



*Leading for Better Health*

# **Progress in Health Information Technology**

July 2017

2016 Annual Health IT Survey by the American  
Hospital Association

# State E-Health Activities during 2016

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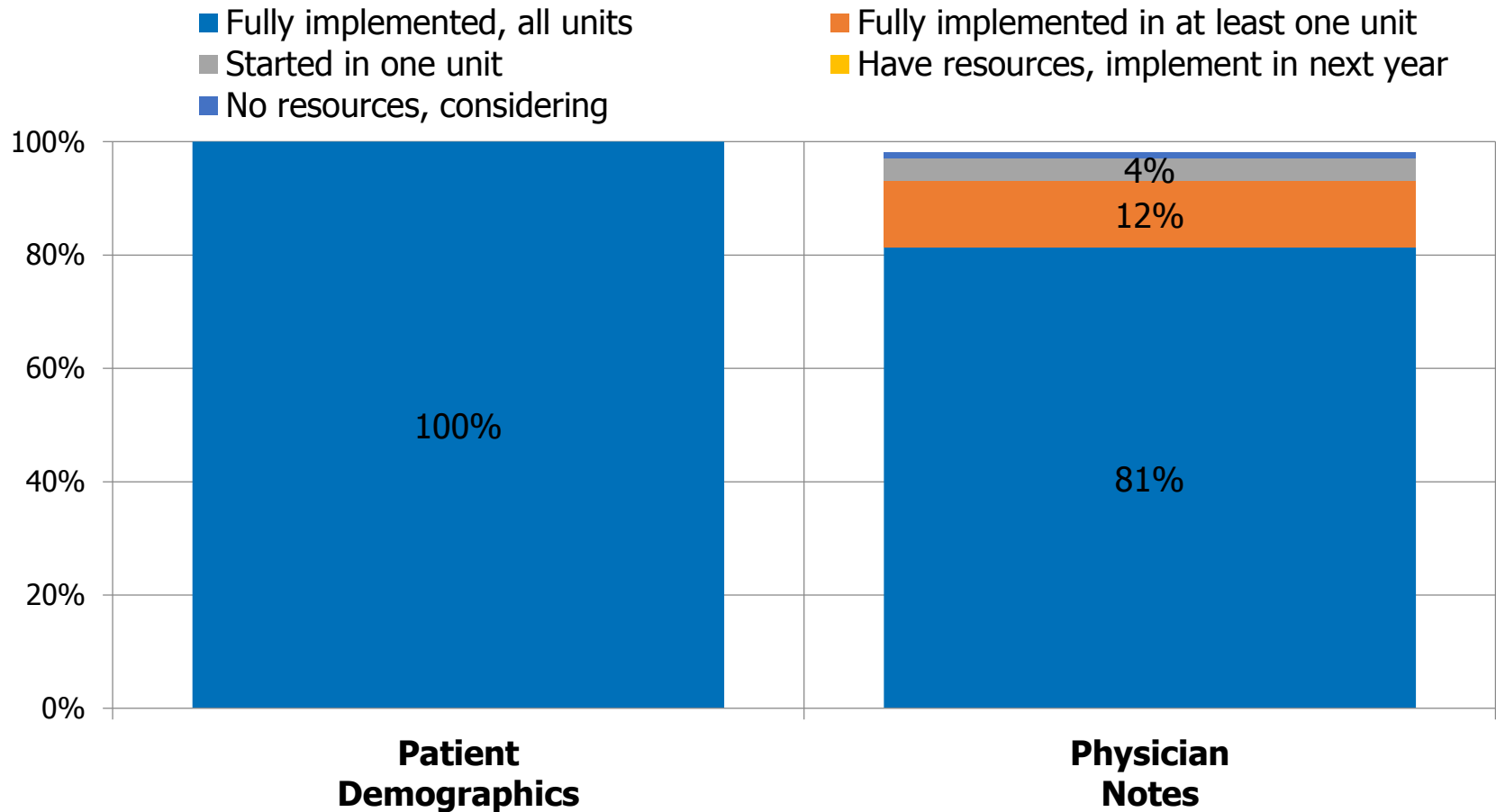
- Hospitals and health systems across the state are continuing to advance their adoption of information technology to support high-quality care delivery service. Clinical quality reporting adoption continued to increase during 2016.
- **The major changes in electronic health record (EHR) vendors across the state signify the importance of interoperability, cost constraints, and increased attention to quality indicators and physician adoption.** Hospitals are utilizing the capabilities of EHRs in data sharing with providers and are moving forward or making major changes towards EHRs that will assist them in delivering high-quality care to their communities.
- **There has been a steady increase of hospitals and health systems being proactive in cybersecurity.** Sixty-one percent (61%) of this year's survey respondents currently support two-factor authentication in their IT departments. This is a significant increase from 42 percent during 2010.

# State E-Health Activities during 2016

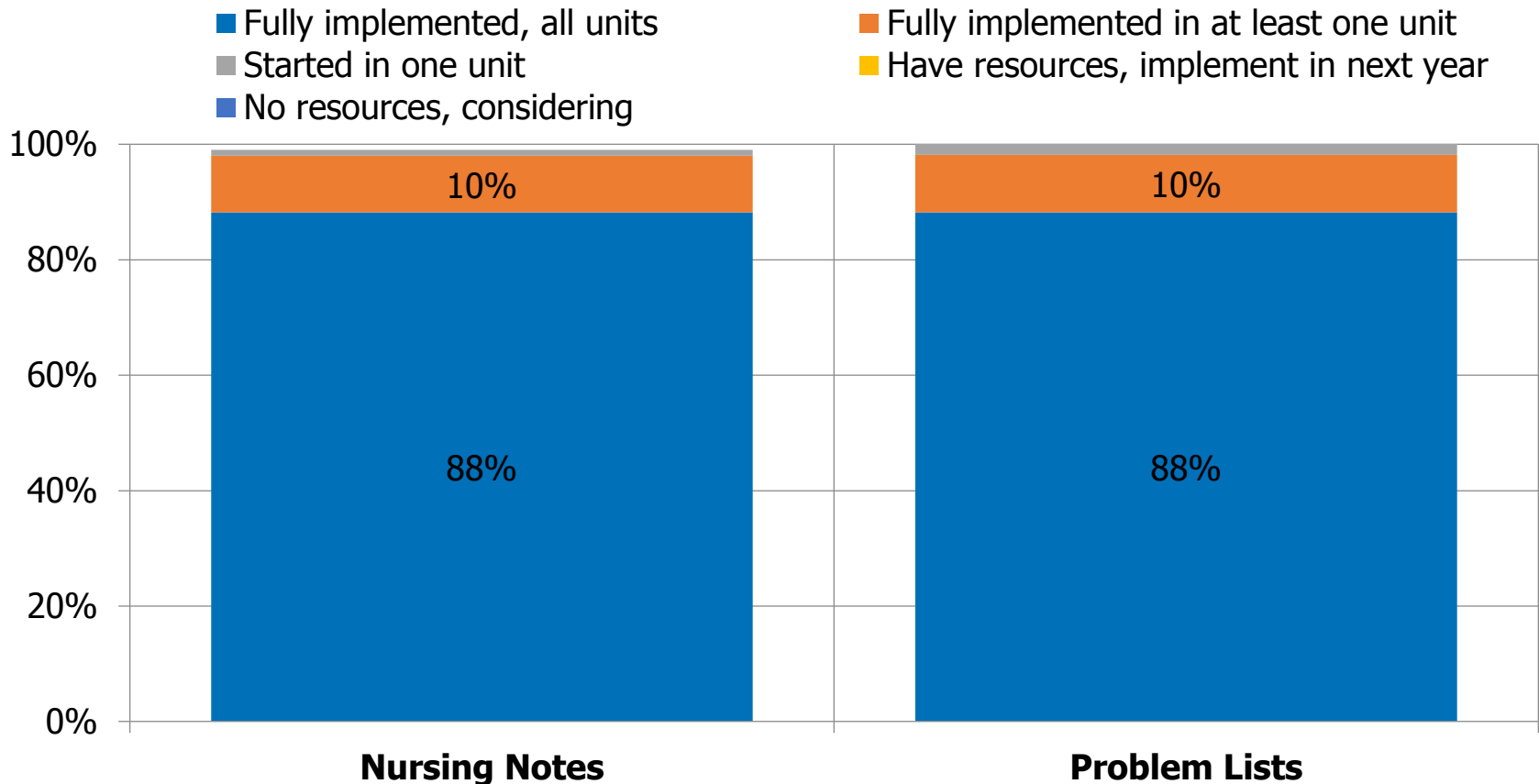
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- The complexity of health care systems is forcing hospitals and health systems to make major system changes very quickly. During the last two survey periods prior to 2016, 35 percent of respondents indicated that they were changing vendors within the next 18 months. During 2016, that statistic went down to 21 percent while **“Significant additional functionalities” rose to 38 percent**, up from 28 percent of respondents during 2015.
- In addition to consistency of major vendor change, there has been a dramatic increase of respondents indicating no major changes planned (9% during 2014, to 38% during 2015) and decrease of “don’t know” respondents (29% during 2014, to 4% during 2015) within the next 18 months.
- The transitional journey from measuring quality of performance to delivering high-quality performance continues. Findings from this year’s survey demonstrate Pennsylvania hospitals’ and health systems’ commitment to progress in the implementation of health information technology across a broad range of functions.

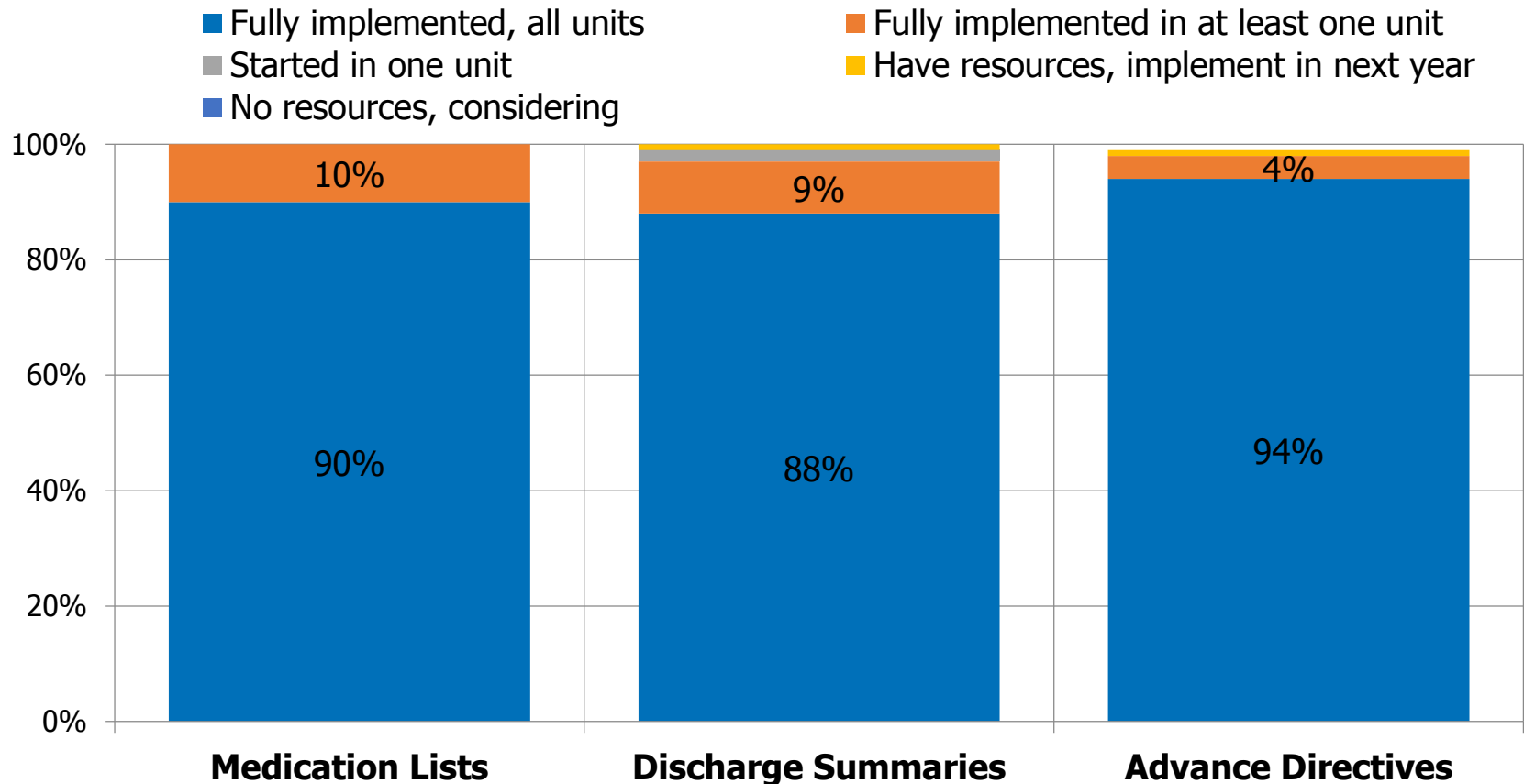
# Computerized Systems for Electronic Clinical Documentation—Implementation



