



***Oklahoma EHR Incentive Program  
Survey Report***

*Fall 2015*

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## **Introduction:**

*The Oklahoma Health Care Authority (OHCA) is charged with administering the Medicaid Electronic Health Records (EHR) Incentive Program for the state of Oklahoma. OHCA began offering the EHR Incentive Program in January 2011 and was the first state to issue an incentive payment to an eligible professional (EP).*

*The EHR Incentive Program provides incentive payments to eligible professionals (Physicians, Nurse Practitioners, Certified Nurse-Midwives, Dentists and Physician Assistants who furnish services in a Federally Qualified Health Center or Rural Health Center that is led by a Physician Assistant), eligible acute care hospitals, critical access hospitals (CAHs) and children's hospitals as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology.*

*In the fall of 2014, OHCA released an EHR survey to SoonerCare providers relating to the adoption of electronic health records.*

## **Purpose of the Study:**

*The primary objective of the EHR Survey was to identify areas within the state of Oklahoma that are lacking participation in the EHR Incentive Program, their barriers to entry, as well, as to identify the best approaches in conducting provider outreach for the program. The secondary objectives of the survey were to identify the uptake of EHRs and connection(s) with HIEs throughout the state (including providers that do not qualify to participate in the EHR Incentive Program).*

*The survey results will be used to expand our current outreach efforts to enable OHCA to provide the most efficient and effective effort possible. These results will also be used to establish an in-depth outreach program to assist those providers not participating in the EHR Incentive Program, as well as, those providers that have ceased to return to the program.*

## **Methodology:**

*The survey was developed as an online survey through Survey Monkey and consisted of 17 questions. The survey was broken out into four categories; EHR utilization, Barriers to utilizing an EHR, Effectiveness of outreach efforts, and Health Information Organization (HIO) participation. The survey was sent to 16,192 individual providers and 5,595 group/facility providers representing a total of 22,814 individual and group/facility providers. The total number of represented providers was identified by the unduplicated number of individual providers plus the number of individual providers assigned to the group/facility.*

*The sample of the survey recipients included Oklahoma based SoonerCare providers that may transmit health information in electronic form and Oklahoma based Medicare providers that previously received a Medicare EHR Incentive payment.*

*Below is the complete list of provider types of the providers that received an invite to the survey:*

- *Advance Practice Nurse*
- *Ambulatory Surgical Center (ASC)*
- *Anesthesiologist Assistant*
- *Audiologist*
- *Chiropractor*
- *Clinic*
- *Dentist*
- *DME/Medical Supply Dealer*
- *End-Stage Renal Disease (ESRD) Clinic*
- *Extended Care Facility*
- *Foster Care Agency*
- *Home Health Agency*
- *Hospice*
- *Hospital*
- *Laboratory*
- *Licensed Behavioral Health Practitioner*
- *Mental Health Provider*
- *Mid-Level Practitioner*
- *Nurse*
- *Optician*
- *Optometrist*
- *Pharmacy*
- *Physician*
- *Podiatrist*
- *Specialized Foster Care/MR*
- *Therapist*
- *Transportation Provider*
- *X-Ray Clinic*

## **Findings:**

*We found that the majority of the survey respondents have adopted a certified Electronic Health Record (EHR) system with approximately 20% of the respondents indicating that they have no plans to acquire such system. Of the respondents that are utilizing an EHR, more than half of them have been utilizing an EHR for more than two years. The barrier for the respondents to adopt a certified EHR system was the total cost of acquiring a certified EHR system. Of the respondents that have adopted a certified EHR system, the majority indicated that although the system improved access to patient information, they did not have much of an impact on improved outcomes or workflows. In some cases, the respondents indicated that the certified EHR system had a negative impact on their workflow. Overall, the respondents were pleased with the method in which they received communication from OHCA and felt that the information they were receiving was effective.*

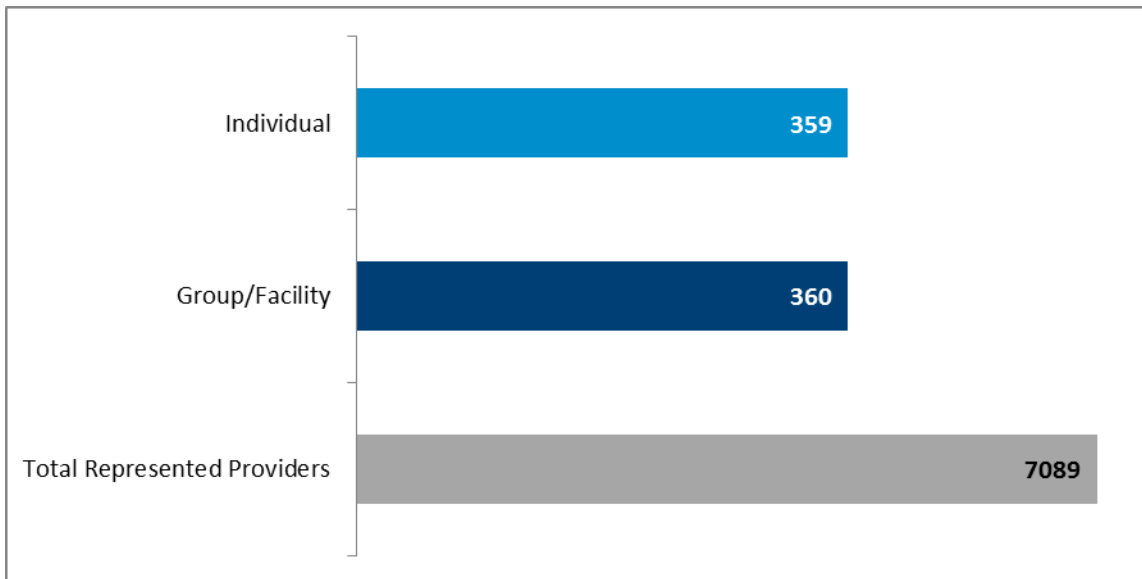
## Detailed Findings:

Questions 1 – 5 identify the types of providers utilizing an EHR system, as well as, identify the number of providers that do not wish to adopt an EHR system.

