

PHYSICIANS' USE OF ELECTRONIC MEDICAL RECORDS AND EXCHANGE OF ELECTRONIC HEALTH DATA, 2019-2020

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Project Team

J. Mac McCullough, PhD, MPH, Associate Professor - mccullough@asu.edu

Gevork Harootunian, MS, Principal Statistical Programmer - gevork.harootunian@asu.edu

Tameka Sama, MBA, CRA, Center Administrator - tameka.sama@asu.edu

Sruthi Kommareddy, Database Analyst - sruthi.kommareddy@asu.edu

George Runger, PhD, Professor & CHiR Director - George.Runger@asu.edu

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Center for Health Information & Research
502 E. Monroe St, Suite C320, Phoenix, AZ 85004 | (602) 496-2009
chir@asu.edu / chir.asu.edu

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 2019-2020 survey of Arizona physicians included:

- The percentage of Arizona physicians using EMRs increased from 45% in 2007-2009 to 96% in 2019-2020.
- EMR usage rates were 90% or greater in all Arizona counties, with several smaller counties seeing 100% usage. Maricopa County had EMR usage of 96%. EMR usage was 90% or greater in all practice types with the exception of physician-owned solo practices (82%).
- 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 Medicare have increased EMR adoption, but lack of interoperability and a shortage of HIEs have limited electronic exchanges of EMRs. The situation is improving in Arizona. Enrollment in *Health Current*, the statewide HIE, includes 745 organizations (up from 630 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 82% 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).

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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. This year's report also includes data on provider participation and awareness of Health Current, Arizona's Health Information Exchange (HIE) plus new topic areas including provision of integrated health care, and provider Accountable Care Organization (ACO) participation. Results summarized in this report include both current data and, where data are available, trends over time.

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
- 2019-2020 – represents April 1, 2019 to March 31, 2020

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

Background

The most recent National Electronic Health Records Survey (NEHRS) found that as of 2017, 86% of office-based physicians used some form of an EMR system. This represents a sizable increase over the past 15 or so years as only 18% used EMRs in 2001 (Hsiao and Hing 2014) (Myrick, Ogburn and Ward 2019). Similarly, 80% 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 been fully realized (Kellermann and Jones 2013); Jones, et al. 2012; Freudenheim 2012; Lau, et al. 2012) (Peckham, Kane and Rosensteel 2016). Many studies consider if a physician reports having an EMR and that 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 2019, just 18% of Arizona physicians reported exclusive use of EMRs, a rate that has changed relatively little since 2007 when some 13% of Arizona physicians reported exclusive use of EMRs.

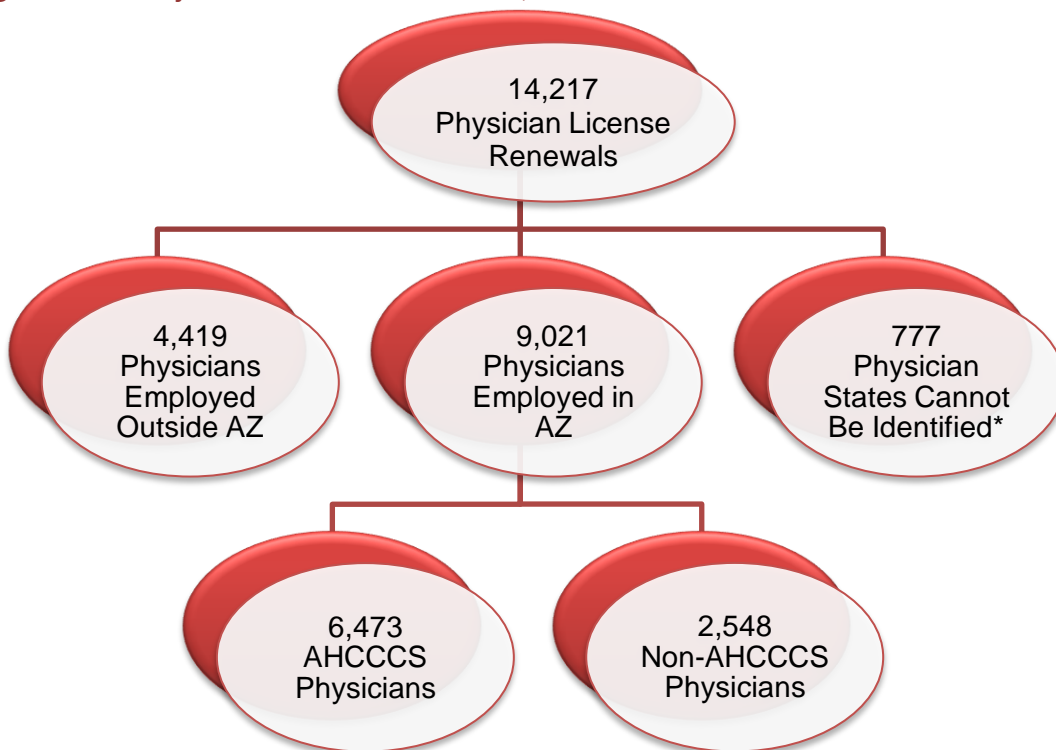
The presence of multiple data storage systems was found to result in reduced provider productivity. Importantly, it also may mean that additional attention is needed related to how clinical data can be exchanged between providers. The electronic exchange of clinical information is becoming an issue of 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 14,217 physicians who renewed their licenses between April 1, 2019 and March 31, 2020 (Figure 1). Approximately 9,021 of those physicians lived in Arizona and 4,419 physicians lived elsewhere. Approximately 82% of practicing physicians in Arizona cared for AHCCCS clients. As of July 2019, Arizona had a population of 7,278,717 and AHCCCS had total enrollment of 1,880,641, covering approximately 25.8% of the state's population.

Some physicians who live in other States provide services, such as interpreting images, to Arizona patients. The information needed to identify these physicians is not available, so some of them may more appropriately be included in the Arizona physician workforce. There were 777 physicians whose state of residence could not be identified.

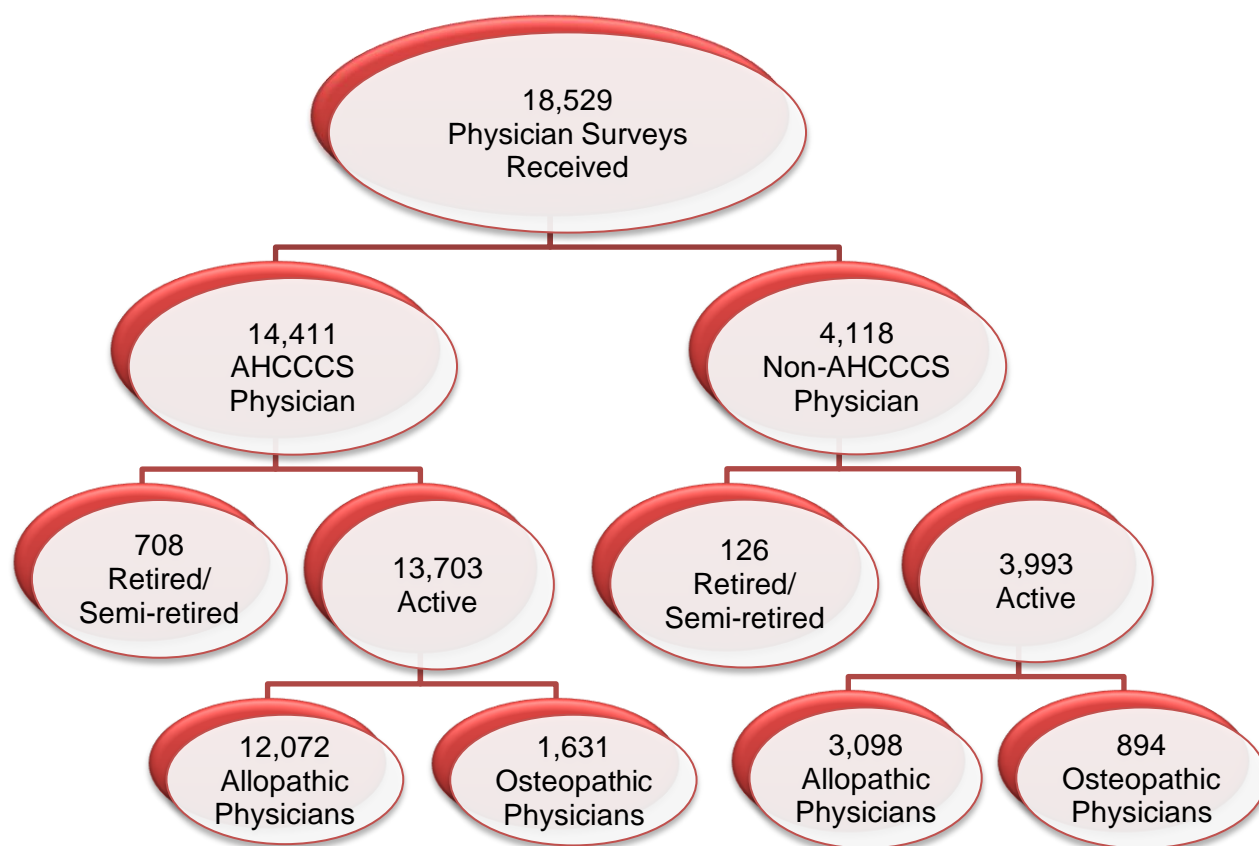
Figure 1. All Physician License Renewals, 2019-2020



Source: Arizona Medical Board (AMB), Arizona Board of Osteopathic Examiners in Medicine and Surgery (ABOE) Survey and Administrative Data, April 2019 to March 2020.

Weighted survey responses are shown in Figure 2. There were 3,042 survey respondents, including retired/semi-retired physicians. The respondents include 1,625 active allopathic physicians and 1,260 active osteopathic physicians. Each respondent represents approximately 4.7 physicians in active practice. 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. Surveys Received (Weighted), 2019-2020



Source: AMB, ABOE Survey Data, April 2019 to March 2020.

Most surveys select a fraction of the target population as the survey sample. For example, 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 actually 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

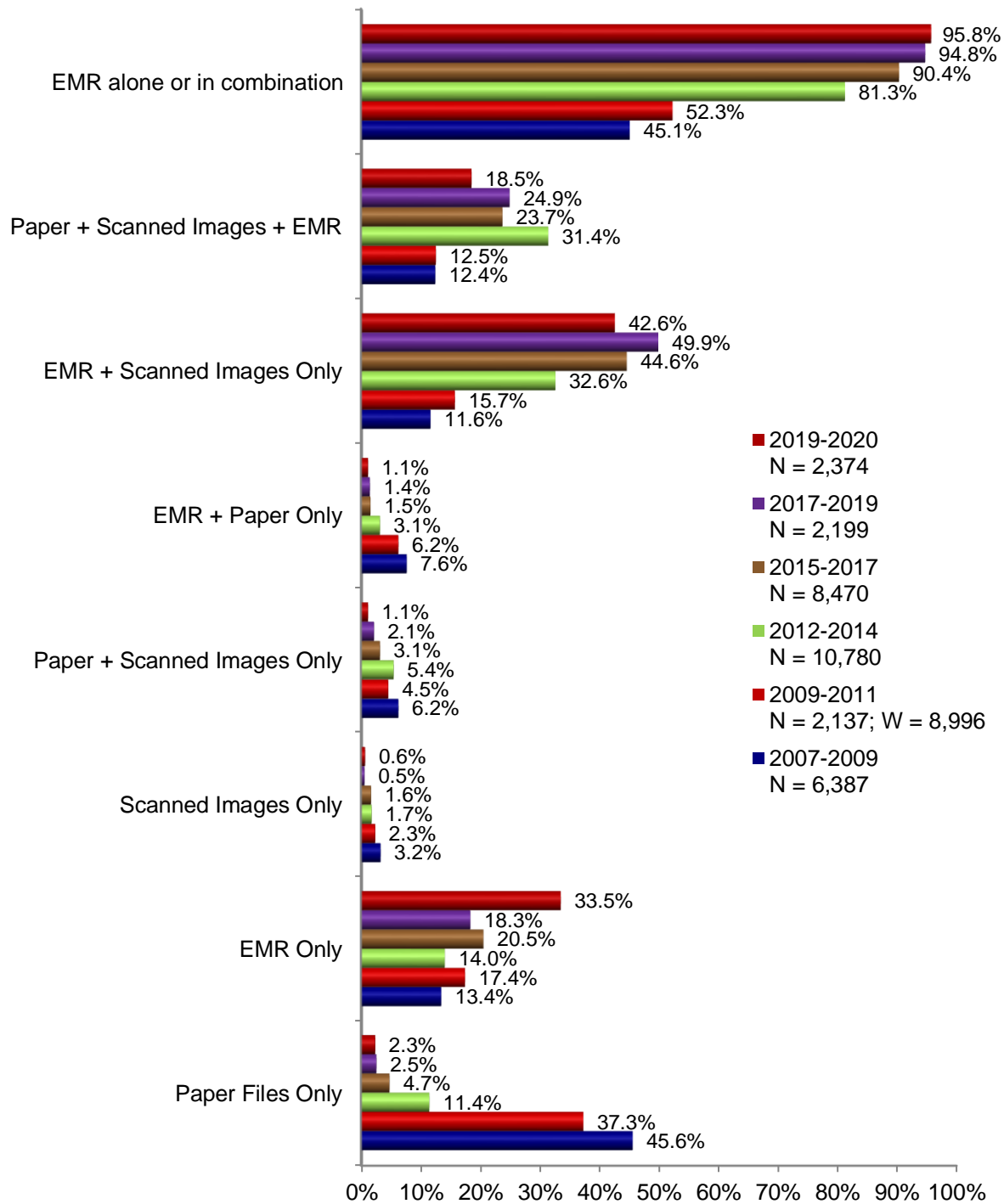
EMR Utilization

The trend in EMR use in Arizona is consistent with national trends. As indicated in Figure 3, approximately 93% of Arizona physicians used an EMR in 2017-2019 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, 48% of physicians used EMRs that included functions such as patient summaries, e-prescribing and lab results in 2013 (Hsiao and Hing 2014) versus 78% in 2015 (Jamoom and Yang 2016). The data from the National Ambulatory Medical Care Survey (NAMCS) are not strictly 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 approximately 2.3% between 2007-2009 and 2019-2020 in Arizona. However, reliance on EMRs as the only medical record did not increase proportionately. The percentage of physicians using EMRs as their only medical record increased from 13% to nearly 34%, but the combination of EMRs with scanned records increased from 11% to 43% of all EMR users.

As indicated in Figure 3, the single most prevalent combination remains that of EMRs with scanned records. We believe that reliance of EMR users on scanned records reflects problems of interoperability and the relative shortage of networks for the electronic transfer of EMRs. Reliance on scanned files can 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; 2019-2020.

Note: The weighted totals are: 14,641 for 2017-2019 and 14,279 for 2019-2020. The 2019-2020 estimates, 2017-2019 estimates and 2009-2011 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 2013-2015; 696 for 2017-2019; and 511 for 2019-2020.

*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 100% usage of EMRs. Physician-owned solo practices (82.4%) had by far 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.

EMR usage also varied by Arizona county (see Table 2). Five Arizona counties (Gila, Graham, La Paz, Pinal, Santa Cruz) saw 100% EMR usage rates. Arizona’s largest counties—Maricopa and Pima—saw EMR usage rates of 95.5% and 96.2% respectively. All Arizona counties saw EMR usage rates of at least 90%.

Table 1. EMR Utilization by Type of Practice, 2019-2020 (N = 2,481; W = 14,852)

<i>Type of Practice</i>	<i>Utilization Rates</i>
Physician Owned Solo Practice	82.4%
Physician Owned Group Practice	94.9%
Hospital/Medical School Group Practice	100.0%
Community or Rural Health Center	97.3%
Non-Hospital Private Outpatient Facility	96.4%
City, State or County Clinic or Hospital System	95.1%
Federal Government Hospital or Clinic	100.0%
Private For Profit Hospital System	98.5%
Private Non-Profit Hospital System	97.2%
Medical School/University Research Center	99.4%
Public or Private Insurer/Health Related Organization that does not provide care	88.5%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: Rate equals the weighted percent of physicians within each practice type. 420 respondents were missing type of practice. 497 respondents were missing EMR utilization. Data not shown for Public Health Agency or Department or Independent Consultant.

Table 2. EMR Utilization by County, 2019-2020 (N = 2,856; W = 17,505)

Location	All Survey Respondents	EMR Users	% EMR Users
<i>Apache</i>	13	11	90.0%
<i>Cochise</i>	22	21	91.1%
<i>Coconino</i>	57	56	97.0%
<i>Gila</i>	15	15	100.0%
<i>Graham</i>	3	3	100.0%
<i>La Paz</i>	5	5	100.0%
<i>Maricopa</i>	1,561	1,478	95.5%
<i>Mohave</i>	74	71	94.7%
<i>Navajo</i>	44	43	97.2%
<i>Pima</i>	361	343	96.2%
<i>Pinal</i>	34	34	100.0%
<i>Santa Cruz</i>	2	2	100.0%
<i>Yavapai</i>	67	61	91.6%
<i>Yuma</i>	37	35	96.3%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: County and/or method of storage was unknown for 590 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 clinical data components, namely:

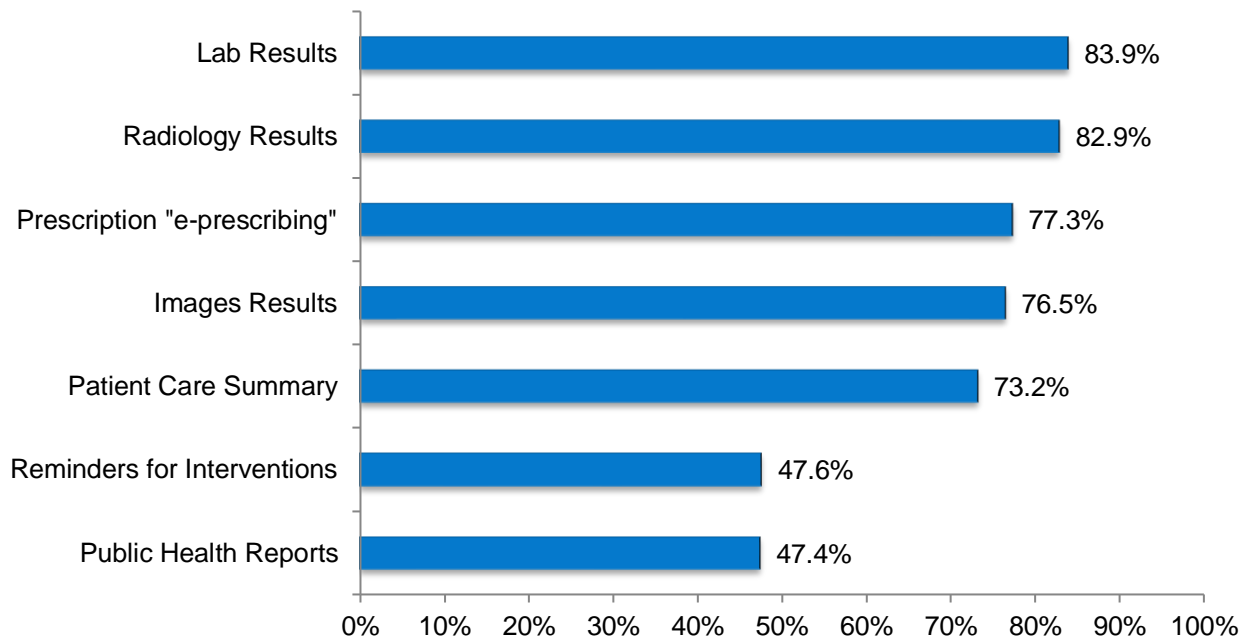
- Patient Care Summaries
- Prescriptions
- Lab Results
- Reminders for Guideline Based Interventions

- 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 Arizona, transfers of information from EMRs were also limited. 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 physicians with EMRs exchange one or more elements of their EMRs through an HIE 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 in Figure 4 include exchanges between different health care organizations. We cannot identify the extent to which physicians include exchanges within, for example, different hospitals in one hospital system from transfers to providers outside the system. The results in Figure 4 may, therefore, overstate the percentage of physicians exchanging EMRs with different health care organizations. Exchanges among different organizations such as between hospital systems or among physician-owned solo or group practices are much less frequent. Since the 2013-2015 results are subject to the same bias, the estimated increase in exchanges is less biased than the absolute estimates in either of the two time periods.

Figure 4. Exchange of Information with Other Providers, 2019-2020 (N = 2,044; W = 12,156)



Source: AMB, ABOE Survey Data, April 2019–March 2020.

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 1,323 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 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*. *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 HIEs linking different organizations 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 745 participants as of July 2020, defined as organizations who have executed a Network Participation Agreement enabling data sharing. Data collection, which typically lags enrollments, is gradually increasing with 28% of participants supplying information to the HIE (see Table 4 below).

Table 3. Method of Exchange of Information with Other Organizations, 2019-2020 (N = 2,138; W = 12,943)

EMR Functions	Fax		Email		HIE		All of the Above	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
Patient Care Summary	318	23.0%	39	2.8%	518	36.9%	521	37.0%
Prescription 'e-prescribing'	134	8.6%	78	5.5%	847	64.6%	328	21.2%
Lab Results	2	5.2%	.	.	22	73.1%	7	21.6%
Reminders for Interventions	48	4.9%	82	10.6%	523	60.0%	224	24.2%
Radiology Results	4	22.7%	.	.	12	60.4%	4	16.8%
Images Results	2	23.9%	1	2.0%	9	57.5%	3	16.4%
Public Health Reports	137	13.9%	40	4.4%	409	47.3%	309	34.2%
Total	645	13.4%	240	5.4%	2,340	52.0%	1,396	29.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

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 2,606 respondents.

Table 4. Health Current Participating Organizations

<i>Type of Organization</i>	<i>Number of Participants</i>	<i>Participants Sending Data to Health Current</i>
Hospitals and Health Systems	61	41
Health Plans	16	--
Federally Qualified Health Centers & Rural Health Clinics	22	16
State & Local Government Agencies	7	1
Laboratories, Imaging Centers & Pharmacies	9	4
Community Providers	345	51
Behavioral Health Providers	103	62
Accountable Care Organizations & Clinically Integrated Networks	16	1
Long-Term & Post-Acute Care	140	24
Emergency Medical Services	26	8
Total	745	208

Source: (Health Current 2020); (Health Current 2020).

One promising feature of *Health Current* is the involvement of the 16 health plans. The economic benefits of exchanging patient information directly accrue to payers. 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.

Arizona physicians reported a range of obstacles to electronic exchange of information with other providers (see Table 5). The most commonly reported obstacle was a lack of connectivity between EMRs and other systems (51.9%). Many of the obstacles reported in Table 5 are technological in nature, though data availability in “lack of information from other providers” (39.7%) and privacy concerns (22.3%) 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. The majority of 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, 2019-2020 (N = 2,672; W = 16,484)

<i>Obstacles to Exchange Information</i>	<i>Number of Physicians</i>	<i>Percent</i>
Lack of a health Information exchange	459	21.6%
Concerns with maintaining patient confidentiality	500	22.9%
Lack of technological support for problems	674	32.1%
Lack of connectivity between my EMR and other systems	1,176	54.4%
Lack of information from other providers	902	41.2%
No significant problems	581	23.8%
Other	82	3.9%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 213 physicians did not respond to this question.

EMR Adoption Incentives

To encourage eligible professionals and hospitals to adopt, upgrade and further utilize certified electronic health record technology, an implementation of significant cost especially for relatively small health care organizations, CMS developed incentive programs to promote interoperability. Economic incentives increased the rate of adoption nationally, and 546,644 providers had received incentive payments as of October 2018, which are the most recent figures available (Centers for Medicare & Medicaid Services 2020). A study that analyzed 2006-2010 e-prescribing data showed, for example, that nearly 40 percent of e-prescribers had adopted e-prescribing in response to a federal incentive program (Joseph, et al. 2013).

To participate in the CMS Promoting Interoperability Programs, hospitals and professionals must meet the following eligibility requirements.

Table 6. CMS Promoting Interoperability Program Eligibility

Medicare Eligible Hospitals and Critical Access Hospitals (CAHs)*
<ul style="list-style-type: none">• “Subsection (d) hospitals” in the 50 states or DC that are paid under the Inpatient Prospective Payment System (PPS)• CAHs• Medicare Advantage (MA-Affiliated) Hospitals
Medicaid Eligible Hospitals and CAHs*
<ul style="list-style-type: none">• Acute care hospitals (including CAHs and cancer hospitals) with at least a 10% Medicaid patient volume• Children’s hospitals
Dually Eligible Hospitals and CAHs*
<ul style="list-style-type: none">• Qualify under both the Medicare & Medicaid eligibility requirements above
Eligible Professionals for Medicaid incentives include:
<ul style="list-style-type: none">• Physicians (primarily MD and DO)• Nurse Practitioners• Certified nurse-midwives• Dentists• Physician assistants who furnish services in a Federally Qualified Health Center or Rural Health Clinic led by a physician assistant.
Eligible Professionals for Medicare incentives under the Quality Payment Program include:
<ul style="list-style-type: none">• Physician• Physician assistant• Nurse practitioner• Clinical nurse specialist• Certified registered nurse anesthetist• Physical therapist• Occupational therapist• Qualified speech-language pathologist• Qualified audiologist• Clinical psychologist• Registered dietitian or nutrition professionals• A group that includes the above professionals•

Source: (Centers for Medicare & Medicaid Services 2020); (U.S Centers for Medicare & Medicaid Services 2020).

Beginning with calendar year 2019, Medicare program participants must use the 2015 edition of certified electronic health record technology (U.S. Centers for Medicare & Medicaid Services 2020). As of 2017, eligible clinicians must report on Quality Payment Program requirements (U.S Centers for Medicare & Medicaid Services 2020).

The available survey data do not adequately distinguish between eligible and non-eligible physicians. The results include, therefore, physicians in environments to which the incentives do

not apply. As noted, we do not have the data needed to link adoptions to incentives, but the recent increases in the adoption of EMRs are correlated with the incentive payments made to health care providers.

Table 7. Total Arizona Medicare and Medicaid Incentive Provider Payments by Provider Type (January 2011 – October 2018)

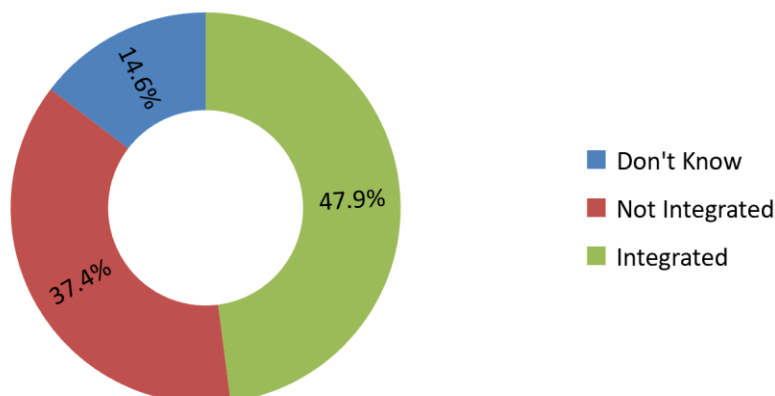
<i>Program - Provider Type</i>	<i>Number of Payments</i>	<i>Amount of Incentive Payments</i>
Medicare - Eligible Professionals	17,060	\$159,111,555
Medicaid - Eligible Professionals	6,653	\$108,699,436
Total Eligible Professionals	23,713	\$267,810,990
Medicare - Eligible Hospital	4	\$3,059,472
Medicaid - Eligible Hospitals	7	\$11,910,387
Medicare/Medicaid - Eligible Hospitals (Medicare)	253	\$252,035,633
Medicare/Medicaid - Hospitals (Medicaid)	206	\$156,900,835
Total Eligible Hospitals	470	\$423,906,327
Total Eligible Professionals and Eligible Hospitals	24,183	\$691,717,318

Source: Centers for Medicare and Medicaid Services, Combined Medicare and Medicaid Payments by State, https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/October2018_PaymentsbyStateProgramandProvider.pdf.

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 its delivery of physical and behavioral health care services 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, 47.9% indicated that their organization provided integrated physical and behavioral health care, 37.4% indicated that their organization did not provide integrated physical and behavioral health care, and 14.6% indicated that they did not know. See Figure 5.

Figure 5. Percent of Organizations Providing Integrated Physical and Behavioral Health Care, 2019-2020 (N = 2,330; W = 14,054)



Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: There were 555 physicians who did not respond to this question.

Provision of integrated physical and behavioral health care varied by physician’s organization type (see Table 5). In total, 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 federal government hospitals or clinics (86.0% integrated), community or rural health centers (80.8%), and medical schools/university research centers (72.7% integrated). Integrated physical and behavioral care is least common in physician-owned solo practices (13.0%), physician-owned group practices (22.9%), and private outpatient facilities that are not part of a hospital system (30.1%). See Table 8 and Figure 6.

Looking at the entire population of physicians providing integrated physical and behavioral health care services (Figure 7), we can see that 27.1% of all such physicians are located at hospital or medical school group practices, 14.7% are at private not-for-profit hospital systems, and 13.0% are at physician-owned group practices.

Among physicians who practice in a setting that is not currently delivering integrated physical and behavioral health services, only 9.4% indicated any future plans to integrate delivery (see Table 11). In contrast, more than half (51.3%) said they had no plans and 39.1% said they did not know. Future plans for integrating physical and behavioral health service delivery were most common in federal government hospitals or clinics (44.4% of physicians reported integration plans) and community or rural health centers (30.8%). It is possible that these estimates are driven in part by the relatively small numbers of physicians reporting from these settings.