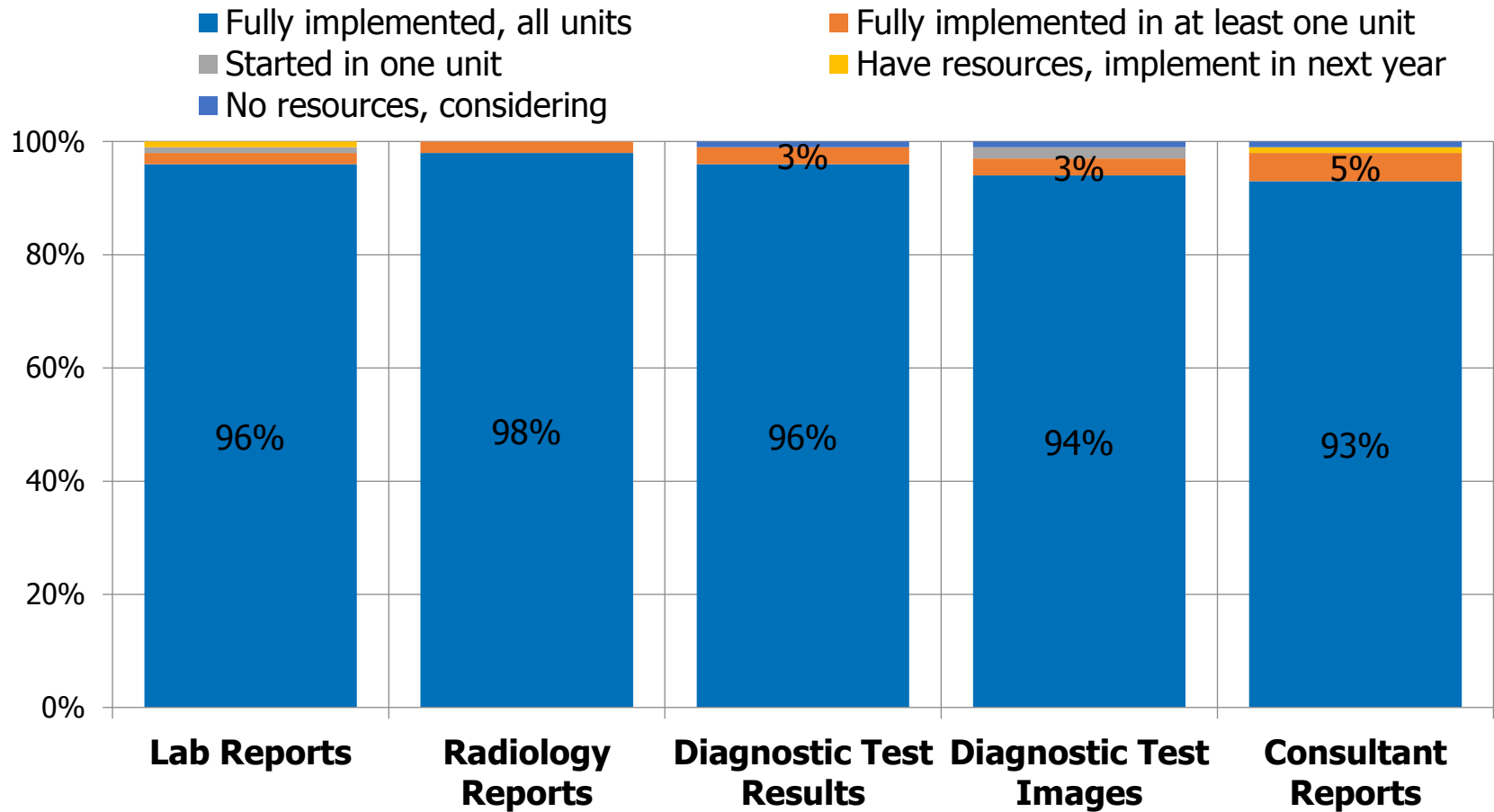
# Computerized Systems for Electronic Clinical Documentation—Implementation



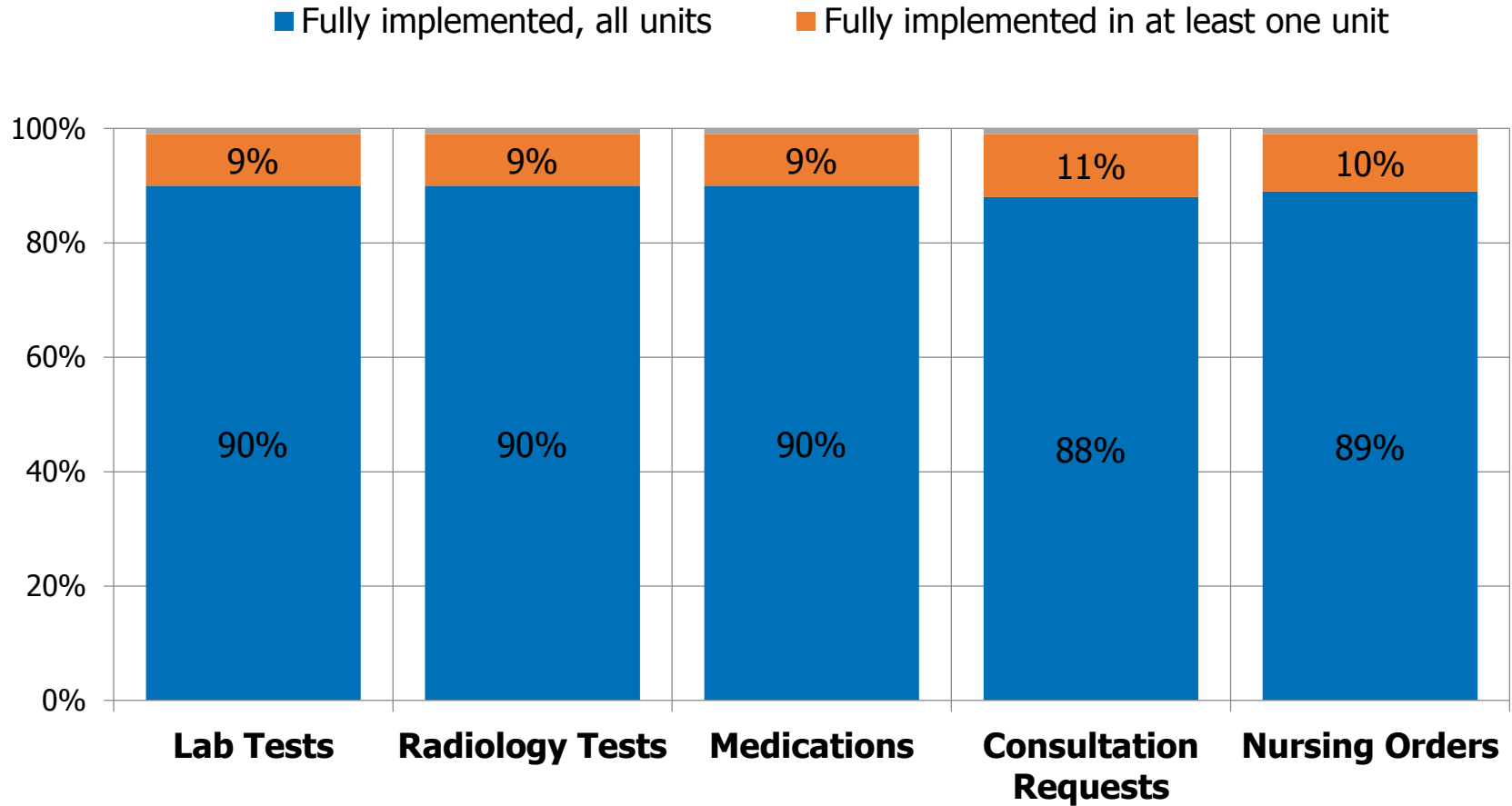
# Computerized Systems for Electronic Clinical Documentation—Implementation



