# Family Medicine Physicians' Interoperability Experience

American Board of Family Medicine, Inc.

Quality Healthcare, Public Trust ... Setting the Standards in Family Medicine

2 minutes: Jordan introduces
20 minutes: Bob discusses CCQ results
3 minutes: Jordan ASTP view
10 minutes: CMS view
10 minutes: OASH view
15 minutes: Q&A

# Survey of Family Medicine Physicians' Experience

- ASTP has supported surveys of physicians using health IT for years
  - National Ambulatory Medical Care Survey
  - National Electronic Health Record Survey (2014-2024)

- 2021-2024 cooperative agreement with American Board of Family Medicine (ABFM) to measure <u>physicians' experience</u> using health IT
  - Partner with physician leaders and reach practicing physician to design effective questions
  - Unique design ensures high response rate

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# Survey of Family Medicine Physicians' Experience
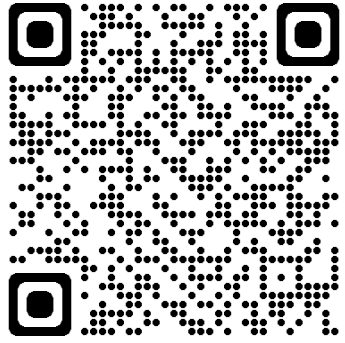
## Family Medicine Physicians

- **Over 100,000 family physicians**
  - Largest primary care specialty
- **Provide care continuity and coordination**
  - High impact of interoperability
- **Questions included on re-certification**
  - Required on recurring basis
  - Avoids response bias
  - Over 7,000 respondents in 2024

## Approach

- **Thorough redesign of questions for 2024**
  - Two expert panels informed approach and final content
  - 20 interviews with family physicians
  - 4 focus groups with final instrument
- **Match respondents' mental models:**
  - Specific, core information exchange
  - Where substantial exchange is occurring

