



The Office of the National Coordinator for
Health Information Technology



Joint Health IT Policy and Standards Committee Meeting

Data Update

February 10, 2015



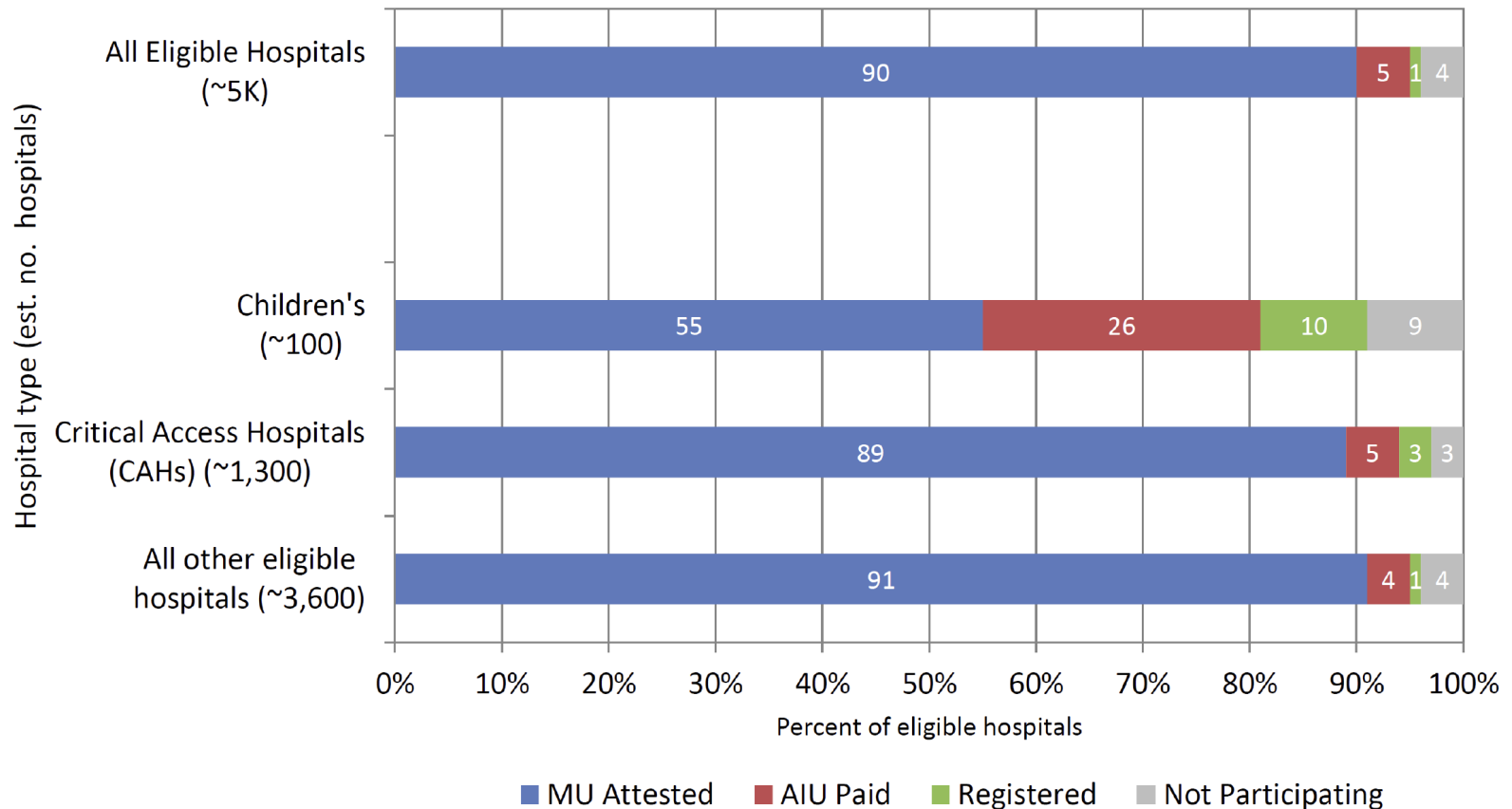
HealthIT.gov

- Examine meaningful use (MU) achievement among eligible hospitals through FY2014
- Describe which hospitals returned to attest in FY2014
- Describe the use of 2014 certified EHR technology and uptake of 2014 meaningful use definitions

