Data Analytics Update

## Health IT Policy Committee Meeting
August 7, 2013

Progress to Meaningful Use: Hospitals

Hospital progress to Meaningful Use, June 2013
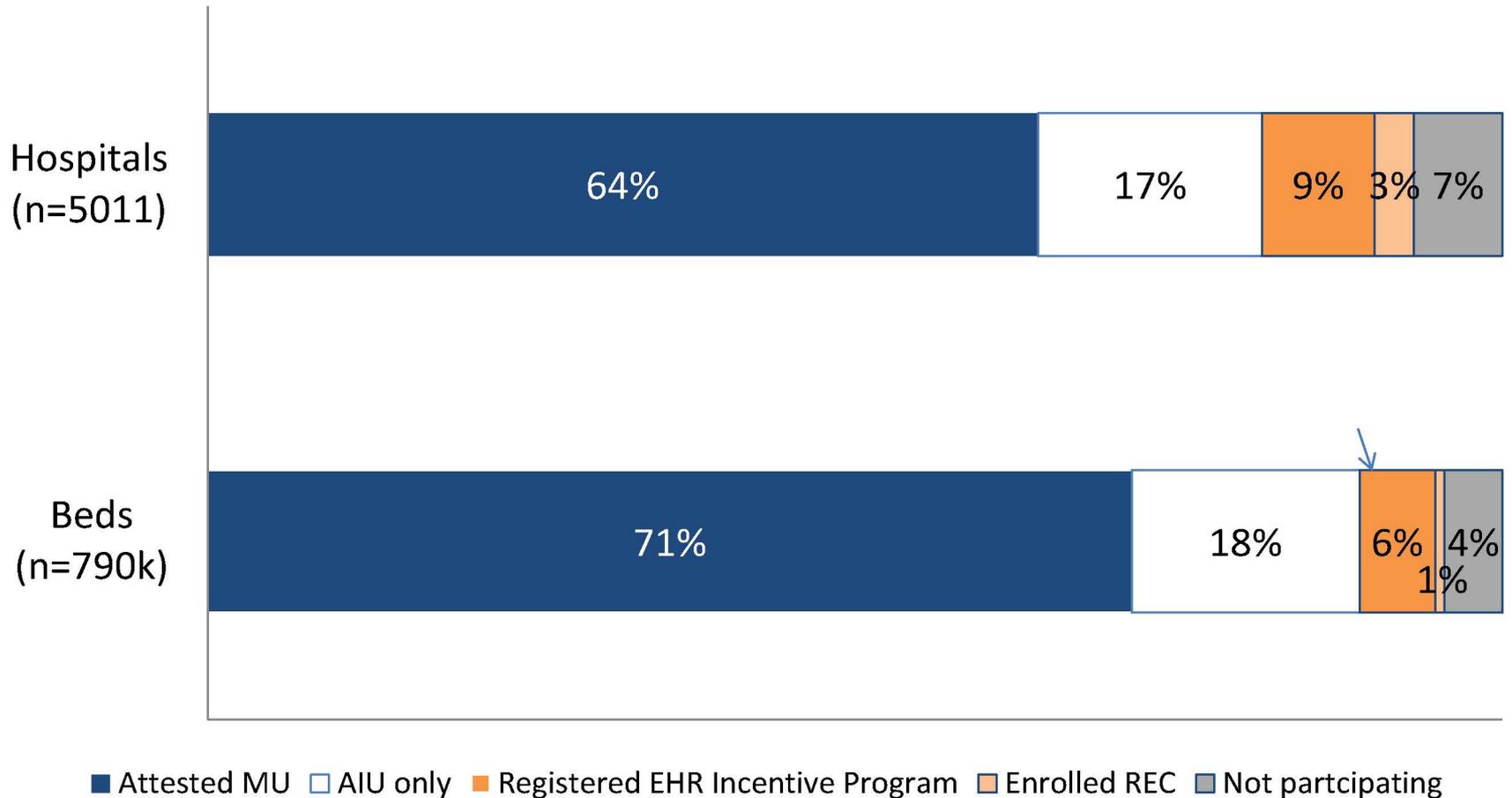
Note: Categories are hierarchical and mutually exclusive. For example, a hospital that has attested and received AIU payment and is enrolled with an REC is counted only in the Attested MU category. See Data Sources and Definitions slides for more details.

