PHYSICIANS' USE OF ELECTRONIC MEDICAL RECORDS AND EXCHANGE OF ELECTRONIC HEALTH DATA, 2019-2021

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ASU College of Health Solutions
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Executive Summary

This report focuses on physicians' use of Electronic Medical Records (EMRs) and electronic exchange of health care data. Physicians who treat Arizona Health Care Cost Containment System (AHCCCS) patients are compared to non-AHCCCS physicians. Key findings from this 2019-2021 survey of Arizona physicians included:

- The percentage of Arizona physicians using EMRs increased from 45% in 2007-2009 to 96% in 2019-2021.
- EMR usage rates were 86% or greater in all Arizona counties, with several smaller counties at or near 100% usage. Maricopa County had EMR usage of 96%. EMR usage was 90% or greater in all practice types except for physician-owned solo practices (84%).
- Electronic exchange of clinical data is becoming more common in Arizona. Lab results (84%) and radiology results (83%) are the most commonly exchanged types of clinical data. Clinical data exchange via fax or email is far less common than via Health Information Exchange (HIE), though a range of obstacles to electronic exchange exist.
- The incentives provided by AHCCCS and the Centers for Medicare and Medicaid Services have increased EMR adoption, but providers report that lack of EMR interoperability and a shortage of HIEs limits electronic exchanges of EMRs. The situation is improving in Arizona. Enrollment in *Health Current,* the statewide HIE, includes 900 organizations (up from 745 as of the last report).
- Use of EMRs and electronic exchange of data are relatively more common for physicians practicing in settings that provide integrated physical and behavioral health care than in settings that are not integrated. EMR and electronic exchange were also more common in settings such as Accountable Care Organizations (ACOs) or integrated care networks than in traditional private practices or other settings.
- More than 73% of Arizona physicians treat AHCCCS enrollees. AHCCCS physicians are somewhat more likely to use EMRs than non-AHCCCS physicians.

This report is one of the annual summaries of the survey of physicians. Full details regarding physician use of EMRs, electronic exchange of data, and provision of integrated care are available in the appendixes of this report. Additional in-depth analyses of the use of EMRs are available in previous reports and scholarly publications based on the data (see full list at chs.asu.edu/chir/publications).

Introduction

This report summarizes the latest in a longstanding series of surveys on Arizona physicians' experiences with electronic medical records (EMRs) that began in 2007 and includes data on provider participation and awareness of Health Current, Arizona's Health Information Exchange (HIE); provision of integrated health care; and provider Accountable Care Organization (ACO) participation. Results summarized in this report include both current data and trends over time, where data are available.

Since 2014, the reports include detailed comparisons of physicians who treat Arizona Health Care Cost Containment System (AHCCCS) patients and those who do not. More than 80% of Arizona physicians treat AHCCCS patients. Although this is not typical of all states, physicians who treat AHCCCS patients have traditionally been *more* likely to use EMRs than physicians who do not treat AHCCCS patients (Butler, Harootunian and Johnson 2013).

The main body of this report summarizes current levels and patterns in: (1) Arizona physician utilization of EMRs; (2) electronic exchange of clinical data with others; (3) barriers to electronic clinical data exchange; and (4) use and awareness of HIE. The results for AHCCCS providers are then compared to the same results for non-AHCCCS physicians.

A detailed description of the methods and definitions used to analyze the data is included in Appendix A: Methods and Definitions. The results include a very large number of tables and figures because of the comprehensive, multi-year nature of the data. More than 100 pages of detailed statistics are included in Appendixes B through D.

The periods discussed in this report are:

- 2007-2009 – represents July 17, 2007 to July 17, 2009
- 2009-2011 – represents November 1, 2009 to November 1, 2011
- 2012-2014 – represents March 20, 2012 to March 20, 2014
- 2015-2017 – represents April 1, 2015 to March 31, 2017
- 2017-2019 – represents January 1, 2017 to January 31, 2019
- 2019-2021 – represents April 1, 2019 to March 31, 2021

We use the term Electronic Medical Records to include any electronic form of medical record, including Electronic Health Records.

Background

The National Electronic Health Records Survey (NEHRS) found that as of 2018, 92% of office-based physicians used some form of EMR system. In comparison, only 18% of physicians used EMRs in 2001 (Hsiao and Hing 2014; Myrick, Ogburn and Ward 2019). Similarly, the 2018 NEHRS found that 78% of physicians used a "certified" EMR system, up from 20% in 2008, meaning the EMR meets meaningful use criteria defined by the United States (U.S.) Department of Health and Human Services. (Office of the National Coordinator for Health Information Technology 2019).

It was predicted that EMR use would improve health care quality and increase productivity. (Chaudhry, et al. 2006; Jha, DesRoches, et al. 2009; Skolnik 2011). Analyses of the effects of EMRs conclude that the predictions have not yet been fully realized (Kellermann and Jones 2013; Jones, et al. 2012; Freudenheim 2012; Lau, et al. 2012; Peckham, Kane a nd Rosensteel 2016).

Many studies consider if a physician reports having an EMR and whether it is their only form of medical record (Bae and Encinosa 2013; Fleming, et al. 2014; Adler-Milstein, Bates and Jha 2013; Furukawa 2011). Previous versions of this survey have found that use of EMRs by Arizona physicians has increased markedly in the past decade, reaching 90-95% as of 2019 from just 45% as of 2007. Yet a large majority of providers who report use of EMRs also report use of other additional data storage systems, including paper records and/or scanned images. As of 2007, some 13% of Arizona physicians reported exclusively using EMRs. By 2019, that number had increased to 33% of Arizona physicians, with many other physicians reporting using EMRs in conjunction with other storage systems. Previous analyses by CHiR showed that the presence of multiple data storage systems was found to result in reduced provider productivity. Importantly, it also may mean that additional attention is needed related to how clinical data can be exchanged between providers. Increases in exclusive use of EMRs by Arizona physicians may be an important area for continued attention.

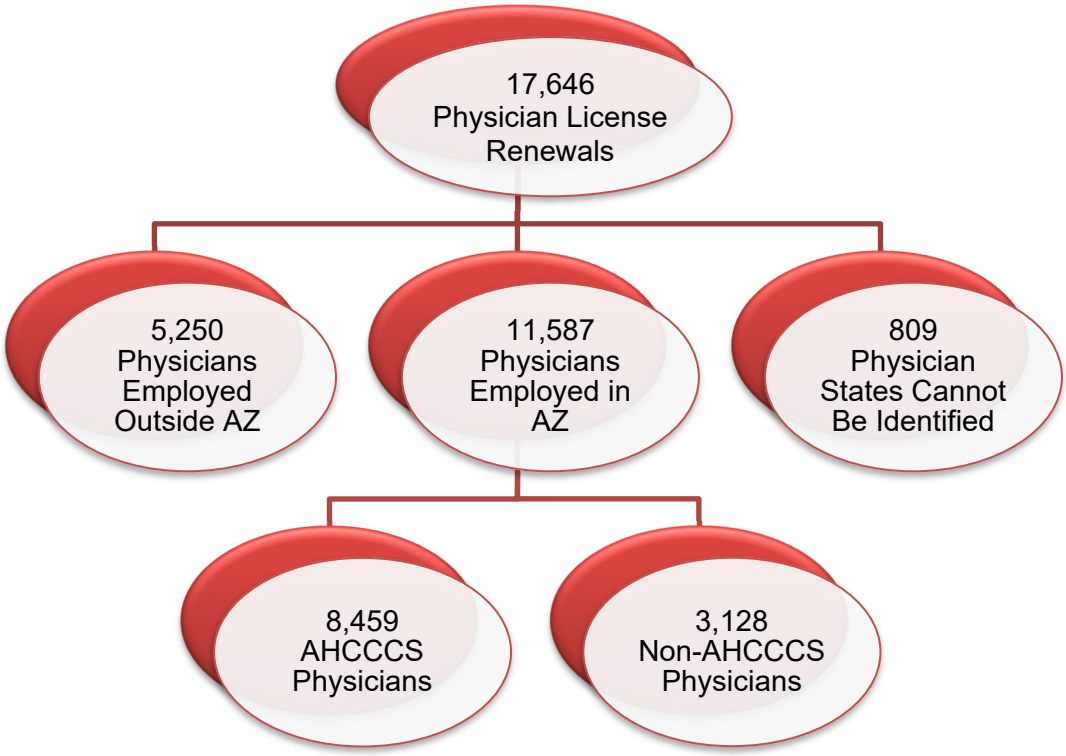
The electronic exchange of clinical information is becoming an issue of critical importance as innovative care delivery and payment models proliferate and become more common across AHCCCS and non-AHCCCS populations alike. The use of EMRs and the current status of electronic exchange of clinical data by AHCCCS and non-AHCCCS providers is a central focus of this report.

The Data

In Arizona, allopathic physicians renew their licenses every two years on their birthdays, and osteopathic physicians renew their licenses every other year. There were 17,646 physicians who renewed their licenses between April 1, 2019 and March 31, 2021 (Figure 1). Approximately 11,587 of those physicians lived in Arizona and 5,250 physicians lived elsewhere. Approximately 73% of practicing physicians in Arizona reported providing services to AHCCCS clients. As of April 2020, Arizona had a population of 7,151,502, and as of July 2020, AHCCCS had total enrollment of 2,018,356, covering approximately 28.2% of the state's population.

Some physicians who live in other states provide services, such as interpreting images, to Arizona patients. While some of these providers may appropriately be considered as part of the Arizona physician workforce, identifying information needed to include these individuals in analyses is not available. There were 809 physicians whose state of residence could not be identified and are thus not included in these analyses.

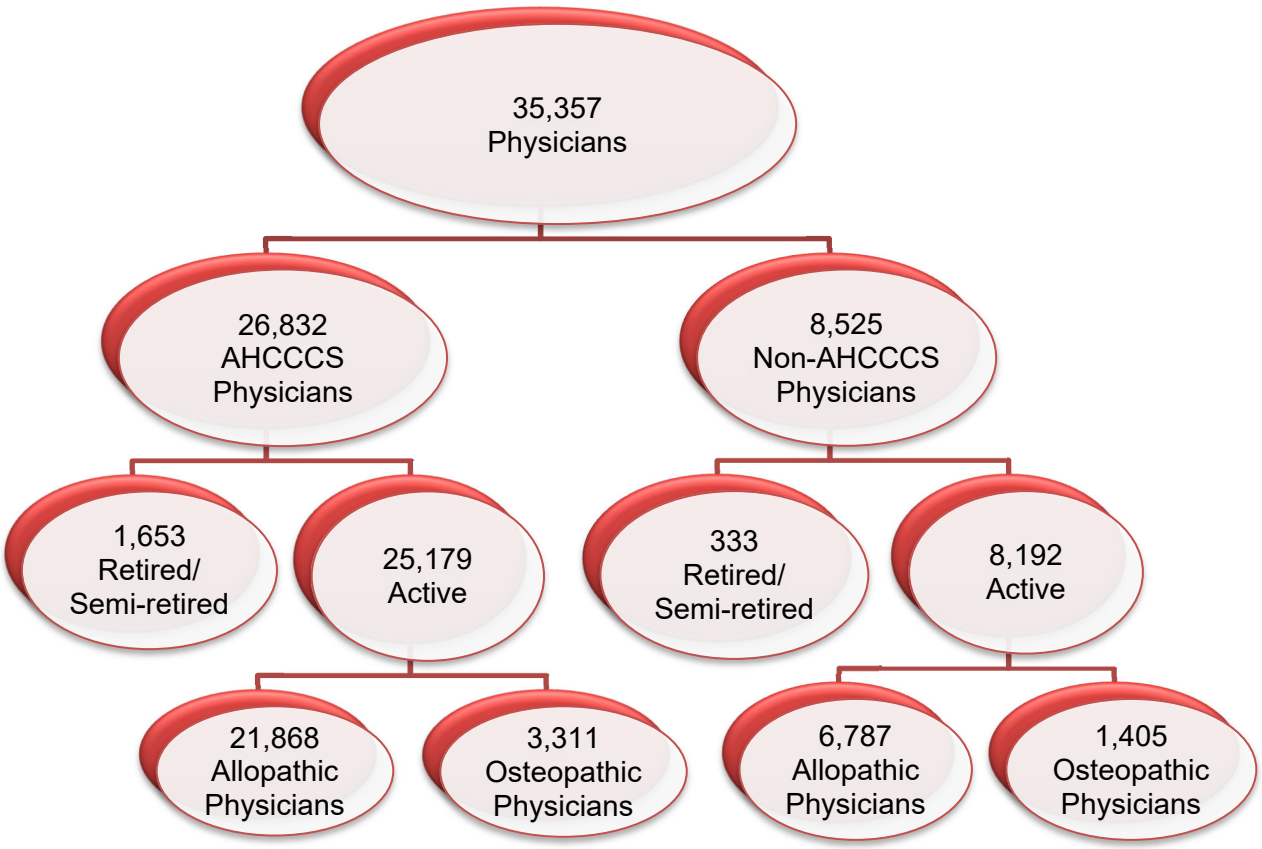
Figure 1. All Physician License Renewals, 2019-2021



Source: Arizona Medical Board (AMB), Arizona Board of Osteopathic Examiners in Medicine and Surgery (ABOE) Survey and Administrative Data, April 2019 to March 2021.

Weighted survey responses are shown in Figure 2. There were 5,726 survey respondents, including retired/semi-retired physicians. The respondents include 3,060 active allopathic physicians and 2,320 active osteopathic physicians. Except where noted, the results are weighted percentages because our primary interest is in the averages, which do not change if weighted, rather than the absolute number of responses.

Figure 2. The Arizona Physician Workforce, 2019-2021



Source: Workforce estimates derived from weighted AMB, ABOE survey respondent data, April 2019 to March 2021.

Most surveys select a fraction of the target population as the survey sample. For example, the well-known and widely used National Ambulatory Medical Care Survey samples some 3,000 office-based physicians and 300 Federally Qualified Health Center (FQHC) providers to represent all office-based physicians and FQHC providers in the U.S. (National Center for Health Statistics 2019). Surveys such as this utilize what is known as fractional sampling and are appropriate when the target population is too large or infeasible to reach yet are notoriously subject to relatively large amounts of uncertainty in their findings, measurement error, and or biases.

This survey does not utilize fractional sampling. The sample frame used in this survey includes all Arizona physicians. A major methodological strength of this survey is that, through partnerships with the Arizona Medical Board and Arizona Board of Osteopathic Examiners in Medicine and Surgery, the survey is addressed to all members of the target population (all Arizona physicians). Although not all physicians respond to the survey, a great number do. The resulting coverage of the target population means that the results include a much larger number of respondents than would be obtained from a fractional sample. The result of this is greater precision and certainty in estimates and a reduction in many potential types of measurement error or bias. It is important to note, however, that there does remain the potential for response bias due to missing or non-responding physicians. More information is provided in Appendix A.

All Physician Results

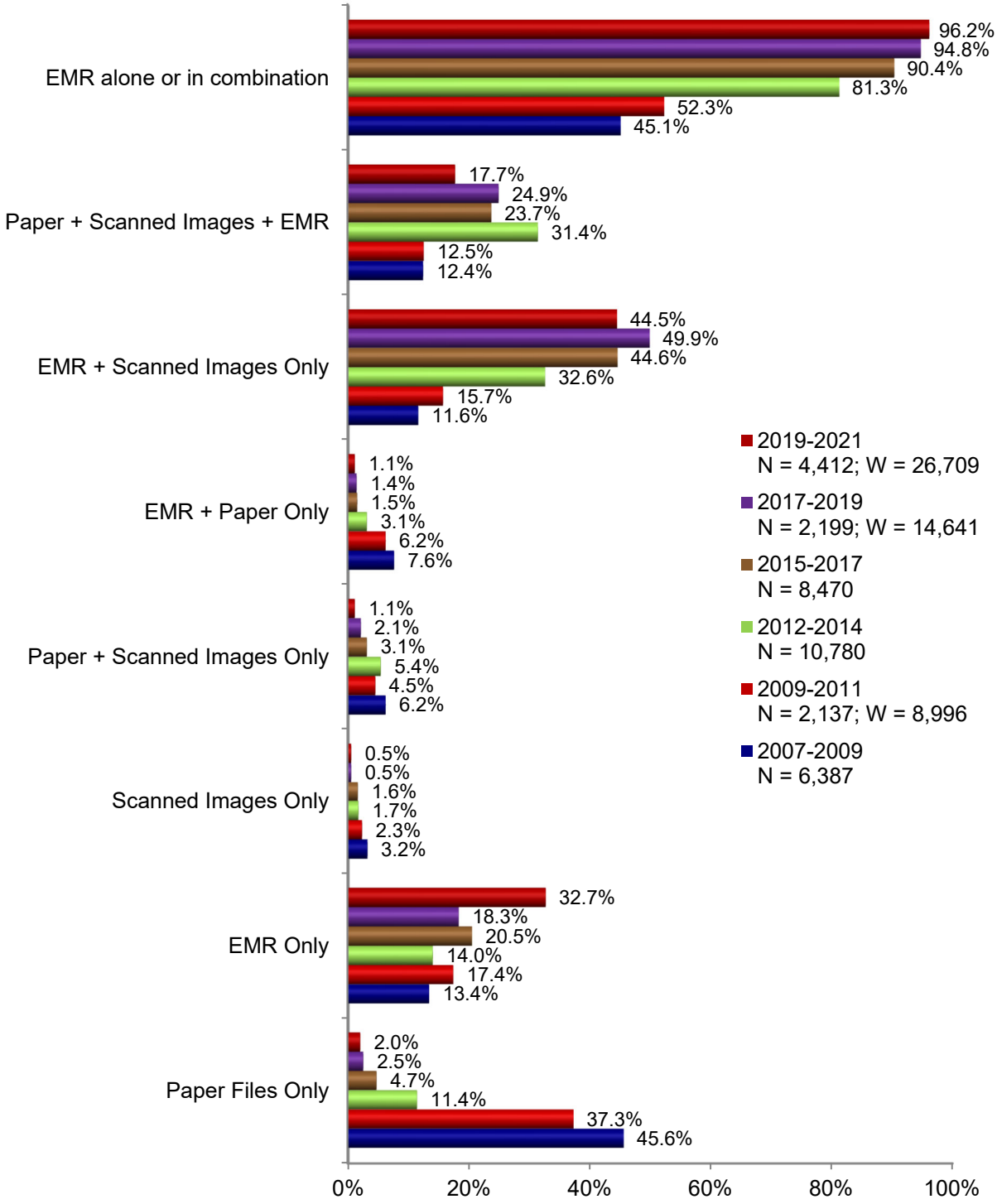
EMR Utilization

The trend in EMR use in Arizona is consistent with national trends. As indicated in Figure 3, approximately 96% of Arizona physicians used an EMR in 2019-2021 compared to 45% in 2007-2009. The percentage of *office-based* physicians in the U.S. who used an EMR increased from 18% in 2001 (Hsiao and Hing 2014) to 87% in 2017 according to the most recent survey results (Myrick, Ogburn and Ward 2019). Nationally in 2013, 48% of physicians used EMRs that included functions such as patient summaries, e-prescribing and lab results (Hsiao and Hing 2014) versus 78% in 2015 (Jamoom and Yang 2016). EMR usage estimates from the National Ambulatory Medical Care Survey (NAMCS) are not directly comparable to our results because they exclude a number of specialty practices that are included in our results (Hsiao and Hing 2012). However, NAMCS estimates that approximately 91% of physicians in office-based practices in Arizona used an EMR in 2017 (Myrick, Ogburn and Ward 2019).

The use of paper files as the only type of medical record declined from nearly 46% to 2% of Arizona physicians between 2007-2009 and 2019-2021. However, reliance on EMRs as the only medical record did not increase commensurately. The percentage of physicians using EMRs as their only medical record increased from 13% to nearly 33%, but the combination of EMRs with scanned records increased from 11% to 44.5% of all EMR users.

As indicated in Figure 3, the single most commonly used medical records storage method remains that of EMRs with scanned records. We believe that EMR users' reliance on scanned records may reflect challenges related to interoperability or the relative shortage of networks for the electronic exchange of EMRs. Reliance on scanned files may be expected to decline as problems of interoperability are resolved and more physicians join the Arizona Health Information Exchange (HIE). More information on the recent expansion of Health Current, Arizona's statewide HIE, is presented in a subsequent section.

Figure 3. Methods of Storing Medical Records



Source: AMB, ABOE Survey Data, 2007-2009; 2009-2011; 2012-2014; 2015-2017; 2017-2019; 2019-2021.

Note: The estimates which include weighted totals are subject to substantially more uncertainty than the other renewal period data.

Respondents who did not identify a method of storing medical records (missing): 390 for 2007-2009; 2,177 for 2012-2014; 2,739 for 2013-2015; 696 for 2017-2019; and 968 for 2019-2021.

*Data on "EMR alone or in combination" is not mutually exclusive from other categories.

While overall levels of EMR usage (either alone or in combination) was very high, some variation was observed across practice settings. As shown in Table 1, Hospital/medical school group practices and federal government hospitals or clinics had nearly 100% usage of EMRs. Physician-owned solo practices (84%) had the lowest EMR usage rate of any care-delivery setting. These data reinforce previous findings that practice size is strongly correlated with likelihood of using EMRs.

Table 1. EMR Utilization by Type of Practice, 2019-2021 (N = 4,602; W = 27,730)

Type of Practice	*Utilization Rates*
Physician Owned Solo Practice	84.0%
Physician Owned Group Practice	94.9%
Hospital/Medical School Group Practice	99.8%
Community or Rural Health Center	98.2%
Non-Hospital Private Outpatient Facility	96.6%
City, State or County Clinic or Hospital System	95.7%
Federal Government Hospital or Clinic	100.0%
Private For Profit Hospital System	98.5%
Private Non-Profit Hospital System	98.4%
Medical School/University Research Center	98.4%
Public or Private Insurer/Health Related Organization that does not provide care	90.9%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: Rate equals the weighted percent of physicians within each practice type. 807 respondents were missing type of practice. 941 respondents were missing EMR utilization. Data not shown for Public Health Agency or Department or Independent Consultant.

EMR usage was consistently high across all Arizona counties (see Table 2). Several Arizona counties (La Paz, Pinal, Santa Cruz) saw around 100% EMR usage rates. Arizona's largest counties—Maricopa and Pima—saw EMR usage rates of 95.6% and 96.5% respectively. All but one Arizona county saw EMR usage rates of at least 90%.

Table 2. EMR Utilization by County, 2019-2021 (N = 5,319; W = 32,998)

Location	*All Survey Respondents*	*EMR Users*	*% EMR Users*
Apache	22	19	89.5%
Cochise	36	35	95.6%
Coconino	105	104	98.4%
Gila	21	20	92.9%
Graham	11	10	86.1%
La Paz	7	7	100.0%
Maricopa	2,923	2,773	95.6%
Mohave	129	123	93.5%
Navajo	64	62	96.2%
Pima	675	642	96.5%
Pinal	65	64	99.5%
Santa Cruz	2	2	100.0%
Yavapai	135	128	95.5%
Yuma	72	69	97.8%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: County and/or method of storage was unknown for 941 respondents.

Utilization of EMR Functions

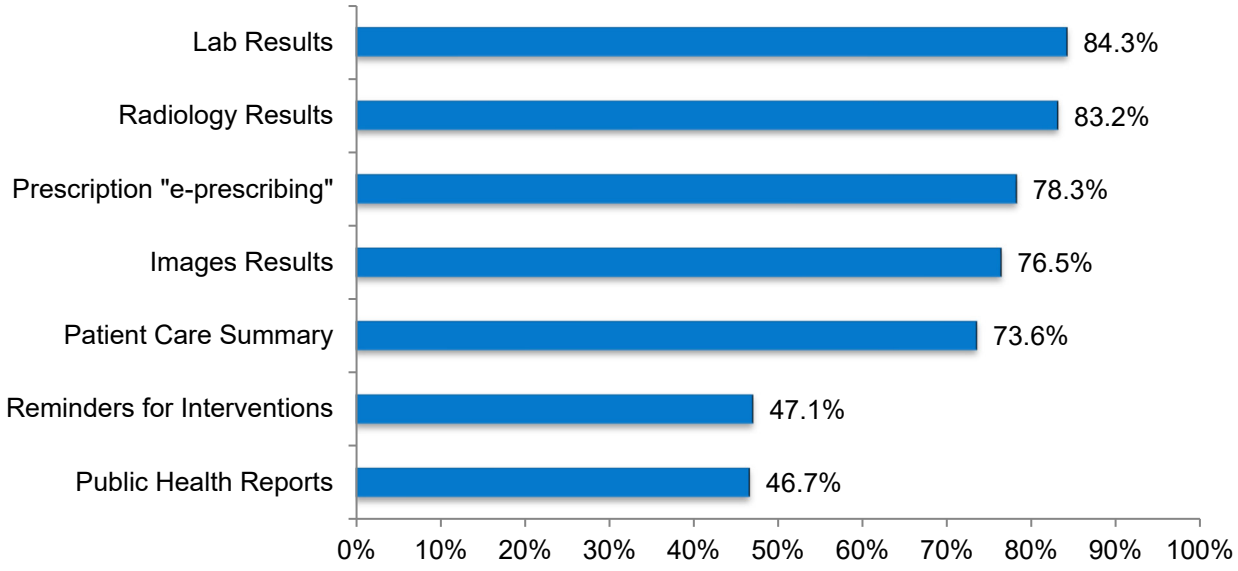
The functions included in EMR software packages vary among vendors, and physicians with access to the functions may not use all of them. This section describes the extent to which key information is exchanged electronically with others. We examine the exchange of seven important types of clinical data:

- Patient Care Summaries
- Prescriptions
- Lab Results
- Reminders for Guideline Based Interventions
- Radiology Reports
- Images (X-Rays, MRIs, CT scans, etc.)
- Public Health Reports

Only 14% of office-based physicians in the U.S. shared data with other organizations in 2009-2013, and not all the exchanges were electronic (E Health Initiative 2012; Furukawa, et al. 2014). In 2015, the percentage of electronic data sharing increased to 38% nationwide (The Office of the National Coordinator for Health Information Technology (ONC) 2016). The increases in Arizona have outstripped the national averages. More than 52% of Arizona physicians with EMRs electronically exchange one or more elements of their EMRs through health information exchange compared to 25% in 2013-2015. Using 2013-2015 as the reference year rather than 2007-2009 recognizes that most of the progress in electronic exchanges is attributable to the introduction and expansion of Health Current, the statewide HIE.

The results below include exchanges between different health care organizations. Because our survey is conducted at the individual provider-level, we cannot identify the extent to which these information exchanges occur within versus beyond their own organization such as exchange between different hospitals in one hospital system versus exchange to providers outside the system. Our findings may therefore overstate the percentage of physicians exchanging EMRs outside of their own organization (i.e., with different health care organizations). Since prior year results are subject to this same potential bias, comparison of rates of clinical data exchange across years may be especially instructive.

Figure 4. Exchange of Information with Other Providers, 2019-2021 (N = 3,741; W = 22,403)



Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: The data in this table only include those physicians that answered *"Yes"* for each EMR function. The data exclude physicians in hospitals or hospital owned practices. Exchange of EMR functions was unknown for 2,507 respondents.

The three types of data that are most commonly exchanged electronically by Arizona physicians are *Lab Results*, *Patient Care Summary* and *e-Prescribing*. There has been a concerted effort in Arizona to incent providers to use e-prescribing, and it appears to be succeeding. The prevalence of the exchange of lab result data may reflect the long-standing practice of electronic reporting by Sonora Quest Laboratories. The pre-existing reporting systems simplified the inclusion of laboratory results in EMR software. Findings shown in Figure 4 represent an increase in electronic information exchange compared to the previous years. This may be due at least in part to the efforts and incentives provided by *Health Current*, Arizona's HIE. *Health Current* splits operational costs with providers equally and community providers can participate in the HIE at no cost (Kotrys 2015).

Quality metrics and public health reports, such as reportable diseases, are reported by other methods, including email, faxes, and separate electronic networks. Although the information is not lost, EMRs may be a more efficient and timelier means of delivery. The marked disparity between the use of EMRs and the sharing of information is a consistent feature of all the previous CHiR surveys, although the previous results are less detailed.

The history of electronic exchange of clinical data across organizations through HIEs is one of frequent failure, largely traceable to the absence of viable business models (E Health Initiative 2012). Nationally, another important obstacle is interoperability, which encompasses complete access, exchange and use of accessible information securely without information blocking (The Office of the National Coordinator for Health Information Technology (ONC) 2018). The 21st Century Cures Act that was signed into law in December 2016 provided a remedy to the interoperability problem with the enactment of a Trusted Exchange Framework and common agreement for the exchange of health information that includes standardization and cooperation across the continuum of care (Morris and Sweeny Anthony 2018).

Health Current is striving to solve the problems that have hampered the expansion of HIEs in Arizona. *Health Current* has 900 participants as of May 2021, defined as organizations who have executed a Network Participation Agreement enabling data sharing. Data collection, which typically lags enrollments, is gradually increasing with 26% of participants supplying information to the HIE (see Table 4 below).

Table 3. Method of Exchange of Information with Other Organizations, 2019-2021 (N = 3,975; W = 24,214)

EMR Functions	*Fax*		*Email*		*HIE*		*All of the Above*	
Patient Care Summary	545	21.8%	75	3.0%	921	35.6%	1,021	39.3%
Prescription 'e-prescribing'	239	8.6%	145	5.7%	1,607	64.8%	576	20.7%
Lab Results	5	7.0%	1	2.1%	43	64.5%	22	26.3%
Reminders for Interventions	75	4.0%	141	10.1%	955	60.7%	428	25.0%
Radiology Results	7	12.4%	.	.	36	55.2%	20	32.2%
Images Results	4	15.1%	2	4.1%	24	48.8%	15	31.9%
Public Health Reports	253	14.7%	69	4.5%	738	47.7%	541	32.9%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: The results are mutually exclusive such that the 'Fax' count and percentage represents those that use fax only. Method of exchange was unknown for 4,785 respondents.

Table 4. Health Current Participating Organizations

Type of Organization	*Number of Participants*	*Participants Sending Data to Health Current*
Hospitals and Health Systems	61	41
Health Plans	17	–
Federally Qualified Health Centers & Rural Health Clinics	22	19
State & Local Government Agencies	9	1
Laboratories, Imaging Centers & Pharmacies	15	7
Community Providers	405	67
Behavioral Health Providers	115	54
Accountable Care Organizations & Clinically Integrated Networks	16	1
Long-Term & Post-Acute Care	211	33
Emergency Medical Services	29	13
Total	900	236

Source: (Health Current 2021); (Health Current 2021).

One promising feature of *Health Current* is the involvement of the 17 health plans. The benefits of exchanging patient information largely accrue to payers and to patients themselves. The unnecessary costs of duplicate testing, treatments required because of prescription errors, and

other information-related problems are borne by the organizations that assume economic risk, including insurers and health care organizations that provide capitated care. Thus, they are also the primary economic beneficiaries of exchanges of information that reduce avoidable negative outcomes of care. Patients also directly benefit by avoiding unnecessary tests, treatments, or delays and any accompanying costs.

Arizona physicians reported a range of obstacles to electronic exchange of information with other providers (see Table 5). The most reported obstacle was a lack of connectivity between EMRs and other systems (52.5%). Many of the obstacles reported in Table 5 are technological in nature, though data availability in lack of information from other providers (39.5%) and lack of technological support for problems (29.7%) were also noted. More than one-quarter of physicians reported no significant problems exchanging electronic information with other providers.

It is noteworthy to compare findings from Tables 3 and 5. Most physicians reported electronically exchanging each of the seven types of data surveyed: Patient Care Summary, Prescription 'e-prescribing', Lab Results, Reminders for Guideline Based Interventions, Radiology Results, Images Results, and Public Health Reports. Yet only one-quarter indicated that they had “no significant problems” electronically exchanging health data with other providers. This suggests that even though physicians may be electronically exchanging information with other providers, residual problems may remain.

Table 5. Obstacles to Exchanging Electronic Information with Other Providers, 2019-2021 (N = 5,289; W = 32,924)

Obstacles to Exchange Information	*Number of Physicians*	*Percent*
Lack of a health Information exchange	819	20.6%
Concerns with maintaining patient confidentiality	820	19.9%
Lack of technological support for problems	1,170	29.7%
Lack of connectivity between my EMR and other systems	2,114	52.5%
Lack of information from other providers	1,619	39.5%
No significant problems	1,173	25.5%
Other	154	4.0%

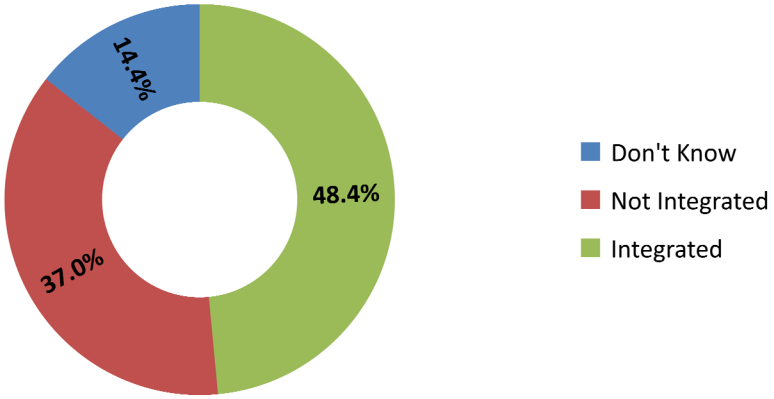
Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 437 physicians did not respond to this question.

Provision of Integrated Physical & Behavioral Health Care

A major initiative to improve health care delivery and quality includes improved care coordination and communication. AHCCCS recently integrated physical and behavioral health care service components across many of its populations (Arizona Health Care Cost Containment System 2020). Beginning in 2019, Arizona physicians were surveyed about their delivery of integrated physical and behavioral health care services. Of physicians responding to this question, 48.4% indicated that their organization provided integrated physical and behavioral health care, 37% indicated that their organization did not provide integrated physical and behavioral health care, and 14.4% indicated that they did not know. See Figure 5.

