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Crystal L. Jones
University of Tennessee Health Science Center

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Closing the Meaningful Use Gap between Small and Large Practices

Crystal L. Jones

University of Tennessee Health Science Center

Abstract

The Lack of Meaningful Use Awareness in small practices is very prevalent. One may ask why there is such a gap in MU Awareness amongst small and large practices. The answer is quite the same across the board for small practices, “Cost”. This misfortune has resulted in many small practice physicians and staff being objective to the adoption of an electronic health record system. They are indifferent about the penalties that will be enforced soon, if they do not follow suite with the guidelines mandated by the ARRA. Essentially, this thesis will provide statistical data on the adoption rate of small practices and financial options for financing EHR systems prior to incentive payment. It will shed light on small practices prospective of Meaningful Use, address their concerns with adoption, and provide guidance on seeking loans and technical assistance from local Regional Extension Centers.

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Chapter 1- Introduction

Statement of the Problem

Introduction

Small practices consisting of 5 or less providers are the healthcare facilities most Americans visits (**Quote**). Yet, the rate of EHR adoption in these facilities is significantly lower than larger practices. Adopting an EHR that demonstrates Meaningful Use (MU) is pertinent and mandatory. It allows healthcare professionals the opportunity to retrieve health information from anywhere, at any time, in real-time; resulting in lower healthcare cost, alleviation of unnecessary tests and the improvement of the quality of care.

Background of the Problem

The “Lack of Meaningful Use Awareness” in small practices is very prevalent and more than two-thirds of United States physicians work here (Miller, West & Brown, 2005). This misfortune has resulted in many small practices being objective to the adoption of an Electronic Health Record (EHR) System as well as being oblivious to the consequences if they do not follow suite with the guidelines mandated by the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009. Raising MU Awareness by regularly discussing the subject within small practices is imperative. Spreading the word will inspire small practices and their patients to be involved in the movement. If educated efficiently small practices will be more open to using a fully functional EHR system. Also, they will be equipped with the skills needed to select a suitable vendor and will know where to go for technical/financial assistance.

In the United majority of small practices do not currently use an EHR (quote). Without successfully getting them to adopt the EHR, the widespread of EHR use will continue to be an elusive goal (Jha, 2010). Therefore, MU mandates have been established to ensure health care entities improve the quality and efficiency of care patients receive by adopting the EHR. Per MU mandates, health care entities are required to demonstrate a meaningfully used EHR system. The system must be capable of electronically prescribing, interoperable with the Health Information Exchange (HIE) and capable of automatically reporting quality performance. Providing education about MU, its benefits and the negativity that comes with opting out of adopting the system must be advocated throughout small practices. Small practices EHR adoption rate is significantly lower than larger practices (quote). These statistics signifies how critical it is for small practices to be encouraged to adopt. Not only will noncompliance affect the quality of care Americans receive, it will affect physicians reimbursement for Medicare services as they will be reduced starting 2015.

Purpose of Study

The aim of this thesis is to educate small practices on MU in a manner that is intriguing and empowering as this is essential in order to take the necessary steps to be fully compliant with MU standards. Moreover, acknowledging the barriers associated with EHR adoption is necessary to overcome the obstacles and critical to closing the gap between small and large practices EHR adoption rate. Thorough extensive data mining this thesis provides reliable and pertinent data from several studies and literature reviews that supports the reasons why small practices are apprehensive to EHR adoption. It provides an overview of Meaningful Use and its benefits, tips on how and where to seek

assistance and the right questions to ask local Regional Extension Centers (RECs). This thesis will not only assist small practices, but it can assist Health Information Management (HIM) professionals that are engaged in the EHR adoption process too.

Significance of Study

The purpose of closing the Meaningful Use Gap between Small and Large Practices is to increase small practices EHR adoption rate enough that it will be comparable to large practices. In order to move closer to this goal the barriers prohibiting adoption must be addressed first and resolved next. Providing the benefits of MU, statistical data, EHR funding resources and technical assistance options will be discussed. The strategies provided are based on a thorough analysis of the evidence gathered from several research studies and literature reviews. It is intended to be a resource for decision makers (e.g. physicians, office manager, HIM professional) in the developmental stage of implementing a certified EHR in small practices. The influences identified in this thesis will hopefully lead to measurements that can be confidently relied upon by the decision makers.

