Results from the Rhode Island Health Information Technology Survey

2023 Survey Results

Outline

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

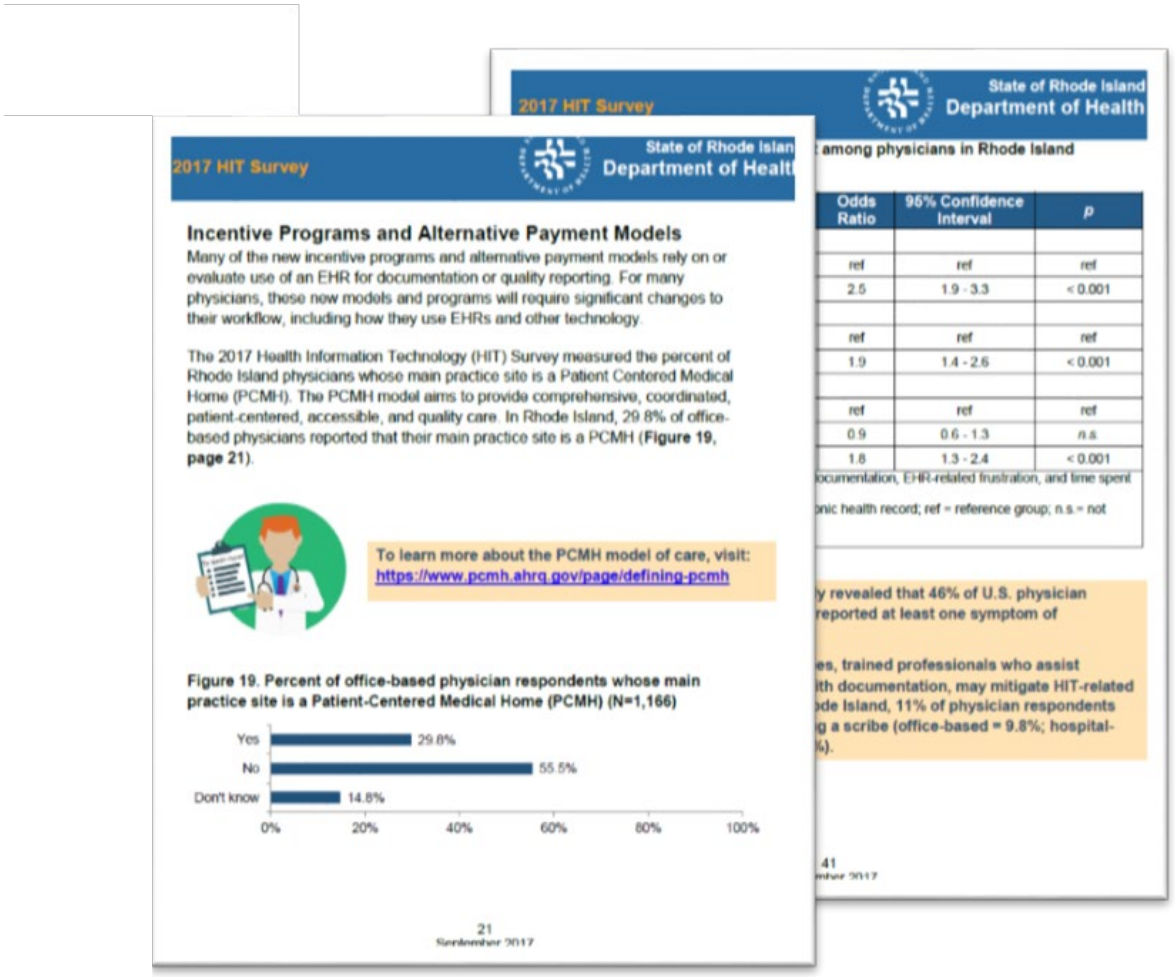
Background

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.

Reporting Process

Aggregate Report



2017 HIT Survey

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

ocumentation, EHR-related frustration, and time spent

nic health record; ref = reference group; n.s. = not

y revealed that 46% of U.S. physician reported at least one symptom of

es, trained professionals who assist th documentation, may mitigate HIT-related de Island, 11% of physician respondents g a scribe (office-based = 9.8%; hospital- %).

41

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

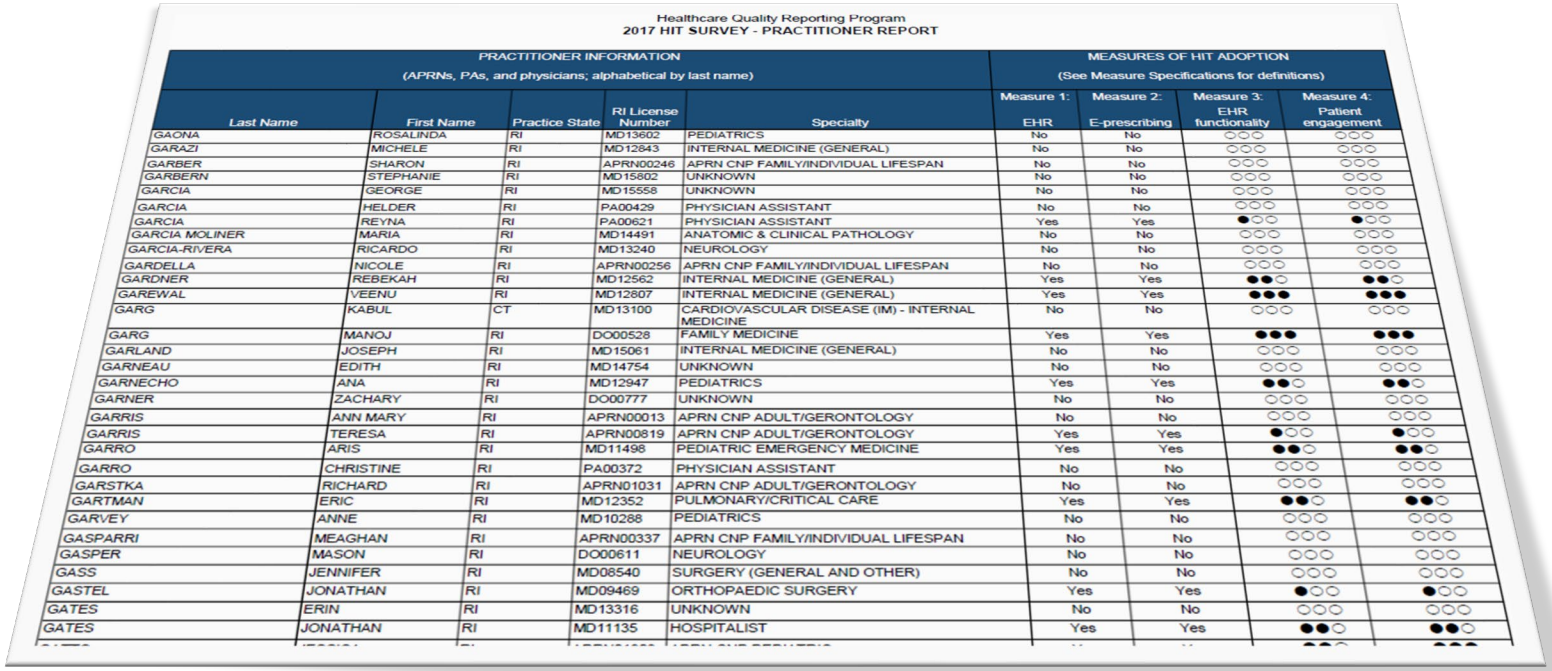
Figure 19. Percent of office-based physician respondents whose main practice site is a Patient-Centered Medical Home (PCMH) (N=1,166)

21

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	MD15802	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	DO00528	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	DO00777	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 FAMILY/INDIVIDUAL LIFESPAN	No	No	○○○	○○○
GASPER	MASON	RI	DO00611	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	●●○	●●○