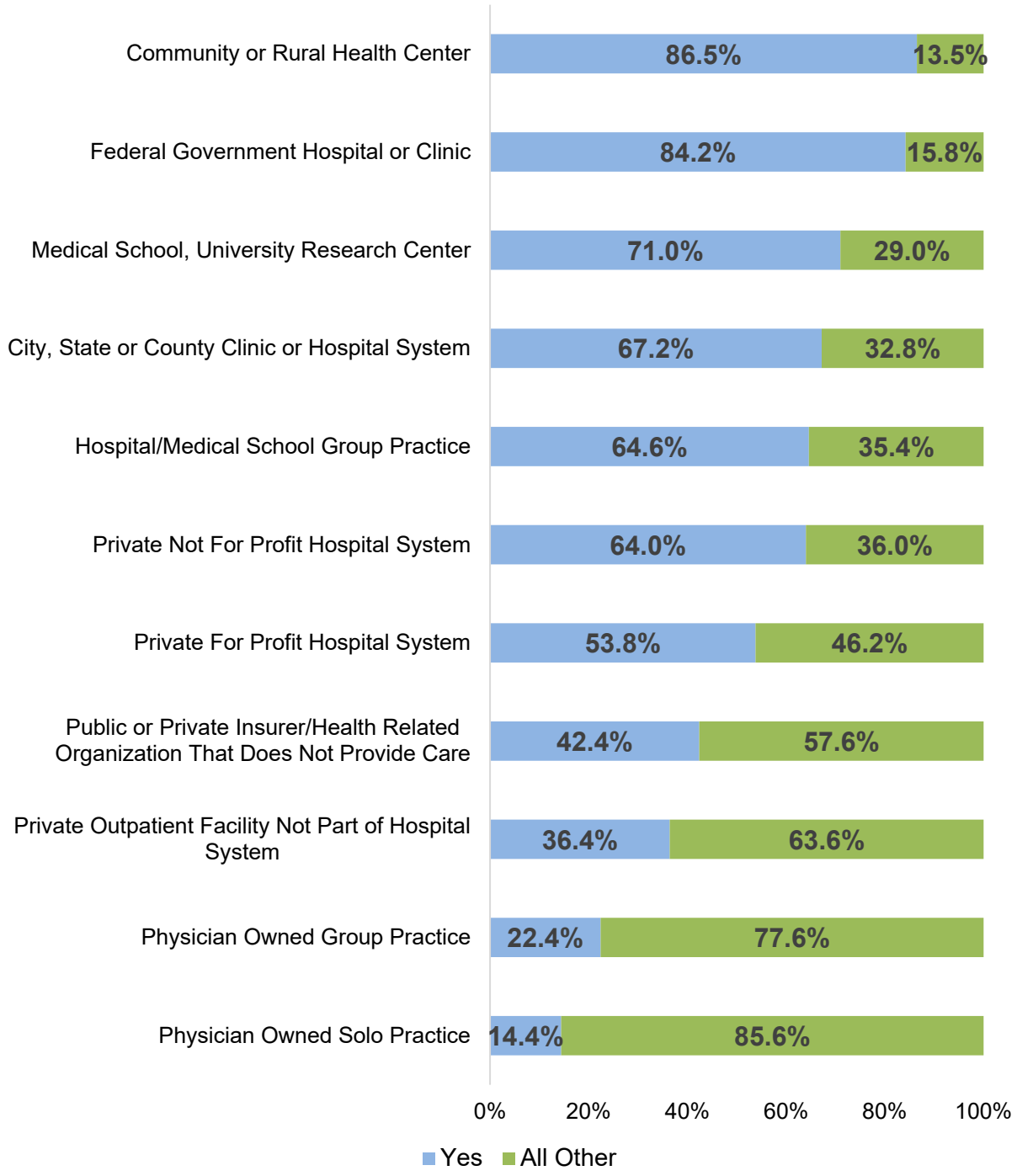
Figure 5. Percent of Organizations Providing Integrated Physical and Behavioral Health Care, 2019-2021 (N = 4,346; W = 26,302)



Source: AMB, ABOE Survey Data, April 2019–March 2021.
Note: There were 1,034 physicians who did not respond to this question.

Provision of integrated physical and behavioral health care varied by physician organization type (See Figure 6). Just under half of respondents indicated that their organization provided integrated physical and behavioral health care. Integrated physical and behavioral care is most common in community or rural health centers (86.5% integrated), federal government hospitals or clinics (84.2% integrated), and medical schools/university research centers (71.0% integrated). Integrated physical and behavioral care is least common in physician-owned solo practices (14.4%), physician-owned group practices (22.4%), and private outpatient facilities that are not part of a hospital system (36.4%).

Figure 6. Integrated Physical and Behavioral Health Care by Type of Practice, 2019-2021 (N = 4,599; W = 27,718)

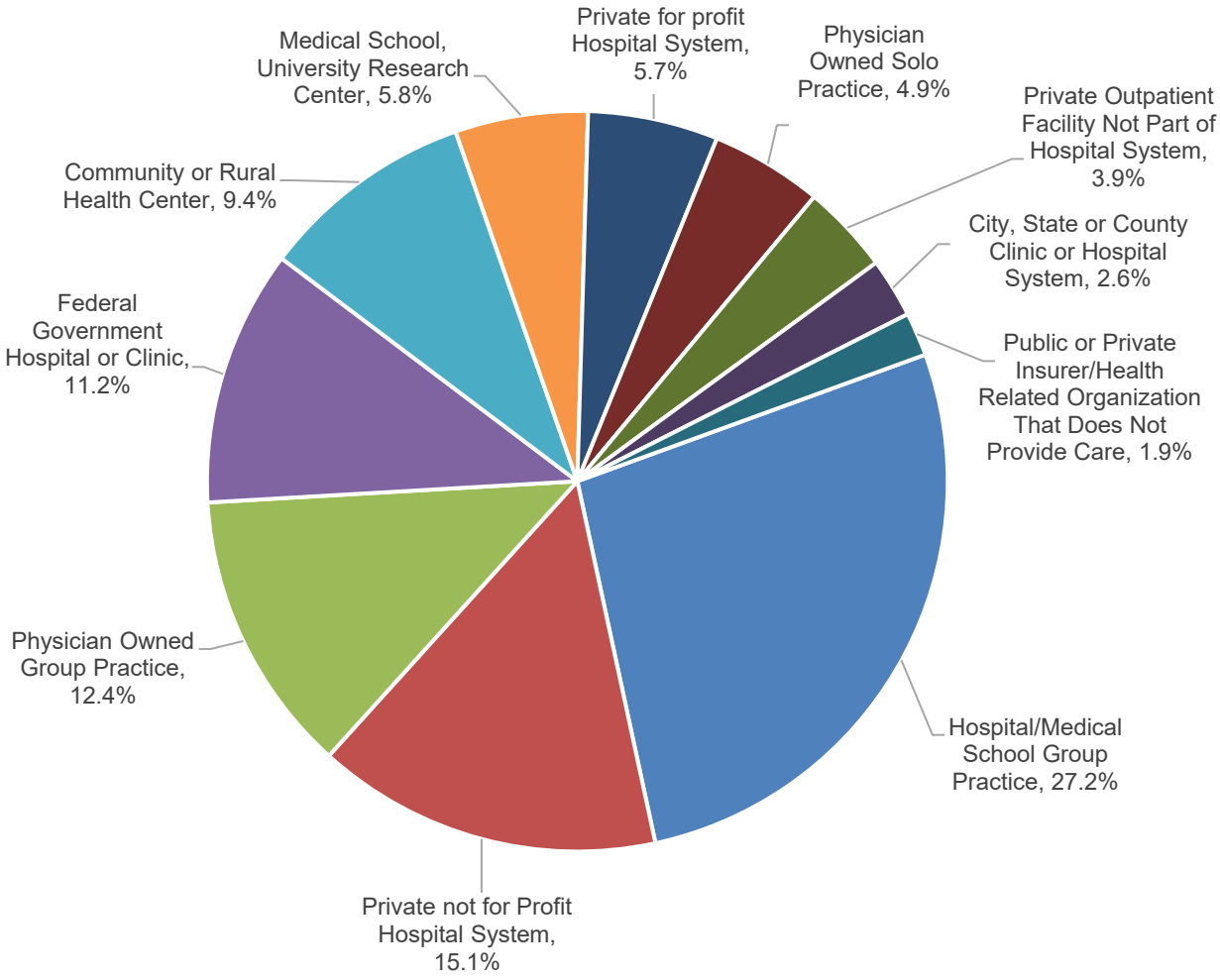


Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: There were 1,060 physicians who did not respond to this question. *"All Other"* includes physicians who responded *"No"* or *"Don't Know"*.

Looking at the entire population of physicians providing integrated physical and behavioral health care services (Figure 7), we can see that 27.2% are located at hospital or medical school group practices, 15.1% are at private not-for-profit hospital systems, and 12.4% are at physician-owned group practices.

Figure 7. Distribution of Physicians Who Provide Integrated Physical and Behavioral Health Care by Type of Practice, 2019-2021 (N = 1,992)



Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: Only physicians who responded *"Yes"* are included in this figure. The percentages are not weighted.

Physicians practicing in settings that provide integrated physical and behavioral health care were extremely likely to be using EMRs (Table 6). This suggests that EMR usage is associated with likelihood of provision of integrated physical and behavioral health care services among Arizona physicians. While it is beyond the scope of the survey to determine which caused which, the association between EMR usage and integrated care can be viewed as an indicator of two ostensibly positive trends in Arizona.

Table 6. Integrated Physical and Behavioral Health Care by EMR Utilization, 2019-2021 (N = 4,442; W = 26,844)

EMR Utilization	*Integrated*		*Not Integrated*		*Don't Know*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Utilizes EMR	1,966	49.7%	1,551	35.7%	617	14.5%	4,134	100.0%
No EMR	38	19.9%	149	68.1%	22	11.9%	209	100.0%
Total	2,004	48.5%	1,700	37.0%	639	14.4%	4,343	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 1,037 physicians have missing data for this question.

Among physicians who practice in a setting that is not currently delivering integrated physical and behavioral health services, only 8.9% indicated future plans to integrate delivery (see

Table 7). In contrast, more than half (51.2%) said they had no plans and 39.8% said they did not know. Future plans for integrating physical and behavioral health service delivery were most common in federal government hospitals or clinics (29.1% of physicians reported integration plans) and community or rural health centers (28.4%). It is possible that these estimates are driven in part by the relatively small numbers of physicians reporting from these settings. Plans for integration were uncommonly reported by physicians in solo or group practices. Nevertheless, the relatively low proportion of physicians who indicated future plans to integrate delivery is an important and notable finding for future trends in health care delivery in Arizona.

Table 7. Future Plans to Integrate Physical and Behavioral Health Care by Type of Practice, 2019-2021 (N = 4,586; W = 27,622)

Type of Practice	*Yes*		*No*		*Don't Know*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Physician Owned Solo Practice	30	7.1%	385	80.2%	67	12.5%	482	100.0%
Physician Owned Group Practice	41	4.8%	565	66.1%	286	29.0%	892	100.0%
Hospital/Medical School Group Practice	29	8.5%	73	25.7%	223	65.6%	325	100.0%
Community or Rural Health Center	11	28.4%	7	14.2%	26	57.3%	44	100.0%
Private Outpatient Facility Not Part of Hospital System	13	11.6%	57	45.4%	57	42.8%	127	100.0%
City, State or County Clinic or Hospital System	4	13.0%	10	35.4%	17	51.5%	31	100.0%
Federal Government Hospital or Clinic	11	29.1%	5	10.0%	28	60.7%	44	100.0%
Private For Profit Hospital System	8	8.1%	26	23.7%	84	68.1%	118	100.0%
Private Non-Profit Hospital System	28	19.8%	27	12.1%	119	68.0%	174	100.0%
Medical School, University Research Center	3	3.4%	14	23.1%	37	73.4%	54	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	9	18.1%	24	45.1%	17	36.6%	50	100.0%
Total	187	8.9%	1,193	51.2%	962	39.8%	2,342	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

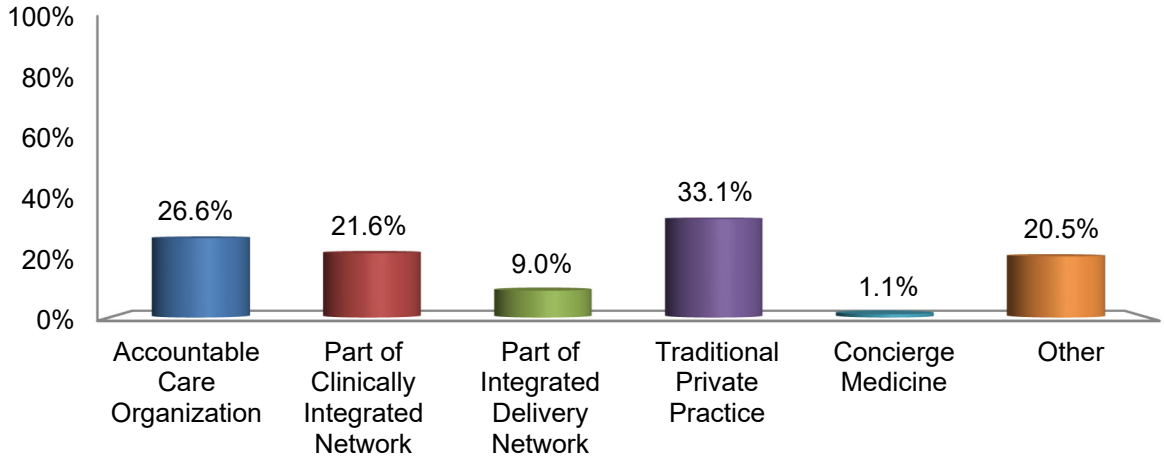
Note: 3,038 physicians were excluded due to missing data. This question is asked only to docs who say *"No"* to current integration.

Physician Practice Characteristics

Beginning in 2019, Arizona physicians were surveyed about their organization's care network. Of physicians responding to this question, 33.1% indicated that their organization was a traditional private practice, 26.6% indicated that they were part of an ACO, and 21.6% indicated that they were part of a clinically integrated network (see Figure 8).

Physicians' type of network was associated with differing levels of provision of integrated physical and behavioral health care (see Table 8). Notably, while 59.2% of ACO participants reported that they were currently providing integrated physical and behavioral health care services, only 19.7% of physicians in private practice are providing integrated care.

Figure 8. Physicians' Characterization of Their Organizational Network, 2019-2021 (N = 4,358; W = 26,336)



Source: AMB, ABOE Survey Data, April 2019–March 2021.

Notes: The only physicians included in this table are those who answered one of the options affirmatively. Unfortunately, due to errors in the execution of this survey question it is impossible to distinguish a "No" response from a missing response. Thus, given the "check all that apply" nature of this question, the respondent needed to check at least one box to be included (Traditional Private Practice).

Table 8. Integration of Physical and Behavioral Health Care by Type of Network, 2019-2021 (N = 4,346; W = 26,302)

Type of Network	*Currently Integrated*		*Plans to Integrate*		*No Future Plans*	
	N	*%*	*N*	*%*	*N*	*%*
Accountable Care Organization (ACO)	648	59.2%	49	4.6%	419	36.1%
Clinically Integrated Network (CIN)	574	69.1%	19	2.5%	256	28.2%
Integrated Delivery Network (IDN)	250	71.5%	13	3.6%	94	24.8%
Traditional Private Practice	291	19.7%	43	3.2%	1,159	77.0%
Concierge Medicine	15	31.9%	1	0.8%	32	67.1%
Other	422	54.7%	20	2.9%	367	42.2%
Did Not Answer	280	58.4%	8	2.1%	218	39.4%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Notes: *"Plans to Integrate"* includes those who are not integrated and those who do not know if they are integrated, but they both have active plans for the future. *"No Future Plans"* only includes those who are not integrated and who do not know if they are integrated. 1,034 physicians were ineligible for this table due to missing data.

Care network type was also highly associated with physicians' EMR usage. The vast majority of physicians practicing in ACOs, CINs, or IDNs reported EMR usage (Table 9). Physicians in traditional private practice were relatively more likely to be non-EMR users—and these physicians made up the majority (62.8%) of non-EMR users—though it is still uncommon for any physician to not be using EMR as of the 2019-2021 survey.

Table 9. The Type of Network in Which You Practice by EMR Utilization, 2019-2021 (N = 4,439; W = 26,824)

EMR Use	*Accountable Care Organization (ACO)*		*Clinically Integrated Network (CIN)*		*Integrated Delivery Network (IDN)*		*Traditional Private Practice*		*Concierge Medicine*		*Other*		*Did Not Answer*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Utilizes EMR	1,121	26.7%	855	21.7%	360	9.0%	1,375	31.0%	46	0.9%	775	18.7%	505	12.1%
No EMR	12	7.0%	7	3.8%	2	0.8%	145	62.8%	2	1.1%	40	18.3%	36	15.6%
Total	1,133	25.9%	862	20.9%	362	8.7%	1,520	32.3%	48	0.9%	815	18.6%	541	12.3%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table 10. The Type of Network in Which You Practice by Patient Care Summary Exchange, 2019-2021 (N = 3,563; W = 21,302)

Patient Care Summary Exchange	*Accountable Care Organization (ACO)*		*Clinically Integrated Network (CIN)*		*Integrated Delivery Network (IDN)*		*Traditional Private Practice*		*Concierge Medicine*		*Other*		*Did Not Answer*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Yes	737	29.0%	541	22.5%	218	8.9%	921	32.1%	38	1.3%	419	17.0%	213	8.8%
No	98	20.7%	84	16.7%	47	10.0%	137	29.4%	1	0.0%	138	28.6%	85	17.1%
Don't Know	77	16.1%	64	15.3%	29	7.1%	174	37.2%	2	0.3%	160	30.8%	81	17.0%
Total	912	26.2%	689	20.8%	294	8.8%	1,232	32.4%	41	1.0%	717	20.4%	379	11.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

As with EMR usage, physicians in ACOs, CINs, or IDNs were more likely than their counterparts in traditional private practice to electronically exchange patient care summaries (Table 10). ACOs, CINs, and IDNs may have relatively more need for the electronic exchange of patient care summaries, but it is not possible to determine which factor caused the other (if the two are even causally linked). The association between EMR usage and exchange of patient care summaries and physicians' participation in ACO or integrated network models are two ostensibly positive trends.

Use of Scribes

One of the problems that physicians faced in switching to EMRs was the loss of patient contact while a physician entered data into a computer. A response to this problem was the creation of the "scribe" position, a person who before, during, or after the physician-patient encounter portion of a visit performs the data entry. Our information on the use of scribes begins with the 2015-2018 survey. The results in Table 11 suggest that scribes are not in widespread use across any of the storage methods surveyed. We will continue to track trends in the use of scribes although the numbers are still too small to reliably track across survey waves, examine scribe usage only at certain practice types, or compare AHCCCS to non-AHCCCS physicians usefully.

Table 11. Physicians Who Used a Scribe for Data Entry, 2019-2021 (N = 4,309; W =26,068)

Storage Method	*Number of Physicians*	*Percent*
EMR Only	203	14.0%
EMR + Paper Only	1	12.9%
EMR + Scanned Images Only	7	15.0%
Paper + Scanned Images + EMR	284	14.5%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

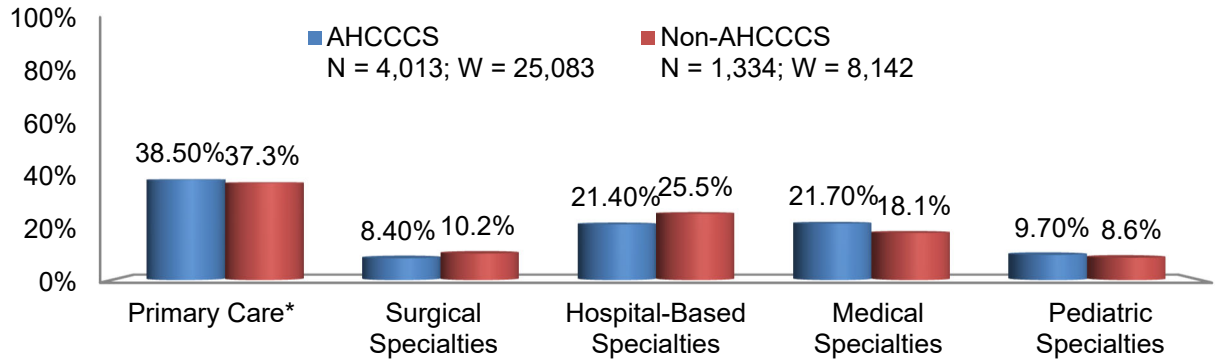
Comparing AHCCCS to Non-AHCCCS Physicians

We define an "AHCCCS Physician" as one who has an active agreement with AHCCCS, either as an individual or group/organization, to deliver health care to eligible members. AHCCCS supplies its provider database to CHiR so they can be matched with the licensing data from the medical boards. AHCCCS physicians may treat both AHCCCS patients and patients who are not members of AHCCCS. In contrast, "non-AHCCCS physicians" (NAHC) only treat patients who are not members of AHCCCS.

This section of the report compares some characteristics of AHCCCS physicians to NAHC. Complete descriptions of the results on both groups are included in Appendixes C and D. It is important to note that our classification of a physician as an AHCCCS physician versus NAHC does not consider the number of AHCCCS vs. non-AHCCCS patients served, nor other measures of patient volumes or current acceptance of new patients.

It is often suggested that Medicaid enrollees do not have access to the same types of physicians as privately insured patients. The data in Figure 9 show that the distribution of AHCCCS physicians by specialty is very similar to that for NAHC physicians, except for Hospital-Based Specialties and Medical Specialties. AHCCCS physicians are less likely to provide Hospital-Based Specialties and more likely to provide Medical Specialties. It is also true that the AHCCCS providers include roughly 73% of all physicians in Arizona. Therefore, there is considerable overlap and alignment between the physicians who treat AHCCCS clients and those who treat other privately insured patients or patients without insurance.

Figure 9. Distribution of Practicing Physicians by Specialty, 2019-2021



Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: *Primary care includes family/general practice, geriatrics, and internal medicine not involving a specialty. Primary specialty reported by physician at the time of licensure. 22 non-AHCCCS physicians and 11 AHCCCS physicians did not report specialty to the medical board.

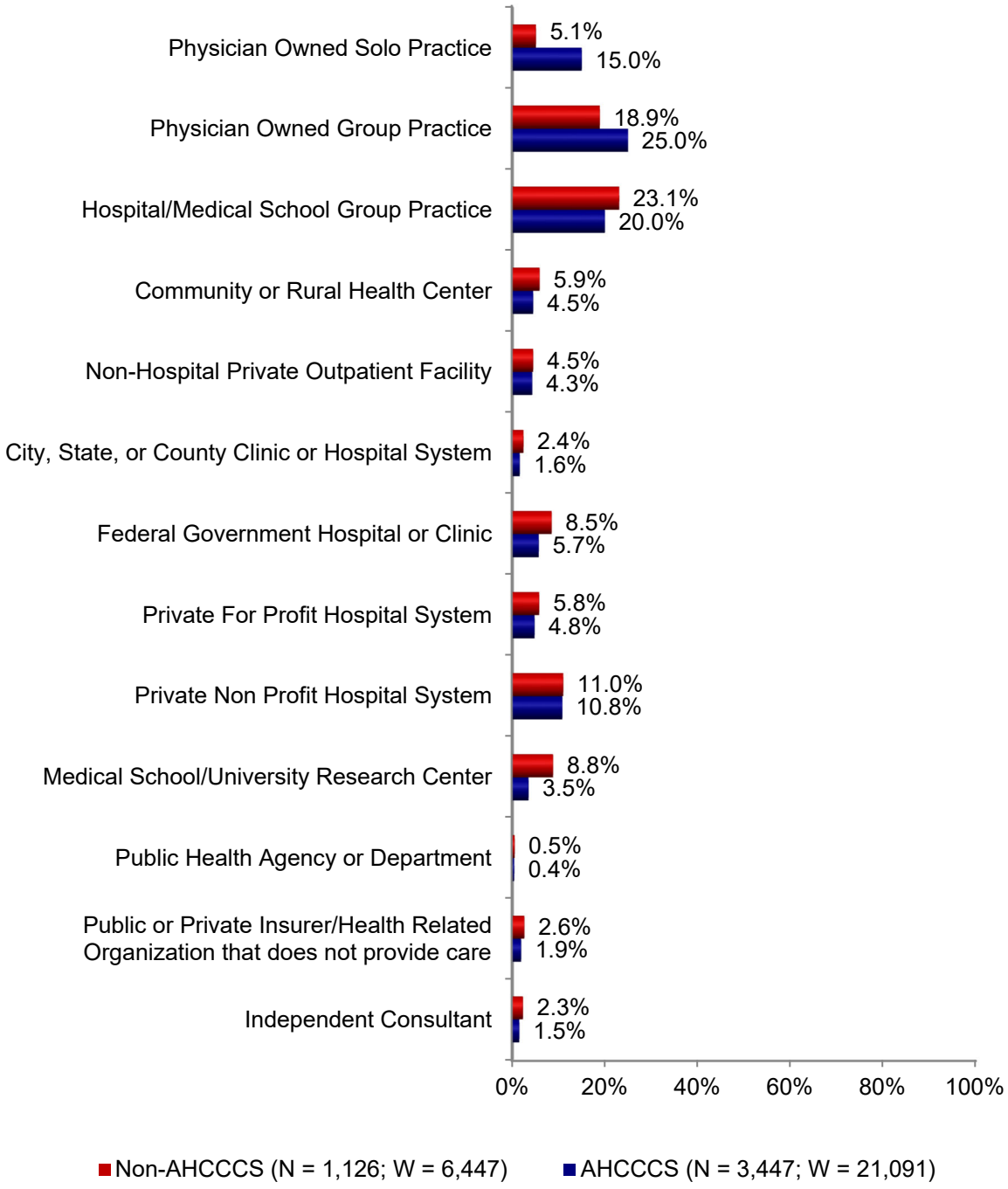
Practice Characteristics

The distribution of physicians by type of practice in Figure 10 represents the prevalence of practice types within each group. It is not weighted by the size distribution of physicians, so it is important to remember that 73% of the physicians are AHCCCS physicians. In terms of direct services to patients, AHCCCS physicians are more likely than NAHC physicians to practice in solo practices and group practices.

The practice settings in which AHCCCS physicians are more likely to practice than NAHC physicians (relative to their own colleagues) are in Physician Owned Solo Practice (15.0% AHCCCS vs. 5.1% NAHC) and Physician Owned Group Practice (25.0% vs. 18.9%).

The prevalence of solo practice is declining in Arizona, in part due to acquisitions of practices by hospital systems. The percentage of all physicians in solo practice dropped from 24% in 2007-2009 to 11% in 2017-2019. Solo practice physicians are less likely to serve AHCCCS patients than physicians in group practices. Solo practices are much less likely to report using EMRs than are physicians in other practice settings. All else equal, utilization rates of EMRs may continue to increase as the percentage of physicians in solo practice declines.

Figure 10. AHCCCS vs. Non-AHCCCS Physicians by Type of Practice, 2019-2021



Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 577 AHCCCS physicians and 230 non-AHCCCS physicians did not report type of practice (missing). Percentages are based on responses.

The Utilization of Electronic Medical Records

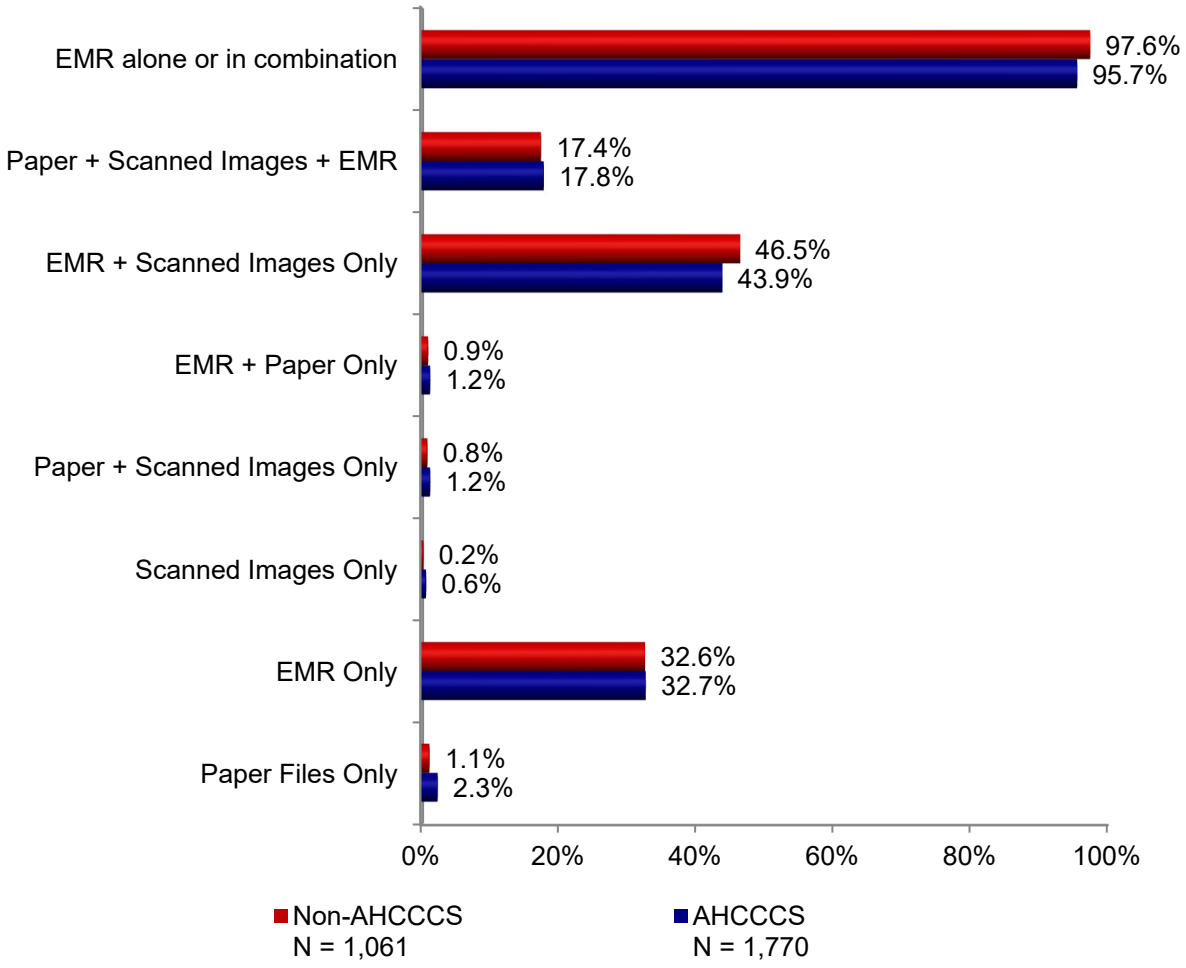
It has been suggested that Medicaid patients are less likely to be treated by physicians with EMRs. However, research results are mixed. Hing and Burt (2009), for example, estimate that physicians serving Medicaid patients in the U.S. are less likely to use EMRs. A similar result was obtained by Shields, Shin, et al. (2007), although their data are restricted to Community Health Centers and pre-date the large-scale increases in EMR uptake that took place in the last decade. The opposite conclusion was reached by Shields, Rao and Kwong (2008) using national survey data and by Jha, et al. (2009), analyzing data from Massachusetts. The sensitivity of the results to the geographic base is undoubtedly influenced by interstate differences in the composition and management of Medicaid plans. Data from previous waves of Arizona surveys do not suggest that AHCCCS participating physicians are less likely than non-AHCCCS participating physicians to utilize EMRs.

The results in Figure 11 show that as of 2019, AHCCCS participating physicians are slightly more likely than NAHC physicians to use EMRs. These results are consistent with a recent study that evaluated whether persons in poverty were receiving a proportionate share of the benefits of EMRs. Butler, Harootunian, and Johnson (2013) analyzed the Arizona data and found that AHCCCS physicians were significantly more likely to use EMRs than NAHC physicians. They also found that the EMRs used by the AHCCCS physicians were generally of a more advanced nature. The AHCCCS provider EMRs were, for example, more likely to meet Meaningful Use criteria and qualify for the CMS Promoting Interoperability Programs (Centers for Medicare and Medicaid Services 2021).

Figure 11 shows that, rather than being denied the benefits of EMRs, AHCCCS patients are at least as likely to be treated by physicians with EMRs as non-AHCCCS patients. The difference between the patient groups (AHCCCS 98% vs. NAHC 96%) is small, and remains largely the same as the previous study, which found a difference of 43% vs. 34% (Butler, Harootunian and Johnson 2013). The most important difference, however, is that roughly 33% of both AHCCCS and NAHC physicians use EMRs as their only medical record.

The trend suggests that overall differences between AHCCCS and NAHC physicians' use of EMRs are disappearing as the use of EMRs expands. The differences that remain do not suggest that there is a digital divide whereby AHCCCS physicians are less likely to use EMRs than NAHC.

Figure 11. Methods of Storing Medical Records AHCCCS vs. Non-AHCCCS, 2019-2021 (N = 4,412)



Source: AMB, ABOE Survey Data, April 2019–March 2021.

