



Physicians in the New York Medicaid EHR Incentive Program



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Better Information for Better Outcomes

The Center for Health Workforce Studies is a not-for-profit research organization whose mission is to provide timely, accurate data and conduct policy-relevant research about the health workforce. The Center's work assists health, professional, and education organizations; policy makers and planners; and other stakeholders to understand issues related to the supply, demand, distribution, and use of health workers.

Background

The Health Information Technology for Economic and Clinical Health (HITECH) Act of the American Recovery and Reinvestment Act of 2009 established electronic health record (EHR) incentive programs for eligible hospitals (EHs) and eligible professionals (EPs) treating Medicare- and/or Medicaid-insured populations. The goals of these initiatives are to improve patient health care and to transform the nation's health care delivery system through the use of EHRs. (NYS OMIG, 2011).

EHs and EPs receiving incentives must demonstrate that they have achieved "meaningful use" of EHRs based on nationally established criteria. Both the Medicare and Medicaid incentive programs use a stepwise approach to benchmark adoption, implementation, and utilization of certified technology and EHRs by EPs and EHs. EPs may participate in only one of the two incentive programs, either Medicare or Medicaid.

Beginning in December 2011, EPs in New York began to enroll in the Medicaid EHR incentive program. Between January 2011 when the Medicare EHR program began enrollment and February 2013, 8,527 EPs in New York received \$398 million in Medicare incentives and 4,915 EPs received \$311 million in Medicaid EHR incentives. Among the EPs who have registered with the Medicaid EHR program, attested to qualifying for the program, and been accepted by the program there are 4,293 physicians. The following tables and maps describe the characteristics of the physicians who have been accepted to the New York State Medicaid EHR incentive program and who are now in the process of establishing meaningful use of EHRs.

Methods

In order to better understand the characteristics of the physicians participating in the NYS Medicaid EHR incentive program, the Center for Health Workforce Studies (the Center) built a comprehensive data set from a variety of sources about physicians in New York. The data include the following information:

- All licensed physicians in New York from the New York State Department of Education, Office of the Professions;
- Biennial re-registration survey data about the demographic, educational, and practice characteristics of physicians in the state collected by the Center;
- Data about physician participation with Regional Extension Centers (RECs) in New York from the New York State Department of Health (NYSDOH);
- National Commission on Quality Assurance (NCQA) data about New York physicians certified in the patient-centered medical home (PCMH) program;
- Data about physicians' locations in designated facility and geographic health professional shortage areas in New York collected by the Center; and

- Data from the New York State Department of Health (DOH), Office of Health Insurance Programs (OHIP) on registrations and attestations for the NYS Medicaid EHR incentive program.

The following data analysis describes the characteristics of physicians participating in the Medicaid EHR incentive program and compares them to all active care physicians in New York and also to all physicians enrolled as participating providers with the New York Medicaid program in 2010.

Findings

Demographic Characteristics

- Physicians accepted to the EHR incentive program were more likely than all other physicians in New York to be female (41.8% compared to 31.8%). Compared to other physicians in New York, EHR incentive recipients were on average younger (mean age 46 years compared to mean age 52 years), and significantly more likely to be either Asian (26.1% compared to 20.1%) or an underrepresented minority¹ (18.8% compared to 10.5%).

Educational Background

- Physicians in the incentive program were less likely than all other physicians in New York to have graduated from either a New York high school or medical school and were more likely to have been educated in another country during high school (33.2% compared to 26.9%) or for medical school (39.1% compared to 34.8%).

Physician Specialties

- Nearly one-third of the physicians receiving incentive payments (31.4%) primarily practiced in general pediatrics (24.2%) or in a pediatric subspecialty (7.2%). An additional 16.1% of EHR incentive recipients indicated a secondary specialty in general pediatrics (11.8%) or a secondary subspecialty in pediatrics (4.3%).²
- EHR incentive recipients were more likely than other physicians to be primarily practicing in family/general medicine (11.8% compared to 6.2%), internal medicine (18.5% compared to 15.8%), or obstetrics and gynecology (7.6% compared to 4.0%).
- The percentage of EHR incentive recipients practicing in medical specialties other than primary care did not differ substantially from the percentage of other physicians in New York practicing in specialties. However, EHR incentive recipients were slightly more

¹ Underrepresented minority (URM) includes African Americans, Mexican Americans, Nation Americans (including American Indians, Native Hawaiians, and Alaska Natives), Pacific Islanders, and Puerto Ricans (Johns Hopkins Medicine, 2013).

² The minimum patient threshold for pediatricians' participation in the incentive program is 10% less than the threshold for other physician specialties.

likely to have completed a residency program in their principal specialty than were other physicians in New York.

Work Status

- EHR incentive recipients were more likely to be working full time (90.1%) than other physicians in New York (85.1%), but they were less likely to be providing patient care for 40 hours or more per week (43.2% compared to 49.1%). EHR incentive recipients were more likely than other physicians to be spending more weekly hours in research, teaching, and administration.

