

Survey of Texas Physicians 2016

Electronic Health Records Research Findings



Physicians Caring for Texans

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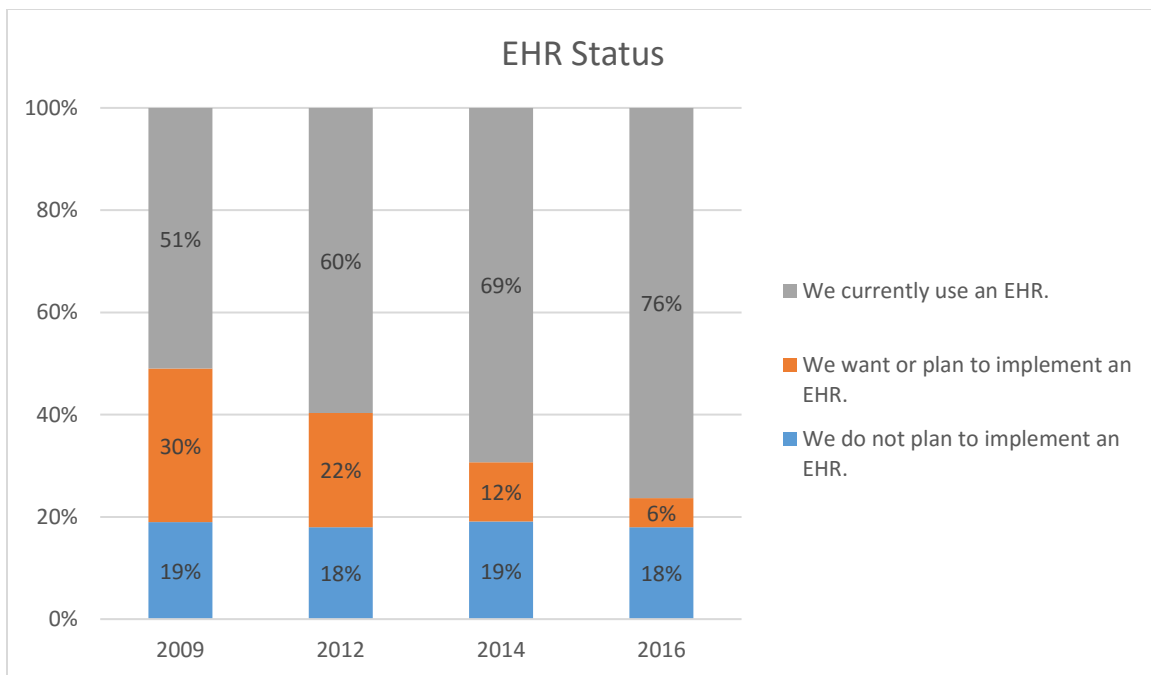
TMA 2016 Physician Survey Electronic Health Records

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.

Health information technology, such as electronic health records, e-prescribing, and health information exchange, has the potential to improve patient quality of care. TMA's goal is to help ensure HIT has a positive impact on physicians, patients, and practices by enhancing quality of care, patient safety, and practice viability. The current questions served as a benchmark of physician needs and experiences with EHRs and are especially important as TMA tailors services and resources to help physicians with meaningful use of an EHR. The following results are based on an email survey conducted from in May of 2016. Approximately 39,165 Texas physicians and residents with email addresses in the TMA database were emailed a personalized link to the survey. By the end of the year, responses were received from 1,084 Texas physicians regarding their use of and experience with electronic health records.

EHR Status (May Question 1)

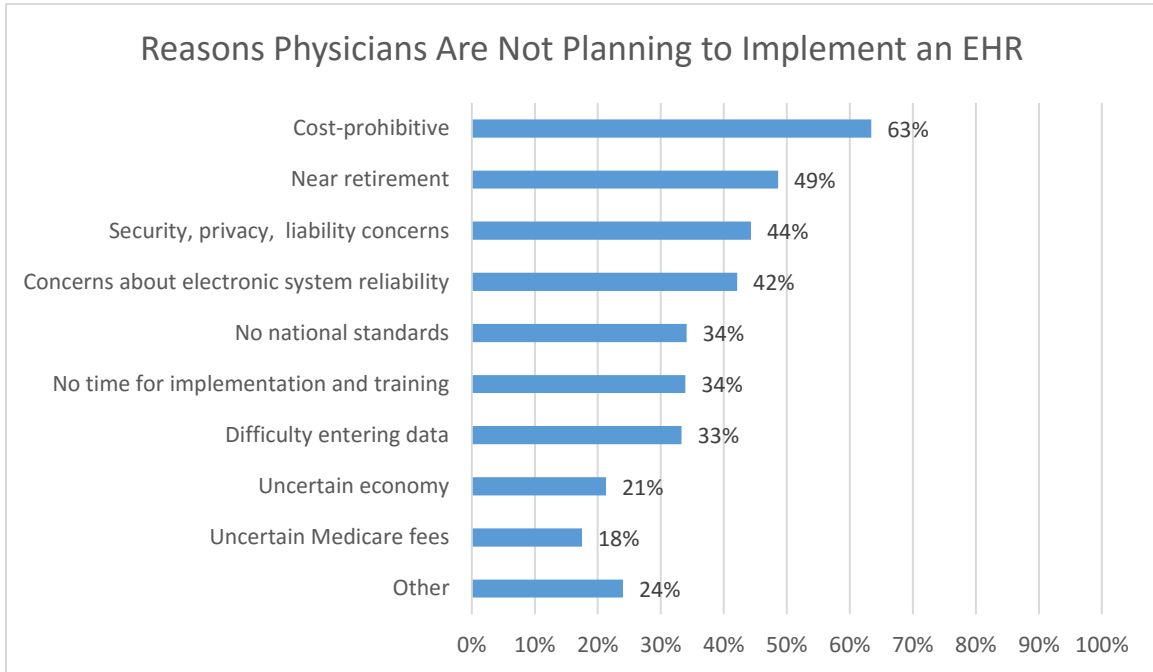
The percentage of physicians using an EHR (76 percent) increased while the percentage of physicians who planned to implement an EHR decreased (6 percent). The percentage of physicians who do not plan to implement an EHR remained steady at 18 percent.