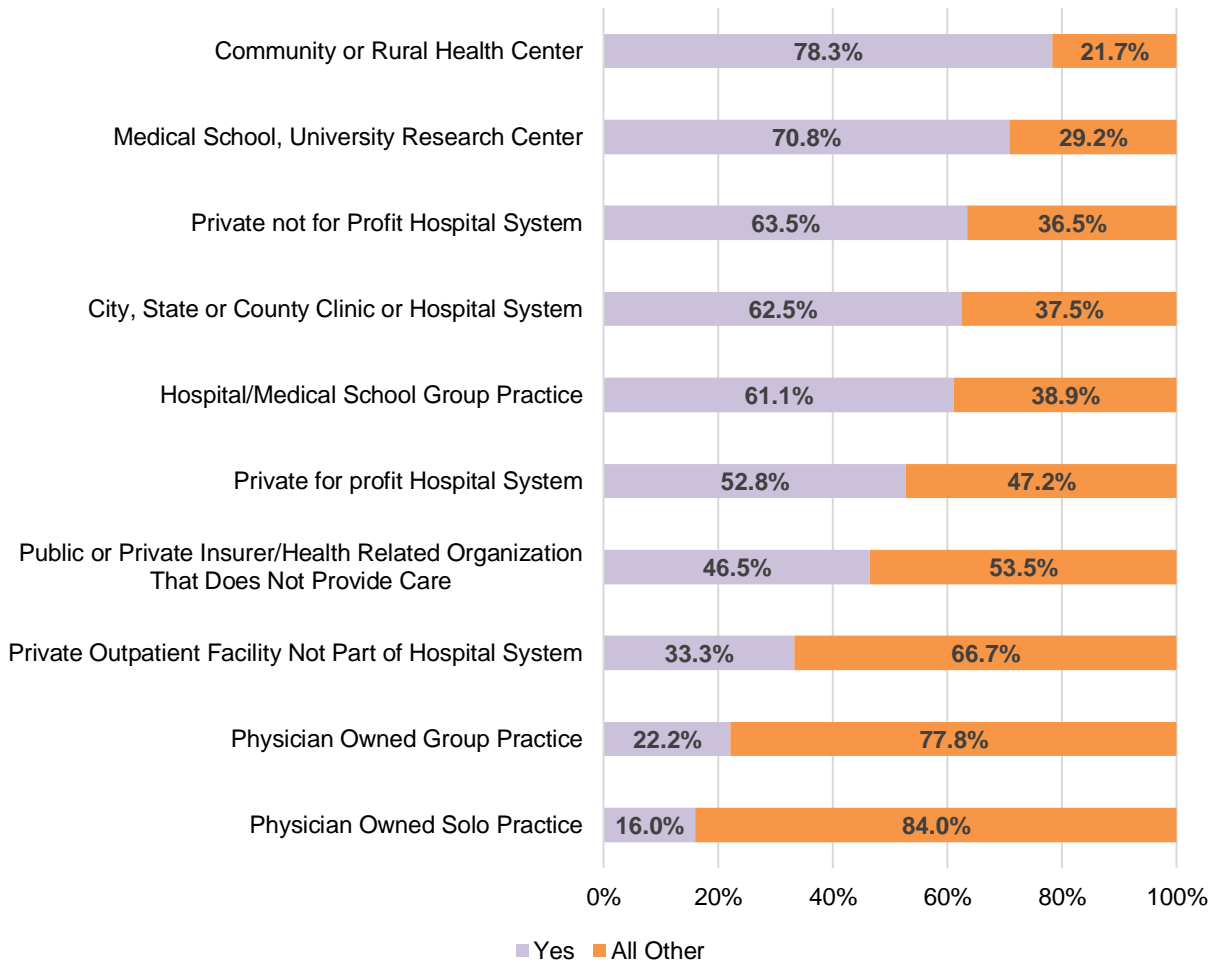
Table 8. Provision of Integrated Physical and Behavioral Health Care by Organization Type, 2019-2020 (N = 2,479; W = 14,848)

<i>Type of Practice</i>	<i>Integrated</i>		<i>Not Integrated</i>		<i>Don't Know</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Physician Owned Solo Practice	50	13.0%	235	78.6%	27	8.3%	312	100.0%
Physician Owned Group Practice	137	22.9%	391	65.2%	88	11.7%	616	100.0%
Hospital/Medical School Group Practice	286	62.3%	81	16.1%	101	21.5%	468	100.0%
Community or Rural Health Center	83	80.8%	12	10.0%	11	9.1%	106	100.0%
Private Outpatient Facility Not Part of Hospital System	39	30.1%	61	55.2%	17	14.6%	117	100.0%
City, State or County Clinic or Hospital System	30	66.4%	10	21.1%	8	12.3%	48	100.0%
Federal Government Hospital or Clinic	127	86.0%	11	7.9%	8	5.9%	146	100.0%
Private For Profit Hospital System	67	58.7%	27	20.1%	33	21.1%	127	100.0%
Private Non-Profit Hospital System	155	64.8%	44	16.8%	45	18.3%	244	100.0%
Medical School, University Research Center	63	72.7%	13	11.5%	13	15.7%	89	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	20	44.5%	16	36.0%	7	19.3%	43	100.0%
Total	1,057	47.8%	901	37.5%	358	14.6%	2,316	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: There were 569 physicians who did not respond to this question. No response was provided for (1) Public Health Agency or Department or (2) Independent Consultant.

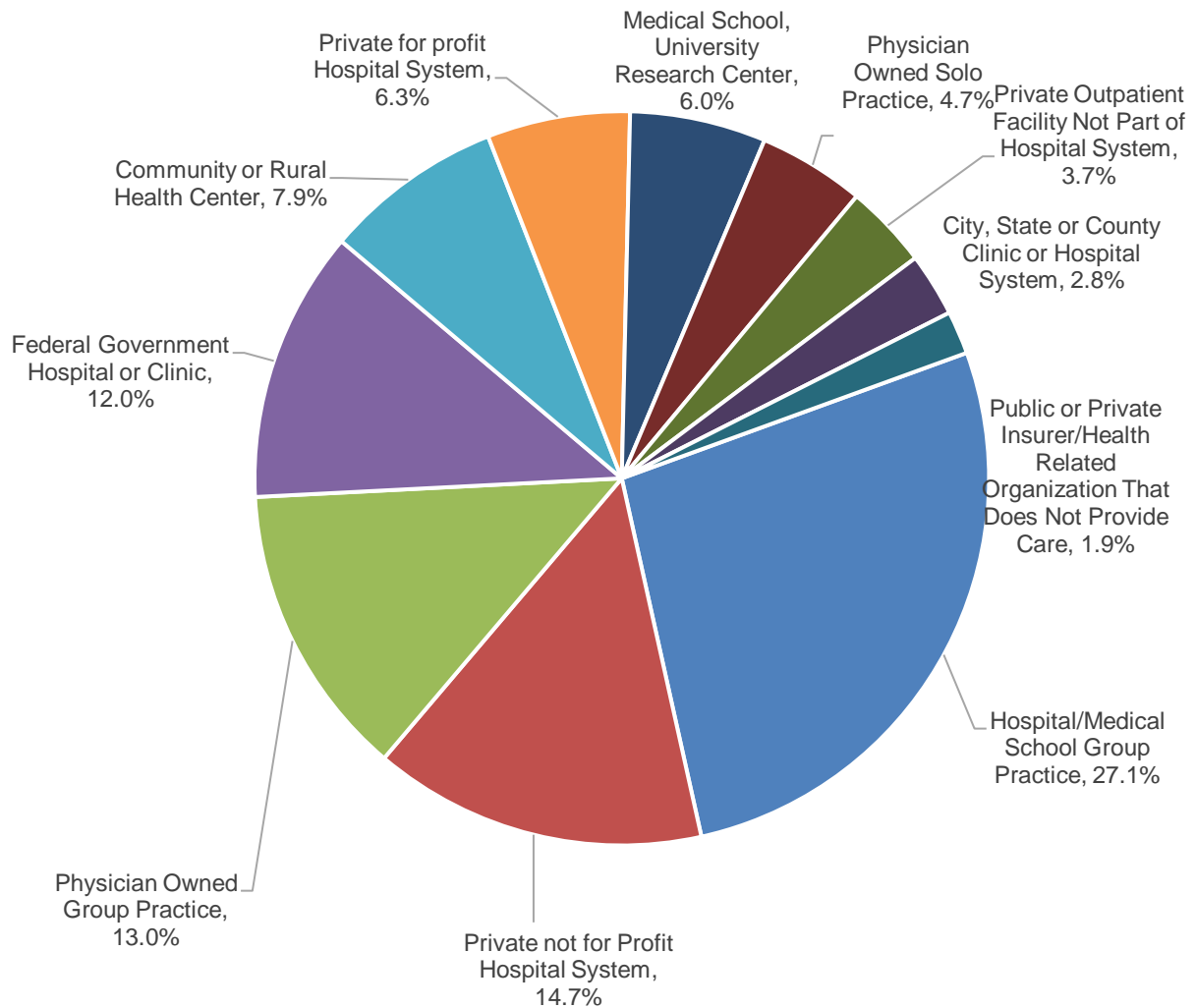
Figure 6. Integrated Physical and Behavioral Health Care by Organization Type, 2019-2020 (N = 2,479; W = 14,848)



Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: There were 3,747 physicians who did not respond to this question. “All Other” includes physicians who responded “No” or “Don’t Know”.

Figure 7. Distribution of Physicians Who Provide Integrated Physical and Behavioral Health Care by Organization Type, 2019-2020 (N = 1,057)



Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: On 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 unlikely to not be using EMR (Table 9) and were also the group that was the most likely to be electronically exchanging patient care summaries (Table 10). This suggests that EMR usage and likelihood of providing integrated physical and behavioral health care services are positively associated. It is not possible to determine which caused which, but the association between EMR usage and integrated care can be viewed as an indicator of two ostensibly positive trends in Arizona.

Table 9. Integrated Physical and Behavioral Health Care by EMR Utilization, 2019-2020 (N = 2,390; W = 14,360)

<i>EMR Utilization</i>	<i>Integrated</i>		<i>Not Integrated</i>		<i>Don't Know</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Utilizes EMR	1,043	49.2%	820	35.9%	347	14.7%	2,210	100.0%
No EMR	22	21.2%	84	67.3%	12	11.4%	118	100.0%
Total	1,065	48.0%	904	37.3%	359	14.5%	2,328	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 557 physicians have missing data for this question.

Table 10. Integrated Physical and Behavioral Health Care by Patient Care Summary Exchange, 2019-2020 (N = 2,406; W = 14,492)

<i>Patient Care Summary Exchange</i>	<i>Integrated</i>		<i>Not Integrated</i>		<i>Don't Know</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Yes	662	50.7%	546	37.8%	163	11.4%	1,371	100.0%
No	91	43.2%	114	45.5%	28	11.1%	233	100.0%
Don't Know	97	38.5%	77	30.6%	89	30.7%	263	100.0%
Total	850	48.1%	737	37.7%	280	14.1%	1,867	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 1,018 physicians have missing data for this question.

Table 11. Future Plans to Integrate Physical and Behavioral Health Care by Type of Practice, 2019-2020 (N = 2,471; W = 14,780)

<i>Type of Practice</i>	Yes		No		Don't Know		Total	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Physician Owned Solo Practice	12	4.5%	214	84.0%	32	11.3%	258	100.0%
Physician Owned Group Practice	27	6.6%	301	65.0%	160	28.3%	488	100.0%
Hospital/Medical School Group Practice	17	7.7%	40	26.1%	132	66.1%	189	100.0%
Community or Rural Health Center	8	30.8%	2	2.3%	17	66.7%	27	100.0%
Private Outpatient Facility Not Part of Hospital System	5	8.0%	34	47.3%	36	44.5%	75	100.0%
City, State or County Clinic or Hospital System	2	9.7%	7	40.3%	10	49.8%	19	100.0%
Federal Government Hospital or Clinic	9	44.4%	2	7.3%	12	48.1%	23	100.0%
Private For Profit Hospital System	4	7.5%	11	22.0%	45	70.4%	60	100.0%
Private Non-Profit Hospital System	17	22.6%	20	16.4%	54	60.9%	91	100.0%
Medical School, University Research Center	2	5.2%	8	21.7%	18	72.9%	28	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	6	27.0%	8	26.7%	10	46.1%	24	100.0%
Total	109	9.4%	647	51.3%	526	39.1%	1,282	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 1,603 physicians were excluded due to missing data. This question is asked only to docs who say “No” to current integration.

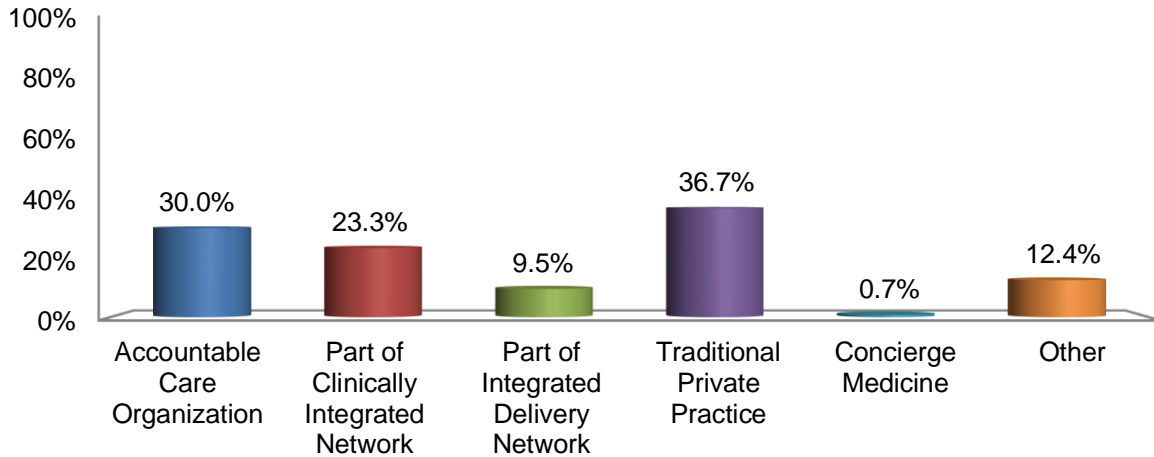
Physician Practice Characteristics

Beginning in 2019, Arizona physicians were surveyed about their organization's care network. Of physicians responding to this question, 33.7% indicated that their organization was a traditional private practice, 27.4% indicated that they were part of an ACO, and 20.5% 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 12). Notably, while 55.2% of ACO participants reported that they were currently providing integrated physical and behavioral health care services, only 19.1% of physicians in private practice are providing integrated care.

Figure 8. Physicians' Characterization of Their Organizational Network, 2019-2020 (N = 2,162; W = 12,917)



Source: AMB, ABOE Survey Data, April 2019–March 2020.

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 12. Integration of Physical and Behavioral Health Care by Type of Network, 2019-2020 (N = 2,330)

Type of Network	Currently Integrated		Plans to Integrate		No Future Plans	
	N	%	N	%	N	%
Accountable Care Organization (ACO)	339	56.6%	34	5.8%	241	37.5%
Clinically Integrated Network (CIN)	314	69.7%	13	3.1%	134	27.0%
Integrated Delivery Network (IDN)	130	70.1%	6	3.3%	49	26.5%
Traditional Private Practice	155	18.7%	23	3.5%	633	77.7%
Concierge Medicine	6	37.0%	0	0.0%	14	62.9%
Other	118	55.1%	7	3.2%	113	41.6%
Did Not Answer	141	56.7%	5	2.5%	110	40.6%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

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. 555 physicians were ineligible for this table due to missing data.

Care network type also seemed to be highly associated with physicians’ EMR usage. The vast majority of physicians practicing in ACOs, CINs, or IDNs reported EMR usage (Table 13). Physicians in traditional private practice were relatively more likely to be non-EMR users, though it is still uncommon for any physician to not be using EMR as of the 2019-20 survey. 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 14). It is not possible to determine which caused which, but the association between EMR usage and physicians’ participation in ACO or integrated network models can be viewed as an indicator of two ostensibly positive trends in Arizona.

Table 13. The Type of Network in Which You Practice by EMR Utilization, 2019-2020 (N = 2,388; W = 14,342)

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	614	27.7%	466	21.6%	187	8.7%	746	31.4%	20	0.6%	232	10.1%	255	11.7%
No EMR	8	8.5%	3	3.6%	0	0.0%	81	59.6%	0	0.0%	8	8.1%	25	19.9%
Total	622	26.8%	469	20.8%	187	8.3%	827	32.6%	20	0.6%	240	10.0%	280	12.1%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 497 physicians have missing data for this question.

Table 14. The Type of Network in Which You Practice by Patient Care Summary Exchange, 2019-2020 (N = 1,943; W = 11,577)

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	416	30.8%	287	21.8%	113	8.6%	505	32.2%	16	0.9%	139	10.6%	113	8.4%
No	40	17.4%	35	16.1%	11	5.6%	91	33.6%	0	0.0%	49	14.5%	48	21.1%
Don't Know	53	17.4%	51	17.4%	30	12.6%	87	34.1%	0	0.0%	40	15.1%	36	14.1%
Total	509	27.2%	373	20.4%	154	8.8%	683	32.7%	16	0.6%	228	11.7%	197	10.8%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 942 physicians have missing data for this question.

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 on a keyboard. A response to this problem was the creation of the position of “scribe.” That is, a person who before, during, or after the physician-patient encounter portion of a visit does the data entry. Our information on the use of scribes begins with the 2015-2017 survey. The current results are described in Table 15. The numbers are still too small to

reliably track across waves or to compare AHCCCS to non-AHCCCS physicians usefully, but we will continue to track trends in the use of scribes (see Tables C - 12 and D - 12).

Table 15. Physicians Who Used a Scribe for Data Entry, 2019-2020 (N = 2,196; W = 13,319)

<i>Storage Method</i>	<i>Number of Physicians</i>	<i>Percent</i>
<i>EMR Only</i>	124	15.7%
<i>EMR + Paper Only</i>	1	3.5%
<i>EMR + Scanned Images Only</i>	162	16.5%
<i>Paper + Scanned Images + EMR</i>	57	14.2%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

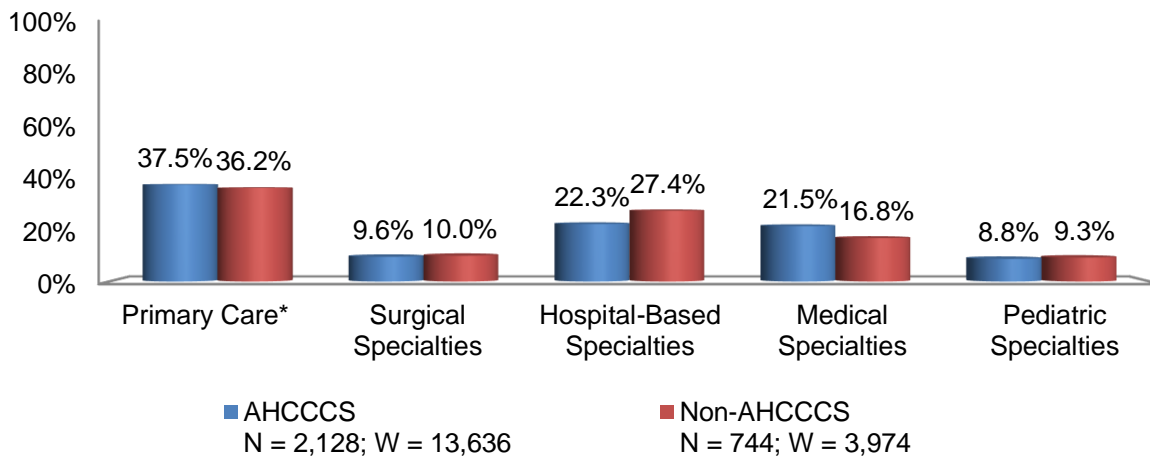
Comparing AHCCCS to Non-AHCCCS Physicians

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 82% of all physicians in Arizona and thereby, are the physicians who treat nearly all privately insured patients.

Figure 9. Distribution of Practicing Physicians by Specialty, 2019-2020



Source: AMB, ABOE Survey Data, April 2019–March 2020.

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. 6 non-AHCCCS physicians and 7 AHCCCS physicians did not report specialty to the medical board.

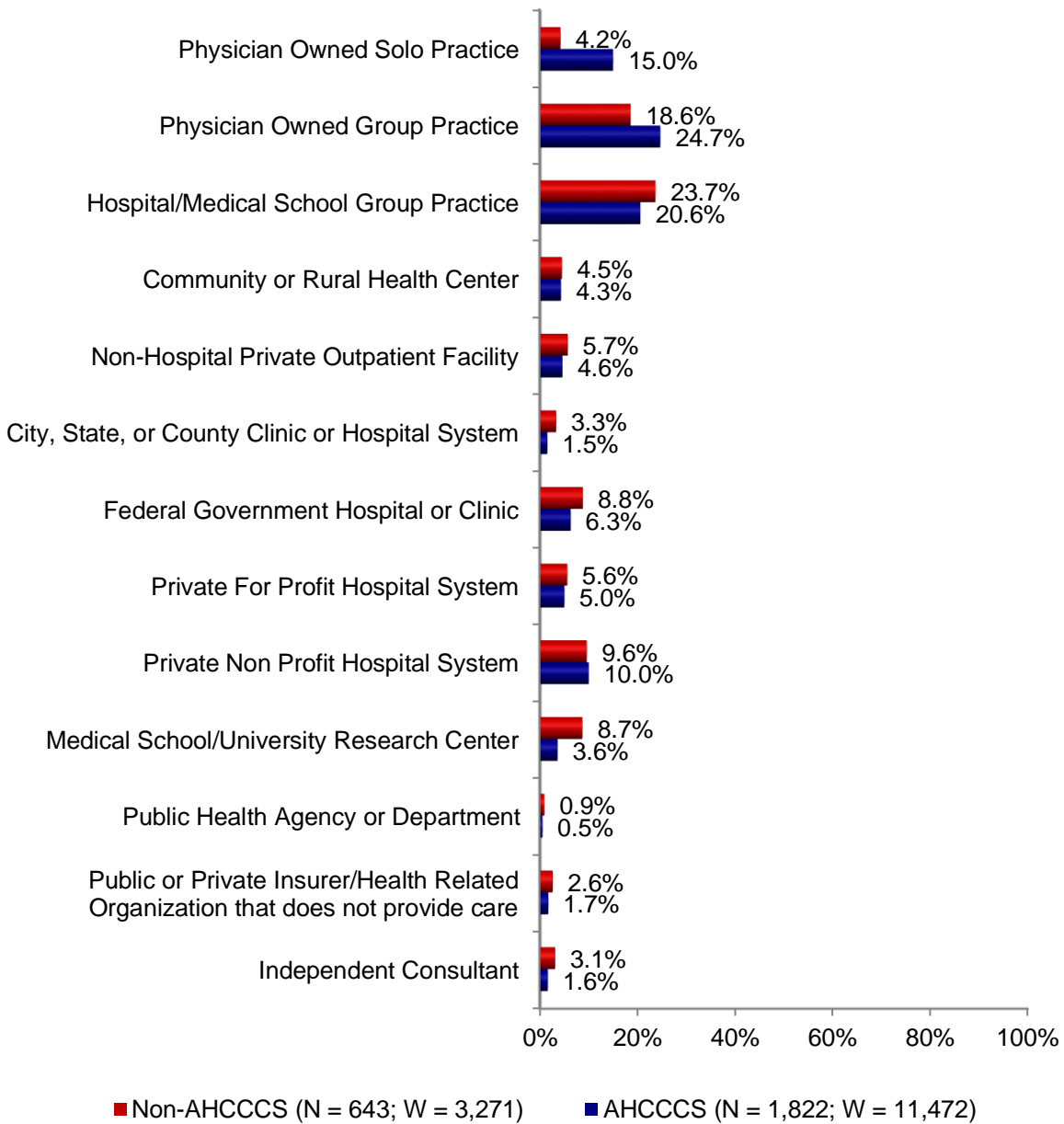
Practice Characteristics

The distribution of physicians by practice type 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 82% of the physicians are AHCCCS physicians. In terms of direct services to patients, AHCCCS physicians are more likely to practice in solo practices, group practices, community health centers and private hospital systems than NAHC physicians.

The largest differences between the AHCCCS and NAHC physicians are in Hospital/Medical School Group Practice (20.6% AHCCCS vs 23.7% NAHC), Physician Owned Group Practice (24.7% vs. 18.6%), and Physician Owned Solo Practice (15.0% vs. 4.2%). The practice settings in which AHCCCS physicians practice than NAHC physicians (relative to their own colleagues) are physician-owned solo practice, physician-owned group practice, and private non-profit hospital system.

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, all else equal, much less likely to adopt EMRs than are physicians in other practice setting. 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 Practice Type, 2019-2020



Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 313 AHCCCS physicians and 107 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 Center and pre-date the large-scale increases in EMR uptake that took place in the 2010s. 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.

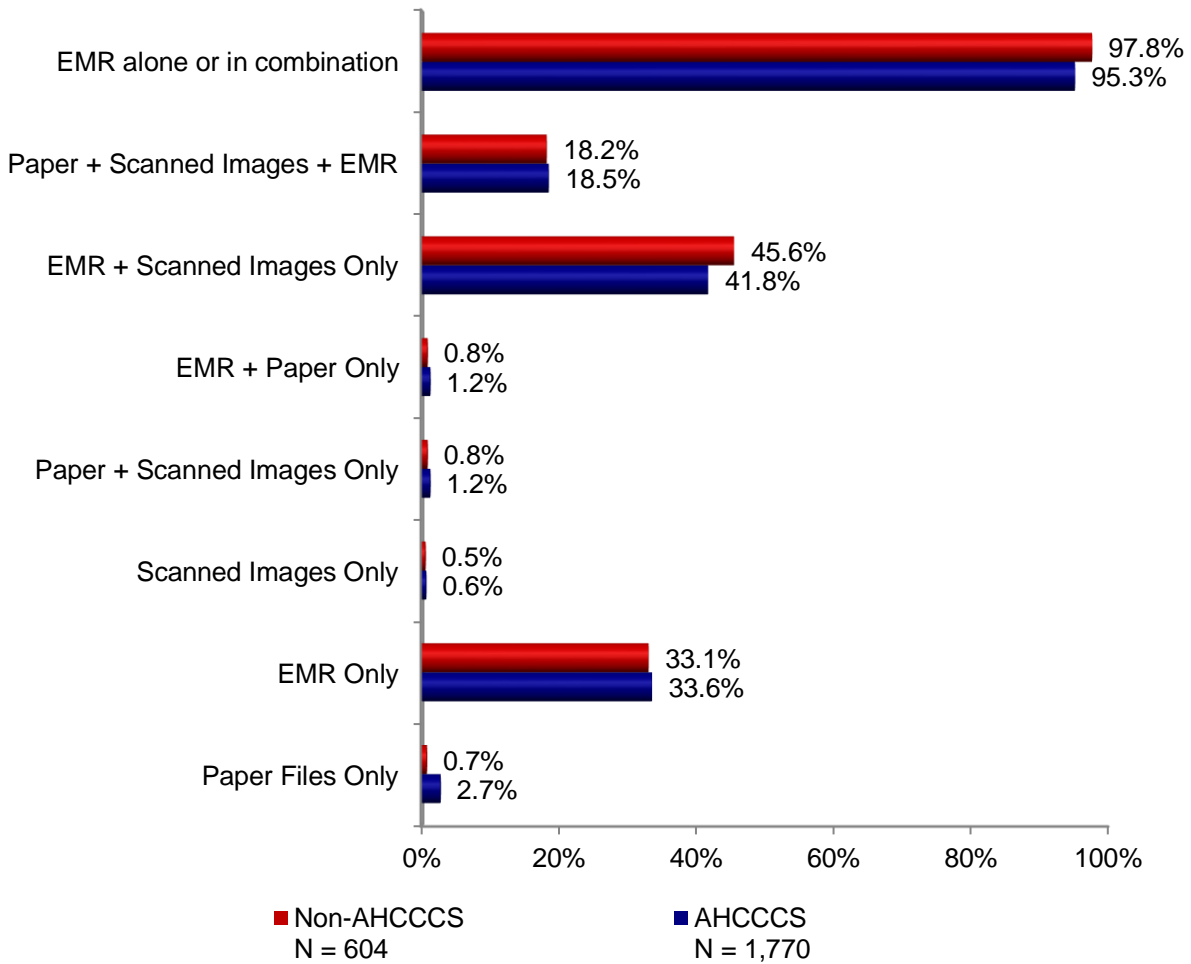
The results in Figure 9 show that AHCCCS physicians are slightly more likely than NAHC physicians to use EMRs. These results are consistent with a recent study that evaluated whether persons in poverty were receiving a proportionate share of the benefits of EMRs. Butler, Harootunian, and Johnson (2013) 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 CMS's Promoting Interoperability programs, formerly the EHR Incentive Programs (Centers for Medicare and Medicaid Services 2018).

The current data (Figure 11) show 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 95%) 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 AHCCS and NAHC physicians use EMRs as their only medical record. AHCCS physicians are more likely to rely on *EMR + scanned images only* for their medical records (45.6% vs. 41.8%). The higher reliance of paper records by NAHC physicians (2.7% versus 0.7%) reflects the higher likelihood of NAHC physicians to be solo practitioners, the type of practice with the lowest rates of EMR utilization.

The trend suggests that overall differences between AHCCCS and NAHC physicians' use of EMRs are disappearing as the use of EMRs expands, but 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, 2019-2020 (N = 2,374)



Source: AMB, ABOE Survey Data, April 2019–March 2020.

