



Barriers to Meeting Meaningful Use Among Medicaid Providers

Fourth Annual CMS Multi-State Medicaid HITECH Conference

Presented by: Linda Dimitropoulos, PhD

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2:00 – 3:15pm



Acknowledgements

Project Team

- Heather Johnson-Skrivanek, AHRQ
- Chuck Thompson, RTI
- Stephanie Kissam, RTI
- Alison Banger, RTI
- John Marks, WVMI
- Patricia Ruddick, WVMI
- Patricia MacTaggart, GWU

Technical Expert Panel

- Cindy Brach, AHRQ
- Larry Clark, CMS
- Doug Fridsma, ONC
- Yael Harris, HRSA
- Jess Kahn, CMS
- Mat Kendall, ONC
- Anna Poker, HRSA
- Josh Seidman, ONC



Progress to Date

- Completed
 - Pilot test
 - OMB (clearance received October 25, 2011)
 - Data collection (January 3-February 6, 2012)
- Current
 - Analysis of results and development of recommendations
- Upcoming
 - Final report to be posted to AHRQ Web Site
<http://healthit.ahrq.gov/Medicaid-SCHIP>
 - Encore presentation and opportunity to engage with the team via web conference tentatively scheduled for *April 23rd*
 - Email if interested - Medicaid-SCHIP-HIT@ahrq.hhs.gov



Pilot Test Overview

- Contacted 22 potential participants
 - 12 MDs, 4 NPs/certified nurse midwives, 3 dentists, 3 administrators
- 9 individuals participated
 - 6 MDs, 1 CNM, 1 dentist, 1 administrator
- Pilot tests
 - One in-person focus group
 - One virtual focus group
 - Two 1:1 interviews



Pilot Test Participation

Group 1 – Informant Interview (Individual)

- One private practice family physician with no EHR
- One private practice pediatrician with no EHR

Group 2 – Focus Group Meeting

- One CHC CEO (with EHR)
- One certified nurse midwife from an FQHC/CHC (with EHR)
- One private practice family practice physician (with EHR)
- One university-based dentist (with EHR)

Group 3 – Virtual Focus Group

- One FQHC family practitioner (with EHR)
 - One FQHC medical director (with EHR)
 - One private practice medical director (with EHR)
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Pilot Test Findings

- Challenges to recruiting non-adopters
- No differences in discussion with regard to rural vs. urban, private practice vs. CHC
- Small focus group via conference call (“virtual” group) yielded good results
- Show cards (of EHR functionalities) worked well, both in-person and virtual groups
- Providers requested more information on Medicaid EHR incentive program



Moderator's Guide - Adopters

- Adoption and implementation process
 - System selection and transition process
 - System certification
 - Does EHR adoption by other providers in local area affect system selection & function use? How?
 - Organizational encouragement for adoption and use (e.g., colleagues, management)

Moderator's Guide - Adopters

- Use of specific EHR functions
 - Use of structured data
 - Functions that meet Meaningful Use objectives, e.g.:
 - Patient engagement
 - Maintaining patient records (e.g., demographics)
 - Clinical decision support
 - Electronic information exchange
 - Clinical quality measures, sort patients by condition, summary of care records, and others.



Moderator's Guide - Adopters

- Medicaid EHR Incentive program issues
 - Familiarity with Medicaid EHR incentive program
 - Effect of Medicaid and/or private payer incentives on adoption
- Facilitators for adoption and use
 - Regional Extension Centers
 - Public health agency capacity to receive electronic data



Moderator's Guide – Non-adopters

- Intent to adopt, barriers to adoption
- EHR functions that would be of value
- How EHR use among other providers in local area affects adoption
- Familiarity with Medicaid and private payer incentives for EHR adoption and use
- Sources of support in adopting (REC, others)



Research Questions

- Participation in Medicaid Incentive Program
 - Applying for the EHR incentive program (e.g., determining % Medicaid)
 - Effect of incentive program on decision to adopt/implement/upgrade or use

Research Questions

- Barriers to A/I/U
 - Selecting or upgrading EHR
 - Impact of HIE capability on EHR adoption and use
 - Effect of participation with REC or HCCN
 - Transitioning from non-certified to certified EHR



Research Questions

- Barriers to Achieving MU
 - Variation by practitioner type
 - Understanding the objectives
 - Challenges related to specific EHR functions
 - Issues with structured data
 - Barriers unique to Medicaid providers



Focus Group Configuration

- 17 focus groups (3 in-person, 14 virtual)
- 68 participants from 9 states
- Majority private practice and urban
- Nearly 50% solo practitioners
- Not as many dentists and FQHC/CHC staff participated as targeted

Key Findings

- Frame of reference...
 - Study aimed at teasing out barriers, so findings are often negative
 - Positive comments highlighted where they refuted a potential barrier
 - Summary of both positive experiences and challenges in using specific EHR functions noted in the report



Participation in Medicaid EHR Incentive Program: Informational Barriers

- Respondents wanted more information on specific MU objectives
 - “Step by step, how am I supposed to do this? What declarations do I need to make? What documents do I need to sign? [I need] details about what the meaningful use requirements are, and honestly I’m not finding that anywhere.”
- Some reported lack of information from State programs, and wanted to hear from government agency, not vendor.



