SHIP HIT Landscape Assessment
Survey of BH and LTC Providers
Survey Goal: Assess HIT Current State, What’s Needed

• Create understanding current capabilities of Wisconsin’s long-term and behavioral health providers to:
  − Capture health information electronically
  − Share health information electronically
• Learn what information healthcare providers think they need to improve the quality and value of delivering care and services
• Areas assessed include:
  − Characteristics of survey population
  − EHR adoption – level, challenges, benefits
  − HIE integration – level, challenges, benefits
  − Clinical data needs of BH, LTC communities

Due to the lack of information readily available on BH and LTC providers access to Health IT a survey has been conducted.
Perspective into respondents by service setting, location and use of technology may provide insight

- The results of each survey question with both surveys will be analyzed at an aggregate level
- Then, each response will be broken down by segments to allow for insights to be garnered around service setting and HIT use
Potential Correlations will Begin to Drive Survey Insights

From initial analysis, the following areas are those we believe we can provide insight to the workgroup

- What are the patterns in demographic of the respondents?
- Was there a geographic area more highly or less represented than others?
- Are we missing perspectives of certain demographic groups?
- Are those who responded more likely to have EHR; is the survey skewed to this population?
Potential Correlations will Begin to Drive Survey Insights

EHR Adoption and Use

- Is there a difference in adoption rate amongst BH and LTC provider universes? Similarly, Is there a difference in EHR maturity rates amongst BH and LTC providers?
- How does the EHR adoption rate differ by setting, geography, payer source, etc.?
- What EHR is being used most often to exchange information?
- Are the EHR vendors used by BH and LTC providers different?
- Of the reported EHRs being used, how many are vendor-certified EHRs (CEHRTs)?
- Did the reasons for not adopting EHRs differ amongst provider settings?
- How did the providers compare with regard to challenges and benefits of adopting EHRs?
- How is the information needed/captured different and similar between BH, LTC and segments?
- Are there differences in how disparate provider settings manage records in EHRs? For example, it was reported by a BH provider that it is used for solely its outpatient clinic.
- Of those using EHR, are they more likely to use it if there are multiple systems being used if connected to billing, practice management, payroll and clinical?
Potential Correlations within Survey Analysis

Integration of HIE

- What are the most common sources of data sent and received? Does that data differ?
- Are there differences in the type of information sent among BH and LTC providers, hospital systems and community settings, etc.?
- Is there a difference among those with and without EHRs?
- Is the method by which providers share and receive information similar or different?
- What other systems are providers interfacing with alongside the clinical interface? (i.e. accounting/billing, practice management, payroll)
- Do the organizations that providers need to exchange data with differ among BH and LTC providers, settings and those that haven’t adopted an EHR?
- What types of data would providers like to receive? Does that type of information differ for those using EHR and those using other types of communication/transmission?
- Of those who’ve adopted an EHR, how many are able to get external clinical data without having to access additional portals or applications?
- Of those who have not adopted an EHR, are these providers participating in HIE i.e. using a portal or using cloud-based solutions?
Potential Correlations within Survey Analysis

Additional Thoughts

• How significantly do the HIT and HIE needs differ between organizational types?
• What is the different in FTEs/staffing resources between what was reported as needed by providers and what exists? How does this differ among provider settings and those with/without EHRs?
• How do the rates of EHR implementation and HIE implementation resemble each other?
• Are there connection points between HIT/HIE in the BH and LTC provider communities and those of the physical health communities?
Key Considerations for Workgroup (Anticipating)

• What perspectives of the BH and LTC provider community are we missing?
  – Do we know anything about what’s important to them?
  – How do we gain this perspective?
• Why is EHR adoption not a priority for management?
  – Nearly 40% of BH respondents without EHR do not plan on buying; 24% report being unsure of EHR purchase/adoptions.
  – Do traditional EHRs not serve a purpose for universe of providers and their line of business (peer to peer support example)?
  – Lack of funding (share analysis of policy reform around access to EHR Incentive Program, Managed Care NPRM)
• What is the root cause of low HIE integration within these provider communities?
  – Are organizational policies preventing integration of HIE, specific to BH and sensitive information?
  – Is there a knowledge deficit here within the provider communities as to accessibility of HIE data?
  – Are there policies or activities the SIM grant can support to educate providers?
• What lessons, insight can be gleaned from the other SIM Transformation workgroups, i.e. BH, Population Health and Care Delivery?
• Is there an enhanced role for Wisconsin Counties to support HIE through adoption of their own EHRs?
• Similarly, is there an improved role for HMOs to support EHRs and HIE?
• If funding were to be granted, what are the priority areas of support for this community of providers, i.e. broadband, wireless access?