Practice Settings

- EHR incentive recipients were more likely to work in ambulatory care (84.3%) than other physicians in New York (70.6%). They were also more likely to work in hospital outpatient settings (15.7% compared to 9.4%), hospital satellite facilities (2.5% compared to 1.2%), or freestanding health centers or clinics (12.1% compared to 3.7%) than other physicians.
- EHR incentive recipients were less likely than other physicians in New York to be in solo practices (21.4% compared to 32.9%) and more likely to be in a group practice with two to five physicians (36.1% compared to 30.5%) or six to 10 physicians (20.6% to 14.2%).³ Physicians who received an EHR incentive from the New York Medicaid program were less likely than other physicians in New York to treat high percentages of *Medicare-insured* patients, patients with other payment sources (e.g., commercial insurance), or self-pay patients. However, EHR incentive recipients were significantly more likely than other physicians to treat higher percentages of *Medicaid-insured* patients.

Practice Characteristics

- EHR incentive recipients were more likely than other physicians in New York to be practicing in a facility HPSA (11.1% compared to <1.3%),⁴ a geographic HPSA (3.4% compared to <3.1%), to be certified in the PCMH program of NCQA (23.1% compared to <5.9%), or to be a member of a Regional Extension Center (REC) (18.8% compared to <7.5%).

³ The incentive program permits each physician in a group practice to meet the patient threshold based on the entire group's patient panel, which may encourage group practice participation.

⁴ The minimum patient threshold for participation in the EHR incentive program for physicians predominately working in an FQHC, which is a facility HPSA, includes not only Medicaid-insured patients but also other needy individuals, including children insured by the Children's Health Insurance Program (CHIP) or patients who are provided with uncompensated care or reduced fee services because they are low-income individuals.

Previous Use of EHRs

More than half of the EHR incentive recipients in the state (53.1%) indicated in the physician re-registration survey that they used EHRs at their principal practice location in 2010. At the same time, just 41.2% of other physicians in New York indicated use of EHRs.⁵

Geographic Characteristics

Albany, Warren, Onondaga, and Westchester Counties were found to have the highest concentrations of physicians who were incentive recipients per 10,000 Medicaid-eligible populations. The same counties and Monroe County had the highest concentration of physician incentive recipients per population living at or below the 200% federal poverty level (FPL).

The following are the tabular summaries of the analysis of physicians in the Medicaid EHR incentive program.

Demographics

When compared to all active care physicians in New York, EHR incentive recipients were found to be appreciably different. EPs who were accepted into the incentive program were more often female, were on average younger, and were significantly more likely to be either Asian or an underrepresented minority than the overall population of physicians in New York.

Table 1. Demographic Characteristics of Physicians in New York, by Selected Characteristics, 2010

Demographics	All Physicians	Medicaid Providers	EHR Incentive Recipients
Gender			
Male	68.2%	72.2%	58.2%
Female	31.8%	27.8%	41.8%
Median Age	52 years	53.4 years	49.2 years
Race/ Ethnicity			
White	69.4%	69.4%	55.1%
Asian/ Pacific Islander	20.1%	20.1%	26.1%
Black/ African American	5.3%	5.5%	9.5%
American Indian/ Alaska Native	0.3%	0.3%	0.3%
Hispanic/Latino	4.9%	4.6%	9.0%

*Note: Areas shaded in pink indicate lower percentages for EHR incentive recipients than for all physicians in New York. Areas shaded in green indicate higher percentages for EHR incentive recipients than for all physicians.

Source: CHWS, NYS Reregistration Survey.

⁵ This preceded the inception of the EHR incentive program in 2011, which suggests that early incentive recipients were also early adopters of EHRs.

Education and Training

EHR incentive recipients were less likely than other physicians in New York to have graduated from high school in the state or to have graduated from medical school in the state. They were, however, similar to all physicians in the percent who had graduated from a residency training program in New York. Further, they were more likely to have attended either high school or medical school in another country.

Table 2. Residence of New York Active Physicians upon Graduation from High School, Medical School, and Residency Training, 2010

Residence of Physicians	All Physicians	Medicaid Providers	EHR Incentive Recipients
<i>Upon Graduation from High School</i>			
New York	48.8%	49.6%	42.1%
Other State	23.3%	21.0%	23.8%
Canada	0.9%	0.9%	0.9%
Other Country	26.9%	28.5%	33.2%
Total	99.9%	100.0%	100.0%
<i>Upon Graduation from Medical School</i>			
New York	39.0%	38.9%	35.5%
Other State	25.2%	23.7%	24.6%
Canada	1.0%	1.0%	0.9%
Other Country	34.8%	36.4%	39.1%
Total	100.0%	100.0%	100.1%
<i>Upon Graduation from Most Recent Residency Training Program</i>			
New York	77.0%	77.1%	77.5%
Other State	20.8%	20.5%	20.4%
Canada	0.7%	0.8%	0.9%
Other Country	1.5%	1.7%	1.3%
Total	100.0%	100.1%	100.1%

*Note: Areas shaded in pink indicate lower percentages for EHR incentive recipients than for all physicians in New York. Areas shaded in green indicate higher percentages for EHR incentive recipients than for all physicians.

Source: CHWS, NYS Reregistration Survey.

EHR recipients were mostly graduates of allopathic medical education programs as were all physicians in New York generally.

Table 3. Type of Medical School Attended, New York Physicians, 2010

Type of Medical School	All Physicians	MMIS Providers	EHR Incentive Recipients
Allopathic	94.2%	94.8%	94.4%
Osteopathic	5.8%	5.2%	5.6%
Total	100.0%	100.0%	100.0%

Source: CHWS, NYS Reregistration Survey.