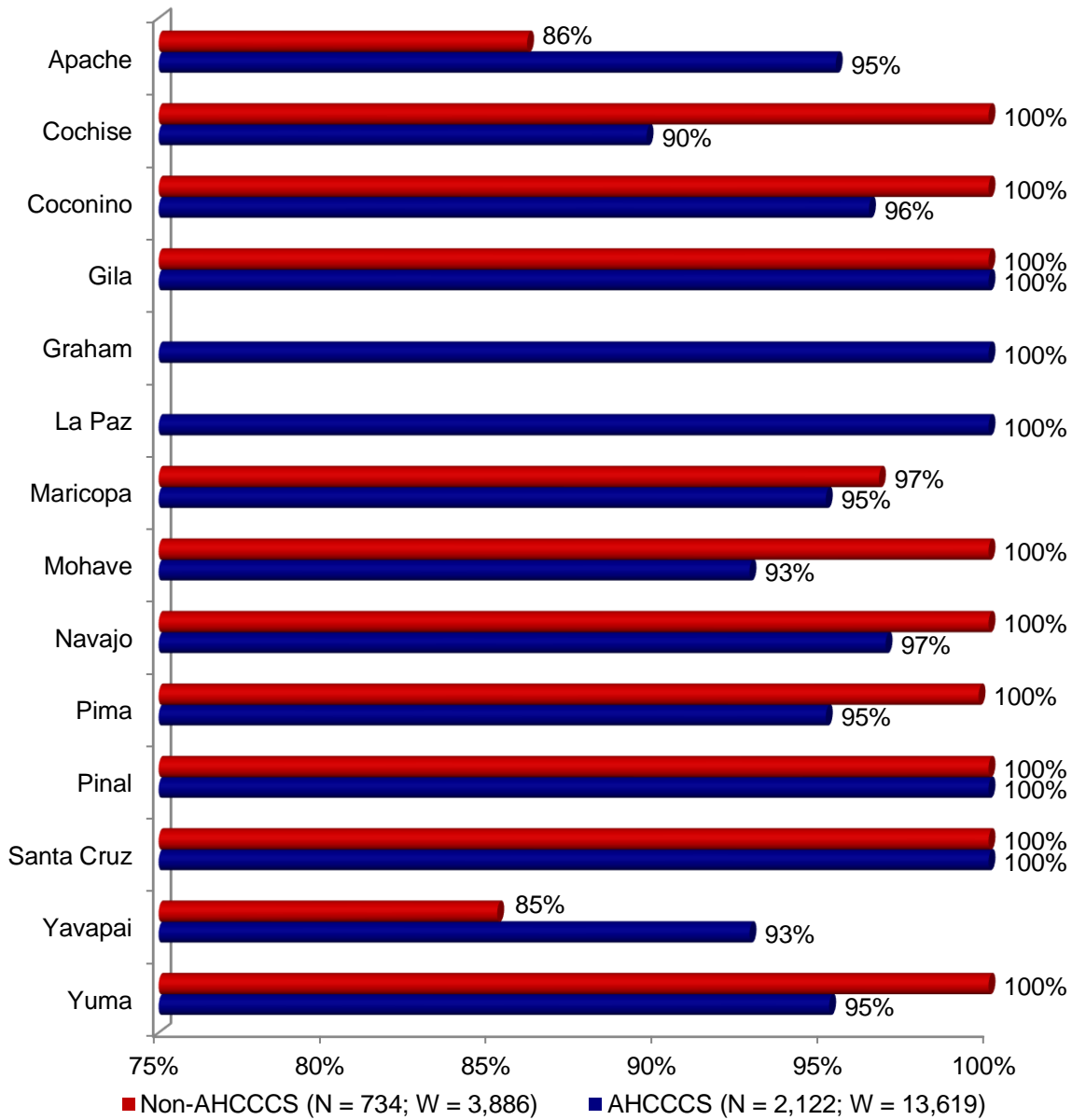
Note: Respondents who did not identify a method of storing medical records (missing): 365 AHCCCS and 146 non-AHCCCS.

*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 both AHCCCS and NAHC was 85% or greater.

Figure 12. Physicians EMR Utilization by County AHCCCS vs. Non-AHCCCS, 2019-2020



Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: For AHCCCS physicians, 358 respondents did not identify a method of storing medical records and 60 respondents did not identify their county. For Non-AHCCCS physicians, 139 respondents did not identify a method of storing medical records and 62 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. Graham, 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 quite large and both include areas where population density is quite low.

Summary & Conclusion

The percentage of Arizona physicians using EMRs increased from approximately 45% in 2007-2009 to approximately 95% as of 2018-19 and approximately 98% in 2019-2020. 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 2% of Arizona physicians will adopt EMRs, but as of 2020 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 findings are similar to the results of national surveys. The age-related effects are decreasing with the gradual replacement of retiring older physicians by younger physicians and the consolidation of solo practices into larger group practices 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. 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, 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% to 67% 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 745 participating organizations, and of those, 208 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 a greatly expanded set of questions and a large number of decision trees, including separate questions for 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. An expanded version of the survey instrument was implemented in April 2015 (see CHiR/AHCCCS Physician Survey Instrument (2015-2019)).

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 each part 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 3,000 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

During the most recent two-year cycle, some programming changes were made to the website where physicians renew their licenses. As a result, a much higher number of physicians did not complete 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 2019-2020 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.

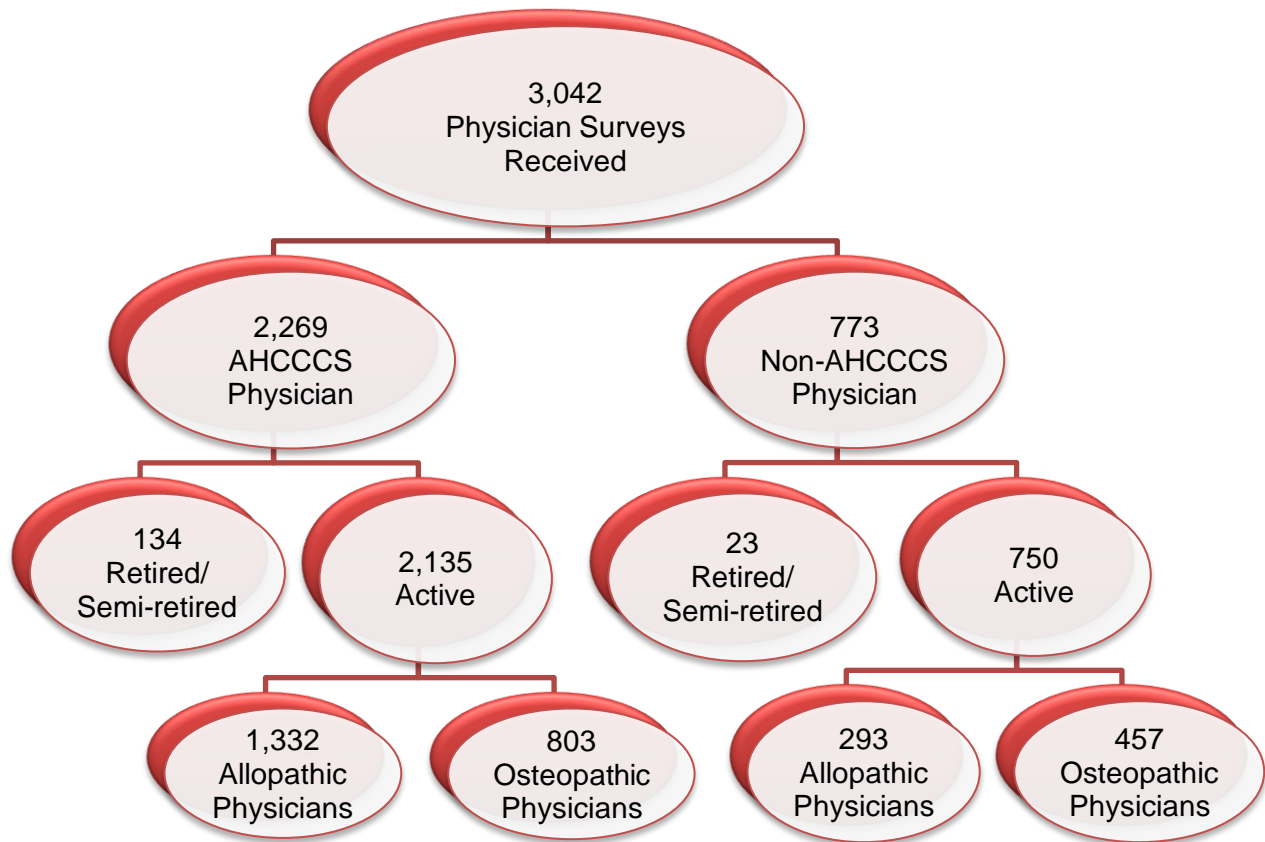
Validating the Weighting

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, 2019-2020



Source: AMB, ABOE Survey and Administrative Data, April 2019-March 2020.

Table A - 1. Comparison of Respondents to Non-Respondents, 2019-2020

Characteristic	Respondents (N =3,042)		Non-Respondents (N = 5,979)		P-Value
Sex					
Female	922	30.3%	1,918	32.0%	<0.05
Male	2,075	68.2%	3,917	65.5%	<0.05
Total	2,997	98.5%	5,835	97.5%	
Age Group					
25 - 34	299	9.8%	720	12.0%	<0.01
35 - 44	744	24.4%	1,563	26.1%	NS
45 - 54	728	23.9%	1,476	24.6%	NS
55 - 64	691	22.7%	1,295	21.6%	NS
65+	580	19.0%	925	15.4%	<0.01
Total	3,042	100.0%	5,979	100.0%	
Specialty					
Primary Care	1,223	40.2%	1,993	32.3%	<0.01
Medical	611	20.0%	1,395	23.3%	<0.01
Hospital-Based	696	22.8%	1,474	24.6%	NS
Pediatric	228	7.4%	534	8.9%	<0.05
Surgical	271	8.9%	621	10.3%	<0.05
Total	3,029	99.5%	5,957	99.6%	
Location					
Maricopa County	1,980	65.0%	3,963	66.2%	NS
Pima County	469	15.4%	1,183	19.7%	<0.01
All Other Counties	593	19.4%	833	13.9%	<0.01
Total	3,042	100.0%	5,979	100.0%	

Source: AMB, ABOE Survey & Licensing Data, April 2019–March 2020.

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 45 (1.4%) respondents and 144 (2.4%) non-respondents. Specialty was unknown for 13 (0.4%) respondents and 22 (0.3%) 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 each part 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. <input type="checkbox"/> ADP AdvancedMD | 14. <input type="checkbox"/> eClinicalWorks | 26. <input type="checkbox"/> Meditech |
| 2. <input type="checkbox"/> ALERT | 15. <input type="checkbox"/> Empower | 27. <input type="checkbox"/> NextGen |
| 3. <input type="checkbox"/> Allscripts | 16. <input type="checkbox"/> Epic | 28. <input type="checkbox"/> Noteworthy |
| 4. <input type="checkbox"/> AltaPoint | 17. <input type="checkbox"/> eMDs | 29. <input type="checkbox"/> Office Ally |
| 5. <input type="checkbox"/> Amazing Charts | 18. <input type="checkbox"/> GE Centricity | 30. <input type="checkbox"/> Office Practice |
| 6. <input type="checkbox"/> Aprima | 19. <input type="checkbox"/> Glo Stream | 31. <input type="checkbox"/> Optum/CareTracker |
| 7. <input type="checkbox"/> Artemis/digiChart | 20. <input type="checkbox"/> gMed/gGastro | 32. <input type="checkbox"/> Picis |
| 8. <input type="checkbox"/> Athena Health | 21. <input type="checkbox"/> Greenway Medical | 33. <input type="checkbox"/> Practice Fusion |
| 9. <input type="checkbox"/> Avatar | 22. <input type="checkbox"/> HealthPort | 34. <input type="checkbox"/> Sage |
| 10. <input type="checkbox"/> Cerner | 23. <input type="checkbox"/> MacPractice | 35. <input type="checkbox"/> SOAP ware |
| 11. <input type="checkbox"/> Chart Logic | 24. <input type="checkbox"/> McKesson | 36. <input type="checkbox"/> Sunrise |
| 12. <input type="checkbox"/> Chart Source | 25. <input type="checkbox"/> Medhost/HMS | 37. <input type="checkbox"/> Other _____ |
| 13. <input type="checkbox"/> ClaimTrak | HealthTech/
PatientLogic | (please insert name) |
| | | 38. <input type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. Effect on your productivity | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. Effect on staff productivity | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d. Effect on patient satisfaction | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| e. Reliability | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| f. Performance versus vendor's promises | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 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?

- | | | |
|--------------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Before 2005 | <input type="checkbox"/> 2009 | <input type="checkbox"/> 2013 |
| <input type="checkbox"/> 2006 | <input type="checkbox"/> 2010 | <input type="checkbox"/> 2014 |
| <input type="checkbox"/> 2007 | <input type="checkbox"/> 2011 | |
| <input type="checkbox"/> 2008 | <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know {If ne yes set 7 b), and 7 c) i equal No, then go to 7 a) ii else continue}	<input type="checkbox"/> Yes <input type="checkbox"/> No {if No set 7 c) i to no and go to 7 a) ii}	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> email <input type="checkbox"/> a health information exchange Other _____
ii. Prescriptions (e-prescribing)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know {If ne yes set 7 b)ii and 7 c) ii equal No then go to 7 a) iii else continue }	<input type="checkbox"/> Yes <input type="checkbox"/> No {if No set 7 c) ii to no and go to 7 a) iii}	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> email <input type="checkbox"/> a health information exchange Other _____
iii. Lab Test Results	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know {If ne yes set 7 b)iii and 7 c) iii equal No; then go to 7a) iv else continue }	<input type="checkbox"/> Yes <input type="checkbox"/> No {if No set 7 c) iii to no and go to 7 a) iv}	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> email <input type="checkbox"/> a health information exchange Other _____
iv. Reminders for Guideline Based Interventions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know {If ne yes set 7 b)ii and 7 c) iv equal No then go to 7 a) v else continue }	<input type="checkbox"/> Yes <input type="checkbox"/> No {if No set 7 c) iv to no and go to 7 a) v}	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> email <input type="checkbox"/> a health information exchange Other _____

v. Public Health Reports: immunizations, notifiable diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know {If ne yes set 7 b) v equal and 7 c) v equal No; then go to 8 else continue }	<input type="checkbox"/> Yes <input type="checkbox"/> No {if No set 7 c) v to no and go to 8}	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> email <input type="checkbox"/> a health information exchange Other _____
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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. <input type="checkbox"/> ADP AdvancedMD | 14. <input type="checkbox"/> eClinicalWorks | 26. <input type="checkbox"/> Meditech |
| 2. <input type="checkbox"/> ALERT | 15. <input type="checkbox"/> Empower | 27. <input type="checkbox"/> NextGen |
| 3. <input type="checkbox"/> Allscripts | 16. <input type="checkbox"/> Epic | 28. <input type="checkbox"/> Noteworthy |
| 4. <input type="checkbox"/> AltaPoint | 17. <input type="checkbox"/> eMDs | 29. <input type="checkbox"/> Office Ally |
| 5. <input type="checkbox"/> Amazing Charts | 18. <input type="checkbox"/> GE Centricity | 30. <input type="checkbox"/> Office Practice |
| 6. <input type="checkbox"/> Aprima | 19. <input type="checkbox"/> Glo Stream | 31. <input type="checkbox"/> Optum/CareTracker |
| 7. <input type="checkbox"/> Artemis/digiChart | 20. <input type="checkbox"/> gMed/gGastro | 32. <input type="checkbox"/> Picis |
| 8. <input type="checkbox"/> Athena Health | 21. <input type="checkbox"/> Greenway Medical | 33. <input type="checkbox"/> Practice Fusion |
| 9. <input type="checkbox"/> Avatar | 22. <input type="checkbox"/> HealthPort | 34. <input type="checkbox"/> Sage |
| 10. <input type="checkbox"/> Cerner | 23. <input type="checkbox"/> MacPractice | 35. <input type="checkbox"/> SOAP ware |
| 11. <input type="checkbox"/> Chart Logic | 24. <input type="checkbox"/> McKesson | 36. <input type="checkbox"/> Sunrise |
| 12. <input type="checkbox"/> Chart Source | 25. <input type="checkbox"/> Medhost/HMS | 37. <input type="checkbox"/> Other _____ |
| 13. <input type="checkbox"/> ClaimTrak | HealthTech/
PatientLogic | (please insert name) |
| | | 38. <input type="checkbox"/> 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 each part 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 _____

g) Other _____

9. Are 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

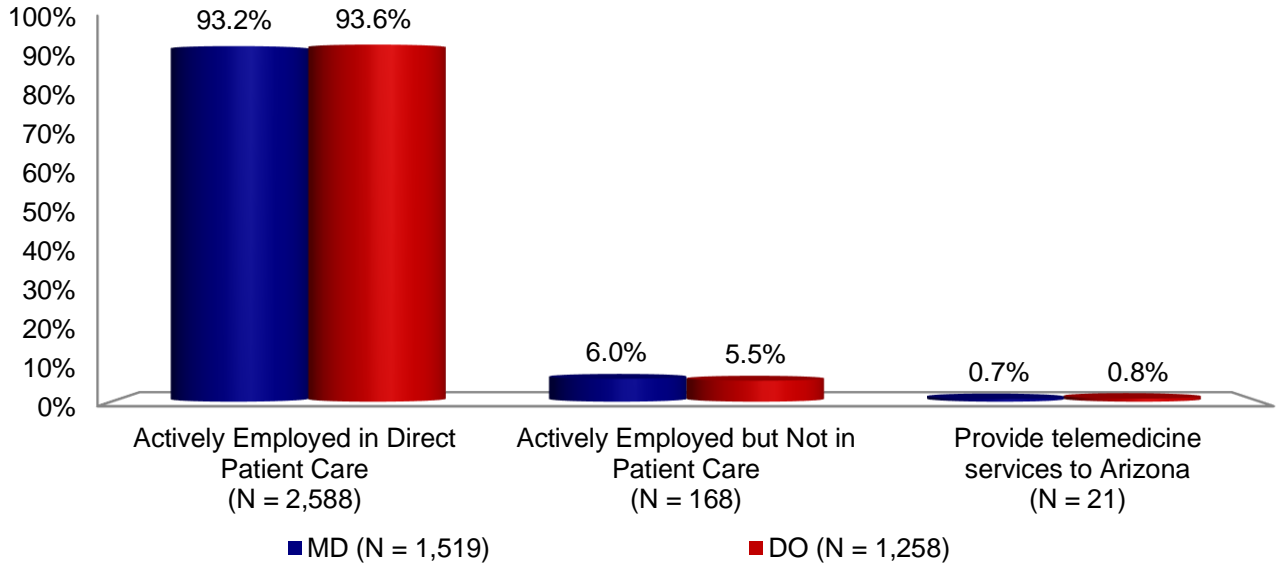
10. Please enter any comments that you would like to contribute.

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

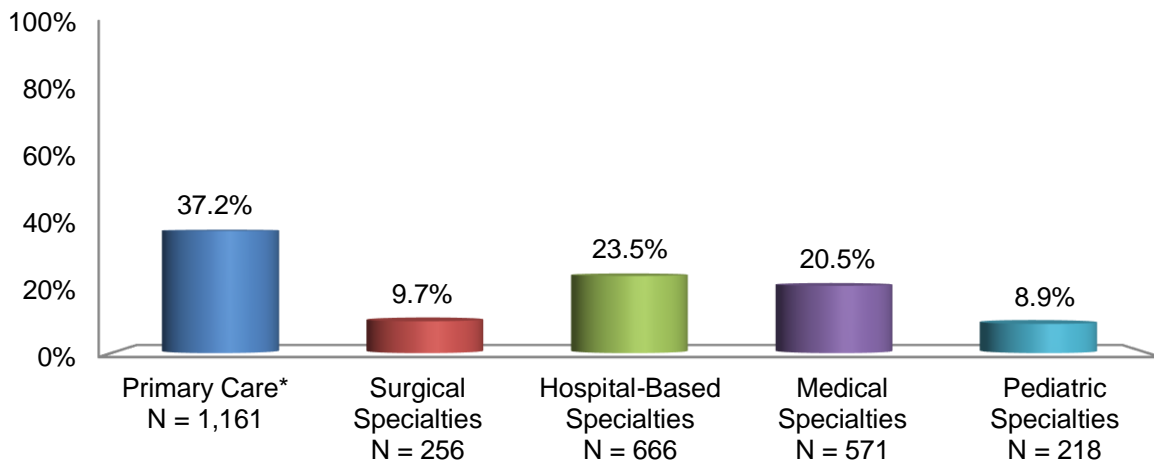
Figure B - 1. Physicians Providing Patient Care, 2019-2020 (N = 2,777; W = 16,724)



Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: Employment status was unknown for 108 physicians.

Figure B - 2. Distribution of Practicing Physicians by Specialty, 2019-2020 (N = 2,872; W = 17,611)



Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: Specialty was unknown for 13 physicians.

Table B - 1. Use of a Scribe by County, 2019-2020 (N = 2,855; W = 17,497)

County	Yes		No		Total	
	N	%	N	%	N	%
Apache	-	-	13	100.0%	13	100.0%
Cochise	2	5.2%	18	94.7%	20	100.0%
Coconino	7	8.7%	50	91.2%	57	100.0%
Gila	2	18.3%	13	81.6%	15	100.0%
Graham	-	-	3	100.0%	3	100.0%
La Paz	3	81.8%	2	18.1%	5	100.0%
Maricopa	221	13.4%	1,326	86.5%	1,547	100.0%
Mohave	21	20.9%	53	79.0%	74	100.0%
Navajo	4	7.8%	40	92.1%	44	100.0%
Pima	65	19.0%	295	80.9%	360	100.0%
Pinal	6	10.7%	27	89.2%	33	100.0%
Santa Cruz	-	-	2	100.0%	2	100.0%
Yavapai	10	19.6%	57	80.3%	67	100.0%
Yuma	2	7.5%	35	92.4%	37	100.0%
Total	343	14.3%	1,934	85.6%	2,277	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 608 physicians have missing data for this question. No response was provided for Greenlee County.

Table B - 2. Use of a Scribe by Physician Specialty, 2019-2020 (N = 2,881; W = 17,670)

Specialty	Yes		No		Total	
	N	%	N	%	N	%
Primary Care	88	9.0%	893	90.9%	981	100.0%
Surgical Specialties	40	21.2%	162	78.7%	202	100.0%
Hospital-Based Specialties	128	20.4%	396	79.5%	524	100.0%
Medical Specialties	80	15.9%	389	84.0%	469	100.0%
Pediatric Specialties	17	8.8%	167	91.1%	184	100.0%
Total	353	14.1%	2,007	85.8%	2,360	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 525 physicians have missing data for this question.

Table B - 3. Aware of Services offered by Health Current, 2019-2020 (N = 2,310; W = 13,882)

Awareness	Number of Users	Percent
Yes, using the exchange	221	10.2%
Yes, but not working with them at present	332	13.4%
No	1,757	76.2%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table B - 4. Integrated Physical and Behavioral Health Care by County, 2019-2020 (N = 2,852; W = 17,491)

County	Integrated		Not Integrated		Don't Know		Total	
	N	%	N	%	N	%	N	%
Apache	11	89.9%	2	10.0%	-	-	13	100.0%
Cochise	10	47.2%	9	48.1%	2	4.6%	21	100.0%
Coconino	36	67.6%	14	26.1%	7	6.2%	57	100.0%
Gila	5	39.3%	7	40.3%	2	20.3%	14	100.0%
Graham	1	7.8%	2	92.1%	-	-	3	100.0%
La Paz	1	9.2%	2	72.5%	2	18.1%	5	100.0%
Maricopa	677	47.0%	617	38.5%	225	14.3%	1,519	100.0%
Mohave	33	40.6%	25	33.3%	16	25.9%	74	100.0%
Navajo	31	65.9%	10	27.5%	3	6.4%	44	100.0%
Pima	167	50.3%	128	34.1%	58	15.5%	353	100.0%
Pinal	20	70.1%	8	19.6%	6	10.2%	34	100.0%
Santa Cruz	1	15.3%	1	84.6%	-	-	2	100.0%
Yavapai	27	38.5%	28	44.1%	12	17.3%	67	100.0%
Yuma	13	40.5%	13	35.9%	9	23.4%	35	100.0%
Total	1,033	48.4%	866	36.9%	342	14.5%	2,241	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 644 physicians have missing data for this question. No response was provided for Greenlee County.

Table B - 5. Integrated Physical and Behavioral Health Care by County, 2019-2020 (N = 2,852; W = 17,491)

County	Currently Integrated		Plans to Integrate		No Future Plans		Total	
	N	%	N	%	N	%	N	%
Apache	11	89.9%	1	8.2%	1	1.8%	13	100.0%
Cochise	10	47.2%	-	-	11	52.7%	21	100.0%
Coconino	36	67.6%	1	2.4%	20	29.9%	57	100.0%
Gila	5	39.3%	1	10.1%	8	50.5%	14	100.0%
Graham	1	7.8%	-	-	2	92.1%	3	100.0%
La Paz	1	9.2%	-	-	4	90.7%	5	100.0%
Maricopa	677	47.0%	56	4.0%	786	48.9%	1,519	100.0%
Mohave	33	40.6%	-	-	41	59.3%	74	100.0%
Navajo	31	65.9%	2	6.2%	11	27.7%	44	100.0%
Pima	167	50.3%	8	2.2%	178	47.4%	353	100.0%
Pinal	20	70.1%	-	-	14	29.8%	34	100.0%
Santa Cruz	1	15.3%	-	-	1	84.6%	2	100.0%
Yavapai	27	38.5%	2	2.7%	38	58.6%	67	100.0%
Yuma	13	40.5%	3	10.3%	19	49.0%	35	100.0%
Total	1,033	48.4%	74	3.6%	1,134	47.8%	2,241	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 644 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, 2019-2020 (N = 2,881; W = 17,670)

Specialty	Integrated		Not Integrated		Don't Know		Total	
	N	%	N	%	N	%	N	%
Primary Care	463	50.7%	380	36.8%	124	12.4%	967	100.0%
Surgical Specialties	66	37.2%	92	43.7%	38	18.9%	196	100.0%
Hospital-Based Specialties	231	46.6%	173	34.3%	114	19.0%	518	100.0%
Medical Specialties	203	47.1%	204	41.7%	51	11.1%	458	100.0%
Pediatric Specialties	99	51.7%	54	32.4%	29	15.8%	182	100.0%
Total	1,062	47.9%	903	37.4%	356	14.5%	2,321	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 564 physicians have missing data for this question.

Table B - 7. Integrated Physical and Behavioral Health Care by Provider Specialty, 2019-2020 (N = 2,881; W = 17,670)

Specialty	Currently Integrated		Plans to Integrate		No Future Plans		Total	
	N	%	N	%	N	%	N	%
Primary Care	463	50.7%	39	4.5%	465	44.6%	967	100.0%
Surgical Specialties	66	37.2%	3	1.3%	127	61.3%	196	100.0%
Hospital-Based Specialties	231	46.6%	7	1.4%	280	51.9%	518	100.0%
Medical Specialties	203	47.1%	11	2.8%	244	49.9%	458	100.0%
Pediatric Specialties	99	51.7%	14	8.5%	69	39.7%	182	100.0%
Total	1,062	47.9%	74	3.5%	1,185	48.4%	2,321	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 564 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, 2019-2020 (N = 2,763; W = 16,974)

County	ACO		CIN		IDN		Traditional Private Practice		Concierge Medicine		Other		Did Not Answer	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Apache	5	31.1%	4	33.2%	2	18.9%	2	16.1%	0	0.0%	1	10.0%	5	28.4%
Cochise	4	15.0%	3	4.9%	2	3.4%	9	35.7%	0	0.0%	1	1.9%	9	41.9%
Coconino	25	43.1%	7	11.3%	6	4.6%	19	22.9%	0	0.0%	5	7.4%	17	29.9%
Gila	1	8.2%	4	30.1%	2	3.8%	5	22.6%	0	0.0%	1	8.3%	4	26.6%
Graham	1	30.8%	0	0.0%	0	0.0%	1	27.2%	0	0.0%	1	4.9%	2	36.9%
La Paz	0	0.0%	2	49.1%	1	9.2%	1	32.3%	0	0.0%	1	9.2%	-	-
Maricopa	403	21.5%	292	16.6%	124	6.8%	594	28.9%	14	0.5%	160	7.6%	457	26.4%
Mohave	18	20.6%	24	26.0%	4	1.7%	27	24.9%	0	0.0%	4	4.6%	23	27.5%
Navajo	20	35.8%	11	19.6%	1	2.6%	6	16.4%	0	0.0%	9	27.2%	9	17.2%
Pima	90	20.5%	83	17.5%	31	7.4%	106	23.1%	5	0.7%	38	10.8%	123	28.2%
Pinal	9	21.3%	9	22.9%	4	14.8%	5	10.3%	0	0.0%	6	15.1%	9	26.0%
Santa Cruz	0	0.0%	0	0.0%	0	0.0%	2	34.4%	0	0.0%	0	0.0%	2	65.5%
Yavapai	22	25.6%	16	22.3%	3	5.9%	26	30.2%	0	0.0%	5	5.1%	16	24.9%
Yuma	9	21.2%	11	28.4%	2	6.2%	14	30.0%	0	0.0%	3	3.5%	9	26.3%
Total	607	22.0%	466	17.5%	182	6.7%	817	27.2%	19	0.5%	235	8.4%	685	26.8%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 122 physicians have missing data for this question. No response was provided for Greenlee County.

Table B - 9. The Type of Network in Which You Practice by Provider Specialty, 2019-2020 (N = 2,872; W = 17,611)

Specialty	ACO		CIN		IDN		Traditional Private Practice		Concierge Medicine		Other		Did Not Answer	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Primary Care	346	30.7%	177	16.1%	75	6.6%	291	21.6%	15	0.9%	113	10.4%	272	25.3%
Surgical Specialties	35	14.9%	44	17.3%	17	7.8%	88	31.3%	1	0.6%	22	8.5%	65	26.6%
Hospital-Based Specialties	118	17.0%	118	16.7%	57	9.2%	179	25.9%	1	0.2%	64	9.1%	185	29.9%
Medical Specialties	73	14.3%	91	17.8%	31	5.6%	228	36.2%	3	0.3%	49	8.1%	142	26.5%
Pediatric Specialties	54	24.3%	40	19.0%	9	2.8%	52	25.0%	0	0.0%	18	6.6%	56	27.7%
Total	626	22.0%	470	17.0%	189	6.8%	838	26.8%	20	0.5%	266	9.1%	720	27.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 13 physicians have missing data for this question.