Practices With No Plans to Implement an EHR

Reasons for Not Implementing an EHR (May Question 2)

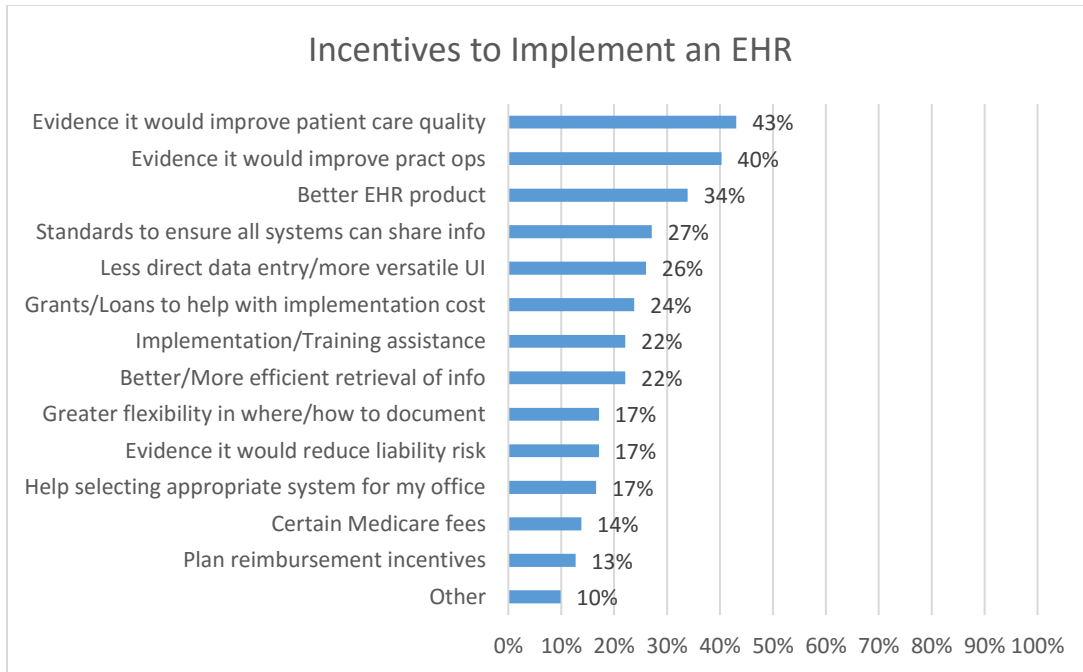
Physicians who did not plan to implement an EHR continued to report it was cost-prohibitive (63 percent).



A percentage of physicians (24 percent) listed “other” reasons why they were not planning to implement an EHR, primarily that there was no evidence it improved patient care but there was evidence it decreased patient care quality.

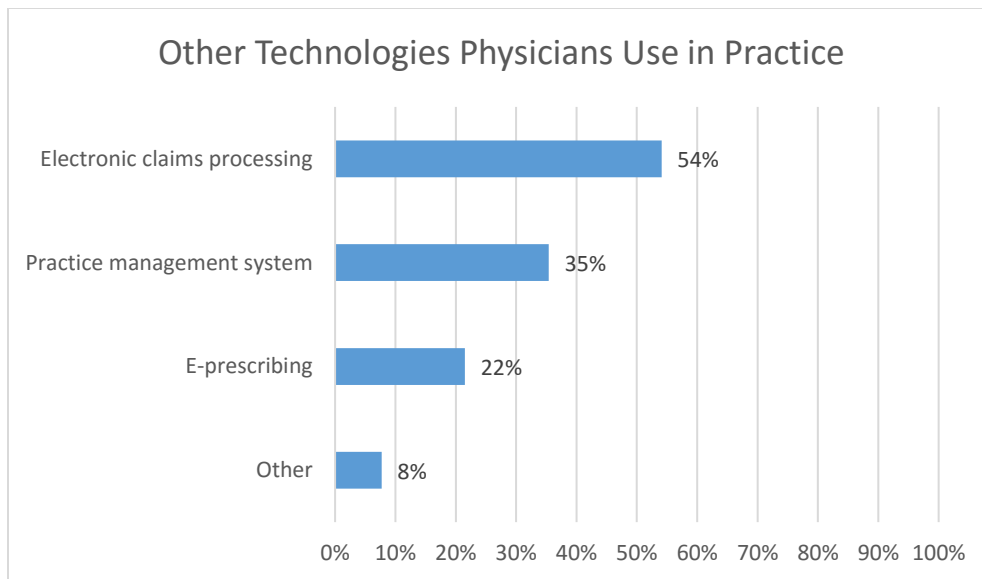
Incentives to Implement an EHR (May Question 3)

Physicians would be more likely to implement an EHR if they saw evidence it improved the quality of patient care (43 percent) or practice operations (40 percent).



Other Technology in Practice (May Question 4)

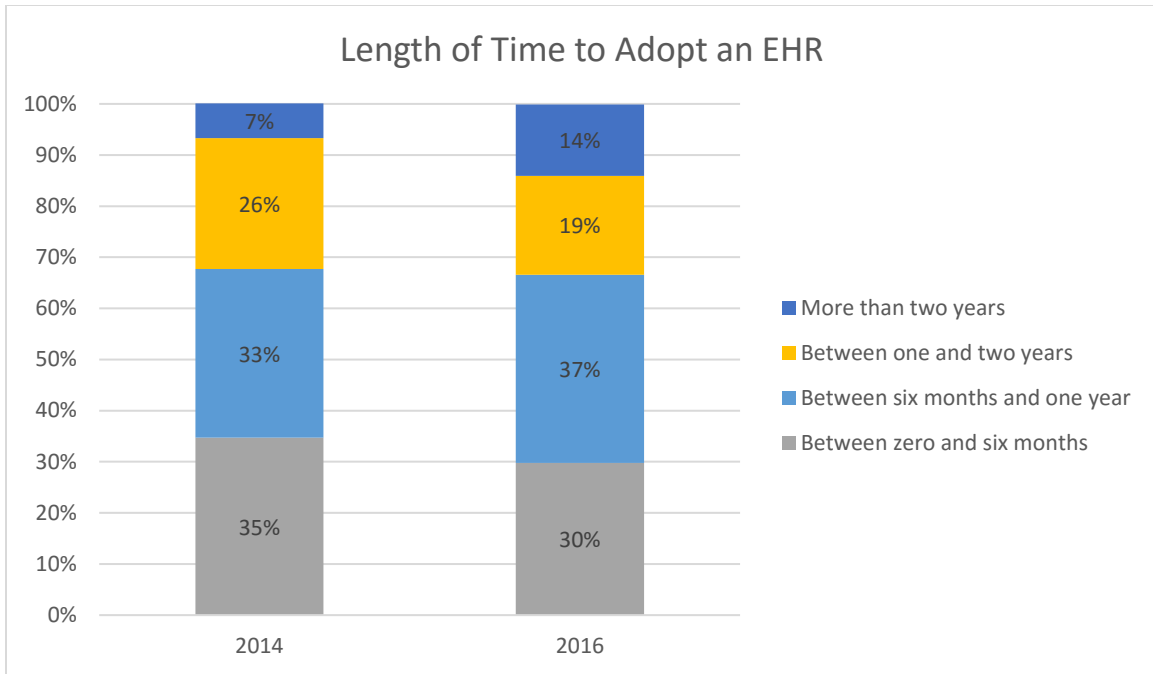
Although 20 percent of physicians were not using an EHR in their practice, they were using other technology, particularly electronic claims processing (54 percent).



