Environmental Scan

2021 Illinois Health IT Survey Report

Prepared for:

ILLINOIS DEPARTMENT OF
**Healthcare and
Family Services**

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The 2021 Illinois Health IT Survey Report was prepared by the Illinois Health Information Technology Regional Extension Center at Northern Illinois University under agreement with the Illinois Department of Health and Family Services. Questions and inquiries regarding the contents of this report may be directed to Info@ILHITREC.org.

The findings and conclusions presented in this report are those of the authors/project team alone and do not necessarily reflect the views, opinions, or policies of the officers and/or trustees of Northern Illinois University.

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Executive Summary

The Illinois Department of Healthcare and Family Services (HFS), in coordination with the Illinois Health Information Technology Regional Extension Center (ILHITREC) and the Chicago Health Information Technology Regional Extension Center (CHITREC), developed and conducted an environmental scan of healthcare organizations to determine the current state of Electronic Health Record (EHR) use by medical providers in the State of Illinois. The purpose of the 2021 Illinois Health IT Survey was to determine the extent of health information technology use by providers and hospitals in Illinois. Survey topics include EHR adoption, utilization, and functionality, as well as Health Information Exchange (HIE) participation. Based upon the survey results, HFS, ILHITREC, and CHITREC will actively work to promote the adoption of EHR and Health Information Exchange (HIE) systems in Illinois through the Medicaid Promoting Interoperability (PI) Program. This document will focus on the consolidated survey results and the responses from Illinois hospitals, clinics, and practices.

Where available and appropriate, comparative data from the Illinois Environmental Scan from 2011, 2016 and 2019 were included. Also included is comparative data from various CMS data sources such as HealthIT.gov and HealthData.gov.

Since the inception of the Medicaid PI program, the industry has changed, complicating appropriate comparative analysis. The industry has been consolidating practices, hospitals, and specialty clinics making comparisons from early years less appropriate for type of practice, urban/rural, and REC territory.

Additionally, early surveys were directed toward providers. As complexity around the program increased, most practices established a dedicated resource focusing on Medicaid PI. As a result, fewer providers respond today than did in the past and responses often reflect practice level information across multiple locations.

Methodology

The survey questions for the 2021 Illinois Health IT Survey were initially derived from the 2012 environmental scan and were updated and expanded as needed in subsequent years to reflect the current state of health information technology. ILHITREC developed informational and promotional materials, identified the availability of media tools such as websites, newsletters, and listserv/email distributions lists, and coordinated with state and provider associations and other interested stakeholders to help promote the survey. The survey was distributed predominately through electronic messaging with a link to Survey Monkey®.

Outreach regarding the survey was conducted through existing provider communication channels, HFS system contacts, and ILHITREC practice databases. In addition, HFS sent messages to listserv subscribers requesting completion of the survey. Below is a summary of the primary communication channels used to encourage participation in the 2021 survey.

Organization	Email to Listservs	Newsletters	Website
Illinois HFS	X		
ILHITREC	X	X	X
CHITREC	X	X	
Illinois Academy of Family Physicians	X	X	X
Illinois Academy of Pediatrics	X		
Illinois Critical Assess Hospital Network	X	X	
Illinois Department of Public Health	X	X	
Illinois Health & Hospital Association	X	X	
Illinois Medical Group Management Association	X		
Illinois Primary Health Care Association	X		
Illinois Public Health Association	X		
Illinois Rural Health Association	X	X	
Illinois State Medical Society		X	
GICHIMSS Newsletter		X	

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Highlights of Illinois Health IT Survey

The 2021 Health IT Report was based on survey responses received by Illinois practices and hospitals between January and March 2021. A total of 175 respondents completed the survey representing over 3,800 providers, of which 1,189 are in the Medicaid PI program. Not all respondents provided an answer for each question. Therefore, the following analysis is based upon responses received for each individual question and may not equal the total number of 175 respondents.

Survey Highlights:

Respondent Demographics

✓   175 respondents completed the survey representing around 3,800 providers.

✓   Respondents to the 2021 survey were generally smaller in terms of number of providers. 69% of 2021 respondents indicated 10 or fewer providers in their practice compared to 51% in 2019.

✓   A greater percent of respondents represented primary care practices, critical access hospitals, and rural health clinics than past surveys.

Medicaid PI Program Participants

✓   Nearly 66% of respondents have providers enrolled in the Promoting Interoperability (PI) Program representing a minimum of 1,189 providers who are in the Medicaid PI program.

✓   Over 75% of respondents indicated that the Medicaid PI program encouraged or supported their adoption of CEHRT. And nearly 72% of respondents said the incentive payments were worth the effort for the adoption, implementation, or upgrade of EHR technology.

✓   The Illinois Medicaid PI program supports all four key goals from the Federal Health IT Strategy Plan 2020 - 2025: *https://www.healthit.gov/topic/2020-2025-federal-health-it-strategic-plan*

  ▪ Promote Health and Wellness
  ▪ Enhance the Delivery and Experience of Care
  ▪ Build a Secure, Data-Driven Ecosystem to Accelerate Research and Innovation
  ▪ Connect Healthcare with Health Data

EHR Utilization

✓ In 2011, 61% of survey respondents had an EHR in placed, compared to 100% of respondents in 2021.

✓   Those participating in the Medicaid PI program are more likely to share information electronically, 74% of all 2021 respondents compared to 83% of those in the Medicaid PI Program.

✓   Nearly 70% indicate their EHR is capable of bi-directional data exchanges in I-CARE. Of those, 70$ are using this functionality and 15% are planning to.

Hospital ADT Notifications

- ✓ 77% of hospitals indicate their organization has a process to generate data related to inpatient and/or emergency room admission, discharge, and transfer (ADT). 100% indicate the process is automated through their hospital administrative system which could be part of an EHR or an ADT system.

- ✓ The three biggest challenges for hospitals to getting external data is *Conflicting information from different doctors, Different state rules/regulations,* and *Too much data from other doctors*.

Provider ADT Notifications

- ✓ An increasing number of providers indicate having a process in place to receive ADT notifications, 55% in 2016 compared to 70% in 2021. 89% of respondents indicate these notifications come directly from the hospital with 90% of those notifications coming via Fax.

- ✓ There is a substantial drop in ADT notifications over the past few years. 46% of 2019 respondents indicate receiving ADT notification for 75% or more of their patients, compared to just 27% in 2021. The State initiated a statewide ADT system subsequent to the 2021 survey.

- ✓ Half of respondents currently receive ADT notifications. Of those that do not currently receive ADT notifications, 15% are unable to receive them and 85% say hospitals do not send electronic notification despite 77% of hospitals reporting they have a process in place to send them.

- ✓ The biggest challenges for providers to getting data from outside their organization include *Conflicting information from different doctors*, *Different state rules/regulations*, and *Too much data from other doctors*.

Health Information Exchange

- ✓ 73% indicated they would use an accurate directory of direct, secure electronic message addresses to send or receive data from other providers. CMS now offers a list of Direct addresses at NPI Files (cms.gov) however, population of this information and awareness of the data is still growing.

- ✓ Organizations participating in a HIE increased from 32% (2016) to 51% (2021). Of those participating in a HIE, 36% used Care Everywhere and 36% were using an EHR option.

- ✓ Barriers to health information exchange included lack of access to provider direct addresses (58%), referring provider refuses to accept direct messages (58%), and EHR vendor costs were prohibitive (46%).

## Medicaid Promoting Interoperability (PI) Participation

Highlights

✓ Nearly 66% of respondents have providers enrolled in the Promoting Interoperability (PI) Program representing a minimum of 1,189 providers who are in the Medicaid PI program.

✓ A greater number of practices plan to attest in 2021 (76%) than 2020 (67%).

✓ More practices are confident in meeting Stage 3 requirements in 2021 (68%) than in 2020 (63%).

✓ Over 75% of respondents indicated that the Medicaid PI program encouraged or supported their adoption of CEHRT. And nearly 72% of respondents said the incentive payments were worth the effort for the adoption, implementation, or upgrade of EHR technology.

✓ Nearly 72% of respondents indicate that the incentive payments were worth the effort for the adoption, implementation, or upgrade of EHR technology.

✓ 11% of respondents would not have invested in EHR technology without the incentive payments, while 46% would have invested without the incentive, but not as quickly.

✓ The top four ways adoption of a CHERT has improved practices is:

- Decrease in medication errors   64%
- Improved patient throughput   60%
- Improved efficiency in reporting   60%
- Improved referral process   57%

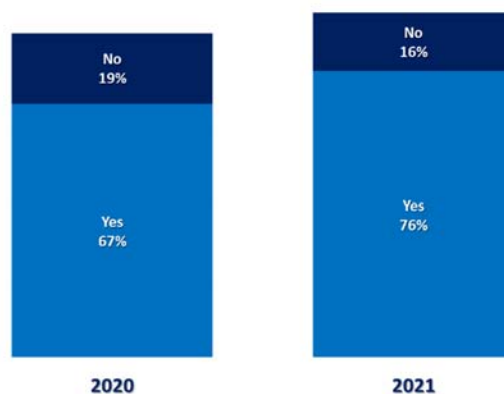**Medicaid PI Program Participation**

Do you have providers enrolled in the Promoting Interoperability (PI) Program (formerly known as the Medicaid EHR Incentive Payment Program) for using electronic health record systems in the adoption of meaningful use?

Nearly 66% of respondents have providers enrolled in the Promoting Interoperability (PI) program while 34% do not. Respondents with providers enrolled in the Medicaid PI program include 1,189 providers or approximately 16% of total eligible 2020 providers.
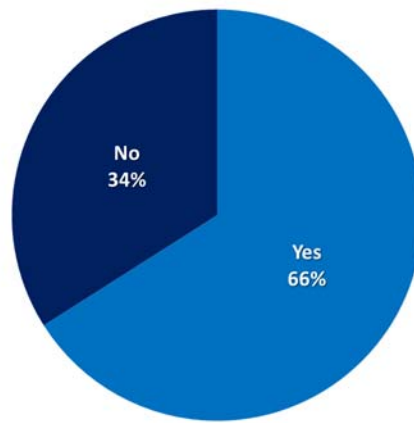
Do you plan on attesting for the 2020 or 2021 program years?

Over 76% of respondents plan to attest for 2021 compared to only 67% for 2020.

Medicaid PI Program Participation

Do you anticipate meeting the Stage 3 requirements for the 2020 and 2021 program years?

Around 63% believe they will meet Stage 3 requirements in the current 2020 program year. Even more anticipate meeting Stage 3 requirements for the 2021 program year, 68%.
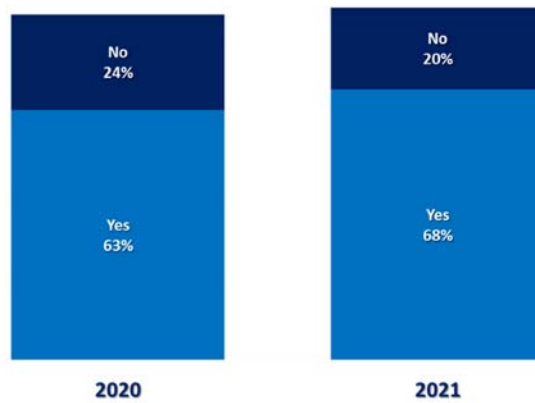
What method(s) do you use to obtain EHR Incentive Program information?
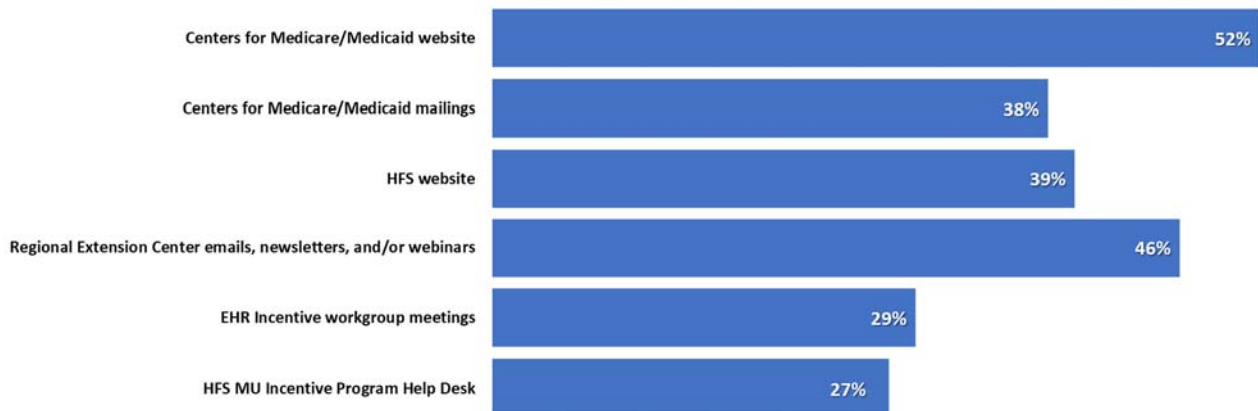
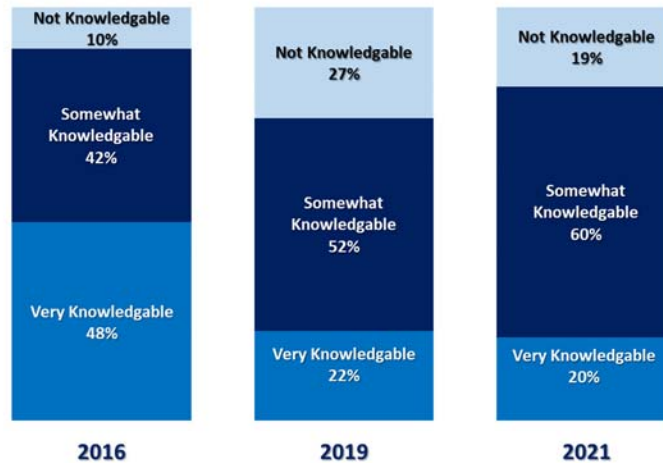Note: Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.