# Computerized Systems for Results Viewing—Implementation

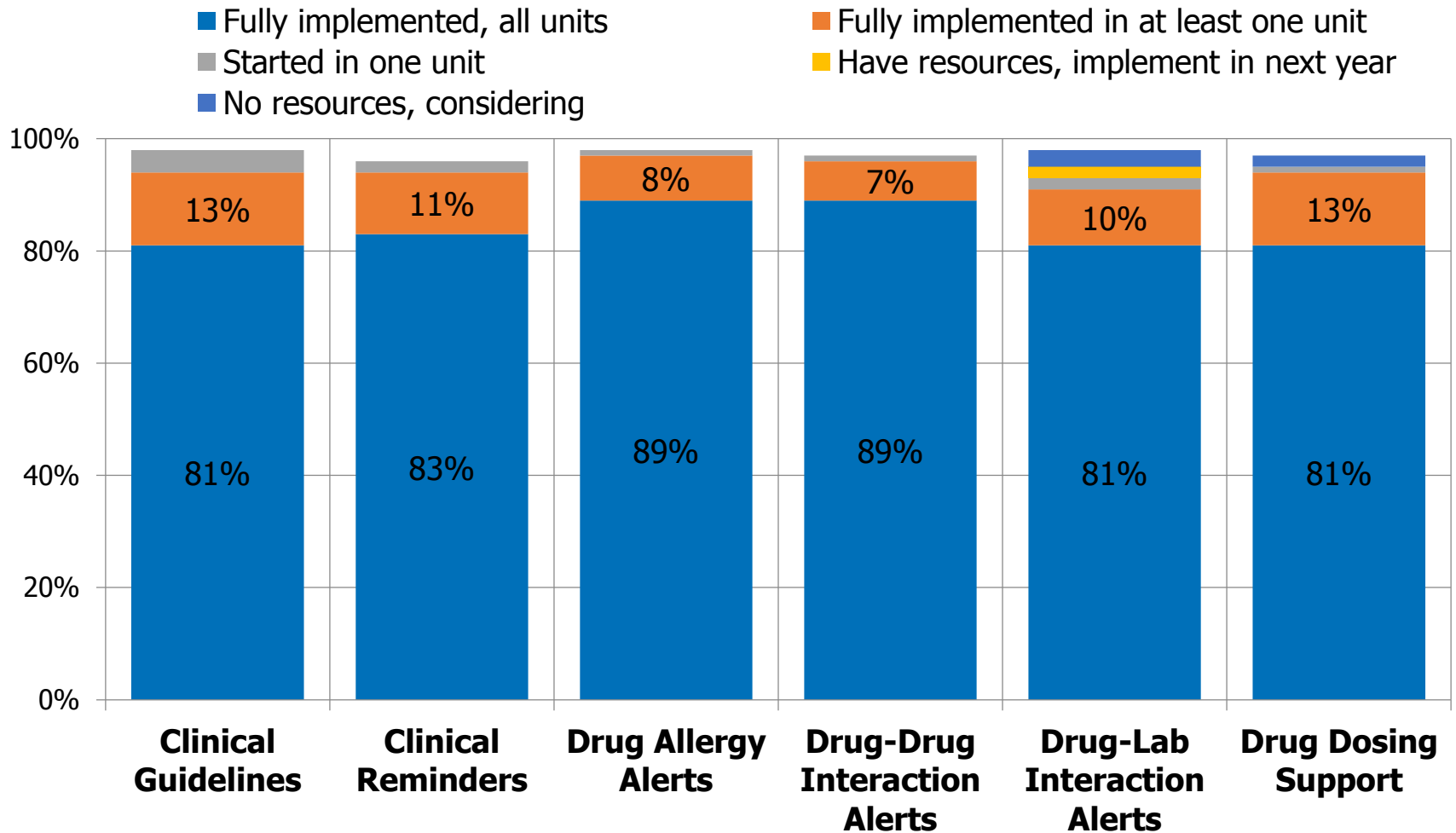


# Computerized Systems for Provider Order Entry (CPOE)—Implementation

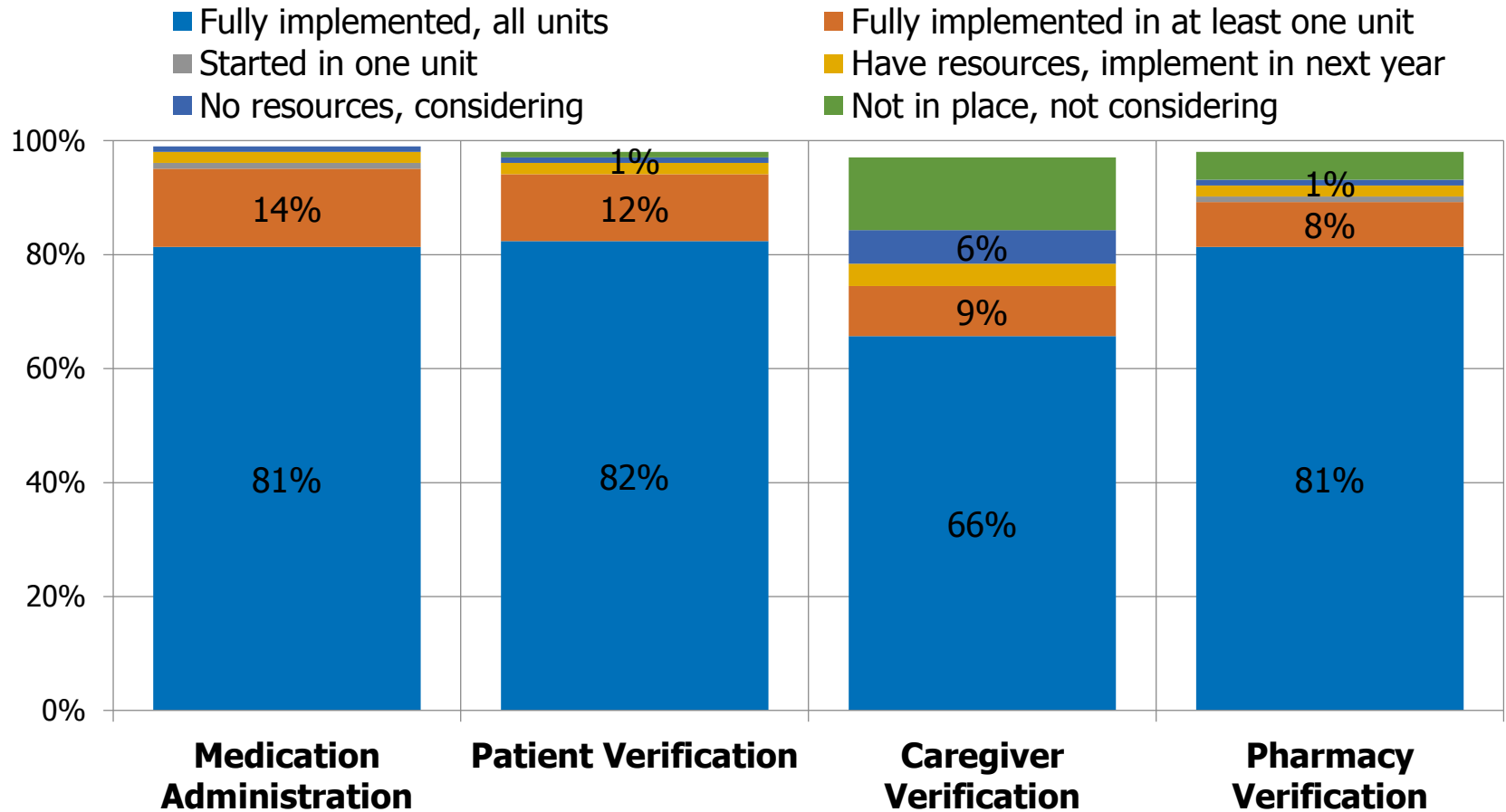




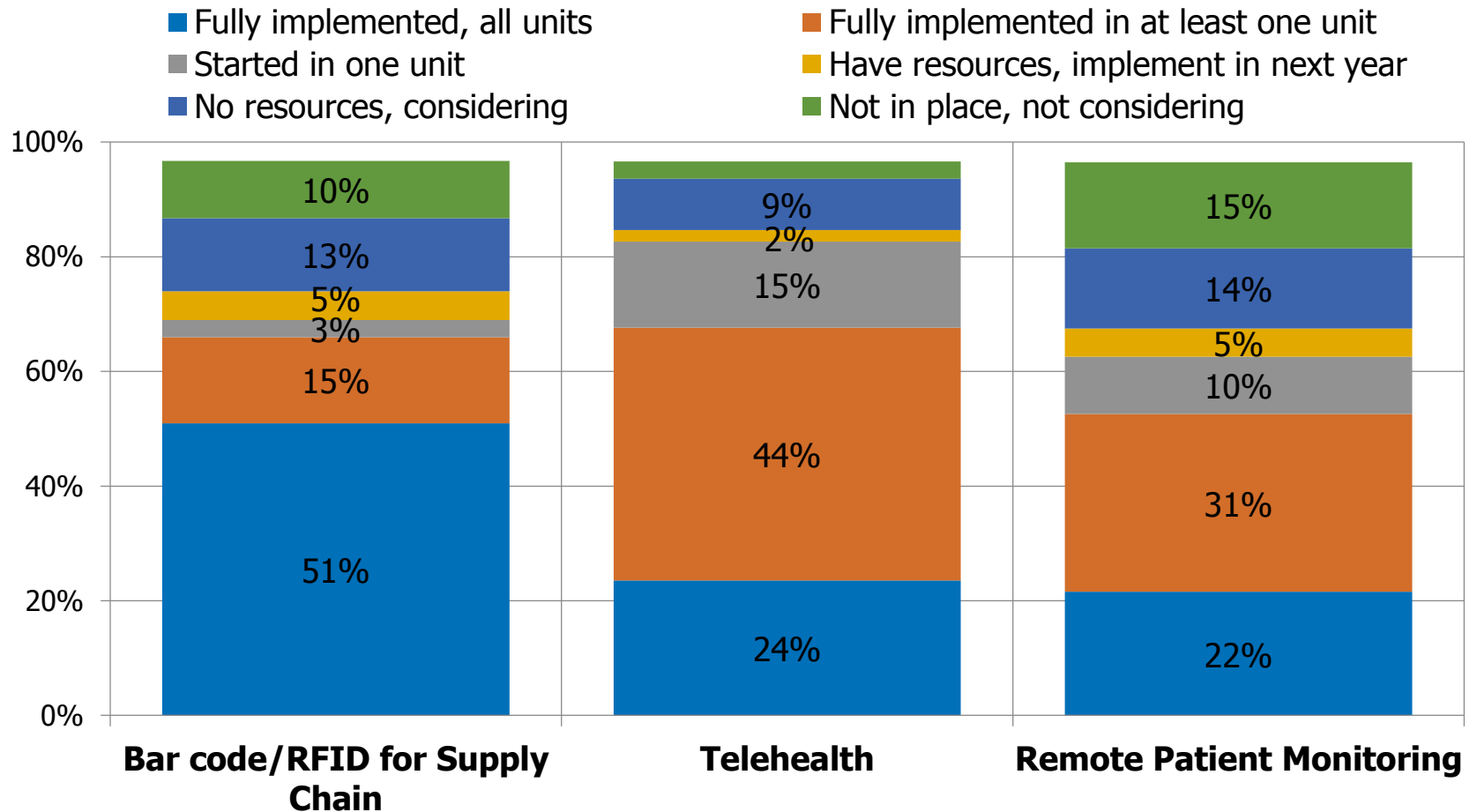
# Computerized Systems for Decision Support—Implementation



