

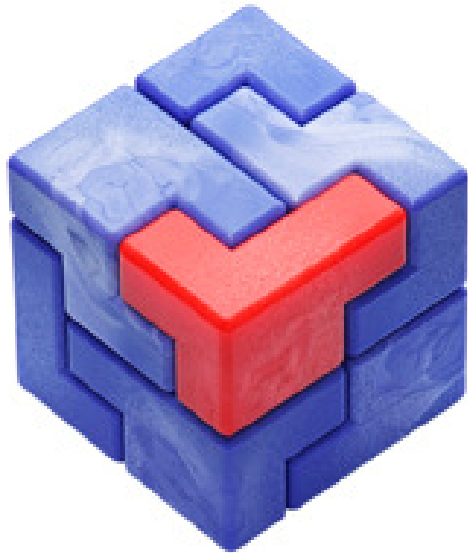
50 YEARS
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HITECH Framework Survey Results

Northern California HIMSS Chapter

CSC Emerging Practices
January 2010

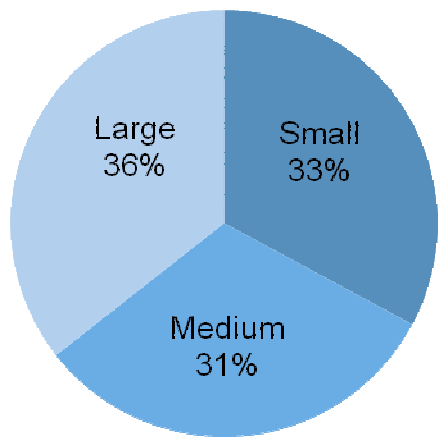


HITECH Framework

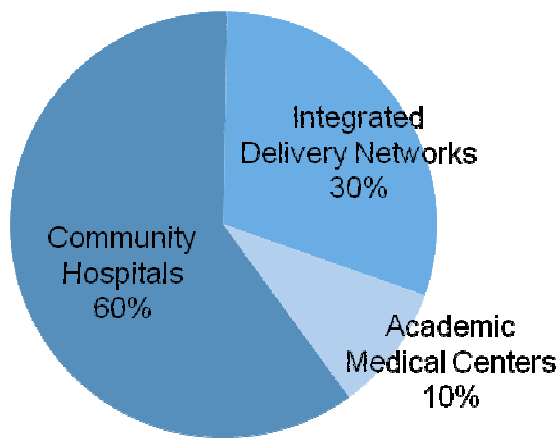
The survey was designed by CSC's Emerging Practices group.

- **The survey was administered between August and December, 2009**
 - We received 73 responses in total (30 from CA hospitals; 43 non-California hospitals)
 - The questions were answered by senior managers and executives, including CIOs

Organization Size (Beds)



Organization Type



HITECH Framework

This survey evaluates a hospital's readiness to meet new HITECH Act requirements.

- **The HITECH Framework measures hospitals in the following areas:**
 1. Use of a Certified Product
 2. Adoption of Data and Transmission Standards
 3. Meaningful Use of the EHR
 4. Quality Management and Reporting
 5. HITECH Protection (Privacy and Security)
- **Hospitals receive a score in each category, plus a total score indicating overall readiness**
 - For each category, there is a set of Yes/No questions designed to assess current readiness
 - The provider's level of readiness in each category is determined as follows:

