

Survey of Texas Physicians 2014

Electronic Health Records



Physicians Caring for Texans

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TMA 2014 Physician Survey

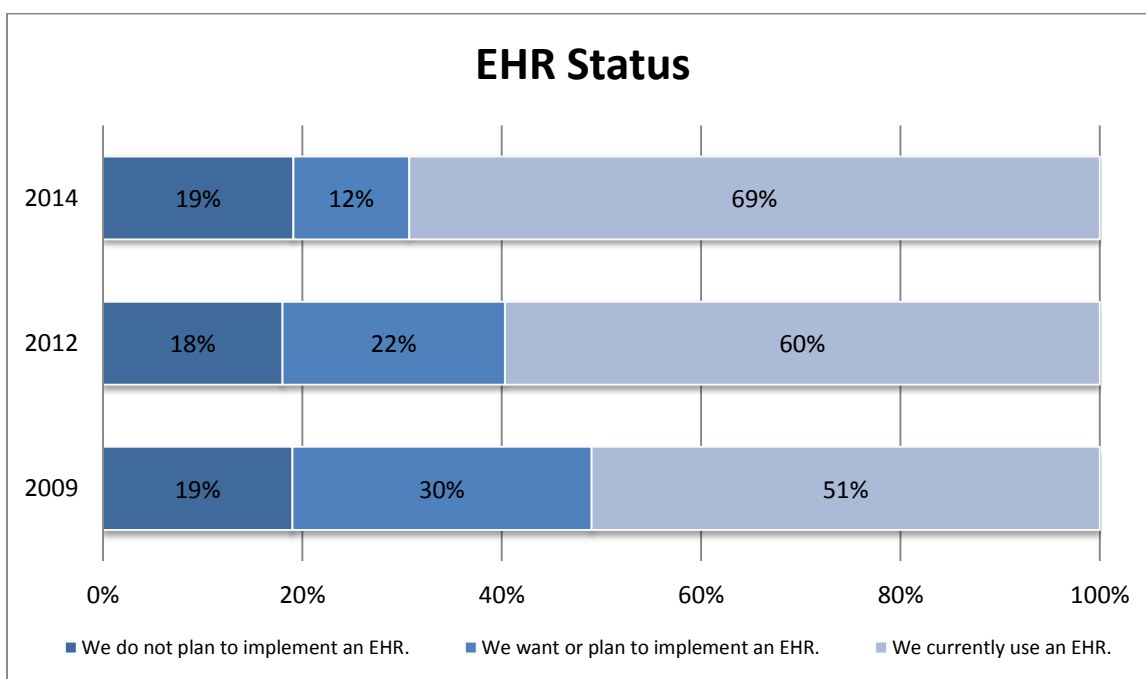
Electronic Health Records

Every two years, the Texas Medical Association conducts a survey of Texas physicians to identify emerging issues, track the impact of practice and economic changes, assess physician priorities, and develop data to support TMA advocacy efforts. In February of 2014, physicians were surveyed regarding their opinion and experiences with EHRs. Approximately 30,250 Texas physician and residents with email addresses in the TMA database were emailed a personalized link to the survey in February. Responses were received 1,552 members and nonmembers.

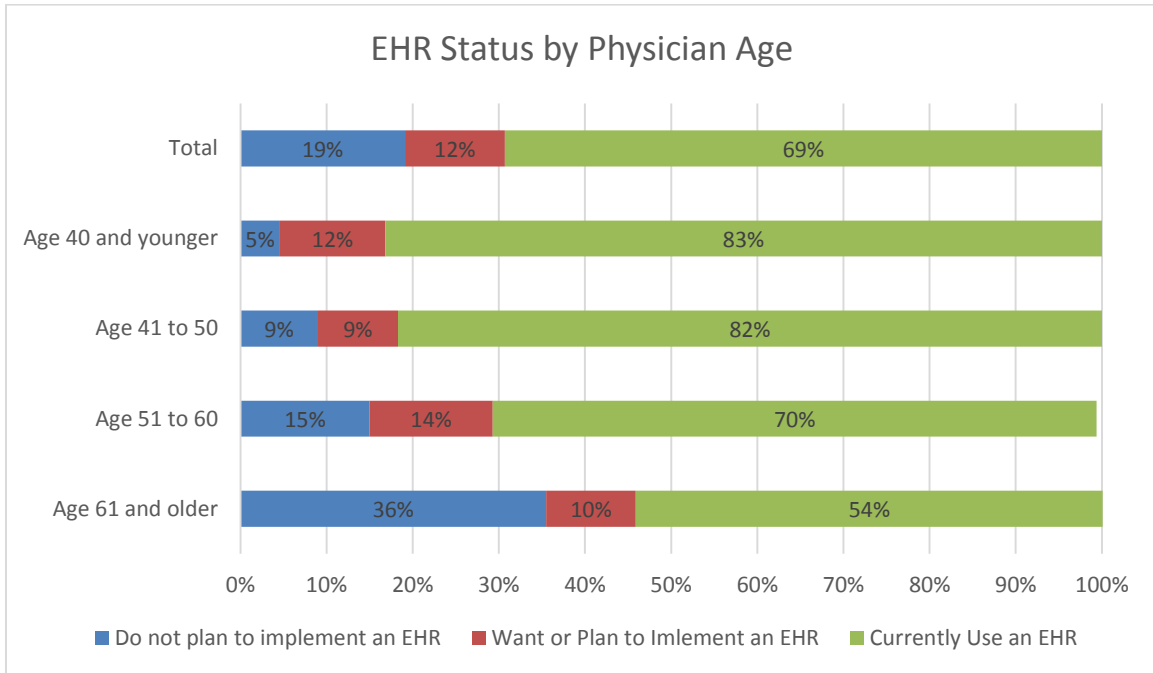
Summary of Findings

EHR Status (February Q1)

The majority of respondents currently use or plan to implement an EHR (81 percent).



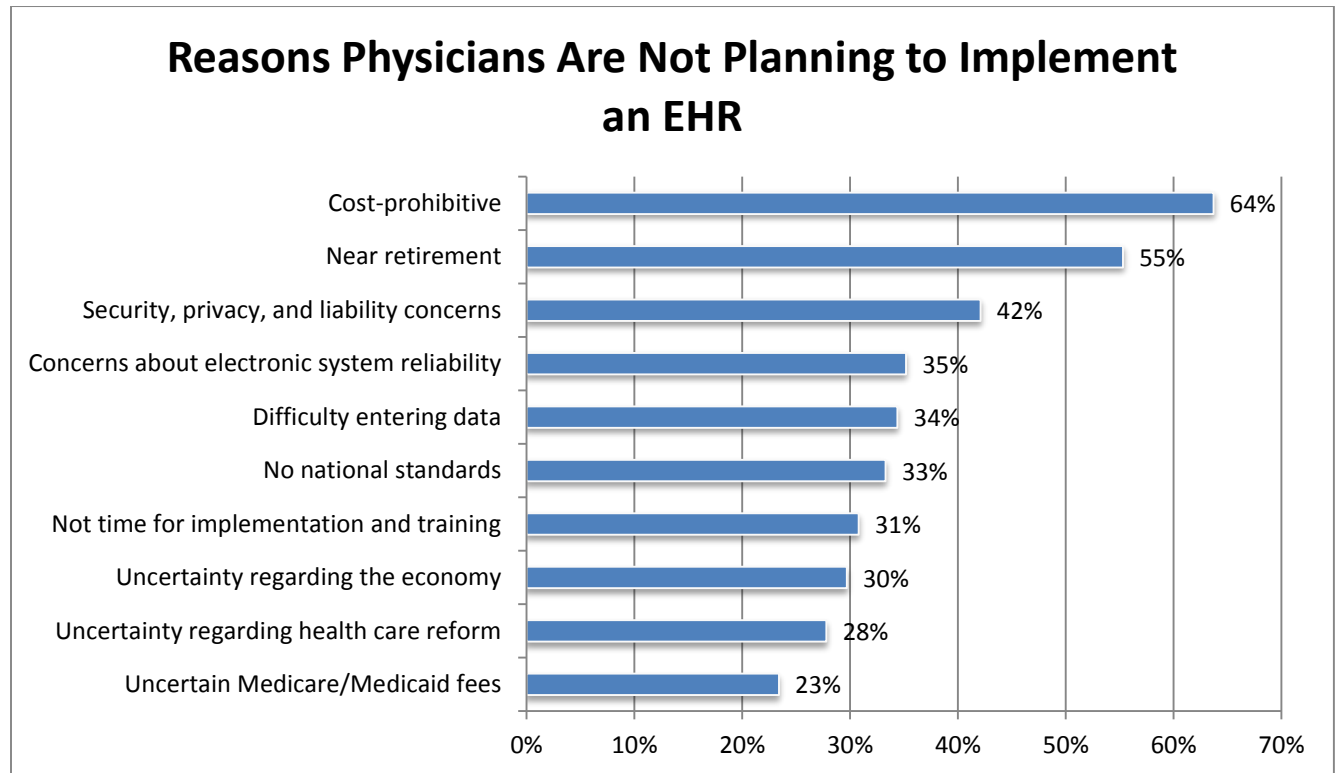
Younger physicians are most likely to use an EHR.



Practices with No Plans to Implement an EHR

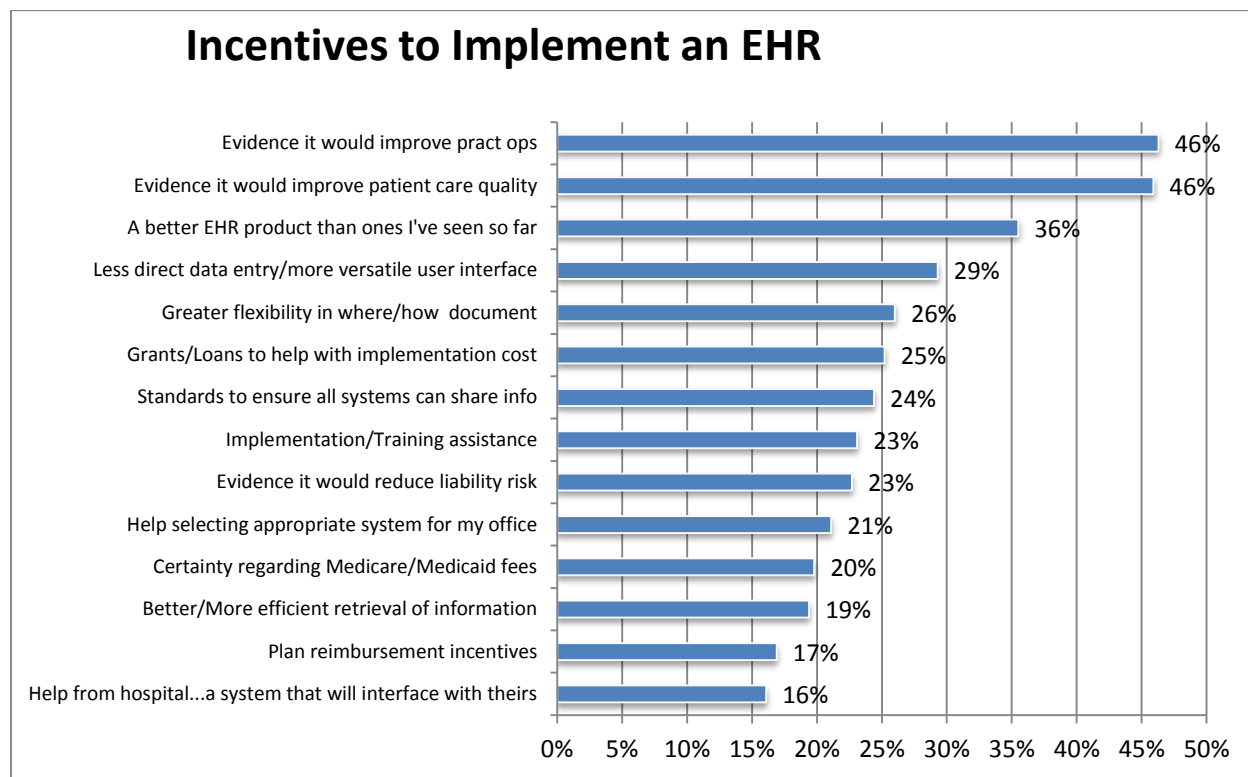
Reasons for Not Implementing an EHR (January Q2)