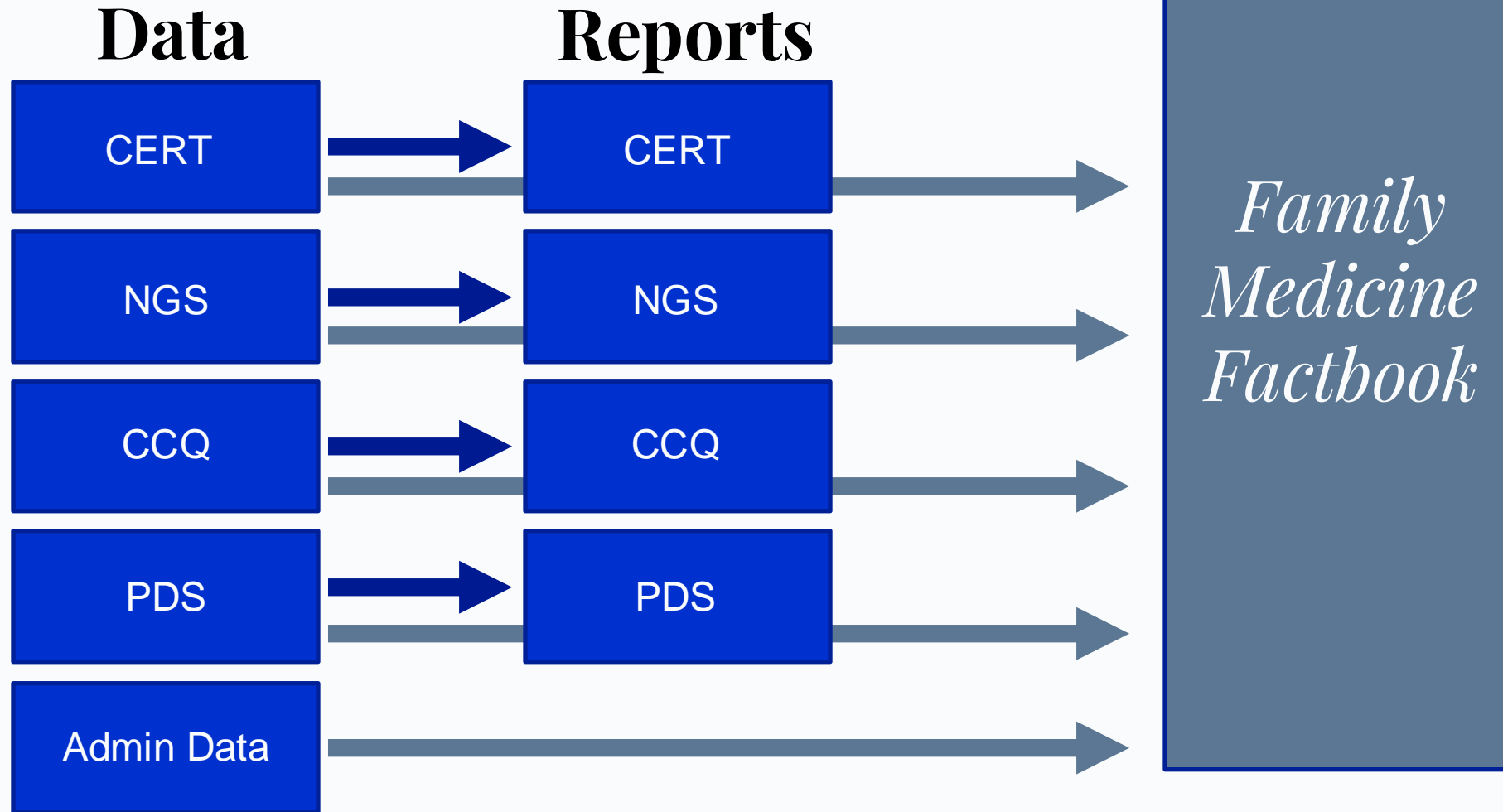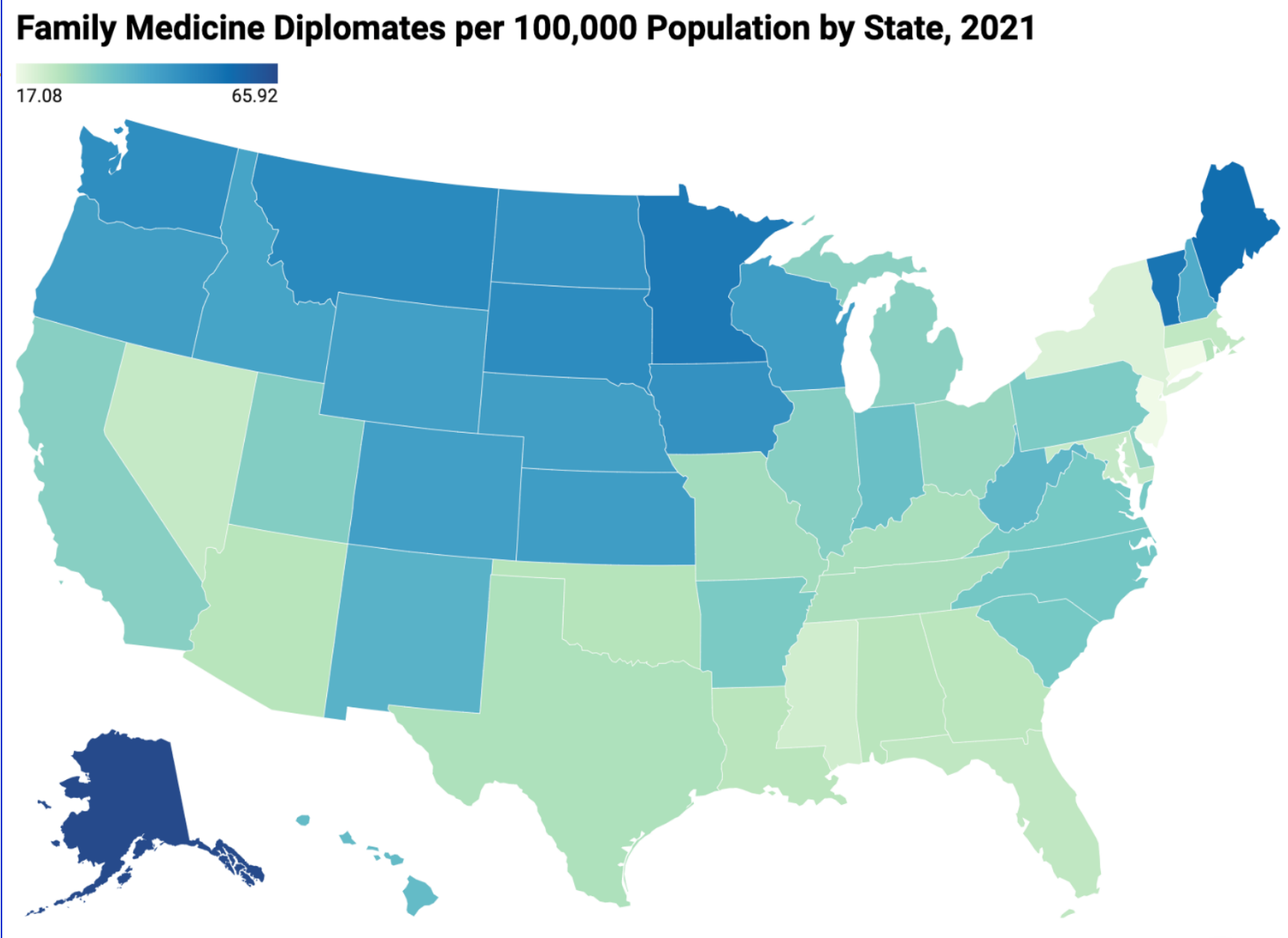# ABFM Survey Data Array—purposefully built to inform
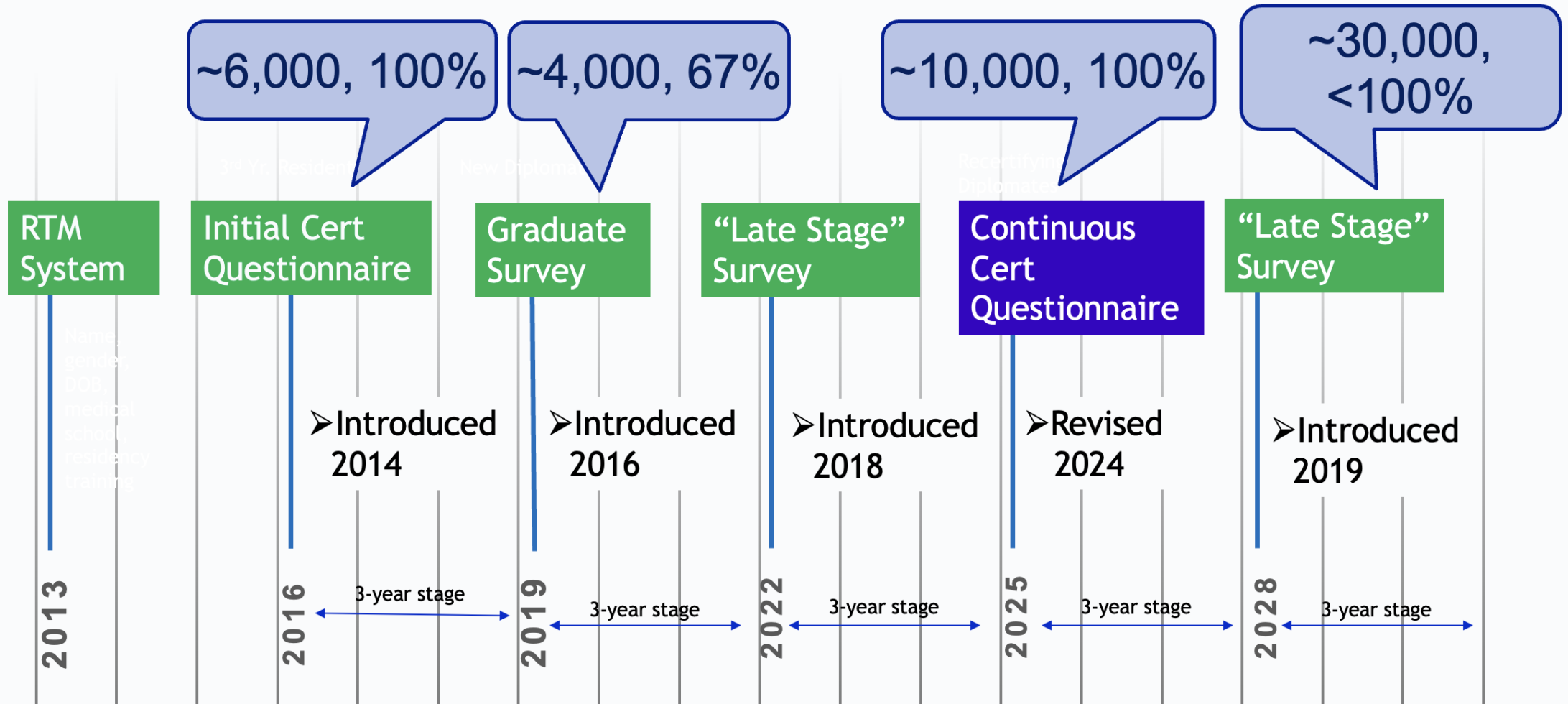
**Introducing**
*The Family Medicine Factbook*

# Methods

**Data**

**Reports**

CERT → CERT

NGS → NGS

CCQ → CCQ

PDS → PDS

Admin Data

*Family Medicine Factbook*

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# Where do Family Physicians practice?



Family Medicine Diplomates per 100,000 Population by State, 2021

17.08       65.92

**Policy related projects**:

1) How do we define PC Spend and modify payments? (AHRQ, CMS, States)

2) Erosion of access, where are our health care deserts? (HRSA, States)

3) Access to maternity care (HRSA, White House)

4) Relationship of PC to health equity, mortality (White House, HRSA)

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*of* Family Medicine

VALUE OF
CERTIFICATION

BECOME
CERTIFIED

CONTINUE
CERTIFICATION

ADDED
QUALIFICATI

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*ABFM | American Board of Family Medicine > Research*

# NATIONAL FAMILY MEDICINE RESIDENCY GRADUATE REPORTS

## NATIONAL FAMILY MEDICINE RESIDENCY GRADUATE REPORTS

The ABFM has partnered with the Association of Family Medicine Residency Directors (AFMRD) to help residency programs meet their Accreditation Council for Graduate Medical Education (ACGME) program requirement to survey their graduates. These data enable educators to better understand key features of their graduates' clinical practice, practice environment, and satisfaction with their training.

