



Iowa Medicaid Enterprise

Provider Enrollment Survey

Results

Authors:

Carrie Ortega
Health IT Project Manager
Iowa Medicaid Enterprise

Version 1.0

2/28/2017

Executive Summary

The Centers for Medicare and Medicaid Services' (CMS) Electronic Health Records (EHR) Incentive Programs (also known as the Meaningful Use programs) were established, through provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), to provide incentive payments to eligible professionals (EPs), eligible hospitals, critical access hospitals (CAHs), and Medicare Advantage Organizations to promote the adoption and meaningful use of interoperable health IT and certified EHRs. The CMS Meaningful Use programs have accelerated the adoption and utilization of health IT and certified EHR systems nationally. However, significant challenges and barriers exist as healthcare organizations and professionals attempt to adopt and meaningfully use health IT and certified EHR systems and to participate in the Incentive Programs. The challenges and barriers may vary by the stage of adoption as well as by different types of program participants. Different types of technical assistance are needed to help eligible professionals and hospitals to better achieve the goals of the Meaningful Use programs specifically and health IT/EHR in general.

The Iowa Medicaid Enterprise (IME) is tasked to evaluate the landscape of Iowa's health information technology (HIT), as part of the State Medicaid Health IT Plan (SMHP). This report presents the results of the HIT survey which providers must complete as part of the provider enrollment and re-enrollment process. The HIT survey was most recently updated in December 2015, as the environmental scan study results were being comprised, it was noted that several updates to the HIT enrollment survey were necessary to compliment and collect more relevant Medicaid HIT landscape data. The Medicaid Managed Care Organizations (MCOs) were implemented on April 1, 2016; due to this, all providers had to enroll/ re-enroll with Medicaid, which in turn provides a robust set of HIT Medicaid data.

The IME has 52,948 unique active providers by NPI, which includes all provider types. The data was collected by both organization and individual National Provider Identification (NPI) number. The results below are reported by individual NPI. The report aims to evaluate Medicaid's HIT landscape including participation in the Centers for Medicare & Medicaid Services' (CMS) Electronic Health Records (EHR) Incentive Programs (also known as Meaningful Use programs), use of EHRs, use of certified EHRs (CEHRT), interest of reporting Clinical Quality Measures (CQMs), and use of Health Information Exchange (HIE). The results below represent data collected from November 2015 through January 2017.

Key Outcomes:

- 85% of respondents use an EHR
- 64% of the respondents that currently have an EHR, use a CEHRT
- 65% of the respondents who are using CEHRT, reported using the 2014 version of CEHRT, while 33% are using 2015 version of CEHRT, which may resemble progression in Meaningful Use of the EHR system
- Of those respondents who do not currently have an EHR 42% plan to purchase an EHR

- 64% of respondents stated they are not connected with the Iowa Health Information Network (IHIN), Iowa's Health Information Exchange (HIE), where 65% of these respondents replied they have no intention of connecting with the IHIN

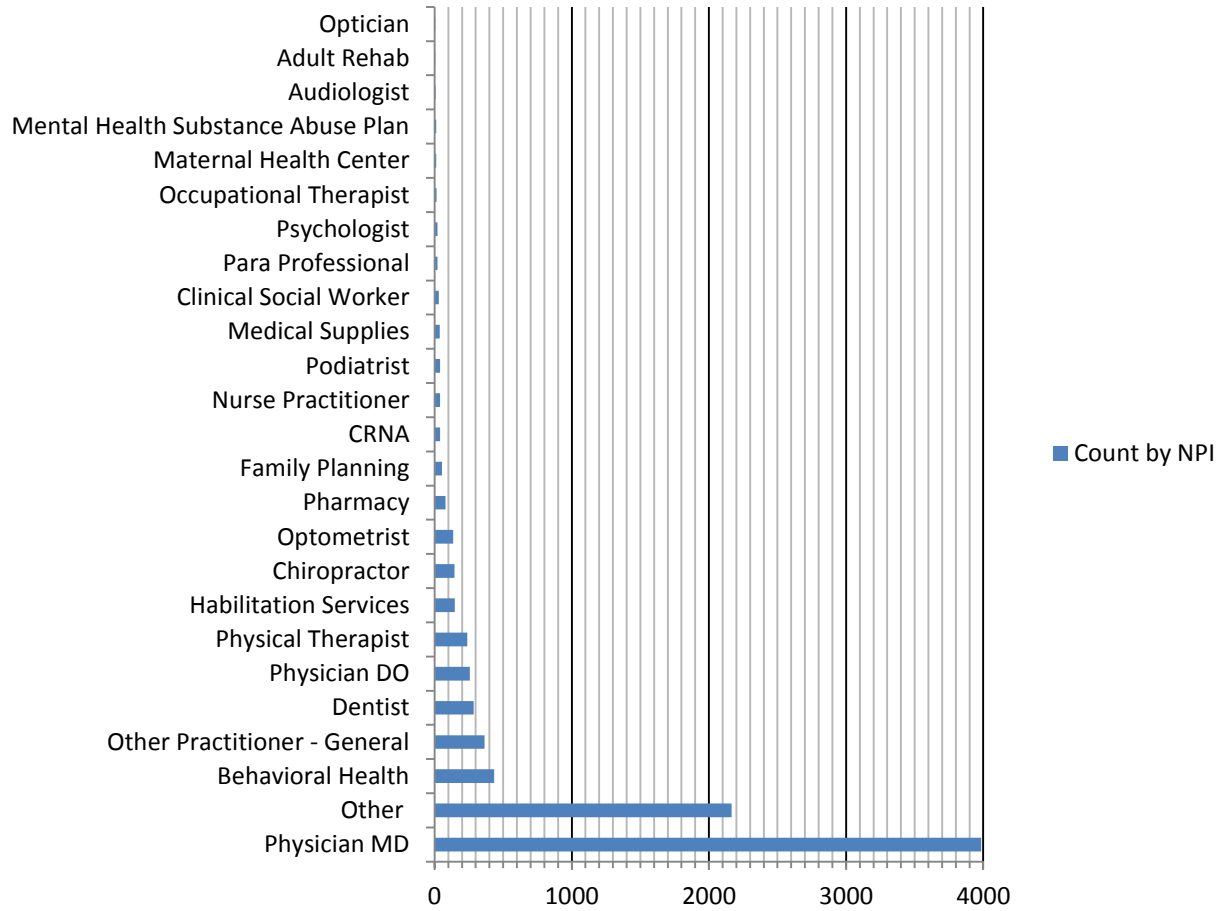
Topics in the provider enrollment HIT survey includes:

