do not have reliable internet access**
  - Cared for patients using telemedicine in the past year (n=1,213): 27%
  - Did not care for patients using telemedicine in the past year (n=176): 7%

- **Unsure if services will be reimbursed**
  - Cared for patients using telemedicine in the past year (n=1,213): 22%
  - Did not care for patients using telemedicine in the past year (n=176): 11%

- **Difficult to incorporate use of interpreters**
  - Cared for patients using telemedicine in the past year (n=1,213): 18%
  - Did not care for patients using telemedicine in the past year (n=176): 5%

- **My patients do not want to have video visits**
  - Cared for patients using telemedicine in the past year (n=1,213): 18%
  - Did not care for patients using telemedicine in the past year (n=176): 5%

- **My patients do not have access to a private space for the appointment**
  - Cared for patients using telemedicine in the past year (n=1,213): 12%
  - Did not care for patients using telemedicine in the past year (n=176): 3%

- **I do not have sufficient administrative support**
  - Cared for patients using telemedicine in the past year (n=1,213): 11%
  - Did not care for patients using telemedicine in the past year (n=176): 7%

- **My patients do not want to have audio-only visits**
  - Cared for patients using telemedicine in the past year (n=1,213): 9%
  - Did not care for patients using telemedicine in the past year (n=176): 1%

- **My practice/facility does not have the infrastructure to fully support this**
  - Cared for patients using telemedicine in the past year (n=1,213): 8%
  - Did not care for patients using telemedicine in the past year (n=176): 5%

- **I do not have the technology needed to provide video visits (e.g. webcam)**
  - Cared for patients using telemedicine in the past year (n=1,213): 10%
  - Did not care for patients using telemedicine in the past year (n=176): 6%

- **My platform does not allow more than one person (e.g. a caregiver) to participate**
  - Cared for patients using telemedicine in the past year (n=1,213): 4%
  - Did not care for patients using telemedicine in the past year (n=176): 0%
Key findings

- Huge numbers of physicians adopted telemedicine for the first time during the pandemic
- More than half of physicians were conducting telemedicine visits using a regular phone call
- Almost a third of physicians reporting spending a “moderately high” or “excessive” amount of time assisting patients with their technology during the encounter
- Issues with patients’ access to or ability to use technology were common barriers
E-Prescribing Practices & Use of the PDMP
Among physician respondents who prescribe medications, the percent who transmit prescriptions electronically to the pharmacy:

- **Almost Always**: 83% (Office-Based), 67% (Hospital-Based)
- **Sometimes**: 6% (Office-Based), 13% (Hospital-Based)
- **Often**: 6% (Office-Based), 8% (Hospital-Based)
- **Never - My system can do this, but I do not use this function**: 1% (Office-Based), 9% (Hospital-Based)
- **Never - I do not have a system that can do this**: 4% (Office-Based), 3% (Hospital-Based)
Among the physicians who e-prescribe medications and prescribe controlled substances, the respondents who e-prescribe controlled substances:

- **Almost Always**: 74% Office-Based, 63% Hospital-Based
- **Sometimes**: 15% Office-Based, 24% Hospital-Based
- **Often**: 5% Office-Based, 7% Hospital-Based
- **Never - My system can do this, but I do not use this function**: 5% Office-Based, 6% Hospital-Based
- **Never - I do not have a system that can do this**: 2% Office-Based, 0% Hospital-Based
Among physician respondents who prescribe controlled substances, the percent who consult the Rhode Island PDMP before prescribing opioids or benzodiazepines:

- **Almost Always**:
  - Office-Based: 45%
  - Hospital-Based: 42%
- **Often**:
  - Office-Based: 21%
  - Hospital-Based: 22%
- **Sometimes**:
  - Office-Based: 25%
  - Hospital-Based: 26%
- **Never**:
  - Office-Based: 9%
  - Hospital-Based: 10%
Key findings

- While prevalence of e-prescribing had remained in the low 80% range between 2013 and 2019, it *increased from 84% to 93%* between 2019 and 2021.

- There has been an *increase* in e-prescribing of controlled substances as well.

- More than a 1/3 of physicians in 2019 had a system that was *unable to electronically transmit* controlled substance prescriptions, compared with only 1% in 2021.

- There is more *work to be done* to increase consistent use of the PDMP.
Information Transfer at Hospital Admission and Discharge
The Centers for Medicare & Medicaid Services (CMS) now requires that hospitals communicate admission, discharge, and transfer information to their patients’ primary care practitioners (PCPs) in real-time.