# Computerized Systems for Barcoding or RFID—Implementation

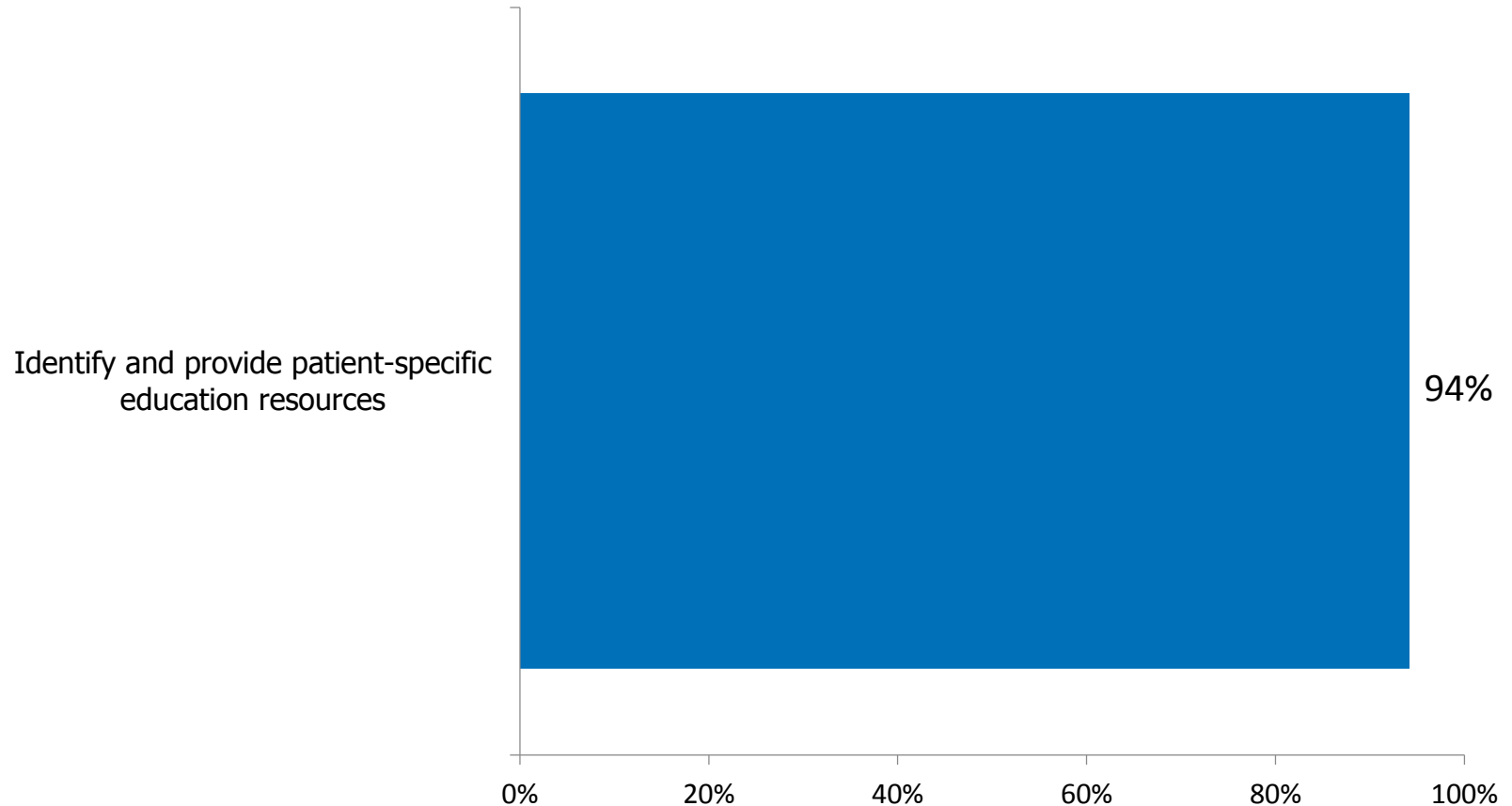


# Computerized Systems for Other Functionalities—Implementation

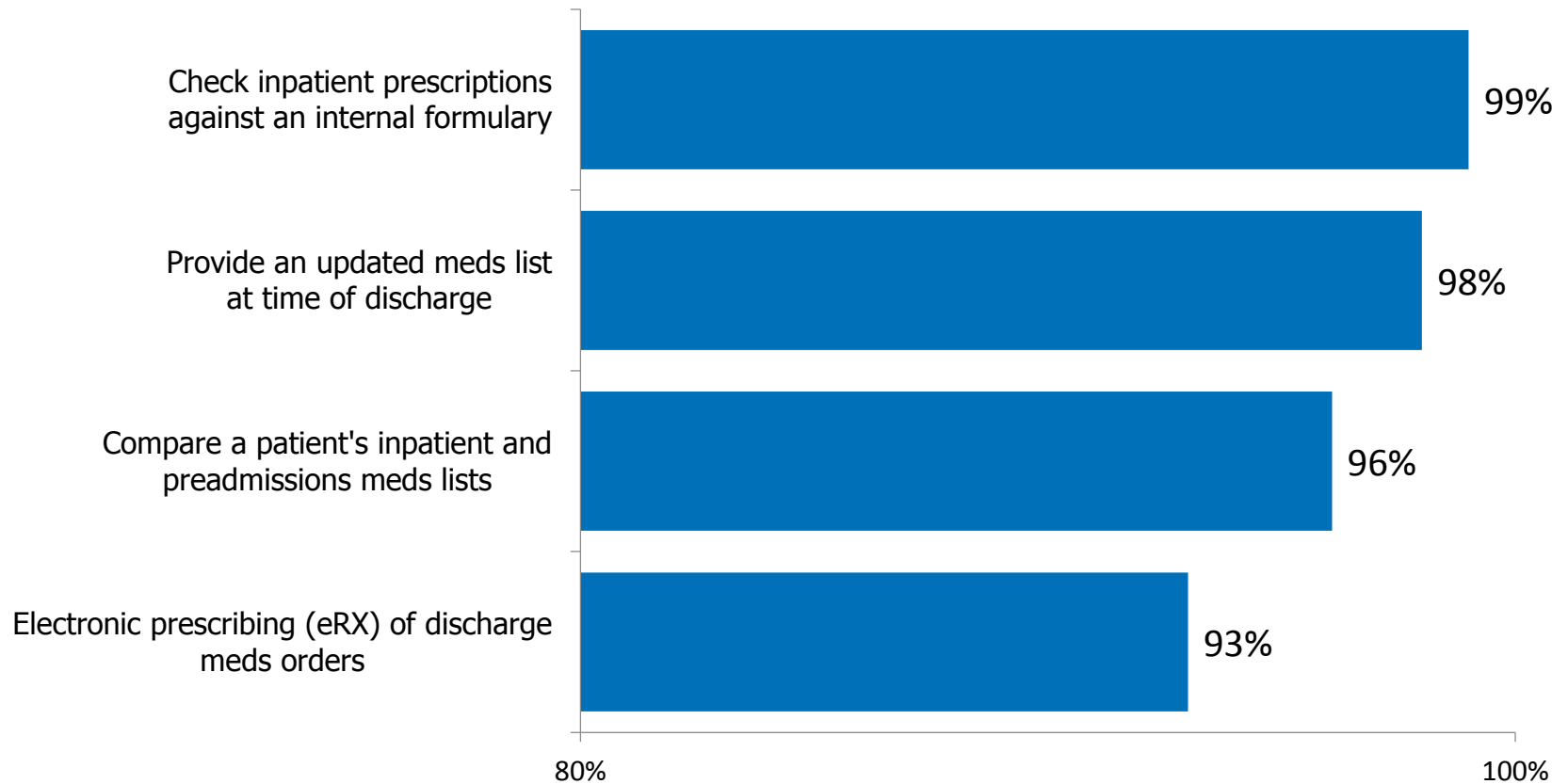


# Respondents with Electronic Systems that Allow for: **Population Health Management**

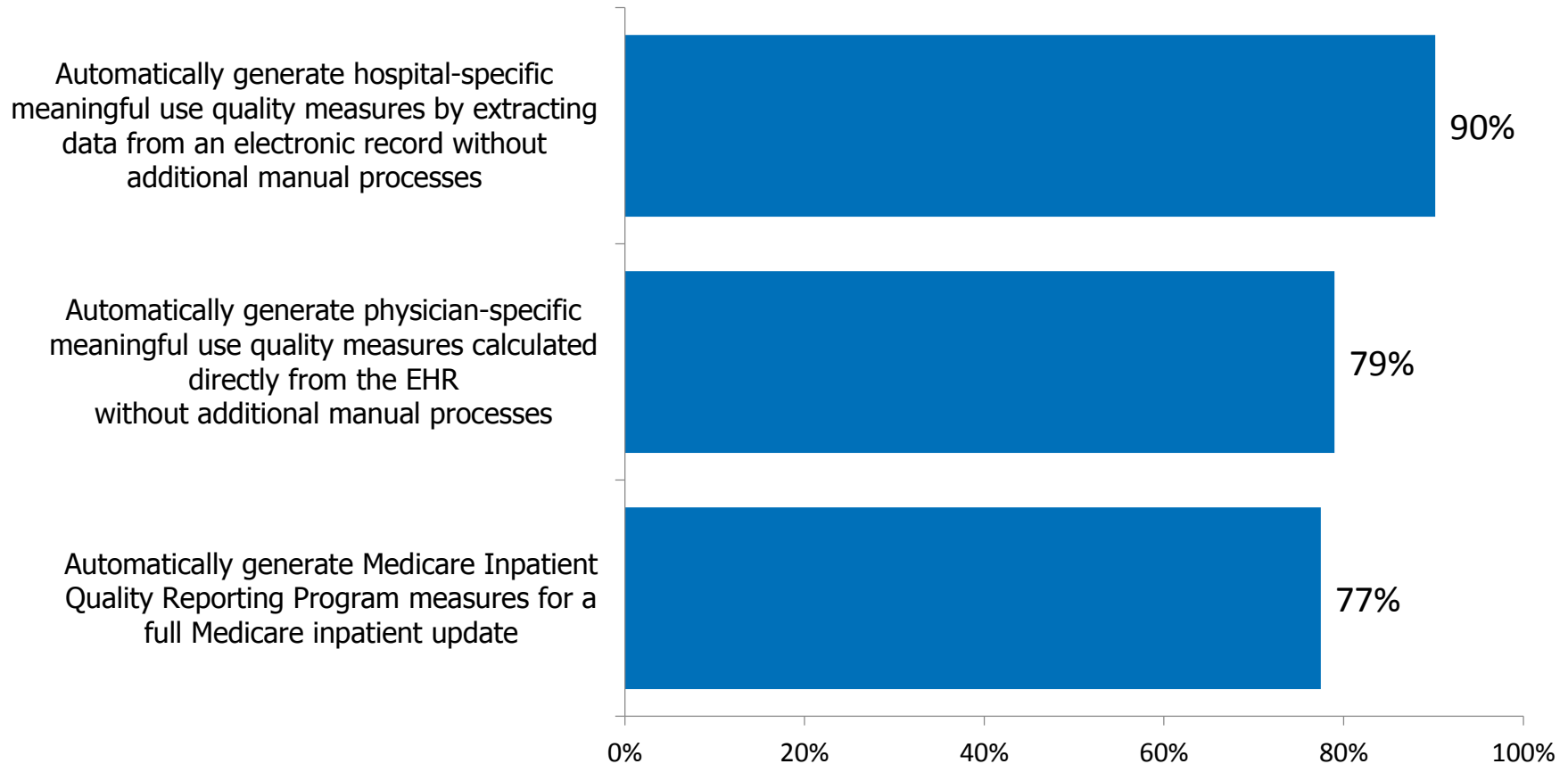
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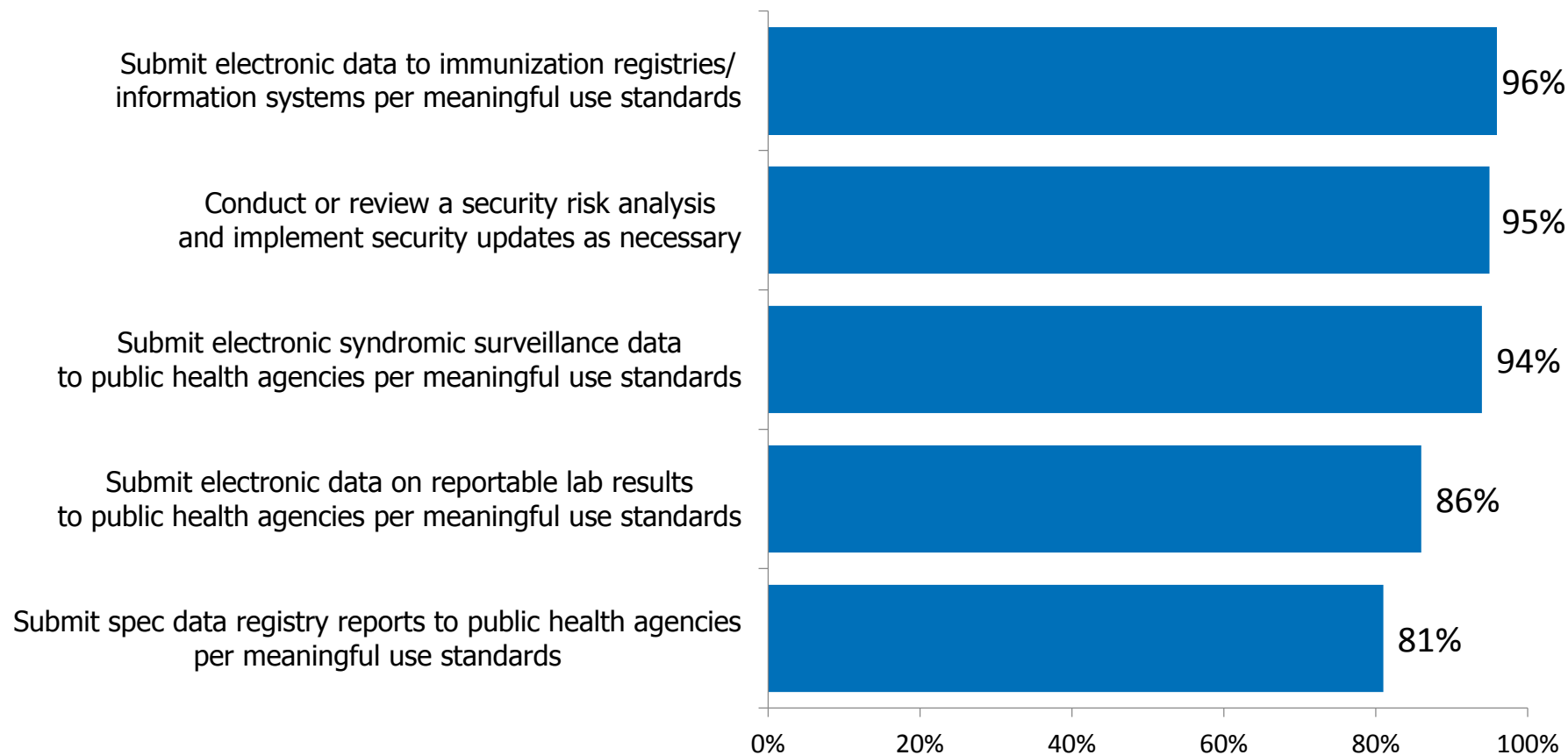
# Respondents with Electronic Systems that Allow for: **Medication Management**



# Respondents with Electronic Systems that Allow for: **Automated Quality Reporting**

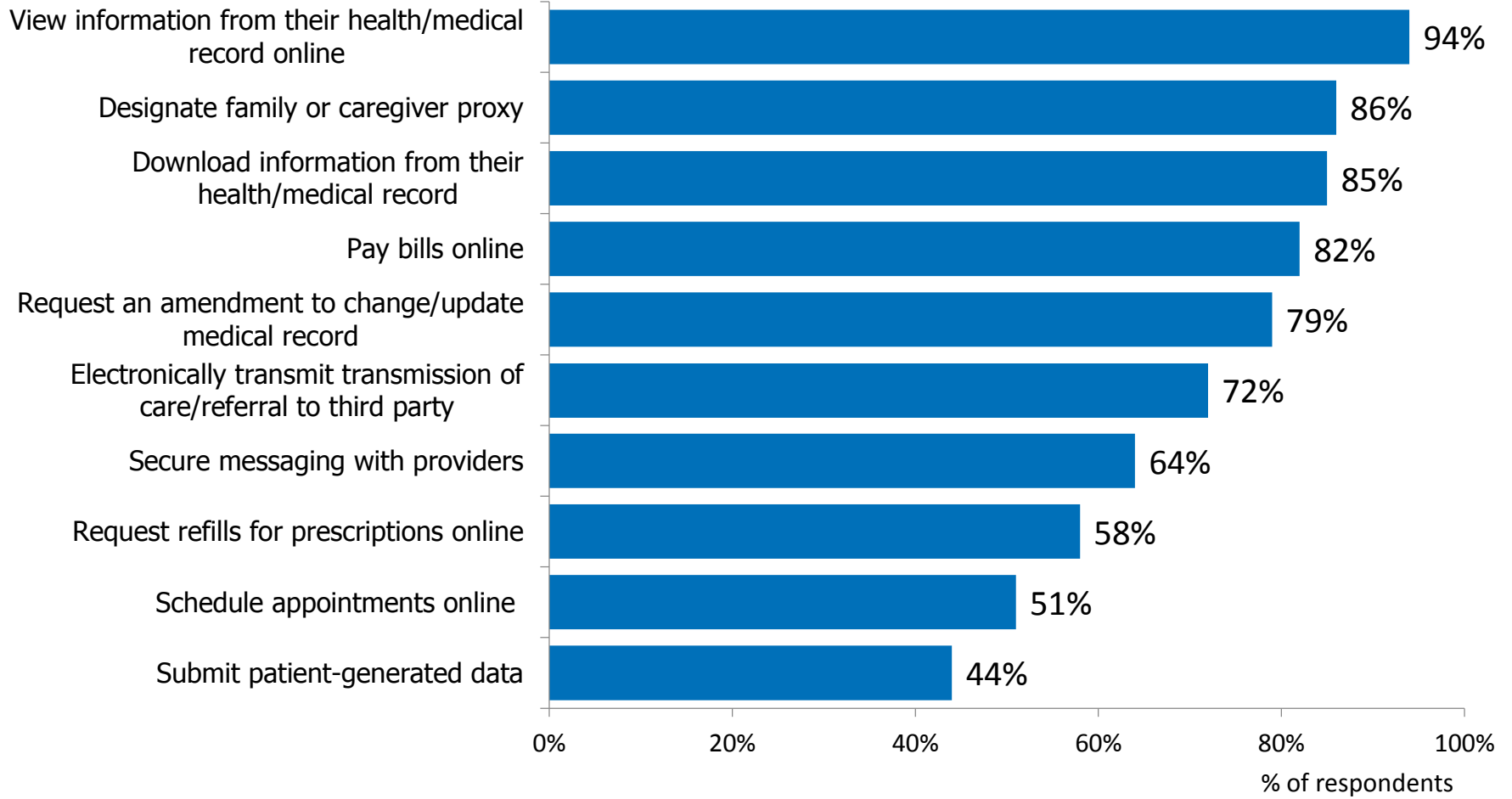


# Respondents with Electronic Systems that Allow for: **Public Health Reporting and Other Functions**



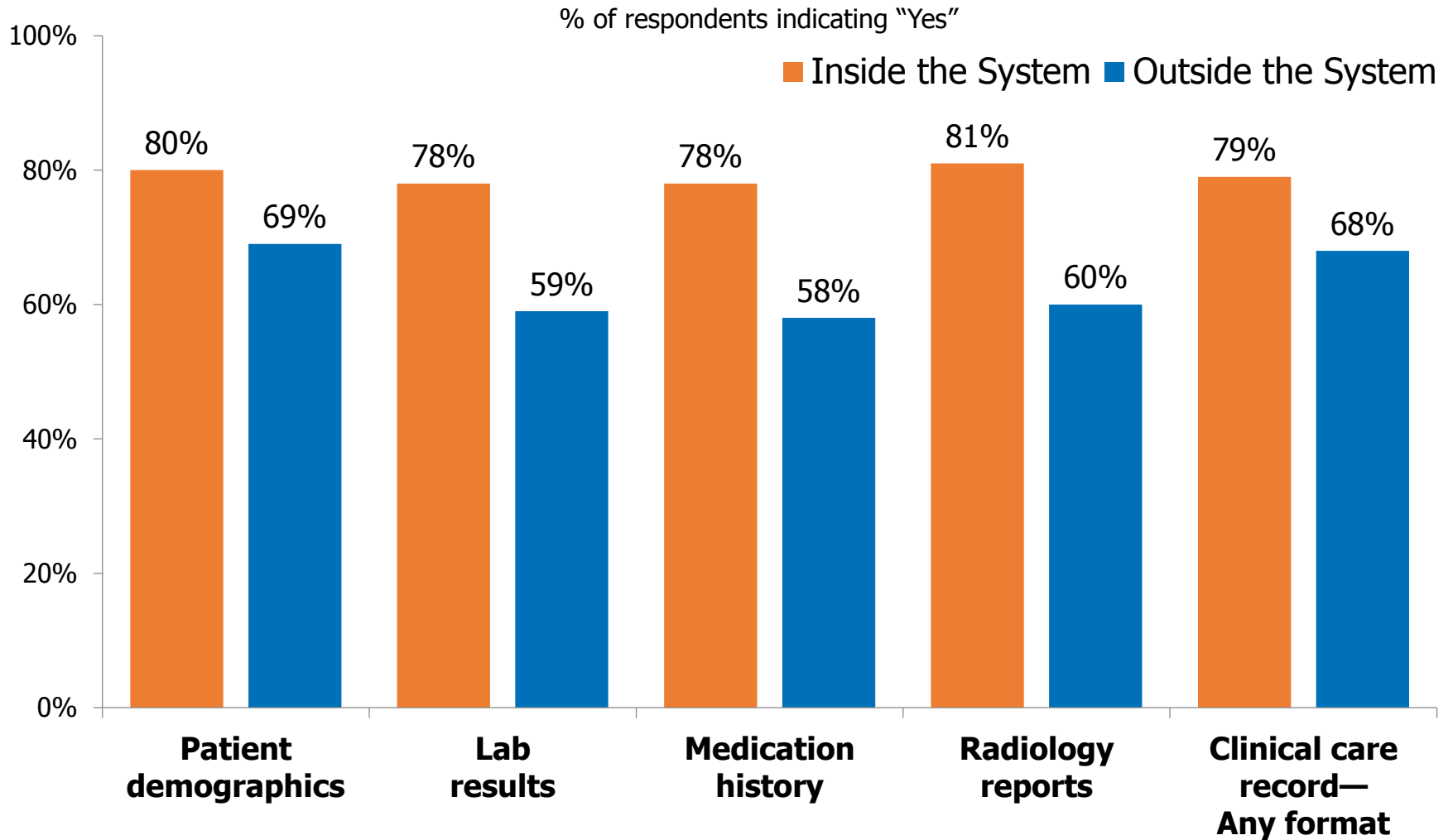
# Patient Engagement Functions

Are patients able to do any of the following regarding their medical records?

