ATTACHMENT V

Justification for Changes to NAMCS Annual Survey to Collect State-level EMR/EHR data for ONC

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To Collect State-level EMR/EHR data for ONC

The Office of the National Coordinator for Health Information Technology (ONC) relies on the National Center for Health Statistics' (NCHS) National Ambulatory Medical Care Survey (NAMCS) data to measure the annual rate of adoption of electronic medical records (EMRs)/electronic health records (EHRs) by United States physicians.

NCHS and ONC work closely each year to include a subset of questions on the NAMCS that ONC uses to estimate the national rate of adoption. A core set of questions helps to measure adoption of key functionalities of an EMR/EHR system. Each year, a small subset of questions on the survey is modified or revised to improve question wording as well as address relevant policy issues such as the major barriers to EHR adoption. This information provides a critical national picture of physician attitudes and behavior regarding health information technology.

Although NAMCS is nationally representative and conducted through in-person interviews, the annual sample size of NAMCS is not sufficient for ONC to estimate national EMR/EHR adoption. Therefore, for the past couple of years, NCHS has supplemented the data collected by the core NAMCS with a mail survey of additional physicians. The mail supplement has been funded by ONC through an Interagency Agreement. By combining the results of the mail survey and the in-person core NAMCS, NCHS provides ONC with national EMR/EHR adoption rate estimates. However, because of the need to merge these disparate data sources, the final results are not available until approximately 12 months after the end of the calendar year for the year in which the data are collected. In other words, the 2008 data results were not final until late 2009.

With the implementation of the Health Information Technology for Economic and Clinical Health (HITECH) Act, ONC requires a faster turn around to calculate the national rate of adoption. In addition, HITECH requires ONC to initiate a number of local and state programs including grants to states to support information exchange and the funding of extension centers, which will provide hands-on technical assistance regarding adoption of EHRs in a defined geographic area. The extension centers have been directed to prioritize their efforts to focus on primary care providers. With the implementation of these new programs, it is important that ONC be able to look at rates of adoption by state and provider specialty. These data will help identify which regional extension center programs have been successful in getting more providers to adopt EMR/EHR, and in measuring adoption among primary care physicians. This will be useful both in accomplishing program goals as well as identifying which strategies employed by extension centers have been most successful.

In order to address these needs, ONC asked NCHS to increase the sample size to allow for state and provider specialty estimates of EMR/EHR adoption. NCHS conducted power analyses and determined that a mail survey of approximately 10,300 physicians (a five-fold increase from the 2009 sample) would allow ONC to conduct the types of analyses required to monitor the impact of HITECH programs on adoption by provider specialty and state. Therefore, employing such a significantly larger sample for the mail survey eliminated the need to rely on the results of the core survey. The NAMCS mail survey is planned to be in the field by February 2010, or as soon

as NCHS receives clearance to begin. The data will provide the baseline data needed to monitor conversion to EMR/HER after the implementation of state grants and regional extension programs. NCHS has shortened the time frame to produce the data by improving some procedures for data processing, including receiving survey data on a flow basis from the contractor. As a result, the projected data release date has changed from fall to late summer. The distribution of the first grant funds is not dependent on these data, but the earliest provision of estimates is still important. It is anticipated that increases in the use of EMR/EHR might be seen as early as the 4th quarter of 2010. ONC has already put a line item into its budget for the next several years to continue to support NCHS in conducting a mail survey of the NAMCS to monitor trends in the uptake of physician's use of electronic records. Thus, the clearance will represent three mail surveys between 2010 and 2012.

NAMCS data will not be used to inform the distribution of grant funds. However, these data will be extremely valuable in measuring the progress of the grant programs and evaluating their impact on state, region and national level. This will be the first state and nationwide estimate of the types of systems office-based physicians have purchased, the major functionalities of EHRs available in physician offices, and whether physicians intend to seek eligibility for Medicare or Medicaid incentive payments. These data will complement rather than duplicate the data that will be collected by the awardees of the major grant programs.

