

Only 2% of Hospitals Are ‘Meaningful Users’

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 10 “menu” criteria. Hospitals must meet all 14 core criteria and 5 of the 10 menu criteria to qualify for ARRA funds.

In 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 criteria were finalized, the investigators, led by Dr. Ashish K. Jha of Harvard Medical School, Boston, were able to analyze only the 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 researchers created national estimates that were adjusted for non-response (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 re-

ports (85%). Two-thirds of the hospitals had implemented medication lists, 63% had implemented drug allergy alerts, and 63% had implemented drug-drug interaction warnings. 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 researchers said 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 qualify as meaningful users is lower than our projection,” they wrote. “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 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. ■

VITALS

Major Finding: The share of hospitals adopting at least basic EHRs rose from 8.7% in 2008 to 11.9% in 2009. Only 2% of hospitals surveyed would have met the federal government’s current “meaningful use” criteria to qualify for stimulus funding.

Data Source: Survey of 4,493 acute-care, nonfederal hospitals conducted by the American Hospital Association between March and September, 2009.

Disclosures: The U.S. Department of Health and Human Services and the Robert Wood Johnson Foundation supported the survey.



POLICY & PRACTICE

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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. “This expansion of coverage takes an important step toward helping Medicare patients lead healthier, tobacco-free lives,” he said in a statement.

Court Will Not Block Generic Lovenox

A U.S. District Court judge has refused to grant a motion for preliminary injunction against a generic version of Lovenox (enoxaparin sodium injection) that was filed by Lovenox maker Sanofi Aventis. In July, the Food and Drug Administration approved a generic version made by Sandoz Inc. Sanofi immediately sued the FDA and also sought an injunction to withdraw the approval. The Lovenox maker has not said yet whether it will appeal the judge’s decision, but according to the Wall Street Journal, two other companies, Amphastar Pharma-

ceuticals Inc. and Teva Pharmaceutical Industries, have also applied for approval to market a generic version of Lovenox.

CMS Okays Pritikin, Ornish

The Centers for Medicare and Medicaid Services has said that it will now pay for Medicare enrollees who participate in the Ornish Program for Reversing Heart Disease and the Pritikin Program (also known as the Pritikin Longevity Program). Cardiac rehabilitation has been a covered benefit since 1982, but a new Part B benefit was more recently established for Intensive Cardiac Rehabilitation. The Pritikin and Ornish programs fall within that new benefit.

Consumers Wary of Drug Influence

Almost 70% of Americans who take prescription drugs believe that drug makers have too much influence over doctors when it comes to those prescriptions, and 50% believe that doctors prescribe drugs even when a person’s condition could be managed without medication. The data are the result of a Consumer Reports magazine poll. On the basis of the survey of more than 1,150 adults, the magazine asserted that 51% of Americans don’t think their doctors consider patients’ ability to pay for prescribed drugs, 47% think gifts from pharmaceutical companies influence doctors’ drug choices, 41% think their doctors tend to prescribe newer and more expensive

drugs, and 20% have asked for a drug they’ve seen advertised. In those cases, 59% of the respondents said their doctors prescribed what they requested.

First EHR Certifying Bodies Named

A nonprofit organization dedicated to health information technology and a software-testing lab have been chosen as the first two bodies to officially test and certify electronic health record (EHR) systems for the federal government. The Certification Commission for Health Information Technology and the Drummond Group can immediately begin certifying EHR systems as HHS-compliant, the Department of Health and Human Services said in an announcement. Now that HHS has named the certifying organizations, vendors can start applying for certification of their EHR systems and physicians soon should be able to purchase certified products, the HHS said.

Outcomes Research Funded

HHS will provide grants totaling nearly \$17 million for “patient-centered outcomes research” (PCOR), which focuses on treatments and strategies that might improve health outcomes from the patient’s point of view. Most of the announced grants will support outcomes research in primary care, HHS said. As part of the grant program, five health organizations will attempt to show that providers and academic institutions can partner on PCOR. Each organization – in Illinois, California, New York, Massachusetts, and Oregon – will receive about \$2 million over 3 years to create a national network for evaluating the patient-centered approach in patient populations

that are not always adequately represented in other studies, according to HHS.

AMA Opposes Tax Change

The American Medical Association and 90 medical organizations, including the American Academy of Family Physicians and the American College of Physicians, have written to the Department of the Treasury urging it not to allow trial lawyers to deduct court costs and other expenses. Making such a change to tax law could encourage trial lawyers to file more claims, the organizations claimed. “Even though a substantial majority of claims are dropped or decided in favor of physicians, the cost of defending against meritless claims averages over \$22,000,” their letter said. The organizations urged the treasury department to reconsider rumored plans to change current policy, which does not allow such tax deductions.

Prescription Drug Use Rises Again

The percentage of Americans who said they took at least one prescription drug in the past month increased from 44% to 48% from 1999 to 2008, according to a report from the Centers for Disease Control and Prevention. At the same time, the number of people who said they had taken two or more drugs in previous month increased from 25% to 31%, and the number of people who took five or more drugs increased from 6% to 11%, the report found. One out of every five children used one or more prescription drugs, as did 90% of adults aged 60 or older. The data came from the National Health and Nutrition Examination Survey.

—Alicia Ault