

Only 2% of Hospitals Are 'Meaningful Users'

Survey of nearly 4,500 hospitals finds that most would have fallen short of EHR criteria.

BY ROBERT FINN

FROM HEALTH AFFAIRS

Only 2% of U.S. hospitals surveyed between March and September 2009 would have qualified for federal stimulus funding incentive payments on the basis of their use of electronic health records, according to a survey of 4,493 hospitals.

The American Recovery and Reinvestment Act (ARRA) authorized incentive payments from Medicare and Medicaid to hospitals that both implement certified electronic health records (EHRs) and demonstrate their "meaningful use."

The survey, whose results were published online, was conducted before the U.S. Department of Health and Human Services formally adopted the meaningful use criteria for 2011 and 2012.

Those criteria include a set of 14 "core" objectives and an additional 10 "menu" criteria. Hospitals must meet all 14 core criteria and 5 of the 10 menu criteria to qualify for ARRA funds.

In completing the survey, each hospital indicated which of 32 clinical functions of an electronic health record it had

implemented. Because the survey was conducted before the meaningful use criteria were finalized, the investigators, led by Dr. Ashish K. Jha of Harvard Medical School, Boston, were only able to analyze responses related to nine of the core measures and three of the menu measures.

The survey's response rate was 69%. Nonresponders differed significantly from responders on several measures, but the investigators took this into account, creating national estimates that were adjusted for nonresponse (Health Affairs 2010 October [doi:10.1377/hlthaff.2010.0502]).

Adoption of basic or comprehensive electronic health records increased from 8.7% of hospitals in 2008 to 11.9% in 2009.

The most commonly implemented EHR functions were viewing of laboratory reports (82% of hospitals had fully implemented this in at least one of their units), viewing of radiology images (83%), and viewing of radiology reports (85%). Two-thirds of the hospitals had implemented medication lists, 63% had implemented drug allergy alerts, and 63% had implemented drug-drug interaction warnings.

However, only 33% of hospitals had implemented physician notes, 34% had implemented physician medication orders, and 32% had made clinical guidelines available through their EHR systems.

Large hospitals, major teaching hospitals, nonprofit hospitals, and urban hospitals were most likely to have implemented EHR systems. Small and medium hospitals, public hospitals, rural hospitals, and those that were not major teaching hospitals were significantly less likely to have implemented EHR.

For example, the odds that a small hospital had implemented EHR were 70% lower than for a large hospital. Public hospitals had 40% lower odds than did nonprofit hospitals, and the rural hospitals had 40% lower odds than did urban hospitals.

The investigators wrote that their 2% estimate was conservative, because they did not survey hospitals about all of the criteria.

"Thus, it is likely that the actual number of hospitals currently able to quali-

fy as meaningful users is lower than our projection," they wrote.

In addition, they noted, "If we wait until after 2011 to identify the early recipients of meaningful use incentives, it may be too late to reverse these trends in a timely fashion."

They listed several policies that could, if implemented, make it easier for hospitals to adopt EHR systems and to meet

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meaningful use criteria. One approach would be to enlist the assistance of regional extension centers. Another would be to offer incentive payments or loans to smaller, public,

or rural hospitals to assist them in purchasing or upgrading an EHR system.

"Federal policy makers need to take concrete actions now to address this emerging digital divide and to ensure that all Americans, regardless of where they receive care, derive the benefits that health [information technology] has to offer," they wrote.

The HHS department and the Robert Wood Johnson Foundation supported the survey. ■



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Stop-Smoking Coverage Expanded

Physicians will be reimbursed for counseling any Medicare patient about smoking cessation, not just those with tobacco-related illness, under new guidelines approved by the Centers for Medicare and Medicaid Services. Previously, a patient needed to at least show signs of illness related to smoking before Medicare would pay. Now, any smoker covered by Medicare can have up to eight smoking cessation sessions per year from a physician or another Medicare-recognized health practitioner, CMS said. American Medical Association President Cecil Wilson applauded the coverage expansion. "More than 400,000 Americans die needlessly every year as a direct result of tobacco use," Dr. Wilson said in a statement. "This expansion of coverage takes an important step toward helping Medicare patients lead healthier, tobacco-free lives."

Drug Information Found Lacking

The printed consumer information that is provided with prescription drugs often fails to provide easy-to-understand information about the product's use and risks, a study by the National Association of Boards of Pharmacy found. Secret shoppers visited pharmacies throughout the United States and filled prescriptions

for lisinopril and metformin. Only about three-fourths of the consumer medical information, which pharmacies routinely staple to the outside of prescription bags, met the Food and Drug Administration's minimum criteria for usefulness, the study found. In addition, the information accompanied only 94% of all prescriptions, which fell short of the 95% goal set by Congress. The FDA does not regulate the consumer medical information that accompanies prescriptions. In most cases, pharmacies purchase it from contractors, which use the drug's professional labeling as the basis for the consumer version. The study was published in the Archives of Internal Medicine.

Smartphone Makers Target Doctors

Smartphone and wireless phone service companies are tailoring their product offerings to meet physicians' needs, and this trend probably will continue, according to a report from health-market research firm Kalorama Information. In 2009, health care practitioners spent \$2.6 billion for personal digital assistants and smartphones for professional use, Kalorama said. Health care currently represents about 5% of the total smartphone and PDA market, and its market share should grow as more physicians and re-

lated professionals sign on, the report said. "Health care is a mobile profession and lends itself to these devices," said Kalorama's Bruce Carlson. "They provide a wide range of conveniences and workflow efficiencies which can't be achieved with traditional notepads and pocket drug references."

\$32 Million More for Rural Health

The Department of Health and Human Services has issued more than \$32 million in grants to increase access to health care for Americans in rural areas. Most of the funds—about \$22 million—will go to hospitals in rural communities through the Medicare Rural Hospital Flexibility Program, which encourages the development of rural health networks, HHS said. More than \$3 million will fund a new pilot program to develop networks that recruit medical residents and other health care trainees to work in rural communities. In addition, HHS said that it will provide more than \$3 million for telehealth programs in those areas. The remainder of the funds will support new rural-care initiatives for veterans and Medicare beneficiaries, as well as a program to promote family practice residencies in rural areas.

Medical Care Prices Fell in July

Medical prices, as measured by the Department of Labor's Medical Care Index, fell 0.2% in July—the first monthly decline in 35 years. The components of prescription drugs, nonprescription drugs, and hospital services all declined in July,

according to the department's monthly Consumer Price Index. Overall, however, the nation's CPI increased 0.3%, the report said. In the past 40 years, the Medical Care Index component of the CPI has risen at a much steeper rate than has the overall CPI. The medical component has declined only two other times, both in the mid-1970s, according to the Labor Department.

Patients See Drug Makers' Influence

More than two-thirds of Americans who currently take at least one prescription drug say that pharmaceutical manufacturers have too much influence on physicians' prescribing decisions, according to a survey of 1,150 adults by Consumer Reports magazine. In addition, half said doctors are too eager to prescribe a drug when nonpharmaceutical options might manage a medical condition. A larger poll found that 45% of Americans take at least one prescription drug on a regular basis, and the average person takes four drugs routinely. Nearly half of the group surveyed said they think gifts from pharmaceutical companies influence doctors' prescription choices, and 41% said they think doctors tend to favor new and expensive drugs. Similarly, consumers seemed to be influenced by drug company marketing: One-fifth of those taking prescription drugs said they had asked their physician for one they had seen advertised, and more than half said their doctors gave them the prescriptions they wanted.

—Jane Anderson