How would you categorize your knowledge of Regional Extension Center activities in Illinois?

More than 80% of respondents are very or somewhat knowledgeable about regional extension center activities. This reflects an increase in awareness from 2019 where 74% of respondents were very or somewhat knowledgeable about regional extension center activities.

*Has the Medicaid PI Program encouraged or supported your adoption of CEHRT?*

Over 76% of respondents indicate that the Medicaid PI program encourage or supported their adoption of a CEHRT. More than 70% of respondents were encouraged and supported through the use of patient portals, I-CARE bidirectional functionality, and Direct messaging.
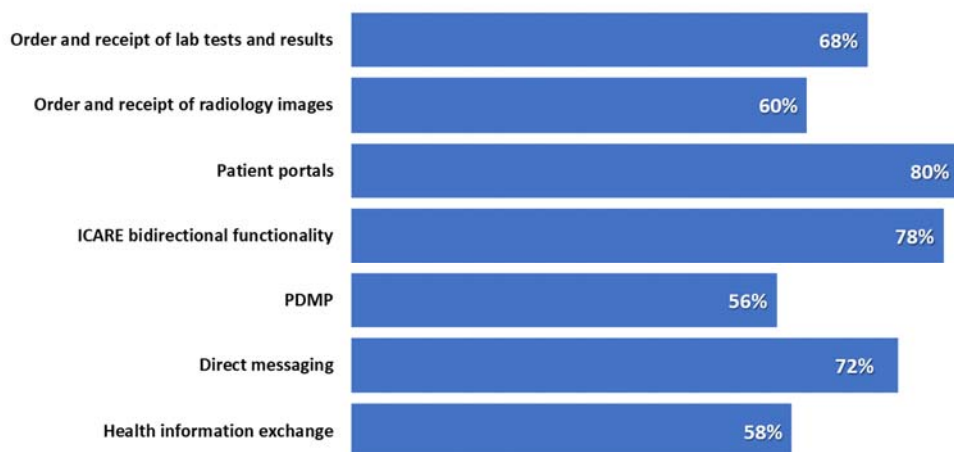
Note: Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.

*Has the adoption of a CEHRT improved your practice in any of the following areas?*
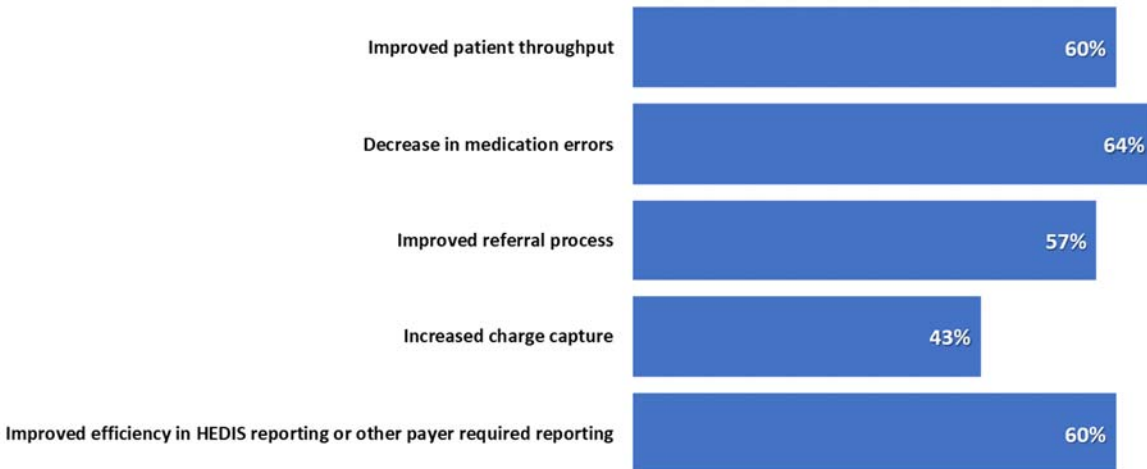
Note: Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.

Were the incentive payments worth the effort for the adoption, implementation, or upgrade of EHR technology?

Over 72% of respondents indicated that the incentive payments were worth the effort. Nearly 90% said they would not have invested in EHR technology, or not as quickly without the State provided incentive payments.

Would your organization have invested in EHR technology if the State had not provided incentive payments through PIP?
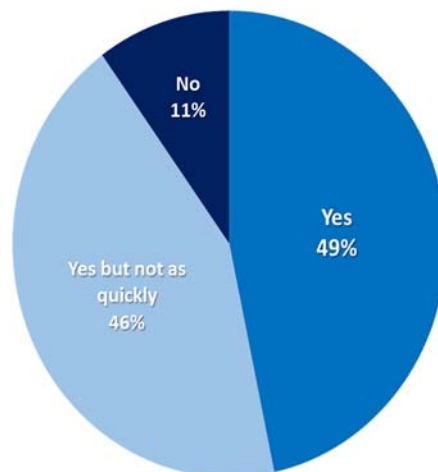
What were the most difficult challenges you experienced during your participation in the program?

The most difficult challenge in the program was meeting program objectives and measures, 37%, followed by the cost and time to implement, 22%.
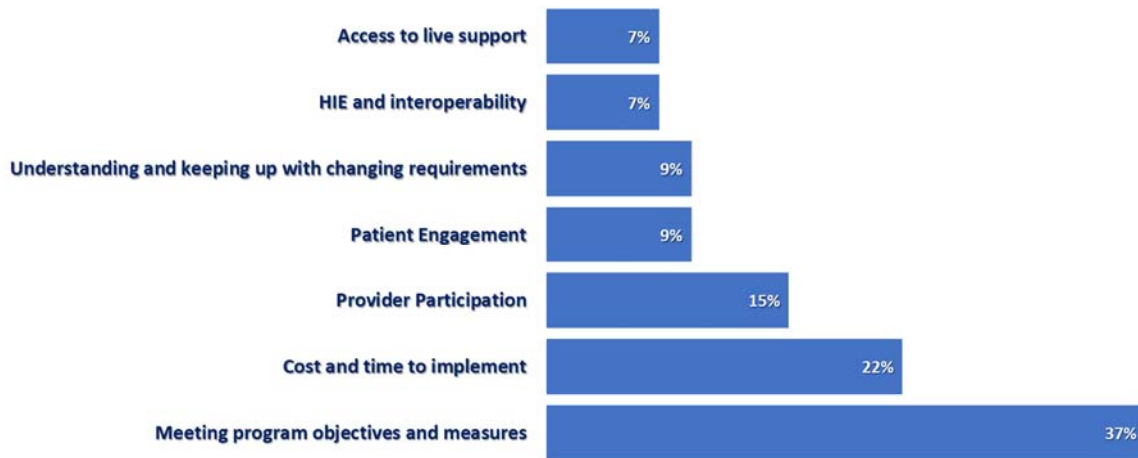
What could CMS or the State of Illinois done better to improve your organization's experience with this program?
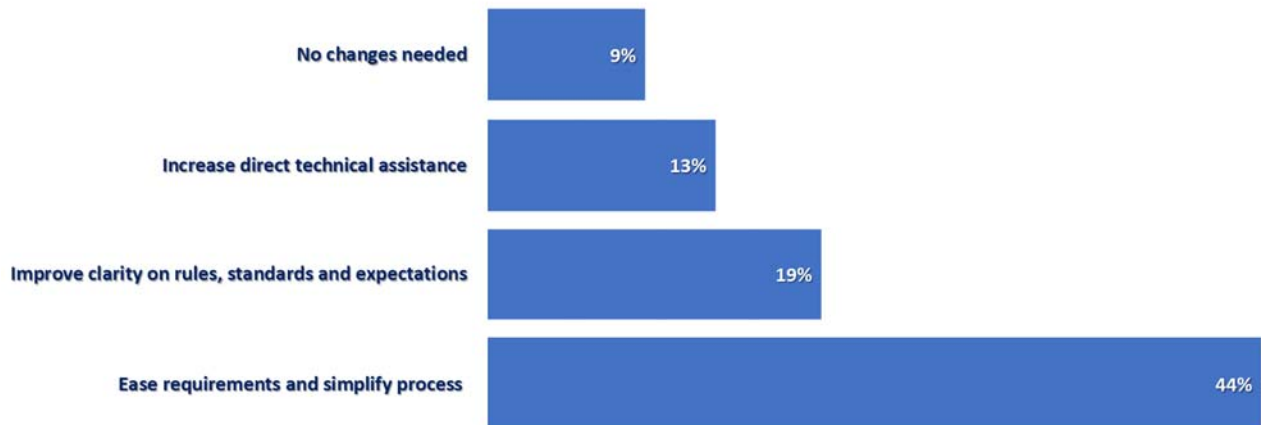
EHR Utilization

Highlights

✓ Respondents indicate sharing information with:
- State immunization registries   65%
- Patients   55%
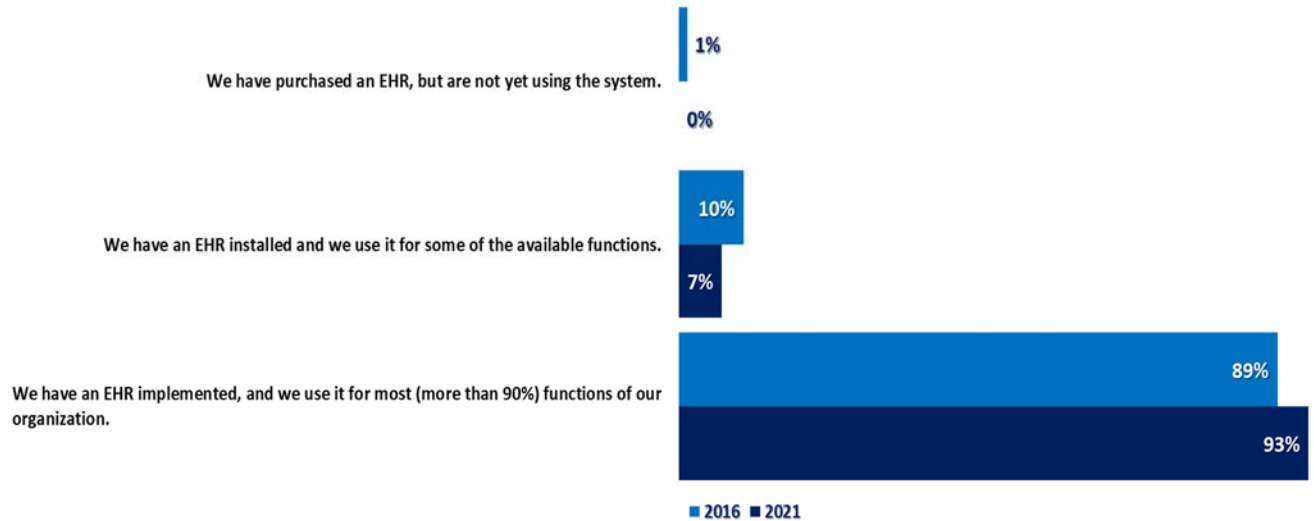- Other hospitals   51%
- Other clinicians   50%

✓ Those participating in the Medicaid PI program are more likely to share information electronically, 74% of all survey respondents compared to 83% of those in the Medicaid PI Program.

✓ 69% indicate their EHR is capable of bi-directional data exchanges in I-CARE. Of those, 70% are using this functionality and 15% are planning to use it.

✓ In 2011, just over 50% nationwide were reporting electronically to immunization registries. In 2021, 74% of Illinois respondents report electronically to I-CARE. [Electronic Reporting to Immunization Information Services (IIS) among Medicare Eligible Professionals, 2011-2014 (healthit.gov)](#)

✓ In 2011, only 61% of Medicaid providers had EHRs (most served urban areas). This grew to 91% in 2016 and 100% in 2021.

✓ Among survey respondents, the top 5 EHR vendors include:
- 2011 - NextGen, EPIC, Allscripts, Centricity, Meditech.
- 2016 - eClinicalWorks, EPIC, Practice Fusion, Cerner, NextGen.
- 2021 - eClinicalWorks, EPIC, NextGen, Evident (CPSI), Meditech

Which statement best describes your organization's EHR system?

100% of respondents have an EHR installed and in use. Over 93% of organizations with an EHR use it for more than 90% of functions for the organization. Around 7% have an EHR installed but use it for only some of the available functions.

We have purchased an EHR, but are not yet using the system. — 1% / 0%

We have an EHR installed and we use it for some of the available functions. — 10% / 7%

We have an EHR implemented, and we use it for most (more than 90%) functions of our organization. — 89% / 93%

■ 2016 ■ 2021

EHR Utilization

Please indicate the EHR(s) being used by your organization. If your organization has more than one EHR, you may select up to three EHR products that are used as the primary, secondary, and tertiary systems.

The most commonly used EHRs by 2021 survey respondents include eClinicalWorks, Epic, Evident (CPSI), and NextGen and Meditech. 79% of respondents indicated that the EHR vendor adequately met their staff training needs.

