Data Analytics Update

Health IT Policy Committee Meeting
February 4, 2014
National Electronic Health Records Survey
2013
EHR definitions used in survey

• “Any EHR”
  – Medical or health record system that is either all or partially electronic, excluding systems solely for billing

• “Basic EHR”
  – System with advanced capabilities defined by expert panel prior to MU
  – Does not correspond exactly to MU
    • Some Stage 1 MU Core objectives not part of a “Basic EHR”
    • Some “Basic EHR” functionalities not part of Stage 1 MU Core

• Useful for examining trends over time
## Comparison of Basic EHR and MU Stage 1 Core

<table>
<thead>
<tr>
<th>Feature</th>
<th>MU Stage 1 Core</th>
<th>Basic EHR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record demographics</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Maintain patient problem lists</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Maintain medication/allergy lists</td>
<td>X</td>
<td>X</td>
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<tr>
<td>CPOE for prescriptions</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>E-prescribe</td>
<td>X</td>
<td></td>
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<tr>
<td>Record smoking status</td>
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<td>X</td>
</tr>
<tr>
<td>Record vital signs</td>
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<td>X</td>
</tr>
<tr>
<td>Provide warnings of drug interactions</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Provide patients clinical summaries</td>
<td></td>
<td>X</td>
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<tr>
<td>Clinical decision support</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Provide patients e-copy of health info</td>
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<td>X</td>
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<tr>
<td>Clinical quality measures</td>
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<td>X</td>
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<tr>
<td>Protect electronic health info</td>
<td></td>
<td>X</td>
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<tr>
<td>Record clinical notes</td>
<td></td>
<td></td>
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<tr>
<td>View lab results</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>View imaging results</td>
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</tbody>
</table>
EHR adoption among US office-based physicians, 2001-2013

Note: Data include nonfederal, office-based physicians and exclude radiologists, anesthesiologists, and pathologists.
Source: CDC/NCHS, National Ambulatory Medical Care Survey and National Ambulatory Medical Care Survey, Electronic Health Records Survey.
NCHS Data Brief No 143 http://www.cdc.gov/nchs/data/databriefs/db143.htm
Adoption of computerized capabilities related to selected MU objectives among US office-based physicians, 2009-2013

Note: Data include nonfederal, office-based physicians and exclude radiologists, anesthesiologists, and pathologists.
Source: ONC analysis of CDC/NCHS National Ambulatory Medical Care Survey, Electronic Health Records Survey.
Intent to participate in EHR Incentive Programs and adoption of capabilities related to Stage 2 Core objectives in 2013

Survey asked about adoption of capabilities related to 14 of the 17 Stage 2 Core objectives.

Of physicians who intend to participate in the EHR Incentive Programs, 19% had adopted all 14 of these capabilities in 2013.

Data reflect US office-based physicians, not all of whom are eligible for the incentive programs.

Note: Data include nonfederal, office-based physicians and exclude radiologists, anesthesiologists, and pathologists.
Source: CDC/NCHS, National Ambulatory Medical Care Survey and National Ambulatory Medical Care Survey, Electronic Health Records Survey.
NCHS Data Brief No 143 http://www.cdc.gov/nchs/data/databriefs/db143.htm
Adoption of computerized capabilities related to selected MU objectives among US office-based physicians, 2013

- Recording patient history and demographic information: 83%
- Ordering prescriptions: 83%
- Sending prescriptions electronically to the pharmacy: 79%
- Recording lists of patient medications and allergies: 77%
- Recording and charting vital signs: 76%
- Recording patient smoking status: 76%
- Recording patient problem lists: 75%
- Providing warnings of drug interactions or contraindications: 74%
- Reconciling lists of patient medications to identify the most accurate list: 74%
- Ordering lab tests: 69%
- Providing patients with clinical summaries for each visit: 68%
- Identifying education resources for patients’ specific conditions: 60%
- Generating lists of patients with particular health conditions: 58%
- Providing reminders for guideline-based interventions or screening tests: 57%
- Exchanging secure messages with patients: 49%
- Automatically graphing a specific patient’s lab results over time: 47%
- Providing patients the ability to VDT information from their medical record: 42%
- Electronic reporting to immunization registries: 39%

Note: Data include nonfederal, office-based physicians and exclude radiologists, anesthesiologists, and pathologists.
Discussion