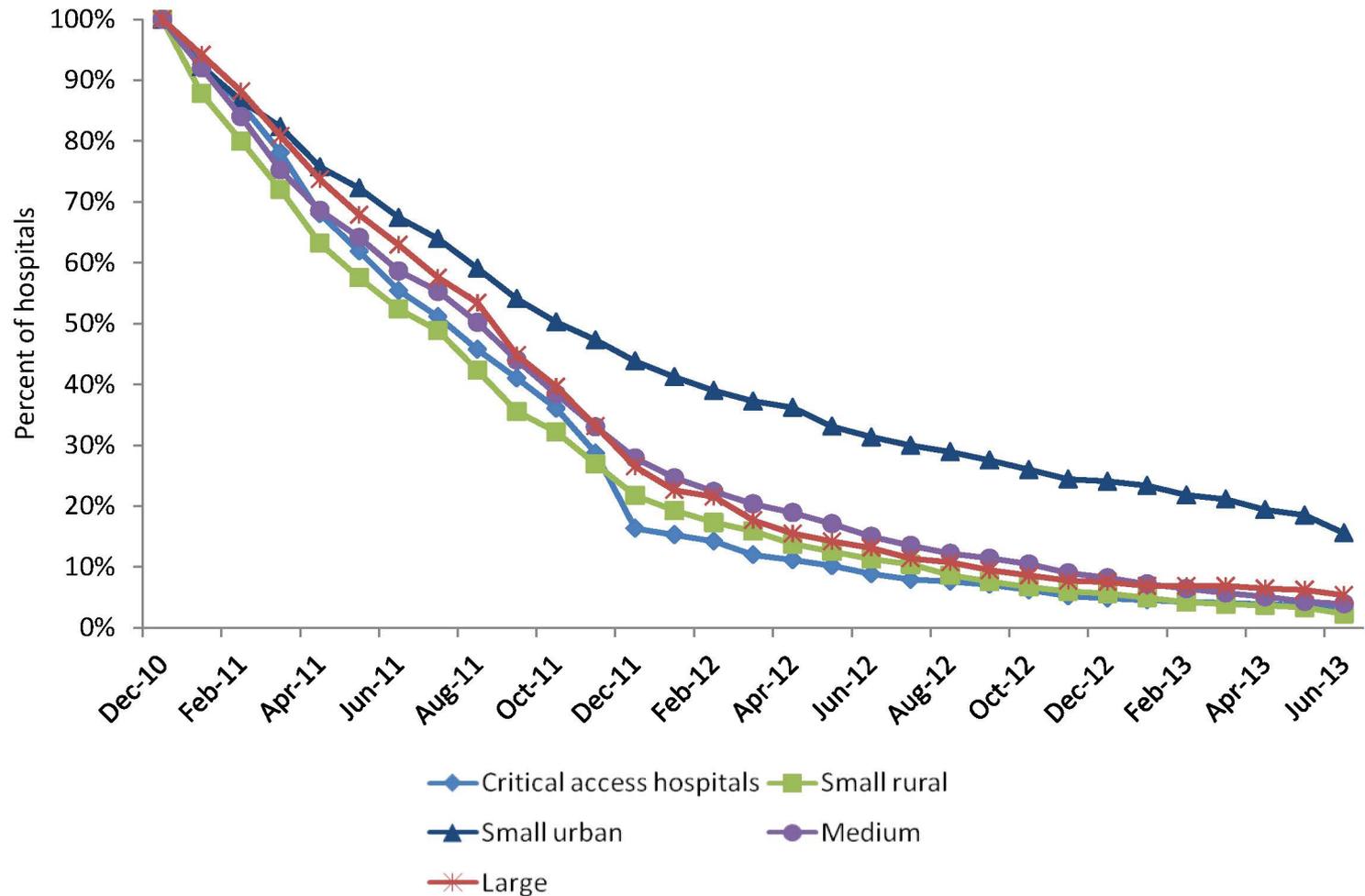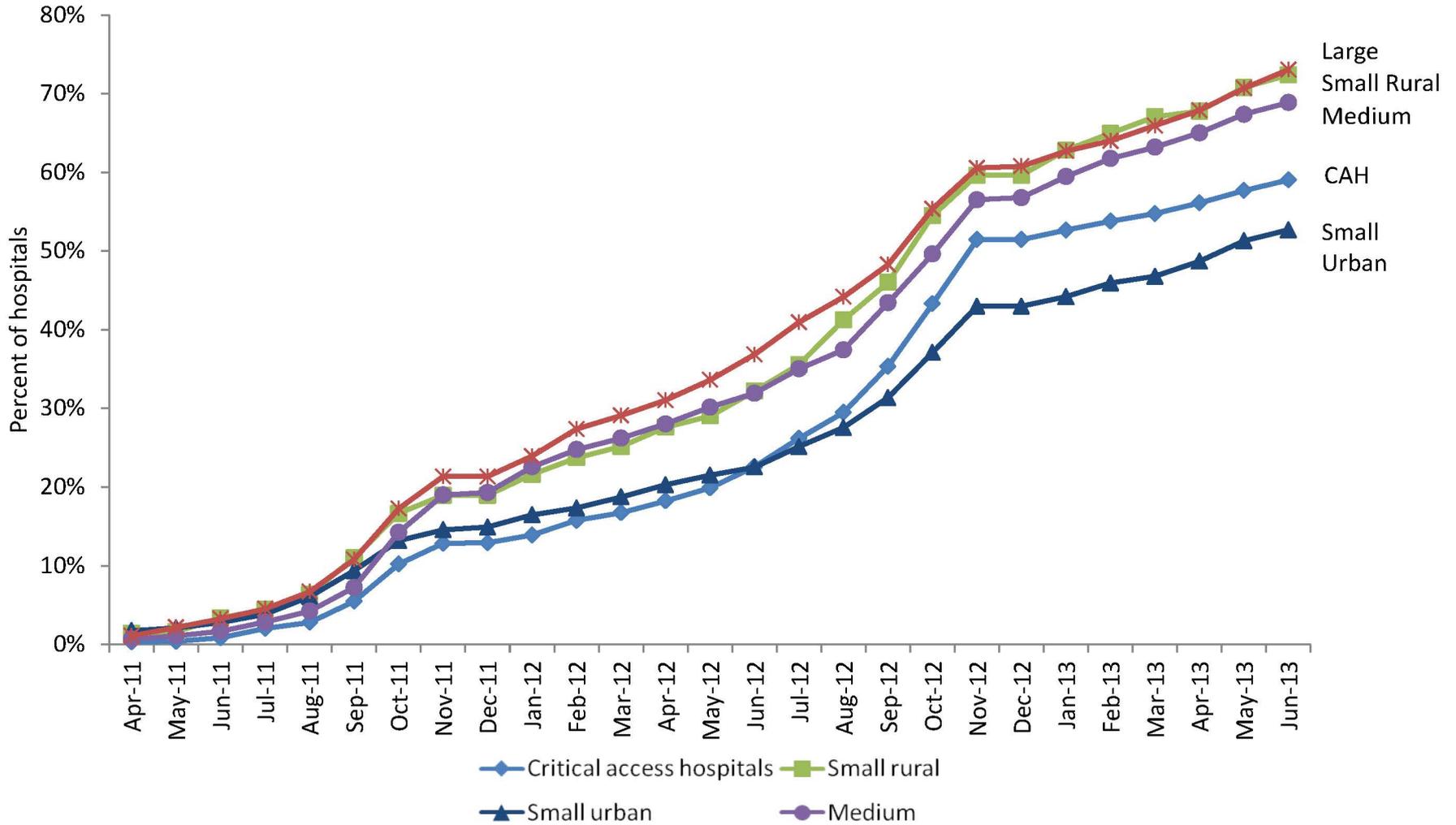# Hospital progress to Meaningful Use, through June 2013
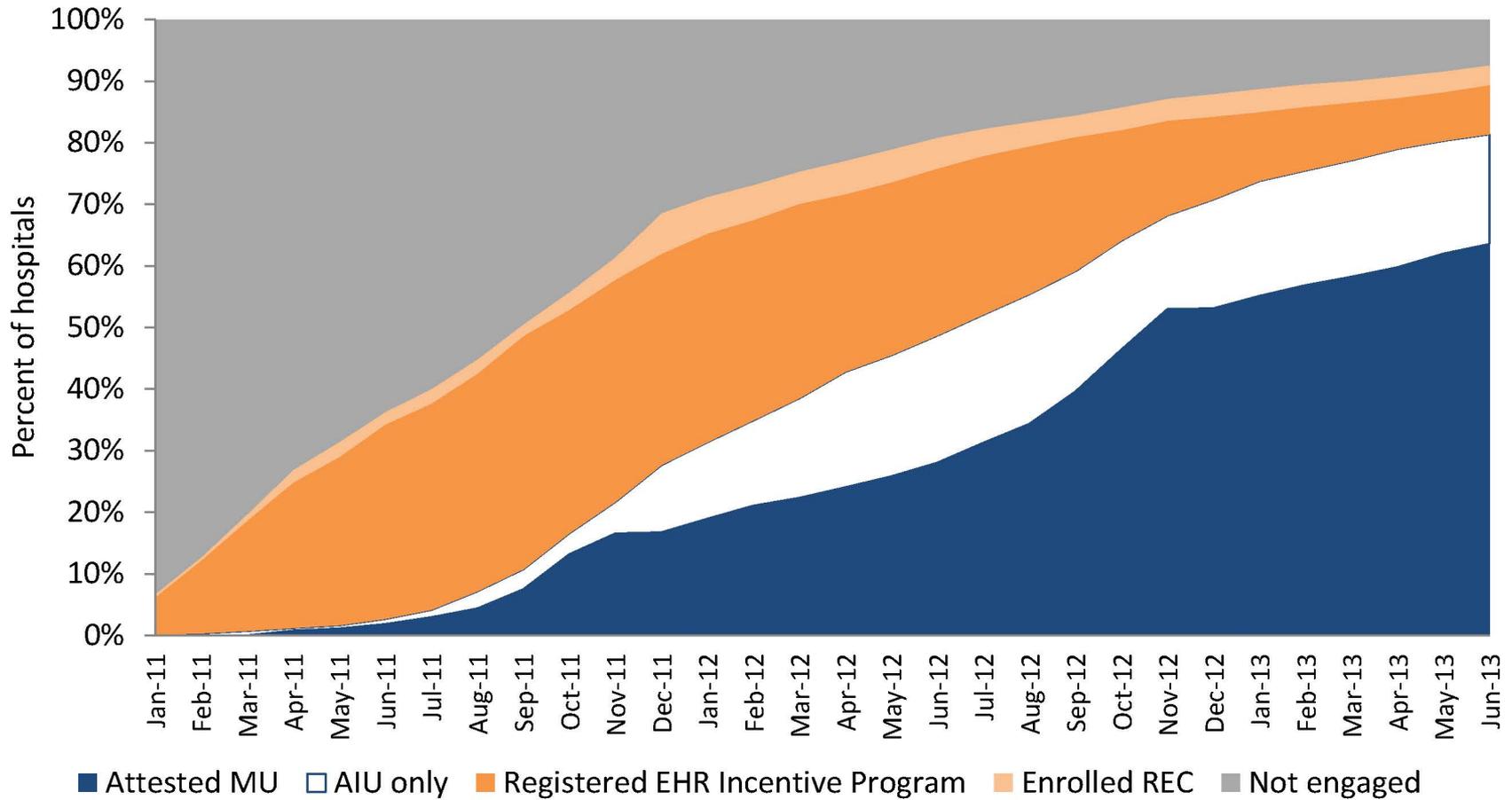
Note: Categories are hierarchical and mutually exclusive. For example, a hospital that has attested and received AIU payment and is enrolled with an REC is counted only in the Attested MU category. See Data Sources and Definitions slides for more details.