However, among physicians who attended medical school in New York, EHR incentive recipients were somewhat more likely to be a graduate of an osteopathic medical school than other physicians.

Table 4. Percent of Active Physicians in New York Who Attended a New York Medical School, by School

New York Medical School (If Attended)	All Physicians	Medicaid Providers	EHR Incentive Recipients
Albany Medical College	5.5%	6.1%	6.6%
Albert Einstein (Yeshiva University)	9.7%	9.9%	11.4%
Columbia University	6.6%	6.0%	5.8%
Cornell University	4.8%	4.1%	3.6%
Mount Sinai School of Medicine	6.5%	6.2%	7.3%
New York College of Osteopathic Medicine	6.9%	6.2%	7.8%
New York Medical College	10.3%	10.6%	9.5%
New York University	9.7%	8.9%	8.9%
SUNY Brooklyn	15.0%	15.0%	13.7%
SUNY Buffalo	8.6%	9.4%	9.1%
SUNY at Stony Brook	4.6%	4.4%	5.5%
SUNY Syracuse	8.1%	9.0%	8.0%
Touro College of Osteopathic Medicine	0.0%	0.0%	0.0%
University of Rochester	3.7%	4.2%	3.0%
	100.0%	100.0%	100.2%

*Note: Areas shaded in pink indicate lower percentages for EHR incentive recipients than for all physicians in New York. Areas shaded in green indicate higher percentages for EHR incentive recipients than for all physicians.

Source: CHWS, NYS Reregistration Survey.

Direct Patient Care Time

There were few differences among physicians in the EHR incentive program and other physicians in New York in the percent of direct patient care time spent in the primary specialty of the physician.

Table 5. Direct Patient Care Time Spent in Primary Specialty, Physicians in New York, 2010

Percent of Direct Patient Care Time Spent in Primary Specialty	All Physicians	Medicaid Providers	EHR Incentive Recipients
0 to 20% of Time	1.9%	1.4%	0.7%
21% to 40% of Time	1.1%	1.1%	1.0%
41% to 60% of Time	3.9%	4.1%	3.7%
61% to 80% of Time	8.0%	9.5%	8.9%
81 to 100% of Time	85.1%	83.8%	85.7%
Total	100.0%	99.9%	100.0%

Source: CHWS, NYS Reregistration Survey.

Physician Specialties

EHR incentive recipients were much more likely than other physicians in New York to report a pediatric specialty. Nearly one-third of EHR recipient physicians (36%) indicated that general pediatrics was either a primary (24.2%) or a secondary (11.8%) specialty. An additional 11.5% indicated a pediatric subspecialty as either a primary (7.2%) or a secondary (4.3%) specialty. EHR recipients were also more likely than other physicians to practice primary care in family/general medicine or internal medicine or in obstetrics and gynecology.

Table 6. Percent of Physicians in New York, by Specialty, 2010

Physician Specialty	All Physicians	Medicaid Providers	EHR Incentive Recipients
<i>Family Medicine/General Practice</i>			
Primary Specialty	7.4%	7.4%	11.8%
Secondary Specialty	3.2%	3.5%	4.0%
<i>Internal Medicine (General)</i>			
Primary Specialty	15.8%	16.5%	18.5%
Secondary Specialty	12.1%	13.4%	11.4%
<i>Obstetrics and Gynecology</i>			
Primary Specialty	4.0%	4.4%	7.6%
Secondary Specialty	1.5%	1.8%	2.9%
<i>Pediatrics (General)</i>			
Primary Specialty	7.4%	7.5%	24.2%
Secondary Specialty	3.7%	4.2%	11.8%
<i>Pediatrics (Subspecialty)</i>			
Primary Specialty	2.7%	3.0%	7.2%
Secondary Specialty	2.1%	2.4%	4.3%

*Note: Areas shaded in pink indicate lower percentages for EHR incentive recipients than for all physicians in New York. Areas shaded in green indicate higher percentages for EHR incentive recipients than for all physicians.

There were only small differences among physicians in the EHR incentive program and other physicians in New York in the type of medical specialty in which they practiced.

Table 7. Percent of Physicians in New York, by Specialty, 2010 (cont.)

Physician Specialty	All Physicians	Medicaid Providers	EHR Incentive Recipients
<i>Allergy and Immunology</i>			
Primary Specialty	0.7%	0.6%	0.6%
Secondary Specialty	0.5%	0.5%	0.3%
<i>Anesthesiology</i>			
Primary Specialty	5.3%	6.5%	0.6%
Secondary Specialty	1.0%	1.3%	0.1%
<i>Dermatology</i>			
Primary Specialty	1.7%	1.0%	0.3%
Secondary Specialty	0.5%	0.4%	0.2%
<i>Emergency Medicine</i>			
Primary Specialty	3.5%	3.9%	0.4%
Secondary Specialty	1.6%	1.9%	0.9%
<i>Cardiovascular Disease</i>			
Primary Specialty	3.7%	4.3%	2.1%
Secondary Specialty	1.3%	1.5%	0.7%
<i>Critical Care</i>			
Primary Specialty	0.5%	0.5%	0.2%
Secondary Specialty	1.3%	1.5%	0.6%
<i>Endocrinology and Metabolism</i>			
Primary Specialty	0.9%	0.9%	1.0%
Secondary Specialty	0.5%	0.5%	0.7%
<i>Gastroenterology</i>			
Primary Specialty	2.1%	2.3%	1.7%
Secondary Specialty	0.7%	0.8%	0.8%
<i>Geriatrics</i>			
Primary Specialty	0.6%	0.6%	0.9%
Secondary Specialty	2.0%	2.4%	2.0%
<i>Infectious Disease</i>			
Primary Specialty	1.0%	1.1%	1.5%
Secondary Specialty	0.6%	0.6%	1.0%
<i>Medical Oncology</i>			
Primary Specialty	1.6%	1.4%	0.6%
Secondary Specialty	0.5%	0.5%	0.4%
<i>Nephrology</i>			
Primary Specialty	1.1%	1.3%	1.2%
Secondary Specialty	0.6%	0.7%	0.5%
<i>Pulmonary Disease</i>			
Primary Specialty	1.2%	1.4%	0.6%
Secondary Specialty	0.8%	1.0%	0.7%
<i>Rheumatology</i>			
Primary Specialty	0.6%	0.6%	0.4%
Secondary Specialty	0.2%	0.2%	0.1%
<i>Other Internal Medicine Subspecialty</i>			
Primary Specialty	0.3%	0.3%	0.5%
Secondary Specialty	1.1%	1.2%	0.8%

