The Office of the National Coordinator for
Health Information Technology

Data Analytics Update
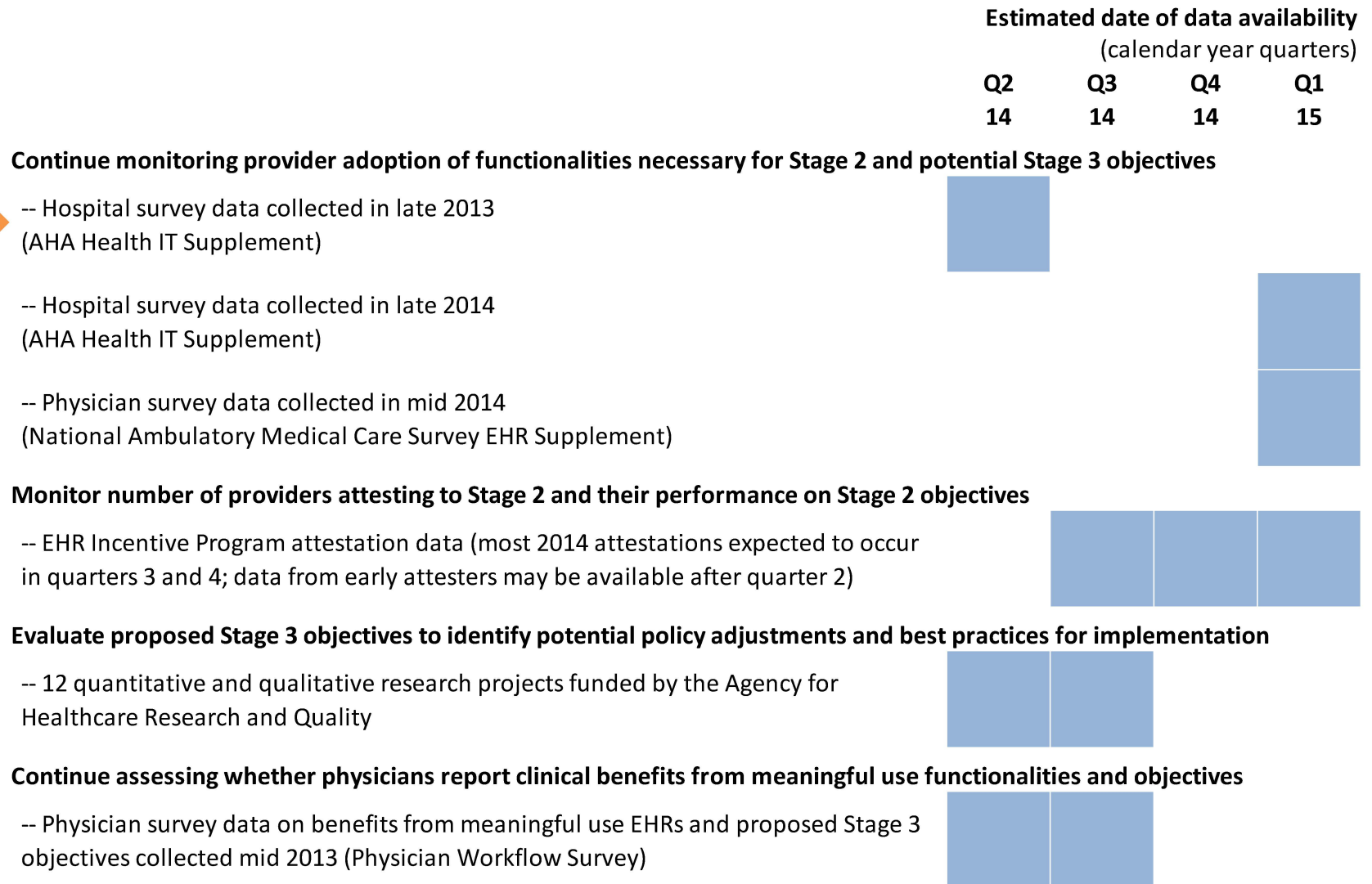
Health IT Policy Committee Meeting
May 6, 2014

Putting the **I** in Health **IT**
www.HealthIT.gov

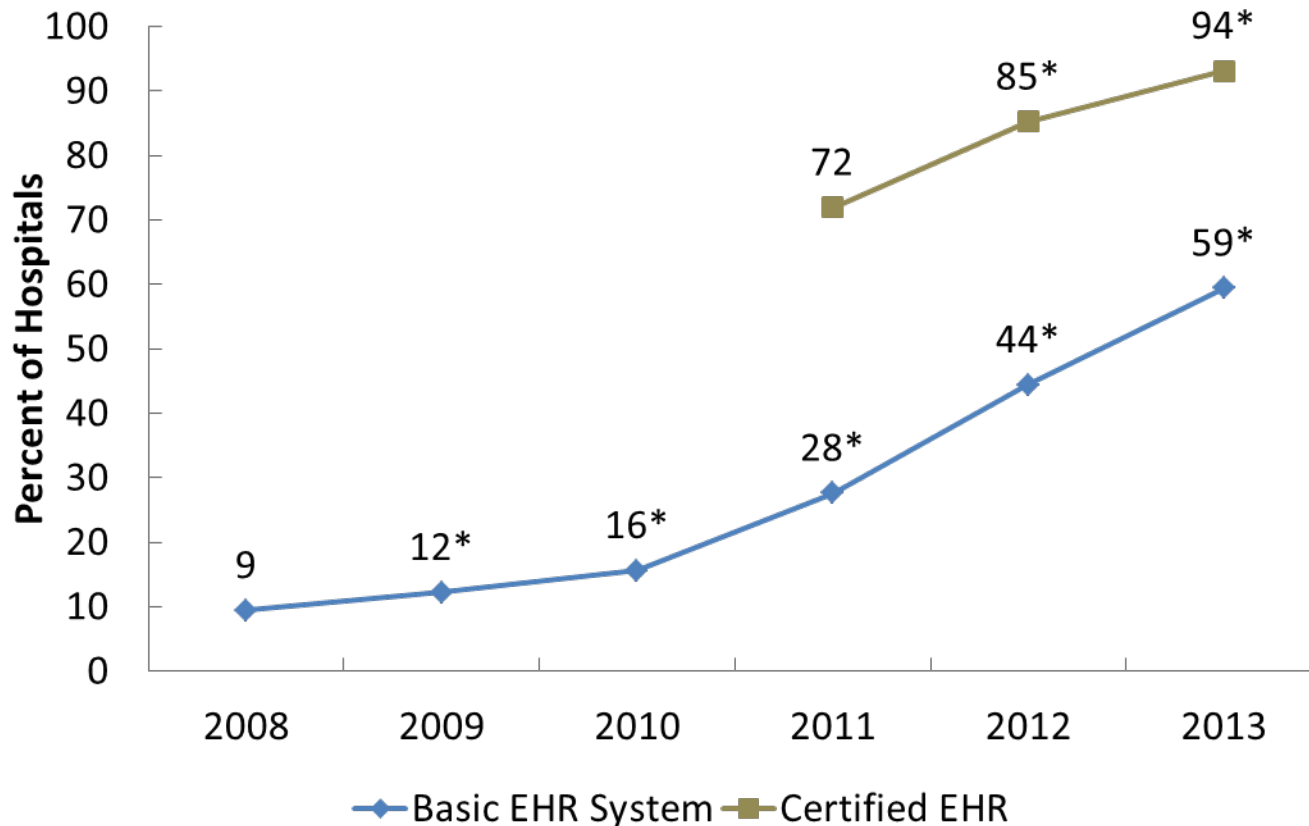Hospital EHR and Stage 2 functionality adoption:
2013 survey data