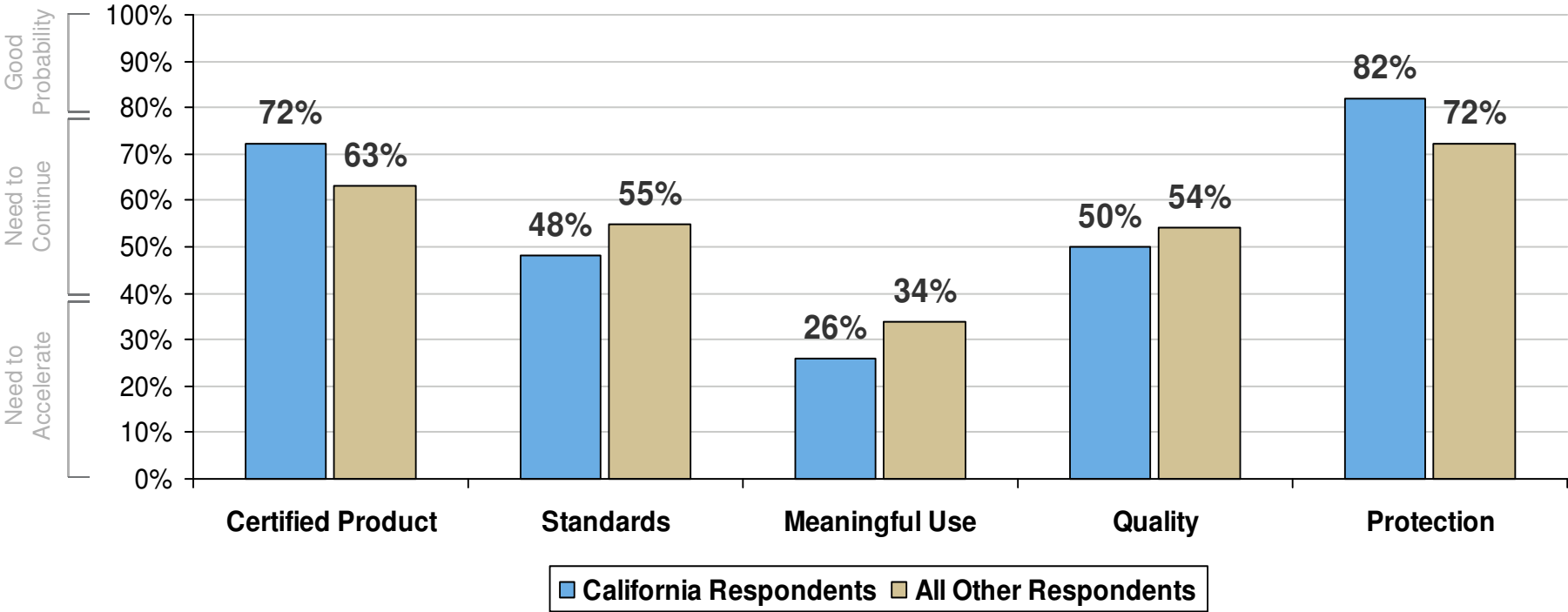
Points Earned (%)	HITECH Readiness
80% to 100%	Good probability of achieving readiness
40% to 79%	Need to continue preparation for achieving readiness
0% to 39%	Need to accelerate preparation to achieve readiness

- **The purpose is to stimulate discussion (it is not an *exact* test of the Stage 1 MU criteria)**
 - Do the results feel right?
 - Are you satisfied with your current level of preparedness (to qualify for EHR incentives)?
 - Do you understand roughly the areas in which you have gaps, and what you can do to address them?

Overall Survey Results By Category

Benchmarking helps to identify an organization's relative strengths and weaknesses.