- Current use of EHR
- Intention to purchase an EHR
- Version of CEHRT in use
- Participation in the EHR incentive program
- Interest in submitting CQMs to the IME which could be linked to payment incentives
- Participation in HIE

The sample includes all Medicaid providers required to enroll or re-enroll with Medicaid. IME did not list every provider type on the survey; so many respondents chose the “Other” category, as the other provider type options were not applicable. The survey results include the following provider types:

Provider Type	Count by NPI	Percent
Physician MD	3985	46.49%
Other	2165	25.26%
Behavioral Health	435	5.08%
Other Practitioner - General	365	4.26%
Dentist	284	3.31%
Physician DO	256	2.99%
Physical Therapist	238	2.78%
Habilitation Services	148	1.73%
Chiropractor	144	1.68%
Optometrist	135	1.58%
Pharmacy	80	0.93%
Family Planning	53	0.62%
CRNA	39	0.46%
Nurse Practitioner	39	0.46%
Podiatrist	39	0.46%
Medical Supplies	37	0.43%
Clinical Social Worker	31	0.36%
Para Professional	21	0.25%
Psychologist	21	0.25%
Occupational Therapist	15	0.18%
Maternal Health Center	13	0.15%
Mental Health Substance Abuse Plan	11	0.13%
Audiologist	7	0.08%
Adult Rehab	5	0.06%
Optician	5	0.06%
TOTAL	8571	