Physicians who do not plan to implement an EHR report it is cost-prohibitive (64 percent) and/or they are near retirement (55 percent).



Incentives to Implement an EHR (February Q3)

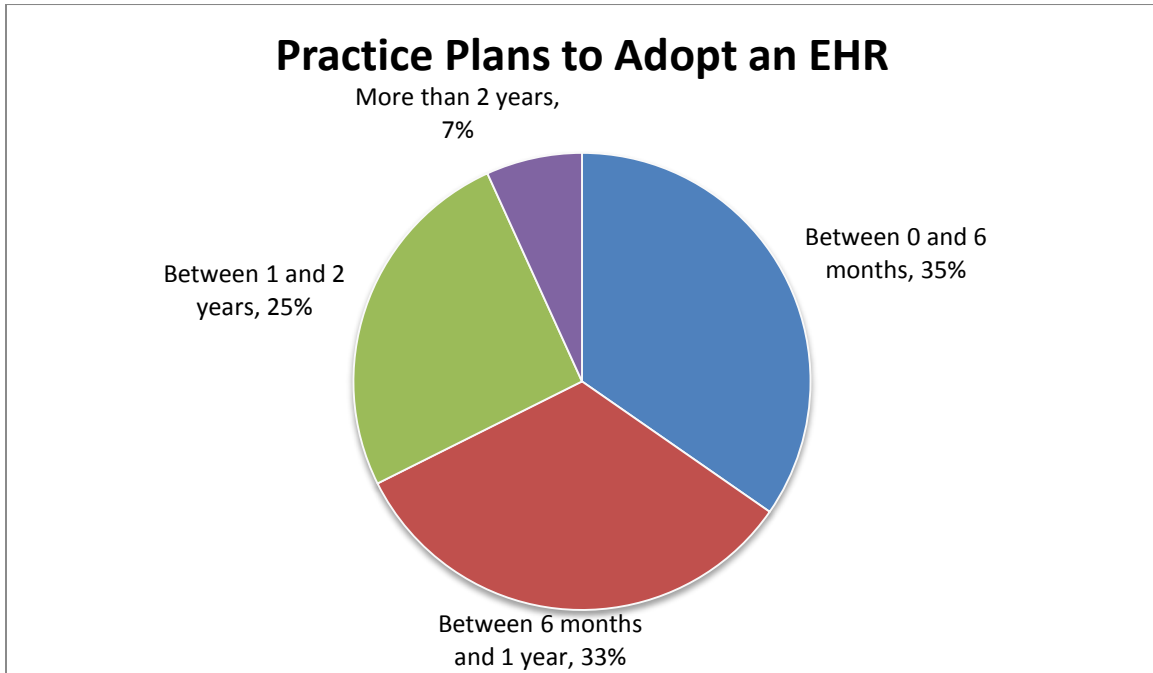
A large minority of physicians report evidence it would improve practice operations or the quality of patient care (46 percent) would convince them to implement an EHR.



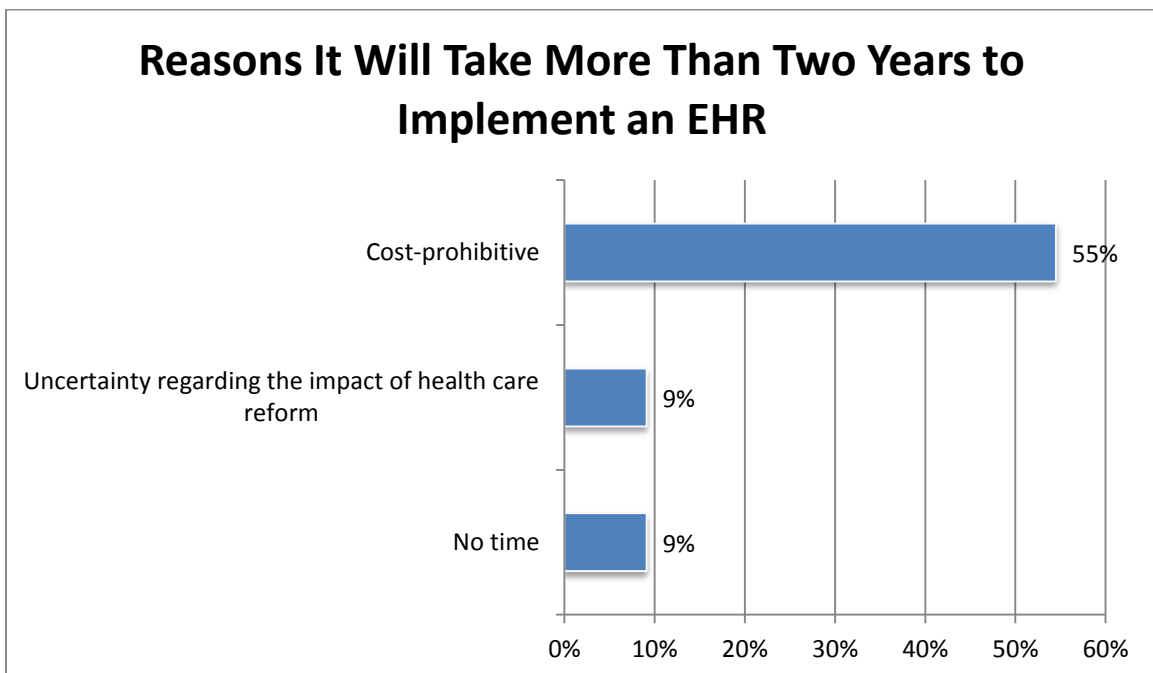
Practices with Plans to Implement an EHR

Time until EHR Implementation (January Q4-5)

Practices that want to or plan to implement an EHR anticipate doing so within one year (68 percent).

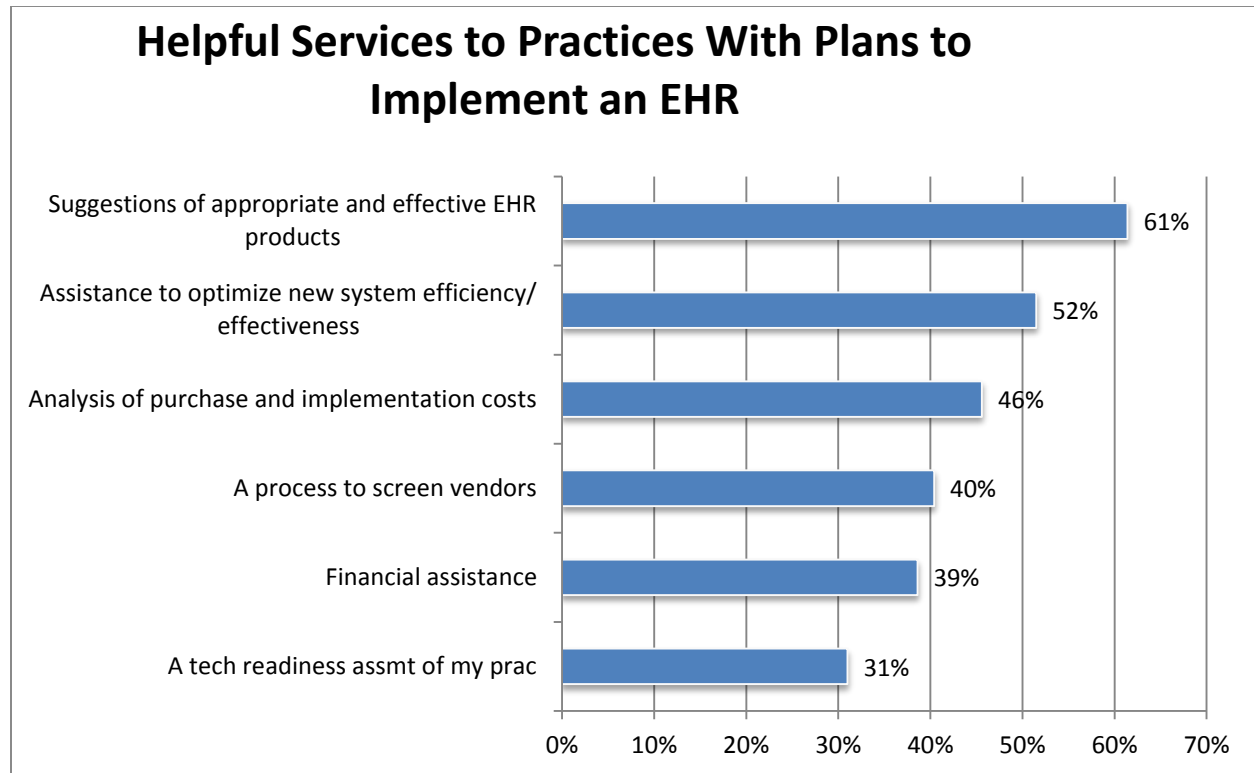


Physicians who report it will take their practice more than two years to implement an EHR specify the cost as prohibitive (55 percent).



