

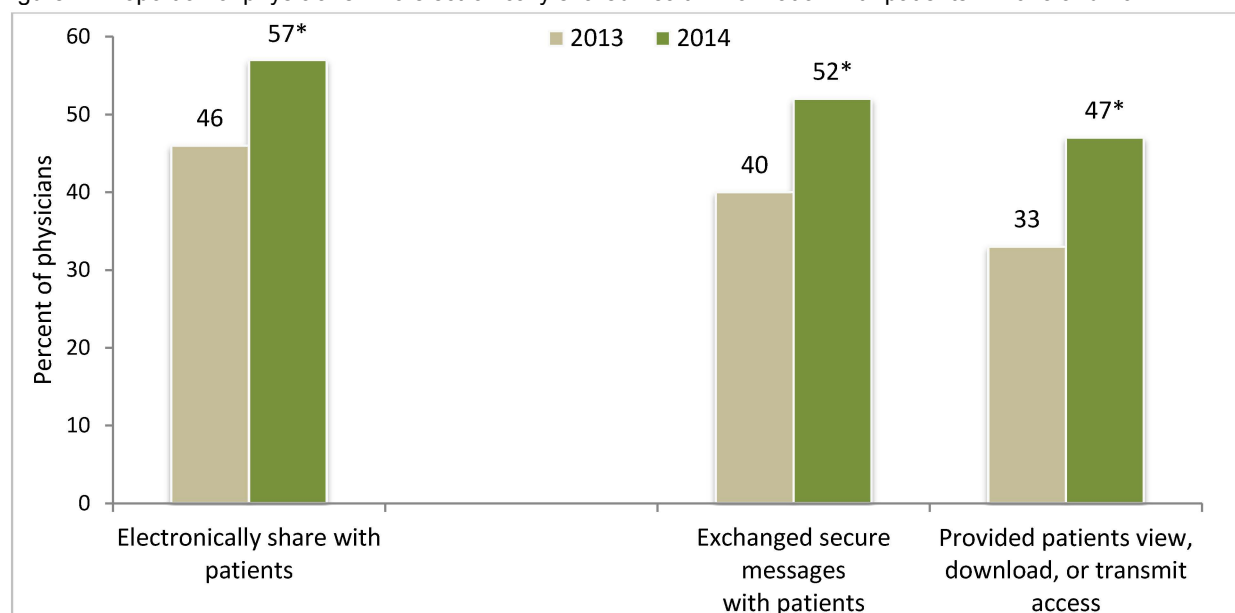
Physician electronic exchange of patient health information, 2014

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In January, 2015, the US Department of Health and Human Services announced a goal to shift the majority of Medicare payments to models that promote payments for the quality of patient care, rather than the quantity of care provided (1). Such patient-centered care includes sharing patient health information during care transitions and engaging the patient in their own care, both of which are facilitated through electronic health information exchange. To promote the seamless exchange and use of electronic health information, the Office of the National Coordinator for Health Information Technology drafted an Interoperability Roadmap (2), which describes a path to help individuals and providers across the care continuum electronically send, receive, find, and use a common set of health information. The data presented here provide national estimates related to office-based physicians' electronic sharing of patient health information using nationally representative surveys conducted by the National Center for Health Statistics in 2014 and 2013.

More than half of physicians electronically shared health information with their patients in 2014.

Figure 1: Proportion of physicians who electronically shared health information with patients in 2013 and 2014.



SOURCE: 2013 and 2014 National Electronic Health Record Surveys.