Provider Type

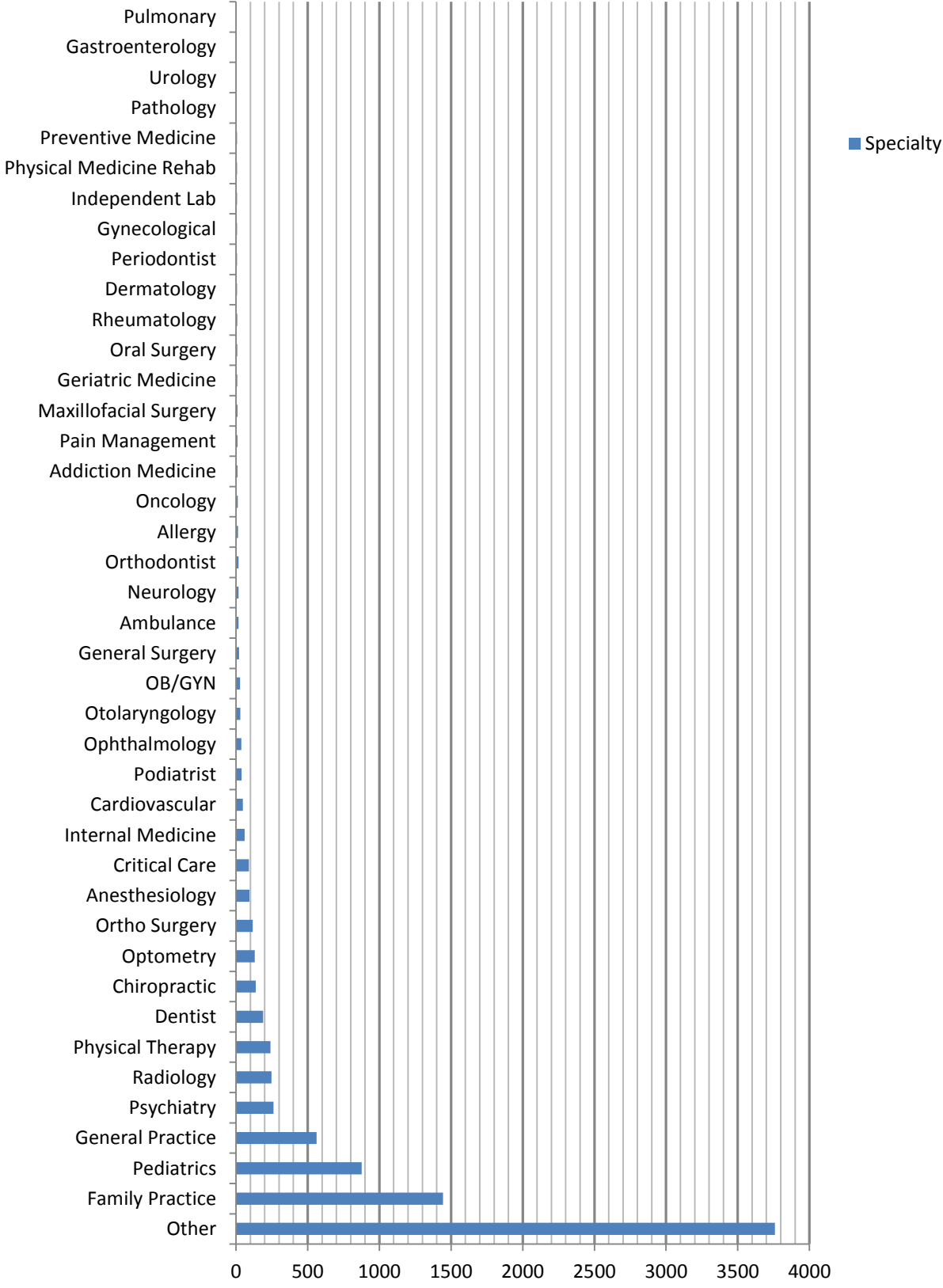


The sample includes all Medicaid providers required to enroll or re-enroll with Medicaid. The IME did not list every specialty type on the survey; so many respondents chose the “Other” category, as the other specialty type options were not applicable. The sample includes the following specialties:

Specialty	Count	Percent
Other	3759	43.73%
Family Practice	1443	16.79%
Pediatrics	877	10.20%
General Practice	562	6.54%
Psychiatry	262	3.05%
Radiology	247	2.87%
Physical Therapy	241	2.80%
Dentist	189	2.20%
Chiropractic	138	1.61%
Optometry	131	1.52%
Ortho Surgery	116	1.35%
Anesthesiology	94	1.09%
Critical Care	90	1.05%
Internal Medicine	59	0.69%
Cardiovascular	48	0.56%
Podiatrist	39	0.45%
Ophthalmology	37	0.43%
Otolaryngology	29	0.34%
OB/GYN	28	0.33%
General Surgery	21	0.24%
Ambulance	18	0.21%
Neurology	17	0.20%
Orthodontist	17	0.20%
Allergy	14	0.16%
Oncology	13	0.15%
Addiction Medicine	11	0.13%
Pain Management	11	0.13%
Maxillofacial Surgery	10	0.12%
Geriatric Medicine	9	0.10%
Oral Surgery	8	0.09%
Rheumatology	8	0.09%
Dermatology	7	0.08%
Periodontist	7	0.08%
Gynecological	6	0.07%
Independent Lab	6	0.07%
Physical Medicine Rehab	6	0.07%
Preventive Medicine	6	0.07%

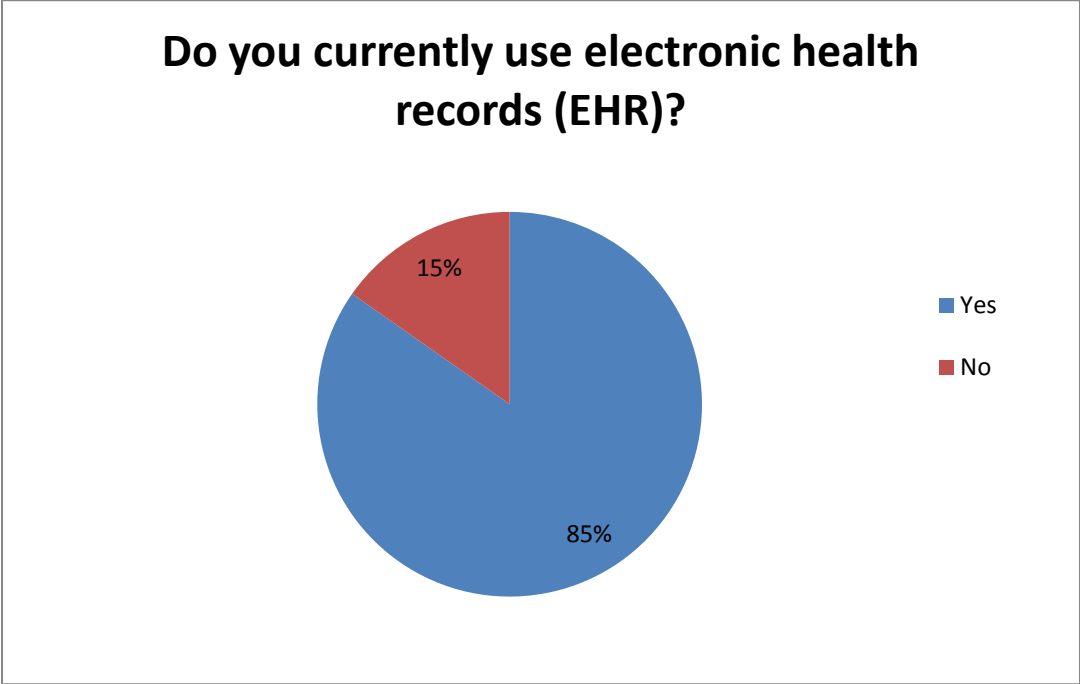
Pathology	4	0.05%
Urology	4	0.05%
Gastroenterology	2	0.02%
Pulmonary	2	0.02%
TOTAL	8596	