2021 Survey	Primary EHR	Secondary EHR	Tertiary EHR	Responses*
eClinicalWorks	15	2	1	18
EPIC	14	1	2	17
NextGen	9	1	--	10
Evident (CPSI)	9	--	--	9
Meditech	8	1	--	9
Cerner	6	--	1	7
Allscripts	3	2	--	5
Athenahealth	3	1	--	4
Greenway	4	--	--	4
Practice Fusion	3	--	--	3
GE/Centricity	0	1	--	1
McKesson	1	--	--	1
Acumen	--	--	--	--
Other	18	3	2	23

| 2019 Survey	Primary EHR	Secondary EHR	Tertiary EHR	Responses*
Acumen	2	0	1	3
Allscripts	6	4	--	10
Athenahealth	18	2	--	20
Cerner	17	0	--	17
CPSI	13	2	1	16
eClinicalWorks	17	1	--	18
EPIC	13	3	1	17
GE/Centricity	10	--	1	11
Greenway	5	--	1	6
McKesson	2	--	1	3
Meditech	12	1	--	13
NextGen	14	4	--	18
Practice Fusion	7	--	--	7
Other	33	5	--	38

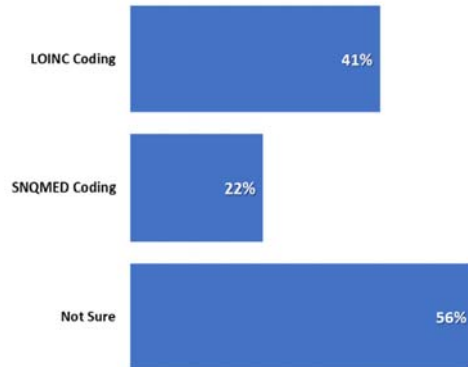*How often does your organization use the following EHR functionality?*
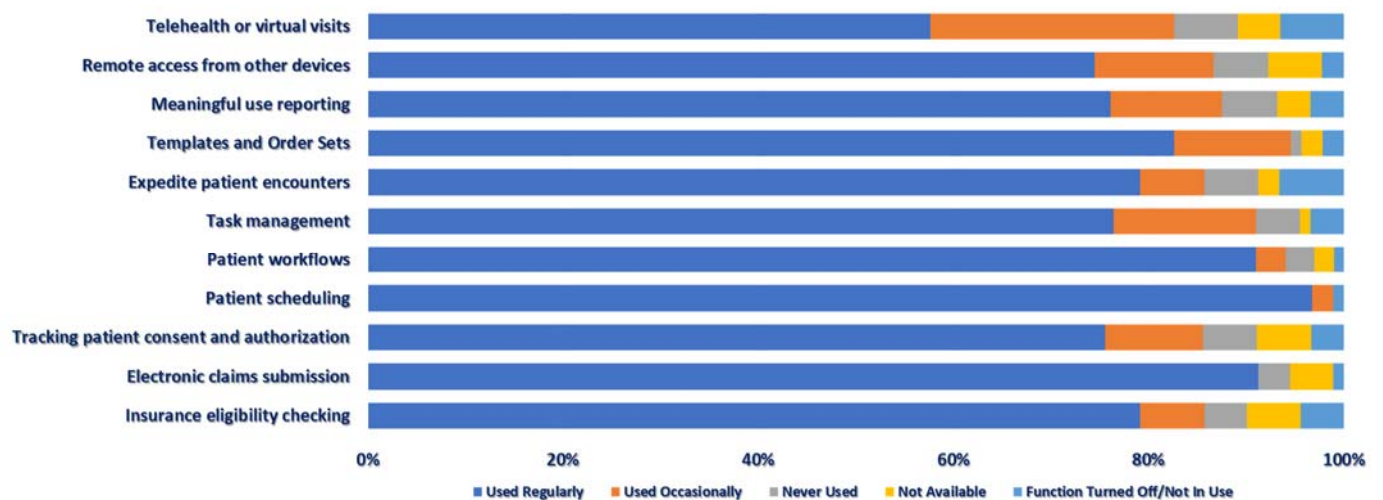
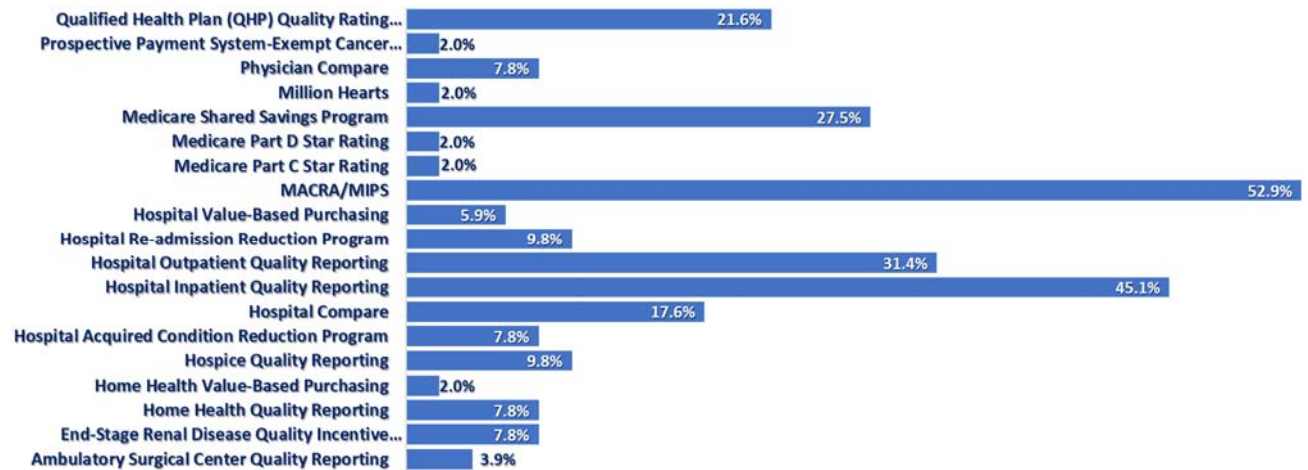*Are you currently sharing information electronically using your EHR?*
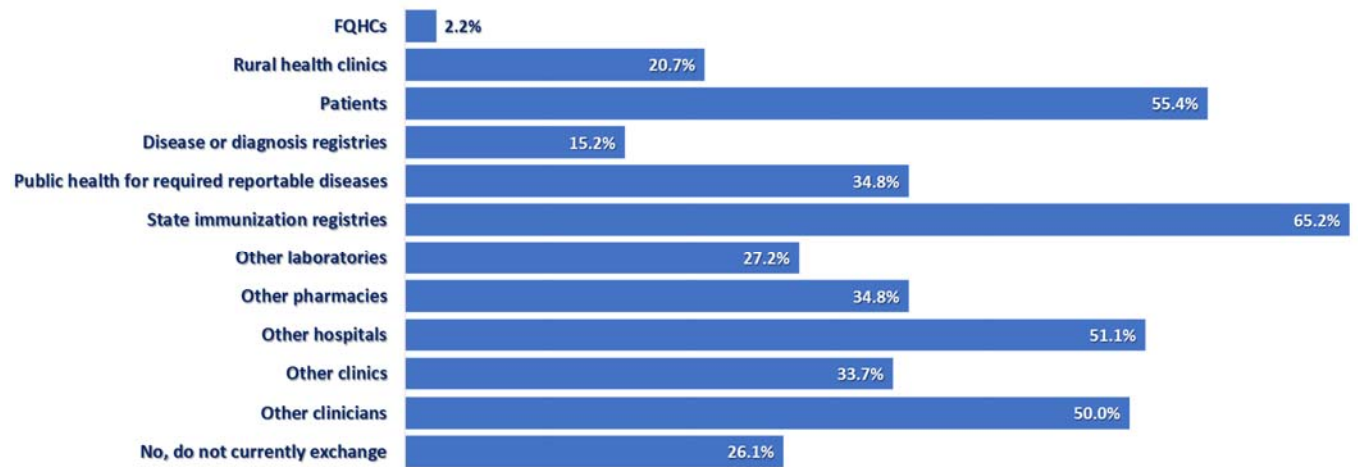
If applicable, are the laboratories at your facility capable of sending results electronically to providers?
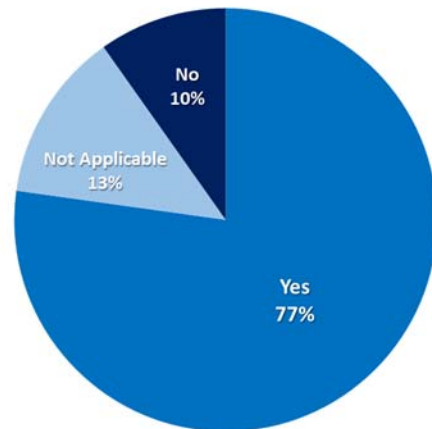
If yes, are they capable of sending these results using LOINC or SNOMED coding?

Category	Percentage
LOINC Coding	41%
SNQMED Coding	22%
Not Sure	56%

Does your organization report CQMs or eCQMs for other government programs?

Program	Percentage
Qualified Health Plan (QHP) Quality Rating...	21.6%
Prospective Payment System-Exempt Cancer...	2.0%
Physician Compare	7.8%
Million Hearts	2.0%
Medicare Shared Savings Program	27.5%
Medicare Part D Star Rating	2.0%
Medicare Part C Star Rating	2.0%
MACRA/MIPS	52.9%
Hospital Value-Based Purchasing	5.9%
Hospital Re-admission Reduction Program	9.8%
Hospital Outpatient Quality Reporting	31.4%
Hospital Inpatient Quality Reporting	45.1%
Hospital Compare	17.6%
Hospital Acquired Condition Reduction Program	7.8%
Hospice Quality Reporting	9.8%
Home Health Value-Based Purchasing	2.0%
Home Health Quality Reporting	7.8%
End-Stage Renal Disease Quality Incentive...	7.8%
Ambulatory Surgical Center Quality Reporting	3.9%

Do you anticipate reporting CQMs electronically (eCQMs) via QRDA file?

42% of respondents anticipate reporting eCQMs via QRDA file for the 2020 reporting period and 47% in 2021.
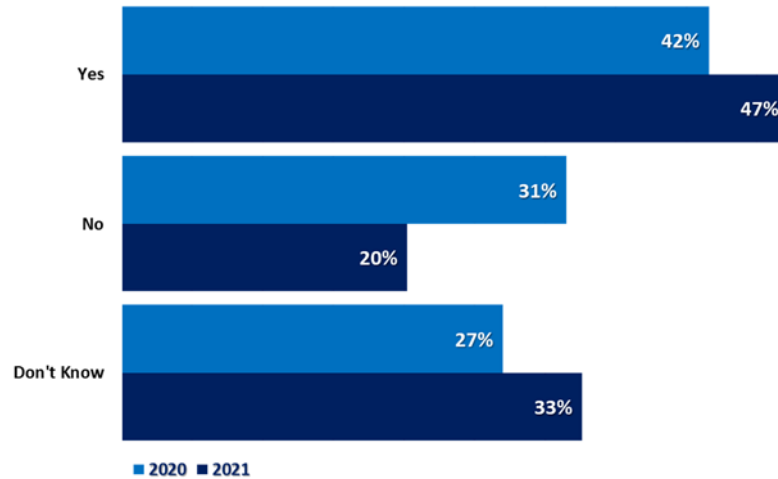
Which specialized registries does your organization utilize?
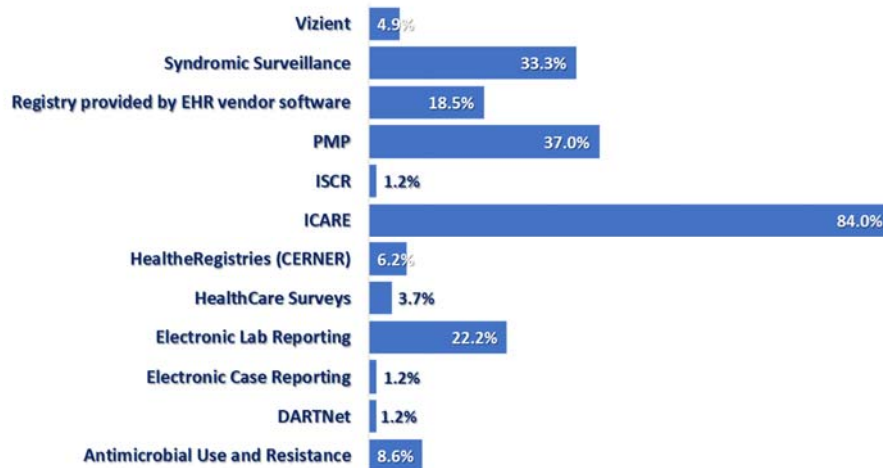
Do you send registry information using CCDA or QRDA standards?
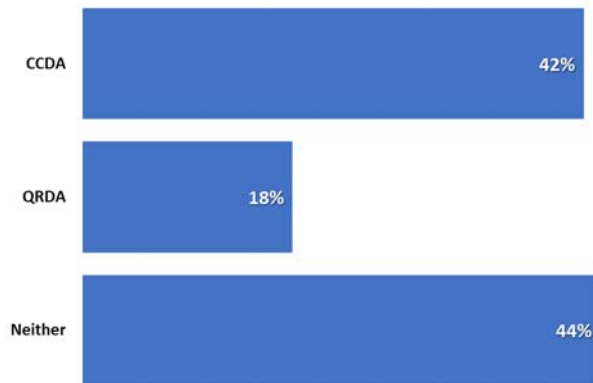
Is your EHR capable of bi-directional data exchanges and the Illinois immunization registry? (I-CARE)
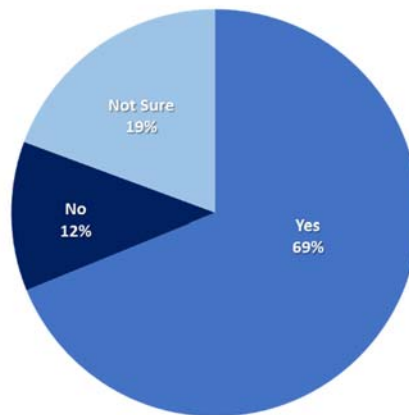
EHR Utilization

If yes, are you utilizing this bi-directional exchange and if not, are you planning to?

Is your organization planning on using electronic case reporting?

Over 27% of respondents are planning on using electronic case reporting, compared to only 14% in 2019.