- 22% of PCPs reported not receiving real-time admission information about their patients from at least one hospital
- 21% of PCPs did not routinely receive real-time discharge information from at least one hospital
- 8% of PCPs reported not receiving real-time admission information about their patients from any hospital
- 8% of PCPs did not routinely receive real-time discharge information from any hospital
Percent of PCPs who receive real-time admission information via each modality, stratified by whether PCP’s practice is affiliated with the hospital’s health system

- Hospitals in the same health system (n=199)
- Hospitals outside the health system (n=449)

- Fax: 72% (72%) vs. 38% (38%)
- Phone: 7% (7%) vs. 14% (14%)
- Dashboard separate from my EHR: 13% (13%) vs. 15% (15%)
- Notice within my EHR*: 26% (26%) vs. 55% (55%)
- My practice doesn't routinely receive information when my patients are admitted…: 23% (23%) vs. 11% (11%)
- Don't know: 8% (8%) vs. 6% (6%)
Percent of PCPs who receive real-time discharge information via each modality, stratified by whether PCP’s practice is affiliated with the hospital’s health system

- **Fax**: 36% (72%) for hospitals in the same health system, 4% (11%) for hospitals outside the health system.
- **Dashboard separate from my EHR**: 15% (14%) for hospitals in the same health system, 11% (14%) for hospitals outside the health system.
- **Notice within my EHR**: 24% (53%) for hospitals in the same health system, 9% (22%) for hospitals outside the health system.
- **My practice doesn't routinely receive information when my patients are admitted**: 9% (22%) for hospitals in the same health system, 5% (8%) for hospitals outside the health system.
- **Don't know**: 5% (8%) for hospitals in the same health system, 8% (8%) for hospitals outside the health system.
Key findings

- PCPs usually receive **some type of notification** about admissions and discharges, although information is not shared consistently every time across all hospitals.
- The **modality of the notifications** varies somewhat by whether a practice is owned by the same system or hospital or if they are not owned by any system.
- More than 70% of admission/discharge information is **sent by fax** when PCP is not part of the hospital’s health system.
Health Information Exchange
HIE services

Percent of PCPs who report they or their staff use each of the following CurrentCare services, stratified by task

- Quality Measurement
- Transitions of Care
- Pre-visit Planning
- Locating Specific Results
- Medication Reconciliation
Percent of physician respondents who thought each of the following data types would be valuable for patient care, if added to CurrentCare

- Encounter notes: 56%
- Radiology images (not reports): 41%
- Care plans: 31%
- Substance use treatment information: 28%
- Remote monitoring data (e.g. home blood pressure): 22%
- Patient use of community/social services: 21%
- Screening for social determinants of health: 19%
- Predictive risk content (e.g. cardiovascular risk): 16%
- Patient-reported outcomes (e.g. pain symptoms): 14%
- Dental visit notes: 10%
- Other: 18%
Dissemination & Action
Dissemination

Reports and Data Sharing

- Practitioner-level report
- Summary and detail reports
- Physician-facing report
- Practitioner outreach
- Data sharing
- Ad hoc analysis requests
- Conference abstracts
- Scholarly publications
2017 HIT Physician Report

State of Rhode Island
Department of Health

About the HIT Survey
In spring 2017, the Rhode Island Department of Health (RIDOH) administered the Health Information Technology (HIT) Survey to all 4,197 physicians licensed in Rhode Island, in active practice, and located in Rhode Island, Connecticut, or Massachusetts. The survey received a total of 1,792 responses, for a response rate of 42.7%.

EHR and e-prescribing trends in Rhode Island, 2009 to 2017

The percent of office-based physicians who consult the PDMP for new opioid or benzodiazepine prescriptions

Prescribing practitioners in Rhode Island are required to check the PDMP prior to initiating an opioid prescription. This includes inpatient practitioners who prescribe an opioid on discharge.

Impact of prior surveys

- Alignment of HIT measures across state
- Guidance for allocation of state HIT resources
- Data for state grant applications
- Public use dataset for further research
- Fewer physician surveys overall
Your Thoughts
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Survey limitations

- Response rate and administration in single state may affect generalizability
- Not anonymous, administered by Department of Health, burnout prevalence may be underestimate
- Administered electronically, those uncomfortable with computers may be less likely to respond