Table B - 10. Awareness of Health Current Services by Physician Specialty, 2019-2020 (N = 2,881; W = 17,666)

Specialty	Aware and Using the Exchange		Aware but Not Working with Them at Present		Not Aware		Total	
	N	%	N	%	N	%	N	%
Primary Care	110	12.6%	146	14.1%	704	73.1%	960	100.0%
Surgical Specialties	16	8.1%	31	13.8%	145	78.0%	192	100.0%
Hospital-Based Specialties	36	8.2%	67	12.8%	402	78.9%	505	100.0%
Medical Specialties	42	9.6%	66	13.8%	365	76.4%	473	100.0%
Pediatric Specialties	17	9.0%	22	11.2%	132	79.7%	171	100.0%
Total	221	10.3%	332	13.5%	1,748	76.1%	2,301	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 584 physicians have missing data for this question.

Table B - 11. Awareness of Health Current Services by County, 2019-2020 (N = 2,861; W = 17,558)

County	Aware and Using the Exchange		Aware but Not Working with Them at Present		Not Aware		Total	
	N	%	N	%	N	%	N	%
Apache	1	10.1%	3	18.1%	9	71.7%	13	100.0%
Cochise	1	15.7%	3	25.1%	15	59.0%	19	100.0%
Coconino	9	15.8%	5	8.2%	45	75.9%	59	100.0%
Gila	1	9.2%	4	33.3%	10	57.3%	15	100.0%
Graham	-	-	-	-	3	100.0%	3	-
La Paz	-	-	-	-	5	100.0%	5	-
Maricopa	156	10.7%	224	14.0%	1,111	75.2%	1,491	100.0%
Mohave	7	11.3%	9	9.8%	57	78.8%	73	100.0%
Navajo	10	25.9%	3	4.1%	31	69.9%	44	100.0%
Pima	25	9.2%	45	12.0%	279	78.7%	349	100.0%
Pinal	2	2.1%	5	9.3%	28	88.4%	35	100.0%
Santa Cruz	-	-	-	-	3	100.0%	3	100.0%
Yavapai	1	0.5%	10	17.3%	55	82.1%	66	100.0%
Yuma	4	8.5%	4	10.6%	29	80.8%	37	100.0%
Total	217	10.4%	315	13.2%	1,680	76.2%	2,212	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 673 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, 2019-2020 (N = 2,465; W = 14,743)

<i>Type of Practice</i>	<i>Number of Physicians</i>	<i>Percent</i>
Physician Owned Solo Practice	326	12.6%
Physician Owned Group Practice	639	23.3%
Hospital/Medical School Group Practice	482	21.3%
Community or Rural Health Center	110	4.3%
Non-Hospital Private Outpatient Facility	121	4.8%
City, State or County Clinic or Hospital System	52	1.9%
Federal Government Hospital or Clinic	147	6.8%
Private For Profit Hospital System	132	5.1%
Private Non-Profit Hospital System	249	9.9%
Medical School, University Research Center	93	4.7%
Public Health Agency or Department	16	0.6%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	46	1.9%
Independent Consultant	52	2.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 420 physicians did not report type of practice (missing). Percentages are based on responses.

Table B - 13. Type of Practice by Number of MDs, 2019-2020 (N = 591; W = 5,590)

<i>Type of Practice</i>	<i>Number of Physicians</i>				<i>Total</i>
	<i>2-5</i>	<i>6-50</i>	<i>51-94</i>	<i>95+</i>	
Physician Owned Group Practice	97 37.7%	108 42.6%	9 3.7%	44 15.7%	258 43.7%
Hospital/Medical School Group Practice	3 1.3%	54 22.9%	18 8.0%	161 67.6%	236 39.9%
Community or Rural Health Center	3 7.7%	25 56.2%	4 10.5%	10 25.3%	42 7.1%
Non-Hospital Private Outpatient Facility	15 27.6%	22 40.4%	3 6.0%	15 25.9%	55 9.3%
Total	118 19.6%	209 35.4%	34 6.2%	230 38.6%	591 100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 115 MDs did not report practice type and/or the number of physicians in their practice for the above practice types.

Table B - 14. Type of Practice by Number of DOs, 2019-2020 (N = 563; W = 1,300)

<i>Type of Practice</i>	<i>Number of Physicians</i>				<i>Total</i>
	<i>2-5</i>	<i>6-50</i>	<i>51-94</i>	<i>95+</i>	
Physician Owned Group Practice	106 34.6%	138 45.1%	15 5.1%	46 15.0%	305 54.2%
Hospital/Medical School Group Practice	6 3.5%	62 35.9%	25 14.4%	79 46.1%	172 30.6%
Community or Rural Health Center	10 19.4%	23 46.9%	5 9.4%	12 24.1%	50 8.9%
Non-Hospital Private Outpatient Facility	10 27.2%	11 31.4%	6 16.5%	9 24.7%	36 6.4%
Total	132 23.4%	234 41.6%	51 9.0%	146 25.8%	563 100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 83 DOs did not report practice type 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, 2019-2020 (N = 2,147; W = 12,812)

<i>Type of Practice</i>	<i>ACO</i>	<i>CIN</i>	<i>IDN</i>	<i>Traditional Private Practice</i>	<i>Concierge Medicine</i>	<i>Other</i>
	<i>N</i> <i>%</i>	<i>N</i> <i>%</i>	<i>N</i> <i>%</i>	<i>N</i> <i>%</i>	<i>N</i> <i>%</i>	<i>N</i> <i>%</i>
Physician Owned Solo Practice	34 12.3%	5 2.6%	2 0.6%	260 85.5%	11 3.2%	15 4.2%
Physician Owned Group Practice	121 21.2%	56 9.2%	15 3.2%	445 74.3%	7 0.6%	31 5.0%
Hospital/Medical School Group Practice	186 45.3%	156 37.2%	52 11.5%	37 10.2%	1 0.2%	46 10.8%
Community or Rural Health Center	45 45.9%	35 42.1%	13 13.4%	3 3.1%	0 0.0%	10 8.8%
Non-Hospital Private Outpatient Facility	21 17.6%	14 12.6%	11 11.3%	39 41.1%	0 0.0%	20 21.1%
City, State or County Clinic or Hospital System	6 25.7%	11 34.3%	10 28.2%	0 0.0%	0 0.0%	12 26.8%
Federal Government Hospital or Clinic	20 18.4%	38 37.6%	23 21.0%	1 1.5%	0 0.0%	39 40.4%
Private For Profit Hospital System	45 42.9%	43 32.1%	13 11.5%	18 18.5%	0 0.0%	17 11.4%
Private Non-Profit Hospital System	113 48.1%	74 34.5%	35 17.0%	18 6.1%	1 0.8%	18 8.2%
Medical School, University Research Center	23 27.0%	32 43.3%	8 11.7%	1 0.2%	0 0.0%	17 22.6%
Public Health Agency or Department	1 16.2%	2 26.0%	1 14.3%	1 2.5%	0 0.0%	4 40.7%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	5 24.4%	4 18.4%	4 17.4%	4 16.2%	0 0.0%	15 46.8%
Independent Consultant	2 9.5%	2 2.0%	3 8.9%	9 19.4%	0 0.0%	20 60.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

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 Practice Type, 2019-2020 (N = 2,481; W = 14,852)

<i>Practice Type</i>	Yes		No		Total	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Physician Owned Solo Practice	43	13.3%	274	86.6%	317	100.0%
Physician Owned Group Practice	127	20.9%	500	79.0%	627	100.0%
Hospital/Medical School Group Practice	85	17.6%	392	82.3%	477	100.0%
Community or Rural Health Center	10	5.4%	99	94.5%	109	100.0%
Private Outpatient Facility Not Part of Hospital System	7	7.7%	111	92.2%	118	100.0%
City, State or County Clinic or Hospital System	4	5.8%	45	94.1%	49	100.0%
Federal Government Hospital or Clinic	5	3.6%	142	96.3%	147	100.0%
Private For Profit Hospital System	31	23.6%	99	76.3%	130	100.0%
Private Non-Profit Hospital System	30	8.8%	214	91.1%	244	100.0%
Medical School, University Research Center	6	4.6%	86	95.3%	92	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	3	7.4%	39	92.5%	42	100.0%
Independent Consultant	-	-	1	100.0%	1	100.0%
Total	351	14.1%	2,002	85.8%	2,353	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 532 physicians have missing data for this question. No response was provided for Public Health Agency or Department.

Table B - 17. Use of a Scribe by Practice Size, 2019-2020 (N = 2,392; W = 14,329)

<i>Practice Size</i>	Yes		No		Total	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
2-5	63	14.8%	351	85.1%	414	100.0%
6-50	97	19.0%	405	80.9%	502	100.0%
51-94	21	28.7%	84	71.2%	105	100.0%
95+	53	9.7%	419	90.2%	472	100.0%
Total	234	15.2%	1,259	84.7%	1,493	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 1,392 physicians have missing data for this question.

Table B - 18. Integrated Physical and Behavioral Health Care by Practice Size, 2019-2020 (N = 2,375; W = 14,247)

Practice Size	Integrated		Not Integrated		Don't Know		Total	
	N	%	N	%	N	%	N	%
2-5	83	20.2%	280	71.0%	42	8.6%	405	100.0%
6-50	218	44.3%	207	43.0%	69	12.6%	494	100.0%
51-94	61	61.2%	32	29.7%	10	8.9%	103	100.0%
95+	289	64.6%	91	17.4%	89	17.9%	469	100.0%
Total	651	46.5%	610	40.1%	210	13.2%	1,471	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 1,414 physicians have missing data for this question.

Table B - 19. Integrated Physical and Behavioral Health Care by Practice Size, 2019-2020 (N = 2,375; W = 14,247)

Practice Size	Currently Integrated		Plans to Integrate		No Future Plans		Total	
	N	%	N	%	N	%	N	%
2-5	83	20.2%	14	4.6%	308	75.1%	405	100.0%
6-50	218	44.3%	16	3.7%	260	51.9%	494	100.0%
51-94	61	61.2%	3	1.0%	39	37.6%	103	100.0%
95+	289	64.6%	11	2.2%	169	33.1%	469	100.0%
Total	651	46.5%	44	3.2%	776	50.2%	1,471	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 1,414 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. The Type of Network in Which You Practice by Practice Type, 2019-2020 (N = 2,465; W = 14,743)

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	34	11.4%	5	2.4%	2	0.6%	260	79.7%	11	2.9%	15	3.9%	23	6.7%
Physician Owned Group Practice	121	19.9%	56	8.6%	15	3.0%	445	69.8%	7	0.5%	31	4.7%	40	6.0%
Hospital/Medical School Group Practice	186	38.7%	156	31.8%	52	9.8%	37	8.7%	1	0.2%	46	9.2%	66	14.5%
Community or Rural Health Center	45	41.0%	35	37.6%	13	12.0%	3	2.7%	0	0.0%	10	7.8%	15	10.7%
Private Outpatient Facility Not Part of Hospital System	21	15.0%	14	10.8%	11	9.6%	39	35.0%	0	0.0%	20	18.0%	22	14.7%
City, State or County Clinic or Hospital System	6	17.8%	11	23.7%	10	19.5%	0	0.0%	0	0.0%	12	18.6%	16	30.8%
Federal Government Hospital or Clinic	20	12.7%	38	25.9%	23	14.4%	1	1.0%	0	0.0%	39	27.8%	43	31.0%
Private For Profit Hospital System	45	38.5%	43	28.8%	13	10.3%	18	16.6%	0	0.0%	17	10.2%	14	10.2%
Private Not=Profit Hospital System	113	43.8%	74	31.5%	35	15.5%	18	5.6%	1	0.7%	18	7.5%	21	8.8%
Medical School, University Research Center	23	22.9%	32	36.7%	8	9.9%	1	0.2%	0	0.0%	17	19.1%	17	15.3%
Public Health Agency or Department	1	11.4%	2	18.2%	1	10.0%	1	1.8%	0	0.0%	4	28.6%	7	29.8%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	5	14.8%	4	11.2%	4	10.5%	4	9.8%	0	0.0%	15	28.3%	18	39.3%
Independent Consultant	2	6.3%	2	1.3%	3	5.9%	9	12.9%	0	0.0%	20	40.0%	16	33.4%
Total	622	26.1%	472	20.3%	190	8.2%	836	32.0%	20	0.6%	264	10.8%	318	13.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 420 physicians have missing data for this question.

Table B - 21. The Type of Network in Which You Practice by Practice Size, 2019-2020 (N = 1,516; W = 8,910)

Practice Size	ACO		CIN		IDN		Traditional Private Practice		Concierge Medicine		Other		Did Not Answer	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
2-5	51	12.7%	18	4.9%	8	1.5%	314	74.4%	8	1.2%	27	5.6%	23	5.5%
6-50	117	22.6%	87	15.9%	29	5.8%	204	39.4%	1	0.0%	46	10.2%	65	13.4%
51-94	33	28.4%	23	22.8%	13	11.8%	15	17.7%	0	0.0%	9	9.4%	24	21.2%
95+	160	35.4%	134	30.1%	68	14.8%	61	11.4%	3	0.5%	68	13.2%	70	14.2%
Total	361	24.9%	262	18.5%	118	8.2%	594	37.2%	12	0.5%	150	10.0%	182	12.1%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 1,369 physicians have missing data for this question.

Table B - 22. Awareness of Health Current Services by Practice Size, 2019-2020 (N = 2,409; W = 14,373)

	Aware and Using the Exchange		Aware but Not Working with Them at Present		Not Aware		Total	
	N	%	N	%	N	%	N	%
2-5	41	10.5%	89	19.8%	276	69.5%	406	100.0%
6-50	53	12.4%	73	14.4%	348	73.1%	474	100.0%
51-94	17	22.3%	11	11.2%	66	66.3%	94	100.0%
95+	30	6.4%	39	8.5%	374	85.0%	443	100.0%
Total	141	10.4%	212	13.5%	1,064	75.9%	1,417	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 1,468 physicians have missing data for this question.

Table B - 23. Awareness of Health Current Services by Practice Type, 2019-2020 (N = 2,481; W = 14,852)

<i>Type of Practice</i>	<i>Aware and Using the Exchange</i>		<i>Aware but Not Working with Them at Present</i>		<i>Not Aware</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Physician Owned Solo Practice	26	9.8%	68	18.8%	212	71.3%	306	100.0%
Physician Owned Group Practice	61	10.0%	113	18.4%	417	71.5%	591	100.0%
Hospital/Medical School Group Practice	45	11.3%	47	8.9%	352	79.7%	444	100.0%
Community or Rural Health Center	13	12.8%	8	9.5%	79	77.6%	100	100.0%
Private Outpatient Facility Not Part of Hospital System	10	8.5%	16	15.1%	85	76.2%	111	100.0%
City, State or County Clinic or Hospital System	3	6.5%	3	5.2%	41	88.2%	47	100.0%
Federal Government Hospital or Clinic	15	11.7%	14	10.0%	116	78.2%	145	100.0%
Private For Profit Hospital System	8	8.2%	14	16.4%	102	75.2%	124	100.0%
Private Not-Profit Hospital System	19	8.6%	19	7.2%	198	84.1%	236	100.0%
Medical School, University Research Center	5	7.3%	12	12.4%	71	80.2%	88	100.0%
Public Health Agency or Department	1	13.5%	2	11.8%	10	74.6%	13	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	11	25.4%	8	20.5%	22	53.9%	41	100.0%
Independent Consultant	3	9.0%	7	15.9%	38	75.0%	48	100.0%
Total	220	10.2%	331	13.5%	1,743	76.2%	2,294	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 591 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, 2019-2020 (N = 2,481; W = 14,852)

<i>Type of Practice</i>	<i>Utilization Rates</i>
Physician Owned Solo Practice	82.4%
Physician Owned Group Practice	94.9%
Hospital/Medical School Group Practice	100.0%
Community or Rural Health Center	97.3%
Non-Hospital Private Outpatient Facility	96.4%
City, State or County Clinic or Hospital System	95.1%
Federal Government Hospital or Clinic	100.0%
Private For Profit Hospital System	98.5%
Private Non Profit Hospital System	97.2%
Medical School/University Research Center	99.4%
Public or Private Insurer/Health Related Organization that does not provide care	88.5%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: Rate equals the weighted percent of physicians within each practice type. 420 respondents were missing type of practice. 497 respondents were missing EMR utilization.

Table B - 25. EMR Utilization by County, 2019-2020 (N = 2,856; W = 17,505)

<i>Location</i>	<i>All Survey Respondents</i>	<i>EMR Users</i>	<i>% EMR Users</i>
<i>Apache</i>	13	11	90.0%
<i>Cochise</i>	22	21	91.1%
<i>Coconino</i>	57	56	97.0%
<i>Gila</i>	15	15	100.0%
<i>Graham</i>	3	3	100.0%
<i>La Paz</i>	5	5	100.0%
<i>Maricopa</i>	1,561	1,478	95.5%
<i>Mohave</i>	74	71	94.7%
<i>Navajo</i>	44	43	97.2%
<i>Pima</i>	361	343	96.2%
<i>Pinal</i>	34	34	100.0%
<i>Santa Cruz</i>	2	2	100.0%
<i>Yavapai</i>	67	61	91.6%
<i>Yuma</i>	37	35	96.3%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: County and/or method of storage was unknown for 590 respondents.

Table B - 26. Methods of Storing Medical Records, 2007-2020

<i>Periods</i>	<i>Paper Files Only</i>	<i>EMR Only</i>	<i>Scanned Images Only</i>	<i>Paper + Scanned Images Only</i>	<i>EMR + Paper Only</i>	<i>EMR + Scanned Images Only</i>	<i>Paper + Scanned Images + EMR</i>	<i>*EMR alone or in combination</i>
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%
2019-2020 N = 2,374	73	811	13	25	28	1,010	414	2,263
	2.3%	33.5%	0.6%	1.1%	1.1%	42.6%	18.5%	95.8%

Source: AMB, ABOE Survey Data, 2007-2009; 2009-2011; 2012-2014; 2015-2017; 2017-2019; 2019-2020.

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 511 for 2019-2020.

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

Table B - 27. Percent of Physicians Exchanging Information by Organization Type, 2019-2020 (N = 2,478; W = 14,826)

<i>Type of Practice</i>	<i>Patient Care Summary</i>	<i>Prescription 'e-prescribing'</i>	<i>Lab Results</i>	<i>Reminders for Interventions</i>	<i>Radiology Results</i>	<i>Images Results</i>	<i>Public Health Reports</i>
Physician Owned Solo Practice	77%	86%	92%	38%	84%	74%	38%
Physician Owned Group Practice	73%	76%	86%	49%	85%	76%	47%
Hospital/Medical School Group Practice	75%	83%	82%	51%	88%	84%	51%
Community or Rural Health Center	88%	93%	97%	73%	92%	84%	74%
Non-Hospital Private Outpatient Facility	76%	78%	82%	31%	75%	72%	44%
City, State or County Clinic or Hospital System	66%	80%	94%	35%	87%	70%	53%
Federal Government Hospital or Clinic	80%	74%	89%	54%	84%	78%	65%
Private For Profit Hospital System	73%	72%	84%	52%	88%	86%	47%
Private Non-Profit Hospital System	63%	69%	76%	40%	77%	75%	38%
Medical School, University Research Center	77%	79%	82%	55%	83%	82%	39%
Public Health Agency or Dept	38%	38%	58%	18%	42%	29%	44%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	55%	25%	46%	42%	43%	31%	30%
Independent Consultant	46%	48%	56%	36%	48%	46%	32%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: This table only includes those physicians that answered 'Yes' to the Exchange question for each EMR function. 1,327 physicians did not provide a type of practice or respond to an EMR function.

Table B - 28. Obstacles to Exchanging Electronic Information with HealthCare Providers by County, 2019-2020 (N = 2,763; W = 16,974)

	<i>Lack of a health information exchange</i>		<i>Concerns about patient confidentiality</i>		<i>Lack of technological support for problems</i>		<i>Lack of connectivity between my EHR and other systems</i>		<i>Lack of information from other providers</i>		<i>No significant problems</i>		<i>Other</i>		<i>Did Not Answer</i>	
Apache	2	17.2%	4	26.9%	4	33.4%	9	65.6%	5	33.5%	4	22.2%	1	7.2%	2	12.1%
Cochise	7	29.9%	6	23.5%	9	28.5%	12	43.9%	10	30.0%	6	15.6%	0	0.0%	6	37.2%
Coconino	11	13.0%	10	14.4%	19	36.2%	35	58.9%	25	40.2%	12	8.8%	0	0.0%	14	22.2%
Gila	5	35.2%	4	14.0%	6	31.0%	8	54.1%	8	47.4%	2	13.4%	1	8.2%	2	10.0%
Graham	0	0.0%	0	0.0%	0	0.0%	1	27.2%	0	0.0%	2	35.8%	0	0.0%	2	36.9%
La Paz	2	18.1%	1	9.2%	2	41.6%	2	41.6%	1	9.2%	1	40.2%	1	9.2%	-	-
Maricopa	302	16.0%	367	19.4%	429	23.7%	756	40.9%	599	31.7%	437	20.9%	66	3.4%	443	25.3%
Mohave	16	15.4%	16	13.5%	32	35.5%	45	43.8%	36	33.5%	18	25.6%	1	0.5%	24	25.2%
Navajo	10	19.3%	8	18.8%	22	49.6%	32	70.6%	19	41.1%	8	14.7%	2	5.1%	5	8.1%
Pima	91	23.7%	83	20.4%	135	33.4%	206	48.8%	164	39.6%	93	19.9%	21	5.7%	89	19.5%
Pinal	5	17.9%	10	27.8%	11	29.2%	23	66.9%	14	50.3%	5	5.0%	0	0.0%	4	8.0%
Santa Cruz	0	0.0%	1	29.1%	1	23.7%	2	52.9%	2	52.9%	1	5.2%	0	0.0%	1	41.7%
Yavapai	10	15.5%	14	21.4%	16	22.4%	33	45.0%	28	37.4%	20	21.1%	2	3.6%	15	23.3%
Yuma	11	22.8%	8	18.2%	13	28.5%	24	52.8%	10	22.9%	7	15.2%	2	3.4%	8	22.5%
Total	472	17.7%	532	19.5%	699	26.7%	1,188	44.2%	921	33.8%	616	20.1%	97	3.7%	615	23.5%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table B - 29. Obstacles to Exchanging Electronic Information with HealthCare Providers by Practice Type, 2019-2020 (N = 2,465; W = 14,743)

	<i>Lack of a health information exchange</i>		<i>Concerns about patient confidentiality</i>		<i>Lack of technological support for problems</i>		<i>Lack of connectivity with my EHR & other systems</i>		<i>Lack of information from other providers</i>		<i>No significant problems</i>		<i>Other</i>		<i>Did Not Answer</i>	
Physician owned solo practice	63	20.0%	93	30.0%	97	33.5%	150	53.2%	119	40.8%	95	21.2%	19	3.4%	32	9.0%
Physician owned group practice	110	19.4%	160	25.4%	191	29.2%	305	46.7%	239	34.7%	167	29.0%	19	5.6%	67	10.1%
Hospital or medical school physician group practice	99	22.4%	92	21.4%	143	32.4%	259	55.7%	196	44.0%	113	20.8%	12	2.9%	46	9.3%
Community or rural health center	25	21.0%	15	12.0%	38	33.5%	61	50.1%	48	36.9%	23	27.3%	5	3.9%	13	11.5%
Private outpatient facility not part of a hospital system	35	33.2%	37	33.9%	29	28.6%	55	53.1%	50	46.6%	29	24.2%	3	1.6%	12	6.0%
City, state or county hospital or clinic	15	30.2%	5	12.0%	15	34.3%	27	59.9%	23	47.9%	13	26.3%	3	6.1%	6	4.3%
Federal government hospital or clinic	25	15.3%	33	19.9%	49	33.7%	78	57.9%	49	32.6%	39	24.5%	10	6.6%	6	5.4%
Private for profit hospital system	23	21.0%	25	17.7%	38	29.1%	74	55.6%	45	32.1%	37	25.7%	3	2.6%	12	9.5%
Private not for profit hospital system	53	20.6%	46	17.0%	67	31.5%	134	53.7%	105	44.1%	70	26.2%	7	4.3%	21	8.4%
Medical school, university, research center	22	24.3%	22	23.4%	31	37.1%	40	45.6%	37	42.2%	19	23.0%	9	9.3%	8	5.9%
Public health agency or department	3	11.8%	1	10.0%	2	9.9%	5	36.3%	3	18.1%	7	48.0%	1	8.2%	3	15.5%
Public or private insurer/health related organization that does not provide care	2	6.6%	7	16.0%	5	14.7%	12	34.7%	15	36.9%	11	21.2%	6	9.9%	12	26.5%
Independent consultant	8	11.0%	6	15.6%	12	26.9%	21	40.4%	20	38.2%	17	31.9%	4	7.2%	6	9.7%
Total	483	20.8%	542	23.0%	717	31.6%	1,221	52.3%	949	40.1%	640	24.1%	101	4.3%	244	9.1%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table B - 30. Obstacles to Exchanging Electronic Information with HealthCare Providers by Provider Specialty, 2019-2020 (N = 2,872; W = 17,611)

	<i>Lack of a health information exchange</i>		<i>Concerns about patient confidentiality</i>		<i>Lack of technological support for problems</i>		<i>Lack of connectivity between my EHR and other systems</i>		<i>Lack of information from other providers</i>		<i>No significant problems</i>		<i>Other</i>		<i>Did Not Answer</i>	
Primary Care	218	18.8%	213	18.5%	319	28.3%	551	48.8%	436	37.8%	245	19.6%	40	2.9%	222	20.1%
Medical Specialties	99	19.5%	121	20.5%	137	24.5%	241	42.6%	202	36.0%	130	20.5%	30	6.5%	110	20.2%
Surgical Specialties	29	13.5%	47	18.9%	56	25.8%	103	43.4%	70	28.3%	54	18.6%	8	3.2%	75	29.5%
Hospital-Based Specialties	105	16.0%	112	18.9%	140	23.7%	226	36.4%	168	26.7%	171	22.7%	18	2.7%	190	29.6%
Pediatric Specialties	36	16.6%	51	21.7%	69	32.5%	105	48.2%	77	35.6%	40	17.3%	6	3.5%	48	23.5%
<i>Total</i>	487	17.6%	544	19.3%	721	26.6%	1,226	44.0%	953	33.7%	640	20.2%	102	3.7%	645	23.6%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table B - 31. Obstacles to Exchanging Electronic Information with HealthCare Providers by Practice Size, 2019-2020 (N = 1,516; W = 8,910)

	<i>Lack of a health information exchange</i>		<i>Concerns about patient confidentiality</i>		<i>Lack of technological support for problems</i>		<i>Lack of connectivity between my EHR and other systems</i>		<i>Lack of information from other providers</i>		<i>No significant problems</i>		<i>Other</i>		<i>Did Not Answer</i>	
2-5 physicians	78	19.1%	108	27.3%	115	27.6%	220	55.4%	163	40.5%	116	26.1%	18	3.9%	25	3.9%
95 or more physicians	93	20.0%	101	21.9%	142	31.2%	255	55.9%	199	43.8%	102	18.8%	23	5.0%	46	9.2%
6-50 physicians	108	23.7%	120	27.7%	161	35.1%	245	51.6%	184	37.1%	143	26.5%	7	1.3%	51	8.9%
51-94 physicians	21	24.0%	14	13.6%	34	36.5%	50	52.9%	41	44.3%	26	22.8%	3	4.6%	14	7.3%
Total	300	21.2%	343	24.6%	452	31.9%	770	54.2%	587	40.8%	387	23.4%	51	3.5%	136	7.6%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table B - 32. Obstacles to Exchanging Electronic Information with HealthCare Providers by EMR Utilization, 2019-2020 (N = 2,388; W = 14,342)

	<i>Lack of a health information exchange</i>		<i>Concerns about patient confidentiality</i>		<i>Lack of technological support for problems</i>		<i>Lack of connectivity between my EHR and other systems</i>		<i>Lack of information from other providers</i>		<i>No significant problems</i>		<i>Other</i>		<i>Did Not Answer</i>	
Utilizes EMR	459	21.6%	500	22.9%	674	32.1%	1,176	54.4%	902	41.2%	581	23.8%	82	3.9%	189	8.0%
No EMR	16	14.7%	35	32.9%	33	31.0%	25	23.8%	28	25.9%	35	25.1%	14	11.6%	31	22.5%
Total	475	21.3%	535	23.3%	707	32.1%	1,201	53.0%	930	40.5%	616	23.8%	96	4.3%	220	8.6%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table B - 33. Obstacles to Exchanging Electronic Information with HealthCare Providers by Patient Care Summary Exchange, 2019-2020 (N = 1,943; W = 11,577)

	<i>Lack of a health information exchange</i>		<i>Concerns about patient confidentiality</i>		<i>Lack of technological support for problems</i>		<i>Lack of connectivity between my EHR and other systems</i>		<i>Lack of information from other providers</i>		<i>No significant problems</i>		<i>Other</i>		<i>Did Not Answer</i>	
Yes	299	21.5%	358	25.3%	455	34.4%	805	58.9%	636	45.6%	347	23.5%	48	3.8%	53	3.4%
Don't Know	56	20.4%	51	19.5%	83	31.4%	122	48.4%	99	39.3%	85	26.8%	17	6.7%	23	9.1%
No	52	23.3%	51	21.6%	67	30.8%	93	40.9%	79	35.3%	87	29.4%	24	7.9%	22	7.9%
Total	407	21.6%	460	24.0%	605	33.5%	1,020	55.1%	814	43.4%	519	24.7%	89	4.7%	98	4.8%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table B - 34. Obstacles to Exchanging Electronic Information with Other Providers, 2019-2020 (N = 2,672; W = 16,484)

<i>Obstacles to Exchange Information</i>	<i>Number of Physicians</i>	<i>Percent</i>
Lack of a health Information exchange	459	21.6%
Concerns with maintaining patient confidentiality	500	22.9%
Lack of technological support for problems	674	32.1%
Lack of connectivity between my EMR and other systems	1,176	54.4%
Lack of information from other providers	902	41.2%
No significant problems	581	23.8%
Other	82	3.9%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 213 physicians did not respond to this question.

