

Janet M. Coffman, MPP, PhD

Bio

Janet M. Coffman, MPP, PhD is an Associate Professor at the Philip R. Lee Institute for Health Policy Studies and the Department of Family and Community Medicine at the University of California, San Francisco (UCSF). She is also Affiliate Faculty at UCSF's Center for the Health Professions. Her research interests include the health care workforce, health insurance policy, and access to care for vulnerable populations. Professor Coffman has been the project director for three supplemental surveys of California physicians in partnership with the Medical Board of California. She is the lead author of a report on findings from the 2011 survey on availability of electronic health records in physicians' practices and a report on findings from the 2013 survey regarding Medi-Cal participation. Professor Coffman received a Master's in Public Policy and a PhD in Health Services and Policy Analysis from the University of California, Berkeley.

Findings from the 2013 Supplemental Survey on Electronic Health Record Availability and Medi-Cal Participation

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Methods

- Voluntary survey mailed to California MDs with licensure renewal
- All physicians with renewals due in June or July of 2011 and 2013
- Physicians respond by mail or online
- Limited analysis to respondents
 - Practicing in California
 - Not in training
 - Providing patient care

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Questionnaire

Voluntary Questions

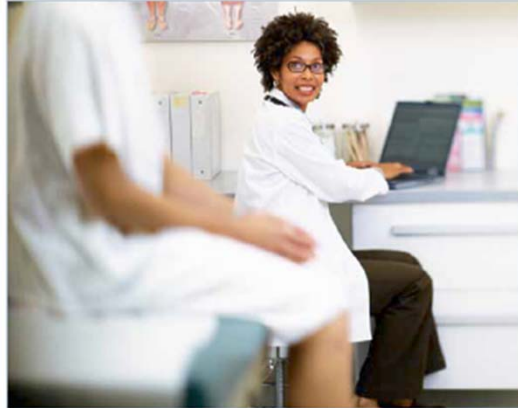
- Availability of EHR at primary practice location
- Specific EHR functions
- Type of practice (e.g. solo, group, clinic, etc.)
- Whether accepting new patients by payer
- Distribution of patients in practice by payer

Mandatory Questions

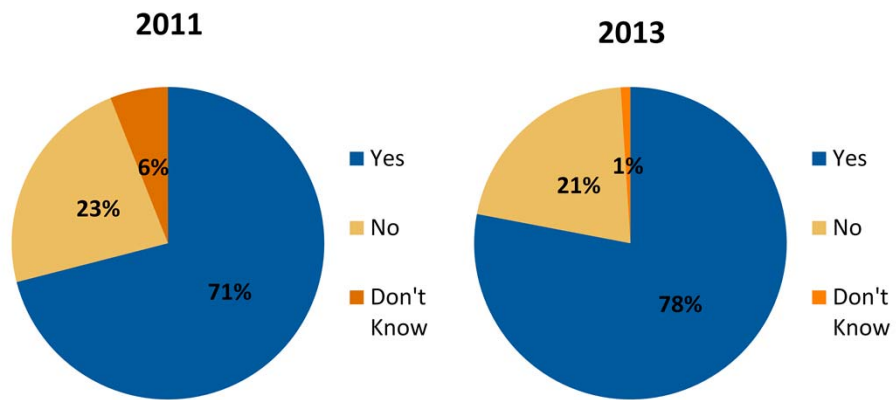
- Linked to Medical Board mandatory survey
 - Demographics, specialty, practice location

