

Health IT in the U.S.: An Update



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U.S. Healthcare

- \$2.5 trillion in 2009 and rising
 - 17.3% of GDP
 - Biggest domestic policy issue
- Quality is disappointing
 - Failure to translate knowledge into practice
- Care is often unsafe
 - Tens of thousands of Americans die from MEs

Why HIT?

- Paper-based records part of the problem
 - Inability to access key data at the point of care
 - Leads to large number of errors
 - Practice of “defensive” medicine
 - Redundant and un-necessary tests

HITECH 2009

- Over \$30 Billion for HIT
 - Mostly in direct incentives for providers for “meaningful use”
 - Incentives start now
 - Must make serious progress by 2014
 - Penalties (lower reimbursements) kick in thereafter

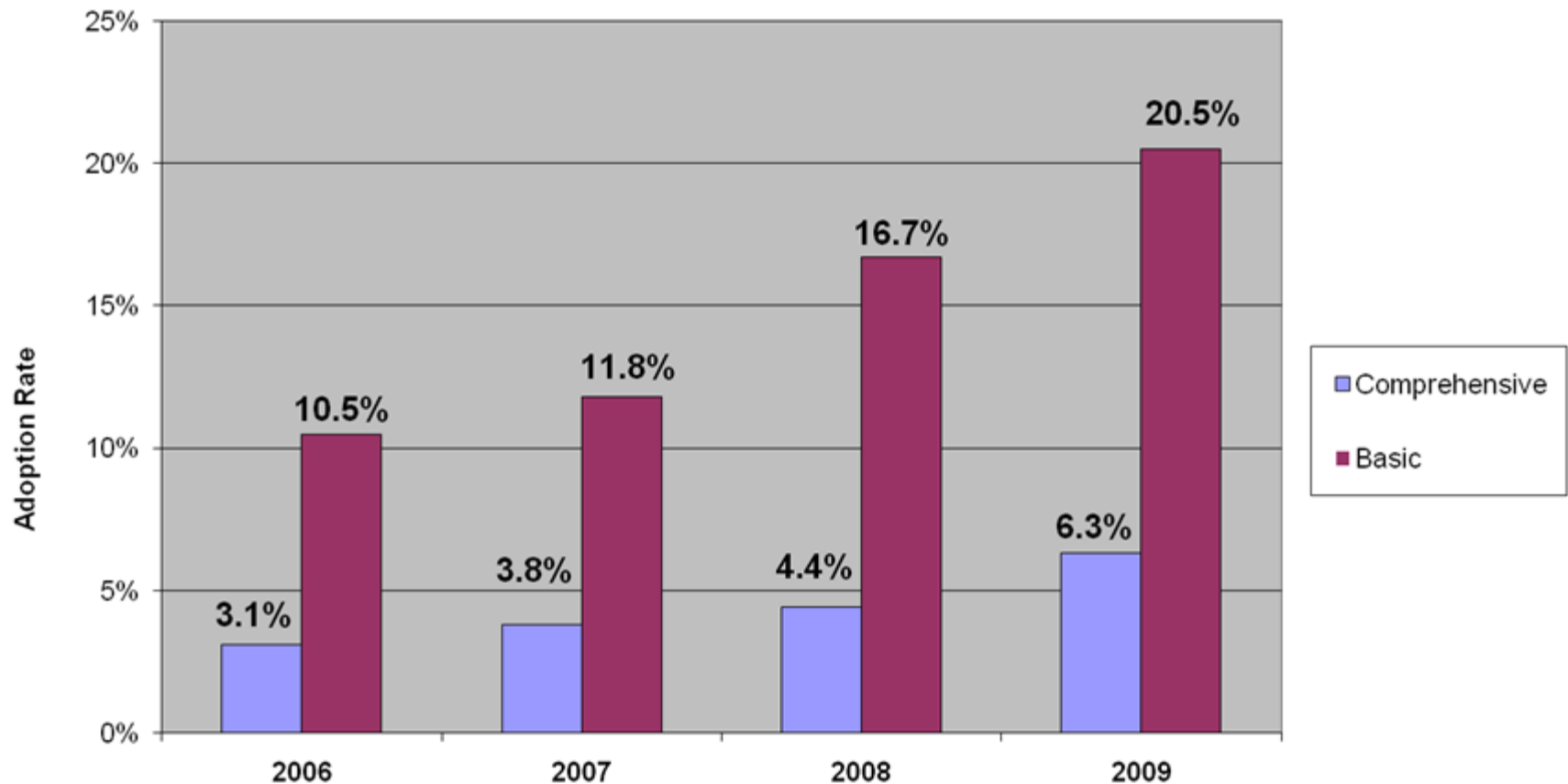
Where are we with EHRs?