Theoretical Framework

Research Question

Why is there such a gap in Meaningful Use Awareness between small and large practices?

“COST” is the main barrier as majority of small practices cannot afford to foot the initial cost of adopting an EHR system. This thesis will dig deeper and provide statistical data on the adoption rate of small practices and address the other barriers associated with EHR

adoption support why this gap exist. It will shed light on small practices prospective of MU, address their concerns, provide guidance on seeking loans and assistance from their local regional extension centers (RECs).

Definition of Terms

American Recovery and Reinvestment Act of 2009 (ARRA) - an economic stimulus bill signed into law on February 17, 2009, by President Barack Obama to help the United States economy recover from an economic downturn that began in late 2007.

Health Information Technology for Economic and Clinical Health (HITECH) Act- created to stimulate the adoption of electronic health records (EHR) and supporting technology in the United States.

Large Practice- consists of 11 or more physicians within one practice.

Meaningful Use (MU) - the set of standards defined by the Centers for Medicare & Medicaid Services (CMS) Incentive Programs that governs the use of electronic health records and allows eligible providers and hospitals to earn incentive payments by meeting specific criteria.

Electronic Health Record- a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting.

Regional Extension Center (REC) - a support and resource center to assist providers in EHR implementation and Health IT needs.

Small practices- consist of 5 or less healthcare providers.

Conceptual Frame of Reference

The study will prove that small practices are less likely to adopt an EHR oppose to a large practice due to them being indifferent about Meaningful Use Awareness.

Research Questions

Why is there a gap in Meaningful Use Awareness between small and large practices?

Limitations

The data is not based on studies and surveys administered by the author of thesis. Instead it is based upon secondary information gathered from reliable literature reviews and studies related to Meaningful Use in small practices.

Chapter 2- Review of Literature

Objective: To examine the reasons for lack of EHR adoptions in small practices so that small practices, their staff and HIM professionals are aware of the barriers and are equipped with the knowledge to effectively adopt a Meaningful EHR.

Methods: Conducted an extensive search per Google Scholar by using keywords/phrases such as: EHR adoptions in small versus large practices, EHR adoption statistics for small versus large practices, meaningful use barriers, and meaningful use loans.

Findings: As expected, the results from both studies confirmed that physicians in small practices were less likely to adopt an EHR system and/or use the system due to financial barriers, effectively installing EHR systems, concerns about future obsolescence and about their ability to select a vendor and.

Limitations: Study 1 had bias responses. Study 2 was a qualitative study with limitations due to the selected practices using EHRs for one to three years prior, were not start-up practices, had mostly stable provider complements over time and data was mostly self-reported.

Discussion: This literature review reveals extensive evidence indicating why small practices are falling behind in the EHR adoption process. It also discusses the barriers physicians fear when considering adopting an EHR system that will close the Meaningful Use gap between small and large practices.

Introduction

The Lack of Meaningful Use (MU) Awareness in small practices is very prevalent. One may ask why there is such a gap in MU Awareness amongst small and large practices. Per the review of several comparable investigations the answer is quite the same across the board for small practices, which is “Cost”. This misfortune has resulted in many small practices physicians and staff being objective to the adoption of an electronic health record (EHR) system. Additionally, the adversity has resulted in small practices being oblivious to the consequences if they do not follow suit with the guidelines mandated by the American Recovery and Reinvestment Act (ARRA) of 2009. This literature review will include a critical analysis of the previous mentioned theories by discussing supporting evidence related to closing the Meaningful Use Gap between small and large practices.

The review is presented in two main sections. The first section explains the query methods used to accumulate supporting information that identifies the factors that contribute to small practices not adopting a Meaningful Use Compliant EHR oppose to larger practices. The second section presents supporting evidence that specifies the barriers and why it is essential to “Close the Meaningful Use Gap between Small and Large Practices”.