*California Respondents vs.
All Other Respondents in CSC's Survey*

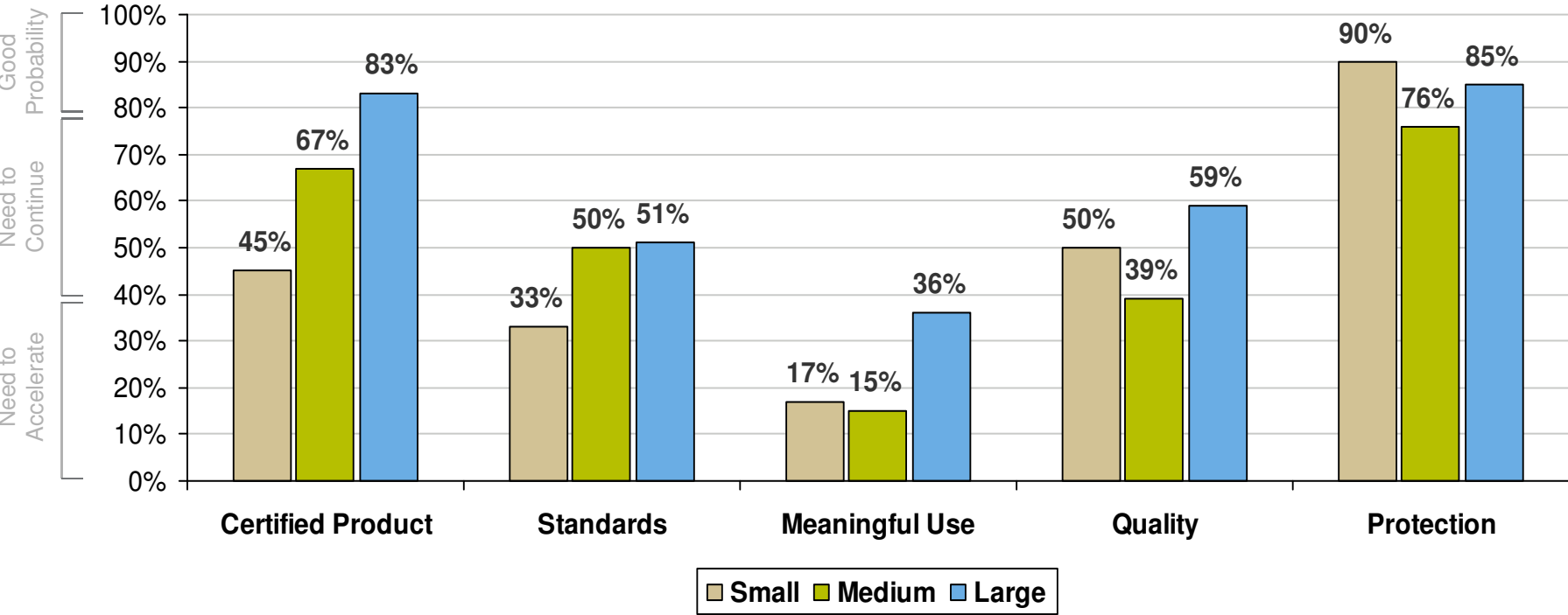


California Respondents: N = 30
All Other Respondents: N = 43

California Survey Results By Category and Bed Size

Larger hospitals tend to be better prepared for incentives than smaller hospitals.

California Respondents in CSC's Survey



Small (<100 beds) N = 4
 Medium (100-300 beds) N = 11
 Large (>300 beds) N = 15

The Bottom Line

Hospitals have considerable work to do in order to qualify for EHR incentives

- **Overall, the hospitals we surveyed are only about halfway toward achieving meaningful use**
 - Only one-quarter meet at least 70 percent of the readiness indicators
 - Readiness is highest in the areas of privacy and security protection and lowest in use of the specific EHR capabilities needed
 - About two-thirds of hospitals have assessed where their current systems have gaps that must be filled in order to achieve meaningful use
- **Many hospitals report they have the required capabilities but are not actively using them**
 - 70 percent of respondents have systems that are capable of doing Computerized Physician Order Entry (CPOE), yet only 8 percent have CPOE in routine use throughout the hospital and at least 75 percent of orders being entered by physicians
- **Less than half of hospitals have a plan to convert to the new coding standard ICD-10**
 - Most quality reporting is still done via a manual review of patient records
 - ICD-9 is the required standard for meaningful use Stage 1; ICD-10 will be needed for Stage 2
- **Smaller hospitals tend to be further behind than larger ones**
 - The gaps between small and large hospitals are widest for use of required capabilities and quality management and reporting

Recommendations

Hospitals need to accelerate their preparations in order to achieve meaningful use

- **Get started on filling gaps immediately**
 - In order to receive the maximum incentive payment, hospitals must achieve meaningful use no later than FY 2013 (CY 2012 for eligible professionals); this is an extremely short time frame
 - As 2011 and 2012 approach, skilled vendor resources will become scarce

- **If you have not yet implemented CPOE, start now**
 - CPOE is a large-scale change project that has to be done right and it will take considerable time
 - Independent of the meaningful use requirements, implement CPOE with evidence-based order sets and meaningful decision support at the point of care from the start
 - In the long run, order sets will reduce the time for ordering and reinforce evidence-based practice

- **Address all areas, not just your weakest points**
 - Most hospitals have at least one area in which they strong (often privacy and security), but that does not mean that there is not work to be done; meaningful use must be achieved *and* sustained

- **Remember that the basis for achieving meaningful use is use of a certified system**
 - Make sure the vendors you plan to use to meet meaningful use are committed to becoming certified and that their schedule meets your needs
 - Individual modules can be certified as well as full EHRs; site certification is also possible for self-developed systems

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Questions or Comments?





Appendix: Survey Questions



1. Use of a Certified Product

	<u>Yes</u>	<u>No</u>
<p>1. The hospital's inpatient core vendor is capable of supporting CPOE, clinical decision support, and medication reconciliation. (1 pt)</p> <p>If "Yes" → The hospital uses an inpatient system that has been certified by CCHIT. (1 pt)</p>	<input type="checkbox"/>	<input type="checkbox"/>
2. The hospital's inpatient systems support clinical documentation for physicians and nurses, and eMAR with bar-coding. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
3. The modules of the hospital's inpatient EHR system currently in use reflect the latest version available from the vendor. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
4. The hospital identifies and tracks unmet requirements of current systems, if any, and communicates these to the vendor. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. The hospital has a plan to address gaps in requirements. (1 pt)</p> <p>If "Yes" → It has also set aside resources and a budget to carry out the plan. (1 pt)</p>	<input type="checkbox"/>	<input type="checkbox"/>
6. The hospital has a process to learn about successful implementation practices from other hospitals using the same inpatient EHR. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>

If the hospital owns physician practices, then continue on to the next question.

(If continuing on to the next question, then the total points possible is 10; otherwise, it is 8.)