**Question 1: Are you completing this survey for an individual provider or a group/facility practice as a whole?**

*OHCA received 719 survey responses from 359 individual providers and 360 group/facility providers representing a total of 6,730 individual and group/facility providers for a response rate of 30%. The total number of represented providers was identified by the number of providers within the group/facility's practice as reported by the group/facility plus the number of individual provider responses.*

**Chart 1: Survey Responses**



**Question 2: Please provide the name of the person filling out this survey.**

*719 names of the individual completing the survey were provided. These names were requested in the event additional information was needed.*

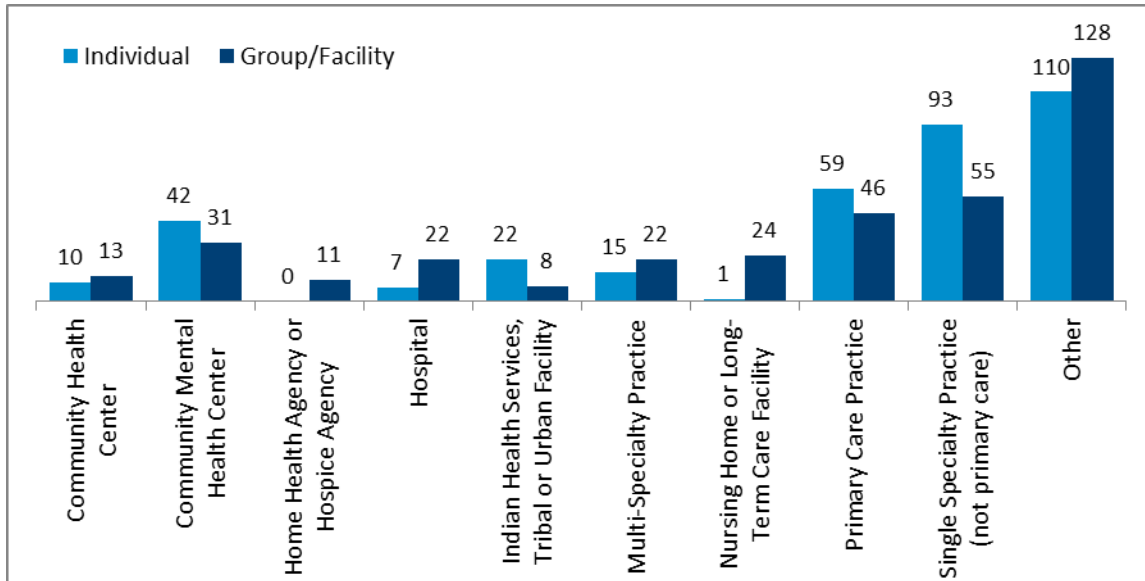
**Question 3: What is your NPI or SoonerCare Provider ID and Service Location code?**

*719 NPIs or SoonerCare IDs were provided. The NPI and SoonerCare ID were vital in identifying a true provider and clinic or facility.*

**Question 4: Which best describes your practice? (Select one.)**

Approximately 45 percent of the respondents were from a single non-primary care specialty practice, primary care practice or Community Mental Health center.

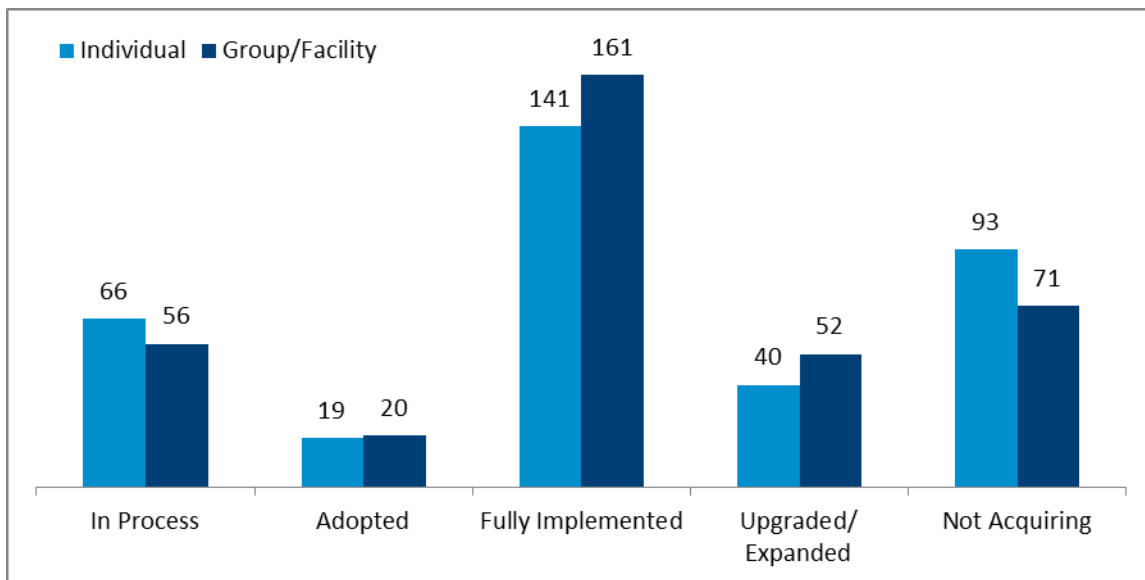
**Chart 2: Type of Practice**



**Question 5: What is the extent of EHR planning and implementation in your practice? (Select one.)**

As expected, the majority of providers and clinics/facilities have adopted a certified EHR product. For those respondents that indicated that they have no plans to acquire an EHR, the survey ended.