The regional extension center program will collect data throughout the year, but these data will be limited because they will only be collected from providers who have agreed to work with the extension centers, and will present an in-depth but limited view of provider adoption and use of EHRs. Providers who are not interested in adopting an EHR are unlikely to sign up to work with an extension center. Likewise, providers who are fairly advanced in their adoption may decide they do not require the services of an extension center in order to become meaningful users. Extension center marketing efforts may result in an uneven distribution of providers seeking services across the service area (for example, targeting small provider practices or those located in specific suburbs or metropolitan areas). Providers who are not eligible for incentive payments due to low volume of Medicare or Medicaid patients are also unlikely to seek the services of an extension center, although they may be using EHRs in some capacity. Extension centers have also been directed to target primary care physicians, which may limit the number of non-primary care practices that can receive extension center services.

Another issue raised by the implementation of HITECH was the definition of "Meaningful Use" of an Electronic Health Record. The definition of "Meaningful Use" will be established in a Notice of Proposed Rule Making scheduled for publication in December 2009 and a Final Rule due in late Spring 2010. The rule will be published by Centers for Medicare & Medicaid Services (CMS), which is working closely with ONC on its development.

Although CMS will be able to measure the percentage of providers who are meaningful users beginning in 2011, there will be a gap between the publication of the rule and CMS's data on which providers have adopted EMR/EHR but not yet achieved meaningful use. It is critical to obtain baseline estimates in 2010 on the adoption of electronic health records, as this information will help develop programs and approaches to support providers to become meaningful users in 2011 and beyond. This information will be needed on an annual basis moving forward.

The sampling framework of NAMCS guarantees a representative view of adoption that properly reflects all physicians regardless of practice size, location, or specialty. It will also provide national information on adoption levels by primary care versus specialty physician which are not currently available.

State programs as well as the regional extension center program will begin in January 2010 and continue for several years. Concurrently the NAMCS 2010 mail survey will be conducted. By December 2009, there will be a Federal Register Notice of Proposed Rulemaking on the definition of "meaningful use" and by June 2010, we will have the final definition. Within seven months of this definition being published, ONC expects to field a second NAMCS mail survey to document the movement of physicians to adoption of a broader set of electronic medical record functionalities. The figure below illustrates the general timeline.
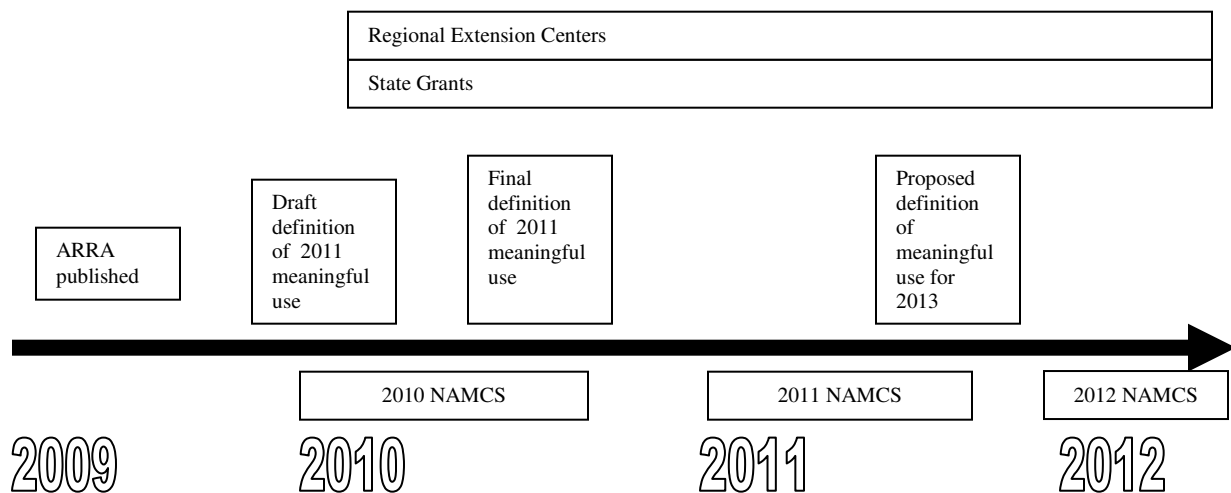
ONC also identified questions that would gauge provider's interests in applying for meaningful use incentive payments, as this information will help inform policy and predict programmatic input on future rates of adoption. The table below outlines each of the new questions proposed to be included in the 2010 NAMCS survey, ONC's rationale/justification for each question, and the internal goals that the new questions will answer.

