Healthcare Quality Reporting Program

2015 HIT Survey

Physician Detail and Summary Reports
New and Expanded Analysis

Prepared for:
Rhode Island Department of Health
Three Capitol Hill
Providence, RI 02908

Prepared by:
Healthcentric Advisors
235 Promenade Street
Suite 500, Box 18
Providence, RI 02908

October 2016
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In early 2015, the Rhode Island Department of Health administered the Health Information Technology (HIT) Survey to physicians licensed in Rhode Island, in active practice, and located in Rhode Island, Connecticut, or Massachusetts. During a similar time period, the Rhode Island Department of Health measured HIT use by hospitals and outpatient physician practices, the Centers for Disease Control and Prevention (CDC) measured HIT use by outpatient physicians and the Office of the National Coordinator (ONC) and the American Hospital Association (AHA) measured HIT use by hospitals. The results for Rhode Island hospitals are presented in Table 1, and the results for Rhode Island outpatient practices are presented in Table 2. Both tables include information on the variation in methods used to administer the surveys and to analyze the results.

Table 1. EHR Use by Hospitals and Hospital-based Physicians in Rhode Island

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Rhode Island HIT Survey</th>
<th>statewide Health Inventory</th>
<th>AHA Annual Survey Information Technology Supplement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Rhode Island hospitals or hospital-based physicians using EHRs¹</td>
<td>96%</td>
<td>92%</td>
<td>83%</td>
</tr>
<tr>
<td>Survey owner</td>
<td>Rhode Island Department of Health</td>
<td>Rhode Island Department of Health</td>
<td>Office of the National Coordinator and the American Hospital Association</td>
</tr>
<tr>
<td>Sampling frame</td>
<td>All physicians licensed in Rhode Island who work primarily in an inpatient setting</td>
<td>All non-federal, acute care hospitals in Rhode Island</td>
<td>All non-federal acute care hospitals in Rhode Island</td>
</tr>
<tr>
<td>Unit of analysis</td>
<td>Individual physician</td>
<td>Hospital</td>
<td>Hospital</td>
</tr>
<tr>
<td>Response rate</td>
<td>66%²</td>
<td>100%</td>
<td>60%³</td>
</tr>
<tr>
<td>Data source</td>
<td>Self-report</td>
<td>Self-report</td>
<td>Self-report</td>
</tr>
</tbody>
</table>

¹ EHR: Electronic Health Record
² 66% includes 14% who do not use an EHR but use other software
³ 60% includes 5% who do not use any HIT system
### Table 2. EHR Use by Offices and Office-based Physicians in Rhode Island

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Rhode Island HIT Survey</th>
<th>Statewide Health Inventory</th>
<th>CDC National Electronic Health Records Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Rhode Island offices or office-based physicians using EHRs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care</td>
<td>91%</td>
<td>85%</td>
<td>79%</td>
</tr>
<tr>
<td>Specialty care</td>
<td>79%</td>
<td>55%</td>
<td>46%</td>
</tr>
<tr>
<td>Survey owner</td>
<td>Rhode Island Department of Health</td>
<td>Rhode Island Department of Health</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>Sampling frame</td>
<td>All physicians licensed in Rhode Island who work primarily in an outpatient setting</td>
<td>All primary care practices in Rhode Island and specialty practices in 34 disciplines</td>
<td>Systematic random sampling of non-federally-employed outpatient physicians</td>
</tr>
<tr>
<td>Unit of analysis</td>
<td>Individual physician</td>
<td>Outpatient practice</td>
<td>Individual physician</td>
</tr>
<tr>
<td>Response rate</td>
<td>66%</td>
<td>94% (primary care)</td>
<td>64%</td>
</tr>
<tr>
<td>Data source</td>
<td>Self-report</td>
<td>Self-report</td>
<td>Self-report</td>
</tr>
</tbody>
</table>

For more information, please visit:

Rhode Island HIT Survey Data: [www.health.ri.gov/medicalrecords/about/survey/](http://www.health.ri.gov/medicalrecords/about/survey/)
Rhode Island Health Inventory Survey Data: [http://www.health.ri.gov/publications/reports/2015HealthInventory.pdf](http://www.health.ri.gov/publications/reports/2015HealthInventory.pdf)

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1Unless otherwise noted, includes any EHR
2Includes response rate for both inpatient and outpatient physicians
3National response rate
4Response rate for all outpatient physicians
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. Figures 1-4 further stratify EHR use for office-based physicians by practice and physician characteristics.