Hospitals not engaged with EHR Incentive Programs or Regional Extension Center, through June 2013

Note: Large = 400+ staffed beds; Medium = 100-399 staffed beds; Small = <100 staffed beds. Rural = non-metropolitan; Urban = metropolitan. See Data Sources and Definitions slides for more details.
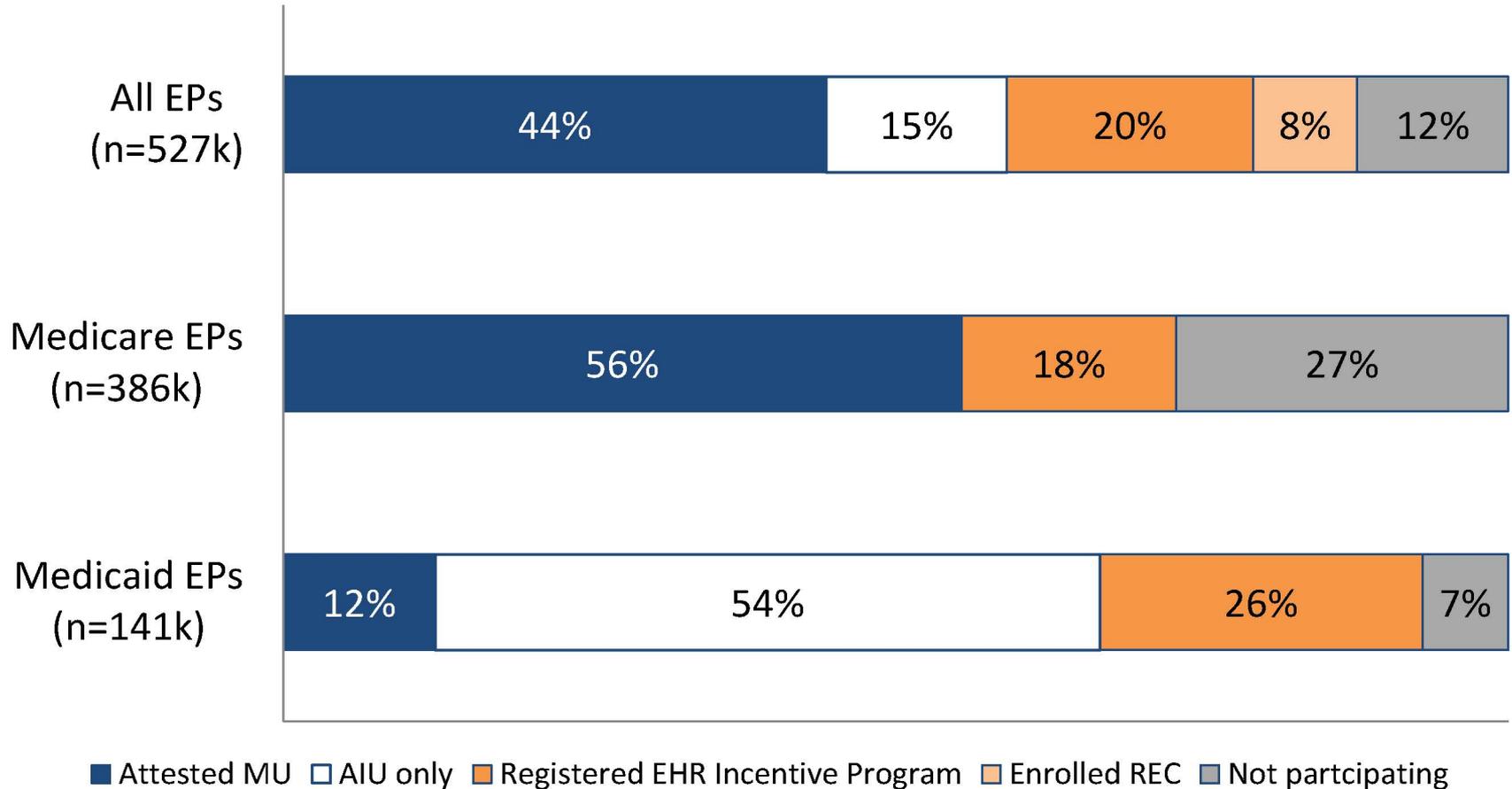
Hospitals attesting to Meaningful Use, through June 2013

