How Physicians Are Responding to Healthcare's Inevitable Transformation

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INTRODUCTION

To say that there have been big changes in the healthcare landscape would be an understatement. With Sunshine Act implementation now underway, the Affordable Care Act going into effect on October 1st, and Meaningful Use incentive participation growing, Physicians across the U.S. are feeling the effects of massive transformations in the daily routines of healthcare professionals – from managing, sharing and exchanging patient information and coordinating care, to minimizing ER visits through greater patient management.

But how are Physicians responding to these changes?

To get the answers, Healthcare Data Solutions surveyed a sampling of its PhysicianPRO® database of over 1 million Doctors, and discovered some interesting statistics on how and why they are adapting to – or resisting – Electronic Health Records (EHR), Health Information Exchanges (HIE) and Accountable Care Organizations (ACO), three changes that are rapidly affecting the healthcare industry.

Although the responses were varied, it is clear that Physician acceptance is low and further improvements are needed, particularly in areas such as workflow, incentive requirements and data collection.

For healthcare marketers, these survey results provide critical clues about the challenges Doctors are facing – and how marketers may need to reorient products and services to meet the changing needs of Physicians, Nurse Practitioners and other healthcare Providers.

ELECTRONIC HEALTH RECORDS

While the majority of respondents are currently using EHRs, half of the remaining 20 percent who aren't said they will not be using them in the upcoming year either.

The reasons for this are tied to Meaningful Use (MU) incentives, and the challenges Providers have in meeting the requirements necessary for payments.

MU incentives were authorized under the Health Information Technology for Economic and Clinical Health (HITECH) Act. Under HITECH, Physicians and hospitals that use EHRs in a way that significantly improves patient care are given financial incentives – up to $44,000 through the Medicare EHR program and up to $63,750 through the Medicaid EHR program.

20%
of respondents do NOT have an EHR provider

10%
do NOT plan to use EHR next year

Many Providers – particularly specialists, Physicians in small practices and older Physicians – are unable to satisfy the technological and procedural requirements necessary to receive Meaningful Use payments.

52%
do not receive Meaningful Use payments

For more information, email **HDSinfo@HDSdata.com**.
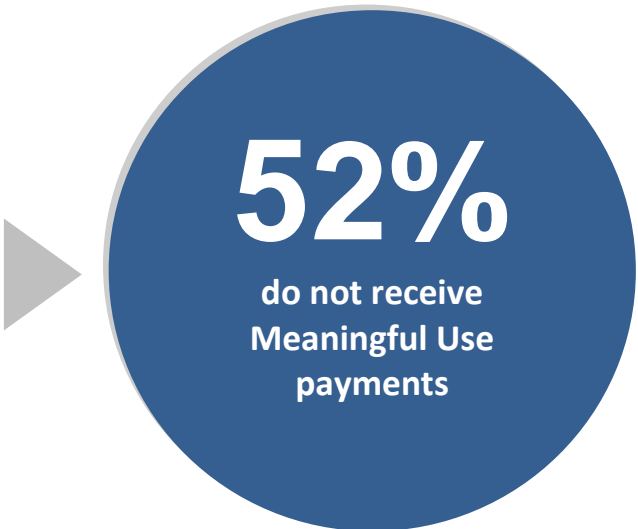
According to AmericanEHR data from 2010-2012, only one quarter of Physician respondents had computer systems that could meet all 15 criteria outlined in Stage 1 MU requirements. Stage 1 requirements are a prerequisite to incentive payments.

Meeting Stage 1 requirements is only the first step, however. Physicians who are able to meet Stage 1 requirements may not meet Stage 2 requirements. **Failure to meet a requirement by as little as 1 percent could cause a Doctor to miss out on incentive payments.**

Problems using advanced features of EHRs are also problematic for many Physicians. Under MU, Providers must be able to use features that allow data to be exchanged electronically with Physicians and hospitals outside their office, to generate quality metrics and to create after-visit summaries.

Fulfilling MU requirements is also seen as cumbersome and disruptive to the workflow, making routine tasks, such as after-visit summaries, take 10 clicks or more to complete.