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Setting</th>
<th>Office-Based Specialty</th>
<th>Overall Survey Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Office (N=1,621)</td>
<td>Hospital (N=951)</td>
<td>PCP (N=731)</td>
</tr>
<tr>
<td>1. Physicians with EHRs, n (%)2</td>
<td>1,375 (84.8)</td>
<td>915 (96.2)</td>
<td>668 (91.4)</td>
</tr>
<tr>
<td>2. EHR functionality use (0-100), median3</td>
<td>75.0</td>
<td>75.0</td>
<td>82.1</td>
</tr>
<tr>
<td>3. Patient engagement EHR use (0-100), median4</td>
<td>57.1</td>
<td>14.3</td>
<td>64.3</td>
</tr>
<tr>
<td>4. Physicians who are e-prescribing, n (%)5</td>
<td>1,290 (82.4)</td>
<td>654 (80.6)</td>
<td>651 (90.4)</td>
</tr>
</tbody>
</table>

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.
**Figure 1.** Among office-based physicians, percent of respondents who have an EHR, by specialty

- PCP (N=731): 91.4%
- Non-PCP (N=890): 79.4%

**Figure 2.** Among office-based physicians, percent of respondents who have an EHR, by physician age group

- Under 40 (N=419): 96.2%
- 40-60 (N=706): 88.4%
- Over 60 (N=492): 69.9%

**Figure 3.** Among office-based physicians, percent of respondents who have an EHR, by practice size

- 9 or fewer physicians (N=1,114): 80.6%
- 10 or more physicians (N=495): 93.9%

**Figure 4.** Among office-based physicians, percent of respondents who have an EHR, by practice designation as a Federally Qualified Health Center (FQHC) or Non-FQHC

- FQHC (N=85): 97.6%
- Non-FQHC (N=1,536): 84.1%

Last updated 10/11/16
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 information about self-reported e-prescribing use from office-based and hospital-based physicians. **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** shows whether or not physicians transmit prescriptions electronically for controlled substances and **Figures 4-8** show how often they consult the Rhode Island Department of Health’s Prescription Monitoring Program (PMP) by specialty, practice designation, age and practice size.

For more information, please visit: [www.health.ri.gov/medicalrecords/about/survey/](http://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)

- For none of their patients: 17.1%
- For half or fewer than half of their patients: 13.6%
- For more than half of their patients: 69.3%

**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

- For none of their patients: 21.9% (Hospital Pharmacy) 36.6% (Outside/Community Pharmacy)
- For half or fewer than half of their patients: 19.9% (Hospital Pharmacy) 29.5% (Outside/Community Pharmacy)
- For more than half of their patients: 33.9% (Hospital Pharmacy) 58.2% (Outside/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

Figure 5. Among office-based physician respondents who prescribe opioids or benzodiazepines, the percent who consult the Rhode Island Department of Health’s PMP before prescribing, by specialty

Last updated 10/6/16
Center for Health Data and Analysis
Figure 6. Among office-based physician respondents who prescribe opioids or benzodiazepines, the percent who consult the Rhode Island Department of Health’s PMP before prescribing, by practice designation as a Federally Qualified Health Center (FQHC) or Non-FQHC

Figure 7. Among office-based physician respondents who prescribe opioids or benzodiazepines, the percent who consult the Rhode Island Department of Health’s PMP before prescribing, by age

Figure 8. Among office-based physician respondents who prescribe opioids or benzodiazepines, the percent who consult the Rhode Island Department of Health’s PMP before prescribing, by practice size
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 physicians to achieve specific levels for use of EHRs and other HIT during clinical practice.

Figures 1 shows the percent of respondents who have attested to Meaningful Use. Among those respondents who have attested to Meaningful Use, Figures 2-5 show the breakdown by specialty, age, practice size and practice designation. Figure 6 presents their reported stage in the program, and Figure 7 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)

![Pie chart showing 65.8% Yes (n=899), 10.0% No (n=137), and 24.2% Don't know (n=331).]