The National Graduate Survey was launched in 2016 after a collaborative multi-stakeholder process and is administered to all board-certified family physicians three years out of residency. Data are summarized at the residency level and program-specific reports are provided with national comparisons. These data can then be used to make curricular changes as needed. Collectively, this effort supports an overall enhancement of the quality of family medicine education. National-level reports are

# Enabling Research that Matters

THE PRACTICE OF MEDICINE

By Lawrence P. Casalino, Jing Li, Lars E. Peterson, Diane R. Rittenhouse, Manyao Zhang, Eloise May O'Donnell, and Robert L. Phillips Jr.

# Relationship Between Physician Burnout And The Quality And Cost Of Care For Medicare Beneficiaries Is Complex

Lawrence P. Casalino
(lac2021@med.cornell.edu),
Weill Cornell Medical College,

ABSTRACT Despite reports of a physician burnout epidemic, there is little research on the relationship between burnout and objective measures of

# Respondent Demographics

| Age | Freq. | Percent |
|---|---|---|
| 50+ | 4,520 | 60 |
| <50 | 3,053 | 40 |
| **Gender** | | |
| Female | 3,553 | 47 |
| Male | 3,964 | 52 |
| Other/Prefer not to answer | 57 | 1 |
| **Ownership** | | |
| Academic health center / faculty practice | 557 | 7 |
| Governmental | 1,161 | 15 |
| Hospital / health system owned medical practice | 2,608 | 34 |
| Independently owned medical practice | 2,220 | 29 |
| Other | 1,028 | 14 |
| **Location** | | |
| Rural | 1,161 | 16 |
| Urban | 6,322 | 84 |
| **Patient Panel Part of Vulnerable Group** | | |
| <10% | 2,771 | 37 |
| 10-49% | 3,171 | 42 |
| >50% | 1,632 | 22 |

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# Physician satisfaction with outpatient EHR obtaining health information from outside organizations



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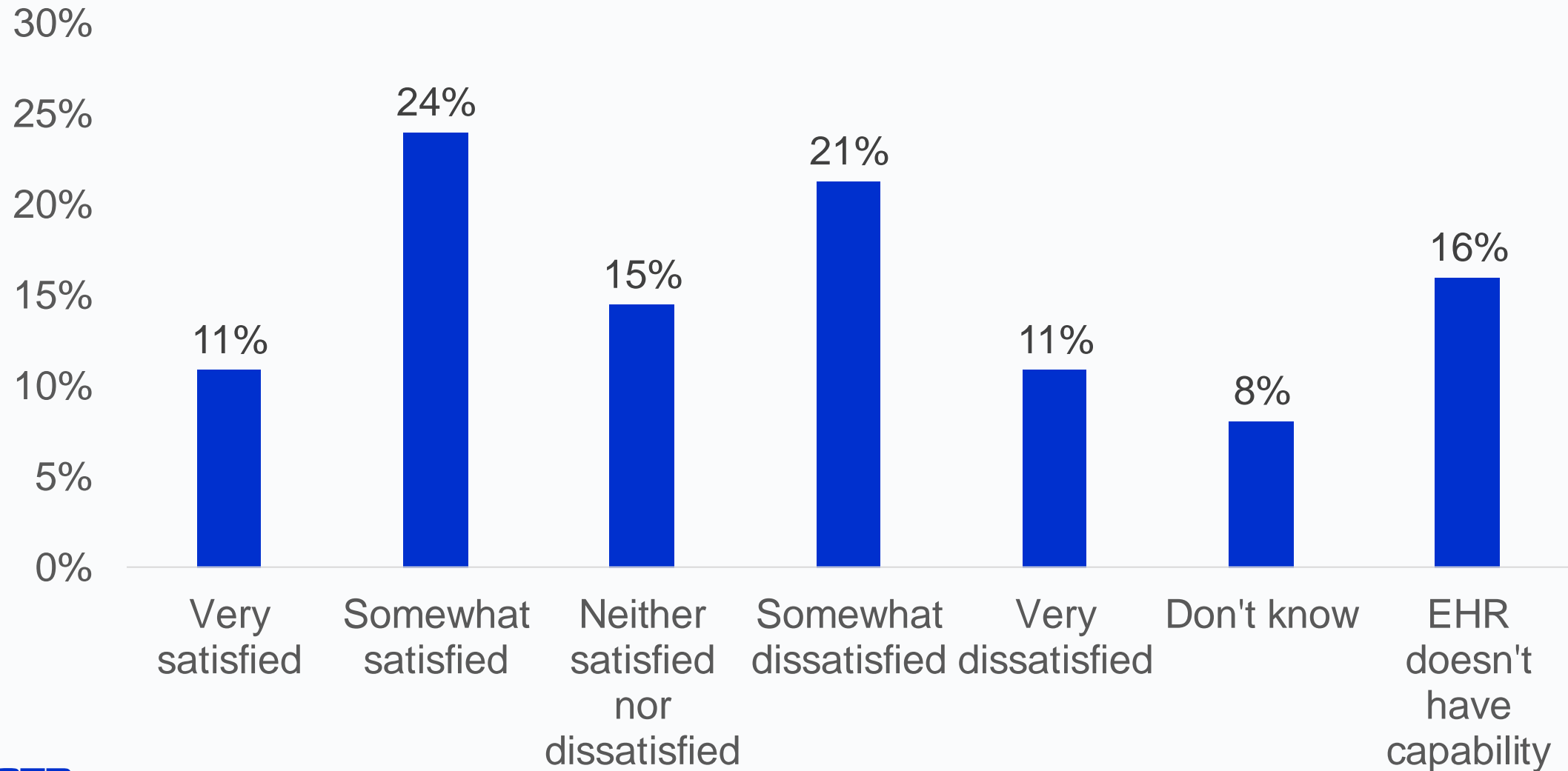
# Physician satisfaction with electronic access to information
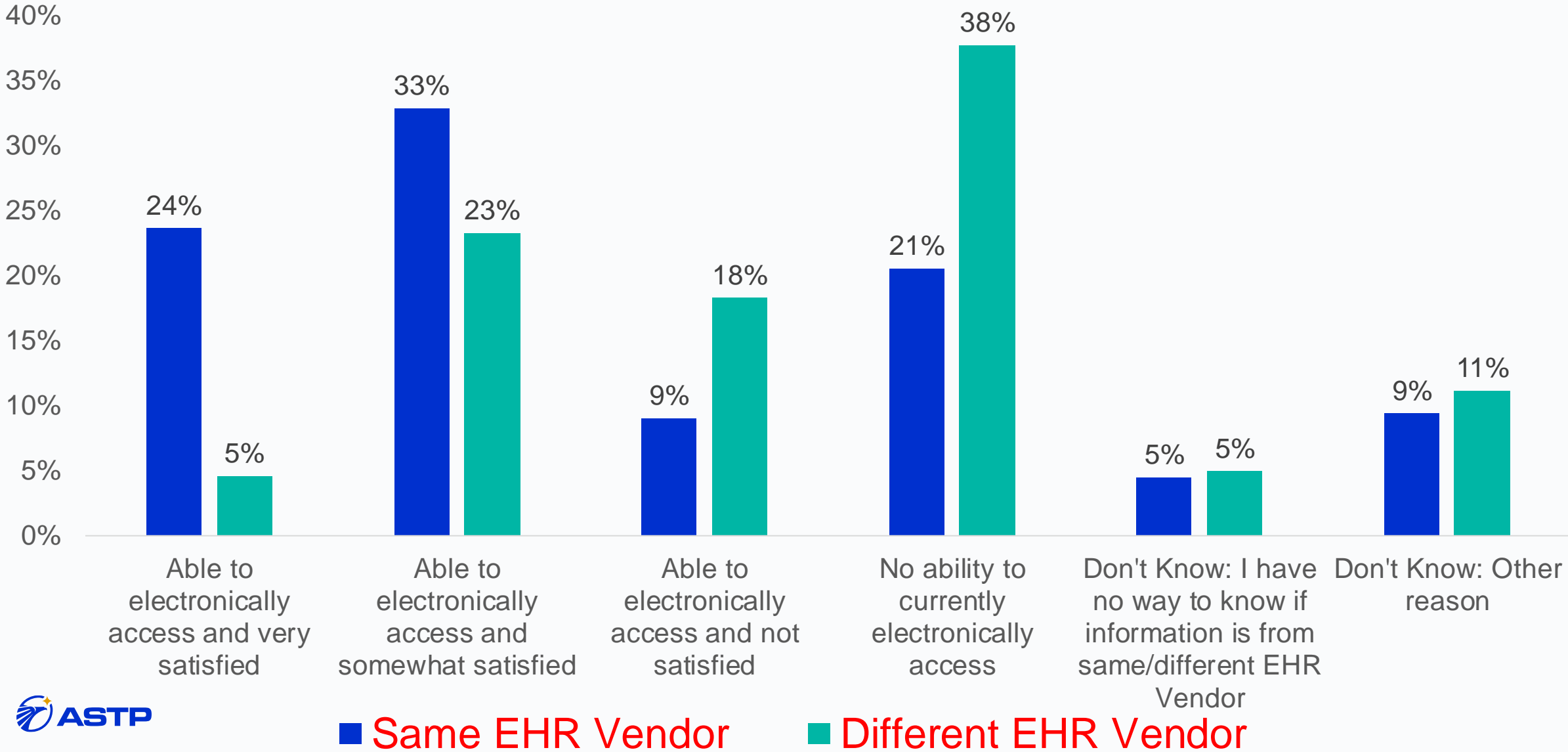
# Satisfaction with ability to electronically access information from organizations use same / different EHR vendor:



