

Environmental Scan
2019 Illinois Health IT Survey Report

Prepared for:



October 14, 2019

Prepared By:



**148 N. Third Street
DeKalb, IL 60115
Info@ILHITREC.org
www.ILHITREC.org**

The 2019 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 2019 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. Highlights from the survey include:

- 290 respondents completed the survey representing over 10,000 providers.
- Nearly 69% of respondents have providers enrolled in the Promoting Interoperability (PI) Program representing a minimum of 2,845 providers who are in the Medicaid PI program or 37% of total eligible 2019 providers.
- Around 47% believe they will meet Stage 3 requirements in the current 2019 program year.
- One-third of respondents anticipate reporting eCQMs via QRDA file in 2019 and 35% in 2020.
- Nearly 80% of hospitals have a process to generate data related to inpatient and/or emergency room admissions, discharges, and transfers (ADT).
- Over 63% of respondents have a process in place to receive ADT notifications.
- Nearly all respondents were supportive of having access to an accurate directory of Direct secure message addresses.
- Around 28% of respondents currently report participation in a Regional Health Information Exchange, slightly less than reported in 2018, but a continuing trend downward. 35% of organizations are not currently connected to an HIE or have plans to connect to one in the future, down from 39% in 2018.



Methodology

The survey questions for the 2019 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 2019 survey.

Organization	Email to Listservs	Newsletters	Website
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	



2019 Illinois Health IT Report

The 2019 Health IT Report was based on survey responses received by Illinois practices and hospitals between August and September 2019. A total of 290 respondents completed the survey representing over 10,000 providers, of which 2,845 are in the Medicaid PI program or 37% of total eligible 2019 providers. 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 290 respondents.

Respondent Organizations and Providers

Which of the following best describes your type of organization?

Primary care practices accounted for 23% of respondents, acute care and critical access hospitals accounted for 26%, and FQHCs represented 14% of survey respondents. 17% of respondents indicated *Other*, which primarily included public health departments, behavioral and mental health, and other public health organizations.

Answer Options	Percent	Responses
Primary care practice	23%	27
Specialty practice	6%	7
Multi-specialty practice	5%	6
Critical access hospital	21%	25
Other	17%	21
FQHC	14%	16
Acute care hospital	5%	6
Rural health clinic	8%	10
TOTAL		118



Which of the following best describes your provider type?

Answer Options	Percent	Responses*
Primary care provider	75%	87
Nurse practitioner	41%	47
Specialist physician	22%	26
Behavioral healthcare provider	32%	37
Physician assistant	22%	25
Other	12%	14
Podiatrist	12%	14
Dentist	15%	17
Optometrist	4%	5
Certified nurse midwife	9%	11
Chiropractor	2%	2
TOTAL		116

**Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.*

How many providers are part of your organization?

Small practices with 10 or fewer providers accounted for 51% of respondents. Only 12% of respondents had more than 100 providers in their organization.

Answer Options	Percent	Responses
1-10 providers	51%	60
11-25 providers	17%	20
26-50 providers	13%	15
51-100	8%	9
101-200	8%	10
201-500	2%	2
Over 500	2%	2
TOTAL		118



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

Answer Options	0-10% of patients	11-25% of patients	26-50% of patients	51-75% of patients	76-100% of patients	Responses*
Medicaid MCO	20%	26%	36%	14%	3%	91
Medicaid	43%	33%	15%	9%	0%	96
Medicare	30%	24%	33%	13%	0%	94
Commercial	22%	32%	23%	16%	6%	99
Self-pay	77%	18%	3%	0%	1%	93
Uninsured	75%	15%	7%	1%	1%	85
TOTAL						104

*Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.

How did you determine what percentage of your patients fell into different payer types?

Answer Options	Percent	Responses
Patients	57%	58
Visits	29%	30
Dollars	13%	13
Schedule Adjustments	1%	1
TOTAL		102

What type of Internet connection do you have at your organization?

Over 88% have wired broadband connections at their locations, which includes DSL, cable modem, or faster connection such as fiber, T1 or T3 lines.

Answer Options	Percent	Responses*
Wired broadband (i.e. DSL, cable modem, or faster connection e.g. T1 or T3 line)	88%	100
Cellular connection	5%	6
Not sure/Don't Know	7%	8
Dial-up connection	2%	2
Satellite connection	2%	2
No Internet connection	1%	1
TOTAL		113

*Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.



