AHA Survey on Hospitals’ Ability to Meet Meaningful Use Requirements of the Medicare and Medicaid Electronic Health Records Incentive Programs

February 7, 2011
Executive Summary

• The vast majority of hospitals want to participate in the Medicare and Medicaid Electronic Health Records (EHR) Incentive Program.
  – 95% of hospitals participating in the survey reported they plan to pursue meeting the meaningful use and certification requirements for the program.

• However, in January of 2011, fewer than 2% of hospitals participating in the survey reported that they currently meet the specific requirements of meaningful use and have a certified EHR.
  – Rural hospitals lag behind their urban counterparts, with only 0.8% of rural hospitals reporting that they currently meet both the requirement to have a certified EHR and the specific meaningful use objectives.
Executive Summary

• Hospitals are making progress on specific core objectives, but are more likely to meet meaningful use requirements than both have a certified EHR and meet the meaningful use requirements.
  – Among the core objectives, hospitals are least likely to meet the requirements for objectives that were not previously part of their EHRs, such as reporting clinical quality measures generated directly from the EHR.
  – Among the menu set objectives, public health reporting using new standards and the generation of newly specified summary of care records pose the greatest challenges.
Medicare and Medicaid EHR Incentive Programs

- **Government stimulus funding for EHRs:**
  - The *America Recovery and Reinvestment Act* provided Medicare and Medicaid payment incentives for hospitals who are “meaningful users” of certified electronic health records (EHR).
  - Hospitals that fail to become meaningful users by 2015 are subject to significant payment penalties.
  - The Medicare EHR incentive program for hospitals began October 1, 2010.

- **To meet the meaningful use requirements, a hospital must:**
  - Possess an EHR certified against all 24 objectives of meaningful use
  - Meet the performance metrics for each of 14 “core” objectives;
  - Meet at least 5 of 10 “menu set” objectives, including at least one public health objective; and
  - Successfully report quality measures generated directly from the EHR.
The vast majority of hospitals want to achieve meaningful use.

Percent of Hospitals Reporting They Plan to Pursue Qualifying as Meaningful Users

Planning to Pursue: 95%

Not Planning to Pursue: 1%

Unsure: 4%

Source: AHA analysis of survey data from 1,297 non-federal, short-term acute care hospitals collected in January 2011.
However, fewer than 2% meet the meaningful use objectives and have a certified EHR technology in January 2011.

Percent of Hospitals Reporting They Can Meet Requirements for Meaningful Use and Have a Certified EHR Today

- All hospitals: 1.6%
- Urban: 2.2%
- Rural: 0.8%

Source: AHA analysis of survey data from 1,297 non-federal, short-term acute care hospitals collected 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.
Hospitals are making progress on specific core objectives, but are more likely to meet the meaningful use objectives than to both meet the objective and have certified EHR technology.

Percent of Hospitals Reporting They Can Meet Each Meaningful Use Core Objective versus the Percent Reporting They Both Have Certified EHR Technology and Can Meet Each Objective

- **Implement drug-drug and drug-allergy interaction checks**: 43% can meet objective now, 54% can meet objective now and have certified EHR technology.
- **Maintain active medication allergy list**: 39% can meet objective now, 54% can meet objective now and have certified EHR technology.
- **Record standardized patient demographics**: 38% can meet objective now, 54% can meet objective now and have certified EHR technology.
- **Record vital signs and chart changes**: 38% can meet objective now, 52% can meet objective now and have certified EHR technology.
- **Record standardized smoking status for patients 13 years of age or older**: 34% can meet objective now, 48% can meet objective now and have certified EHR technology.
- **Maintain active medication list**: 34% can meet objective now, 48% can meet objective now and have certified EHR technology.
- **Implement systems to protect privacy and security of patient data in the EHR**: 32% can meet objective now, 45% can meet objective now and have certified EHR technology.

Source: AHA analysis of survey data from 1,297 non-federal, short-term acute care hospitals collected 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.
Among the core objectives, hospitals are least likely to meet the requirements for the brand new functionality of reporting clinical quality measures generated directly from the EHR.

Percent of Hospitals Reporting They Can Meet Each Meaningful Use Core Objective versus the Percent Reporting They Both Have Certified EHR Technology and Can Meet Each Objective

<table>
<thead>
<tr>
<th>Objective</th>
<th>Can Meet Objective Now</th>
<th>Can Meet Objective Now and Have Certified EHR</th>
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<tbody>
<tr>
<td>Implement one clinical decision support rule and track compliance</td>
<td>25%</td>
<td>36%</td>
</tr>
<tr>
<td>Computerized provider order entry (CPOE) for medication orders</td>
<td>23%</td>
<td>32%</td>
</tr>
<tr>
<td>Maintain up-to-date, standardized problem list of current and active diagnoses</td>
<td>21%</td>
<td>31%</td>
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<tr>
<td>Provide an electronic copy of hospital discharge instructions upon request</td>
<td>18%</td>
<td>27%</td>
</tr>
<tr>
<td>Implement standardized capability to electronically exchange key clinical info among providers and patient-authorized...</td>
<td>18%</td>
<td>27%</td>
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<tr>
<td>Upon request, provide patients with a standardized, electronic copy of their health information</td>
<td>15%</td>
<td>22%</td>
</tr>
<tr>
<td>Report clinical quality measures generated directly from the EHR to CMS or states</td>
<td>7%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Source: AHA analysis of survey data from 1,297 non-federal, short-term acute care hospitals collected 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.
As with the core objectives, hospitals are more likely to meet the meaningful use requirements for menu set objectives than to both meet the objective and have certified EHR technology.

Source: AHA analysis of survey data from 1,297 non-federal, short-term acute care hospitals collected 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.
Among the menu set objectives, public health reporting using new standards and generation of newly specified summary of care records pose the greatest challenges.

Percent of Hospitals Reporting They Can Meet Each Meaningful Use Menu Set Objective versus the Percent Reporting They Both Have Certified EHR Technology and Can Meet Each Objective

- Electronically perform medication reconciliation between care settings: 28% Can Meet Objective Now, 18% Can Meet Objective Now and Have Certified EHR
- Submit standardized electronic syndromic surveillance data to public health agencies: 19% Can Meet Objective Now, 12% Can Meet Objective Now and Have Certified EHR
- Submit standardized electronic data on reportable laboratory results to public health agencies: 18% Can Meet Objective Now, 12% Can Meet Objective Now and Have Certified EHR
- Provide standardized, electronic summary of care record for patients referred or transitioned to another provider or setting: 17% Can Meet Objective Now, 12% Can Meet Objective Now and Have Certified EHR
- Submit standardized electronic immunization data to immunization registries or immunization information systems: 17% Can Meet Objective Now, 10% Can Meet Objective Now and Have Certified EHR

Source: AHA analysis of survey data from 1,297 non-federal, short-term acute care hospitals collected in January 2011. Hospitals were asked to separately identify whether their EHRs were certified for each objectives and whether the hospital could meet the objective.
Survey Methodology

- **AHA Survey, *Electronic Health Records***
  - Survey was sent to all community hospital CEOs on January 6, 2011 via fax and e-mail.
  - Data were collected through January 20, 2011.
  - Responses from 1,297 hospitals are included in analysis.
  - Respondents were broadly representative of the universe of community hospitals.
  - Survey questions were designed to assess hospitals’ ability to qualify for the Medicare and Medicaid electronic health record (EHR) incentive programs established by the *American Recovery and Reinvestment Act of 2009* (ARRA).
  - Nationally, there are about 1,300 critical access hospitals (CAH), 1,000 rural hospitals and 2,800 urban hospitals.