Helpful Services for Implementation (January Q6)

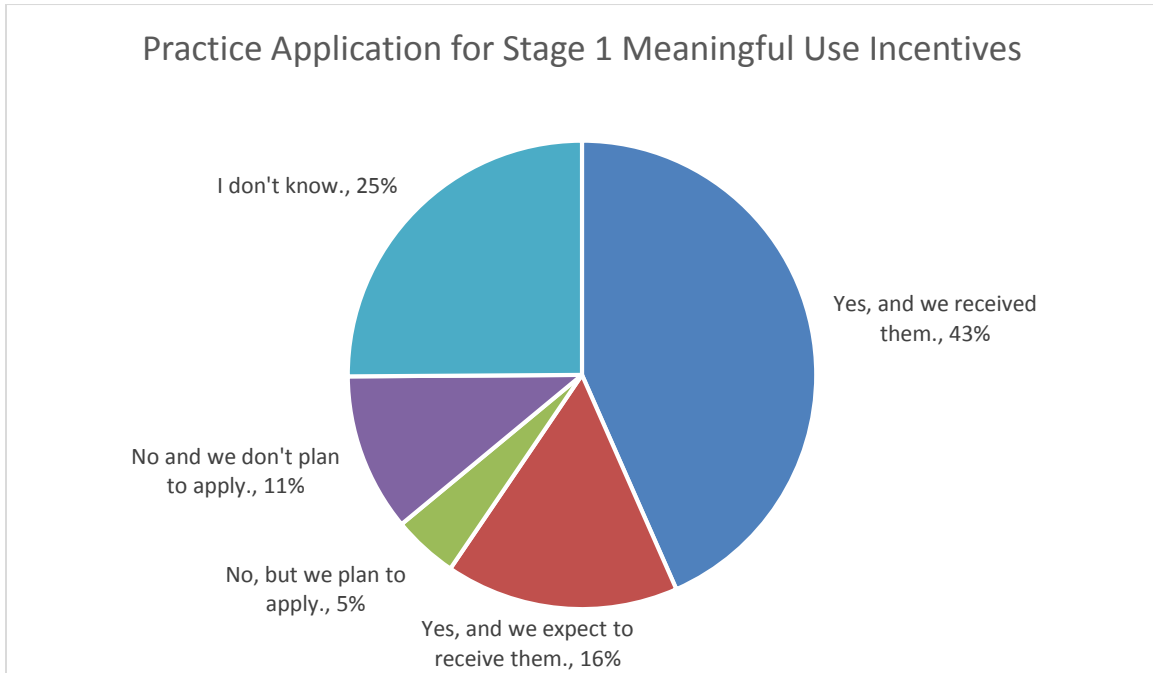
Physicians with plans to implement an EHR report suggestions of appropriate and effective EHR products (61 percent) and assistance optimizing new system efficiency and effectiveness (52 percent) would be the most helpful.



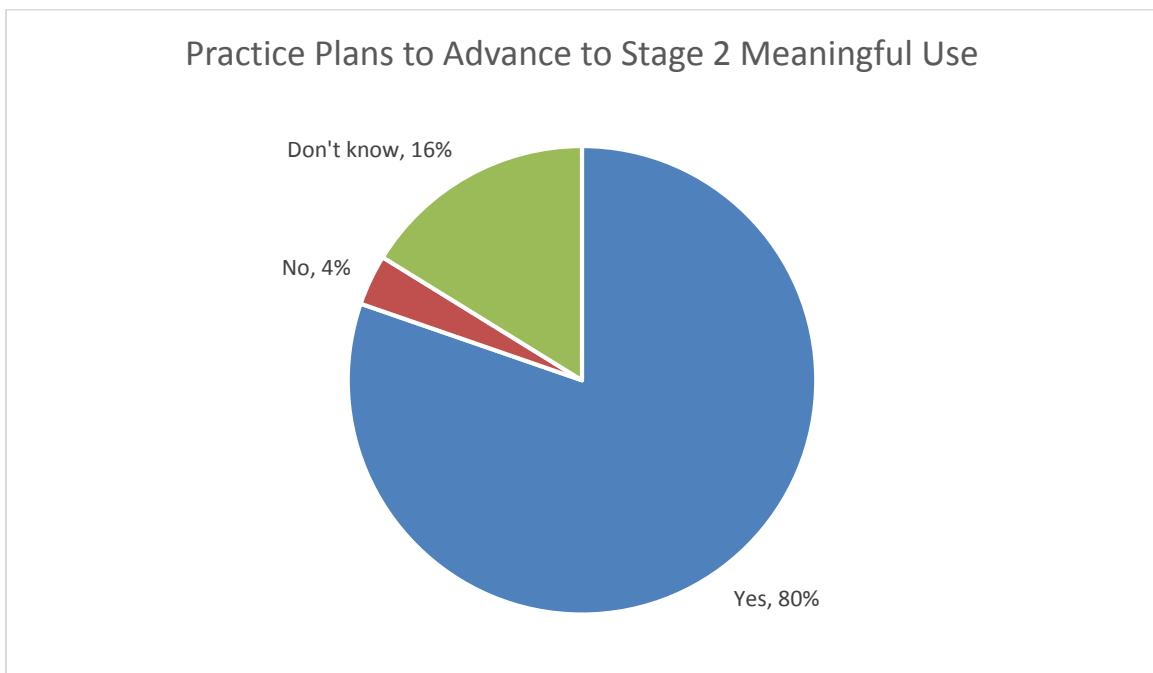
Practices That Have Implemented an EHR

Meaningful Use Incentives (January Q7-8)

A little more than half of physicians applied for Stage 1 Meaningful Use incentives (59 percent).

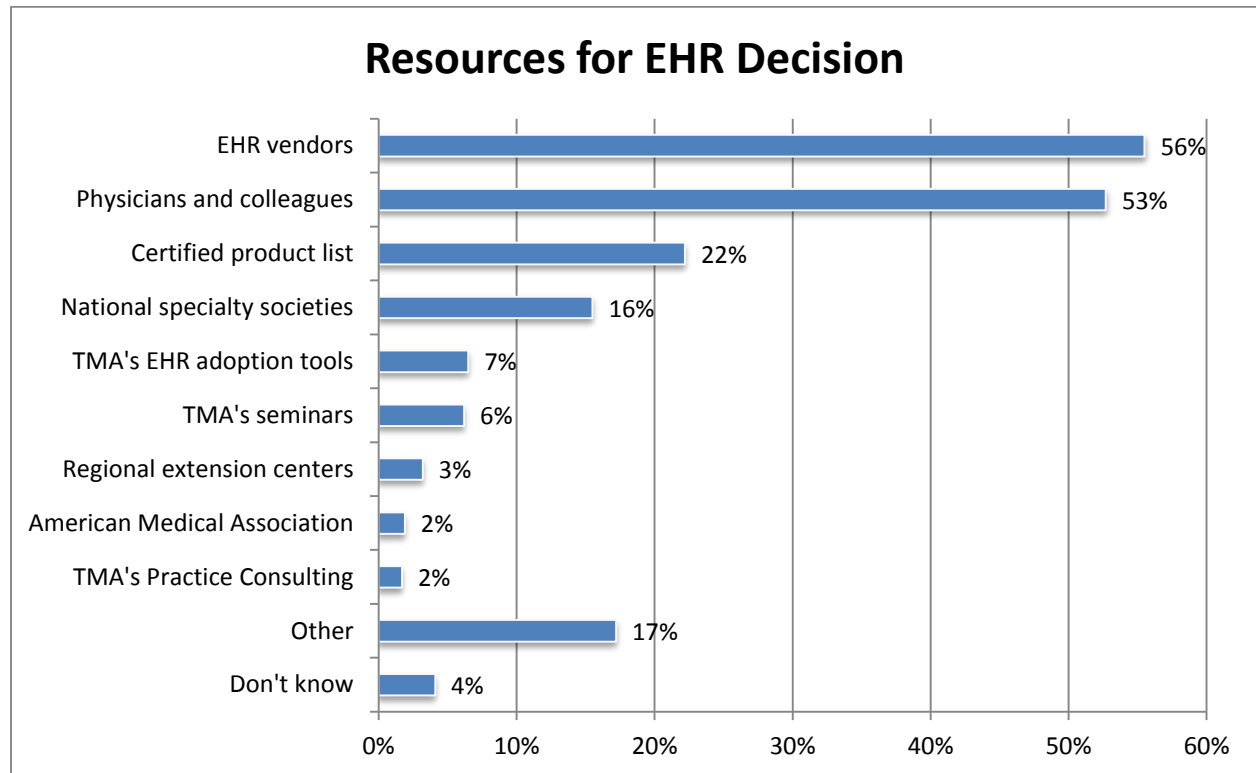


Among physicians who applied or plan to apply for Stage 1 Meaningful Use incentives, 80 percent plan to advance to Stage 2 Meaningful Use.

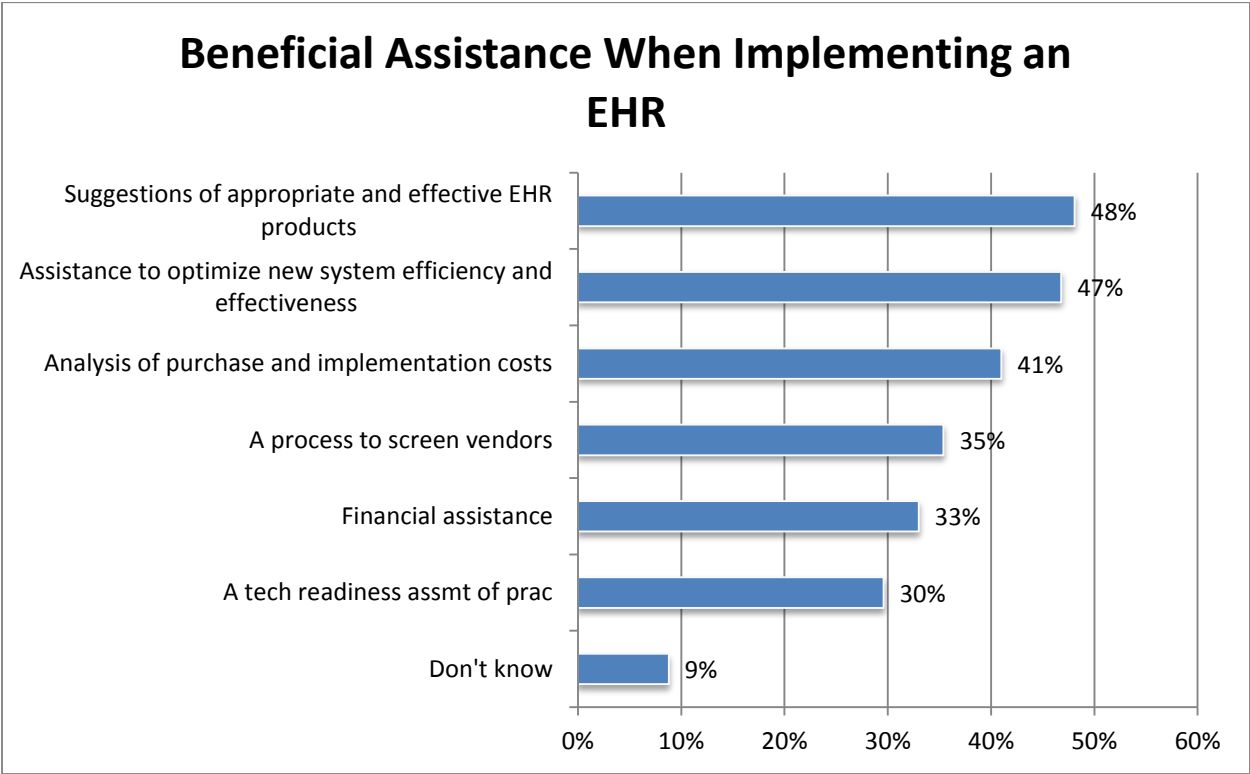


Physician Involvement in EHR Selection (February Q9-11)

Forty-six percent of physicians were involved in the initial selection of their EHR. These physicians used other physicians and colleagues (56 percent) and EHR vendors to make their purchase decision (53 percent). Twenty-four percent used TMA resources.