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Electronic Health Records

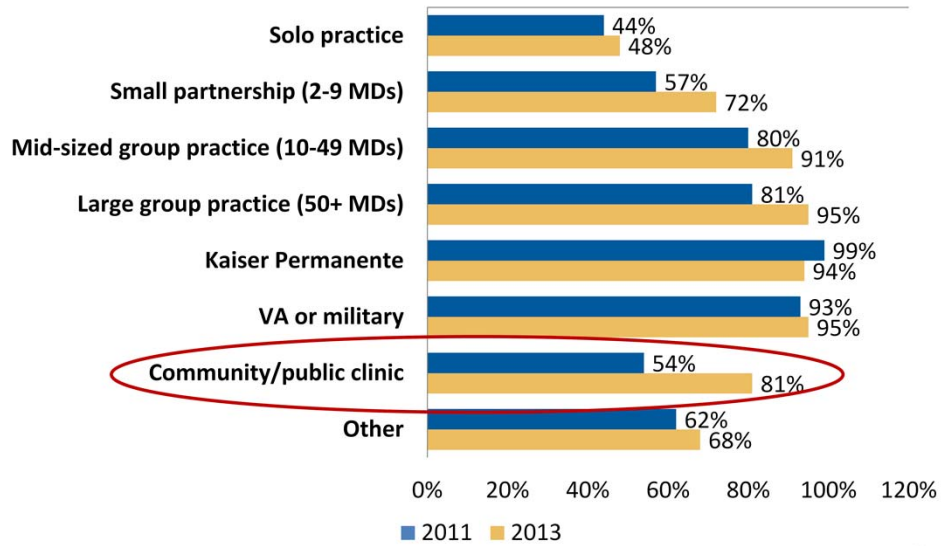


EHR Availability in 2011 and 2013



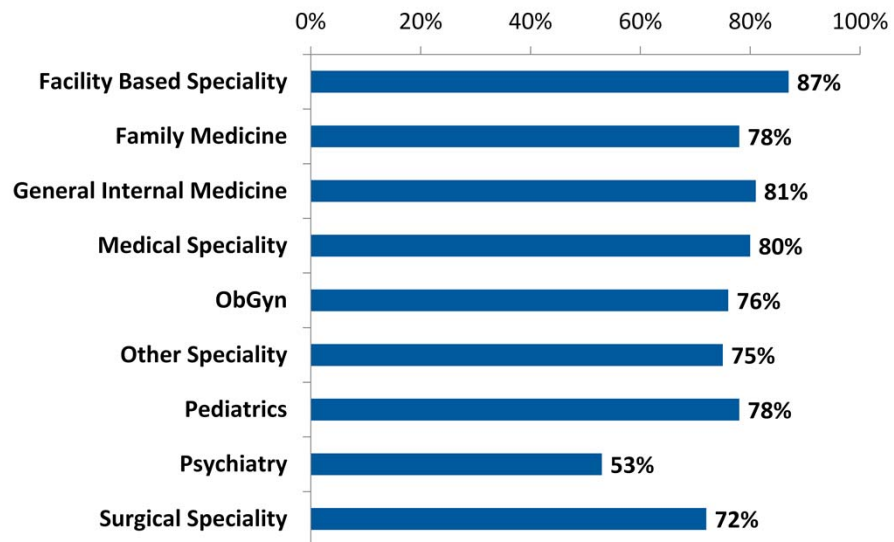
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EHR Availability by Practice Type, 2011 and 2013



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EHR Availability by Major Specialty, 2013



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Five Most Frequently Used EHR Features, 2013

Feature	Percentage Using
1. Clinical notes	73%
2. Lists of patients' medications	73%
3. Lists of medication allergies	73%
4. Patient problem lists	71%
5. Lab test results	70%

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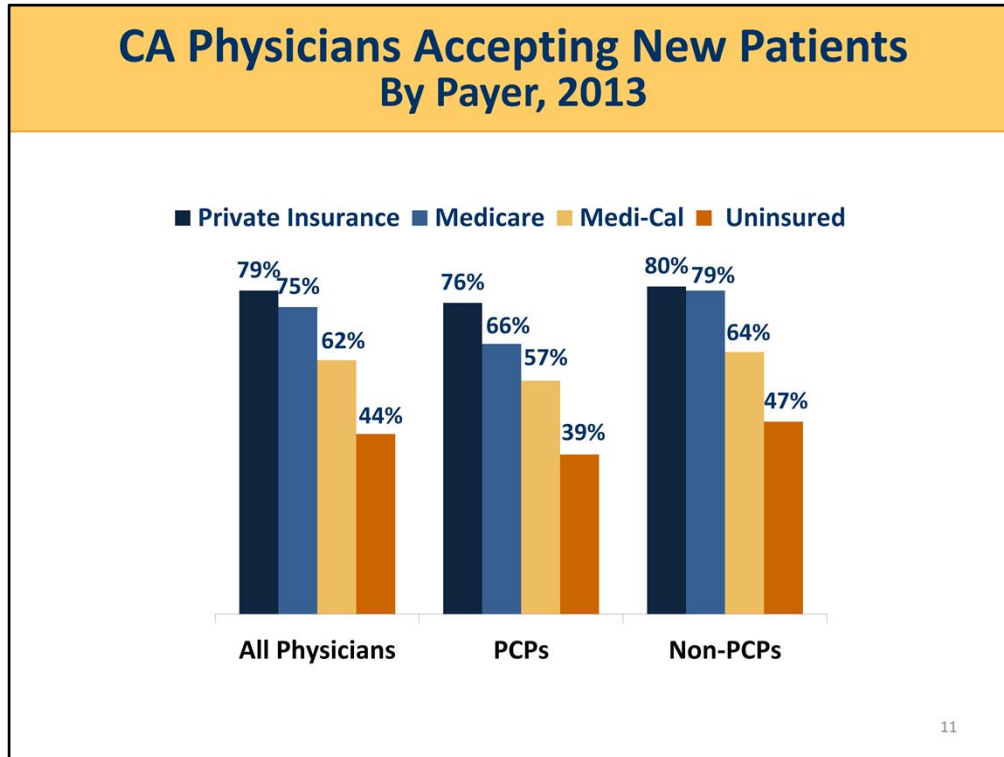
Five Least Frequently Used EHR Features, 2013

