



# Results from the Physician Health Information Technology Survey

*2021 Survey Results*

# Outline



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



# Background

# Healthcare Quality Reporting Program



## Mission

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To promote quality in the state's healthcare system by developing a healthcare quality performance measures and reporting program to guide quality improvement initiatives.

# Reporting Process




## Aggregate Report

**2017 HIT Survey** State of Rhode Island Department of Health

### 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.pcmh.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)**

Response	Percentage
Yes	29.8%
No	55.5%
Don't know	14.8%

21  
September 2017

State of Rhode Island Department of Health

### among physicians in Rhode Island

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.
1.8	1.3 - 2.4	< 0.001

documentation, EHR-related frustration, and time spent  
 on electronic health record; ref = reference group; n.s. = not  
 significant

Survey revealed that 46% of U.S. physician reported at least one symptom of  
 burnout. In Rhode Island, trained professionals who assist with documentation, may mitigate HIT-related  
 burnout. In Rhode Island, 11% of physician respondents reported using a scribe (office-based = 9.8%; hospital-based = 12.5%).

41  
September 2017

# Reporting Process



## Individual Practitioner-Level Report

Healthcare Quality Reporting Program  
2017 HIT SURVEY - PRACTITIONER REPORT

PRACTITIONER INFORMATION (APRNs, PAs, and physicians; alphabetical by last name)					MEASURES OF HIT ADOPTION (See Measure Specifications for definitions)			
Last Name	First Name	Practice State	RI License Number	Specialty	Measure 1: EHR	Measure 2: E-prescribing	Measure 3: EHR functionality	Measure 4: Patient engagement
GAONA	ROSALINDA	RI	MD13602	PEDIATRICS	No	No	○○○	○○○
GARAZI	MICHELE	RI	MD12843	INTERNAL MEDICINE (GENERAL)	No	No	○○○	○○○
GARBER	SHARON	RI	APRN00246	APRN CNP FAMILY/INDIVIDUAL LIFESPAN	No	No	○○○	○○○
GARBERN	STEPHANIE	RI	MD15502	UNKNOWN	No	No	○○○	○○○
GARCIA	GEORGE	RI	MD15558	UNKNOWN	No	No	○○○	○○○
GARCIA	HELDER	RI	PA00429	PHYSICIAN ASSISTANT	No	No	○○○	○○○
GARCIA	REYNA	RI	PA00621	PHYSICIAN ASSISTANT	Yes	Yes	●○○	●○○
GARCIA MOLINER	MARIA	RI	MD14491	ANATOMIC & CLINICAL PATHOLOGY	No	No	○○○	○○○
GARCIA-RIVERA	RICARDO	RI	MD13240	NEUROLOGY	No	No	○○○	○○○
GARDELLA	NICOLE	RI	APRN00256	APRN CNP FAMILY/INDIVIDUAL LIFESPAN	No	No	○○○	○○○
GARDNER	REBEKAH	RI	MD12562	INTERNAL MEDICINE (GENERAL)	Yes	Yes	●●○	●●○
GAREWAL	VEENU	RI	MD12807	INTERNAL MEDICINE (GENERAL)	Yes	Yes	●●●	●●●
GARG	KABUL	CT	MD13100	CARDIOVASCULAR DISEASE (IM) - INTERNAL MEDICINE	No	No	○○○	○○○
GARG	MANOJ	RI	D000528	FAMILY MEDICINE	Yes	Yes	●●●	●●●
GARLAND	JOSEPH	RI	MD15061	INTERNAL MEDICINE (GENERAL)	No	No	○○○	○○○
GARNEAU	EDITH	RI	MD14754	UNKNOWN	No	No	○○○	○○○
GARNECHO	ANA	RI	MD12947	PEDIATRICS	Yes	Yes	●●○	●●○
GARNER	ZACHARY	RI	D000777	UNKNOWN	No	No	○○○	○○○
GARRIS	ANN MARY	RI	APRN00013	APRN CNP ADULT/GERONTOLOGY	No	No	○○○	○○○
GARRIS	TERESA	RI	APRN00819	APRN CNP ADULT/GERONTOLOGY	Yes	Yes	●●○	●●○
GARRO	ARIS	RI	MD11498	PEDIATRIC EMERGENCY MEDICINE	Yes	Yes	●●○	●●○
GARRO	CHRISTINE	RI	PA00372	PHYSICIAN ASSISTANT	No	No	○○○	○○○
GARSTKA	RICHARD	RI	APRN01031	APRN CNP ADULT/GERONTOLOGY	No	No	○○○	○○○
GARTMAN	ERIC	RI	MD12352	PULMONARY/CRITICAL CARE	Yes	Yes	●●○	●●○
GARVEY	ANNE	RI	MD10288	PEDIATRICS	No	No	○○○	○○○
GASPARRI	MEAGHAN	RI	APRN00337	APRN CNP ADULT/GERONTOLOGY	No	No	○○○	○○○
GASPER	MASON	RI	D000611	NEUROLOGY	No	No	○○○	○○○
GASS	JENNIFER	RI	MD08540	SURGERY (GENERAL AND OTHER)	No	No	○○○	○○○
GASTEL	JONATHAN	RI	MD09469	ORTHOPAEDIC SURGERY	Yes	Yes	●○○	●○○
GATES	ERIN	RI	MD13316	UNKNOWN	No	No	○○○	○○○
GATES	JONATHAN	RI	MD11135	HOSPITALIST	Yes	Yes	●●○	●●○



# Methods

# 2021 administration



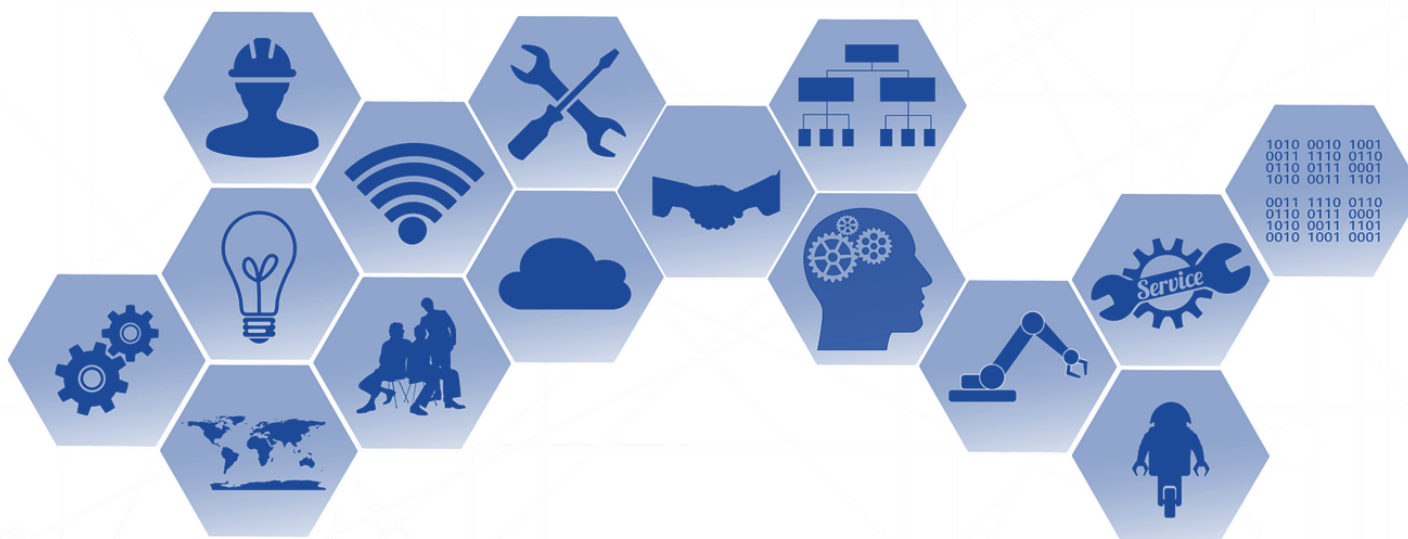
- Via Survey Monkey in May 2021
- Hard copy mailing with survey link, email if possible
- All clinicians with RI licenses
- In active practice, providing direct patient care
- 4,466 physicians & 2,290 advanced practice providers





# Sampling of Results

# Main Summary Measures



# Main results, by setting



Measure	Setting	
	Office (N=1,109)	Hospital (N=447)
Physicians with EHRs, %	91%	97%

# Main results, by setting



Measure	Setting	
	Office (N=1,109)	Hospital (N=447)
Physicians with EHRs, %	91%	97%
Physicians who e-prescribe, %	95%	88%

# Main results, by setting



Measure	Setting	
	Office (N=1,109)	Hospital (N=447)
Physicians with EHRs, %	91%	97%
Physicians who e-prescribe, %	95%	88%
Physicians who e-prescribe controlled substances, %	93%	94%