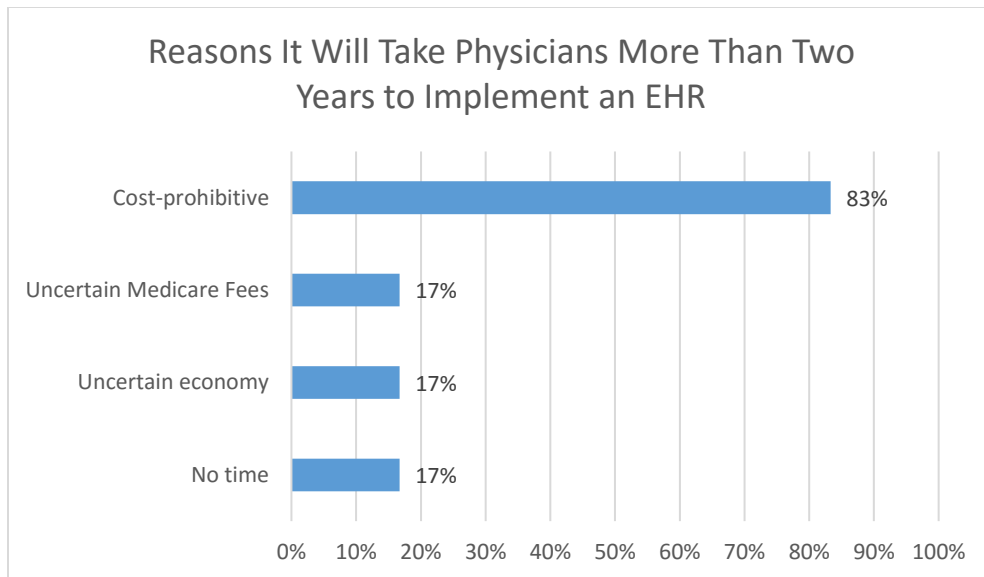
Practices With Plans to Implement an EHR

Time Until EHR Implementation (May Question 5-6)

Practices that wanted to or planned to implement an EHR anticipated doing so within one year (67 percent).

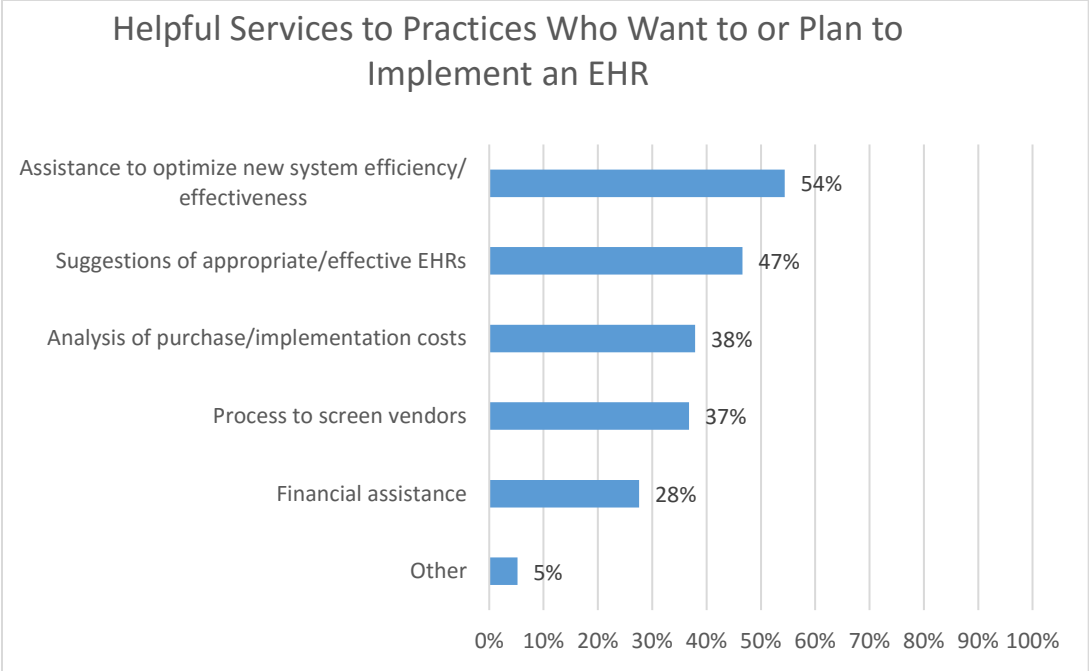


Physicians who reported it will take their practice more than two years to implement an EHR reported the cost was prohibitive (83 percent).



Helpful Services for Implementation (May Question 7)

Physicians who want or plan to implement an EHR reported assistance optimizing new system efficiency and effectiveness (54 percent) would be most helpful to their practice.

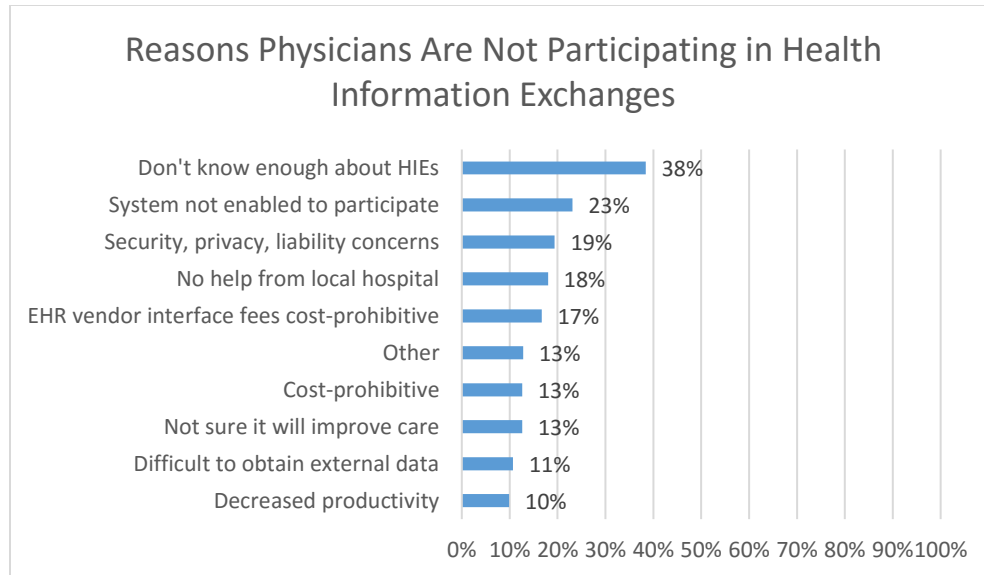


A small percentage of physicians specified other services that would be helpful to their practice, including assistance with security concerns.

