Meaningful Use & Electronic Health Records
2011 Quick-Response Survey
by The American Hospital Association

Hospitals' Ability to Meet Meaningful Use Requirements of the Medicare and Medicaid EHR Incentive Programs

Pennsylvania Findings
February 2011

EHR "Meaningful Use"

CMS has defined "meaningful use" through 24 objectives and measures for inpatient care.

- Survey results will show to what extent EHR systems in (responding) Pennsylvania hospitals **CURRENTLY** meet each objective.

- If Pennsylvania hospitals' EHR systems do not yet have the capability to meet the objective, results will show **when (responding) hospitals expect** to be able to meet the objective.

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Meaningful Use: EHR Functionality Criteria

CORE CRITERIA: ALL MUST BE MET

Providers may claim certain objective(s)/measure(s) is inapplicable to them, if they meet CMS criteria of such an exception.

CPOE (Computerized Physician Order Entry)	Drug-drug and drug-allergy interaction checks	Record demographics	Maintain current problem list of active diagnoses
Maintain active medication list	Maintain active medication allergy list	Record and chart changes in vital signs	Record smoking status for patients 13 and older
Implement one clinical decision support rule	Automatically generate quality measures to CMS/states	Provide patients with an e-copy of their health information upon request	Provide patients with an e-copy of their discharge instructions at time of discharge upon request (EHs only)
Capability to exchange key clinical information among providers of care and patient-authorized entities electronically	Protect electronic health information	E-prescribing (Eligible Providers (EPs) only)	Provide clinical summaries for patients for each office visit (EPs only)

Meaningful Use: EHR Functionality Criteria

MENU CRITERIA: ELIGIBLE HOSPITALS (EHS) AND ELIGIBLE PROVIDERS (EPS) MUST MEET 5 OF THEIR RESPECTIVE OBJECTIVES, INCLUDING ONE PUBLIC HEALTH OBJECTIVE.

Drug-formulary checks	Record advanced directives for patients 65 years or older (EH only)	Incorporate clinical lab test results as structured data	Generate lists of patients by specific conditions
Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate	Electronic Medication reconciliation	Summary of care record for each transition of care/referrals	Send reminders to patients per patient preference for preventative/follow-up care (EPs only)
Provide patients with timely electronic access to their health information (EPs only)	Capability to submit electronic data to immunization registries/systems	Capability to provide electronic submission of reportable lab results to public health agencies (EHs only)	Capability to provide electronic syndromic surveillance data to public health agencies

Providers may claim certain objective(s)/measure(s) is inapplicable to them, if they meet CMS criteria of such an exception.
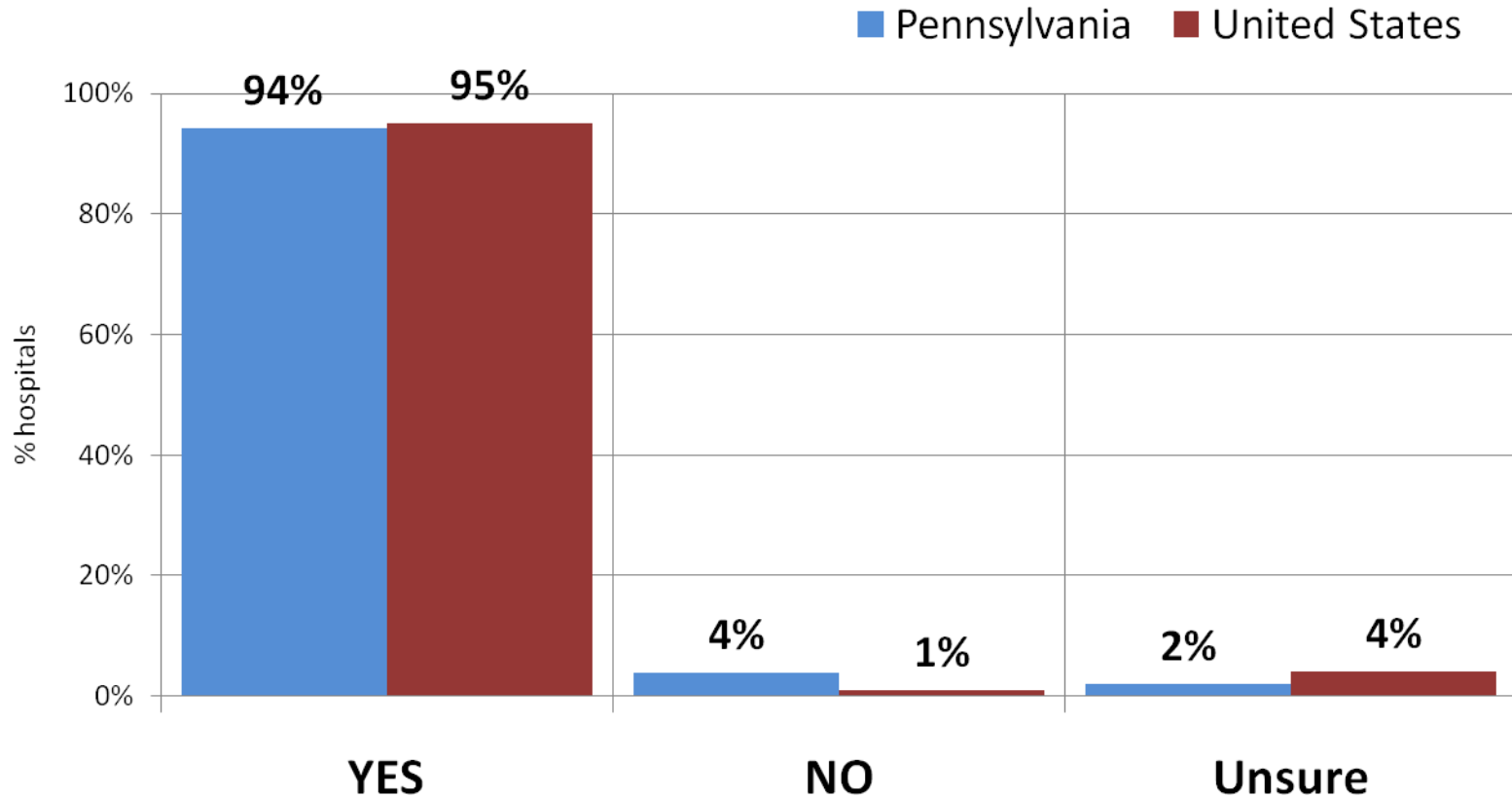
Public Health Objective