# Main results, by setting



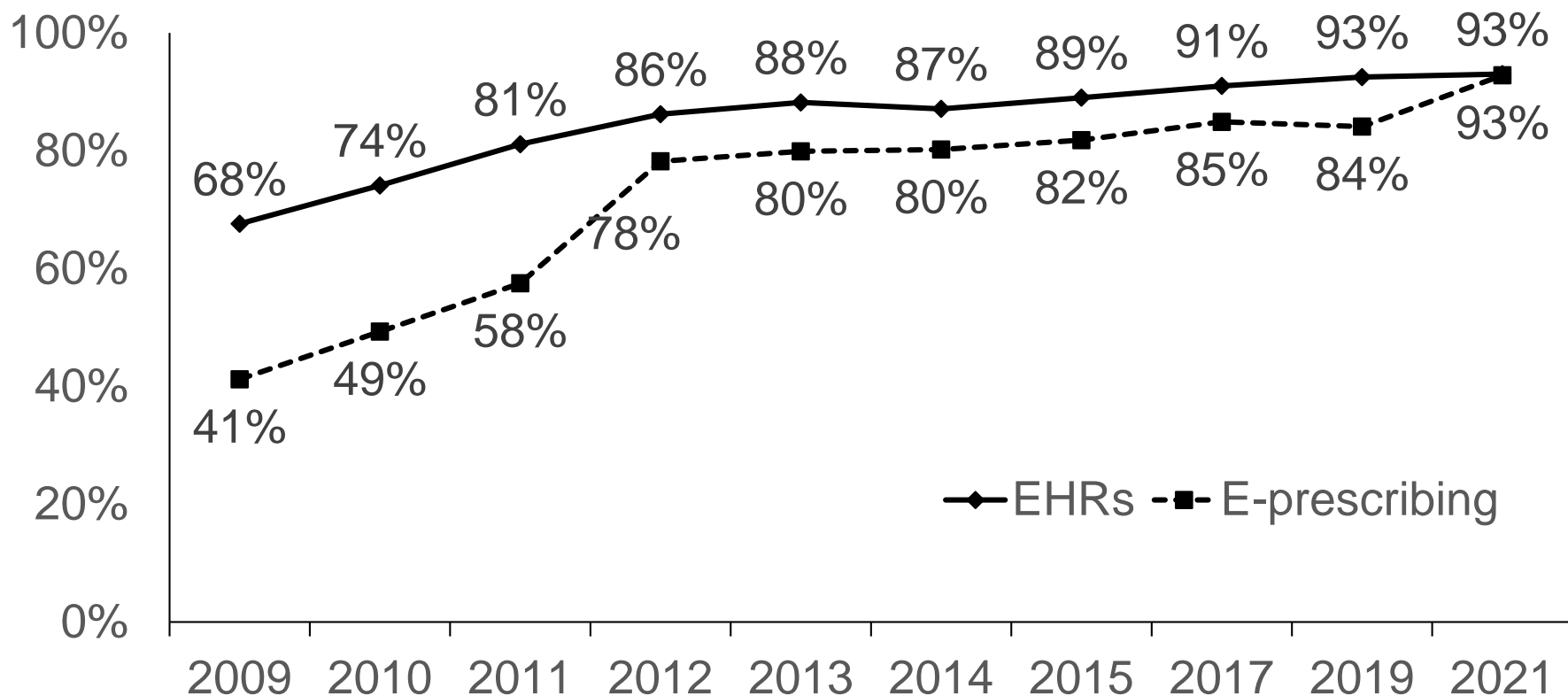
Measure	Setting	
	Office (N=1,109)	Hospital (N=447)
Physicians with EHRs, %	91%	97%
Physicians who e-prescribe, %	95%	88%
Physicians who e-prescribe controlled substances, %	93%	94%
Physicians who use telemedicine, %	91%	55%

# Main results, by specialty



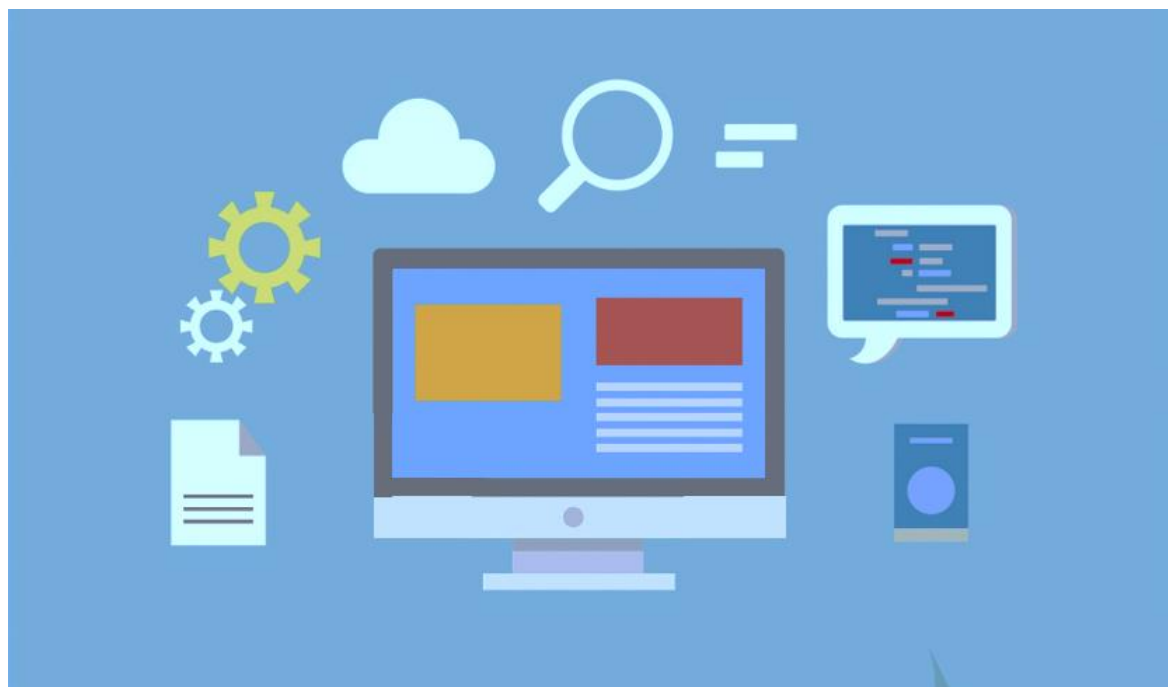
		Office-based specialty	
Measure	Office (N=1,109)	PCP (N=481)	Non-PCP (N=625)
Physicians with EHRs, %	91%	94%	89%
Physicians who e-prescribe, %	95%	97%	92%
Physicians who e-prescribe controlled substances, %	93%	98%	89%
Physicians who use telemedicine, %	91%	97%	86%