Practices That Have Implemented an EHR

Health Information Exchange (February Question 8-9)

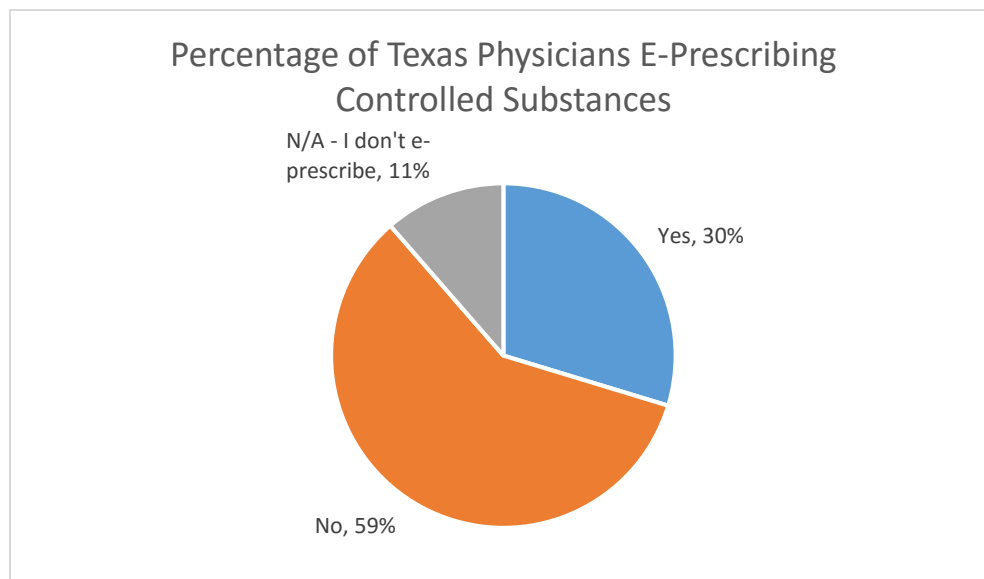
Thirty-six percent of physicians participated in a local HIE to share EHR data among health care providers. Physicians who were not participating in a HIE were unfamiliar with them (38 percent) or their system was not enabled to participate (23 percent).



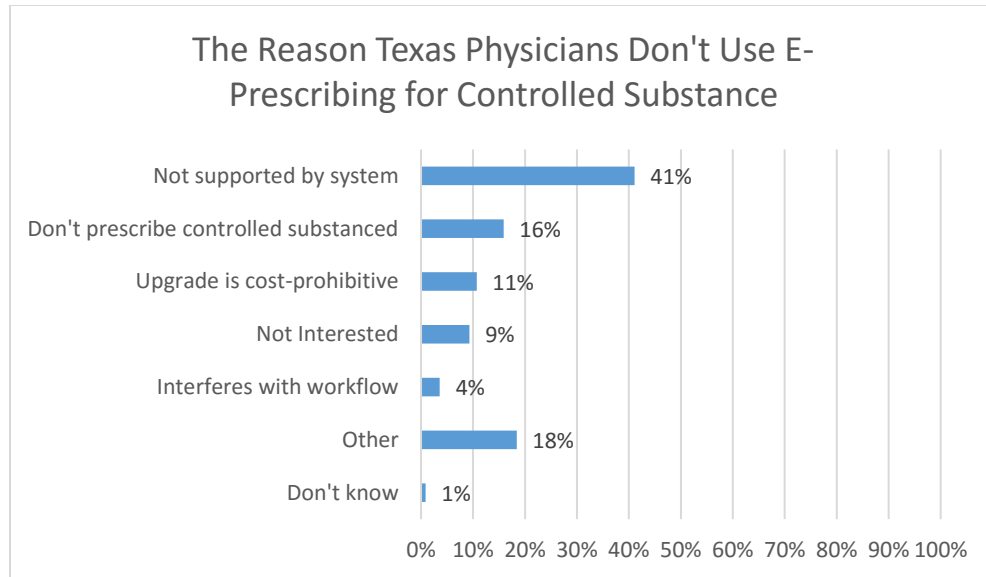
Other reasons physicians specified as to why they were not participating in a local HIE included there were none in their area or it was not their decision.

E-Prescribing Controlled Substances (May Question 10-11)

Thirty percent of physicians used e-prescribing for controlled substances.



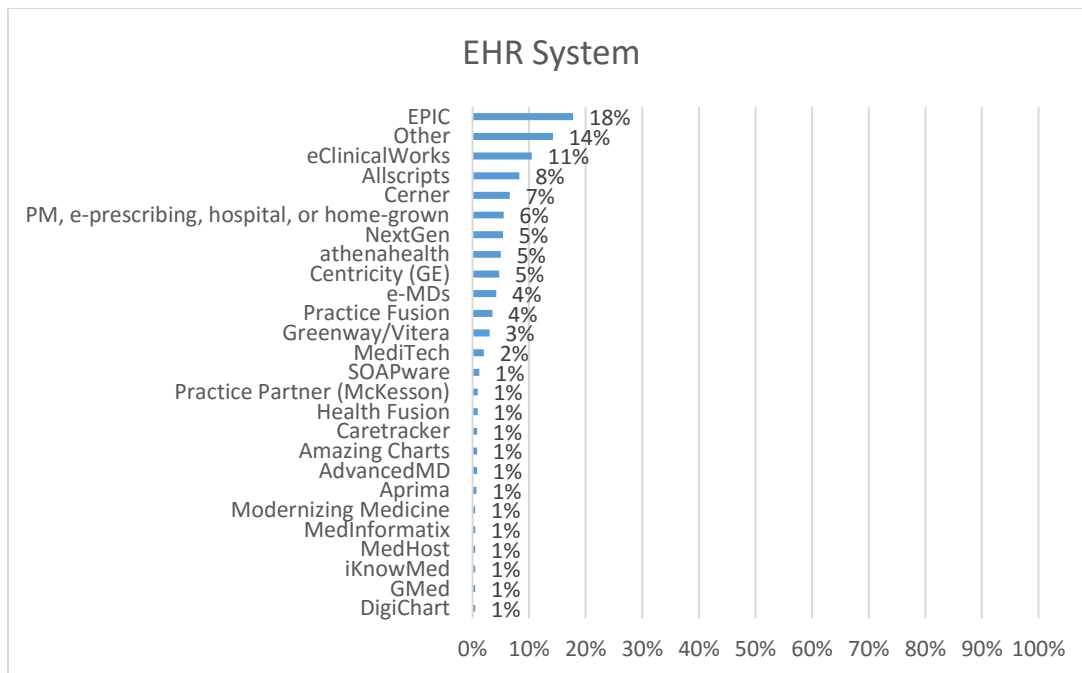
Physicians who didn't use EPCS reported it was not supported by their EHR (41 percent).



Eighteen percent reported other reasons why they didn't use EPCS: They didn't know about it, were told it was not available, or found the process difficult to set up.