Note: Large = 400+ staffed beds; Medium = 100-399 staffed beds; Small = <100 staffed beds. Rural = non-metropolitan; Urban = metropolitan. See Data Sources and Definitions slides for more details.

Progress to Meaningful Use: Professionals

Eligible professional progress to Meaningful Use, June 2013

All EPs (n=527k)
- 44% Attested MU
- 15% AIU only
- 20% Registered EHR Incentive Program
- 8% Enrolled REC
- 12% Not participating

Medicare EPs (n=386k)
- 56% Attested MU
- 18% Registered EHR Incentive Program
- 27% Not participating

Medicaid EPs (n=141k)
- 12% Attested MU
- 54% AIU only
- 26% Registered EHR Incentive Program
- 7% Not participating

Legend: ■ Attested MU □ AIU only ■ Registered EHR Incentive Program ■ Enrolled REC ■ Not partcipating

Note: Categories are hierarchical and mutually exclusive. For example, a professional that has attested and received AIU payment and is enrolled with an REC is counted only in the Attested MU category. See Data Sources and Definitions slides for more details.

# Eligible professional progress to Meaningful Use, through June 2013
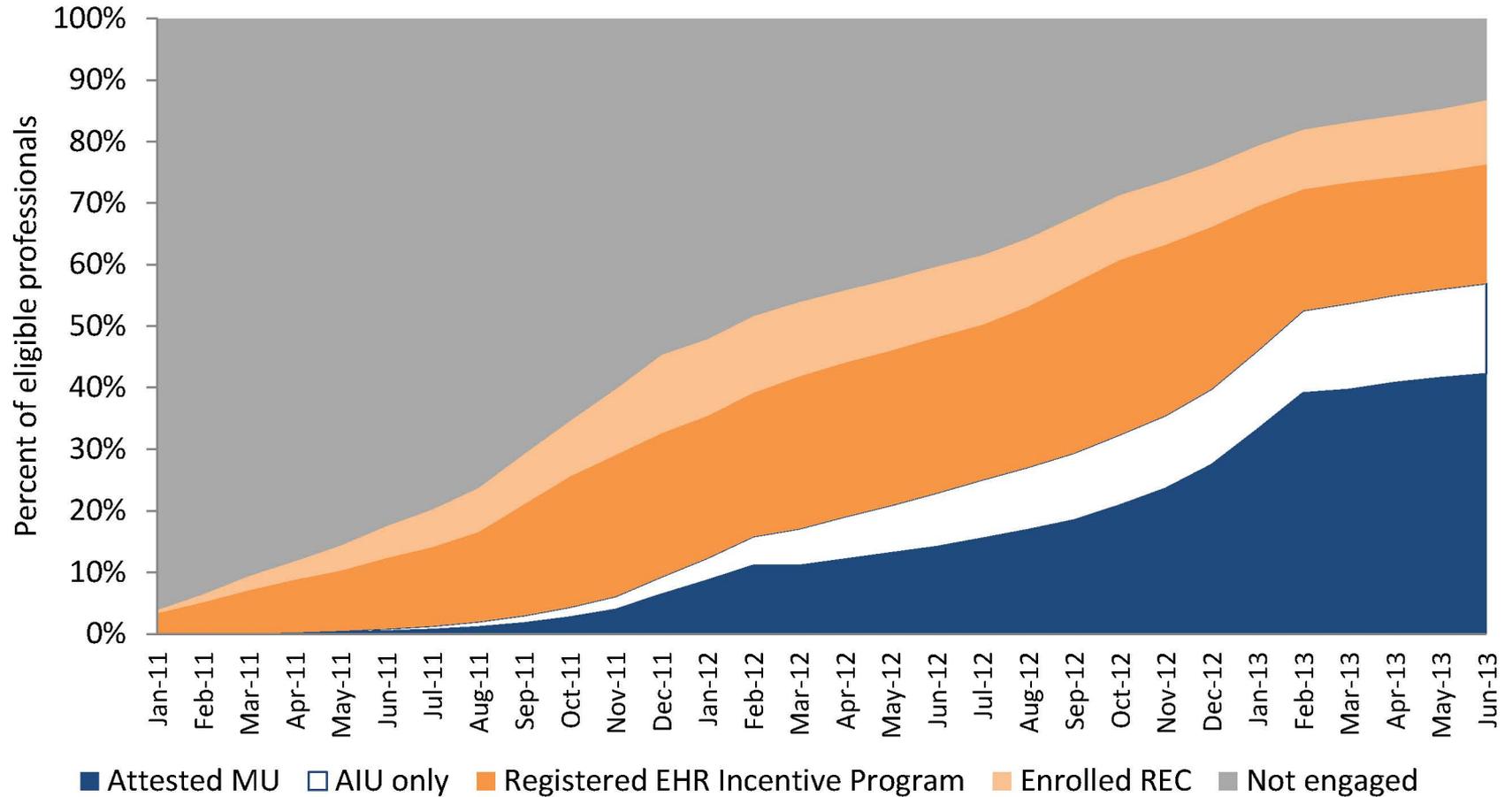
Note: Categories are hierarchical and mutually exclusive. For example, a professional that has attested and received AIU payment and is enrolled with an REC is counted only in the Attested MU category. See Data Sources and Definitions slides for more details.

Ambulatory physicians not engaged with EHR Incentive Programs or Regional Extension Center, through June 2013