Source: CHWS, NYS Reregistration Survey.

Table 7. Percent of Physicians in New York, by Specialty, 2010 (cont.)

Physician Specialty	All Physicians	Medicaid Providers	EHR Incentive Recipients
<i>Neurology</i>			
Primary Specialty	2.2%	2.3%	1.8%
Secondary Specialty	0.7%	0.8%	0.7%
<i>Gynecology only</i>			
Primary Specialty	1.3%	1.3%	0.9%
Secondary Specialty	0.6%	0.6%	1.0%
<i>Occupational Medicine</i>			
Primary Specialty	0.3%	0.2%	0.1%
Secondary Specialty	0.4%	0.3%	0.1%
<i>Ophthalmology</i>			
Primary Specialty	3.0%	3.7%	1.3%
Secondary Specialty	0.9%	1.2%	0.4%
<i>Otolaryngology</i>			
Primary Specialty	1.2%	1.3%	0.8%
Secondary Specialty	0.3%	0.3%	0.2%
<i>Pathology (General)</i>			
Primary Specialty	1.3%	0.6%	0.1%
Secondary Specialty	0.6%	0.2%	0.2%
<i>Pathology (Subspecialty)</i>			
Primary Specialty	0.8%	0.2%	0.2%
Secondary Specialty	1.0%	0.5%	0.1%
<i>Physical Medicine and Rehabilitation</i>			
Primary Specialty	1.7%	1.7%	1.5%
Secondary Specialty	0.7%	0.7%	0.5%
<i>Preventive Medicine</i>			
Primary Specialty	0.1%	0.1%	0.1%
Secondary Specialty	0.5%	0.4%	0.9%
<i>Psychiatry- Adult</i>			
Primary Specialty	8.7%	5.6%	4.0%
Secondary Specialty	3.8%	2.6%	2.7%
<i>Psychiatry- Child & Adolescent</i>			
Primary Specialty	1.5%	0.7%	1.1%
Secondary Specialty	2.1%	1.3%	1.0%
<i>Radiology - Diagnostic</i>			
Primary Specialty	4.3%	5.1%	0.8%
Secondary Specialty	1.6%	2.1%	0.3%
<i>Radiology - Therapeutic</i>			
Primary Specialty	0.6%	0.7%	0.2%
Secondary Specialty	0.5%	0.6%	0.2%

Source: CHWS, NYS Reregistration Survey.

Table 7. Percent of Physicians in New York by Specialty, 2010

Physician Specialty	All Physicians	Medicaid Providers	EHR Incentive Recipients
<i>Surgery (General)</i>			
Primary Specialty	2.4%	2.8%	1.1%
Secondary Specialty	1.4%	1.6%	0.9%
<i>Surgery Neurological</i>			
Primary Specialty	0.5%	0.6%	0.4%
Secondary Specialty	0.2%	0.2%	0.1%
<i>Surgery, Orthopedic</i>			
Primary Specialty	2.4%	2.3%	0.7%
Secondary Specialty	0.7%	0.8%	0.2%
<i>Surgery, Plastic</i>			
Primary Specialty	1.1%	0.8%	0.1%
Secondary Specialty	0.5%	0.4%	0.1%
<i>Surgery, Thoracic</i>			
Primary Specialty	0.5%	0.6%	0.4%
Secondary Specialty	0.2%	0.2%	0.2%
<i>Other Surgical Subspecialty</i>			
Primary Specialty	1.1%	1.1%	1.0%
Secondary Specialty	1.6%	1.8%	0.7%
<i>Urology</i>			
Primary Specialty	1.3%	1.5%	0.9%
Secondary Specialty	0.6%	0.6%	0.3%
<i>Other</i>			
Primary Specialty	1.4%	1.3%	0.7%
Secondary Specialty	4.4%	4.5%	3.8%
<i>Total Primary Specialty</i>	99.8%	100.0%	100.1%
<i>Total Secondary Specialty</i>	59.1%	62.0%	58.8%

Source: CHWS, NYS Reregistration Survey.

EHR incentive recipients were slightly more likely to have completed a residency program in their principal specialty than were other physicians in New York.