**Chart 3: EHR Planning and Implementation**

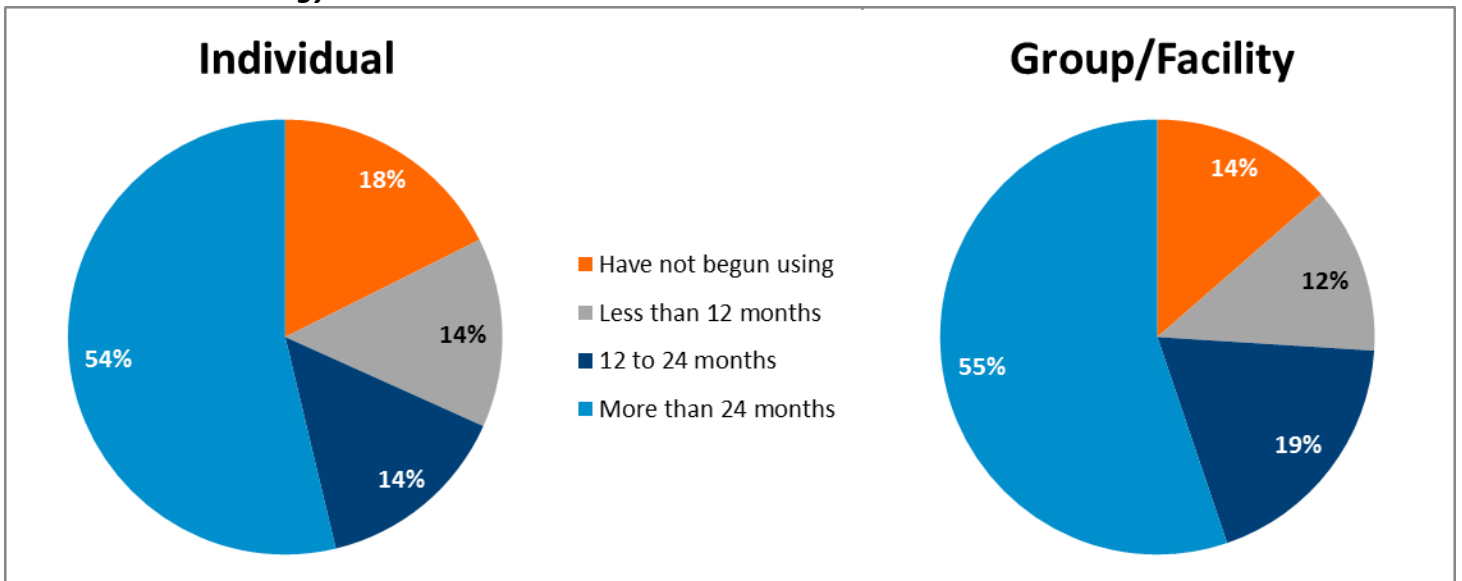


Questions 6 – 8 identify the pros, cons and any barriers to utilizing an EHR system.

Question 6: *How long have you or your group/facility practice been using EHR technology? (Select one.)*

*Approximately 72 percent of the respondents have been utilizing EHR technology for more than a year with over 50 percent of the respondents utilizing EHR technology for more than 2 years.*

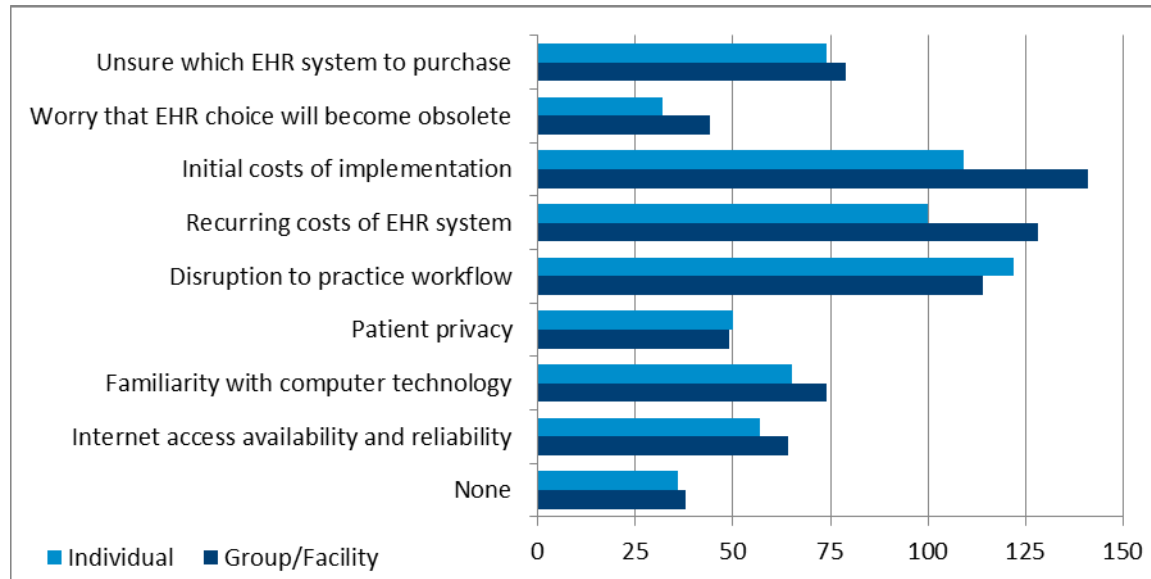
**Chart 4: EHR Technology Utilization**



**Question 7: To what degree are/were the following issues a concern for implementation of an EHR system in your practice? (Select all that apply.)**

*The costs and the disruption to the practice's workflow were the main issues identified by the respondents to implement an EHR system. With most system changes, some level of disruption can be expected; however, previous reports have indicated that the level of training and assistance with implementing an EHR system plays an important role in minimizing this issue.*