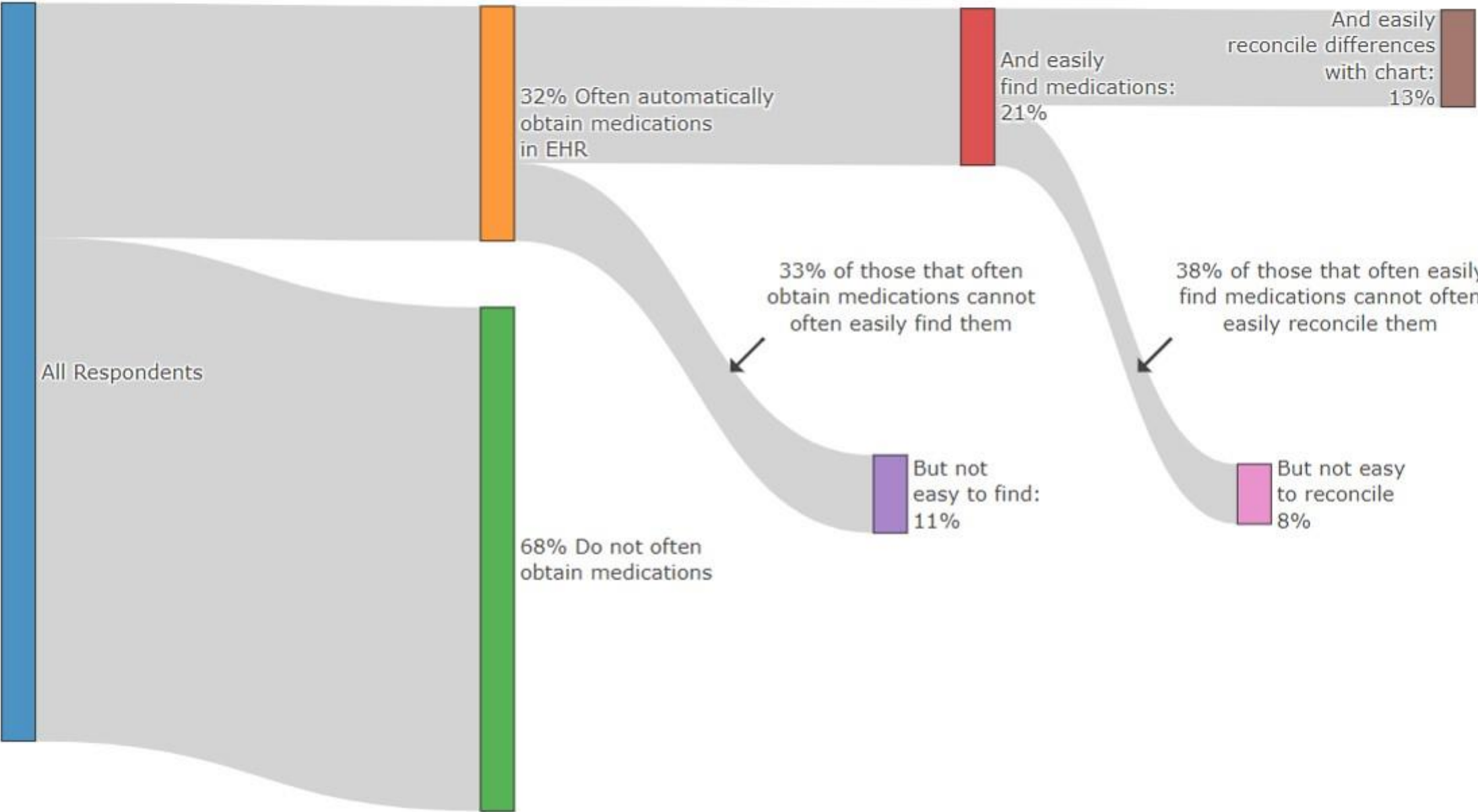| Vendor | Same | Different |
|--------|------|-----------|
| Vendor A | 41 | 5 |
| Vendor B | 17 | 5 |
| Vendor C | 13 | 5 |
| Vendor D | 11 | 3 |
| Vendor E | 11 | 5 |
| Vendor F | 9 | 5 |
| Vendor G | 7 | 3 |
| Vendor H | 7 | 3 |