Table 8. Residency Completion and Board Certification Status, Physicians in New York, 2010

Residency and Board Certification	All Physicians	Medicaid Providers	EHR Incentive Recipients
Completed Accredited Residency Program in Principal Specialty	87.3%	87.1%	88.9%
Completed Accredited Residency Program in Secondary Specialty	26.7%	26.8%	24.7%
Board Certified Principal Specialty	83.1%	86.6%	85.4%
Board Certified Secondary Specialty	28.8%	30.5%	26.8%

*Note: Areas shaded in green indicate higher percentages for EHR incentive recipients than for all physicians in New York.
Source: CHWS, NYS Reregistration Survey.

Work Patterns

EHR recipients were somewhat more likely to work full time or to be a fellow in training than other physicians in New York.

Table 9. Work Status of Physicians in New York by Selected Categories, 2010

Work Status	All Physicians	Medicaid Providers	EHR Incentive Recipients
Full Time (>=30 hours)	85.1%	86.7%	90.1%
Part Time (<30 hours)	14.9%	13.3%	9.8%
Training Status			
Resident	0.0%	0.0%	0.0%
Fellow	1.0%	1.5%	3.6%
Neither/ Not in Training	96.7%	98.5%	96.4%

*Note: Areas shaded in green indicate higher percentages for EHR incentive recipients than for all physicians in New York.
Source: CHWS, NYS Reregistration Survey.

EHR incentive recipients were less likely than other physicians to be providing patient care services 40 hours or more per week. However, they were more likely to report research or teaching or administrative activities as a weekly activity.

Table 10. Weekly Professional Activities of Physicians in New York, by Hours Devoted to Each Activity, 2010

Weekly Patient Care Hours	All Physicians	Medicaid Providers	EHR Incentive Recipients
None	0.0%	0.0%	0.0%
1 to 9 hours	5.6%	4.4%	3.2%
10 to 19 hours	9.9%	9.4%	10.4%
20 to 29 hours	13.7%	13.4%	16.7%
30 to 39 hours	21.8%	21.1%	26.5%
40 hours or more	49.1%	51.7%	43.2%
Total	100.1%	100.0%	100.0%
Weekly Research Hours			
None	60.0%	61.8%	55.1%
1 to 9 hours	29.1%	29.6%	34.1%
10 to 19 hours	5.5%	4.9%	6.1%
20 to 29 hours	2.6%	1.9%	2.7%
30 to 39 hours	1.4%	0.9%	1.6%
40 hours or more	1.3%	0.8%	0.5%
Total	99.9%	99.9%	100.1%
Weekly Teaching Hours			
None	25.9%	25.5%	22.0%
1 to 9 hours	53.6%	52.5%	52.5%
10 to 19 hours	14.6%	15.5%	18.2%
20 to 29 hours	4.0%	4.4%	5.4%
30 to 39 hours	1.1%	1.2%	1.3%
40 hours or more	0.9%	0.9%	0.7%
Total	100.1%	100.0%	100.1%
Weekly Administrative Hours			
None	30.0%	27.2%	22.5%
1 to 9 hours	50.2%	51.9%	55.5%
10 to 19 hours	12.2%	13.1%	14.0%
20 to 29 hours	4.4%	4.6%	5.9%
30 to 39 hours	1.7%	1.7%	1.6%
40 hours or more	1.6%	1.4%	0.6%
Total	100.1%	99.9%	100.1%

*Note: Areas shaded in pink indicate lower percentages for EHR incentive recipients than for all physicians in New York. Areas shaded in green indicate higher percentages for EHR incentive recipients than for all physicians.

Source: CHWS, NYS Reregistration Survey.

Work Setting

EHR incentive recipients were more likely to work in hospital outpatient settings, hospital satellite clinics, or free standing health centers and clinics. EHR incentive recipients were also more likely to work in ambulatory care than other physicians.

Table 11. Practice Setting and Practice Type, Physicians in New York, by Selected Characteristics, 2010

Primary Practice Setting	All Physicians	Medicaid Providers	EHR Incentive Recipients
Solo Practice	26.2%	26.8%	18.2%
Group Practice	34.3%	37.3%	36.4%
Hospital Inpatient	19.0%	18.1%	10.5%
Hospital Outpatient	9.4%	8.1%	15.7%
Hospital Satellite	1.2%	1.2%	2.5%
Free Standing Health Center or Clinic	3.7%	3.1%	12.1%
Other	6.2%	4.5%	4.7%
Practice Type	All Physicians	Medicaid Providers	EHR Incentive Recipients
Ambulatory care including hospital			
Primary Practice	70.6%	71.4%	84.3%
Secondary Practice	7.7%	7.9%	8.9%
Inpatient care			
Primary Practice	16.3%	15.9%	11.0%
Secondary Practice	6.2%	6.6%	8.8%
Emergency services/ emergency room			
Primary Practice	3.4%	3.5%	0.6%
Secondary Practice	0.7%	0.7%	0.4%
Other			
Primary Practice	9.7%	9.2%	4.2%
Secondary Practice	2.1%	2.1%	1.4%

*Note: Areas shaded in pink indicate lower percentages for EHR incentive recipients than for all physicians in New York. Areas shaded in green indicate higher percentages for EHR incentive recipients than for all physicians.

Source: CHWS, NYS Reregistration Survey.