Specialty

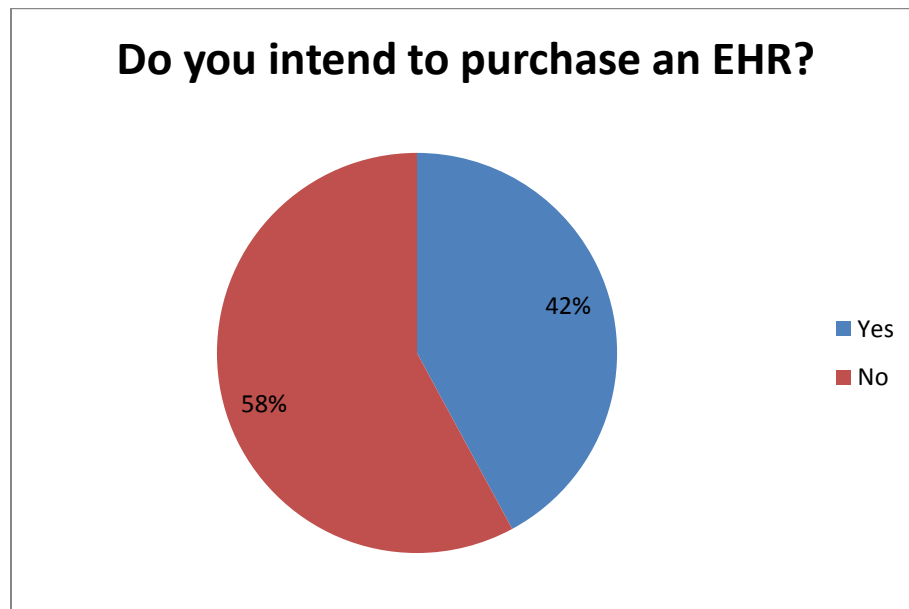


The following data presents each question asked in the HIT survey and the responses given. Logic was programmed into the survey so when a question was answered the provider is skipped to the next pertinent question, where some questions were asked of all providers.

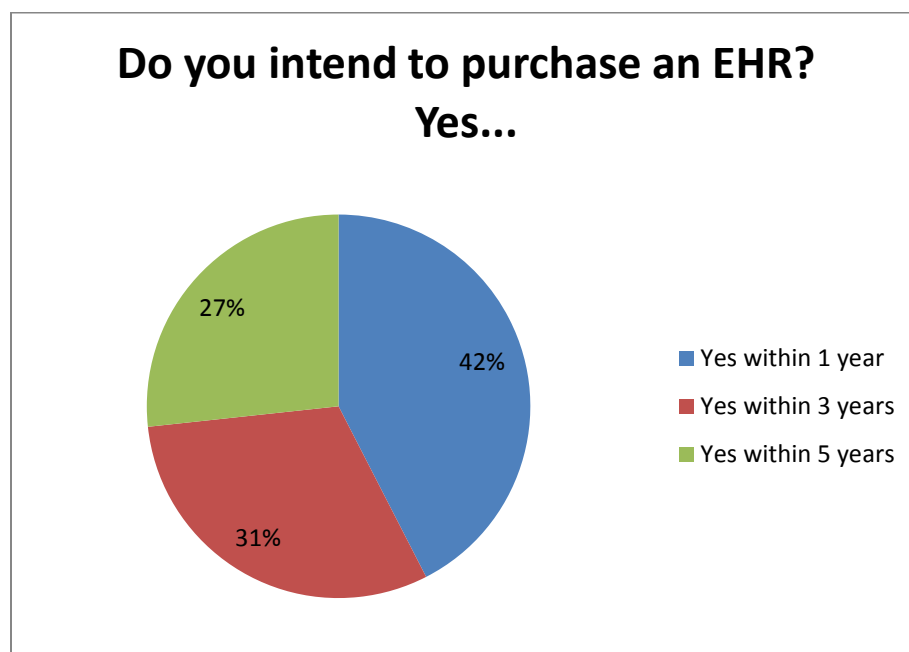
Question	Total Response	Yes	No
Do you currently use electronic health records (EHR)?	18299	15505	2794