**Figure 2.** Percent of office-based physician respondents with EHRs who have attested or had someone attest on their behalf to Meaningful Use (N=1,367), by specialty

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP (N=664)</td>
<td>55.0%</td>
<td>9.0%</td>
<td>13.9%</td>
</tr>
<tr>
<td>Non-PCP (N=703)</td>
<td>77.1%</td>
<td>11.0%</td>
<td>34.0%</td>
</tr>
</tbody>
</table>
**Figure 3.** Percent of office-based physician respondents with EHRs who have attested or had someone attest on their behalf to Meaningful Use (N=1,367), by age

- **Under 45 (N=400)**: Yes 60.8%, No 8.8%, Don't know 20.3%
- **45-59 (N=622)**: Yes 70.9%, No 15.5%, Don't know 21.7%
- **Over 59 (N=341)**: Yes 62.8%, No 12.0%, Don't know 32.3%

**Figure 4.** Percent of office-based physician respondents with EHRs who have attested or had someone attest on their behalf to Meaningful Use (N=1,367), by practice size

- **9 or fewer physicians (N=893)**: Yes 67.4%, No 11.0%, Don't know 21.6%
- **10 or more physicians (N=462)**: Yes 62.1%, No 8.2%, Don't know 29.7%

**Figure 5.** Percent of office-based physician respondents with EHRs who have attested or had someone attest on their behalf to Meaningful Use (N=1,367), by practice designation as a Federally Qualified Health Center (FQHC) or Non-FQHC

- **FQHC (N=83)**: Yes 78.3%, No 1.2%, Don't know 20.5%
- **Non-FQHC (N=1,284)**: Yes 65.0%, No 10.6%, Don't know 24.5%
**Figure 6.** 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)

![Bar chart showing percent attesting to each stage by payer.]

Don’t know (n=428) 48.3%
Medicaid Adoption, Implementation, Upgrade (n=11) 1.2%
Medicaid Stage 1 (n=72) 8.1%
Medicaid Stage 2 (n=55) 6.2%
Medicare Stage 1 (n=114) 12.9%
Medicare Stage 2 (n=207) 23.3%

**Figure 7.** 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)

- An outside consultant completes my attestation (n=17) 1.9%
- Another provider in my practice completes my attestation (n=22) 2.5%
- Other (n=23) 2.6%
- The EHR vendor for my practice completes my attestation (n=33) 3.7%
- I complete my attestation (n=151) 17.1%
- My practice's office manager or other administrative person completes my attestation (n=472) 53.3%
- Don’t know (n=167) 18.9%

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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.
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). Figures 6-9 further compare use of patient engagement tools, stratified by physician and practice characteristics.

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

<table>
<thead>
<tr>
<th>Practice Setting</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital-based</td>
<td>63.1%</td>
<td>36.9%</td>
</tr>
<tr>
<td>Office-based</td>
<td>55.6%</td>
<td>44.4%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Practice Setting</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital-based</td>
<td>11.1%</td>
<td>88.9%</td>
<td>0%</td>
</tr>
<tr>
<td>Office-based</td>
<td>19.4%</td>
<td>80.6%</td>
<td>0%</td>
</tr>
</tbody>
</table>
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.

- After visit summaries for patients: Hospital-based (51.3%) vs. Office-based (38.8%)
- Patient-specific educational resources: Hospital-based (40.1%) vs. Office-based (29.3%)
- Patient-initiated prescription refill requests: Hospital-based (39.3%) vs. Office-based (17.5%)
- Patient access to medication list: Hospital-based (36.6%) vs. Office-based (20.9%)
- Scheduling patient appointments: Hospital-based (35.0%) vs. Office-based (19.1%)
- Patient access to problem list: Hospital-based (34.3%) vs. Office-based (19.6%)
- Patient access to test results: Hospital-based (32.9%) vs. Office-based (20.2%)
- Patient portal: Hospital-based (32.8%) vs. Office-based (19.4%)
- Patient access to visit, progress, or consult notes: Hospital-based (23.3%) vs. Office-based (18.2%)
- Secure messaging with patients using an EHR: Hospital-based (22.2%) vs. Office-based (11.8%)
- Patient-managed personal health record: Hospital-based (19.8%) vs. Office-based (13.5%)
- Patient-submitted clinical data: Hospital-based (13.7%) vs. Office-based (13.2%)
Figure 6. Among office-based physicians with EHRs, percent of respondents who use each of the following patient interaction tools for more than half of their patients, by specialty