- What do we mean by EHR?
- What are the adoption rates in:
 - Ambulatory Care?
 - Hospitals?

Survey Overview

- Nationally representative sampling
 - Focus on adequate RR
- EHR Definitions from Expert Panel
 - Basic: 7 functions
 - Clinical notes, problem lists, medication lists
 - Electronic prescribing, results management
 - Comprehensive: 17 functions

Ambulatory EHRs

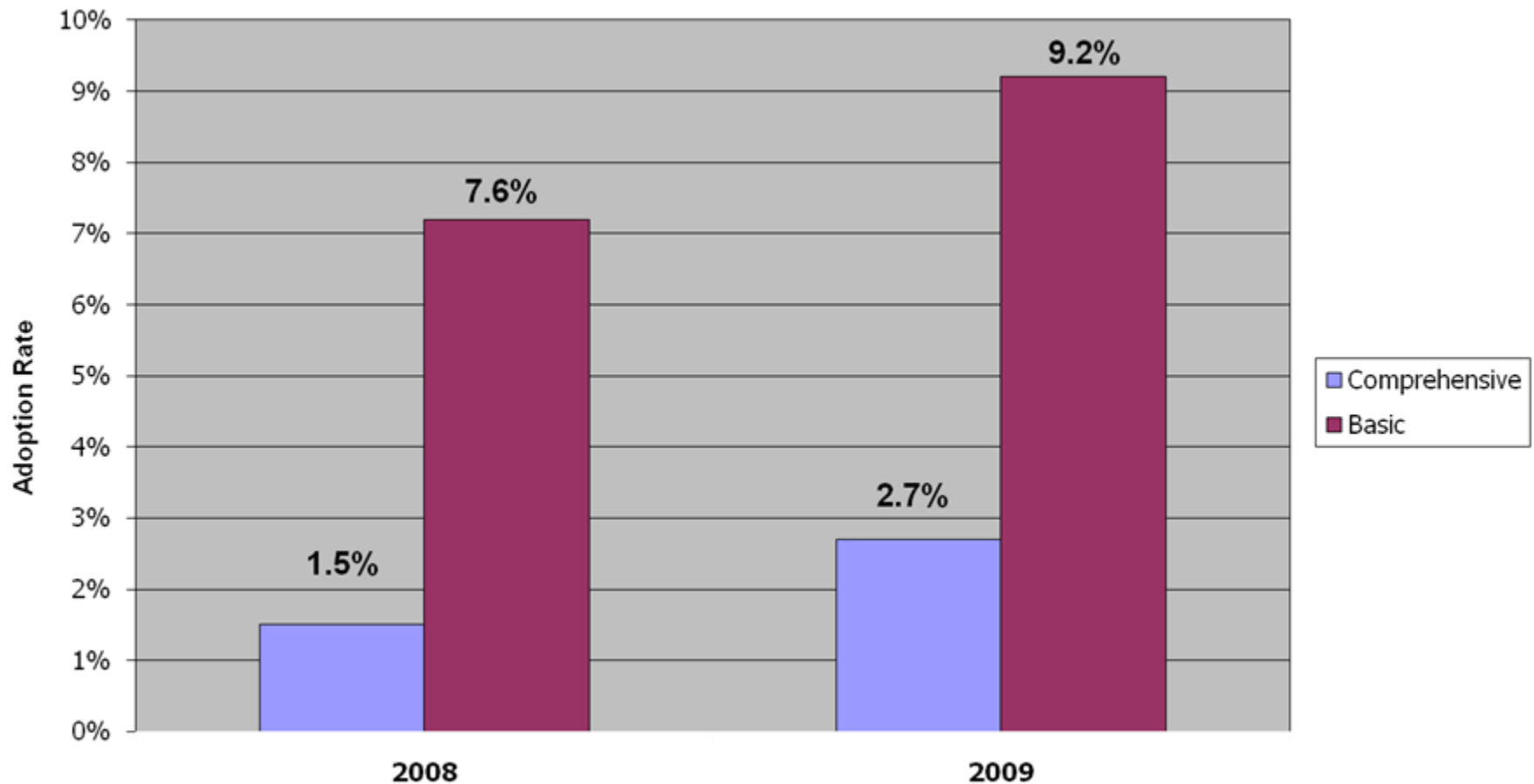


Based on NAMCS data

Hospital Survey

- Survey of all acute-care hospitals
 - Lead by AHA
 - High response rates
- EHR Definitions:
 - **Basic:** 10 functionalities in at least one clinical unit
 - **Comprehensive:** 24 functionalities in ALL major clinical units
- Follows the pattern of ambulatory care

Hospital EHRs 2009



What might we predict about
Meaningful Use?