EHR recipients were less likely than other physicians to be in a solo physician practice. Nearly 57% of EHR incentive recipients reported between two and 10 physicians in their primary practice setting compared to 45% of other active care physicians in New York. The management structures and the administrative cost sharing in group practices may permit physicians in groups to better manage the time and cost associated with implementation of EHRs. The rules of the Medicaid incentive program also permit each physician in the group to meet the patient threshold

based on the entire group's patient panel, which may inherently encourage group practice participation.

Table 12. Physicians in New York by Primary and Secondary Practice Settings, 2010

Number of Physicians in Practice	All Physicians	MMIS Providers	EHR Incentive Recipients**
1 Physician			
Primary Practice	32.9%	33.2%	21.4%
Secondary Practice	3.9%	4.2%	3.3%
2 to 5 Physicians			
Primary Practice	30.5%	30.5%	36.1%
Secondary Practice	4.3%	4.5%	5.8%
6 to 10 Physicians			
Primary Practice	14.2%	14.2%	20.6%
Secondary Practice	1.9%	1.9%	2.8%
11 to 20 Physicians			
Primary Practice	9.3%	9.5%	9.5%
Secondary Practice	1.0%	1.1%	1.0%
21 to 50 Physicians			
Primary Practice	6.1%	6.2%	6.5%
Secondary Practice	0.7%	0.7%	0.8%
More than 50 Physicians			
Primary Practice	7.1%	6.5%	5.9%
Secondary Practice	1.4%	1.4%	2.0%

*Note: Areas shaded in pink indicate lower percentages for EHR incentive recipients than for all physicians in New York. Areas shaded in green indicate higher percentages for EHR incentive recipients than for all physicians.

**Note: Differences in percentage in solo practice may vary from the prior table due to missing information in the variables used in the cross tabulations for each table.

Source: CHWS, NYS Registration Survey.

Practice Characteristics

EHR incentive recipients were more likely than other physicians to be practicing in a facility or geographic HPSA. The required minimum patient threshold in a facility HPSA to qualify for the incentive program includes not only Medicaid-insured people but also needy individuals who are low income or uninsured as well as children insured by the Children's Health Insurance Program (CHIP). EHR incentive recipients were also more likely than other physicians to be certified in the PCMH program of NCQA or to be a member of a REC.

Table 13. Physicians in New York in Facility HPSAs, Geographic HPSAs, PCMHs, and RECs, 2013

Characteristics of Physicians	All Physicians	Medicaid Providers	EHR Incentive Recipients
Working in a Facility HPSA	1.2%	1.1%	11.1%
Working in a Geographic HPSA	2.8%	3.0%	3.4%
Certification as a Patient Centered Medical Home	5.3%	5.8%	23.1%
Member of a Regional Extension Center	6.2%	7.4%	18.8%

* Note: Areas shaded in green indicate higher percentages for EHR incentive recipients than for all physicians in New York.
Source: CHWS, NCQA, NYSTEC.

Source of Patient Payments

EHR incentive recipients were less likely to treat high percentages of Medicare-insured patients, patients with other payment sources (e.g., commercial insurance), or self-pay patients compared to other physicians in New York. EHR incentive recipients were significantly more likely than other physicians to treat higher percentages of Medicaid-insured patients.

Table 14. Percent of Patients by Primary Source of Payment for Physician Services, 2006-2010

Percent of Patients By Primary Source of Payment	All Physicians	MMIS Providers	EHR Incentive Recipients
Medicare			
0 to 9% of Patients	22.5%	19.3%	39.1%
10% to 19% of Patients	14.1%	13.7%	16.9%
20% to 29% of Patients	17.6%	18.3%	15.6%
30% to 39% of Patients	15.8%	16.6%	11.0%
40% to 49% of Patients	10.7%	11.6%	5.8%
50% to 59% of Patients	10.2%	11.1%	5.4%
60% to 79% of Patients	6.8%	7.3%	4.3%
80% to 100% of Patients	2.4%	2.2%	1.8%
Medicaid			
0 to 9% of Patients	48.3%	47.7%	15.3%
10% to 19% of Patients	14.1%	16.0%	13.6%
20% to 29% of Patients	10.0%	10.6%	13.4%
30% to 39% of Patients	7.0%	7.1%	12.2%
40% to 49% of Patients	4.8%	4.8%	9.7%
50% to 59% of Patients	4.9%	4.6%	11.0%
60% to 79% of Patients	6.1%	5.5%	14.4%
80% to 100% of Patients	4.8%	3.8%	10.5%
Self-Pay			
0 to 9% of Patients	70.8%	76.3%	80.4%
10% to 19% of Patients	12.3%	12.1%	12.4%
20% to 29% of Patients	5.1%	4.6%	3.3%
30% to 39% of Patients	2.5%	2.1%	1.5%
40% to 49% of Patients	1.5%	1.1%	0.8%
50% to 59% of Patients	1.4%	1.0%	0.5%
60% to 79% of Patients	1.6%	0.9%	0.5%
80% to 100% of Patients	4.8%	2.0%	0.5%
All Other			
0 to 9% of Patients	13.7%	11.7%	18.4%
10% to 19% of Patients	10.5%	20.7%	15.9%
20% to 29% of Patients	10.2%	10.7%	12.4%
30% to 39% of Patients	11.2%	12.3%	10.4%
40% to 49% of Patients	12.6%	13.8%	10.0%
50% to 59% of Patients	12.3%	13.2%	10.6%
60% to 79% of Patients	16.7%	17.2%	14.1%
80% to 100% of Patients	12.9%	10.5%	8.3%

*Note: Areas shaded in pink indicate lower percentages for EHR incentive recipients than for all physicians in New York. Areas shaded in green indicate higher percentages for EHR incentive recipients than for all physicians.
Source: CHWS, NYS Reregistration Survey.