Most Frequently Used	Percentage Using
1. Transmission of data to immunization registries	17%
2. Patient portal	31%
3. Lists of patients by condition	37%
4. Routine reporting of quality indicators	39%
5. Transmission of data to clinicians in other practices	39%

Medi-Cal Participation



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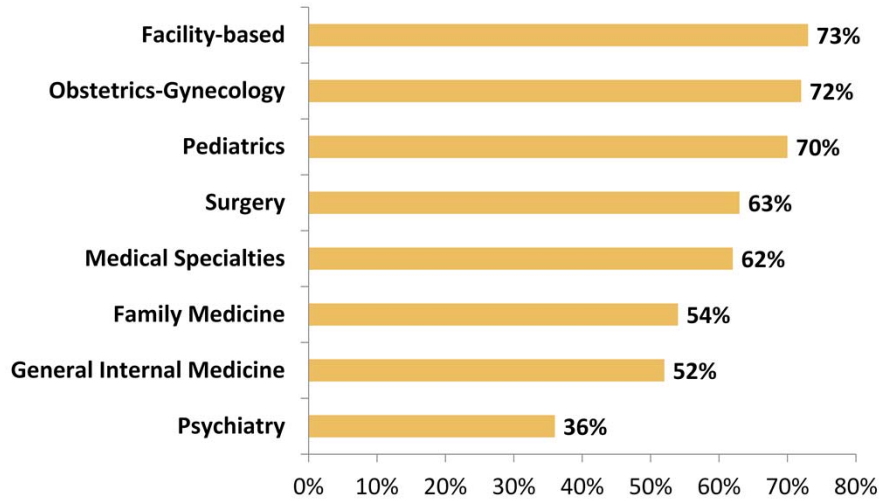
Among all physicians, differences among the four insurance statuses are statistically significant at $p < 0.05$.

Among PCPs, all differences are statistically significant at $p < 0.05$.

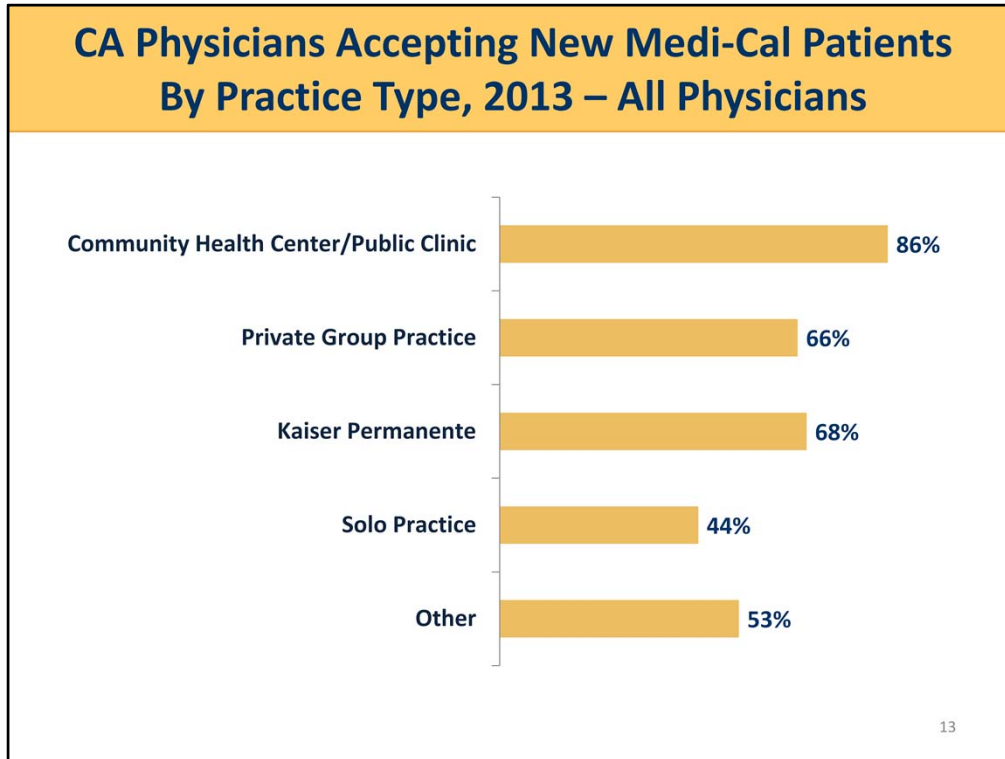
Among non-PCPs, there are statistically significant differences between the acceptance rate for new Medi-Cal patients and acceptance rates for new private insurance, Medicare, and uninsured patients. There are also statistically significant differences between rates of acceptance for new uninsured patients and new private insurance, Medicare and Medi-Cal patients. The difference between new private insurance and new Medicare patients is not statistically significant.