	<u>Yes</u>	<u>No</u>
<p>7. The hospital-owned practices use an EHR that supports eRx and quality reporting. (1 pt)</p> <p>If "Yes" → The EHR has clinical documentation and is used to document medication list, allergies, problem list, and visit notes. (1 pt)</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

2. Adoption of Data and Transmission Standards

	<u>Yes</u>	<u>No</u>
1. The hospital maintains an inventory of all the relevant electronic clinical standards currently being used in the facility. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
2. There is one set of data definitions in use across all of the clinical applications in the hospital. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
3. The hospital sends and receives the Continuity of Care Document (CCD) electronically via the inpatient EHR. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
4. All laboratory test results produced by the hospital laboratory are mapped to the LOINC standard. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
5. The hospital has standardized the sharing of application data on HL7 version 3.0. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
6. The hospital has a plan in place for the migration of all clinical and patient accounting applications to the ICD-10 standard. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
7. The hospital has a written agreement with the inpatient EHR vendor regarding the migration to ICD-10 and other national standards as they are adopted. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
8. The hospital requires that all new clinical applications incorporate a uniform set of standards. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
9. All clinical applications in use in the hospital (including ED, ICU, and OR) conform to the same set of data and transmission standards. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
10. The hospital has standardized on NCPDP version 10.5 for data sharing in e-prescribing and medication reconciliation. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>

3. Meaningful Use of the EHR

	<u>Yes</u>	<u>No</u>
1. Physicians routinely use CPOE on at least two units in the hospital. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
2. CPOE is implemented throughout the hospital <u>and</u> physicians enter at least 75 percent of all inpatient orders electronically. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
3. Medication orders do not need to be re-entered manually into the pharmacy system. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
4. Clinical decision support in CPOE is applied to all medication orders to detect drug-drug contraindications, drug-allergy contraindications, and to ensure accurate dosing. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
5. Clinical decision support in CPOE is applied to all medication orders to check for appropriate dosing for patients with metabolic considerations (e.g. kidney disease). (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
6. Medication reconciliation is accomplished electronically across the hospital, and the process takes into account information on home medications. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
7. The hospital exchanges health information (e.g. problem lists, medications, allergies, and results) with caregivers outside of the organization. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
8. Nurses are electronically documenting vital signs, assessments, care plans, progress notes, and medications administered in all units. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
9. Physicians actively maintain an up-to-date electronic problem list in a coded format for every inpatient. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the hospital owns physician practices, then continue on to the next question.</i>		
10. In the ambulatory practices, all physicians use e-Prescribing to write prescriptions electronically. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>

4. Quality Management and Reporting

	<u>Yes</u>	<u>No</u>
1. For more than 50 percent of care measures, eligible patients are tracked concurrently, rather than post-discharge. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
2. The hospital has the capability to send reminders to patients regarding post-discharge follow-up care. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
3. More than 50 percent of the quality data captured for mandatory external inpatient reporting comes from the EHR. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
4. Monthly and quarterly performance results for the hospital are available within 15 days after the close of the business period. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
5. Physicians enter at least 50 percent of inpatient physician documentation (history and physical, admission notes, progress notes, consult notes, etc.) electronically. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
6. Clinicians and unit managers in the hospital receive feedback about the quality of the care that they provide on at least a monthly basis. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
7. Data definitions for electronic data elements used in inpatient quality reporting are consistent across the enterprise. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
8. Executives and managers have access to an online dashboard that displays organizational performance. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
9. The hospital scores within the top 20 percent on JCAHO core quality measures. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
10. The hospital can locally produce reports on core measure performance. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>

5. HITECH Protection

	<u>Yes</u>	<u>No</u>
1. The hospital has written assurance from all business associates (including service providers, PHR vendors, and health information exchanges) regarding privacy practices.	<input type="checkbox"/>	<input type="checkbox"/>
2. The hospital can provide patients with an account of all PHI disclosures from the past 3 years. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
3. The internal security team conducts a root cause analysis whenever breaches occur. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
4. A policy is in place to limit the requesting and disclosure of protected health information (PHI) to authorized individuals. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
5. The hospital consistently employs encryption technologies to protect PHI and to render data unreadable or unusable in the case of unauthorized access. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
6. Access to the data center is controlled and the hospital can produce an audit trail of user access on demand. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
7. There is clear and broad awareness among the hospital staff regarding the new civil penalties and criminal penalties for individuals contained in the HITECH legislation. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
8. There is a process in place to notify individuals of a breach within 60 days. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
9. There is a process in place to notify HHS and prominent media outlets in the event of a security breach that affects more than 500 individuals. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>
10. There are specific controls in place or new technologies installed (e.g. thin clients or Virtual Desktop Infrastructure) to move sensitive data away from the local desktop. (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>