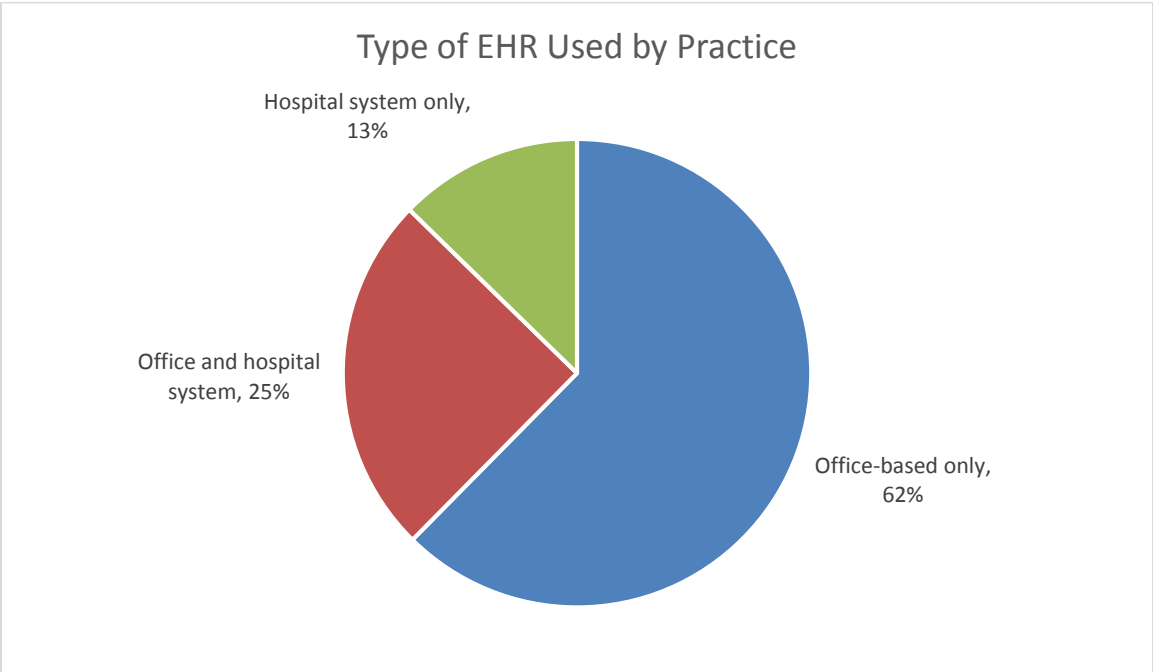


When implementing their EHR, physicians would have benefited from suggestions of appropriate and effective products (48 percent) and assistance with optimizing new system efficiency and effectiveness (47 percent).



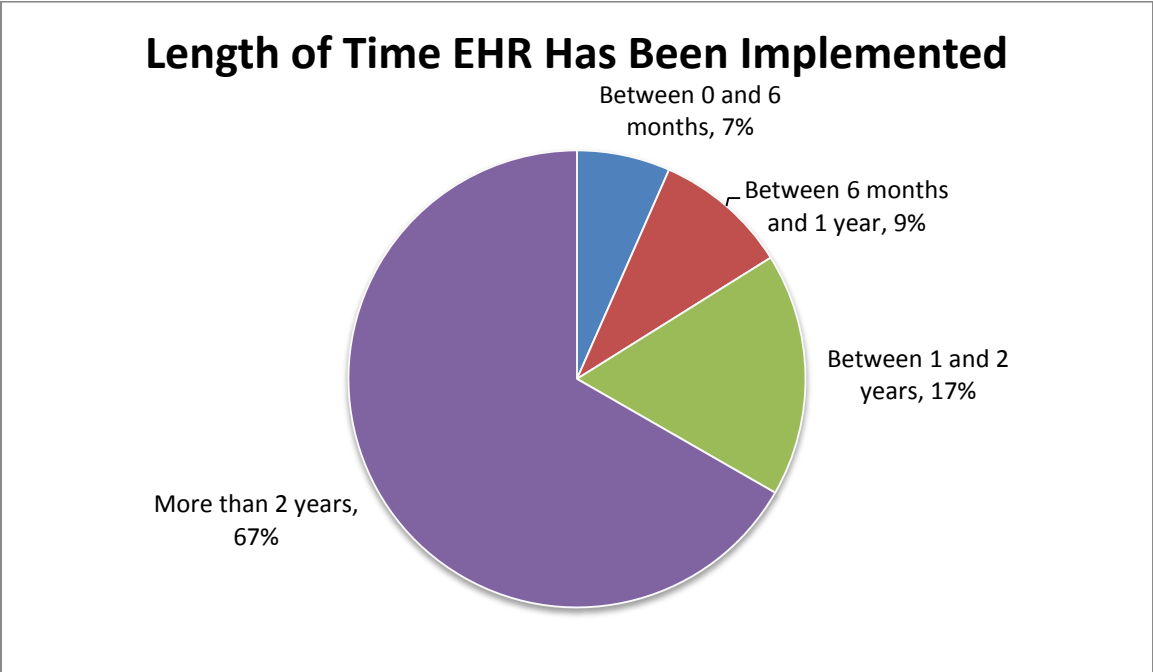
Type of EHR (February Q12)

The majority of physicians use an office-based only EHR (62 percent).



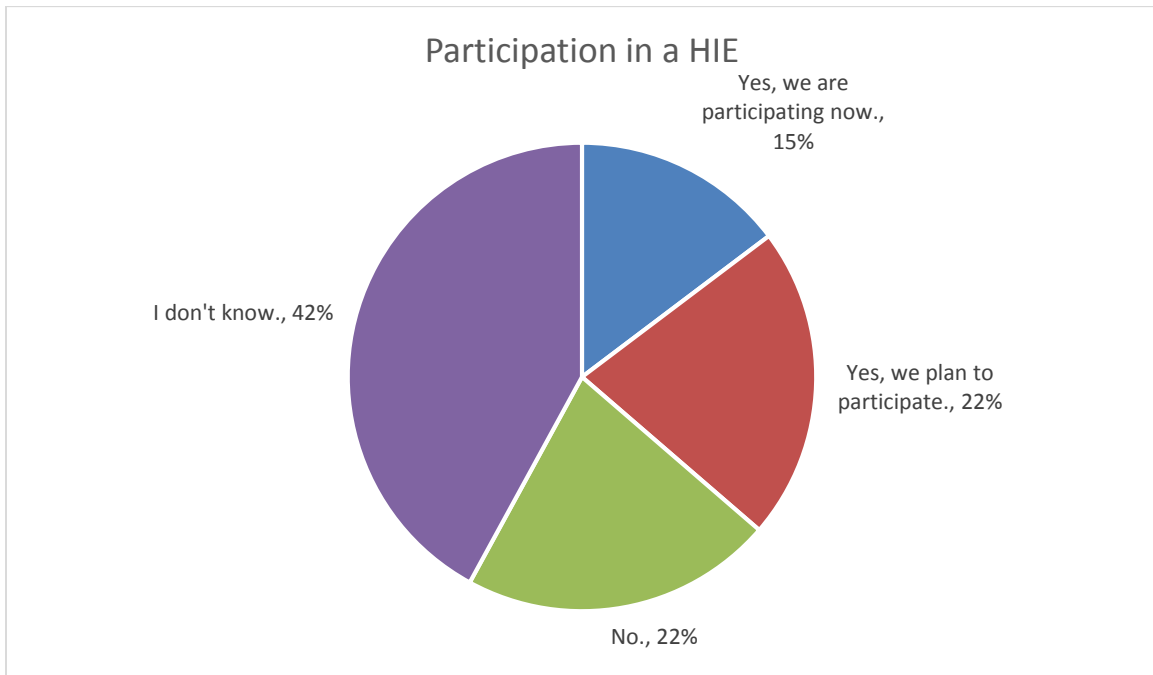
Length of Time EHR Has Been in Use (February Q13)

Physicians who currently use an EHR report it has been implemented more than two years (67 percent).



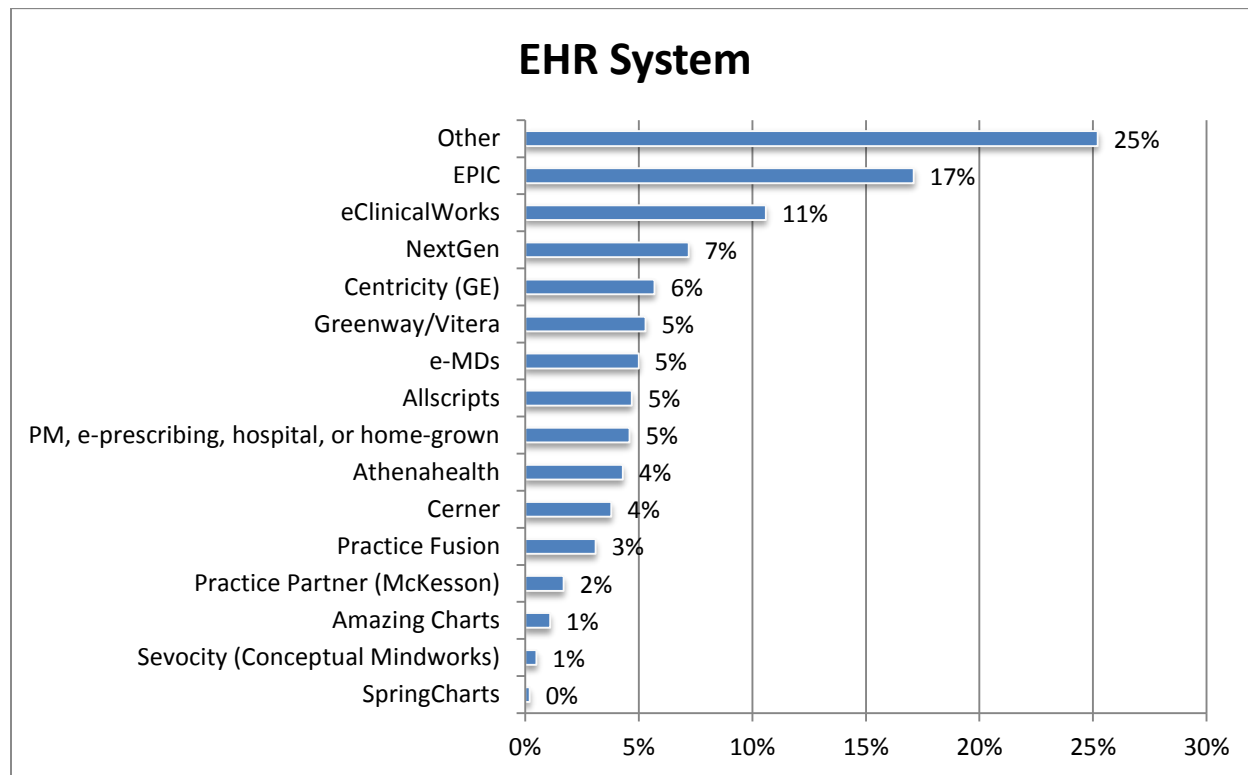
Health Information Exchange Participation (February Q14)

Thirty-seven percent of physicians are participating in or plan to participate in a local HIE to share EHR data among health care providers.



