



Healthcare Quality Reporting Program

HIT SURVEY MEASURES

The following health information technology (HIT) measures are derived from the Department of Health's annual HIT Survey. These measures have been publicly reported annually for individual physicians since 2009 and for advanced practice registered nurses (APRNs) and physician assistants (PAs) since 2014.

Note: In the following specifications, "practitioners" refers to physicians, APRNs and/or PAs.

Measure 1: Practitioners with EHRs

Summary-level:	Percent yes
Practitioner-level:	Yes/No
Numerator:	Practitioners who indicate that they have "EHR components" in their main practice OR another practice
Denominator:	All practitioners with Rhode Island licenses who are in active practice and have a mailing address in-state (Rhode Island) or an adjacent state (Connecticut or Massachusetts); includes survey non-respondents
Note:	Practitioners ineligible for the measure (e.g., are not in active practice) are indicated by N/A
Definition:	<u>EHR Components</u> : An integrated electronic clinical information system that tracks patient health data, and may include functions such as visit notes, prescriptions, lab orders, etc.

Measure 2: Basic EHR functionality use

Summary-level:	0-100 scale
Practitioner-level:	0-100 scale
Calculation:	Equal weight to each of the following 6 functionalities that practitioners report, with scores proportional to the frequency of use: <ul style="list-style-type: none">• Clinical documentation functionalities:<ul style="list-style-type: none">– Write visit notes OR Write progress/consult notes– Document lists of each patient's medications– Document problem lists• Interoperability functionalities:<ul style="list-style-type: none">– Generate patient clinical summaries for consults, referrals or transfers• Results management functionalities:<ul style="list-style-type: none">– Lab test results via electronic interface OR scanned paper lab test results (whichever physicians use most frequently)– Radiology test results via electronic interface OR scanned paper radiology test results (whichever physicians use most frequently)

Denominator:	All practitioners with Rhode Island licenses who are in active practice and have a mailing address in-state (Rhode Island) or an adjacent state (Connecticut or Massachusetts) who report that they have “EHR components”; limited to survey respondents
Note:	Practitioners ineligible for the measure (e.g., not in active practice) or without EHRs are indicated by N/A. Non-respondents are included in among those without EHRs.
Definitions:	<u>Basic EHR functionality</u> : The clinical documentation and results management functionalities within the EHR <u>EHR Components</u> : An integrated electronic clinical information system that tracks patient health data, and may include functions such as visit notes, prescriptions, lab orders, etc.
Benchmark:	Aggregate percent of physicians who meet both of the below thresholds for use: <ul style="list-style-type: none"> • Use of one or more clinical documentation functionalities (write visit notes, document lists of each patient’s medications, document problem lists, AND/OR patient clinical summaries for referral purposes) at least 60% of the time, <u>AND</u> • 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 3: Advanced EHR functionality use

Summary-level:	0-100 scale
Practitioner-level:	0-100 scale
Calculation:	Equal weight to each of the following 10 functionalities that physicians report, with scores proportional to the frequency of use: <ul style="list-style-type: none"> • Decision support functionalities: <ul style="list-style-type: none"> – Drug allergy or interaction warnings at the point of prescribing – Letters or other patient reminders regarding indicated or overdue care – Prompts to practitioners at the point of care • Interoperability communication functionalities: <ul style="list-style-type: none"> – Generate electronic referrals using an EHR – Secure emailing with practitioners 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
Denominator:	All practitioners with Rhode Island licenses who are in active practice and have a mailing address in-state (Rhode Island) or an adjacent state (Connecticut or Massachusetts) who report that they have “EHR components”; limited to survey respondents

Exceptions:	Hospital-based practitioners are excluded from the decision support, reporting, and external communication functionality requirements.
Notes:	Practitioners ineligible for the measure (e.g., are not in active practice) or without EHRs are indicated by N/A. Non-respondents are included in among those without EHRs.
Definitions:	<u>Advanced EHR functionality</u> : The decision support, external communication, order management, and reporting functionalities within the EHR <u>EHR Components</u> : An integrated electronic clinical information system that tracks patient health data, and may include functions such as visit notes, prescriptions, lab orders, etc.
Benchmark 1:	Aggregate percent of <u>office-based</u> physicians who meet both of the below thresholds for use: <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 allergy or interaction warnings at the point of prescribing AND/OR prompts to practitioners at the point of care) at any frequency greater than 0%.
Benchmark 2:	Aggregate percent of <u>hospital-based</u> practitioners who use one or more order management functionalities (laboratory order entry or radiology order entry) at any frequency greater than 0%

Measure 4: Physicians who are e-prescribing

Aggregate:	Percent yes
Practitioner-level:	Yes/No
Numerator:	Practitioners who indicate that they transmit their prescriptions or medication orders electronically to the pharmacy with any frequency greater than 0%.
Denominator:	All practitioners with Rhode Island licenses who are in active practice and have a mailing address in-state (Rhode Island) or an adjacent state (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' EHRs 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 threshold: <ul style="list-style-type: none"> • Use of an EHR to e-prescribe at least 60% of the time.*

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