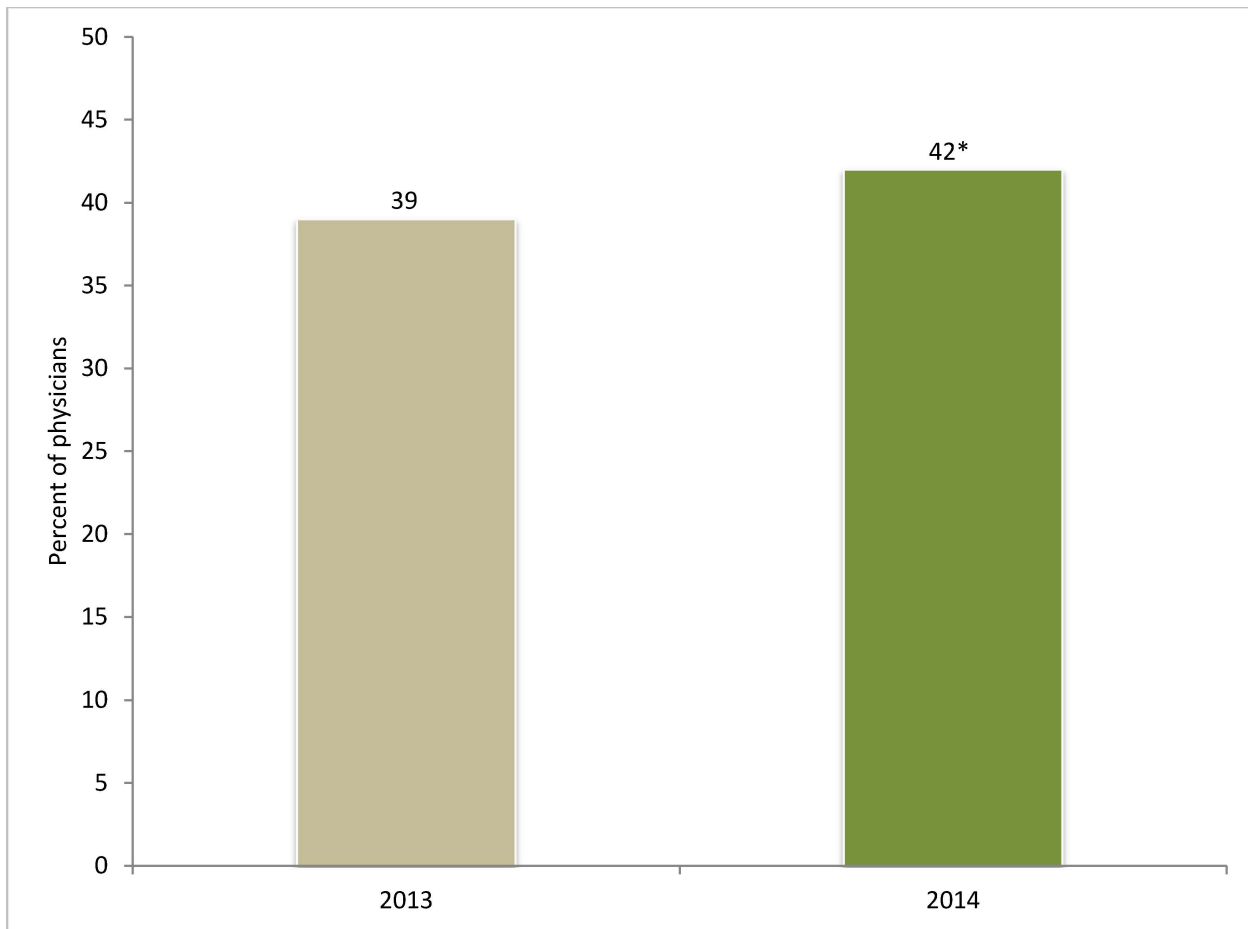
NOTES: * Statistically different from 2013 value at $p < 0.05$. "Electronically share with patients" shows the proportion of unique providers who either exchange secure messages or provide patients access to their electronic health information.

- ★ In 2014, 52% of physicians exchanged secure messages with their patients, a 30% increase since 2013.
- ★ There was a 42% increase in the number of physicians who gave patients access to view, download, or transmit their electronic health information, between 2013 and 2014.



In 2014, 4 in 10 physicians electronically shared patient health information with other providers.

Figure 2: Proportion of physicians who reported electronically sharing health information, 2013 and 2014



SOURCE: 2013 and 2014 National Electronic Health Record Surveys.