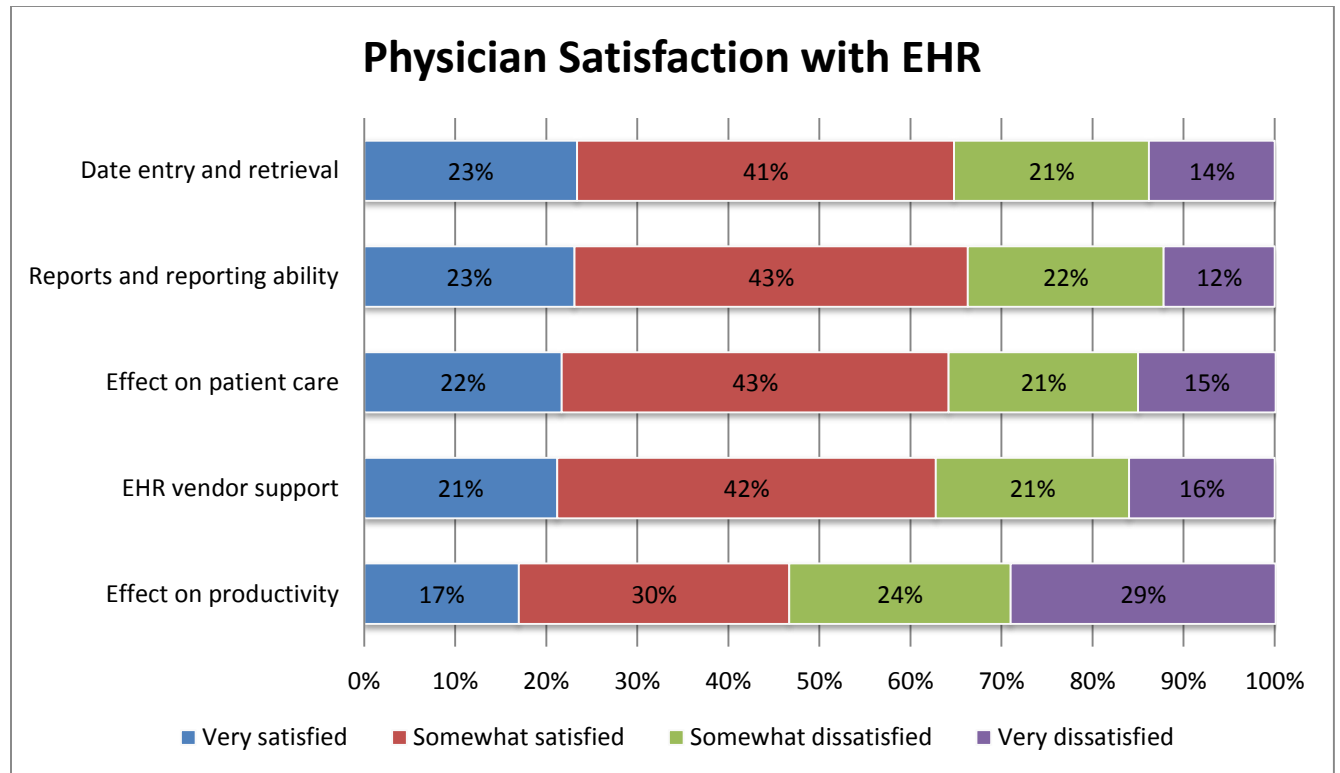
EHR System (February Q15)

The EHR system with the largest percentage of users is EPIC (17 percent). A quarter of physicians use “other” EHR systems, too numerous to mention.

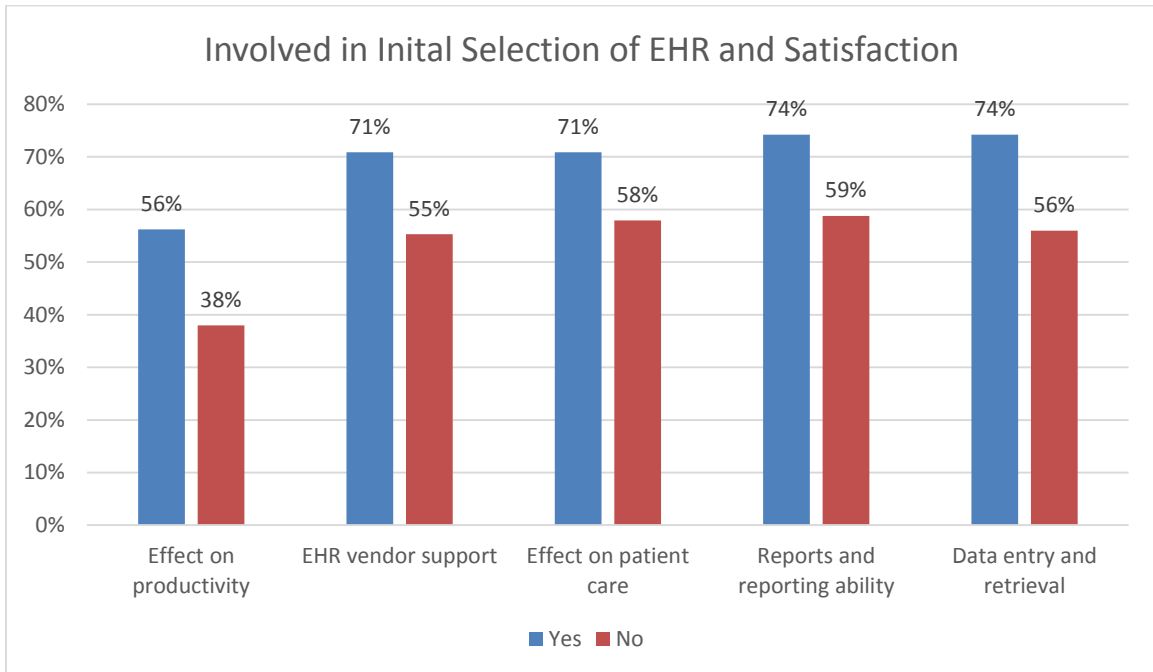


EHR Satisfaction (February Q16)

Users were asked to rate their satisfaction with their system on various dimensions. Overall, physicians are most satisfied with their EHR's reports and reporting ability (66 percent).

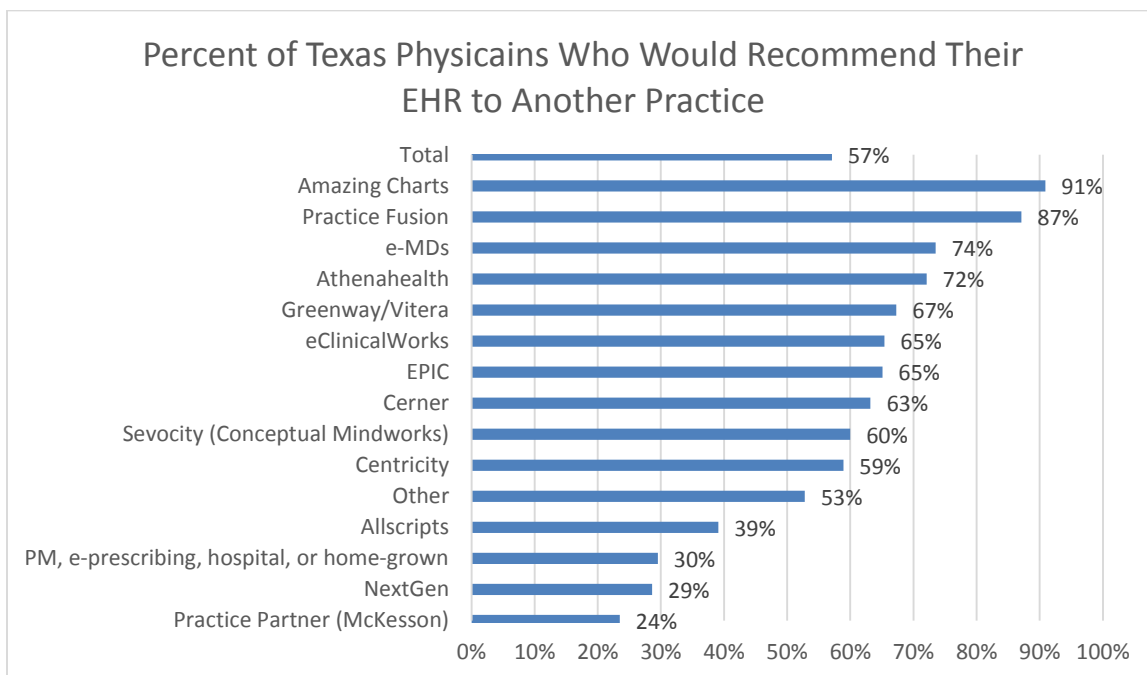


Physicians who were involved in the initial selection of their EHR are more likely to be satisfied with their EHR.