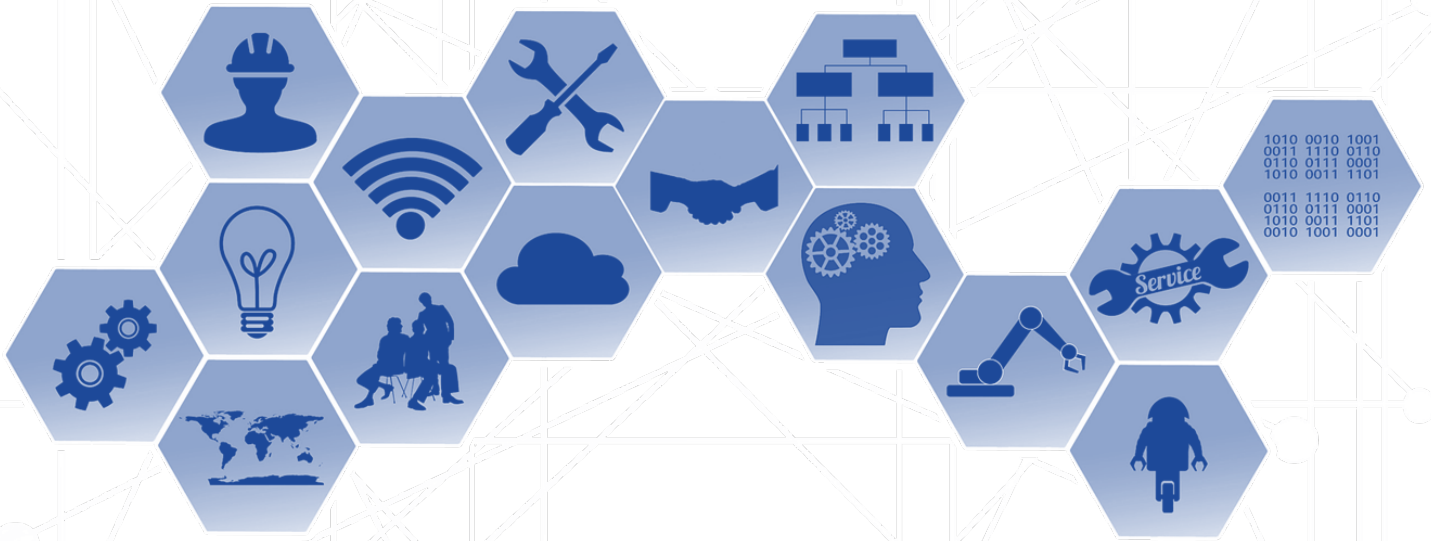
Methods

2023 administration

- Via Survey Monkey in May 2023
- Hard copy mailing with survey link, email if possible
- All clinicians with RI licenses
- In active practice, providing direct patient care
- 4,842 physicians & 2,750 advanced practice providers (APPs)

Sampling of Results

Main Summary Measures



Main results, by setting

Measure	Setting	
	Office (N=1,161)	Hospital (N=441)
Physicians with EHRs, %	93%	98%

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Physicians who e-prescribe, %	96%	87%

Main results, by setting

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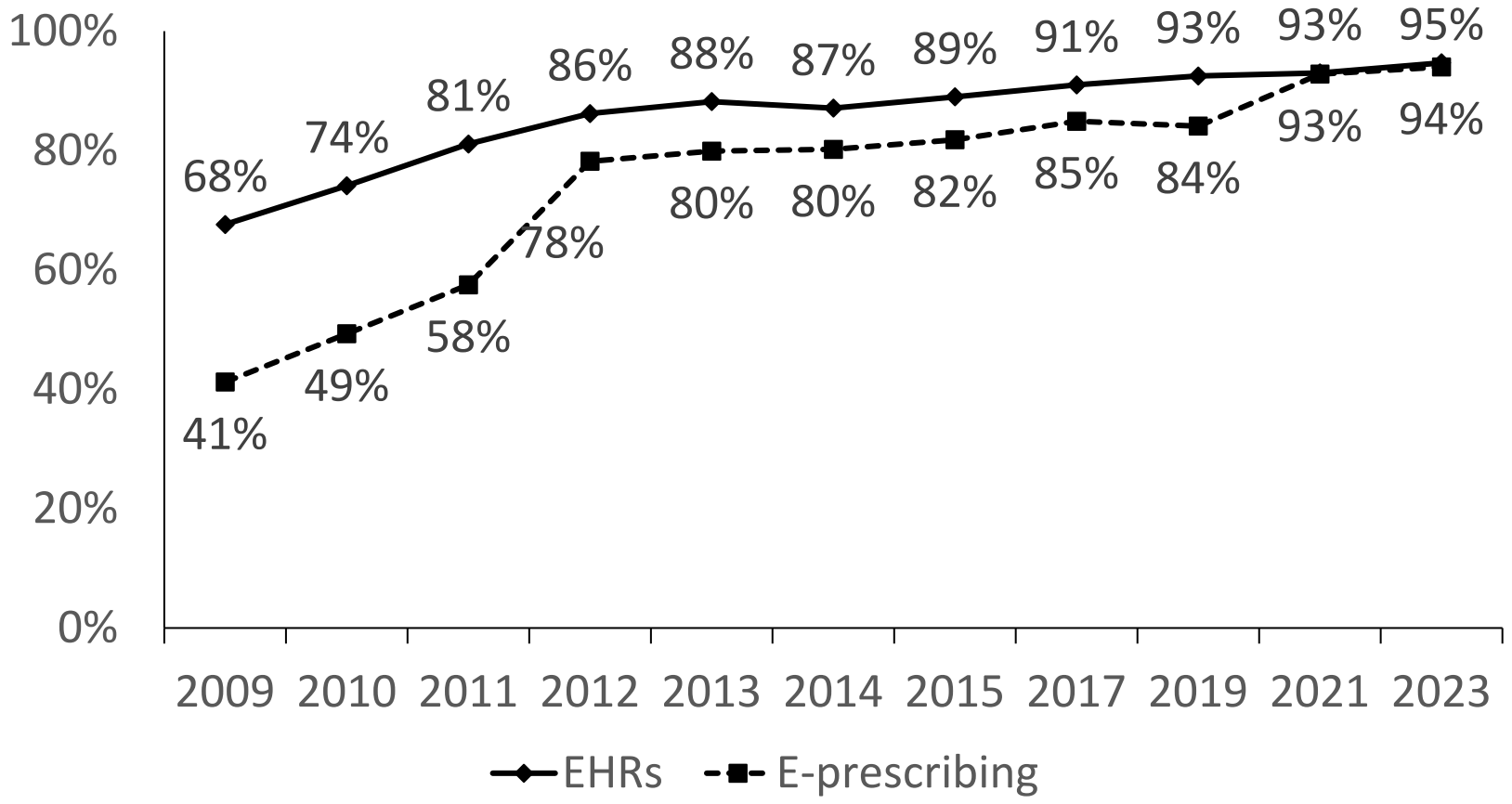
	Office (N=1,161)	Hospital (N=441)
Physicians with EHRs, %	93%	98%
Physicians who e-prescribe, %	96%	87%
Physicians who use telemedicine, %	80%	42%

