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Survey Planning to Support Successful HIT Adoption

Center for State Health Policy
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New Jersey HIT Survey Planning Project

- Funded by Department of Banking & Insurance
- Identification of issues and survey development
  - Key informant interviews and focus groups
    - Hospital CIOs
    - Physicians
    - Practice managers
    - Primary Care Association
  - Review of existing surveys and methodology
  - Identify survey objectives and target populations
  - Identify potential incentives and barriers to HIT adoption

Issues with HIT Adoption -- Hospitals

- Hospitals are at very different levels of adoption, but have substantial expertise and experience to share
  - Experience collaborating with FQHCs and ambulatory care physicians to design shared records and plan future interoperability
- Hospitals in safety net areas have fewer resources overall -- costs of buying and maintaining systems are a challenge, but they want to share in benefits of HIT
- Concern that more prosperous hospitals are further ahead and may get more resources in the future
- Will hospitals benefit from savings down the road?
- Concern about definition of meaningful use and requirements for Medicare/Medicaid incentives

Issues with HIT Adoption – Hospitals, cont.

- Vendor systems have many capabilities, but need extensive tailoring to effectively provide specific information a clinician needs at the point of treatment – little time available to make clinical decisions
- The more systems are tailored in-house, the less a vendor can help with maintenance
- Continuing costs of in-house support to tailor and maintain a system can be difficult to justify to hospital management – can be 20% of upfront costs
- Lessons learned can improve implementation – e.g., features specific to one unit may make sharing information with other units harder

Issues with HIT Adoption – Hospitals, cont.

- Introducing and debugging systems is a major undertaking – doing it in a way that minimally disrupts medical operations on unit is real challenge
- Doctors are always part of process for evaluating systems
  - Doctors have strong opinions, but those who have something that works for them have influence with their peers
- Many doctors see value in EMR – successful use requires process review, training, education
- Getting systems operational within hospitals has taken longer than expected and crowded out activity around interoperability
- Management and doctors have questions about privacy and security rules around data sharing – more education and guidance from state would be helpful

Issues with HIT Adoption – Physician Practices

- Ambulatory care EMRs can be tremendously expensive to install and maintain
- Needs can be very different between primary care and specialty physicians
- Some doctors who were early adopters need to replace outdated systems – potential loss of productivity and existing patient data
- Some doctors who have EMRs say that system doesn't meet their needs
- Physicians in smaller practices concerned about evaluating and buying systems on their own – also maintenance costs, proper security, training staff, and ownership of patient data

Issues with HIT Adoption – Physician Practices

- Inner-city practices are often solo and resource-poor
- From NJ State Physician Census, 2002 – Patient-care doctors

	All	5%+Medicaid
Use computer for prescriptions	6.8%	4.3%
Use computer for other medical info	16.2%	9.3%

Physicians serving Medicaid/NJ FamilyCare tend to be younger, female, foreign-born, primary care, psychiatrists

- Burden on administrative staff of HIT adoption is concern
- Making processes standard might alleviate workload

HIT Adoption - FQHCs

- HRSA and Primary Care Association have done a lot to support process
  - List of vendors that meet HRSA requirements
  - Training of executives, physicians, medical staff
  - Working on information flow/protocols
  - Getting all clinical components of system installed and operational has been challenge – integrating dental has been biggest issue
  - Most Centers have very little IT support
- Some concern about ongoing maintenance costs; not clear yet how this will work
- Two ER diversion projects with hospitals – linking records is a challenge

The Role of the State

- Things to support the process of adoption
  - Record Locator Service/Master Patient Index
  - Define standard data elements in an EHR
  - Help in removing privacy barriers
  - Continue to clarify HIPAA and state requirements
  - A lot of education is still needed
- Financial resources
  - Improve state systems; they are the hardest to connect with
  - Support hospital EMRs, then connection to other partners
  - Help equalize resources between wealthier and less wealthy providers
  - Technical support???

Survey Development

Massachusetts General Hospital/George Washington University Report

- ONC project to design standardized approach to measure HIT adoption
- Informed by Expert Consensus Panel and technical working groups
- Highlights need for reliable, timely data on adoption for policy development – standardized across geographies
- Defines key terms (e.g., EHR, HIT adoption)
- Recommends survey approaches for hospitals and ambulatory practices
- Points out need to develop survey content on interoperability

Survey Development

- Survey instruments utilizing suggested measures developed for physician practices and hospitals
  - Two national studies published in *New England Journal of Medicine*
  - Health Information Technology Evaluation Collaborative using versions of these surveys in New York State
- CSHP developed draft physician survey for Medicaid using these items
- Can be used in New Jersey to gather baseline information
  - Important for documenting future successes and identifying gaps
  - Getting good information will require careful sampling design and vigorous follow-up
  - Medicaid will gather information only for their providers – does the state need more general information?