# EHR and e-prescribing trends





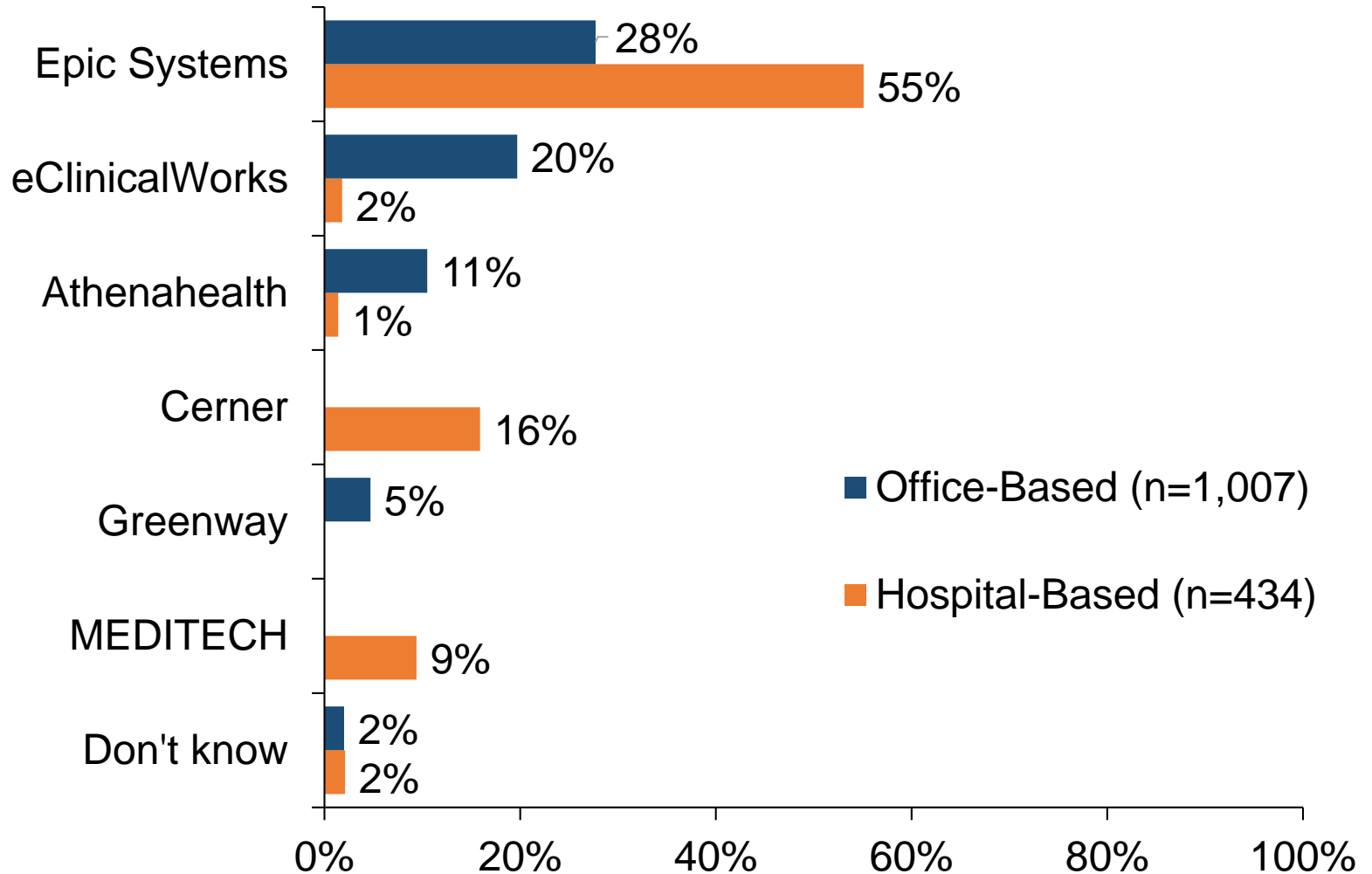
# EHR Vendors



# Number of EHR vendors



## Percent of physicians who use each of the following EHR vendors



# 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)

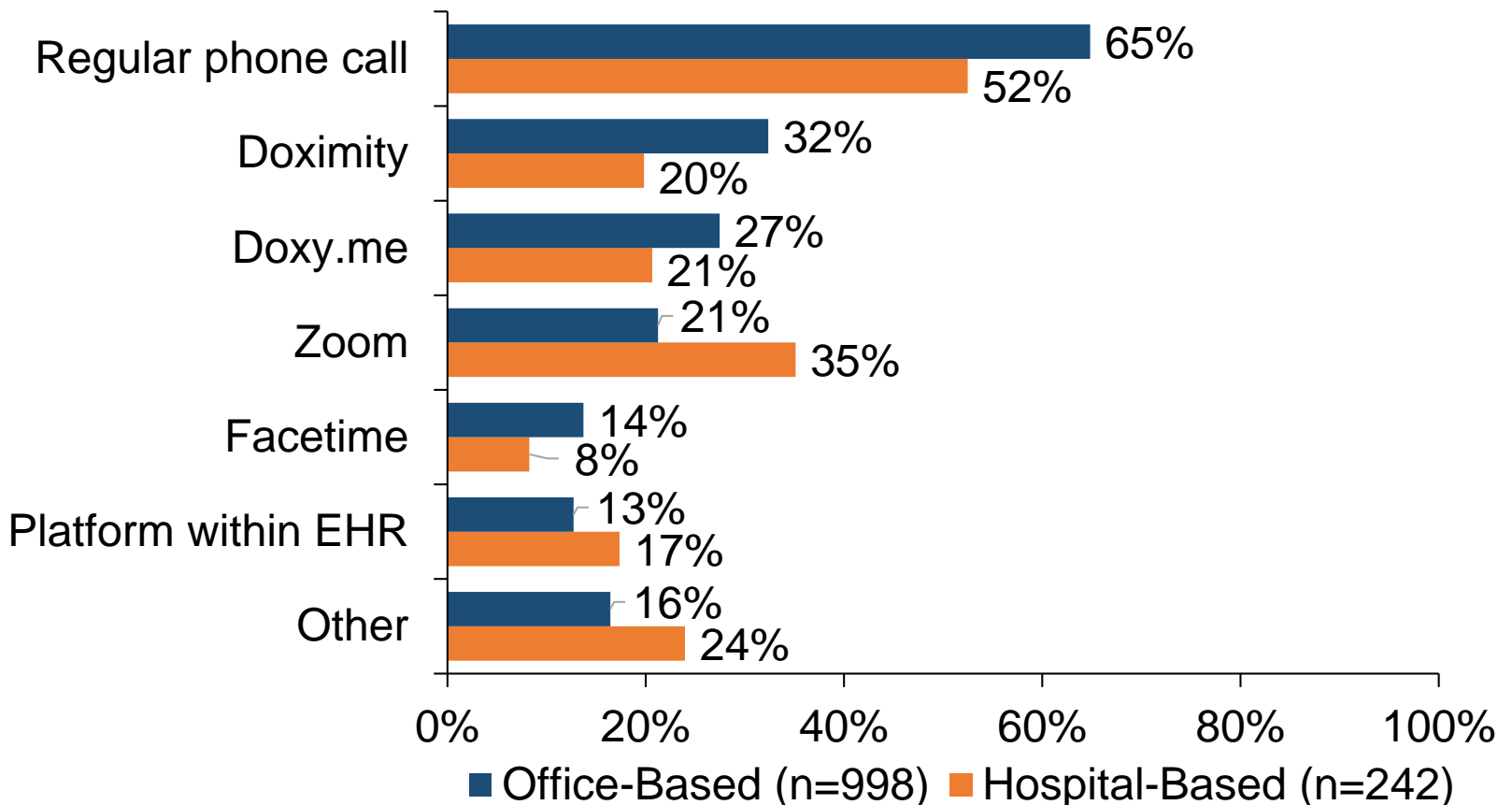


**Telemedicine was defined in the survey as remote, real-time communication between a patient and clinician, in lieu of a face-to-face visit.**

# Platforms and technologies



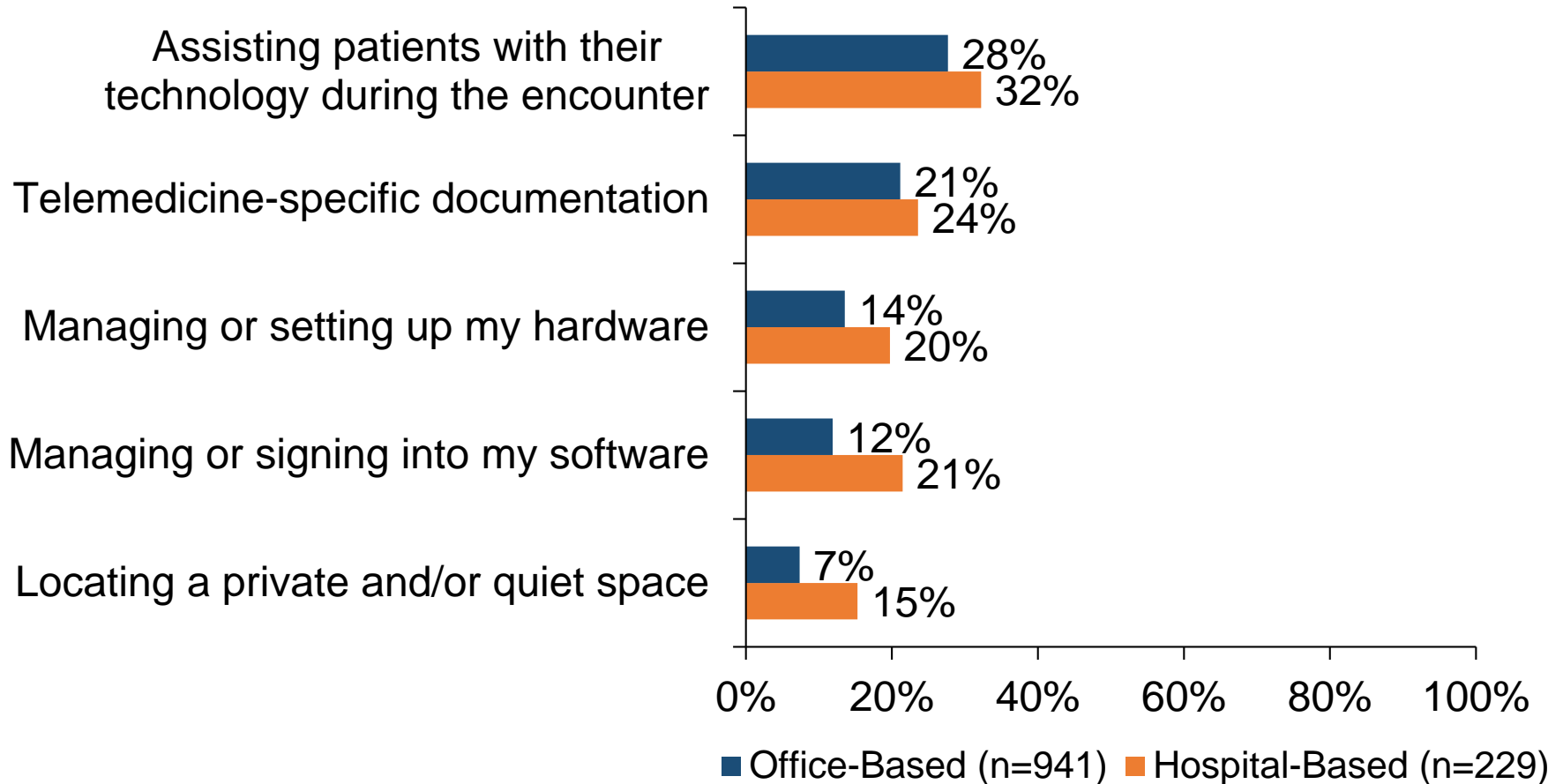
## Percent of physicians who use the following platforms and technologies for telemedicine



