Over the past 20 years, the United States has experienced many changes in how we communicate through information technology (IT). One of the most important communication opportunities is the use of technology to improve health care. Patient relationships with doctors, hospitals, pharmacies, and other organizations that make up the health care delivery system will improve significantly from the next transformation in information technology: health IT. Most consumers will first encounter the benefits of health IT through an electronic health record, or EHR, at their doctor’s office or at a hospital. An EHR provides a digitized version of the “paper chart” you often see doctors, nurses, and others using. But when an EHR is connected to all of a patient’s health care providers it can offer so much more:

- Get patient information accurately into the hands of people who need it.
- Help doctors coordinate care and protect patient safety.
- Reduce unnecessary tests and procedures.
- Give patients direct access to their health records.
- Reduce paperwork.

**Stage 1 Meaningful Use**

The American Recovery and Reinvestment Act (ARRA) of 2009 included funding and direction to CMS for the establishment of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Payment Programs. In July 2010, CMS and the Office of the National Coordinator for Health Information Technology (ONC) published final rules defining Stage 1 Meaningful Use objectives and measures for eligible providers (EP) and eligible hospitals (EH).

- By October 2010, vendors began offering providers certified EHR technology. Through September 2012, sixty-four (64) Pennsylvania hospitals have successfully attested to CMS to being meaningful users of certified EHRs for at least 90 days, and received Medicare EHR Incentive Program payments of more than $133 million.

- The Pennsylvania Department of Public Welfare has worked with 150 Pennsylvania hospitals to either begin or complete their Medicaid EHR Incentive Program application for adopting, implementing, or upgrading to certified EHR technology, and DPW has made nearly $78 million in payments to hospitals. This demonstrates that the vast majority of Pennsylvania hospitals are striving toward meaningful use, while only about a third actually achieved Stage 1 meaningful use.
Stage 2 Meaningful Use

In early September 2012, the CMS and ONC published two final regulations needed to implement Stage 2 of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. While the final rules officially delay Stage 2 until federal fiscal year (FFY) 2014 for hospitals that attested to Stage 1 meaningful use in FFY 2011 and FFY 2012, and they only require one quarter of meaningful use in FFY 2014 for all providers, taken as a whole, the final Stage 2 requirements raise the bar very high for achieving and sustaining meaningful use.

This is of particular concern given that the majority of hospitals have not yet achieved meaningful use under Stage 1. The ONC rule requires all hospitals and physicians to upgrade to 2014 certified EHR technology in 2014, whether they are at Stage 1 or Stage 2.

Stage 3 Meaningful Use

The Centers for Medicare & Medicaid Services (CMS) announced that it will delay any rulemaking on Stage 3 meaningful use of electronic health records while it examines how the existing requirements are rolling out. The provider community had submitted comment letters saying it was too soon to define meaningful use requirements for Stage 3, and that CMS should focus on successful completion of Stage 1 and Stage 2 for the majority of providers.

AHA Health IT Survey

Nearly 100 Pennsylvania hospitals completed the fifth annual Information Technology (IT) Supplement to the American Hospital Association (AHA) Annual Survey.

Highlights of the results:
- Fifty-six percent (56%) of respondents have fully implemented electronic health records (EHR).
- Forty-two percent (42%) achieved partial implementation of EHR.
- Ninety-three percent (93%) have certified Stage 1 EHRs.

In addition:
- Of hospitals using a computerized system for clinical documentation, 90 percent had nursing notes partially or fully implemented; however, implementation of physician notes were 67 percent.
- The percentage of hospitals using computerized systems for viewing radiology results and images were high; as were provider order entry for medications, and laboratory results.
- Concerns cited about requirements in Stage 2 or Stage 3 were related to recording patient and family health history, e-prescribing of discharge medication orders, and discharge instructions.
- Hospitals reported a high rate of achievement for requirements related to public health reporting.
• Hospitals had success in sharing medication history within the system; however, only 25 percent of hospitals were able to share information outside the system.

• Sixty-five percent (65%) of hospitals reported that they do not exchange any patient data with hospitals outside their systems.

• Only 43 percent allow patients to view health records online.

• Eighty-two percent (82%) of hospitals have the capability to send clinical/summary of care records in Continuous Care Record (CCR), Clinical Document Architecture (CDA), or Continuous Care Documentation (CCD) format.

• Seventy-nine percent (79%) of hospitals had only one vendor, with the remainder having multiple vendors or self-developed systems.