Table B - 35. Use of a Scribe by EMR Utilization, 2019-2020 (N = 2,391; W = 14,367)

<i>EMR Utilization</i>	<i>Yes</i>		<i>No</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Utilizes EMR	348	14.7%	1,896	85.2%	2,244	100.0%
No EMR	6	3.0%	116	96.9%	122	100.0%
Total	354	14.2%	2,012	85.7%	2,366	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 519 physicians have missing data for this question.

Table B - 36. Use of a Scribe by Patient Care Summary Exchange, 2019-2020 (N = 2,426; W = 14,586)

<i>Use of a Scribe</i>	<i>Yes</i>		<i>No</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Yes	211	14.5%	1,171	85.4%	1,382	100.0%
No	27	11.5%	211	88.4%	238	100.0%
Don't Know	37	10.9%	229	89.0%	266	100.0%
Total	275	13.6%	1,611	86.3%	1,886	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 999 physicians have missing data for this question.

Table B - 37. Integrated Physical and Behavioral Health Care by EMR Utilization, 2019-2020 (N = 2,390; W = 14,360)

<i>EMR Utilization</i>	<i>Integrated</i>		<i>Not Integrated</i>		<i>Don't Know</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Utilizes EMR	1,043	49.2%	820	35.9%	347	14.7%	2,210	100.0%
No EMR	22	21.2%	84	67.3%	12	11.4%	118	100.0%
Total	1,065	48.0%	904	37.3%	359	14.5%	2,328	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 557 physicians have missing data for this question.

Table B - 38. Integrated Physical and Behavioral Health Care by EMR Utilization, 2019-2020 (N = 2,390; W = 14,360)

<i>EMR Utilization</i>	<i>Currently Integrated</i>		<i>Plans to Integrate</i>		<i>No Future Plans</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Utilizes EMR	1,043	49.2%	74	3.6%	1,093	47.0%	2,210	100.0%
No EMR	22	21.2%	1	1.2%	95	77.5%	118	100.0%
Total	1,065	48.0%	75	3.5%	1,188	48.4%	2,328	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 557 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. Integrated Physical and Behavioral Health Care by Patient Care Summary Exchange, 2019-2020 (N = 2,406; W = 14,492)

<i>Patient Care Summary Exchange</i>	<i>Integrated</i>		<i>Not Integrated</i>		<i>Don't Know</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Yes	662	50.7%	546	37.8%	163	11.4%	1,371	100.0%
No	91	43.2%	114	45.5%	28	11.1%	233	100.0%
Don't Know	97	38.5%	77	30.6%	89	30.7%	263	100.0%
Total	850	48.1%	737	37.7%	280	14.1%	1,867	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 1,018 physicians have missing data for this question.

Table B - 40. Integrated Physical and Behavioral Health Care by Patient Care Summary Exchange, 2019-2020 (N = 2,406; W = 14,492)

Patient Care Summary Exchange	Currently Integrated		Plans to Integrate		No Future Plans		Total	
	N	%	N	%	N	%	N	%
Yes	662	50.7%	51	3.8%	658	45.3%	1,371	100.0%
No	91	43.2%	8	3.9%	134	52.7%	233	100.0%
Don't Know	97	38.5%	6	2.9%	160	58.5%	263	100.0%
Total	850	48.1%	65	3.7%	952	48.1%	1,867	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 1,018 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 - 41. The Type of Network in Which You Practice by EMR Utilization, 2019-2020 (N = 2,388; W = 14,342)

EMR Use	ACO		CIN		IDN		Traditional Private Practice		Concierge Medicine		Other		Did Not Answer	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Utilizes EMR	614	27.7%	466	21.6%	187	8.7%	746	31.4%	20	0.6%	232	10.1%	255	11.7%
No EMR	8	8.5%	3	3.6%	0	0.0%	81	59.6%	0	0.0%	8	8.1%	25	19.9%
Total	622	26.8%	469	20.8%	187	8.3%	827	32.6%	20	0.6%	240	10.0%	280	12.1%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 497 physicians have missing data for this question.

Table B - 42. The Type of Network in Which You Practice by Patient Care Summary Exchange, 2019-2020 (N = 1,943; W = 11,577)

<i>Patient Care Summary</i>	<i>ACO</i>		<i>CIN</i>		<i>IDN</i>		<i>Traditional Private Practice</i>		<i>Concierge Medicine</i>		<i>Other</i>		<i>Did Not Answer</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Yes	416	30.8%	287	21.8%	113	8.6%	505	32.2%	16	0.9%	139	10.6%	113	8.4%
No	40	17.4%	35	16.1%	11	5.6%	91	33.6%	0	0.0%	49	14.5%	48	21.1%
Don't Know	53	17.4%	51	17.4%	30	12.6%	87	34.1%	0	0.0%	40	15.1%	36	14.1%
Total	509	27.2%	373	20.4%	154	8.8%	683	32.7%	16	0.6%	228	11.7%	197	10.8%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 942 physicians have missing data for this question.

Table B - 43. Awareness of Health Current Services by EMR Utilization, 2019-2020 (N = 2,459; W = 14,772)

	<i>Aware and Using the Exchange</i>		<i>Aware but Not Working with Them at Present</i>		<i>Not Aware</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Utilizes EMR	210	10.3%	306	13.6%	1,611	76.0%	2,127	100.0%
No EMR	4	4.6%	15	8.9%	93	86.4%	112	100.0%
Total	214	10.1%	321	13.4%	1,704	76.4%	2,239	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 646 physicians have missing data for this question.

Table B - 44. Awareness of Health Current Services by Patient Care Summary Exchange, 2019-2020 (N = 2,346; W = 14,126)

	<i>Aware and Using the Exchange</i>		<i>Aware but Not Working with Them at Present</i>		<i>Not Aware</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Yes	166	12.5%	206	13.6%	1,019	73.8%	1,391	100.0%
No	11	5.1%	41	15.3%	200	79.4%	252	100.0%
Don't Know	11	4.5%	18	6.5%	235	88.9%	264	100.0%
Total	188	10.4%	265	12.8%	1,454	76.6%	1,907	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 978 physicians have missing data for this question.

Appendix C: AHCCCS Physician Results

AHCCCS Physician Characteristics

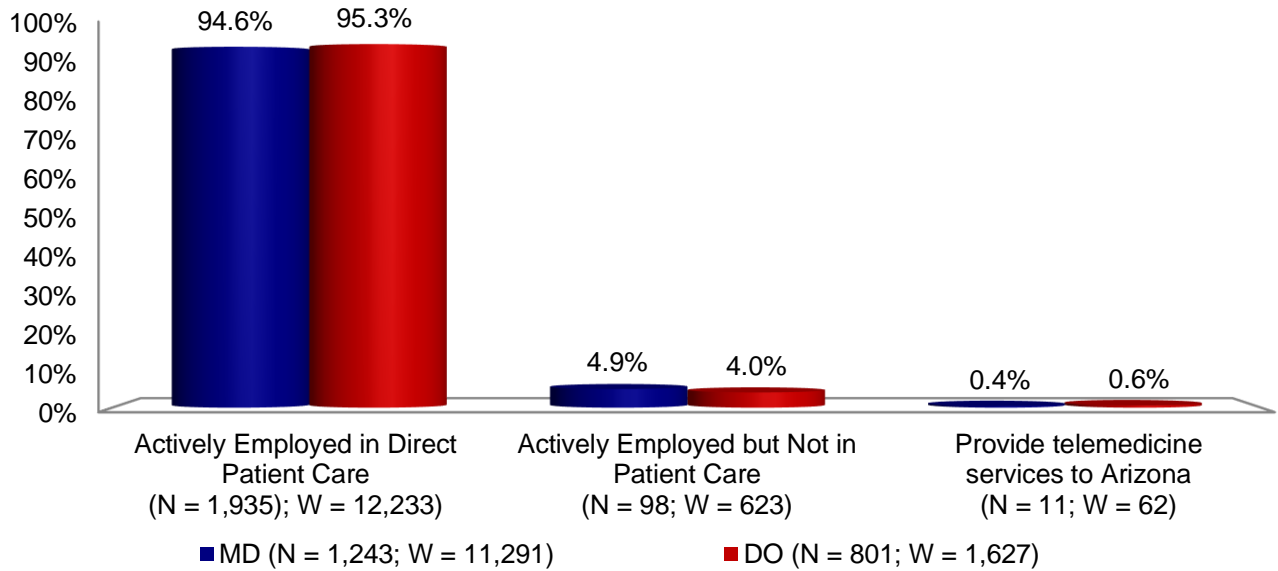
Table C - 1. Comparison of AHCCCS Respondents to Non-Respondents, 2019-2020

<i>Characteristic</i>	<i>Respondents (W = 2,269)</i>		<i>Non-Respondents (W = 4,204)</i>		<i>P-Value</i>
Sex					
Female	642	28.2%	1,257	29.9%	NS
Male	1,589	70.0%	2,826	67.2%	NS
Total	2,231	98.3%	4,083	97.1%	
Age Group					
25 - 34	35	1.5%	74	1.7%	NS
35 - 44	478	21.0%	974	23.1%	NS
45 - 54	609	26.8%	1,254	29.8%	<0.05
55 - 64	625	27.5%	1,094	26.0%	NS
65+	522	23.0%	808	19.2%	<0.01
Total	2,269	100.0%	4,204	100.0%	
Specialty					
Primary Care	920	40.5%	1,369	32.5%	<0.01
Medical	480	21.1%	1,049	24.9%	<0.01
Hospital-Based	489	21.5%	985	23.4%	NS
Pediatric	169	7.4%	384	9.1%	<0.05
Surgical	204	8.9%	415	9.8%	NS
Total	2,262	99.6%	4,202	99.9%	
Location					
Maricopa County	1,508	66.4%	2,853	67.8%	NS
Pima County	354	15.6%	781	18.5%	<0.01
All Other Counties	407	17.9%	570	13.5%	<0.01
Total	2,269	100.0%	4,204	100.0%	

Source: AMB, ABOE Survey & Licensing Data, April 2019–March 2020.

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 38 (1.6%) respondents and 121 (2.8%) non-respondents. Specialty was unknown for 7 (0.3%) respondents and 2 (0.0%) non-respondents.

Figure C - 1. AHCCCS Physicians Providing Patient Care, 2019-2020 (N = 2,044; W = 12,918)



Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: Employment status was unknown for 91 physicians.

Table C - 2. Physicians Who Used a Scribe for Data Entry, 2019-2020 (N = 213; W = 1,553)

<i>Storage Method</i>	<i>Number of Physicians</i>	<i>Percent</i>
<i>EMR Only</i>	92	15.5%
<i>EMR + Paper Only</i>	5	6.1%
<i>EMR + Scanned Images Only</i>	1	4.1%
<i>Paper + Scanned Images + EMR</i>	115	16.2%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table C - 3. Aware of Services offered by Health Current, 2019-2020 (N = 1,727; W = 10,864)

<i>Awareness</i>	<i>Number of Users</i>	<i>Percent</i>
Yes, using the exchange	172	10.2%
Yes, but not working with them at present	268	14.3%
No	1,287	75.4%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table C - 4. Use of a Scribe by County, 2019-2020 (N = 2,121; W = 13,609)

County	Yes		No		Total	
	N	%	N	%	N	%
Apache	-	-	6	100.0%	6	100.0%
Cochise	3.4%	7.1%	13	96.5%	14	100.0%
Coconino	10.6%	16.6%	35	89.3%	42	100.0%
Gila	21.1%	16.6%	10	78.8%	12	100.0%
Graham	-	-	3	100.0%	3	100.0%
La Paz	81.8%	60.0%	2	18.1%	5	100.0%
Maricopa	13.2%	13.8%	1,013	86.7%	1,176	100.0%
Mohave	19.6%	21.7%	36	80.3%	46	100.0%
Navajo	7.9%	8.1%	34	92.0%	37	100.0%
Pima	19.6%	18.4%	217	80.3%	266	100.0%
Pinal	9.3%	16.0%	21	90.6%	25	100.0%
Santa Cruz	-	-	1	100.0%	1	100.0%
Yavapai	19.3%	15.0%	45	80.6%	53	100.0%
Yuma	4.5%	3.5%	27	95.4%	28	100.0%
Total	14.3%	14.6%	1,463	85.6%	1,714	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 421 physicians have missing data for this question. No response was provided for Greenlee County.

Table C - 5. Use of a Scribe by Physician Specialty, 2019-2020 (N = 2,133; W = 13,687)

Specialty	Yes		No		Total	
	N	%	N	%	N	%
Primary Care	66	8.8%	670	91.1%	736	100.0%
Surgical Specialties	33	22.2%	123	77.7%	156	100.0%
Hospital-Based Specialties	85	19.9%	276	80.0%	361	100.0%
Medical Specialties	58	15.5%	316	84.4%	374	100.0%
Pediatric Specialties	15	11.5%	113	88.4%	128	100.0%
Total	257	14.2%	1,498	85.7%	1,755	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 380 physicians have missing data for this question.

Table C - 6. Integrated Physical and Behavioral Health Care by County, 2019-2020 (N = 2,120; W = 13,607)

County	Integrated		Not Integrated		Don't Know		Total	
	N	%	N	%	N	%	N	%
Apache	5	95.6%	1	4.3%	-	-	6	100.0%
Cochise	7	46.9%	7	50.6%	1	2.3%	15	100.0%
Coconino	29	70.2%	10	25.2%	3	4.5%	42	100.0%
Gila	4	43.4%	6	44.5%	1	12.0%	11	100.0%
Graham	1	7.8%	2	92.1%	-	-	3	-
La Paz	1	9.2%	2	72.5%	2	18.1%	5	-
Maricopa	499	45.0%	511	41.6%	146	13.2%	1,156	100.0%
Mohave	16	33.2%	21	41.8%	9	24.8%	46	100.0%
Navajo	26	65.6%	10	31.1%	1	3.1%	37	100.0%
Pima	110	44.4%	111	39.4%	40	16.0%	261	100.0%
Pinal	16	72.0%	6	19.1%	4	8.8%	26	100.0%
Santa Cruz	-	-	1	100.0%	-	-	1	100.0%
Yavapai	112	38.1%	143	48.9%	38	12.9%	292	100.0%
Yuma	71	34.0%	89	42.4%	49	23.5%	210	100.0%
Total	4,913	45.7%	4,364	40.6%	1,454	13.5%	10,731	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 446 physicians have missing data for this question. No response was provided for Greenlee County.

Table C - 7. Integrated Physical and Behavioral Health Care by County, 2019-2020 (N = 2,120; W = 13,607)

County	Currently Integrated		Plans to Integrate		No Future Plans		Total	
	N	%	N	%	N	%	N	%
Apache	5	95.6%	-	-	1	4.3%	6	100.0%
Cochise	7	46.9%	-	-	8	53.0%	15	100.0%
Coconino	29	70.2%	1	2.9%	12	26.8%	42	100.0%
Gila	4	43.4%	1	11.8%	6	44.7%	11	100.0%
Graham	1	7.8%	-	-	2	92.1%	3	-
La Paz	1	9.2%	-	-	4	90.7%	5	-
Maricopa	499	45.0%	49	4.5%	608	50.4%	1,156	100.0%
Mohave	16	33.2%	-	-	30	66.7%	46	100.0%
Navajo	26	65.6%	2	7.1%	9	27.2%	37	100.0%
Pima	110	44.4%	6	2.1%	145	53.3%	261	100.0%
Pinal	16	72.0%	-	-	10	27.9%	26	100.0%
Santa Cruz	-	-	-	-	1	100.0%	1	100.0%
Yavapai	20	38.1%	2	3.3%	31	58.5%	53	100.0%
Yuma	9	34.0%	3	12.7%	15	53.1%	27	100.0%
Total	743	45.7%	64	4.0%	882	50.1%	1,689	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 446 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, 2019-2020 (N = 2,133; W = 13,687)

Specialty	Integrated		Not Integrated		Don't Know		Total	
	N	%	N	%	N	%	N	%
Primary Care	334	48.4%	316	40.7%	77	10.8%	727	100.0%
Surgical Specialties	42	30.2%	80	51.3%	29	18.4%	151	100.0%
Hospital-Based Specialties	156	44.5%	132	35.7%	70	19.7%	358	100.0%
Medical Specialties	157	45.0%	173	44.2%	36	10.7%	366	100.0%
Pediatric Specialties	67	50.7%	45	37.2%	15	11.9%	127	100.0%
Total	756	45.3%	746	41.0%	227	13.5%	1,729	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 406 physicians have missing data for this question.

Table C - 9. Integrated Physical and Behavioral Health Care by Provider Specialty, 2019-2020 (N = 2,133; W = 13,687)

Specialty	Currently Integrated		Plans to Integrate		No Future Plans		Total	
	N	%	N	%	N	%	N	%
Primary Care	334	48.4%	34	5.0%	359	46.4%	727	100.0%
Surgical Specialties	42	30.2%	3	1.7%	106	68.0%	151	100.0%
Hospital-Based Specialties	156	44.5%	6	1.5%	196	53.9%	358	100.0%
Medical Specialties	157	45.0%	9	3.2%	200	51.6%	366	100.0%
Pediatric Specialties	67	50.7%	12	9.4%	48	39.8%	127	100.0%
Total	756	45.3%	64	3.9%	909	50.6%	1,729	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 406 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. The Type of Network in Which You Practice by County, 2019-2020 (N = 2,075; W = 13,342)

County	ACO		CIN		IDN		Traditional Private Practice		Concierge Medicine		Other		Did Not Answer	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Apache	2	6.7%	0	0.0%	0	0.0%	1	18.2%	0	0.0%	1	20.6%	4	54.3%
Cochise	1	12.3%	2	4.3%	1	2.4%	8	43.9%	0	0.0%	0	0.0%	6	36.9%
Coconino	21	43.3%	5	12.3%	5	5.0%	13	21.4%	0	0.0%	2	5.4%	15	32.5%
Gila	0	0.0%	4	34.3%	0	0.0%	5	25.8%	0	0.0%	1	9.5%	4	30.3%
Graham	1	44.6%	0	0.0%	0	0.0%	1	39.4%	0	0.0%	1	7.1%	1	8.7%
La Paz	0	0.0%	2	49.1%	1	9.2%	1	32.3%	0	0.0%	1	9.2%	-	-
Maricopa	298	21.6%	206	15.8%	98	7.1%	480	30.7%	12	0.5%	120	7.7%	328	24.9%
Mohave	9	13.2%	10	22.0%	0	0.0%	22	27.8%	0	0.0%	3	5.4%	16	32.0%
Navajo	16	39.2%	10	22.3%	1	3.0%	6	19.4%	0	0.0%	6	22.8%	6	14.5%
Pima	64	20.6%	54	16.6%	22	7.2%	90	26.2%	5	0.9%	28	10.1%	91	27.2%
Pinal	5	20.2%	9	26.6%	4	17.1%	4	11.0%	0	0.0%	4	15.3%	6	21.8%
Santa Cruz	0	0.0%	0	0.0%	0	0.0%	1	30.8%	0	0.0%	0	0.0%	2	69.1%
Yavapai	17	26.6%	13	21.9%	3	6.7%	21	28.9%	0	0.0%	3	4.7%	14	26.0%
Yuma	7	24.0%	8	30.0%	2	8.7%	14	41.9%	0	0.0%	1	3.2%	4	14.0%
Total	441	22.0%	323	16.7%	137	6.8%	667	29.3%	17	0.5%	171	8.2%	497	25.5%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 60 physicians have missing data for this question. No response was provided for Greenlee County.

Table C - 11. The Type of Network in Which You Practice by Provider Specialty, 2019-2020 (N = 2,128; W = 13,636)

Specialty	ACO		CIN		IDN		Traditional Private Practice		Concierge Medicine		Other		Did Not Answer	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Primary Care	260	31.1%	120	15.8%	52	6.3%	238	23.0%	13	1.0%	85	10.5%	199	24.7%
Surgical Specialties	22	12.9%	31	17.3%	14	8.7%	76	36.6%	1	0.8%	16	7.8%	43	23.1%
Hospital-Based Specialties	77	16.7%	82	16.8%	39	8.9%	135	28.6%	1	0.3%	34	6.4%	127	29.0%
Medical Specialties	53	13.8%	72	17.5%	29	6.1%	187	38.4%	3	0.4%	34	7.7%	104	25.0%
Pediatric Specialties	38	25.4%	22	15.1%	5	2.6%	42	25.3%	0	0.0%	11	7.0%	48	30.1%
Total	450	21.9%	327	16.5%	139	6.7%	678	29.1%	18	0.6%	180	8.4%	521	26.1%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 7 physicians have missing data for this question.

Table C - 12. Awareness of Health Current Services by Physician Specialty, 2019-2020 (N = 2,133; W = 13,684)

Specialty	Aware and Using the Exchange		Aware but Not Working with Them at Present		Not Aware		Total	
	N	%	N	%	N	%	N	%
Primary Care	83	11.7%	121	16.2%	518	72.0%	722	100.0%
Surgical Specialties	11	7.6%	28	14.6%	112	77.7%	151	100.0%
Hospital-Based Specialties	25	8.5%	44	11.7%	284	79.7%	353	100.0%
Medical Specialties	38	10.2%	56	14.0%	281	75.7%	375	100.0%
Pediatric Specialties	15	10.8%	19	13.7%	87	75.4%	121	100.0%
Total	172	10.2%	268	14.4%	1,282	75.3%	1,722	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 413 physicians have missing data for this question.

Table C - 13. Awareness of Health Current Services by County, 2019-2020 (N = 2,121; W = 13,620)

County	Aware and Using the Exchange		Aware but Not Working with Them at Present		Not Aware		Total	
	N	%	N	%	N	%	N	%
Apache	-	-	1	4.6%	5	95.3%	6	100.0%
Cochise	1	18.4%	3	29.4%	10	52.1%	14	100.0%
Coconino	8	16.4%	4	9.3%	31	74.1%	43	100.0%
Gila	1	10.7%	4	38.5%	7	50.7%	12	100.0%
Graham	-	-	-	-	3	100.0%	3	-
La Paz	-	-	-	-	5	100.0%	5	-
Maricopa	121	10.7%	187	15.0%	836	74.2%	1,144	100.0%
Mohave	6	14.6%	5	9.8%	34	75.4%	45	100.0%
Navajo	9	23.7%	3	4.6%	25	71.6%	37	100.0%
Pima	20	8.7%	34	12.4%	209	78.7%	263	100.0%
Pinal	1	1.3%	3	8.0%	24	90.6%	28	100.0%
Santa Cruz	-	-	-	-	2	100.0%	2	100.0%
Yavapai	1	0.6%	10	20.7%	40	78.5%	51	100.0%
Yuma	3	6.4%	4	13.7%	21	79.7%	28	100.0%
Total	171	10.3%	258	14.1%	1,252	75.4%	1,681	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 454 physicians have missing data for this question. There was no response from Greenlee County.

AHCCCS Physicians Practice Characteristics

Table C - 14. Type of Practice by Physician Type, 2019-2020 (N = 1,822; W = 11,472)

<i>Type of Practice</i>	<i>Number of Physicians</i>	<i>Percent</i>
Physician Owned Solo Practice	300	15.0%
Physician Owned Group Practice	488	24.7%
Hospital/Medical School Group Practice	333	20.6%
Community or Rural Health Center	78	4.3%
Non-Hospital Private Outpatient Facility	84	4.6%
City, State or County Clinic or Hospital System	30	1.5%
Federal Government Hospital or Clinic	108	6.3%
Private For Profit Hospital System	90	5.0%
Private Non-Profit Hospital System	182	10.0%
Medical School, University Research Center	54	3.6%
Public Health Agency or Department	10	0.5%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	33	1.7%
Independent Consultant	32	1.6%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 313 physicians did not report type of practice (missing). Percentages are based on responses.

Table C - 15. Type of Practice by Number of MDs, 2019-2020 (N = 497; W = 4,545)

<i>Type of Practice</i>	<i>Number of Physicians</i>				<i>Total</i>
	<i>2-5</i>	<i>6-50</i>	<i>51-94</i>	<i>95+</i>	
Physician Owned Group Practice	85 38.3%	91 40.7%	8 3.8%	41 17.0%	225 44.9%
Hospital/Medical School Group Practice	3 1.6%	45 23.2%	12 5.9%	135 69.0%	195 39.8%
Community or Rural Health Center	2 5.8%	21 59.0%	2 6.4%	9 28.7%	34 7.1%
Non-Hospital Private Outpatient Facility	13 30.5%	17 40.4%	2 4.1%	11 24.8%	43 8.3%
Total	103 20.8%	174 35.0%	24 4.9%	196 39.1%	497 100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 95 MDs did not report practice type and/or the number of physicians in their practice for the above practice types.

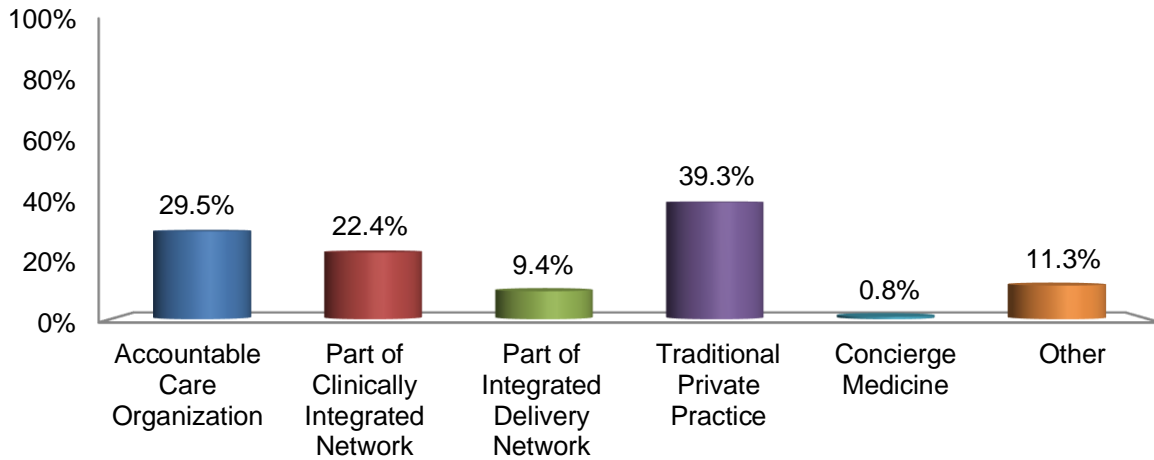
Table C - 16. Type of Practice by Number of DOs, 2019-2020 (N = 341; W = 803)

<i>Type of Practice</i>	<i>Number of Physicians</i>				<i>Total</i>
	<i>2-5</i>	<i>6-50</i>	<i>51-94</i>	<i>95+</i>	
Physician Owned Group Practice	80 39.2%	81 40.4%	10 5.2%	30 14.9%	201 59.2%
Hospital/Medical School Group Practice	2 2.2%	33 36.5%	14 15.3%	41 45.8%	90 26.1%
Community or Rural Health Center	7 22.7%	16 56.2%	3 10.2%	3 10.7%	29 8.7%
Non-Hospital Private Outpatient Facility	6 27.7%	6 30.1%	4 19.1%	5 22.9%	21 6.1%
Total	95 27.4%	136 40.2%	31 9.1%	79 23.1%	341 100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 50 DOs did not report practice type and/or the number of physicians in their practice for the above practice types.

Figure C - 2. Physicians' Characterization of Their Organizational Network, 2019-2020 (N = 1,613; W = 10,135)



Source: AMB, ABOE Survey Data, April 2019–March 2020.

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).

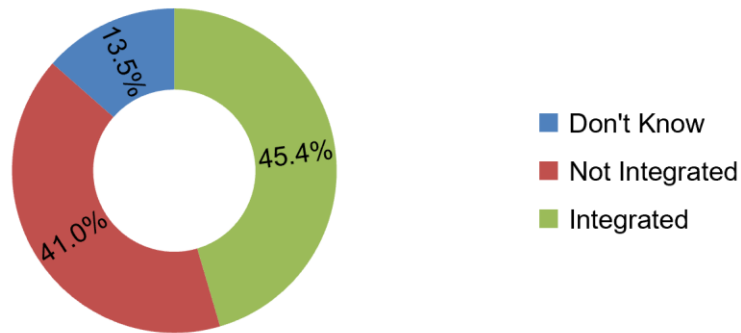
Table C - 17. Characteristics of Organizational Network by Type of Practice, 2019-2020 (N = 1,599; W = 10,031)

<i>Type of Practice</i>	<i>ACO</i>	<i>CIN</i>	<i>IDN</i>	<i>Traditional Private Practice</i>	<i>Concierge Medicine</i>	<i>Other</i>
	<i>N</i> <i>%</i>	<i>N</i> <i>%</i>	<i>N</i> <i>%</i>	<i>N</i> <i>%</i>	<i>N</i> <i>%</i>	<i>N</i> <i>%</i>
Physician Owned Solo Practice	33 12.8%	5 2.8%	1 0.6%	238 85.5%	10 2.9%	13 3.9%
Physician Owned Group Practice	97 22.6%	41 8.8%	9 2.2%	344 75.0%	6 0.6%	20 4.4%
Hospital/Medical School Group Practice	126 44.6%	106 38.5%	36 11.6%	30 10.2%	1 0.3%	30 9.9%
Community or Rural Health Center	30 44.1%	22 38.9%	10 16.4%	2 2.2%	0 0.0%	9 10.9%
Non-Hospital Private Outpatient Facility	16 19.6%	13 16.4%	9 14.2%	25 32.6%	0 0.0%	13 22.3%
City, State or County Clinic or Hospital System	3 25.6%	6 38.8%	5 15.2%	0 0.0%	0 0.0%	5 20.2%
Federal Government Hospital or Clinic	12 13.0%	30 39.8%	16 21.7%	1 2.1%	0 0.0%	31 41.1%
Private For Profit Hospital System	28 38.1%	26 29.8%	10 12.4%	13 19.4%	0 0.0%	12 13.0%
Private Non-Profit Hospital System	89 53.2%	50 31.0%	31 18.9%	14 7.0%	1 1.0%	8 5.4%
Medical School, University Research Center	8 19.0%	20 42.6%	6 15.3%	0 0.0%	0 0.0%	14 30.5%
Public Health Agency or Department	0 0.0%	2 32.3%	1 17.8%	1 3.2%	0 0.0%	3 46.6%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	4 29.0%	3 27.3%	3 17.7%	2 11.8%	0 0.0%	10 41.3%
Independent Consultant	0 0.0%	2 3.3%	3 14.6%	5 25.7%	0 0.0%	11 56.3%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

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).

