



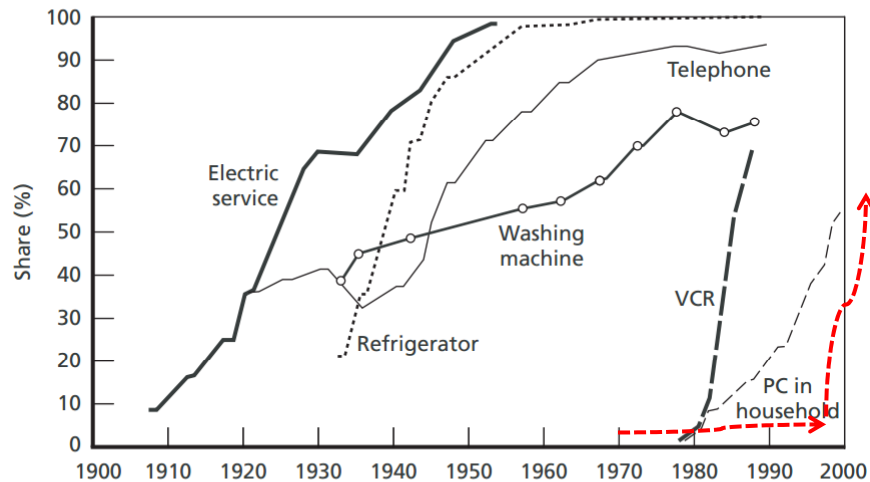
Alliance for Health Reform Briefing

A Dose of Reality in the Virtual World of Health IT

Friday September 28nd 2012

Anne-Marie J. Audet, MD, MSc
Vice President
The Commonwealth Fund

Figure 3.2
Diffusion Rates in the United States for Selected Consumer Products

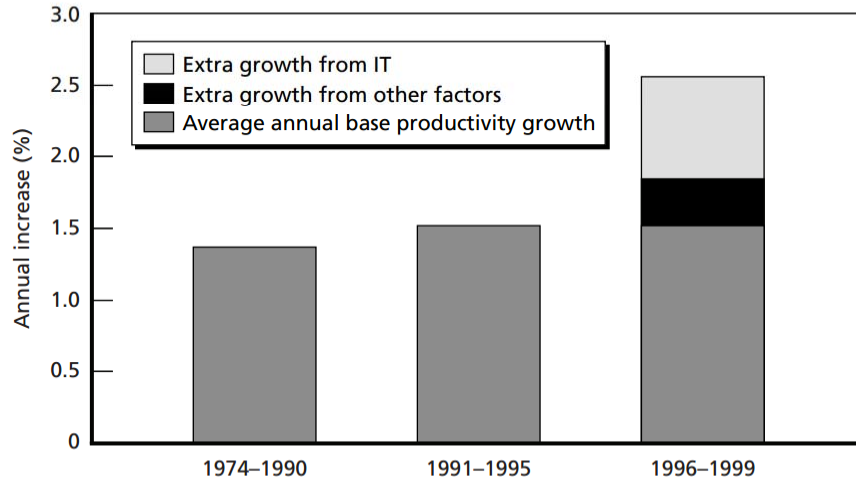


SOURCE: Hall and Khan (2003).

NOTE: VCR refers to video cassette recorder.