- After visit summaries for patients
- Scheduling patient appointments
- Patient portal

Figure 7. Among office-based physicians with EHRs, percent of respondents who use each of the following patient interaction tools for more than half of their patients, by physician age group

- After visit summaries for patients
- Scheduling patient appointments
- Patient portal

- 44 years or younger (N=396)
- 44-59 years (N=612)
- 60 years or older (N=332)
Figure 8. Among office-based physicians with EHRs, percent of respondents who use each of the following patient interaction tools for more than half of their patients, by practice size

- **After visit summaries for patients**
- **Scheduling patient appointments**
- **Patient portal**

![Bar chart](image1)

Figure 9. Among office-based physicians with EHRs, percent of respondents who use each of the following patient interaction tools for more than half of their patients, by practice designation as a Federally Qualified Health Center (FQHC) or Non-FQHC

- **After visit summaries for patients**
- **Scheduling patient appointments**
- **Patient portal**

![Bar chart](image2)

1Because not all physicians provided a response for each function, some denominators may vary slightly.
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 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. Figures 6-9 further compare EHR use, stratified by physician and practice characteristics.

For more information, please visit: [www.health.ri.gov/medicalrecords/about/survey/](http://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>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No (n=131)</td>
<td>53.5%</td>
</tr>
<tr>
<td>Yes, within 1 year (n=31)</td>
<td>12.7%</td>
</tr>
<tr>
<td>Yes, after 1 year (n=15)</td>
<td>6.1%</td>
</tr>
<tr>
<td>Don’t know (n=68)</td>
<td>27.8%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t know (5)</td>
<td>2.1%</td>
</tr>
<tr>
<td>Yes (8)</td>
<td>3.3%</td>
</tr>
<tr>
<td>No (228)</td>
<td>94.6%</td>
</tr>
</tbody>
</table>
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)

- Financial support (n=90) 46.6%
- EHR functionality that supports efficient workflow (n=87) 45.1%
- Free software (n=72) 37.3%
- Access to hardware/software support (n=63) 32.6%
- Hands-on coaching (n=56) 29.0%
- Other (n=49) 25.4%
- Government mandate of a specific EHR that has proven, sustainable functionality (n=43) 22.3%
- Web-based EHR with software that updates automatically (n=37) 19.2%
- State medical licensure requirement (n=31) 16.1%
- N/A - I am not a decision maker for my practice (n=31) 16.1%
- Payment for population-based disease management (n=14) 7.3%

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

- Yes (n=3) 1.2%
- No (n=170) 70.5%
- Don’t know (n=68) 28.2%

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

- Yes (n=1) 0.4%
- No (n=162) 67.2%
- Don’t know (n=78) 32.4%
**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)

- Yes (n=5) 2.1%
- No (n=194) 80.5%
- Don’t know (n=42) 17.4%

**Figure 6.** Among office-based physicians without EHRs, breakdown by specialty (N=246)

- PCP 25.6%
- Non-PCP 74.4%

**Figure 7.** Among office-based physicians without EHRs, breakdown by physician age group (N=246)

- Under 40 6.5%
- 40-60 33.3%
- Over 60 60.2%
Figure 8. Among office-based physicians without EHRs, breakdown by practice size (N=246)

- 9 or fewer physicians: 87.8%
- 10 or more physicians: 12.2%

Figure 9. Among office-based physicians without EHRs, breakdown by practice designation as a Federally Qualified Health Center (FQHC) or Non-FQHC (N=246)

- FQHC: 0.8%
- Non-FQHC: 99.2%
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 (Figure 1). About one-third responded that they use HIT for population health management. Figures 2-5 show this analysis further stratified by physician and practice characteristics. 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. Figures 6-9 show the percentage of respondents using specific population health management functions, stratified by physician and practice characteristics.

