

### Overview of Health IT in North Dakota: Data to Inform and Improve Performance

Office of Economic Analysis, Evaluation and Modeling &

State HIE Program

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#### **Chartpack Team**



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#### **Questions?**

• Please contact your project officer with any questions.



### Overview of the Data

#### What is in the Chartpacks?



#### National and state data on:

Health information exchange

Capacity to exchange

Active exchange

Exchange what types of data?

(e-Rx, lab data, care summaries)

Exchange with who?

(physicians, hospitals, pharmacies, labs, patients)

**EHR** adoption

Adoption of a basic EHR

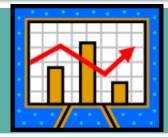
Intent to apply for Meaningful Use

## Goals of the "Chartpacks": A Tool for States



Provide a snapshot of current levels of HIE/HIT capacity and activity underway

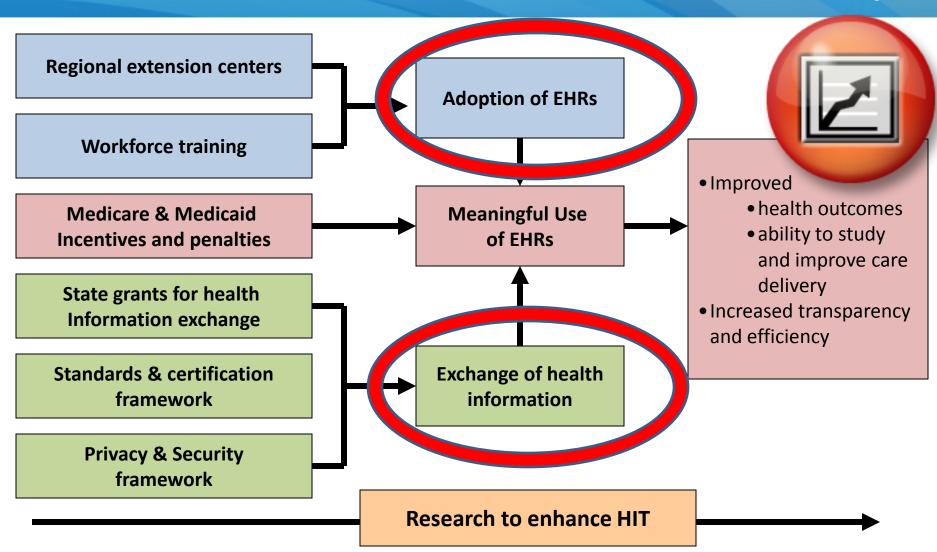
Assess trends over time



Help identify gaps as well as areas of strength

#### Why Chartpacks?





Source: Blumenthal D. Launching HITECH. N Engl J Med. 2010 Jan 4. http://healthcarereform.nejm.org/?p=2669

#### **About the Data Sources**



- ONC acquired potential indicators of HIT adoption and use from 3 major sources:
- National Ambulatory Medical Care Survey (NAMCS) EMR Supplement:
  - The National Center for Health Statistics conducts this survey of physicians who work in ambulatory care settings annually by mail.
  - Starting in 2010, the sample size was increased so we could generate statelevel estimates.
- American Hospital Association (AHA) survey Health IT Supplement:
  - The American Hospital Association administers this annual survey of hospitals CIOs online and by mail. We report on non-federal acute care hospitals.
- Surescripts:
  - A leading e-prescription network, Surescripts provides the highest quality representative sample of e-prescribing by providers and pharmacies in the United States.

#### **Current Data Sources**



#### **Potential Indicators of HIT/HIE Capacity and Activity**

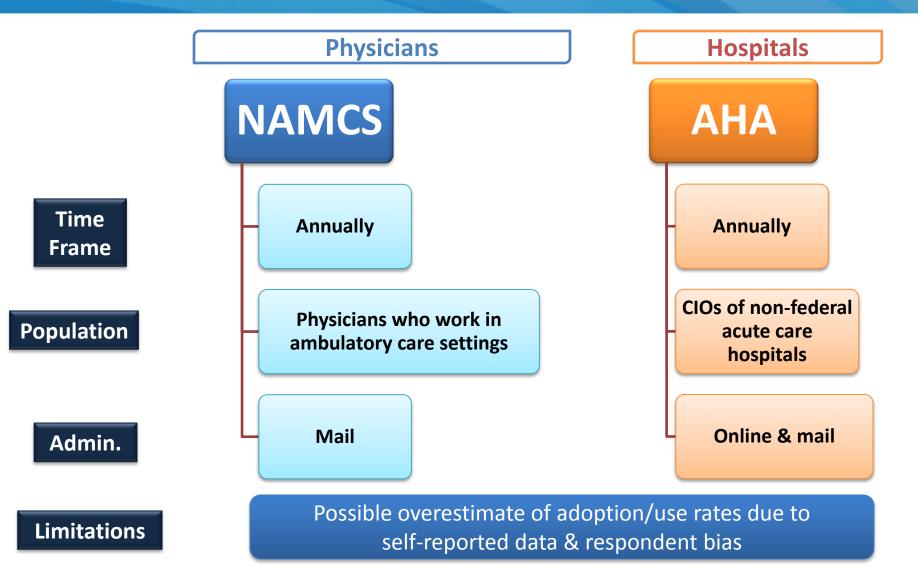
Data Source	EHR adoption	Labs	eRX	Care Summary	Consumer	State Level Estimates
NAMCS	X	X		X**	X**	X
AHA (Hospital)	Х	X		X	Х	<b>X</b> *
Surescripts			Χ			х

<sup>\*</sup>Generation of State-Level estimate depends upon sample size and response rate.

<sup>\*\*2011</sup> data only will be available later this year.

# ONC's Current Data Sources Provider Surveys





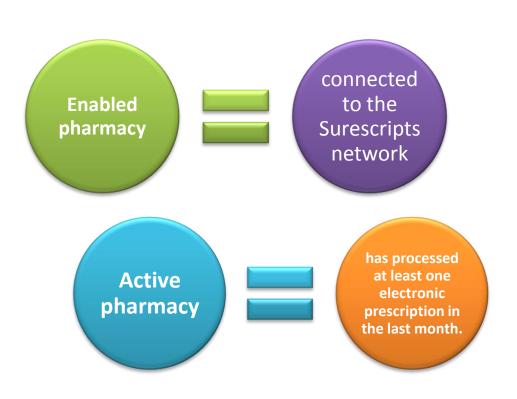
#### **E-Prescribing Data Source**



Surescripts, a leading eprescription network, provides the highest quality representative sample of e-prescribing in the United States.