Dissatisfaction with EHRs

Although 80 percent of HDS survey respondents are currently using EHRs, more than 11 percent of them are planning to switch providers in the upcoming year.

External studies show that disruptions in workflow and the failure of EHRs to meet MU requirements are the primary sources of Physician dissatisfaction.

Complaints of workflow disruption and productivity loss are common, and may be rooted in the following:

- New changes in processes or technologies take a minimum amount of time before improvements are seen.

- Extra steps to perform routine tasks increases workload.

- EHR software problems with integration or synchronization lead to major disruptions in workflow.

Complaints of Meaningful Use failures are tied to:

- Lack of adequate vendor support

- Inability of EHRs to adjust to new MU requirements as they arise

- Inability to complete certain tasks electronically despite using EHRs

11%
are dissatisfied with their EHR provider

HEALTH INFORMATION EXCHANGES

Health Information Exchanges aim to improve healthcare quality, reduce duplication of services, reduce operational costs and establish efficient management of data exchanges. Existing at both a national and state level, there are many potential benefits of connecting with HIEs.

First, HIEs give Doctors access to patient health records when and where they need them. Providing Physicians with instant access to patient information is intended to help them provide more effective, efficient and coordinated care.

Some HIE platforms work with existing practice software, so the ability to collect, share and analyze data is possible with minimal disruptions in and changes to workflow.

Despite intended benefits, the HDS survey indicated low Physician acceptance of HIEs.

Questions about who pays for the data, the cost to access information through an HIE, how to ensure that patient information from other providers is available, and data

58%

of respondents do NOT plan to connect with an HIE in the next year
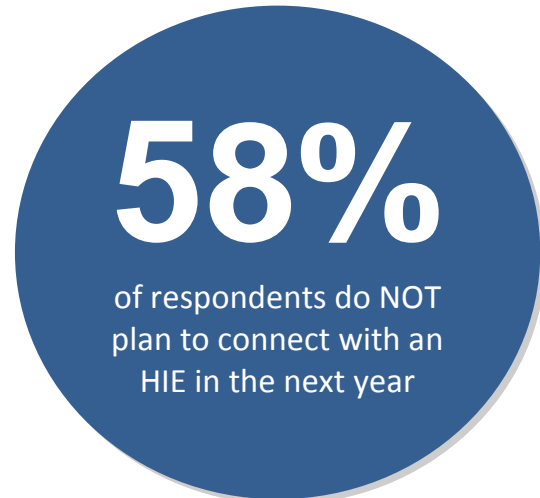
security are common concerns among Physicians.

Many Providers are also concerned about protecting themselves from flawed information. If test results from an HIE are used and those results are flawed, Doctors could be subject to medical malpractice claims.

To improve Physician acceptance of HIE, some healthcare experts suggest the following:

- Improve interoperability among EHR systems

- Provide data that Physicians want, including medication history, lab and imaging test results, discharge summaries, reasons for referral, treatment summaries and changes recommended by each Doctor

ACCOUNTABLE CARE ORGANIZATIONS

Accountable Care Organizations aim to improve coordinated healthcare, reduce readmissions of patients and prevent medical errors among Medicare patients.