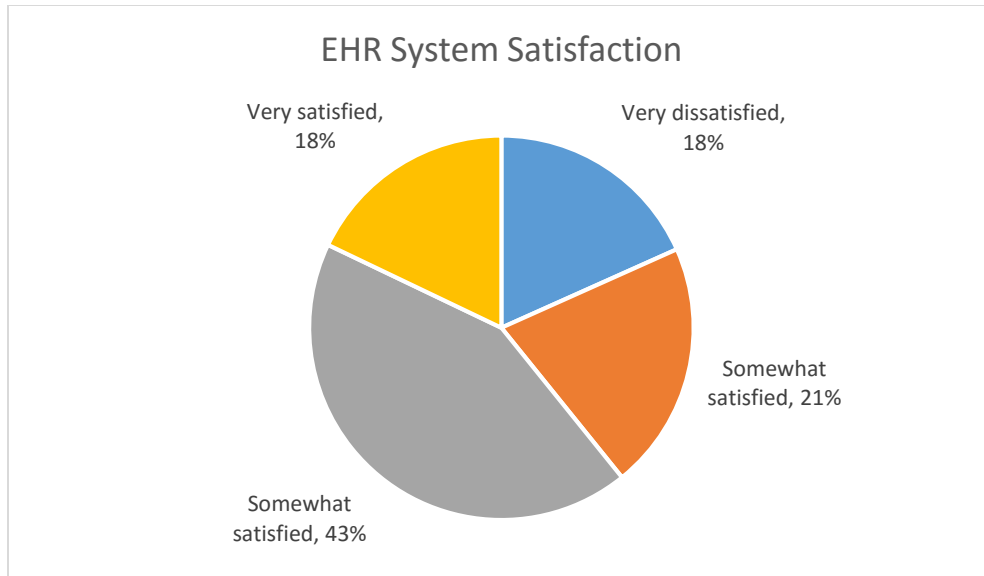
EHR System (May Question 12)

In years past the largest percentage of physicians used “other” EHR systems, too numerous to quantify. This year the percentage of physicians who used “other” systems decreased to 14 percent with EPIC now the system with the largest percentage of users (18 percent).

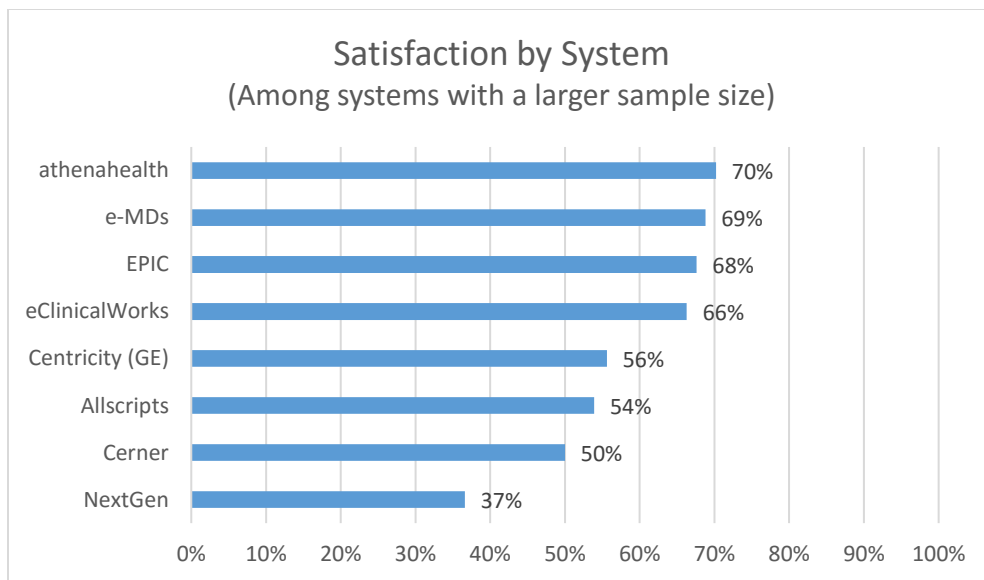


EHR Satisfaction (May Question 13)

Users were asked to rate their satisfaction with their system. Overall, physicians were satisfied with their EHR (61 percent).

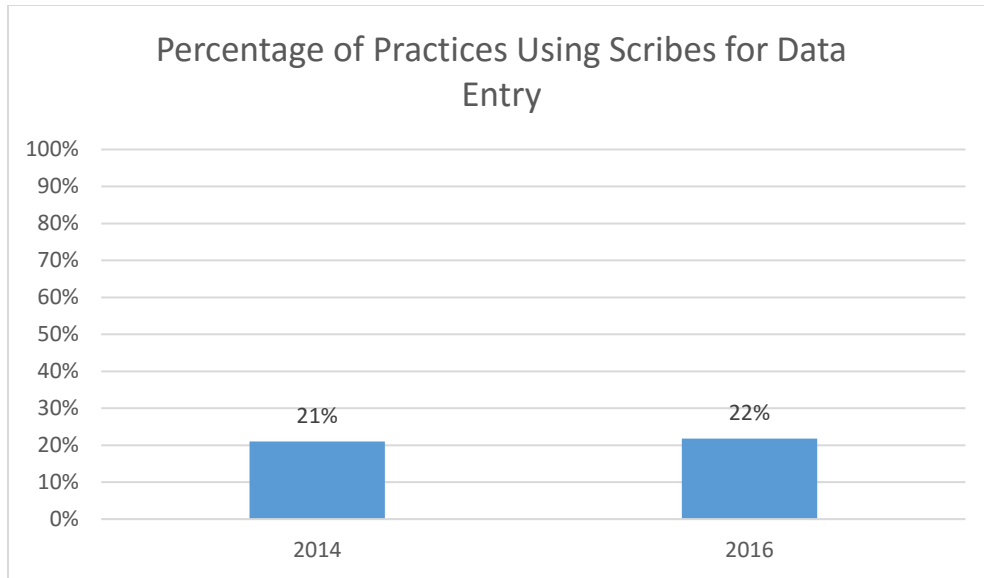


Among systems with a larger percentage of users, an analysis of physician satisfaction showed physicians most likely to be satisfied with athenahealth (70 percent) followed by e-MDs (69 percent).



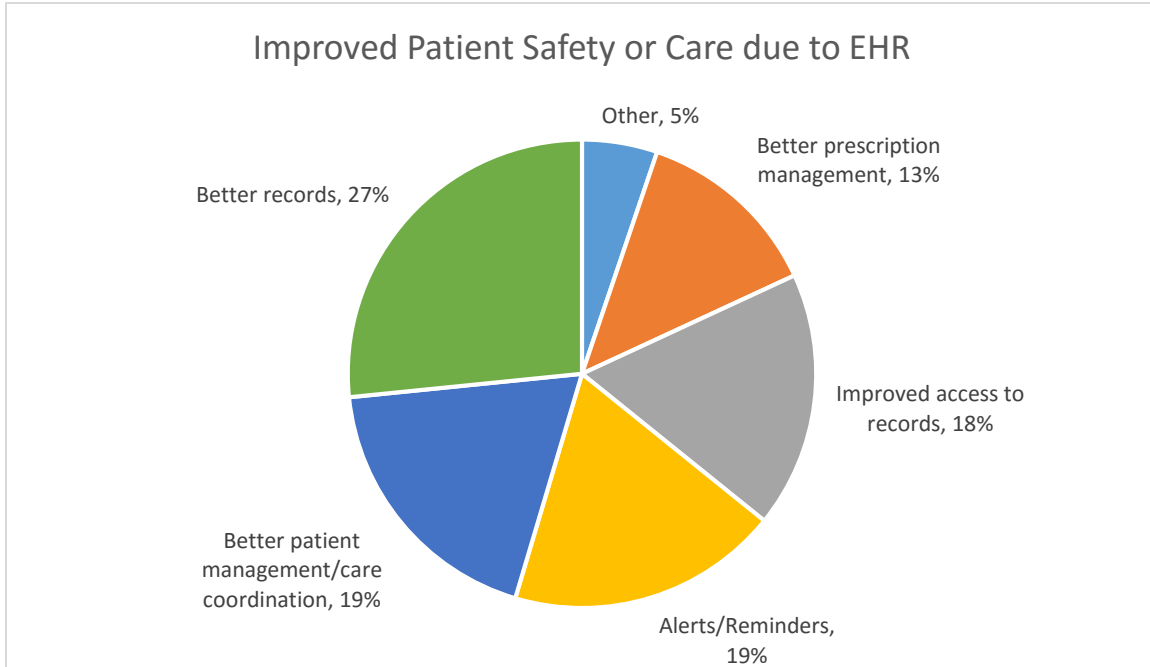
Scribes (May Question 14)