**Chart 5: EHR Implementation Issues**

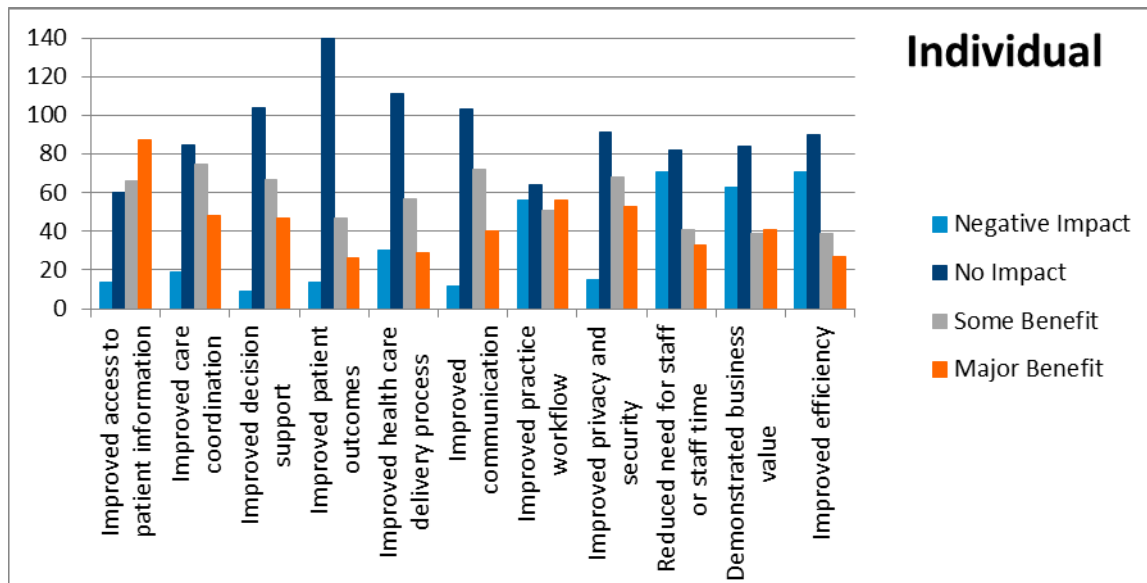




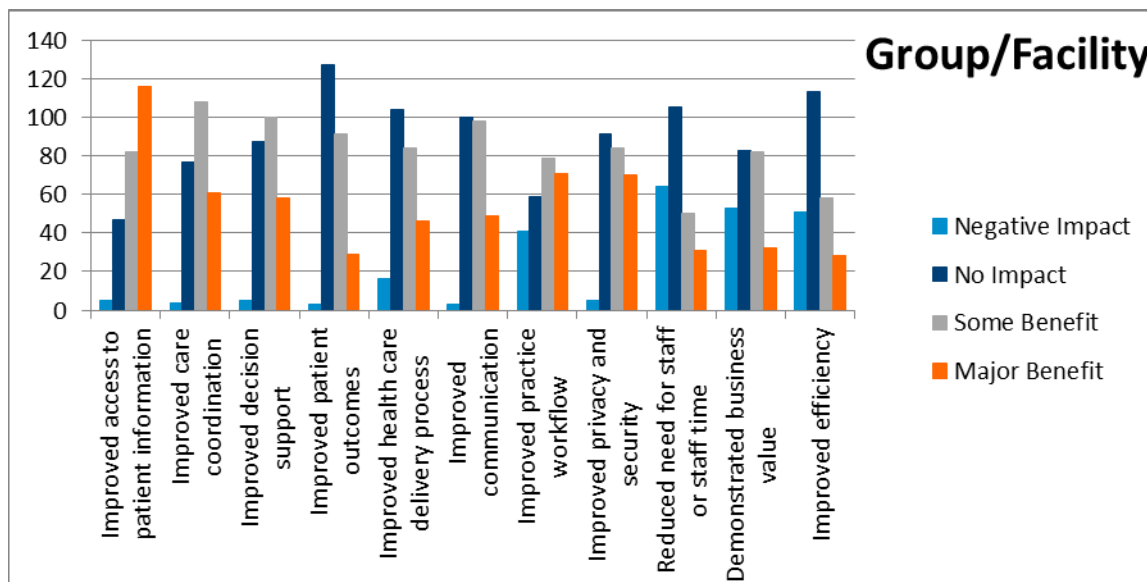
**Question 8: What impact has implementation of your EHR had, to date, in each of the following areas? (Select all that apply and rate.)**

Respondents of the survey indicated that the use of an EHR has had little to no impact on patient outcomes, health care delivery or efficiencies; however, they did indicate that it has improved access to patient information. As more patient data is captured and EHR systems become inter-connected, we can expect to see an improvement in these areas.

**Chart 6: Impact of EHR Implementation – Individual**



**Chart 7: Impact of EHR Implementation – Group/Facility**

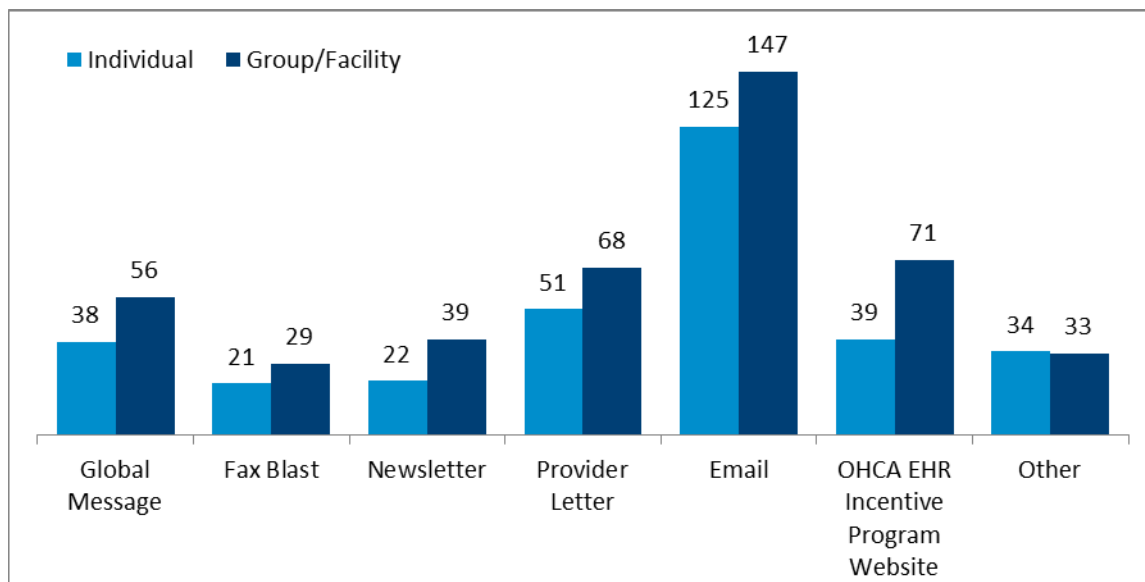


Questions 9 – 12 pertain to outreach of the Medicaid EHR Incentive Program. This information will be used to identify the effectiveness of the current process and to identify areas for improvement.