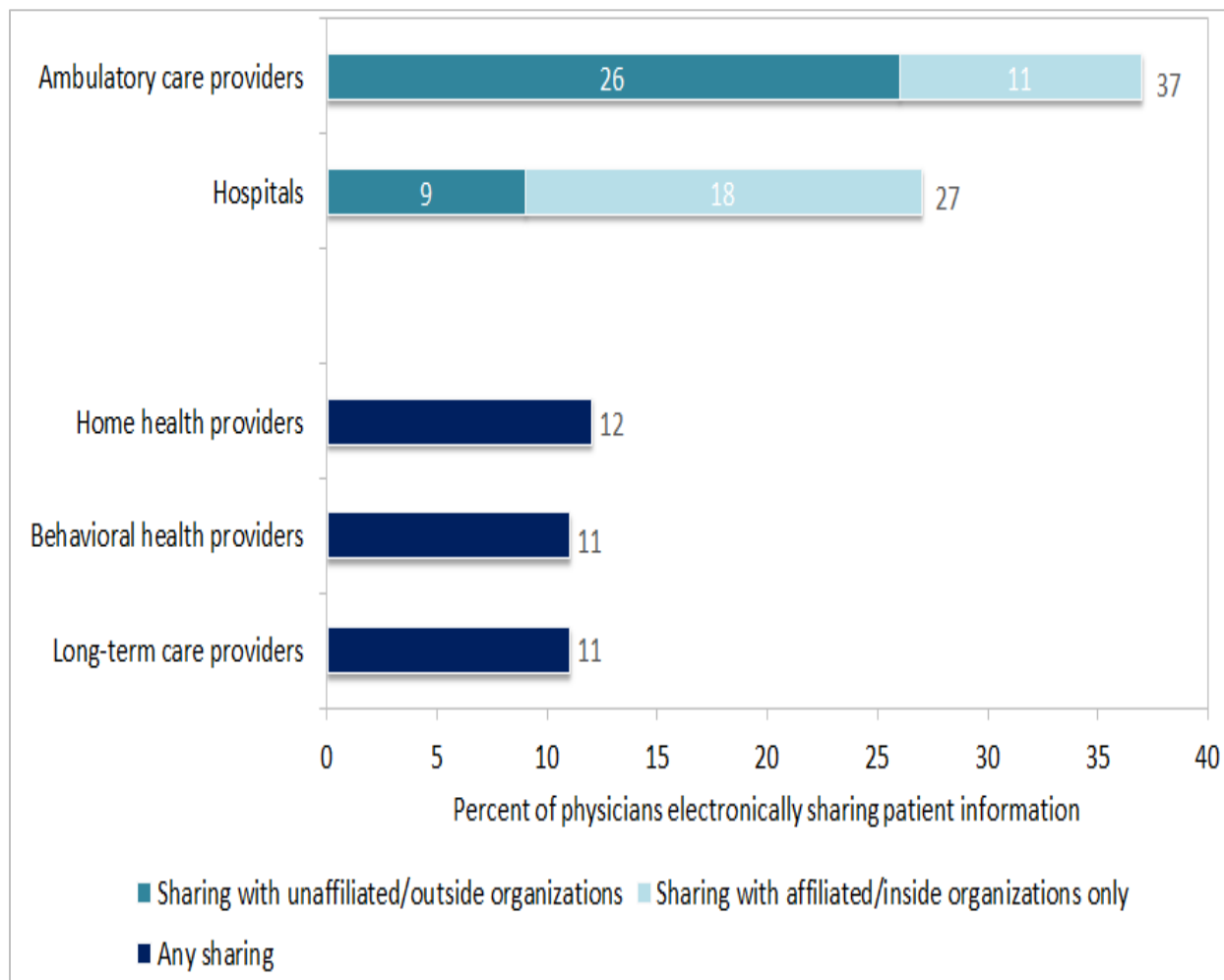
NOTES * Statistically different from 2013 value at $p < 0.05$

- ★ Between 2013 and 2014, there was a 7% increase in physicians who electronically shared patient health information with other providers.
- ★ In 2014, 42% of physicians reported electronically sharing patient health information with other providers.



More than a third of physicians electronically shared patient health information with other ambulatory providers.

Figure 3: Proportion of physicians who electronically shared any patient health information with other providers, 2014.