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Executive Summary

- The vast majority of hospitals want to participate in the Medicare and Medicaid Electronic Health Records (EHR) Incentive Program.

- Hospitals participating in the survey reported they plan to pursue meeting the meaningful use and certification requirements for the program.
    - Nationwide = 95%
    - Pennsylvania = 94%

- In January of 2011, fewer than 2% of hospitals participating in the survey, nationally, reported that they currently meet the specific requirements of meaningful use and have a certified EHR. **Currently, no responding Pennsylvania hospitals qualify as meaningful users.**

- Hospitals are making progress on specific core objectives, but are more likely to meet meaningful use requirements than **both have a certified EHR** <u>and</u> **meet the meaningful use requi**rements.
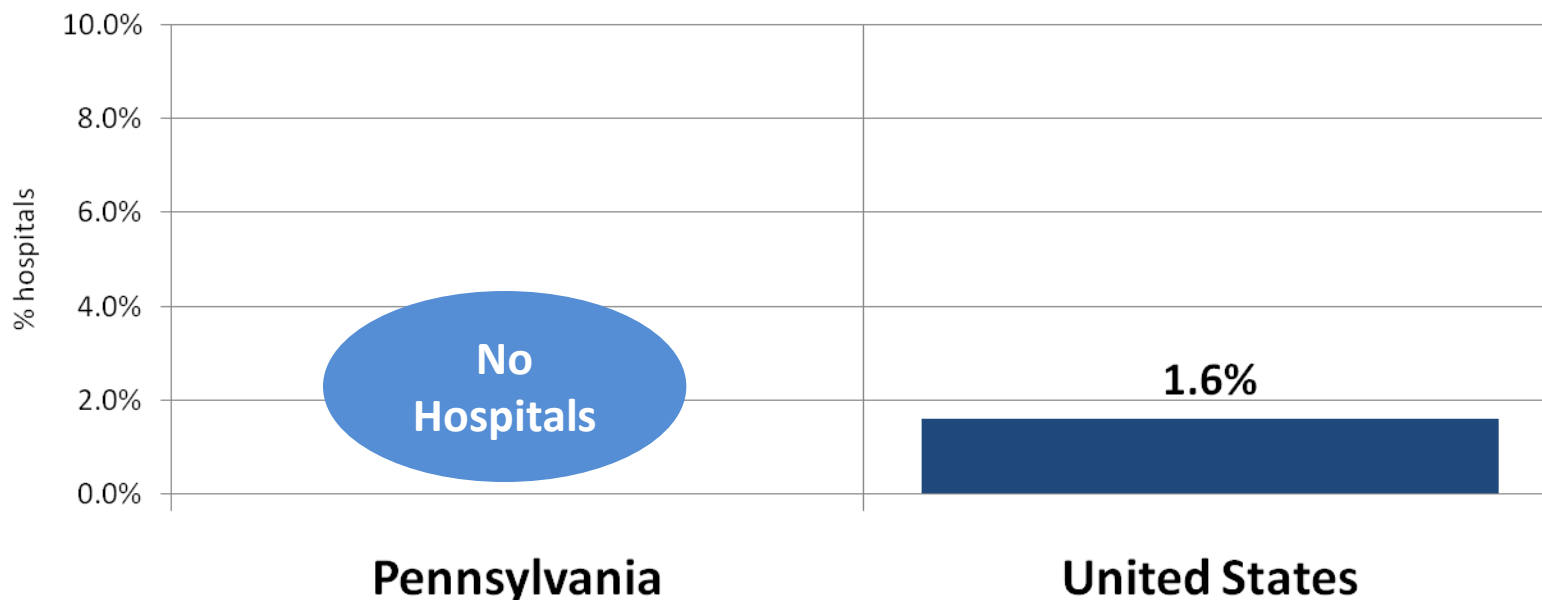
The majority of hospitals want to achieve meaningful use.