Promoting Interoperability (PI) 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 69% of respondents have providers enrolled in the Promoting Interoperability (PI) program while 31% do not. Respondents with providers enrolled in the Medicaid PI program include 2,845 providers or 37% of total eligible 2019 providers.

Answer Choices	Percent	Responses
Yes	69%	193
No	31%	87
TOTAL		280

Do you anticipate meeting the Stage 3 requirements for the 2019 program year?

Around 47% believe they will meet Stage 3 requirements in the current 2019 program year. For those that do not anticipate meeting the Stage 3 requirements, lack of staff, difficulty with patient education patient portal, and issues with EHR readiness were the primary reasons for not being ready for Stage 3 in 2019.

Answer Choices	Percent	Responses
Yes	47%	58
No	21%	26
Don't Know	32%	39
TOTAL		123

What method(s) do you use to obtain EHR Incentive Program information?

Answer Options	Percent	Responses*
Centers for Medicare/Medicaid website	72%	91
Centers for Medicare/Medicaid mailings	33%	41
HFS website	48%	61
Regional Extension Center emails, newsletters, and/or webinars	36%	45
EHR Incentive workgroup meetings	21%	27
HFS MU Incentive Program Help Desk	38%	48
TOTAL		126

**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 74% of respondents are very or somewhat knowledgeable about regional extension center activities. This reflects an increase in awareness from 2018 where less than two-thirds of respondents were very or somewhat knowledgeable about regional extension center activities.

Answer Choices	Percent	Responses
Very knowledgeable	22%	28
Somewhat knowledgeable	52%	66
Not at all knowledgeable	27%	34
TOTAL		128



EHR Utilization

Which statement best describes your organization's EHR system?

Over 89% of organizations with an EHR use it for more than 90% of functions for the organization. Less than 10% have an EHR installed but use it for only some of the available functions.

Answer Choices	Percent	Responses
We have purchased an EHR but are not yet using the system.	1%	2
We have an EHR installed and we use it for some of the available functions.	10%	16
We have an EHR implemented, and we use it for most (more than 90%) functions of our organization.	89%	142
TOTAL		160

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 survey respondents include AthenaHealth, eClinicalWorks, NextGen, Cerner, and Epic. The “Other” category included a large variety of systems with the most frequently cited as eMD (5), Medhost (4), and Advanced MD (3). 72% of respondents indicated that the EHR vendor adequately met their staff training needs.

Answer Options	Primary EHR	Secondary EHR	Tertiary EHR	Responses*
Acumen	2	0	1	3
Allscripts	6	4	0	10
Athenahealth	18	2	0	20
Cerner	17	0	0	17
CPSI	13	2	1	16
eClinicalWorks	17	1	0	18
EPIC	13	3	1	17
GE/Centricity	10	0	1	11
Greenway	5	0	1	6
LSS Data Systems	0	0	0	0
McKesson	2	0	1	3
Meditech	12	1	0	13
Modernizing Medicine	0	0	0	0
NextGen	14	4	0	18
Practice Fusion	7	0	0	7
Other	33	5	0	38



TOTAL	159
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**Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.*

Did your EHR vendor adequately meet your staff's training needs?

Answer Choices	Percent	Responses
Yes	72%	115
No	28%	45
TOTAL		160



EHR Functionality

How often does your organization use the following EHR functionality?

Answer Options	Used regularly	Used occasionally	Never used	Not available	Function turned off/not in use	Responses*
Insurance eligibility checking	73%	8%	4%	6%	9%	158
Electronic claims submission	90%	0%	3%	2%	4%	157
Tracking patient consent and authorizations	66%	11%	8%	8%	7%	155
Patient scheduling	90%	4%	2%	1%	4%	157
Patient workflows	82%	8%	2%	4%	3%	154
Task management	75%	11%	6%	3%	5%	154
Expedite patient encounters	77%	6%	6%	6%	5%	154
Templates and Order Sets	83%	10%	3%	2%	3%	160
Meaningful use reporting	76%	9%	5%	5%	5%	157
Remote access from other	66%	21%	5%	5%	3%	154
TOTAL						160

*Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.