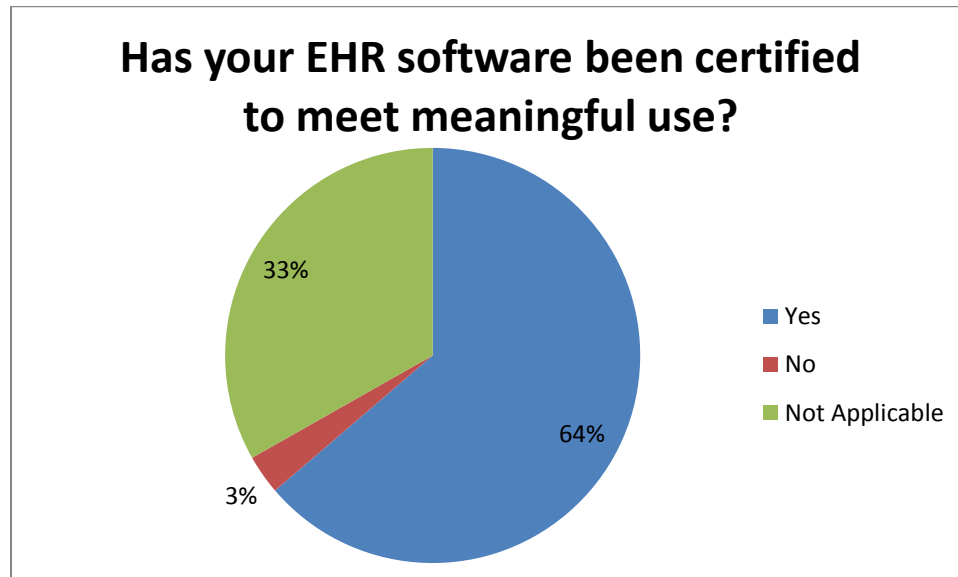
Question	Total Response	Yes	No
Do you intend to purchase an EHR?	2926	1232	1694



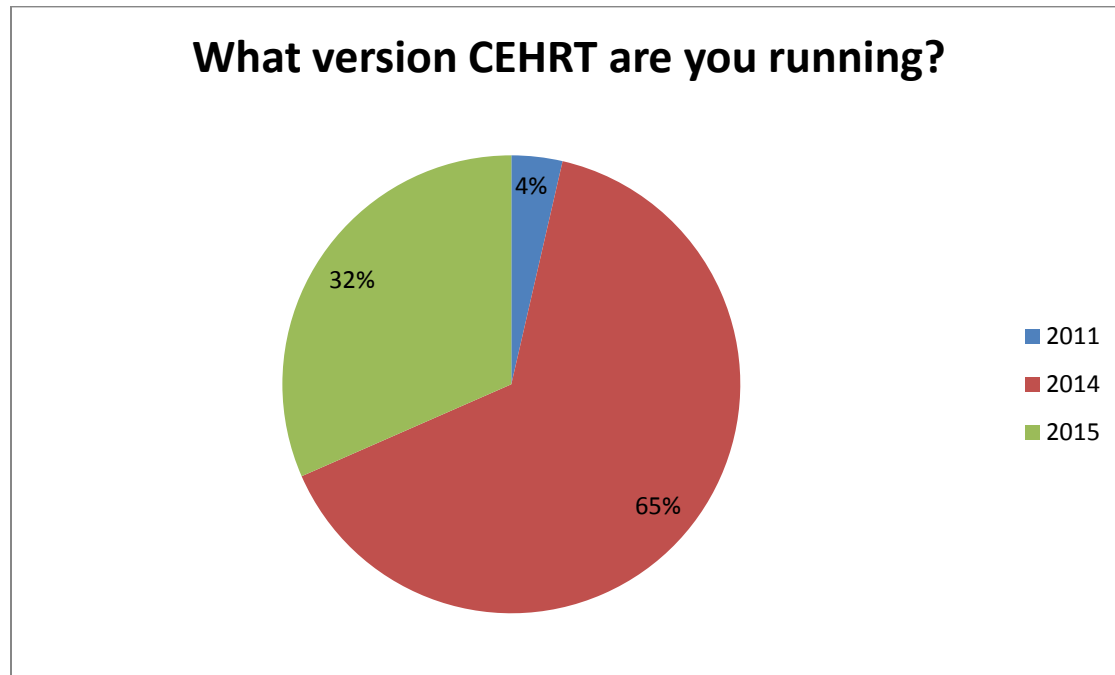
Do you intend to purchase an EHR? Yes...	1232
Yes within 1 year	523
Yes within 3 years	380
Yes within 5 years	329



Question	Total Response	Yes	No	Neutral Response (N/A)
Has your EHR software been certified to meet meaningful use?	15726	10021	483	5222