■ Same   ■ Different
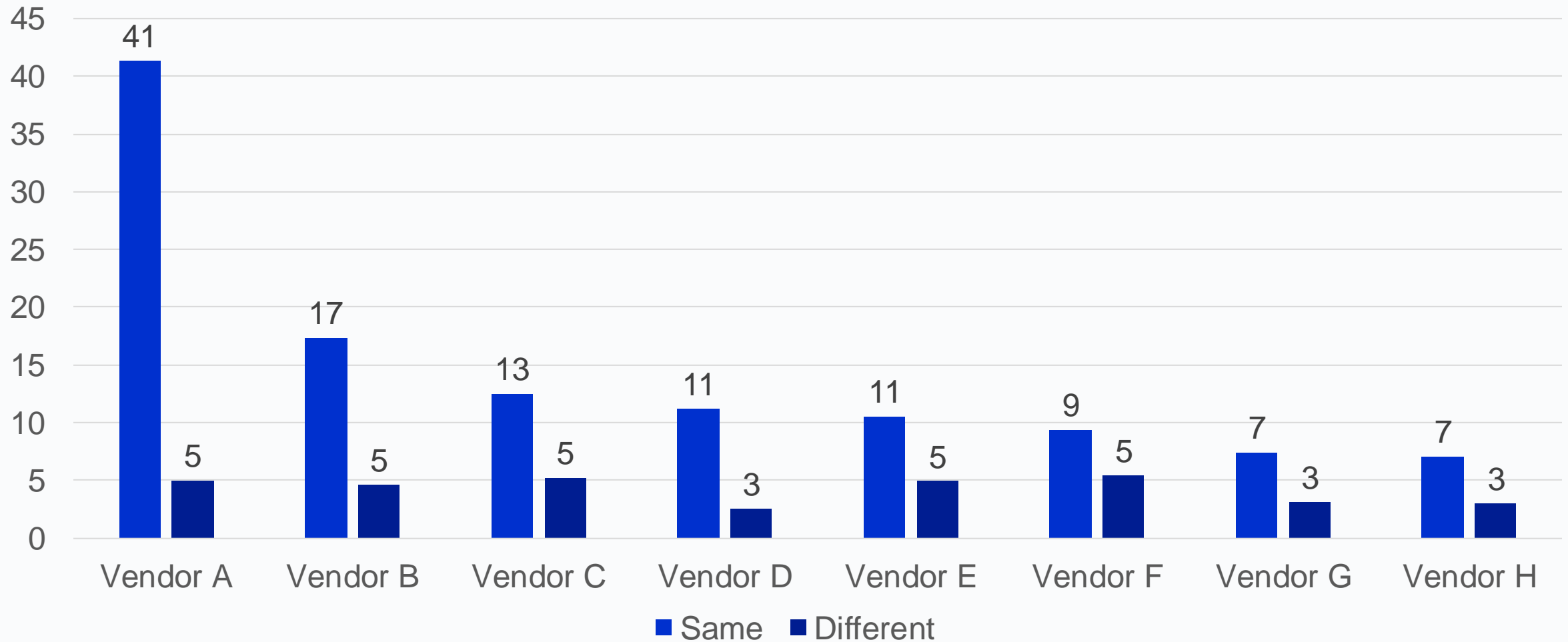
# Physicians' experience using their EHR to obtain and review laboratory information

| | | Test results from commercial labs (%) | Test results from outside hospitals or health systems (%) |
|---|---|---|---|
| I **automatically electronically obtain** this information from outside organizations in my EHR | Often | 32 | 18 |
| | Sometimes | 27 | 37 |
| When I **automatically electronically obtain** this information **from outside** organizations, it **includes labs ordered by other physicians for my patients** | Often | 24 | 24 |
| | Sometimes | 45 | 52 |
| When I automatically electronically obtain this information from outside organizations, my EHR makes it **easy to find** | Often | 33 | 22 |
| | Sometimes | 44 | 51 |
| My EHR makes it **easy to compare** the results from outside organizations and our internal results | Often | 16 | 14 |
| | Sometimes | 36 | 41 |

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# Using EHR to obtain and use medication data from other organizations



All Respondents

32% Often automatically obtain medications in EHR

68% Do not often obtain medications

33% of those that often obtain medications cannot often easily find them

But not easy to find: 11%

And easily find medications: 21%

38% of those that often easily find medications cannot often easily reconcile them

But not easy to reconcile 8%

And easily reconcile differences with chart: 13%

# Using EHR to obtain and review consult imaging reports from independent imaging centers



All Respondents

26% Often automatically obtain imaging reports from independent centers in EHR

74% Do not often automatically obtain reports

34% of those that often obtain reports cannot often easily find them

And easily find the reports: 17%

But not easy to find: 9%

14% of those that often easily find reports cannot often easily find specific information within them

And easily find information in the report: 15%

But not easy to find information: 2%

# Reported Frequency of Notification in EHR When Patients are Admitted, Discharged or Transferred at an Outside Hospital



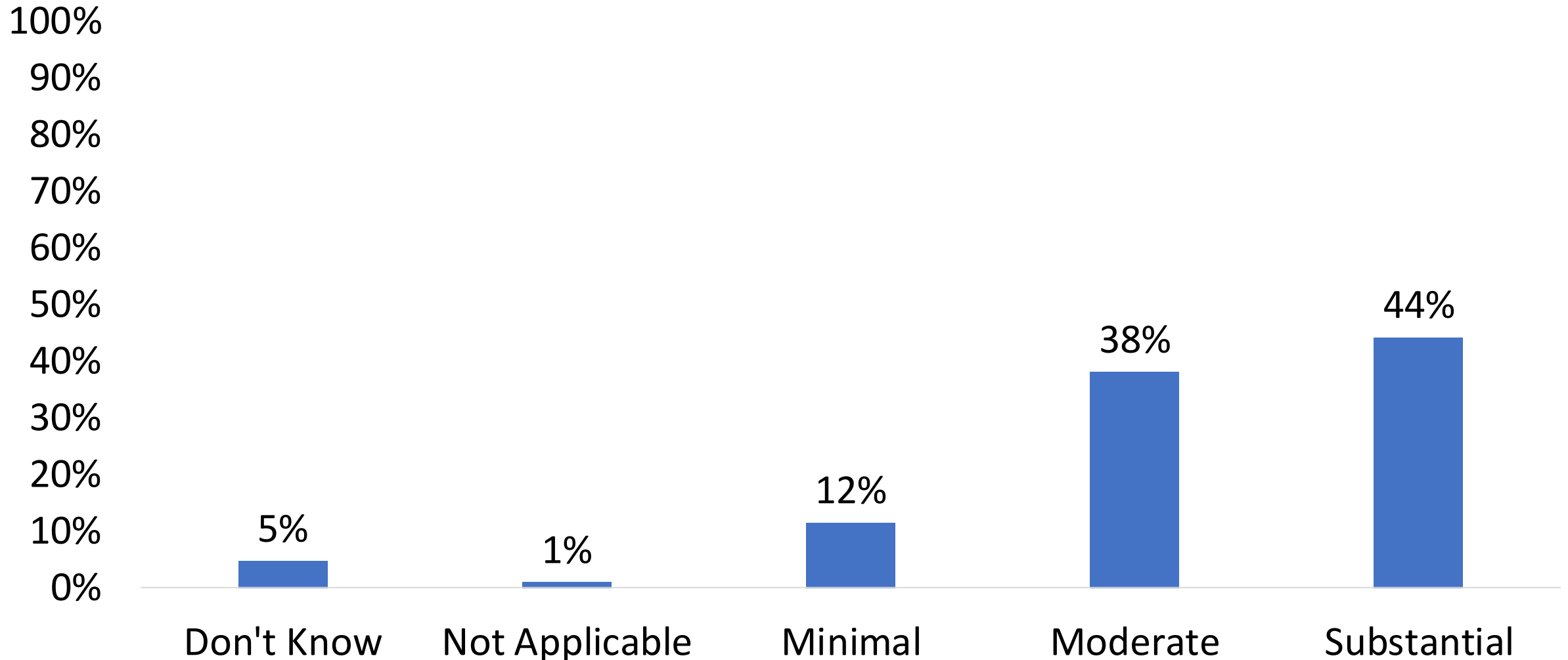| Often | Sometimes | Rarely | Never | Don't know |
|-------|-----------|--------|-------|------------|
| 29%   | 35%       | 18%    | 15%   | 4%         |