What challenges does your organization face in effective utilization of the EHR?

The most frequently reported challenge organizations face in effective utilization of an EHR are the costs associated with maintenance and upgrades, 57%. Other frequently reported issues include additional staff training needed, and EHRs not supporting all functionality, 44% each. 43% report their EHR lacks interoperability with other systems resulting in high interface costs.

Answer Choices	Percent	Responses*
Costs associated with maintenance and upgrades	57%	90
Additional staff training is needed	44%	70
EHR does not support all of our functionality needs	44%	69
EHR lacks interoperability with other systems resulting in high interface costs	43%	68
Decreased office productivity	25%	40
Insufficient internal technical resources	27%	42
Staff turnover	30%	47
TOTAL		158

*Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.



Are you currently sharing information electronically using your EHR?

Answer Choices	Percent	Responses*
No, do not currently exchange. More likely to fax, call, email, or print.	21%	34
Other clinicians	48%	78
Other clinics	29%	47
Other hospital(s)	45%	73
Other pharmacy(s)	33%	53
Other laboratory(s)	31%	50
State immunization registries	58%	94
Public health (for required reportable diseases)	31%	50
Disease or diagnosis registries	13%	21
Patients	55%	88
Rural health clinics	11%	17
FQHCs	7%	12
TOTAL		161

*Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.

If applicable, are the laboratories at your facility capable of sending results electronically to providers?

Answer Choices	Percent	Responses
Yes	84%	104
No	16%	20
TOTAL		124

If yes, are they capable of sending these results using LOINC or SNOMED coding?

Answer Choices	Percent	Responses
LOINC coding	55%	49
SNOMED coding	45%	40
TOTAL		89



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

	Yes
Ambulatory Surgical Center Quality Reporting	3%
End-Stage Renal Disease Quality Incentive Program	5%
Home Health Quality Reporting	6%
Home Health Value-Based Purchasing	1%
Hospice Quality Reporting	6%
Hospital Acquired Condition Reduction Program	8%
Hospital Compare	19%
Hospital Inpatient Quality Reporting	43%
Hospital Outpatient Quality Reporting	24%
Hospital Re-admission Reduction Program	15%
Hospital Value-Based Purchasing	12%
Inpatient Psychiatric Facility Quality Reporting	2%
Inpatient Rehabilitation Facility Quality Reporting	2%
Long-Term Care Hospital Quality Reporting	1%
MACRA/MIPS	55%
Medicare Part C Star Rating	1%
Medicare Part D Star Rating	2%
Medicare Shared Savings Program	13%
Million Hearts	2%
Nursing Home Quality Initiative	1%
Physician Compare	9%
Prospective Payment System-Exempt Cancer Hospital Quality Reporting	4%
Qualified Health Plan (QHP) Quality Rating System (QRS)	12%
Total	101

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

One-third of respondents anticipate reporting eCQMs via QRDA file in 2019 and 38% in 2020. Around 45% of respondents are not sure for both years.

	Yes		No		Don't know		Responses*
in 2019	33%	51	23%	35	44%	67	153
in 2020	38%	56	17%	25	45%	67	148
TOTAL							154

**Not all respondents answered all components of this question. Therefore, the number of individual responses does not equal the total number of responses.*



Which specialized registries does your organization utilize?

Answer Choices	Percent	Responses*
Antimicrobial Use and Resistance	4%	6
DARTNet	4%	6
Electronic Case Reporting	6%	8
Electronic Lab Reporting	21%	29
Genesis (CECity)	4%	5
HealthCare Surveys	7%	9
HealthRegistries (CERNER)	14%	19
ICARE	86%	118
ISCR	3%	4
Pinnacle (ACC)	2%	3
PMP	30%	42
Syndromic Surveillance	30%	41
Vizient	1%	2
Zirmed	1%	2
Other (please specify)	6%	8
TOTAL		138

Do you send registry information using CCDA or QRDA standards?

Answer Choices	Percent	Responses
CCDA	38%	50
QRDA	15%	20
Neither	38%	50
Other	13%	17
TOTAL		133

Is your EHR capable of bi-directional data exchanges and the Illinois immunization registry? (I-CARE)

Answer Choices	Percent	Responses
Yes	58%	92
No	17%	26
Not sure	25%	39
TOTAL		157



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

Answer Choices	Percent	Responses
Yes we are utilizing this exchange	54%	64
No but we are planning to	31%	36
No and we are not planning to	15%	18
TOTAL		118

Is your organization planning on using electronic case reporting?