Figure C - 3. Percent of Organizations Providing Integrated Physical and Behavioral Health Care, 2019-2020 (N = 1,734; W = 10,995)



Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: There were 401 physicians who did not respond to this question.

Table C - 18. Integrated Physical and Behavioral Health Care by Type of Practice, 2019-2020 (N = 1,834, W = 11,566)

Type of Practice	Integrated		Not Integrated		Don't Know		Total	
	N	%	N	%	N	%	N	%
Physician Owned Solo Practice	44	12.4%	219	79.7%	23	7.8%	286	100.0%
Physician Owned Group Practice	102	21.4%	312	67.4%	55	11.1%	469	100.0%
Hospital/Medical School Group Practice	197	61.1%	64	16.7%	67	22.0%	328	100.0%
Community or Rural Health Center	61	83.6%	7	7.9%	6	8.4%	74	100.0%
Private Outpatient Facility Not Part of Hospital System	24	28.3%	47	56.6%	12	15.0%	83	100.0%
City, State or County Clinic or Hospital System	18	76.9%	4	13.1%	5	9.8%	27	100.0%
Federal Government Hospital or Clinic	95	86.4%	9	10.6%	3	2.9%	107	100.0%
Private For Profit Hospital System	45	55.8%	20	21.1%	22	22.9%	87	100.0%
Private Non-Profit Hospital System	115	64.4%	38	20.3%	26	15.2%	179	100.0%
Medical School, University Research Center	37	71.9%	10	18.5%	4	9.5%	51	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	14	45.0%	14	40.8%	3	14.1%	31	100.0%
Total	752	45.2%	744	41.1%	226	13.5%	1,722	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 413 physicians did not respond to this question. No response was provided for (1) Public Health Agency or Department or (2) Independent Consultant.

Table C - 19. Future Plans to Integrate Physical and Behavioral Health Care by Type of Practice, 2019-2020 (N = 1,827; W = 11,507)

<i>Type of Practice</i>	Yes		No		Don't Know		Total	
	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>
Physician Owned Solo Practice	11	4.7%	199	84.3%	28	10.8%	238	100.0%
Physician Owned Group Practice	24	7.7%	245	66.2%	106	26.0%	375	100.0%
Hospital/Medical School Group Practice	13	7.6%	30	25.5%	89	66.8%	132	100.0%
Community or Rural Health Center	5	23.7%	1	1.6%	10	74.5%	16	100.0%
Private Outpatient Facility Not Part of Hospital System	4	7.5%	26	48.0%	27	44.4%	57	100.0%
City, State or County Clinic or Hospital System	2	21.4%	2	39.1%	6	39.4%	10	100.0%
Federal Government Hospital or Clinic	8	57.3%	1	8.1%	7	34.5%	16	100.0%
Private For Profit Hospital System	2	5.4%	9	22.9%	29	71.5%	40	100.0%
Private Non- Profit Hospital System	15	25.9%	18	20.7%	30	53.2%	63	100.0%
Medical School, University Research Center	2	8.6%	7	34.2%	7	57.1%	16	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	6	38.2%	7	28.8%	5	32.8%	18	100.0%
Total	92	10.0%	545	54.4%	344	35.3%	981	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 1,154 physicians were excluded due to missing data. No response was provided for (1) Public Health Agency or Department or (2) Independent Consultant.

Table C - 20. Integration of Physical and Behavioral Health Care by Type of Network, 2019-2020 (N = 1,734; W = 10,995)

<i>Type of Network</i>	<i>Currently Integrated</i>		<i>Plans to Integrate</i>		<i>No Future Plans</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Accountable Care Organization (ACO)	234	54.0%	31	6.4%	177	39.4%
Clinically Integrated Network (CIN)	210	66.8%	11	3.7%	98	29.3%
Integrated Delivery Network (IDN)	98	71.4%	5	4.0%	33	24.4%
Traditional Private Practice	117	16.6%	18	3.5%	519	79.7%
Concierge Medicine	6	41.1%	0	0.0%	12	58.8%
Other	80	53.0%	7	4.2%	76	42.6%
Did Not Answer	99	55.9%	5	3.3%	81	40.6%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

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. 401 physicians were ineligible for this table due to missing data.

Table C - 21. Use of a Scribe by Practice Size, 2019-2020 (N = 1,779; W = 11,211)

<i>Practice Size</i>	<i>Yes</i>		<i>No</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
2-5	53	15.7%	293	84.2%	346	100.0%
6-50	60	17.8%	291	82.1%	351	100.0%
51-94	11	23.1%	56	76.8%	67	100.0%
95+	40	10.0%	302	89.9%	342	100.0%
Total	164	14.7%	942	85.2%	1,106	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 1.029 physicians have missing data for this question.

Table C - 22. Use of a Scribe by Practice Type, 2019-2020 (N = 1,836; W = 11,569)

<i>Practice Type</i>	Yes		No		Total	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Physician Owned Solo Practice	41	14.2%	250	85.7%	291	100.0%
Physician Owned Group Practice	91	20.3%	387	79.6%	478	100.0%
Hospital/Medical School Group Practice	59	16.5%	271	83.4%	330	100.0%
Community or Rural Health Center	5	5.1%	72	94.8%	77	100.0%
Private Outpatient Facility Not Part of Hospital System	3	3.7%	80	96.2%	83	100.0%
City, State or County Clinic or Hospital System	3	8.5%	24	91.4%	27	100.0%
Federal Government Hospital or Clinic	4	4.7%	104	95.2%	108	100.0%
Private For Profit Hospital System	23	25.9%	66	74.0%	89	100.0%
Private Non-Profit Hospital System	22	8.8%	157	91.1%	179	100.0%
Medical School, University Research Center	3	5.1%	51	94.8%	54	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	2	5.4%	28	94.5%	30	100.0%
Total	256	14.2%	1,490	85.7%	1,746	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 389 physicians have missing data for this question. No response was provided for (1) Public Health Agency or Department or (2) Independent Consultant.

Table C - 23. Integrated Physical and Behavioral Health Care by Practice Size, 2019-2020 (N = 1,767; W = 11,149)

<i>Practice Size</i>	Integrated		Not Integrated		Don't Know		Total	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
2-5	66	18.6%	243	73.3%	29	8.0%	338	100.0%
6-50	149	41.8%	155	45.8%	42	12.3%	346	100.0%
51-94	37	54.8%	27	39.2%	3	5.9%	67	100.0%
95+	213	64.6%	70	17.9%	58	17.3%	341	100.0%
Total	465	44.0%	495	43.4%	132	12.5%	1,092	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 1,043 physicians have missing data for this question.

Table C - 24. Integrated Physical and Behavioral Health Care by Practice Size, 2019-2020 (N = 1,767; W = 11,149)

Practice Size	Currently Integrated		Plans to Integrate		No Future Plans		Total	
	N	%	N	%	N	%	N	%
2-5	66	18.6%	11	4.5%	261	76.7%	338	100.0%
6-50	149	41.8%	15	4.4%	182	53.7%	346	100.0%
51-94	37	54.8%	2	1.0%	28	44.0%	67	100.0%
95+	213	64.6%	10	2.7%	118	32.6%	341	100.0%
Total	465	44.0%	38	3.7%	589	52.2%	1,092	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 1,043 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. The Type of Network in Which You Practice by Practice Size, 2019-2020 (N = 1,125; W = 6,986)

Practice Size	ACO		CIN		IDN		Traditional Private Practice		Concierge Medicine		Other		Did Not Answer	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
2-5	41	12.5%	14	4.7%	5	1.4%	266	74.0%	6	0.9%	23	6.1%	20	5.6%
6-50	83	23.3%	55	14.2%	19	5.3%	152	42.6%	1	0.1%	29	8.4%	47	14.3%
51-94	21	26.9%	17	28.2%	9	13.7%	11	17.4%	0	0.0%	5	9.7%	12	17.0%
95+	113	35.0%	97	31.5%	47	13.9%	46	11.4%	3	0.7%	49	13.0%	49	12.9%
Total	258	24.5%	183	18.3%	80	7.6%	475	39.5%	10	0.5%	106	9.4%	128	11.4%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 1,010 physicians have missing data for this question.

Table C - 26. The Type of Network in Which You Practice by Practice Type, 2019-2020 (N = 1,822; W = 11,472)

<i>Type of Practice</i>	<i>ACO</i>		<i>CIN</i>		<i>IDN</i>		<i>Traditional Private Practice</i>		<i>Concierge Medicine</i>		<i>Other</i>		<i>Did Not Answer</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Physician Owned Solo Practice	33	11.9%	5	2.6%	1	0.5%	238	79.2%	10	2.7%	13	3.6%	23	7.3%
Physician Owned Group Practice	97	21.2%	41	8.3%	9	2.0%	344	70.4%	6	0.6%	20	4.1%	30	6.0%
Hospital/Medical School Group Practice	126	38.4%	106	33.1%	36	10.0%	30	8.8%	1	0.3%	30	8.5%	43	13.8%
Community or Rural Health Center	30	39.3%	22	34.7%	10	14.6%	2	2.0%	0	0.0%	9	9.7%	11	10.8%
Private Outpatient Facility Not Part of Hospital System	16	17.0%	13	14.2%	9	12.2%	25	28.1%	0	0.0%	13	19.3%	14	13.5%
City, State or County Clinic or Hospital System	3	15.4%	6	23.4%	5	9.1%	0	0.0%	0	0.0%	5	12.2%	11	39.7%
Federal Government Hospital or Clinic	12	9.1%	30	28.0%	16	15.3%	1	1.5%	0	0.0%	31	29.0%	30	29.4%
Private For Profit Hospital System	28	34.0%	26	26.5%	10	11.1%	13	17.3%	0	0.0%	12	11.6%	9	10.8%
Private Not=Profit Hospital System	89	48.6%	50	28.3%	31	17.3%	14	6.4%	1	0.9%	8	4.9%	15	8.6%
Medical School, University Research Center	8	16.1%	20	36.0%	6	13.0%	0	0.0%	0	0.0%	14	25.8%	9	15.4%
Public Health Agency or Department	0	0.0%	2	26.6%	1	14.7%	1	2.6%	0	0.0%	3	38.5%	3	17.4%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	4	15.7%	3	14.8%	3	9.6%	2	6.4%	0	0.0%	10	22.4%	14	45.6%
Independent Consultant	0	0.0%	2	2.0%	3	9.0%	5	15.9%	0	0.0%	11	34.9%	11	37.9%
Total	446	25.7%	326	19.5%	140	8.1%	675	34.5%	18	0.7%	179	9.9%	223	12.5%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 313 physicians have missing data for this question.

Table C - 27. Awareness of Health Current Services by Practice Type, 2019- 2020 (N = 1,836; W = 11,569)

<i>Type of Practice</i>	<i>Aware and Using the Exchange</i>		<i>Aware but Not Working with Them at Present</i>		<i>Not Aware</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Physician Owned Solo Practice	26	10.6%	65	20.1%	189	69.1%	280	100.0%
Physician Owned Group Practice	52	10.3%	88	18.0%	315	71.6%	455	100.0%
Hospital/Medical School Group Practice	31	9.9%	33	9.1%	249	80.8%	313	100.0%
Community or Rural Health Center	11	14.0%	8	12.2%	53	73.6%	72	100.0%
Private Outpatient Facility Not Part of Hospital System	7	10.1%	14	17.9%	61	71.9%	82	100.0%
City, State or County Clinic or Hospital System	2	9.2%	1	6.5%	25	84.2%	28	100.0%
Federal Government Hospital or Clinic	11	10.4%	10	9.7%	85	79.7%	106	100.0%
Private For Profit Hospital System	6	10.3%	10	14.8%	68	74.7%	84	100.0%
Private Not-Profit Hospital System	12	8.2%	14	7.1%	149	84.6%	175	100.0%
Medical School, University Research Center	2	4.9%	9	15.3%	40	79.7%	51	100.0%
Public Health Agency or Department	-	-	2	15.0%	7	84.9%	9	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	8	21.3%	7	28.6%	14	49.9%	29	100.0%
Independent Consultant	3	13.9%	6	23.6%	20	62.4%	29	100.0%
Total	171	10.2%	267	14.4%	1,275	75.3%	1,713	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 422 physicians have missing data for this question.

Table C - 28. Awareness of Health Current Services by Practice Size, 2019-2020 (N = 1,785; W = 11,196)

	<i>Aware and Using the Exchange</i>		<i>Aware but Not Working with Them at Present</i>		<i>Not Aware</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
2-5	40	12.0%	83	21.6%	219	66.3%	342	100.0%
6-50	43	13.4%	46	11.8%	246	74.7%	335	100.0%
51-94	11	20.6%	8	16.5%	44	62.7%	63	100.0%
95+	19	5.0%	31	9.9%	277	85.0%	327	100.0%
Total	113	10.4%	168	14.2%	786	75.2%	1,067	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 1,068 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, 2019-2020 (N = 1,836; W = 11,569)

<i>Type of Practice</i>	<i>Utilization Rates</i>
Physician Owned Solo Practice	81.9%
Physician Owned Group Practice	95.1%
Hospital/Medical School Group Practice	100.0%
Community or Rural Health Center	96.4%
Non-Hospital Private Outpatient Facility	95.5%
City, State or County Clinic or Hospital System	100.0%
Federal Government Hospital or Clinic	100.0%
Private For Profit Hospital System	98.0%
Private Non Profit Hospital System	98.3%
Medical School/University Research Center	98.9%
Public or Private Insurer/Health Related Organization that does not provide care	89.8%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: Rates = % of physicians within each practice type. 313 respondents were missing type of practice. 358 respondents were missing EMR utilization.

Table C - 30. EMR Utilization by County, 2019-2020 (N = 2,122; W = 13,619)

<i>Location</i>	<i>All Survey Respondents</i>	<i>EMR Users</i>	<i>% EMR Users</i>
<i>Apache</i>	6	5	95.4%
<i>Cochise</i>	16	15	89.7%
<i>Coconino</i>	42	41	96.4%
<i>Gila</i>	12	12	100.0%
<i>Graham</i>	3	3	100.0%
<i>La Paz</i>	5	5	100.0%
<i>Maricopa</i>	1188	1113	95.1%
<i>Mohave</i>	46	43	92.8%
<i>Navajo</i>	37	36	96.9%
<i>Pima</i>	267	250	95.1%
<i>Pinal</i>	26	26	100.0%
<i>Santa Cruz</i>	1	1	100.0%
<i>Yavapai</i>	53	48	92.8%
<i>Yuma</i>	28	26	95.2%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: County and/or method of storage was unknown for 405 respondents. There was no response from Greenlee County.

Table C - 31. Methods of Storing Medical Records, 2019-2020 (N = 1,770; W = 11,195)

<i>Method</i>	<i>Number</i>	<i>Percent</i>
Paper Files Only	70	2.7%
EMR Only	606	33.6%
Scanned Images Only	11	0.6%
Paper + Scanned Images Only	22	1.2%
EMR + Paper Only	24	1.2%
EMR + Scanned Images Only	727	41.8%
Paper + Scanned Images + EMR	310	18.5%
EMR alone or in combination*	1,667	95.3%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 365 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, 2019-2020 (N = 1,523; W = 9,504)

<i>EMR Functions</i>	<i>Exchanged with Other Providers</i>	<i>Percent who Exchange</i>
Patient Care Summary	1,064	74.1%
Prescription 'e-prescribing'	1,055	78.1%
Lab Results	1,159	84.3%
Reminders for Interventions	655	47.5%
Radiology Results	1,153	83.3%
Images Results	1,028	76.7%
Public Health Reports	688	47.9%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

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, 2019-2020 (N = 1,609; W = 10,181)

<i>EMR Functions</i>	<i>Fax</i>		<i>Email</i>		<i>HIE</i>		<i>All of the Above</i>	
Patient Care Summary	265	24.5%	26	2.5%	369	35.2%	395	37.6%
Prescription 'e-prescribing'	110	9.6%	63	5.9%	622	62.5%	248	21.9%
Lab Results	2	7.9%	.	.	13	69.7%	5	22.2%
Reminders for Interventions	45	6.1%	56	9.4%	379	59.3%	168	24.9%
Radiology Results	2	20.6%	.	.	7	69.0%	1	10.3%
Images Results	1	18.0%	1	4.1%	4	48.7%	2	29.0%
Public Health Reports	121	16.1%	32	4.4%	296	45.4%	224	33.9%
Total	546	14.8%	178	5.2%	1,690	50.3%	1,043	29.6%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

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 1,919 respondents.

Table C - 34. Percent of Physicians Exchanging Information by Organization Type, 2019-2020 (N = 1,833; W = 11,544)

<i>Type of Practice</i>	<i>Patient Care Summary</i>	<i>Prescription 'e-prescribing'</i>	<i>Lab Results</i>	<i>Reminders for Interventions</i>	<i>Radiology Results</i>	<i>Images Results</i>	<i>Public Health Reports</i>
Physician Owned Solo Practice	79%	87%	92%	37%	85%	74%	39%
Physician Owned Group Practice	75%	78%	87%	51%	87%	78%	49%
Hospital/Medical School Group Practice	73%	82%	79%	48%	86%	81%	48%
Community or Rural Health Center	93%	94%	97%	74%	90%	83%	73%
Non-Hospital Private Outpatient Facility	73%	82%	86%	34%	79%	76%	49%
City, State or County Clinic or Hospital System	73%	89%	93%	33%	84%	81%	50%
Federal Government Hospital or Clinic	79%	76%	91%	57%	88%	82%	72%
Private For Profit Hospital System	74%	72%	83%	53%	87%	88%	48%
Private Non-Profit Hospital System	66%	69%	79%	41%	80%	78%	39%
Medical School, University Research Center	73%	74%	81%	54%	75%	74%	37%
Public Health Agency or Dept	43%	43%	50%	26%	50%	26%	57%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	64%	32%	47%	41%	44%	28%	28%
Independent Consultant	49%	50%	60%	43%	43%	41%	34%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: The data in this table only include those physicians who answered "Yes" to the Exchange question for each EMR function. 997 physicians were ineligible for this table due to missing data.

Table C - 35. Obstacles in Exchanging Electronic Information with HealthCare Providers by County, 2019-2020 (N = 2,075; W = 13,342)

	<i>Lack of a health information exchange</i>		<i>Concerns about patient confidentiality</i>		<i>Lack of technological support for problems</i>		<i>Lack of connectivity between my EHR and other systems</i>		<i>Lack of information from other providers</i>		<i>No significant problems</i>		<i>Other</i>		<i>Did Not Answer</i>	
Apache	0	0.0%	2	33.0%	2	33.0%	3	47.7%	1	14.6%	3	27.4%	1	14.8%	2	24.8%
Cochise	5	33.9%	3	23.0%	6	29.6%	9	49.3%	7	31.5%	3	13.1%	0	0.0%	4	32.9%
Coconino	6	9.3%	8	14.4%	16	35.7%	27	58.4%	20	41.9%	9	8.7%	0	0.0%	11	22.6%
Gila	5	40.1%	3	13.8%	5	33.0%	8	61.5%	7	44.6%	2	15.3%	1	9.3%	2	11.4%
Graham	0	0.0%	0	0.0%	0	0.0%	1	39.4%	0	0.0%	2	51.8%	0	0.0%	1	8.7%
La Paz	2	18.1%	1	9.2%	2	41.6%	2	41.6%	1	9.2%	1	40.2%	1	9.2%	-	-
Maricopa	238	16.7%	306	20.9%	357	25.5%	593	42.0%	480	33.2%	312	20.3%	54	3.4%	318	24.0%
Mohave	9	13.4%	12	15.2%	19	31.1%	27	40.8%	23	35.8%	12	28.1%	1	0.6%	17	29.0%
Navajo	7	18.3%	7	21.5%	19	53.9%	29	78.9%	16	44.1%	5	10.3%	1	3.0%	2	3.8%
Pima	74	25.6%	68	22.0%	111	36.0%	159	52.1%	137	43.2%	63	17.1%	20	6.9%	61	18.3%
Pinal	5	20.8%	8	29.9%	10	33.0%	19	73.3%	13	57.5%	3	3.4%	0	0.0%	1	0.9%
Santa Cruz	0	0.0%	1	30.8%	1	25.1%	2	55.9%	2	55.9%	0	0.0%	0	0.0%	1	44.0%
Yavapai	9	17.3%	11	22.9%	13	24.0%	28	46.9%	22	37.6%	15	16.9%	2	4.2%	14	26.2%
Yuma	8	25.5%	7	24.6%	12	38.9%	19	62.3%	10	31.9%	6	15.4%	1	0.7%	4	14.0%
Total	368	18.4%	437	21.0%	573	28.6%	926	46.0%	739	35.8%	436	19.0%	82	3.8%	438	22.3%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table C - 36. Obstacles to Exchanging Electronic Information with HealthCare Providers by Practice Type, 2019-2020 (N = 1,822; W = 11,472)

	<i>Lack of a health information exchange</i>		<i>Concerns about patient confidentiality</i>		<i>Lack of technological support for problems</i>		<i>Lack of connectivity with my EHR & other systems</i>		<i>Lack of information from other providers</i>		<i>No significant problems</i>		<i>Other</i>		<i>Did Not Answer</i>	
Physician owned solo practice	59	20.5%	85	25.7%	93	30.3%	138	47.2%	111	35.0%	84	26.9%	18	5.9%	31	10.5%
Physician owned group practice	86	20.5%	132	31.0%	160	35.6%	248	55.8%	195	41.6%	119	20.1%	15	3.6%	42	7.2%
Hospital or medical school physician group practice	73	23.0%	72	22.7%	113	35.7%	192	58.7%	149	45.9%	71	19.7%	10	3.0%	26	8.0%
Community or rural health center	17	19.3%	14	13.4%	26	33.7%	42	48.2%	35	39.3%	18	27.1%	3	2.7%	9	13.5%
Private outpatient facility not part of a hospital system	26	32.7%	30	35.2%	24	30.5%	42	54.2%	38	48.3%	21	25.9%	1	1.4%	2	0.7%
City, state or county hospital or clinic	9	27.8%	4	11.7%	8	26.5%	17	61.4%	13	52.1%	6	21.4%	2	2.1%	3	3.8%
Federal government hospital or clinic	19	16.1%	21	21.0%	40	37.7%	54	56.7%	39	36.7%	30	23.3%	8	6.7%	5	6.5%
Private for profit hospital system	17	22.6%	17	17.3%	28	30.4%	47	52.8%	30	33.4%	25	26.5%	3	3.5%	9	10.0%
Private not for profit hospital system	40	21.3%	36	18.1%	57	35.0%	103	54.7%	85	49.0%	44	23.8%	6	4.3%	14	8.2%
Medical school, university, research center	15	29.2%	17	34.3%	17	36.3%	24	50.6%	25	48.8%	9	16.4%	8	13.4%	2	3.1%
Public health agency or department	2	14.4%	1	14.7%	2	14.4%	5	53.1%	3	26.4%	4	46.7%	1	11.9%	1	2.7%
Public or private insurer/health related organization that does not provide care	2	9.4%	5	15.2%	4	17.1%	8	29.6%	12	36.6%	7	22.8%	5	10.2%	8	26.5%
Independent consultant	6	10.0%	5	18.2%	9	30.3%	16	54.0%	13	39.2%	9	29.1%	3	9.9%	2	2.0%
Total	371	21.5%	439	24.5%	581	33.6%	936	53.9%	748	41.9%	447	22.8%	83	4.6%	154	8.1%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table C - 37. Obstacles to Exchanging Electronic Information with HealthCare Providers by Provider Specialty, 2019-2020 (N = 2,128; W = 13,636)

	<i>Lack of a health information exchange</i>		<i>Concerns about patient confidentiality</i>		<i>Lack of technological support for problems</i>		<i>Lack of connectivity between my EHR and other systems</i>		<i>Lack of information from other providers</i>		<i>No significant problems</i>		<i>Other</i>		<i>Did Not Answer</i>	
Primary Care	167	19.2%	177	20.3%	255	30.1%	423	50.6%	343	39.4%	166	16.9%	33	2.9%	162	20.1%
Medical Specialties	27	15.8%	42	22.0%	50	29.1%	86	48.1%	57	29.9%	41	19.8%	7	4.1%	48	24.9%
Surgical Specialties	85	21.6%	99	21.8%	114	25.2%	189	42.6%	169	38.1%	105	20.6%	27	7.2%	78	18.9%
Hospital-Based Specialties	69	14.8%	85	19.6%	108	25.7%	164	37.0%	119	26.4%	113	23.8%	12	2.5%	127	27.5%
Pediatric Specialties	27	17.3%	38	21.3%	58	35.7%	80	51.0%	64	41.6%	23	13.1%	5	3.4%	37	24.1%
<i>Total</i>	375	18.3%	441	20.7%	585	28.5%	942	45.7%	752	35.5%	448	19.2%	84	3.9%	452	22.3%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table C - 38. Obstacles to Exchanging Electronic Information with HealthCare Providers by Practice Size, 2019-2020 (N = 1,125; W = 6,986)

	<i>Lack of a health information exchange</i>		<i>Concerns about patient confidentiality</i>		<i>Lack of technological support for problems</i>		<i>Lack of connectivity between my EHR and other systems</i>		<i>Lack of information from other providers</i>		<i>No significant problems</i>		<i>Other</i>		<i>Did Not Answer</i>	
2-5 physicians	66	20.3%	94	28.2%	101	28.2%	185	55.7%	138	40.0%	98	25.2%	16	4.0%	18	3.9%
95 or more physicians	69	19.6%	77	21.4%	105	31.2%	189	56.9%	160	47.6%	70	18.3%	16	4.1%	30	8.0%
6-50 physicians	81	23.8%	94	29.3%	133	39.7%	187	55.4%	139	39.3%	90	24.4%	4	1.4%	27	6.9%
51-94 physicians	14	26.8%	11	17.8%	24	38.8%	31	45.5%	26	38.2%	19	26.3%	2	4.9%	7	8.3%
Total	230	21.5%	276	25.6%	363	33.4%	592	55.5%	463	42.4%	277	22.6%	38	3.2%	82	6.5%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table C - 39. Obstacles to Exchanging Electronic Information with HealthCare Providers by EMR Utilization, 2019-2020 (N = 1,777; W = 11,221)

	<i>Lack of a health information exchange</i>		<i>Concerns about patient confidentiality</i>		<i>Lack of technological support for problems</i>		<i>Lack of connectivity between my EHR and other systems</i>		<i>Lack of information from other providers</i>		<i>No significant problems</i>		<i>Other</i>		<i>Did Not Answer</i>	
Utilizes EMR	351	22.3%	400	24.2%	543	34.2%	898	55.9%	712	43.3%	402	22.4%	68	4.0%	117	7.2%
No EMR	15	15.0%	33	35.8%	31	32.5%	22	22.5%	24	23.5%	32	25.5%	12	13.0%	25	20.3%
Total	366	21.9%	433	24.8%	574	34.1%	920	54.3%	736	42.4%	434	22.5%	80	4.5%	142	7.8%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table C - 40. Obstacles to Exchanging Electronic Information with HealthCare Providers by Patient Care Summary Exchange, 2019-2020 (N = 1,444; W = 9,045)

	<i>Lack of a health information exchange</i>		<i>Concerns about patient confidentiality</i>		<i>Lack of technological support for problems</i>		<i>Lack of connectivity between my EHR and other systems</i>		<i>Lack of information from other providers</i>		<i>No significant problems</i>		<i>Other</i>		<i>Did Not Answer</i>	
Yes	224	22.1%	292	27.4%	370	35.8%	621	60.5%	506	47.5%	248	21.9%	40	4.0%	35	3.1%
Don't Know	40	20.2%	35	17.4%	66	36.6%	85	45.5%	72	42.1%	51	24.7%	14	8.0%	17	10.9%
No	46	24.9%	45	24.8%	56	32.6%	75	43.2%	67	38.0%	58	29.0%	19	7.3%	14	4.7%
Total	310	22.2%	372	25.8%	492	35.5%	781	56.3%	645	45.6%	357	23.2%	73	4.9%	66	4.3%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table C - 41. Obstacles to Exchanging Electronic Information with Other Providers, 2019-2020 (N = 2,000; W = 12,850)

<i>Obstacles to Exchange Information</i>	<i>Number of Physicians</i>	<i>Percent</i>
Lack of a health Information exchange	351	22.3%
Concerns with maintaining patient confidentiality	400	24.2%
Lack of technological support for problems	543	34.2%
Lack of connectivity between my EMR and other systems	898	55.9%
Lack of information from other providers	712	43.3%
No significant problems	402	22.3%
Other	68	4.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 135 physicians did not respond to this question.

Table C - 42. Use of a Scribe by EMR Utilization, 2019-2020 (N = 1,779; W = 11,237)

<i>EMR Utilization</i>	<i>Yes</i>		<i>No</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Utilizes EMR	252	14.8%	1,399	85.1%	1,651	100.0%
No EMR	6	3.6%	101	96.3%	107	100.0%
Total	258	14.2%	1,500	85.7%	1,758	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 377 physicians have missing data for this question.

Table C - 43. Use of a Scribe by Patient Care Summary Exchange, 2019-2020 (N = 1,798; W = 11,385)

<i>Use of a Scribe</i>	<i>Yes</i>		<i>No</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Yes	163	14.9%	879	85.0%	879	100.0%
No	18	11.1%	162	88.8%	162	100.0%
Don't Know	26	12.1%	158	87.8%	158	100.0%
Total	207	14.1%	1,199	85.8%	1,199	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 729 physicians have missing data for this question.