Percent of hospitals reporting they plan to pursue qualifying as meaningful users.
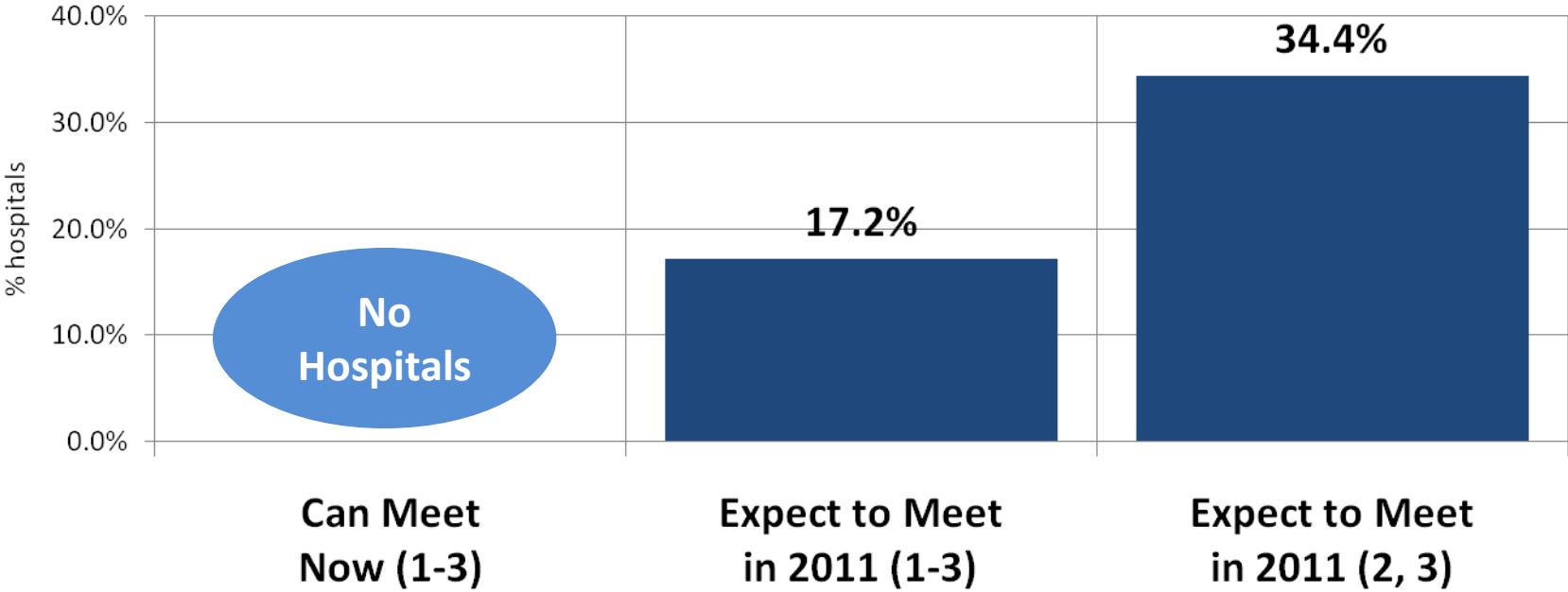
Nationwide, fewer than 2% meet the meaningful use objectives <u>and</u> have a certified EHR technology in January 2011.

Hospitals were asked to separately identify whether their EHRs were certified for each objective and whether the hospital could meet the objective, regardless of certification. **To meet meaningful use, a hospital must (1) possess an EHR certified against all 24 objectives of meaningful use, (2) meet at least 19 of the objectives, and (3) successfully report quality measures generated directly from the EHR.**

In 2011, 17% of Pennsylvania responding hospitals expect to meet the meaningful use objectives <u>and</u> have a certified EHR technology.
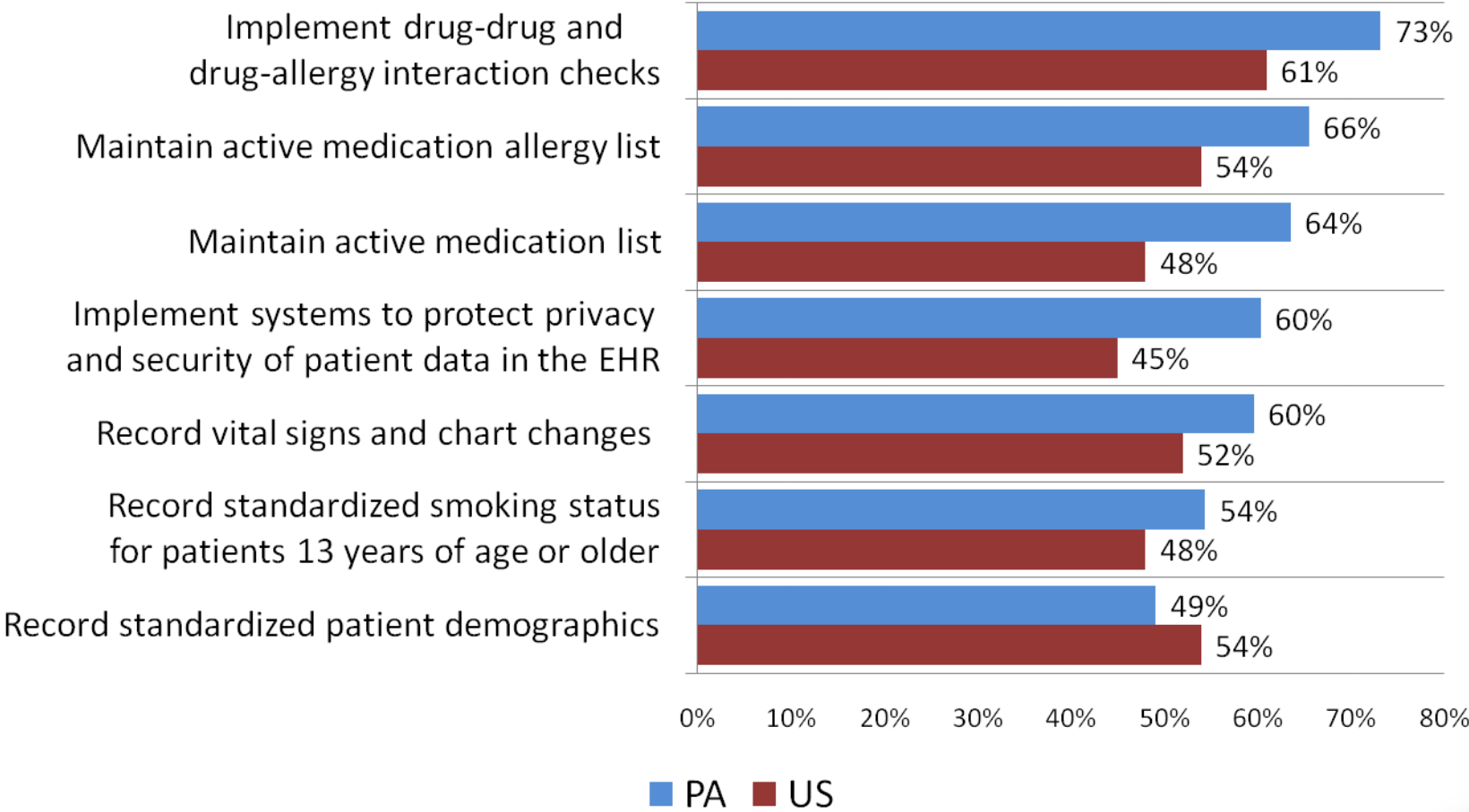