Methods

When conducting relevant searches on Meaningful Use in small and large practices I used Google Scholar and searched by entering “EHR adoptions in small versus large practices”, which search results were 7,080. A vast amount of the results were research

studies where observational design was the method because surveys were randomly mailed. To further narrow the search volume down I began to use key phrases such as: EHR adoption statistics for small versus large practices, meaningful use barriers, and meaningful use loans. I located 2 studies that provided relevant evidence specific to the influences of adopting a Meaningful Use Compliant EHR. “Electronic Health Records in Small Physician Practices: Availability, Use, and Perceived Benefits” by Rao, S., DesRoches, C., Donelan, K., Campbell, E., Miralles, P., & Jha, A. is Study 1, which entailed concise evidence needed for this literature review. In addition, I used “The Value of electronic Health Records in solo or small Group Practices” by Miller, R., West, C., Brown, T., Sim, I., & Ganchoff, C. study (Study 2) which was a retrospective qualitative case study involving fourteen practices utilizing EHRs from two vendors. For both studies data was extracted to prove that small practices have lower levels of EHR adoption, to address the reason why and ways to overcome the barriers so that there will no longer be a gap amongst small and large practices EHR adoption rate.

Findings

As expected, the results from both studies confirmed that physicians in small practices were less likely to adopt an EHR system and/or use the system due to financial barriers, effectively installing EHR systems, concerns about future obsolescence and about their ability to select a vendor and. Study 1 examined variation in the adoption of EHR functionalities and their use patterns, barriers to adoption, and perceived benefits by physician practice size. The findings were collected through a mail survey that was distributed to 5000 physicians (62% responded) randomly selected from the Masterfile of the American Medical Association. Results show that acquiring capital to fund the

implementation of the EHR was the leading factor amongst all other barriers for not wanting to adopt, regardless of size.

Although, Study 2 was conducted in 2005; the data was noteworthy as it related to the same issues private practices are faced with today concerning adopting EHR systems. The study forecasted that the benefits of EHRs may increase over time as pay-for-performance spreads, support services increase, EHR technology improves, and practices gain experience in using EHRs effectively". This was a smart prediction as all of the benefits discussed have advanced since then. The data (financial risk and other barriers) provided in this case study enabled the comparison of data from 2005 to what is being reported as of 2013 by physicians and their staff.

Limitations

For Study 1, the response rate was a pertinent limitation as it required the investigators to adjust their findings to accommodate the lack of responses. Hence, there is a great chance that because of the lack of responses it somewhat influenced the overall results from the study. In Study 2, distinctive limitations exist such as: practices had used EHRs for one to three years prior, were not start-up practices, had mostly stable provider complements over time and data was mostly self-reported. These limitations affected the positivity of the results as the participants had more experience with the EHR. However, the general perception of Meaningful Use adoption rate being lesser in small practices was still evident per the results.

Discussion

The goal of this review is to compile, identify and present extensive evidence indicating why small practices are falling behind in the EHR adoption process. Then, the barriers associated can be addressed to alleviate the Meaningful Use gap between small and large practices. Equipping small practices with the knowledge necessary to execute the process of adopting a fully functional MU compliant EHR is my object. As predicted by several reliable sources implementation of the EHR can and will provide a longevity of benefits as it will lower cost, increase the quality of care and allow patients to be more engaged in their healthcare.

Chapter 3- Methodology

This chapter will describe the methods that were utilized to obtain the secondary data used for this analytical thesis.

Research Design

- Cross-sectional retrospective studies
- Focus groups
- Pre-post evaluation
- Post-intervention surveys
- Retrospective qualitative case studies

Population and Sample Design

- Nationally representative data from the National Ambulatory Medical Care Survey for the period 2003-2010
- Focus groups encompassing individuals with geographical diversity and different population sizes.
- Comprehensive private database (IMS Healthcare Organization Services).
- 14 solo or small-group primary care practices in twelve states selected from customer lists provided by a vendor of Practice Partner.
- Case study conducted at the University Of Mississippi Medical Center where they were in the process of selecting an EHR system.

Data Collection Procedures

- Hand delivered surveys to physicians and they had the option to return them directly to practice consultants, by mail or web.