Draft timeline of upcoming data on meaningful use implementation and impacts

Estimated date of data availability
(calendar year quarters)

	Q2 14	Q3 14	Q4 14	Q1 15

Continue monitoring provider adoption of functionalities necessary for Stage 2 and potential Stage 3 objectives

Today's focus →

-- Hospital survey data collected in late 2013 (AHA Health IT Supplement)

-- Hospital survey data collected in late 2014 (AHA Health IT Supplement)

-- Physician survey data collected in mid 2014 (National Ambulatory Medical Care Survey EHR Supplement)

Monitor number of providers attesting to Stage 2 and their performance on Stage 2 objectives

-- EHR Incentive Program attestation data (most 2014 attestations expected to occur in quarters 3 and 4; data from early attesters may be available after quarter 2)

Evaluate proposed Stage 3 objectives to identify potential policy adjustments and best practices for implementation

-- 12 quantitative and qualitative research projects funded by the Agency for Healthcare Research and Quality

Continue assessing whether physicians report clinical benefits from meaningful use functionalities and objectives

-- Physician survey data on benefits from meaningful use EHRs and proposed Stage 3 objectives collected mid 2013 (Physician Workflow Survey)

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Hospital EHR adoption has increased more than five-fold since 2008

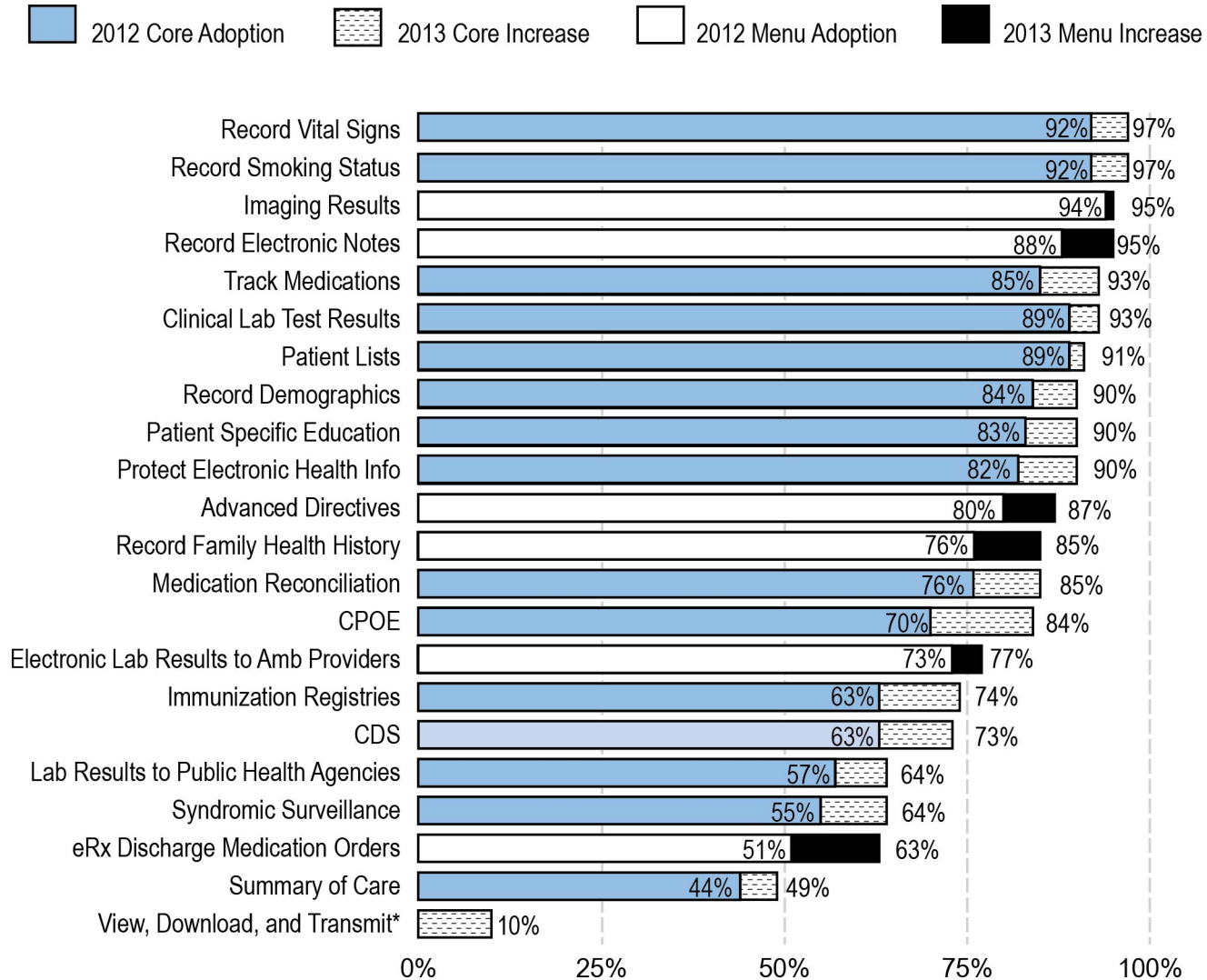**EHR adoption among non-federal acute care hospitals: 2008-2013**

NOTES: Basic EHR adoption requires the EHR system to have a set of 10 EHR functions including clinician notes. A certified EHR is EHR technology that has been certified as meeting federal requirements for some or all of the hospital objectives of the CMS EHR Incentive Program. Possession means that the hospital has a legal agreement with the EHR vendor, but is not equivalent to adoption.
*Significantly different from previous year ($p < 0.05$).
SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement

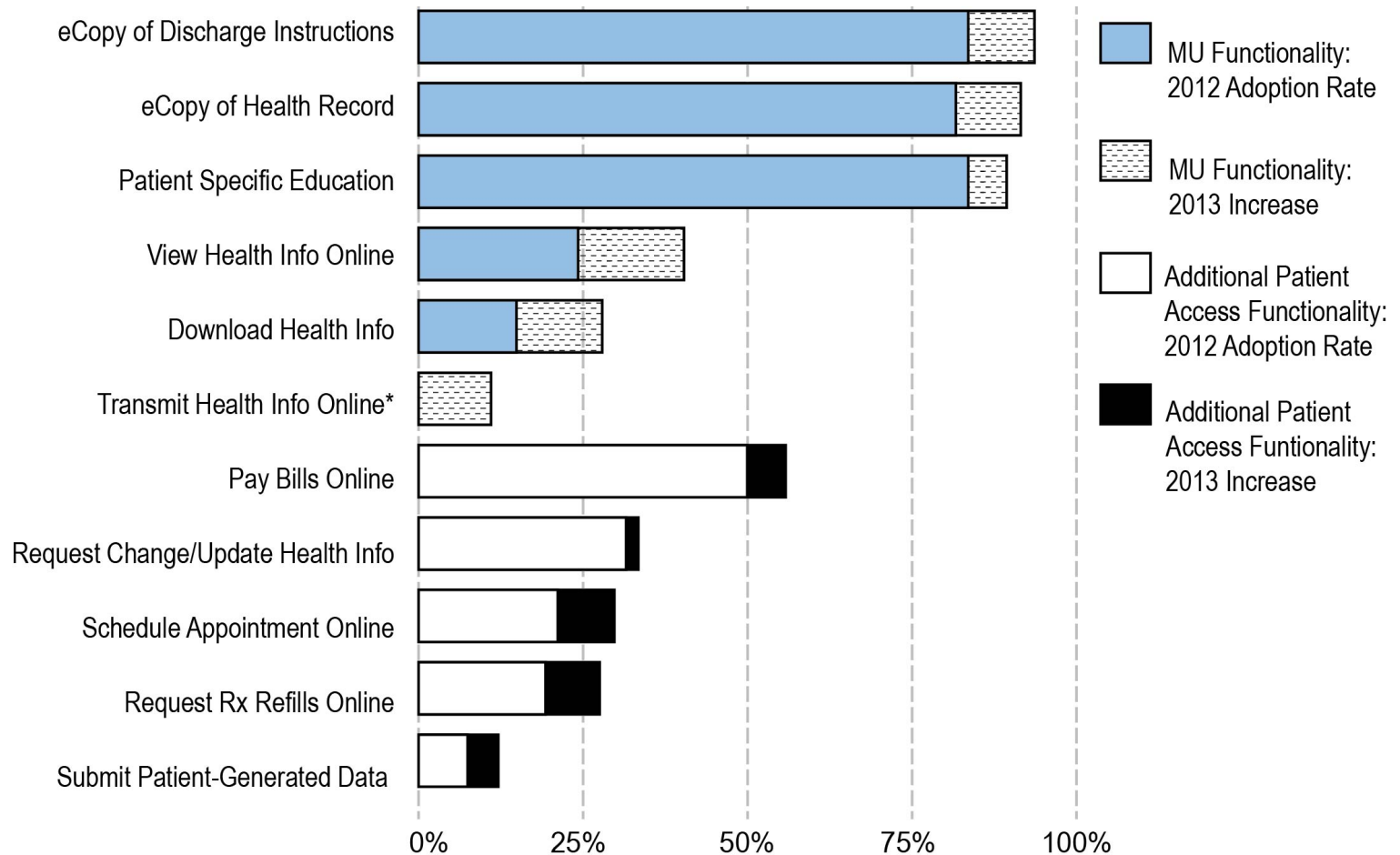# Most stage 2 functionalities had high adoption rates

Hospital adoption of computerized capabilities to meet meaningful use stage 2 objectives, 2012-2013

Legend:
- 2012 Core Adoption
- 2013 Core Increase
- 2012 Menu Adoption
- 2013 Menu Increase

Functionality	2012	Total
Record Vital Signs	92%	97%
Record Smoking Status	92%	97%
Imaging Results	94%	95%
Record Electronic Notes	88%	95%
Track Medications	85%	93%
Clinical Lab Test Results	89%	93%
Patient Lists	89%	91%
Record Demographics	84%	90%
Patient Specific Education	83%	90%
Protect Electronic Health Info	82%	90%
Advanced Directives	80%	87%
Record Family Health History	76%	85%
Medication Reconciliation	76%	85%
CPOE	70%	84%
Electronic Lab Results to Amb Providers	73%	77%
Immunization Registries	63%	74%
CDS	63%	73%
Lab Results to Public Health Agencies	57%	64%
Syndromic Surveillance	55%	64%
eRx Discharge Medication Orders	51%	63%
Summary of Care	44%	49%
View, Download, and Transmit*		10%

*Data not available for 2012. NOTES: Estimates reflect the survey responses of 2,655 non-federal acute care hospitals. Estimates calculated from answers to the survey question "Does your hospital currently have a computerized system which allows for…?" [multiple functionalities listed]
SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement

Adoption rates for selected patient engagement functionalities were variable

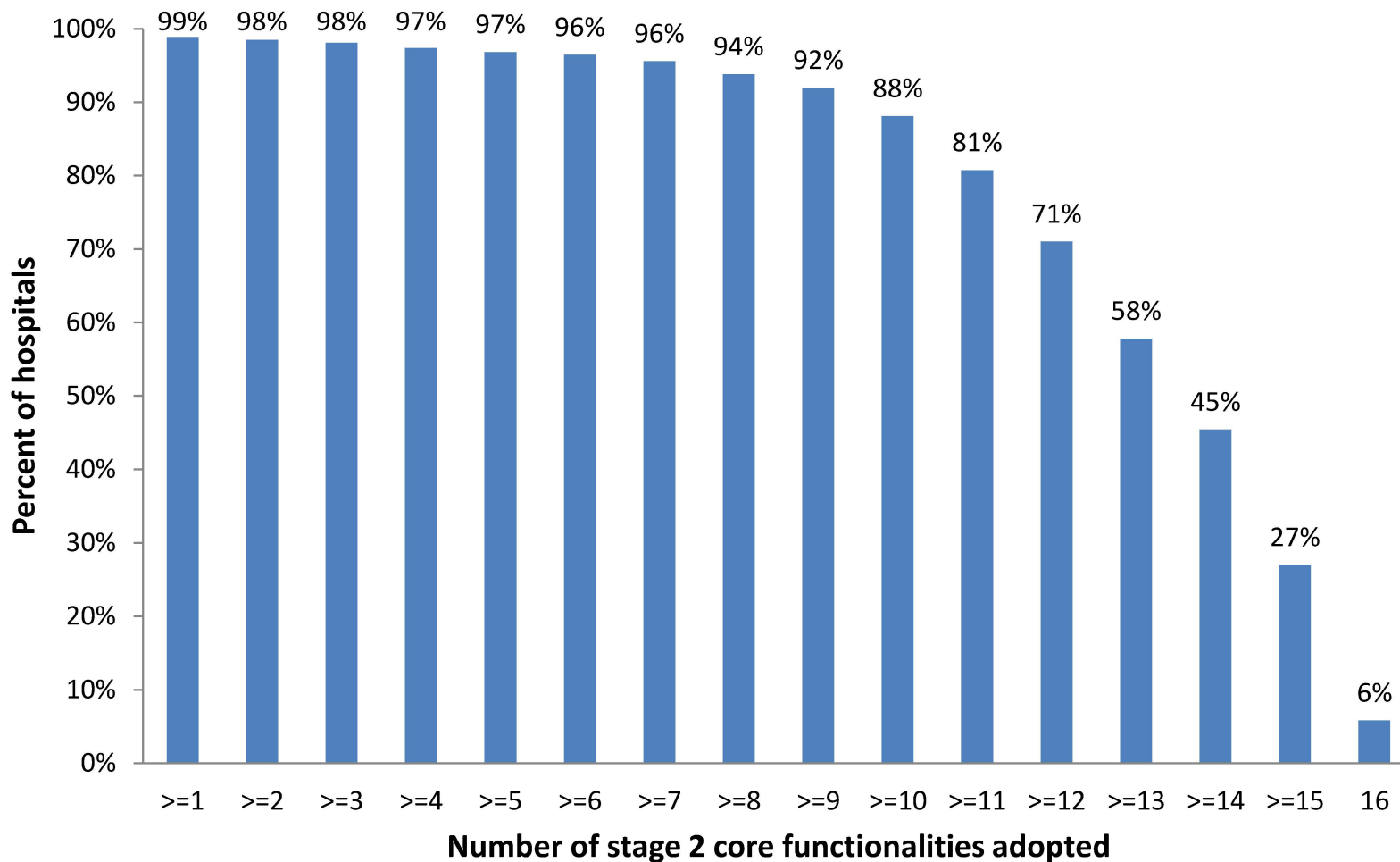**Hospital adoption of patient engagement functionalities, 2012-2013**

Legend:
- MU Functionality: 2012 Adoption Rate
- MU Functionality: 2013 Increase
- Additional Patient Access Functionality: 2012 Adoption Rate
- Additional Patient Access Funtionality: 2013 Increase

Categories (top to bottom):
- eCopy of Discharge Instructions
- eCopy of Health Record
- Patient Specific Education
- View Health Info Online
- Download Health Info
- Transmit Health Info Online*
- Pay Bills Online
- Request Change/Update Health Info
- Schedule Appointment Online
- Request Rx Refills Online
- Submit Patient-Generated Data

X-axis: 0%, 25%, 50%, 75%, 100%

Many hospitals had adopted most stage 2 core functionalities; few had adopted all

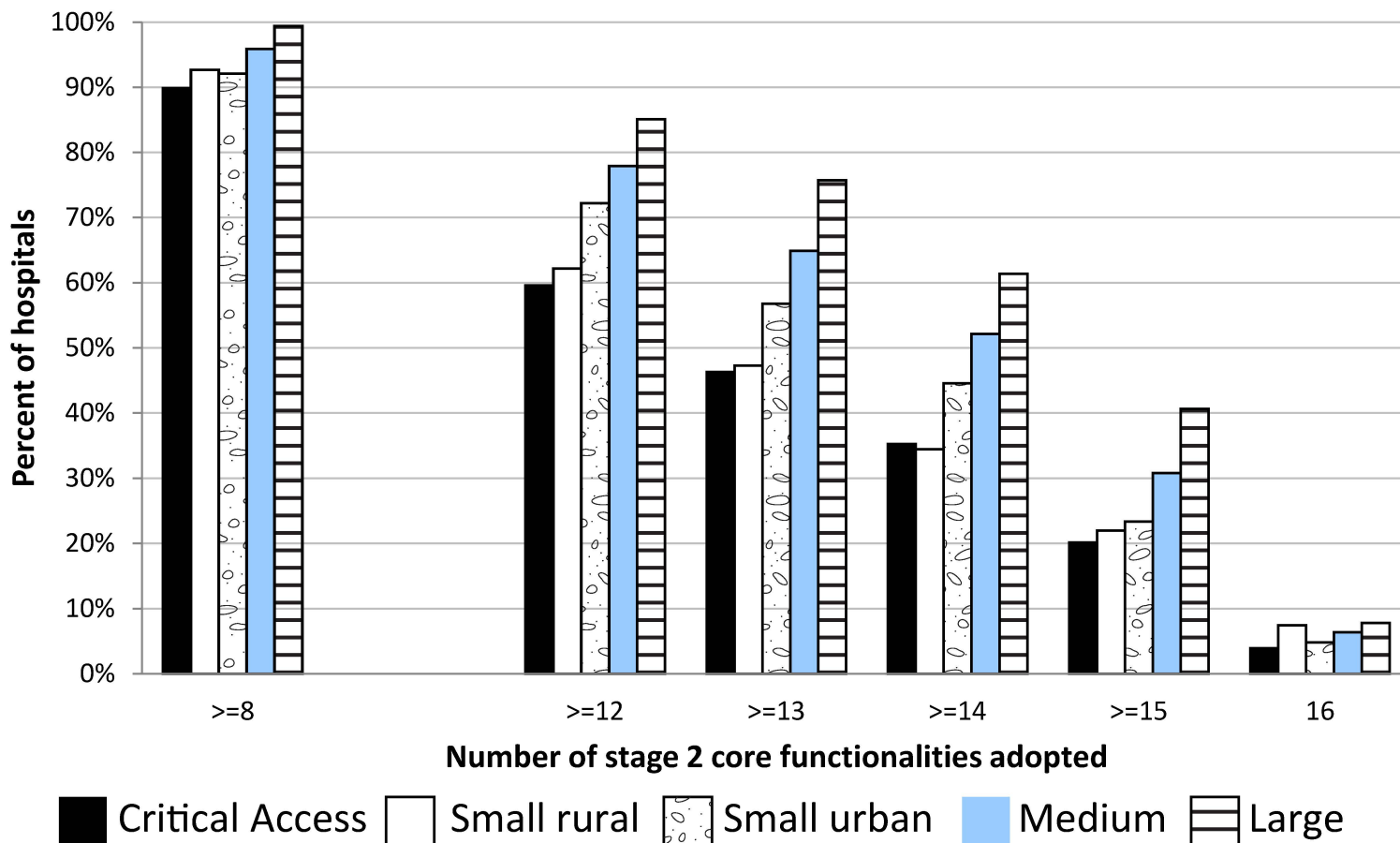**Hospital adoption of computerized capabilities to meet meaningful use stage 2 objectives, 2013**