Data on providers and pharmacies are available **quarterly.** 

Market presence may vary in certain territories/states.\*



<sup>\*</sup>Please report pharmacies that are on a different network to your project officer

#### **Data Strengths and Limitations**



Source	Strengths	Limitations		
NAMCS	<ul> <li>Oversampling to generate state- level estimates</li> <li>Administered by NCHS</li> <li>High response rate</li> </ul>	<ul> <li>Self-reported</li> <li>Non-responder bias</li> <li>Over-estimation of HIT</li> </ul>		
AHA	<ul> <li>High response rate</li> <li>Respondent is the hospital CIO</li> </ul>	<ul> <li>Self-reported</li> <li>Non-respondent bias</li> <li>No oversampling</li> </ul>		
Surescripts	<ul> <li>Geographic scope of more than 92% of all pharmacies nationwide</li> <li>Large sample size</li> <li>Zip code level data</li> <li>Includes both nurse practitioners and physicians</li> </ul>	<ul> <li>Coverage varies by state</li> <li>Denominator not supplied</li> </ul>		

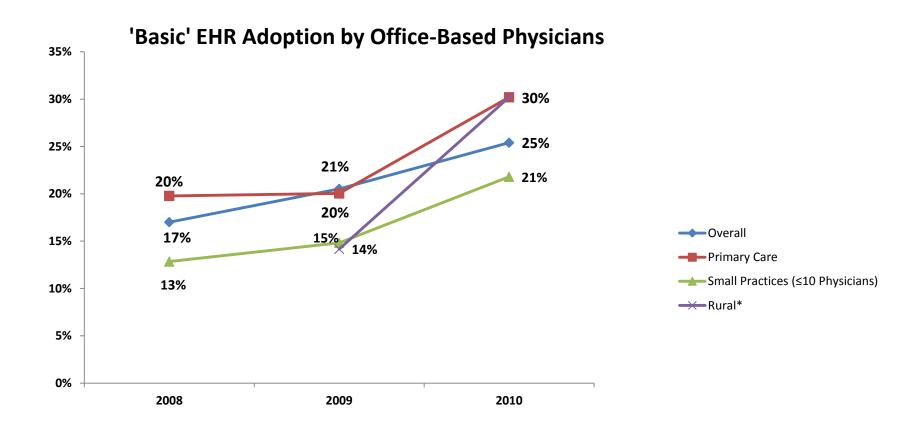
Due to small sample sizes, in some cases we may not be able to generate reliable state-level estimates. When the Relative Standard Error is high, it is considered an unreliable estimate and will be indicated with either an asterisk or the data will not be shown.



### **NAMCS Chart Packs**

# National Trends: Physician EHR Adoption

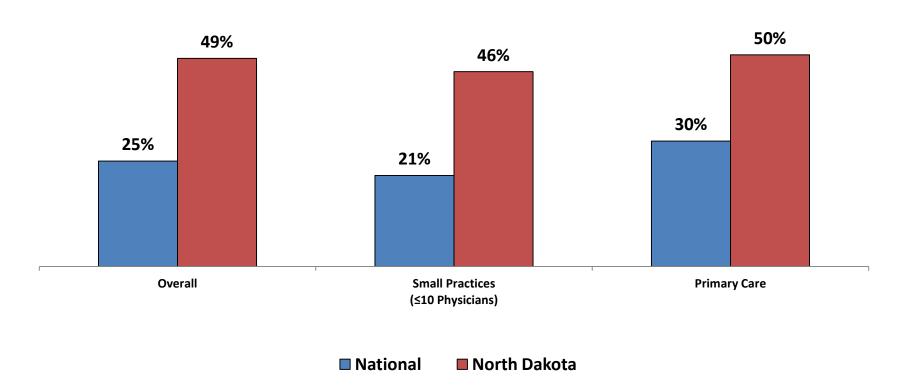




Source: NAMCS, 2008-2010



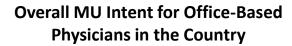
#### Proportion of Office-Based Physicians that have Adopted a 'Basic' EHR

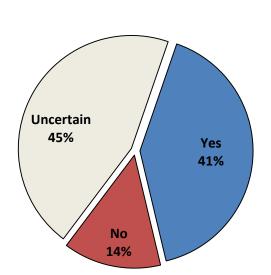


# Nationwide: Physician Meaningful Use Intent

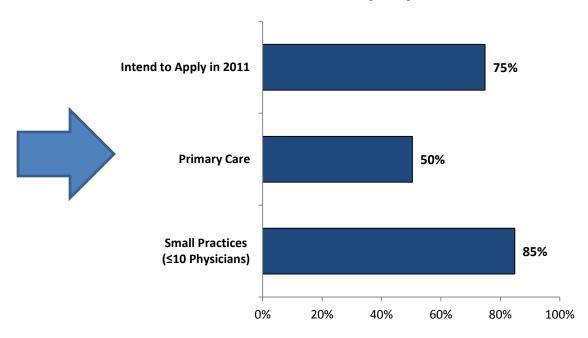








#### **MU Intent for Key Physicians**



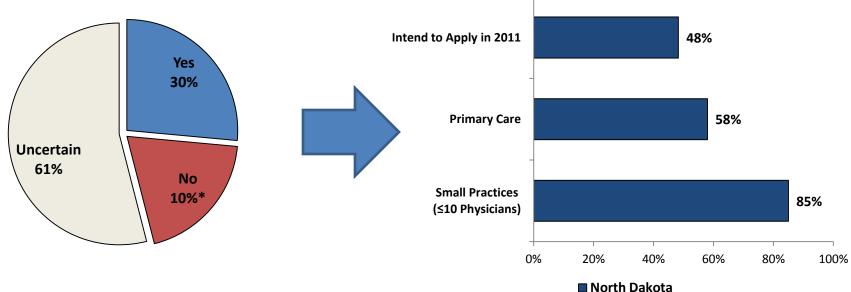
#### **Physician MU Intent in your State**