Hospital ADT Notifications

Highlights

- ✓ 77% of hospitals indicate their organization has a process to generate data related to inpatient and/or emergency room admission, discharge, and transfer (ADT) compared to 97% in 2016. This drop could be due in part to the change in mix of respondents as well as the loss of a HIE in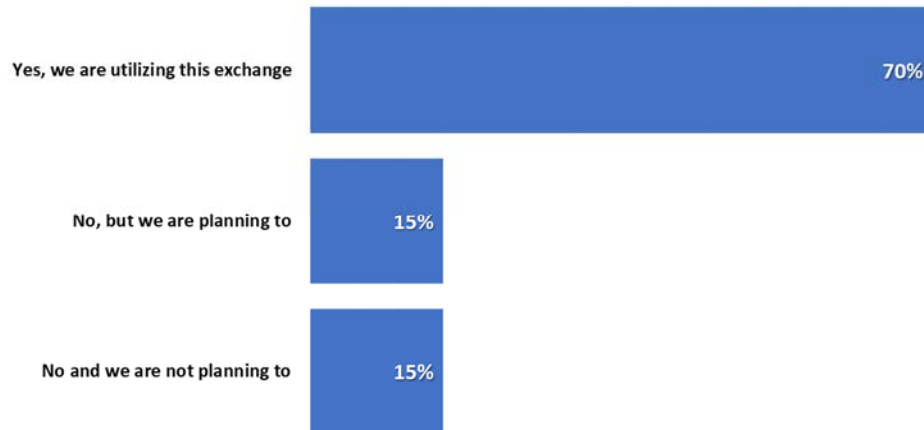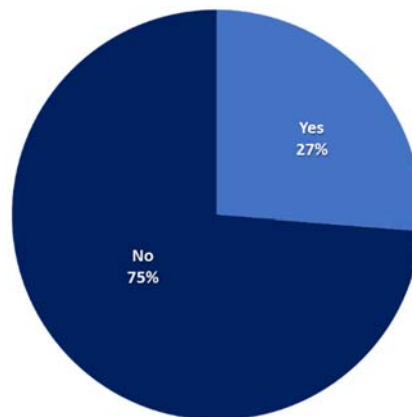 2019 offering ADT/HL7 functionality statewide. In 2013, only 41% of hospitals were able to send and receive secure electronic messages. [Hospital Capability to Send and Receive Secure Electronic Messages (healthit.gov)](https://www.healthit.gov)

- ✓ 100% indicate the process is automated through their hospital administrative system which could be part of their EHR or an ADT system. Only 5% report using care coordination software such as MHN or Patient Ping. A statewide ADT/HL7 system was initiated shortly after the implementation of this survey so subsequent increases are anticipated.

- ✓ Most respondents report the following data from outside their organization would help improve patient care:

  - Discharge summaries
  - Lab results
  - Continuity of care documents
  - List of medications prescribed by other providers*

- ✓ The biggest challenges to getting data from outside their organization include:

  - Conflicting information from different doctors   46%
  - Different state rules/regulations   39%
  - Too much data from other doctors   36%
  - Patient identity mismatch   32%
  - Concerns with liability   29%

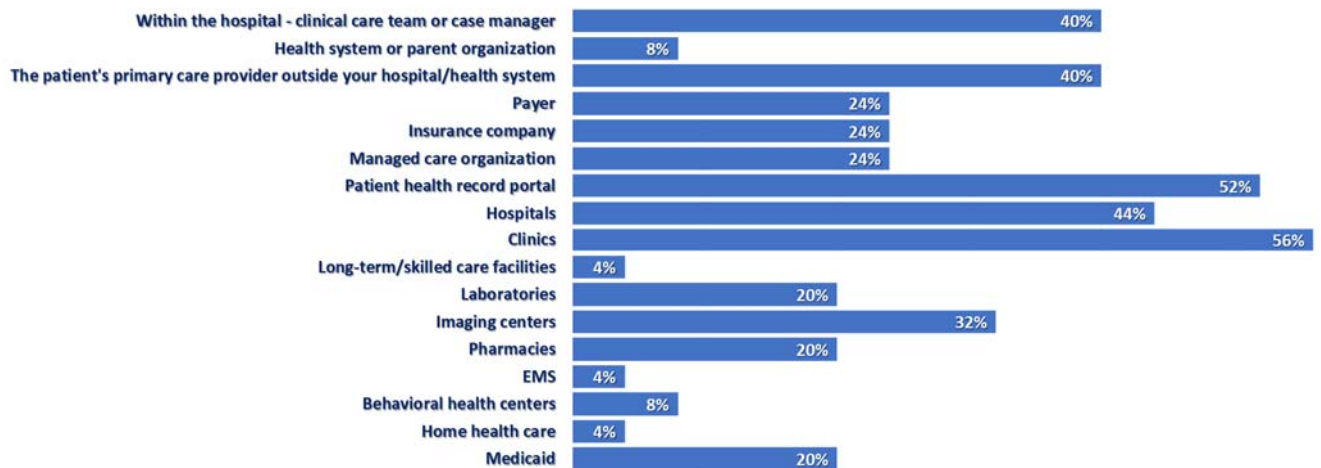**CCDs do not consistently provide a complete medication list and often cannot be easily integrated into EHRs.*

Does your hospital have a process to generate data related to inpatient and/or emergency room admissions, discharges, and transfers (ADT)?

Over three-fourths (77%) of hospitals indicate their organization has a process to generate data related to inpatient and/or emergency room admission, discharge, and transfer (ADT) compared to 97% in 2016. 100% indicate the process is automated through their hospital administrative system. Only 5% report using care coordination software such as MHN or Patient Ping. A statewide ADT/HL7 system was initiated shortly after the implementation of this survey so subsequent increases are anticipated.

If your hospital has a process to generate data related to inpatient and/or emergency room admission, discharge, and transfer (ADT) notifications, how are the ADT notifications automated?

Care coordination software such as MHN and Patient Ping	5%
Hospital administrative system	100%

Where are the hospital's ADT notifications sent?

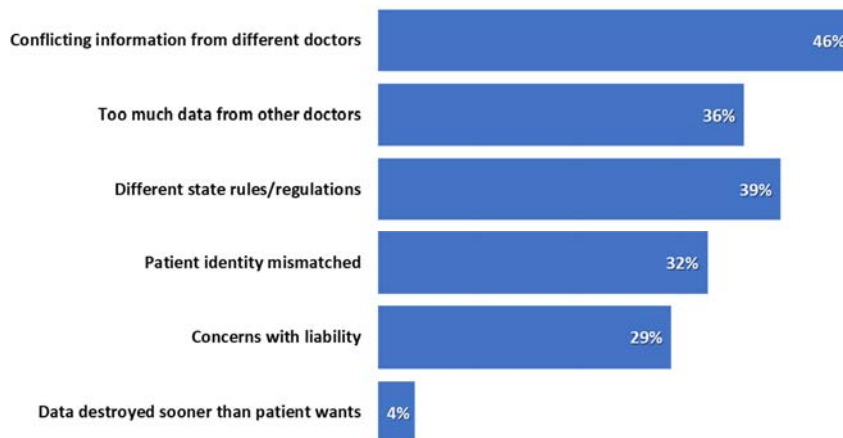|	
Within the hospital - clinical care team or case manager	40%
Health system or parent organization	8%
The patient's primary care provider outside your hospital/health system	40%
Payer	24%
Insurance company	24%
Managed care organization	24%
Patient health record portal	52%
Hospitals	44%
Clinics	56%
Long-term/skilled care facilities	4%
Laboratories	20%
Imaging centers	32%
Pharmacies	20%
EMS	4%
Behavioral health centers	8%
Home health care	4%
Medicaid	20%

Hospital ADT Notifications

What data from outside your organization would most improve your ability to provide care to your patients/clients?

Data	Percentage
Electronic notification of patient admission, discharge or transfer from hospital	35%
History of claims from other treating providers	23%
List of medications prescribed to the patient by other providers	55%
Health assessment data	16%
Lab results and radiology reports	58%
Discharge summaries	61%
Care plans	45%
Assessment data	32%
Social determinants data	32%
Clinical quality measures	19%
Continuity of care documents	58%
Public health reporting measures	16%
PDMP data	48%
EVV data	3%
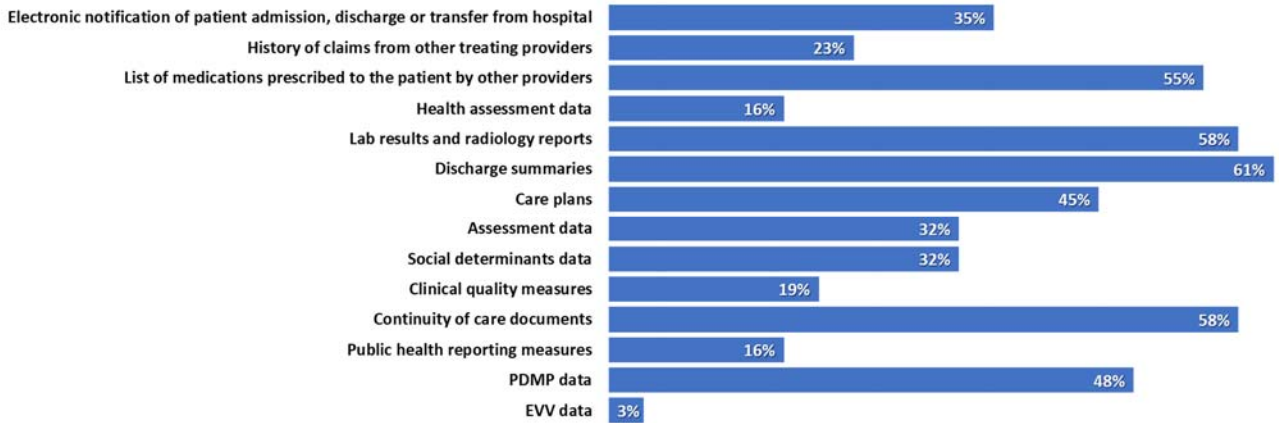
What are the biggest challenges to getting data about your patients from outside your organization?
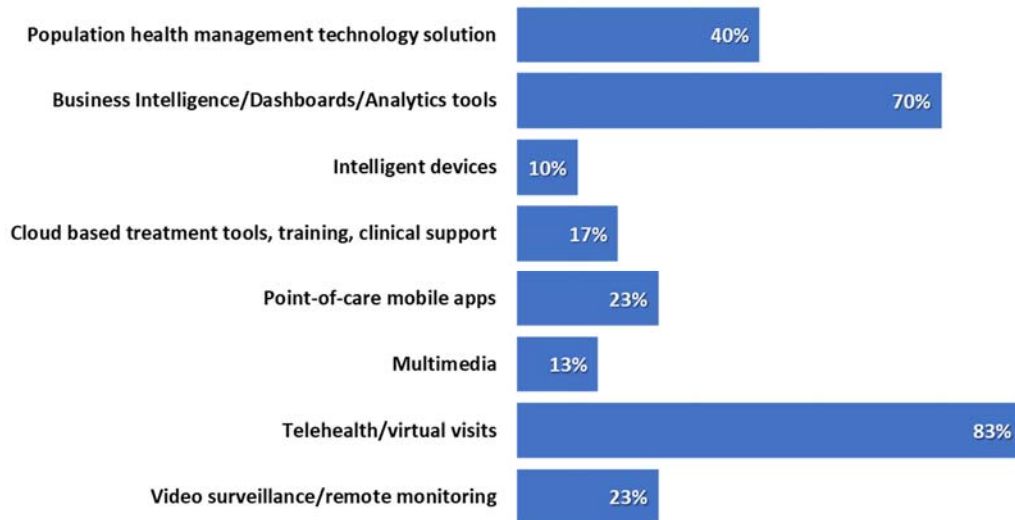
The biggest challenges to getting data external to the organization include *conflicting information from different doctors*, *different state rules/regulations*, and *too much data from other doctors*.

Challenge	Percentage
Conflicting information from different doctors	46%
Too much data from other doctors	36%
Different state rules/regulations	39%
Patient identity mismatched	32%
Concerns with liability	29%
Data destroyed sooner than patient wants	4%

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Hospital ADT Notifications

Does your organization use additional health IT solutions to support your patients/clients care?

Solution	Percentage
Population health management technology solution	40%
Business Intelligence/Dashboards/Analytics tools	70%
Intelligent devices	10%
Cloud based treatment tools, training, clinical support	17%
Point-of-care mobile apps	23%
Multimedia	13%
Telehealth/virtual visits	83%
Video surveillance/remote monitoring	23%

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Provider ADT Notifications

Highlights

- ✓ A growing number of providers have a process in place to receive ADT notifications (55% in 2016, 63% in 2019, and 70% in 2021). 89% indicated these notifications come directly from the hospital with 90% of those coming via Fax.

- ✓ 75% use this information to make contact the patient and 28% to inform the patient's primary care provider. When asked why they use ADT notifications, 73% said for efficiency (reduces staff workload) and 57% for convenience (questions to referral network/direct messaging easier to coordinate).

- ✓ Fewer practices receive ADT notifications compared to past years. In 2019, 46% of respondents indicate receiving ADT notification for 75% or more of their patients, compared to only 27% in 2021. 82% of respondents indicate ADT notifications are *valuable* or *very valuable*.

- ✓ Half of respondents indicate currently receiving ADT notifications. Of those that do not currently receive ADT notifications, 85% say hospitals do not send electronic notification while only 15% indicate they are unable to receive.

- ✓ The biggest challenges to getting data from outside their organization include:

  - ▪ Conflicting information from different doctors   32%
  - ▪ Different state rules/regulations   28%
  - ▪ Too much data from other doctors   32%
  - ▪ Patient identity mismatch   16%
  - ▪ Concerns with liability   40%

- ✓ 73% indicate they would use an accurate directory of direct, secure electronic message address to send or receive data from other providers. CMS now offers a list of Direct addresses at NPI Files (cms.gov) however, population of this information and awareness of the data is still growing.