Meaningful Use Achievement by Hospital Characteristics

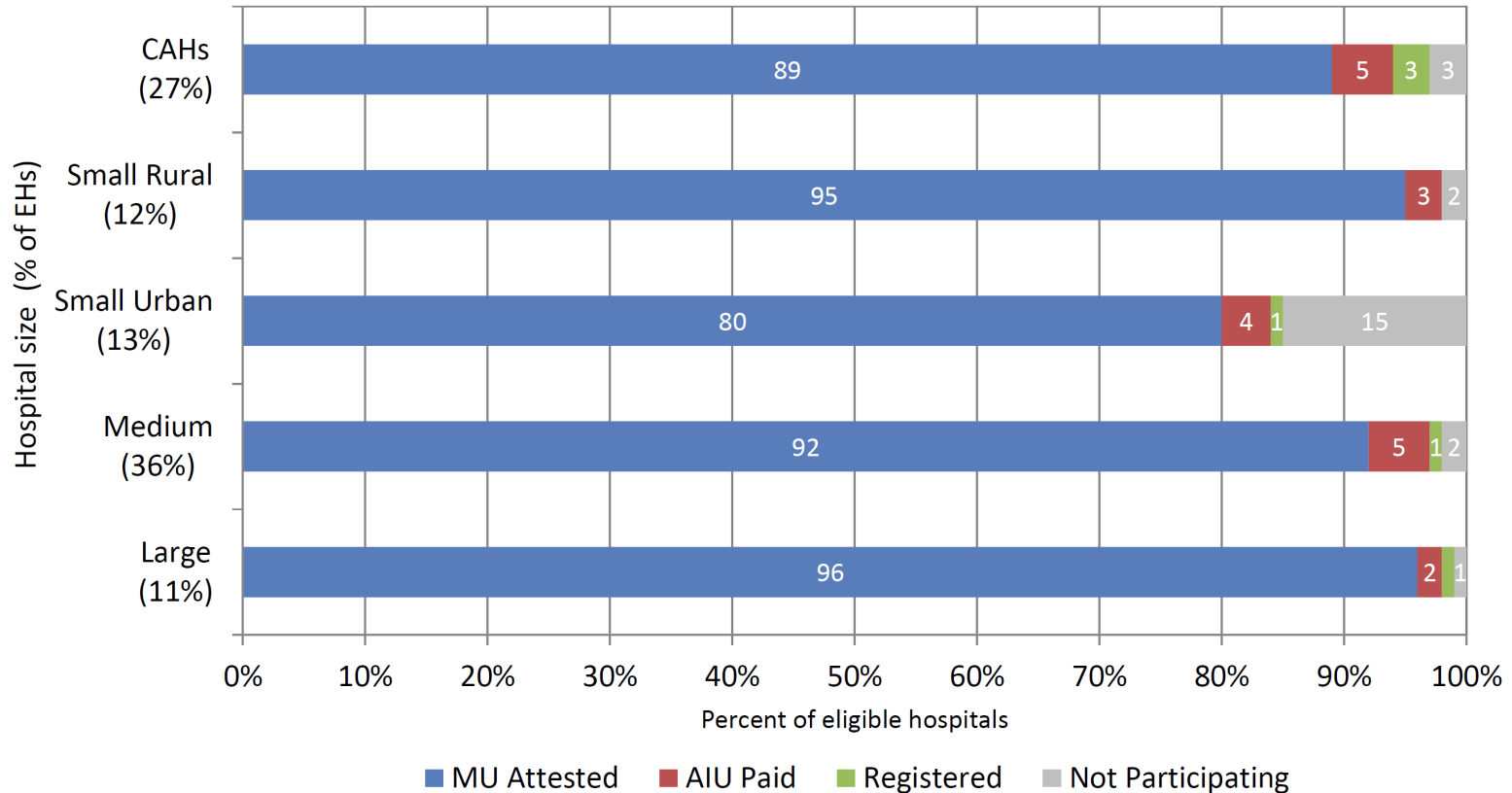
Nine in 10 eligible hospitals achieved meaningful use by FY2014

EHR Incentive Program Progress through FY2014



Differences in meaningful use achievement by hospital size and location

EHR Incentive Program Progress through FY2014



Based on CMS EHR Incentive data through December, 2014. Excludes children's hospitals. Less than 1% of hospitals did not have a bed size or geographic indicator. CAHs are excluded from other size categories.