# Telemedicine tasks



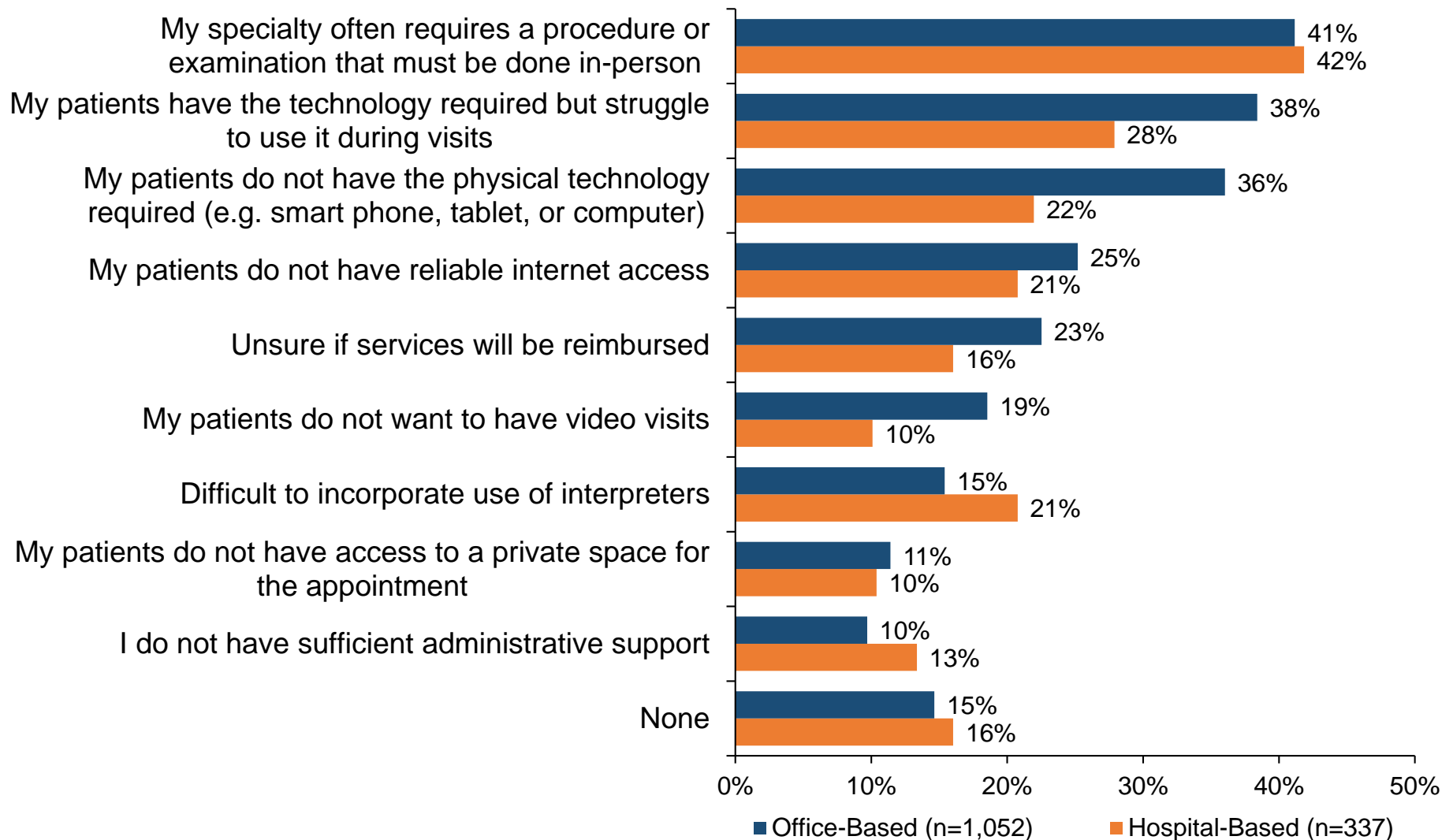
Among respondents using telemedicine, the percent who spend a “moderately high” or “excessive” amount of time on the following tasks