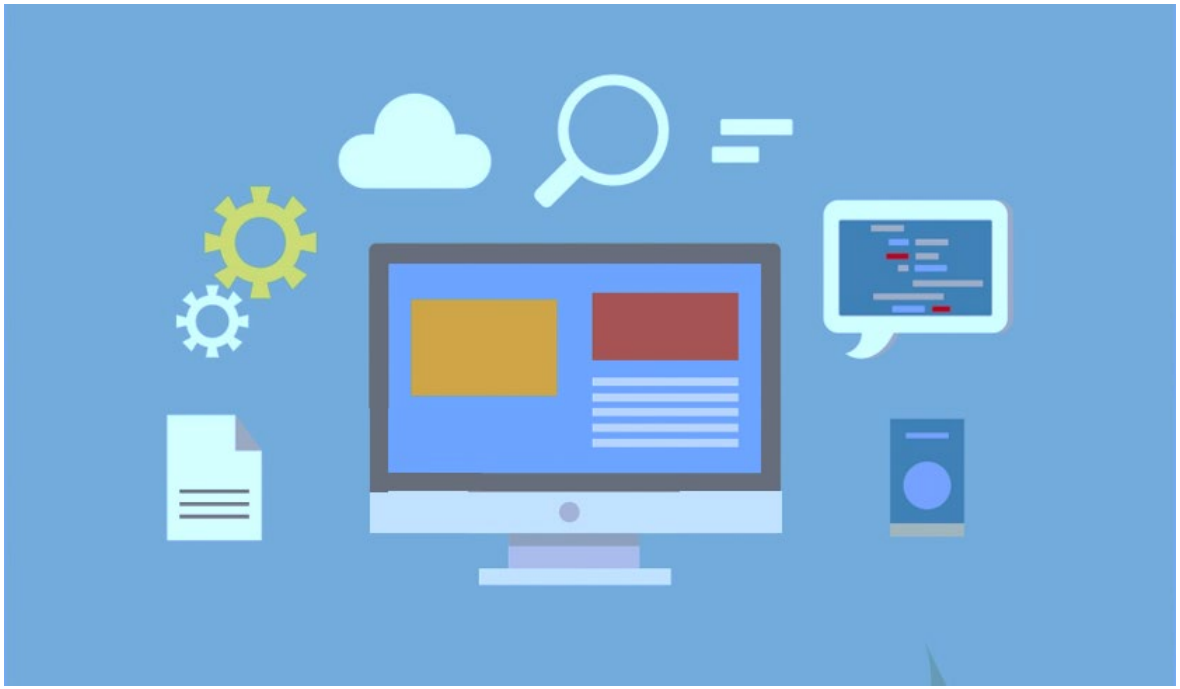
Main results, by specialty

Measure	Office (N=1,161)	Office-based specialty: PCP (N=447)	Office-based specialty: Non-PCP (N=704)
Physicians with EHRs, %	93%	96%	92%
Physicians who e-prescribe, %	96%	99%	94%
Physicians who use telemedicine, %	80%	92%	73%

EHR and e-prescribing trends



EHR Vendors



Key Findings

- Epic Systems is the most frequently used EHR vendor, with the majority of hospital-based physicians (63.3%) and almost a third of office-based physicians (31.3%) using this system
- Cerner (15.6%) and MEDITECH (8.8%) are the only other vendors with a substantial share of inpatient use among our respondents.
- While there is more variation in vendors among office-based physicians than hospital-based physicians, more than half use one of three vendors: Epic Systems (31.3%), eClinicalWorks (18.9%), or Athenahealth (11.4%).

Physician Use of Telemedicine

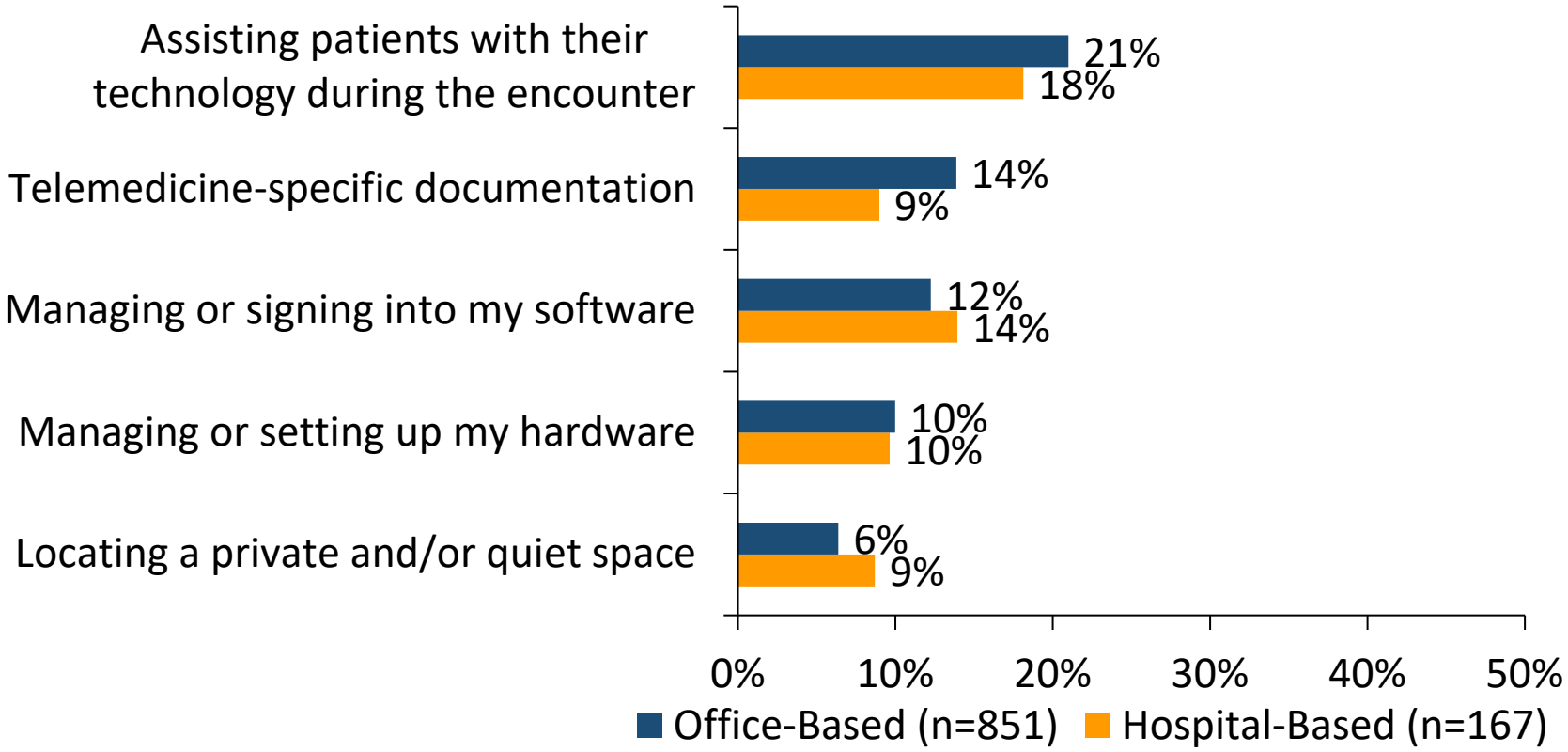
Telemedicine

- In 2023, 70% of all physicians reported using telemedicine, this has decreased from 80% in 2021
- Higher proportions of office-based physicians reported using telemedicine (80%), compared to hospital-based physicians (42%) (in 2021 it was 91% and 55%)
- Among all respondents, only 11% had used telemedicine before the pandemic (12% of office-based physicians, 10% of hospital-based) (from 2021 survey)

