



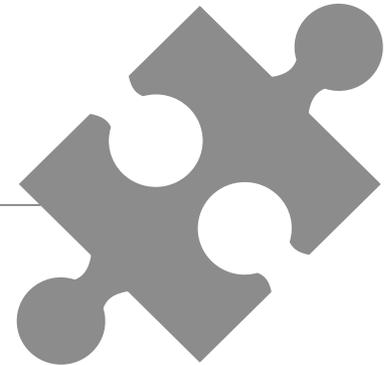


# Survey Goal: Assess HIT Current State, What's Needed

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- 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

**Survey Data Collection**  
Due to the lack of information readily available on BH and LTC providers access to Health IT a survey has been conducted .

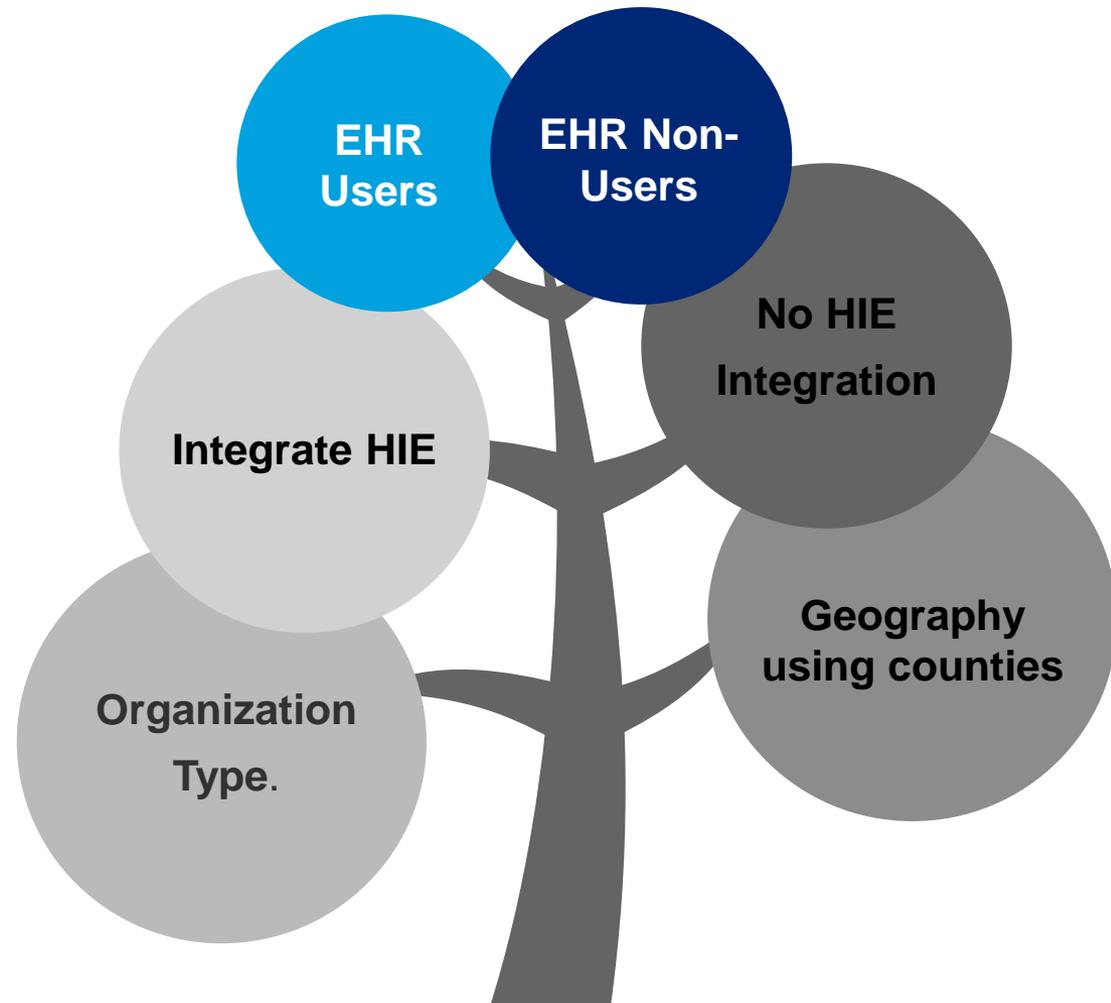




# Analysis Methodology: Segmentation of Respondents

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

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

## Characteristics of Survey Population

- 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

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## 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

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## 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)

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- 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 with out EHR do not plan on buying; 24% report being unsure of EHR purchase/adoption.
  - 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?