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Health Care Quality Reporting Program – Health Information Technology (HIT) Survey

**Frequently Asked Questions (FAQ)**

Last Updated, 5/10/21

*The 2021 HIT Survey will be available online from May 17, 2021 to June 4, 2021. If you have questions about the survey, please read this FAQ first. If the FAQ does not answer your questions, please email the Healthcare Quality Reporting Program at [DOH.HITSurvey@health.ri.gov](mailto:DOH.HITSurvey@health.ri.gov).*

**COVID-19 AND THE 2021 HIT SURVEY**

**1. I am still dealing with challenges related to COVID-19; why are you making me complete an HIT survey?**

This past year has challenged the healthcare community immensely. We have seen unprecedented adoption of new technology, some of which has changed how we provide healthcare to our communities. Understanding how you have used technology will help us guide statewide efforts to improve the experience of working with HIT.

**BACKGROUND**

**2. Why does the Department of Health (RIDOH) collect this information every other year?**

RIDOH has a legislatively-mandated public reporting program that publishes information from the HIT Survey biennially. Because your use of electronic health records (EHRs) and e-prescribing changes over time, we ask you to complete the survey every other year.

**3. Why is this mandatory? What does “mandatory” mean?**

The state legislature mandated that RIDOH publicly report information about healthcare providers. You are required by RIDOH to submit this information biennially. Non-response is reported as non-use of HIT.

**ELIGIBILITY & COMPLETION**

**4. What’s the survey URL again?**

You can access the survey by typing this link into your web browser: <https://www.surveymonkey.com/r/RIHIT2021>  
If you received an email about the survey, you can also access the URL from that email.

**5. How long is the survey open?**

The 2021 survey will be open for three (3) weeks, from May 17, 2021 to June 4, 2021.

**6. Who is required to complete this survey?**

Physicians (MDs and DOs), APRNs and PAs are required to complete the survey if they have active RI licenses.

**7. I’m not a physician, APRN or PA. Should I complete this survey?**

You do not need to complete it if you are not a physician, APRN or PA.

**8. This doesn’t really apply to my specialty. Is it intended for me? Should I complete it?**

The survey is mandated for all physicians (MDs and DOs), APRNs and PAs, regardless of specialty. Please respond to the best of your ability to each question, even if it does not feel directly applicable. We have created pathways for office/outpatient- and hospital/inpatient-based clinicians, to tailor the questions to HIT usage in each of those settings—but realize that the questions may not directly apply to all specialties or practice patterns. If your practice is not office/outpatient or hospital/inpatient-based, please choose the option that best reflects your clinical practice.

**9. I’m retired. Why did I get this survey?**

The physicians, APRNs and PAs who receive the survey are identified through RIDOH’s licensure database. If you have retired since the database was last updated, you may be included. When you complete the first few questions of the survey, your answers will allow us to appropriately exclude you from the survey analysis and report.

**10. I practice abroad or in a state other than Rhode Island. Why did I get this survey?**

The physicians (MDs and DOs), APRNs and PAs who received the survey were identified through RIDOH’s licensure database. You received a survey notification if you have a current RI license. Data are only reported for physicians, APRNs and PAs with mailing addresses in RI, CT or MA. When you complete the first few questions of the survey, your answers will allow us to appropriately exclude you from the survey analysis and report.

## HIT Survey FAQ for APRNs and RNs

### 11. Can my Office Manager complete the survey?

The survey asks very specific questions about how you use HIT and the impact that HIT has on your work day and workflow; therefore, it can only be answered by you. It should take less than 10 minutes to complete.

## TECHNICAL ASSISTANCE

### 12. I didn't get a copy of the survey. Can you send me one?

The survey is electronic, not on paper. This helps to save you time, since it incorporates skip patterns automatically based on your responses. You can access the survey by typing the following into your web browser:

<https://www.surveymonkey.com/r/RIHIT2021> (note the "s" on https)

### 13. Can I complete the survey on paper?

No, the survey is electronic. This helps to save you time, since it incorporates skip patterns based on your responses.

### 14. I tried to access the link, but I couldn't get to the survey.

- If you are typing the URL into your Web browser, please make sure you include the "s" in "https."
- If you are copying and pasting the URL, please make sure that the full URL is pasted into your browser.

If you still have trouble, please contact RIDOH at [DOH.HITSurvey@health.ri.gov](mailto:DOH.HITSurvey@health.ri.gov). We will make every effort to respond to your inquiry within two (2) business days of receipt.

### 15. I completed the survey. Can I get a confirmation?

No, at this time we are unable to generate confirmation emails. If you need confirmation of your survey completion, please print the thank you page (last page of the survey) from your web browser.

### 16. I completed the survey, but I still got a reminder email. Were my responses saved?

The survey website, SurveyMonkey, tracks response/non-response using your email address. If you responded by typing in the survey URL, rather than clicking on the link emailed to you, you will receive a reminder regardless of your response. Your survey responses are saved and you should disregard the reminder.

### 17. Can I start the survey and return to finish it later?

No, unfortunately once you begin the survey you must complete it in one sitting.

## MEASUREMENT & REPORTING

### 18. What measures are publicly reported for individual clinicians?

We report two measures based on your responses, including: (1) use of an EHR (Yes/No) and (2) use of e-prescribing (Yes/No). Other measures are publicly reported, but in aggregate without any identifying information.

### 19. How were the survey and its measures created?

RIDOH and Healthcentric Advisors led the original survey design in partnership with state agencies, health plans and other organizations, and with input from clinician stakeholder groups. We continue to work with these, and other partners, as we update the survey each cycle. These partnerships help ensure that the survey collects information to support a variety of state needs, while minimizing your data collection burden.

## COMMENTS

### 20. It's unfair of RIDOH to report HIT use, but not pay for me to adopt an EHR.

The survey provides you with an opportunity to help us understand your unique situation and barriers to HIT use. Your free-text comments are not publicly reported at the individual clinician level.

### 21. I'd like to tell you about my positive/negative experiences with EHRs or e-prescribing.

We welcome your input. The survey provides you with an opportunity to share your thoughts. Your free-text comments are not publicly reported at the individual clinician level.

## ADDITIONAL QUESTIONS

### 22. I'd like more information. Where can I learn more?

Please visit the public reporting program's website: [https://health.ri.gov/programs/detail.php?pgm\\_id=137](https://health.ri.gov/programs/detail.php?pgm_id=137)

### 23. My question wasn't answered here. What should I do?

Please contact RIDOH at [DOH.HITSurvey@health.ri.gov](mailto:DOH.HITSurvey@health.ri.gov) with additional questions. We will make every effort to respond to your inquiry within two (2) business days of receipt.

### 24. I have completed this survey in past years and my EHR use hasn't changed, do I still need to complete the survey?

Yes, because many of the survey questions change. The survey is updated each cycle to account for changes in the HIT landscape, including changes to incentive programs, regulations and new or developing technology.