Respondents were also asked what it would take to increase their use of an electronic health record (EHR) for population health management (Figure 10). 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/.

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**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 management1) (N=1,350)

![Pie chart showing percentages of respondents using HIT for population health management]

- Yes (n=462)
- No (n=420)
- Don't know (n=468)

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1Population 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.
Figure 2. 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), by specialty

Yes: 56.6%
No: 39.7%
Don’t know: 47.6%

PCP (N=663)  Non-PCP (N=687)

Figure 3. 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), by age

Yes: 30.8% 39.0%
No: 24.4% 31.2%
Don’t know: 29.8% 45.8%

Under 45 (N=397)  45-59 (N=615)  Over 59 (N=334)
Figure 4. 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), by practice size

Figure 5. 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), by practice designation as a Federally Qualified Health Center (FQHC) or Non-FQHC
Table 1. Among office-based physician respondents with EHRs, percent using specific population health management functions (N=1,348)

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying patients out of compliance with clinical guidelines</td>
<td>41.8%</td>
<td>32.8%</td>
<td>25.5%</td>
</tr>
<tr>
<td>Identifying patients with a condition, characteristic, or risk factor</td>
<td>42.9%</td>
<td>29.9%</td>
<td>27.2%</td>
</tr>
<tr>
<td>Sending letters or other patient reminders</td>
<td>47.2%</td>
<td>28.4%</td>
<td>24.4%</td>
</tr>
<tr>
<td>Tracking clinical quality measures</td>
<td>47.8%</td>
<td>29.2%</td>
<td>23.0%</td>
</tr>
</tbody>
</table>

Figure 6. Among office-based physician respondents with EHRs, percent using specific population health management functions, by specialty.
Figure 7. Among office-based physician respondents with EHRs, percent using specific population health management functions, by age

- Identifying patients out of compliance with clinical guidelines
  - Under 45 (N=395) 46.6%
  - 45 to 59 Years (N=616) 41.0%
  - Over 59 (N=334) 38.1%

- Identifying patients with a condition, characteristic, or risk factor
  - Under 45 (N=395) 47.1%
  - 45 to 59 Years (N=616) 41.0%
  - Over 59 (N=334) 38.2%

- Sending letters or other patient reminders
  - Under 45 (N=395) 50.7%
  - 45 to 59 Years (N=616) 42.6%
  - Over 59 (N=334) 45.2%

- Tracking clinical quality measures
  - Under 45 (N=395) 52.0%
  - 45 to 59 Years (N=616) 45.6%
  - Over 59 (N=334) 43.7%

Figure 8. Among office-based physician respondents with EHRs, percent using specific population health management functions, by practice size

- Identifying patients out of compliance with clinical guidelines
  - 9 or fewer physicians (N=886) 41.7%
  - 10 or more physicians (N=457) 41.9%

- Identifying patients with a condition, characteristic, or risk factor
  - 9 or fewer physicians (N=886) 43.2%
  - 10 or more physicians (N=457) 42.5%

- Sending letters or other patient reminders
  - 9 or fewer physicians (N=886) 46.3%
  - 10 or more physicians (N=457) 48.8%

- Tracking clinical quality measures
  - 9 or fewer physicians (N=886) 47.0%
  - 10 or more physicians (N=457) 49.9%
**Figure 9.** Among office-based physician respondents with EHRs, percent using specific population health management functions, by practice designation as a Federally Qualified Health Center (FQHC) or Non-FQHC

<table>
<thead>
<tr>
<th>Function</th>
<th>FQHC (N=82)</th>
<th>Non-FQHC (N=1,267)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying patients out of compliance with clinical guidelines</td>
<td>40.0%</td>
<td>69.5%</td>
</tr>
<tr>
<td>Identifying patients with a condition, characteristic, or risk factor</td>
<td>41.7%</td>
<td>62.2%</td>
</tr>
<tr>
<td>Sending letters or other patient reminders</td>
<td>45.7%</td>
<td>69.5%</td>
</tr>
<tr>
<td>Tracking clinical quality measures</td>
<td>45.7%</td>
<td>81.5%</td>
</tr>
</tbody>
</table>