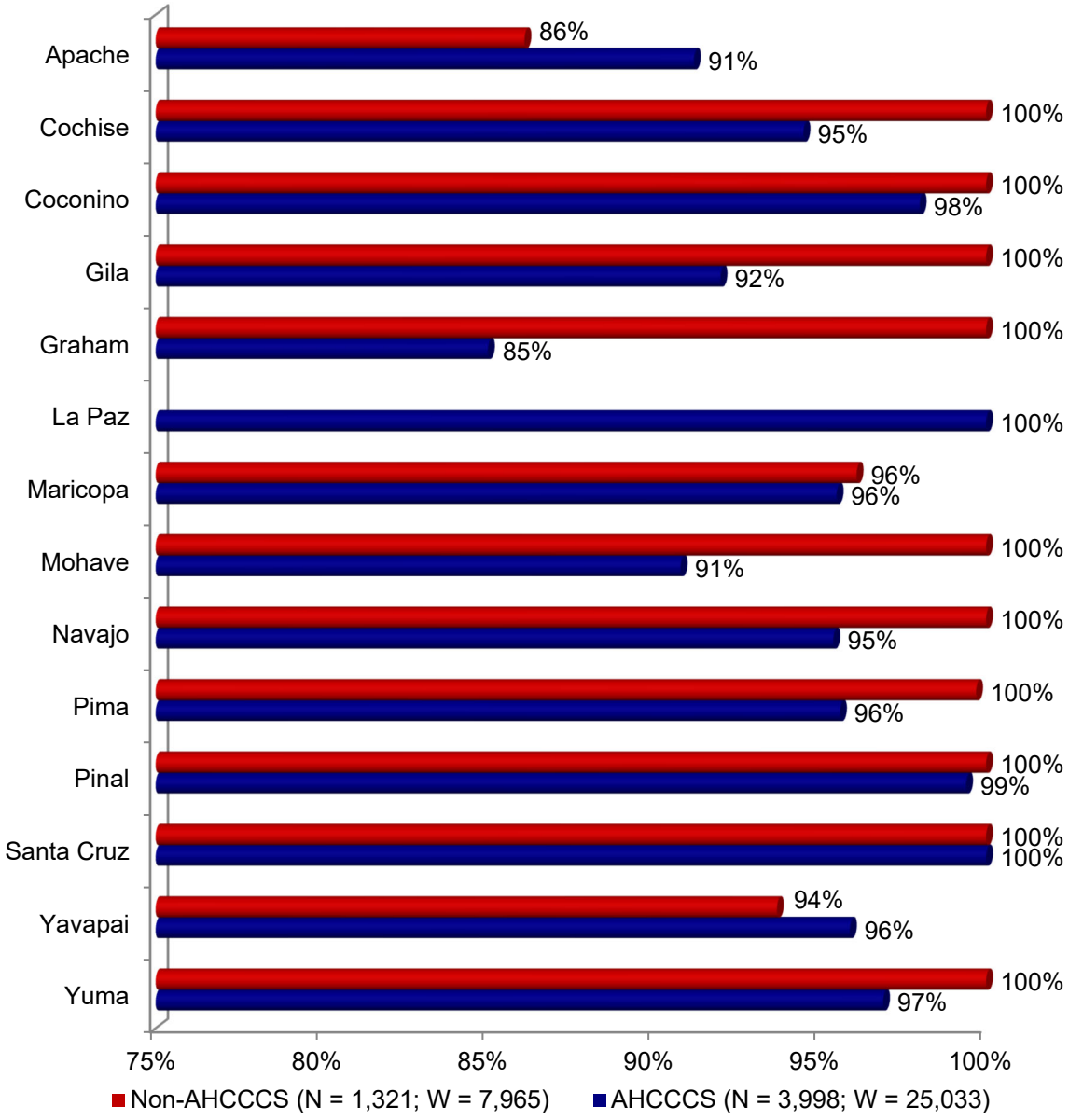
Note: Respondents who did not identify a method of storing medical records (missing): 673 AHCCCS and 295 non-AHCCCS.

*Data on *"EMR alone or in combination"* is not mutually exclusive from other categories.

Urban-Rural Distribution by AHCCCS and Non-AHCCCS Physicians

In Figure 12 below, the distribution of EMR use is shown for both AHCCCS and NAHC by county. Please note that the horizontal scale of the figure was truncated at 75% since EMR usage in every county for both AHCCCS and NAHC was 85% or greater. Due to especially small sample sizes within some counties, the practical effects of observed differences are uncertain.

Figure 12. Physicians EMR Utilization by County AHCCCS vs. Non-AHCCCS, 2019-2021



Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: For AHCCCS physicians, 658 respondents did not identify a method of storing medical records and 116 respondents did not identify their county. For Non-AHCCCS physicians, 283 respondents did not identify a method of storing medical records and 117 respondents did not identify their county. Pima and Maricopa Counties represent the urban areas. All other counties represent the rural areas. Greenlee County had no AHCCCS respondents. Greenlee and La Paz had no Non-AHCCCS respondents.

We characterize Maricopa and Pima counties as urban areas because they include the largest metropolitan areas in Arizona. However, both counties are large and include areas where the population density is low enough that it may be more accurately characterized as rural.

Summary & Conclusion

The percentage of Arizona physicians using EMRs increased from approximately 45% in 2007-2009 to approximately 96% in 2019-2021. The trend suggests that nearly all Arizona physicians are already using EMRs, but that a select few Arizona physicians do not. The growth is partly influenced by incentives provided by Medicare and Medicaid. It is very challenging to predict if or when the final 4% of Arizona physicians will adopt EMRs, but as of 2021 these non-EMR-using physicians represent a very small minority of physicians.

EMR usage was high in all Arizona counties, with some seeing 100% of physicians reporting use. EMR use is lowest among older physicians and physicians in solo practices. The age-related effects are decreasing with the gradual replacement of retiring older physicians by younger physicians. The practice setting-related effects are also attenuating due to consolidation of solo practices into larger group or hospital-based practices.

EMR usage was more common in settings providing integrated physical and behavioral health care and in ACO, CIN, and IDN settings. It was relatively rare for physicians from these types of settings to report not using EMR. It was also much more common for physicians in these more integrated settings to report electronic exchange of health care information than physicians who were not in more integrated settings. The survey did not specifically address whether physicians used EMRs first and then began use of more integrated care delivery approaches or the reverse. However, given the initiatives aimed at promoting more integrated care delivery approaches occurring both at AHCCCS and across the broader health care system, it is perhaps not the role of this survey to make that distinction. The strong positive association between EMRs and electronic health data exchange and provision of care through integrated care delivery models should be interpreted as a positive sign.

The comparisons of AHCCCS to non-AHCCCS physicians show that the physicians who treat AHCCCS patients are also the physicians who treat nearly all privately insured patients in Arizona. AHCCCS patients are somewhat more likely to be served by physicians with EMRs than are the patients of non-AHCCCS providers, although the difference is declining over time.

The use of EMRs increased more rapidly in the rural counties of Arizona than in the urbanized areas. The Medicare and Medicaid incentives and the support from organizations such as Health Current are often directed to organizations with the most need, including smaller practices, which

typify rural medicine. This appears to have had a very significant impact on the use of EMRs by rural health care providers and Community Health Centers.

The expected benefits of EMRs, such as the avoidance of duplicative tests, require the exchange of information among health care providers. The lack of communication networks is now a much more important obstacle to the realization of the benefits of EMRs than is underutilization of EMRs. Among physicians with EMRs that include functions such as e-prescribing, patient summaries and others, 52% of the physicians share information with other providers. The data, however, include exchanges among providers within organizations such as hospital systems. Exchanges between hospital systems or among solo or group practices are much less frequent.

Health Current continues to expand rapidly with 900 participating organizations, and of those, 236 exchanging their data.

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Appendix A: Methods and Definitions

Methods

The workforce data collection model used by CHiR is based on the principle that survey questions should be limited to information not available from administrative data. The physician survey, therefore, complements the data collected for licensing physicians. Our partners, the physician licensing Boards supply the data that they collect for licensing. The licensing data includes all physicians, but each physician can voluntarily participate in the survey. The survey responses are then matched to the licensing records for each survey respondent.

The survey questions change over time and with different project sponsors. AHCCCS, an agency of the State of Arizona, has sponsored the project since 2007.

The licensing Boards used paper license renewal forms from 1992 through July 2009, greatly restricting the number and complexity of survey questions. The 2007 paper survey consisted, for example, of six questions. The licensing boards converted to electronic applications in 2009, but many physicians continued to use paper forms, and funding was not available to create an electronic survey. Results for the periods July 2007 to March 2019 are described in previous CHiR reports (see chs.asu.edu/chir/publications).

A new electronic survey was implemented in early 2012 with funding from AHCCCS and the Arizona Strategic Enterprise Technology Agency. The electronic survey included an expanded set of questions and many skip patterns and decision trees based on responses entered. A separate set of questions was presented to physicians with Arizona licenses who practice outside the state, allowing examination of the reasons why physicians choose to leave Arizona (Johnson, Bannister, et al. 2008). Many of the survey questions were taken from national surveys, such as the NCHS and the NAMCS surveys, to permit direct comparisons to the national data.

The survey has been modified and expanded since 2012. An expanded version of the survey instrument was implemented in April 2015 (see CHiR/AHCCCS Physician Survey Instrument (2015-2019)). The 2015 version included questions about EMR adoption and use. Depending on usage, physicians were also questioned about their EMR decision-making role in their organizations, brand of EMR used, rating of their EMR systems, plans to install an EMR, and/or what factors influenced that decision, as applicable. In March 2019, the survey instrument was further revised in recognition of the very high rates of EMR adoption. The 2019 version shifted

the focus from EMR adoption to EMR use and electronic exchange of clinical data. Questions related to EMR adoption were replaced with questions about the types of clinical data exchanged and the methods used to exchange that data as applicable. Additional question areas were related to: provision of integrated physical and behavioral health care; the type of organizational network with which each practice is affiliated; awareness of Health Current and the state Health Information Exchange; and a longer list of obstacles to exchanging information to better capture physicians' experiences.

Some studies identify the *number of practices* with EMRs, while this report counts the *number of physicians* with EMRs, as does the NCHS. The number of physicians using EMRs is the most direct measure of potential impact on patients, but the number of practices is a more useful measure of the impact on organizations. A Massachusetts study, for example, reported that almost half of Massachusetts' physicians used EMRs, but less than one-quarter of practices in Massachusetts had adopted EMRs (Simon, et al. 2007).

Definitions

Active license: The licensing boards define active physicians as those whose license has not expired or been suspended. Some physicians renew their licenses after retirement or while on leave. The distinction between physicians with an active license and those who are actively practicing medicine is only obtainable from responses to the survey. The true status of physicians who do not respond to the survey is, therefore, unknown. Survey respondents who indicate that they are retired or semi-retired/on leave physicians with active licenses are excluded from our results.

Electronic Medical Record: Physicians were given the opportunity to select any or all of the possible methods of storing their medical records. The current specific survey question is:

3. How does the organization in which you practice store its medical records**? (Please answer Yes or No to <u>each part</u> a,b,c)**
   a) Paper ☐ Yes ☐ No
   b) Scanned images of paper records ☐ Yes ☐ No
   c) Electronic records (an electronic version of a patient's medical history, including progress notes, diagnosis, medications and other information used in treatment.)
   ☐ Yes ☐ No

Specialty: Physicians can report more than one specialty to the licensing boards, and they need not be board certified in a specialty. We adopt the first specialty reported and do not classify

physicians by multiple specialties. *Pediatric Specialties* are defined as pediatricians or physicians practicing a pediatric subspecialty. *Surgical Specialties* are defined to include surgeons or any surgical subspecialty. *Hospital Based Specialties* include critical care medicine, diagnostic imaging and radiology, emergency medicine, hospitalist medicine, infectious disease, neonatology, respiratory care, transport medicine, anesthesiology, intensive care medicine, pathology, nuclear medicine, rehab and occupational medicine, or radiation oncology. *Primary Care is* defined to include family care, general practice, geriatrics, or internal medicine when no other sub-specialty is listed. All other specialties are defined as *Medical Specialties,* including obstetrics and gynecology, following the conventions used by AHCCCS.

Type of Practice: The practice categories used from 1990-2012 were revised to be more internally consistent for the new electronic survey. Categories that were defined in terms of physician activity (e.g., semi-retired; locum tenens) were replaced by categories representing the type of practice/organization in which physicians work (e.g., solo practice, physician owned group practice). New questions were created to measure physicians' activities. Thus, some data prior to March 2012 are not strictly comparable to data collected subsequently. The 2019 survey revised the practice categories again, so the current results are not strictly comparable to prior periods.

A serious problem with the reporting software in 2009-2011 required estimating utilization rates from the paper surveys to the electronic survey data. The paper surveys represented a substantial portion of the total responses at that time, but the potential agreement between the paper and electronic results could not be validated. The overall results for that period can be interpreted with a reasonable level of confidence, but the results for some individual characteristics are subject to uncertainty.

Survey Sample vs. Population Estimates

Surveys typically begin by selecting some percentage of the group at interest. So, for example, the sample drawn to represent a target population of 1,000 persons might select 20% of the group or 200 persons to whom surveys would be sent. A successful survey would get responses from 60% of the sample or 120 persons. We offer the opportunity to each physician to participate in the survey rather than drawing a sample. More than 5,000 physicians in active practice in Arizona participated in the survey, providing a much larger database than would have been obtained by sampling (see Figure A - 1). The 2017 NAMCS survey results, for example, include 3,300 physicians, representing hundreds of thousands of office-based physicians in the United States.

The final test of any survey is the extent to which the characteristics of the survey respondents match the characteristics of members of the target population.

Survey Weighting Process

In the last four years, programming changes were made to the website where physicians renew their licenses. As a result, a much higher number of physicians did not compete the survey compared to previous cycles. For example, in the 2015-2017 cycle, 11,209 active physicians responded to the survey and 4,604 active physicians did not respond. For the 2017-2019 cycle, 2,895 active physicians responded to the survey and 14,611 did not. A similar low response rate occurred again in the 2019-2021 wave. The low response rate resembles a sample rather than the full representation of the total physician population in Arizona. Therefore, we instituted weighting of the respondents to more closely represent the full physician population.

Weighting Physicians Using Administrative Data

Since we have full administration data on all physicians, we used the auxiliary variables in this data to create a distribution of the physician population and to compare it to the distribution of the survey respondents. We used as many variables as were available, including physician type (allopathic vs. osteopathic), physicians treating AHCCCS patients vs. physicians not treating AHCCCS patients, geographic setting (County, city, rural, urban), gender, age, specialty, length of practice in Arizona, total length of practice. The following variables were found to be significant: physician type, treating AHCCCS patients, age, urban/rural setting.

From the significant variables, we compared the survey respondents to the total physician population. In one example, we found that 80% of survey respondents were osteopathic and 20% were allopathic, which is the opposite of the total physician population (80% allopathic, 20% osteopathic). To compensate for this, we added a large weight to the allopathic survey respondents to match the total population and added weights to the other significant variables to achieve a similar distribution of the survey respondents to the total physician population.

Validating the Weighting

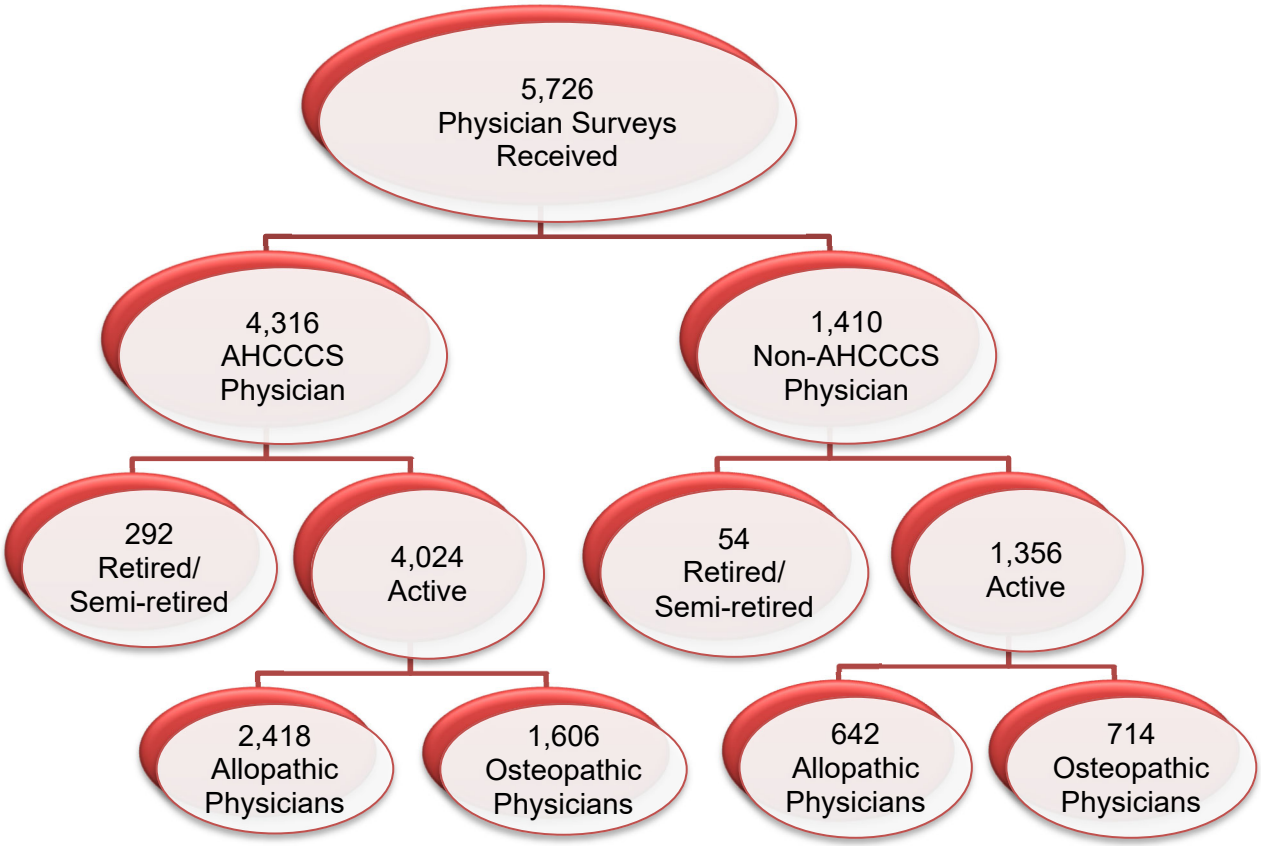
After completing the weights from the administrative data, we validated it against the survey data to ensure there were no unexpected changes in the results. From previous cycles of approximately 80% survey response rates, we know that approximately 5% of physicians are retired/semi-retired. The weighted survey results matched prior cycles. We further validated the

weights by extracting the cohort of physicians who responded to the survey in this cycle and also responded in the previous cycle. Upon comparing the cohort results to the rest of the physician population in the previous cycle, we determined that the cohort was representative of the entire prior physician population. We also found that the cohort was representative of the physicians in the current cycle who had not previously responded to the survey. Additional statistical tests were also conducted to ensure the weighted survey respondents were similar to the total population.

Non-Response Bias

Because the licensing data include all respondents and non-respondents, it permits a unique comparison of the respondents to non-respondents. This opportunity is limited in most surveys to comparisons between persons in the survey sample and respondents since specific information on the total target population is not available. The data in Table A-1 compares the respondents to the non-respondents.

Figure A - 1. Actual Surveys Received, 2019-2021



Source: AMB, ABOE Survey and Administrative Data, April 2019-March 2021.

Table A - 1. Comparison of Respondents to Non-Respondents, 2019-2021

Characteristic	*Respondents (N =5,726)*		*Non-Respondents (N = 5,861)*		*P-Value*
Sex					
Female	1,840	32.1%	1,868	31.8%	NS
Male	3,793	66.2%	3,855	65.7%	NS
Total	5,633	98.3%	5,723	97.6%	
Age Group					
25 - 34	458	7.9%	456	7.7%	NS
35 - 44	1,476	25.7%	1,434	24.4%	NS
45 - 54	1,445	25.2%	1,511	25.7%	NS
55 - 64	1,279	22.3%	1,315	22.4%	NS
65+	1,068	18.6%	1,145	19.5%	NS
Total	5,726	100.0%	5,861	100.0%	
Specialty					
Primary Care	2,339	40.8%	1,886	32.1%	<0.01
Medical	1,175	20.5%	1,398	23.8%	<0.01
Hospital-Based	1,242	21.6%	1,438	24.5%	<0.01
Pediatric	457	7.9%	524	8.9%	NS
Surgical	480	8.3%	605	10.3%	<0.01
Total	5,693	99.4%	5,851	99.8%	
Location					
Maricopa County	3,731	65.1%	3,896	66.4%	NS
Pima County	905	15.8%	1,153	19.6%	<0.01
All Other Counties	1,090	19.0%	812	13.8%	<0.01
Total	5,726	100.0%	5,861	100.0%	

Source: AMB, ABOE Survey & Licensing Data, April 2019–March 2021.

Note: This Figure excludes retired and semi-retired physicians. A p-value of .05 or less implies only a 5% probability of declaring the relationship significant when in fact it is not. NS = no significant difference. Gender was unknown for 93 (1.6%) respondents and 138 (2.4%) non-respondents. Specialty was unknown for 33 (0.6%) respondents and 10 (0.2%) non-respondents.

CHiR/AHCCCS Physician Survey Instrument (2015-2019)

Since 1991, the Arizona Physician Survey has, with the cooperation of physicians, their licensing boards and their professional associations, collected important information on the physician workforce. The current survey focuses on the use of medical records that are electronic (often called electronic medical records (EMRs) or electronic health records (EHRs). Your participation is encouraged by the ***Arizona Medical Association*** and the ***Arizona Osteopathic Medical Association***. The survey includes an opportunity for you to express your opinions on the benefits and limitations of EMRs. Your answers are confidential and results are published only in aggregate form.

1. Which one of the following **best** describes your employment status? **(check one)**

a) Actively employed in Arizona in direct patient care ☐ *{if checked ask:}*
   i. I usually treat _____patients in a typical work week.
   ii. I usually work _____hours/day, _____days/week, and _____weeks/year.
b) Provide telemedicine services to Arizona patients ☐
c) Actively employed in Arizona but not in direct patient care ☐
d) Actively employed outside of Arizona ☐ *{if checked skip to separate survey questions for out of state physicians*}
e) Retired/ Semi-retired/on leave ☐ *{if checked go to end fill all intermediate questions with DNA}*

2. Have you joined a different organization since your last licensing application?
☐ Yes ☐ No *{if yes, go to 3}*

3. Which one of the following **best** describes the organization in which you practice

a) ☐A physician owned solo practice *{if checked, skip to 4 d);*
b) ☐A physician owned group practice
   i. Approximately how many physicians are associated with this organization? [check one]
      i. 2-5 physicians ☐
      ii. 6-50 physicians ☐
      iii. 51-94 physicians ☐
      iv. 95 or more physicians ☐

c) ☐A hospital or medical school physician group practice ☐
   i. Approximately how many physicians are associated with this organization? [check one]
      i. 2-5 physicians ☐
      ii. 6-50 physicians ☐
      iii. 51-94 physician ☐
      iv. 95 or more physicians ☐

d) ☐A community or rural health center (e.g. federally qualified CHC) ☐
   i. Approximately how many physicians are associated with this organization? [check one]

i. 2-5 physicians ☐
ii. 6-50 physicians ☐
iii. 51-94 physician ☐
iv. 95 or more physicians ☐

e) ☐ Private Outpatient Facility not part of a hospital system (e.g. Urgent Care center, insurer owned clinic, etc.)
   i. Approximately how many physicians are associated with this organization? [check one]
      i. 2-5 physicians ☐
      ii. 6-50 physicians ☐
      iii. 51-94 physician ☐
      iv. 95 or more physicians ☐

{if 3f or 3g or 3h or 3i or 3j checked, then check 4a) and ask 6}

f) ☐ Federal Government hospital or clinic (e.g. VA, IHS)
g) ☐ City, State or County clinic or hospital
h) ☐ Private For Profit Hospital system
i) ☐ Private Not for Profit Hospital System
j) ☐ Public or private health Insurer, pharmaceutical company or other health related organization that does **not** provide care. ☐ Medical school, university, research center
k) ☐ Independent Consultant
l) ☐ Public Health Agency or Department *{if checked then check 4 a) & skip to 17; auto code intermediate questions as DNA}*
m) ☐ Other_____

4. Which of the following **best** describes your primary role in the organization in which you practice? **Please Check Only One Box**
a) ☐ Employee/contractor/locum tenens
b) ☐ Faculty
c) ☐ Student (include residents, fellows etc.)
d) ☐ Owner, partner, partner, part-owner *{if checked, then ask}*

5. Are you the person who decides or would decide to purchase or replace an EMR/EHR system?
a) ☐ Sole decision maker
b) ☐ Shared decision
c) ☐ Decided by others

6. How does the organization in which you practice store its medical records**? (Please answer Yes or No to <u>each part</u> a, b, c)**
a) Paper ☐ Yes ☐ No
b) Scanned images of paper records ☐ Yes ☐ No

c) Electronic files (an electronic version of a patient's medical history, including progress notes, diagnosis, medications and other information used in treatment.)
☐ Yes ☐ No

{*if 6 c) checked no, skip to 11; code 6 c) i, ii, iii, iv, v and 7 (all parts) and 8 (all parts) as DNA; if yes, continue}*

i. What is the name of your current EMR/EHR system **Please check only one box**

1. ☐ ADP AdvancedMD
2. ☐ ALERT
3. ☐ Allscripts
4. ☐ AltaPoint
5. ☐ Amazing Charts
6. ☐ Aprima
7. ☐ Artemis/digiChart
8. ☐ Athena Health
9. ☐ Avatar
10. ☐ Cerner
11. ☐ Chart Logic
12. ☐ Chart Source
13. ☐ ClaimTrak
14. ☐ eClinicalWorks
15. ☐ Empower
16. ☐ Epic
17. ☐ eMDs
18. ☐ GE Centricity
19. ☐ Glo Stream
20. ☐ gMed/gGastro
21. ☐ Greenway Medical
22. ☐ HealthPort
23. ☐ MacPractice
24. ☐ McKesson
25. ☐ Medhost/HMS HealthTech/ PatientLogic
26. ☐ Meditech
27. ☐ NextGen
28. ☐ Noteworthy
29. ☐ Office Ally
30. ☐ Office Practice
31. ☐ Optum/CareTracker
32. ☐ Picis
33. ☐ Practice Fusion
34. ☐ Sage
35. ☐ SOAP ware
36. ☐ Sunrise
37. ☐ Other_____ (**please insert name**)
38. ☐ Don't Know

ii. On a scale of 1 (awful) to 5 (outstanding), how would you rate your EMR/EHR system in terms of:

a. Ease of use	☐1	☐2	☐3	☐4	☐5
b. Effect on your productivity	☐1	☐2	☐3	☐4	☐5
c. Effect on staff productivity	☐1	☐2	☐3	☐4	☐5
d. Effect on patient satisfaction	☐1	☐2	☐3	☐4	☐5
e. Reliability	☐1	☐2	☐3	☐4	☐5
f. Performance versus vendor's promises	☐1	☐2	☐3	☐4	☐5

iii. Do you have a scribe enter the data while you examine and communicate with the patient? ☐ Yes ☐ No

iv. In approximately what year did you first use your current electronic medical record?

☐Before 2005	☐2009	☐2013
☐2006	☐2010	☐2014
☐2007	☐2011	
☐2008	☐2012	

1. Was this a replacement for a different brand of electronic medical record? ☐ Yes {go to a} ☐ No ☐ Don't Know

7. Does your EMR/EHR system include the following functions? **(CHECK ALL THAT APPLY)**

Functions	**7 a) Is the Function Included in the EMR?**	**7 b) Do You Use the Function?**	**7 c) Do you exchange this information using your EMR/EHR to organizations outside your practice or the hospital system in which you practice?"**
i. Patient Care Summary	☐Yes ☐No ☐ Don't Know *{If ne yes set 7 b)i and 7 c) i equal No; then go to 7 a) ii else continue}*	☐ Yes ☐ No *{if No set 7 c) i to no and go to 7 a) ii}*	☐Yes ☐No ☐Don't Know *{if ne yes, go to 7 a) ii f yes then ask: A Health Information Exchange (HIE) an organization that provides for the electronic exchange of health information according to nationally recognized standards}* 7 c)-1: I exchange the information by ☐ email ☐ a health information exchange Other _____
ii.Prescriptions (e-prescribing)	☐ Yes ☐ No ☐ Don't Know *{If ne yes set 7 b)ii and 7 c) ii equal No then go to 7 a) iii else continue }*	☐ Yes ☐ No *{if No set 7 c) ii to no and go to 7 a) iii}*	☐Yes ☐No ☐Don't Know *{if ne yes, go to 7 a) iii if yes then ask : A Health Information Exchange (HIE) an organization that provides for the electronic exchange of health information according to nationally recognized standards}* 7 c)-2: I exchange the information by ☐ email ☐ a health information exchange Other _____
iii. Lab Test Results	☐Yes ☐No ☐ Don't Know *{If ne yes set 7 b)iii and 7 c) iii equal No; then go to 7a) iv else continue }*	☐ Yes ☐ No *{if No set 7 c) iii to no and go to 7 a) iv}*	☐Yes ☐No ☐Don't Know *{if ne yes, go to 7 a) iv. if yes then ask : A Health Information Exchange (HIE) an organization that provides for the electronic exchange of health information according to nationally recognized standards}* 7 c)-3: I exchange the information by ☐ email ☐ a health information exchange Other _____
iv. Reminders for Guideline Based Interventions	☐Yes ☐No ☐ Don't Know *{If ne yes set 7 b)ii and 7 c) iv equal No then go to 7 a) v else continue }*	☐ Yes ☐ No *{if No set 7 c) iv to no and go to 7 a) v}*	☐Yes ☐No ☐Don't Know *{if ne yes, go to 7a) v. if yes then ask: A Health Information Exchange (HIE) an organization that provides for the electronic exchange of health information according to nationally recognized standards }* 7 c)-4 : I exchange the information by ☐ email ☐ a health information exchange Other _____

v. Public Health Reports: immunizations, notifiable diseases	☐Yes ☐No ☐ Don't Know *{If ne yes set 7 b) v and 7 c) v equal No; then go to 8 else continue }*	☐ Yes ☐ No *{if No set 7 c) v to no and go to 8}*	☐Yes ☐No ☐Don't Know *{if ne yes, go to 8 if yes then ask: A Health Information Exchange (HIE) an organization that provides for the electronic exchange of health information according to nationally recognized standards}* 7 c)-5: I exchange the information by ☐ email ☐ a health information exchange Other _____

8. In your opinion, what are the most important obstacles to exchanging clinical information with other health care providers electronically (not fax)? (check all that apply)

a) ☐ Lack of a health information exchange
b) ☐ Concerns with maintaining patient confidentiality
c) ☐ Lack of technological support for problems
d) ☐ Cost
e) ☐ Other_____

☐ No

{Note: the next question is the first question to be answered by physicians without EMRs after they answer question #6)

9. Does the organization in which you practice plan to install an EMR/EHR system?

a) ☐ No *{go to 15}*
b) ☐ Yes, in the next:
i. ☐6 months ☐7-12 months ☐more than 12 months ☐Don't know the timing

c) What systems are you considering (check all that apply)?

1. ☐ ADP AdvancedMD
2. ☐ ALERT
3. ☐ Allscripts
4. ☐ AltaPoint
5. ☐ Amazing Charts
6. ☐ Aprima
7. ☐ Artemis/digiChart
8. ☐ Athena Health
9. ☐ Avatar
10. ☐ Cerner
11. ☐ Chart Logic
12. ☐ Chart Source
13. ☐ ClaimTrak
14. ☐ eClinicalWorks
15. ☐ Empower
16. ☐ Epic
17. ☐ eMDs
18. ☐ GE Centricity
19. ☐ Glo Stream
20. ☐ gMed/gGastro
21. ☐ Greenway Medical
22. ☐ HealthPort
23. ☐ MacPractice
24. ☐ McKesson
25. ☐ Medhost/HMS HealthTech/ PatientLogic
26. ☐ Meditech
27. ☐ NextGen
28. ☐ Noteworthy
29. ☐ Office Ally
30. ☐ Office Practice
31. ☐ Optum/CareTracker
32. ☐ Picis
33. ☐ Practice Fusion
34. ☐ Sage
35. ☐ SOAP ware
36. ☐ Sunrise
37. ☐ Other_____ (**please insert name**)
38. ☐ Don't Know

10. Which of the following factors influenced your practice's decision to acquire an EHR? **Check all that apply**.

a) ☐ Lower costs for implementation
b) ☐ Medicare based incentives
c) ☐ Medicaid based incentives
d) ☐ Clear direction on market leading vendors
e) ☐ Easily customizable systems to fit our needs
f) ☐ Cost effective access to EMR training
g) ☐ Ease of integration with our legacy systems
h) ☐ Low learning curve
i) ☐ Agreed upon and published industry standards for EMRs
j) ☐ Confidence in security and privacy of the system
k) ☐ Access to technical resources to support the system
l) ☐ Other (please specify) _____

11. In what ways do you use information from **EMRs**?

a. ☐ Population health management {if checked ask i)
   i. Do you have a separate vendor for population management
b. ☐ Tracking contagious diseases/infections
c. ☐ Outreach to patients based on analysis of EMR data
d. ☐ Evaluating appropriate utilization of care
e. ☐ Analyzing costs or cost effectiveness of care
f. ☐ Post market analysis of side effects of pharmaceuticals
g. ☐ Other_____

12. In what ways do you use information from **Claims Data**?

h. ☐ Population health management
i. ☐ Tracking contagious diseases/infections
j. ☐ Outreach to patients based on analysis of claims data
k. ☐ Evaluating appropriate utilization of care
l. ☐ Analyzing costs or cost effectiveness of care
m. ☐ Post market analysis of side effects of pharmaceuticals
n. ☐ Other_____

13. Please enter any comments that you would like to contribute.

Thank you very much for helping to create an accurate description of how practicing physicians use and rank electronic medical records.