RAND MG272-3.2

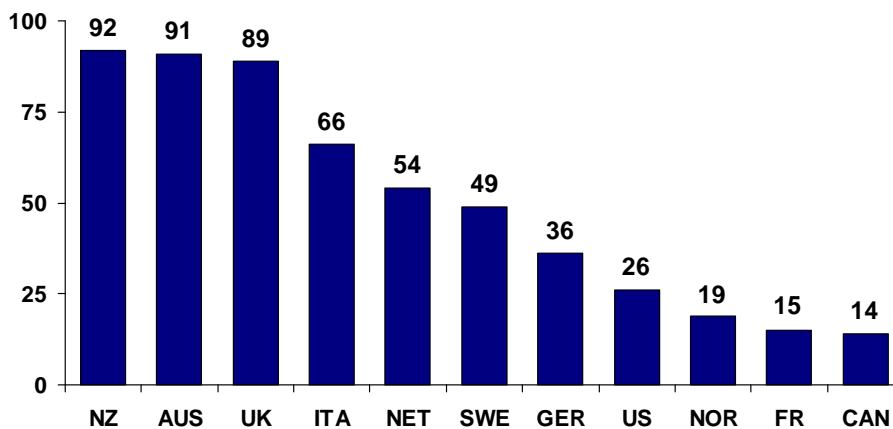
Figure 4.1
IT Is Now the Single Biggest Driver of Increases in U.S. Labor Productivity



SOURCE: Oliner and Sichel (2000).
 RAND MG272-4.1

Practices with Advanced Electronic Health Information Capacity

Percent reporting at least 9 of 14 clinical IT functions*

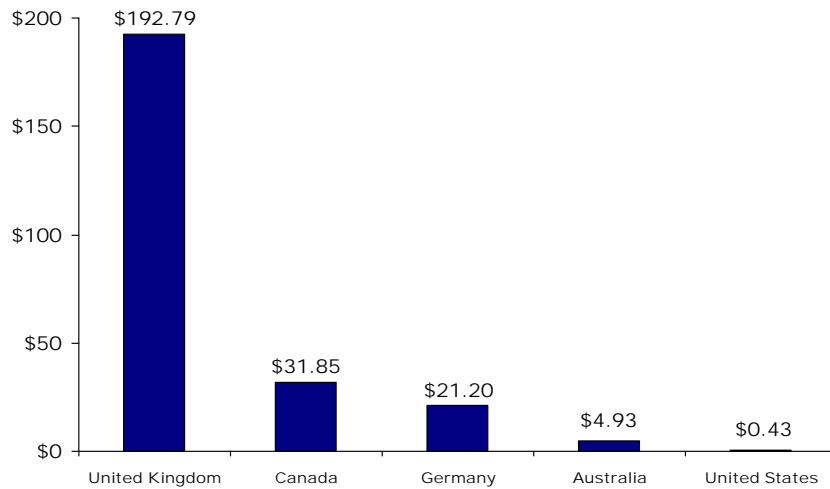


* Count of 14 functions includes: electronic medical record; electronic prescribing and ordering of tests; electronic access test results, Rx alerts, clinical notes; computerized system for tracking lab tests, guidelines, alerts to provide patients with test results, preventive/follow-up care reminders; and computerized list of patients by diagnosis, medications, due for tests or preventive care.

Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



Public Investment per Capita in Health Information Technology - 2005

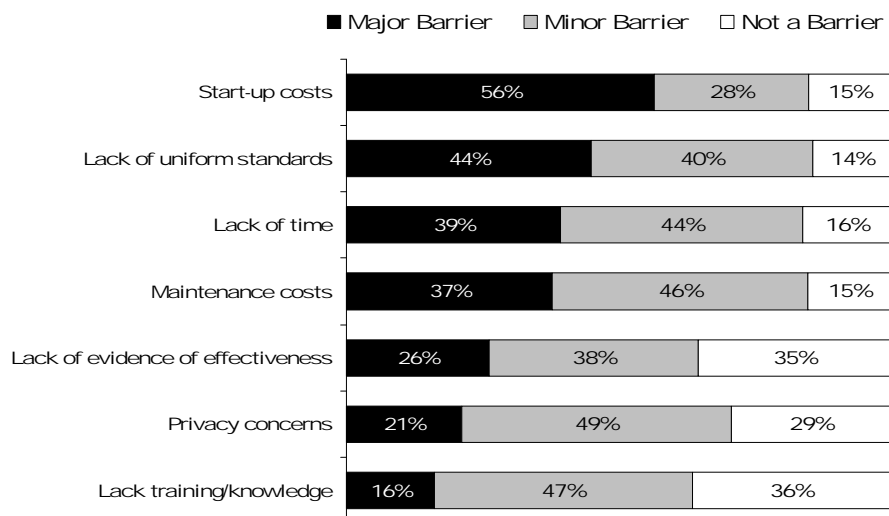


Source: The Commonwealth Fund, calculated from Anderson, G.F., Frogner, B., Johns, R.A., and Reinhardt, U. "Health Care Spending and Use of Information Technology in OECD Countries," *Health Affairs*, 2006.