#### Overall MU Intent for Office-Based Physicians in North Dakota



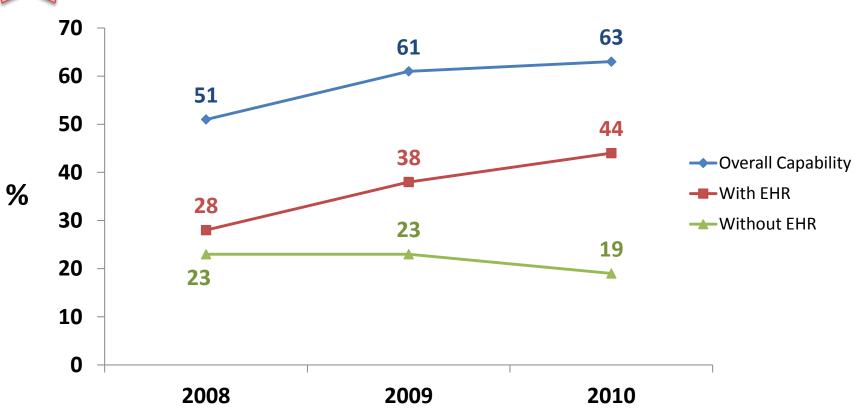


## National Trends: Physicians Viewing Lab Results Electronically



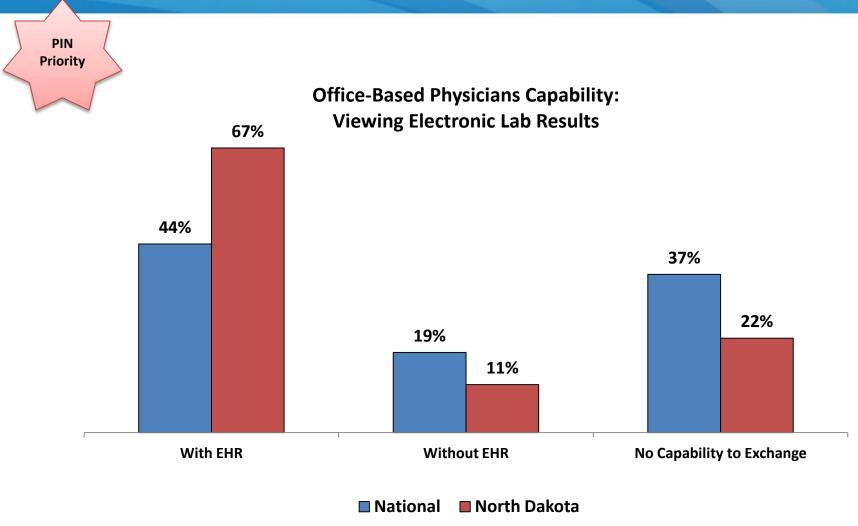


### Proportion of Office-Based Physicians with the Capability: View Lab Results Electronically



## How does your state compare to national estimates?



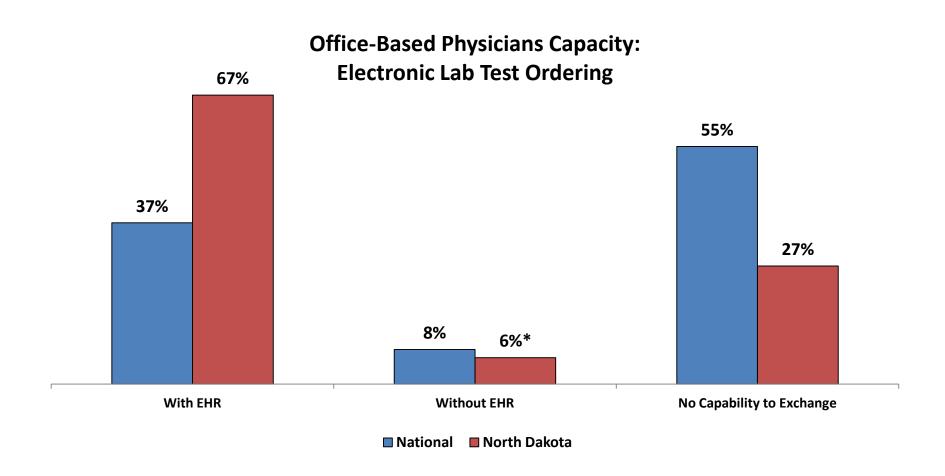


Source: NAMCS, 2010

"EHR" defined by those who report having any EHR

## How does your state compare to national estimates?





<sup>&</sup>quot;EHR" defined by those who report having any EHR

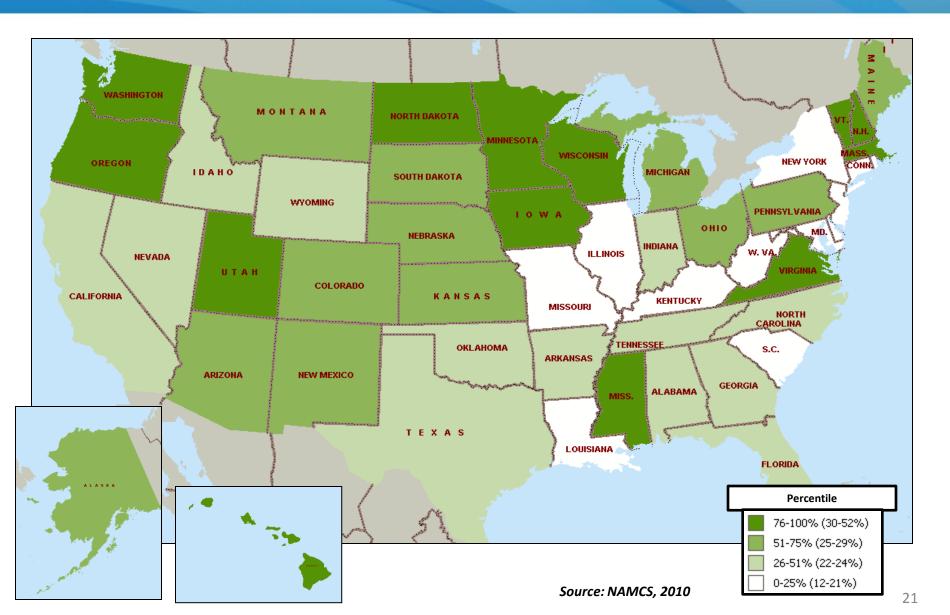
<sup>\*</sup> Indicates unreliable estimate, Relative Standard Error > 0.3