**Question 9: Please identify the methods in which you receive outreach/education materials regarding the EHR Incentive Program. (Select all that apply.)**

*The majority of respondents are currently receiving materials through email. Although it may seem that email communication is primarily used, we utilize a variety of communication methods to maximize the opportunity for the provider to receive the information.*

**Chart 8: Outreach/Education Materials Received**



**Question 10: Please rank your preferred method of communication regarding outreach/education materials. (Rank the following methods from most preferred to least preferred.)**

*As expected, email is the preferred method to receive information regarding the EHR Incentive Program for both individual and group/facility providers. Although email is the preferred method we will continue to utilize all of our communication channels to push information out to the providers participating in the program.*

**Chart 9: Preferred Method of Communication – Individual**

Individual							
	1 (most preferred)	2	3	4	5	6	7 (least preferred)
Email	169	11	9	2	2	3	1
Fax Blast	2	42	21	23	15	37	57
Global Message	2	24	40	32	40	48	11
Newsletter	5	33	45	54	40	15	5
OHCA EHR Incentive Program Website	7	19	31	43	47	39	11
Provider Letter	8	57	42	28	36	26	0
Other	4	11	9	15	17	29	112

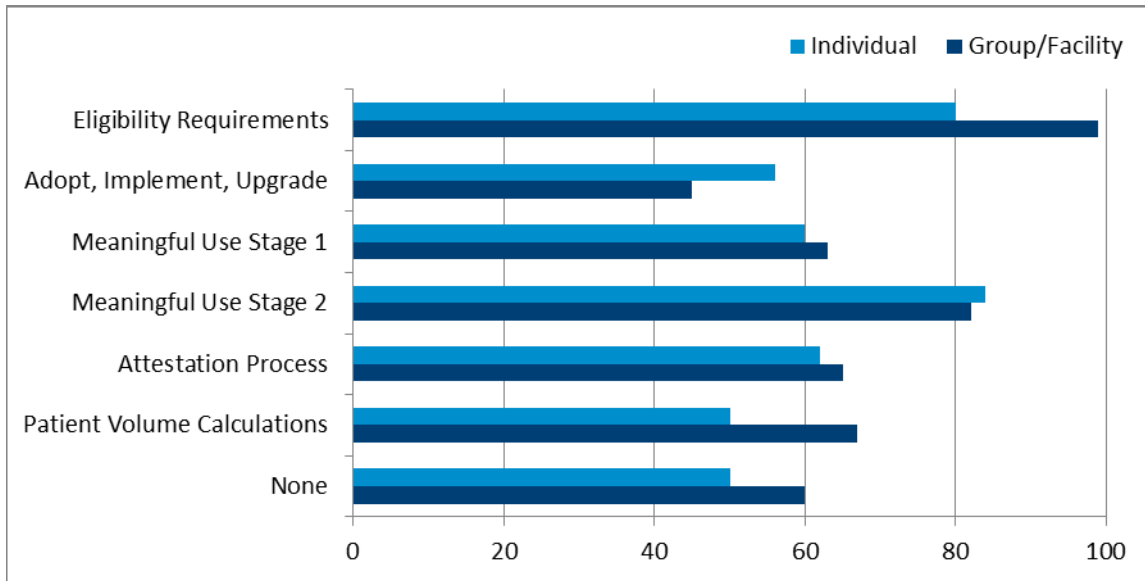
**Chart 10: Preferred Method of Communication – Group/Facility**

Group/Facility							
	1 (most preferred)	2	3	4	5	6	7 (least preferred)
Email	191	25	9	2	1	1	1
Fax Blast	8	48	32	24	23	45	50
Global Message	8	34	37	34	53	45	19
Newsletter	1	29	58	71	41	26	4
OHCA EHR Incentive Program Website	5	27	46	42	54	45	11
Provider Letter	13	62	37	42	43	29	4
Other	4	5	11	15	15	39	141

**Question 11: Which topics below would you like to receive more information on? (Select all that apply.)**

*This question was designed to assist us in identifying whether new formats to the information being provided are needed. The additional information being requested is currently available on our website; therefore, we will provide resource document to assist them in how to locate these resources.*