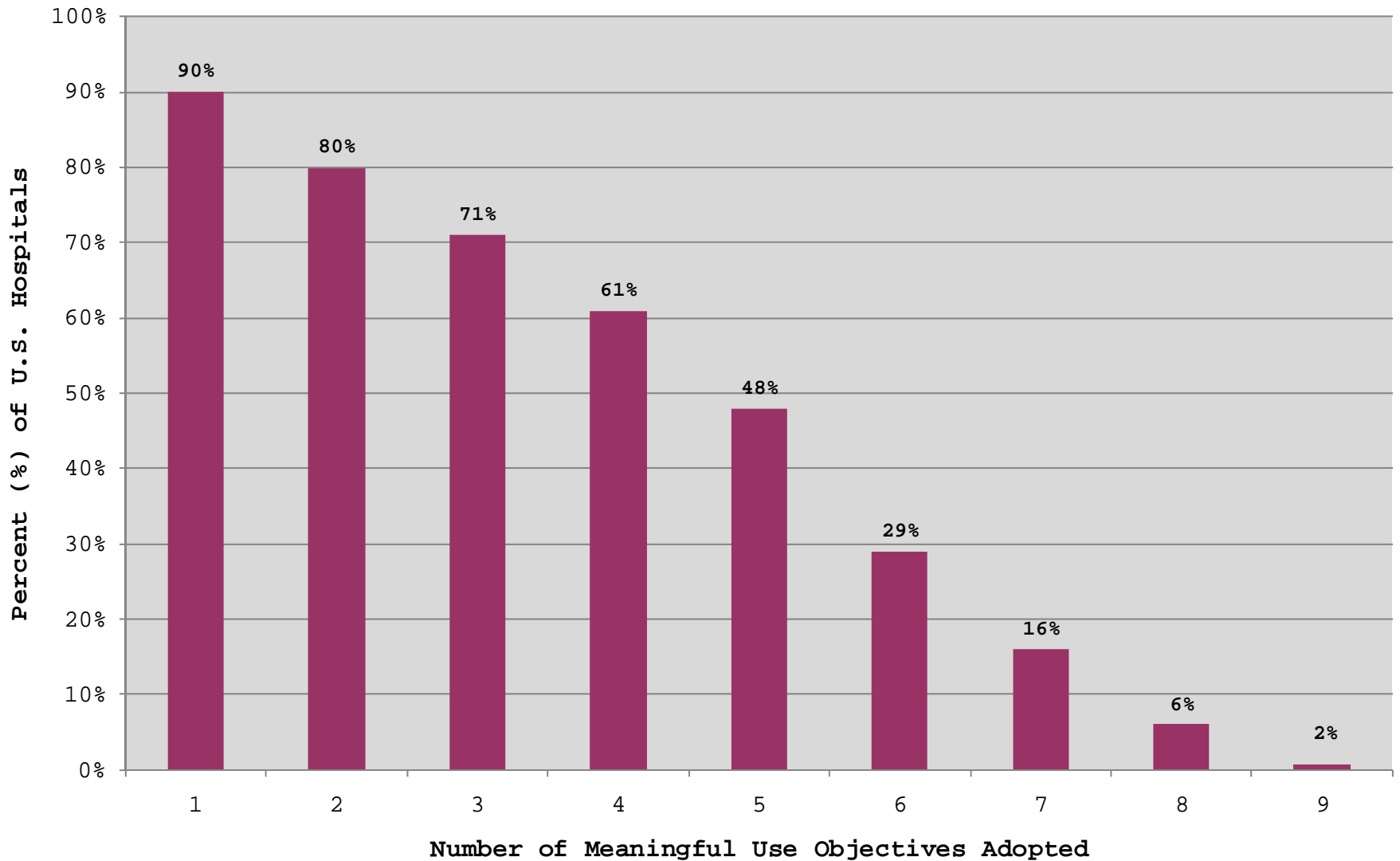
MU in U.S. hospitals 2009

Core MU Rules	Percentage
CPOE	30
Implement drug-drug, drug-allergy checks	14
Maintain an up-to-date problem list	46
Maintain active medication list	66
Record key demographics	86
Give patient a copy of their record	66
Report hospital quality measures to CMS	26
Implement at least one CDS rule	61
Capability to exchange key clinical information	11
All of the above	2.1
All of the above + all 3 Menu	1.6

MU in U.S. Hospitals 2009

MU Rules	Percentage				
	All	Critical Access	Small	For-profit	Rural
All Core	2.1	1.0	1.2	0	1.0
Core + Menu	1.6	0.9	1.0	0	0.6