Chart I-9. Barriers to Adoption

6



Source: The Commonwealth Fund National Survey of Physicians and Quality of Care, 2004.

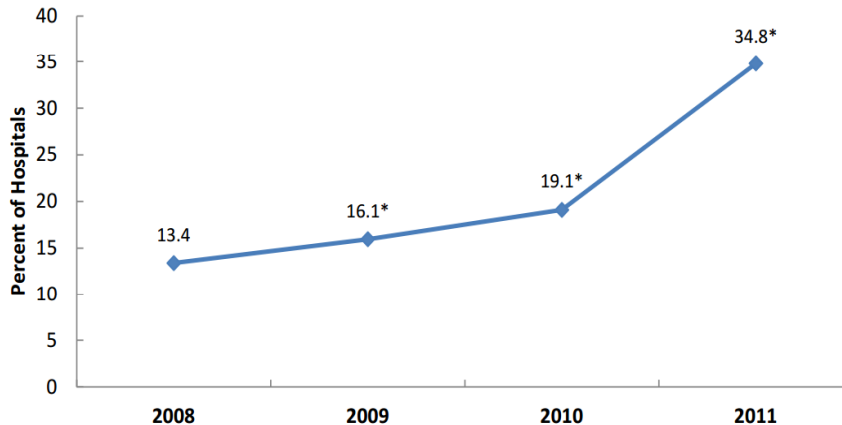


HITECH Act Addresses Barriers to IT Implementation

Obstacle	Intervention	Funds
Financial Resources	CMS Incentive Program	Up \$2 million per hospital and up to \$63,750 per physician
Technical Assistance	Regional Extension Centers	\$643 Million
Human Resources	Workforce Training Programs	\$118 Million
Exchange	Health Information Exchange and NHIN	\$620 Million
Technology	SHARP Grants	\$60 million
Breakthrough Examples	Beacon Communities	\$235 Million

Hospital Adoption of EHR Systems More than Doubled since 2009

Figure 1: Percent of non-federal acute care hospitals with adoption of at least a Basic EHR system: 2008-2011



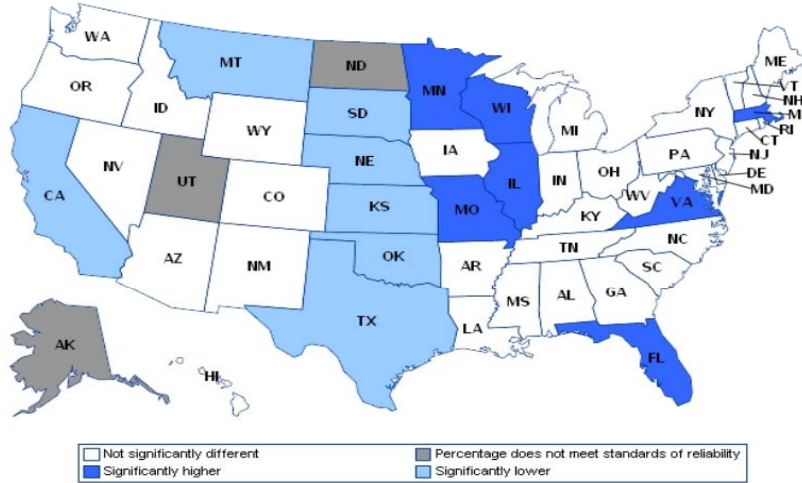
NOTES: Adoption requires the EHR system to have at least a basic set of EHR functions as defined in Table 2. Estimates reported are based on adoption of at least a Basic EHR without Clinician Notes.