Does your organization have a process to receive notifications when your patients experience inpatient and/or emergency room admissions, discharges, and transfers (ADT)?

A growing number of providers have a process in place to receive ADT notifications (55% in 2016, 63% in 2019, and 70% in 2021). 89% indicated these notifications come directly from the hospital with 90% of those coming via Fax.
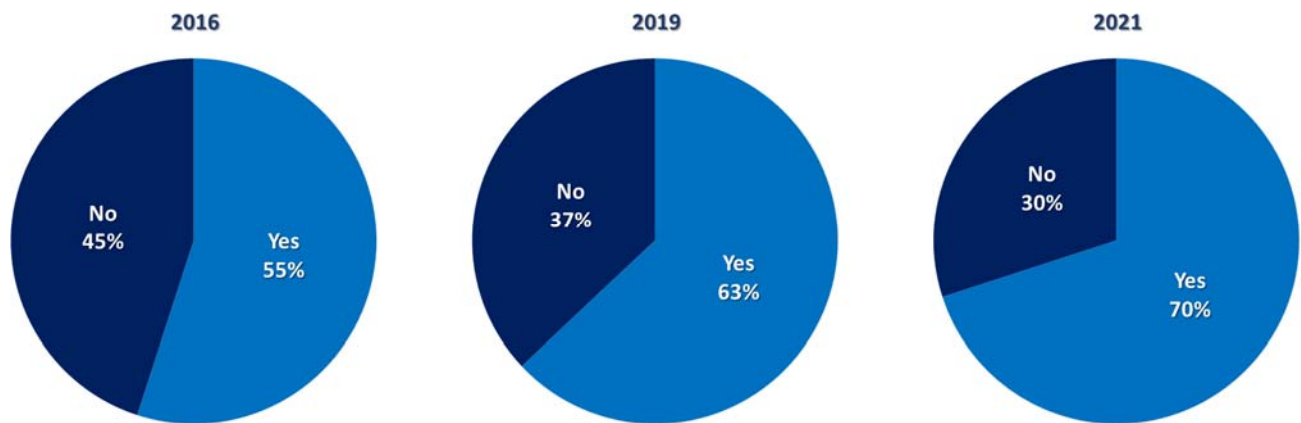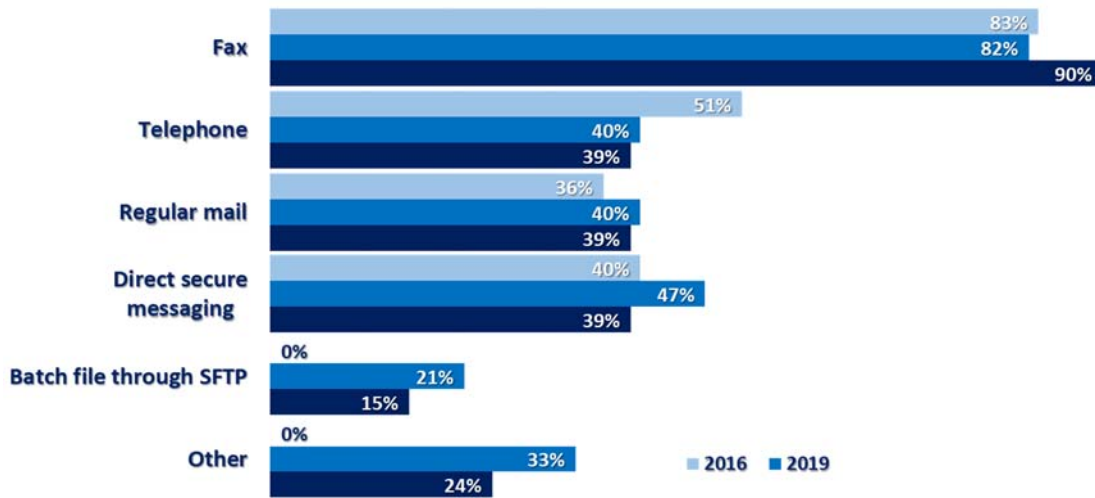

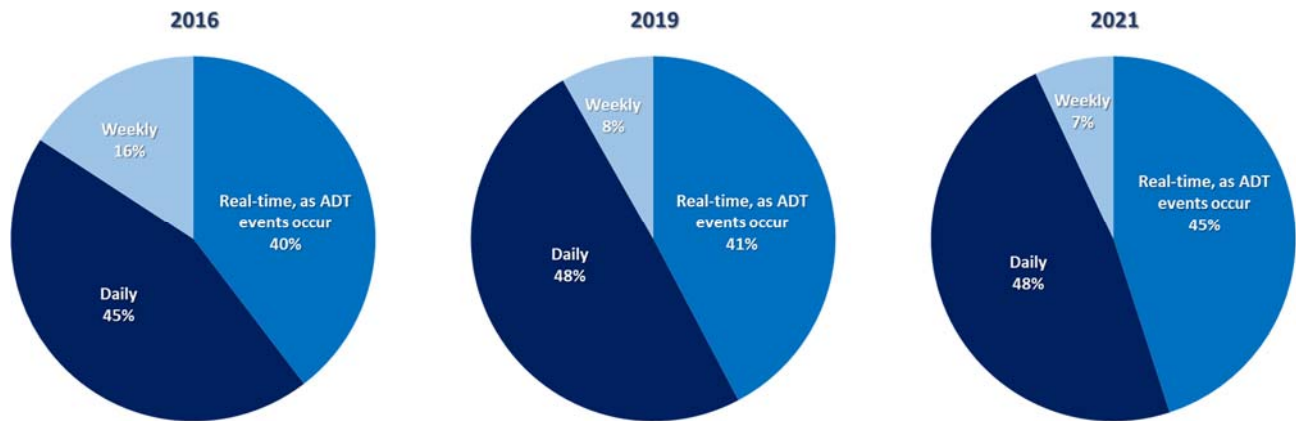*If yes above, where do those ADT notifications come from?*
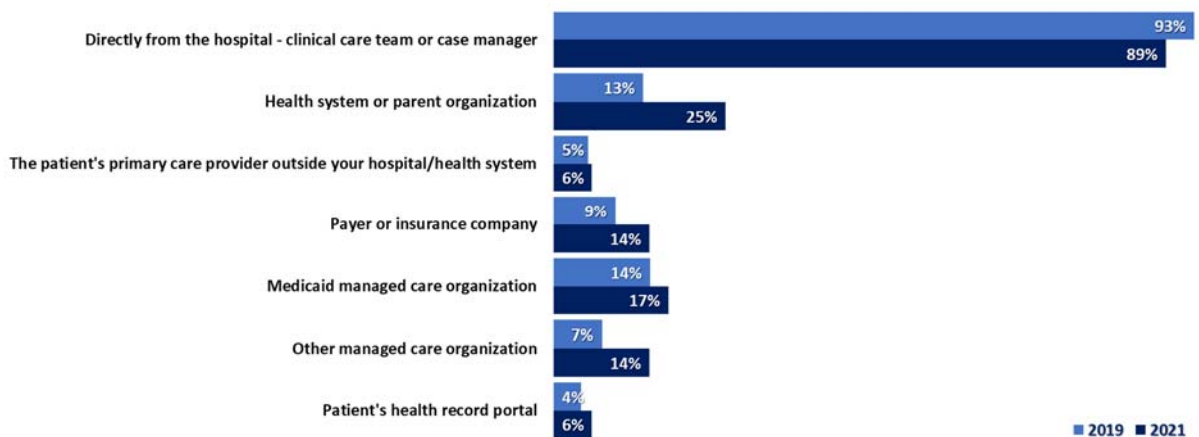
Provider ADT Notifications

What proportion (percent) of ADT notifications are received by:
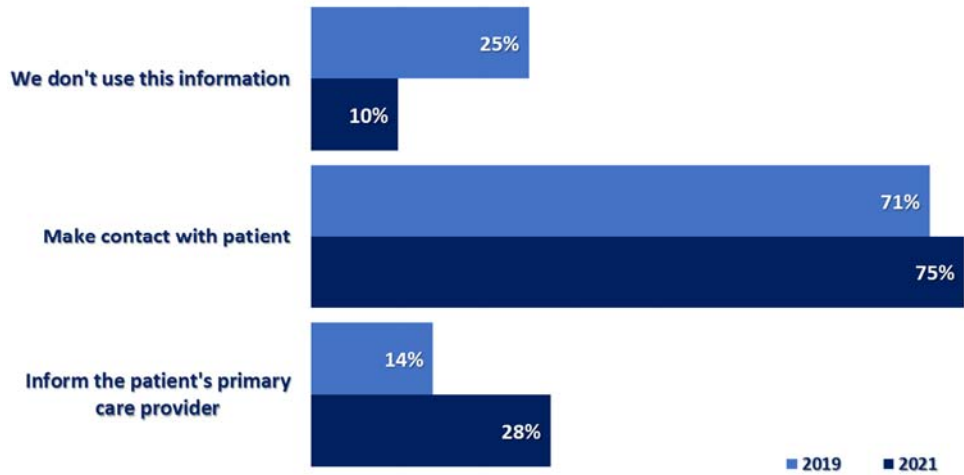

How frequently does your organization receive ADT notification information?
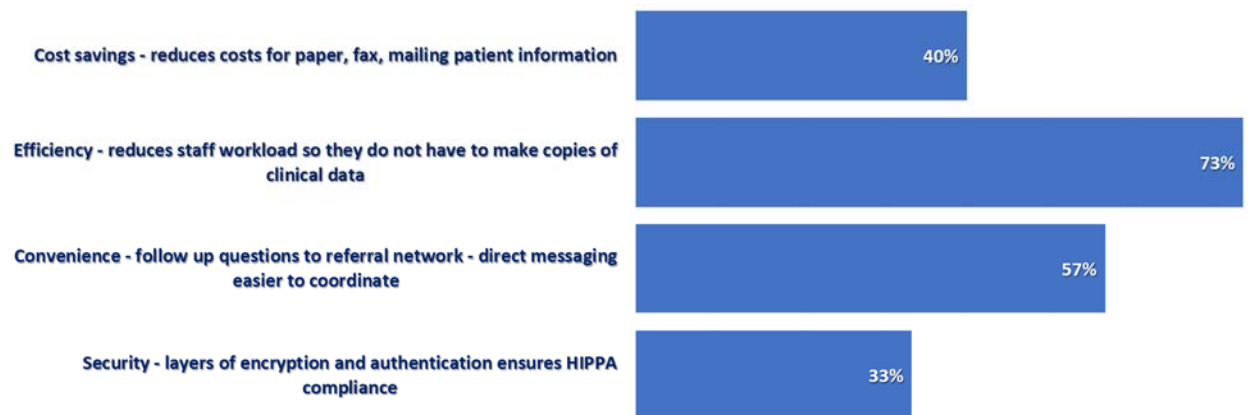
Provider ADT Notifications

How does your organization use the ADT notification information?

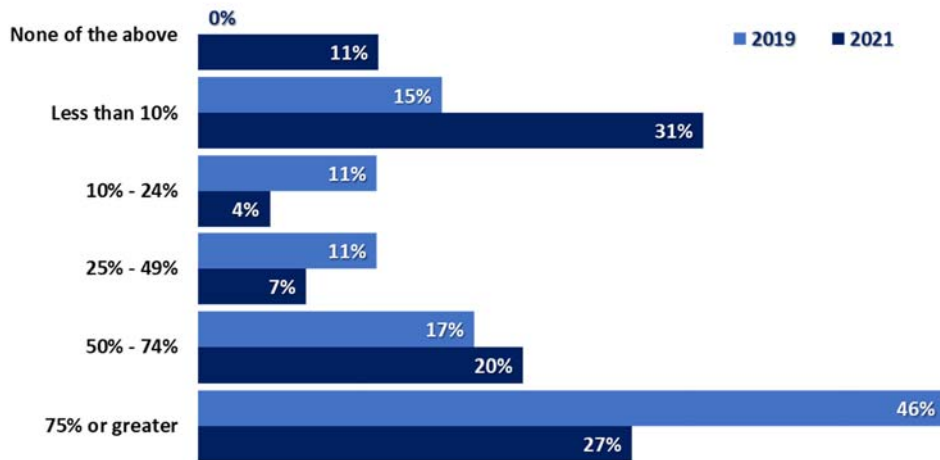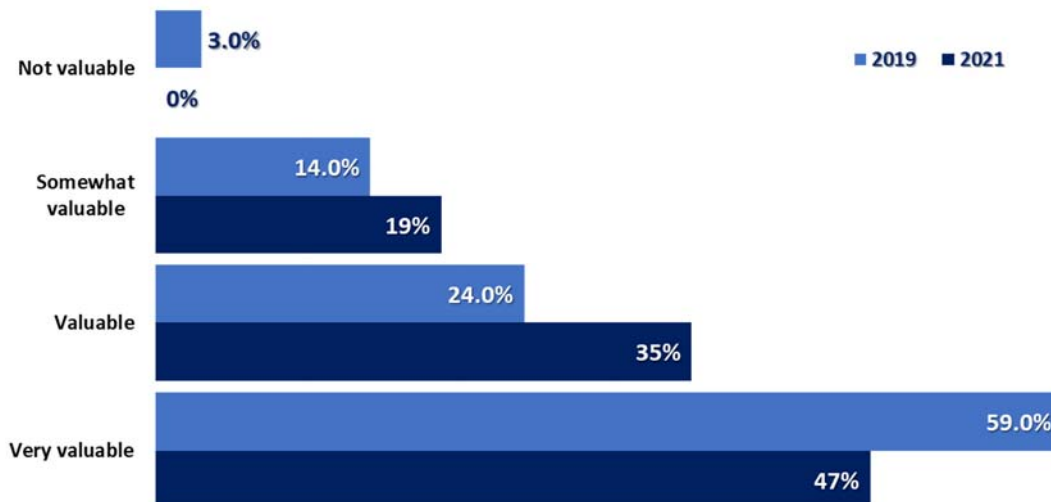*Why does your organization use ADT notifications?*

For your patients who had ER and/or hospital visits this past year, what percentage of those patients did you receive an ADT notification when the ER and/or hospital visit occurred?
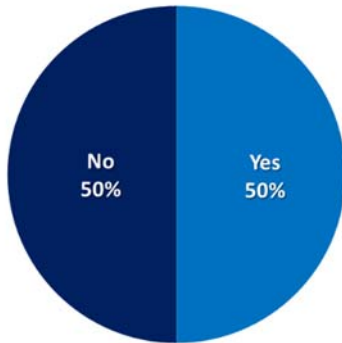

How valuable does your organization perceive receiving ADT notifications to be?