CHiR/AHCCCS Physician Survey Instrument (2019-Present)

1. Which one of the following **best** describes your employment status? **(check one)**

a) Employed in Arizona in direct patient care ☐
b) Employed in Arizona but not in direct patient care ☐
c) Employed outside of Arizona ☐ {if checked skip to survey questions for out of state physicians}
d) Retired/ Semi-retired/on leave ☐ {if checked go to **end}**

2. Which one of the following **best** describes the organization in which you practice?

a) ☐A physician owned solo practice
b) ☐A physician owned group practice
   i. Approximately how many physicians are associated with this organization? [check one]
      i. 2-5 physicians ☐
      ii. 6-50 physicians ☐
      iii. 51-94 physicians ☐
      iv. 95 or more physicians ☐

c) ☐A hospital or medical school physician group practice ☐
   i. Approximately how many physicians are associated with this organization? [check one]
      i. 2-5 physicians ☐
      ii. 6-50 physicians ☐
      iii. 51-94 physician ☐
      iv. 95 or more physicians ☐

d) ☐A community or rural health center (e.g. federally qualified CHC)
   i. Approximately how many physicians are associated with this organization? [check one]
      i. 2-5 physicians ☐
      ii. 6-50 physicians ☐
      iii. 51-94 physician ☐
      iv. 95 or more physicians ☐

e) ☐Private Outpatient Facility not part of a hospital system (e.g. Urgent Care center, insurer owned clinic, etc.)
   i. Approximately how many physicians are associated with this organization? [check one]
      i. 2-5 physicians ☐
      ii. 6-50 physicians ☐
      iii. 51-94 physician ☐
      iv. 95 or more physicians ☐

f) ☐ Federal Government hospital or clinic (e.g. VA, IHS)
g) ☐ City, State or County clinic or hospital
h) ☐ Private For Profit Hospital system
i) ☐ Private Not for Profit Hospital System
j) ☐ Medical school, university, research center
k) ☐ Public or private health Insurer, pharmaceutical company or health related organization that does **not** provide care. *{if checked then skip to 5; auto code 3 as DNA}*
l) ☐ Independent Consultant *{if checked skip to 5; auto code 3 as DNA}*
m) ☐ Public Health Agency or Department {if checked skip to 5; auto code 3 as *DNA}*

3. How does the organization in which you practice store its medical records**? (Please answer Yes or No to <u>each part</u> a,b,c)**

a) Paper ☐ Yes ☐ No
b) Scanned images of paper records ☐ Yes ☐ No
c) Electronic records (an electronic version of a patient's medical history, including progress notes, diagnosis, medications and other information used in treatment.)
☐ **Yes** ☐ **No**

4. Do you have a scribe enter data into a medical record while you interact with patients?
☐ Yes ☐ No

5. Does the organization in which you practice provide integrated physical and behavioral health care? ☐ Yes ☐ No ☐ Don't Know

a. (IF NO) are there plans to begin integrating physical and behavioral health
i. ☐ Yes ☐ No ☐ Don't Know

6. How would you characterize the organization in which your practice?

a. ☐ Accountable Care Organization (ACO)
b. ☐ Part of a Clinically Integrated Network (CIN)
c. ☐ Part of an Integrated Delivery Network (IDN)
d. ☐ Traditional private practice
e. ☐ "Concierge medicine" (patient paid annual fee)
f. ☐ Other_____

7. Exchanging Information with Others **(PLEASE CHECK ALL THAT APPLY)**

Reports	**Do you exchange information with organizations other than the organization in which your practice? Please check all that apply**
(a) Patient Care Summaries	☐: Yes: I exchange *Patient Care Summaries* by: ☐email ☐fax ☐a health information exchange ☐No ☐Don't Know
(b) Prescriptions	☐: Yes: I do *prescribing* by: ☐email ☐fax ☐a health information exchange ☐No ☐Don't Know
(c) Lab Test Results	☐: Yes: I ☐send ☐receive *lab test results* by and/or ☐a health information exchange ☐email ☐fax ☐No ☐Don't Know
(d) Reminders for Guideline Based Interventions	☐: Yes: I exchange reminders for guideline-based interventions by: ☐email ☐fax ☐a health information exchange ☐No ☐Don't Know
(e) Radiology Reports	☐: Yes: I ☐send and/or ☐receive *radiology reports* by: ☐email ☐fax ☐a health information exchange ☐No ☐Don't Know
(f) Images (X-rays, MRIs, CT scans, etc.)	☐: Yes: I ☐send and/or ☐receive *images* by ☐email ☐fax ☐a health information exchange ☐No ☐Don't Know
(g) Public Health Reports: immunizations, notifiable diseases	☐: Yes: I report *immunizations and notifiable diseases* by: ☐email ☐fax ☐a health information exchange ☐No ☐Don't Know

8. What obstacles do you face in exchanging clinical information electronically with other health care providers (not fax) (check all that apply)

a) ☐ Lack of a health information exchange
b) ☐ Concerns about patient confidentiality
c) ☐ Lack of technological support for problems
d) ☐ Lack of connectivity between my EHR and other systems
e) ☐ Lack of information from other providers
f) ☐ No significant problems

g) ☐ Other_____

9. *A*re you aware of services offered by Health Current (formerly Arizona Health-e Connection)?

a) ☐ Yes, I am using the exchange {if checked go to question #10}
b) ☐ Yes, but not working with them at present
c) ☐ No
d) If you would like more information on the AHCCCS Promoting Interoperability (PI) Program, you can contact them at 602-688-7210 or ehr@healthcurrent.org Or
e) *Would you like us to submit a request with your name and address but not reveal any other information included on this survey?* ☐ Yes ☐ No

10. Please enter any comments that you would like to contribute.

_____

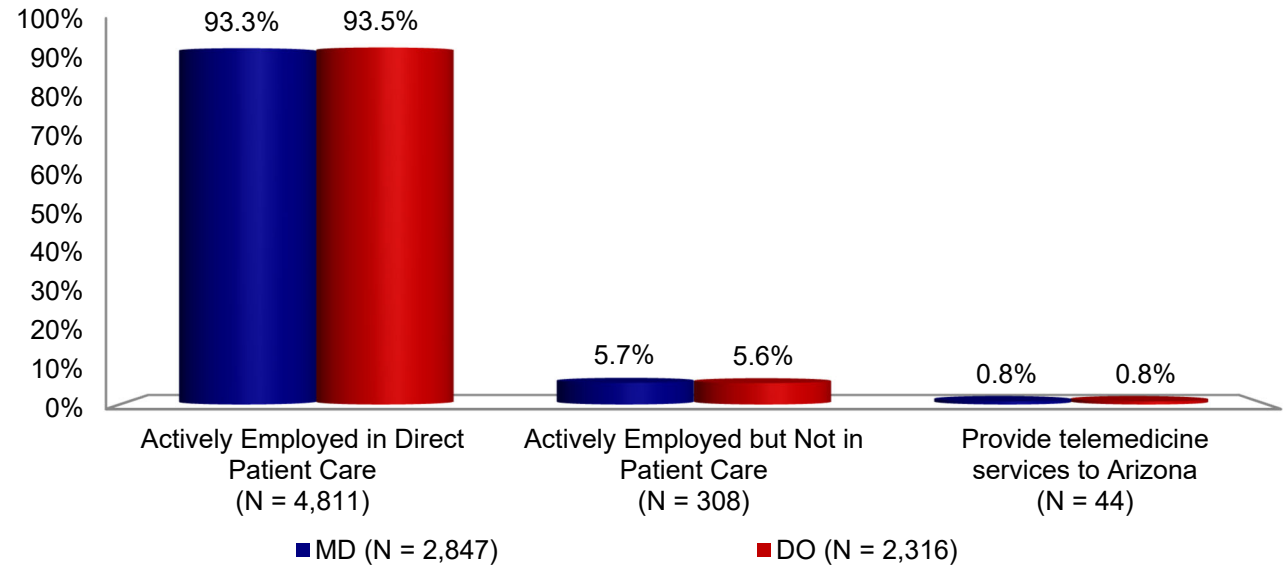
_____

Thank you very much for helping to create an accurate description of how practicing physicians use electronic information.

Appendix B: All Physician Results

All Physician Characteristics

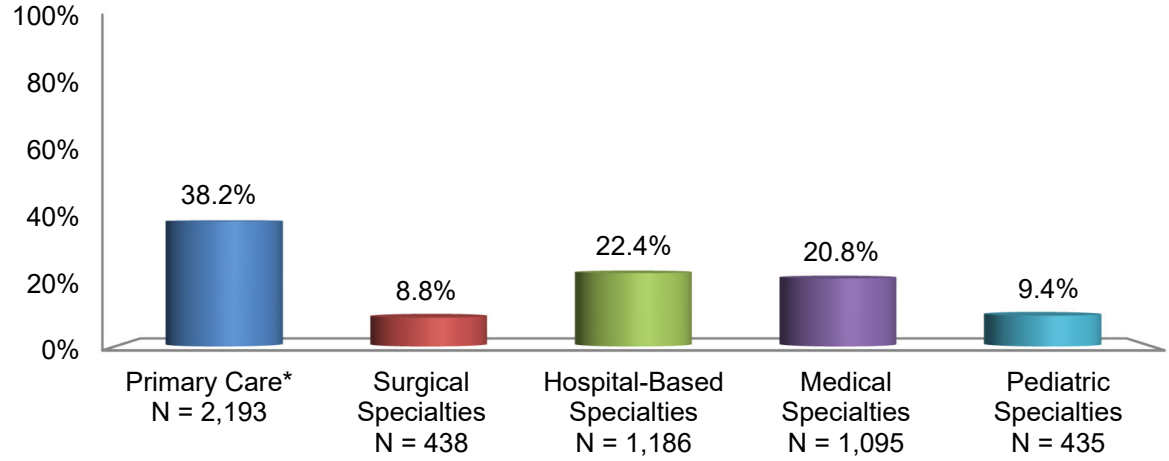
Figure B - 1. Physicians Providing Patient Care, 2019-2021 (N = 5,163; W = 31,367)



Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: Employment status was unknown for 217 physicians.

Figure B - 2. Distribution of Practicing Physicians by Specialty, 2019-2021 (N = 5,347; W = 33,225)



Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: Specialty was unknown for 33 physicians.

Table B - 1. Use of a Scribe by County, 2019-2021 (N = 5,315; W = 32,971)

County	*Yes*		*No*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*
Apache	-	-	22	100.0%	22	100.0%
Cochise	6	24.4%	29	75.5%	35	100.0%
Coconino	11	6.9%	94	93.0%	105	100.0%
Gila	3	16.2%	18	83.7%	21	100.0%
Graham	1	13.7%	10	86.2%	11	100.0%
La Paz	4	78.0%	3	21.9%	7	100.0%
Maricopa	386	12.4%	2,518	87.5%	2,904	100.0%
Mohave	33	15.7%	96	84.2%	129	100.0%
Navajo	6	5.0%	57	94.9%	63	100.0%
Pima	118	18.0%	554	81.9%	672	100.0%
Pinal	9	10.1%	55	89.8%	64	100.0%
Santa Cruz	-	-	2	100.0%	2	100.0%
Yavapai	15	15.4%	120	84.5%	135	100.0%
Yuma	8	12.5%	64	87.4%	72	100.0%
Total	600	13.4%	3,642	86.5%	4,242	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 1,138 physicians have missing data for this question. No response was provided for Greenlee County.

Table B - 2. Use of a Scribe by Physician Specialty, 2019-2021 (N = 5,373; W = 33,331)

Specialty	*Yes*		*No*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*
Primary Care	159	8.9%	1,686	91.0%	1,845	100.0%
Surgical Specialties	69	19.9%	277	80.0%	346	100.0%
Hospital-Based Specialties	208	18.6%	717	81.3%	925	100.0%
Medical Specialties	150	15.4%	751	84.5%	901	100.0%
Pediatric Specialties	27	7.9%	340	92.0%	367	100.0%
Total	613	13.2%	3,771	86.7%	4,384	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 996 physicians have missing data for this question.

Table B - 3. Aware of Services offered by Health Current, 2019-2021 (N = 4,264; W = 25,706)

Awareness	*Number of Users*	*Percent*
Yes, using the exchange	430	10.4%
Yes, but not working with them at present	603	12.9%
No	3,231	76.5%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table B - 4. Integrated Physical and Behavioral Health Care by County, 2019-2021 (N = 5,312; W = 32,965)

County	*Integrated*		*Not Integrated*		*Don't Know*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Apache	19	89.4%	3	10.5%	-	-	22	100.0%
Cochise	18	57.2%	14	38.3%	4	4.4%	36	100.0%
Coconino	62	63.5%	30	27.3%	13	9.0%	105	100.0%
Gila	7	34.2%	11	50.2%	2	15.5%	20	100.0%
Graham	3	20.1%	7	76.1%	1	3.7%	11	100.0%
La Paz	2	-	2	-	3	-	7	100.0%
Maricopa	1,278	14.2%	1,167	62.4%	414	23.3%	2,859	100.0%
Mohave	57	47.1%	47	38.6%	23	14.2%	127	100.0%
Navajo	42	40.5%	15	36.1%	6	23.2%	63	100.0%
Pima	325	63.8%	239	25.7%	99	10.4%	663	100.0%
Pinal	45	51.1%	13	33.3%	7	15.4%	65	100.0%
Santa Cruz	1	75.5%	1	18.7%	-	5.6%	2	100.0%
Yavapai	49	15.3%	64	84.6%	19	-	132	100.0%
Yuma	32	35.4%	22	47.0%	15	17.4%	69	100.0%
Total	1,940	48.6%	1,635	36.9%	606	14.3%	4,181	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 1,199 physicians have missing data for this question. No response was provided for Greenlee County.

Table B - 5. Future Plans to Integrate Physical and Behavioral Health Care by County, 2019-2021 (N = 5,312; W = 32,965)

County	*Currently Integrated*		*Plans to Integrate*		*No Future Plans*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Apache	19	89.4%	1	4.7%	2	5.8%	22	100.0%
Cochise	18	57.2%	-	-	18	42.7%	36	100.0%
Coconino	62	63.5%	2	2.5%	41	33.9%	105	100.0%
Gila	7	34.2%	1	7.7%	12	58.0%	20	100.0%
Graham	3	20.1%	-	-	8	79.8%	11	100.0%
La Paz	2	14.2%	-	-	5	85.7%	7	100.0%
Maricopa	1,278	47.1%	97	3.7%	1,484	49.1%	2,859	100.0%
Mohave	57	40.5%	2	0.6%	68	58.7%	127	100.0%
Navajo	42	63.8%	2	4.3%	19	31.7%	63	100.0%
Pima	325	51.1%	10	1.4%	328	47.4%	663	100.0%
Pinal	45	75.5%	1	2.6%	19	21.7%	65	100.0%
Santa Cruz	1	15.3%	-	-	1	84.6%	2	100.0%
Yavapai	49	35.4%	6	5.1%	77	59.3%	132	100.0%
Yuma	32	48.1%	4	6.6%	33	45.1%	69	100.0%
Total	1,940	48.6%	126	3.2%	2,115	48.0%	4,181	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 1,199 physicians have missing data for this question. “Plans to Integrate” includes those who are not and who do not know if they are integrated but have active plans for the future. 'No Future Plans' includes those who are not and who do not know if they are integrated. No response was provided for Greenlee County.

Table B - 6. Integrated Physical and Behavioral Health Care by Provider Specialty, 2019-2021 (N = 5,373; W = 33,331)

Specialty	*Integrated*		*Not Integrated*		*Don't Know*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Primary Care	888	51.4%	708	36.1%	220	12.4%	1,816	100.0%
Surgical Specialties	118	38.9%	162	43.3%	60	17.6%	340	100.0%
Hospital-Based Specialties	395	45.4%	310	33.5%	212	21.0%	917	100.0%
Medical Specialties	393	47.3%	410	43.1%	82	9.4%	885	100.0%
Pediatric Specialties	199	54.0%	106	29.9%	57	16.0%	362	100.0%
Total	1,993	48.4%	1,696	37.1%	631	14.4%	4,320	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 1,060 physicians have missing data for this question.

Table B - 7. Future Plans to Integrate Physical and Behavioral Health Care by Provider Specialty, 2019-2021 (N = 5,373; W = 33,331)

Specialty	*Currently Integrated*		*Plans to Integrate*		*No Future Plans*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Primary Care	888	51.4%	67	4.0%	861	44.5%	1,816	100.0%
Surgical Specialties	118	38.9%	4	1.3%	218	59.6%	340	100.0%
Hospital-Based Specialties	395	45.4%	16	1.7%	506	52.7%	917	100.0%
Medical Specialties	393	47.3%	19	2.6%	473	49.9%	885	100.0%
Pediatric Specialties	199	54.0%	21	6.2%	142	39.7%	362	100.0%
Total	1,993	48.4%	127	3.2%	2,200	48.2%	4,320	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 1,060 physicians have missing data for this question. “Plans to Integrate” includes those who are not and who do not know if they are integrated but have active plans for the future. “No Future Plans” includes those who are not and who do not know if they are integrated.

Table B - 8. The Type of Network in Which You Practice by County, 2019-2021 (N = 5,147; W = 32,032)

County	ACO		CIN		IDN		Traditional Private Practice		Concierge Medicine		Other		Did Not Answer	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Apache	6	21.1%	7	27.5%	5	22.4%	3	12.8%	1	4.9%	8	33.1%	8	28.7%
Cochise	6	13.6%	4	5.1%	2	1.4%	15	27.9%	1	0.8%	12	21.7%	20	47.9%
Coconino	49	40.4%	15	12.0%	8	5.4%	31	20.7%	0	0.0%	18	12.4%	32	28.2%
Gila	3	7.6%	5	19.9%	3	3.7%	8	25.4%	0	0.0%	3	15.3%	9	38.0%
Graham	2	18.8%	0	0.0%	1	3.2%	6	53.9%	0	0.0%	2	5.1%	2	18.8%
Greenlee	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%
La Paz	0	0.0%	2	39.6%	2	14.6%	2	31.9%	0	0.0%	1	7.4%	1	6.1%
Maricopa	734	20.6%	569	17.3%	239	6.9%	1,085	28.1%	31	0.7%	521	14.4%	879	27.2%
Mohave	33	22.2%	32	20.1%	12	8.2%	45	28.1%	1	0.2%	17	12.0%	30	21.2%
Navajo	27	31.5%	18	21.4%	2	3.3%	7	11.1%	0	0.0%	19	33.7%	14	19.8%
Pima	176	21.3%	147	16.6%	56	7.1%	197	21.9%	13	1.1%	145	18.0%	247	30.6%
Pinal	13	18.6%	14	20.1%	9	13.6%	14	16.3%	0	0.0%	17	22.2%	17	26.1%
Santa Cruz	0	0.0%	0	0.0%	0	0.0%	2	45.2%	0	0.0%	0	0.0%	1	54.7%
Yavapai	46	26.0%	22	16.3%	9	8.2%	50	33.0%	2	1.4%	21	12.5%	26	19.1%
Yuma	19	22.0%	22	27.9%	7	8.2%	26	27.4%	1	1.4%	11	11.9%	20	26.7%
Total	1,114	21.4%	857	17.3%	355	7.0%	1,491	26.5%	50	0.8%	795	15.3%	1,307	27.6%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table B - 9. The Type of Network in Which You Practice by Provider Specialty, 2019-2021 (N = 5,347; W = 33,225)

Specialty	*ACO*		*CIN*		*IDN*		*Traditional Private Practice*		*Concierge Medicine*		*Other*		*Did Not Answer*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Primary Care	628	28.3%	328	15.4%	134	6.3%	545	22.5%	40	1.6%	389	17.4%	530	25.8%
Surgical Specialties	148	15.3%	170	17.7%	70	6.7%	428	34.7%	7	0.5%	164	15.5%	270	26.2%
Hospital-Based Specialties	62	13.9%	72	17.5%	33	8.6%	147	29.7%	1	0.3%	48	11.3%	116	28.4%
Medical Specialties	200	16.1%	214	17.4%	105	9.2%	306	24.3%	4	0.4%	213	18.0%	351	32.7%
Pediatric Specialties	102	23.0%	86	20.7%	25	4.1%	101	22.8%	1	0.0%	62	13.5%	114	28.9%
Total	1,140	21.1%	870	17.0%	367	7.0%	1,527	26.1%	53	0.8%	876	16.2%	1,381	27.9%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table B - 10. Awareness of Health Current Services by Physician Specialty, 2019-2021 (N = 5,372; W = 33,325)

Specialty	*Aware and Using the Exchange*		*Aware but Not Working with Them at Present*		*Not Aware*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Primary Care	218	13.3%	264	13.2%	1,308	73.3%	1,790	100.0%
Surgical Specialties	23	6.8%	57	14.8%	250	78.3%	330	100.0%
Hospital-Based Specialties	58	6.9%	100	11.2%	724	81.8%	882	100.0%
Medical Specialties	84	9.4%	136	14.1%	670	76.3%	890	100.0%
Pediatric Specialties	45	11.7%	43	11.5%	259	76.7%	347	100.0%
Total	428	10.4%	600	13.0%	3,211	76.5%	4,239	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 1,141 physicians have missing data for this question.

Table B - 11. Awareness of Health Current Services by County, 2019-2021 (N = 5,328; W = 33,080)

County	*Aware and Using the Exchange*		*Aware but Not Working with Them at Present*		*Not Aware*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Apache	3	16.2%	4	15.4%	16	68.3%	23	100.0%
Cochise	4	19.2%	5	17.0%	25	63.6%	34	100.0%
Coconino	14	12.0%	14	13.9%	77	73.9%	105	100.0%
Gila	1	7.1%	4	25.4%	17	67.4%	22	100.0%
Graham	1	13.7%	2	17.8%	8	68.3%	11	-
Greenlee	-	-	-	-	-	-	-	
La Paz	-	-	-	-	7	100.0%	7	-
Maricopa	300	10.8%	397	12.8%	2,080	76.3%	2,777	100.0%
Mohave	13	10.7%	18	13.7%	97	75.5%	128	100.0%
Navajo	12	21.3%	7	8.3%	44	70.2%	63	100.0%
Pima	50	9.1%	88	12.6%	508	78.2%	646	100.0%
Pinal	5	7.8%	8	9.0%	51	83.0%	64	100.0%
Santa Cruz	-	-	-	-	2	100.0%	2	100.0%
Yavapai	4	2.3%	19	15.1%	108	82.5%	131	100.0%
Yuma	8	9.9%	9	13.4%	53	76.5%	70	100.0%
Total	415	10.5%	575	12.8%	3,093	76.5%	4,083	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 1,297 physicians have missing data for this question. No response was provided for Greenlee County.

All Physician Practice Characteristics

Table B - 12. Type of Practice by Physician Type, 2019-2021 (N = 4,573; W = 27,538)

Type of Practice	*Number of Physicians*	*Percent*
Physician Owned Solo Practice	619	12.7%
Physician Owned Group Practice	1,178	23.6%
Hospital/Medical School Group Practice	882	20.7%
Community or Rural Health Center	230	5.0%
Non-Hospital Private Outpatient Facility	216	4.4%
City, State or County Clinic or Hospital System	87	1.8%
Federal Government Hospital or Clinic	265	6.4%
Private For Profit Hospital System	235	5.0%
Private Non-Profit Hospital System	483	10.9%
Medical School, University Research Center	172	4.7%
Public Health Agency or Department	23	0.4%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	95	2.1%
Independent Consultant	88	1.7%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 807 physicians did not report type of practice (missing). Percentages are based on responses.

Table B - 13. Type of Practice by Number of MDs, 2019-2021 (N = 1,092; W = 10,327)

Type of Practice	*No. of Physicians*							
	2-5		*6-50*		*51-94*		*95+*	
Physician Owned Group Practice	183	38.3%	187	40.4%	25	5.2%	78	15.8%
Hospital/Medical School Group Practice	7	1.6%	92	21.8%	27	6.5%	300	70.0%
Community or Rural Health Center	14	13.1%	51	48.4%	18	18.0%	20	20.3%
Private Outpatient Facility Not Part of Hospital System	21	22.7%	40	45.2%	6	7.1%	23	24.7%
Total	225	20.0%	370	34.2%	76	7.1%	421	38.5%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 223 MDs did not report type of practice and/or the number of physicians in their practice for the above practice types.

Table B - 14. Type of Practice by Number of DOs, 2019-2021 (N = 1,191; W = 2,435)

Type of Practice	*No. of Physicians*							
	2-5		*6-50*		*51-94*		*95+*	
Physician Owned Group Practice	206	36.9%	242	43.1%	27	4.9%	84	14.9%
Hospital/Medical School Group Practice	13	4.0%	103	32.5%	40	12.7%	158	50.6%
Community or Rural Health Center	15	14.2%	49	49.7%	17	16.9%	19	19.0%
Private Outpatient Facility Not Part of Hospital System	20	23.7%	32	39.5%	15	17.8%	16	18.8%
Total	254	24.1%	426	40.3%	99	9.3%	277	26.1%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 135 DOs did not report type of practice and/or the number of physicians in their practice for the above practice types.

Table B - 15. Characteristics of Organizational Network by Type of Practice, 2019-2021 (N = 4,329; W = 26,148)

Type of Practice	*ACO*		*CIN*		*IDN*		*Traditional Private Practice*		*Concierge Medicine*		*Other*	
Physician Owned Solo Practice	63	11.6%	11	2.5%	3	0.5%	494	81.5%	23	3.4%	59	10.0%
Physician Owned Group Practice	213	18.9%	109	9.8%	35	3.1%	799	71.4%	16	1.1%	92	7.6%
Hospital/Medical School Group Practice	340	40.6%	293	37.7%	109	13.7%	55	7.1%	2	0.3%	122	15.3%
Community or Rural Health Center	95	45.0%	72	35.1%	24	10.5%	9	3.5%	2	0.7%	46	19.6%
Private Outpatient Facility Not Part of Hospital System	35	16.0%	23	10.1%	19	9.6%	71	34.6%	0	0.0%	64	32.4%
City, State or County Clinic or Hospital System	12	18.7%	20	27.4%	16	18.9%	2	3.6%	0	0.0%	37	39.5%
Federal Government Hospital or Clinic	43	15.7%	58	21.2%	41	15.3%	2	1.2%	0	0.0%	137	58.1%
Private For Profit Hospital System	67	32.7%	69	29.7%	23	8.9%	39	19.1%	1	0.1%	56	24.0%
Private Not For Profit Hospital System	212	42.9%	142	32.5%	64	15.2%	33	7.1%	3	1.1%	79	17.2%
Medical School, University Research Center	40	25.3%	56	37.1%	18	12.8%	4	2.2%	1	0.9%	56	30.9%
Public Health Agency or Department	3	21.1%	3	18.9%	1	7.2%	1	1.3%	0	0.0%	14	51.3%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	9	12.9%	6	8.5%	7	11.2%	5	7.3%	0	0.0%	64	73.3%
Independent Consultant	5	6.6%	7	5.7%	6	5.2%	11	8.9%	5	6.4%	50	68.6%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: The only physicians included in this table are those that answered one of the options affirmatively. Unfortunately, due to errors in the execution of this survey question, it is impossible to distinguish a *"No"* from a missing. Thus, given the 'check all that apply' nature of this question, the respondent needed to check at least one box to be included, such as Traditional Private Practice.

Table B - 16. Use of a Scribe by Type of Practice, 2019-2021 (N = 4,601; W = 27,727)

Practice Type	*Yes*		*No*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*
Physician Owned Solo Practice	91	14.8%	515	85.1%	606	100.0%
Physician Owned Group Practice	219	19.2%	939	80.7%	1,158	100.0%
Hospital/Medical School Group Practice	119	13.3%	751	86.6%	870	100.0%
Community or Rural Health Center	30	11.8%	198	88.1%	228	100.0%
Private Outpatient Facility Not Part of Hospital System	19	7.8%	191	92.1%	210	100.0%
City, State or County Clinic or Hospital System	5	3.5%	78	96.4%	83	100.0%
Federal Government Hospital or Clinic	10	3.3%	251	96.6%	261	100.0%
Private For Profit Hospital System	49	20.0%	182	79.9%	231	100.0%
Private Non-Profit Hospital System	50	8.6%	427	91.3%	477	100.0%
Medical School, University Research Center	14	8.4%	157	91.5%	171	100.0%
Public Health Agency or Department	-	-	1	100.0%	1	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	5	6.3%	79	93.6%	84	100.0%
Independent Consultant	-	-	2	100.0%	2	100.0%
Total	611	13.2%	3,771	86.7%	4,382	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 998 physicians have missing data for this question.

Table B - 17. Use of a Scribe by Practice Size, 2019-2021 (N = 4,452; W = 26,865)

Practice Size	*Yes*		*No*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*
2-5	124	15.3%	676	84.6%	800	100.0%
6-50	157	16.2%	732	83.7%	889	100.0%
51-94	36	21.5%	168	78.4%	204	100.0%
95+	85	9.0%	797	90.9%	882	100.0%
Total	402	13.8%	2,373	86.1%	2,775	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 2,605 physicians have missing data for this question.

Table B - 18. Integrated Physical and Behavioral Health Care by Practice Size, 2019-2021 (N = 4,419; W = 26,648)

Practice Size	Integrated		Not Integrated		Don't Know		Total	
	N	%	N	%	N	%	N	%
2-5	180	23.1%	538	68.2%	70	8.5%	788	100.0%
6-50	382	44.1%	371	42.2%	126	13.5%	879	100.0%
51-94	125	64.5%	58	28.5%	18	6.8%	201	100.0%
95+	555	66.1%	164	16.6%	157	17.1%	876	100.0%
Total	1,242	47.7%	1,131	39.2%	371	13.0%	2,744	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 2,636 physicians have missing data for this question.

Table B - 19. Future Plans to Integrate Physical and Behavioral Health Care by Practice Size, 2019-2021 (N = 4,419; W = 26,648)

Practice Size	Currently Integrated		Plans to Integrate		No Future Plans		Total	
	N	%	N	%	N	%	N	%
2-5	180	23.1%	27	4.0%	581	72.7%	788	100.0%
6-50	382	44.1%	25	3.4%	472	52.3%	879	100.0%
51-94	125	64.5%	9	3.6%	67	31.7%	201	100.0%
95+	555	66.1%	16	1.8%	305	31.9%	876	100.0%
Total	1,242	47.7%	77	3.0%	1,425	49.1%	2,744	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 2,636 physicians have missing data for this question. 'Plans to Integrate' includes those who are not and who do not know if they are integrated but have active plans for the future. 'No Future Plans' includes those who are not and who do not know if they are integrated.

Table B - 20. Type of Organizational Network by Type of Practice, 2019-2021 (N = 4,573; W = 27,538)

Type of Practice	*ACO*		*CIN*		*IDN*		*Traditional Private Practice*		*Concierge Medicine*		*Other*		*Did Not Answer*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Physician Owned Solo Practice	63	11.2%	11	2.4%	3	0.5%	494	79.0%	23	3.3%	59	9.7%	40	6.9%
Physician Owned Group Practice	213	18.1%	109	9.4%	35	3.0%	799	68.5%	16	1.1%	92	7.3%	89	6.8%
Hospital/Medical School Group Practice	340	37.5%	293	34.8%	109	12.7%	55	6.6%	2	0.3%	122	14.1%	115	13.4%
Community or Rural Health Center	95	42.8%	72	33.4%	24	10.0%	9	3.4%	2	0.7%	46	18.6%	39	15.6%
Private Outpatient Facility Not Part of Hospital System	35	15.4%	23	9.7%	19	9.2%	71	33.3%	0	0.0%	64	31.1%	42	16.9%
City, State or County Clinic or Hospital System	12	17.5%	20	25.6%	16	17.7%	2	3.4%	0	0.0%	37	37.0%	24	25.5%
Federal Government Hospital or Clinic	43	15.1%	58	20.4%	41	14.7%	2	1.2%	0	0.0%	137	55.9%	73	28.3%
Private For Profit Hospital System	67	31.6%	69	28.7%	23	8.6%	39	18.4%	1	0.1%	56	23.1%	30	13.1%
Private Not=Profit Hospital System	212	41.2%	142	31.2%	64	14.6%	33	6.8%	3	1.0%	79	16.5%	54	11.6%
Medical School, University Research Center	40	23.3%	56	34.2%	18	11.8%	4	2.0%	1	0.8%	56	28.5%	32	15.8%
Public Health Agency or Department	3	20.8%	3	18.6%	1	7.0%	1	1.2%	0	0.0%	14	50.5%	8	22.2%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	9	11.2%	6	7.3%	7	9.7%	5	6.3%	0	0.0%	64	63.4%	41	41.3%
Independent Consultant	5	6.4%	7	5.5%	6	5.1%	11	8.6%	5	6.2%	50	66.4%	26	34.1%
Total	1,137	25.3%	869	20.5%	366	8.5%	1,525	31.5%	53	1.0%	876	19.5%	613	13.3%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table B - 21. Type of Organizational Network by Practice Size, 2019-2021 (N = 2,817; W = 16,529)

Practice Size	*ACO*		*CIN*		*IDN*		*Traditional Private Practice*		*Concierge Medicine*		*Other*		*Did Not Answer*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
2-5	108	13.0%	37	5.2%	14	1.6%	592	72.3%	20	2.0%	82	10.4%	51	7.1%
6-50	299	34.3%	266	31.9%	132	15.4%	105	10.4%	6	0.7%	191	21.4%	130	13.9%
51-94	203	22.1%	155	17.4%	62	7.2%	343	37.5%	3	0.2%	162	18.6%	126	13.1%
95+	69	31.7%	42	21.6%	25	11.8%	34	17.8%	0	0.0%	43	21.5%	44	21.0%
Total	679	24.6%	500	19.5%	233	8.9%	1,074	35.9%	29	0.8%	478	17.6%	351	12.3%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table B - 22. Awareness of Health Current Services by Practice Size, 2019-2021 (N = 4,459; W = 26,740)

	Aware and Using the Exchange		*Aware but Not Working with Them at Present*		*Not Aware*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
2-5	84	11.5%	159	18.0%	524	70.4%	767	100.0%
6-50	95	11.6%	119	12.9%	629	75.3%	843	100.0%
51-94	29	17.2%	25	12.7%	134	69.9%	188	100.0%
95+	72	8.1%	79	8.8%	673	82.9%	824	100.0%
Total	280	10.7%	382	12.9%	1,960	76.3%	2,622	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 2,758 physicians have missing data for this question.

Table B - 23. Awareness of Health Current Services by Type of Practice, 2019-2021 (N = 4,598; W = 27,704)

Type of Practice	*Aware and Using the Exchange*		*Aware but Not Working with Them at Present*		*Not Aware*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Physician Owned Solo Practice	52	10.1%	118	17.2%	413	72.5%	583	100.0%
Physician Owned Group Practice	114	9.7%	198	16.7%	764	73.4%	1,076	100.0%
Hospital/Medical School Group Practice	87	11.1%	84	8.6%	640	80.2%	811	100.0%
Community or Rural Health Center	43	19.3%	22	10.2%	152	70.3%	217	100.0%
Private Outpatient Facility Not Part of Hospital System	22	12.3%	25	11.9%	153	75.6%	200	100.0%
City, State or County Clinic or Hospital System	5	6.2%	5	6.7%	69	87.0%	79	100.0%
Federal Government Hospital or Clinic	23	11.1%	30	11.0%	204	77.7%	257	100.0%
Private For Profit Hospital System	13	7.4%	25	14.9%	183	77.6%	221	100.0%
Private Not-Profit Hospital System	36	7.9%	45	10.8%	376	81.1%	457	100.0%
Medical School, University Research Center	11	7.9%	19	10.4%	126	81.5%	156	100.0%
Public Health Agency or Department	2	15.4%	2	7.9%	16	76.6%	20	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	16	18.8%	13	16.1%	53	64.9%	82	100.0%
Independent Consultant	5	6.6%	15	20.9%	60	72.4%	80	100.0%
Total	429	10.4%	601	13.0%	3,209	76.5%	4,239	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 1,141 physicians have missing data for this question.