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

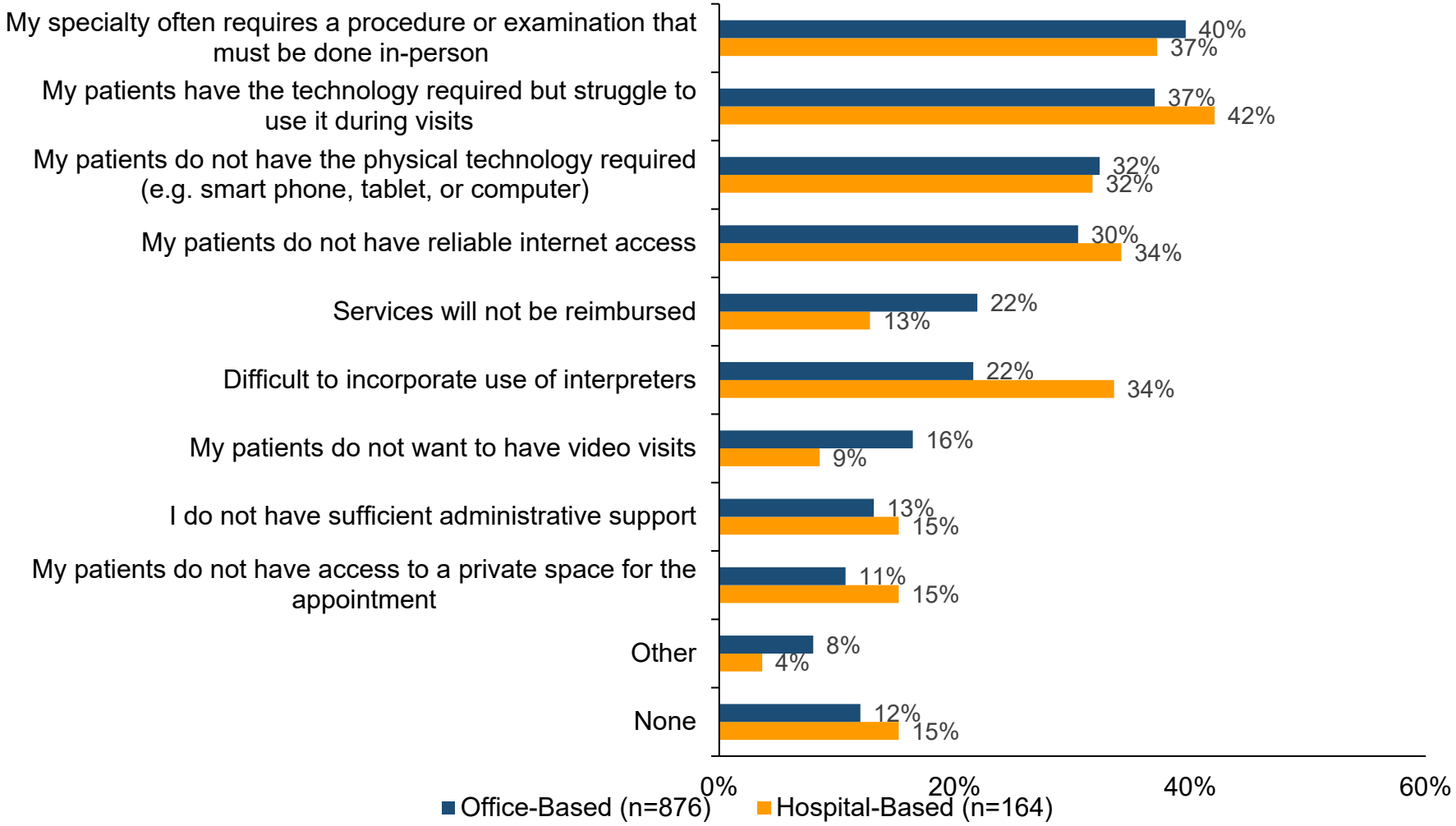
Telemedicine tasks

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



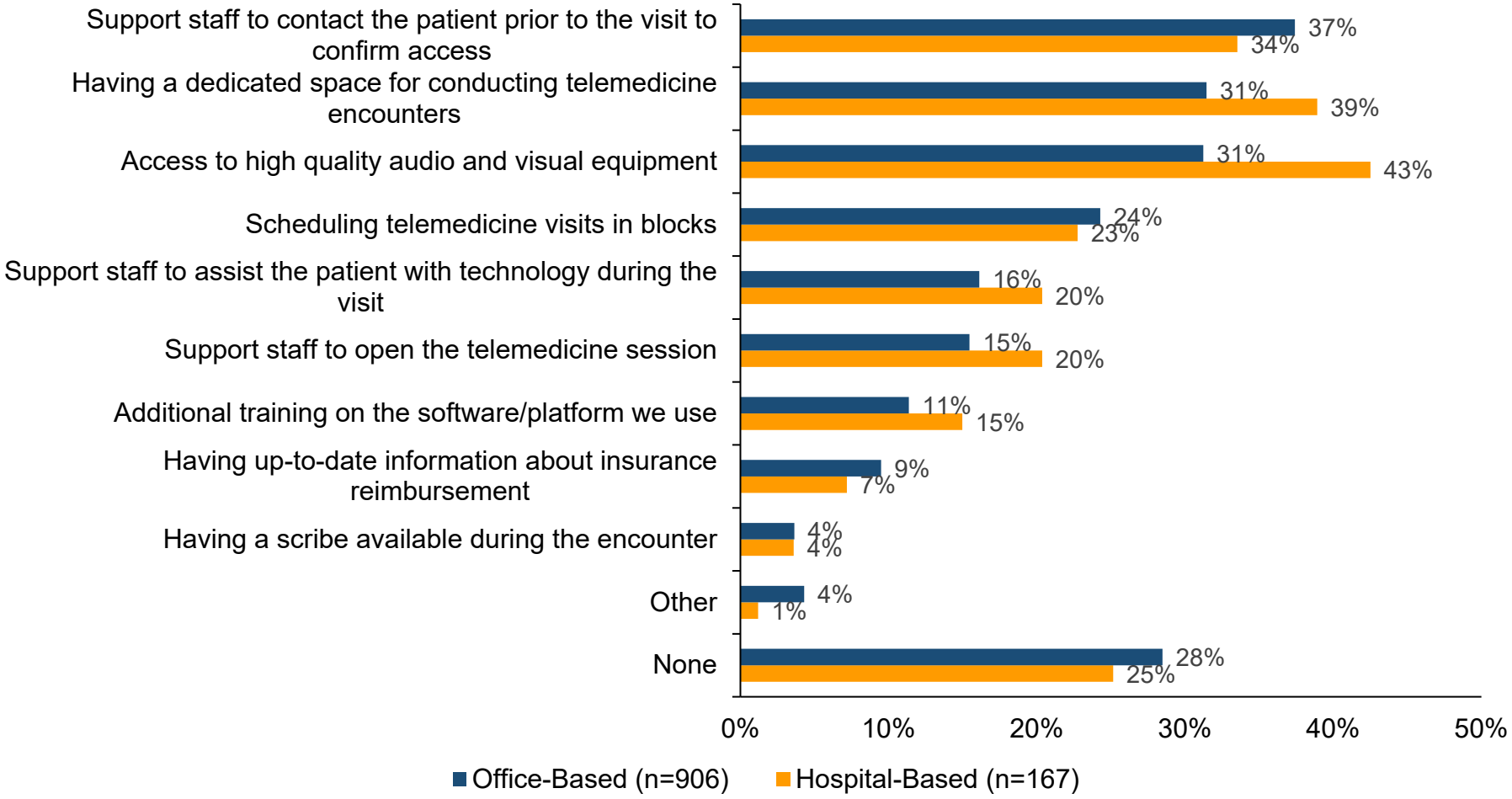
Barriers to telemedicine

Percent of respondents who reported the following barriers to telemedicine



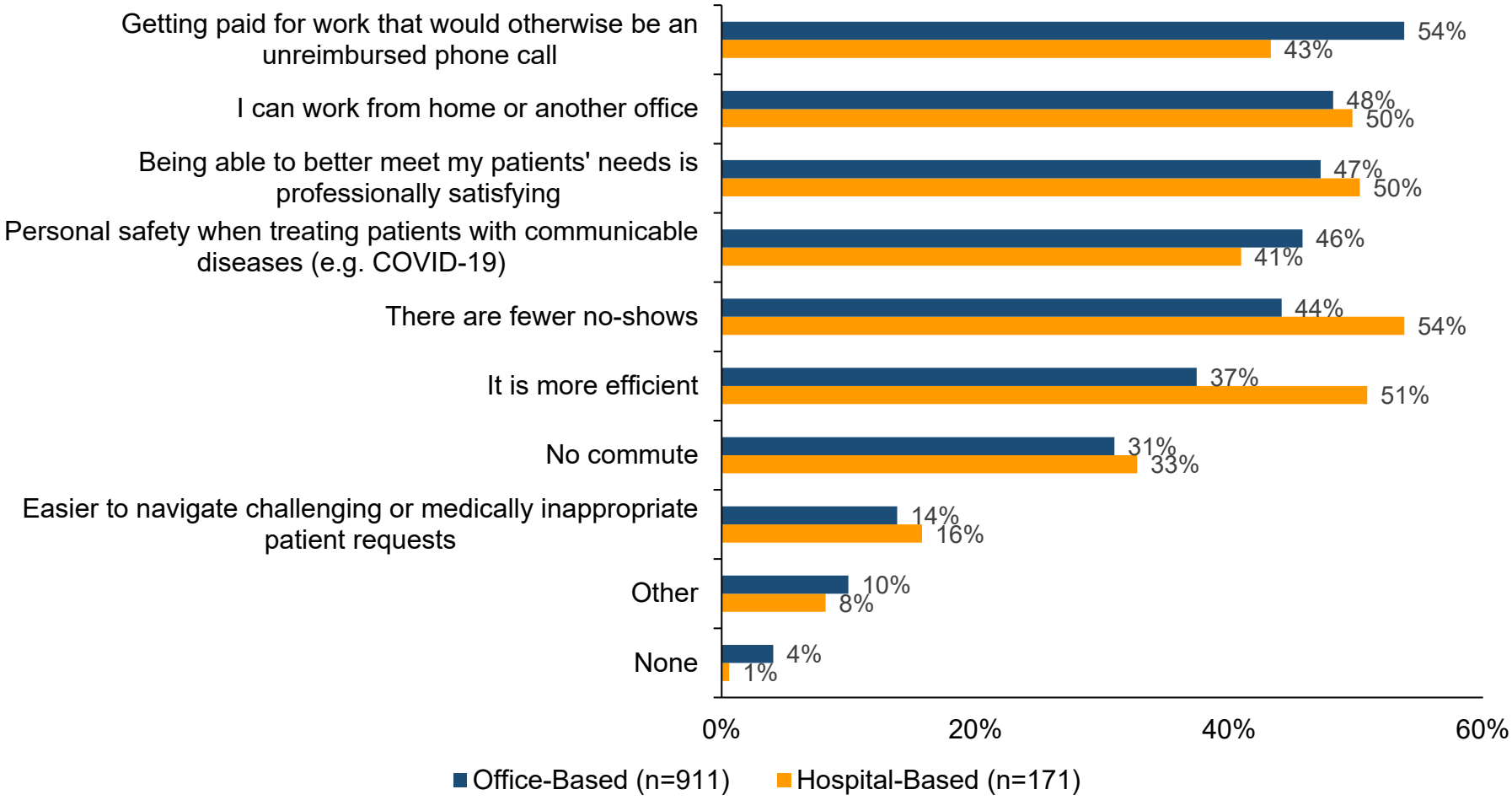
Tools to improve experience with telemedicine