NOTES: Estimates reflect the survey responses of 2,655 non-federal acute care hospitals. Estimates calculated from answers to the survey question "Does your hospital currently have a computerized system which allows for…?" [multiple functionalities listed]. The survey queried on adoption of capabilities related to 16 Stage 2 core objectives; estimates reflect the number of objectives the hospital reported having adopted.
SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement

Some differences in number of stage 2 core functionalities adopted by hospital characteristics

Hospital adoption of computerized capabilities to meet meaningful use stage 2 objectives by hospital size/type/location, 2013

NOTES: Estimates reflect the survey responses of 2,655 non-federal acute care hospitals. Estimates calculated from answers to the survey question "Does your hospital currently have a computerized system which allows for…?" [multiple functionalities listed]. The survey queried on adoption of capabilities related to 16 Stage 2 core objectives; estimates reflect the number of objectives the hospital reported having adopted. Large = 400+ staffed beds; Medium = 100-399 staffed beds; Small = <100 staffed beds. Rural = non-metropolitan; Urban = metropolitan.
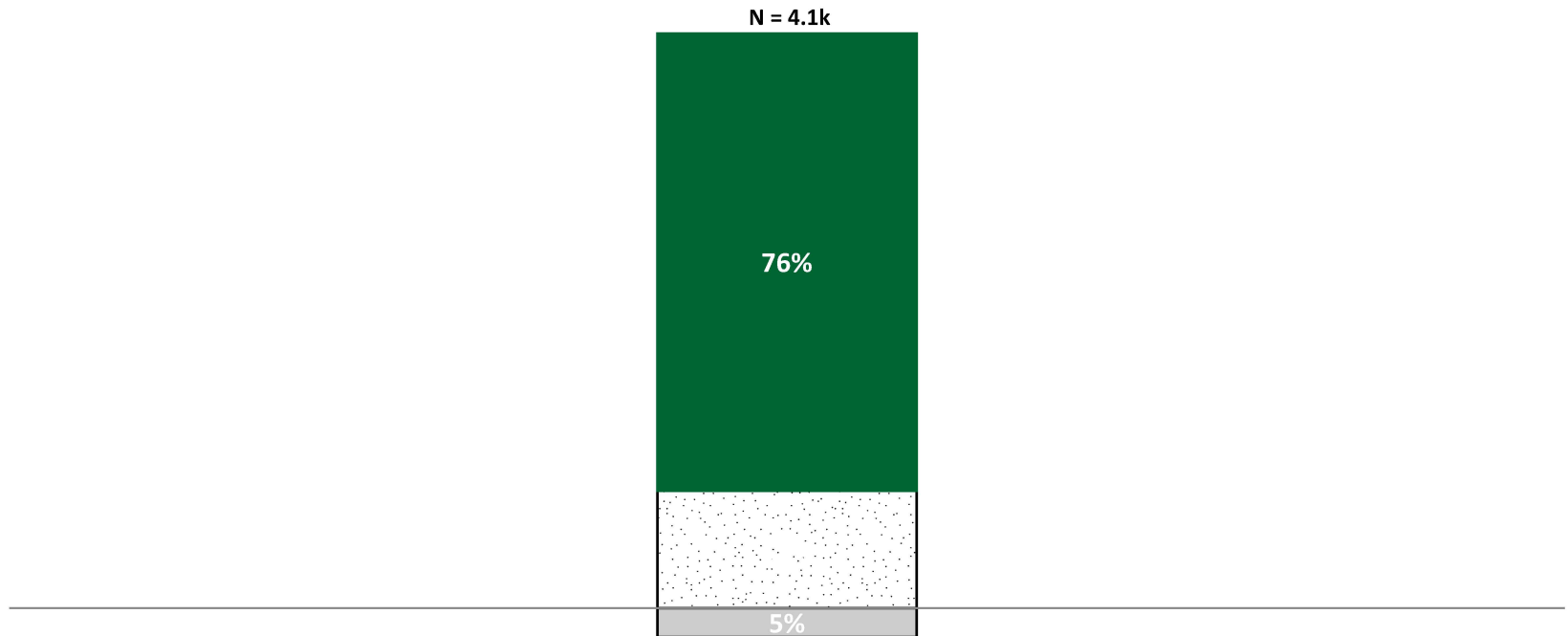SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement

2014 Edition EHR Certification Update

Most attested hospitals have products with 2014 Edition versions certified as of April 2014
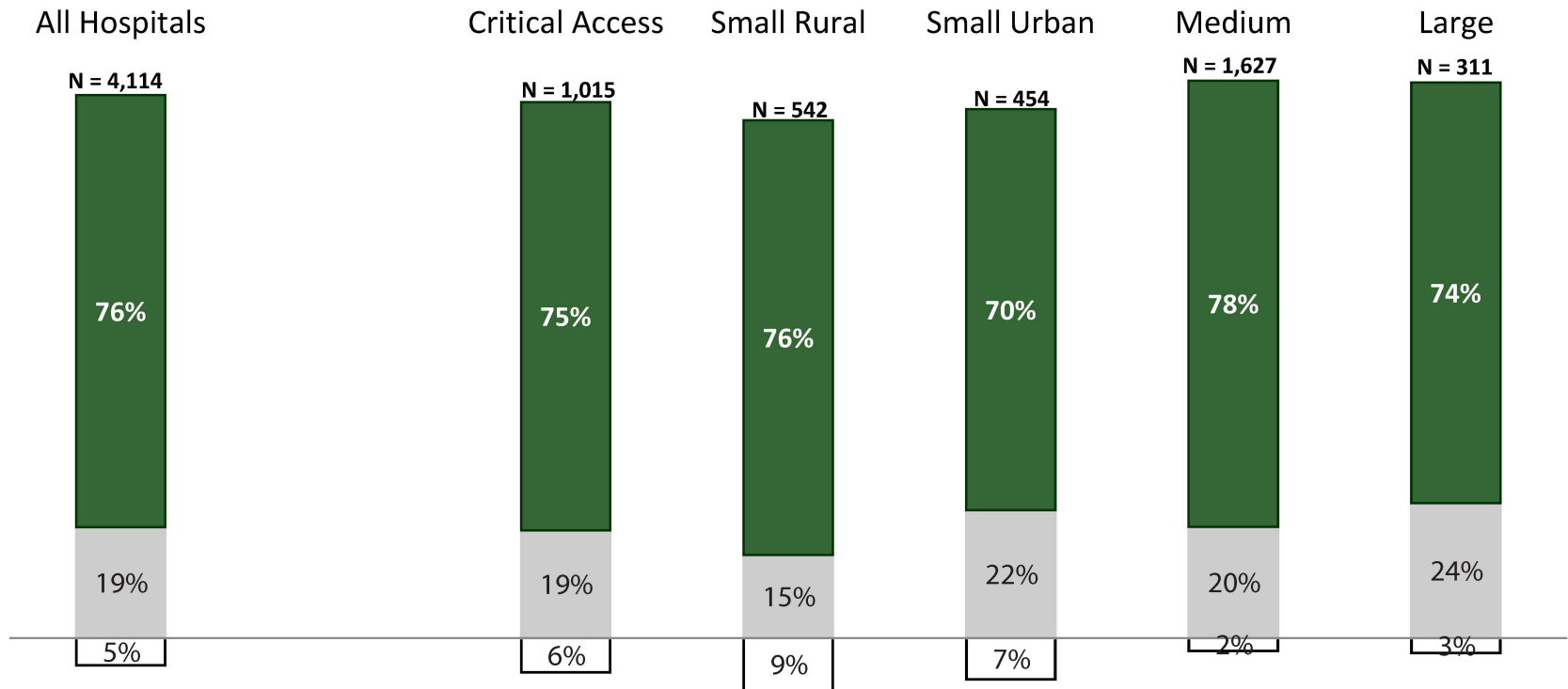
Eligible hospitals by 2014 Edition certification status of products used to attest in 2011-2013, April 2014

N = 4.1k

76%

5%

■ Likely can upgrade current product(s) to 2014 Edition to meet 2014 Base EHR

☐ Likely can meet 2014 Base EHR with new product(s) from current vendor(s)

☐ Current vendor(s) do not have 2014 Base EHR certified

Few differences in 2014 Edition certification status by hospital characteristics

Eligible hospitals by 2014 Edition certification status of products used to attest in 2011-2013, April 2014

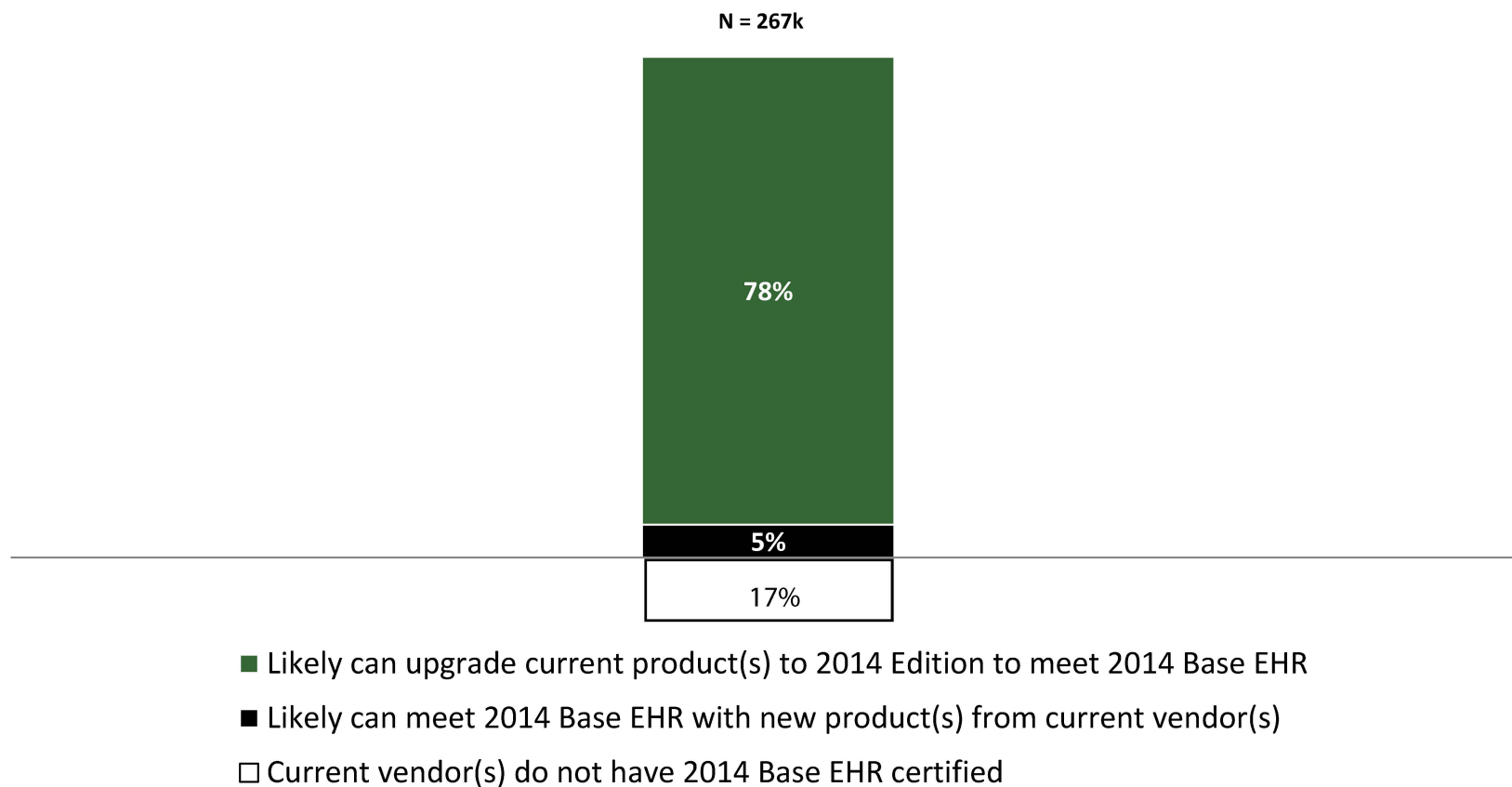|	All Hospitals	Critical Access	Small Rural	Small Urban	Medium	Large
N	N = 4,114	N = 1,015	N = 542	N = 454	N = 1,627	N = 311
Likely can upgrade current product(s) to 2014 Edition to meet 2014 Base EHR	76%	75%	76%	70%	78%	74%
Likely can meet 2014 Base EHR with new product(s) from current vendor(s)	19%	19%	15%	22%	20%	24%
Current vendor(s) do not have 2014 Base EHR certified	5%	6%	9%	7%	2%	3%