To meet meaningful use, a hospital must:
(1) Possess an EHR <u>certified</u> against all 24 objectives of meaningful use;
(2) Meet at least 19 of the objectives; and
(3) Successfully report quality measures generated directly from the EHR.

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Percent (%) of Hospitals Meeting Each Core Objective of Meaningful Use
Pennsylvania vs. United States

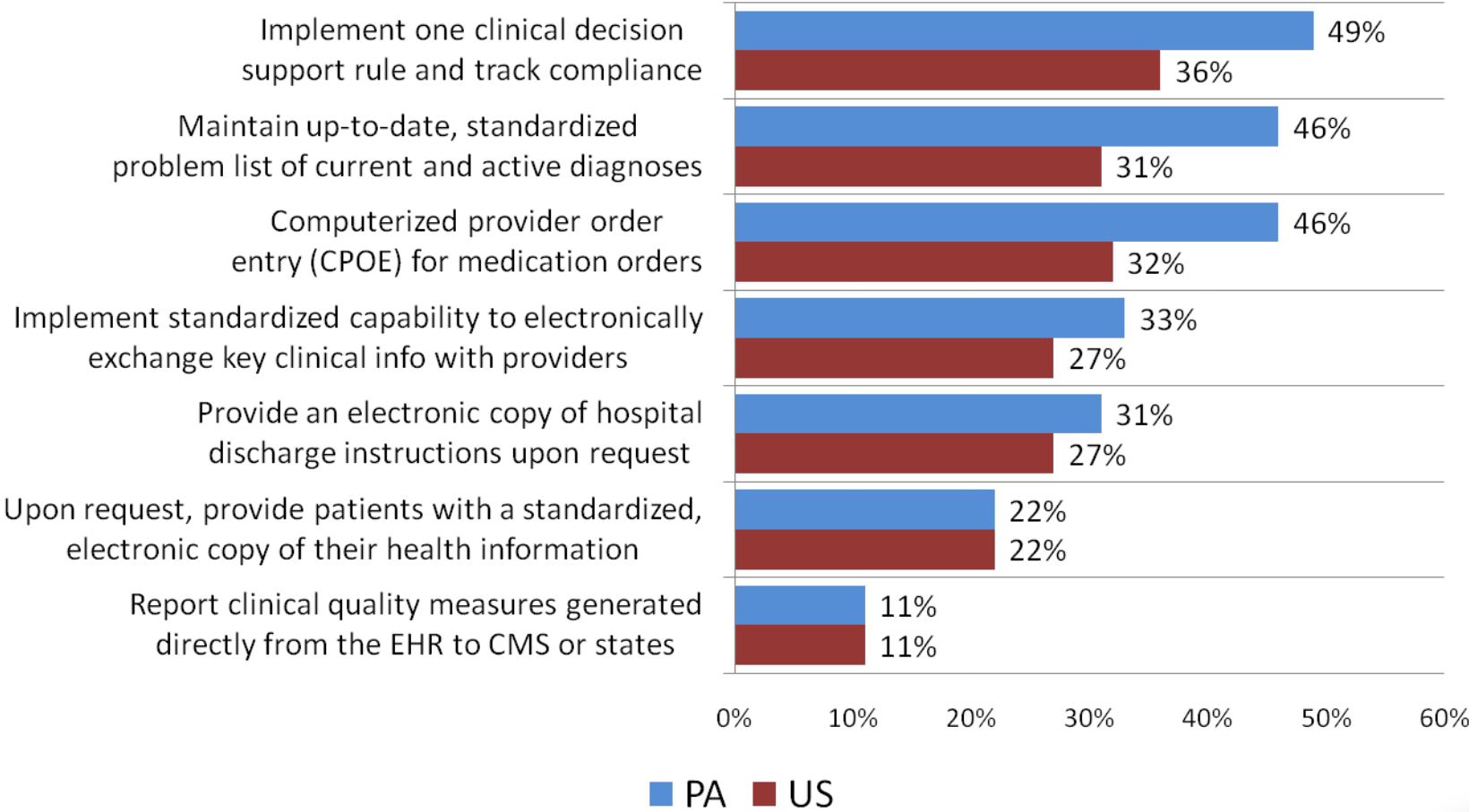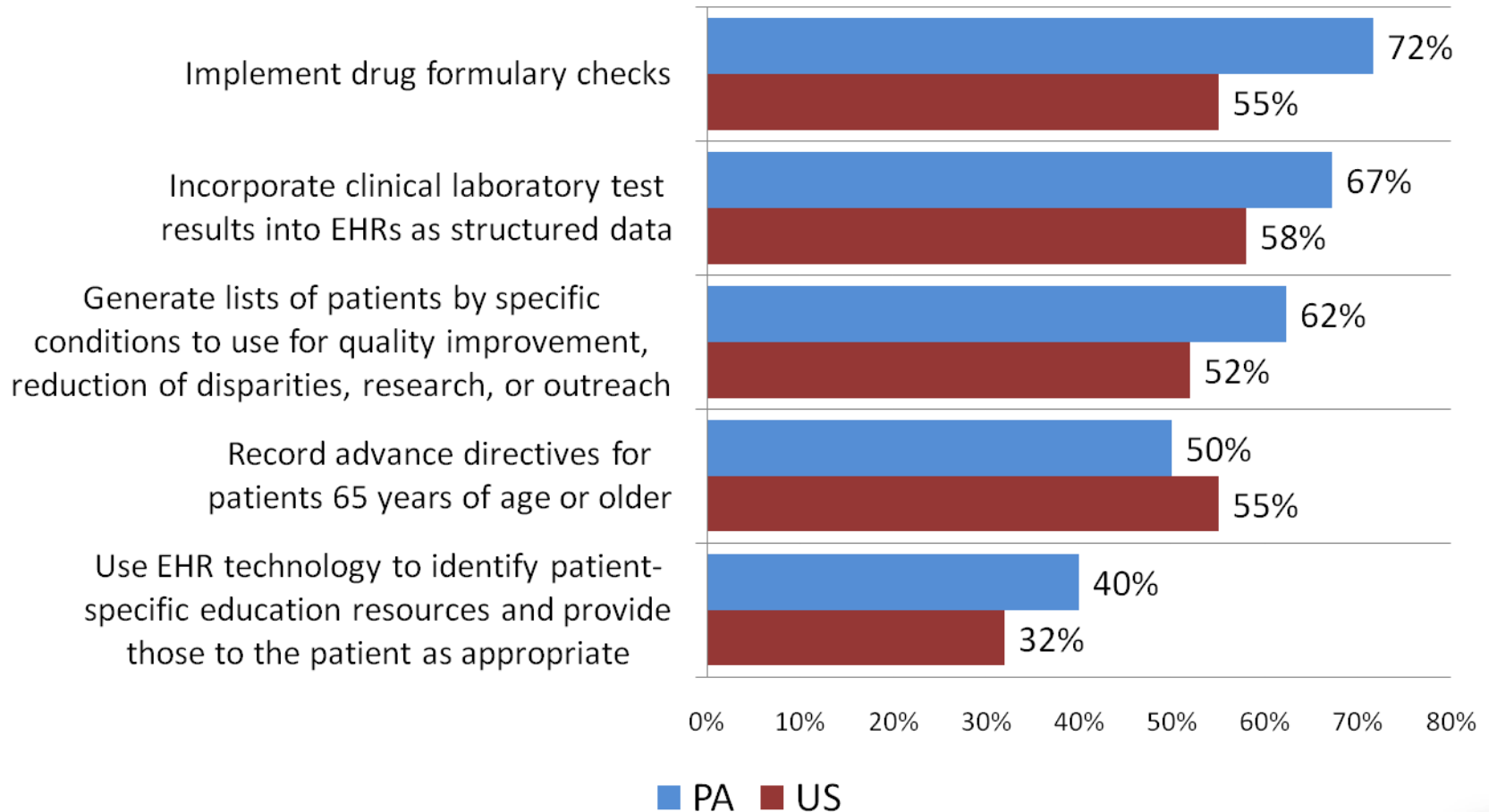| Objective	PA	US
Implement drug-drug and drug-allergy interaction checks	73%	61%
Maintain active medication allergy list	66%	54%
Maintain active medication list	64%	48%
Implement systems to protect privacy and security of patient data in the EHR	60%	45%
Record vital signs and chart changes	60%	52%
Record standardized smoking status for patients 13 years of age or older	54%	48%
Record standardized patient demographics	49%	54%