Twenty-two percent of physicians reported their practice used scribes for EHR data entry.



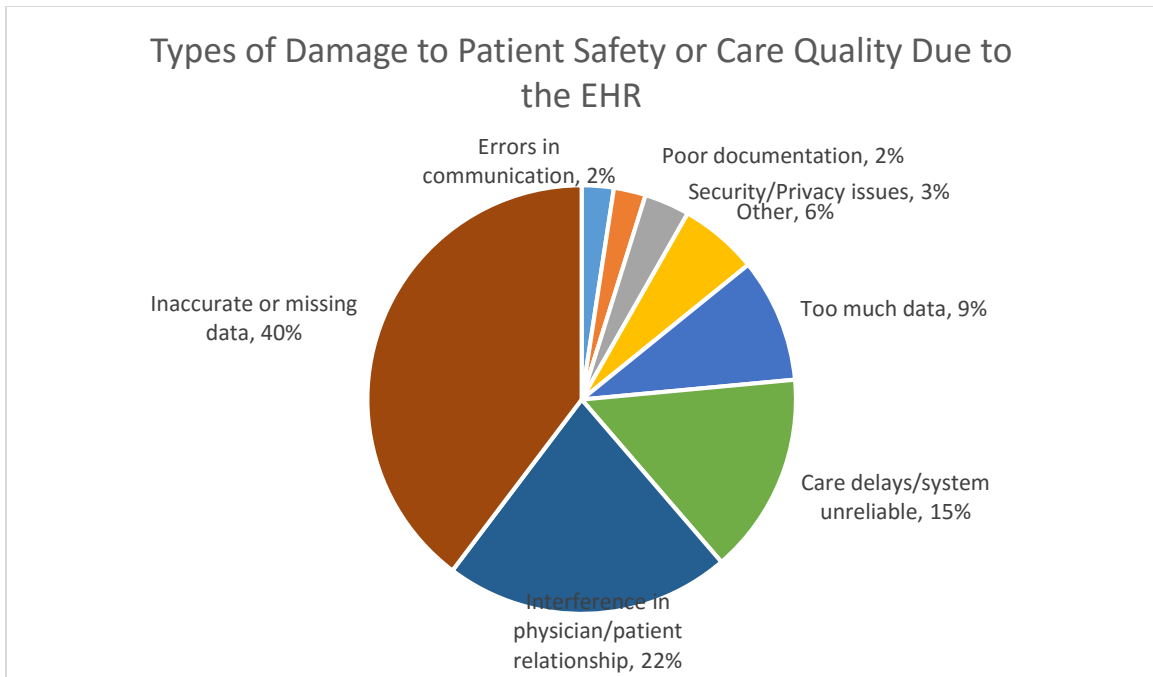
EHR Effect on Patient Safety and Quality of Care (Question 15-18)

EHRs have the potential to improve patient safety and care, but they can introduce new types of errors or escalate small errors into larger ones. Forty-nine percent of physicians saw improved patient safety and care as a result of using an EHR, including more thorough and legible records (27 percent), improved care coordination, and alerts or reminders (19 percent).



Thirty-four percent of physicians experienced damage to patient safety and care due to an EHR, primarily missing or inaccurate data, which was seemingly carried forward into perpetuity (40 percent). An additional 9 percent of physician experienced too much data, much of which was

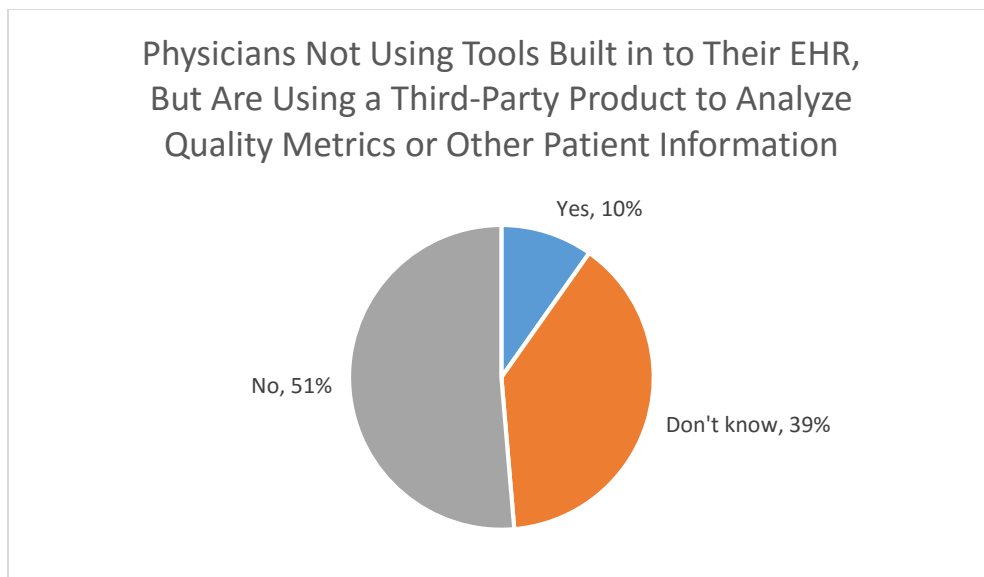
irrelevant and obscured important information. Twenty-two percent reported interference in the patient-physician relationship, and 15 percent of physicians reported delays in care, frequently as a result of system crashes and downtime.