Percent of respondents who reported that the following tools or strategies improved their experience using telemedicine



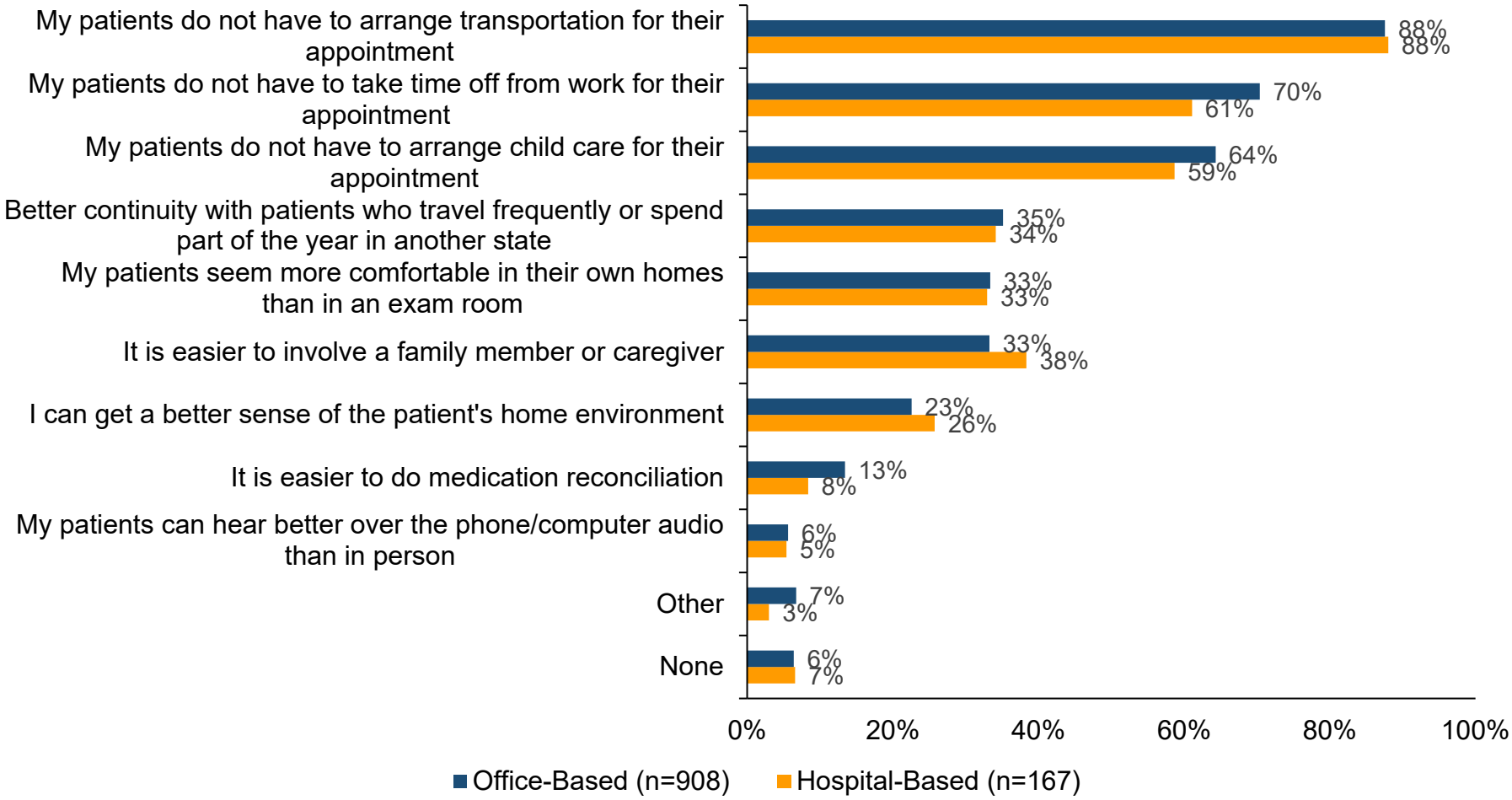
Benefits of telemedicine – physicians

Percent of respondents who reported the following were benefits of telemedicine for clinicians



Benefits of telemedicine - patients

Percent of respondents who reported the following were benefits of telemedicine for patients