■ PA   ■ US

Percent (%) of Hospitals Meeting Each Core Objective of Meaningful Use
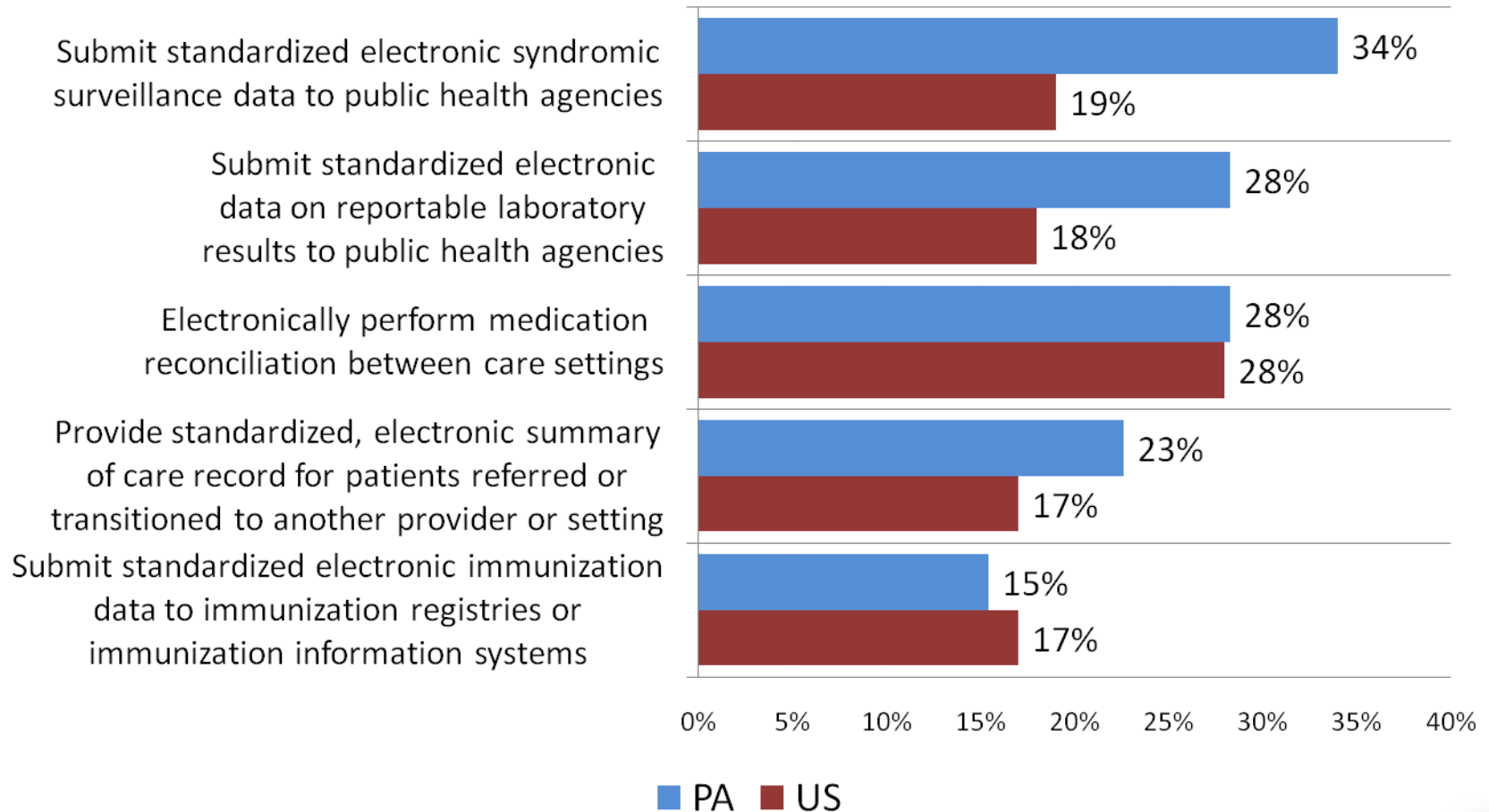## Pennsylvania vs. United States