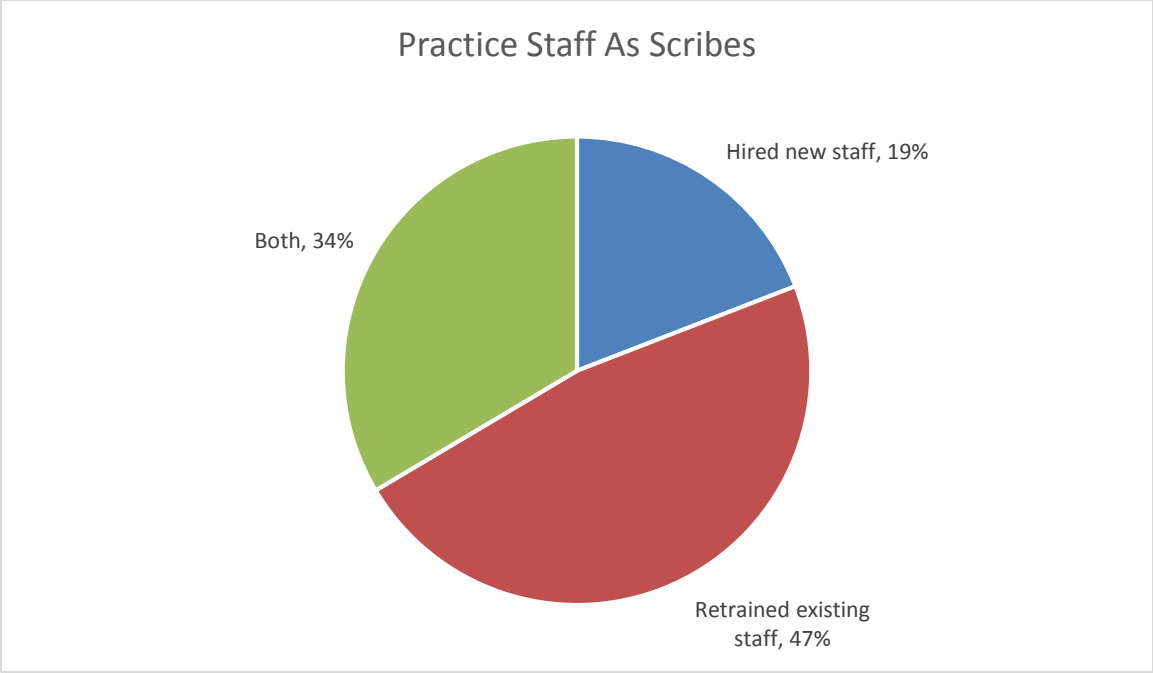
EHR Recommendation (February Q17)

Fifty-seven percent of physicians would recommend their system to another practice. Physicians using Amazing Charts are most likely to recommend their system (91 percent).



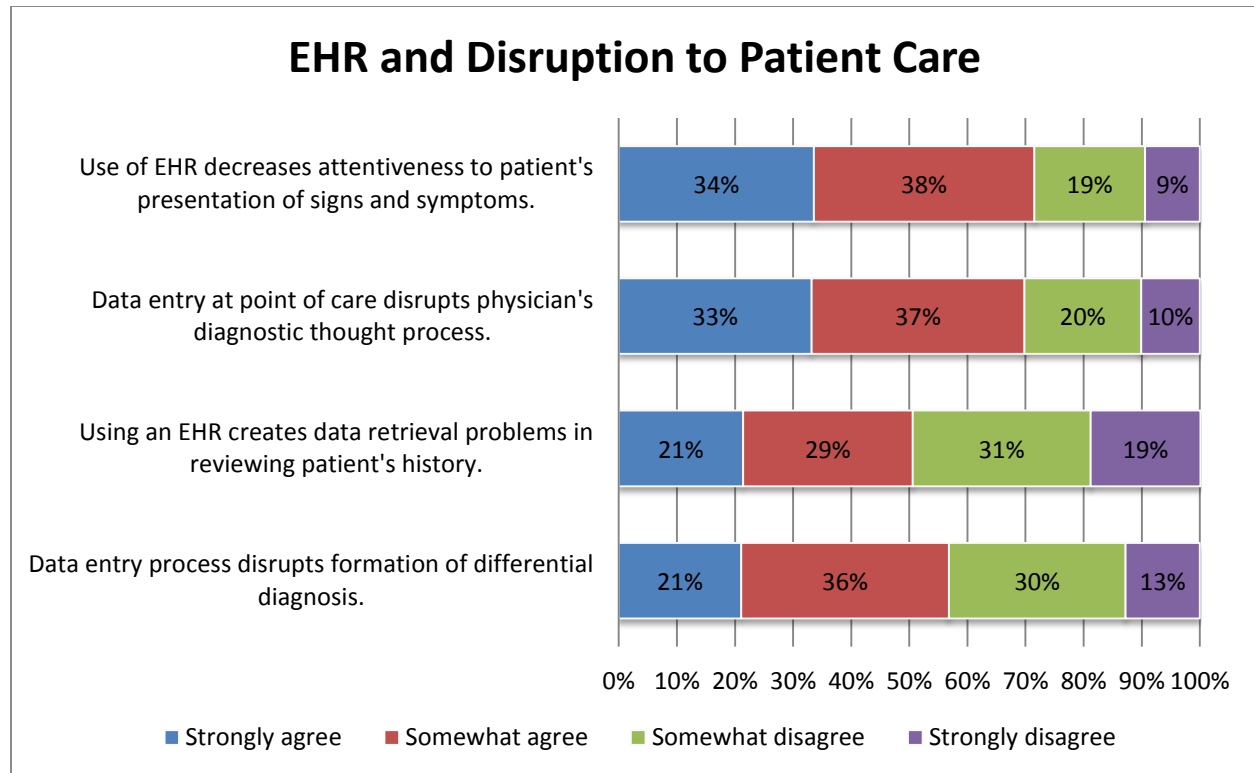
Scribes (February Q18-19)

Twenty-one percent of physicians report their practice uses scribes for EHR data entry. Among them, 47 percent retrained existing staff and 34 percent retrained existing and hired new staff.



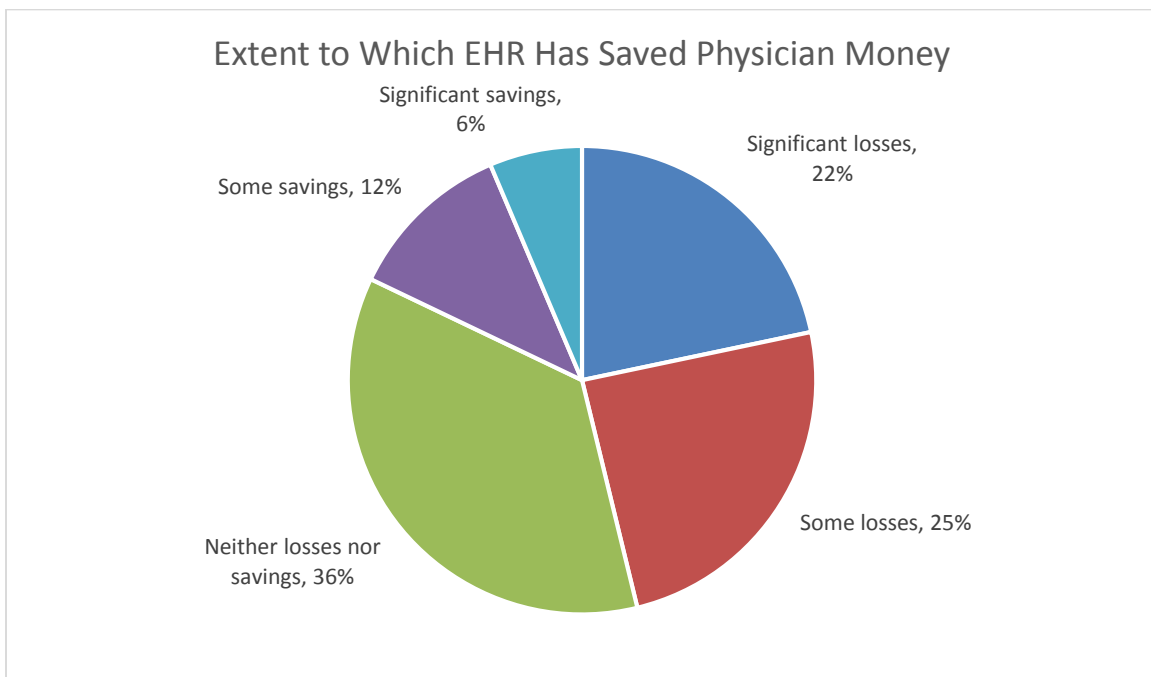
EHR Disruption to Patient Care (February Q20)

Physicians agree use of the EHR decreases attentiveness to the patient's presentation of signs and symptoms (72 percent) and data entry at the point of care disrupts a physician's diagnostic thought process (70 percent).

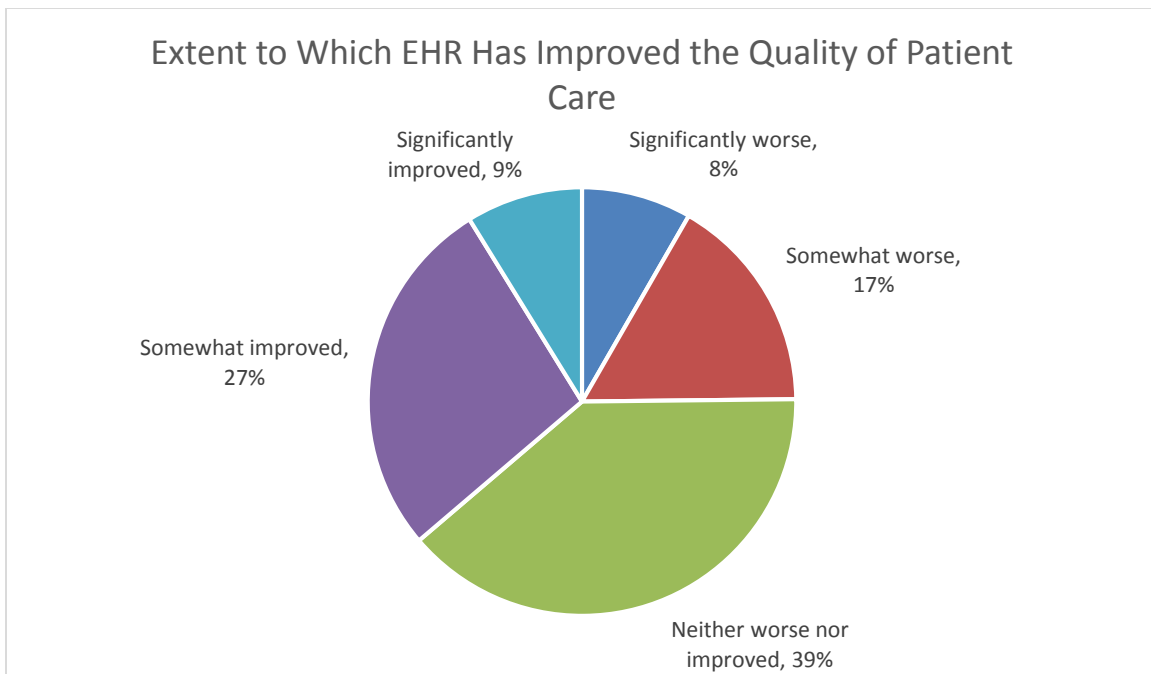


EHR Cost and Care (February Q21-24)

Few physicians report their EHR has saved them money (18 percent).