## Nationwide Comparisons

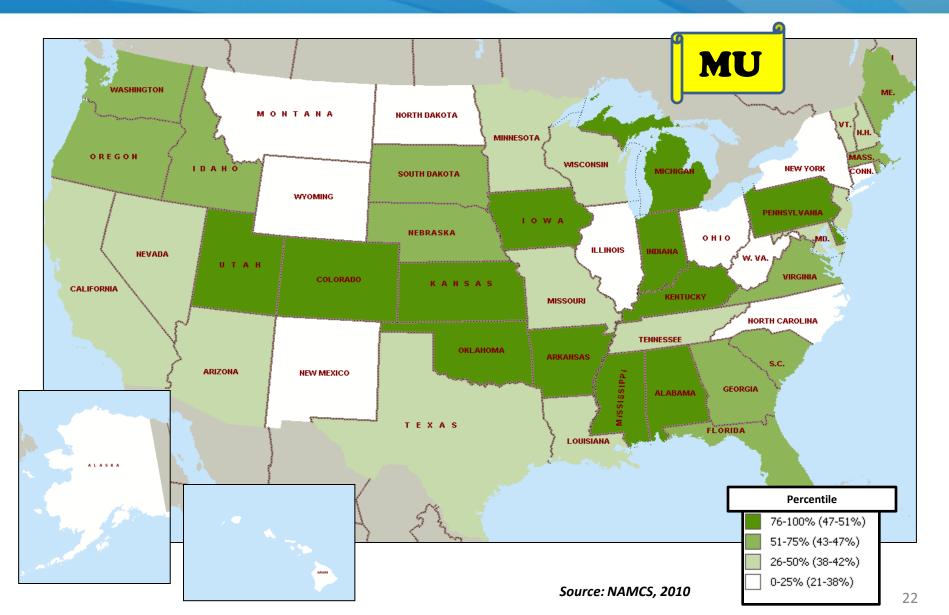
## **Statewide Estimates: Physician EHR Adoption**





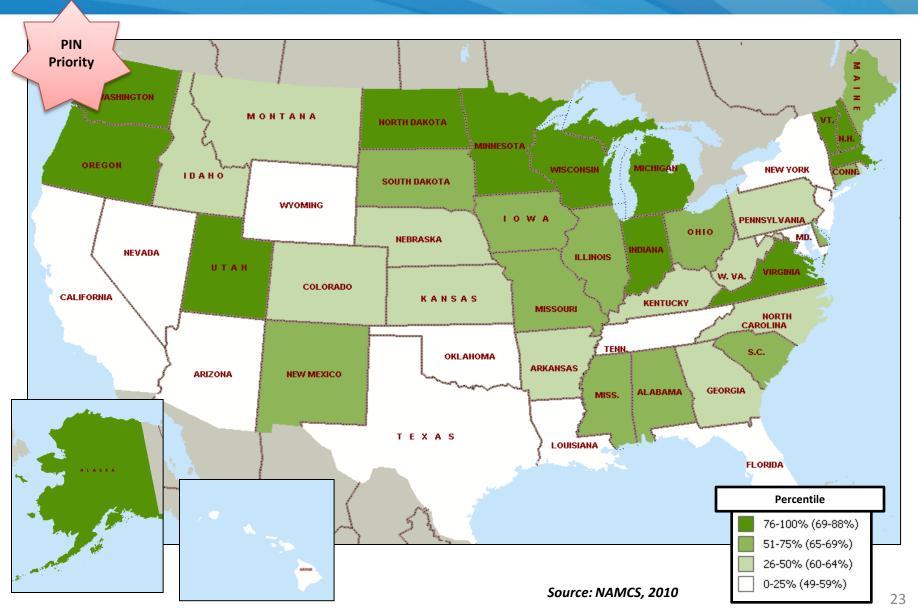
## Statewide Estimates: Physician Intent to apply for Meaningful Use





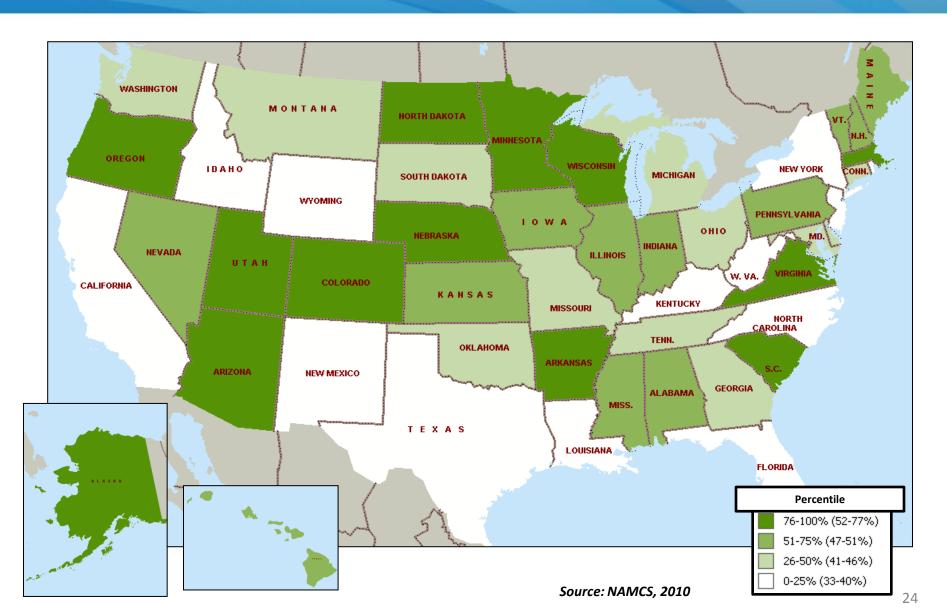
## Statewide Estimates: Physicians Viewing Lab Results Electronically





## Statewide Estimates: Physician Electronic Lab Test Ordering





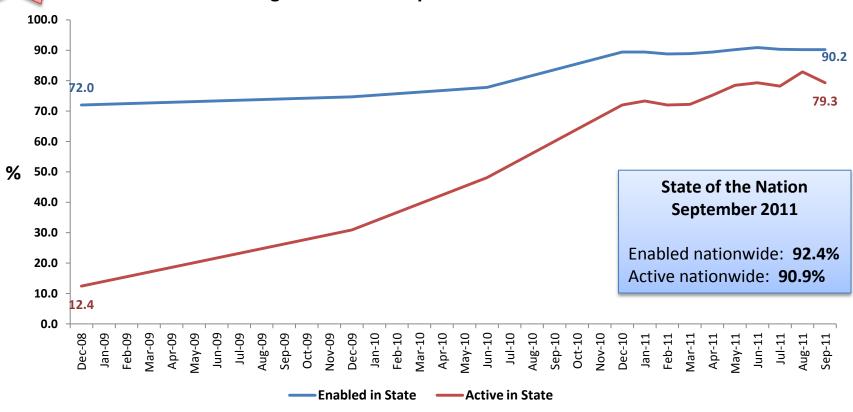


### Measures of ePrescribing



PIN Priority

Percent of Retail Community Pharmacies Enabled to e-Prescribe and Actively e-Prescribing on the Surescripts Network in North Dakota