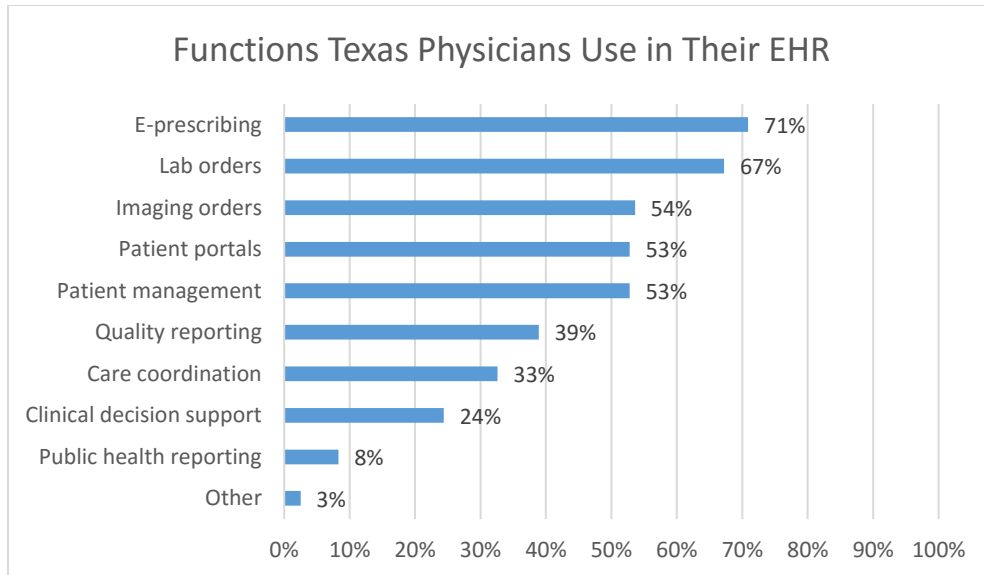
Fifty-two percent disagreed improvements in patient safety and care quality due to an EHR outweighed risks.

EHR Tools (May Question 19-21)

Sixty percent of physicians used tools built in to their EHR to analyze quality metrics or other information about their patient population. Among the 40 percent of physicians not using tools built in to their HER, 10 percent are using a third-party product.

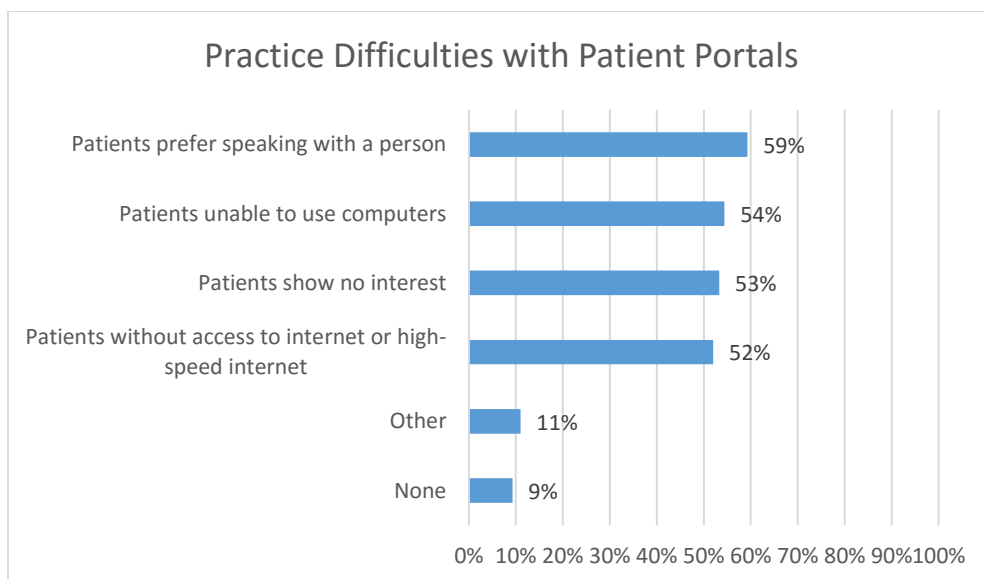


A large majority physicians used e-prescribing (71 percent) and ordered labs (67 percent) through their EHR.



Patient Portals (May Question 22-23)

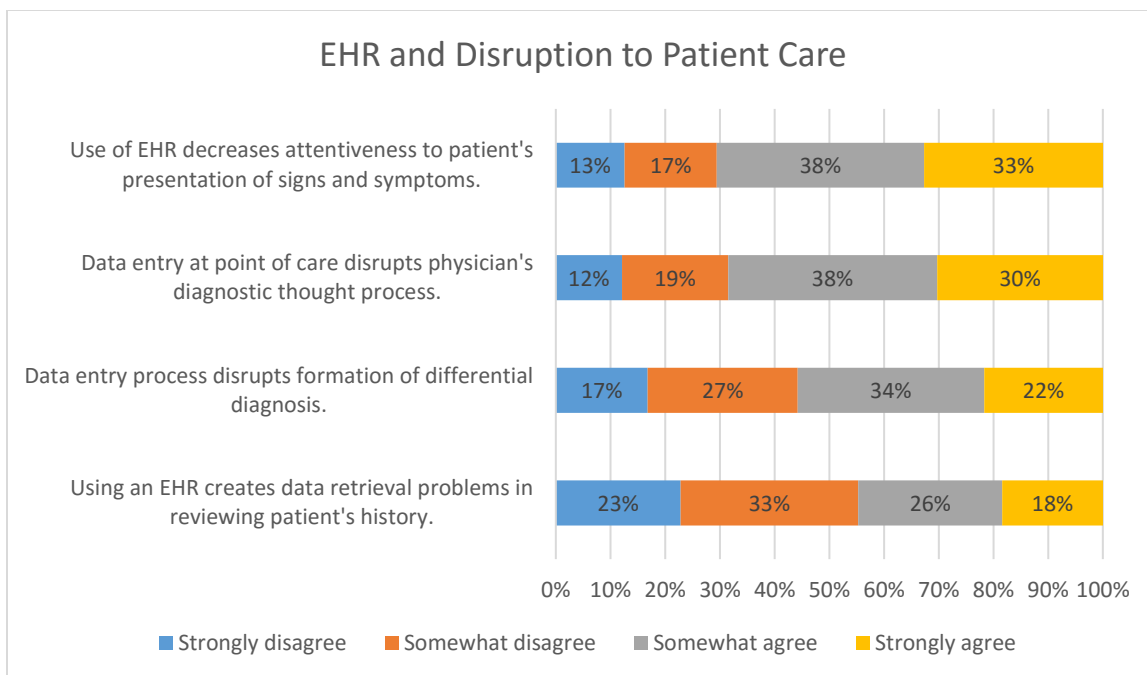
Patient portals are online websites which give patients access to their personal health information. They are also the primary way in which practices demonstrated patient engagement in the meaningful use program. Seventy-three percent of physicians had a patient portal. However, the majority of physicians experienced challenges using their patient portal, including low patient adoption rates because patients preferred speaking with a practice physician or staff (59 percent), patients unable to use or without a computer (54 percent), patients with no interest in using a portal (53 percent), and patients without internet or high-speed internet (52 percent). Other problems physicians experienced were patients with limited English proficiency and patients frequently forgetting their password and diverting staff time from other practice activities.