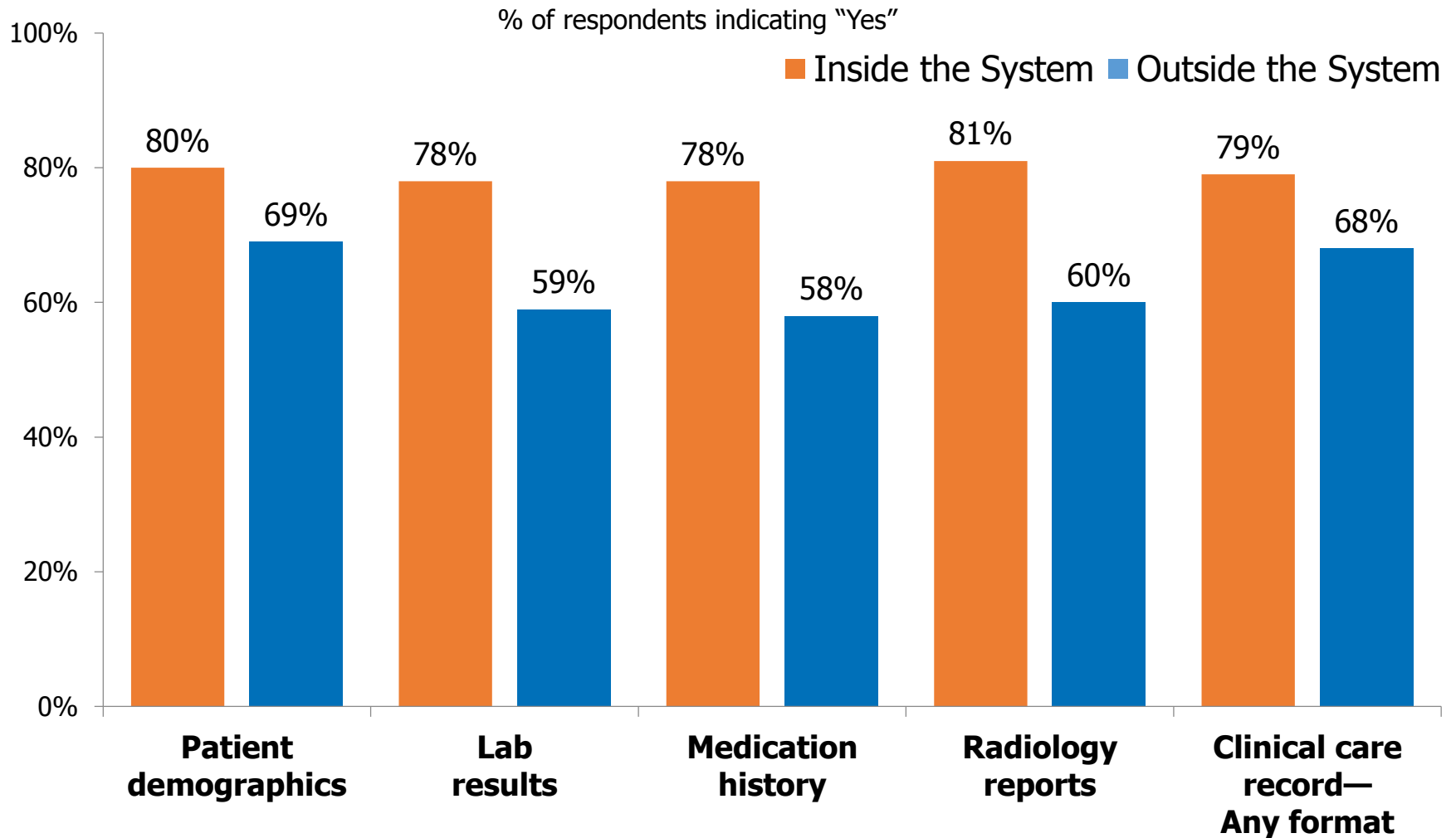




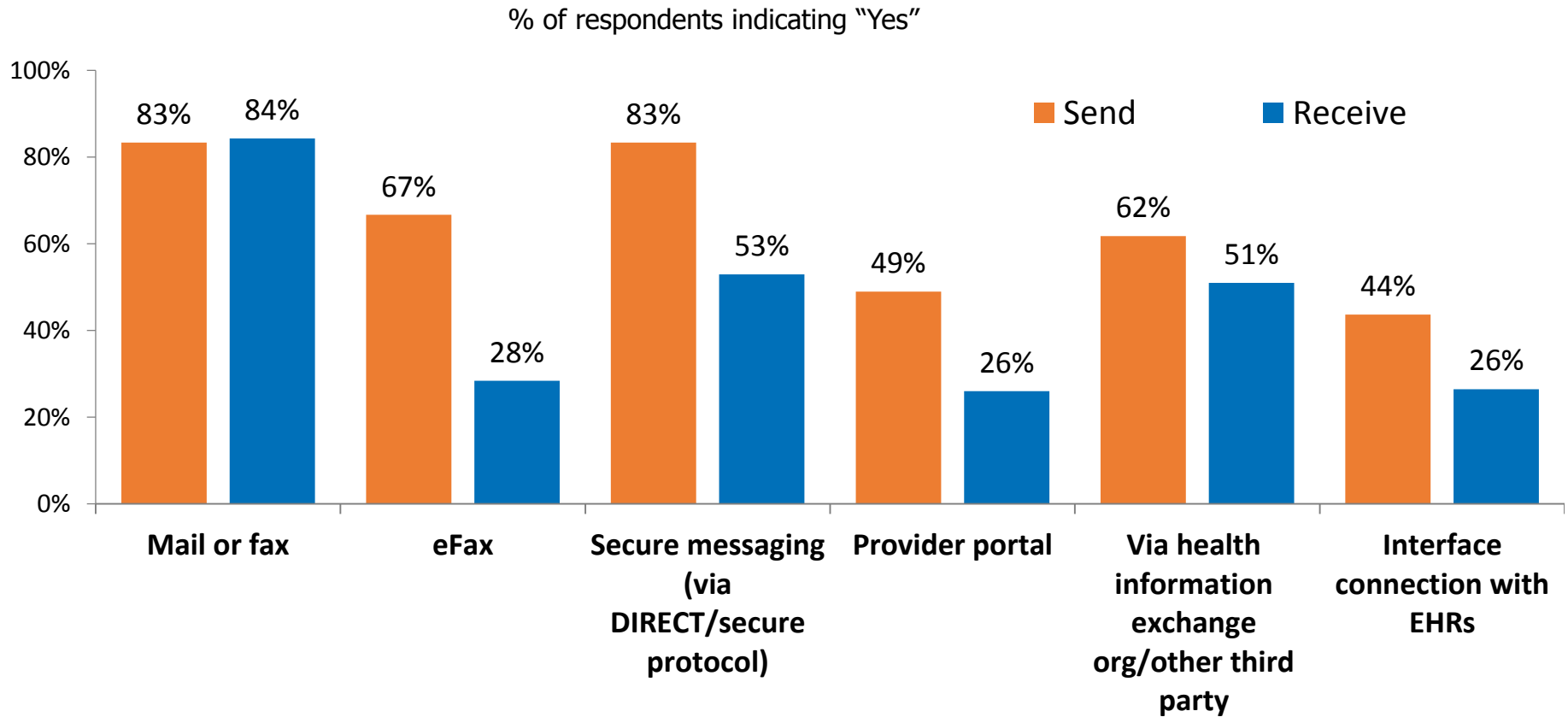
# Electronic Data Exchange with Hospitals (Check all that apply)



# Electronic Data Exchange with Ambulatory Providers (Check all that apply)

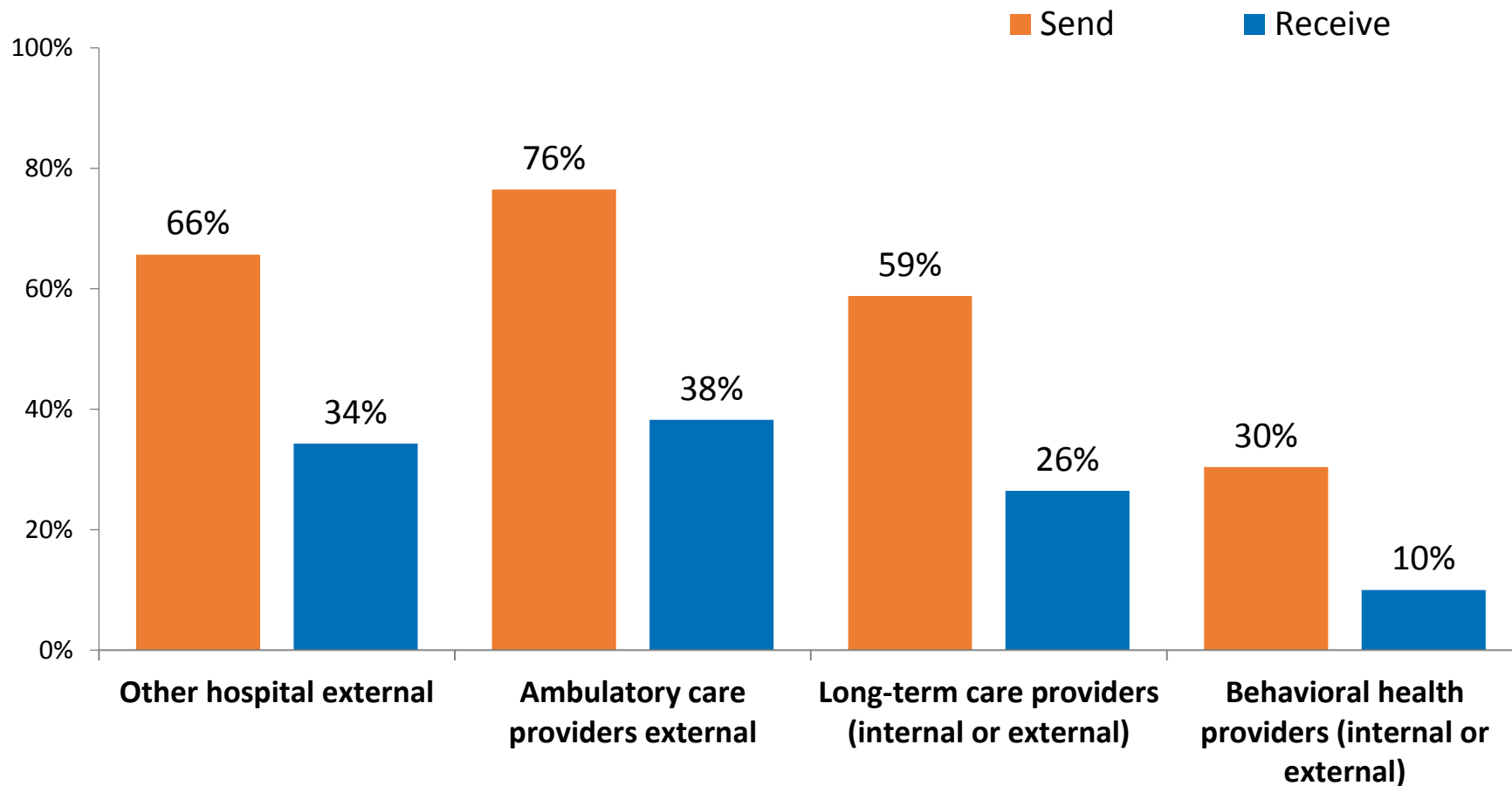


# With patient transitions, how do you routinely send/receive summary of care record? (Check all that apply)

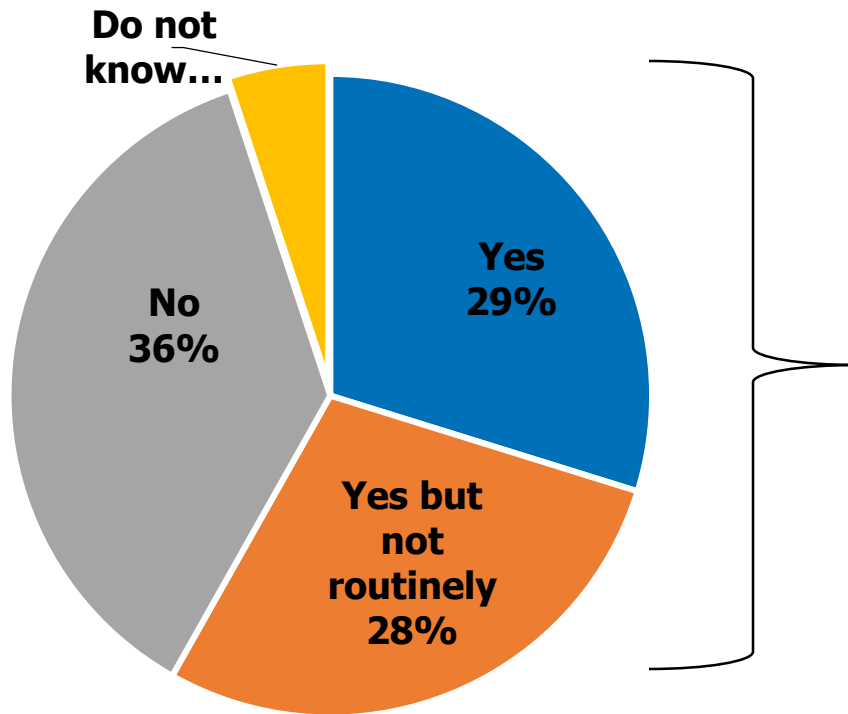


# When a patient transitions, does hospital routinely electronically send/receive (no eFax) summary of care with providers? (Check all that apply)

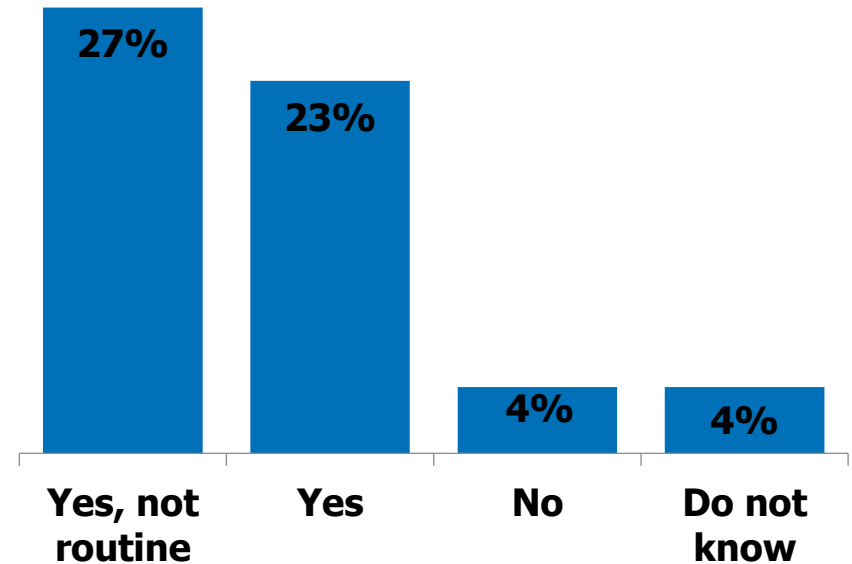
% of respondents indicating "All/Some"



# Does EHR integrate any type of clinical information received electronically (not eFax) from providers or sources outside your hospital system/organization without the need for manual entry?