Table C - 44. Integrated Physical and Behavioral Health Care by EMR Utilization, 2019-2020 (N = 1,778; W = 11,229)

<i>EMR Utilization</i>	<i>Integrated</i>		<i>Not Integrated</i>		<i>Don't Know</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Utilizes EMR	740	46.7%	673	39.6%	216	13.5%	1,629	100.0%
No EMR	19	19.3%	74	67.4%	11	13.2%	104	100.0%
Total	759	45.4%	747	41.0%	227	13.5%	1,733	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 402 physicians have missing data for this question.

Table C - 45. Integrated Physical and Behavioral Health Care by EMR Utilization, 2019-2020 (N = 1,778; W = 11,229)

<i>EMR Utilization</i>	<i>Currently Integrated</i>		<i>Plans to Integrate</i>		<i>No Future Plans</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Utilizes EMR	740	46.7%	63	4.1%	826	49.1%	1,629	100.0%
No EMR	19	19.3%	1	1.4%	84	79.2%	104	100.0%
Total	759	45.4%	64	3.9%	910	50.5%	1,733	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 402 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. Integrated Physical and Behavioral Health Care by Patient Care Summary Exchange, 2019-2020 (N = 1,786; W = 11,313)

<i>Patient Care Summary Exchange</i>	<i>Integrated</i>		<i>Not Integrated</i>		<i>Don't Know</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Yes	477	48.1%	457	41.9%	100	9.9%	1,034	100.0%
No	66	39.8%	91	47.7%	19	12.4%	176	100.0%
Don't Know	64	36.4%	65	36.0%	53	27.4%	182	100.0%
Total	607	45.6%	613	41.8%	172	12.5%	1,392	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 743 physicians have missing data for this question.

Table C - 47. Integrated Physical and Behavioral Health Care by Patient Care Summary Exchange, 2019-2020 (N = 1,786; W = 11,313)

<i>Patient Care Summary Exchange</i>	<i>Currently Integrated</i>		<i>Plans to Integrate</i>		<i>No Future Plans</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Yes	477	48.1%	45	4.5%	512	47.3%	1,034	100.0%
No	66	39.8%	7	3.9%	103	56.1%	176	100.0%
Don't Know	64	36.4%	4	3.0%	114	60.5%	182	100.0%
Total	607	45.6%	56	4.2%	729	50.1%	1,392	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 743 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 - 48. The Type of Network in Which You Practice by EMR Utilization, 2019-2020 (N = 1,777; W = 11,221)

<i>EMR Use</i>	<i>ACO</i>		<i>CIN</i>		<i>IDN</i>		<i>Traditional Private Practice</i>		<i>Concierge Medicine</i>		<i>Other</i>		<i>Did Not Answer</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Utilizes EMR	441	27.4%	323	21.0%	137	8.5%	595	33.5%	18	0.7%	160	9.6%	178	11.1%
No EMR	8	10.1%	1	0.4%	0	0.0%	75	64.9%	0	0.0%	5	3.9%	21	20.5%
Total	449	26.6%	324	20.0%	137	8.1%	670	35.0%	18	0.7%	165	9.3%	199	11.6%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 358 physicians have missing data for this question.

Table C - 49. The Type of Network in Which You Practice by Patient Care Summary Exchange, 2019-2020 (N = 1,444; W = 9,045)

<i>Patient Care Summary</i>	<i>ACO</i>		<i>CIN</i>		<i>IDN</i>		<i>Traditional Private Practice</i>		<i>Concierge Medicine</i>		<i>Other</i>		<i>Did Not Answer</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Yes	299	29.8%	198	20.6%	87	8.5%	415	34.7%	14	1.0%	98	10.2%	80	8.1%
No	29	17.0%	23	14.3%	9	5.5%	72	36.6%	0	0.0%	35	14.0%	38	21.0%
Don't Know	36	18.9%	38	20.1%	20	13.1%	66	35.4%	0	0.0%	24	11.9%	23	13.8%
Total	364	26.7%	259	19.8%	116	8.8%	553	35.1%	14	0.7%	157	10.9%	141	10.5%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 691 physicians have missing data for this question.

Table C - 50. Awareness of Health Current Services by EMR Utilization, 2019-2020 (N = 1,823; W = 11,516)

	<i>Aware and Using the Exchange</i>		<i>Aware but Not Working with Them at Present</i>		<i>Not Aware</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Utilizes EMR	163	10.3%	245	14.4%	1,175	75.2%	1,583	100.0%
No EMR	4	5.6%	13	8.7%	81	85.5%	98	100.0%
Total	167	10.0%	258	14.1%	1,256	75.7%	1,681	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 454 physicians have missing data for this question.

Table C - 51. Awareness of Health Current Services by Patient Care Summary Exchange, 2019-2020 (N = 1,752; W = 11,045)

	<i>Aware and Using the Exchange</i>		<i>Aware but Not Working with Them at Present</i>		<i>Not Aware</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Yes	126	12.4%	167	14.2%	757	73.2%	1,050	100.0%
No	10	5.8%	31	15.7%	148	78.4%	189	100.0%
Don't Know	9	4.1%	14	7.8%	157	87.9%	180	100.0%
Total	145	10.5%	212	13.6%	1,062	75.8%	1,419	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 716 physicians have missing data for this question.

Appendix D: Non-AHCCCS Physician Results

Non-AHCCCS Physician Characteristics

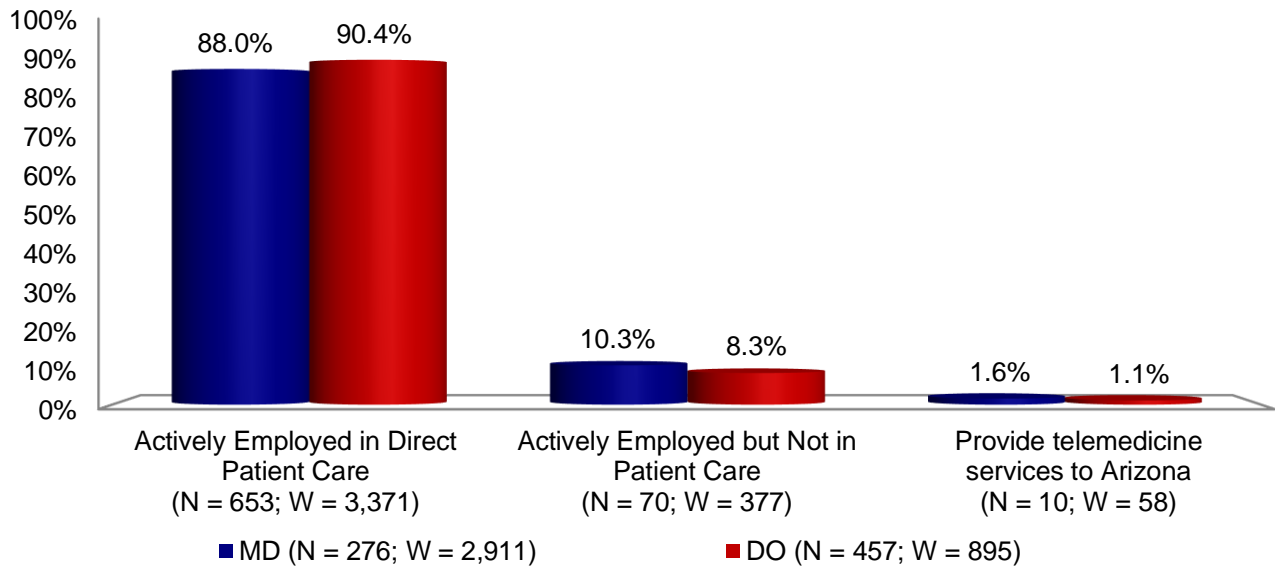
Table D - 1. Comparison of Respondents to Non-Respondents, 2019-2020

Characteristic	Respondents (N = 773)		Non-Respondents (N = 1,775)		P-Value
Sex					
Female	280	36.2%	661	37.2%	NS
Male	486	62.8%	1,091	61.4%	NS
Total	766	99.0%	1,752	98.7%	
Age Group					
25 - 34	264	34.1%	646	36.3%	NS
35 - 44	266	34.4%	589	33.1%	NS
45 - 54	119	15.3%	222	12.5%	<0.05
55 - 64	66	8.5%	201	11.3%	<0.05
65+	58	7.5%	117	6.5%	NS
Total	773	100.0%	1,775	100.0%	
Specialty					
Primary Care	303	39.1%	564	31.7%	<0.01
Medical	131	16.9%	346	19.4%	NS
Hospital-Based	207	26.7%	489	27.5%	NS
Pediatric	59	7.6%	150	8.4%	NS
Surgical	67	8.6%	206	11.6%	<0.05
Total	767	99.2%	1,755	98.8%	
Location					
Maricopa County	472	61.0%	1,110	62.5%	NS
Pima County	115	14.8%	402	22.6%	<0.01
All Other Counties	186	24.0%	263	14.8%	<0.01
Total	773	100.0%	1,775	100.0%	

Source: AMB, ABOE Survey & Licensing Data, April 2019–March 2020.

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 7 (0.9%) respondents and 23 (1.2%) non-respondents. Specialty was unknown for 6 (0.7%) respondents and 20 (1.1%) non-respondents.

Figure D - 1. Non-AHCCCS Physicians Providing Patient Care, 2019-2020 (N = 733; W = 3,806)



Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: Employment status was unknown for 17 physicians.

Table D - 2. Physicians Who Used a Scribe for Data Entry, 2019-2020 (N = 572; W = 2,903)

<i>Storage Method</i>	<i>Number of Physicians</i>	<i>Percent</i>
EMR Only	32	16.3%
EMR + Paper Only	-	-
EMR + Scanned Images Only	47	17.2%
Paper + Scanned Images + EMR	16	16.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table D - 3. Aware of Services offered by Health Current, 2019-2020 (N = 583; W = 3,018)

<i>Awareness</i>	<i>Number of Users</i>	<i>Percent</i>
Yes, using the exchange	49	10.5%
Yes, but not working with them at present	64	10.1%
No	470	79.3%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table D - 4. Use of a Scribe by County, 2019-2020 (N = 734; W = 3,888)

County	Yes		No		Total	
	N	%	N	%	N	%
Apache	-	-	7	100.0%	7	100.0%
Cochise	1	15.3%	5	84.6%	6	100.0%
Coconino	-	-	15	100.0%	15	100.0%
Gila	-	-	3	100.0%	3	100.0%
Maricopa	58	13.9%	313	86.0%	371	100.0%
Mohave	11	24.8%	17	75.1%	28	100.0%
Navajo	1	6.6%	6	93.3%	7	100.0%
Pima	16	17.3%	78	82.6%	94	100.0%
Pinal	2	25.0%	6	75.0%	8	100.0%
Santa Cruz	-	-	1	100.0%	1	100.0%
Yavapai	2	21.5%	12	78.4%	14	100.0%
Yuma	1	17.3%	8	82.6%	9	100.0%
Total	92	14.5%	471	85.4%	563	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 187 physicians have missing data for this question. Responses were not provided for the following Counties: Graham, Greenlee and La Paz.

Table D - 5. Use of a Scribe by Physician Specialty, 2019-2020 (N = 748; W = 3,983)

Specialty	Yes		No		Total	
	N	%	N	%	N	%
Primary Care	22	9.7%	223	90.2%	245	100.0%
Surgical Specialties	7	17.6%	39	82.3%	46	100.0%
Hospital-Based Specialties	43	21.9%	120	78.0%	163	100.0%
Medical Specialties	22	18.0%	73	81.9%	95	100.0%
Pediatric Specialties	2	1.1%	54	98.8%	56	100.0%
Total	96	14.0%	509	85.9%	605	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 145 physicians have missing data for this question.

Table D - 6. Integrated Physical and Behavioral Health Care by County, 2019-2020 (N = 732; W = 3,884)

County	Integrated		Not Integrated		Don't Know		Total	
	N	%	N	%	N	%	N	%
Apache	6	85.8%	1	14.1%	-	-	7	100.0%
Cochise	3	48.7%	2	32.5%	1	18.7%	6	100.0%
Coconino	7	55.4%	4	30.2%	4	14.3%	15	100.0%
Gila	1	16.0%	1	16.0%	1	67.9%	3	100.0%
Maricopa	178	54.9%	106	26.5%	79	18.5%	363	100.0%
Mohave	17	61.9%	4	9.1%	7	28.9%	28	100.0%
Navajo	5	68.7%	-	-	2	31.2%	7	100.0%
Pima	57	70.2%	17	16.1%	18	13.6%	92	100.0%
Pinal	4	50.0%	2	25.0%	2	25.0%	8	100.0%
Santa Cruz	1	100.0%	-	-	-	-	1	100.0%
Yavapai	7	40.5%	2	18.0%	5	41.4%	14	100.0%
Yuma	4	68.2%	2	8.6%	2	23.0%	8	100.0%
Total	290	58.7%	141	22.9%	121	18.3%	552	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 198 physicians have missing data for this question. Responses were not provided for the following Counties: Graham, Greenlee and La Paz.

Table D - 7. Integrated Physical and Behavioral Health Care by County, 2019-2020 (N = 732; W = 3,884)

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	3	48.7%	-	-	3	51.2%	6	100.0%
Coconino	7	55.4%	-	-	8	44.5%	15	100.0%
Gila	1	16.0%	-	-	2	83.9%	3	100.0%
Maricopa	178	54.9%	7	1.9%	178	43.1%	363	100.0%
Mohave	17	61.9%	-	-	11	38.0%	28	100.0%
Navajo	5	68.7%	-	-	2	31.2%	7	100.0%
Pima	57	70.2%	2	2.3%	33	27.3%	92	100.0%
Pinal	4	50.0%	-	-	4	50.0%	8	100.0%
Santa Cruz	1	100.0%	-	-	-	-	1	100.0%
Yavapai	7	40.5%	-	-	7	59.4%	14	100.0%
Yuma	4	68.2%	-	-	4	31.7%	8	100.0%
Total	290	58.7%	10	2.0%	252	39.2%	552	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 198 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 the following Counties: Graham, Greenlee and La Paz.

Table D - 8. Integrated Physical and Behavioral Health Care by Provider Specialty, 2019-2020 (N = 748; W = 3,983)

Specialty	Integrated		Not Integrated		Don't Know		Total	
	N	%	N	%	N	%	N	%
Primary Care	129	59.2%	64	22.6%	47	18.0%	240	100.0%
Surgical Specialties	24	63.9%	12	14.9%	9	21.1%	45	100.0%
Hospital-Based Specialties	75	52.5%	41	30.1%	44	17.2%	160	100.0%
Medical Specialties	46	57.5%	31	29.4%	15	12.9%	92	100.0%
Pediatric Specialties	32	54.5%	9	17.9%	14	27.5%	55	100.0%
Total	306	57.1%	157	24.5%	129	18.3%	592	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 158 physicians have missing data for this question.

Table D - 9. Integrated Physical and Behavioral Health Care by Provider Specialty, 2019-2020 (N = 748; W = 3,983)

Specialty	Currently Integrated		Plans to Integrate		No Future Plans		Total	
	N	%	N	%	N	%	N	%
Primary Care	129	59.2%	5	2.6%	106	38.0%	240	100.0%
Surgical Specialties	24	63.9%	-	-	21	36.0%	45	100.0%
Hospital-Based Specialties	75	52.5%	1	1.3%	84	46.0%	160	100.0%
Medical Specialties	46	57.5%	2	0.7%	44	41.7%	92	100.0%
Pediatric Specialties	32	54.5%	2	5.8%	21	39.6%	55	100.0%
Total	306	57.1%	10	2.1%	276	40.7%	592	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 158 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. The Type of Network in Which You Practice by County, 2019-2020 (N = 688; W = 3,631)

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%	0	0.0%	1	3.8%
Cochise	3	24.4%	1	6.9%	1	6.9%	1	6.9%	0	0.0%	1	8.9%	3	59.7%
Coconino	4	42.1%	2	6.3%	1	2.5%	6	30.7%	0	0.0%	3	17.4%	2	16.6%
Gila	1	67.9%	0	0.0%	2	32.0%	0	0.0%	0	0.0%	0	0.0%	-	-
Graham	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%
Maricopa	105	21.1%	86	19.7%	26	5.9%	114	22.4%	2	0.3%	40	7.5%	129	31.9%
Mohave	9	44.4%	14	38.9%	4	7.5%	5	15.7%	0	0.0%	1	2.1%	7	13.1%
Navajo	4	17.5%	1	4.5%	0	0.0%	0	0.0%	0	0.0%	3	50.7%	3	31.7%
Pima	26	19.9%	29	20.3%	9	8.0%	16	13.2%	0	0.0%	10	13.4%	32	31.6%
Pinal	4	28.5%	0	0.0%	0	0.0%	1	6.0%	0	0.0%	2	13.5%	3	51.8%
Santa Cruz	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	-	-
Yavapai	5	18.9%	3	25.3%	0	0.0%	5	38.7%	0	0.0%	2	7.7%	2	17.1%
Yuma	2	14.0%	3	24.3%	0	0.0%	0	0.0%	0	0.0%	2	4.1%	5	57.5%
Total	166	22.3%	143	20.4%	45	6.5%	150	19.5%	2	0.2%	64	9.0%	188	31.5%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

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

Table D - 11. The Type of Network in Which You Practice by Provider Specialty, 2019-2020 (N = 744; W = 3,974)

Specialty	ACO		CIN		IDN		Traditional Private Practice		Concierge Medicine		Other		Did Not Answer	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Primary Care	86	29.4%	57	17.0%	23	7.9%	53	16.7%	2	0.6%	28	10.1%	73	27.5%
Surgical Specialties	13	21.5%	13	17.5%	3	4.8%	12	13.6%	0	0.0%	6	10.6%	22	38.2%
Hospital-Based Specialties	41	17.9%	36	16.5%	18	9.9%	44	18.4%	0	0.0%	30	16.5%	58	32.2%
Medical Specialties	20	16.5%	19	18.9%	2	3.0%	41	26.3%	0	0.0%	15	10.2%	38	33.4%
Pediatric Specialties	16	20.4%	18	32.0%	4	3.6%	10	23.7%	0	0.0%	7	5.3%	8	19.9%
Total	176	22.4%	143	18.6%	50	6.9%	160	19.1%	2	0.2%	86	11.5%	199	30.1%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 6 physicians have missing data for this question.

Table D - 12. Awareness of Health Current Services by Physician Specialty, 2019-2020 (N = 748; W = 3,983)

Specialty	Aware and Using the Exchange		Aware but Not Working with Them at Present		Not Aware		Total	
	N	%	N	%	N	%	N	%
Primary Care	27	16.0%	25	6.7%	186	77.2%	238	100.0%
Surgical Specialties	5	10.5%	3	10.2%	33	79.1%	41	100.0%
Hospital-Based Specialties	11	7.2%	23	16.0%	118	76.6%	152	100.0%
Medical Specialties	4	7.1%	10	13.0%	84	79.7%	98	100.0%
Pediatric Specialties	2	3.8%	3	3.7%	45	92.3%	50	100.0%
Total	49	10.5%	64	10.2%	466	79.2%	579	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 171 physicians have missing data for this question.

Table D - 13. Awareness of Health Current Services by County, 2019-2020 (N = 740; W = 3,939)

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	-	-	-	-	5	100.0%	5	100.0%
Coconino	1	13.0%	1	2.9%	14	83.9%	16	100.0%
Gila	-	-	-	-	3	100.0%	3	100.0%
Maricopa	35	10.7%	37	10.0%	275	79.1%	347	100.0%
Mohave	1	2.4%	4	9.6%	23	87.9%	28	100.0%
Navajo	1	43.0%	-	-	6	56.9%	7	100.0%
Pima	5	10.6%	11	10.6%	70	78.6%	86	100.0%
Pinal	1	12.5%	2	25.1%	4	62.2%	7	100.0%
Santa Cruz	-	-	-	-	1	100.0%	1	100.0%
Yavapai	-	-	-	-	15	100.0%	15	100.0%
Yuma	1	15.6%	-	-	8	84.3%	9	100.0%
Total	46	10.8%	57	9.7%	428	79.3%	531	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 219 physicians have missing data for this question. No responses were provided for the following Counties: Graham, Greenlee and La Paz.

Non-AHCCCS Physicians Practice Characteristics

Table D - 14. Type of Practice by Physician Type, 2019-2020 (N = 643; W = 3,271)

<i>Type of Practice</i>	<i>Number of Physicians</i>	<i>Percent</i>
Physician Owned Solo Practice	26	4.2%
Physician Owned Group Practice	151	18.6%
Hospital/Medical School Group Practice	149	23.7%
Community or Rural Health Center	32	4.5%
Non-Hospital Private Outpatient Facility	37	5.7%
City, State or County Clinic or Hospital System	22	3.3%
Federal Government Hospital or Clinic	39	8.8%
Private For Profit Hospital System	42	5.6%
Private Non-Profit Hospital System	67	9.6%
Medical School, University Research Center	39	8.7%
Public Health Agency or Department	6	0.9%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	13	2.6%
Independent Consultant	20	3.1%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 107 physicians did not report type of practice (missing). Percentages are based on responses.

Table D - 15. Type of Practice by Number of MDs, 2019-2020 (N = 94; W = 1,025)

<i>Type of Practice</i>	<i>Number of Physicians</i>				<i>Total</i>
	<i>2-5</i>	<i>6-50</i>	<i>51-94</i>	<i>95+</i>	
Physician Owned Group Practice	12 34.1%	17 54.5%	1 3.3%	3 8.0%	33 32.5%
Hospital/Medical School Group Practice	-	9 21.8%	6 15.8%	26 62.3%	41 46.9%
Community or Rural Health Center	1 14.3%	4 47.0%	2 24.3%	1 14.3%	8 9.6%
Non-Hospital Private Outpatient Facility	2 18.1%	5 40.4%	1 12.1%	4 29.2%	12 11.1%
Total	15 14.4%	35 36.8%	10 12.1%	34 36.4%	94 100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 20 MDs did not report practice type and/or the number of physicians in their practice for the above practice types.

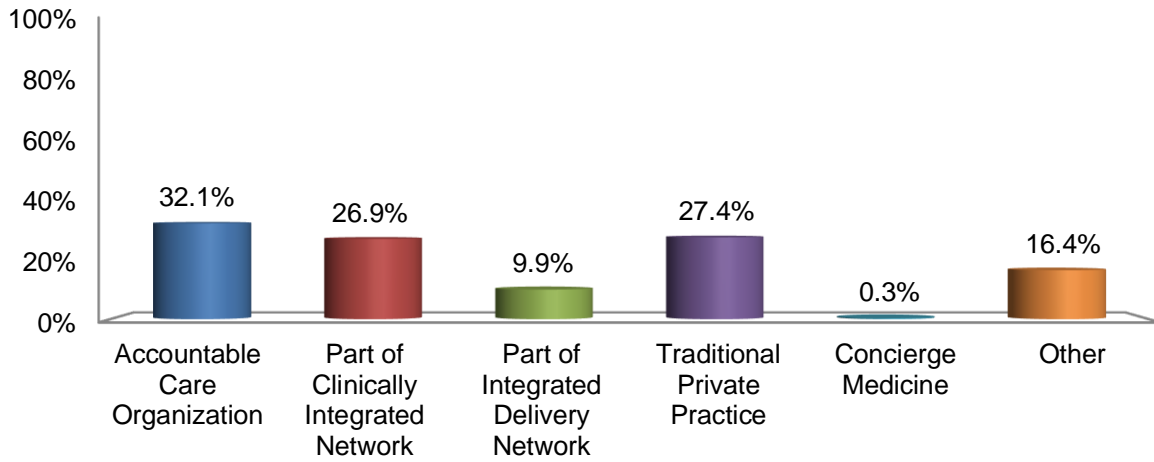
Table D - 16. Type of Practice by Number of DOs, 2019-2020 (N = 222; W = 434)

<i>Type of Practice</i>	<i>Number of Physicians</i>				<i>Total</i>
	<i>2-5</i>	<i>6-50</i>	<i>51-94</i>	<i>95+</i>	
Physician Owned Group Practice	26 25.1%	57 54.5%	5 4.9%	16 15.2%	104 46.8%
Hospital/Medical School Group Practice	4 5.0%	29 35.2%	11 13.3%	38 46.4%	82 36.2%
Community or Rural Health Center	3 14.5%	7 33.3%	2 8.3%	9 43.7%	21 9.4%
Non-Hospital Private Outpatient Facility	4 26.6%	5 33.1%	2 12.9%	4 27.2%	15 6.9%
Total	37 16.9%	98 44.0%	20 8.8%	67 30.1%	222 100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 33 DOs did not report practice type and/or the number of physicians in their practice for the above practice types.

Figure D - 2. Physicians' Characterization of Their Organizational Network, 2019-2020 (N = 549; W = 2,783)



Source: AMB, ABOE Survey Data, April 2019–March 2020.

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).

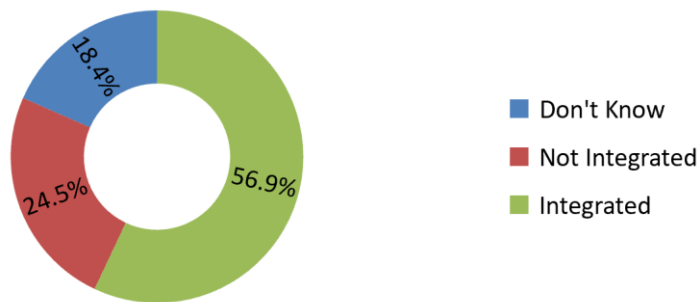
Table D - 17. Characteristics of Organizational Network by Type of Practice, 2019-2020 (N = 548; W = 2,781)

<i>Type of Practice</i>	<i>ACO</i>	<i>CIN</i>	<i>IDN</i>	<i>Traditional Private Practice</i>	<i>Concierge Medicine</i>	<i>Other</i>
	<i>N</i> <i>%</i>	<i>N</i> <i>%</i>	<i>N</i> <i>%</i>	<i>N</i> <i>%</i>	<i>N</i> <i>%</i>	<i>N</i> <i>%</i>
Physician Owned Solo Practice	1 5.5%	0 0.0%	1 1.5%	22 85.5%	1 5.5%	2 7.2%
Physician Owned Group Practice	24 15.1%	15 10.8%	6 8.2%	101 71.3%	1 0.3%	11 7.6%
Hospital/Medical School Group Practice	60 47.6%	50 33.1%	16 11.0%	7 10.3%	0 0.0%	16 13.5%
Community or Rural Health Center	15 51.9%	13 52.7%	3 3.8%	1 5.8%	0 0.0%	1 1.6%
Non-Hospital Private Outpatient Facility	5 11.7%	1 1.3%	2 2.7%	14 66.3%	0 0.0%	7 17.6%
City, State or County Clinic or Hospital System	3 25.9%	5 29.1%	5 42.9%	0 0.0%	0 0.0%	7 34.3%
Federal Government Hospital or Clinic	8 33.4%	8 31.6%	7 19.1%	0 0.0%	0 0.0%	8 38.6%
Private For Profit Hospital System	17 57.6%	17 39.2%	3 8.6%	5 15.6%	0 0.0%	5 6.2%
Private Non-Profit Hospital System	24 29.2%	24 47.6%	4 10.1%	4 2.8%	0 0.0%	10 18.7%
Medical School, University Research Center	15 38.7%	12 44.5%	2 6.4%	1 0.7%	0 0.0%	3 11.0%
Public Health Agency or Department	1 83.6%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 16.3%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	1 16.7%	1 3.4%	1 16.7%	2 23.7%	0 0.0%	5 56.0%
Independent Consultant	2 24.4%	0 0.0%	0 0.0%	4 9.5%	0 0.0%	9 65.9%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

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).

Figure D - 3. Percent of Non-AHCCCS Organizations Providing Integrated Physical and Behavioral Health Care, 2019-2020 (N = 596; W = 3,059)



Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: There were 154 physicians who did not respond to this question.

Table D - 18. Integrated Physical and Behavioral Health Care by Type of Practice, 2019-2020 (N = 594; W = 3,283)

Type of Practice	Yes		No		Don't Know		Total	
	N	%	N	%	N	%	N	%
Physician Owned Solo Practice	6	20.4%	16	65.5%	4	13.9%	26	100.0%
Physician Owned Group Practice	35	29.9%	79	55.1%	33	14.8%	147	100.0%
Hospital/Medical School Group Practice	89	65.8%	17	14.1%	34	19.9%	140	100.0%
Community or Rural Health Center	22	71.9%	5	16.6%	5	11.4%	32	100.0%
Private Outpatient Facility Not Part of Hospital System	15	35.4%	14	51.2%	5	13.3%	34	100.0%
City, State or County Clinic or Hospital System	12	50.9%	6	32.9%	3	16.0%	21	100.0%
Federal Government Hospital or Clinic	32	85.0%	2	1.3%	5	13.5%	39	100.0%
Private For Profit Hospital System	22	67.9%	7	16.9%	11	15.1%	40	100.0%
Private Non-Profit Hospital System	40	66.4%	6	3.8%	19	29.6%	65	100.0%
Medical School, University Research Center	26	73.7%	3	1.8%	9	24.3%	38	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	6	43.4%	2	24.5%	4	31.9%	12	100.0%
Total	305	56.8%	157	24.5%	132	18.5%	594	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: There were 156 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, 2019-2020 (N = 644; W = 3,273)

<i>Type of Practice</i>	Yes		No		Don't Know		Total	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Physician Owned Solo Practice	1	1.5%	15	80.4%	4	17.9%	20	100.0%
Physician Owned Group Practice	3	1.2%	56	58.6%	54	40.1%	113	100.0%
Hospital/Medical School Group Practice	4	7.9%	10	28.1%	43	63.8%	57	100.0%
Community or Rural Health Center	3	47.6%	1	3.9%	7	48.3%	11	100.0%
Private Outpatient Facility Not Part of Hospital System	1	9.7%	8	45.0%	9	45.1%	18	100.0%
City, State or County Clinic or Hospital System	-	-	5	41.3%	4	58.6%	9	100.0%
Federal Government Hospital or Clinic	1	4.0%	1	4.9%	5	90.9%	7	100.0%
Private For Profit Hospital System	2	15.6%	2	18.5%	16	65.7%	20	100.0%
Private Non-Profit Hospital System	2	12.7%	2	2.8%	24	84.4%	28	100.0%
Medical School, University Research Center	-	-	1	2.3%	11	97.6%	12	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	-	-	1	21.7%	5	78.2%	6	100.0%
Total	17	6.5%	102	37.5%	182	55.9%	301	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 449 physicians were excluded due to missing data. No response was provided for (1) Public Health Agency or Department or (2) Independent Consultant.