The Utilization of Electronic Medical Records by All Physicians

Table B - 24. EMR Utilization by Type of Practice, 2019-2021 (N = 4,602; W = 27,730)

Type of Practice	*Utilization Rates*
Physician Owned Solo Practice	80.6%
Physician Owned Group Practice	95.3%
Hospital/Medical School Group Practice	99.7%
Community or Rural Health Center	98.3%
Non-Hospital Private Outpatient Facility	95.8%
City, State or County Clinic or Hospital System	97.7%
Federal Government Hospital or Clinic	100.0%
Private For Profit Hospital System	98.3%
Private Non Profit Hospital System	99.0%
Medical School/University Research Center	95.9%
Public or Private Insurer/Health Related Organization that does not provide care	88.4%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: Rate equals the weighted percent of physicians within each practice type. 807 respondents were missing type of practice. 941 respondents were missing EMR utilization.

Table B - 25. EMR Utilization by County, 2019-2021 (N = 5,319; W = 32,998)

Location	*All Survey Respondents*	*EMR Users*	*% EMR Users*
Apache	22	19	89.5%
Cochise	36	35	95.6%
Coconino	105	104	98.4%
Gila	21	20	92.9%
Graham	11	10	86.1%
La Paz	7	7	100.0%
Maricopa	2923	2773	95.6%
Mohave	129	123	93.5%
Navajo	64	62	96.2%
Pima	675	642	96.5%
Pinal	65	64	99.5%
Santa Cruz	2	2	100.0%
Yavapai	135	128	95.5%
Yuma	72	69	97.8%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: County and/or method of storage was unknown for 1,113 respondents.

Table B - 26. Methods of Storing Medical Records, 2007-2021

Periods	*Paper Files Only*	*EMR Only*	*Scanned Images Only*	*Paper + Scanned Images Only*	*EMR + Paper Only*	*EMR + Scanned Images Only*	*Paper + Scanned Images + EMR*	**EMR alone or in combination*
2007-2009 N = 6,387	2,911	859	205	393	484	742	793	2,878
	45.6%	13.4%	3.2%	6.2%	7.6%	11.6%	12.4%	45.1%
2009-2011 N = 2,137; W = 8,996	3,140	1,565	204	404	559	1,411	1,126	4,700
	37.3%	17.4%	2.3%	4.5%	6.2%	15.7%	12.5%	52.3%
2012-2014 N = 10,780	1,229	1,510	194	592	335	3,525	3,395	8,765
	11.4%	14.0%	1.7%	5.4%	3.1%	32.6%	31.4%	81.3%
2015-2017 N = 8,470	403	1,744	137	265	131	3,781	2,009	7,665
	4.7%	20.5%G2	1.6%	3.1%	1.5%	44.6%	23.7%	90.4%
2017-2019 N = 2,199; W = 14,641	374	2,686	79	308	219	7,320	3,655	13,880
	2.5%	18.3%	0.5%	2.1%	1.4%	49.9%	24.9%	94.8%
2019-2021 N = 4,412; W = 26,709	119	1,483	24	51	54	1,933	748	4,218
	2.0%	32.7%	0.5%	1.1%	1.1%	44.5%	17.7%	96.2%

Source: AMB, ABOE Survey Data, 2007-2009; 2009-2011; 2012-2014; 2015-2017; 2017-2019; 2019-2021.

Note: The 2011 estimates are subject to substantially more uncertainty than the other renewal period data.

Respondents who did not identify a method of storing medical records (missing): 390 for 2007-2009; 2,177 for 2012-2014; 2,739 for 2015-2017; 696 for 2017-2019; and 968 for 2019-2021.

*Data on "EMR alone or in combination" is not mutually exclusive from other categories.

Table B - 27. Percent of Physicians Exchanging Information by Type of Practice, 2019-2021 (N = 4,596; W = 27,686)

Type of Practice	*Patient Care Summary*	*Prescription 'e-prescribing'*	*Lab Results*	*Reminders for Interventions*	*Radiology Results*	*Images Results*	*Public Health Reports*
Physician Owned Solo Practice	79%	87%	91%	39%	84%	71%	40%
Physician Owned Group Practice	73%	76%	85%	47%	85%	77%	45%
Hospital/Medical School Group Practice	75%	83%	84%	52%	87%	85%	49%
Community or Rural Health Center	83%	91%	96%	64%	89%	78%	71%
Non-Hospital Private Outpatient Facility	80%	85%	87%	39%	79%	70%	51%
City, State or County Clinic or Hospital System	66%	80%	91%	40%	85%	68%	48%
Federal Government Hospital or Clinic	77%	76%	90%	56%	87%	81%	59%
Private For Profit Hospital System	70%	71%	82%	47%	86%	81%	45%
Private Non-Profit Hospital System	68%	75%	79%	44%	81%	77%	40%
Medical School, University Research Center	80%	84%	84%	54%	87%	83%	47%
Public Health Agency or Dept	40%	51%	70%	13%	38%	22%	42%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	50%	19%	50%	30%	40%	30%	29%
Independent Consultant	43%	46%	52%	32%	44%	41%	25%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: This table only includes those physicians that answered 'Yes' to the Exchange question for each EMR function. 2,515 physicians did not provide a type of practice or respond to an EMR function.

Table B - 28. Obstacles to Exchanging Electronic Information with Health Care Providers by County, 2019-2021 (N = 5,147; W = 32,032)

	Lack of a health information exchange		*Concerns about patient confidentiality*		*Lack of technological support for problems*		*Lack of connectivity between my EHR and other systems*		*Lack of information from other providers*		*No significant problems*		*Other*		*Did Not Answer*	
Apache	4	18.5%	5	19.8%	10	45.9%	13	53.3%	8	30.6%	8	25.4%	2	9.5%	3	10.7%
Cochise	10	20.8%	6	10.2%	12	20.9%	20	41.5%	14	23.3%	10	14.3%	0	0.0%	14	39.8%
Coconino	27	24.5%	18	16.4%	38	37.6%	65	59.7%	50	45.5%	21	7.6%	3	2.2%	29	23.5%
Gila	6	23.0%	5	10.0%	6	19.0%	12	42.3%	11	37.0%	3	9.6%	2	10.1%	8	29.2%
Graham	3	17.5%	1	3.2%	5	31.9%	5	42.7%	5	31.9%	6	38.5%	0	0.0%	2	18.8%
Greenlee	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%
La Paz	2	14.6%	1	7.4%	3	39.4%	3	39.4%	2	13.3%	2	39.6%	1	7.4%	1	6.1%
Maricopa	532	14.9%	591	16.4%	741	21.6%	1,376	39.8%	1,073	30.6%	886	22.5%	116	3.3%	859	25.9%
Mohave	26	17.1%	23	13.0%	50	31.2%	70	42.5%	55	31.8%	34	26.6%	4	2.6%	32	21.1%
Navajo	18	26.0%	12	16.9%	36	49.3%	45	64.9%	29	39.2%	12	12.7%	4	7.4%	10	14.2%
Pima	152	19.9%	147	17.8%	226	28.7%	368	44.6%	282	34.2%	171	19.2%	37	5.1%	201	24.4%
Pinal	12	17.5%	10	13.9%	18	22.9%	35	52.4%	27	42.5%	16	15.6%	2	3.2%	8	15.3%
Santa Cruz	0	0.0%	1	38.2%	0	0.0%	1	38.2%	1	38.2%	1	6.9%	0	0.0%	1	54.7%
Yavapai	24	17.0%	28	19.9%	35	24.4%	70	48.1%	56	35.5%	39	21.4%	5	3.7%	23	18.9%
Yuma	16	17.0%	15	18.0%	21	24.9%	40	45.0%	25	29.6%	22	21.3%	2	1.6%	19	24.4%
Total	832	16.5%	863	16.6%	1,201	24.3%	2,123	42.2%	1,638	32.0%	1,231	21.3%	178	3.7%	1,211	25.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table B - 29. Obstacles to Exchanging Electronic Information with Health Care Providers by Type of Practice, 2019-2021 (N = 4,573; W = 27,538)

	Lack of a health information exchange		*Concerns about patient confidentiality*		*Lack of technological support for problems*		*Lack of connectivity with my EHR & other systems*		*Lack of information from other providers*		*No significant problems*		*Other*		*Did Not Answer*	
Physician owned solo practice	126	20.9%	173	26.5%	177	29.4%	266	44.4%	219	34.8%	188	28.9%	38	6.1%	58	8.9%
Physician owned group practice	197	18.9%	249	23.7%	324	29.7%	541	50.5%	419	38.1%	336	24.0%	38	3.8%	142	11.0%
Hospital or medical school physician group practice	166	20.4%	151	18.3%	235	28.8%	455	53.1%	335	39.9%	239	24.6%	22	3.1%	83	8.9%
Community or rural health center	51	22.3%	28	12.2%	79	34.5%	130	57.0%	104	43.1%	54	24.4%	11	5.0%	22	9.2%
Private outpatient facility not part of a hospital system	57	30.2%	50	25.9%	49	27.6%	109	58.5%	94	50.6%	50	20.9%	6	3.1%	25	7.1%
City, state or county hospital or clinic	24	28.8%	7	7.4%	24	30.6%	46	60.0%	36	43.9%	22	20.5%	4	4.9%	11	9.3%
Federal government hospital or clinic	42	15.5%	50	17.2%	75	30.9%	132	53.2%	79	29.4%	84	30.6%	16	7.0%	16	6.2%
Private for profit hospital system	45	19.1%	40	15.2%	65	27.1%	118	47.4%	85	33.0%	68	27.1%	7	2.9%	22	10.0%
Private not for profit hospital system	91	19.1%	82	17.2%	121	27.3%	252	52.1%	194	41.0%	138	27.9%	10	2.6%	52	9.6%
Medical school, university, research center	34	20.7%	34	20.4%	53	34.3%	75	48.1%	61	40.2%	39	21.0%	16	8.0%	22	10.2%
Public health agency or department	9	14.1%	12	12.7%	13	6.9%	21	45.6%	24	38.4%	26	36.3%	14	5.7%	24	12.2%
Public or private insurer/health related organization that does not provide care	4	12.4%	2	16.4%	2	18.1%	8	28.5%	7	28.0%	9	24.9%	1	9.7%	4	25.4%
Independent consultant	13	13.1%	11	17.6%	18	25.1%	28	34.7%	31	38.7%	33	34.8%	5	6.1%	13	12.8%
Total	859	20.0%	889	20.1%	1,235	29.1%	2,181	50.4%	1,688	38.4%	1,286	25.7%	188	4.4%	494	9.8%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table B - 30. Obstacles to Exchanging Electronic Information with Health Care Providers by Provider Specialty, 2019-2021 (N = 5,347; W = 33,225)

	Lack of a health information exchange		*Concerns about patient confidentiality*		*Lack of technological support for problems*		*Lack of connectivity between my EHR and other systems*		*Lack of information from other providers*		*No significant problems*		*Other*		*Did Not Answer*	
Primary Care	391	18.4%	346	16.0%	542	25.3%	997	46.4%	788	36.1%	498	20.3%	82	3.6%	459	22.4%
Surgical Specialties	51	12.7%	77	17.6%	100	25.3%	170	40.6%	114	25.7%	106	20.9%	16	3.4%	124	29.0%
Hospital-Based Specialties	161	13.3%	171	15.2%	237	21.5%	372	32.6%	280	24.0%	312	22.9%	35	2.8%	363	32.7%
Medical Specialties	194	18.9%	213	18.7%	244	22.9%	444	42.3%	364	34.4%	274	22.2%	42	4.8%	226	21.1%
Pediatric Specialties	67	16.2%	80	17.2%	116	28.1%	202	46.6%	146	34.3%	93	20.3%	14	3.9%	96	22.7%
Total	864	16.7%	887	16.7%	1,239	24.2%	2,185	42.0%	1,692	31.9%	1,283	21.4%	189	3.7%	1,268	25.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table B - 31. Obstacles to Exchanging Electronic Information with Health Care Providers by Practice Size, 2019-2021 (N = 2,817; W = 16,529)

	Lack of a health information exchange		*Concerns about patient confidentiality*		*Lack of technological support for problems*		*Lack of connectivity between my EHR and other systems*		*Lack of information from other providers*		*No significant problems*		*Other*		*Did Not Answer*	
2-5 physicians	162	21.6%	197	25.8%	236	30.7%	401	53.0%	311	41.1%	229	25.1%	38	4.5%	62	7.2%
6-50 physicians	179	22.0%	177	22.0%	253	30.1%	421	50.1%	318	37.5%	266	27.2%	19	2.6%	105	9.6%
51-94 physicians	34	20.5%	22	11.4%	58	31.4%	97	50.6%	78	39.5%	55	24.2%	6	4.4%	27	10.2%
95 or more physicians	152	17.0%	160	17.8%	237	28.3%	461	54.3%	338	38.8%	241	24.9%	41	5.3%	89	9.0%
Total	527	20.0%	556	20.8%	784	29.7%	1,380	52.4%	1,045	39.1%	791	25.6%	104	4.2%	283	8.8%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table B - 32. Obstacles to Exchanging Electronic Information with Health Care Providers by EMR Utilization, 2019-2021 (N = 4,439; W = 26,824)

	Lack of a health information exchange		*Concerns about patient confidentiality*		*Lack of technological support for problems*		*Lack of connectivity between my EHR and other systems*		*Lack of information from other providers*		*No significant problems*		*Other*		*Did Not Answer*	
Utilizes EMR	819	20.6%	820	19.9%	1,170	29.7%	2,114	52.5%	1,619	39.5%	1,173	25.5%	154	4.0%	401	8.7%
No EMR	30	14.6%	55	27.7%	51	26.0%	42	22.7%	39	20.5%	71	27.8%	28	12.8%	45	19.8%
Total	849	20.4%	875	20.3%	1,221	29.6%	2,156	51.2%	1,658	38.7%	1,244	25.6%	182	4.4%	446	9.2%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table B - 33. Obstacles to Exchanging Electronic Information with Health Care Providers by Patient Care Summary Exchange, 2019-2021 (N = 3,563; W = 21,302)

	Lack of a health information exchange		*Concerns about patient confidentiality*		*Lack of technological support for problems*		*Lack of connectivity between my EHR and other systems*		*Lack of information from other providers*		*No significant problems*		*Other*		*Did Not Answer*	
Yes	528	20.7%	570	21.8%	773	31.2%	1,401	56.1%	1,108	43.8%	732	25.9%	102	4.5%	130	4.7%
No	86	20.0%	90	20.1%	116	27.4%	183	40.2%	136	29.7%	166	33.2%	41	7.0%	40	7.6%
Don't Know	94	20.8%	75	16.6%	133	30.6%	210	48.3%	169	38.6%	153	27.0%	27	6.0%	51	8.9%
Total	708	20.6%	735	20.9%	1,022	30.7%	1,794	53.0%	1,413	41.3%	1,051	27.0%	170	5.0%	221	5.6%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table B - 34. Obstacles to Exchanging Electronic Information with Other Providers, 2019-2021 (N = 5,380; W = 33,371)

	Lack of a health information exchange		*Concerns about patient confidentiality*		*Lack of technological support for problems*		*Lack of connectivity between my EHR and other systems*		*Lack of information from other providers*		*No significant problems*		*Other*		*Did Not Answer*	
Yes	819	20.6%	820	19.9%	1,170	29.7%	2,114	52.5%	1,619	39.5%	1,173	25.5%	154	4.0%	401	8.7%
No	26	15.8%	42	26.2%	40	26.3%	33	23.1%	31	20.5%	58	28.2%	24	14.2%	36	20.7%
Total	845	20.4%	862	20.1%	1,210	29.6%	2,147	51.5%	1,650	38.9%	1,231	25.6%	178	4.4%	437	9.1%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table B - 35. Use of a Scribe by EMR Utilization, 2019-2021 (N = 4,443; W = 26,852)

EMR Utilization	*Yes*		*No*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*
Utilizes EMR	605	13.6%	3,586	86.3%	4,191	100.0%
No EMR	10	3.2%	205	96.7%	215	100.0%
Total	615	13.2%	3,791	86.7%	4,406	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 974 physicians have missing data for this question.

Table B - 36. Use of a Scribe by Patient Care Summary Exchange, 2019-2021 (N = 4,489; W = 27,150)

Use of a Scribe	*Yes*		*No*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*
Yes	361	13.4%	2,189	86.5%	2,550	100.0%
No	61	13.5%	393	86.4%	454	100.0%
Don't Know	59	10.1%	421	89.8%	480	100.0%
Total	481	13.0%	3,003	86.9%	3,484	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 1,896 physicians have missing data for this question.

Table B - 37. Integrated Physical and Behavioral Health Care by EMR Utilization, 2019-2021 (N = 4,442; W = 26,844)

EMR Utilization	*Integrated*		*Not Integrated*		*Don't Know*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Utilizes EMR	1,966	49.7%	1,551	35.7%	617	14.5%	4,134	100.0%
No EMR	38	19.9%	149	68.1%	22	11.9%	209	100.0%
Total	2,004	48.5%	1,700	37.0%	639	14.4%	4,343	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 1,037 physicians have missing data for this question.

Table B - 38. Future Plans to Integrate Physical and Behavioral Health Care by EMR Utilization, 2019-2021 (N = 4,442; W = 26,844)

EMR Utilization	*Currently Integrated*		*Plans to Integrate*		*No Future Plans*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Utilizes EMR	1,966	49.7%	126	3.3%	2,042	46.9%	4,134	100.0%
No EMR	38	19.9%	2	0.9%	169	79.1%	209	100.0%
Total	2,004	48.5%	128	3.2%	2,211	48.2%	4,343	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 1,037 physicians have missing data for this question. 'Plans to Integrate' includes those who are not and who do not know if they are integrated but have active plans for the future. 'No Future Plans' includes those who are not and who do not know if they are integrated.

Table B - 39. Future Plans to Integrate Physical and Behavioral Health Care by Patient Care Summary Exchange, 2019-2021 (N = 4,452; W = 26,928)

Patient Care Summary Exchange	*Currently Integrated*		*Plans to Integrate*		*No Future Plans*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Yes	1,213	50.1%	87	3.5%	1,231	46.3%	2,531	100.0%
No	176	43.5%	12	2.9%	261	53.4%	449	100.0%
Don't Know	184	40.2%	11	3.0%	282	56.6%	477	100.0%
Total	1,573	47.9%	110	3.4%	1,774	48.6%	3,457	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 1,923 physicians have missing data for this question. 'Plans to Integrate' includes those who are not and who do not know if they are integrated but have active plans for the future. 'No Future Plans' includes those who are not and who do not know if they are integrated.

Table B - 40. Type of Organizational Network by EMR Utilization, 2019-2021 (N = 4,439; W = 26,824)

EMR Use	*ACO*		*CIN*		*IDN*		*Traditional Private Practice*		*Concierge Medicine*		*Other*		*Did Not Answer*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Utilizes EMR	1,121	26.7%	855	21.7%	360	9.0%	1,375	31.0%	46	0.9%	775	18.7%	505	12.1%
No EMR	12	7.0%	7	3.8%	2	0.8%	145	62.8%	2	1.1%	40	18.3%	36	15.6%
Total	1,133	25.9%	862	20.9%	362	8.7%	1,520	32.3%	48	0.9%	815	18.6%	541	12.3%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table B - 41. Type of Organizational Network by Patient Care Summary Exchange, 2019-2021 (N = 3,563; W = 21,302)

Patient Care Summary	*ACO*		*CIN*		*IDN*		*Traditional Private Practice*		*Concierge Medicine*		*Other*		*Did Not Answer*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Yes	737	29.0%	541	22.5%	218	8.9%	921	32.1%	38	1.3%	419	17.0%	213	8.8%
No	77	16.1%	64	15.3%	29	7.1%	174	37.2%	2	0.3%	160	30.8%	81	17.0%
Don't Know	98	20.7%	84	16.7%	47	10.0%	137	29.4%	1	0.0%	138	28.6%	85	17.1%
Total	912	26.2%	689	20.8%	294	8.8%	1,232	32.4%	41	1.0%	717	20.4%	379	11.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table B - 42. Awareness of Health Current Services by EMR Utilization, 2019-2021 (N = 4,553; W = 27,490)

	Aware and Using the Exchange		*Aware but Not Working with Them at Present*		*Not Aware*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Utilizes EMR	412	10.6%	549	12.7%	2,992	76.5%	3,953	100.0%
No EMR	5	2.9%	34	14.7%	158	82.2%	197	100.0%
Total	417	10.3%	583	12.8%	3,150	76.8%	4,150	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 1,230 physicians have missing data for this question.

Table B - 43. Awareness of Health Current Services by Patient Care Summary Exchange, 2019-2021 (N = 4,338; W = 26,228)

	Aware and Using the Exchange		*Aware but Not Working with Them at Present*		*Not Aware*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Yes	321	13.0%	378	13.3%	1,847	73.6%	2,546	100.0%
No	14	3.7%	67	13.0%	386	83.1%	467	100.0%
Don't Know	20	4.2%	30	6.1%	426	89.5%	476	100.0%
Total	355	10.6%	475	12.3%	2,659	77.0%	3,489	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 1,891 physicians have missing data for this question.

Appendix C: AHCCCS Physician Results

AHCCCS Physician Characteristics

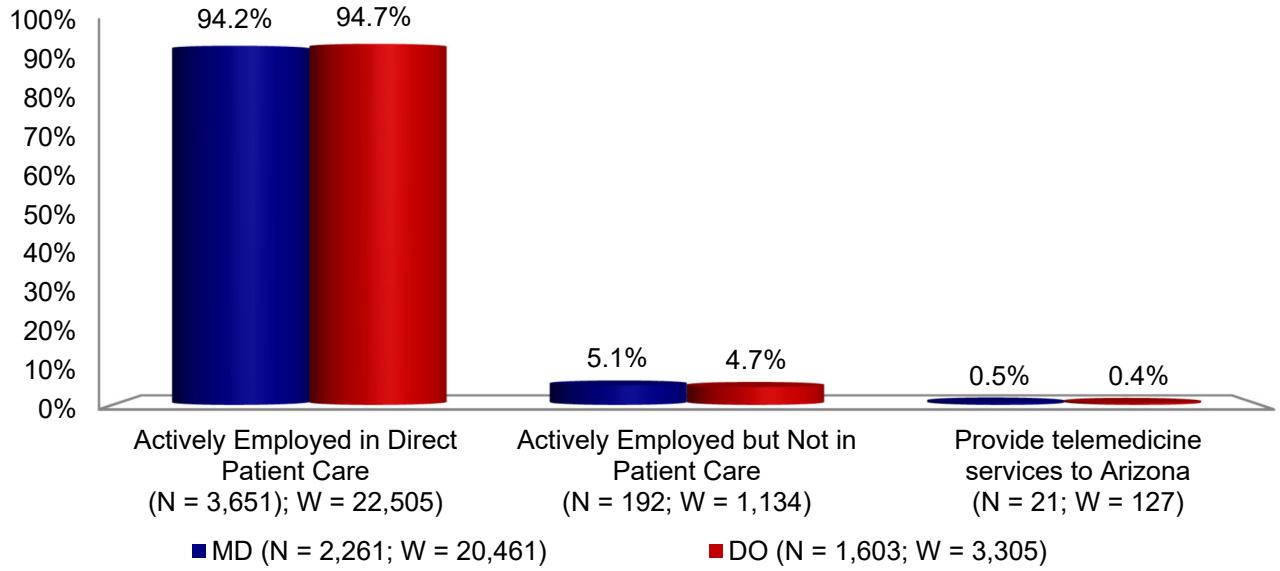
Table C - 1. Comparison of AHCCCS Respondents to Non-Respondents, 2019-2021

Characteristic	*Respondents (W = 4,316)*		*Non-Respondents (W = 4,143)*		*P-Value*
Sex					
Female	1,305	30.2%	1,238	29.8%	NS
Male	2,932	67.9%	2,787	67.2%	NS
Total	4,237	98.1%	4,025	97.1%	
Age Group					
25 - 34	56	1.2%	18	0.4%	<0.01
35 - 44	955	22.1%	754	18.1%	<0.01
45 - 54	1,242	28.7%	1,268	30.6%	NS
55 - 64	1,124	26.0%	1,104	26.6%	NS
65+	939	21.7%	999	24.1%	<0.01
Total	4,316	100.0%	4,143	100.0%	
Specialty					
Primary Care	1,776	41.1%	1,346	32.4%	<0.01
Medical	920	21.3%	1,041	25.1%	<0.01
Hospital-Based	899	20.8%	972	23.4%	<0.01
Pediatric	352	8.1%	379	9.1%	NS
Surgical	358	8.2%	403	9.7%	<0.05
Total	4,305	99.7%	4,141	99.9%	
Location					
Maricopa County	2,880	66.4%	2,825	67.8%	NS
Pima County	691	16.0%	765	18.4%	<0.01
All Other Counties	745	17.2%	553	13.3%	<0.01
Total	4,316	100.0%	4,143	100.0%	

Source: AMB, ABOE Survey & Licensing Data, April 2019–March 2021.

Note: Data include retired and semi-retired physicians. A p-value of .05 or less implies only a 5% probability of declaring the relationship significant when in fact it is not. NS = no significant difference. Gender was unknown for 79 (1.8%) respondents and 118 (2.8%) non-respondents. Specialty was unknown for 11 (0.3%) respondents and 2 (0.0%) non-respondents.

Figure C - 1. AHCCCS Physicians Providing Patient Care, 2019-2021 (N = 3,864; W = 23,766)



Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: Employment status was unknown for 160 physicians.

Table C - 2. Physicians Who Used a Scribe for Data Entry, 2019-2021 (N = 3,124; W = 1,553)

Storage Method	*Number of Physicians*	*Percent*
EMR Only	159	14.4%
EMR + Paper Only	5	6.1%
EMR + Scanned Images Only	6	13.6%
Paper + Scanned Images + EMR	214	15.2%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table C - 3. Aware of Services offered by Health Current, 2019-2021 (N = 3,237; W = 19,807)

Awareness	*Number of Users*	*Percent*
Yes, using the exchange	334	10.4%
Yes, but not working with them at present	498	14.1%
No	2,405	75.3%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table C - 4. Use of a Scribe by County, 2019-2021 (N = 3,994; W = 25,004)

County	*Yes*		*No*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*
Apache	-	-	15	100.0%	15	100.0%
Cochise	4	21.6%	21	78.3%	25	100.0%
Coconino	11	8.7%	66	91.2%	77	100.0%
Gila	3	18.1%	15	81.8%	18	100.0%
Graham	1	14.7%	8	85.2%	9	100.0%
La Paz	4	78.0%	3	21.9%	7	100.0%
Maricopa	300	12.7%	1,947	87.2%	2,247	100.0%
Mohave	17	15.1%	65	84.8%	82	100.0%
Navajo	4	4.9%	46	95.0%	50	100.0%
Pima	96	19.1%	420	80.8%	516	100.0%
Pinal	7	12.2%	38	87.7%	45	100.0%
Santa Cruz	-	-	1	100.0%	1	100.0%
Yavapai	11	13.0%	97	86.9%	108	100.0%
Yuma	5	10.1%	47	89.8%	52	100.0%
Total	463	13.7%	2,789	86.2%	3,252	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 772 physicians have missing data for this question. No response was provided for Greenlee County.

Table C - 5. Use of a Scribe by Physician Specialty, 2019-2021 (N = 4,021; W = 25,152)

Specialty	*Yes*		*No*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*
Primary Care	126	8.9%	1,285	91.0%	1,411	100.0%
Surgical Specialties	52	20.0%	207	79.9%	259	100.0%
Hospital-Based Specialties	153	22.8%	518	77.1%	671	100.0%
Medical Specialties	118	16.5%	597	83.4%	715	100.0%
Pediatric Specialties	23	8.3%	251	91.6%	274	100.0%
Total	472	14.1%	2,858	85.8%	3,330	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 694 physicians have missing data for this question.

Table C - 6. Integrated Physical and Behavioral Health Care by County, 2019-2021 (N = 3,993; W = 25,002)

County	Integrated		Not Integrated		Don't Know		Total	
	N	%	N	%	N	%	N	%
Apache	13	91.2%	2	8.7%	-	-	15	100.0%
Cochise	13	52.7%	11	44.4%	2	2.8%	26	100.0%
Coconino	47	63.0%	24	30.2%	6	6.7%	77	100.0%
Gila	6	36.6%	10	54.5%	1	8.8%	17	100.0%
Graham	2	18.1%	7	81.8%	-	-	9	-
La Paz	2	14.2%	2	62.4%	3	23.3%	7	-
Maricopa	955	45.1%	980	41.8%	280	12.9%	2,215	100.0%
Mohave	30	34.3%	37	41.8%	14	23.7%	81	100.0%
Navajo	33	64.2%	15	31.7%	2	3.9%	50	100.0%
Pima	234	47.2%	206	37.6%	71	15.0%	511	100.0%
Pinal	33	75.8%	9	18.7%	4	5.3%	46	100.0%
Santa Cruz	-	-	1	100.0%	-	-	1	100.0%
Yavapai	37	34.2%	58	52.8%	11	12.9%	106	100.0%
Yuma	20	39.5%	18	38.0%	12	22.3%	50	100.0%
Total	1,425	46.1%	1,380	40.6%	406	13.1%	3,211	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 813 physicians have missing data for this question. No response was provided for Greenlee County.

Table C - 7. Future Plans to Integrate Physical and Behavioral Health Care by County, 2019-2021 (N = 3,993; W = 25,002)

County	*Currently Integrated*		*Plans to Integrate*		*No Future Plans*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Apache	13	91.2%	-	-	2	8.7%	15	100.0%
Cochise	13	52.7%	-	-	13	47.2%	26	100.0%
Coconino	47	63.0%	2	3.2%	28	33.7%	77	100.0%
Gila	6	36.6%	1	8.6%	10	54.7%	17	100.0%
Graham	2	18.1%	-	-	7	81.8%	9	-
La Paz	2	14.2%	-	-	5	85.7%	7	-
Maricopa	955	45.1%	84	4.1%	1,176	50.6%	2,215	100.0%
Mohave	30	34.3%	1	0.5%	50	65.0%	81	100.0%
Navajo	33	64.2%	2	5.3%	15	30.3%	50	100.0%
Pima	234	47.2%	9	1.7%	268	50.9%	511	100.0%
Pinal	33	75.8%	1	3.5%	12	20.5%	46	100.0%
Santa Cruz	-	-	-	-	1	100.0%	1	100.0%
Yavapai	37	34.2%	4	4.5%	65	61.2%	106	100.0%
Yuma	20	39.5%	4	9.3%	26	51.1%	50	100.0%
Total	1,425	46.1%	108	3.6%	1,678	50.1%	3,211	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 813 physicians have missing data for this question. “Plans to Integrate” includes those who are not and who do not know if they are integrated but have active plans for the future. 'No Future Plans' includes those who are not and who do not know if they are integrated. No response was provided for Greenlee County.

Table C - 8. Integrated Physical and Behavioral Health Care by Provider Specialty, 2019-2021 (N = 4,021; W = 25,152)

Specialty	*Integrated*		*Not Integrated*		*Don't Know*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Primary Care	660	49.0%	588	39.8%	143	11.0%	1,391	100.0%
Surgical Specialties	72	32.1%	140	51.9%	43	15.8%	255	100.0%
Hospital-Based Specialties	277	43.0%	244	35.7%	145	21.2%	666	100.0%
Medical Specialties	304	45.7%	351	46.1%	50	8.1%	705	100.0%
Pediatric Specialties	144	53.3%	90	32.6%	37	13.9%	271	100.0%
Total	1,457	46.1%	1,413	40.6%	418	13.1%	3,288	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 736 physicians have missing data for this question.

Table C - 9. Future Plans to Integrate Physical and Behavioral Health Care by Provider Specialty, 2019-2021 (N = 4,021; W = 25,152)

Specialty	*Currently Integrated*		*Plans to Integrate*		*No Future Plans*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Primary Care	660	49.0%	57	4.5%	674	46.3%	1,391	100.0%
Surgical Specialties	72	32.1%	3	1.0%	180	66.7%	255	100.0%
Hospital-Based Specialties	277	43.0%	14	2.1%	375	54.8%	666	100.0%
Medical Specialties	304	45.7%	15	2.7%	386	51.4%	705	100.0%
Pediatric Specialties	144	53.3%	19	7.0%	108	39.5%	271	100.0%
Total	1,457	46.1%	108	3.6%	1,723	50.2%	3,288	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 736 physicians have missing data for this question. “Plans to Integrate” includes those who are not and who do not know if they are integrated but have active plans for the future. “No Future Plans” includes those who are not and who do not know if they are integrated.

