



Health Care Quality Performance (HCQP) Program

2009 PHYSICIAN HIT SURVEY MEASURES

The following health information technology (HIT) measures are derived from the Department of Health's annual Physician HIT Survey. Beginning with the February 2009 Physician Report, these measures will be publicly reported annually at the physician level. These data were also collected in 2008 as part of a confidential pilot; the 2008 data were published in aggregate only.

Measure 1: Physicians with EMRs

Summary: Percent yes

Physician: Yes/No

Numerator: Physicians who indicate that they have "EMR components" in their main practice OR another practice

Denominator: All physicians with Rhode Island licenses who are in active practice, have a mailing address in Rhode Island, Connecticut, or Massachusetts (includes survey non-respondents)

Note: Physicians ineligible for the measure (e.g., are not in active practice) are indicated by N/A.

Definition(s): EMR Components: An integrated electronic clinical information system that tracks patient health data, and may include such functions as visit notes, prescriptions, lab orders, etc.

Measure 2: Physicians with 'qualified' EMRs

Summary: Percent yes

Physician: Yes/No

Numerator: Physicians who indicate that they have an EMR with all of the following:

- One or more **clinical documentation functionalities** (electronic visit notes, electronic lists of each patient's medications, electronic problem lists, AND/OR patient clinical summaries for referral purposes), AND
- One or more **reporting functionalities** (clinical quality measures, patients out of compliance with clinical guidelines, AND/OR patients with a condition, characteristic, or risk factor), AND
- One or more **results management functionalities** (lab test results via electronic interface, scanned paper lab test results, radiology test results via electronic interface, AND/OR scanned paper radiology test results), AND
- One or more **decision support functionalities** (drug interaction warnings AND/OR prompts to providers at the point of care), AND
- The **ability to e-prescribe** (i.e., transmit prescriptions electronically to the pharmacy), AND
- **Certification Commission on Health Information Technology (CCHIT) certification** (see "Qualified EMR" definition, below).

- Denominator: All physicians with Rhode Island licenses who are in active practice, have a mailing address in Rhode Island, Connecticut, or Massachusetts (includes survey non-respondents)
- Exceptions: Certain hospital-based practitioners (i.e., anesthesiologists, emergency department physicians, hospitalists, intensivists, pathologists, and radiologists) are excluded from the reporting functionality requirement and all hospital-based physicians have an altered e-prescribing functionality requirement (i.e., medication order entry counts as e-prescribing).
- Note: Physicians ineligible for the measure (e.g., are not in active practice) are indicated by N/A.
- Definition(s): Qualified EMR:
- 2008: An EMR that meets all of the above criteria for functionality, EXCLUDING CCHIT certification.
 - 2009: An EMR that meets all of the above criteria for functionality AND is CCHIT-certified.

Measure 3: Basic EMR functionality useⁱ

- Summary: 0-100 scale
- Physician: 0-100 scale
- Calculation: Equal weight to each of the following 6 functionalities that physicians report, with scores proportional to the frequency of use:
- **Clinical documentation functionalities:**
 - Electronic visit notes
 - Electronic lists of each patient’s medications
 - Electronic problem lists
 - Patient clinical summaries for referral purposes
 - **Results management functionalities:**
 - Lab test results via electronic interface AND/OR scanned paper lab test results
 - Radiology test results via electronic interface AND/OR scanned paper radiology test results
- Population: All physicians with Rhode Island licenses who are in active practice and have a practice address in Rhode Island, Connecticut, or Massachusetts who report who indicate that they have “EMR components” (limited to survey respondents)
- Note: Physicians ineligible for the measure (e.g., are not in active practice) or without EMRs are indicated by N/A. Non-respondents are included in among those without EMRs.
- Definition(s): Basic EMR functionality: The clinical documentation and results management functionalities within the EMR.
- EMR Components: An integrated electronic clinical information system that tracks patient health data, and may include such functions as visit notes, prescriptions, lab orders, etc.
- Benchmark: Aggregate percent of physicians who meet both of the below RIQI-defined thresholds for use:
- Use of one or more **clinical documentation functionalities** (electronic visit notes, electronic lists of each patient’s medications, electronic problem lists, AND/OR patient clinical summaries for referral purposes) at least 60% of the time, AND
 - Use of one or more **results management functionalities** (lab test results via electronic interface, scanned paper lab test results, radiology test results via electronic interface, AND/OR scanned paper radiology test results) at least 60% of the time.