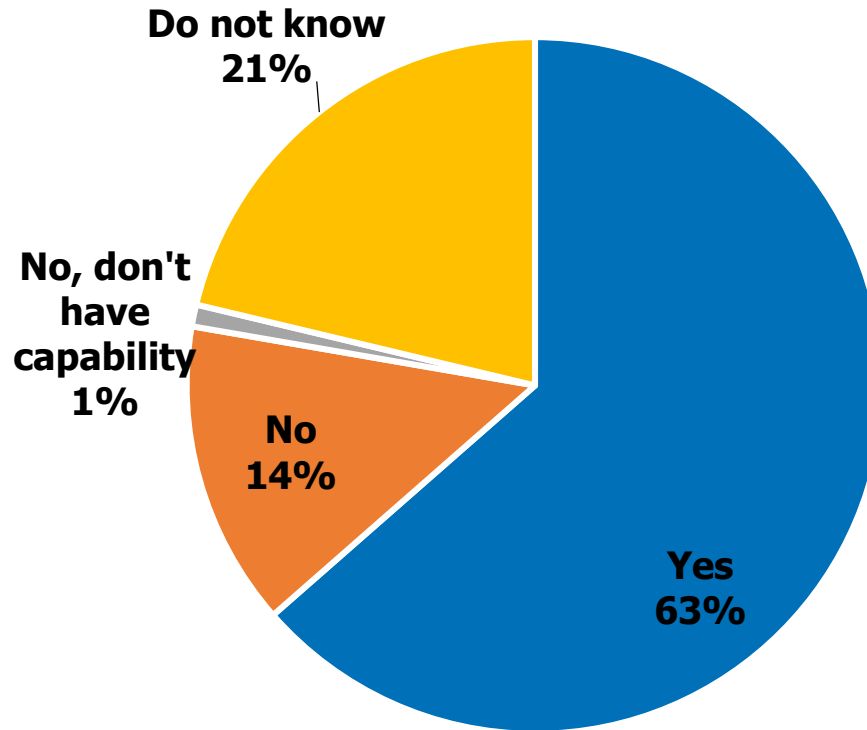


*If yes, does EHR integrate info contained in summary of care records without manual entry?*



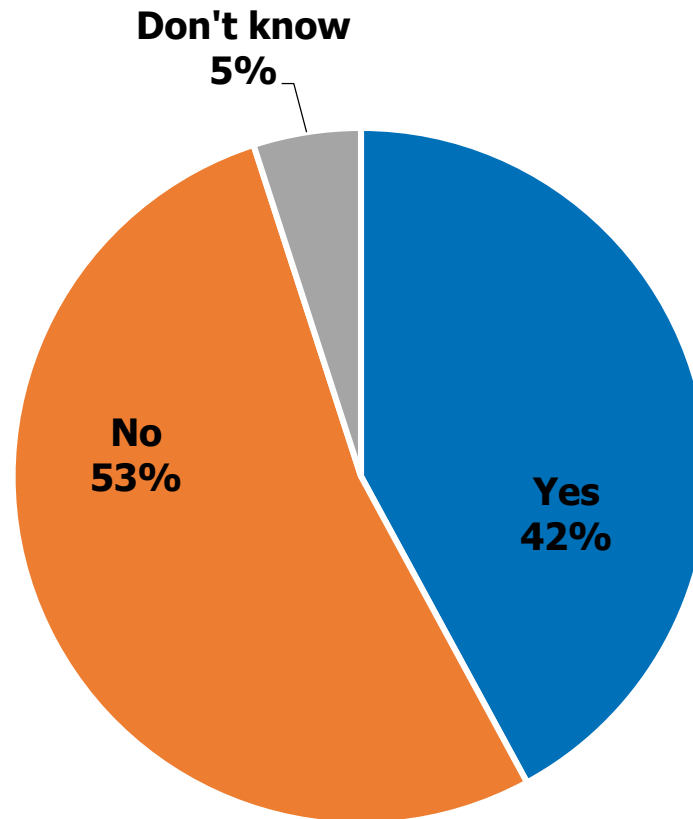
# Are providers at your hospital able to query electronically for a patient's health information from sources outside of your organization or system?

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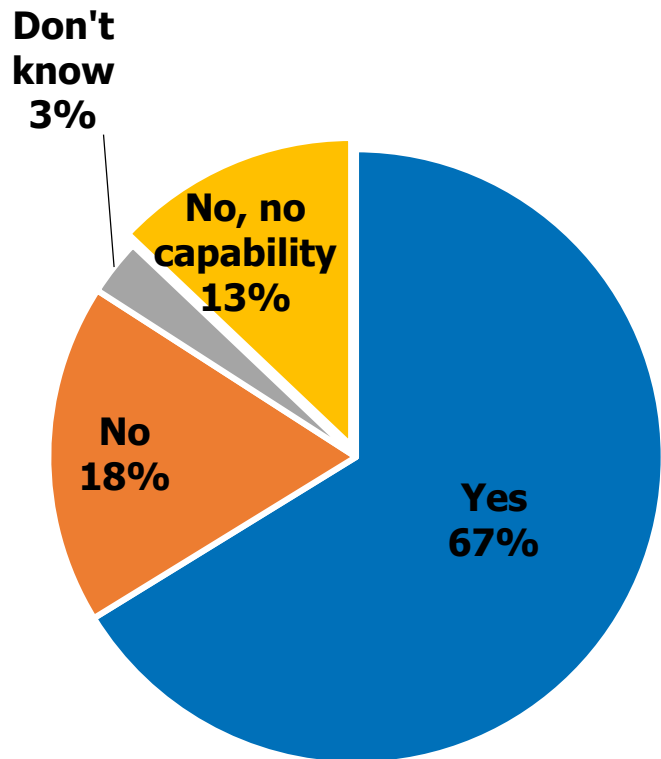


# Do providers at your hospital routinely have necessary clinical information available electronically from outside providers or sources when treating a patient that was seen by another health provider/setting?

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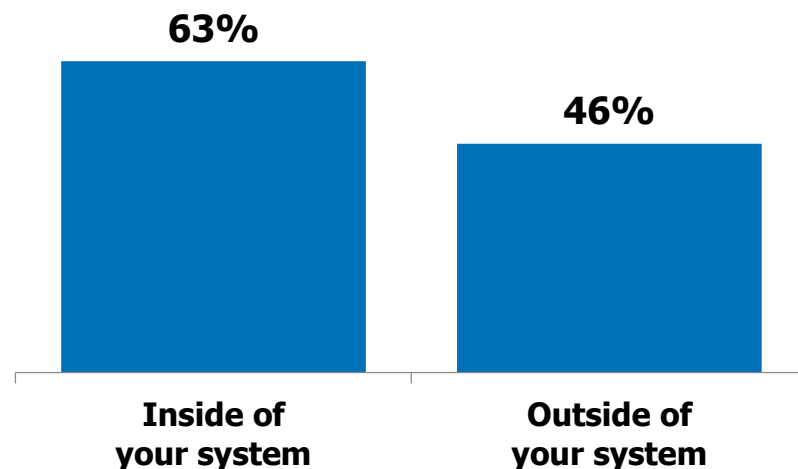


# When a patient visits your Emergency Department, do you routinely provide electronic notification to the patient's primary care physician?



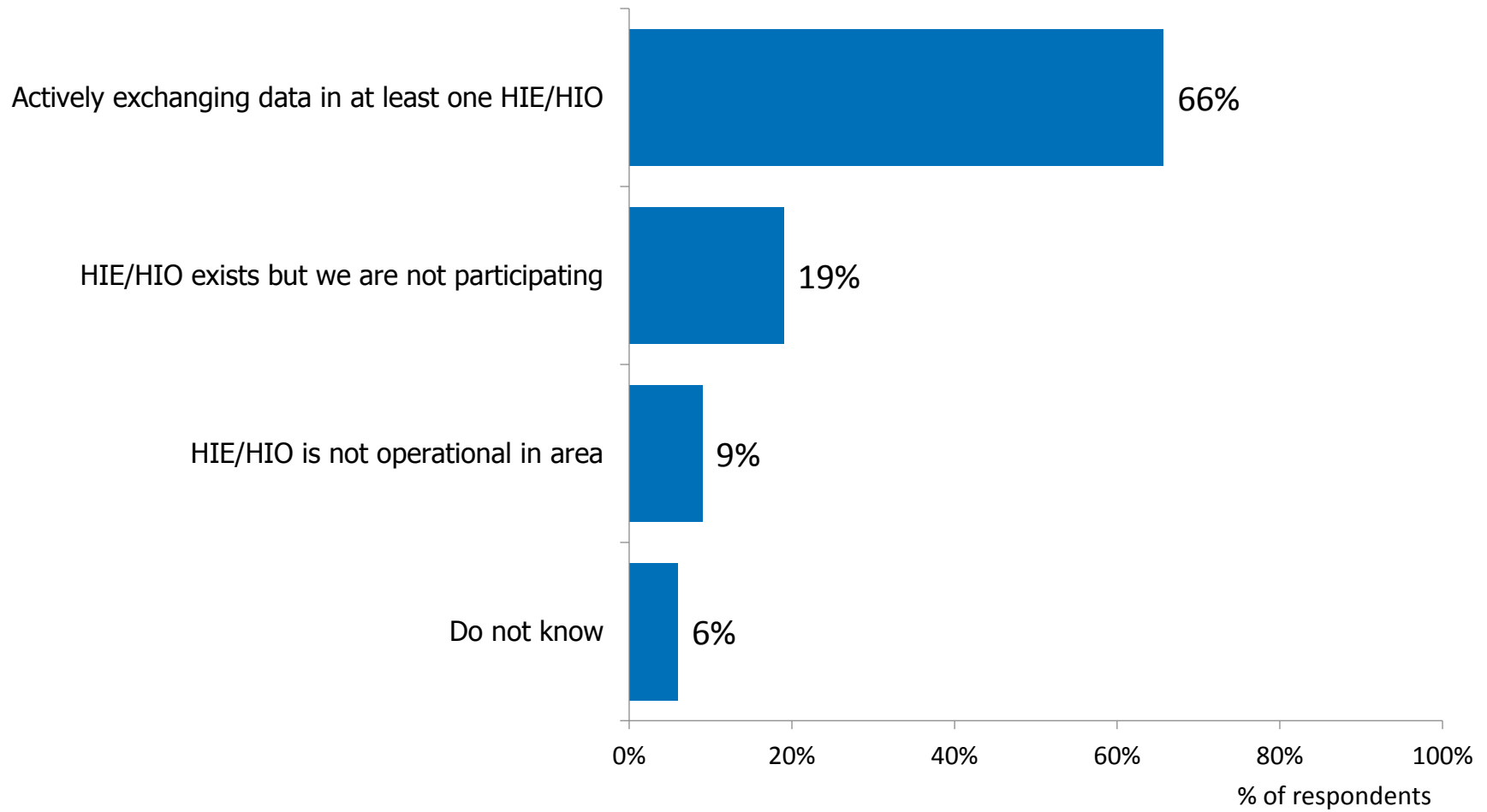
If YES, are electronic notifications provided to primary care physicians, as follows? (Check all that apply)

Percent (%) Responding "Yes"



