



## Publicly Reported Measures and Methods

The following health information technology (HIT) measures are derived from the Department of Health’s 2019 HIT Survey. Measures have been publicly reported annually for physicians since 2009 and for advanced practice registered nurses (APRNs) and physician assistants (PAs) since 2014. The HIT survey transferred to a biannual distribution in 2015. Measures are reported at both the summary (i.e., aggregate) level (see the **Detailed Reports**<sup>†</sup>) and at the **individual practitioner level**<sup>††</sup>. The 2019 individual practitioner report includes a new publically reported measure, use of e-prescribing for controlled substances.

**Note:** In the following specifications, “practitioners” refers to physicians, APRNs and/or PAs. The 2019 Practitioner Report includes an updated set of measures; the use of e-prescribing for controlled substances was added and two measures (the use of EHR functionality and the use of EHR for patient engagement) were removed.

### Measure 1: Practitioners with electronic health records (EHRs)

<b>Summary-level</b>	Percent yes
<b>Practitioner-level</b>	Yes/No
<b>Survey content from which measure was derived</b>	Does your main practice site have an electronic health record or EHR? By “EHR,” we mean an integrated electronic clinical information system that tracks patient health data, and may include such functions as visit notes, prescriptions, lab orders, etc. (This is also known as an electronic medical record or EMR.)
<b>Numerator</b>	The number of survey respondents who indicate “yes,” they use an EHR to track patient health care information at their main practice or another practice.
<b>Denominator</b>	Total number of survey respondents.
<b>Notes</b>	Practitioners who do not provide direct patient care are excluded. For the practitioner-level report, practitioners who do not respond to the HIT Survey are reported as NOT having an EHR (i.e., they have a “No” for this measure).
<b>Definition</b>	<u>EHR</u> : an integrated electronic clinical information system that tracks patient health data and may include such functions as visit notes, prescriptions, lab orders, etc. (This is also known as an electronic medical record or EMR.)

<sup>†</sup><http://www.health.ri.gov/publications/annualreports/HealthInformationTechnologyPhysicanSurveySummary.pdf>

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## Measure 2: Use of E-prescribing

<b>Summary-level</b>	Percent yes
<b>Practitioner-level</b>	Yes/No
<b>Survey content from which measure was derived</b>	How often do you transmit prescriptions electronically to the pharmacy?
<b>Response categories</b>	Always; Often; Sometimes; Never - I do not have a system that can do this; Never - My system can do this, but I do not use this function; N/A - I do not prescribe medications.
<b>Numerator</b>	The number of survey respondents who indicate “yes”, they e-prescribe (Always, Often, Sometimes).
<b>Denominator</b>	Total number of survey respondents who prescribe medications.
<b>Notes</b>	<p>The question format changed for the 2019 survey. Previously, participants were asked what percentage of the time they transmitted prescriptions electronically to the pharmacy, with the following response categories: 0%; 1-50%; &gt;50%; Not applicable.</p> <p>To obtain a “yes” for the measure, office-based practitioners must transmit prescriptions electronically to the pharmacy; hospital-based practitioners must transmit medication orders electronically to an outside or community pharmacy.</p> <p>Practitioners who do not provide direct patient care are excluded. For the summary-level report, practitioners who respond that they do not prescribe medications are excluded from the measure. For the practitioner-level report, practitioners who do not prescribe medications are indicated by N/A, and practitioners who do not respond to the HIT Survey are reported as NOT e-prescribing (i.e., they have a "No" for this measure).</p>
<b>Definitions</b>	<p><u>E-prescribing</u>: Transmitting prescriptions or medication orders electronically to the pharmacy; includes both community pharmacies and hospital pharmacies.</p> <p><u>Transmitting prescriptions electronically</u>: Prescriptions may be transmitted within practitioners’ EHRs or with an external system, but cannot be transmitted via fax to be counted in this measure.</p>



### Measure 3: Use of E-prescribing for Controlled Substances

<b>Summary-level</b>	Percent yes
<b>Practitioner-level</b>	Yes/No
<b>Survey content from which measure was derived</b>	How often do you transmit controlled substance prescriptions (e.g., opioids, benzodiazepines, Adderall, testosterone, etc.) electronically to the pharmacy?
<b>Response categories</b>	Always; Often; Sometimes; Never- I do not have a system that can do this; Never- My system can do this, but I do not use this function; N/A- I do not prescribe controlled substances.
<b>Numerator</b>	The number of survey respondents who indicate “yes,” they e-prescribe controlled substances (Always, Often, Sometimes).
<b>Denominator</b>	Total number of survey respondents who prescribe controlled substances.
<b>Notes</b>	<p>To obtain a “yes” for the measure, office-based practitioners must transmit controlled substance prescriptions electronically to the pharmacy; hospital-based practitioners must transmit controlled substance prescriptions electronically to an outside or community pharmacy.</p> <p>Practitioners who do not provide direct patient care are excluded. For the summary-level report, practitioners are excluded from the measure if they respond that they do not prescribe medications or indicate anywhere in the survey that they do not prescribe any controlled substances. For the practitioner-level report, practitioners who do not prescribe controlled substances are indicated by N/A, and practitioners who do not respond to the HIT Survey are reported as NOT e-prescribing controlled substances (i.e., they have a "No" for this measure).</p>
<b>Definitions</b>	<p><u>E-prescribing</u>: Transmitting prescriptions or medication orders electronically to the pharmacy; includes both community pharmacies and hospital pharmacies.</p> <p><u>Transmitting prescriptions electronically</u>: Prescriptions may be transmitted within practitioners’ EHRs or with an external system, but cannot be transmitted via fax to be counted in this measure.</p>



### Measure 4: Practitioners experiencing HIT-related stress

<b>Summary-level</b>	Percent of respondents reporting stress in at least one of the three HIT-related stress questions.
<b>Practitioner-level</b>	N/A—not reported at the individual practitioner level
<b>Survey content from which measure was derived and response categories</b>	<ul style="list-style-type: none"> <li>▪ <b>Sufficiency of time for documentation</b> <ul style="list-style-type: none"> <li>▪ Poor; Marginal; Satisfactory; Good; Optimal</li> </ul> </li> <li>▪ <b>Amount of time I spend on the EHR at home</b> <ul style="list-style-type: none"> <li>▪ Excessive; Moderately high; Satisfactory; Modest; Minimal/None</li> </ul> </li> <li>▪ <b>Using my EHR adds to the frustration of my day</b> <ul style="list-style-type: none"> <li>▪ Strongly disagree; Disagree; Agree; Strongly agree</li> </ul> </li> </ul>
<b>Numerator</b>	The number of survey respondents with EHRs who report stress in at least one of the three HIT-related stress questions.
<b>Denominator</b>	Total number of survey respondents with EHRs who answer the HIT-related stress questions.
<b>Notes</b>	<p>Responses of “poor” and “marginal” are classified as HIT-related stress for the sufficiency of time for documentation question. Responses of “agree” and “strongly agree” are classified as HIT-related stress for the EHR adds to daily frustration question. Responses of “excessive” and “moderately high” are classified as HIT-related stress for the time spent on the EHR at home question. All other response categories are classified as no HIT-related stress.</p> <p>Practitioners who do not provide direct patient care are excluded.</p>
<b>Definitions</b>	<u>EHR</u> : an integrated electronic clinical information system that tracks patient health data and may include such functions as visit notes, prescriptions, lab orders, etc. (This is also known as an electronic medical record or EMR.)