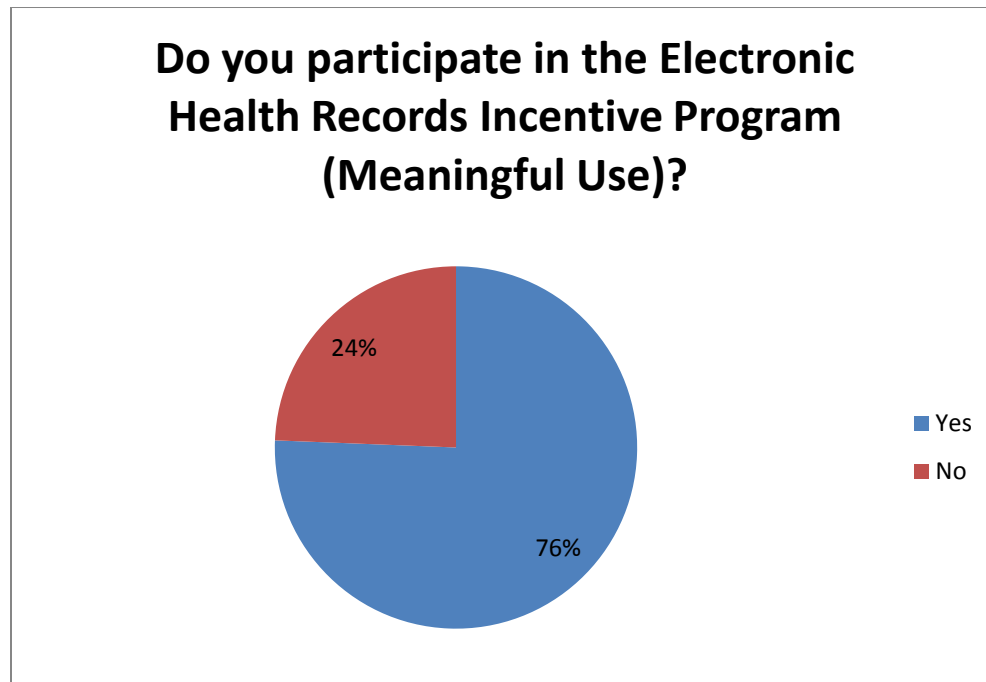
Question	Total Response
What version CEHRT are you running?	6394
2011	230
2014	4145
2015	2019



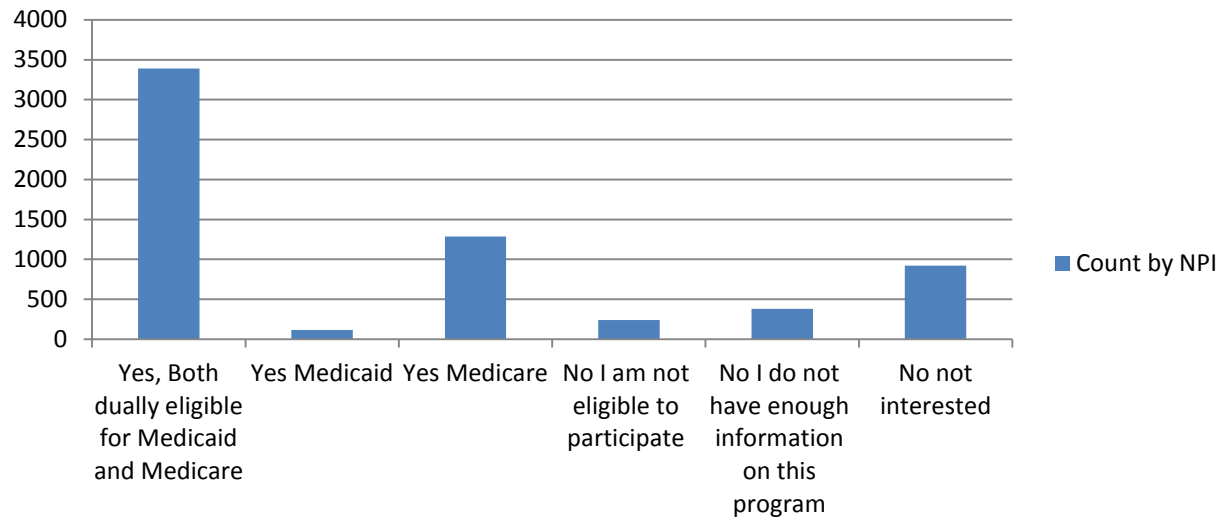
Data from the MMIS system was previously analyzed to find the number of Eligible Professionals (EPs), per the EHR incentive definitions for both the Medicaid and Medicare programs, enrolled with Medicaid. The IME found 15,113 EPs enrolled in the Iowa Medicaid program, of which 30 percent (4,517) had received an EHR incentive payment from either the Iowa Medicaid EHR incentive program or the Medicare EHR incentive program, at the time the data set was gathered.

The information below represents data gathered from respondents completing the provider enrollment HIT survey. It is helpful to have a comparison between the two data sets.

Question	Total Response	Yes	No
Do you participate in the Electronic Health Records Incentive Program (Meaningful Use)?	6335	4791	1544