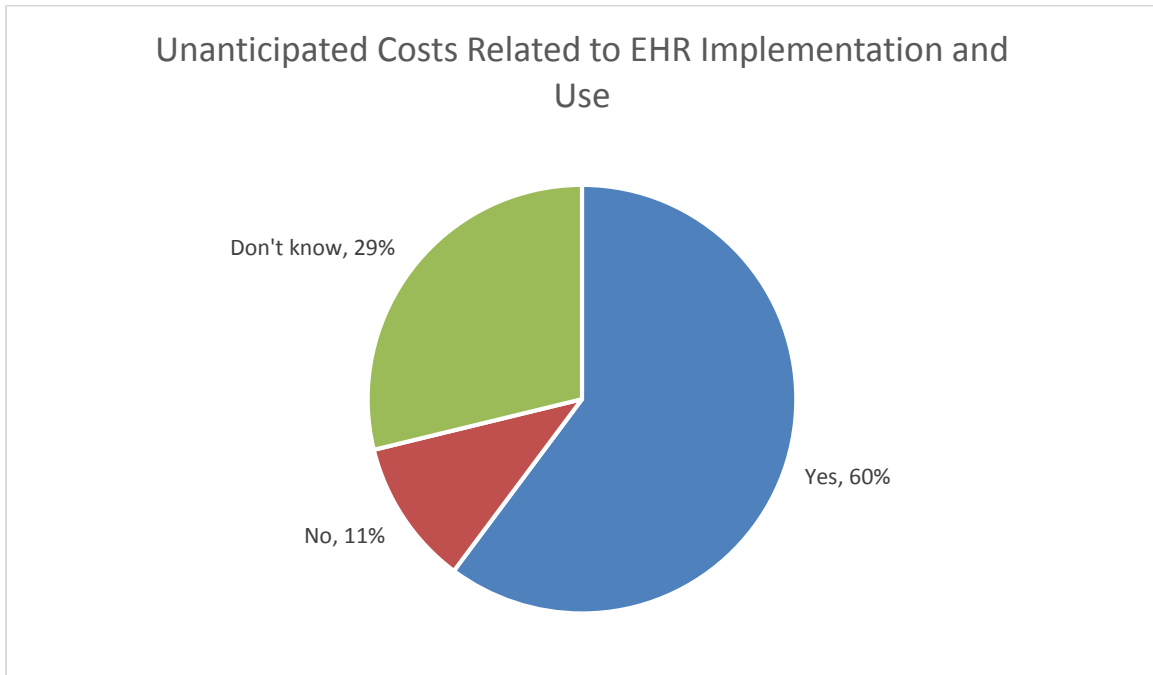


Few physicians report their EHR has improved the quality of patient care (36 percent).



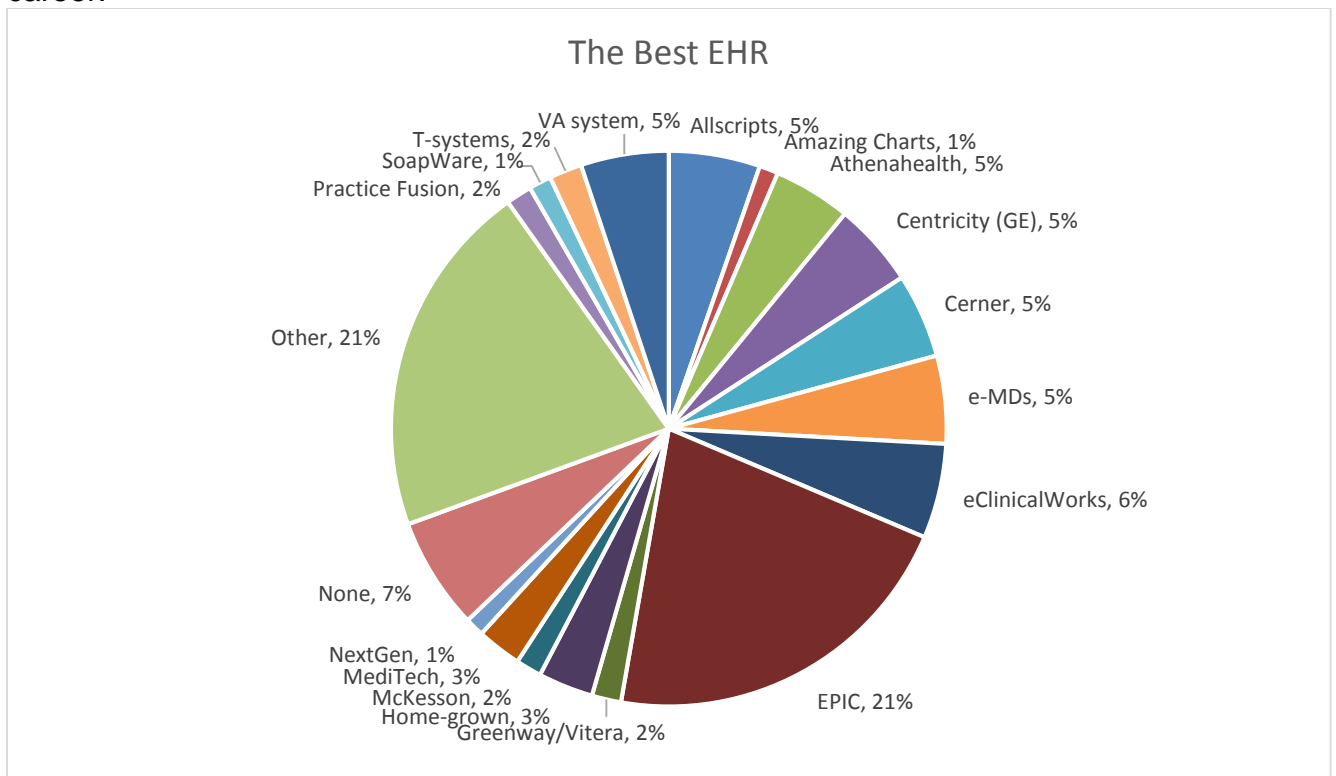
A large minority of physicians report their EHR has been worth the effort, resources, and cost (47 percent).

Sixty percent report there were unanticipated costs related to EHR implementation and use.



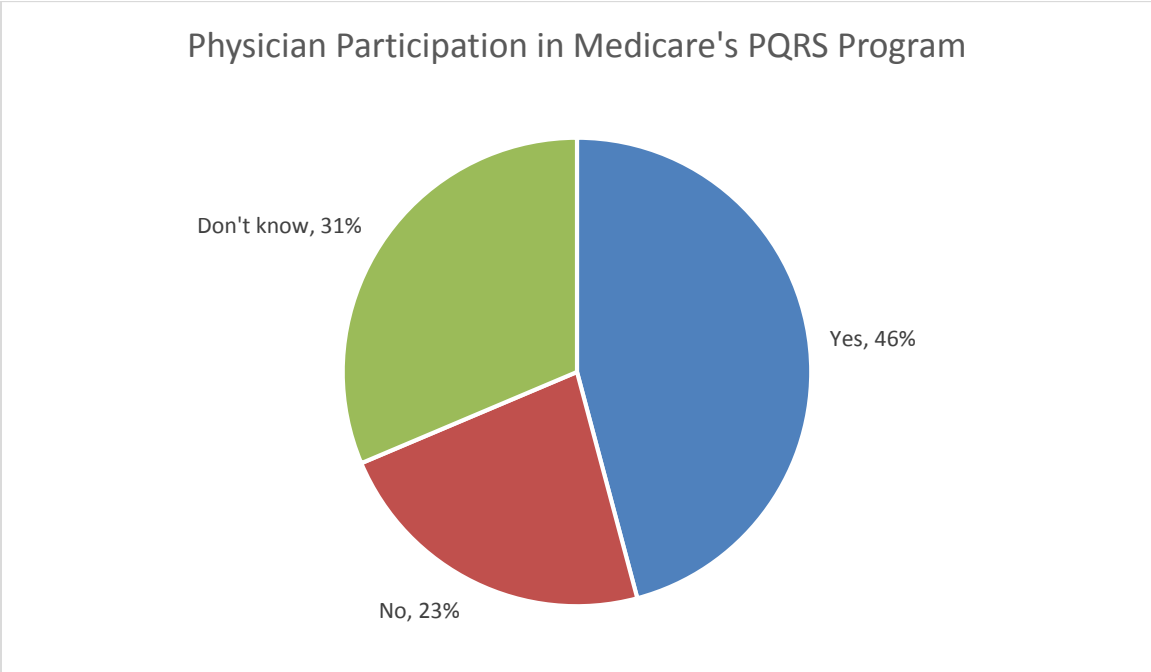
Use of More Than One EHR (February Q25-26)

Sixty-eight percent of physicians have used more than one EHR in their entire medical career.



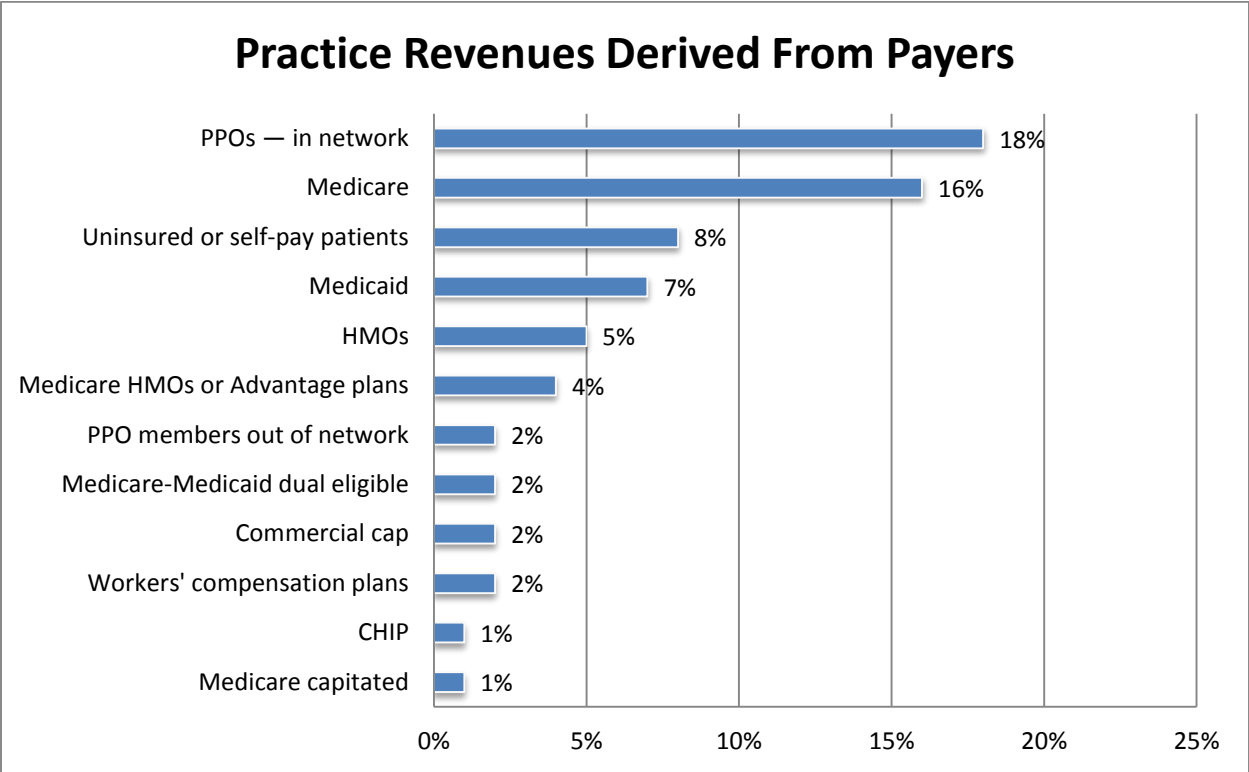
Physician Quality Reporting System Participation (February Q27)

Forty-six percent of physicians are currently reporting quality data for Medicare's PQRS program from their EHR.