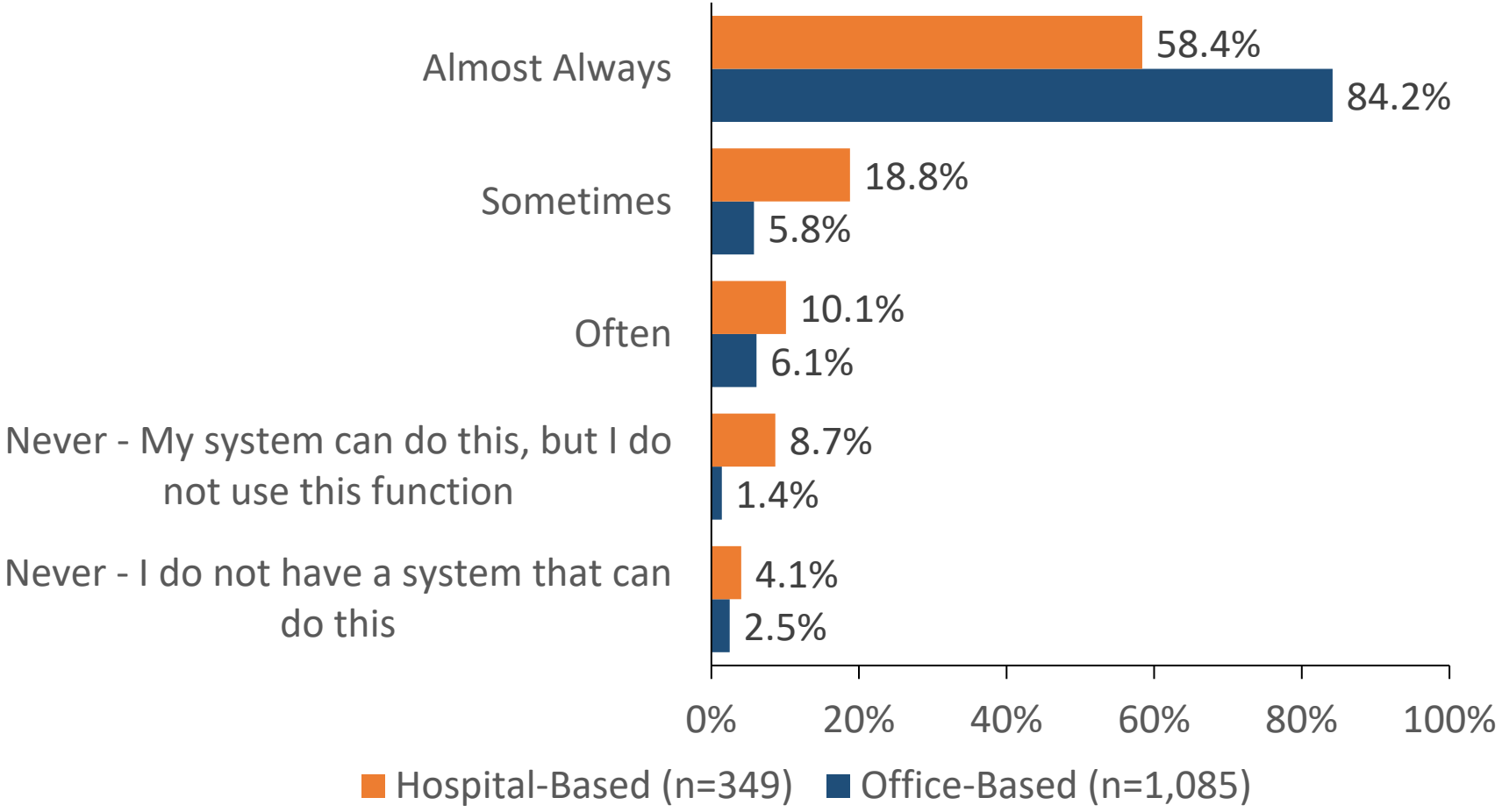
Key findings

- While huge numbers of physicians **adopted telemedicine for the first time** during the pandemic, the number of physicians using telemedicine **decreased** from 2021 to 2023
- Issues with **patients' access to or ability to use technology** were common barriers
- A third of both outpatient and hospital-based physicians reported that having support staff **contact the patient to confirm access** ahead of the appointment improved their experience using telemedicine
- Physicians reported that there **were benefits of using telemedicine** for both clinicians and patients