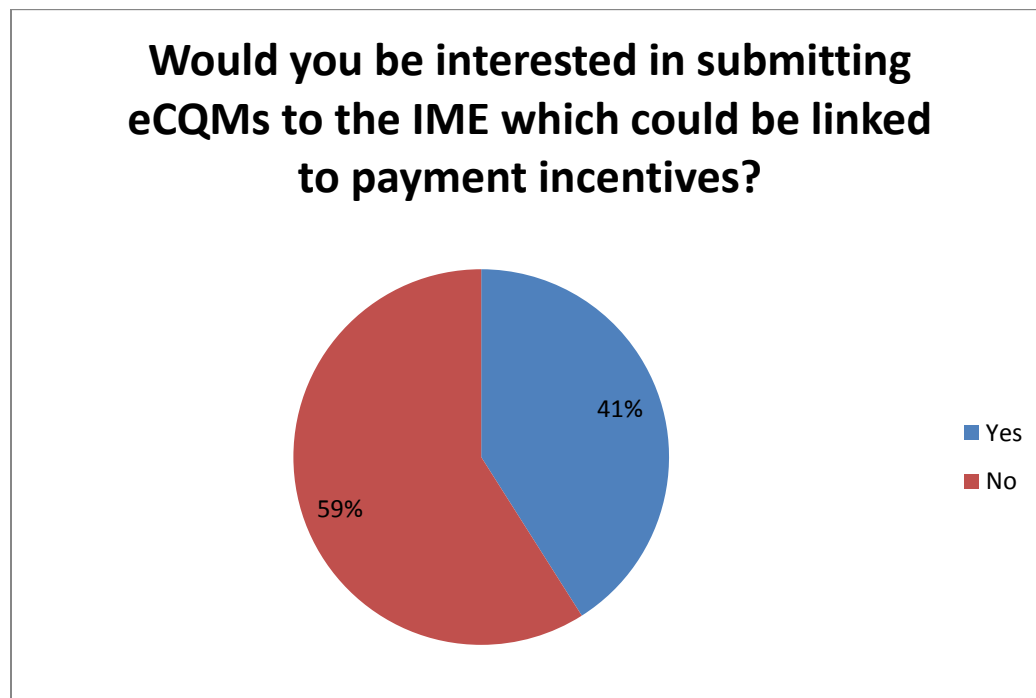
Do you participate in the Electronic Health Records Incentive Program (Meaningful Use)?



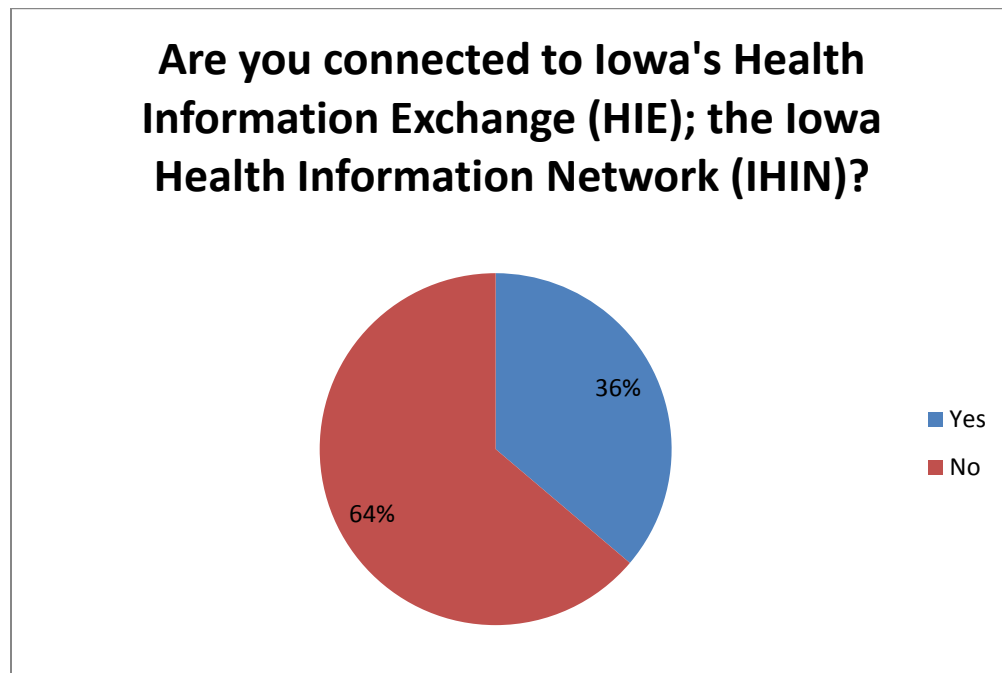
The following explanation was presented to all providers, which preceded the question:

Electronic Clinical Quality Measures (eCQMs) use data from electronic health records (EHR) and/or health information technology systems to measure health care quality within the healthcare delivery system. They are defined, maintained, and updated in order to produce standardized measures to make collection, use, and comparisons easier. Measuring and reporting eCQMs helps to make sure that care is delivered safely, effectively, equitably, and timely. eCQMs are used today with several Medicare programs including MSSP (Medicare Shared Savings Program), PQRI (Physician Quality Reporting Initiative) and MU (Meaningful Use).