Table C - 10. Type of Organizational Network by County, 2019-2021 (N = 3,908; W = 24,562)

County	ACO		CIN		IDN		Traditional Private Practice		Concierge Medicine		Other		Did Not Answer	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Apache	3	8.0%	3	12.7%	3	16.7%	2	12.4%	1	6.8%	7	44.7%	7	38.5%
Cochise	2	10.7%	3	6.7%	1	1.2%	14	40.9%	1	1.2%	6	17.5%	11	44.7%
Coconino	38	41.0%	12	14.3%	5	2.8%	23	22.4%	0	0.0%	12	12.6%	26	28.8%
Gila	2	2.8%	5	21.8%	1	1.5%	8	27.8%	0	0.0%	3	16.7%	8	40.3%
Graham	2	23.9%	0	0.0%	1	4.0%	5	64.8%	0	0.0%	1	3.2%	1	3.9%
Greenlee	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%
La Paz	0	0.0%	2	39.6%	2	14.6%	2	31.9%	0	0.0%	1	7.4%	1	6.1%
Maricopa	554	20.5%	420	16.8%	181	6.8%	901	30.3%	22	0.6%	394	14.6%	636	25.8%
Mohave	17	18.0%	13	14.7%	4	5.3%	35	29.9%	1	0.3%	13	13.7%	21	24.7%
Navajo	21	33.7%	16	25.6%	2	4.2%	7	13.9%	0	0.0%	13	28.1%	9	17.6%
Pima	135	22.4%	102	16.6%	44	7.4%	168	24.7%	13	1.5%	114	18.5%	174	27.5%
Pinal	9	22.4%	10	18.9%	7	14.0%	11	17.5%	0	0.0%	11	23.0%	12	25.0%
Santa Cruz	0	0.0%	0	0.0%	0	0.0%	1	41.1%	0	0.0%	0	0.0%	1	58.8%
Yavapai	38	28.2%	16	14.1%	5	6.1%	42	33.1%	2	1.7%	15	12.4%	22	19.7%
Yuma	14	24.2%	17	33.2%	4	8.0%	24	37.4%	0	0.0%	5	7.3%	9	15.5%
Total	835	21.5%	619	17.0%	260	6.8%	1,243	28.9%	40	0.7%	595	15.5%	939	25.9%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table C - 11. Type of Organizational Network by Provider Specialty, 2019-2021 (N = 4,013; W = 25,083)

Specialty	*ACO*		*CIN*		*IDN*		*Traditional Private Practice*		*Concierge Medicine*		*Other*		*Did Not Answer*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Primary Care	481	28.6%	234	15.3%	88	5.5%	457	24.7%	33	1.6%	289	17.5%	379	24.5%
Surgical Specialties	115	15.3%	126	16.8%	58	7.0%	354	37.5%	5	0.4%	127	15.9%	199	24.5%
Hospital-Based Specialties	42	12.3%	48	16.3%	24	8.5%	127	36.0%	1	0.5%	35	11.4%	79	26.1%
Medical Specialties	138	16.7%	157	18.1%	75	9.3%	237	26.2%	1	0.1%	141	16.4%	241	31.0%
Pediatric Specialties	75	24.2%	62	20.4%	18	3.8%	83	23.6%	1	0.0%	45	13.9%	89	27.5%
Total	851	21.3%	627	16.8%	263	6.7%	1,258	28.6%	41	0.8%	637	16.1%	987	26.3%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table C - 12. Awareness of Health Current Services by Physician Specialty, 2019-2021 (N = 4,021; W = 25,149)

Specialty	*Aware and Using the Exchange*		*Aware but Not Working with Them at Present*		*Not Aware*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Primary Care	167	12.8%	225	14.9%	976	72.2%	1,368	100.0%
Surgical Specialties	16	6.3%	52	18.0%	184	75.6%	252	100.0%
Hospital-Based Specialties	41	7.0%	67	10.4%	534	82.4%	642	100.0%
Medical Specialties	71	9.5%	116	15.0%	519	75.4%	706	100.0%
Pediatric Specialties	38	13.9%	38	13.6%	185	72.3%	261	100.0%
Total	333	10.5%	498	14.2%	2,398	75.2%	3,229	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 795 physicians have missing data for this question.

Table C - 13. Awareness of Health Current Services by County, 2019-2021 (N = 3,997; W = 25,040)

County	Aware and Using the Exchange		Aware but Not Working with Them at Present		Not Aware		Total	
	N	%	N	%	N	%	N	%
Apache	2	15.7%	2	9.6%	12	74.6%	16	100.0%
Cochise	4	24.1%	5	21.4%	16	54.3%	25	100.0%
Coconino	13	14.9%	12	16.8%	52	68.2%	77	100.0%
Gila	1	7.9%	4	28.3%	14	63.6%	19	100.0%
Graham	1	14.7%	2	19.2%	6	65.9%	9	-
La Paz	-	-	-	-	7	100.0%	7	-
Maricopa	235	11.0%	334	13.9%	1,589	75.0%	2,158	100.0%
Mohave	9	11.0%	13	16.6%	60	72.2%	82	100.0%
Navajo	11	21.3%	7	9.9%	33	68.6%	51	100.0%
Pima	39	8.3%	71	13.2%	390	78.4%	500	100.0%
Pinal	3	5.3%	6	10.3%	38	84.3%	47	100.0%
Santa Cruz	-	-	-	-	1	100.0%	1	100.0%
Yavapai	3	2.4%	18	16.6%	84	80.8%	105	100.0%
Yuma	6	8.8%	9	18.8%	36	72.2%	51	100.0%
Total	327	10.5%	483	14.0%	2,338	75.3%	3,148	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 876 physicians have missing data for this question. There was no response from Greenlee County.

AHCCCS Physicians Practice Characteristics

Table C - 14. Number of Physicians by Type of Practice, 2019-2021 (N = 3,447; W = 21,091)

Type of Practice	*Number of Physicians*	*Percent*
Physician Owned Solo Practice	562	15.0%
Physician Owned Group Practice	926	25.0%
Hospital/Medical School Group Practice	631	20.0%
Community or Rural Health Center	158	4.7%
Non-Hospital Private Outpatient Facility	160	4.3%
City, State or County Clinic or Hospital System	56	1.6%
Federal Government Hospital or Clinic	185	5.7%
Private For Profit Hospital System	167	4.8%
Private Non-Profit Hospital System	360	10.8%
Medical School, University Research Center	102	3.5%
Public Health Agency or Department	15	0.4%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	68	1.9%
Independent Consultant	57	1.5%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 577 physicians did not report type of practice (missing). Percentages are based on responses.

Table C - 15. Type of Practice by Number of MDs, 2019-2021 (N = 888; W = 8,129)

Type of Practice	*No. of Physicians*							
	2-5		*6-50*		*51-94*		*95+*	
Physician Owned Group Practice	156	39.0%	154	38.9%	21	5.3%	69	16.5%
Hospital/Medical School Group Practice	6	1.7%	73	21.5%	18	5.1%	241	71.5%
Community or Rural Health Center	10	11.5%	40	48.3%	12	14.8%	19	25.3%
Private Outpatient Facility Not Part of Hospital System	16	22.5%	32	47.3%	4	5.3%	17	24.7%
Total	188	20.8%	299	33.7%	55	6.1%	346	39.2%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 182 MDs did not report type of practice and/or the number of physicians in their practice for the above practice types.

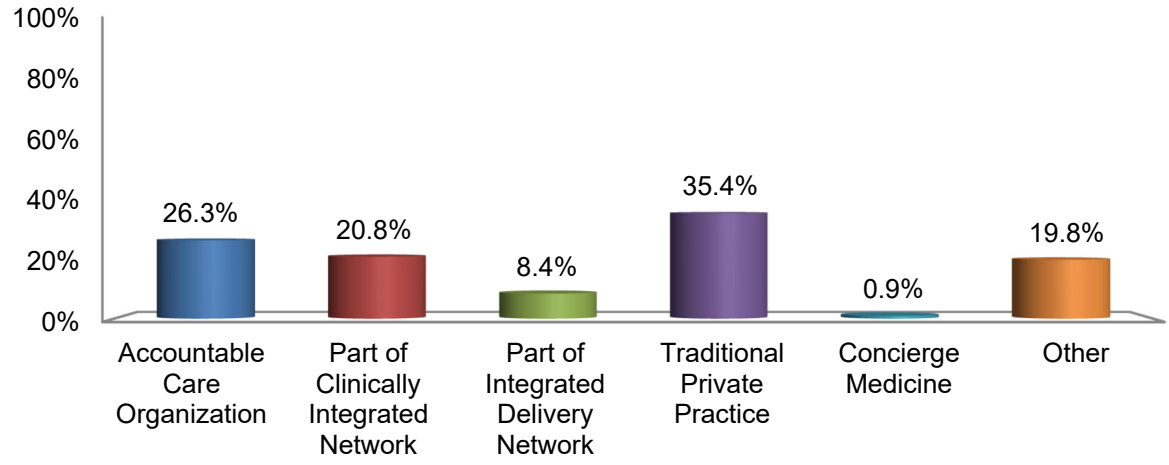
Table C - 16. Type of Practice by Number of DOs, 2019-2021 (N = 805; W = 1,677)

Type of Practice	*No. of Physicians*							
	2-5		*6-50*		*51-94*		*95+*	
Physician Owned Group Practice	168	41.6%	154	38.3%	19	4.8%	61	15.1%
Hospital/Medical School Group Practice	7	3.4%	59	30.1%	25	12.9%	102	53.3%
Community or Rural Health Center	8	12.9%	32	55.8%	12	20.6%	6	10.6%
Private Outpatient Facility Not Part of Hospital System	15	25.5%	24	42.4%	9	15.7%	10	16.1%
Total	198	27.7%	269	37.9%	65	9.1%	179	25.1%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 94 DOs did not report type of practice and/or the number of physicians in their practice for the above practice types.

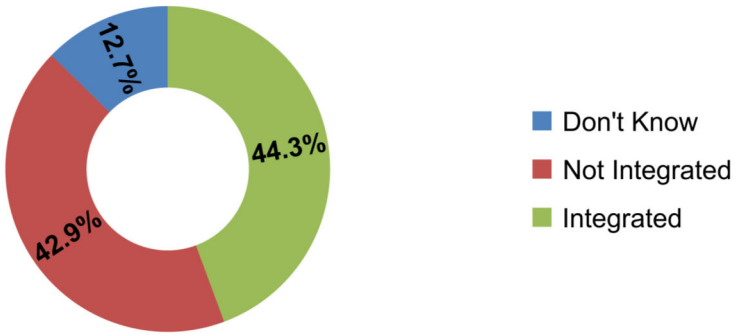
Figure C - 2. Physicians' Characterization of Their Organizational Network, 2019-2021 (N = 3,321; W = 20,363)



Source: AMB, ABOE Survey Data, April 2019–March 2021.

Notes: The only physicians included in this table are those who answered one of the options affirmatively. Unfortunately, due to errors in the execution of this survey question it is impossible to distinguish a "No" response from a missing response. Thus, given the "check all that apply" nature of this question, the respondent needed to check at least one box to be included (Traditional Private Practice).

Figure C - 3. Percent of Organizations Providing Integrated Physical and Behavioral Health Care, 2019-2021 (N = 3,296; W = 20,233)



Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: There were 728 physicians who did not respond to this question.

Table C - 17. Type of Organizational Network by Type of Practice, 2019-2021 (N = 3,297; W = 20,210)

Type of Practice	*Accountable Care Organization (ACO)*		*Clinically Integrated Network (CIN)*		*Integrated Delivery Network (IDN)*		*Traditional Private Practice*		*Concierge Medicine*		*Other*	
Physician Owned Solo Practice	61	12.5%	11	2.8%	2	0.5%	446	81.1%	20	3.1%	52	9.8%
Physician Owned Group Practice	173	19.6%	85	9.4%	22	2.0%	634	71.5%	14	1.2%	71	8.0%
Hospital/Medical School Group Practice	247	40.5%	213	38.7%	74	12.6%	46	7.4%	1	0.1%	86	15.2%
Community or Rural Health Center	66	45.9%	46	34.8%	16	11.9%	6	3.6%	1	0.8%	31	18.0%
Private Outpatient Facility Not Part of Hospital System	26	16.3%	21	12.8%	15	11.6%	50	27.9%	0	0.0%	50	34.2%
City, State or County Clinic or Hospital System	6	14.0%	12	26.1%	9	14.2%	2	5.3%	0	0.0%	23	40.8%
Federal Government Hospital or Clinic	26	12.3%	43	22.6%	31	17.1%	1	0.9%	0	0.0%	98	57.9%
Private For Profit Hospital System	45	31.2%	45	27.6%	20	10.8%	31	20.3%	1	0.1%	36	22.4%
Private Not For Profit Hospital System	166	45.9%	102	31.4%	50	14.5%	25	6.7%	1	0.5%	54	16.1%
Medical School, University Research Center	18	19.1%	32	34.8%	11	12.6%	3	3.5%	0	0.0%	45	40.6%
Public Health Agency or Department	2	17.0%	3	24.8%	1	9.4%	1	1.7%	0	0.0%	8	47.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	7	14.1%	5	11.0%	6	12.3%	2	3.5%	0	0.0%	47	74.1%
Independent Consultant	2	3.2%	6	5.9%	5	7.0%	6	8.2%	3	4.4%	33	71.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: The only physicians included in this table are those that answered one of the options affirmatively. Unfortunately, due to errors in the execution of this survey question, it is impossible to distinguish a “No” from a missing. Thus, given the 'check all that apply' nature of this question, the respondent needed to check at least one box to be included (Traditional Private Practice).

Table C - 18. Integrated Physical and Behavioral Health Care by Type of Practice, 2019-2021 (N = 3,469, W = 21,244)

Type of Practice	*Integrated*		*Not Integrated*		*Don't Know*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Physician Owned Solo Practice	86	13.9%	419	79.3%	35	6.6%	540	100.0%
Physician Owned Group Practice	195	21.5%	607	68.3%	97	10.0%	899	100.0%
Hospital/Medical School Group Practice	387	63.9%	109	14.8%	121	21.2%	617	100.0%
Community or Rural Health Center	132	87.8%	14	7.8%	7	4.3%	153	100.0%
Private Outpatient Facility Not Part of Hospital System	52	34.7%	87	54.2%	17	11.0%	156	100.0%
City, State or County Clinic or Hospital System	34	73.2%	8	16.4%	8	10.2%	50	100.0%
Federal Government Hospital or Clinic	162	85.8%	11	7.9%	10	6.2%	183	100.0%
Private For Profit Hospital System	80	53.5%	42	23.8%	40	22.5%	162	100.0%
Private Non-Profit Hospital System	223	62.8%	67	18.1%	62	18.9%	352	100.0%
Medical School, University Research Center	69	71.1%	19	17.5%	11	11.2%	99	100.0%
Public Health Agency or Department	1	100.0%	-	-	-	-	1	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	29	47.7%	25	37.8%	7	14.3%	61	100.0%
Independent Consultant	-	-	-	-	1	100.0%	1	100.0%
Total	1,450	46.1%	1,408	40.7%	416	13.1%	3,274	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 750 physicians did not respond to this question.

Table C - 19. Future Plans to Integrate Physical and Behavioral Health Care by Type of Practice, 2019-2021 (N = 3,457; W = 21,163)

Type of Practice	*Yes*		*No*		*Don't Know*		*Total*	
	Number	*Percent*	*Number*	*Percent*	*Number*	*Percent*	*Number*	*Percent*
Physician Owned Solo Practice	27	7.1%	355	81.3%	56	11.5%	438	100.0%
Physician Owned Group Practice	37	5.6%	473	68.9%	195	25.4%	705	100.0%
Hospital/Medical School Group Practice	21	7.8%	55	24.5%	157	67.5%	233	100.0%
Community or Rural Health Center	7	25.9%	5	17.8%	14	56.1%	26	100.0%
Private Outpatient Facility Not Part of Hospital System	11	12.6%	46	47.1%	44	40.2%	101	100.0%
City, State or County Clinic or Hospital System	4	21.8%	3	26.6%	11	51.5%	18	100.0%
Federal Government Hospital or Clinic	9	39.2%	3	9.2%	16	51.4%	28	100.0%
Private For Profit Hospital System	5	7.2%	22	27.4%	57	65.3%	84	100.0%
Private Non- Profit Hospital System	25	22.4%	25	15.3%	79	62.2%	129	100.0%
Medical School, University Research Center	3	6.0%	11	28.8%	18	65.1%	32	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	9	27.2%	16	41.7%	9	31.0%	34	100.0%
Independent Consultant	-	-	-	-	1	100.0%	1	100.0%
Total	158	9.5%	1,014	54.8%	657	35.6%	1,829	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 2,195 physicians where excluded due to missing data. No response was provided for Public Health Agency or Department.

Table C - 20. Integration of Physical and Behavioral Health Care by Type of Network, 2019-2021 (N = 3,296; W = 20,233)

Type of Network	*Currently Integrated*		*Plans to Integrate*		*No Future Plans*	
	N	*%*	*N*	*%*	*N*	*%*
Accountable Care Organization (ACO)	469	57.3%	45	5.2%	317	37.3%
Clinically Integrated Network (CIN)	401	67.1%	17	3.1%	192	29.6%
Integrated Delivery Network (IDN)	179	70.8%	9	3.8%	68	25.3%
Traditional Private Practice	229	18.2%	35	3.3%	964	78.4%
Concierge Medicine	11	26.8%	1	1.1%	26	72.0%
Other	307	53.9%	18	3.5%	265	42.5%
Did Not Answer	202	56.9%	7	2.3%	159	40.7%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Notes: "Plans to Integrate" includes those who are not integrated and those who do not know if they are integrated, but they both have active plans for the future. "No Future Plans" only includes those who are not integrated and who do not know if they are integrated. 728 physicians were ineligible for this table due to missing data.

Table C - 21. Use of a Scribe by Practice Size, 2019-2021 (N = 3,368; W = 20,630)

Practice Size	*Yes*		*No*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*
2-5	105	15.5%	571	84.4%	676	100.0%
6-50	109	16.6%	527	83.3%	636	100.0%
51-94	25	20.8%	113	79.1%	138	100.0%
95+	67	9.4%	586	90.5%	653	100.0%
Total	306	14.0%	1,797	85.9%	2,103	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 1,921 physicians have missing data for this question.

Table C - 22. Use of a Scribe by Type of Practice, 2019-2021 (N = 3,469; W = 21,243)

Type of Practice	Yes		No		Total	
	N	%	N	%	N	%
Physician Owned Solo Practice	84	15.3%	465	84.6%	549	100.0%
Physician Owned Group Practice	166	18.8%	745	81.1%	911	100.0%
Hospital/Medical School Group Practice	89	13.5%	534	86.4%	623	100.0%
Community or Rural Health Center	20	13.4%	136	86.5%	156	100.0%
Private Outpatient Facility Not Part of Hospital System	14	6.1%	143	93.8%	157	100.0%
City, State or County Clinic or Hospital System	4	4.5%	48	95.4%	52	100.0%
Federal Government Hospital or Clinic	8	3.9%	176	96.0%	184	100.0%
Private For Profit Hospital System	39	23.2%	126	76.7%	165	100.0%
Private Non-Profit Hospital System	34	7.5%	321	92.4%	355	100.0%
Medical School, University Research Center	8	8.5%	94	91.4%	102	100.0%
Public Health Agency or Department	-	-	1	100.0%	1	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	4	6.1%	56	93.8%	60	100.0%
Independent Consultant	-	-	1	100.0%	1	100.0%
Total	470	13.6%	2,846	86.3%	3,316	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 708 physicians have missing data for this question

Table C - 23. Integrated Physical and Behavioral Health Care by Practice Size, 2019-2021 (N = 3,345; W = 20,475)

Practice Size	Integrated		Not Integrated		Don't Know		Total	
	N	%	N	%	N	%	N	%
2-5	146	21.6%	470	70.9%	50	7.3%	666	100.0%
6-50	267	41.8%	286	45.7%	77	12.4%	630	100.0%
51-94	85	62.6%	44	33.0%	8	4.2%	137	100.0%
95+	412	65.5%	134	17.6%	105	16.7%	651	100.0%
Total	910	45.5%	934	42.4%	240	11.9%	2,084	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 1, 940 physicians have missing data for this question.

Table C - 24. Future Plans to Integrate Physical and Behavioral Health Care by Practice Size, 2019-2021 (N = 3,345; W = 20,475)

Practice Size	Currently Integrated		Plans to Integrate		No Future Plans		Total	
	N	%	N	%	N	%	N	%
2-5	146	21.6%	21	3.9%	499	74.3%	666	100.0%
6-50	267	41.8%	24	4.3%	339	53.8%	630	100.0%
51-94	85	62.6%	5	3.5%	47	33.7%	137	100.0%
95+	412	65.5%	14	2.2%	225	32.2%	651	100.0%
Total	910	45.5%	64	3.4%	1,110	51.0%	2,084	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 1,940 physicians have missing data for this question. 'Plans to Integrate' includes those who are not and who do not know if they are integrated but have active plans for the future. 'No Future Plans' includes those who are not and who do not know if they are integrated.

Table C - 25. Type of Organizational Network by Practice Size, 2019-2021 (N = 2,133; W = 12,811)

Practice Size	ACO		CIN		IDN		Traditional Private Practice		Concierge Medicine		Other		Did Not Answer	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
2-5	94	13.9%	27	4.6%	11	1.7%	510	72.9%	15	1.6%	67	10.2%	43	6.9%
6-50	141	21.9%	109	16.8%	41	6.3%	259	40.1%	3	0.3%	113	18.1%	87	13.9%
51-94	49	32.5%	31	23.5%	13	9.9%	25	17.9%	0	0.0%	29	23.2%	26	18.9%
95+	224	34.8%	197	32.9%	93	14.7%	82	10.6%	4	0.6%	138	20.5%	93	13.1%
Total	508	24.7%	364	19.3%	158	8.1%	876	38.1%	22	0.7%	347	16.9%	249	11.9%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table C - 26. Type of Organizational Network by Type of Practice, 2019-2021 (N = 3,447; W = 21,091)

Type of Practice	*ACO*		*CIN*		*IDN*		*Traditional Private Practice*		*Concierge Medicine*		*Other*		*Did Not Answer*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Physician Owned Solo Practice	61	12.1%	11	2.7%	2	0.5%	446	78.4%	20	3.0%	52	9.5%	40	7.6%
Physician Owned Group Practice	173	18.9%	85	9.1%	22	2.0%	634	69.0%	14	1.2%	71	7.8%	65	6.7%
Hospital/Medical School Group Practice	247	38.1%	213	36.4%	74	11.8%	46	7.0%	1	0.1%	86	14.3%	75	12.3%
Community or Rural Health Center	66	44.0%	46	33.3%	16	11.4%	6	3.5%	1	0.7%	31	17.3%	26	14.4%
Private Outpatient Facility Not Part of Hospital System	26	15.8%	21	12.4%	15	11.3%	50	27.1%	0	0.0%	50	33.2%	31	17.2%
City, State or County Clinic or Hospital System	6	12.9%	12	24.1%	9	13.1%	2	4.9%	0	0.0%	23	37.6%	18	30.8%
Federal Government Hospital or Clinic	26	11.9%	43	21.8%	31	16.5%	1	0.9%	0	0.0%	98	55.9%	51	29.0%
Private For Profit Hospital System	45	30.2%	45	26.6%	20	10.4%	31	19.6%	1	0.1%	36	21.6%	18	11.6%
Private Not=Profit Hospital System	166	44.0%	102	30.1%	50	13.9%	25	6.5%	1	0.4%	54	15.4%	42	11.9%
Medical School, University Research Center	18	18.5%	32	33.7%	11	12.2%	3	3.4%	0	0.0%	45	39.3%	19	15.7%
Public Health Agency or Department	2	17.0%	3	24.8%	1	9.4%	1	1.7%	0	0.0%	8	47.0%	3	11.1%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	7	12.6%	5	9.8%	6	11.0%	2	3.2%	0	0.0%	47	66.2%	30	41.8%
Independent Consultant	2	3.1%	6	5.7%	5	6.8%	6	8.0%	3	4.3%	33	68.9%	17	38.2%
Total	845	25.2%	624	19.9%	262	8.0%	1,253	34.0%	41	0.9%	634	19.1%	435	12.8%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table C - 27. Awareness of Health Current Services by Type of Practice, 2019- 2021 (N = 3,468; W = 21,235)

Type of Practice	*Aware and Using the Exchange*		*Aware but Not Working with Them at Present*		*Not Aware*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Physician Owned Solo Practice	52	11.3%	112	18.5%	362	70.1%	526	100.0%
Physician Owned Group Practice	97	9.8%	162	17.4%	591	72.6%	850	100.0%
Hospital/Medical School Group Practice	64	10.8%	63	9.2%	462	79.8%	589	100.0%
Community or Rural Health Center	30	20.0%	19	11.5%	102	68.4%	151	100.0%
Private Outpatient Facility Not Part of Hospital System	17	13.8%	21	13.2%	116	72.9%	154	100.0%
City, State or County Clinic or Hospital System	3	7.4%	3	8.3%	46	84.2%	52	100.0%
Federal Government Hospital or Clinic	16	10.1%	22	11.3%	142	78.4%	180	100.0%
Private For Profit Hospital System	10	9.6%	20	15.5%	126	74.7%	156	100.0%
Private Not-Profit Hospital System	23	6.8%	36	11.7%	282	81.4%	341	100.0%
Medical School, University Research Center	4	4.5%	15	13.3%	75	82.1%	94	100.0%
Public Health Agency or Department	1	7.7%	2	9.5%	11	82.7%	14	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	13	18.4%	10	18.5%	35	62.9%	58	100.0%
Independent Consultant	3	8.6%	11	22.8%	37	68.5%	51	100.0%
Total	333	10.5%	496	14.1%	2,387	75.3%	3,216	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 808 physicians have missing data for this question.

Table C - 28. Awareness of Health Current Services by Practice Size, 2019-2021 (N = 3,364; W = 20,506)

	Aware and Using the Exchange		*Aware but Not Working with Them at Present*		*Not Aware*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
2-5	78	12.2%	145	20.1%	427	67.5%	650	100.0%
6-50	77	12.9%	80	11.6%	449	75.4%	606	100.0%
51-94	17	14.1%	20	15.9%	95	69.9%	132	100.0%
95+	49	7.2%	66	10.4%	503	82.2%	618	100.0%
Total	221	10.8%	311	14.0%	1,474	75.1%	2,006	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 2,018 physicians have missing data for this question.

The Utilization of Electronic Medical Records by AHCCCS Physicians

Table C - 29. EMR Utilization by Type of Practice, 2019-2021 (N = 3,471; W = 21,247)

Type of Practice	*Utilization Rates*
Physician Owned Solo Practice	83.9%
Physician Owned Group Practice	95.0%
Hospital/Medical School Group Practice	99.8%
Community or Rural Health Center	97.5%
Non-Hospital Private Outpatient Facility	96.1%
City, State or County Clinic or Hospital System	97.8%
Federal Government Hospital or Clinic	100.0%
Private For Profit Hospital System	97.9%
Private Non Profit Hospital System	98.8%
Medical School/University Research Center	97.5%
Public or Private Insurer/Health Related Organization that does not provide care	93.7%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: Rates = % of physicians within each practice type. 577 respondents were missing type of practice. 658 respondents were missing EMR utilization.

Table C - 30. EMR Utilization by County, 2019-2021 (N = 3,998; W = 25,033)

Location	*All Survey Respondents*	*EMR Users*	*% EMR Users*
Apache	15	13	91.2%
Cochise	26	25	94.5%
Coconino	77	76	98.0%
Gila	18	17	92.0%
Graham	9	8	85.0%
La Paz	7	7	100.0%
Maricopa	2265	2138	95.5%
Mohave	82	76	90.8%
Navajo	51	49	95.4%
Pima	519	488	95.6%
Pinal	46	45	99.4%
Santa Cruz	1	1	100.0%
Yavapai	108	102	95.9%
Yuma	52	49	96.9%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: County and/or method of storage was unknown for 748 respondents. There was no response from Greenlee County.

Table C - 31. Methods of Storing Medical Records, 2019-2021 (N = 3,351; W = 20,561)

Method	*Number*	*Percent*
Paper Files Only	108	2.3%
EMR Only	1,125	32.7%
Scanned Images Only	21	0.6%
Paper + Scanned Images Only	44	1.2%
EMR + Paper Only	44	1.2%
EMR + Scanned Images Only	1,439	43.9%
Paper + Scanned Images + EMR	570	17.8%
EMR alone or in combination*	3,178	95.7%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 673 respondents did not identify a method of storing medical records (missing). *Data on "EMR alone or in combination" is not mutually exclusive from other categories.

Table C - 32. Exchange of Information with Other Providers, 2019-2021 (N = 2,850; W = 17,354)

EMR Functions	*Exchanged with Other Providers*	*Percent who Exchange*
Patient Care Summary	2,015	75.2%
Prescription 'e-prescribing'	2,011	79.9%
Lab Results	2,182	85.4%
Reminders for Interventions	1,236	47.4%
Radiology Results	2,166	83.7%
Images Results	1,920	76.6%
Public Health Reports	1,262	47.6%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: *The data in this table effectively treat *"Don't Know"* answers as *"No"* since the questions ask for the respondent's experience, not for the practices of other physicians in the same organization.

Table C - 33. Method of Exchange of Information with Other Organizations, 2019-2021 (N = 3,047; W = 18,816)

EMR Functions	*Fax*		*Email*		*HIE*		*All of the Above*	
Patient Care Summary	450	22.9%	53	2.7%	682	34.1%	809	40.1%
Prescription 'e-prescribing'	200	9.2%	123	6.2%	1,212	63.3%	446	21.1%
Lab Results	5	9.1%	1	2.7%	31	61.3%	17	26.7%
Reminders for Interventions	68	5.0%	103	9.3%	720	60.6%	326	24.9%
Radiology Results	5	12.6%	.	.	27	57.1%	13	30.1%
Images Results	3	12.9%	2	5.2%	18	47.4%	12	34.3%
Public Health Reports	216	16.1%	57	4.8%	549	45.8%	408	33.2%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: The results are mutually exclusive such that the 'Fax' count and percentage represents those that use fax only. Method of exchange was unknown for 3,565 respondents.

Table C - 34. Percent of Physicians Exchanging Information by Type of Practice, 2019-2021 (N = 3,466; W = 21,217)

Type of Practice	*Patient Care Summary*	*Prescription 'e-prescribing'*	*Lab Results*	*Reminders for Interventions*	*Radiology Results*	*Images Results*	*Public Health Reports*
Physician Owned Solo Practice	79%	87%	91%	42%	84%	72%	45%
Physician Owned Group Practice	76%	79%	87%	48%	87%	79%	48%
Hospital/Medical School Group Practice	74%	83%	82%	53%	86%	81%	51%
Community or Rural Health Center	88%	94%	96%	63%	87%	79%	65%
Non-Hospital Private Outpatient Facility	76%	89%	90%	45%	85%	71%	56%
City, State or County Clinic or Hospital System	70%	84%	91%	35%	84%	74%	49%
Federal Government Hospital or Clinic	71%	77%	86%	58%	88%	85%	64%
Private For Profit Hospital System	70%	73%	85%	50%	85%	81%	46%
Private Non-Profit Hospital System	72%	76%	80%	44%	83%	80%	46%
Medical School, University Research Center	74%	73%	77%	48%	76%	72%	43%
Public Health Agency or Dept	38%	50%	57%	13%	38%	13%	50%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	42%	19%	42%	27%	37%	25%	22%
Independent Consultant	54%	57%	59%	34%	59%	57%	36%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: The data in this table only include those physicians who answered "Yes" to the Exchange question for each EMR function. 1,867 physicians were ineligible for this table due to missing data.