# Barriers to telemedicine



## Percent of respondents who reported the following barriers to telemedicine

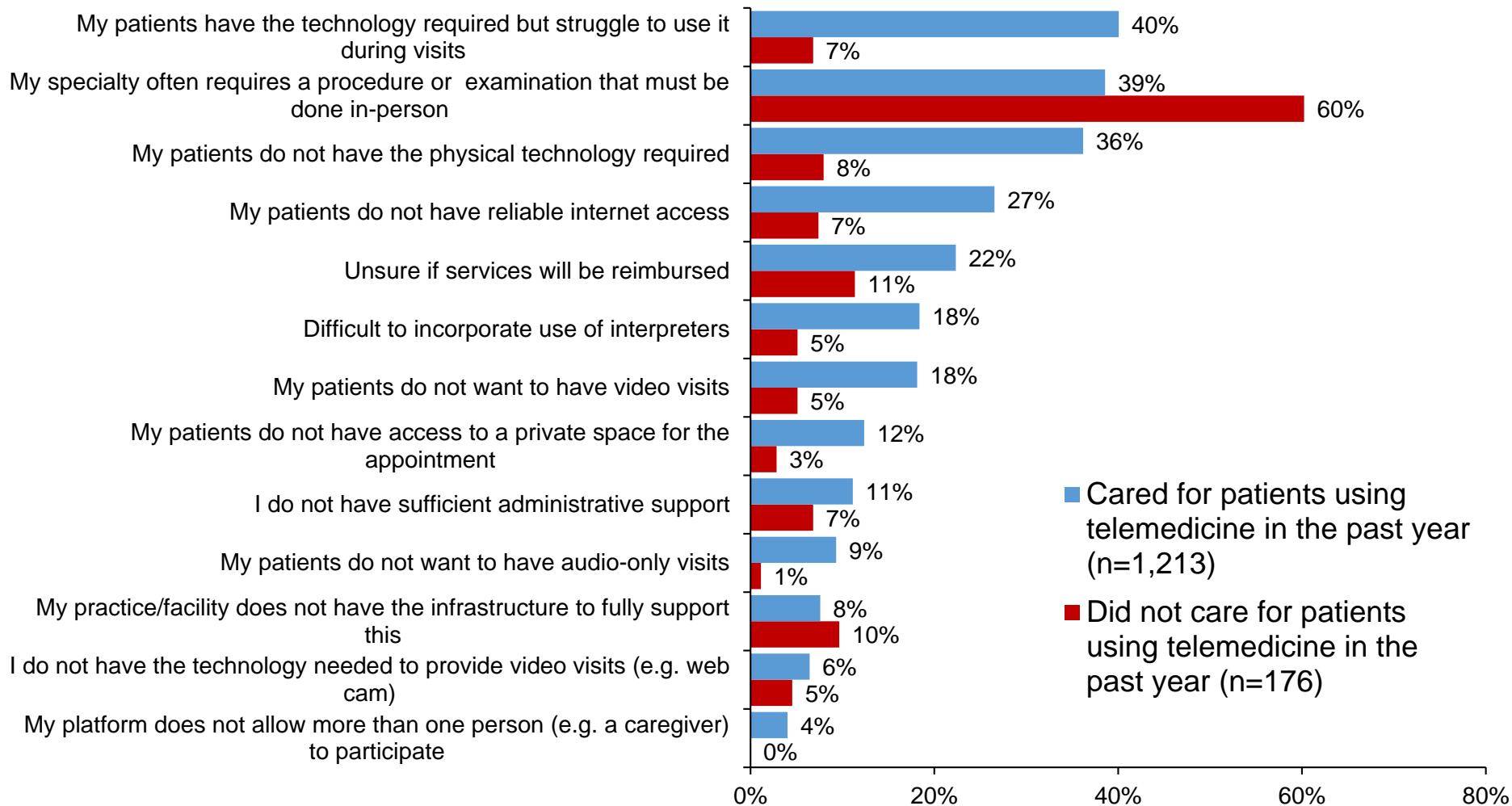




# Barriers to telemedicine



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



# 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

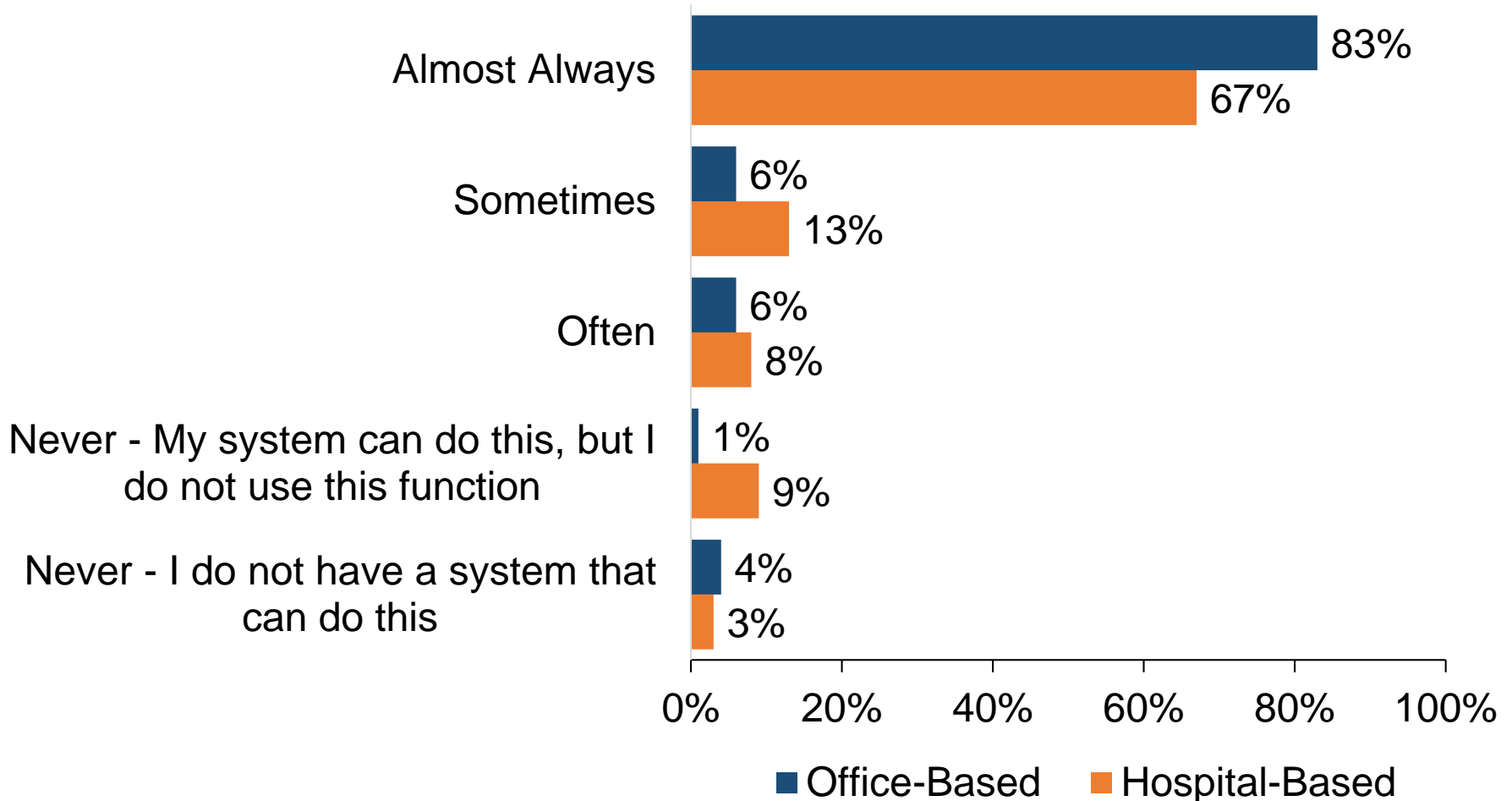
# E-Prescribing Practices & Use of the PDMP



# e-Prescribing



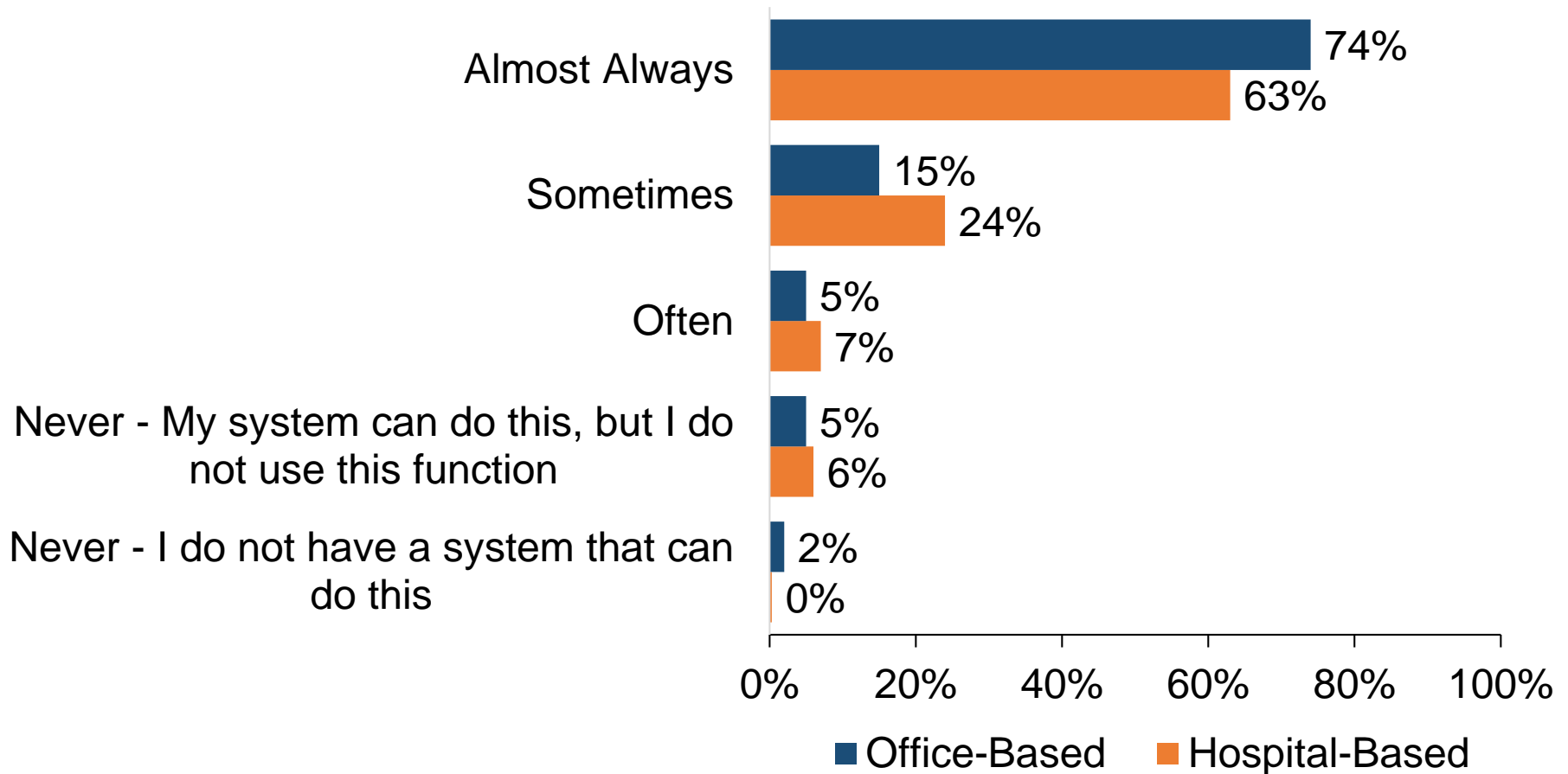
**Among physician respondents who prescribe medications, the percent who transmit prescriptions electronically to the pharmacy**