**Figure 10.** 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)

- Additional staff members (n=602) 46.1%
- Financial support/incentives (n=577) 44.1%
- N/A - I am not a decision maker for my practice (n=431) 33.0%
- Technical support (n=371) 28.4%
- Analytic support (n=368) 28.2%
- Hands-on coaching (n=337) 25.8%
- Reporting functionality (n=222) 17.0%
- Other (n=118) 9.0%

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1 Because not all physicians provided a response for each function, some denominators may vary slightly.
Psychiatrists

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). Of the respondents, 9.6% (246) reported psychiatry being their primary area of practice.

Overall, the data demonstrate that outpatient psychiatrists are somewhat more likely than other outpatient physicians to electronically prescribe controlled substances and to check the Rhode Island Department of Health’s Prescription Monitoring Program before prescribing either opioids or benzodiazepines. However, outpatient psychiatrists are less likely to use other EHR functionalities, such as using their EHR to provide after visit summaries for patients or to provide patient-specific educational resources.

Table 1 presents EHR and e-prescribing results for the 246 responding psychiatrists and for the 2,326 responding non-psychiatrists. Figures 1 and 2 show whether or not psychiatrists transmit prescriptions electronically for controlled substances and how often they consult the Rhode Island Department of Health’s Prescription Monitoring Program (PMP), respectively, compared to non-psychiatrists. Figure 3 shows how psychiatrists with EHRs are using their EHR for patient engagement.

For more information, please visit: www.health.ri.gov/medicalrecords/about/survey/.

Table 1. Physician publicly-reported measures, a comparison of psychiatrists to non-psychiatrists

<table>
<thead>
<tr>
<th>Measure</th>
<th>Responding Psychiatrists (N=246)</th>
<th>Responding Non-Psychiatrists (N=2,326)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physicians with EHRs, n (%) 2</td>
<td>246</td>
<td>203 (82.5%)</td>
</tr>
<tr>
<td>2. EHR functionality use (0-100), median 3</td>
<td>203</td>
<td>60.7</td>
</tr>
<tr>
<td>3. Patient engagement EHR use (0-100), median 4</td>
<td>203</td>
<td>14.3</td>
</tr>
<tr>
<td>4. Physicians who are e-prescribing, n (%) 5</td>
<td>240</td>
<td>178 (74.2%)</td>
</tr>
</tbody>
</table>
**Figure 1.** Among all respondents who prescribe controlled substances, percent who transmit prescriptions electronically for controlled substances, a comparison of psychiatrists to non-psychiatrists

<table>
<thead>
<tr>
<th></th>
<th>Psychiatrists</th>
<th>Non-Psychiatrists</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No</strong></td>
<td>85.8%</td>
<td>90.6%</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
<td>12.8%</td>
<td>6.9%</td>
</tr>
<tr>
<td><strong>Don't Know</strong></td>
<td>1.4%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

**Figure 2.** Among respondents who prescribe opioids or benzodiazepines, the percent who consult the Rhode Island Department of Health’s Prescription Monitoring Program (PMP) before prescribing, a comparison of psychiatrists to non-psychiatrists

<table>
<thead>
<tr>
<th></th>
<th>Psychiatrists</th>
<th>Non-Psychiatrists</th>
</tr>
</thead>
<tbody>
<tr>
<td>For none of their patients</td>
<td>33.6%</td>
<td>42.4%</td>
</tr>
<tr>
<td>For half or fewer than half of their patients</td>
<td>46.9%</td>
<td>41.1%</td>
</tr>
<tr>
<td>For more than half of their patients</td>
<td>19.4%</td>
<td>16.4%</td>
</tr>
</tbody>
</table>
**Figure 3.** Among respondents with EHRs, percent of respondents who use each of the following patient interaction tools for more than half of their patients, a comparison of psychiatrists to non-psychiatrists

1. See the Measure Specifications for definitions of these measures: [http://www.health.ri.gov/medicalrecords/about/survey/](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.