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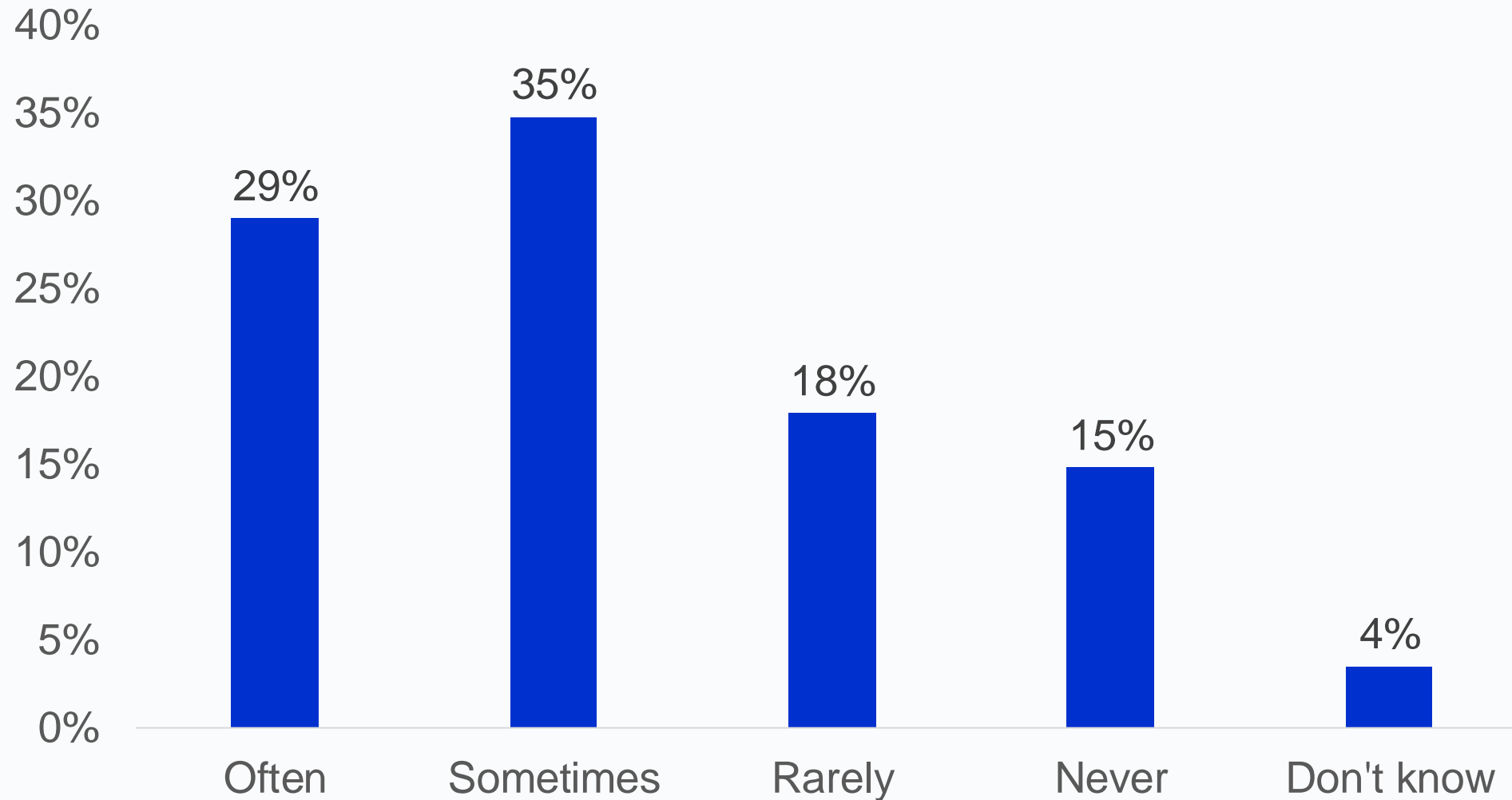
# Time/effort physician or practice staff spend tracking down health information from outside organizations (including scanning/uploading)



| | |
|---|---|
| Don't Know | 5% |
| Not Applicable | 1% |
| Minimal | 12% |
| Moderate | 38% |
| Substantial | 44% |

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# % physicians reporting substantial time/effort tracking down information by satisfaction with EHR's support for accessing information from outside organizations