- 40 minutes cross-sectional telephone survey with the lead physician or lead administrator of a national sample of physician practices that had 1-19 physicians.

The respondents were paid \$175.

Data Collection Instrument

- Surveys
- Semi structured interviews
- Observations
- Self-reporting questionnaire using Perseus online survey application
- Follow-up email reminders to non-responders

Data Analysis

- Ordinal hierarchical logistic regression to determine why the clustering of physicians with practice.
- Multivariate regression analysis to examine relationships between practice characteristics, perceptions of EHR-related errors, perceptions of healthcare quality, and overall physician satisfaction.
- Diffusion of Innovations (DOI) theory used to examine social characteristics impacting individual's decision to adopt or reject a new innovation and classifies adopters into categories based upon those characteristics.
- Technology Acceptance Model (TAM) hypothesizes that a user's intended behavior predicts actual system use.

Chapter 4- Results

This chapter will disclose the results of small practices who successfully adopted an EHR that is MU compliant.

Response Rate of Sample/Population

- 239 unusable responses were obtained out of 802, resulting in an overall response rate of 29.8 percent. Small practices that use an EHR coding levels increased about 15 percent, which eliminates 0.25 of a full time employee (FTE). Also, elimination of transcription resulted in one percent more patient visits.

Representativeness of Sample

Profile of Sample/Population

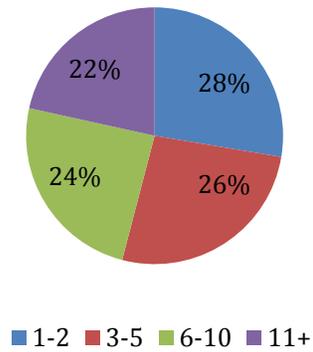
Reliability of Instrument

Research Questions

Summary of Chapter

Success rates for clinical information system implementations are estimated at only 28 percent.

Effect "Cost" has on Adoption of EHR



Summary of Chapter

Chapter 5- Conclusions and Recommendations

This chapter will discuss the findings of several studies and compare those findings to decipher if in fact “Cost” is the leading factor as to why there is such a Meaningful Use gap between small and large practices. It will also discuss strategies that can assist will alleviating the cost barrier that most small practices face when considering to adopt an EHR. In addition, it will discuss loans that small practices can obtain to assist with the startup cost of adopting the EHR. Lastly, it will discuss the REC and how they can assist with technicalities.

According to the “Factors Associated with Difficult Electronic Health Record Implementation in Office Practice” study, practices owners have the most challenges when adopting. The reason why? They do not have the advantage to split the cost among several providers like large practices do. They must account day to day operation such as: overtime pay for long hours employees must work, hardware cost, installation, financial risk for failure of implementation, etc. Sadly, close to half of non-adopters have no current plans to adopt an EHR that meets MU criteria as costs and ease of operational integration must be overcome to meet MU Stage 1 requirements (Greenspun, H., Coughlin, S., & Stanley, E). Seventy-one percent of all physicians believe that the promise of reduced costs resulting from increased use of EHR is inflated and that it will cost more, not less especially among solo physicians (81%) requirements (Greenspun, H., Coughlin, S., & Stanley, E). As expected, most small practices concern is with the upfront cost.

To remedy cost and other barriers small practices encounter, Regional Extension Centers (RECs) are available. RECs offer local technical assistance, guidance, and information to support and accelerate health care providers' efforts to implement certified EHR technology and become meaningful users of those systems.

There are organizations available to assist with the funding of an EHR prior to initiative payout, such as the Massachusetts eHealth Collaborative and the New York City Primary Care Information Project. Both of these organizations provide start-up funds and technical support (Lake, Higgins & Ginsburg, 2011) to small practices. Ultimately, it behooves small practices to take advantage of what RECs and the the EHR finance organizations as they are a practical way for small practices to obtain technical and financial assistance that will aid in effectively adopting and using EHRs.

Although small practices are reluctant to adopting due to cost, there are organizations that can help offset cost until ARRA initiatives are disburse. The North Carolina Electronic Health Record Loan Fund is one organization that was established to foster early adoption of EHRs by small rural/underserved and urban primary care practices at a 2-4% interest rate.

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