Measure 4: Advanced EMR functionality use

Summary:	0-100 scale
Physician:	0-100 scale
Calculation:	<p>Equal weight to each of the following 10 functionalities that physicians report, with scores proportional to the frequency of use:</p> <ul style="list-style-type: none"> ▪ Decision support functionalities: <ul style="list-style-type: none"> – Drug interaction warnings – Letters or other reminders directed at patients regarding indicated or overdue care – Prompts to providers at the point of care ▪ External communication functionalities: <ul style="list-style-type: none"> – Electronic referrals – Secure emailing with providers outside the physician’s office ▪ Order management functionalities: <ul style="list-style-type: none"> – Laboratory order entry – Radiology order entry ▪ Reporting functionalities: <ul style="list-style-type: none"> – Clinical quality measures – Patients out of compliance with clinical guidelines – Patients with a condition, characteristic, or risk factor
Population:	All physicians with Rhode Island licenses who are in active practice and have a practice address in Rhode Island, Connecticut, or Massachusetts who report who indicate that they have “EMR components” (limited to survey respondents).
Exceptions:	Certain hospital-based practitioners (i.e., anesthesiologists, emergency department physicians, hospitalists, intensivists, pathologists, and radiologists) are excluded from the decision support, reporting, and e-prescribing functionalities requirements.
Note:	Physicians ineligible for the measure (e.g., are not in active practice) or without EMRs are indicated by N/A. Non-respondents are included in among those without EMRs.
Definition(s):	<p><u>Advanced EMR functionality</u>: The decision support, external communication, order management, and reporting functionalities within the EMR.</p> <p><u>EMR Components</u>: An integrated electronic clinical information system that tracks patient health data, and may include such functions as visit notes, prescriptions, lab orders, etc.</p>
Benchmark:	<p>Aggregate percent of physicians who meet both of the below RIQI-defined thresholds for use:</p> <ul style="list-style-type: none"> ▪ Use of one or more reporting functionalities (clinical quality measures, patients out of compliance with clinical guidelines, AND/OR patients with a condition, characteristic, or risk factor) at least 60% of the time, <u>AND</u> ▪ Use of one or more decision support functionalities (drug interaction warnings AND/OR prompts to providers at the point of care) at any frequency greater than 0%.

Measure 5: Physicians who are e-prescribing

Aggregate:	Percent yes
Physician:	Yes/No
Numerator:	Physicians who indicate that they transmit their prescriptions or medication orders electronically to the pharmacy with any frequency greater than 0%.
Denominator:	All physicians with Rhode Island licenses who are in active practice, have a mailing address in Rhode Island, Connecticut, or Massachusetts (includes survey non-respondents).
Definition(s):	<u>e-prescribing</u> : Transmitting prescriptions or medication orders electronically to the pharmacy. <u>Transmitting prescriptions electronically</u> : Prescriptions may be transmitted within physicians' EMRs or externally, but cannot be transmitted via fax.
Note:	Office-based practitioners are required to transmit prescriptions electronically; hospital-based practitioners are required to transmit medication orders electronically.
Benchmark:	Percent of physicians who meet the below RIQI-defined thresholds for use: <ul style="list-style-type: none"> ▪ Use of an EMR to e-prescribe at least 60% of the time.*

* NOTE: The benchmark is limited ONLY to e-prescribing using an EMR, whereas the measure includes physicians who e-prescribe using software outside their EMR.