Participation in Medicaid EHR Incentive Program: Elements of Eligibility

- Respondents were aware of EHR certification as part of the incentive program, but equated it with EHR quality
 - “I’m not very good at differentiating between a good and a bad EHR...so if you have a certification I’m assuming that it’s like a seal that the EHR is something ...that is feasible and workable.”
- No reported concerns with determining eligibility



Participation in Medicaid EHR Incentive Program: Influence of Payments

- Some influenced by incentives (adopters and non-adopters)
 - Monetary incentives were central for this group
 - “I think without the incentive money we would have dragged our feet for another several years and waited until better communication existed between existing systems.”
- Some non-adopters felt financial incentives not enough to overcome perceived loss in productivity.



Barriers to A/I/U: EHR Selection

- Majority reported vendors as source of information to assist with EHR selection
- Many respondents had not heard of RECs, so did not use them as a resource in EHR selection
- When RECs mentioned, comments were positive
 - “We made the decision but I think [REC] helped us at least with the narrowing process...it’s been really, really helpful. I think it would have been difficult without [REC.]”



Barriers to A/I/U: Expectations of Non-Adopters

- Non-adopters tend to perceive more benefits than risks, and expectations are in sharp contrast to experiences recounted by adopters in this study.
- Benefits anticipated by non-adopters:
 - Time savings
 - Improved coding
 - Ability to share information electronically



Barriers to A/I/U: Experience of Adopters

- Issues of transition
 - Some EHR adopters noted that their challenges may be a result of still being in transition from paper to EHRs
 - Other long-time EHR users still similar expressed concerns and challenges
- Issues by EHR system/vendor
 - Some respondents switched from one EHR to another in hopes of improving their experience
 - Not enough data to compare reported challenges by EHR system used



Barriers to A/I/U: Concerns About Adoption and Use (1)

- Cost of EHRs and reduced productivity
 - Mentioned in context of low Medicaid reimbursement rates
 - Adopters focused on unexpected fees for licensing, maintenance, server updates, technical assistance.
- Concern about stability of EHR market
 - “If we choose certain software vendors, how long will they be in business?”



Barriers to A/I/U: Concerns About Adoption and Use (2)

- Loss of access to data
 - Adopters focused on data management, storage and retrieval, and migration from one system to another.
- Quality of clinical documentation
 - “I read H and P’s from outside sources that use these systems and it’s crap...it’s 7 pages long and you don’t trust any of it because they’ve documented stuff that was completely superfluous and haven’t adequately documented the thing that you wanted to know about.”



Barriers to A/I/U: Concerns About Adoption and Use (3)

- Lack of interoperability
 - “[There are] multiple systems and if they don’t cross communicate with one another it concerns me...the ability to communicate from physician to physician, physician to lab, or physician to ER...is crucial.”



On the positive side...

“It is like having a baby in your family. The labor and delivery process is expensive and painful, but then you go home with a healthy baby and it is going to be really good. I kind of look at going on the electronic medical record as birthing a baby - the end product is the best thing in the world, but it is going to be painful getting there.”



Barriers to A/I/U: Workflow Challenges (1)

- Need to create “work-arounds”
 - “The program I’m using – it doesn’t really have a good problem list so I put people’s problem lists in their demographics.”
- Takes additional time to use EHRs
 - “I actually get behind at times to where I actually write everything on paper and spend 2 to 3 hours a night typing in my notes because the computer is so slow and cumbersome.”



Barriers to A/I/U: Workflow Challenges (2)

- EHRs detract from clinical care
 - “I used to draw a lot of pictures...that would help me with a lot of my recall of where an injury was.”
 - “You get click fatigue.”
 - “Maybe in 6 months, maybe a year, the computer system will be better, the templates will be better...but right now I lack total confidence in my ability to take care of the patient using the EHR.”



Perspectives

“This system was designed by one of the academics, or maybe one of the three-piece suits with the attaché case, but it certainly was not somebody in the trenches seeing patients, up to 90 patients a day. It makes absolutely no sense whatsoever.”