Most respondents could not answer which vendor, but 3 responses indicated Epic, eClinicalWorks, and DAS Health.

Answer Choices	Percent	Responses
Yes	14%	20
No	79%	109
If yes, which vendor	7%	9
TOTAL		138

Please indicate if your organization is using the following features of your EHR.

Answer Options	Yes	No	Functionality not available	Responses*
Provide patients with timely electronic access to their health information	88%	7%	5%	158
E-Prescribing	93%	3%	5%	157
Provide clinical summaries for patients for each office visit	84%	11%	5%	153
Send reminders to patients per patient preference for preventive/follow-up care	63%	24%	14%	153
Computerized Provider Order Entry (CPOE) for medication orders	88%	6%	6%	151
Drug-drug checks	91%	7%	3%	149
Drug-allergy checks	91%	5%	3%	151
Drug-formulary checks	89%	6%	5%	147
Maintain an up-to-date problem list of current and active diagnoses	95%	3%	2%	156
Maintain active medication list	96%	2%	2%	157
Maintain active medication allergy list	96%	2%	2%	156
Record demographics	98%	0%	2%	155



Record and chart changes in vital signs	96%	3%	1%	155
Record smoking status for patients 13 years or older	95%	3%	2%	156
Incorporate clinical lab test results as structured data	86%	8%	6%	151
Generate lists of patients by specific condition	81%	10%	9%	150
Implement 5 clinical decision support rules	71%	16%	13%	148
Medication reconciliation	92%	4%	4%	153
Summary of care for each transition of care and referrals	86%	8%	6%	153
Capability to exchange key clinical information among providers of care and patient-authorized entities	77%	16%	7%	150
Protect electronic health information	98%	1%	1%	153
Report ambulatory clinical quality measures to CMS/States	70%	18%	12%	146
Provide patients with an electronic copy of their health information, upon request	89%	9%	2%	153
Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate	86%	8%	6%	154
Capability to submit electronic data to immunization registries/systems	80%	30%	10%	152
Capability to provide electronic syndromic surveillance data to public health agencies	59%	30%	11%	145
Capability to provide electronic submission of reportable lab results to public health	51%	34%	15	143
For hospitals, provide patients with electronic copy of their discharge instructions at time of discharge	65%	18%	17%	115
For hospitals, record advance directives for patients 65 or older	60%	19%	21%	111
Stage 3 meaningful use measures	71%	21%	8%	139

TOTAL

158

**Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.*



Generating ADT Notifications – Hospitals

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

Approximately 38% (62) were hospitals. 79% of hospitals have a process to generate data related to inpatient and/or emergency room admissions, discharges, and transfers (ADT). Of those, 74% indicate the ADT notifications are automated through the hospital's EHR.

Answer Choices	Percent	Responses
Yes	79%	41
No	21%	11
TOTAL		52

Does your hospital share ADT notifications with clinical care teams - either within your hospital/health system or outside the hospital/health system - for patient care transition purposes (i.e. not just for billing)?

Answer Choices	Percent	Responses
Yes	60%	29
No	40%	19
TOTAL		48

Where are the hospital's ADT notifications sent?

Answer Choices	Percent	Responses*
Within the hospital - clinical care team or case manager	82%	32
Health system or parent organization	21%	8
The patient's primary care provider outside your hospital/health system	36%	14
Payer	13%	5
Insurance company	18%	7
Managed care organization	8%	3
Patient health record portal	49%	19
TOTAL		39

*Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.



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

Answer Choices	Percent	Responses*
Electronic notification of patient admission, discharge or transfer from hospital	57%	28
History of claims from other treating providers	49%	24
List of medications prescribed to the patient by other providers	71%	35
Health assessment data	49%	24
Lab results and radiology reports	71%	35
Other (please specify)	8%	4
TOTAL		49

What are the biggest challenges to getting data about your patients from outside your organization?