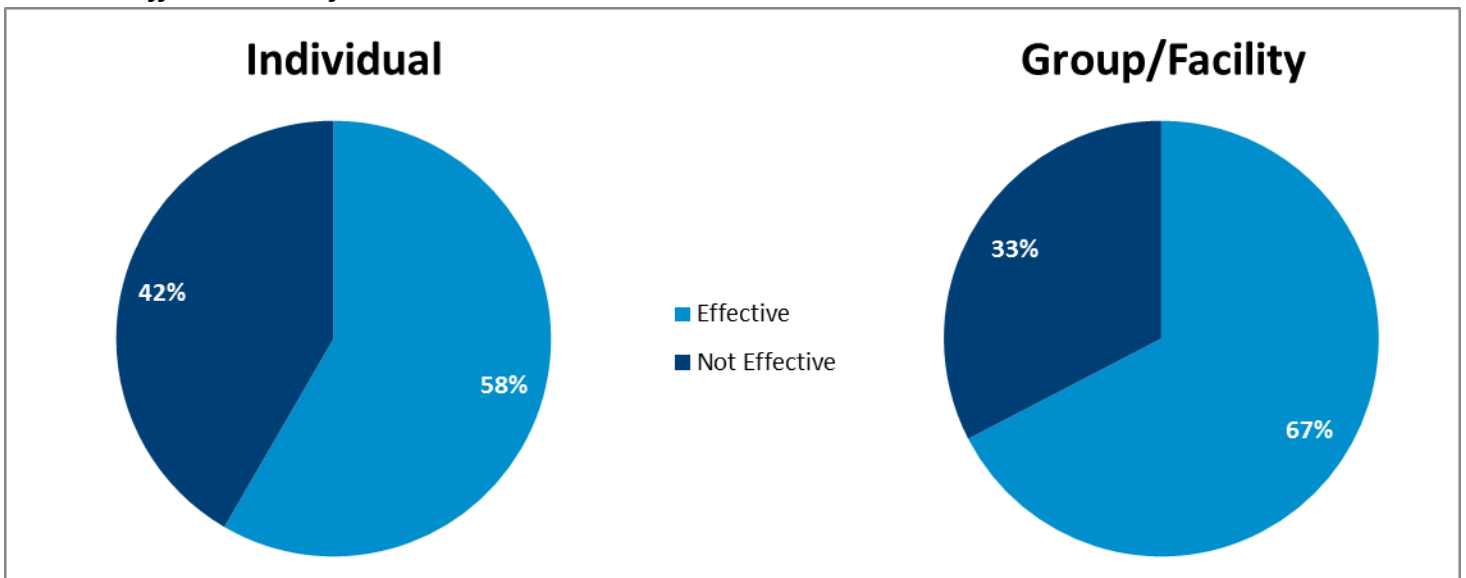
**Chart 11: Additional Information**



**Question 12: How effective are the outreach/education materials you have received?**

*More than 60 percent of respondents indicated that the materials received have been effective. We continue to review the materials being provided to ensure accurate and up-to-date information is being provided, as well as, identify new and creative methods to design these materials.*

**Chart 12: Effectiveness of Materials**

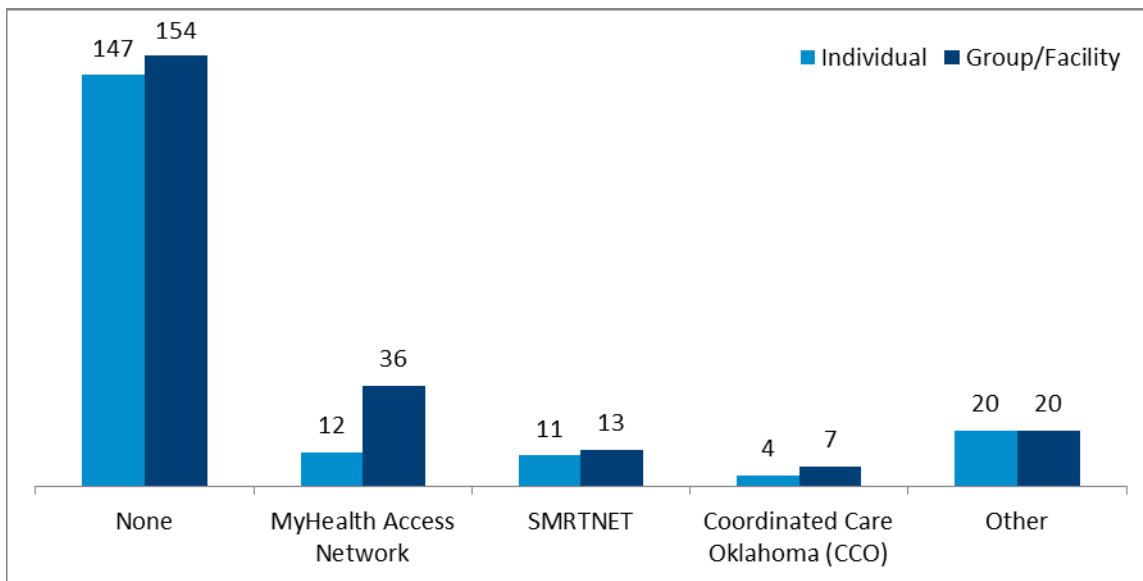


Questions 13 – 16 identify the number of participants in a HIO and to assist those that are not participating in obtaining information about connecting to a HIO.

**Question 13: In which Health Information Organization (HIO) are you participating? (Select all that apply.)**

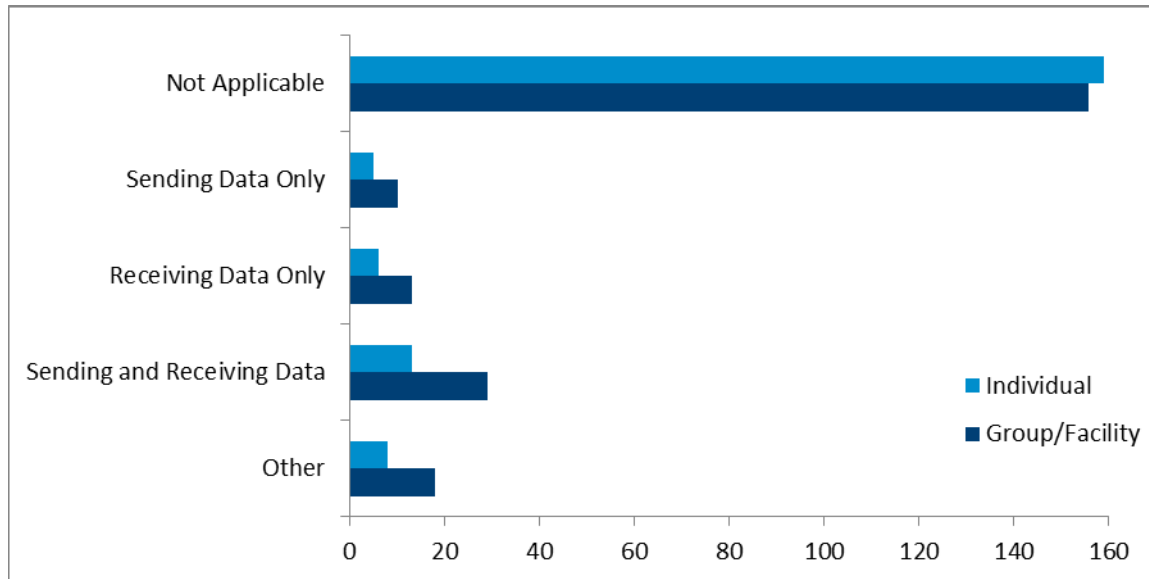
*With the number of patients changing doctors and moving to different cities or states, having access to the patient's complete health record has proven to be difficult. HIOs are intended to enable providers and practices to access a patient's health information in the most complete manner possible to assist them in providing the best care possible to their patient. More than 70 percent of the respondents indicated that they are not participating with an HIO. This is to be expected as providers are still in the early stages of utilizing their EHR system and too focused on meeting the meaningful use criteria set by the EHR Incentive Program. As providers continue on with the EHR Incentive Program, it is expected that more and more will connect with a HIO.*