Sources of Practice Revenues (March Q15)

Physicians were asked to estimate their revenue percentages by payer type. Twenty-one percent of average practice revenues are derived from Medicare, including HMO or Advantage plans and capitated programs. Two percent from payments for dual-eligible patients, seven percent from Medicaid, and one percent from the Children’s Health Insurance Program (CHIP).



Sources of Medicaid Patients (September Q3)

Physicians were asked to estimate their percentage of Medicaid patients. Physicians report their practice has a mean percentage of 14 Medicaid HMO patients and 13 Medicaid FFS patients.

Physician Demographics

Gender

	<u>1990</u> %	<u>2000</u> %	<u>2002</u> %	<u>2004</u> %	<u>2006</u> %	<u>2008</u> %	<u>2010</u> %	<u>2012</u> %	<u>2014</u> %
Male	89	84	83	84	78	78	75	73	70
Female	11	16	17	16	22	22	25	27	30

Age

	<u>2010</u> %	<u>2012</u> %	<u>2014</u> %
40 and younger	21	19	18
41 to 50	27	23	22
51 to 60	33	32	27
61 and older	19	25	33

Specialty

	<u>2010</u> %	<u>2012</u> %	<u>2014</u> %
Indirect Access	14	15	15
Primary Care	25	26	30
Pediatrics	7	8	10
Obstetrics/Gynecology	7	7	7
Surgical Specialty	13	13	13
Non-surgical Specialty	33	32	24

County

	<u>2010</u> %	<u>2012</u> %	<u>2014</u> %
Bexar	9	8	9
Dallas	13	12	13
Harris	19	17	18
Tarrant	8	6	6
Travis	9	8	9
Rural	6	6	6
Metro	34	41	37
Rio Grande Valley	3	3	2

TMA Membership Status

	<u>2010</u> %	<u>2012</u> %	<u>2014</u> %
Member	87	86	83
Nonmember	13	14	17

Survey Methodology

Since 1990, TMA has conducted a biennial survey of Texas physicians focusing primarily on health care practice, economic, and legislative issues. The survey findings provide a cross-sectional snapshot and a longitudinal tracking of physician opinions on key health care issues and their experiences to support the association's policy development, political focus, and strategic planning process.

The 2014 Survey of Texas Physicians was conducted by TMA as a monthly email survey. The survey contained a total of 208 questions, many with multiple response items. Not all questions were answered by all respondents due to skip patterns and the monthly design. The survey included a mix of closed-ended response items, Likert Scale, and open-ended response items. Many of the questions were structured for multiple choice or nominal scale responses.

Approximately 30,250 Texas physician and residents with email addresses in the TMA database were emailed a personalized link to the survey in February along with an announcement inviting them to participate and an incentive to answer the survey. Respondents were not apprised of the topic of the survey and it was a part of a larger survey which is comprehensive, covering a broad range of physician opinion and experience and not limited to specific issues or grievances. There was no published links that allowed uninvited responses. Each link was unique and carried with it respondent demographic information. Each respondent was allowed to respond once to the survey. Reminders requesting participation from physicians who did not answer the survey were emailed one week later. Responses were received 1,552 members and nonmembers.

Data was analyzed using SPSS statistical software. Open-ended responses were assigned to categories for analysis. In analysis, respondents are segregated by demographic variables and compared with the whole population. Only results at the 95% confidence level are reported.

APPENDIX — Survey Instrument

1. Which statement best describes the current status of your practice?
 - We do not plan to implement an EHR.
 - We want to implement or plan to implement an EHR.
 - We currently use an EHR.

2. Why are you not planning to implement an EHR? (Check all that apply).
 - Near retirement
 - Cost-prohibitive
 - No time for implementation and training
 - Concerns about electronic system reliability
 - Difficulty entering data
 - No national standards
 - Security, privacy, and liability concerns for myself or my patients
 - Uncertainty regarding Medicare and/or Medicaid fees
 - Uncertainty regarding the economy
 - Uncertainty regarding the impact of health care reform
 - Other (please specify): _____

3. Would any of the following convince you to implement an EHR? (Check all that apply).
 - Less direct data entry or more versatile user interface (i.e., voice recognition or PDA entry)
 - Greater flexibility in where and how I document
 - Better/more efficient retrieval of needed information
 - Grants or loans to help with implementation cost
 - Health care payment plan reimbursement incentives (i.e., stimulus package, pay-for-performance)
 - Help in selecting the appropriate system for my office
 - Assistance in implementation and training
 - Evidence that it would help improve the quality of patient care
 - Evidence that it would reduce my liability risk
 - Evidence that it would improve my practice operations
 - A better EHR product than the ones I've seen so far
 - Formal or informal standards that ensure that all systems can share information
 - Help from the local hospital to implement a system that will interface with theirs
 - Certainty regarding Medicare and/or Medicaid fees
 - Other (please specify): _____

4. If you want to implement an EHR, how soon do you anticipate doing so?

- Between zero and six months
- Between six months and one year
- Between one and two years
- More than two years

Answer If you want to implement an EHR, how soon do you anticipate... More than two years is selected

5. Why will it take you more than two years to implement an EHR?

- Cost-prohibitive
- No time
- Uncertainty regarding Medicare and/or Medicaid fees
- Uncertainty regarding the economy
- Uncertainty regarding the impact of health care reform
- Other (please specify): _____

6. Which of the following services would you find helpful? (Check all that apply).

- A technology readiness assessment of my practice
- Suggestions of appropriate and effective EHR products
- Analysis of purchase and implementation costs
- A process to screen vendors
- Assistance to optimize new system efficiency and effectiveness
- Financial assistance
- Other (please specify): _____

7. Did your practice apply for Stage 1 Meaningful Use incentives?

- Yes, and we received them.
- Yes, and we expect to receive them.
- No, but we plan to apply.
- No, and we don't plan to apply.
- I don't know.

Answer If Did your practice apply for Stage 1 Meaningful Use incentives? Yes, and we received them. Is Selected or Did your practice apply for Stage 1 Meaningful Use incentives? Yes, and we expect to receive them. Is Selected or Did your practice apply for Stage 1 Meaningful Use incentives? No, but we plan to apply. Is Selected

8. Is your practice planning to advance to Stage 2 Meaningful Use?

- Yes
- No
- Don't know

9. Were you involved in the initial EHR selection for your practice?

- Yes
- No

If No Is Selected, Then Skip to Which type of EHR does your practice...

10. What resources did your practice use to make your EHR decision? (Check all that apply).

- National specialty societies
- Regional Extension Centers (RECs)
- American Medical Association (AMA)
- Certified product list
- TMA's EHR adoption tools
- TMA's Practice Consulting
- TMA's seminars
- EHR vendors
- Other physicians and colleagues
- Other (please specify): _____
- Don't know

11. When you implemented your EHR, from which of the following types of assistance would you have benefited? (Check all that apply).

- A technology readiness assessment of my practice
- Suggestions of appropriate and effective EHR products
- Analysis of purchase and implementation costs
- A process to screen vendors
- Assistance to optimize new system efficiency and effectiveness
- Financial assistance
- Other (please specify): _____
- Don't know

12. Which type of EHR does your practice use?

- Office-based only
- Office and hospital system
- Hospital system only

13. How long has your EHR been implemented?

- Between zero and six months
- Between six months and one year
- Between one and two years
- More than two years

14. Are you currently or do you plan to participate in a local health information exchange (HIE) in order to share EHR data among health care providers?

- Yes, we are participating now.
- Yes, we plan to participate.
- No.
- I don't know.

15. Which EHR system are you using?

- Allscripts
- Amazing Charts
- Athenahealth
- Centricity (GE)
- Cerner
- e-MDs
- eClinicalWorks
- EPIC
- Greenway/Vitera
- NextGen
- Practice Fusion
- Practice Partner (McKesson)
- Sevocity (Conceptual Mindworks)
- SpringCharts
- I only use a practice management system, e-prescribing system, hospital system, or home-grown system.
- Other (please specify vendor below): _____

16. How satisfied are you with your EHR system on the following:

	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied
Reports and reporting ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effect on productivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effect on patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data entry and retrieval	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EHR vendor support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Would you recommend this system to another practice?

- Yes
- No

18. Does your practice use scribes for EHR data entry?

- Yes
- No

Answer If Does your practice use scribes for EHR data entry? Yes Is Selected

19. Did your practice hire new staff as scribes, retrain existing staff, or do both?

- Hired new staff
- Retrained existing staff
- Both

20. Indicate your agreement with each of the following:

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
Data entry at the point of care disrupts a physician's diagnostic thought process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data entry process disrupts formation of the differential diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of the EHR decreases attentiveness to the patient's presentation of signs and symptoms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using an EHR creates data retrieval problems in reviewing patient's history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. To what extent has your EHR saved you money?

- Significant losses
- Some losses
- Neither losses nor savings
- Some savings
- Significant savings

22. To what extent has your EHR improved the quality of patient care?

- Significantly worse
- Somewhat worse
- Neither worse nor improved
- Somewhat improved
- Significantly improved

23. Has your EHR been worth the effort, resources, and cost?

- Yes
- No

24. Were there unanticipated costs related to EHR implementation and use?

- Yes
- No
- Don't know

25. Have you used more than one EHR in your entire medical career?

- Yes
- No

Answer If Have you used more than one EHR in your entire medical career? Yes Is Selected

26. If so, please specify the make and/or the model of the best EHR you have used?

27. Are you currently reporting quality data for Medicare's Physician Quality Reporting System (PQRS) program from your EHR?

- Yes
- No
- Don't know