Use of Technology in Patient Care Activities

The physician re-registration data used in this analysis were mainly collected prior to 2011 when enrollment in the EHR incentive program began. It is interesting to note that physicians who were Medicaid EHR incentive recipients were more likely to be actively using technology to augment their practice than other physicians in New York prior to the beginning of the incentive program. Many EHR incentive recipients appeared to be early adopters of information technology.

More than half of the Medicaid EHR incentive recipients (53.1%) indicated in the physician re-registration survey that they used EHRs at their principal practice location earlier than 2011. At the same time, just 41.2% of other physicians in New York indicated use of EHRs.

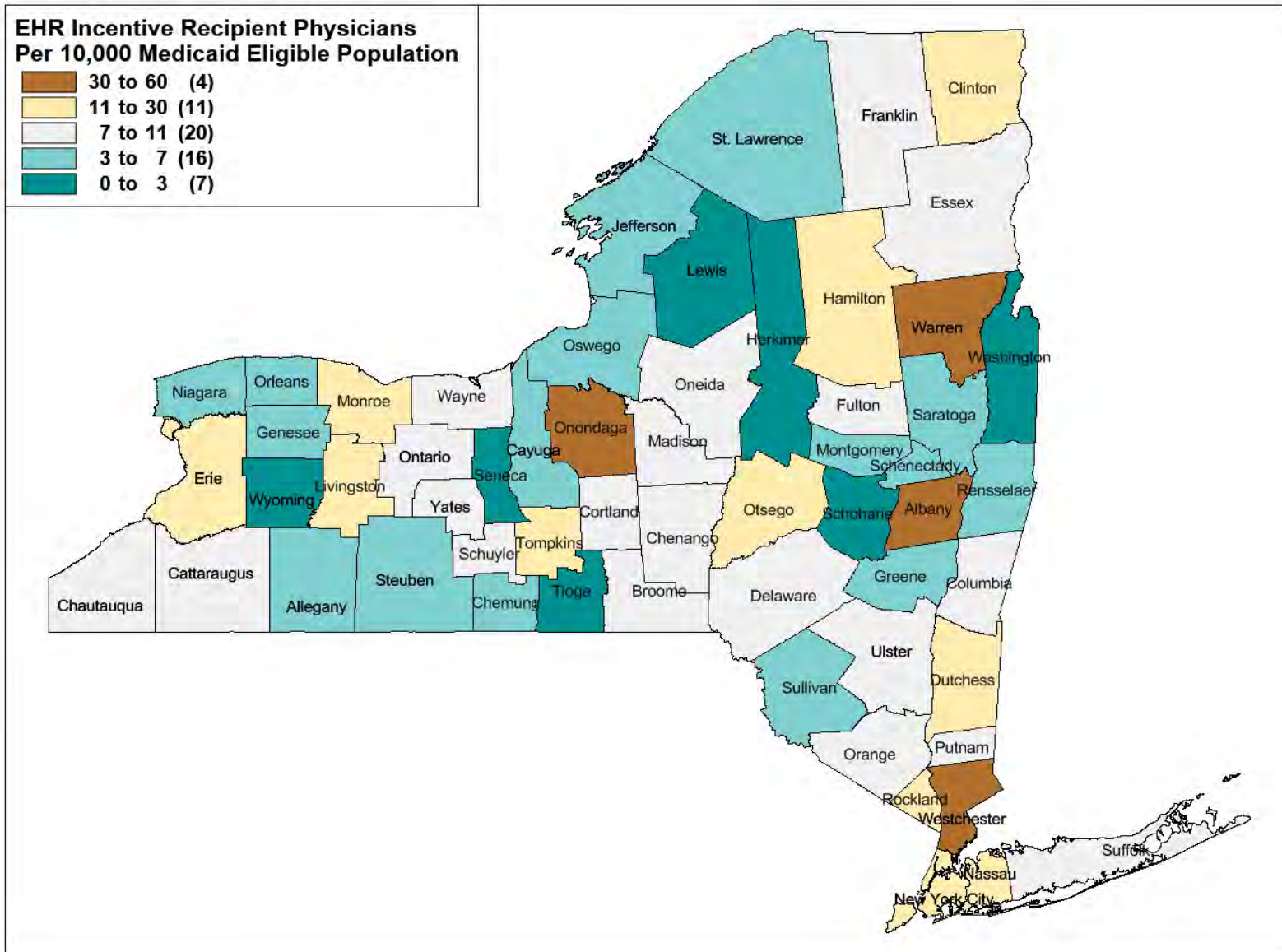
Table 15. Use of Information Technology in Patient Care Activities, Physicians in New York, 2010

Information Technology	All Physicians	MMIS Providers	EHR Incentive Recipients
Use of electronic health records at principal practice location	41.2%	39.9%	53.1%
Use of Internet to obtain lab results, x-rays, or hospital records	53.0%	56.0%	65.9%
Use of Internet to communicate with other physicians/providers	16.8%	15.9%	19.3%
Use of Internet to communicate with or answer patients' questions	21.5%	20.3%	28.2%
Use of Internet to access clinical decision support tools	15.6%	15.3%	18.5%
Use of Internet for CE medical education credits	68.3%	71.1%	73.3%
Use of Internet to transmit prescriptions to pharmacies	13.3%	14.1%	20.2%
Use of Internet to obtain information about treatment alternatives	56.6%	58.1%	66.4%

*Note: Areas shaded in green indicate higher percentages for EHR incentive recipients than for all physicians in New York.
Source: NYS Reregistration Surveys 2006-2011.