By specialty
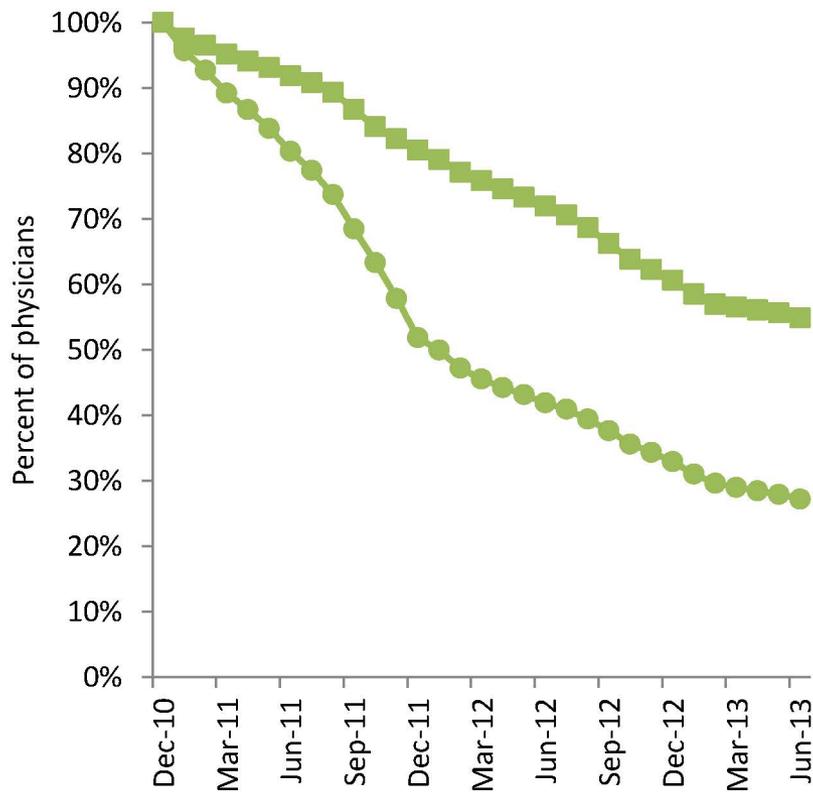
By urban/rural location
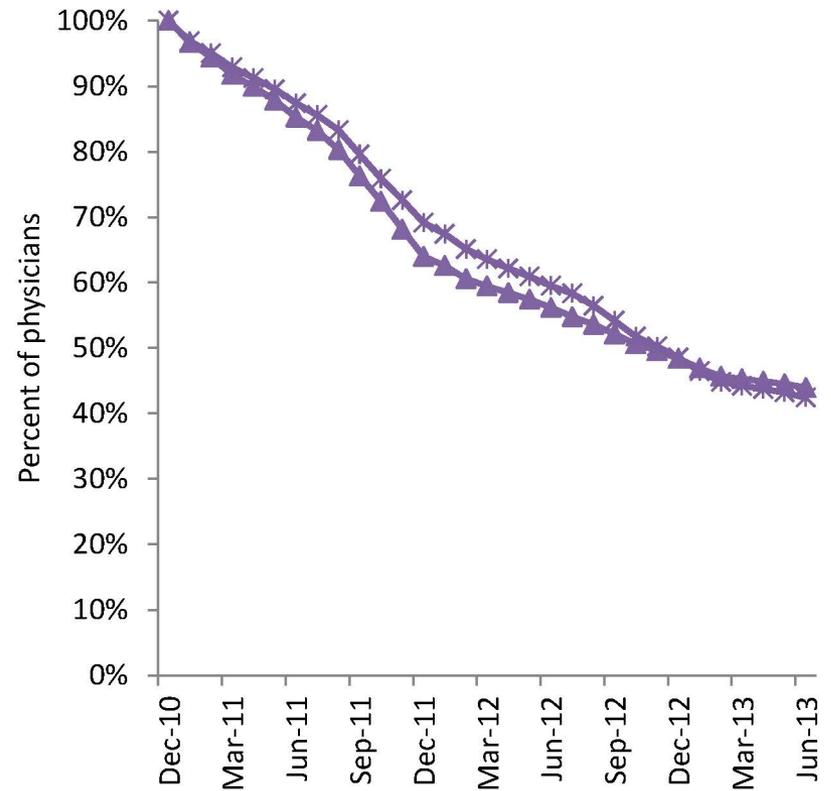
Legend: Primary Care, Other Specialty, Rural, Urban

Note: Denominator of all ambulatory physicians from SK&A 2012 Office-Based