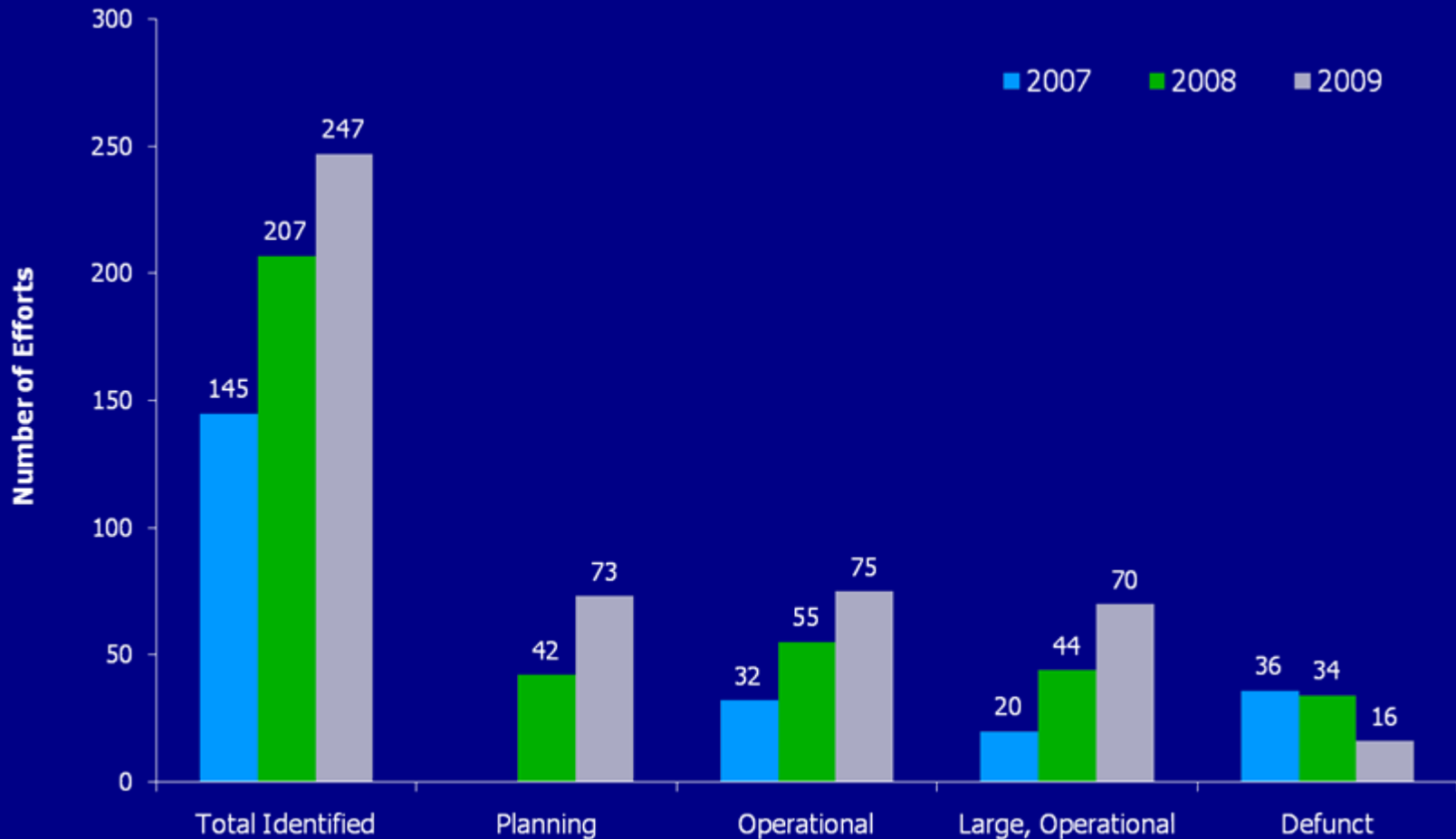
Readiness for MU



Health Information Exchange

Longitudinal Results

Number of Efforts: Growth over Time



Functional Definition: Operational HIEs

	Basic	Comprehensive	Support Stage 1 MU
TOTAL	14	0	13
Percent U.S. Hospitals	3%	0	3%
Percent of U.S. Practices	0.6%	0	0.9%

Summary

- Health IT critical to high performing healthcare system
- The market is moving forward
 - Progress has been slow
 - Small office providers, rural providers a challenge
 - Ensuring safety-net doesn't fall behind critical
- Major barriers:
 - Money, adoption process
- HITECH a catalyst