Authorization/Consents then phone calls and fax make the process very cumbersome and never happens in real time
Costs
Different systems
Documentation of consent/authorization for record release/transfer
EHR to EHR communication. Awareness of other care provided
Epic customers provide lab / procedure data that tests were performed but not the actual results due to Epic not using LOINC codes properly
Expenses of implementing interoperability and finding a way to do so across a common platform
Getting data electronically in other ways than faxing
Getting data timely if no Commonwell access
Getting Direct Message accounts from providers outside our network
Getting them in a timely fashion
INFORMATION THAT IS PERTINENT
Knowing day to day situations
Misinterpretation of HIPAA
No electronic connectivity, trained staff
Not in an HIE
Patients don't maintain info
Response time
The biggest issue is the Health Information exchange. Not everyone uses Direct and if they do, the directory is not locating the provider and there is no List (directory) of providers/hospitals using the exchange



The time it takes and having the patient to be seen by me first to sign to get care everywhere, so cannot preview the labs prior to appointment
There are not enough sharing electronic data and those who share electronic data sometimes send useless data from 20 or more years ago
There isn't a way for nursing homes to send patient data for residents that are being admitted into the hospital
Time and price of quality scanners and entering the values into the EMR so that provider can trend - this is mainly in the clinic setting
Time, cost, training
Timeliness of data
Unable to obtain electronically without multiple expensive interfaces
We request information via direct messaging and we desire to send information via direct messaging but are not successful with obtain addresses. We also participate with Commonwell yet the Epic facilities around us do not so when we query for information, we aren't getting what we need

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?

Of the 33 responses, nearly all said they would use the addresses of they had access. Several had caveats and only 2 said they would not use it.

Better patient care
DEFINITELY. It has been a struggle to obtain this information from other orgs. It requires quite a bit of leg work to track down the right people at each facility to get a direct address listing.
Depends on the GUI and the ease of use as well as if it is all the necessary information
I think so
I would use it. Most ROI companies are burning disc now and if we could auto send to a secure link they trust they might not have such an issue opening the link etc.
It would need to be incorporated into the current EMR workflow and not be an extra on the side access
Maybe. Difficult to know how often somebody is checking these electronic messages and when to expect an answer. How to navigate a physician group and get it to the right staff person for response instead of the physician
No, too complicated
No, we have this capability now, but the other providers refuse to utilize it
Possibly, would need training
Receive data
We already do, but many community providers do not have Direct Secure addresses yet
We have this capability
Yes – 5 responses



Yes - especially sending discharge information in a transition of care
Yes, but we would need to also extend the licensing of our direct messaging system (which is also a hefty expense)
Yes if other providers began expecting to receive the data in this way and actually accepted that as the mechanism to transmit data. The capability needs to expand beyond CCDA type documents
Yes see above
Yes some -which all NPIs had trusted HISP Direct address requirement
Yes to keep communication better
YES!!!!!! Please see above answer
Yes, and we utilize Direct Messaging
Yes, currently we don't know who to send Direct messages to and how to notify other to send to us
Yes, in order to improve efficiency of care provision
Yes, it did be far more efficient
Yes, we would, we find the electronic exchange to be very efficient
Yes. Sending/receiving electronic data streamlines the process of sharing crucial information and places it directly in the hands of the providers
Yes-would facilitate patient care and transitions

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

Answer Choices	Percent	Responses*
Population health management technology solution	46%	11
Business Intelligence/Dashboards/Analytics tools	88%	21
Other (please specify)	8%	2
TOTAL		24



Receiving ADT Notifications

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

Over 63% of respondents have a process in place to receive ADT notifications, an increase of 4% over 2018.

Answer Choices	Percent	Responses
Yes	63%	53
No	37%	31
TOTAL		84

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

Answer Choices	Percent	Responses*
Directly from the hospital - clinical care team or case manager	93%	52
Health system or parent organization	13%	7
The patient's primary care provider outside your hospital/health system	5%	3
Payer or insurance company	9%	5
Medicaid managed care organization	14%	8
Other managed care organization	7%	4
Patient's health record portal	4%	2
TOTAL		56

**Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.*

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

Answer Choices	Percent	Responses
Fax	82%	47
Telephone	40%	23
Regular mail	40%	23
Direct secure messaging	47%	27
Batch file through SFTP	21%	12
Other	33%	19
TOTAL		57

**Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.*



How frequently does your organization receive ADT notification information?