- Through December, 2014, 9 in 10 eligible hospitals had attested to meaningful use of certified technology
 - CAH MU achievement rate (89%) was slightly lower than non-CAH hospitals (91%)
 - Other small rural hospitals had MU achievement rates (95%) similar to large hospitals (96%)
 - Children’s hospitals started later in the process, thus had a higher proportion paid for AIU (26%), and fewer attested to MU (55%)
 - Small urban hospitals had lower MU attainment (80%) and higher non-participation rates (15%) than other hospital types

Program Retention Rates

Providers must complete 2 years of stage 1 before progressing to stage 2

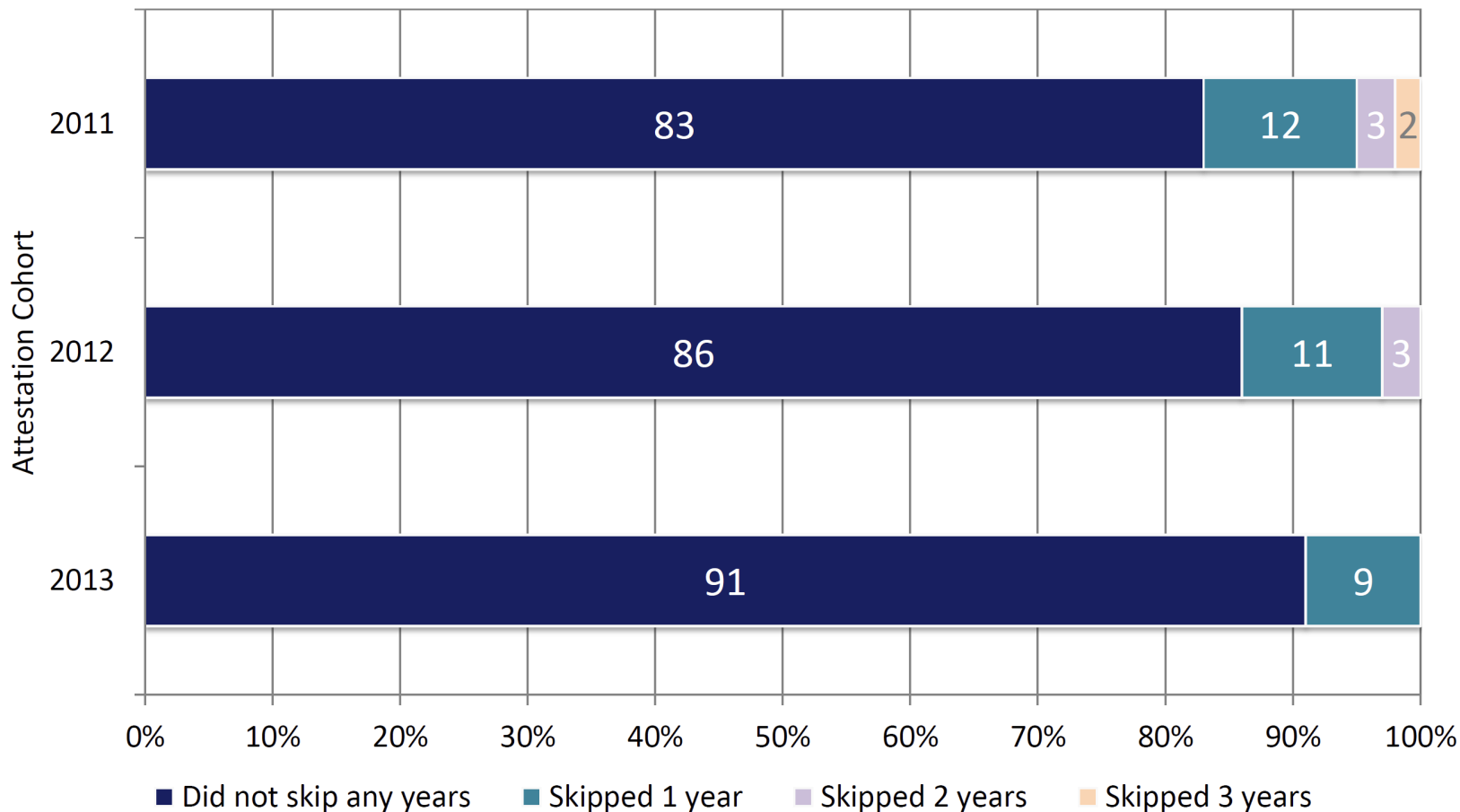


	Percent of EHRs	2011	2012	2013	2014	2015	2016	
2011 cohort	18	First attested to Stage 1 MU			Scheduled for Stage 2 MU			
2012 cohort	36		First attested to Stage 1 MU			Scheduled for Stage 2 MU		
2013 cohort	30			First attested to Stage 1 MU			Scheduled for Stage 2 MU	
2014 cohort	6				First attested to Stage 1 MU			Scheduled for Stage 2 MU

Based on CMS EHR Incentive data through December, 2014.

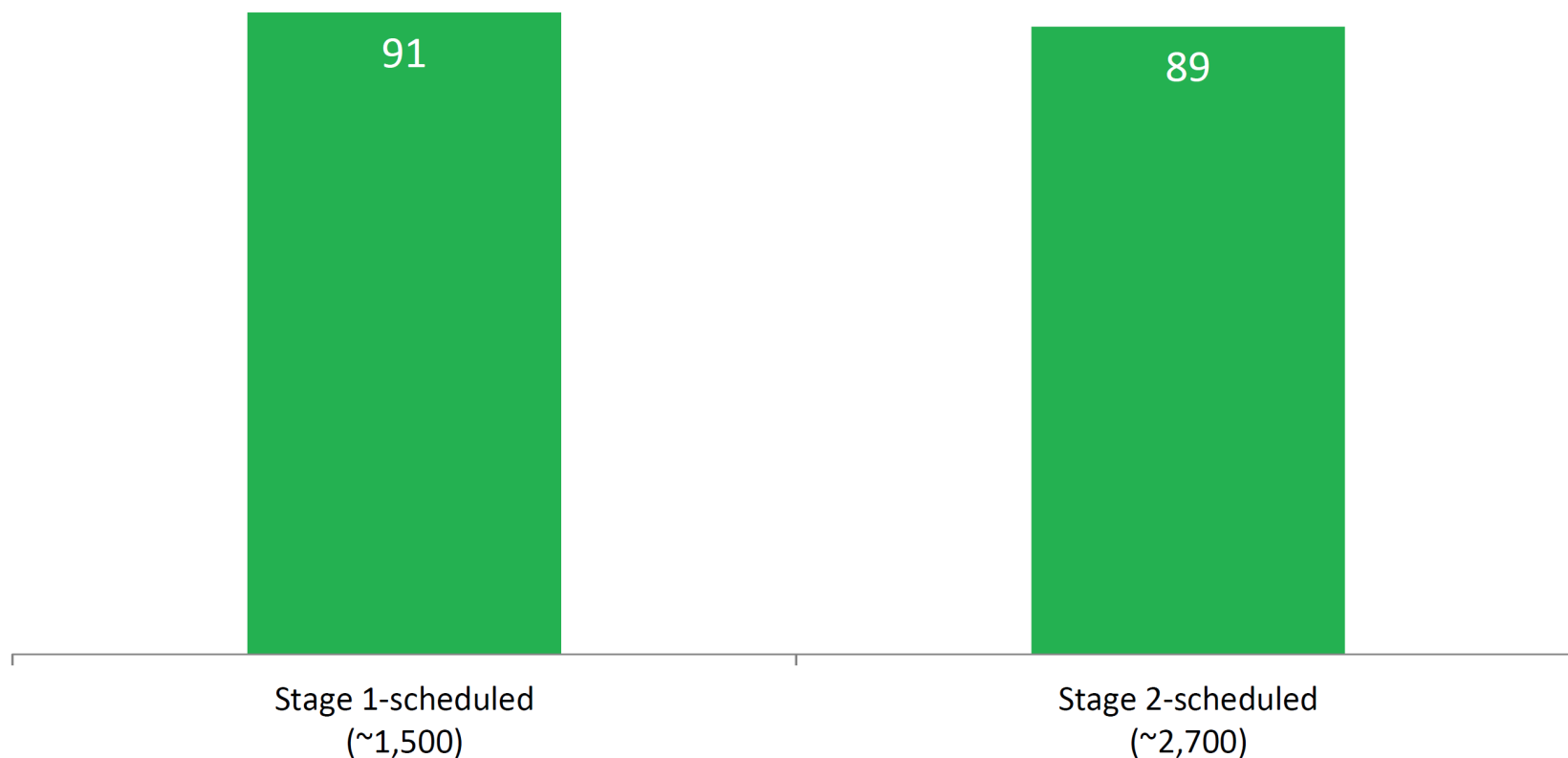
The vast majority of hospitals return to attest across multiple years of the program