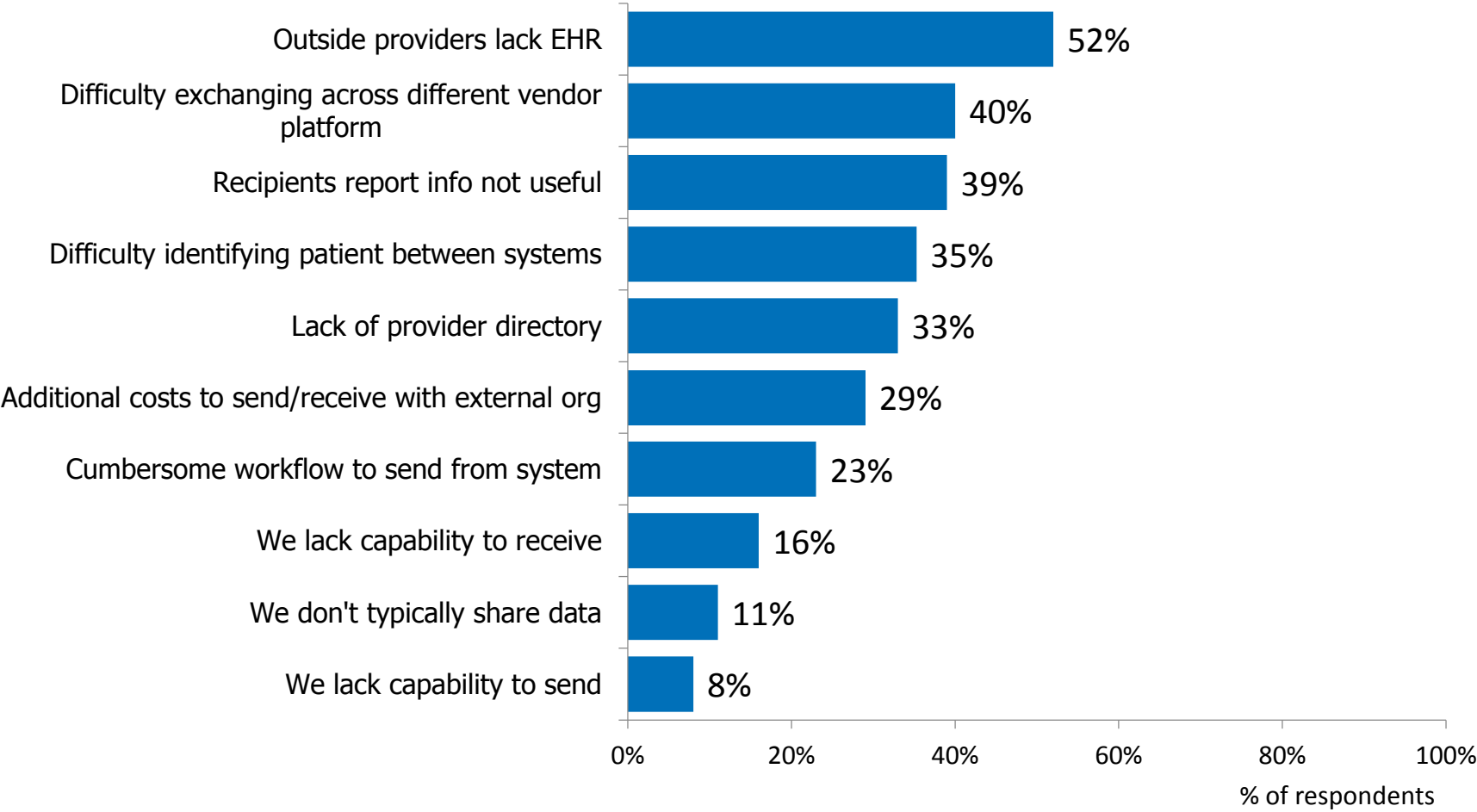


# What is your level of participation with HIEs or HIOs?



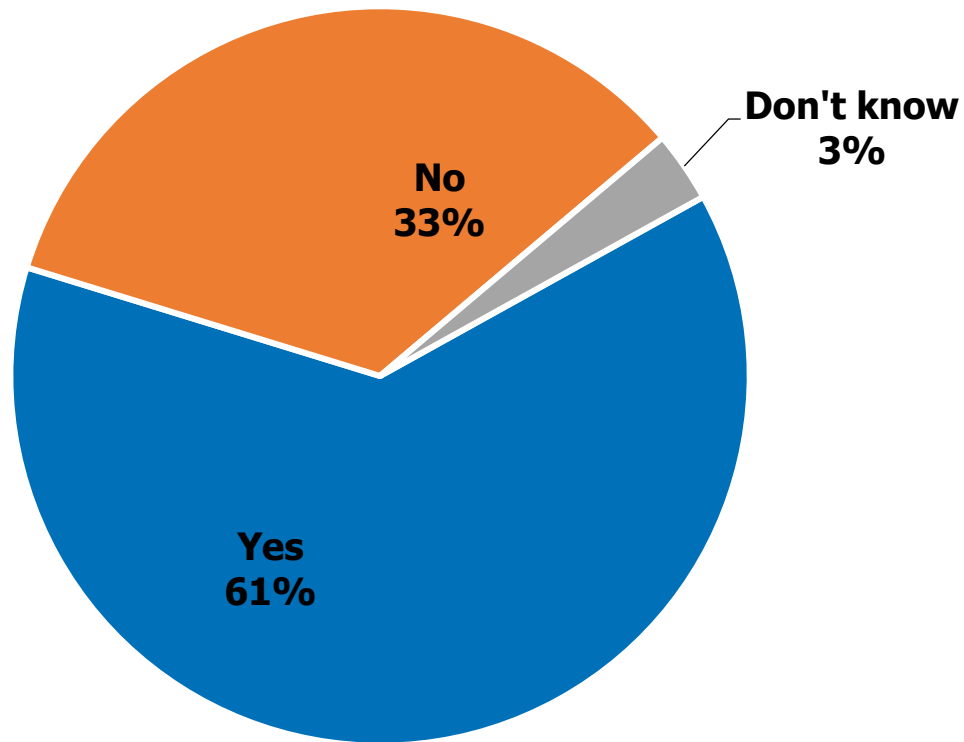
# What issues are being experienced sending/receiving patient health information to/from organizations?

(Check all that apply)



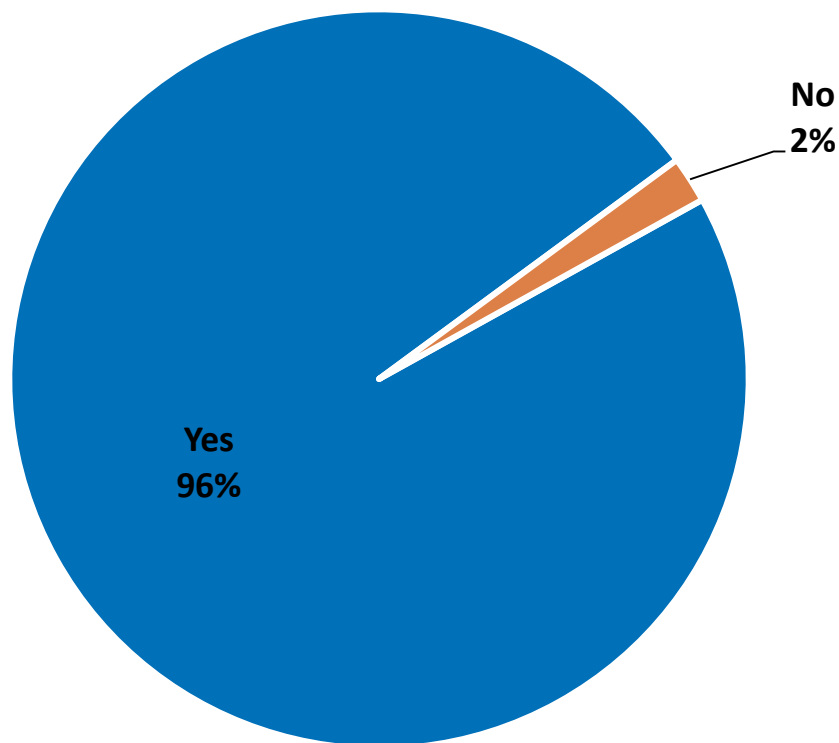
# Does your IT department currently support an infrastructure for two factor authentication (e.g., tokens or biometrics)?

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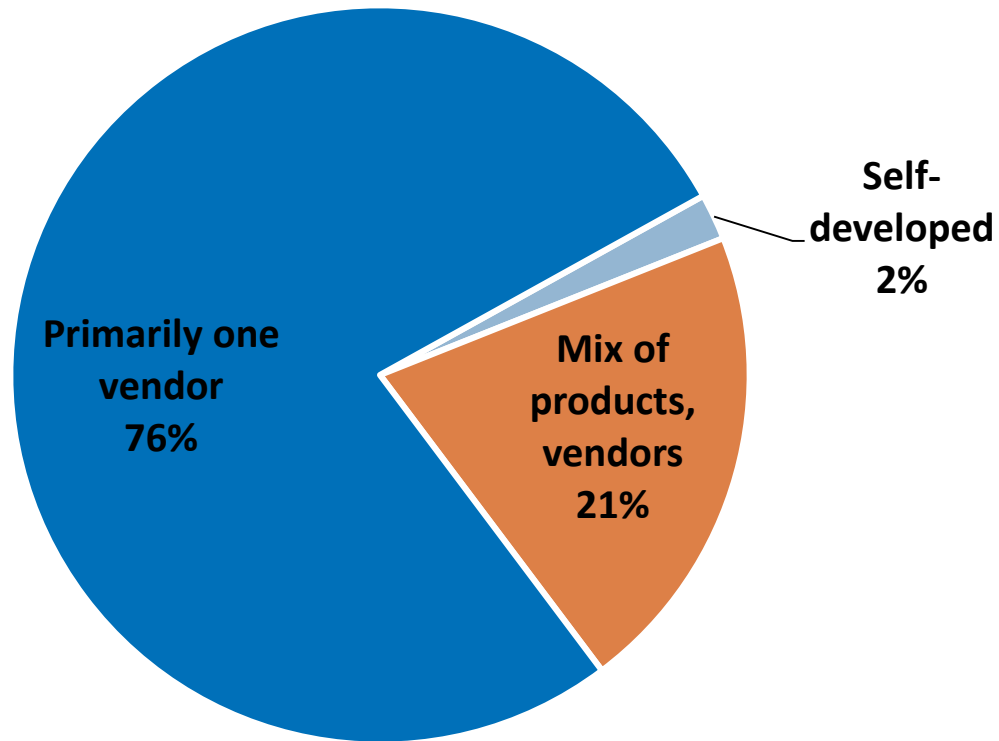
# Do you possess an EHR system that has been certified as meeting federal requirements for the hospital objectives of Meaningful Use?

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# On the whole, how would you describe your EMR/EHR system?

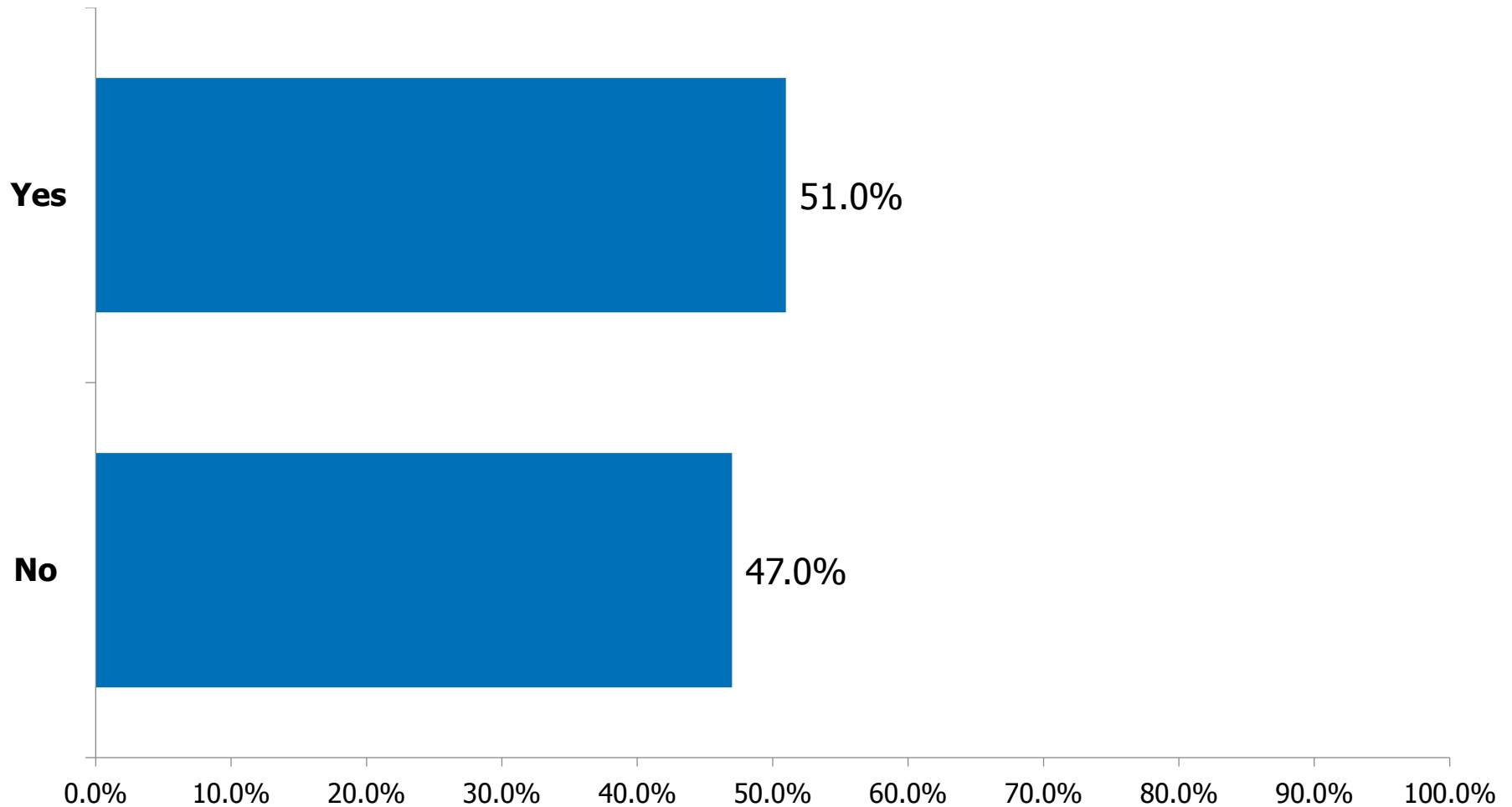
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# Primary Inpatient EMR/EHR System to Pennsylvania Hospitals

Top Vendors—Inpatient Systems	
<b>Cerner</b>	<b>33%</b>
<b>Meditech</b>	<b>24%</b>
<b>Epic</b>	<b>22%</b>
<b>Allscripts/Eclipsys</b>	<b>7%</b>
<b>McKesson</b>	<b>2%</b>
<b>Other</b>	<b>2%</b>
<b>CPSI</b>	<b>2%</b>
<b>Evident</b>	<b>2%</b>
<b>MEDHOST</b>	<b>2%</b>
<b>GE</b>	<b>1%</b>
<b>Self-developed</b>	<b>1%</b>
<b>Healthland</b>	<b>1%</b>