Provider Database; not all physicians are eligible for EHR Incentive Program. See Data Sources and Definitions slides for more details.

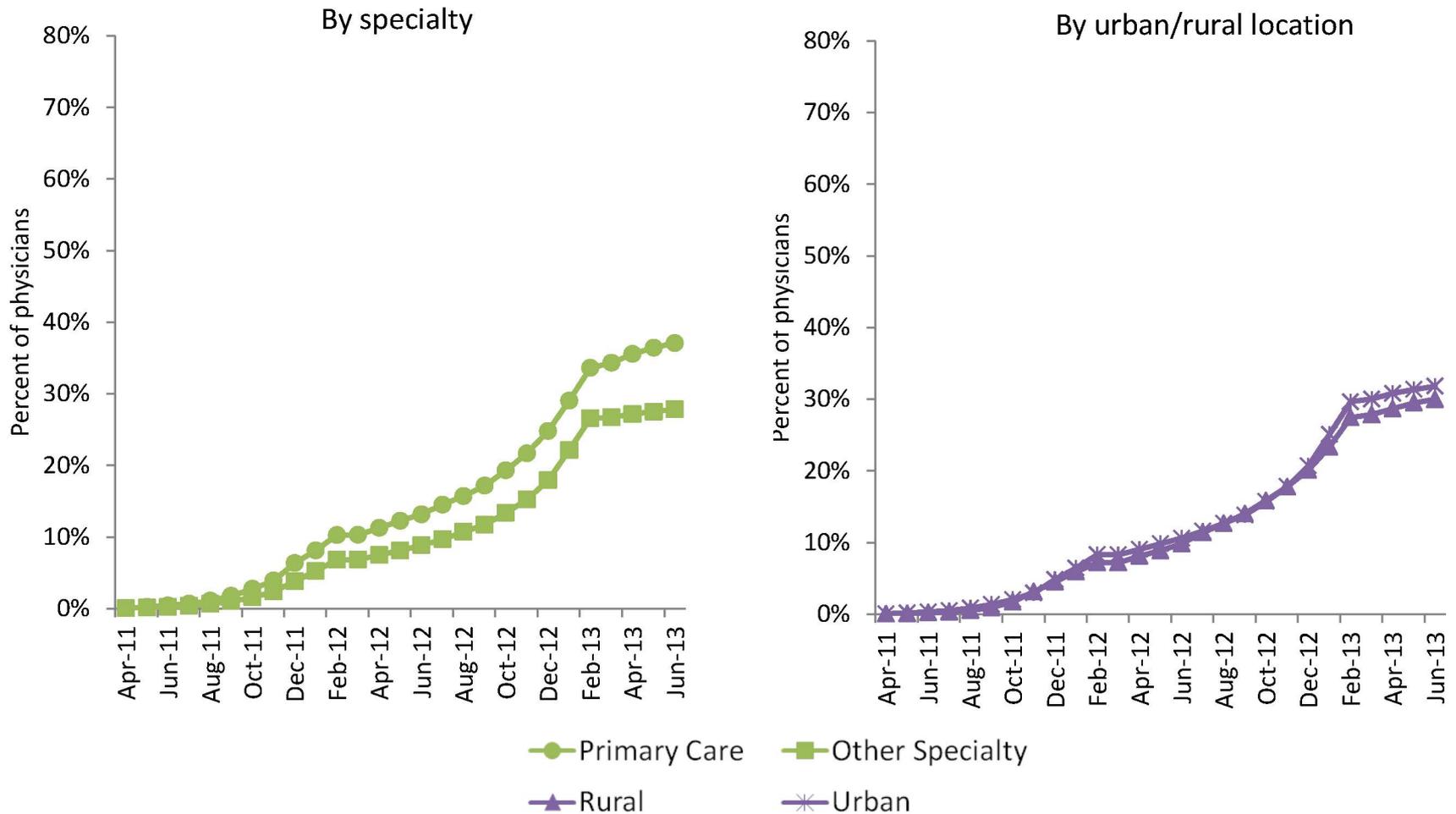# Ambulatory physicians attesting to Meaningful Use, through June 2013