Answer Choices	Percent	Responses
Daily	48%	31
Real-time as ADT events occur	41%	26
Weekly	8%	5
TOTAL		64

How does your organization use the ADT notification information?

Answer Choices	Percent	Responses*
Make contact with patient	14%	9
Inform the patient's primary care provider	71%	46
We don't use this information	25%	16
TOTAL		65

*Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.

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?

Answer Choices	Percent	Responses
Less than 10%	15%	10
10% - 24%	11%	7
25% - 49%	11%	7
50% - 74%	17%	11
75% or greater	46%	30
TOTAL		65

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

Answer Choices	Percent	Responses
Very valuable	59%	41
Valuable	24%	17
Somewhat valuable	14%	10
Not valuable	3%	2
TOTAL		70



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

Only 39% of respondents currently receive electronic notification from hospitals when patients are admitted, discharged or transferred.

Answer Choices	Percent	Responses
Yes	39%	30
No	61%	47
TOTAL		77

Respondents indicated receiving ADTs from the following hospitals

- Advocate Condell Medical Center
- Condell, Lurie Children's, Lake Forest
- HSHS, BJC, Anderson hospital - this is spotty and is not very useful due to current EHR bugs
- Jersey Community Hospital, BJC Alton Memorial
- LURIES CHILDREN-HOPE CHILDREN-LOYOLA
- Mt. Sinai (HL7), St. Anthony (FTP)
- Mt. Sinai Hospital, St. Anthony
- OSF Heart of Mary Medical Center
- SIH
- Silver Cross Hospital
- St Francis - Litchfield, St Johns/Memorial - Springfield

If you do not currently receive electronic notification from hospitals when your patients/clients are admitted, discharged or transferred, why not?

Answer Choices	Percent	Responses
Unable to receive electronic notification	19%	10
The hospitals do not send electronic notification	61%	33
Other (please specify)	20%	9
TOTAL		54



If you do not currently receive electronic notification from hospitals when your patients/clients are admitted, discharged or transferred, why not?

Answer Choices	Percent	Responses
Electronic notification of patient admission, discharge or transfer from hospital	73%	58
History of claims from other treating providers	39%	31
List of medications prescribed to the patient by other providers	73%	58
Health assessment data	51%	41
Lab results and radiology reports	68%	54
Other	4%	3
TOTAL		79

What are the biggest challenges to getting data about your patients from outside your organization?

Access, access, access
Always calling Specialists for consult notes to be corrected by EPIC 2020
Being able to sign in and then how to navigate through the system to get what you need
Care Everywhere is not used by all organizations
Confidentiality, cost
Data format not the same
Database search result errors (discrepancies in patient displayed name, or inconsistent last names, legal vs adopted, etc.)
Depending of volume by hospitalist when to get around to send
Direct access electronically
EHRs do not interact well with each other
Entities to share electronically
Getting the other organization to send it
Having different EHR Systems
Having hospitals send me the data
Hospitals don't synchronize with our EHR leading to inefficient medical record keeping
If patient does not list us as PCP, we cannot get the data
Inability to communicate with other EHR's currently used by others
Individual providers do not utilize direct message for referring patients into their care
Information is never sent
Integration and resources assigned to connecting these systems. Establishing a clinical interface takes a lot of back and forth and not all hospitals/orgs have the resources to do it in a timely manner
Interface with other EHR systems



Internal resources to assign follow up in getting data
INTEROPERABILITY
Knowing they went to providers, having the information in a timely fashion, only rarely due to intransigence of clinic/hospital staff
Lack of electronic exchange of information
Lack of interoperability, communication and money
Lack of out of service area, especially out of state collaboration
Manpower
NEED PATIENT SIGNATURE, THEY MAY NOT BE THERE TO DO THAT
No centralized hub or HIE, significant effort and resources to set up individual interfaces with individual hospitals
Not able to receive them electronically
Not having a uniform structure in obtaining these reports. The lack of a one-stop-shop of participants attributed to us and see all activity associated to those participants so internally we set forth an action plan. Such as working with care coordinators, etc.
NOT SURE
Notification to PCP of other treatment by other providers
Of the 5 major hospitals, none have been willing to send SOC/TOC electronically. The consider faxing as electronic transmission
One of our biggest challenges is getting data from other organizations who are not in an EHR system
Our biggest challenge is getting the referral. Once we finally do get the referral, sometimes critical information is missing, and we must track it down
Patient consent
Receive electronic data real time
Receive lab, x-ray and ER reported
Receiving in a timely manner
Receiving the information before the patient visit
Security
Sometimes we are not sent anything even after requesting the information several times
Specialist offices not having secure email
Staff resources, time, obtaining patient consent to request data
The IT is all about making money for the EMR companies NOT taking care of the patient any more
The organization are not sending the results to us and patient most of the time they do not go for their test like imaging, x-ray
The outside organization may not know we are the patient's pcp
Time
Timeliness
Timeliness
Unwillingness by other vendors to share direct messaging addresses