E-Prescribing Practices

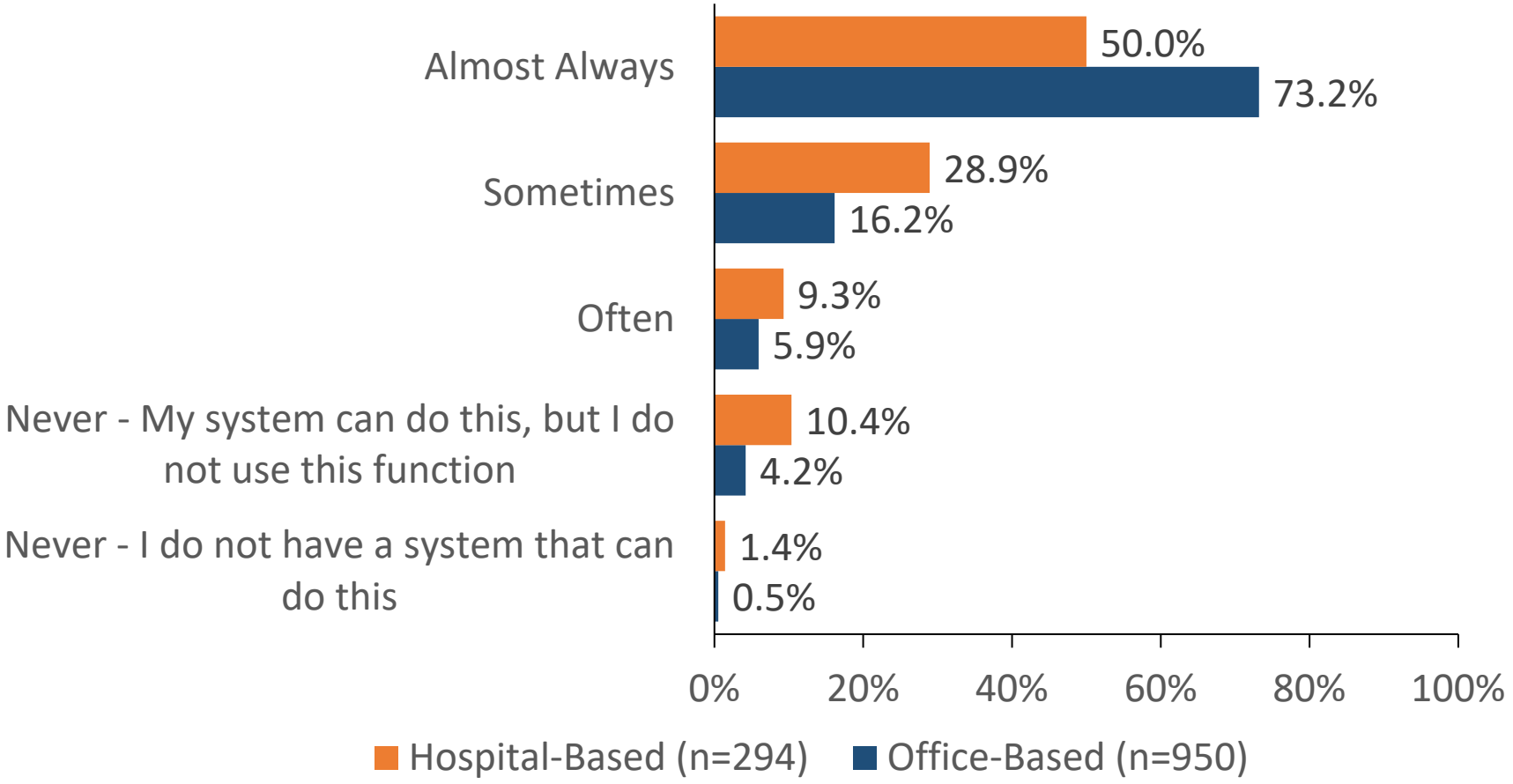
e-Prescribing

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



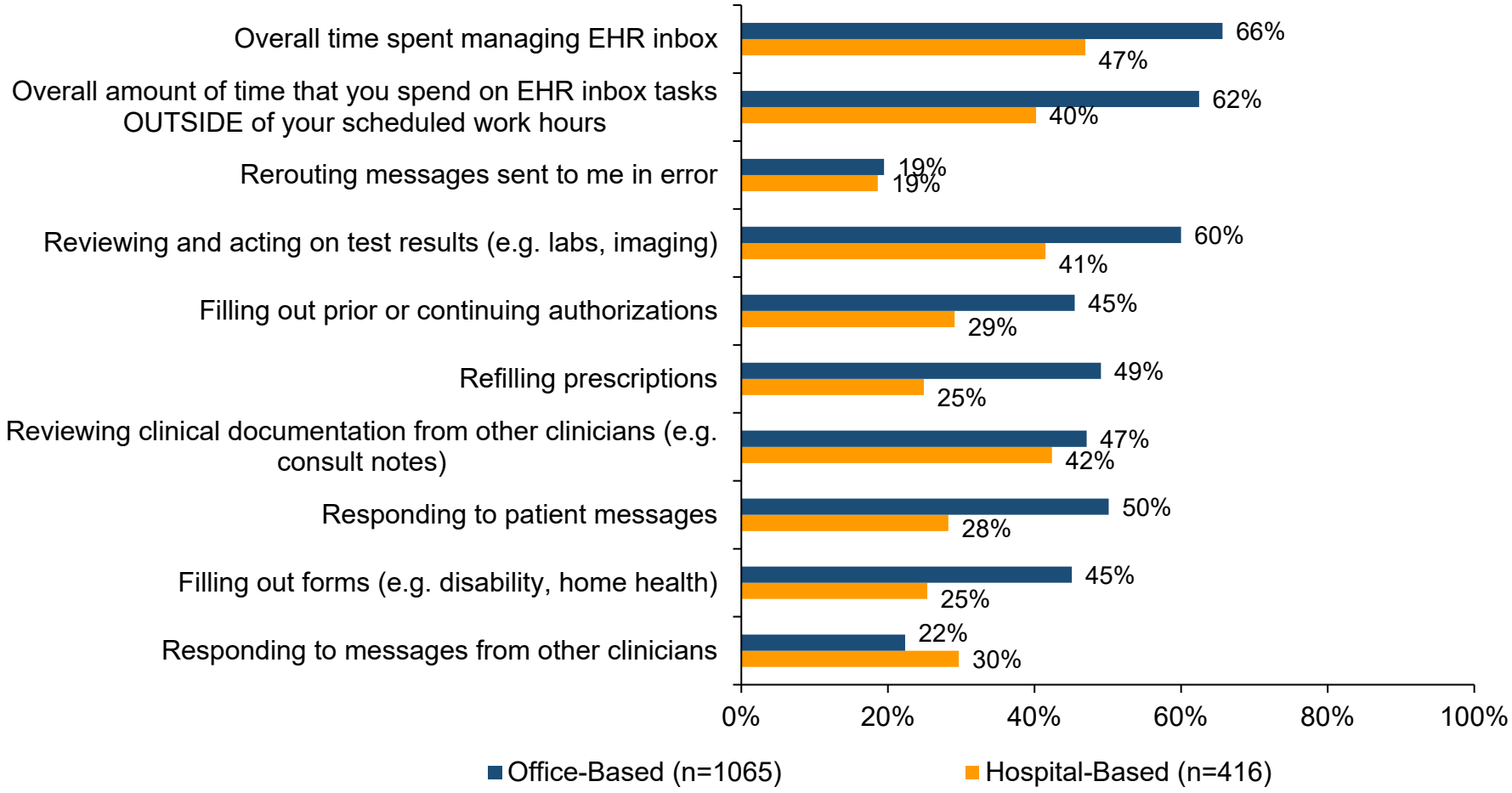
Key findings

- 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 and remained high, at **94%** in 2023
- There has also been an **increase** in e-prescribing of controlled substances over the past 5 years

HIT Challenges and Support

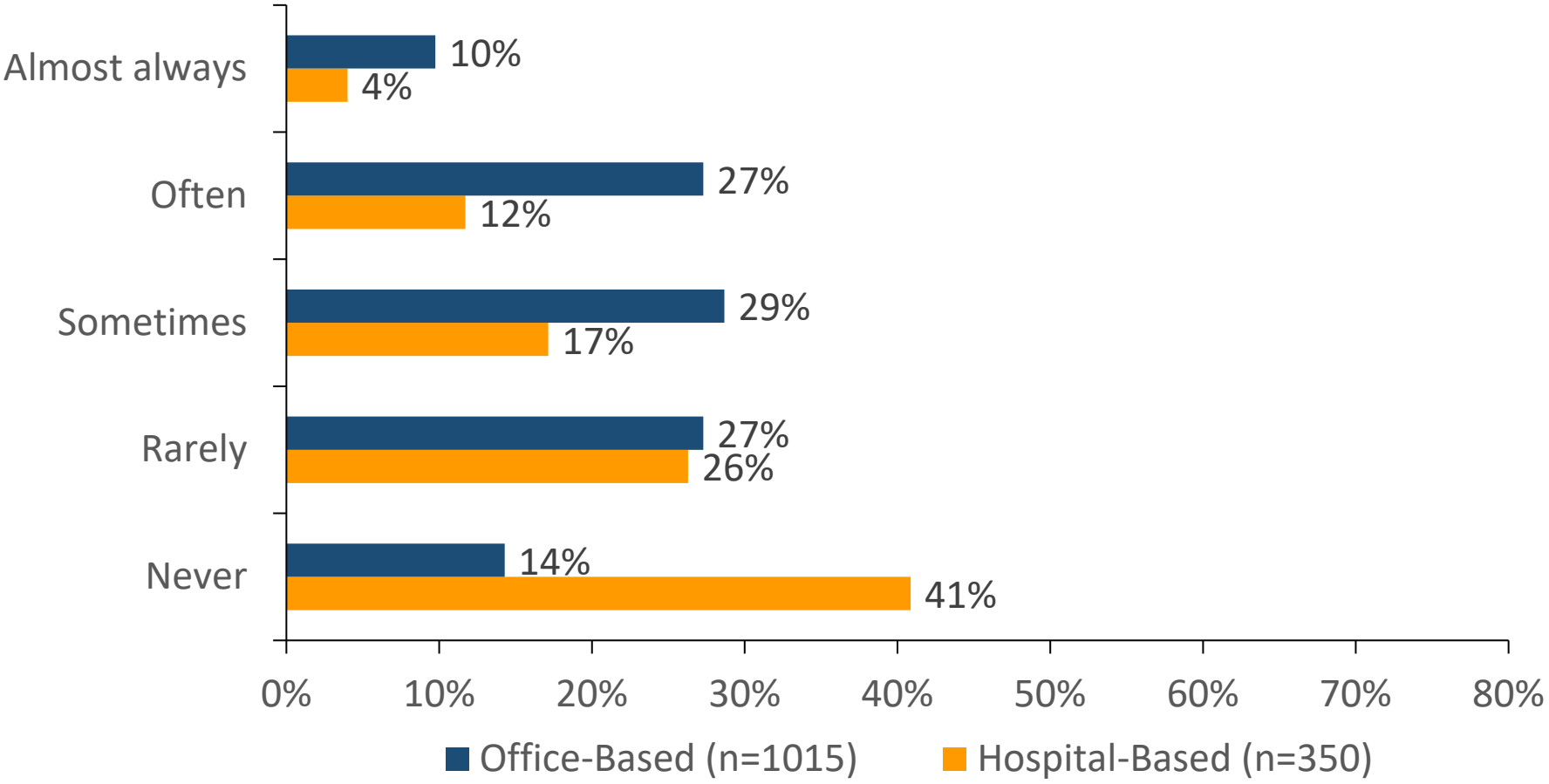
Managing EHR Inbox Tasks

Percent of physician respondents who spend a “moderately high” or “excessive” amount of time on the following inbox tasks



HIT Support

How often physician respondents receive assistance from someone in their practice in managing their inbox tasks