Do you currently receive electronic notification from hospitals when your patients/clients are admitted, discharged or transferred?

If you do not currently receive electronic notification, why not?
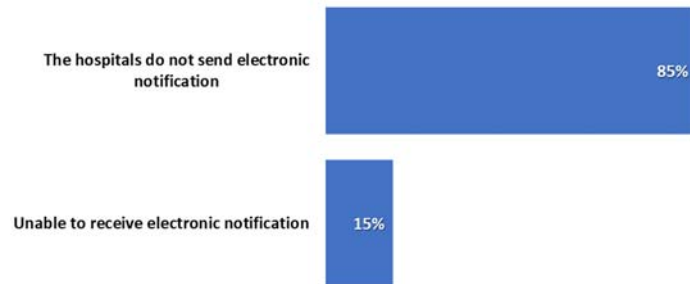
The hospitals do not send electronic notification	85%
Unable to receive electronic notification	15%

What data from outside your organization would most improve your ability to provide care to your patients/clients?

Electronic notification of patient admission, discharge or transfer from hospital	57%
History of claims from other treating providers	7%
List of medications prescribed to the patient by other providers	57%
Health assessment data	25%
Lab results and radiology reports	75%
Discharge summaries	75%
Care plans	36%
Assessment data	37%
Social determinants data	20%
Clinical quality measures	25%
Prescription data	50%
Summary of care documents	48%
Public health reporting measures	16%
PDMP data	18%
EVV data	2%
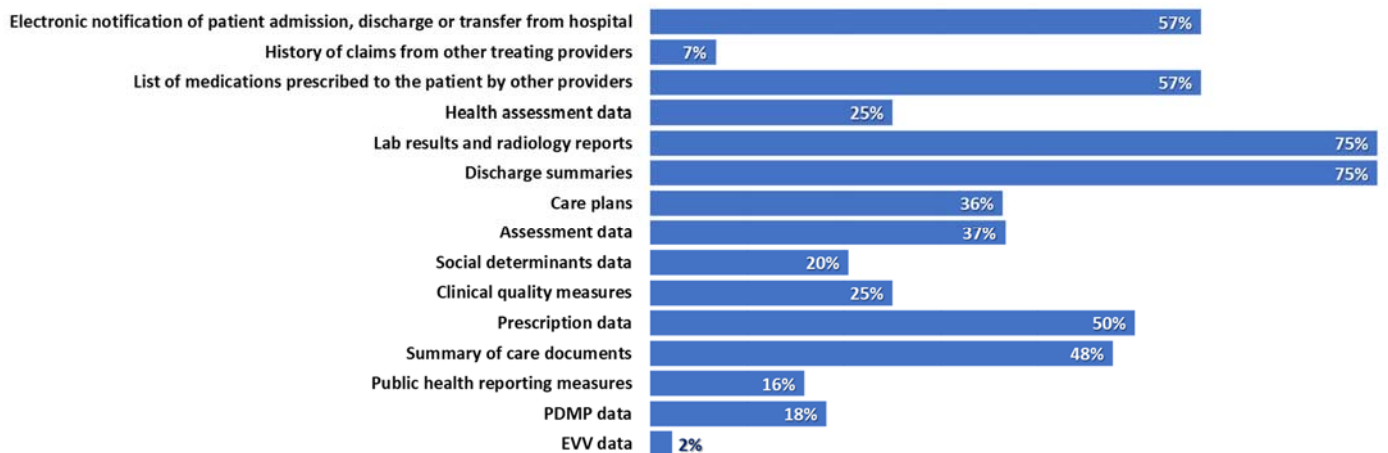
What are the biggest challenges to getting data about your patients from outside your organization?
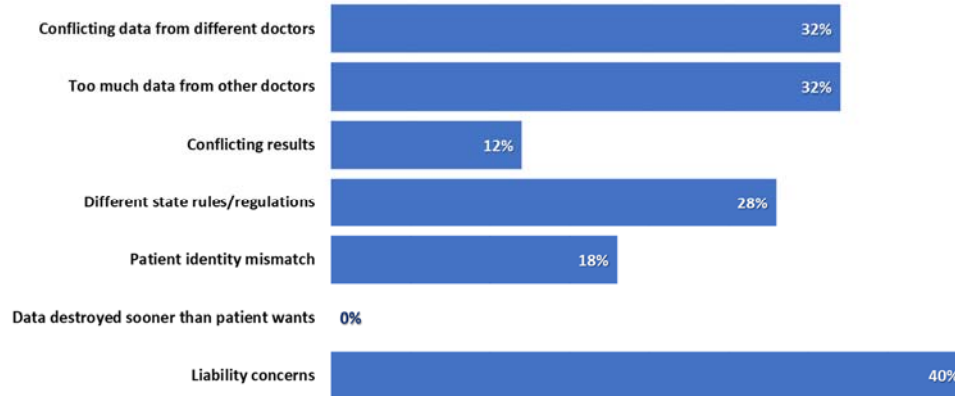
If you had access to an accurate directory of Direct, secure electronic message addresses, would you use it frequently to send or receive data from other providers? Why or why not?*

73% indicate Yes

"Yes, because it is efficient, quick, HIPAA compliant and accurate."

"Yes, but no one else seems to…"

"Yes, because it helps to provide accurate patient history and records."

"Yes, convenience, patient information readily available at the point of care."

"Yes, if it could be integrated directly into the patient EHR chart. If not, we would not utilize as much."

"Yes, it would be helpful for my doctors, to improve communication between providers."

15% indicate No

"No. Too much typing…hours on the computer."

"We don't send messages…doctors always call [telephone] ."

"Only if it was integrated into my EMR … not likely to use if separate."

"No. Just too many ways to communicate. Phone or text has always worked… no one takes the time."

"I would not use it because over the past 6 years our agency has requested direct messaging CCDA's instead of faxing discharge information and none of them would comply. We have 5 large health systems using CEHRT's but no process to send or receive direct messaging from EHR's other than their own. Epic to Epic yes, Epic to Cerner no, Cerner to Epic no, etc…"

*CMS now offers a list of Direct addresses at NPI Files (cms.gov) however, population of this information and awareness of the data is still growing.

Does your organization use additional health IT solutions to support your patients/clients care?

| Solution	Percentage
Population health management technology solution	20%
Business Intelligence/Dashboards/Analytics...	34%
Intelligent devices	5%
Cloud based treatment tools, training, clinical support	22%
Point-of-care mobile apps	17%
Multimedia	5%
Telehealth/virtual visits	93%
Video surveillance/remote monitoring	7%
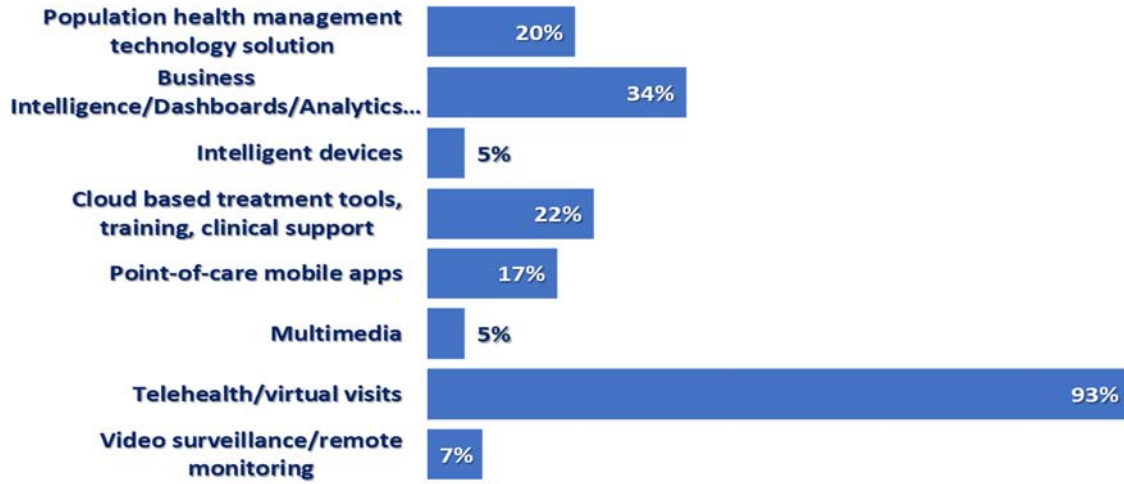
Health Information Exchange

Highlights

✓ What constitutes a HIE is generally not well defined or understood. Therefore, gauging who truly participates in a HIE is harder to determine. Available HIE options for Illinois include the combination of Epic Care Everywhere, and Carequality and Commonwell. Not all electronic sharing options meet the requirements of the Medicaid PI Incentive Program.

✓ Organizations participating in a HIE increased from 32% in 2016 to 51% in 2021. Of those participating in a HIE, 36% use Care Everywhere, 36% are using an EHR option, and 22% are using Commonwell.

✓ Secure electronic services used include vendor mediated exchanges such as Epic Care Everywhere, 69% and Direct messages, 56%.

✓ Barriers to health information exchange include:

    ✓ lack of access to provider direct addresses   58%
    ✓ referring provider refuses to accept Direct messages   58%
    ✓ EHR vendor costs are prohibitive   46%

Is your organization participating in a Regional Health Information Exchange (HIE)?

Despite the lack of a statewide HIE, 51% currently report participation in a Regional Health Information Exchange, representing a jump over 2016 and 2019. Over one-third of practices are leveraging EMR based HIE solutions. Another 36% indicated Care Everywhere and 22% Commonwell Health Alliance.
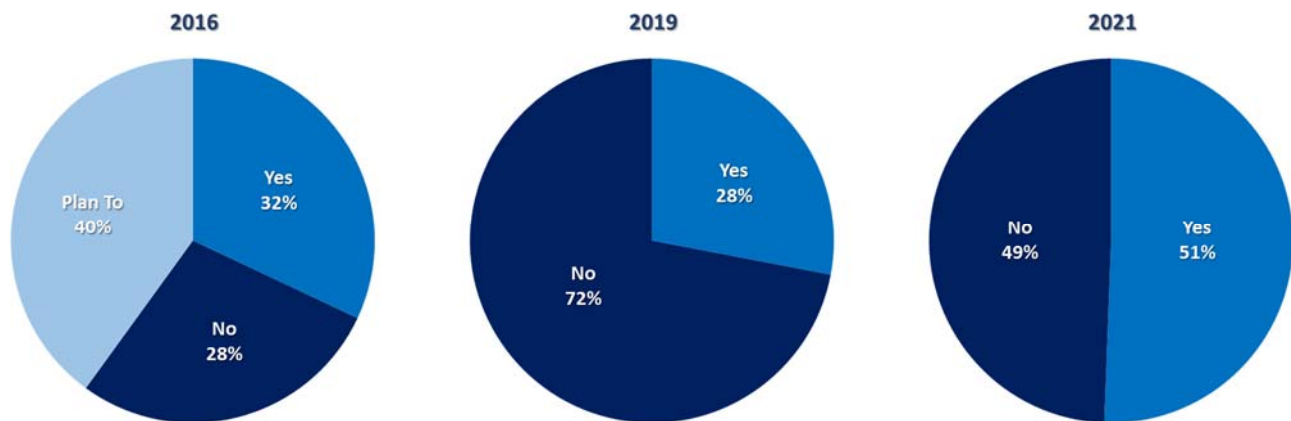
Health Information Exchange