Number of years attested, by attestation cohort



2014 return rates were similar between stage 1- and stage 2-scheduled hospitals

Proportion of hospitals in 2011-2013 cohorts that returned in 2014



Based on CMS EHR Incentive data through December, 2014.

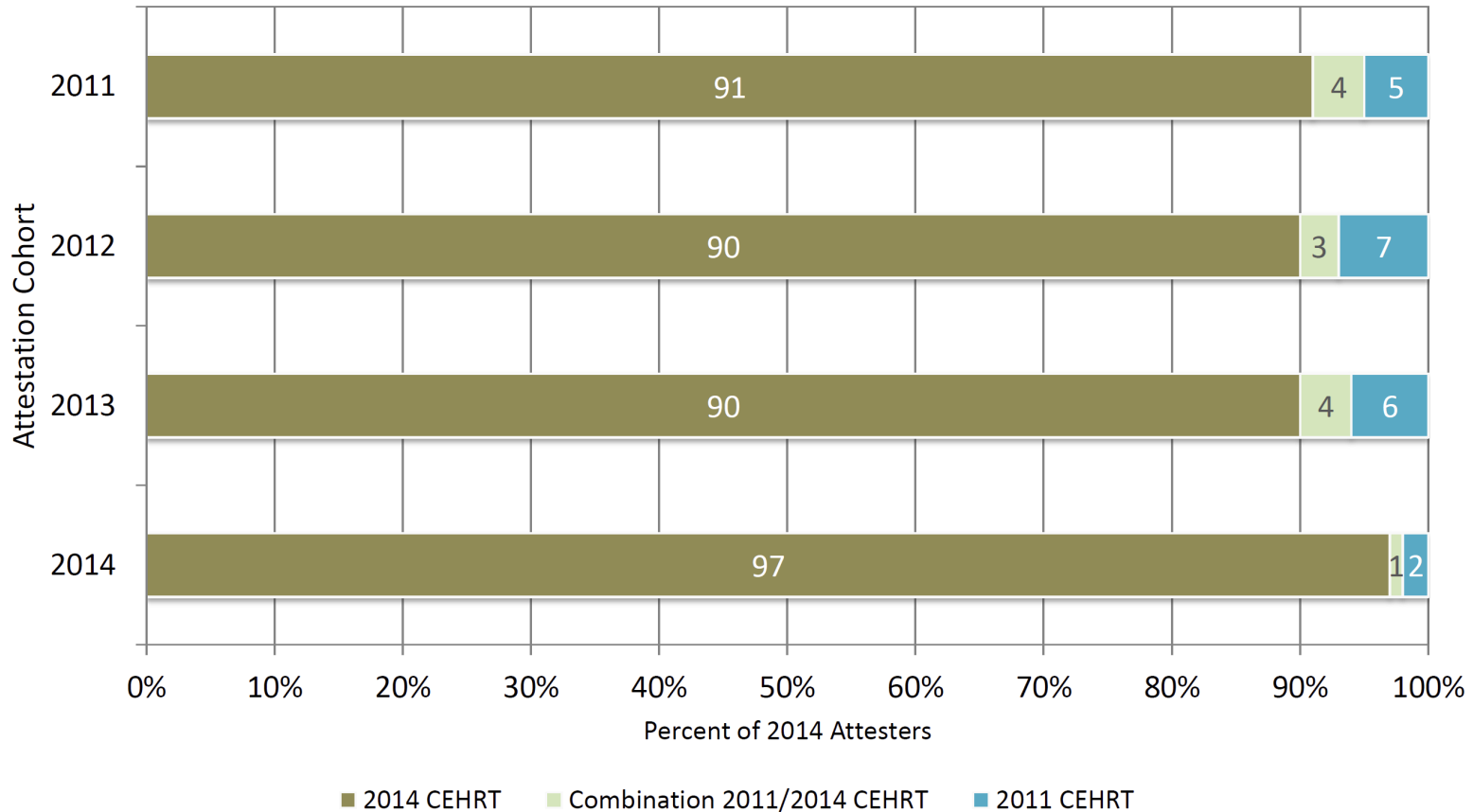
In FY2014, hospitals in the 2013 cohort were scheduled to attest to stage 1; hospitals in the 2011-2012 cohorts were scheduled to attest to stage 2. Values in parentheses are the estimated number of hospitals.