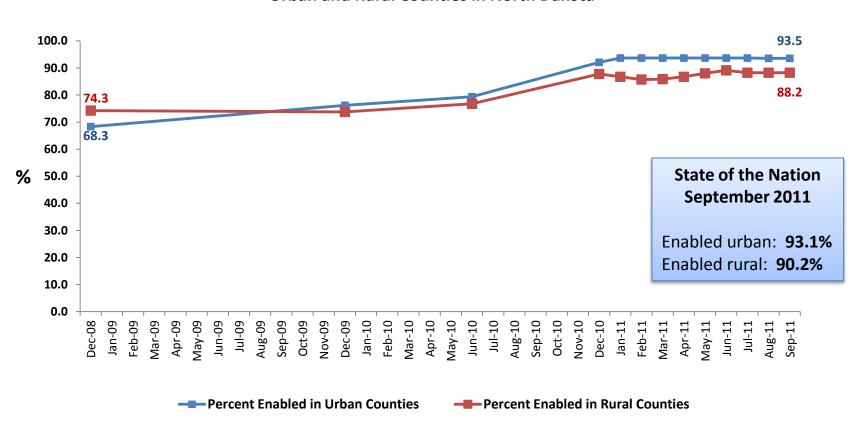


Data Source: Surescripts

### **Surescripts Connectivity: Urban vs. Rural Pharmacies**



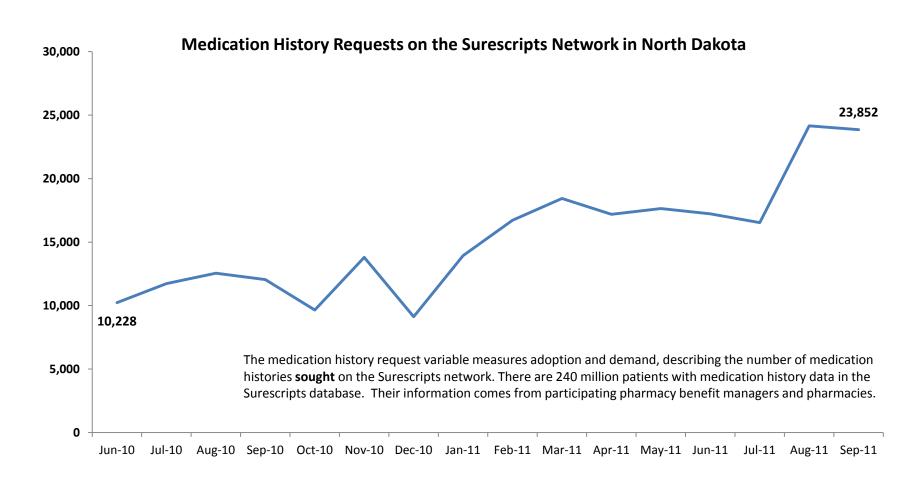
#### Percent of Retail Community Pharmacies Connected to the Surescripts Network in Urban and Rural Counties in North Dakota



Data Source: Surescripts

#### **Trend in Medication History Requests**





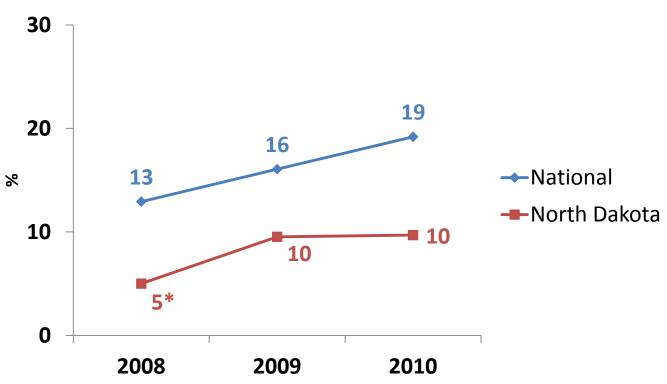
Data Source: Surescripts



### **AHA Data**



#### Adoption of (Basic) EHRs by All Hospitals

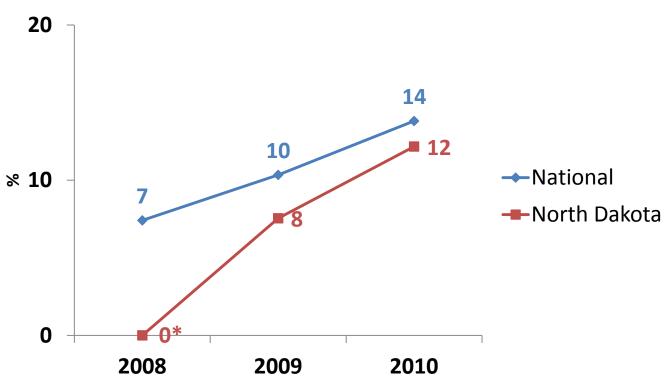


**Data Source: AHA Hospital Survey** 

<sup>\*</sup>Estimate not reliable due to sample size and relative standard error greater than .49



#### Adoption of (Basic) EHRs by Rural Hospitals

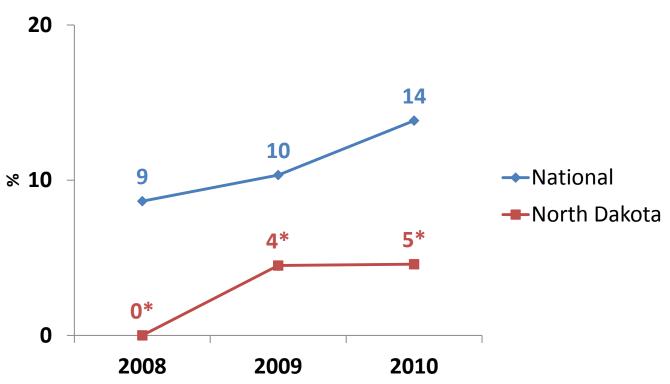


**Data Source: AHA Hospital Survey** 

<sup>\*</sup>Estimate not reliable due to sample size and relative standard error greater than .49



#### Adoption of (Basic) EHRs by Small Hospitals



**Data Source: AHA Hospital Survey** 

<sup>\*</sup>Estimate not reliable due to sample size and relative standard error greater than .49