“I think many physicians are misled to think you turn it on and it is a word processor and you buy a new version of Microsoft Word and you learn it in an hour but it is not like that. It is a totally different way of thinking about the encounter.”



Barriers to A/I/U: Patient-Provider Interactions

- Negative impact of using EHRs
 - “A lot of my communication is nonverbal. I feel like I’m missing the things that I used to be able to pick up.”
 - “You lose that physician or provider/patient contact because you are constantly looking at the computer screen and patients want you to look at them.”



Barriers to A/I/U: Characteristics of Medicaid- Insured Patient Population

- Most did not indicate that being covered by *Medicaid* made a difference, but noted:
 - Frequently changed phone numbers/addresses impedes reminders
 - No Internet access impedes online access to health information
 - Language barriers impedes patient educational resources
 - Pediatricians-specific: Computer equipment in the exam room with small children; confidentiality of adolescent health information



Barriers to A/I/U: Using Structured Data

- Positive and negative comments in about equal number
 - “In terms of medication and medication allergies, I think that’s really important to put that into the structured data because that’s where you get the medication interaction lists.”
 - “Sometimes if you’re looking for a particular diagnosis, they have 30 diagnoses related to that diagnosis, and you have to go through it all to find the one that fits you.”



Barriers to A/I/U: Health Information Exchange

- Laboratory interfaces most common, but others frustrated at expense
 - “Everyone wants a chunk of money to set up an interface and we had so much difficulty trying to negotiate with some of the labs...so unless it is mandatory or someone is saying ‘here, we’re doing this gratis for you,’ we hit a brick wall.”
- Most interested in HIE but do not experience it, and are skeptical that it will be available anytime soon

Barriers to Achieving MU

- Majority of respondents reported use of many Stage 1 MU objectives, with some reported barriers
- Least frequently used functions:
 - Core measures: clinical decision support, providing e-copy of health info on request, providing clinical summaries
 - Menu measures: drug formulary checks, lab test results as structured data, patient-specific educational materials, medication reconciliation, patient reminders, giving patients electronic access to health information



Another Perspective

“I think to the insurance company or to the statistician...they [EHRs] are a wonderful thing, but I said, before you can make dessert (which is what they look like, they want all this statistical information), you have to eat your meat and potatoes. Right now we’re starving to death because this computer won’t let us cook things or you know, process things quick enough.”



Barriers to Achieving MU

- Limited awareness of RECs, but majority wanted more info on their REC
 - Clear need for more technical assistance in selecting and using EHRs
 - Those who worked with REC had positive experiences



Barriers to Achieving MU

- Similar barriers to using EHRs for MU for all types of providers, with some differences:
 - Dentists: Lack of certified EHR products, irrelevant MU objectives
 - Pediatricians, obstetricians, gynecologists, certified nurse midwives: Irrelevant MU objectives



Recommendations

1. Promote a more proactive approach for Medicaid agencies to assist Medicaid providers in achieving MU.

- Increase direct communication about the requirements of the Medicaid EHR Incentive Program and the assistance that may be available such as the RECs.
- Advocate for State HIE services, such as creating interfaces with laboratories and radiology facilities.
- Promote identification of business process improvements to help increase reimbursements as well as cost containment strategies to help reduce ongoing costs.



Recommendations

2. Identify and implement more targeted & coordinated technical assistance tools, methods and processes for Medicaid providers.
 - Help with EHR selection process, including explanation of EHR certification.
 - Education on EHR capabilities and ways to optimize use in practice settings.
 - Technical assistance to optimize workflow, office set-up, and patient education.

Recommendations

3. Promote planning for the Stage 2 MU requirements.

- Technical assistance that helps achieve both Stage 1 and Stage 2, focused on:
 - Implementing clinical decision support rules
 - Incorporating lab results as structured data
 - Establishing online access for patients to view health information, and encouraging its use
 - Providing clinical summaries

Recommendations

4. Create short and long term research agenda that addresses sociocultural, sociotechnical and training/TA needs of Medicaid and other providers.
 - Identifying better ways to help providers “fit” systems to their practice needs and work flow
 - Identifying better ways to match TA (from RECs and others) to practice needs
 - Identifying best practices related to documentation
 - Examination of current system utilization “work-arounds” to inform technology and/or work flow redesign
 - Examination of current system utilization “work-arounds” that may impact patient safety



One final thought

“Really there are still a lot of advantages to transitioning to an EMR. Always remember, “What are your headaches with the paper charts?” And if you always think about the problems you have with paper charts, keep those in mind when you’re banging your head against the wall during your training session...remember, “What were the problems with paper charts and why we want to change?” I always have to remind myself—why are we doing this again?”



Discussion

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