The core questions that are used to measure adoption (e.g., questions 19a-h) will not change from year to year. This will allow us to measure adoption in a standardized format ongoing. Questions not related to core adoption may change from year to year depending on new policies such as any legislation related to health IT that may become part of health reform. For example, in December 2009, the draft definition of meaningful use will be published in the federal register. It will be valuable to monitor provider adoption in light of the draft definition. In June 2010, the final definition will be published as a result of public comment. The 2011 NAMCS will help identify whether changes from the draft to final definition had any impact on provider attitudes and approaches to health IT adoption. In late 2011, it is likely that a draft definition for 2013 meaningful use (which is expected to be even more advanced than the 2011 definition) will be

released. Providers will need to start addressing these new requirements in 2012. The 2012 NAMCS will help capture physician behavior in response to the revised draft definition.

2010 NAMCS Survey Question	Rationale for Question	Specific Goal
17a. What year did you install your EMR/EHR system?	Will enable retrospective cohort analysis, and provide a proxy for reconstructing adoption velocity	Quantify the rate of adoption
17b. What is the name of your current EMR/EHR system?	Will provide first definitive transparency on market penetration of different EMR/EHR products, and permit cross-tabs to examine whether certain products are associated with higher levels of adoption and utilization of more functionalities	Identify dominant products in marketplace
19b1. Do clinical notes include a list of medications that patient is taking?	Will help understand which features of clinical notes are being used by the provider. Medication lists are a critical feature of EMRs/EHRs as they can be used to look for potential drug interactions or use of inappropriate medications, both associated with clinical quality	Identify critical feature of EMR/EHR related to quality of care
19b2. Do clinical notes include a list of patient allergies (including allergies to medications)?	Will help to understand whether physician is using clinical notes to document allergies. This information is critical to providing quality care, and is especially relevant as medication allergies can be cross-referenced against the list of current medications to avoid adverse allergic reactions.	Identify critical feature of EMR/EHR related to quality
19e1. Are lab results incorporated into EMR/EHR?	In many cases lab results are stored separately from the electronic medical record. A functional EHR should incorporate lab results as part of the comprehensive	Identify critical feature of EMR/EHR related to quality

2010 NAMCS Survey Question	Rationale for Question	Specific Goal
	medical record. This helps eliminate errors and streamlines workflow processes for the practitioner.	
19h. Electronic reporting to immunization registries?	Rewords a previous question about public health reporting, but more accurately captures the intent of the reporting and which entity receives the data.	Identify critical feature of EMR/EHR related to public health
20. At the reporting location, if orders for prescriptions or lab tests are submitted electronically, who submits the order?	Asks about a critical EMR/EHR function called Computerized Provider Order Entry (CPOE). The literature has clearly linked effective use of CPOE with improved quality.	Identify critical feature of EMR/EHR related to quality
21. At the reporting location, are there plans to apply for Medicare or Medicaid incentive payments for meaningful use of health IT?	Will help measure the potential impact of the incentive payments by providing a preliminary estimate of the number of providers who are likely to apply for incentive payments, as well as the characteristics of those who are likely to be left behind.	Estimate future levels of adoption
21a. What year do you expect to apply for the meaningful use incentive payments?	The incentive payments decrease over time as the requirements to be a meaningful user increase with each subsequent year. This question will help us understand which providers are seeking the maximum incentives (beginning in 2011) and which ones are willing to forgo the earlier incentives in order to have more time to implement their systems.	Estimate future levels of adoption
21b. What incentive payment do you plan to	Physicians can be eligible for either Medicare or Medicaid	Estimate future levels of adoption

2010 NAMCS Survey Question	Rationale for Question	Specific Goal
apply for?	incentive payments but not both. Although the Medicaid incentives will be higher, the requirements to be a meaningful user under Medicaid will be stricter. It will be useful to know what percent of providers will seek Medicaid versus Medicare incentive payments, especially for those eligible for either.	