Table C - 35. Obstacles in Exchanging Electronic Information with Health Care Providers by County, 2019-2021 (N = 3,908; W = 24,562)

	Lack of a health information exchange		*Concerns about patient confidentiality*		*Lack of technological support for problems*		*Lack of connectivity between my EHR and other systems*		*Lack of information from other providers*		*No significant problems*		*Other*		*Did Not Answer*	
Apache	2	12.4%	3	19.3%	8	50.8%	7	41.6%	4	22.3%	7	28.6%	2	13.3%	3	14.9%
Cochise	7	22.8%	3	11.7%	8	21.5%	16	52.4%	11	31.5%	5	12.4%	0	0.0%	6	28.3%
Coconino	18	20.9%	15	18.1%	30	37.7%	48	59.3%	39	45.9%	16	8.0%	3	2.8%	22	22.2%
Gila	6	25.1%	4	9.6%	5	19.5%	12	46.2%	10	34.9%	3	10.5%	2	11.0%	7	30.7%
Graham	3	22.3%	1	4.0%	5	40.7%	5	54.4%	4	36.8%	4	41.7%	0	0.0%	1	3.9%
Greenlee	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%
La Paz	2	14.6%	1	7.4%	3	39.4%	3	39.4%	2	13.3%	2	39.6%	1	7.4%	1	6.1%
Maricopa	413	15.2%	492	17.7%	603	22.6%	1,083	40.8%	852	31.5%	664	22.2%	101	3.7%	625	24.5%
Mohave	17	16.3%	18	16.1%	33	31.3%	43	42.3%	35	34.2%	20	27.0%	3	2.2%	22	22.0%
Navajo	12	21.7%	10	18.5%	29	52.5%	38	69.6%	23	42.6%	9	11.0%	3	7.1%	5	10.2%
Pima	124	21.9%	123	19.6%	187	31.2%	290	47.7%	237	38.4%	130	19.5%	33	6.0%	135	21.4%
Pinal	10	22.3%	8	17.2%	14	28.2%	26	59.4%	22	51.4%	9	10.4%	1	0.7%	4	11.2%
Santa Cruz	0	0.0%	1	41.1%	0	0.0%	1	41.1%	1	41.1%	0	0.0%	0	0.0%	1	58.8%
Yavapai	21	18.8%	24	22.0%	28	25.5%	58	50.7%	45	36.7%	30	18.8%	5	4.4%	18	17.4%
Yuma	9	15.0%	11	20.4%	15	26.6%	30	52.1%	20	34.2%	15	17.8%	1	0.3%	10	17.2%
Total	644	17.0%	714	18.1%	968	25.6%	1,660	43.80%	1,305	33.8%	914	20.90%	155	4.1%	861	23.1%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table C - 36. Obstacles to Exchanging Electronic Information with Health Care Providers by Type of Practice, 2019-2021 (N = 3,447; W = 21,091)

	Lack of a health information exchange		*Concerns about patient confidentiality*		*Lack of technological support for problems*		*Lack of connectivity with my EHR & other systems*		*Lack of information from other providers*		*No significant problems*		*Other*		*Did Not Answer*	
Physician owned solo practice	112	20.0%	156	26.3%	166	30.1%	242	44.3%	198	34.3%	167	27.8%	37	6.7%	54	9.1%
Physician owned group practice	158	19.4%	211	24.9%	275	31.8%	446	53.0%	351	39.8%	259	23.5%	30	3.9%	98	9.9%
Hospital or medical school physician group practice	121	20.4%	115	18.7%	180	30.0%	341	55.9%	255	41.9%	165	24.0%	19	3.5%	50	7.2%
Community or rural health center	34	23.5%	23	13.7%	53	35.4%	88	55.9%	73	45.9%	37	24.0%	9	5.7%	14	8.2%
Private outpatient facility not part of a hospital system	44	29.2%	42	26.9%	41	29.0%	86	58.9%	73	51.2%	37	21.2%	2	2.0%	13	4.6%
City, state or county hospital or clinic	15	27.3%	5	6.2%	14	25.9%	30	60.9%	21	43.3%	11	16.5%	3	3.2%	7	7.9%
Federal government hospital or clinic	27	13.8%	35	19.2%	54	32.2%	87	50.8%	56	30.4%	64	32.0%	13	7.7%	8	5.7%
Private for profit hospital system	33	20.0%	30	16.5%	48	26.6%	80	45.5%	60	32.8%	47	26.4%	7	3.9%	18	11.3%
Private not for profit hospital system	68	18.9%	63	17.4%	100	30.1%	193	52.9%	154	44.6%	92	25.2%	9	2.8%	39	10.3%
Medical school, university, research center	20	22.0%	23	25.9%	25	28.3%	43	47.8%	36	39.4%	24	20.4%	13	11.2%	12	10.3%
Public health agency or department	3	12.1%	2	16.9%	2	16.5%	8	28.0%	7	28.2%	4	27.5%	1	11.3%	2	21.9%
Public or private insurer/health related organization that does not provide care	5	16.9%	9	17.0%	8	9.2%	16	60.6%	18	51.1%	17	30.0%	12	7.6%	16	3.4%
Independent consultant	10	12.9%	9	20.1%	15	30.6%	23	46.5%	22	40.7%	18	29.9%	4	8.3%	7	10.1%
Total	650	20.0%	723	21.3%	981	30.2%	1,683	51.6%	1,324	39.7%	942	25.0%	159	4.8%	338	9.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table C - 37. Obstacles to Exchanging Electronic Information with Health Care Providers by Provider Specialty, 2019-2021 (N = 4,013; W = 25,083)

	Lack of a health information exchange		*Concerns about patient confidentiality*		*Lack of technological support for problems*		*Lack of connectivity between my EHR and other systems*		*Lack of information from other providers*		*No significant problems*		*Other*		*Did Not Answer*	
Primary Care	288	17.8%	290	17.6%	431	26.9%	774	48.2%	619	37.5%	362	19.2%	70	3.8%	325	21.1%
Surgical Specialties	41	13.4%	63	18.9%	81	27.1%	133	43.7%	89	27.3%	80	21.7%	14	4.1%	83	25.9%
Hospital-Based Specialties	111	12.7%	131	15.9%	182	22.9%	279	34.2%	207	24.5%	217	23.6%	26	3.1%	250	30.3%
Medical Specialties	165	21.0%	176	20.4%	197	23.3%	350	43.0%	295	35.9%	220	22.5%	38	5.5%	158	19.0%
Pediatric Specialties	53	17.0%	65	18.0%	97	29.5%	157	47.7%	121	38.4%	64	19.1%	12	4.0%	76	22.5%
Total	658	17.0%	725	18.0%	988	25.5%	1,693	43.6%	1,331	33.6%	943	21.1%	160	4.1%	892	23.2%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table C - 38. Obstacles to Exchanging Electronic Information with Health Care Providers by Practice Size, 2019-2021 (N = 2,133; W = 12,811)

	Lack of a health information exchange		*Concerns about patient confidentiality*		*Lack of technological support for problems*		*Lack of connectivity between my EHR and other systems*		*Lack of information from other providers*		*No significant problems*		*Other*		*Did Not Answer*	
2-5 physicians	135	22.0%	175	27.3%	206	31.5%	338	53.4%	264	41.7%	195	24.7%	33	4.4%	46	6.1%
6-50 physicians	134	22.5%	139	23.4%	204	33.6%	319	53.5%	245	40.4%	178	25.2%	14	2.7%	62	7.6%
51-94 physicians	25	22.4%	17	13.2%	42	32.3%	64	45.4%	52	34.0%	38	26.2%	5	5.2%	16	10.5%
95 or more physicians	112	16.4%	123	17.7%	175	27.6%	349	55.9%	265	41.5%	180	25.0%	31	5.2%	55	7.3%
Total	406	20.2%	454	21.9%	627	30.8%	1,070	53.8%	826	40.8%	591	25.1%	83	4.2%	179	7.2%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table C - 39. Obstacles to Exchanging Electronic Information with Health Care Providers by EMR Utilization, 2019-2021 (N = 3,366; W = 20,630)

	Lack of a health information exchange		*Concerns about patient confidentiality*		*Lack of technological support for problems*		*Lack of connectivity between my EHR and other systems*		*Lack of information from other providers*		*No significant problems*		*Other*		*Did Not Answer*	
Utilizes EMR	622	20.8%	661	21.0%	926	30.8%	1,629	53.6%	1,271	41.1%	860	24.8%	130	4.3%	273	8.0%
No EMR	22	11.5%	50	30.0%	45	25.8%	34	19.8%	32	18.0%	61	27.6%	25	14.7%	37	19.7%
Total	644	20.3%	711	21.4%	971	30.6%	1,663	52.1%	1,303	40.0%	921	25.0%	155	4.8%	310	8.5%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table C - 40. Obstacles to Exchanging Electronic Information with Health Care Providers by Patient Care Summary Exchange, 2019-2021 (N = 2,711; W = 16,490)

	Lack of a health information exchange		*Concerns about patient confidentiality*		*Lack of technological support for problems*		*Lack of connectivity between my EHR and other systems*		*Lack of information from other providers*		*No significant problems*		*Other*		*Did Not Answer*	
Yes	405	20.8%	476	23.5%	622	31.9%	1,102	57.1%	889	45.3%	555	24.9%	87	4.7%	94	4.5%
Don't Know	64	19.0%	49	14.2%	102	33.0%	144	45.7%	121	40.0%	98	26.3%	23	7.8%	37	10.2%
No	73	20.7%	74	20.9%	92	27.3%	144	41.9%	110	30.0%	114	31.9%	33	7.0%	29	6.2%
Total	542	20.6%	599	22.0%	816	31.4%	1,390	53.8%	1,120	42.8%	767	25.9%	143	5.4%	160	5.4%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table C - 41. Use of a Scribe by EMR Utilization, 2019-2021 (N = 3,368; W = 20,646)

EMR Utilization	*Yes*		*No*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*
Utilizes EMR	463	14.1%	2,690	85.8%	3,153	100.0%
No EMR	10	3.9%	173	96.0%	183	100.0%
Total	473	13.6%	2,863	86.3%	3,336	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 688 physicians have missing data for this question.

Table C - 42. Use of a Scribe by Patient Care Summary Exchange, 2019-2021 (N = 3,396; W = 20,850)

Use of a Scribe	*Yes*		*No*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*
Yes	292	14.1%	1,686	85.8%	1,978	100.0%
No	45	13.4%	299	86.5%	344	100.0%
Don't Know	41	10.0%	290	89.9%	331	100.0%
Total	378	13.5%	2,275	86.4%	2,653	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 1,371 physicians have missing data for this question.

Table C - 43. Integrated Physical and Behavioral Health Care by EMR Utilization, 2019-2021 (N = 3,368; W = 20,640)

EMR Utilization	*Integrated*		*Not Integrated*		*Don't Know*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Utilizes EMR	1,429	47.4%	1,288	39.4%	399	13.1%	3,116	100.0%
No EMR	31	19.0%	128	68.5%	19	12.3%	178	100.0%
Total	1,460	46.1%	1,416	40.7%	418	13.1%	3,294	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 20210.

Note: 730 physicians have missing data for this question.

Table C - 44. Plans to Integrate Physical and Behavioral Health Care by EMR Utilization, 2019-2021 (N = 3,368; W = 20,640)

EMR Utilization	*Currently Integrated*		*Plans to Integrate*		*No Future Plans*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Utilizes EMR	1,429	47.4%	106	3.7%	1,581	48.8%	3,116	100.0%
No EMR	31	19.0%	2	1.1%	145	79.8%	178	100.0%
Total	1,460	46.1%	108	3.6%	1,726	50.2%	3,294	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 730 physicians have missing data for this question. 'Plans to Integrate' includes those who are not and who do not know if they are integrated but have active plans for the future. 'No Future Plans' includes those who are not and who do not know if they are integrated.

Table C - 45. Plans to Integrate Physical and Behavioral Health Care by Patient Care Summary Exchange, 2019-2021 (N = 3,373; W = 20,699)

Patient Care Summary Exchange	*Currently Integrated*		*Plans to Integrate*		*No Future Plans*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Yes	897	47.6%	76	4.0%	991	48.2%	1,964	100.0%
No	129	40.8%	10	3.1%	201	55.9%	340	100.0%
Don't Know	126	39.4%	8	3.1%	196	57.3%	330	100.0%
Total	1,152	45.8%	94	3.8%	1,388	50.3%	2,634	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 1,390 physicians have missing data for this question. 'Plans to Integrate' includes those who are not and who do not know if they are integrated but have active plans for the future. 'No Future Plans' includes those who are not and who do not know if they are integrated.

Table C - 46. Type of Organizational Network by EMR Utilization, 2019-2021 (N = 3,366; W = 20,630)

EMR Use	*ACO*		*CIN*		*IDN*		*Traditional Private Practice*		*Concierge Medicine*		*Other*		*Did Not Answer*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Utilizes EMR	833	26.6%	614	21.1%	258	8.4%	1,122	33.2%	37	0.9%	564	18.3%	362	18.3%
No EMR	12	8.4%	4	2.1%	1	0.8%	130	66.6%	1	0.1%	31	16.5%	29	16.5%
Total	845	25.7%	618	20.3%	259	8.1%	1,252	34.7%	38	0.9%	595	18.2%	391	18.2%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table C - 47. Type of Organizational Network by Patient Care Summary Exchange, 2019-2021 (N = 2,711; W = 9,045)

Patient Care Summary	*ACO*		*CIN*		*IDN*		*Traditional Private Practice*		*Concierge Medicine*		*Other*		*Did Not Answer*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Yes	557	28.5%	396	21.8%	163	8.3%	773	34.3%	31	1.2%	309	16.7%	158	8.4%
No	56	16.1%	43	13.5%	20	5.9%	139	40.2%	1	0.1%	123	31.7%	64	18.4%
Don't Know	65	20.6%	59	16.8%	31	10.1%	103	31.0%	1	0.1%	92	28.2%	56	17.1%
Total	678	26.0%	498	20.1%	214	8.2%	1,015	34.7%	33	0.9%	524	20.0%	278	10.8%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table C - 48. Awareness of Health Current Services by EMR Utilization, 2019-2021 (N = 3,441; W = 21,092)

	Aware and Using the Exchange		*Aware but Not Working with Them at Present*		*Not Aware*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Utilizes EMR	320	10.6%	454	14.0%	2,221	75.3%	2,995	100.0%
No EMR	5	3.6%	29	14.5%	133	81.8%	167	100.0%
Total	325	10.3%	483	14.0%	2,354	75.6%	3,162	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 862 physicians have missing data for this question.

Table C - 49. Awareness of Health Current Services by Patient Care Summary Exchange, 2019-2021 (N = 3,297; W = 20,227)

	Aware and Using the Exchange		*Aware but Not Working with Them at Present*		*Not Aware*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Yes	248	12.7%	317	14.5%	1,410	72.7%	1,975	100.0%
No	11	3.6%	52	13.7%	287	82.6%	350	100.0%
Don't Know	14	3.5%	24	7.5%	288	88.8%	326	100.0%
Total	273	10.4%	393	13.5%	1,985	75.9%	2,651	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 1,373 physicians have missing data for this question.

Appendix D: Non-AHCCCS Physician Results

Non-AHCCCS Physician Characteristics

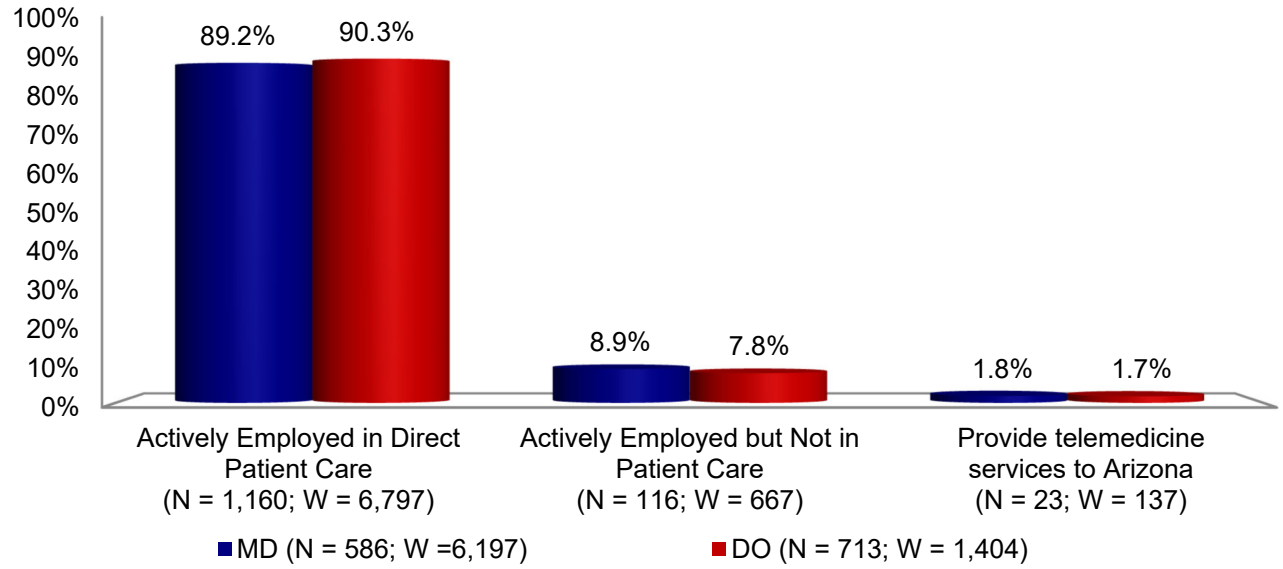
Table D - 1. Comparison of Respondents to Non-Respondents, 2019-2021

Characteristic	*Respondents (N = 1,410)*		*Non-Respondents (N = 1,718)*		*P-Value*
Sex					
Female	535	37.9%	630	36.6%	NS
Male	861	61.0%	1,068	62.1%	NS
Total	1,396	99.0%	1,698	98.8%	
Age Group					
25 - 34	402	28.5%	438	25.4%	NS
35 - 44	521	36.9%	680	39.5%	NS
45 - 54	203	14.3%	243	14.1%	NS
55 - 64	155	10.9%	211	12.2%	NS
65+	129	9.1%	146	8.4%	NS
Total	1,410	100.0%	1,718	100.0%	
Specialty					
Primary Care	563	39.9%	540	31.4%	<0.01
Medical	255	18.0%	357	20.7%	NS
Hospital-Based	343	24.3%	466	27.1%	NS
Pediatric	105	7.4%	145	8.4%	NS
Surgical	122	8.6%	202	11.7%	<0.01
Total	1,388	98.4%	1,710	99.5%	
Location					
Maricopa County	851	60.3%	1,071	62.3%	NS
Pima County	214	15.1%	388	22.5%	<0.01
All Other Counties	345	24.4%	259	15.0%	<0.01
Total	1,410	100.0%	1,718	100.0%	

Source: AMB, ABOE Survey & Licensing Data, April 2019–March 2021.

Note: Data include retired and semi-retired physicians. A p-value of .05 or less implies only a 5% probability of declaring the relationship significant when in fact it is not. NS = no significant difference. Gender was unknown for 14 (0.9%) respondents and 20 (1.1%) non-respondents. Specialty was unknown for 22 (1.5%) respondents and 8 (0.4%) non-respondents.

Figure D - 1. Non-AHCCCS Physicians Providing Patient Care, 2019-2021 (N = 1,299; W = 7,601)



Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: Employment status was unknown for 57 physicians.

Table D - 2. Physicians Who Used a Scribe for Data Entry, 2019-2021 (N = 1,008; W = 5,854)

Storage Method	*Number of Physicians*	*Percent*
EMR Only	44	12.6%
EMR + Paper Only	1	10.0%
EMR + Scanned Images Only	70	14.6%
Paper + Scanned Images + EMR	26	15.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table D - 3. Aware of Services offered by Health Current, 2019-2021 (N = 1,027; W = 5,900)

Awareness	*Number of Users*	*Percent*
Yes, using the exchange	96	10.3%
Yes, but not working with them at present	105	9.0%
No	826	80.5%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table D - 4. Use of a Scribe by County, 2019-2021 (N = 1,321; W = 7,967)

County	Yes		No		Total	
	N	%	N	%	N	%
Apache	-	-	7	100.0%	7	100.0%
Cochise	2	34.1%	8	65.8%	10	100.0%
Coconino	-	-	28	100.0%	28	100.0%
Gila	-	-	3	100.0%	3	100.0%
Graham	-	-	2	100.0%	2	
Maricopa	86	11.6%	571	88.3%	657	100.0%
Mohave	16	17.0%	31	82.9%	47	100.0%
Navajo	2	5.6%	11	94.3%	13	100.0%
Pima	22	14.4%	134	85.5%	156	100.0%
Pinal	2	4.2%	17	95.7%	19	100.0%
Santa Cruz	-	-	1	100.0%	1	100.0%
Yavapai	4	26.3%	23	73.6%	27	100.0%
Yuma	3	18.2%	17	81.7%	20	100.0%
Total	137	12.3%	853	87.6%	990	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 366 physicians have missing data for this question. Responses were not provided for Greenlee and La Paz Counties.

Table D - 5. Use of a Scribe by Physician Specialty, 2019-2021 (N = 1,352; W = 8,179)

Specialty	Yes		No		Total	
	N	%	N	%	N	%
Primary Care	33	8.1%	401	91.8%	434	100.0%
Surgical Specialties	17	20.7%	70	79.2%	87	100.0%
Hospital-Based Specialties	55	16.7%	199	83.2%	254	100.0%
Medical Specialties	32	12.4%	154	87.5%	186	100.0%
Pediatric Specialties	4	5.3%	89	94.6%	93	100.0%
Total	141	11.9%	913	88.0%	1,054	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 302 physicians have missing data for this question.

Table D - 6. Integrated Physical and Behavioral Health Care by County, 2019-2021 (N = 1,319; W = 7,963)

County	Integrated		Not Integrated		Don't Know		Total	
	N	%	N	%	N	%	N	%
Apache	6	85.8%	1	14.1%	-	-	7	100.0%
Cochise	5	74.0%	3	15.2%	2	10.6%	10	100.0%
Coconino	15	65.4%	6	16.5%	7	17.9%	28	100.0%
Gila	1	16.0%	1	16.0%	1	67.9%	3	100.0%
Graham	1	46.1%	-	-	1	53.8%	2	100.0%
Maricopa	323	54.1%	187	27.2%	134	18.5%	644	100.0%
Mohave	27	56.2%	10	21.6%	9	22.0%	46	100.0%
Navajo	9	61.9%	-	-	4	38.0%	13	100.0%
Pima	91	65.1%	33	18.0%	28	16.8%	152	100.0%
Pinal	12	74.8%	4	18.5%	3	6.6%	19	100.0%
Santa Cruz	1	100.0%	-	-	-	-	1	100.0%
Yavapai	12	41.2%	6	19.7%	8	38.9%	26	100.0%
Yuma	12	69.6%	4	13.4%	3	16.9%	19	100.0%
Total	515	57.4%	255	23.8%	200	18.6%	970	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 386 physicians have missing data for this question. Responses were not provided for Greenlee and La Paz Counties.

Table D - 7. Plans to Integrate Physical and Behavioral Health Care by County, 2019-2021 (N = 1,319; W = 7,963)

County	*Currently Integrated*		*Plans to Integrate*		*No Future Plans*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Apache	6	85.8%	1	14.1%	-	-	7	100.0%
Cochise	5	74.0%	-	-	5	25.9%	10	100.0%
Coconino	15	65.4%	-	-	13	34.5%	28	100.0%
Gila	1	16.0%	-	-	2	83.9%	3	100.0%
Graham	1	46.1%	-	-	1	53.8%	2	
Maricopa	323	54.1%	13	2.2%	308	43.5%	644	100.0%
Mohave	27	56.2%	1	1.0%	18	42.7%	46	100.0%
Navajo	9	61.9%	-	-	4	38.0%	13	100.0%
Pima	91	65.1%	1	0.2%	60	34.5%	152	100.0%
Pinal	12	74.8%	-	-	7	25.1%	19	100.0%
Santa Cruz	1	100.0%	-	-	-	-	1	100.0%
Yavapai	12	41.2%	2	8.2%	12	50.4%	26	100.0%
Yuma	12	69.6%	-	-	7	30.3%	19	100.0%
Total	515	57.4%	18	1.8%	437	40.6%	970	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 386 physicians have missing data for this question. “Plans to Integrate” includes those who are not and who do not know if they are integrated but have active plans for the future. 'No Future Plans' includes those who are not and who do not know if they are integrated. Responses were not provided for Greenlee and La Paz Counties.

Table D - 8. Integrated Physical and Behavioral Health Care by Provider Specialty, 2019-2021 (N = 1,352; W = 8,179)

Specialty	*Integrated*		*Not Integrated*		*Don't Know*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Primary Care	228	59.2%	120	23.7%	77	17.0%	425	100.0%
Surgical Specialties	46	57.1%	22	20.1%	17	22.6%	85	100.0%
Hospital-Based Specialties	118	52.5%	66	27.1%	67	20.2%	251	100.0%
Medical Specialties	89	54.3%	59	30.5%	32	15.0%	180	100.0%
Pediatric Specialties	55	56.3%	16	20.4%	20	23.1%	91	100.0%
Total	536	56.3%	283	25.0%	213	18.6%	1,032	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 324 physicians have missing data for this question.

Table D - 9. Plans to Integrate Physical and Behavioral Health Care by Provider Specialty, 2019-2021 (N = 1,352; W = 8,179)

Specialty	*Currently Integrated*		*Plans to Integrate*		*No Future Plans*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Primary Care	228	59.2%	10	2.3%	187	38.4%	425	100.0%
Surgical Specialties	46	57.1%	1	2.2%	38	40.5%	85	100.0%
Hospital-Based Specialties	118	52.5%	2	0.8%	131	46.5%	251	100.0%
Medical Specialties	89	54.3%	4	2.1%	87	43.4%	180	100.0%
Pediatric Specialties	55	56.3%	2	3.3%	34	40.3%	91	100.0%
Total	536	56.3%	19	2.0%	477	41.6%	1,032	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 324 physicians have missing data for this question. “Plans to Integrate” includes those who are not and who do not know if they are integrated but have active plans for the future. “No Future Plans” includes those who are not and who do not know if they are integrated.

Table D - 10. Type of Organizational Network by County, 2019-2021 (N = 1,239; W = 7,470)

County	ACO		CIN		IDN		Traditional Private Practice		Concierge Medicine		Other		Did Not Answer	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Apache	3	54.2%	4	64.7%	2	36.9%	1	14.1%	0	0.0%	1	3.8%	1	3.8%
Cochise	4	19.5%	1	1.9%	1	1.9%	1	1.9%	0	0.0%	6	30.2%	9	54.4%
Coconino	11	38.5%	3	3.7%	3	14.3%	8	14.6%	0	0.0%	6	12.0%	6	26.3%
Gila	1	58.9%	0	0.0%	2	27.8%	0	0.0%	0	0.0%	0	0.0%	1	13.1%
Graham	0	0.0%	0	0.0%	0	0.0%	1	14.3%	0	0.0%	1	12.2%	1	73.3%
Maricopa	180	21.0%	149	18.8%	58	7.3%	184	20.7%	9	1.2%	127	13.6%	243	32.1%
Mohave	16	33.0%	19	34.0%	8	15.5%	10	23.4%	0	0.0%	4	7.8%	9	12.2%
Navajo	6	22.9%	2	4.6%	0	0.0%	0	0.0%	0	0.0%	6	56.3%	5	28.7%
Pima	41	18.1%	45	16.6%	12	6.2%	29	13.2%	0	0.0%	31	16.2%	73	40.2%
Pinal	4	7.7%	4	23.4%	2	12.5%	3	12.9%	0	0.0%	6	20.0%	5	29.4%
Santa Cruz	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	-	-
Yavapai	8	15.7%	6	26.9%	4	18.2%	8	32.6%	0	0.0%	6	12.7%	4	16.2%
Yuma	5	17.5%	5	17.5%	3	8.5%	2	7.6%	1	4.2%	6	20.9%	11	48.7%
Total	279	21.1%	238	18.5%	95	7.9%	248	18.3%	10	0.9%	200	14.9%	368	33.2%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 62 physicians have missing data for this question. Responses were not provided for Greenlee and La Paz Counties.

Table D - 11. Type of Organizational Network by Provider Specialty, 2019-2021(N = 1,334; W = 8,142)

Specialty	*ACO*		*CIN*		*IDN*		*Traditional Private Practice*		*Concierge Medicine*		*Other*		*Did Not Answer*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Primary Care	147	27.5%	94	15.7%	46	9.1%	88	15.8%	7	1.6%	100	17.0%	151	29.8%
Surgical Specialties	20	18.2%	24	20.4%	9	8.8%	20	13.8%	0	0.0%	13	10.9%	37	34.1%
Hospital-Based Specialties	62	14.6%	57	15.7%	30	9.1%	69	19.3%	3	1.0%	72	22.0%	110	36.8%
Medical Specialties	33	15.2%	44	21.2%	12	5.8%	74	24.7%	2	1.2%	37	14.3%	71	32.5%
Pediatric Specialties	27	19.0%	24	21.8%	7	5.2%	18	20.1%	0	0.0%	17	12.0%	25	33.8%
Total	289	20.3%	243	17.7%	104	8.1%	269	18.5%	12	1.1%	239	16.7%	394	32.9%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table D - 12. Awareness of Health Current Services by Physician Specialty, 2019-2021 (N = 1,351; W = 8,177)

Specialty	*Aware and Using the Exchange*		*Aware but Not Working with Them at Present*		*Not Aware*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Primary Care	51	15.2%	39	7.6%	332	77.0%	422	100.0%
Surgical Specialties	7	8.3%	5	5.1%	66	86.4%	78	100.0%
Hospital-Based Specialties	17	6.5%	33	13.3%	190	80.1%	240	100.0%
Medical Specialties	13	9.1%	20	10.5%	151	80.2%	184	100.0%
Pediatric Specialties	7	3.8%	5	4.1%	74	91.9%	86	100.0%
Total	95	10.3%	102	9.0%	813	80.6%	1,010	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 346 physicians have missing data for this question.

Table D - 13. Awareness of Health Current Services by County, 2019-2021 (N = 1,331; W = 8,040)

County	*Aware and Using the Exchange*		*Aware but Not Working with Them at Present*		*Not Aware*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Apache	1	17.3%	2	27.8%	4	54.8%	7	100.0%
Cochise	-	-	-	-	9	100.0%	9	100.0%
Coconino	1	1.6%	2	3.0%	25	95.3%	28	100.0%
Gila	-	-	-	-	3	100.0%	3	100.0%
Graham	-	-	-	-	2	100.0%	2	100.0%
Maricopa	65	10.1%	63	8.8%	491	80.9%	619	100.0%
Mohave	4	10.1%	5	6.0%	37	83.8%	46	100.0%
Navajo	1	21.3%	-	-	11	78.6%	12	100.0%
Pima	11	11.9%	17	10.3%	118	77.6%	146	100.0%
Pinal	2	16.6%	2	4.5%	13	78.7%	17	100.0%
Santa Cruz	-	-	-	-	1	100.0%	1	100.0%
Yavapai	1	1.7%	1	7.3%	24	90.9%	26	100.0%
Yuma	2	12.8%	-	-	17	87.1%	19	100.0%
Total	88	10.4%	92	8.5%	755	81.0%	935	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 421 physicians have missing data for this question. No responses were provided for Greenlee and La Paz Counties.

Non-AHCCCS Physicians Practice Characteristics

Table D - 14. Type of Practice, 2019-2021 (N = 1,126; W = 6,447)

Type of Practice	*Number of Physicians*	*Percent*
Physician Owned Solo Practice	57	5.1%
Physician Owned Group Practice	252	18.9%
Hospital/Medical School Group Practice	251	23.1%
Community or Rural Health Center	72	5.9%
Non-Hospital Private Outpatient Facility	56	4.5%
City, State or County Clinic or Hospital System	31	2.4%
Federal Government Hospital or Clinic	80	8.5%
Private For Profit Hospital System	68	5.8%
Private Non-Profit Hospital System	123	11.0%
Medical School, University Research Center	70	8.8%
Public Health Agency or Department	8	0.5%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	27	2.6%
Independent Consultant	31	2.3%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 230 physicians did not report type of practice (missing). Percentages are based on responses.

Table D - 15. Type of Practice by Number of MDs, 2019-2021 (N = 204; W = 2,198)

Type of Practice	*No. of Physicians*							
	2-5		*6-50*		*51-94*		*95+*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Physician Owned Group Practice	27	35.3%	33	47.3%	4	4.8%	9	12.4%
Hospital/Medical School Group Practice	1	1.1%	19	22.9%	9	10.9%	59	64.9%
Community or Rural Health Center	4	17.9%	11	48.8%	6	27.7%	1	5.4%
Private Outpatient Facility Not Part of Hospital System	5	23.5%	8	38.6%	2	12.7%	6	25.0%
Total	37	17.2%	71	36.0%	21	10.9%	75	35.8%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 41 MDs did not report type of practice and/or the number of physicians in their practice for the above practice types.

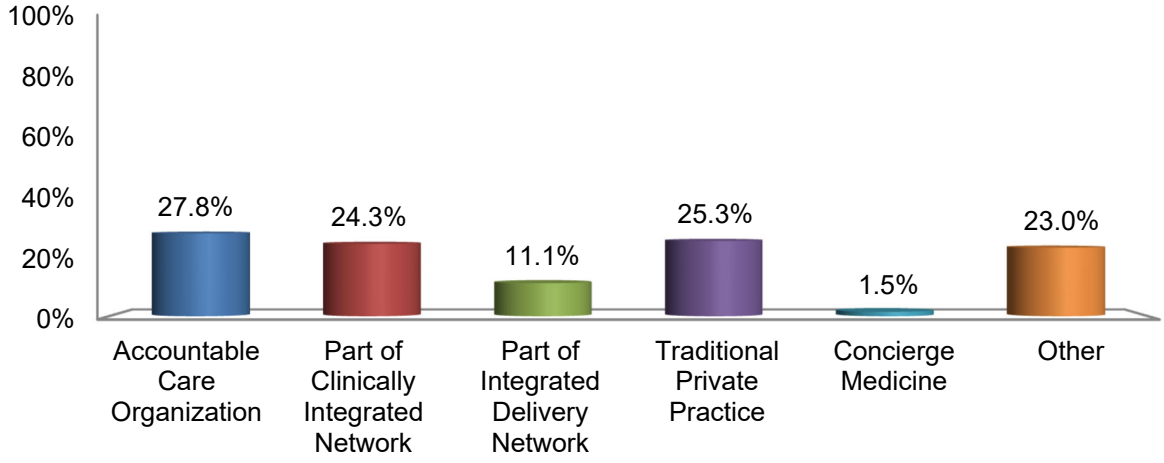
Table D - 16. Type of Practice by Number of DOs, 2019-2021 (N = 386; W = 758)

Type of Practice	*No. of Physicians*							
	2-5		*6-50*		*51-94*		*95+*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Physician Owned Group Practice	38	24.2%	88	55.9%	8	5.3%	23	14.4%
Hospital/Medical School Group Practice	6	5.0%	44	36.5%	15	12.3%	56	46.0%
Community or Rural Health Center	7	16.2%	17	40.6%	5	11.4%	13	31.7%
Private Outpatient Facility Not Part of Hospital System	5	19.5%	8	32.7%	6	22.7%	6	24.9%
Total	56	16.2%	157	45.6%	34	9.7%	98	28.2%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 41 DOs did not report type of practice and/or the number of physicians in their practice for the above practice types.

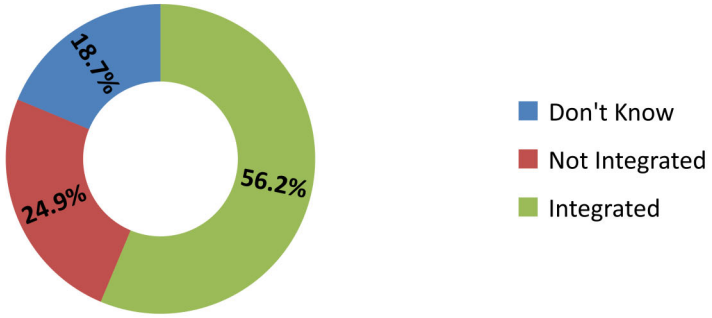
Figure D - 2. Physicians' Characterization of Their Organizational Network, 2019-2021 (N = 1,037; W = 5,973)



Source: AMB, ABOE Survey Data, April 2019–March 2021.

Notes: The only physicians included in this table are those who answered one of the options affirmatively. Unfortunately, due to errors in the execution of this survey question it is impossible to distinguish a "No" response from a missing response. Thus, given the "check all that apply" nature of this question, the respondent needed to check at least one box to be included (Traditional Private Practice).

Figure D - 3. Percent of Non-AHCCCS Organizations Providing Integrated Physical and Behavioral Health Care, 2019-2021 (N = 1,050; W = 6,069)



Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: There were 306 physicians who did not respond to this question.