# Do you use the same primary inpatient EHR/EMR system vendor for your primary outpatient EMR/EHR system?



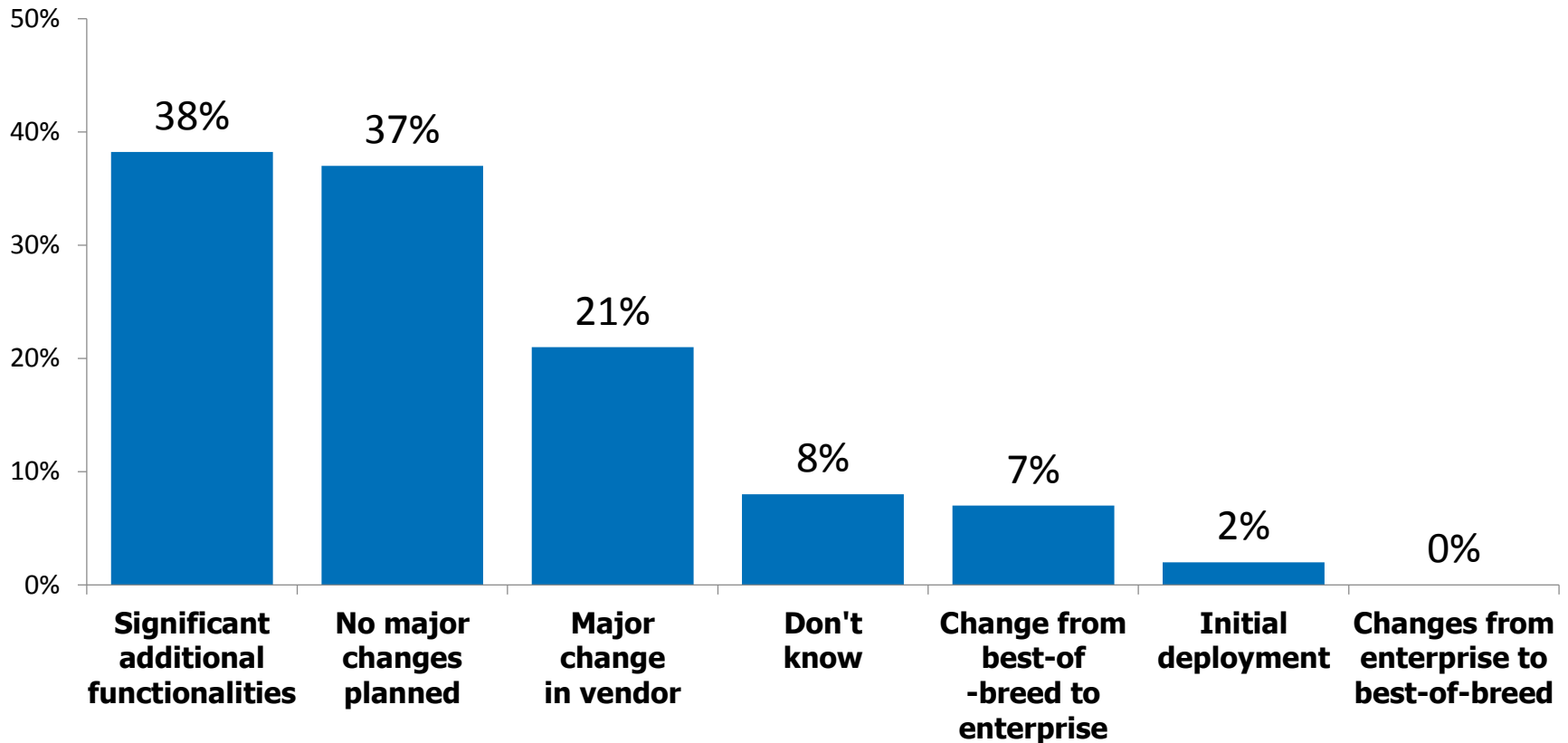
# Vendor Systems Used to Exchange Patient Health Information

<b>Top Vendors—Exchanging Patient Health Information</b>	
<b>My primary Inpatient EMR</b>	<b>42%</b>
<b>Surescripts</b>	<b>36%</b>
<b>Mirth</b>	<b>14%</b>
<b>Orion Health</b>	<b>8%</b>
<b>Optom/Axlotl</b>	<b>7%</b>
<b>Sunquest Information Systems</b>	<b>8%</b>
<b>MedAllies</b>	<b>6%</b>
<b>Medicity</b>	<b>5%</b>
<b>Relay Health</b>	<b>5%</b>
<b>Truven Analytics</b>	<b>4%</b>
<b>Corepoint Health</b>	<b>3%</b>
<b>Inpriva</b>	<b>2%</b>
<b>Care Evolution</b>	<b>2%</b>

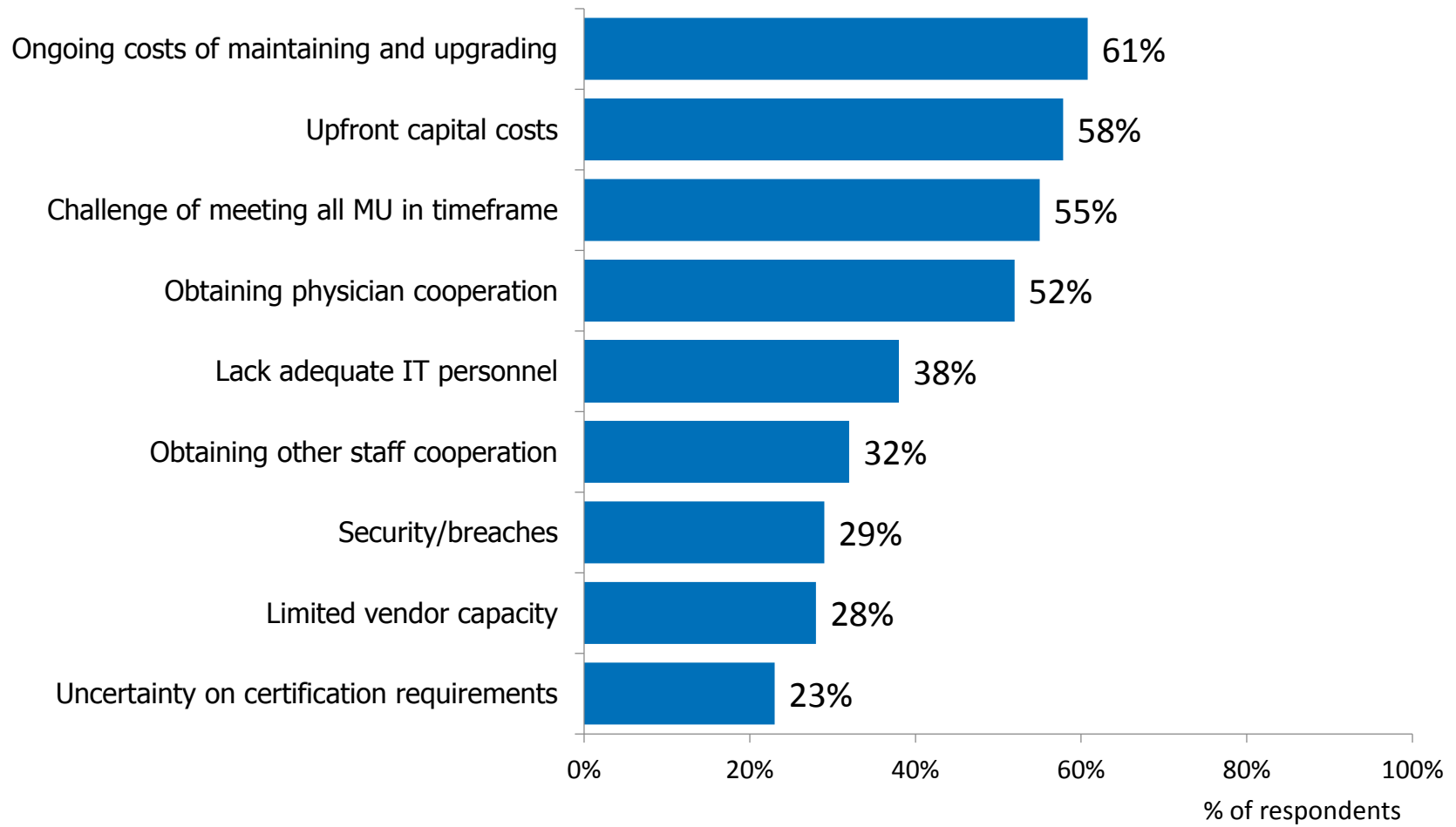


# What changes, if any, are you planning for your EHR system within the next 18 months?

(Check all that apply)

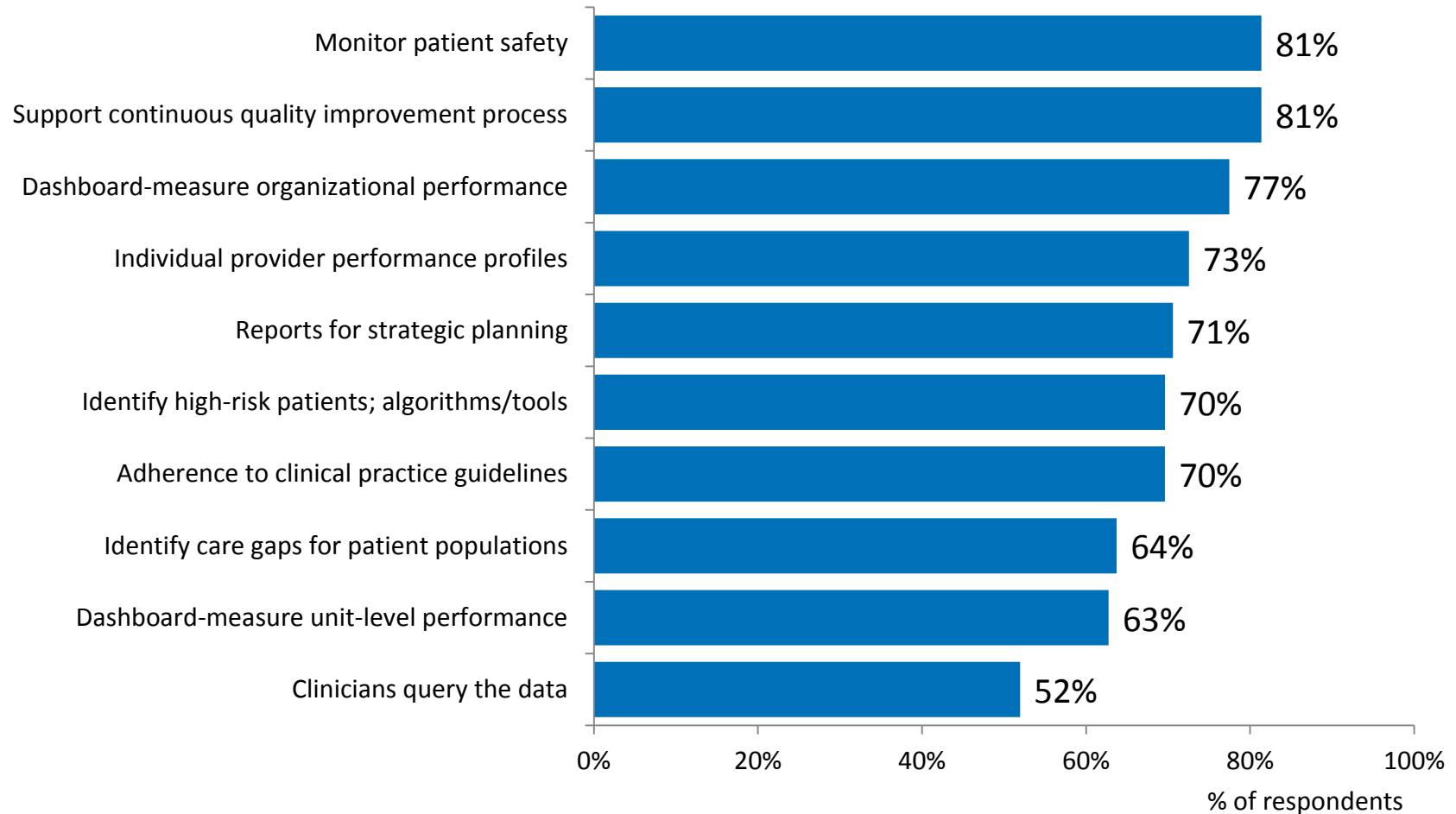


# What are the primary challenges in implementing EMR/EHR system that meets MU federal requirements? (Check all that apply)



# Do you use electronic clinical data from EHR/EMR system to do the following?

(Check all that apply)



# Data Source

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- **The AHA's Annual HIT survey** was fielded to more than 6,000 hospitals nationwide during winter 2015
  - ✓ In **Pennsylvania**, 102 general acute care hospitals responded to the survey (61% response rate)
  - ✓ Sample is broadly representative of all Pennsylvania-licensed general acute care hospitals

# Questions No Longer in the Survey

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The following question types were removed from the AHA HIT survey (as of 2016 survey):

Computerized systems for other functionalities

- Ability to connect mobile devices to EHR

Population Health Management

- Record patient demographic (R.E.A.L.)

Care Summary Documents

- Generating summary of care (CCDA)
- Sending transitions of care summaries to unaffiliated organization with a different certified EHR vendor

# Distribution of Pennsylvania Hospital Respondents

## AHA HIT Survey Findings for Pennsylvania

*The Hospital + Healthsystem Association of Pennsylvania*

		2016 Respondents	Total Acute Hospitals
N (#)		102	167
Bed Size	99 or less	25%	32%
	100 to 250	38%	39%
	251-400	14%	14%
	400+	22%	15%
Ownership	Unaffiliated	19%	24%
	System-Owned	81%	76%
Pennsylvania Region	West	39%	38%
	Central	15%	19%
	East	20%	17%
	Southeast	26%	26%
TOTAL PA		61%	100%



*Leading for Better Health*

HAP is a statewide membership services organization that advocates for more than 240 Pennsylvania acute and specialty care, primary care, subacute care, long-term care, home health, and hospice providers, as well as the patients and communities they serve. Additional information about HAP is available online at [www.haponline.org](http://www.haponline.org).