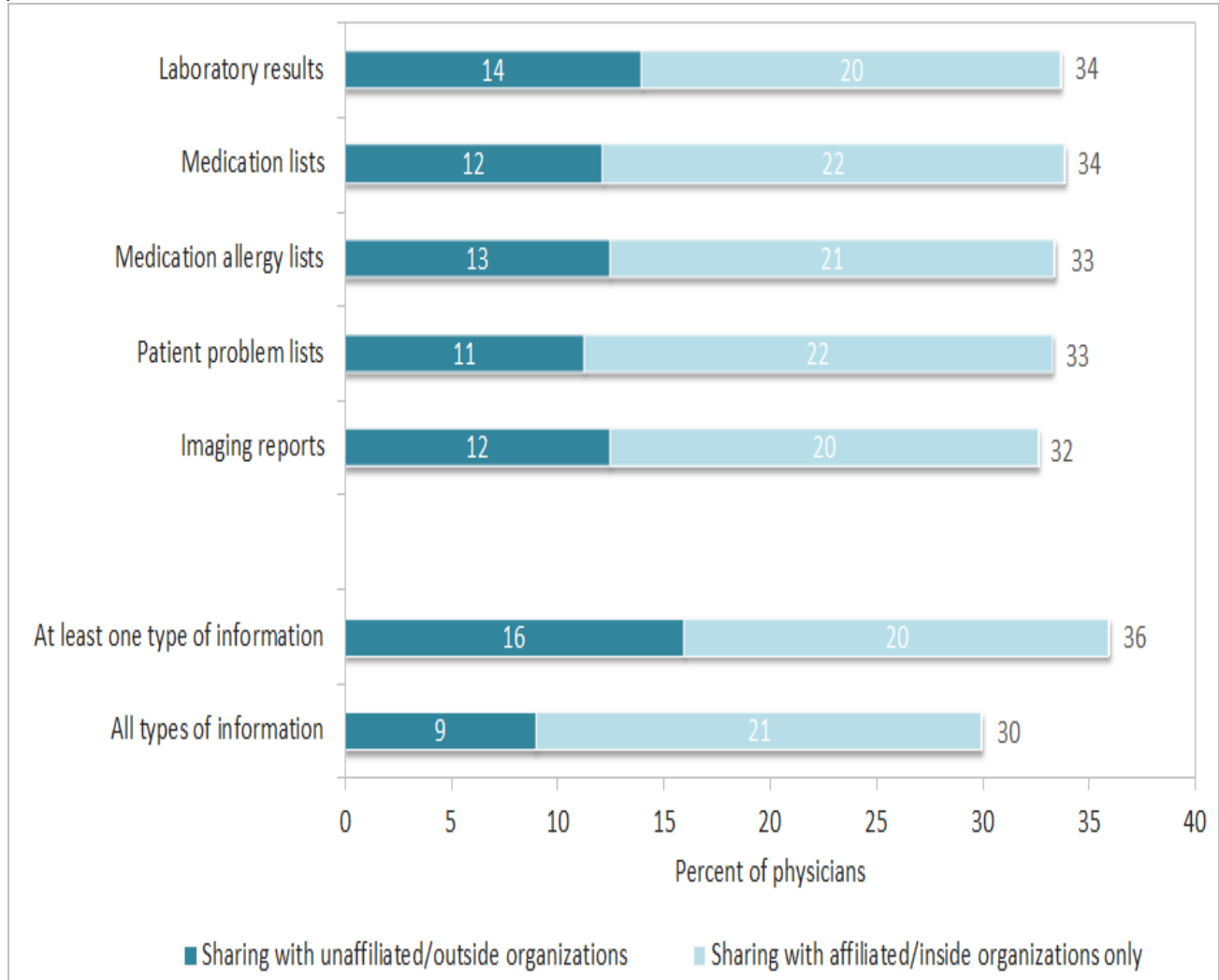
SOURCE: 2014 National Electronic Health Record Survey.

NOTES: The proportion of physicians who reported sharing information with either an unaffiliated hospital or outside organization's ambulatory care provider was similar to the proportion of physicians who shared information with outside organization's ambulatory care providers. That is, most physicians who shared with unaffiliated hospitals also shared with ambulatory care providers outside their organization.

- ★ In 2014, 26% of physicians electronically shared patient health information with other ambulatory providers outside their office or group.
- ★ More than quarter of physicians electronically shared patient information with hospitals in 2014, primarily with affiliated hospitals.
- ★ In 2014, less than 1 in 10 physicians electronically shared patient information with hospitals with which they were not affiliated.
- ★ Rates of electronic sharing with long-term care, behavioral health, and home health providers were lower than rates of electronic sharing with ambulatory care providers.

One-third of physicians electronically shared at least one of five types of clinical information with another provider in 2014.

Figure 4: Proportion of physicians who reported electronically sharing selected clinical information with other providers, 2014



SOURCE: 2014 National Electronic Health Record Survey.