Table D - 17. Characteristics of Organizational Network by Type of Practice, 2019-2021 (N = 1,032; W = 5,938)

Type of Practice	*Accountable Care Organization (ACO)*		*Clinically Integrated Network (CIN)*		*Integrated Delivery Network (IDN)*		*Traditional Private Practice*		*Concierge Medicine*		*Other*	
Physician Owned Solo Practice	2	3.0%	0	0.0%	1	0.6%	48	85.4%	3	6.2%	7	11.6%
Physician Owned Group Practice	40	15.8%	24	11.6%	13	8.1%	165	70.7%	2	0.8%	21	5.5%
Hospital/Medical School Group Practice	93	40.8%	80	34.6%	35	17.2%	9	6.1%	1	0.8%	36	15.5%
Community or Rural Health Center	29	42.6%	26	35.9%	8	6.6%	3	3.3%	1	0.6%	15	23.8%
Private Outpatient Facility Not Part of Hospital System	9	15.2%	2	1.4%	4	2.9%	21	56.7%	0	0.0%	14	26.5%
City, State or County Clinic or Hospital System	6	29.2%	8	30.2%	7	29.5%	0	0.0%	0	0.0%	14	36.8%
Federal Government Hospital or Clinic	17	23.1%	15	18.2%	10	11.2%	1	2.0%	0	0.0%	39	58.4%
Private For Profit Hospital System	22	36.6%	24	35.5%	3	3.9%	8	15.8%	0	0.0%	20	28.2%
Private Not For Profit Hospital System	46	33.6%	40	36.3%	14	17.5%	8	8.3%	2	3.0%	25	20.7%
Medical School, University Research Center	22	34.4%	24	40.4%	7	13.0%	1	0.3%	1	2.2%	11	16.6%
Public Health Agency or Department	1	34.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	6	65.3%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	2	9.7%	1	1.6%	1	8.1%	3	17.5%	0	0.0%	17	71.0%
Independent Consultant	3	13.9%	1	5.3%	1	1.5%	5	10.3%	2	10.5%	17	63.5%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: The only physicians included in this table are those that answered one of the options affirmatively. Unfortunately, due to errors in the execution of this survey question, it is impossible to distinguish a “No” from a missing. Thus, given the 'check all that apply' nature of this question, the respondent needed to check at least one box to be included (Traditional Private Practice).

Table D - 18. Integrated Physical and Behavioral Health Care by Type of Practice, 2019-2021 (N = 1,130; W = 6,474)

Type of Practice	*Integrated*		*Not Integrated*		*Don't Know*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Physician Owned Solo Practice	12	19.1%	38	73.9%	5	6.8%	55	100.0%
Physician Owned Group Practice	52	26.2%	129	51.2%	62	22.5%	243	100.0%
Hospital/Medical School Group Practice	154	66.7%	34	14.3%	51	18.8%	239	100.0%
Community or Rural Health Center	55	83.2%	7	7.4%	10	9.2%	72	100.0%
Private Outpatient Facility Not Part of Hospital System	25	42.1%	20	45.7%	7	12.1%	52	100.0%
City, State or County Clinic or Hospital System	17	54.5%	9	32.4%	4	12.9%	30	100.0%
Federal Government Hospital or Clinic	62	80.8%	5	7.3%	10	11.8%	77	100.0%
Private For Profit Hospital System	33	54.6%	15	20.4%	17	24.8%	65	100.0%
Private Non-Profit Hospital System	78	67.8%	11	8.3%	31	23.8%	120	100.0%
Medical School, University Research Center	46	70.9%	7	5.5%	16	23.5%	69	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	8	28.0%	9	44.5%	7	27.3%	24	100.0%
Total	542	56.0%	284	25.0%	220	18.8%	1,046	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: There were 310 physicians who did not respond to this question. No response was provided for (1) Public Health Agency or Department or Independent Consultant.

Table D - 19. Future Plans to Integrate Physical and Behavioral Health Care by Type of Practice, 2019-2021 (N = 1,129; W = 6,459)

Type of Practice	*Yes*		*No*		*Don't Know*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Physician Owned Solo Practice	3	7.8%	30	69.9%	11	22.2%	44	100.0%
Physician Owned Group Practice	4	0.8%	92	53.2%	91	45.9%	187	100.0%
Hospital/Medical School Group Practice	8	10.4%	18	29.2%	66	60.3%	92	100.0%
Community or Rural Health Center	4	34.4%	2	5.4%	12	60.1%	18	100.0%
Private Outpatient Facility Not Part of Hospital System	2	8.2%	11	39.5%	13	52.1%	26	100.0%
City, State or County Clinic or Hospital System	-	-	7	48.3%	6	51.6%	13	100.0%
Federal Government Hospital or Clinic	2	8.5%	2	11.7%	12	79.6%	16	100.0%
Private For Profit Hospital System	3	10.6%	4	13.0%	27	76.3%	34	100.0%
Private Non-Profit Hospital System	3	11.0%	2	1.4%	40	87.4%	45	100.0%
Medical School, University Research Center	-	-	3	15.4%	19	84.5%	22	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	-	-	8	52.0%	8	47.9%	16	100.0%
Total	29	6.3%	179	37.0%	305	56.5%	513	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 843 physicians where excluded due to missing data. No response was provided for (1) Public Health Agency or Department or (2) Independent Consultant.

Table D - 20. Future Plans to Integrate Physical and Behavioral Health Care by Type of Network, 2019-2021 (N = 1,050; W = 6,069)

Type of Network	*Currently Integrated*		*Plans to Integrate*		*No Future Plans*	
	N	*%*	*N*	*%*	*N*	*%*
Accountable Care Organization (ACO)	179	65.4%	4	2.5%	102	31.9%
Clinically Integrated Network (CIN)	173	74.9%	2	0.7%	64	24.3%
Integrated Delivery Network (IDN)	71	73.4%	4	3.0%	26	23.5%
Traditional Private Practice	62	27.0%	8	2.6%	195	70.2%
Concierge Medicine	4	45.0%	0	0.0%	6	54.9%
Other	115	57.4%	2	1.2%	102	41.3%
Did Not Answer	78	62.7%	1	1.7%	59	35.5%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Notes: "Plans to Integrate" includes those who are not integrated and those who do not know if they are integrated, but they both have active plans for the future. "No Future Plans" only includes those who are not integrated and who do not know if they are integrated. 306 physicians were ineligible for this table due to missing data.

Table D - 21. Use of a Scribe by Practice Size, 2019-2021 (N = 1,084; W = 6,235)

Practice Size	*Yes*		*No*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*
2-5	19	14.1%	105	85.8%	124	100.0%
6-50	48	15.0%	205	84.9%	253	100.0%
51-94	11	23.1%	55	76.8%	66	100.0%
95+	18	7.5%	211	92.4%	229	100.0%
Total	96	12.9%	576	87.0%	672	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 684 physicians have missing data for this question.

Table D - 22. Use of a Scribe by Type of Practice, 2019-2021 (N = 1,132; W = 6,484)

Type of Practice	Yes		No		Total	
	N	%	N	%	N	%
Physician Owned Solo Practice	7	9.3%	50	90.6%	57	100.0%
Physician Owned Group Practice	53	20.8%	194	79.1%	247	100.0%
Hospital/Medical School Group Practice	30	12.7%	217	87.2%	247	100.0%
Community or Rural Health Center	10	7.6%	62	92.3%	72	100.0%
Private Outpatient Facility Not Part of Hospital System	5	13.2%	48	86.7%	53	100.0%
City, State or County Clinic or Hospital System	1	1.4%	30	98.5%	31	100.0%
Federal Government Hospital or Clinic	2	1.8%	75	98.1%	77	100.0%
Private For Profit Hospital System	10	11.2%	56	88.7%	66	100.0%
Private Non-Profit Hospital System	16	12.3%	106	87.6%	122	100.0%
Medical School, University Research Center	6	8.3%	63	91.6%	69	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	1	7.1%	23	92.8%	24	100.0%
Independent Consultant	-	-	1	100.0%	1	100.0%
Total	141	11.9%	925	88.0%	1,066	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 290 physicians have missing data for this question. No response was provided for Public Health Agency or Department.

Table D - 23. Integrated Physical and Behavioral Health Care by Practice Size, 2019-2021 (N = 1,074; W = 6,173)

Practice Size	Integrated		Not Integrated		Don't Know		Total	
	N	%	N	%	N	%	N	%
2-5	34	31.7%	68	53.0%	20	15.2%	122	100.0%
6-50	115	51.1%	85	32.1%	49	16.6%	249	100.0%
51-94	40	68.3%	14	19.5%	10	12.0%	64	100.0%
95+	143	68.2%	30	13.2%	52	18.4%	225	100.0%
Total	332	55.5%	197	27.7%	131	16.6%	660	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 696 physicians have missing data for this question.

Table D - 24. Plans to Integrate Physical and Behavioral Health Care by Practice Size, 2019-2021 (N = 1,074; W = 6,173)

Practice Size	Currently Integrated		Plans to Integrate		No Future Plans		Total	
	N	%	N	%	N	%	N	%
2-5	34	31.7%	6	4.4%	82	63.8%	122	100.0%
6-50	115	51.1%	1	0.8%	133	47.9%	249	100.0%
51-94	40	68.3%	4	3.8%	20	27.8%	64	100.0%
95+	143	68.2%	2	0.7%	80	31.0%	225	100.0%
Total	332	55.5%	13	1.7%	315	42.6%	660	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 696 physicians have missing data for this question. 'Plans to Integrate' includes those who are not and who do not know if they are integrated but have active plans for the future. 'No Future Plans' includes those who are not and who do not know if they are integrated.

Table D - 25. Type of Organizational Network by Practice Size, 2019-2021 (N = 684; W = 3,718)

Practice Size	ACO		CIN		IDN		Traditional Private Practice		Concierge Medicine		Other		Did Not Answer	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
2-5	14	8.4%	10	8.0%	3	0.9%	82	69.2%	5	4.4%	15	11.5%	8	8.0%
6-50	62	22.9%	46	18.8%	21	9.9%	84	30.0%	0	0.0%	49	19.9%	39	10.9%
51-94	20	30.0%	11	17.5%	12	15.8%	9	17.7%	0	0.0%	14	17.8%	18	25.4%
95+	75	32.6%	69	28.4%	39	17.7%	23	9.9%	2	0.9%	53	24.2%	37	16.4%
Total	171	24.5%	136	20.3%	75	11.7%	198	28.5%	7	1.1%	131	19.8%	102	13.9%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table D - 26. Type of Organizational Network by Type of Practice, 2019-2021 (N = 1,126; W = 6,447)

Type of Practice	*ACO*		*CIN*		*IDN*		*Traditional Private Practice*		*Concierge Medicine*		*Other*		*Did Not Answer*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Physician Owned Solo Practice	2	3.0%	0	0.0%	1	0.6%	48	85.4%	3	6.2%	7	11.6%	-	-
Physician Owned Group Practice	40	14.8%	24	10.9%	13	7.6%	165	66.0%	2	0.7%	21	5.2%	24	7.5%
Hospital/Medical School Group Practice	93	35.7%	80	30.3%	35	15.1%	9	5.3%	1	0.7%	36	13.6%	40	16.4%
Community or Rural Health Center	29	39.6%	26	33.4%	8	6.1%	3	3.1%	1	0.5%	15	22.2%	13	18.7%
Private Outpatient Facility Not Part of Hospital System	9	14.2%	2	1.3%	4	2.7%	21	52.9%	0	0.0%	14	24.7%	11	16.1%
City, State or County Clinic or Hospital System	6	28.2%	8	29.1%	7	28.4%	0	0.0%	0	0.0%	14	35.5%	6	13.3%
Federal Government Hospital or Clinic	17	22.1%	15	17.4%	10	10.7%	1	1.9%	0	0.0%	39	55.8%	22	26.8%
Private For Profit Hospital System	22	35.2%	24	34.1%	3	3.8%	8	15.2%	0	0.0%	20	27.1%	12	17.1%
Private Not=Profit Hospital System	46	32.1%	40	34.7%	14	16.7%	8	7.9%	2	2.9%	25	19.9%	12	10.6%
Medical School, University Research Center	22	29.7%	24	34.9%	7	11.2%	1	0.3%	1	1.9%	11	14.3%	13	16.0%
Public Health Agency or Department	1	32.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	6	61.2%	5	56.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	2	7.7%	1	1.3%	1	6.5%	3	13.9%	0	0.0%	17	56.4%	11	39.9%
Independent Consultant	3	13.4%	1	5.1%	1	1.4%	5	9.9%	2	10.1%	17	61.2%	9	25.4%
Total	292	25.7%	245	22.4%	104	10.3%	272	23.3%	12	1.4%	242	21.1%	178	15.2%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table D - 27. Awareness of Health Current Services by Type of Practice, 2019-2021 (N = 1,130; W = 6,468)

Type of Practice	*Aware and Using the Exchange*		*Aware but Not Working with Them at Present*		*Not Aware*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Physician Owned Solo Practice	-	-	6	5.3%	51	94.6%	57	100.0%
Physician Owned Group Practice	17	9.6%	36	13.6%	173	76.7%	226	100.0%
Hospital/Medical School Group Practice	23	11.9%	21	6.7%	178	81.2%	222	100.0%
Community or Rural Health Center	13	17.4%	3	6.5%	50	75.9%	66	100.0%
Private Outpatient Facility Not Part of Hospital System	5	7.2%	4	7.5%	37	85.1%	46	100.0%
City, State or County Clinic or Hospital System	2	3.2%	2	2.5%	23	94.1%	27	100.0%
Federal Government Hospital or Clinic	7	13.2%	8	10.4%	62	76.2%	77	100.0%
Private For Profit Hospital System	3	1.5%	5	13.4%	57	84.9%	65	100.0%
Private Not-Profit Hospital System	13	11.8%	9	8.0%	94	80.0%	116	100.0%
Medical School, University Research Center	7	12.7%	4	6.4%	51	80.7%	62	100.0%
Public Health Agency or Department	1	53.0%	-	-	5	46.9%	6	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	3	19.9%	3	10.1%	18	69.9%	24	100.0%
Independent Consultant	2	2.6%	4	17.1%	23	80.1%	29	100.0%
Total	96	10.3%	105	9.0%	822	80.5%	1,023	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 333 physicians have missing data for this question.

Table D - 28. Awareness of Health Current Services by Practice Size, 2019-2021 (N = 1,095; W = 6,235)

	Aware and Using the Exchange		*Aware but Not Working with Them at Present*		*Not Aware*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
2-5	6	7.5%	14	6.1%	97	86.3%	117	100.0%
6-50	18	7.7%	39	17.0%	180	75.2%	237	100.0%
51-94	12	24.1%	5	5.6%	39	70.1%	56	100.0%
95+	23	11.1%	13	3.4%	170	85.4%	206	100.0%
Total	59	10.5%	71	8.9%	486	80.4%	616	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 740 physicians have missing data for this question.

The Utilization of Electronic Medical Records by Non-AHCCCS Physicians

Table D - 29. EMR Utilization by Type of Practice, 2019-2021 (N = 1,131; W = 3,283)

Type of Practice	*Utilization Rates*
Physician Owned Solo Practice	84.2%
Physician Owned Group Practice	95.9%
Hospital/Medical School Group Practice	99.2%
Community or Rural Health Center	100.0%
Non-Hospital Private Outpatient Facility	94.5%
City, State or County Clinic or Hospital System	96.8%
Federal Government Hospital or Clinic	100.0%
Private For Profit Hospital System	100.0%
Private Non-Profit Hospital System	98.4%
Medical School/University Research Center	98.6%
Public or Private Insurer/Health Related Organization that does not provide care	83.3%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: Rates = % of physicians within each practice type. 230 respondents were missing type of practice. 283 respondents were missing EMR utilization.

Table D - 30. EMR Utilization by County, 2019-2021 (N = 1,321; W = 7,965)

Location	*All Survey Respondents*	*EMR Users*	*% EMR Users*
Apache	7	6	86.1%
Cochise	10	10	100.0%
Coconino	28	28	100.0%
Gila	3	3	100.0%
Graham	2	2	100.0%
Maricopa	658	635	96.1%
Mohave	47	47	100.0%
Navajo	13	13	100.0%
Pima	156	154	99.7%
Pinal	19	19	100.0%
Santa Cruz	1	1	100.0%
Yavapai	27	26	93.7%
Yuma	20	20	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: County and/or method of storage was unknown for 365 respondents. There were no respondents from Greenlee and La Paz Counties.

Table D - 31. Methods of Storing Medical Records, 2019-2021 (N = 1,061; W = 6,147)

Method	*Number*	*Percent*
Paper Files Only	11	1.1%
EMR Only	358	32.6%
Scanned Images Only	3	0.2%
Paper + Scanned Images Only	7	0.8%
EMR + Paper Only	10	0.9%
EMR + Scanned Images Only	494	46.5%
Paper + Scanned Images + EMR	178	17.4%
EMR alone or in combination*	1,040	97.6%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 295 respondents did not identify a method of storing medical records (missing). *Data on "EMR alone or in combination" is not mutually exclusive from other categories.

Table D - 32. Exchange of Information with Other Providers, 2019-2021 (N = 891; W = 5,048)

EMR Functions	*Physicians Who Exchange with Other Providers*	*Percent Who Exchange*
Patient Care Summary	581	68.0%
Prescription 'e-prescribing'	604	72.8%
Lab Results	649	80.8%
Reminders for Interventions	392	46.2%
Radiology Results	659	81.5%
Images Results	603	76.1%
Public Health Reports	383	43.5%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: *The data in this table effectively treat *"Don't Know"* answers as *"No"* since the questions ask for the respondent's experience, not for the practices of other physicians in the same organization.

Table D - 33. Method of Exchange of Information with Other Organizations, 2019-2021 (N = 928; W = 5,398)

EMR Functions	*Fax*		*Email*		*HIE*		*All of the Above*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Patient Care Summary	95	17.8%	22	4.1%	239	41.5%	212	36.4%
Prescription 'e-prescribing'	39	6.3%	22	3.7%	395	70.2%	130	19.6%
Lab Results	.	.	.	.	12	74.9%	5	25.0%
Reminders for Interventions	7	0.7%	38	13.0%	235	61.1%	102	25.0%
Radiology Results	2	12.1%	.	.	9	50.8%	7	37.0%
Images Results	1	22.9%	.	.	6	53.9%	3	23.1%
Public Health Reports	37	9.5%	12	3.6%	189	54.7%	133	32.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: The results are mutually exclusive such that the 'Fax' count and percentage represents those that use fax only. Method of exchange was unknown for 1,220 respondents.

Table D - 34. Percent of Physicians Exchanging Information by Type of Practice, 2019-2021 (N = 1,130; W = 6,468)

Type of Practice	*Patient Care Summary*	*Prescription 'e-prescribing'*	*Lab Results*	*Reminders for Interventions*	*Radiology Results*	*Images Results*	*Public Health Reports*
Physician Owned Solo Practice	60%	70%	73%	36%	72%	66%	23%
Physician Owned Group Practice	65%	66%	76%	45%	77%	72%	41%
Hospital/Medical School Group Practice	76%	85%	89%	51%	92%	92%	49%
Community or Rural Health Center	69%	83%	93%	63%	85%	74%	75%
Non-Hospital Private Outpatient Facility	85%	76%	80%	34%	72%	72%	43%
City, State or County Clinic or Hospital System	55%	66%	98%	47%	93%	59%	50%
Federal Government Hospital or Clinic	80%	74%	91%	50%	82%	74%	46%
Private For Profit Hospital System	55%	64%	74%	37%	82%	74%	35%
Private Non-Profit Hospital System	58%	70%	72%	46%	78%	69%	32%
Medical School, University Research Center	80%	89%	84%	55%	94%	91%	49%
Public Health Agency or Dept	.	.	100%	.	25%	36%	9%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	53%	7%	52%	32%	43%	43%	37%
Independent Consultant	33%	41%	50%	22%	46%	45%	21%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: This table only includes those physicians who answered 'Yes' to the Exchange question for each EMR function. 648 physicians were ineligible for this table due to missing data.

Table D - 35. Obstacles in Exchanging Electronic Information with Health Care Providers by County, 2019-2021 (N = 1,239; W = 7,470)

	Lack of a health information exchange		*Concerns about patient confidentiality*		*Lack of technological support for problems*		*Lack of connectivity between my EHR and other systems*		*Lack of information from other providers*		*No significant problems*		*Other*		*Did Not Answer*	
Apache	2	33.7%	2	21.1%	2	33.7%	6	82.6%	4	51.4%	1	17.3%	0	0.0%	-	-
Cochise	3	17.0%	3	7.2%	4	19.6%	4	19.6%	3	7.0%	5	18.0%	0	0.0%	8	62.7%
Coconino	9	37.3%	3	10.3%	8	37.2%	17	61.1%	11	44.2%	5	6.1%	0	0.0%	7	27.9%
Gila	0	0.0%	1	13.9%	1	13.9%	0	0.0%	1	58.9%	0	0.0%	0	0.0%	1	13.1%
Graham	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	14.3%	2	26.6%	0	0.0%	1	73.3%
Maricopa	119	13.7%	99	12.4%	138	18.4%	293	36.4%	221	27.7%	222	23.6%	15	2.3%	234	30.7%
Mohave	9	19.1%	5	4.9%	17	31.1%	27	43.1%	20	25.8%	14	25.6%	1	3.6%	10	18.8%
Navajo	6	43.3%	2	10.7%	7	36.5%	7	46.0%	6	25.7%	3	19.5%	1	8.4%	5	30.1%
Pima	28	13.9%	24	12.5%	39	21.1%	78	35.2%	45	21.3%	41	18.1%	4	2.3%	66	33.6%
Pinal	2	3.7%	2	4.0%	4	7.4%	9	32.0%	5	16.6%	7	30.9%	1	10.4%	4	27.3%
Santa Cruz	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	-	-
Yavapai	3	8.6%	4	10.0%	7	18.9%	12	35.6%	11	29.9%	9	33.8%	0	0.0%	5	26.2%
Yuma	7	20.9%	4	13.3%	6	21.5%	10	31.0%	5	20.6%	7	28.2%	1	4.2%	9	38.5%
Total	188	14.9%	149	12.0%	233	20.0%	463	36.8%	333	26.4%	317	22.4%	23	2.4%	350	31.2%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Notes: No response was received from Greenlee or La Paz Counties.

Table D - 36. Obstacles to Exchanging Electronic Information with Health Care Providers by Type of Practice, 2019-2021 (N = 1,126; W = 6,447)

	Lack of a health information exchange		*Concerns about patient confidentiality*		*Lack of technological support for problems*		*Lack of connectivity with my EHR & other systems*		*Lack of information from other providers*		*No significant problems*		*Other*		*Did Not Answer*	
Physician owned solo practice	14	28.7%	17	27.9%	11	22.2%	24	45.6%	21	39.3%	21	39.8%	1	0.5%	4	7.0%
Physician owned group practice	39	16.6%	38	18.4%	49	20.5%	95	40.0%	68	30.3%	77	26.3%	8	3.7%	44	16.0%
Hospital or medical school physician group practice	45	20.3%	36	17.0%	55	25.4%	114	45.2%	80	34.3%	74	26.4%	3	2.1%	33	13.4%
Community or rural health center	17	19.2%	5	8.4%	26	32.1%	42	59.9%	31	35.6%	17	25.7%	2	3.0%	8	11.7%
Private outpatient facility not part of a hospital system	13	33.4%	8	22.5%	8	23.2%	23	57.3%	21	48.7%	13	19.9%	4	6.7%	12	15.1%
City, state or county hospital or clinic	9	32.4%	2	10.3%	10	41.4%	16	58.0%	15	45.0%	11	29.7%	1	8.9%	4	12.6%
Federal government hospital or clinic	15	19.1%	15	12.7%	21	28.1%	45	58.5%	23	27.1%	20	27.4%	3	5.4%	8	7.2%
Private for profit hospital system	12	16.8%	10	11.8%	17	28.4%	38	52.6%	25	33.6%	21	28.9%	0	0.0%	4	6.7%
Private not for profit hospital system	23	20.0%	19	16.3%	21	18.4%	59	49.5%	40	29.7%	46	36.3%	1	1.9%	13	7.4%
Medical school, university, research center	14	18.9%	11	13.2%	28	42.1%	32	48.4%	25	41.2%	15	21.8%	3	3.9%	10	10.2%
Public health agency or department	1	5.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	5	55.7%	0	0.0%	2	38.7%
Public or private insurer/health related organization that does not provide care	4	13.0%	3	15.0%	5	22.1%	5	29.7%	6	27.7%	9	18.7%	2	5.7%	8	33.9%
Independent consultant	3	13.7%	2	12.2%	3	13.7%	5	9.9%	9	34.5%	15	45.3%	1	1.4%	6	18.6%
Total	209	19.9%	166	16.1%	254	25.6%	498	46.8%	364	33.9%	344	28.1%	29	3.1%	156	12.4%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table D - 37. Obstacles to Exchanging Electronic Information with Health Care Providers by Provider Specialty, 2019-2021 (N = 1,334; W = 8,142)

	Lack of a health information exchange		*Concerns about patient confidentiality*		*Lack of technological support for problems*		*Lack of connectivity between my EHR and other systems*		*Lack of information from other providers*		*No significant problems*		*Other*		*Did Not Answer*	
Primary Care	103	20.4%	56	11.0%	111	20.3%	223	40.8%	169	31.4%	136	24.1%	12	2.8%	134	26.4%
Surgical Specialties	10	10.8%	14	14.5%	19	20.7%	37	32.8%	25	21.8%	26	18.7%	2	1.5%	41	37.0%
Hospital-Based Specialties	50	14.8%	40	13.6%	55	17.8%	93	28.7%	73	22.8%	95	21.2%	9	2.2%	113	38.8%
Medical Specialties	29	11.2%	37	12.4%	47	21.5%	94	39.8%	69	28.7%	54	21.0%	4	2.0%	68	29.1%
Pediatric Specialties	14	13.5%	15	14.6%	19	23.2%	45	43.0%	25	19.9%	29	24.5%	2	3.5%	20	23.3%
Total	206	15.7%	162	12.6%	251	20.2%	492	36.9%	361	26.7%	340	22.3%	29	2.4%	376	30.9%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table D - 38. Obstacles to Exchanging Electronic Information with Health Care Providers by Practice Size, 2019-2021 (N = 684; W = 3,718)

	Lack of a health information exchange		*Concerns about patient confidentiality*		*Lack of technological support for problems*		*Lack of connectivity between my EHR and other systems*		*Lack of information from other providers*		*No significant problems*		*Other*		*Did Not Answer*	
2-5 physicians	27	19.6%	22	17.5%	30	26.1%	63	50.6%	47	37.9%	34	27.3%	5	5.3%	16	13.3%
6-50 physicians	45	20.5%	38	18.0%	49	19.6%	102	40.4%	73	29.2%	88	32.9%	5	2.1%	43	15.4%
51-94 physicians	9	16.6%	5	7.6%	16	29.3%	33	61.2%	26	51.0%	17	19.9%	1	2.6%	11	9.5%
95 or more physicians	40	18.9%	37	18.3%	62	30.5%	112	49.3%	73	30.2%	61	24.6%	10	5.7%	34	14.6%
Total	121	19.4%	102	17.0%	157	25.8%	310	47.7%	219	33.4%	200	27.5%	21	4.1%	104	14.1%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table D - 39. Obstacles to Exchanging Electronic Information with Health Care Providers by EMR Utilization, 2019-2021 (N = 1,073; W = 6,195)

	Lack of a health information exchange		*Concerns about patient confidentiality*		*Lack of technological support for problems*		*Lack of connectivity between my EHR and other systems*		*Lack of information from other providers*		*No significant problems*		*Other*		*Did Not Answer*	
Utilizes EMR	197	20.1%	159	16.4%	244	26.2%	485	48.7%	348	34.5%	313	27.8%	24	3.1%	128	11.2%
No EMR	8	29.8%	5	16.4%	6	27.1%	8	37.0%	7	32.7%	10	28.7%	3	3.2%	8	20.6%
Total	205	20.4%	164	16.4%	250	26.2%	493	48.4%	355	34.4%	323	27.8%	27	3.1%	136	11.5%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table D - 40. Obstacles to Exchanging Electronic Information with Health Care Providers by Patient Care Summary Exchange, 2019-2021 (N = 852; W = 4,812)

	Lack of a health information exchange		*Concerns about patient confidentiality*		*Lack of technological support for problems*		*Lack of connectivity between my EHR and other systems*		*Lack of information from other providers*		*No significant problems*		*Other*		*Did Not Answer*	
Yes	123	20.2%	94	15.2%	151	28.9%	299	52.1%	219	37.9%	177	29.6%	15	3.8%	36	5.2%
No	13	17.7%	16	17.6%	24	27.8%	39	34.8%	26	28.7%	52	37.2%	8	6.8%	11	11.9%
Don't Know	30	24.8%	26	22.0%	31	25.0%	66	54.4%	48	35.4%	55	28.7%	4	1.8%	14	6.0%
Total	166	20.7%	136	16.8%	206	28.0%	404	50.1%	293	36.2%	284	30.5%	27	3.8%	61	6.3%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table D - 41. Obstacles to Exchanging Electronic Information with Other Providers, 2019-2021 (N = 1,356; W = 8,193)

Obstacles to Exchange Information	*Number of Physicians*	*Percent*
Lack of a health Information exchange	197	20.1%
Concerns with maintaining patient confidentiality	159	16.4%
Lack of technological support for problems	244	26.2%
Lack of connectivity between my EMR and other systems	485	48.7%
Lack of information from other providers	348	34.5%
No significant problems	313	27.8%
Other	24	3.1%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 128 physicians did not respond to this question.

Table D - 42. Use of a Scribe by EMR Utilization, 2019-2021 (N = 1,075; W = 6,206)

EMR Utilization	*Yes*		*No*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*
Utilizes EMR	142	12.3%	896	87.6%	1,038	100.0%
No EMR	-	-	32	100.0%	32	100.0%
Total	142	11.9%	928	88.0%	1,070	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 286 physicians have missing data for this question.

Table D - 43. Use of a Scribe by Patient Care Summary Exchange, 2019-2021 (N = 1,093; W = 6,300)

Use of a Scribe	*Yes*		*No*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*
Yes	69	10.8%	503	89.1%	572	100.0%
No	16	13.6%	94	86.3%	110	100.0%
Don't Know	18	10.3%	131	89.6%	149	100.0%
Total	103	11.1%	728	88.8%	831	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 525 physicians have missing data for this question.

Table D - 44. Integrated Physical and Behavioral Health Care by EMR Utilization, 2019-2021 (N = 1,074; W = 6,204)

EMR Utilization	Integrated		Not Integrated		Don't Know		Total	
	N	%	N	%	N	%	N	%
Utilizes EMR	537	57.3%	263	23.5%	218	19.0%	1,018	100.0%
No EMR	7	23.9%	21	66.3%	3	9.6%	31	100.0%
Total	544	56.3%	284	24.8%	221	18.8%	1,049	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 307 physicians have missing data for this question.

Table D - 45. Plans to Integrate Physical and Behavioral Health Care by EMR Utilization, 2019-2021 (N = 1,074; W = 6,204)

EMR Utilization	Currently Integrated		Plans to Integrate		No Future Plans		Total	
	N	%	N	%	N	%	N	%
Utilizes EMR	537	57.3%	20	2.1%	461	40.5%	1,018	100.0%
No EMR	7	23.9%	-	-	24	76.0%	31	100.0%
Total	544	56.3%	20	2.0%	485	41.6%	1,049	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 307 physicians have missing data for this question. 'Plans to Integrate' includes those who are not and who do not know if they are integrated but have active plans for the future. 'No Future Plans' includes those who are not and who do not know if they are integrated.

Table D - 46. Plans to Integrate Physical and Behavioral Health Care by Patient Care Summary Exchange, 2019-2021 (N = 1,079; W = 6,228)

Patient Care Summary Exchange	Currently Integrated		Plans to Integrate		No Future Plans		Total	
	N	%	N	%	N	%	N	%
Yes	316	59.3%	11	1.8%	240	38.8%	567	100.0%
No	47	52.0%	2	2.1%	60	45.8%	109	100.0%
Don't Know	58	42.3%	3	2.6%	86	54.9%	147	100.0%
Total	421	55.2%	16	2.0%	386	42.6%	823	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 533 physicians have missing data for this question. 'Plans to Integrate' includes those who are not and who do not know if they are integrated but have active plans for the future. 'No Future Plans' includes those who are not and who do not know if they are integrated.

Table D - 47. Type of Organizational Network by EMR Utilization, 2019-2021 (N = 1,073; W = 6,195)

EMR Use	*ACO*		*CIN*		*IDN*		*Traditional Private Practice*		*Concierge Medicine*		*Other*		*Did Not Answer*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Utilizes EMR	288	27.6%	241	23.1%	102	9.8%	253	24.3%	9	0.8%	211	20.2%	143	13.7%
No EMR	0	0.0%	3	9.0%	1	3.0%	15	45.4%	1	3.0%	9	27.2%	7	21.2%
Total	288	26.8%	244	22.7%	103	9.5%	268	24.9%	10	0.9%	220	20.5%	150	13.9%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table D - 48. Type of Organizational Network by Patient Care Summary Exchange, 2019-2021 (N = 852; W = 4,812)

Patient Care Summary	*ACO*		*CIN*		*IDN*		*Traditional Private Practice*		*Concierge Medicine*		*Other*		*Did Not Answer*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Yes	180	31.2%	145	25.2%	55	11.3%	148	23.5%	7	1.5%	110	18.3%	55	10.4%
No	21	16.2%	21	20.8%	9	10.6%	35	27.9%	1	1.1%	37	28.0%	17	12.8%
Don't Know	33	20.7%	25	16.5%	16	9.8%	34	25.9%	0	0.0%	46	29.7%	29	17.2%
Total	234	27.2%	191	23.0%	80	10.9%	217	24.6%	8	1.2%	193	21.7%	101	11.9%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Table D - 49. Awareness of Health Current Services by EMR Utilization, 2019-2021 (N = 1,112; W = 6,398)

	Aware and Using the Exchange		*Aware but Not Working with Them at Present*		*Not Aware*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Utilizes EMR	92	10.6%	95	8.5%	771	80.7%	958	100.0%
No EMR	-	-	5	15.7%	25	84.2%	30	100.0%
Total	92	10.3%	100	8.8%	796	80.8%	988	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 368 physicians have missing data for this question.

Table D - 50. Awareness of Health Current Services by Patient Care Summary Exchange, 2019-2021 (N = 1,041; W = 6,001)

	Aware and Using the Exchange		*Aware but Not Working with Them at Present*		*Not Aware*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Yes	73	14.0%	61	8.9%	437	77.0%	571	100.0%
No	3	4.0%	15	11.1%	99	84.7%	117	100.0%
Don't Know	6	5.6%	6	3.1%	138	91.2%	150	100.0%
Total	82	11.1%	82	8.1%	674	80.7%	838	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2021.

Note: 518 physicians have missing data for this question.