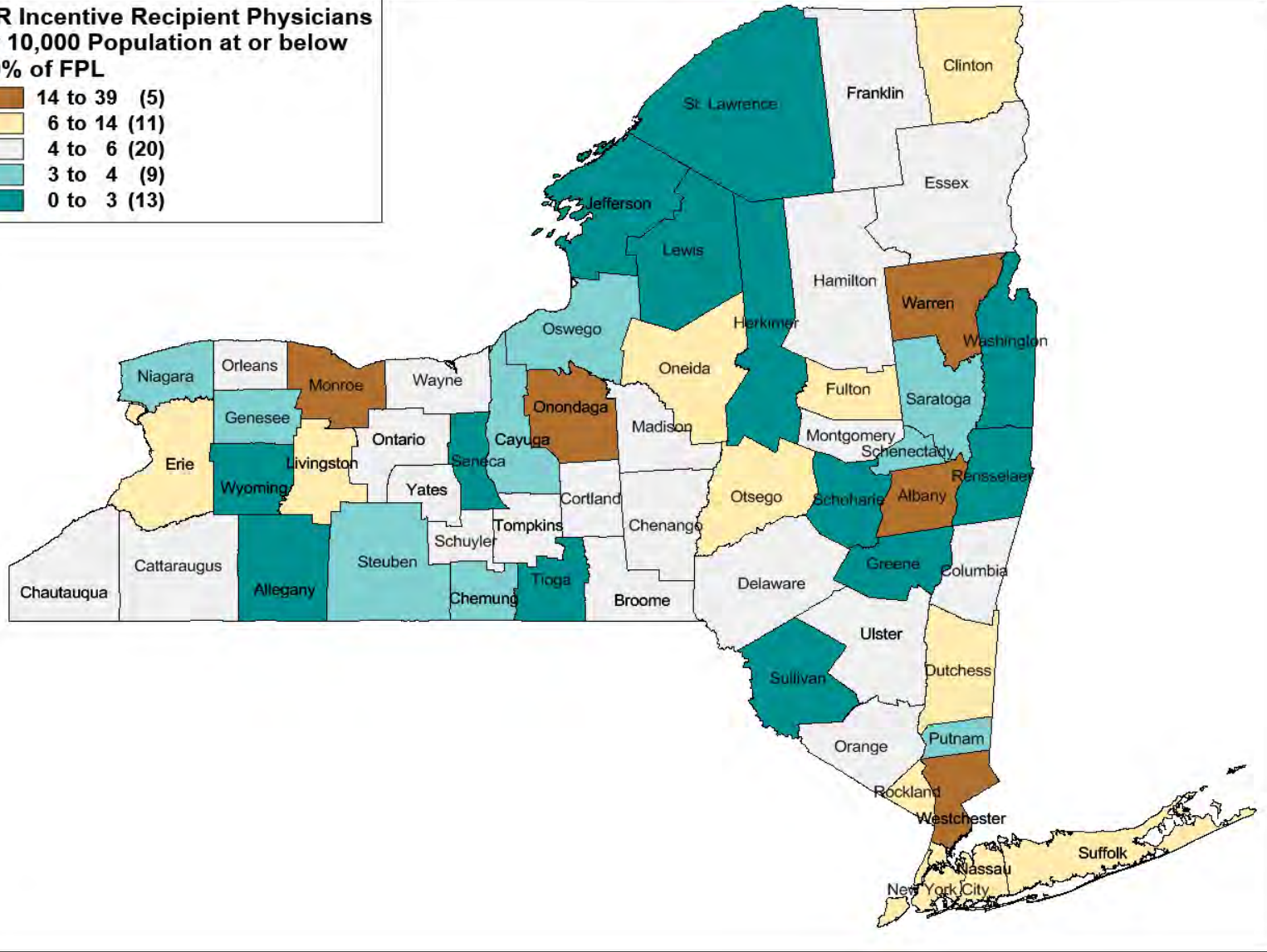
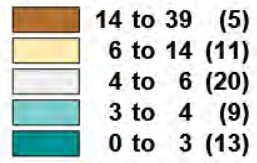
Geography

Two maps were created to understand the relationship between the practice locations of EHR incentive recipients and the locations of Medicaid eligibles and low-income New Yorkers (those living at or below the 200% FPL). The following maps show the ratio of EHR incentive recipient physicians with a practice address in a county compared to the total county population that was either eligible for Medicaid or living at or below 200% FPL. Albany, Warren, Onondaga, and Westchester counties were found to have the highest concentration of EHR incentive recipients per 10,000 Medicaid-eligible populations. The same counties plus Monroe had the highest concentration of EHR incentive recipients per 10,000 population living at or below the 200% FPL.



Source: CHWS, 2013

**EHR Incentive Recipient Physicians
Per 10,000 Population at or below
200% of FPL**



Source: CHWS, 2013