Participating in the ACO program is voluntary, but Doctors, hospitals and other healthcare Providers that successfully deliver high-quality care and cut costs share in the savings they achieve for Medicare.
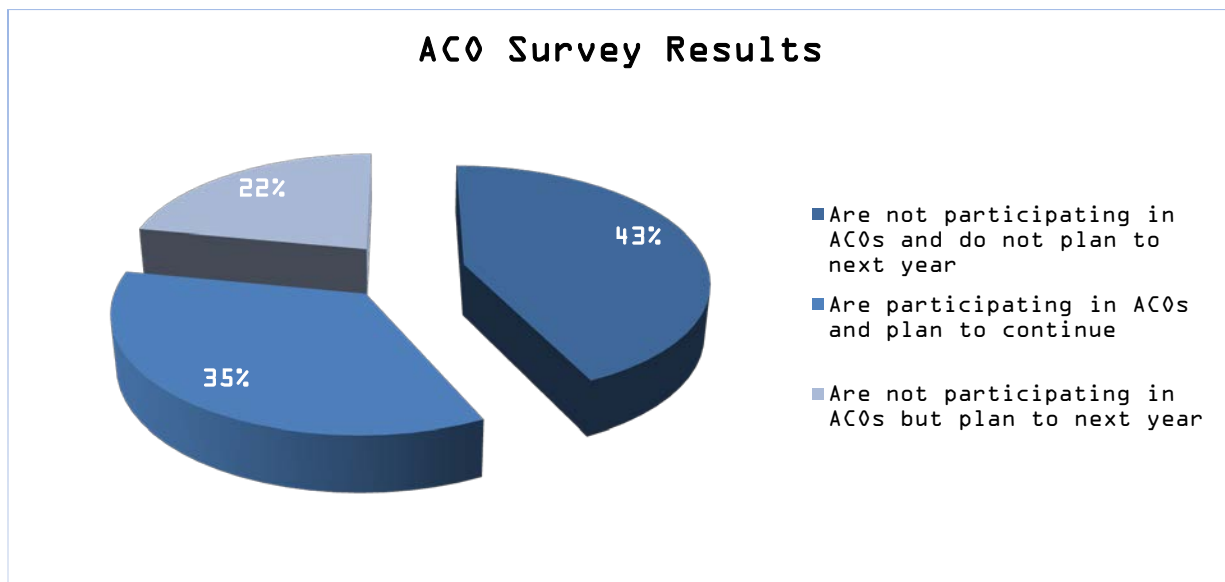
Government projections estimate that ACOs will save nearly $2 billion from 2012-2015, and participating Providers could receive 50-60 percent of those savings.

While the financial incentives of ACO participation are attractive, results from the HDS survey indicate skepticism among Physicians.

A study by Jackson Healthcare illuminates some reasons why Physician acceptance is low.

In the Jackson study, 67 percent of the 3,500 Physicians surveyed had yet to receive a shared savings payment.

Pressure to increase the number of patients a Doctor sees and to fill out tedious paperwork also deter Providers from participating in ACOs, and other Physicians may resist participation in order to retain their independence.

ACO Survey Results

- 43% ■ Are not participating in ACOs and do not plan to next year
- 35% ■ Are participating in ACOs and plan to continue
- 22% ■ Are not participating in ACOs but plan to next year

More Changes on the Horizon

If there's one constant in the healthcare landscape, it's that change is inevitable. Physicians who are slow to adapt may face mounting challenges as new processes, standards and technologies are developed to improve care, cut costs and strengthen data collection and exchange. The following are up-and-coming changes that Physicians and healthcare marketers should know about.

PATIENT-CENTERED MEDICAL HOME

The National Committee for Quality Assurance has developed a set of standards for Patient-Centered Medical Homes to help Physicians and healthcare Providers improve teamwork, build better relationships with patients, and enhance care coordination and care tracking. Health registries, information technology and HIE are recommended to facilitate care.

THE DIRECT PROJECT

To ensure that health data can be pushed from a sender to a receiver in a faster, more effective and more secure manner, the Direct Project has established technical standards that apply to a variety of healthcare scenarios. While these standards focus on technical aspects rather than the data itself, applying these standards when transporting and sharing data could help Physicians satisfy some Stage 1 Meaningful Use requirements.

PERSONAL HEALTH RECORDS

The development of Personal Health Records allows patients to access and control their own healthcare information via the Internet.

PHRs have benefits for both Physicians and patients:

- Provides one portal for a patient's health information that can be easily accessed and shared with healthcare Providers, caregivers and family members

- Helps healthcare Providers get the information they need regarding medications, allergies and emergency contacts

- Encourages patients to be more engaged in their health care, which can lead to better health results

- Helps patients save time and money by reducing duplicate services and tests

- Reduces administrative costs for Physicians

With all the changes happening, it's clear that the healthcare industry is transforming daily with no signs of slowing down. Healthcare companies need to communicate constantly with their customer and prospect Physicians to help them realize the benefits of their products and services, and help them adapt quickly and easily to the transforming landscape.

For more information on how Healthcare Data Solutions can help you communicate with over 1 million Physicians, call **1-877-238-4949** or visit **www.HealthcareDataSolutions.com.**