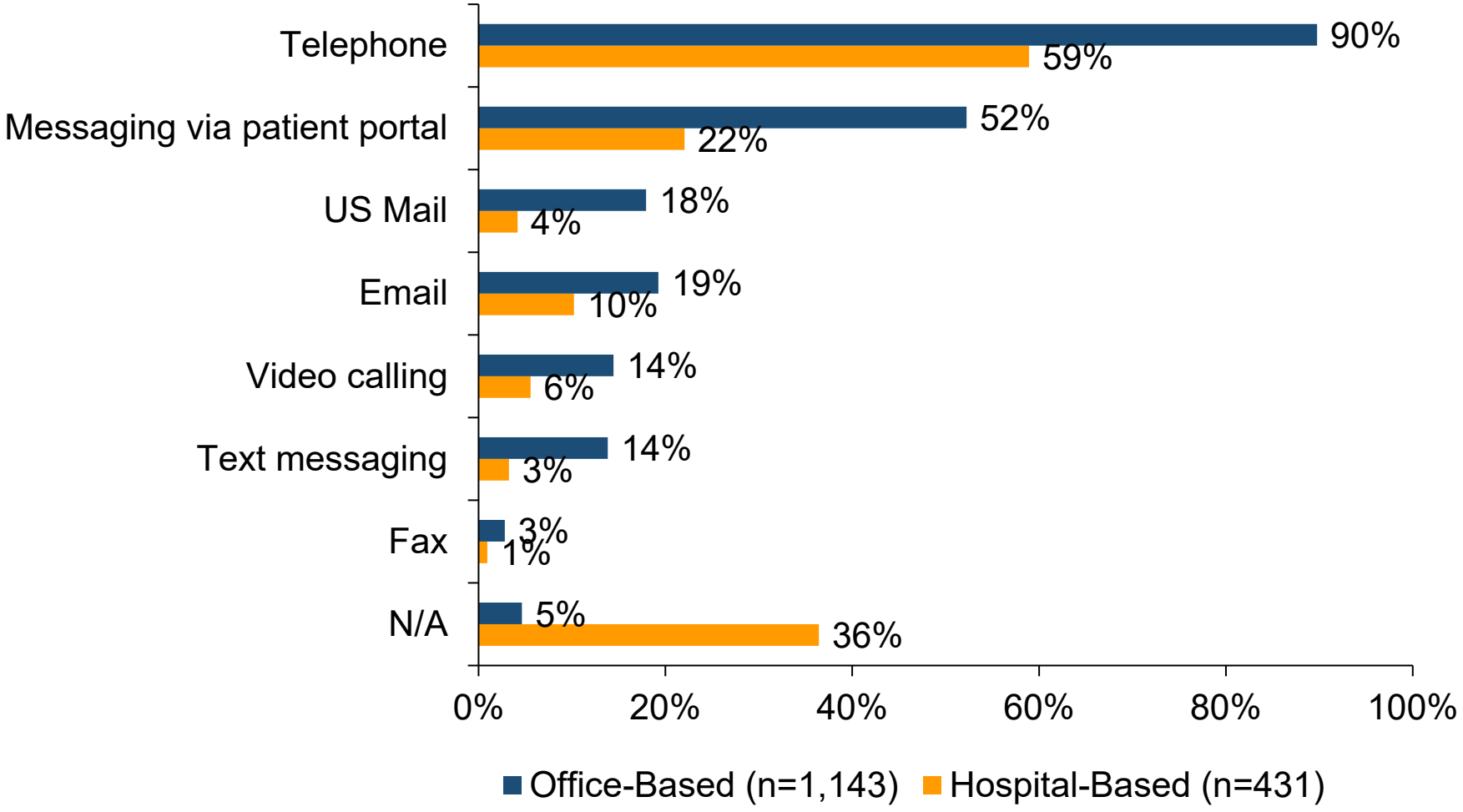
Key findings

- Two-thirds of office-based physicians and almost half of hospital-based physicians report spending a **“moderately high”** or **“excessive”** amount of time managing their inbox tasks
- Office-based physicians are more likely to **receive assistance** from someone in their practice in managing their inbox tasks compared to hospital-based

HIT for Patient Engagement

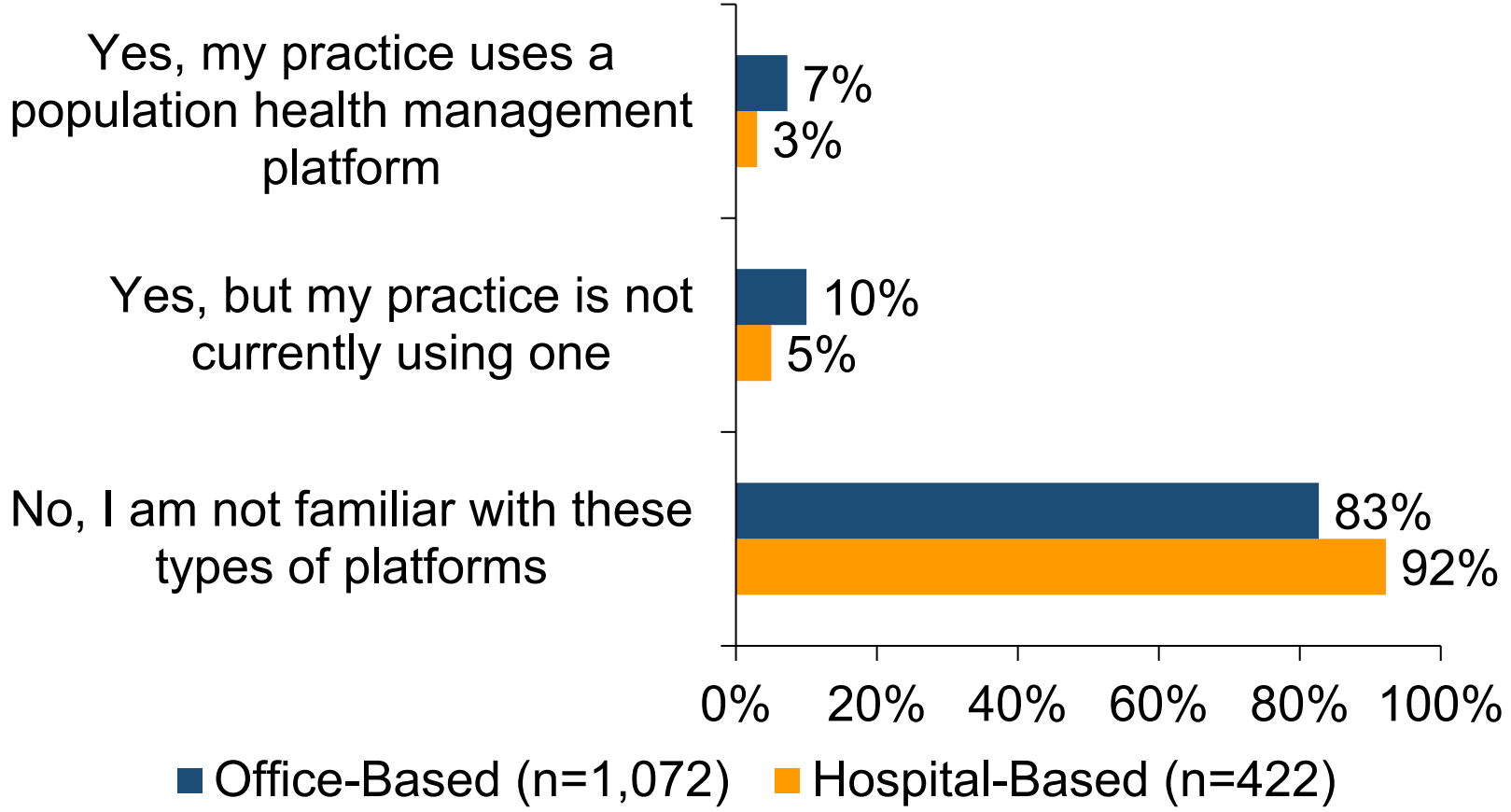
Communicating with patients

Percent of physicians who personally (i.e., not their office staff) communicate with patients using each modality, outside of a face-to-face encounter



Population health management

Among physicians with EHRs, percent of respondents familiar with population health management platforms that can be integrated or used alongside their EHR (e.g. Bamboo Health, HealthyIntent)



Key findings

- The use of **video calling** and **EHR portals** to communicate with patients **increased** among both office-based and hospital-based physicians between 2019 and 2023

Dissemination & Action

Dissemination

Dissemination

Reports and Data Sharing

- Reports
- Practitioner outreach
- Data sharing
- Ad hoc analysis requests
- Conference abstracts
- Scholarly publications

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

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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


RHODE ISLAND
DEPARTMENT OF HEALTH


ACCREDITED HEALTH DEPARTMENT
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