Percent (%) of Hospitals Meeting Each Menu Set Objective of Meaningful Use
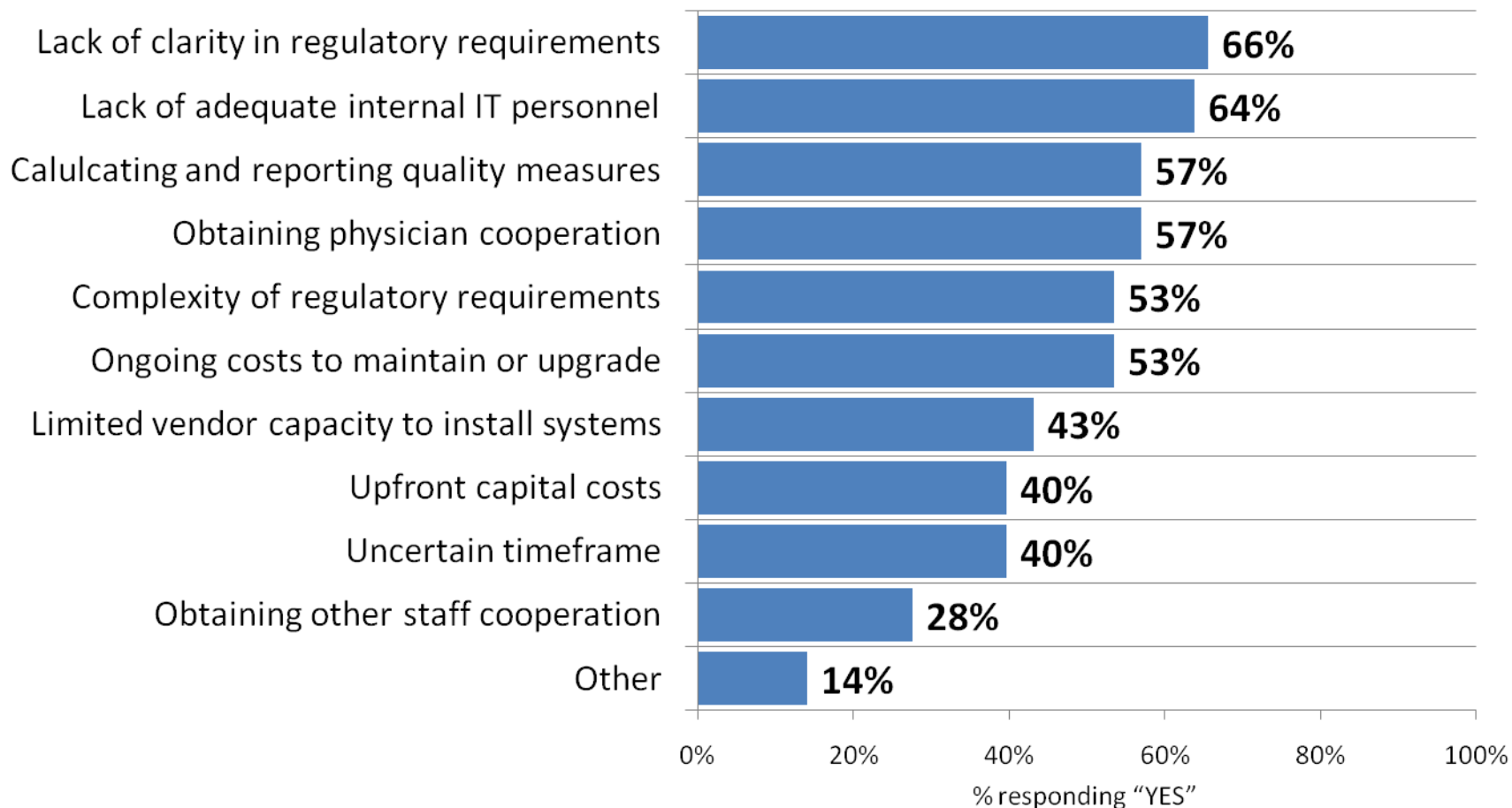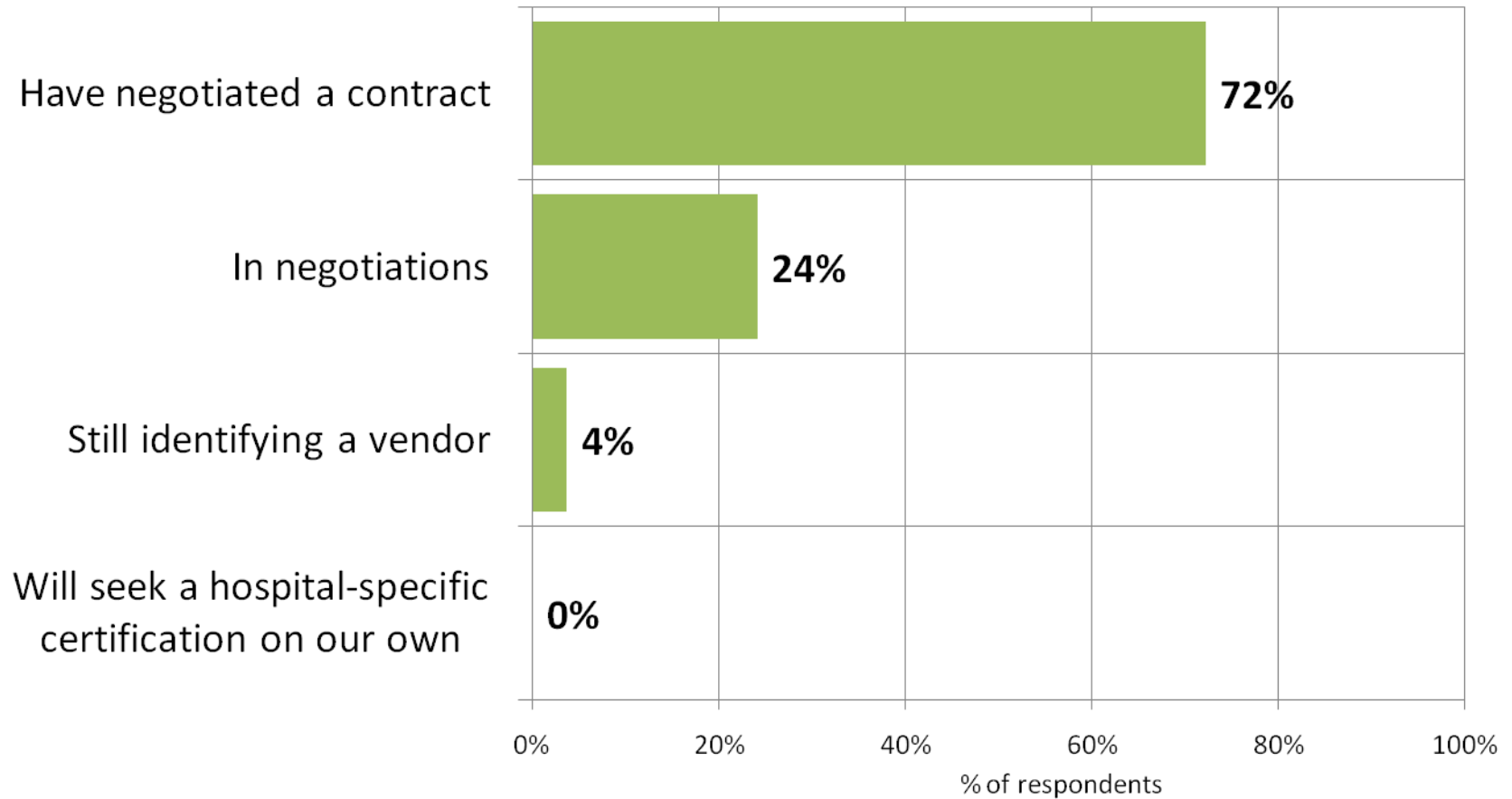## Pennsylvania vs. United States