# e-Prescribing controlled substances



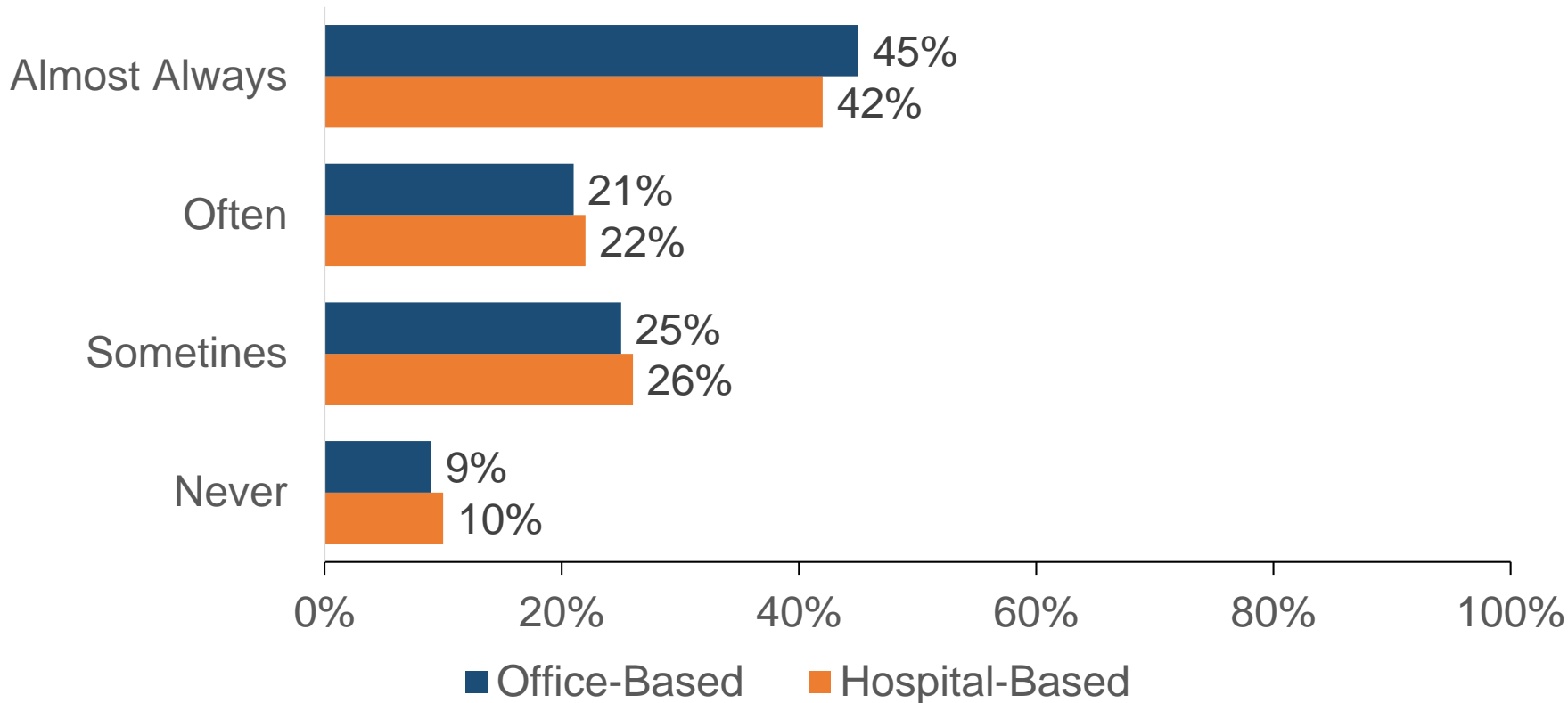
**Among the physicians who e-prescribe medications and prescribe controlled substances, the respondents who e-prescribe controlled substances**



# PDMP use



**Among physician respondents who prescribe controlled substances, the percent who consult the Rhode Island PDMP before prescribing opioids or benzodiazepines**

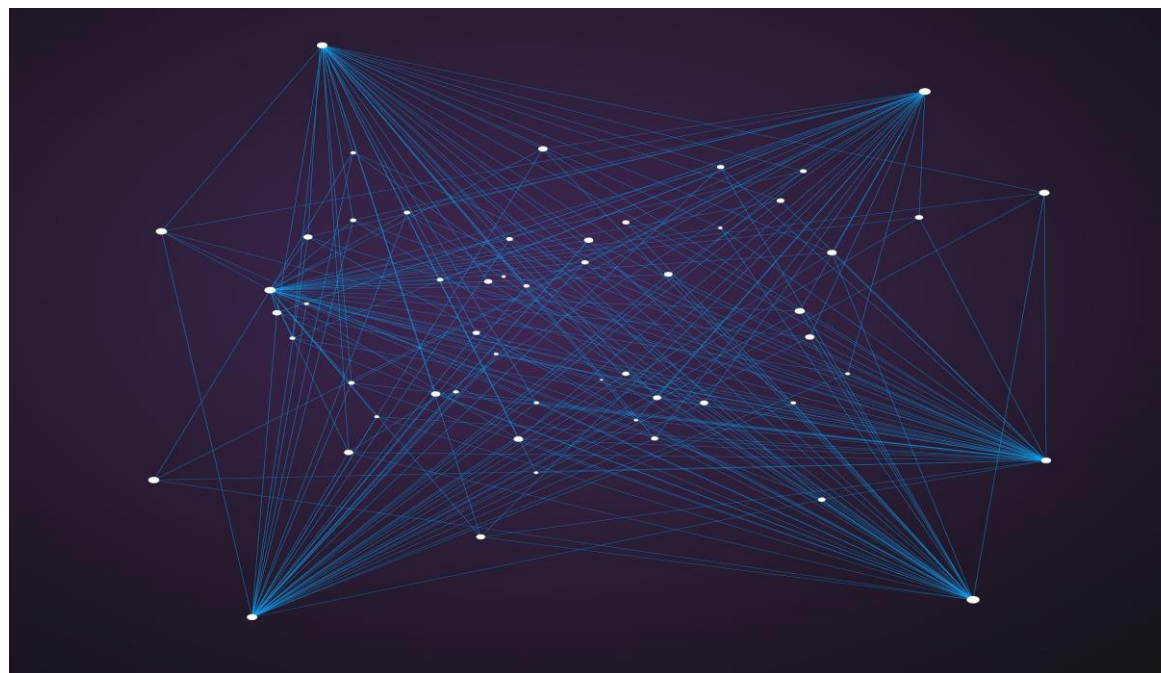


# Key findings



- 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





# Platforms and technologies



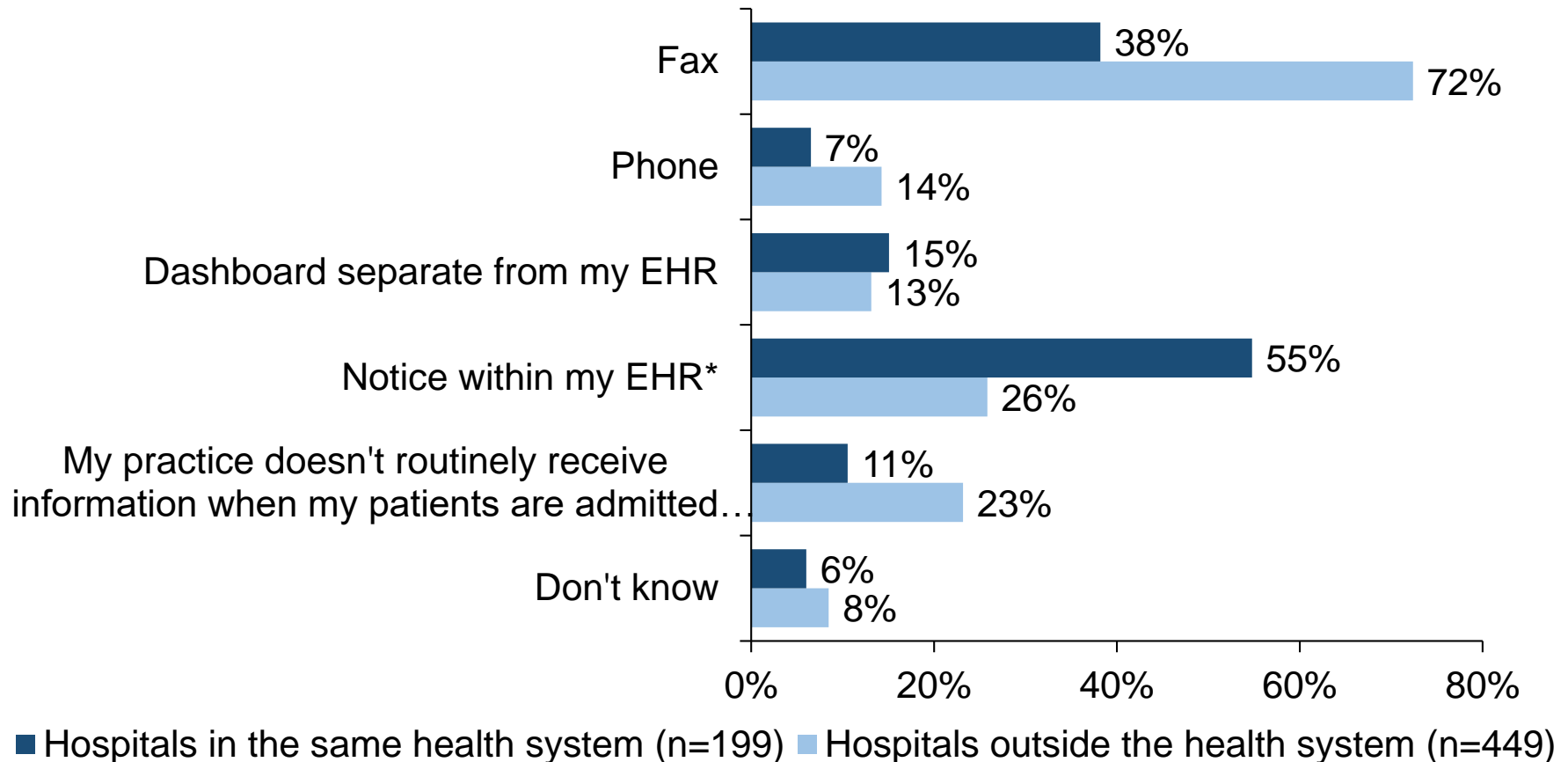
**The Centers for Medicare & Medicaid Services (CMS) now requires that hospitals communicate admission, discharge, and transfer information to their patients' primary care practitioners (PCPs) in real-time.**