**% Reporting Substantial Burden** (y-axis)

**Satisfaction with EHR Support** (x-axis)

| Very Satisfied | Somewhat satisfied | Neither Satisfied or Dissatisfied | Somewhat Dissatisfied | Very Dissatisfied | EHR doesn't have capability |
|---|---|---|---|---|---|
| 28% | 30% | 38% | 50% | 65% | 57% |
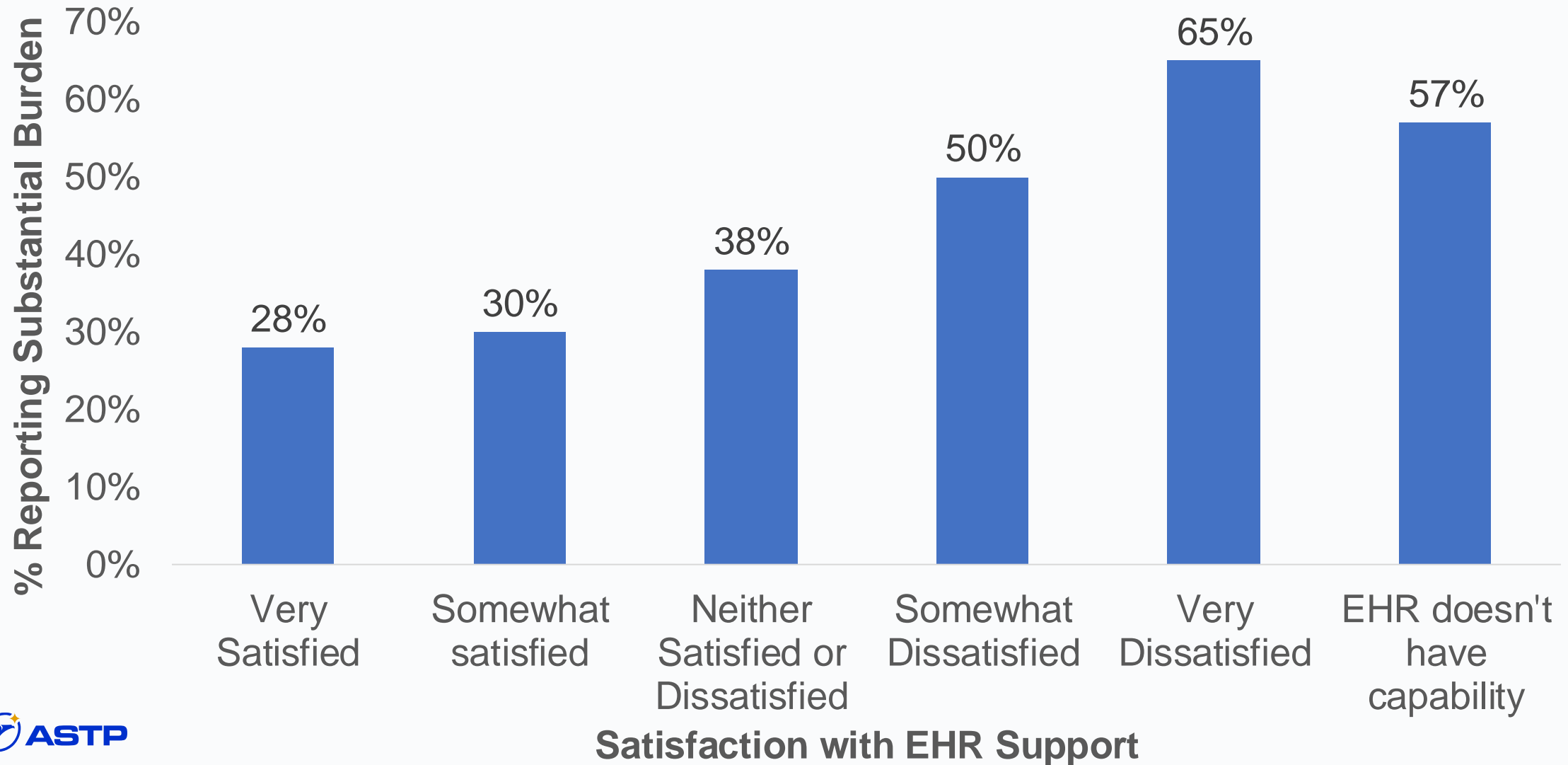
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# Key Findings

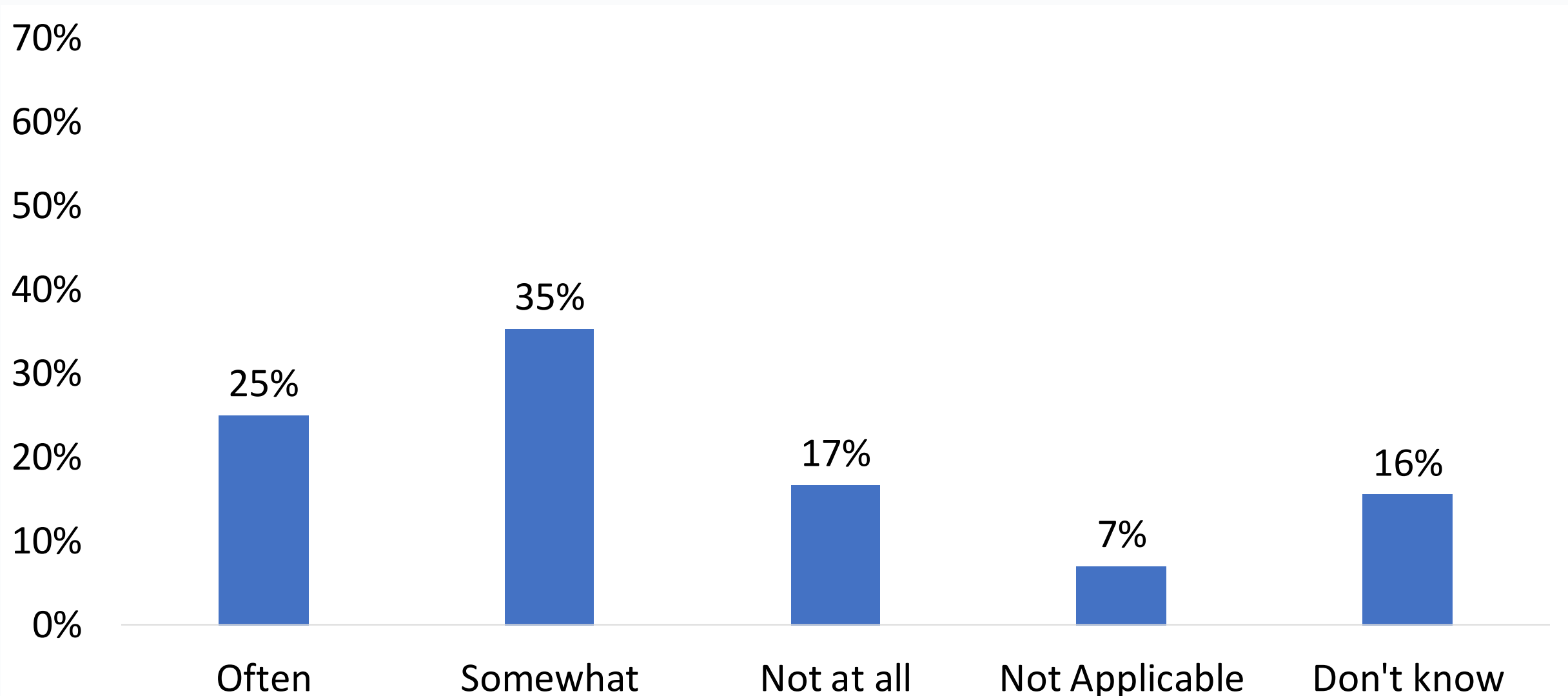- Few family physicians are very satisfied with EHR support for interoperability
    - Despite ASTP certification criteria and CMS incentives via Promoting Interoperability

- Substantial difference in experience accessing information from organizations using the same or different EHR
    - Parity might be one measure of success

- Limited flow of core information, including laboratory and imaging

- Few family physicians are in an ideal state where they:
    - Often automatically obtain information
    - Easily find information
    - Easily reconcile information

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# Time/effort respondent/practice staff spend on **prior authorizations**



| Category | Percentage |
|---|---|
| Don't Know | 7% |
| Not Applicable | 5% |
| Minimal | 8% |
| Moderate | 25% |
| Substantial | 55% |