Which Regional HIE does your organization connect to?
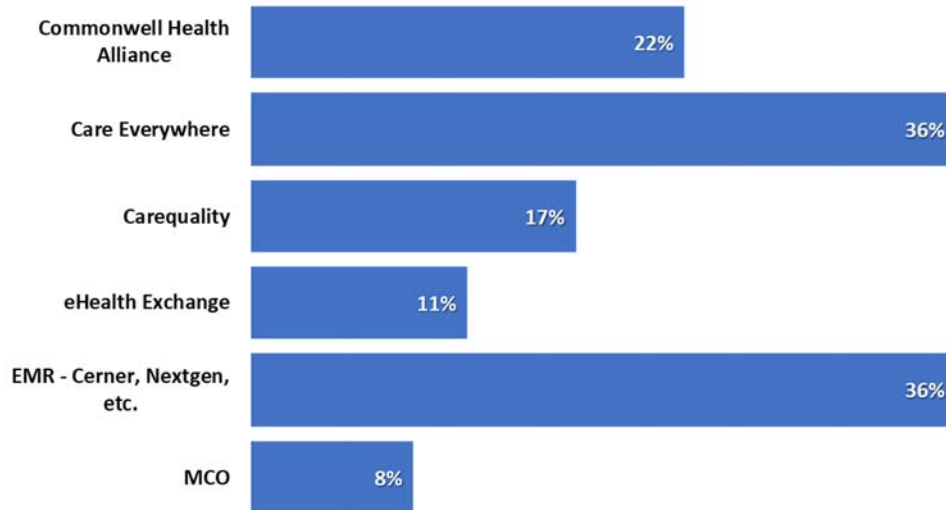
What secure electronic message services does your organization use. (e.g. Direct mail account, EHR function, Patient Health Record Portal)?
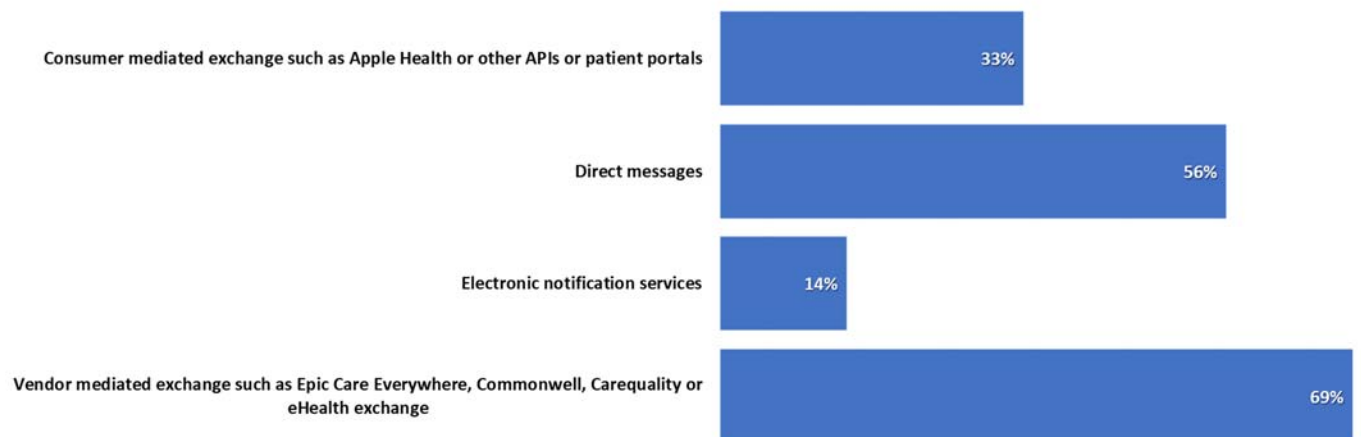
Does your organization have electronic processes in place to make referrals to these social services for your patients as needed?
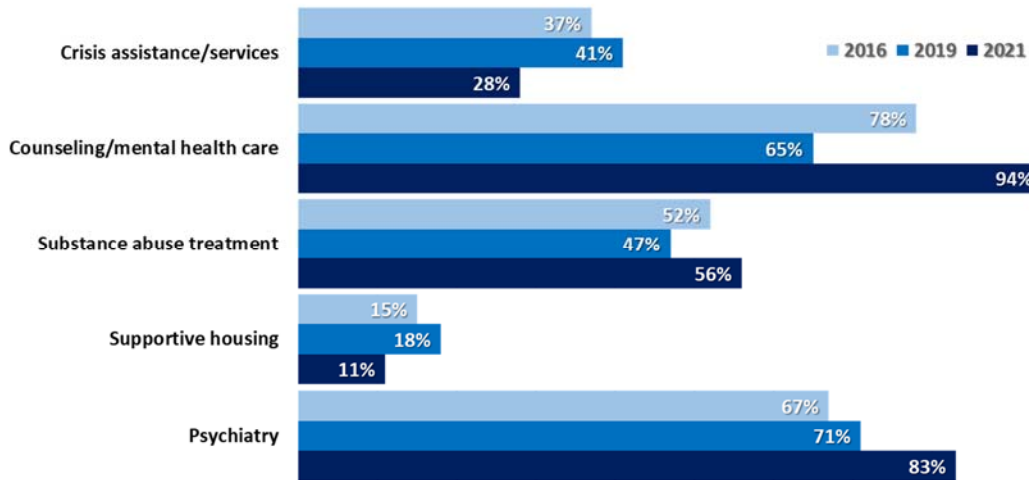
Has your practice experienced any of the following barriers to health information exchange?

Lack of access to a provider's direct address is the most significant barrier to HIE, followed by referring provider or sharing partner's refusal to accept direct messaging. CMS now offers a list of Direct addresses at NPI Files (cms.gov) however, population of this information and awareness of the data is still growing.
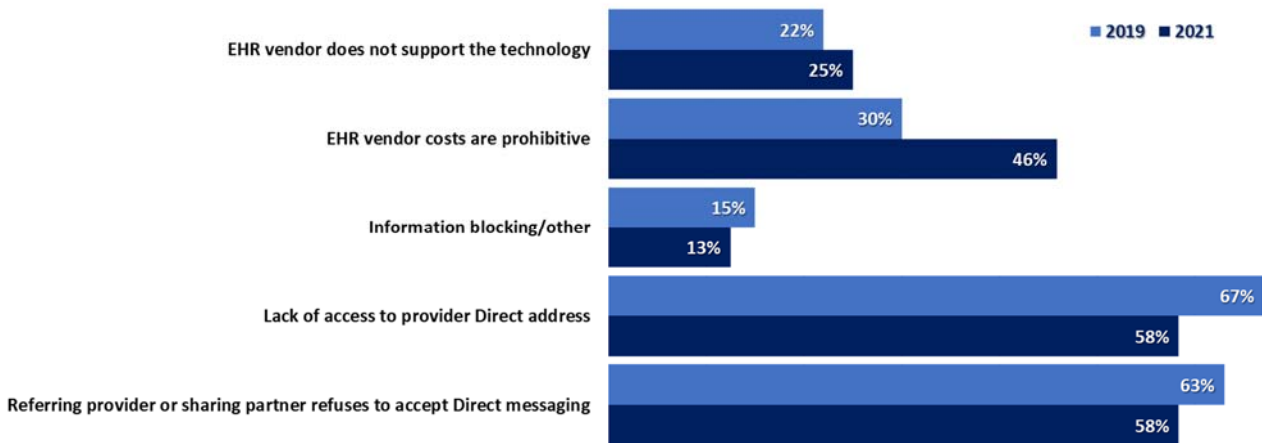
What use cases have value-add to your organization that you would like the State to prioritize?

Category	Percentage
Reducing unnecessary repetition of diagnostic testing	46%
Preventing excess hospital admissions and readmissions	35%
Successfully attesting to quality reporting programs and meaningful use	38%
Participating in value based reimbursement and accountable care	22%
Health information exchange	68%
Exchanging referral documentation	41%
Requiring direct secure messaging	16%
Direct mail addresses	27%

Respondent Demographics

Highlights

- ✓ 175 respondents completed the survey representing around 3,800 providers.

- ✓ Respondents to the 2021 survey were generally smaller in terms of number of providers. 69% of 2021 respondents indicated 10 or fewer providers in their practice compared to 51% in 2019.

- ✓ A greater percent of respondents represented primary care practices, critical access hospitals, and rural health clinics than past surveys.

Which of the following best describes your type of organization?

Respondents to the 2021 survey included a significant increase in primary care practices, rural health clinics, and critical access hospitals when compared to 2019 respondents.
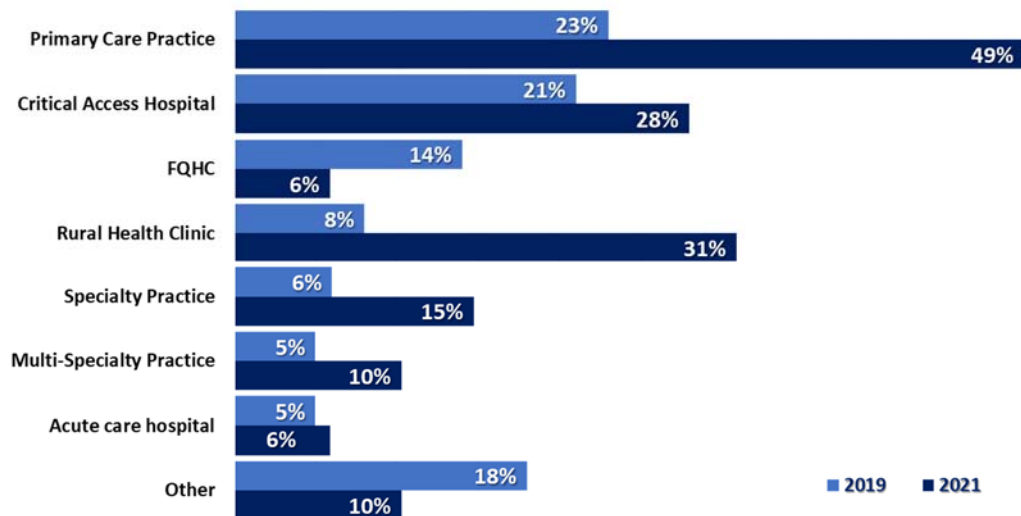
Which of the following best describes your provider type?
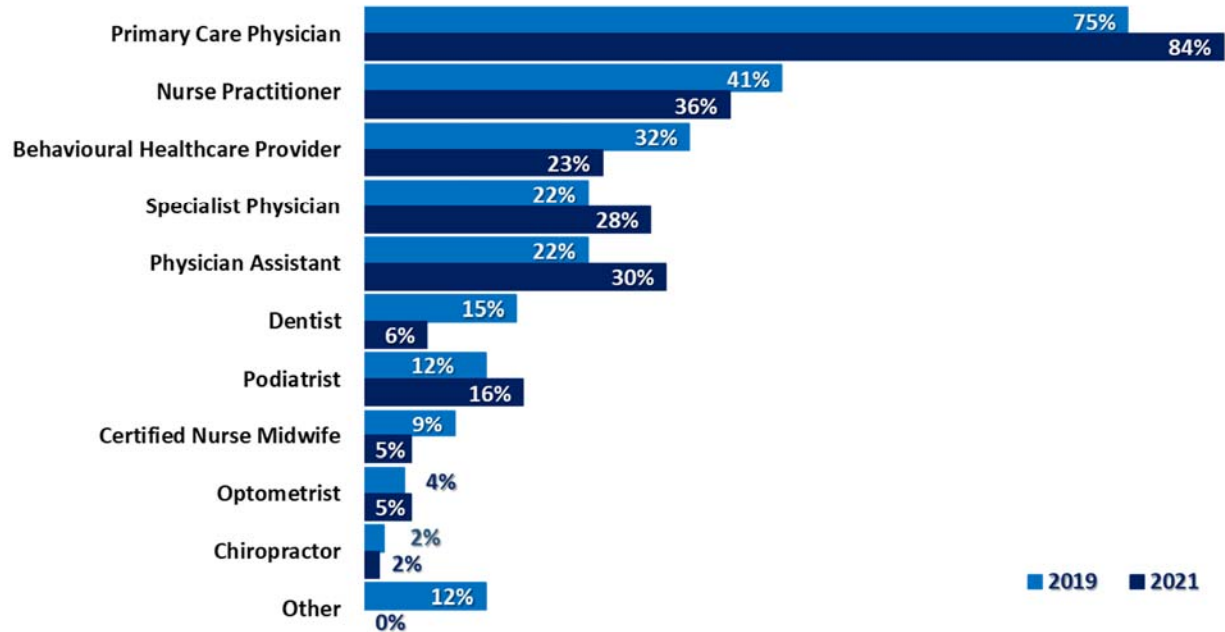
How many providers are part of your organization?

Small practices with 10 or fewer providers accounted for 69% of respondents compared to only 51% from the 2019 survey. Only 6% of respondents had more than 100 providers in their organization compared to 12% of 2019 respondents.
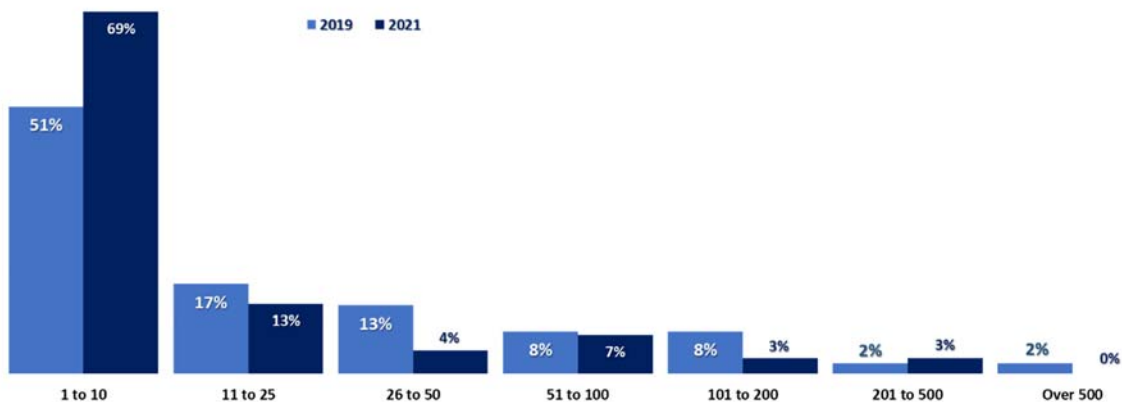
Respondent Demographics

What percentage of your patients fall into the following payer types?