**Chart 13: HIO Participation**



**Question 14: How are you participating with your HIO?**

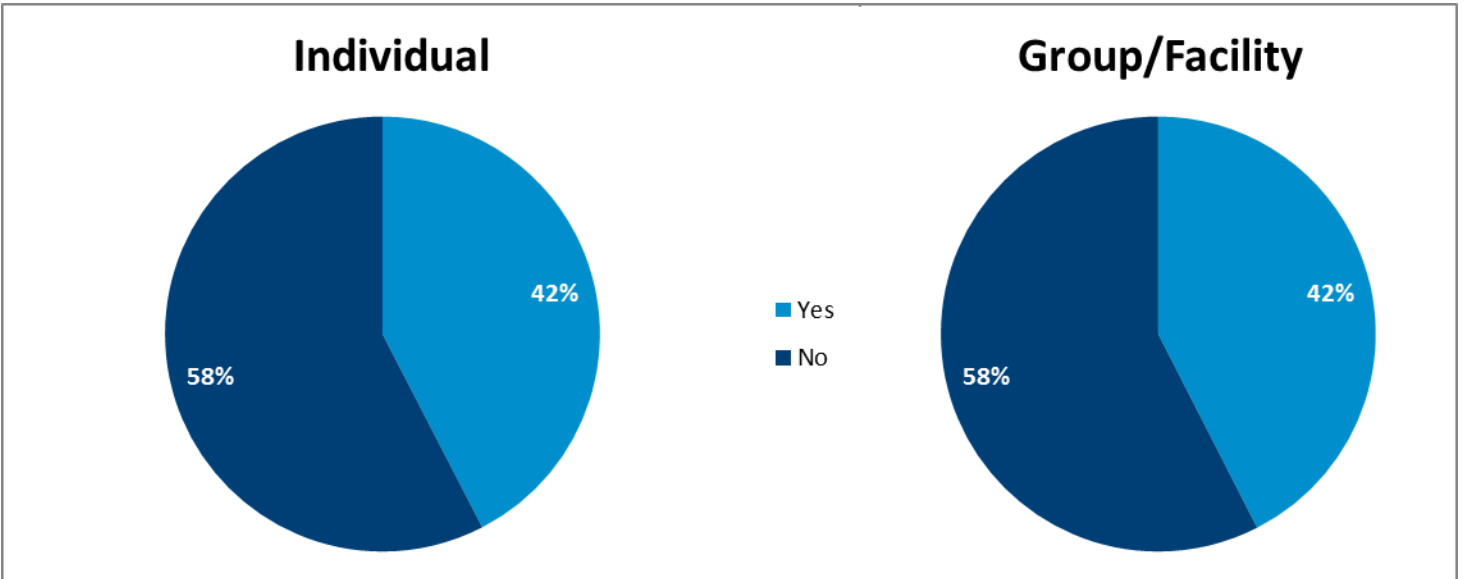
*This question is important to understand the state of how providers that are connected to a HIO are utilizing information from a HIO. For example, a provider could be connected to a HIO, but only be sending data and not receiving data. For these providers, although they are providing health information to a HIO, access to their patient's health information is limited to what they have in their EHR.*

**Chart 14: HIO Data Transfer Method**

**Question 15: Would you like to receive information about participating in a HIO?**

The majority of the respondents are not interested in receiving information from a HIO at this time. As stated earlier, as the provider continues to utilize an EHR system and are able to streamline their workflow, it is expected that more providers will connect to a HIO.

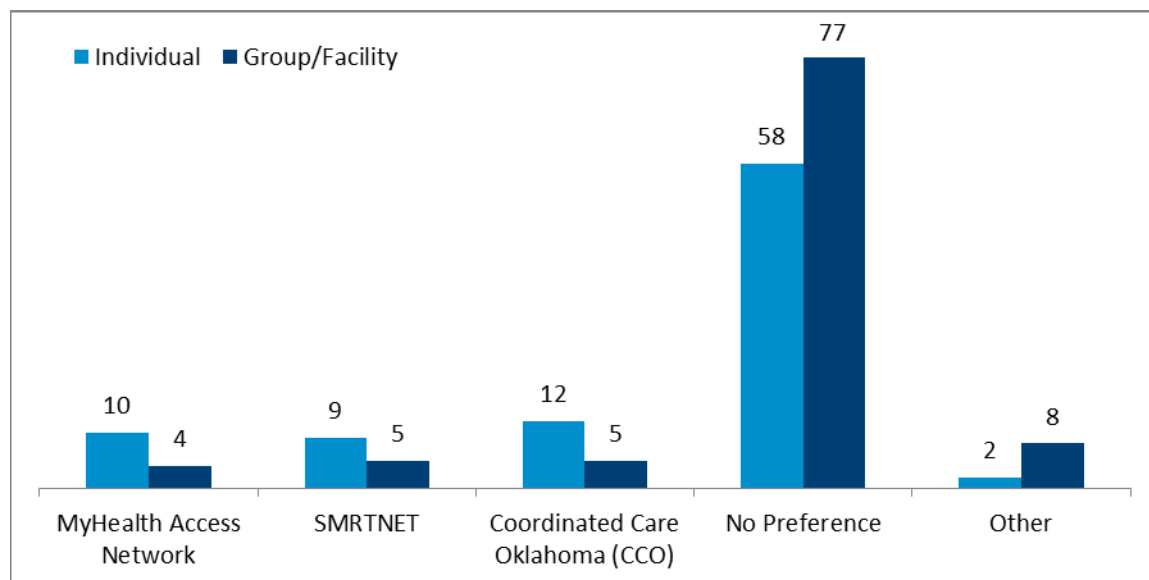
**Chart 15: Additional Information about HIO**