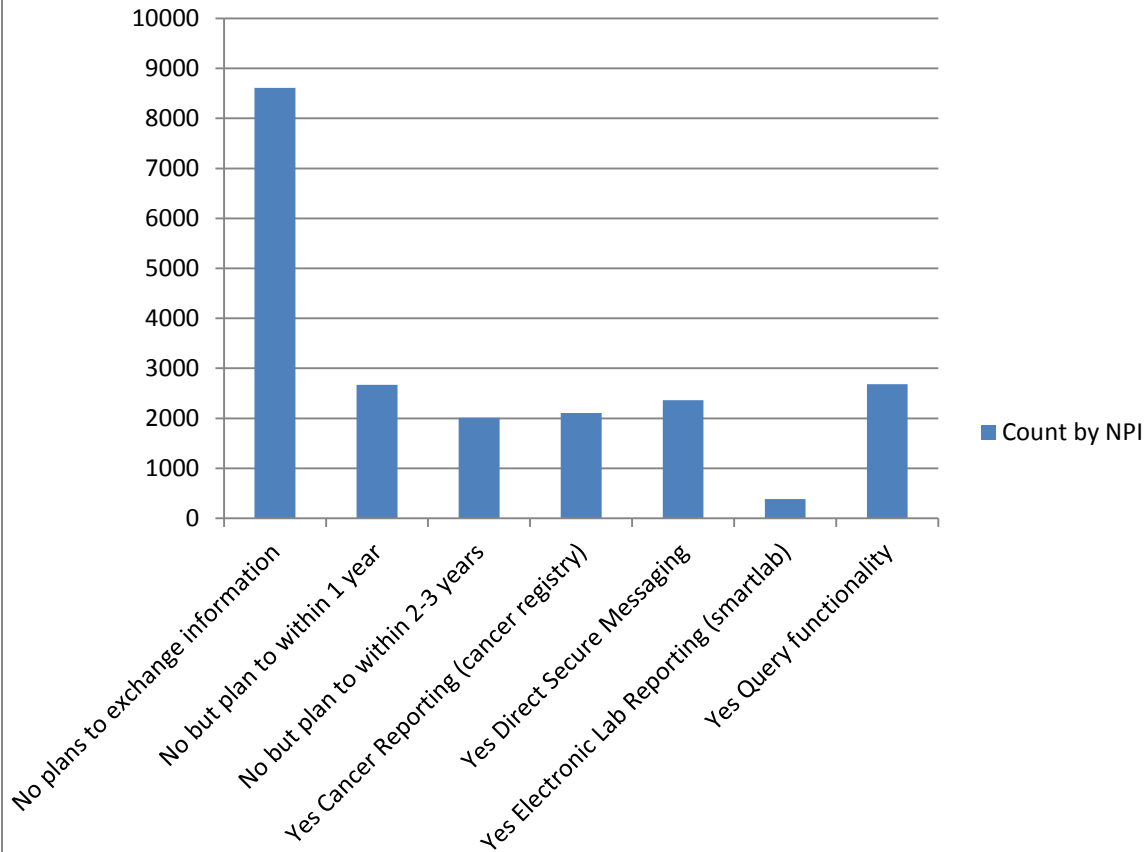
Question	Total Response	Yes	No
Would you be interested in submitting eCQMs to the IME which could be linked to payment incentives?	7926	3250	4676



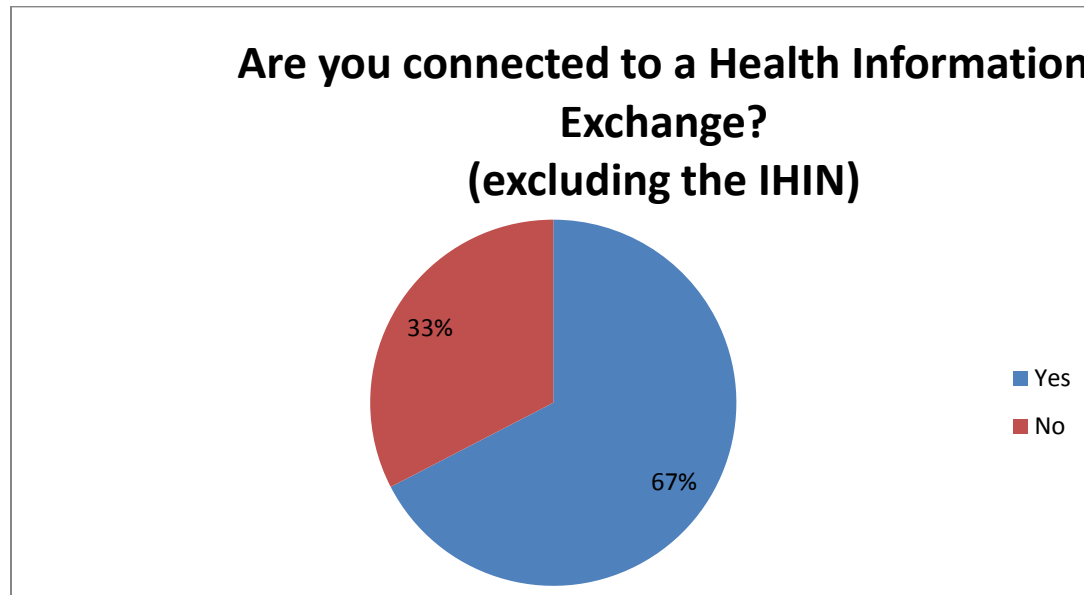
Question	Total Response	Yes	No
Are you connected to Iowa's Health Information Exchange (HIE); the Iowa Health Information Network (IHIN)?	20831	7539	13292



Are you connected to Iowa's Health Information Exchange (HIE); the Iowa Health Information Network (IHIN)?



Question	Total Response	Yes	No
Are you connected to a Health Information Exchange? (excluding the IHIN)	5085	3427	1658



The following question was asked of all survey respondents:

Question	Total Response
What can Medicaid do to assist you in the adoption and meaningful use of electronic health records? (Check all that apply)	13620
Other	9614
Share best practice information	7958
Identify products	1751
Provide technical assistance for implementation	1517
Connect me with similar providers who have adopted EHR for information	1344
Provide technical assistance for product selection	1050