## **Statewide Estimates: Hospital EHR Adoption**





Data Source: AHA Hospital Survey
Data from 2010



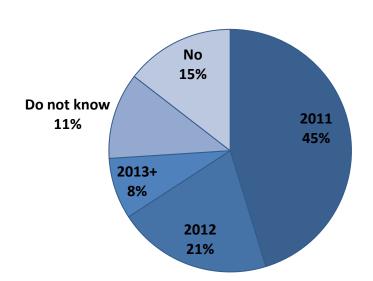
## Meaningful Use



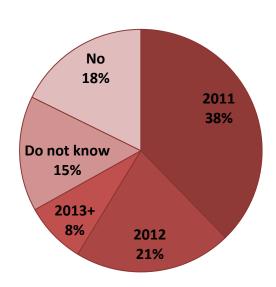
#### Year Hospitals Intend to Apply for Meaningful Use



#### **National**



#### **North Dakota**



**Data Source: AHA Hospital Survey** 

Data from 2010

## Statewide Estimates: Hospitals Intending to Apply for MU in 2011/2012





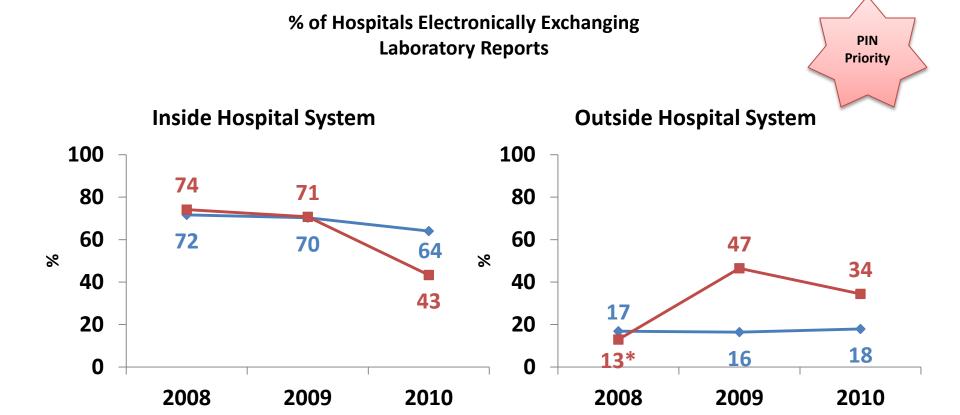
Data Source: AHA Hospital Survey
Data from 2010



#### Measures of Lab Exchange

---North Dakota





Data Source: AHA Hospital Survey
Data from 2010

**→** National

---North Dakota

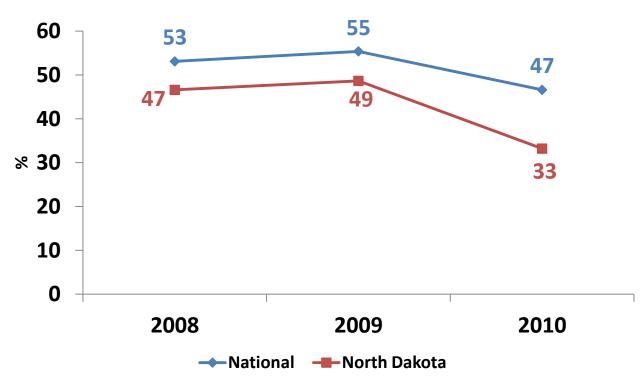
**→**National

<sup>\*</sup>Estimate not reliable due to sample size and relative standard error greater than .49



#### % of Hospitals Electronically Exchanging Laboratory Reports with Ambulatory Providers Outside Their System





Data Source: AHA Hospital Survey

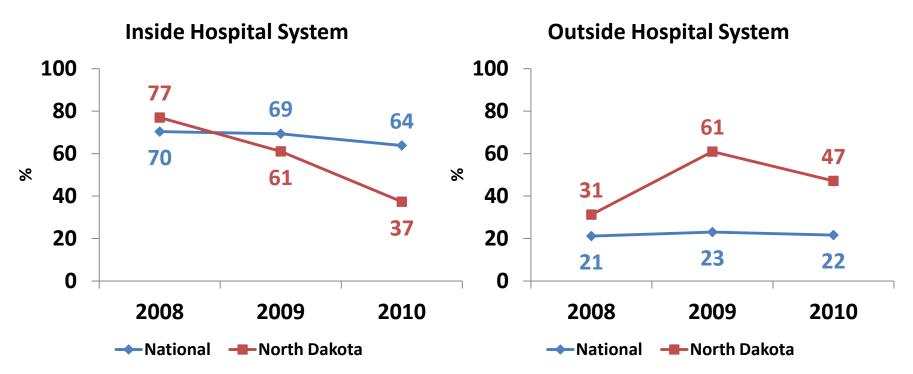


# Other Measures of Exchange



#### % of Hospitals Electronically Exchanging Radiology Reports

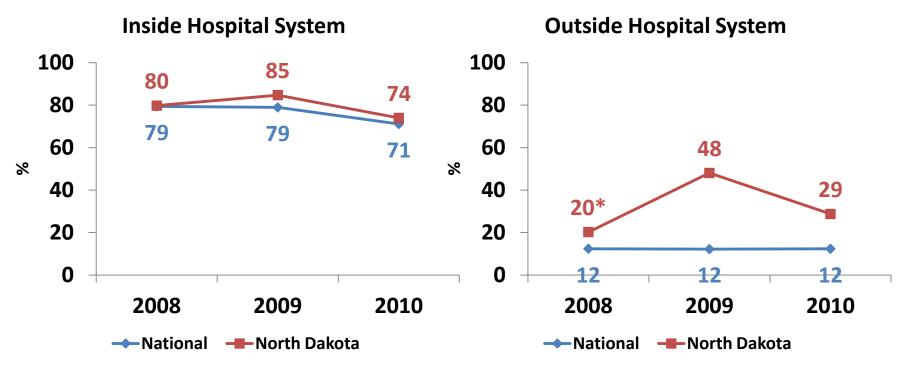






#### % of Hospitals Electronically Exchanging Medication Histories with Hospitals



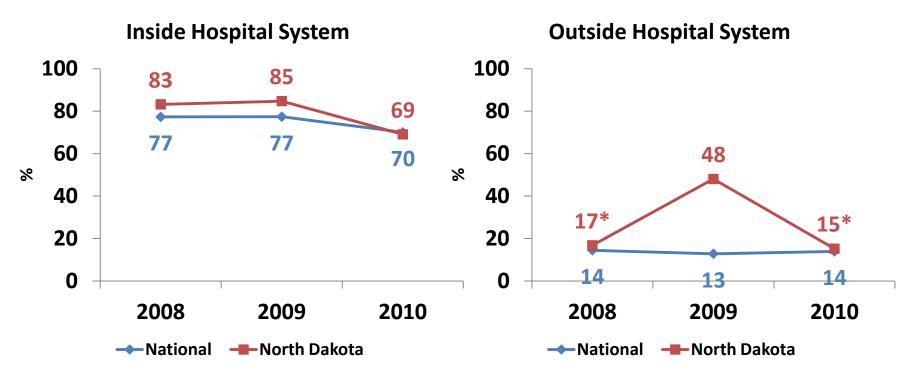


<sup>\*</sup>Estimate not reliable due to sample size and relative standard error greater than .49