- ★ In 2014, over one-third of physicians electronically shared at least one of the following types of information with other providers: laboratory results, imaging results, medication, medication allergy, or patient problem lists.
- ★ Sixteen percent of physicians electronically shared at least one of the five types of selected patient health information with an outside or unaffiliated organization in 2014.
- ★ Fewer than 1 in 10 physicians shared all 5 types of information electronically with an outside or unaffiliated organization.
- ★ Physicians shared the 5 selected types of information at higher rates within their organization as compared to outside their organization.



Summary

It is a national priority for a majority of individuals and providers along the care continuum to electronically send, receive, find, and use health information by 2017 (2). Although the proportion of physicians who electronically shared patient health information with other providers increased 7 percent between 2013 and 2014, only 4 in 10 physicians electronically shared patient health information with other providers in 2014. In contrast, physicians' electronic information sharing with patients had double-digit increases between 2013 and 2014. In 2014, 42% more physicians granted their patients view, download, or transmit access to their electronic health information and 30% more physicians exchanged secure messages with their patients.

Over one-third of physicians electronically shared health information with other ambulatory care providers and over one-quarter electronically shared health information with hospitals. This report also highlighted rates of electronically sharing between physicians and selected provider types, including long-term care, home health, and behavioral health providers. Electronic information sharing between physicians and these providers was lower than electronic sharing between physicians and hospitals or ambulatory care providers.

Electronic sharing by physicians was more commonly performed with providers within their own organization than with providers located in outside organizations. One quarter of physicians reported electronically sharing patient health information with ambulatory care providers located in outside organizations; fewer than 1 in 10 physicians reported sharing with unaffiliated hospitals. A majority of physicians who shared health information with ambulatory care providers did so with ambulatory care providers outside their organization. In contrast, most sharing between physicians and hospitals was between affiliated partners.

There was little variability in electronic information sharing rates by data type. About one-third of physicians shared laboratory results electronically, and similar proportions reported sharing the other types of data examined in the survey: imaging results, medication, medication allergy, or patient problem lists. About 3 in 10 physicians reported sharing all 5 types of clinical information with unaffiliated hospitals or outside organizations.



Definitions

Electronically share with other providers: This category reflected electronic sharing of *any* information. Physicians who responded with a “yes” to the question, “Do you share any patient health information (e.g., lab results, imaging reports, problem lists, medication lists) electronically (not fax) with any other providers, including hospitals, ambulatory providers, or labs?” were categorized as electronically sharing information with other providers.

Electronic information sharing by provider type: Physicians were asked “With what types of providers do you electronically share patient health information?”, and were given the ability to select any of the following: ambulatory providers, hospitals, behavioral health providers, long-term care providers, home health providers, and/or none of the above apply.

Electronic information sharing by information type: Physicians who reported electronically sharing patient information with other providers were further asked, “Please indicate which types of health data you share electronically (not fax) with the health care providers listed to the right.” The options, from which physicians could select as many as applied to their practice, included lab results, imaging reports, patient problem lists, medication lists, and/or medication allergy lists.

Electronic information sharing with unaffiliated/outside organizations: Within the physician electronic sharing by provider type and information type questions, ambulatory providers and hospitals were further parsed into two types each, “ambulatory providers inside your office/group; ambulatory providers outside your office/group; hospitals with which you are affiliated; hospitals with which you are not affiliated”.

Data Source

The Centers for Disease Control and Prevention conducts the NEHRS survey on an annual basis. Physicians included in this survey provide direct patient care in office-based practices and community health centers; excluded are those without direct patient care (radiologists, anesthesiologists, and pathologists). Additional documentation regarding the survey is available here: http://www.cdc.gov/nchs/ahcd/ahcd_survey_instruments.htm#names



References

1. US Department of Health and Human Services. (2015). Better, Smarter, Healthier: In historic announcement, HHS sets clear goals and timeline for shifting Medicare reimbursements from volume to value [Press release]. Retrieved from <http://www.hhs.gov/news/press/2015pres/01/20150126a.html> on September 15, 2015.
2. Office of the National Coordinator for Health Information Technology. *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap. Draft Version 1.0*. Accessed here: <http://www.healthit.gov/sites/default/files/nationwide-interoperability-roadmap-draft-version-1.0.pdf>

About the Authors

The authors are with the Office of the National Coordinator for Health Information Technology, Office of Planning, Evaluation, and Analysis.

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