- 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

# Admission information



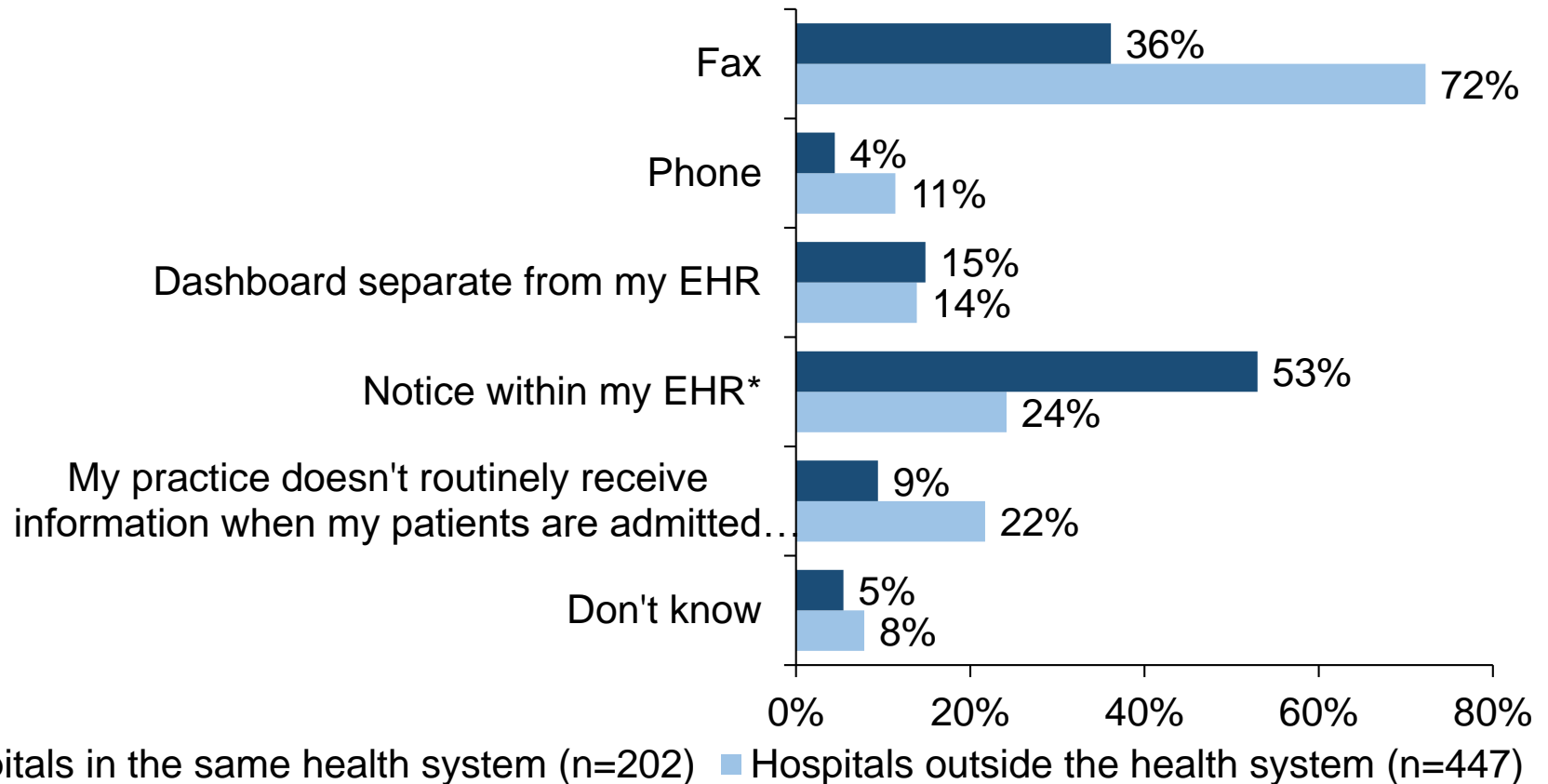
**Percent of PCPs who receive real-time admission information via each modality, stratified by whether PCP's practice is affiliated with the hospital's health system**



