Measure #75. Rhode Island Physician Health Information Technology Survey.

CARE COORDINATION MEASURE MAPPING TABLE

	MEASUREMENT PERSPECTIVE		
	Patient/Family	*Health Care Professional(s)*	*System Representative(s)*
CARE COORDINATION ACTIVITIES			
Establish accountability or negotiate responsibility			
Communicate			
Interpersonal communication		□	
Information transfer		■	
Facilitate transitions			
Across settings		□	
As coordination needs change			
Assess needs and goals			
Create a proactive plan of care			
Monitor, follow up, and respond to change		□	
Support self-management goals			
Link to community resources			
Align resources with patient and population needs			
BROAD APPROACHES POTENTIALLY RELATED TO CARE COORDINATION			
Teamwork focused on coordination			
Health care home			
Care management			
Medication management			
Health IT-enabled coordination		■	

Legend:
■ = ≥ 3 corresponding measure items
□ = 1-2 corresponding measure items

Rhode Island Physician Health Information Technology Survey

Purpose: To measure physicians' use and integration of health information technology (HIT) and electronic medical records (EMRs) in their office or hospital clinical practice.

Format/Data Source: A 49 item, paper-based survey asking physicians to report their use of specific electronic medical record features for the primary purposes of information transfer and facilitation of care coordination within their clinical practice. The survey can assess level of EMR and e-prescribing implementation (basic or advanced) longitudinally. Questions are divided among 5 measures designed to ascertain physicians' use of health information technology, including: (1) percentage of physicians with EMRs, (2) percentage of physicians with "qualified" EMRs, (3) basic EMR functionality use (scale of 0 – 100), (4) advanced EMR functionality use (scale of 0 –100), and (5) percentage of physicians who are e-prescribing.[1]

Date: Measure released in 2009.[1]

Perspective: Health Care Professional

Measure Item Mapping:

- **Communicate:**
  - Interpersonal Communication:
    - *Across health care teams or settings:* 16
  - Information Transfer:
    - *Between health care professional(s) and patient/family:* 20b
    - *Across health care teams or settings:* 14d, 17a, 17b, 17c, 19a, 19b, 19c, 19d, 21, 22, 23
- **Facilitate transitions:**
  - Across settings: 14d, 16
- **Monitor, follow up, and respond to change:** 18b, 20b
- **Health IT-enabled coordination:** 14d, 15a, 15b, 16, 17a, 17b, 17c, 18b, 19a, 19b, 19c, 19d, 20b, 21, 22, 23

Development and Testing: The pilot survey was reviewed by several expert panels comprised of academics, physicians, HIT professionals, Medicaid professionals, and commercial health plan professionals, and a survey design expert. Informal cognitive testing was performed with the expert panels, and the resulting consensus feedback was incorporated into the final version of the survey via an iterative process. Both measures differ by practice site, with office-based physicians less likely to have an EMR (58.4% vs. 83.4%, $p < .0001$) but more likely to have a "qualified" EMR (16.4% vs. 5.8%, $p < .0001$). Average use was higher for basic versus advanced functionalities: 63.6 on a 100-point scale for basic functionalities (Measure 3) and 44.1 points for advanced functionalities (Measure 4). Basic EMR functionality use was higher, on average, among office-based respondents (66.5 vs. 60.2 points, $p = .0003$) and lower in advanced functionality use (37.8 vs. 51.4 points, $p < .0001$). A majority of EMR users (n = 731, 57.5%) were using all six basic functionalities at least 60% of the time, and nearly half (n = 577,

45.1%) were using all 10 advanced functionalities at least 60% of the time.[1]
Link to Outcomes or Health System Characteristics: None described in the sources identified.

Logic Model/Conceptual Framework: None described in the sources identified.

Country: United States

Past or Validated Applications*:
- **Patient Age:** Not Applicable
- **Patient Condition:** Not Applicable
- **Setting:** Primary Care Facility, Inpatient, Emergency Department

*Based on the sources listed below and input from the measure developers.

Notes:
- All instrument items can be requested online at http://www.health.ri.gov/physicians/about/quality/index.php.[2]
- This instrument contains 49 items, of which 16 were mapped.
- There are two versions of the survey, an inpatient physician version and an outpatient physician version. Process measures are also calculated using the survey data, which include some components that map to coordination. Note that the measures are being developed for Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs), as well as physicians.[1]
- Physicians who did not respond to this survey (required in Rhode Island) were assumed to not be utilizing EMRs, and therefore, were counted as "failing" all of the survey measures.[3]

Sources:

1. Baier RR, Gardner RL, Buechner JS, et al. Creating a survey to assess physicians' adoption of health information technology. Med Care Res Rev 2012;69(2):231-45.
2. Rhode Island Department of Health. Quality Information about Physicians, Advanced Practice Registered Nurses and Physician Assistants. Available at: http://www.health.ri.gov/physicians/about/quality/index.php. Accessed: August 6, 2013.
3. Baier R, Voss R, Morphis B, et al. Rhode Island physicians' health information technology (HIT) use, 2009-2011. Med Health R I 2011;94(7):215-7.