*Significantly different from previous year ($p < 0.05$).

SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement

State Adoption of EHRs

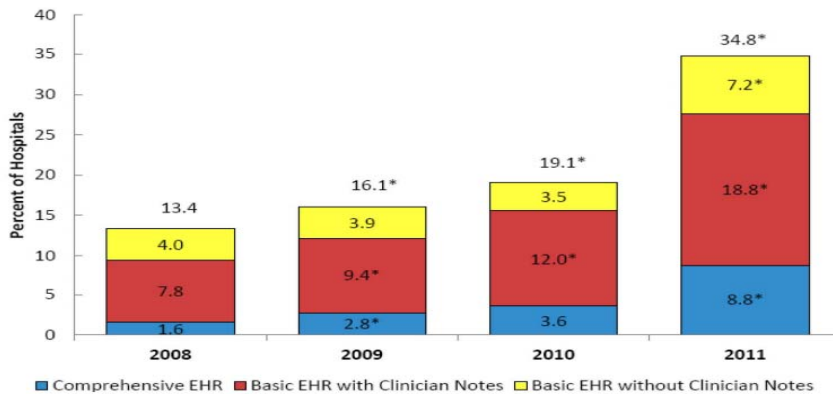
Figure 2: Percent of non-federal acute care hospitals with adoption of at least a Basic EHR system compared with national average (34.8%): 2011



SOURCE: ONC/AHA, AHA Annual Survey Information Technology Supplement

Trends in EHR Adoption Show Increasing Advanced Functionality

Figure 3: Percent of non-federal acute care hospitals with adoption of EHR systems by level of functionality: 2008-2011

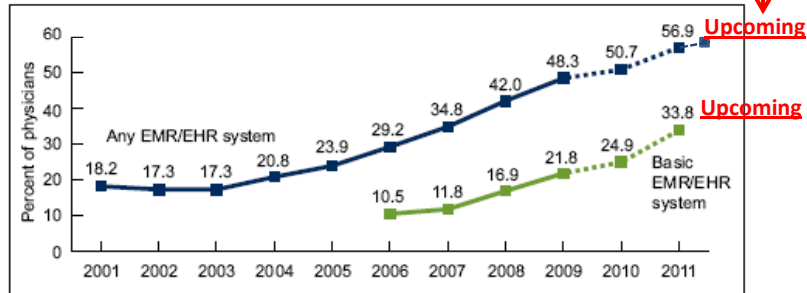


NOTES: Definitions of Basic EHR and Comprehensive EHR systems are reported in Table 2.
 *Significantly different from previous year ($p < 0.05$).
 A prior study reported estimates of hospital adoption based on at least Basic EHR with Clinician Notes (1). Differences in the estimates in this brief from (1) are due to the inclusion of children's and cancer hospitals and small differences in the calculation of hospital-level weights.
 SOURCE: ONC/AHA, AHA Annual Survey Information Technology Supplement

Adoption of EMR/EHR systems by office-based physicians has increased.

Desroches/CMWF/RWJF
2012 National MD Survey

Figure 1. Percentage of office-based physicians with EMR/EHR systems: United States, 2001–2009, and preliminary 2010–2011



NOTES: EMR/EHR is electronic medical record/electronic health record. "Any EMR/EHR system" is a medical or health record system that is all or partially electronic (excluding systems solely for billing). Data for 2001–2007 are from the in-person National Ambulatory Medical Care Survey (NAMCS). Data for 2008–2009 are from combined files (in-person NAMCS and mail survey). Data for 2010–2011 are preliminary estimates (dashed lines) based on the mail survey only. Estimates through 2009 include additional physicians sampled from community health centers. Estimates of basic systems prior to 2008 could not be computed because some items were not collected in the survey. Data include nonfederal, office-based physicians and exclude radiologists, anesthesiologists, and pathologists.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Resources

Visit us at WhyNotTheBest.org

And

Commonwealthfund.org