72% both, 17% only managed care and 10% only FFS which means 89% managed care, 82% ffs

CA Physicians Accepting New Medi-Cal Patients, by Specialty, 2013



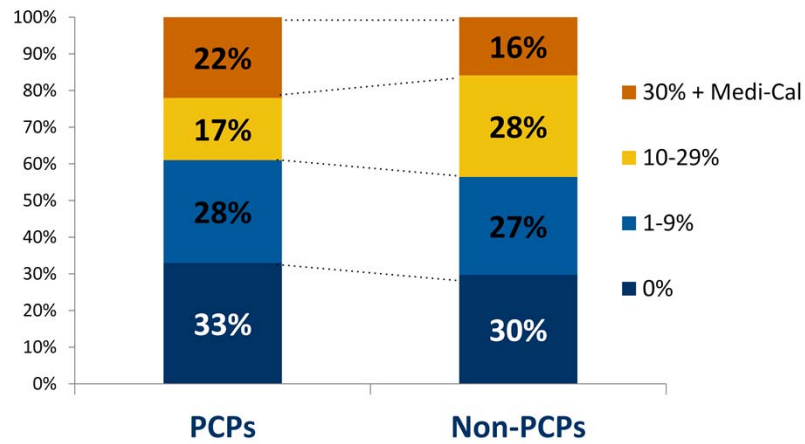
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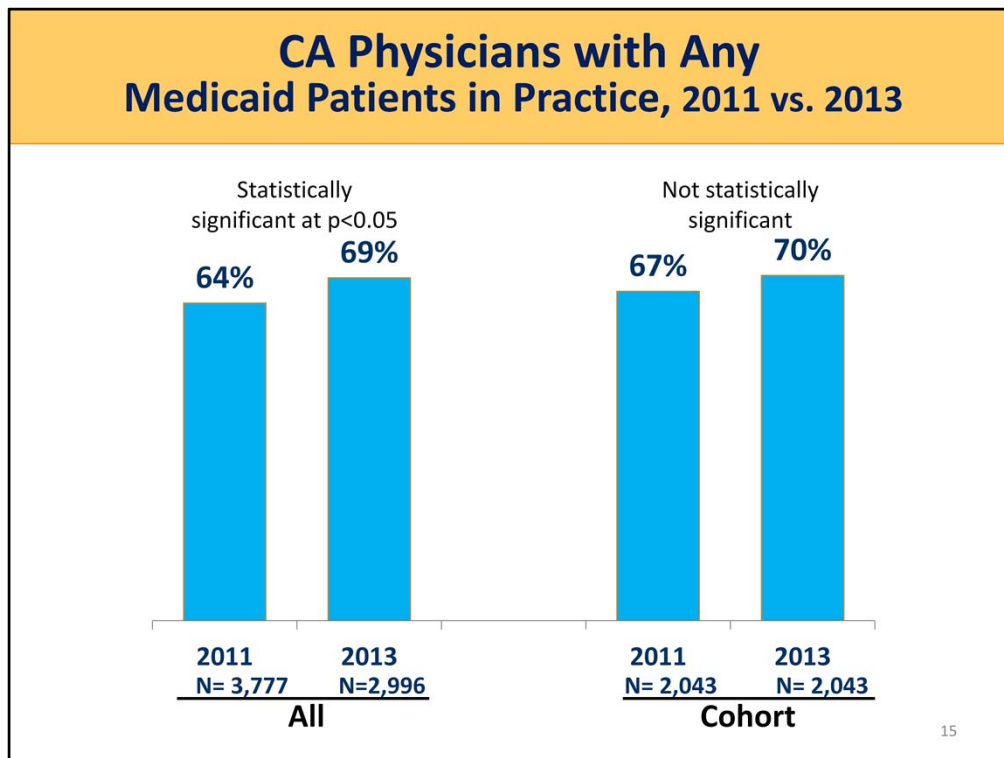
We have not yet calculated confidence intervals on this analysis.

Based on the PCP and non-PCP output, my hunch is that there is a statistically significant difference between the rate at which MDs practicing in community/public clinics accept new Medi-Cal patients and rates for MDs in solo practice and in VA/military settings. In the other cases, the confidence intervals may be too large for the differences in point estimates to be statistically significant.

Percentage of Patients Enrolled in Medi-Cal Primary Care vs. Non-Primary Care Physicians, 2013



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All responders, the difference in the percentage with any Medi-Cal patients is statistically significant at $p < 0.05$.

For responders in the cohort (i.e., MDs who responded in both 2011 and 2013), the differences between the point estimates for 2011 and 2013 is not statistically significant.

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