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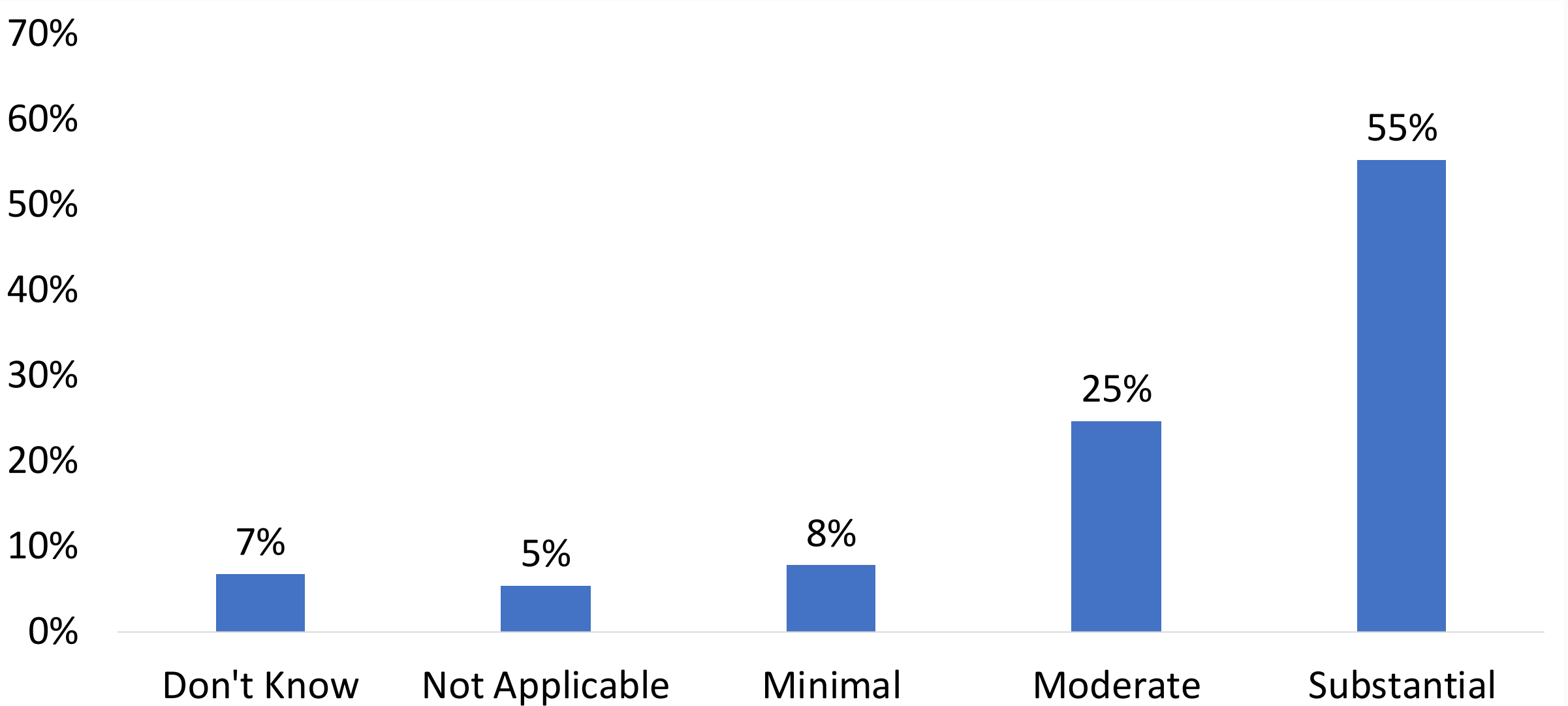
# % completing all components of prior authorization within outpatient EHR?



| Often | Somewhat | Not at all | Not Applicable | Don't know |
|-------|----------|------------|----------------|------------|
| 25% | 35% | 17% | 7% | 16% |

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# PA burden by the ability to complete requirements within outpatient EHR



**Complete PA within EHR: Often**
- 61%
- 28%

**Complete PA within EHR: Somewhat**
- 63%
- 30%

**Complete PA within EHR: Not at all**
- 63%
- 23%

**Complete PA within EHR: NA**
- 12%
- 20%
- 50%
- 15%

**Complete PA within EHR: DNK**
- 39%
- 18%
- 28%
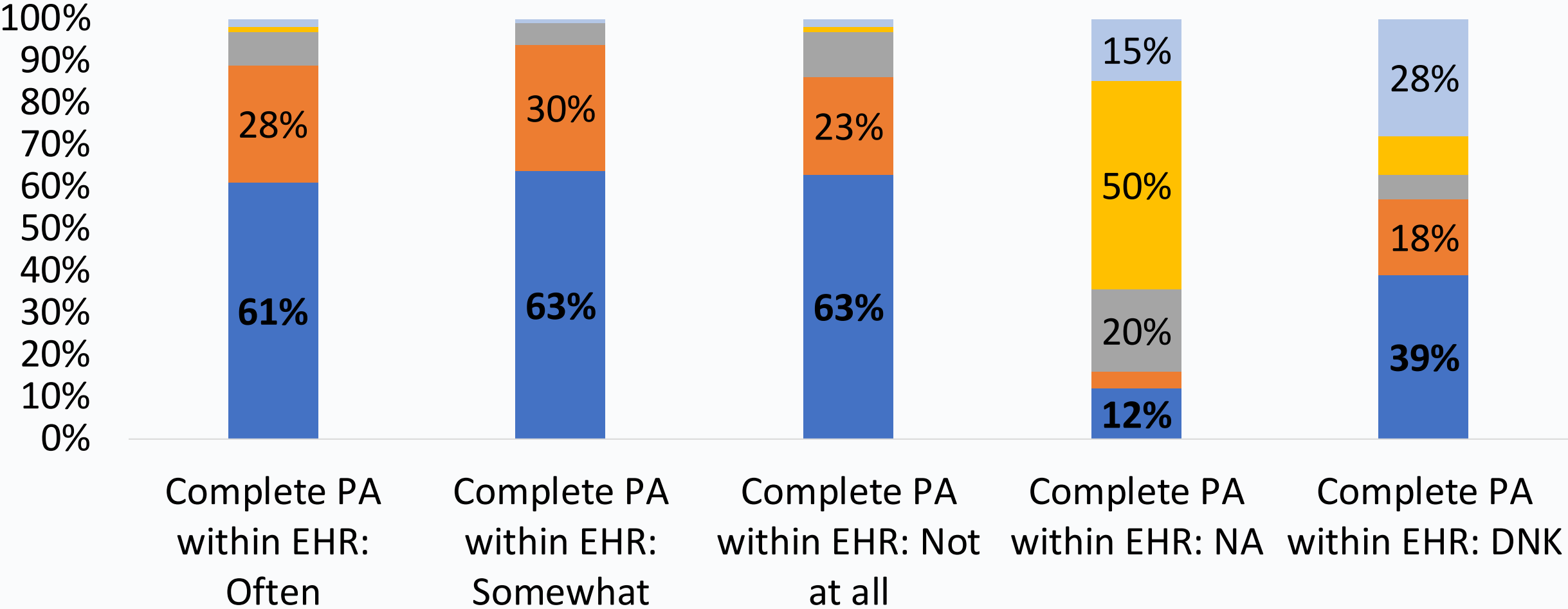
Legend:
- ■ PA burden substantial
- ■ PA burden moderate
- ■ PA burden minimal
- ■ PA burden NA
- ■ PA burden DNK

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# Key Findings

- About half of physicians indicate information gathering is a substantial burden on them or their practice staff

  - Greater satisfaction with EHR associated with lower burden

- Current EHR-based PA not associated with reduced burden

  - Motivation for ongoing rulemaking

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