Given that these factors are beyond a physician’s or practice’s control, basing payment on patient use of portals may discourage practices from seeing older patients or patients with limited resources and may not be best from a policy or patient care standpoint.

EHR Disruption to Patient Care (May Question 24)

Physicians agreed use of the EHR decreased attentiveness to the patient’s presentation of signs and symptoms (71 percent), and data entry at the point of care disrupted a physician’s diagnostic thought process (68 percent).



Use of More Than One EHR (May Question 25)

Sixteen percent of physicians switched EHRs because their EHR was ineffective and 5 percent because their EHR went out of business. Seven percent listed other reasons for switching EHRs including cost.

Cyber Security (May Question 26-28)

Four percent of physicians’ practices experienced a ransomware attack (data encrypted until ransom paid), which cost a median of \$1,000 to unencrypt their data, and 4 percent experienced a data breach, which cost a median of \$20,000 including IT support, notifying patients, and updating policies.

Cyber Liability Coverage (May Question 29)

Twenty-eight percent of physicians reported their liability insurance carrier offered cyber liability coverage.

Physician Demographics

Gender

	<u>2010</u>	<u>2012</u>	<u>2014</u>	<u>2016</u>
	%	%	%	%
Male	75	73	70	67
Female	25	27	30	33

Age

	<u>2010</u>	<u>2012</u>	<u>2014</u>	<u>2016</u>
	%	%	%	%
40 and younger	21	19	18	19
41 to 50	27	23	22	22
51 to 60	33	32	27	27
61 and older	19	25	33	32

Specialty

	<u>2010</u>	<u>2012</u>	<u>2014</u>	<u>2016</u>
	%	%	%	%
Obstetrics-Gynecology	7	7	7	6
Pediatrics	7	8	10	9
Surgical Specialty	13	13	13	11
Indirect Access	14	15	16	18
Primary Care	25	26	30	27
Nonsurgical Specialty	33	32	24	29

County

	<u>2010</u>	<u>2012</u>	<u>2014</u>	<u>2016</u>
	%	%	%	%
Bexar	9	8	9	9
Dallas	13	12	13	14
Harris	19	17	18	20
Tarrant	8	6	6	7
Travis	9	8	9	9
Smaller metro	34	41	37	35
Rural	6	6	6	6
Rio Grande Valley	3	3	2	

TMA Membership Status

	<u>2010</u>	<u>2012</u>	<u>2014</u>	<u>2016</u>
	%	%	%	%
Former				7
Nonmember	13	14	17	12
Member	87	86	83	81

APPENDIX — Survey Instrument

May EHRs

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? (Select 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 fees

Uncertainty regarding the economy

Other (please specify): _____

3. Would any of the following convince you to implement an EHR? (Select 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 it would improve the quality of patient care

Evidence it would reduce my liability risk

Evidence it would improve my practice operations

A better EHR product than ones I've seen

Standards to ensure that all systems can share information

Certainty regarding Medicare fees

Other (please specify): _____

4. What technologies do you use in practice? (Select all that apply.)

A practice management system

Electronic claims processing

E-prescribing

Other (please specify): _____

None

5. 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 you anticipate... More than two years is selected

6. Why will it take you more than two years to implement an EHR? (Select all that apply.)

Cost-prohibitive

No time

Uncertainty regarding Medicare fees

Uncertainty regarding the economy

Other (please specify): _____

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

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): _____

8. Are you participating in a local health information exchange (HIE) in order to share EHR data among health care providers?

Yes

No

Answer If Are you participating in a local health information exchange (HIE) in order to share EHR data among healthcare providers? No Is Selected

9. If not, why not? (Select all that apply.)

Don't know enough about HIEs

Security, privacy, and liability concerns

EHR system is not enabled to participate

Decreased productivity

No help from local hospital

Difficult to obtain external data

Not sure it will improve patient care

HIEs are cost-prohibitive

EHR vendor interface fees are cost-prohibitive

Other (please specify): _____

10. Do you use e-prescribing for controlled substances?

Yes

No

Not applicable – I don't use e-prescribing

Answer If Do you use e-prescribing for controlled substances? No Is Selected

11. If you don't use e-prescribing for controlled substances (EPCS), why not?

I'm not interested in using it.

I don't prescribe controlled substances.

The upgrade to EPCS is cost-prohibitive.

It is not supported by my EHR.

It interferes with workflow.

Other (please specify): _____

12. 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)

I only use a practice management system, e-prescribing system, hospital system, or home-grown system.

Other (please specify vendor): _____

13. How satisfied are you with your EHR system?

Very dissatisfied

Somewhat dissatisfied

Somewhat satisfied

Very satisfied

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

Yes

No

15. Have you experienced or witnessed:

	Yes	No
Damage to patient safety or care quality due to use of the EHR?		
Improved patient safety or care quality due to use of the EHR?		

Answer If Instances where an EHR damaged or harmed safety or care quality? - Yes Is Selected

16. If you have seen damage or harm to patient safety or care quality due to an EHR, please describe:

Answer If Have you experienced or witnessed: Improved patient safety or care quality due to use of the EHR? - Yes Is Selected

17. If you have seen an improvement in patient safety or care quality due to use of an EHR, please describe:

18. Do any improvements in patient safety and care quality due to the EHR outweigh risks to patient safety and care quality?

Yes
No

19. Are you using tools built-in to your EHR to analyze quality metrics or other information about your patient population?

Yes
No

Answer If Are you using tools built-in to your EHR to analyze quality metrics or other information about you... No Is Selected

20. Do you use a third-party product to analyze quality metrics or other information about your patient population?

Yes
No
Don't know

21. Which EHR functions do you use? (Select all that apply.)

- Quality reporting
- Patient management
- E-prescribing
- Patient portals
- Care coordination
- Public health reporting
- Clinical decision support
- Imaging orders
- Lab orders
- Other (please specify): _____

22. Do you have a patient portal?

- Yes
- No

Answer If Do you have a patient portal? Yes Is Selected

23. Which problems, if any, have you or your practice experienced with patient portals? (Select all that apply.)

- Patients without access to Internet or high speed Internet.
- Patients unable to use computers.
- Patients prefer speaking with physician or practice staff.
- Patients have no interest.
- Other (please specify): _____
- None

24. Indicate your agreement with each of the following:

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

25. In your current, primary place of practice have you switched EHRs because your former one was:

	No	Yes
Ineffective?		
Went out of business?		
Other (please specify):		

26. Has your practice experienced a ransomware (data encrypted until ransom paid) or data breach?

	Yes	No	Don't know
Ransomware			
Data breach			

Answer If Ransomware - Yes Is Selected

27. How much was the ransom to have your data unencrypted? (If your practice experienced more than one ransomware, answer for the most recent one.)

Answer If Data breach - Yes Is Selected

28. How much did it cost your practice to recover from the data breach including IT support, notifying patients, updating policies, etc.? (If your practice experienced more than one data breach, answer for the most recent one.)

29. Does your liability insurance carrier offer cyber liability coverage?

Yes

No

Don't know