#### % of Hospitals Electronically Exchanging Care Summaries with Hospitals



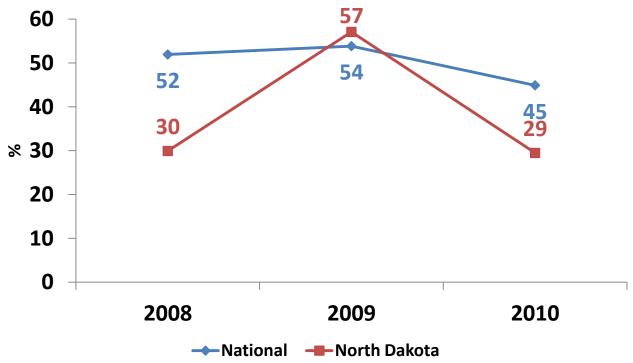


<sup>\*</sup>Estimate not reliable due to sample size and relative standard error greater than .49



#### % of Hospitals Electronically Exchanging Radiology Reports with Ambulatory Providers Outside Their System

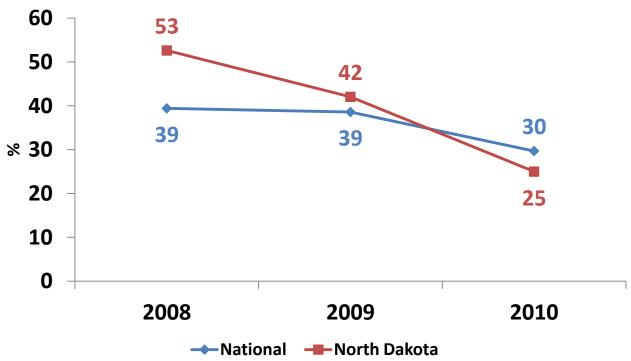






#### % of Hospitals Electronically Exchanging Medication Histories with Ambulatory Providers Outside Their System

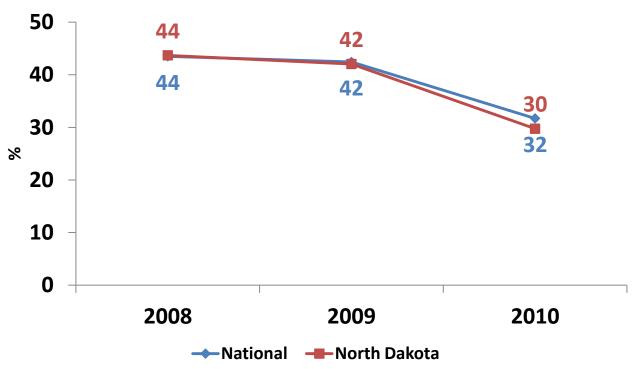




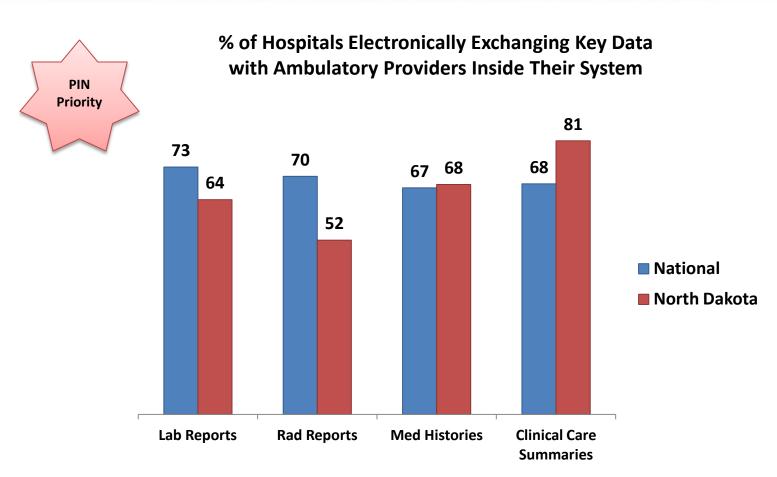


#### % of Hospitals Electronically Exchanging Care Summaries with Ambulatory Providers Outside Their System





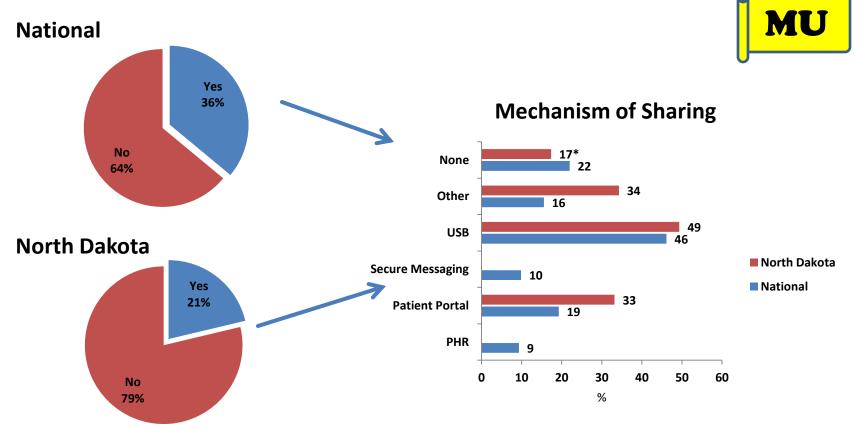




Data Source: AHA Hospital Survey



#### % of Hospitals with Capacity to Provide Patients with an Electronic Copy of their Health Information<sup>1</sup> within 3 Business Days



Data Source: AHA Hospital Survey

<sup>\*</sup>Estimate not reliable due to sample size and relative standard error greater than .49

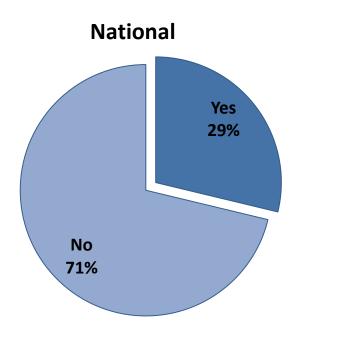
## **Statewide Estimates: Hospitals Sharing Data Electronically with Patients**