- More than 90% of hospitals that attested between 2011-2013 returned to the Incentive Program in subsequent years
 - 98% of 2011 cohort hospitals attested in subsequent years
 - 97% of 2012 cohort hospitals attested in subsequent years
- FY2014 return rate was similar across the two stages
 - 91% of hospitals scheduled for stage 1 returned
 - 89% of hospitals scheduled for stage 2 returned

Use of 2014 CEHRT

Nine in 10 hospitals were using 2014 certified EHR technology

Proportion of 2014 attesters by type of CEHRT used



Approximately 4K hospitals are scheduled to attest to stage 2 in FY2015

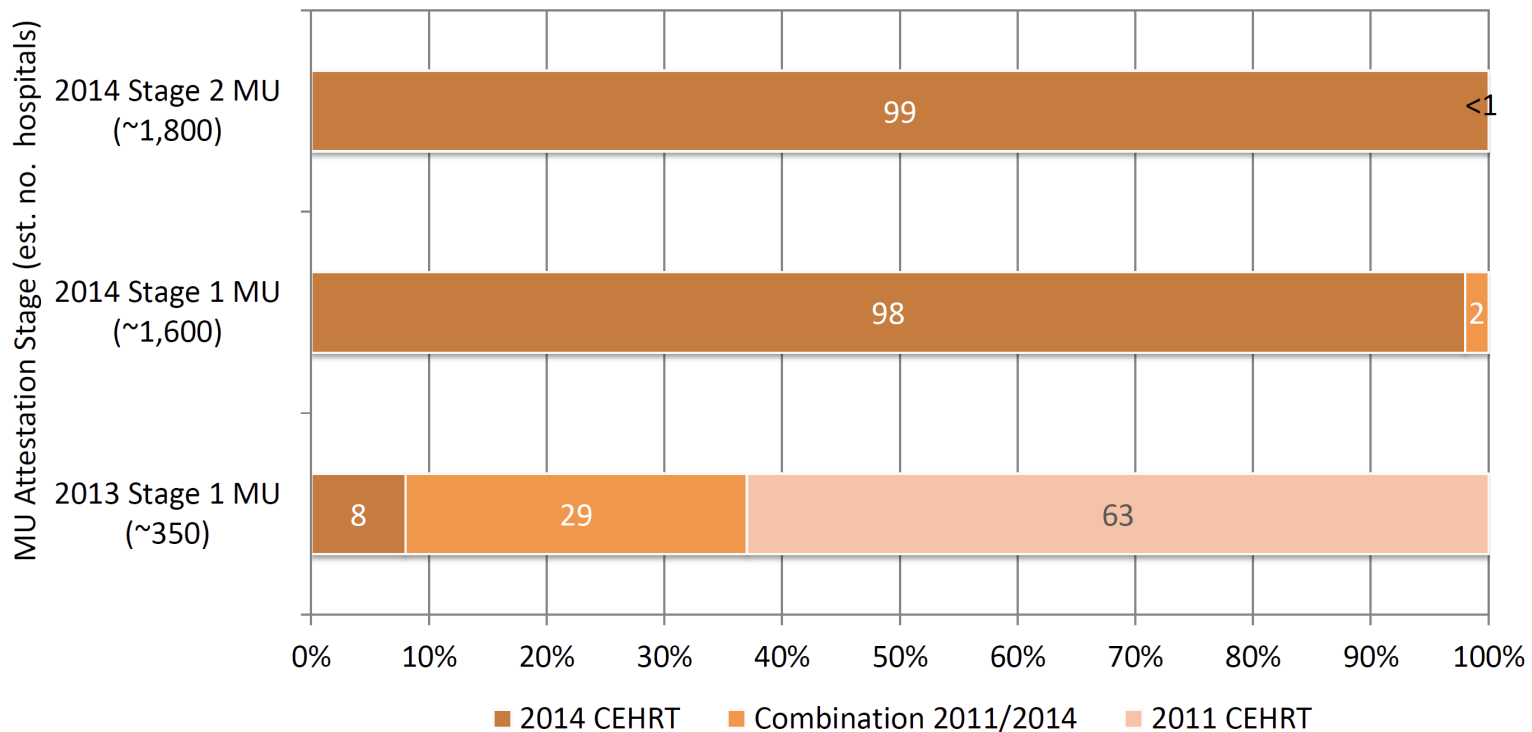


	Number of EHS	2011	2012	2013	2014	2015	2016
2011 cohort	~890	First attested to Stage 1 MU			Scheduled for Stage 2 MU	Stage 2, year 2	
2012 cohort	~1,800		First attested to Stage 1 MU			Stage 2, year 2	
2013 cohort	~1,500			First attested to Stage 1 MU			
2014 cohort	~300				First attested to Stage 1 MU		

Based on CMS EHR Incentive data through December, 2014.

Most hospitals scheduled to attest to stage 2 in FY2015 were using 2014 CEHRT and 2014 MU definitions in FY2014

Hospitals that are scheduled for stage 2 attestation in FY2015, by CEHRT type and MU definition



Based on CMS EHR Incentive data through December, 2014.

Includes ~1,300 hospitals from 2013 and ~2,400 hospitals from the 2011-2012 cohorts that attested to stage 1 using the flexibility rule. Excludes hospitals that attested through Medicaid only.

- Nine in 10 eligible hospitals attested using 2014 certified EHR technology
 - The proportion that attested using 2014 CEHRT did not vary across the attestation cohorts
- Approximately 4,200 hospitals are scheduled to attest to stage 2 in FY2015
 - Of those, the vast majority were using 2014 certified technology in FY2014
 - Most attested using the 2014 meaningful use definitions