Waiting on the document
We don't hear from patient or provider when they are seen elsewhere
We might not be affiliated with them, so it takes time to get records
We receive paper faxes from one of our local hospitals, which creates a daunting task having to manually data enter the information. The other hospital that does send electronic data sends incomplete reports, so we still have to request paper copies
When they will only fax by request

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?

Of the 56 responses, nearly all said they would use the addresses if they had access. Several had caveats and only 2 said they would not use it.

Absolutely-it benefits us and patient especially with referrals and follow up
Conversion to Epic in 2020 should eliminate this issue
Helps in patient management
I do not know
I would but I would appreciate better use of these direct messages such as being able to import the labs and radiology reports contained within
No we are consultants in SNIFS so receive info from Social Work staff for their residents
No. Prefer phone contact or letters
NOT SURE
Only if the tool was intuitive and integrated directly into our EMR system. It would not be helpful if we need to log into a separate site
Possibly. depends on how cumbersome it would be to use
Possibly. Sending data is manual process of creating pdf, saving as, and attaching to email
Probably
Use daily as needed, providers easy to contact this way
We do have access to direct messaging, not sure if it is an accurate directory, but we are so small the doctor has never learned or been interested in doing it
We do have access... we just have not had time to set up and monitor
We pay for a directory and use it every day
We would try
We would use it if we could import the data into our EHR
Yes 14 responses
Yes - more efficient way of engaging patients and keeping them healthy
Yes - to increase continuity of patient care, timely follow-up
Yes because it is fast, easy to follow up the patient and benefit the patient
Yes because it would greatly help know what a patient has been treated for



Yes electronic documentation returned after a visit with a provider outside our organization would be very beneficial, we have a very hard time receiving follow up with outside providers.
Yes if available through our EHR system as direct electronic information
Yes, it would be much more effective than sending faxes
Yes to make our patient care faster
Yes, because it would be a more accurate, up to date process
Yes, better coordination
Yes, continuity of care
Yes, ease of communication, better continuity of care
Yes, if it were free or cost-effective. Being a small agency, we cannot afford to participate in some of the data sharing capabilities that currently exist
Yes, If work with our computers
Yes, it would help my patients
Yes, it would improve communication between multi-disciplinary providers
Yes, it's easier than phone tag
Yes, one of the biggest challenges is obtaining the providers secure electronic addresses
Yes, though interfacing is preferable to direct messaging as it's easier to integrate directly into the patient's chart
Yes, we are being measured and held accountable for the care of those members and having the tools will help tremendously
Yes, when we have asked outside providers, they all state they have no idea what a direct messaging email is or flat out don't answer the question
Yes. It would reduce the amount of time needed to contact the provider via fax or phone to receive orders
Yes. We need to be able to send PHI information and we do not have a way to do that now
Yes; enhances continuity of care

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

Answer Choices	Percent	Responses*
Population health management technology solution	53%	21
Business Intelligence/Dashboards/Analytics tools	47%	19
Other (please specify)	20%	8
TOTAL		40



Health Information Exchange

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

Around 28% of respondents currently report participation in a Regional Health Information Exchange, slightly less than reported in 2018, but a continuing trend downward. 35% of organizations not currently connected to an HIE have plans to connect to one in the future, down from 39% in 2018.

Most of the organizations that are not planning to connect to an HIE, do not have plans to connect because there are no HIEs available with the closing of CIHIE in early 2019.

Answer Choices	Percent	Responses
Yes	28%	41
No	72%	106
TOTAL		147

Does your organization have plans to connect to a Regional HIE?