By specialty

By urban/rural location

Legend: Primary Care, Other Specialty, Rural, Urban

Note: Denominator of all ambulatory physicians from SK&A 2012 Office-Based Provider Database; not all physicians are eligible for EHR Incentive Program. See Data Sources and Definitions slides for more details.

Data Sources and Definitions

Hospital Data

To describe hospital progress to Meaningful Use by key characteristics, data on all CMS certified hospitals as of March 2013 were merged to data from the CMS EHR Incentive Program, the ONC Regional Extension Center (REC) Program, and the American Hospital Association (AHA) Annual Survey by CMS Certification Number (CCN). The final analysis file contained 4,970 hospitals, 97% of which matched to the AHA Annual Survey.

Hospitals were categorized into 1 of 5 hierarchical and mutually exclusive categories:

(1) Attested MU – hospitals successfully attested to Stage 1 Meaningful Use under the Medicare EHR Incentive Program or received payment for attesting to Stage 1 Meaningful Use under the Medicaid EHR Incentive Program. Category includes some hospitals that had successfully attested but still had Medicare payment for the attestation pending.

(2) AIU only – hospitals received Medicaid EHR Incentive Program payment for AIU but not yet attested or received payment for attesting to Meaningful Use.

(3) Registered EHR incentive program – hospitals registered for the Medicare or Medicaid EHR Incentive Program but had not yet attested or received payment for AIU or Meaningful Use.

(4) Enrolled REC – hospitals enrolled with an REC but not yet registered for the Medicare or Medicaid EHR Incentive Program.

(5) Not participating – hospitals not registered for the Medicare or Medicaid EHR Incentive Program and not enrolled with an REC.

Professional Data

Professionals were categorized into 1 of 5 hierarchical and mutually exclusive categories:

(1) Attested MU – professionals successfully attested to Stage 1 Meaningful Use under the Medicare EHR Incentive Program or received payment for attesting to Stage 1 Meaningful Use under the Medicaid EHR Incentive Program. Category includes some professionals that had successfully attested but still had Medicare payment for the attestation pending.

(2) AIU only – professionals received Medicaid EHR Incentive Program payment for AIU but not yet attested or received payment for attesting to Meaningful Use.

(3) Registered EHR incentive program – professionals registered for the Medicare or Medicaid EHR Incentive Program but had not yet attested or received payment for AIU or Meaningful Use.

(4) Enrolled REC – professionals enrolled with an REC but not yet registered for the Medicare or Medicaid EHR Incentive Program.

(5) Not participating – professionals not registered for the Medicare or Medicaid EHR Incentive Program and not enrolled with an REC.

To monitor professional progress to Meaningful Use by key characteristics, physicians in the categories above were compared to a denominator of all ambulatory physicians nationally using data from the 2012 SK&A Office-Based Provider data base. Because all ambulatory physicians are not necessarily eligible for the EHR Incentive Programs, this may understate the actual rate of progress to meaningful use among those physicians eligible for the programs.