# Discharge information



**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**

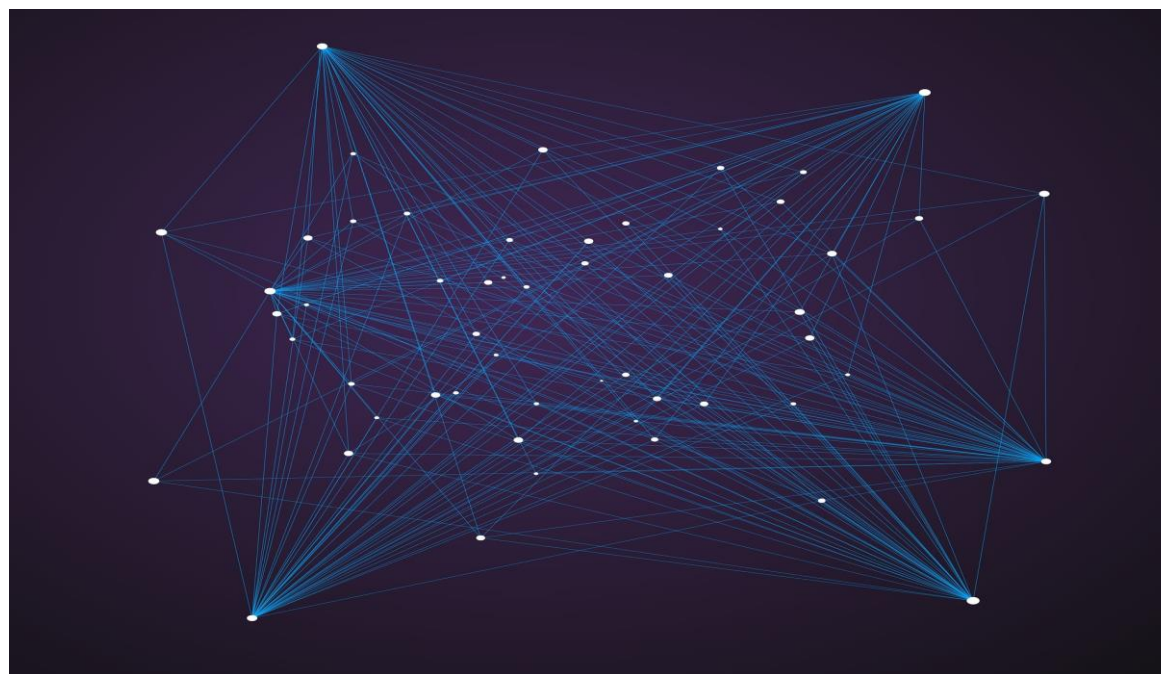


# Key findings



- 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

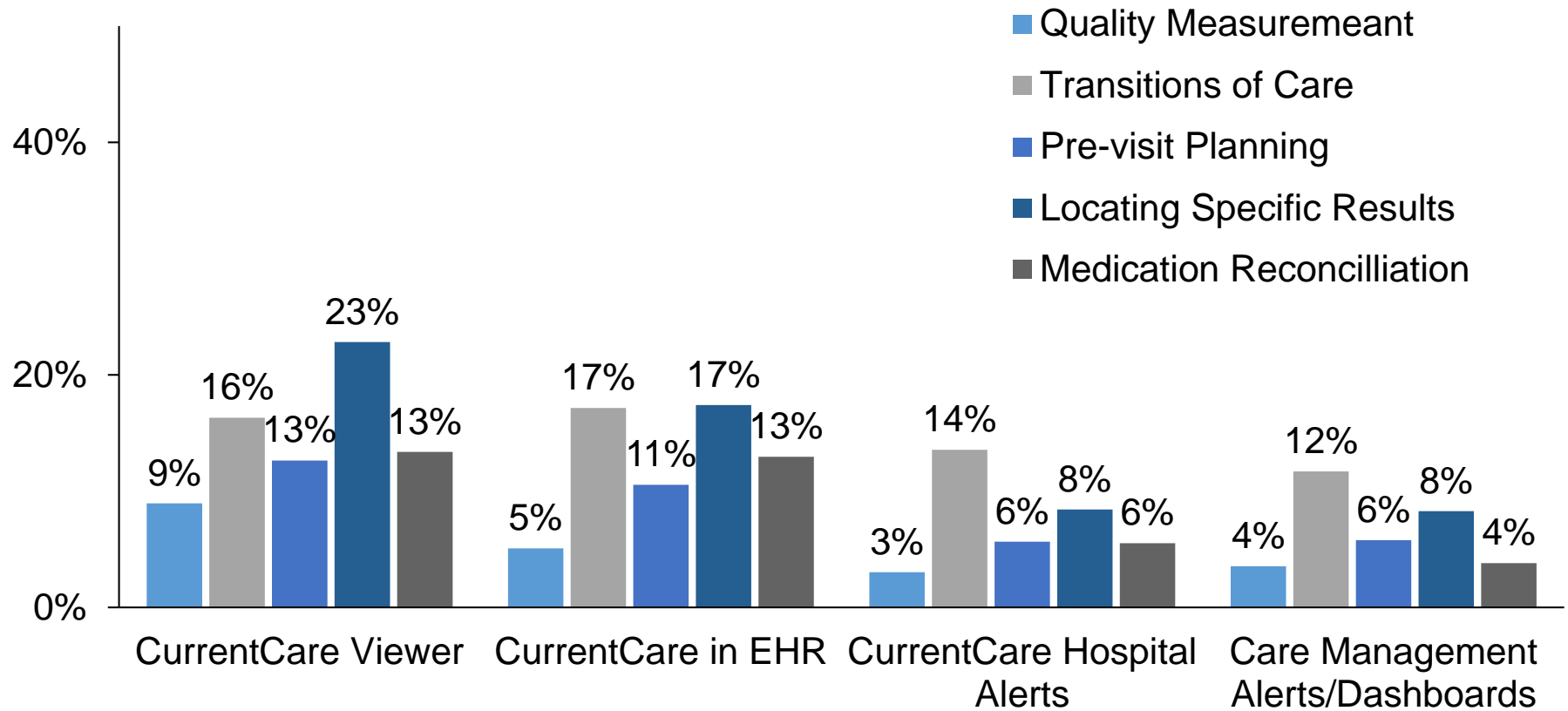
# Health Information Exchange



# HIE services



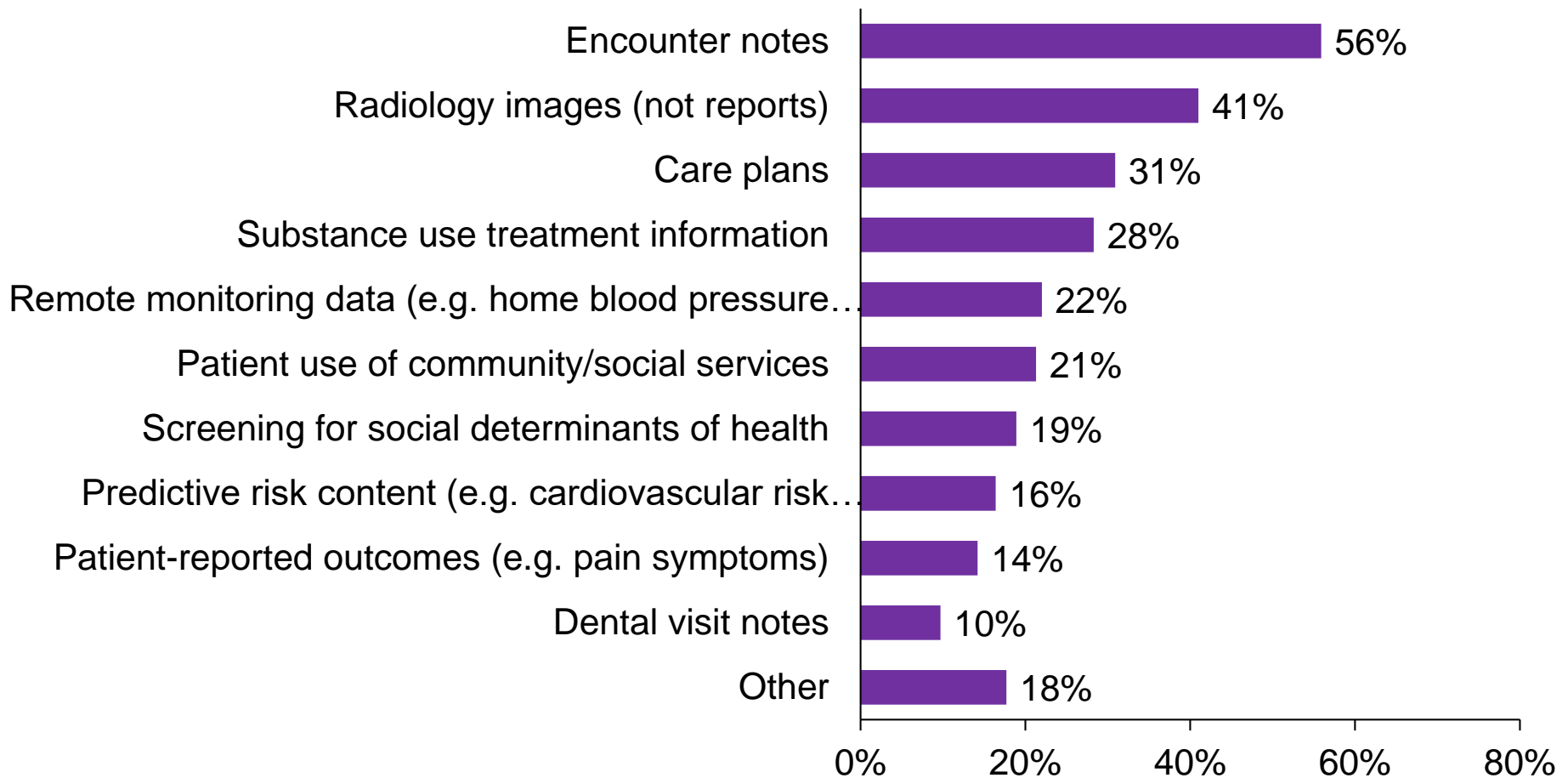
**Percent of PCPs who report they or their staff use each of the following CurrentCare services, stratified by task**



# HIE services



**Percent of physician respondents who thought each of the following data types would be valuable for patient care, if added to CurrentCare**





# 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

# Physician report



## 2017 HIT Physician Report



State of Rhode Island  
Department of Health

### What's Inside?



About the HIT Survey

Prescription Drug  
Monitoring Program

Physician Burnout  
and HIT-Related  
Stress

HIT for Patient  
Engagement

Incentive Programs

Online Physician  
Selection Websites

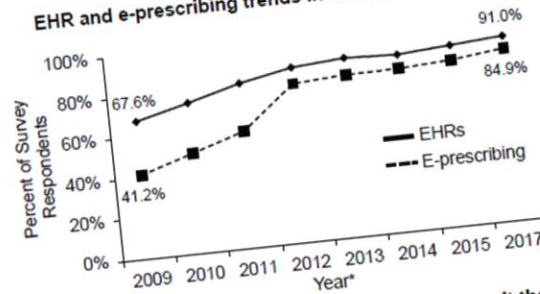
Prescribing practitioners in Rhode Island are required to check the PDMP prior to initiating an opioid prescription. This includes inpatient practitioners who prescribe an opioid on discharge.

<http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/0054.pdf>

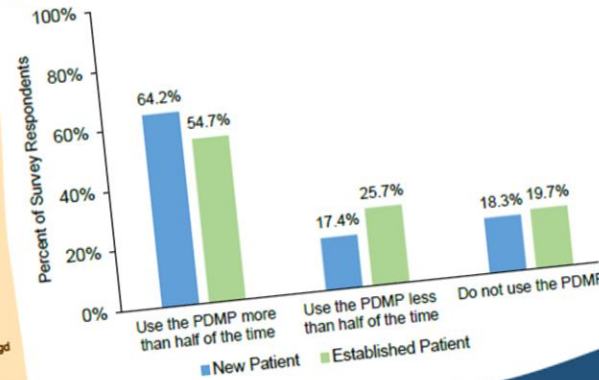
### About the HIT Survey

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



# 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

# Acknowledgments



Special thanks to Samara Viner-Brown at the Rhode Island Department of Health and Blake Morphis at Healthcentric Advisors



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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