	10% or Less	11% to 25%	26% - 50%	51% to 75%	76% to 100%	
Medicaid MCO	30%	31%	20%	15%	4%	N = 54
Medicaid	50%	26%	19%	4%	2%	N = 54
Medicare	26%	12%	47%	12%	2%	N = 57
Commercial	17%	32%	28%	13%	10%	N = 60
Self-Pay	86%		7%	5%	2%	N = 56
Uninsured	92%		6%	2%	0%	N = 53
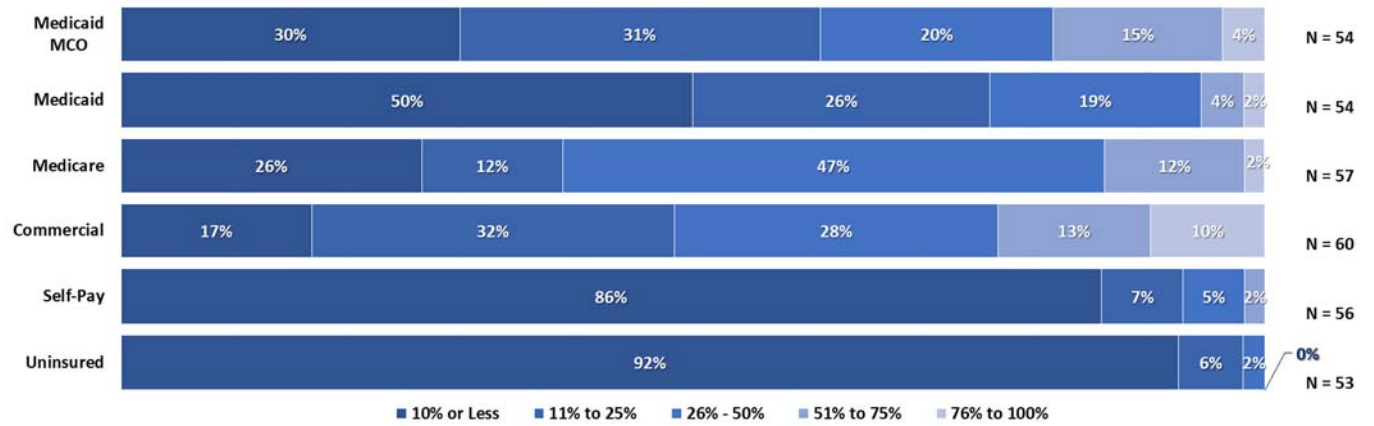
How did you determine what percentage of your patients fell into different payer types?

Patients	41%
Visits	44%
Dollars	11%
Schedule Adjustments	3%
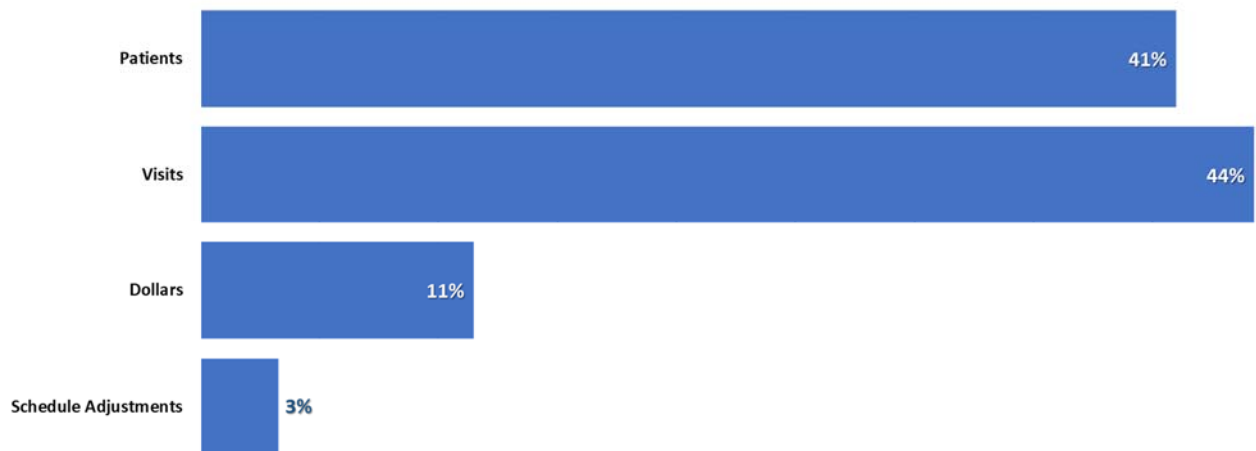
Economic Impact of Medicaid PI Program

Illinois Healthcare Sector

The Healthcare Sector contributed over $52 billion to Illinois' Gross Domestic Product (GDP) in 2017. Between 2000 and 2019, its contribution has increased by 52.3%. In addition, the healthcare industry's share of the State's total GDP increased from 5.4% to 6.8%.

The Healthcare Industry's Contribution to Illinois GDP
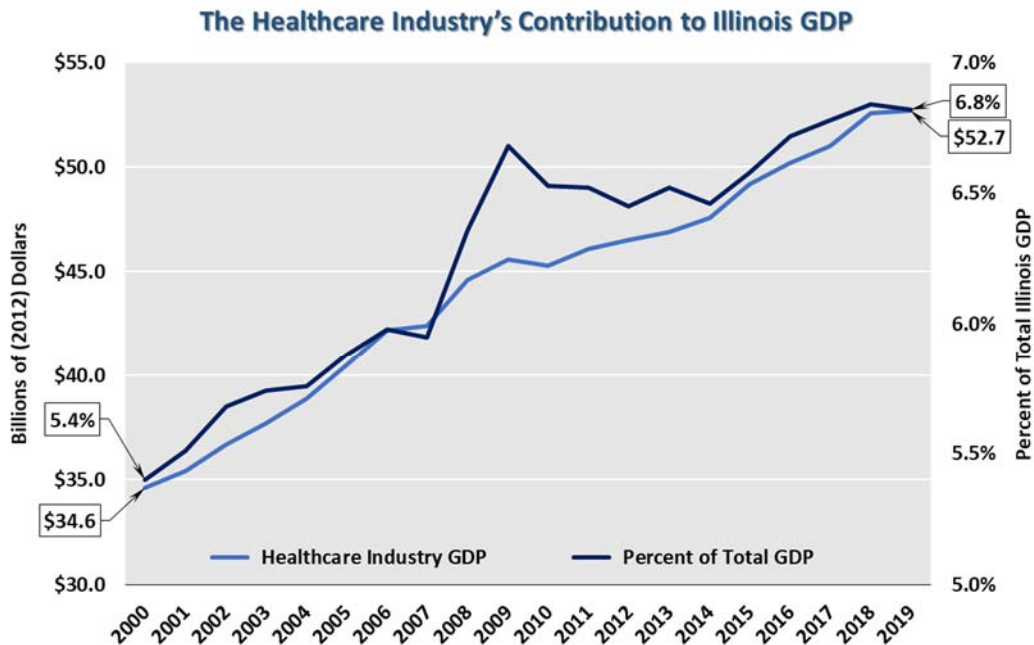
Note: GDP figures are stated in billions of constant (2012) dollars.
Source: U.S. Bureau of Economic Analysis, 2020.

For every 100 jobs created by Illinois Healthcare Providers, an additional 71 jobs are created or supported in other industries. For every $1 million spent by Illinois Healthcare Providers, additional value is generated in other industries.

- $874,000 in output (sales/revenue)
- $859,000 added to Illinois' GDP (value-added)
- $572,000 in labor income to employees and self-employed workers

Estimated Contribution to the Illinois Economy (2020)

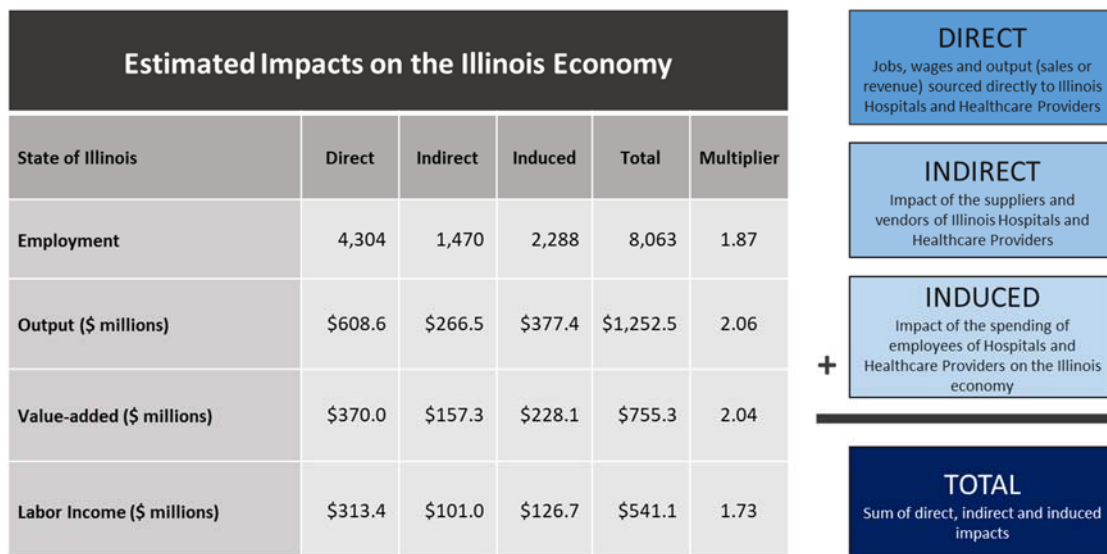| State of Illinois	Direct	Indirect	Induced	Total	Multiplier
Employment	672,842	218,535	257,479	1,148,856	1.71
Output ($ billions)	$95.3	$40.0	$43.4	$178.7	1.87
Value-added ($ billions)	$58.0	$23.6	$26.2	$107.7	1.86
Labor Income ($ billions)	$49.1	$15.0	$13.1	$77.2	1.57

DIRECT
Jobs, wages and output (sales or revenue) sourced directly to Illinois Healthcare Providers

INDIRECT
Impact of the suppliers and vendors of Illinois Healthcare Providers

INDUCED
Impact of the spending of employees of Healthcare Providers on the Illinois economy

+

TOTAL
Sum of direct, indirect and induced impacts

Medicaid PI Program

The Illinois Hospitals and Healthcare Providers that participated in the Medicaid Incentive Payment program between 2011 and 2020 generated the following impacts of the States' economy:

- Created or sustained **8,063 jobs**.
- Generated over **$1.2 billion** in output (i.e. sales/revenue).
- Contributed **$755 million** to the States' GDP (value-added).
- Paid **$541 million** in labor income to workers in healthcare and other industries.

Estimated Impacts on the Illinois Economy

State of Illinois	Direct	Indirect	Induced	Total	Multiplier
Employment	4,304	1,470	2,288	8,063	1.87
Output ($ millions)	$608.6	$266.5	$377.4	$1,252.5	2.06
Value-added ($ millions)	$370.0	$157.3	$228.1	$755.3	2.04
Labor Income ($ millions)	$313.4	$101.0	$126.7	$541.1	1.73

DIRECT
Jobs, wages and output (sales or revenue) sourced directly to Illinois Hospitals and Healthcare Providers

INDIRECT
Impact of the suppliers and vendors of Illinois Hospitals and Healthcare Providers

INDUCED
Impact of the spending of employees of Hospitals and Healthcare Providers on the Illinois economy

+

TOTAL
Sum of direct, indirect and induced impacts

Northern Illinois University

Economic Impact of Medicaid PI Program

Economic Trends

Although the Healthcare sector accounts for a relatively small share of total employment in the State, it has grown rapidly. From 2000 to 2020, healthcare employment has added more than 118,000 jobs, an increase of 23.8 %.

Although the COVID 19 crisis put considerable stress on the healthcare system, industry employment declined by over 30,000 or 4.8% between 2019 and 2020. An aging population drives demand, automation and a declining working-age population may slow future job growth.

Healthcare Employment in Illinois
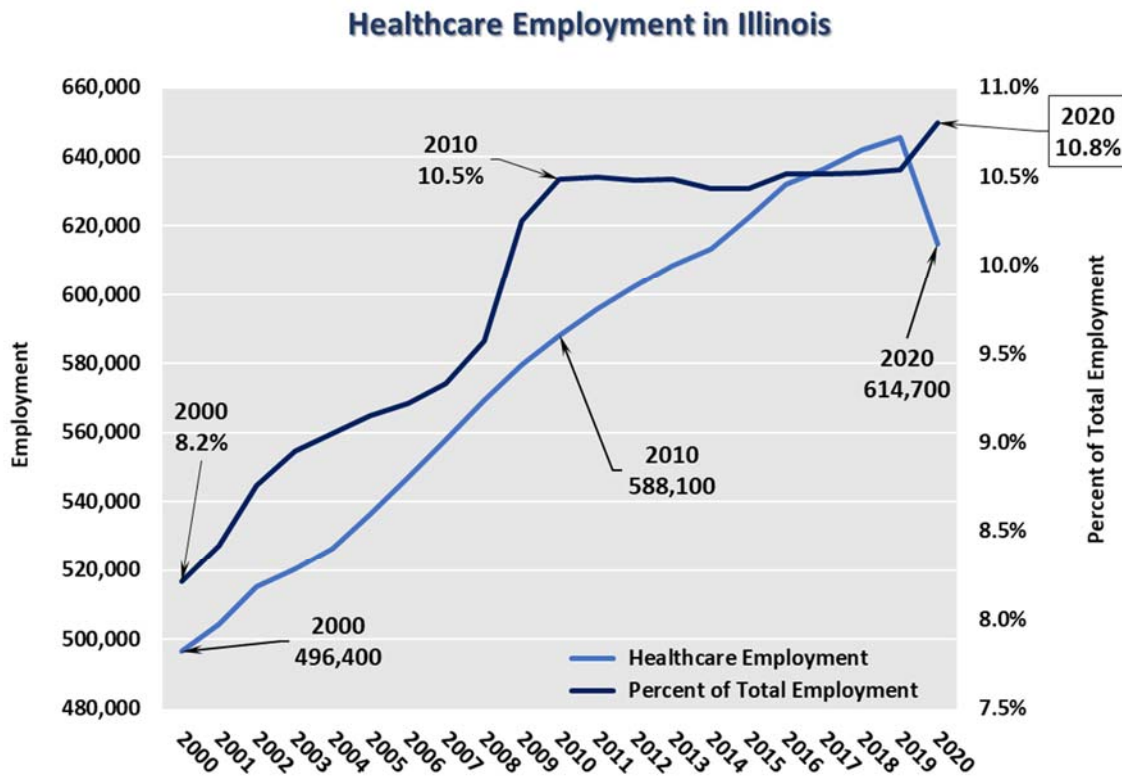
Source: U.S. Bureau of Labor Statistics, 2021.