Questions?



- Denominator data for hospitals was obtained based on the CMS list of certified hospitals through September, 2014 and CMS EHR Incentive Program participants through December, 2014.
- Hospital size was based on the number of certified beds as reported in the CMS Provider of Service files through September, 2014 (<http://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Provider-of-Services/index.html>). CAHs and Children's hospitals were separated prior to classification by size and geography. Bed size was unavailable for less than 1% of hospitals . Size categories were:
 - **Large:** 400 or more beds
 - **Medium:** 100-399 beds
 - **Small:** 1-99 beds
- Geographic location was based on the county in which the hospital was located based on the zip code provided through the CMS EHR Incentive Program data file. Hospitals in metropolitan counties were classified as urban. Hospitals in micropolitan and areas that were not in a combined statistical area were classified as rural. Combined Statistical Area designations were based on HRSA's 2012/2013 Area Resources File.
- CMS' EHR Incentive Program status was based on 4 mutually exclusive categories, identified in the order listed below:
 - **Attested MU:** Hospital has successfully attested to and/or been paid for meaningful use
 - **AIU Paid:** Hospital has been paid to adopt, implement, or upgrade to a certified EHR technology, but has not yet attested to meaningful use.
 - **Registered:** Hospital has registered with the EHR Incentive Program, but has not attested or received payment
 - **Not participating:** Hospital has not yet registered with the EHR Incentive Program
- Hospitals were assigned to an attestation cohort based on the first year they attested to, or were paid for, meaningful use with either the Medicare or Medicaid EHR Incentive Program.