**Question 16: Do you prefer to be contacted by a particular HIO? (Select all that apply.)**

This question is informational only, to ensure the respondent receives information from the entity of their choosing.

**Chart 16: HIO Preference**



**Conclusion:**

*As the results have shown, the utilization of an EHR does provide a benefit to the provider and clinic/facility. Although there is some impact on efficiencies, the prolonged use of an EHR will correct these inefficiencies and enable the provider and clinic/facility to provide efficient and effective care to the patient. From the results of this survey, we expect to provide further education of the EHR Incentive Program and identify and provide resources to assist non-participating providers in adopting a certified EHR to enable them to meet the EHR Incentive Program requirements.*



## Appendix:

### Survey Questions:

**\* 1. Are you completing this survey for an individual provider or a group/facility practice as a whole?**

- This survey is being completed for an individual provider.
- This survey is being completed for all providers within the group/facility practice.

Approximately how many providers are within your group/facility practice?

**\* 2. Please provide the name of the person filling out this survey.**

**\* 3. What is your NPI or SoonerCare Provider ID and Service Location code?**

**\* 4. Which best describes your practice? (Select one.)**

- Community Health Center (FQHC, FQHC look-alike, RHC)
- Community Mental Health Center
- Home Health Agency or Hospice Agency
- Hospital
- Indian Health Services, Tribal or Urban Facility
- Multi-Specialty Practice
- Nursing Home or Long-Term Care Facility
- Primary Care Practice
- Single Specialty Practice (not primary care)
- Other (please specify)

**\* 5. What is the extent of EHR planning and implementation in your practice? (Select one.)**

- We have fully implemented and begun using an EHR (e.g., staff training, data entry of patient demographic information on an EHR).
- We have upgraded or expanded our EHR (e.g., upgraded to certified EHR technology or added new functionality for meaningful use).
- We have adopted an EHR (e.g., purchased or secured access to certified EHR technology).
- We are in the process of adopting or upgrading an EHR.
- We have no plans to acquire an EHR.

**\*6. How long have you or your group/facility practice been using EHR technology?  
(Select one.)**

- Have not begun using
- Less than 12 months
- 12 to 24 months
- More than 24 months

**\*7. To what degree are/were the following issues a concern for implementation of an EHR system in your practice? (Select all that apply.)**

- Unsure which EHR system to purchase
- Worry that EHR choice will become obsolete
- Initial costs of implementation
- Recurring costs of EHR system
- Disruption to practice workflow
- Patient privacy
- Familiarity with computer technology
- Internet access availability and reliability
- None

**\*8. What impact has implementation of your EHR had, to date, in each of the following areas? (Select all that apply and rate)**

	Negative Impact	No Impact	Some Benefit	Major Benefit
Improved access to patient information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved care coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved decision support (e.g., diagnosis aids, drug-to-drug/drug-to-food interaction checks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved patient outcomes (e.g., chronic disease management, surgical case management)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved health care delivery process (e.g., reduced time to review lab, radiology, and/or pathology orders)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved communication with and provision of information to patients (e.g., patient reminders and educational materials)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved practice workflow (e.g., less staff time spent compiling patient information, more information available to clinicians)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved privacy and security of patients' personal health information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced need for staff or staff time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrated business value (e.g., saves time or money)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved efficiency (e.g., allows providers to see more patients per day)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*9. Please identify the methods in which you receive outreach/education materials regarding the EHR Incentive Program. (Select all that apply.)**

- Global Message
- Fax Blast
- Newsletter
- Provider Letter
- Email
- OHCA EHR Incentive Program Website
- Other (please specify)

**\*10. Please rank your preferred method of communication regarding outreach/education materials. (Rank the following methods from most preferred to least preferred.)**

	1 (most preferred)	2	3	4	5	6	7 (least preferred)
Email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fax Blast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Global Message	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Newsletter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OHCA EHR Incentive Program Website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provider Letter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For Other (please specify here)

**\*11. Which topics below would you like to receive more information on? (Select all that apply.)**

- Eligibility Requirements for the EHR Incentive Program
- Adopt, Implement, Upgrade
- Meaningful Use Stage 1
- Meaningful Use Stage 2
- Attestation Process
- Patient Volume calculations
- None

**\*12. How effective are the outreach/education materials you have received?**

- Effective
- Not effective

If not effective, how could materials be improved?

**\*13. In which Health Information Organization (HIO) are you participating? (Select all that apply.)**

- None
- MyHealth Access Network
- SMRTNET
- Coordinated Care Oklahoma (CCO)
- Other (please specify)

**\*14. How are you participating with your HIO?**

- Not Applicable
- Sending data only
- Receiving data only
- Sending and receiving data
- Other (please specify)

**\*15. Would you like to receive information about participating in a HIO?**

- Yes
- No

**\*16. Do you prefer to be contacted by a particular HIO? (Select all that apply.)**

MyHealth Access Network

SMRTNET

Coordinated Care Oklahoma (CCO)

No preference

Other (please specify)

**\*17. Please provide your contact information.**

**Name:**

**Company:**

**Address:**

**Address 2:**

**City/Town:**

**State:**

**ZIP:**

**Email Address:**

**Phone Number:**