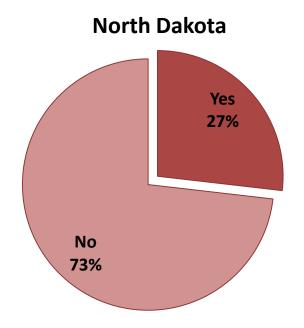






#### % of Hospitals with Capacity to Send Electronic Reminders to Patients

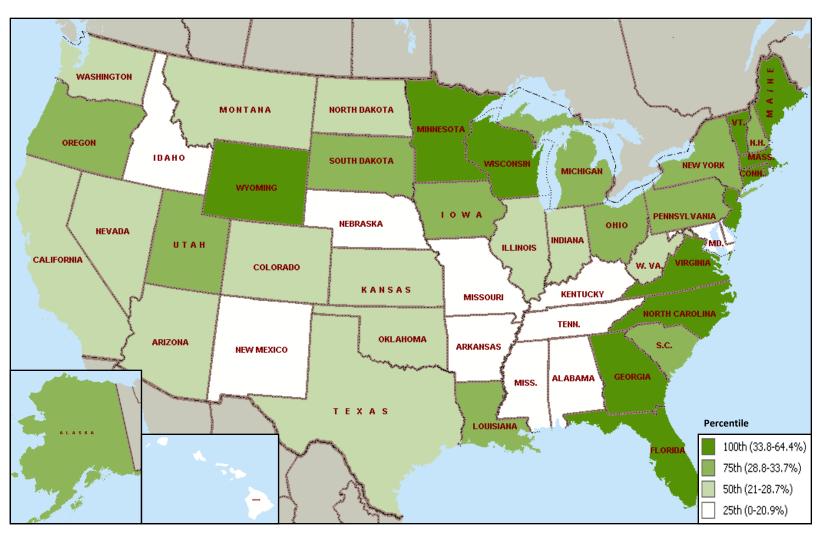




**Data Source: AHA Hospital Survey** 

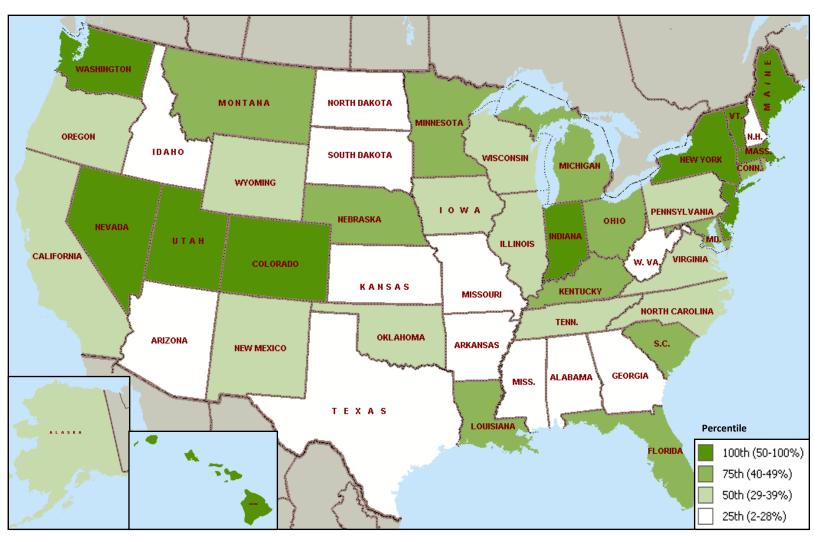
#### **Statewide Estimates: Hospitals with Capacity to Send Electronic Reminders to Patients**





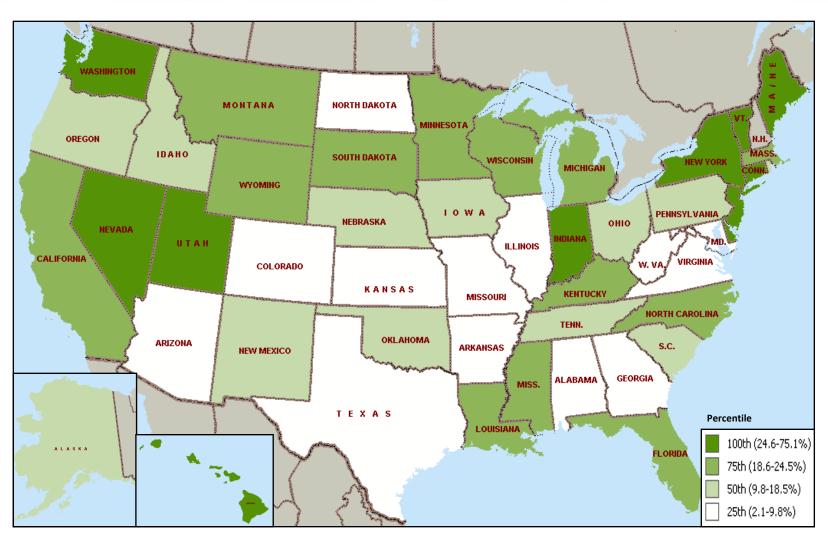
#### Statewide Estimates: HIE/HIO available in region





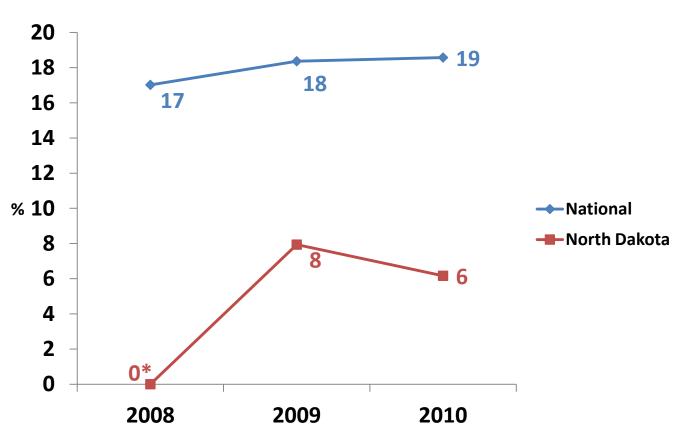
#### Statewide Estimates: Exchange Capacity/Participating in an HIO







#### % of Hospitals with Exchange Capacity and Participating in an HIO



<sup>\*</sup>Estimate not reliable due to sample size and relative standard error greater than .49



### Thank you!