Table D - 20. Integration of Physical and Behavioral Health Care by Type of Network, 2019-2020 (N = 596; W = 3,059)

<i>Type of Network</i>	<i>Currently Integrated</i>		<i>Plans to Integrate</i>		<i>No Future Plans</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Accountable Care Organization (ACO)	105	65.4%	3	3.5%	64	31.0%
Clinically Integrated Network (CIN)	104	78.4%	2	1.3%	36	20.1%
Integrated Delivery Network (IDN)	32	65.8%	1	0.6%	16	33.4%
Traditional Private Practice	38	29.0%	5	3.1%	114	67.7%
Concierge Medicine	0	0.0%	0	0.0%	2	100.0%
Other	38	61.8%	0	0.0%	37	38.1%
Did Not Answer	42	59.1%	-	-	29	40.8%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

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. 154 physicians were ineligible for this table due to missing data.

Table D - 21. Use of a Scribe by Practice Size, 2019-2020 (N = 613; W = 3,118)

<i>Practice Size</i>	<i>Yes</i>		<i>No</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
2-5	10	9.3%	58	90.6%	68	100.0%
6-50	37	22.6%	114	77.3%	151	100.0%
51-94	10	37.5%	28	62.4%	38	100.0%
95+	13	8.8%	117	91.1%	130	100.0%
Total	70	17.1%	317	82.8%	387	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 363 physicians have missing data for this question.

Table D - 22. Use of a Scribe by Practice Type, 2019-2020 (N = 645; W = 3,283)

<i>Practice Type</i>	Yes		No		Total	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Physician Owned Solo Practice	2	2.7%	24	97.2%	26	100.0%
Physician Owned Group Practice	36	23.6%	113	76.3%	149	100.0%
Hospital/Medical School Group Practice	26	20.6%	121	79.3%	147	100.0%
Community or Rural Health Center	5	6.6%	27	93.3%	32	100.0%
Private Outpatient Facility Not Part of Hospital System	4	19.4%	31	80.5%	35	100.0%
City, State or County Clinic or Hospital System	1	2.0%	21	97.9%	22	100.0%
Federal Government Hospital or Clinic	1	0.7%	38	99.2%	39	100.0%
Private For Profit Hospital System	8	16.4%	33	83.5%	41	100.0%
Private Non-Profit Hospital System	8	8.9%	57	91.0%	65	100.0%
Medical School, University Research Center	3	4.0%	35	95.9%	38	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	1	12.2%	11	87.7%	12	100.0%
Independent Consultant	-	-	1	100.0%	1	100.0%
Total	95	14.0%	512	85.9%	607	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 143 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, 2019-2020 (N = 608; W = 3,098)

<i>Practice Size</i>	Integrated		Not Integrated		Don't Know		Total	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
2-5	17	30.9%	37	56.0%	13	13.0%	67	100.0%
6-50	69	52.0%	52	34.4%	27	13.4%	148	100.0%
51-94	24	71.7%	5	14.3%	7	13.8%	36	100.0%
95+	76	64.5%	21	15.3%	31	20.1%	128	100.0%
Total	186	55.5%	115	28.5%	78	15.8%	379	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 371 physicians have missing data for this question.

Table D - 24. Integrated Physical and Behavioral Health Care by Practice Size, 2019-2020 (N = 608; W = 3,098)

Practice Size	Currently Integrated		Plans to Integrate		No Future Plans		Total	
	N	%	N	%	N	%	N	%
2-5	17	30.9%	3	4.8%	47	64.2%	67	100.0%
6-50	69	52.0%	1	1.6%	78	46.3%	148	100.0%
51-94	24	71.7%	1	1.0%	11	27.1%	36	100.0%
95+	76	64.5%	1	0.2%	51	35.2%	128	100.0%
Total	186	55.5%	6	1.5%	187	42.8%	379	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 371 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. The Type of Network in Which You Practice by Practice Size, 2019-2020 (N = 391; W = 1,925)

Practice Size	ACO		CIN		IDN		Traditional Private Practice		Concierge Medicine		Other		Did Not Answer	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
2-5	10	13.6%	4	6.5%	3	2.1%	48	77.3%	2	3.1%	4	2.7%	3	4.5%
6-50	34	20.2%	32	21.0%	10	7.2%	52	29.2%	0	0.0%	17	15.7%	18	10.8%
51-94	12	30.7%	6	14.1%	4	8.7%	4	18.1%	0	0.0%	4	8.8%	12	28.1%
95+	47	36.8%	37	25.3%	21	17.7%	15	11.5%	0	0.0%	19	13.8%	21	18.6%
Total	103	26.5%	79	19.5%	38	10.5%	119	29.0%	2	0.4%	44	12.2%	54	14.7%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 359 physicians have missing data for this question.

Table D - 26. The Type of Network in Which You Practice by Practice Type, 2019-2020 (N = 643; W = 3,271)

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	1	5.5%	0	0.0%	1	1.5%	22	85.5%	1	5.5%	2	7.2%	-	-
Physician Owned Group Practice	24	14.1%	15	10.1%	6	7.7%	101	66.9%	1	0.2%	11	7.1%	10	6.1%
Hospital/Medical School Group Practice	60	39.7%	50	27.6%	16	9.2%	7	8.6%	0	0.0%	16	11.3%	23	16.6%
Community or Rural Health Center	15	46.5%	13	47.2%	3	3.4%	1	5.2%	0	0.0%	1	1.4%	4	10.5%
Private Outpatient Facility Not Part of Hospital System	5	9.6%	1	1.1%	2	2.2%	14	54.2%	0	0.0%	7	14.4%	8	18.3%
City, State or County Clinic or Hospital System	3	21.5%	5	24.2%	5	35.6%	0	0.0%	0	0.0%	7	28.5%	5	16.9%
Federal Government Hospital or Clinic	8	21.7%	8	20.5%	7	12.4%	0	0.0%	0	0.0%	8	25.1%	13	35.0%
Private For Profit Hospital System	17	52.8%	17	36.0%	3	7.9%	5	14.3%	0	0.0%	5	5.7%	5	8.1%
Private Not=Profit Hospital System	24	26.5%	24	43.1%	4	9.2%	4	2.5%	0	0.0%	10	16.9%	6	9.4%
Medical School, University Research Center	15	32.8%	12	37.7%	2	5.4%	1	0.6%	0	0.0%	3	9.3%	8	15.2%
Public Health Agency or Department	1	36.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	7.0%	4	56.7%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	1	12.6%	1	2.5%	1	12.6%	2	17.9%	0	0.0%	5	42.4%	4	24.3%
Independent Consultant	2	18.3%	0	0.0%	0	0.0%	4	7.1%	0	0.0%	9	49.5%	5	24.8%
Total	176	27.3%	146	22.8%	50	8.4%	161	23.3%	2	0.2%	85	13.9%	95	14.9%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 107 physicians have missing data for this question.

Table D - 27. Awareness of Health Current Services by Practice Type, 2019-2020 (N = 645; W = 3,283)

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	-	-	3	4.1%	23	95.8%	26	100.0%
Physician Owned Group Practice	9	8.3%	25	20.5%	102	71.0%	136	100.0%
Hospital/Medical School Group Practice	14	15.6%	14	8.3%	103	76.0%	131	100.0%
Community or Rural Health Center	2	8.7%	-	-	26	91.2%	28	100.0%
Private Outpatient Facility Not Part of Hospital System	3	3.6%	2	6.0%	24	90.3%	29	100.0%
City, State or County Clinic or Hospital System	1	2.1%	2	3.3%	16	94.5%	19	100.0%
Federal Government Hospital or Clinic	4	14.6%	4	10.8%	31	74.5%	39	100.0%
Private For Profit Hospital System	2	1.9%	4	21.2%	34	76.8%	40	100.0%
Private Not-Profit Hospital System	7	10.2%	5	7.5%	49	82.2%	61	100.0%
Medical School, University Research Center	3	10.7%	3	8.2%	31	81.0%	37	100.0%
Public Health Agency or Department	1	63.8%	-	-	3	36.1%	4	100.0%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	3	34.7%	1	2.2%	8	63.0%	12	100.0%
Independent Consultant	-	-	1	2.1%	18	97.8%	19	100.0%
Total	49	10.5%	64	10.2%	468	79.2%	581	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 169 physicians have missing data for this question.

Table D - 28. Awareness of Health Current Services by Practice Size, 2019-2020 (N = 624; W = 3,177)

	<i>Aware and Using the Exchange</i>		<i>Aware but Not Working with Them at Present</i>		<i>Not Aware</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
2-5	1	0.5%	6	8.0%	57	91.3%	64	100.0%
6-50	10	9.3%	27	22.5%	102	68.0%	139	100.0%
51-94	6	25.0%	3	2.9%	22	72.0%	31	100.0%
95+	11	11.7%	8	3.2%	97	85.0%	116	100.0%
Total	28	10.6%	44	10.9%	278	78.4%	350	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 400 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, 2019-2020 (N = 645; W = 3,283)

<i>Type of Practice</i>	<i>Utilization Rates</i>
Physician Owned Solo Practice	88.7%
Physician Owned Group Practice	94.2%
Hospital/Medical School Group Practice	100.0%
Community or Rural Health Center	100.0%
Non-Hospital Private Outpatient Facility	98.9%
City, State or County Clinic or Hospital System	87.5%
Federal Government Hospital or Clinic	100.0%
Private For Profit Hospital System	100.0%
Private Non-Profit Hospital System	93.1%
Medical School/University Research Center	100.0%
Public or Private Insurer/Health Related Organization that does not provide care	85.4%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: Rates = % of physicians within each practice type. 107 respondents were missing type of practice. 139 respondents were missing EMR utilization.

Table D - 30. EMR Utilization by County, 2019-2020 (N = 734; W = 3,886)

<i>Location</i>	<i>All Survey Respondents</i>	<i>EMR Users</i>	<i>% EMR Users</i>
Apache	7	6	86.1%
Cochise	6	6	100.0%
Coconino	15	15	100.0%
Gila	3	3	100.0%
La Paz	373	365	96.7%
Maricopa	28	28	100.0%
Mohave	7	7	100.0%
Navajo	94	93	99.7%
Pima	8	8	100.0%
Pinal	1	1	100.0%
Santa Cruz	14	13	85.2%
Yavapai	9	9	100.0%
Yuma	7	6	86.1%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: County and/or method of storage was unknown for 185 respondents. There were no respondents from Graham, Greenlee and La Paz Counties.

Table D - 31. Methods of Storing Medical Records, 2019-2020 (N = 604; W = 3,084)

<i>Method</i>	<i>Number</i>	<i>Percent</i>
Paper Files Only	3	0.7%
EMR Only	205	33.1%
Scanned Images Only	2	0.5%
Paper + Scanned Images Only	3	0.8%
EMR + Paper Only	4	0.8%
EMR + Scanned Images Only	283	45.6%
Paper + Scanned Images + EMR	104	18.2%
EMR alone or in combination*	596	97.8%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 146 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, 2019-2020 (N = 521; W = 2,652)

<i>EMR Functions</i>	<i>Physicians Who Exchange with Other Providers</i>	<i>Percent who Exchange</i>
Patient Care Summary	349	70.1%
Prescription 'e-prescribing'	356	74.3%
Lab Results	386	82.4%
Reminders for Interventions	234	47.7%
Radiology Results	390	81.5%
Images Results	361	75.6%
Public Health Reports	231	45.6%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

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, 2019-2020 (N = 529; W = 2,761)

<i>EMR Functions</i>	<i>Fax</i>		<i>Email</i>		<i>HIE</i>		<i>All of the Above</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Patient Care Summary	53	17.5%	13	4.0%	149	43.4%	126	34.9%
Prescription 'e-prescribing'	24	4.7%	15	4.0%	225	72.5%	80	18.5%
Lab Results	9	79.6%	2	20.3%
Reminders for Interventions	3	0.5%	26	15.1%	144	62.5%	56	21.7%
Radiology Results	2	25.4%	.	.	5	49.6%	3	24.9%
Images Results	1	29.5%	.	.	5	65.8%	1	4.5%
Public Health Reports	16	5.5%	8	4.3%	113	54.5%	85	35.4%
Total	99	8.2%	62	6.1%	650	58.4%	353	27.1%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

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 687 respondents.

Table D - 34. Percent of Physicians Exchanging Information by Organization Type, 2019-2020 (N = 645; W = 3,283)

<i>Type of Practice</i>	<i>Patient Care Summary</i>	<i>Prescription 'e-prescribing'</i>	<i>Lab Results</i>	<i>Reminders for Interventions</i>	<i>Radiology Results</i>	<i>Images Results</i>	<i>Public Health Reports</i>
Physician Owned Solo Practice	55%	73%	90%	53%	79%	72%	27%
Physician Owned Group Practice	64%	70%	79%	40%	77%	68%	36%
Hospital/Medical School Group Practice	84%	88%	92%	61%	94%	95%	61%
Community or Rural Health Center	72%	92%	99%	70%	98%	88%	77%
Non-Hospital Private Outpatient Facility	88%	67%	71%	22%	59%	59%	28%
City, State or County Clinic or Hospital System	52%	60%	97%	40%	94%	52%	57%
Federal Government Hospital or Clinic	80%	69%	86%	47%	76%	68%	49%
Private For Profit Hospital System	70%	73%	88%	50%	88%	80%	45%
Private Non-Profit Hospital System	51%	69%	64%	37%	67%	63%	33%
Medical School, University Research Center	82%	87%	83%	56%	95%	95%	41%
Public Health Agency or Dept	.	.	100%	.	25%	36%	11%
Public or Private Insurer/Health Related Organization That Does Not Provide Care	34%	4%	41%	45%	41%	37%	34%
Independent Consultant	40%	44%	50%	24%	57%	56%	28%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: This table only includes those physicians who answered 'Yes' to the Exchange question for each EMR function. 330 physicians were ineligible for this table due to missing data.

Table D - 35. Obstacles in Exchanging Electronic Information with HealthCare Providers by County, 2019-2020 (N = 688; W = 3,631)

	<i>Lack of a health information exchange</i>		<i>Concerns about patient confidentiality</i>		<i>Lack of technological support for problems</i>		<i>Lack of connectivity between my EHR and other systems</i>		<i>Lack of information from other providers</i>		<i>No significant problems</i>		<i>Other</i>		<i>Did Not Answer</i>	
Apache	2	33.7%	2	21.1%	2	33.7%	6	82.6%	4	51.4%	1	17.3%	0	0.0%	-	-
Cochise	2	15.8%	3	25.1%	3	24.7%	3	24.7%	3	24.7%	3	24.4%	0	0.0%	2	52.3%
Coconino	5	31.5%	2	14.3%	3	38.4%	8	61.6%	5	31.9%	3	9.3%	0	0.0%	3	20.2%
Gila	0	0.0%	1	16.0%	1	16.0%	0	0.0%	1	67.9%	0	0.0%	0	0.0%	-	-
Graham	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%
Maricopa	64	13.5%	61	14.2%	72	17.3%	163	36.7%	119	26.2%	125	23.4%	12	3.4%	125	30.0%
Mohave	7	22.0%	4	8.3%	13	49.5%	18	53.7%	13	26.2%	6	17.5%	0	0.0%	7	13.1%
Navajo	3	24.9%	1	4.5%	3	25.8%	3	25.8%	3	24.9%	3	38.7%	1	16.7%	3	31.7%
Pima	17	17.4%	15	15.1%	24	25.1%	47	37.8%	27	27.9%	30	28.9%	1	1.5%	28	23.3%
Pinal	0	0.0%	2	14.9%	1	6.0%	4	27.1%	1	6.0%	2	14.9%	0	0.0%	3	51.8%
Santa Cruz	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	-	-
Yavapai	1	4.0%	3	11.0%	3	11.9%	5	32.1%	6	35.6%	5	49.4%	0	0.0%	1	3.8%
Yuma	3	15.8%	1	2.2%	1	2.2%	5	28.9%	0	0.0%	1	14.7%	1	10.3%	4	44.0%
Total	104	15.0%	95	13.9%	126	19.9%	262	37.7%	182	26.3%	180	24.1%	15	3.1%	177	28.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table D - 36. Obstacles to Exchanging Electronic Information with HealthCare Providers by Practice Type, 2019-2020 (N = 643; W = 3,271)

	<i>Lack of a health information exchange</i>		<i>Concerns about patient confidentiality</i>		<i>Lack of technological support for problems</i>		<i>Lack of connectivity with my EHR & other systems</i>		<i>Lack of information from other providers</i>		<i>No significant problems</i>		<i>Other</i>		<i>Did Not Answer</i>	
Physician owned solo practice	4	5.9%	8	22.4%	4	15.6%	12	40.6%	8	30.7%	11	55.1%	1	1.3%	1	5.6%
Physician owned group practice	24	17.3%	28	25.5%	31	23.9%	57	41.0%	44	37.2%	48	26.2%	4	2.2%	25	17.5%
Hospital or medical school physician group practice	26	20.5%	20	17.5%	30	22.4%	67	46.4%	47	38.2%	42	24.2%	2	2.6%	20	13.3%
Community or rural health center	8	26.5%	1	7.3%	12	33.1%	19	56.6%	13	28.9%	5	27.8%	2	7.9%	4	4.9%
Private outpatient facility not part of a hospital system	9	34.6%	7	30.4%	5	23.3%	13	50.2%	12	41.9%	8	19.3%	2	2.1%	10	21.0%
City, state or county hospital or clinic	6	34.0%	1	12.4%	7	46.6%	10	57.5%	10	41.4%	7	34.0%	1	12.4%	3	5.1%
Federal government hospital or clinic	6	13.3%	12	17.0%	9	23.6%	24	61.0%	10	22.3%	9	27.7%	2	6.5%	1	2.7%
Private for profit hospital system	6	15.9%	8	19.0%	10	24.9%	27	64.5%	15	27.9%	12	23.4%	0	0.0%	3	7.9%
Private not for profit hospital system	13	18.1%	10	12.7%	10	18.5%	31	50.1%	20	26.5%	26	34.8%	1	4.3%	7	9.4%
Medical school, university, research center	7	17.1%	5	7.4%	14	38.4%	16	38.2%	12	32.7%	10	32.7%	1	3.3%	6	10.1%
Public health agency or department	1	6.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	50.6%	0	0.0%	2	43.2%
Public or private insurer/health related organization that does not provide care	0	0.0%	2	18.0%	1	9.0%	4	46.6%	3	37.7%	4	17.7%	1	9.0%	4	26.4%
Independent consultant	2	12.7%	1	10.6%	3	20.4%	5	14.8%	7	36.2%	8	37.1%	1	2.1%	4	24.4%
Total	112	18.5%	103	17.6%	136	24.4%	285	46.7%	201	33.6%	193	28.6%	18	3.6%	90	12.6%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table D - 37. Obstacles to Exchanging Electronic Information with HealthCare Providers by Provider Specialty, 2019-2020 (N = 744; W = 3,974)

	<i>Lack of a health information exchange</i>		<i>Concerns about patient confidentiality</i>		<i>Lack of technological support for problems</i>		<i>Lack of connectivity between my EHR and other systems</i>		<i>Lack of information from other providers</i>		<i>No significant problems</i>		<i>Other</i>		<i>Did Not Answer</i>	
Primary Care	14	9.9%	22	14.8%	23	21.6%	52	42.3%	33	26.8%	25	20.2%	3	3.4%	32	26.1%
Medical Specialties	51	17.1%	36	12.1%	64	21.6%	128	42.2%	93	32.2%	79	29.1%	7	3.0%	60	20.4%
Surgical Specialties	36	19.5%	27	16.8%	32	18.3%	62	34.5%	49	27.6%	58	19.5%	6	3.2%	63	35.4%
Hospital-Based Specialties	2	6.2%	5	8.6%	6	14.6%	17	28.1%	13	23.3%	13	14.5%	1	0.4%	27	44.6%
Pediatric Specialties	9	14.3%	13	23.0%	11	22.3%	25	38.9%	13	15.9%	17	31.0%	1	3.7%	11	21.3%
<i>Total</i>	112	15.2%	103	14.5%	136	20.1%	284	38.4%	201	27.6%	192	23.7%	18	2.9%	193	28.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table D - 38. Obstacles to Exchanging Electronic Information with HealthCare Providers by Practice Size, 2019-2020 (N = 391; W = 1,925)

	<i>Lack of a health information exchange</i>		<i>Concerns about patient confidentiality</i>		<i>Lack of technological support for problems</i>		<i>Lack of connectivity between my EHR and other systems</i>		<i>Lack of information from other providers</i>		<i>No significant problems</i>		<i>Other</i>		<i>Did Not Answer</i>	
2-5 physicians	24	21.4%	24	23.6%	37	31.0%	66	52.4%	39	30.8%	32	20.2%	7	8.1%	16	13.5%
95 or more physicians	12	10.9%	14	21.3%	14	23.8%	35	53.8%	25	44.4%	18	32.0%	2	3.2%	7	4.3%
6-50 physicians	27	23.5%	26	22.7%	28	20.5%	58	39.4%	45	30.1%	53	33.4%	3	0.8%	24	15.4%
51-94 physicians	7	19.3%	3	6.9%	10	32.8%	19	65.0%	15	54.1%	7	17.1%	1	4.3%	7	5.8%
Total	70	20.3%	67	21.0%	89	26.3%	178	49.4%	124	35.4%	110	26.4%	13	4.3%	54	11.8%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table D - 39. Obstacles to Exchanging Electronic Information with HealthCare Providers by EMR Utilization, 2019-2020 (N = 611; W = 3,121)

	<i>Lack of a health information exchange</i>		<i>Concerns about patient confidentiality</i>		<i>Lack of technological support for problems</i>		<i>Lack of connectivity between my EHR and other systems</i>		<i>Lack of information from other providers</i>		<i>No significant problems</i>		<i>Other</i>		<i>Did Not Answer</i>	
Utilizes EMR	108	19.1%	100	18.2%	131	25.0%	278	49.2%	190	33.8%	179	28.7%	14	3.4%	72	10.6%
No EMR	1	13.6%	2	17.2%	2	23.1%	3	30.7%	4	38.5%	3	23.0%	2	4.2%	6	34.1%
Total	109	18.9%	102	18.1%	133	24.9%	281	48.6%	194	34.0%	182	28.5%	16	3.4%	78	11.4%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table D - 40. Obstacles to Exchanging Electronic Information with HealthCare Providers by Patient Care Summary Exchange, 2019-2020 (N = 499; W = 2,532)

	<i>Lack of a health information exchange</i>		<i>Concerns about patient confidentiality</i>		<i>Lack of technological support for problems</i>		<i>Lack of connectivity between my EHR and other systems</i>		<i>Lack of information from other providers</i>		<i>No significant problems</i>		<i>Other</i>		<i>Did Not Answer</i>	
Yes	75	19.3%	66	17.5%	85	28.9%	184	52.6%	130	38.3%	99	29.3%	8	3.2%	18	4.7%
Don't Know	16	21.0%	16	25.2%	17	17.4%	37	56.3%	27	31.6%	34	32.3%	3	3.1%	6	4.4%
No	6	17.2%	6	9.5%	11	24.4%	18	32.3%	12	24.9%	29	31.2%	5	10.0%	8	19.8%
Total	97	19.4%	88	17.9%	113	26.3%	239	50.8%	169	35.4%	162	30.1%	16	4.0%	32	6.5%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Table D - 41. Obstacles to Exchanging Electronic Information with Other Providers, 2019-2020 (N = 672; W = 3,635)

<i>Obstacles to Exchange Information</i>	<i>Number of Physicians</i>	<i>Percent</i>
Lack of a health Information exchange	108	19.1%
Concerns with maintaining patient confidentiality	100	18.2%
Lack of technological support for problems	131	25.0%
Lack of connectivity between my EMR and other systems	278	49.2%
Lack of information from other providers	190	33.8%
No significant problems	179	28.7%
Other	14	3.4%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 78 physicians did not respond to this question.

Table D - 42. Use of a Scribe by EMR Utilization, 2019-2020 (N = 612; W = 3,131)

<i>EMR Utilization</i>	<i>Yes</i>		<i>No</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Utilizes EMR	96	14.5%	497	85.4%	593	100.0%
No EMR	-	-	15	100.0%	15	100.0%
Total	96	14.0%	512	85.9%	608	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 142 physicians have missing data for this question.

Table D - 43. Use of a Scribe by Patient Care Summary Exchange, 2019-2020 (N = 628; W = 3,201)

<i>Use of a Scribe</i>	<i>Yes</i>		<i>No</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Yes	48	12.9%	292	87.0%	340	100.0%
No	9	13.1%	49	86.8%	58	100.0%
Don't Know	11	7.7%	71	92.2%	82	100.0%
Total	68	12.0%	412	87.9%	480	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 270 physicians have missing data for this question.

Table D - 44. Integrated Physical and Behavioral Health Care by EMR Utilization, 2019-2020 (N = 612; W = 3,131)

<i>EMR Utilization</i>	<i>Integrated</i>		<i>Not Integrated</i>		<i>Don't Know</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Utilizes EMR	303	58.0%	147	22.8%	131	19.1%	581	100.0%
No EMR	3	31.4%	10	66.6%	1	1.8%	14	100.0%
Total	306	57.1%	157	24.3%	132	18.5%	595	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 155 physicians have missing data for this question.

Table D - 45. Integrated Physical and Behavioral Health Care by EMR Utilization, 2019-2020 (N = 612; W = 3,131)

<i>EMR Utilization</i>	<i>Currently Integrated</i>		<i>Plans to Integrate</i>		<i>No Future Plans</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Utilizes EMR	303	58.0%	11	2.2%	267	39.7%	581	100.0%
No EMR	3	31.4%	-	-	11	68.5%	14	100.0%
Total	306	57.1%	11	2.1%	278	40.6%	595	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 155 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. Integrated Physical and Behavioral Health Care by Patient Care Summary Exchange, 2019-2020 (N = 620; W = 3,179)

<i>Patient Care Summary Exchange</i>	<i>Integrated</i>		<i>Not Integrated</i>		<i>Don't Know</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Yes	185	60.6%	89	22.2%	63	17.1%	337	100.0%
No	25	55.8%	23	37.7%	9	6.3%	57	100.0%
Don't Know	33	44.3%	12	15.5%	36	40.1%	81	100.0%
Total	243	57.2%	124	22.9%	108	19.8%	475	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 275 physicians have missing data for this question.

Table D - 47. Integrated Physical and Behavioral Health Care by Patient Care Summary Exchange, 2019-2020 (N = 620; W = 3,179)

<i>Patient Care Summary Exchange</i>	<i>Currently Integrated</i>		<i>Plans to Integrate</i>		<i>No Future Plans</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Yes	185	60.6%	6	1.4%	146	37.9%	337	100.0%
No	25	55.8%	1	3.9%	31	40.1%	57	100.0%
Don't Know	33	44.3%	2	2.7%	46	52.9%	81	100.0%
Total	243	57.2%	9	1.9%	223	40.7%	475	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 275 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 - 48. The Type of Network in Which You Practice by EMR Utilization, 2019-2020 (N = 611; W = 3,121)

<i>EMR Use</i>	<i>ACO</i>		<i>CIN</i>		<i>IDN</i>		<i>Traditional Private Practice</i>		<i>Concierge Medicine</i>		<i>Other</i>		<i>Did Not Answer</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Utilizes EMR	173	28.5%	143	24.0%	50	9.1%	151	24.0%	2	0.3%	72	12.0%	77	14.0%
No EMR	0	0.0%	2	21.2%	0	0.0%	6	30.9%	0	0.0%	3	30.8%	4	16.8%
Total	173	27.6%	145	23.9%	50	8.8%	157	24.2%	2	0.3%	75	12.6%	81	14.1%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 139 physicians have missing data for this question.

Table D - 49. The Type of Network in Which You Practice by Patient Care Summary Exchange, 2019-2020 (N = 499; W = 2,532)

<i>Patient Care Summary</i>	<i>ACO</i>		<i>CIN</i>		<i>IDN</i>		<i>Traditional Private Practice</i>		<i>Concierge Medicine</i>		<i>Other</i>		<i>Did Not Answer</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Yes	117	34.3%	89	26.0%	26	8.7%	90	22.7%	2	0.5%	41	12.3%	33	9.6%
No	11	19.0%	12	23.0%	2	6.1%	19	22.7%	0	0.0%	14	16.1%	10	21.1%
Don't Know	17	13.5%	13	10.1%	10	11.2%	21	30.6%	0	0.0%	16	23.7%	13	14.9%
Total	145	28.8%	114	22.8%	38	8.8%	130	24.1%	2	0.3%	71	14.7%	56	11.9%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 251 physicians have missing data for this question.

Table D - 50. Awareness of Health Current Services by EMR Utilization, 2019-2020 (N = 636; W = 3,256)

	<i>Aware and Using the Exchange</i>		<i>Aware but Not Working with Them at Present</i>		<i>Not Aware</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Utilizes EMR	47	10.7%	61	10.6%	436	78.6%	544	100.0%
No EMR	-	-	2	9.5%	12	90.4%	14	100.0%
Total	47	10.3%	63	10.6%	448	79.0%	558	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 192 physicians have missing data for this question.

Table D - 51. Awareness of Health Current Services by Patient Care Summary Exchange, 2019-2020 (N = 594; W = 3,082)

	<i>Aware and Using the Exchange</i>		<i>Aware but Not Working with Them at Present</i>		<i>Not Aware</i>		<i>Total</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Yes	40	12.9%	39	10.9%	262	76.0%	341	100.0%
No	1	2.5%	10	14.0%	52	83.4%	63	100.0%
Don't Know	2	5.5%	4	3.0%	78	91.3%	84	100.0%
Total	43	10.3%	53	9.9%	392	79.7%	488	100.0%

Source: AMB, ABOE Survey Data, April 2019–March 2020.

Note: 262 physicians have missing data for this question.