Percent (%) of Hospitals Meeting Each
Menu Set Objective of Meaningful Use
Pennsylvania vs. United States

Barriers to Achieving "Meaningful Use" in a Timely Manner

Barrier	% responding "YES"
Lack of clarity in regulatory requirements	66%
Lack of adequate internal IT personnel	64%
Calulcating and reporting quality measures	57%
Obtaining physician cooperation	57%
Complexity of regulatory requirements	53%
Ongoing costs to maintain or upgrade	53%
Limited vendor capacity to install systems	43%
Upfront capital costs	40%
Uncertain timeframe	40%
Obtaining other staff cooperation	28%
Other	14%

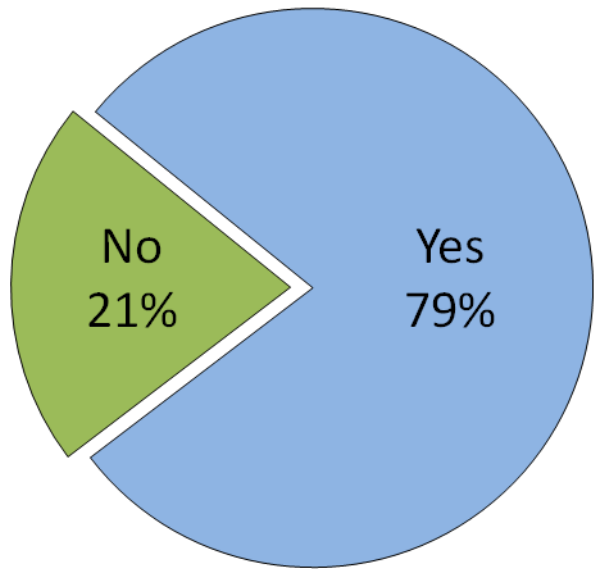*Source: AHA, 2011 Quick Response EHR Survey*

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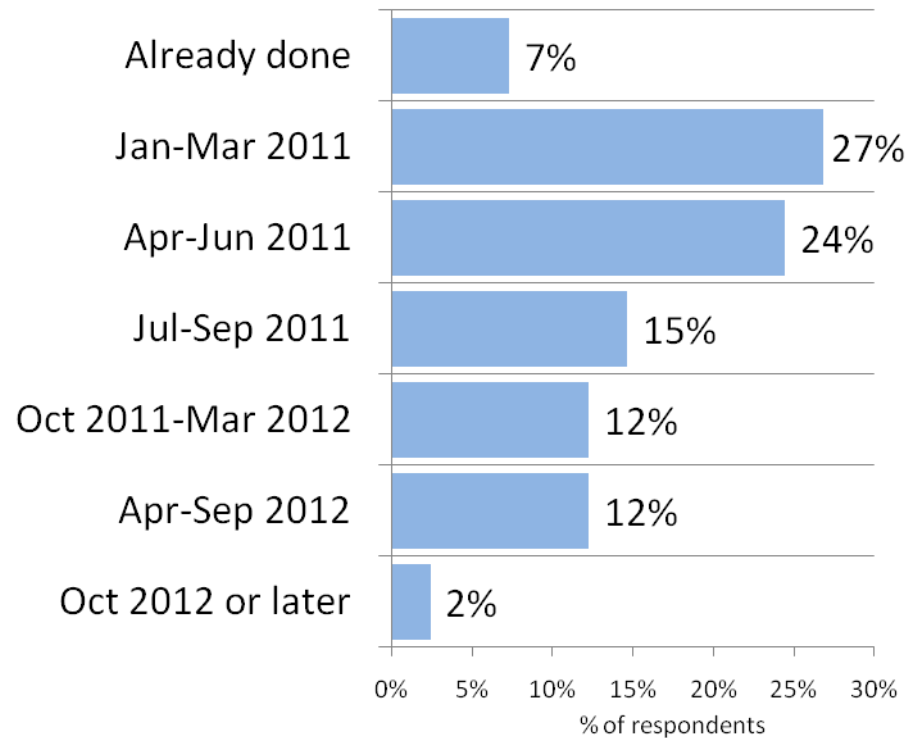# Where are you in vendor negotiations for a certified EHR?

Source: AHA, 2011 Quick Response EHR Survey

Has your vendor scheduled a date to install a certified EHR, or upgrade your systems to an EHR version that has been fully certified for meaningful use?

If yes, when will the installation or upgrade take place?

Category	% of respondents
No	21%
Yes	79%

Timeframe	% of respondents
Already done	7%
Jan-Mar 2011	27%
Apr-Jun 2011	24%
Jul-Sep 2011	15%
Oct 2011-Mar 2012	12%
Apr-Sep 2012	12%
Oct 2012 or later	2%

% of respondents

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The Hospital & Healthsystem Association of Pennsylvania
February 2011