Answer Choices	Percent	Responses
Yes	35%	37
No	65%	68
TOTAL		105

Which Regional HIE does your organization connect to?

With the closure of the Metro Chicago Health Information Exchange in 2017 and Communities of Illinois Health Information Exchange in 2019, Illinois currently has no regional or state HIE options. Those indicating they are connected to an HIE are using EHR specific functionality. Several respondents indicated using Commonwell and Care Equality. Many seemed unsure of the HIE being used, if any.

What secure electronic message services does your organization use. (e.g. Direct mail account, EHR function, Patient Health Record Portal)?

Answer Choices	Percent	Responses
Consumer Mediated Exchange	0%	0
Direct mail	40%	12
Direct exchange	20%	6
EHR function	43%	13
Electronic notification services	7%	2
Patient Health Record Portal	70%	21
Query Based Exchange	13%	4
TOTAL		30



Does your organization have questions with respect to understanding patient privacy and confidentiality requirements and health information exchange?

Answer Choices	Percent	Responses
Yes	30%	9
No	70%	21
TOTAL		56

Among those that are currently not sharing data with your organization, which would your organization like to share data with or receive data from to be more effective?

Three-fourths of respondents indicated that sharing data or receiving data from hospitals would allow them to be more effective. Over 38% indicated sharing data or receiving data from other clinics would allow them to be more effective. Around 40% indicated that sharing data or receiving data from HIEs and laboratories would allow them to be more effective.

Answer Choices	Percent	Responses*
Substance abuse, mental health, or behavioral health clinics	48%	14
Rural health clinics	28%	8
FQHCs	34%	10
Other clinics	38%	11
Hospitals	76%	22
Laboratories	41%	12
Pharmacy	31%	9
Public health registries	41%	12
Health Information Exchange	38%	11
Medicaid	48%	14
Claims registries	28%	8
TOTAL		29

*Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.

Does your organization have electronic processes in place to make referrals to these social services for your patients as needed?

Answer Choices	Percent	Responses*
Crisis assistance/services	41%	7
Counseling/mental health care	65%	11
Substance abuse treatment	47%	8
Supportive housing	18%	3
Psychiatry	71%	12



TOTAL		17
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**Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.*

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.

Answer Choices	Percent	Responses
EHR vendor does not support the technology	22%	6
EHR vendor costs are prohibitive	30%	8
Lack of access to provider Direct address	67%	18
Referring provider or sharing partner refuses to accept Direct messaging	63%	17
Other	15%	4
TOTAL		27

**Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.*

What use cases have value-add to your organization that you would like the State to prioritize?

Access to hospital records for discharge for real-time
Direct mail addresses
Exchanging referral documentation electronically using direct messaging to reduce faxing
HIE
National Direct Addresses associated to NPIs. PMP at National level - too many individual connects increase cost and decrease effectiveness as well as decrease efficiency and use percentage
Opioid crisis and mental health issues
Require Epic customers to map lab / testing results to LOINC properly. Help safety net and FQHC providers to obtain Direct Secure
Requiring facilities and Providers to use Direct Secure messaging for follow up patient care information
Sharing of direct addresses
We would like the State Data Warehouse to be able to participate in an information project for sickle cell disease tracking across the state by drawing upon hospitals, insurance claims, pharmacy records, vital statistics, and newborn screening. This capability will probably take a couple years to build but could have a significant Return on Investment by making it possible to track the subset of individuals with the highest-cost highly-fragmented utilization of acute medical care and offer them case management services



Quality Improvement Participation

Does your organization participate in any of the following quality improvement programs?

Answer Choices	Percent	Responses*
Chronic Care Management (CCM)	33%	32
Healthcare Effectiveness Data and Information Set (HEDIS)	48%	46
Accountable Care Organization (ACO)	51%	49
Medicaid Promoting Interoperability (PI) program	58%	56
Merit-based Incentive Payment System (MIPS)	49%	47
Million Hearts	3%	3
Patient Centered Medical Home (PCMH)	41%	39
Physician Quality Reporting System (PQRS)	0%	0
Value Based Modifiers (VBM)	0%	0
Quality Improvement Organization (QIO)	17%	16
Private Insurance Program	23%	22
Other (please specify)	3%	3
TOTAL		96

**Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.*