■ Likely can upgrade current product(s) to 2014 Edition to meet 2014 Base EHR

■ Likely can meet 2014 Base EHR with new product(s) from current vendor(s)

□ Current vendor(s) do not have 2014 Base EHR certified

NOTES: Estimates based on product(s) eligible hospitals used to attest to Meaningful Use in the Medicare EHR Incentive Program merged to the Certified Health IT Products List to obtain information on whether 2014 Edition versions of the product(s) had been certified as of April 18, 2014. Estimates reflect certification status only and do not reflect vendor/product rollout or implementation timelines. Large = 400+ staffed beds; Medium = 100-399 staffed beds; Small = <100 staffed beds. Rural = non-metropolitan; Urban = metropolitan.
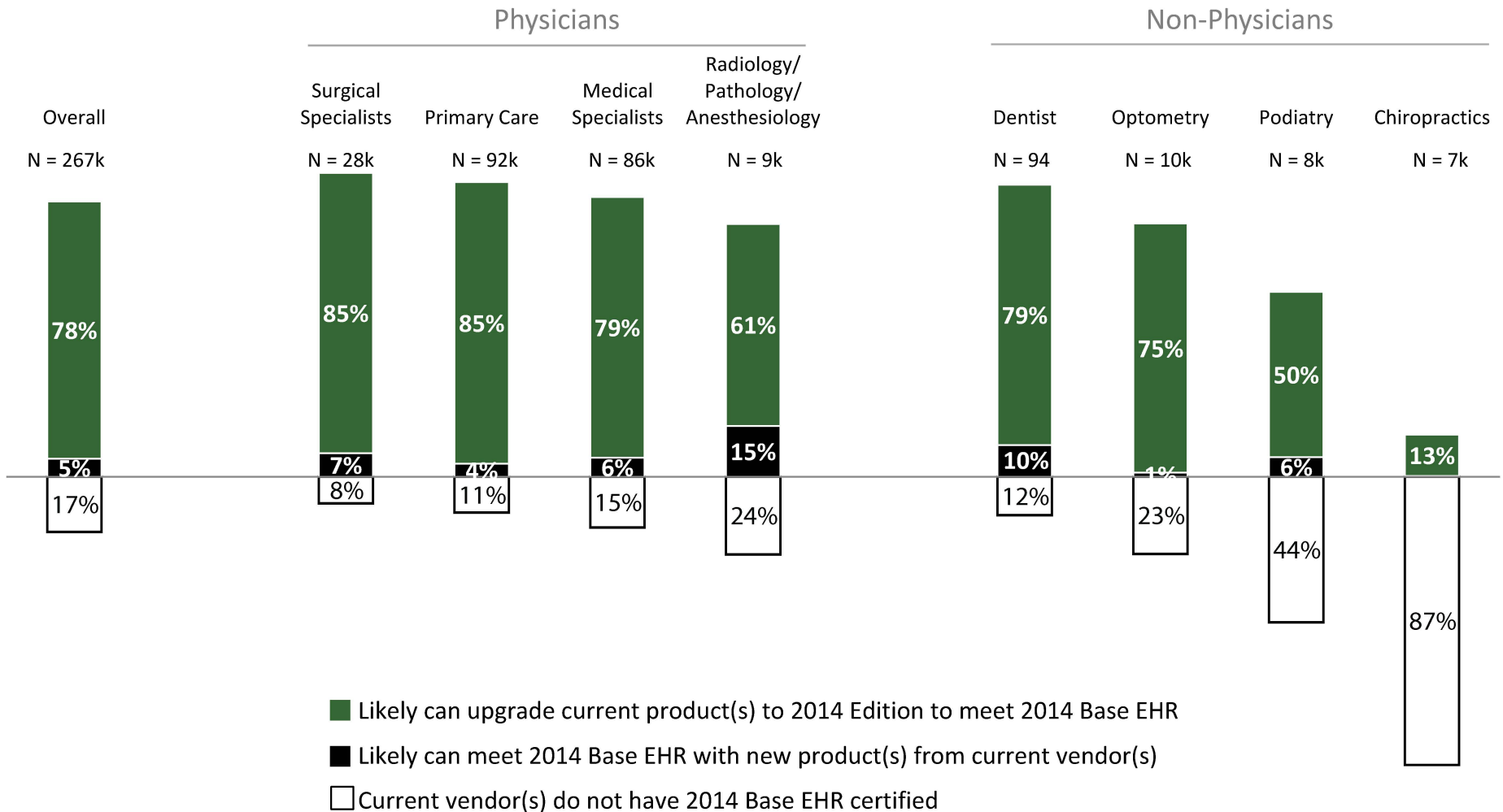
Most attested professionals used products with 2014 Edition versions certified as of April 2014

Eligible professionals by 2014 Edition certification status of products used to attest in 2011-2013, April 2014

N = 267k

78%

5%

17%

■ Likely can upgrade current product(s) to 2014 Edition to meet 2014 Base EHR

■ Likely can meet 2014 Base EHR with new product(s) from current vendor(s)

□ Current vendor(s) do not have 2014 Base EHR certified

NOTES: Estimates based on product(s) eligible professionals used to attest to Meaningful Use in the Medicare EHR Incentive Program merged to the Certified Health IT Products List to obtain information on whether 2014 Edition versions of the product(s) had been certified as of April 18, 2014. Estimates reflect certification status only and do not reflect vendor/product rollout or implementation timelines.

Some differences in 2014 Edition certification status by professional type/specialty

Eligible professionals by 2014 Edition certification status of products used to attest in 2011-2013, April 2014

Physicians | Non-Physicians

	Overall	Surgical Specialists	Primary Care	Medical Specialists	Radiology/ Pathology/ Anesthesiology		Dentist	Optometry	Podiatry	Chiropractics
N	N = 267k	N = 28k	N = 92k	N = 86k	N = 9k		N = 94	N = 10k	N = 8k	N = 7k
Likely can upgrade current product(s)	78%	85%	85%	79%	61%		79%	75%	50%	13%
Likely can meet 2014 Base EHR with new product	5%	7%	4%	6%	15%		10%	1%	6%	
Current vendor(s) do not have 2014 Base EHR certified	17%	8%	11%	15%	24%		12%	23%	44%	87%

- ■ (green) Likely can upgrade current product(s) to 2014 Edition to meet 2014 Base EHR
- ■ (black) Likely can meet 2014 Base EHR with new product(s) from current vendor(s)
- □ (white) Current vendor(s) do not have 2014 Base EHR certified

NOTES: Estimates based on product(s) eligible professionals used to attest to Meaningful Use in the Medicare EHR Incentive Program merged to the Certified Health IT Products List to obtain information on whether 2014 Edition versions of the product(s) had been certified as of April 18, 2014. Estimates reflect certification status only and do not reflect vendor/product rollout or implementation timelines.

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147 Inpatient EHR vendors had 2014 Edition certified products as of April 2014

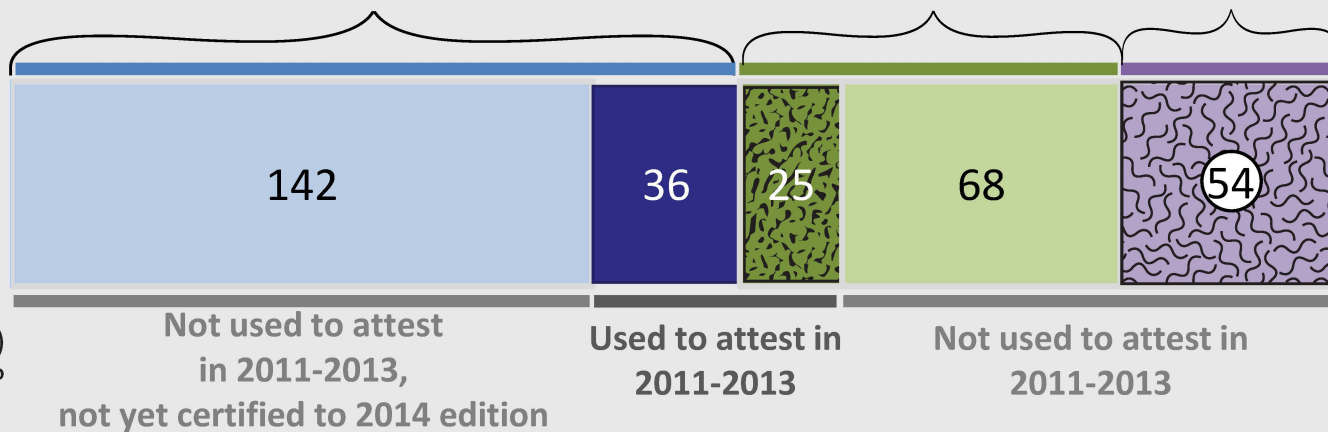**Inpatient EHR vendors by editions of products certified and whether products have been used to attest, April 2014**

To which editions has vendor certified any product(s)?

2011 only (N = 178) | **2011 and 2014 (N = 93)** | **2014 only (N = 54)**

Inpatient CEHRT Vendors (N = 325)

| 142 | 36 | 25 | 68 | 54 |

Were vendor's product(s) used to attest in 2011-2013?

Not used to attest in 2011-2013, not yet certified to 2014 edition | **Used to attest in 2011-2013** | **Not used to attest in 2011-2013**

Legend:
- Never used to attest in 2011-2013, not yet certified to 2014 Edition
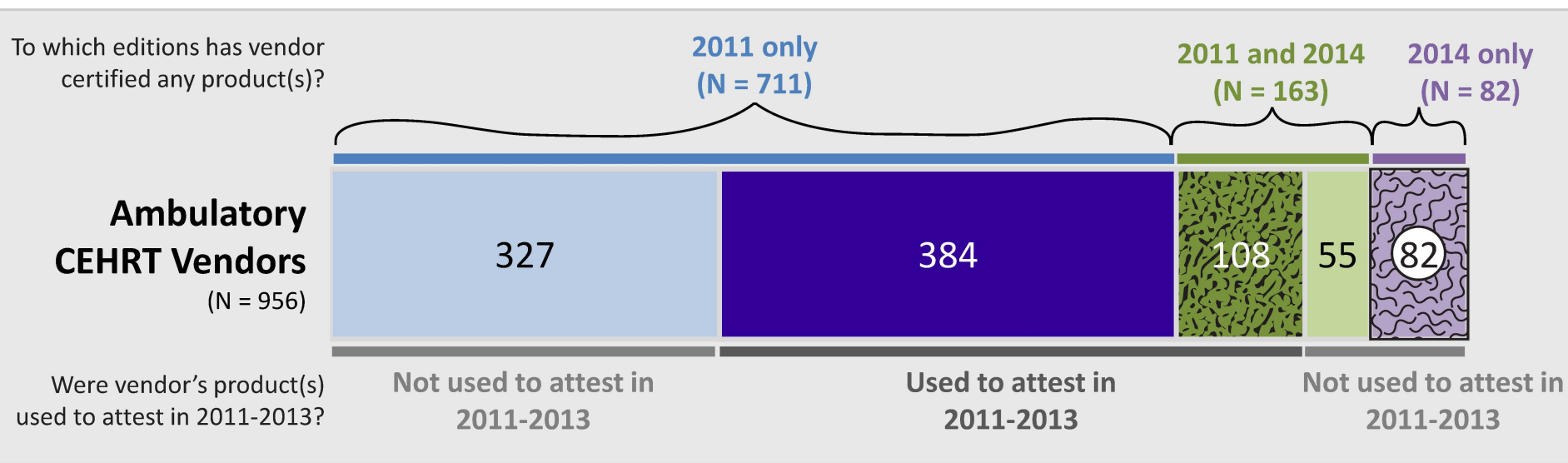- Used to attest in 2011-2013, not yet certified to 2014 Edition
- Used to attest in 2011-2013, certified to 2014 Edition
- Never used to attest in 2011-2013, certified to 2014 Edition
- New vendor (no 2011 Edition product), certified to 2014 Edition

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245 Ambulatory EHR vendors had 2014 Edition certified products as of April 2014

Ambulatory EHR vendors by editions of products certified and whether products have been used to attest, April 2014

To which editions has vendor certified any product(s)?

2011 only (N = 711)

2011 and 2014 (N = 163)

2014 only (N = 82)

Ambulatory CEHRT Vendors (N = 956)

| 327 | 384 | 108 | 55 | 82 |

Were vendor's product(s) used to attest in 2011-2013?

Not used to attest in 2011-2013

Used to attest in 2011-2013

Not used to attest in 2011-2013

Legend:
- Never used to attest in 2011-2013, not yet certified to 2014 Edition
- Used to attest in 2011-2013, not yet certified to 2014 Edition
- Used to attest in 2011-2013, certified to 2014 Edition
- Never used to attest in 2011-2013, certified to 2014 Edition
- New vendor (no 2011 Edition product), certified to 2014 Edition

Plans for next update in June:

Comprehensive analysis of three years of EHR Incentive Programs, 2011-2013

Year-over-year progress and performance by key characteristics and geography

Questions?