

Progress in Health Information Technology

2015 Annual HIT Survey

by The American Hospital Association

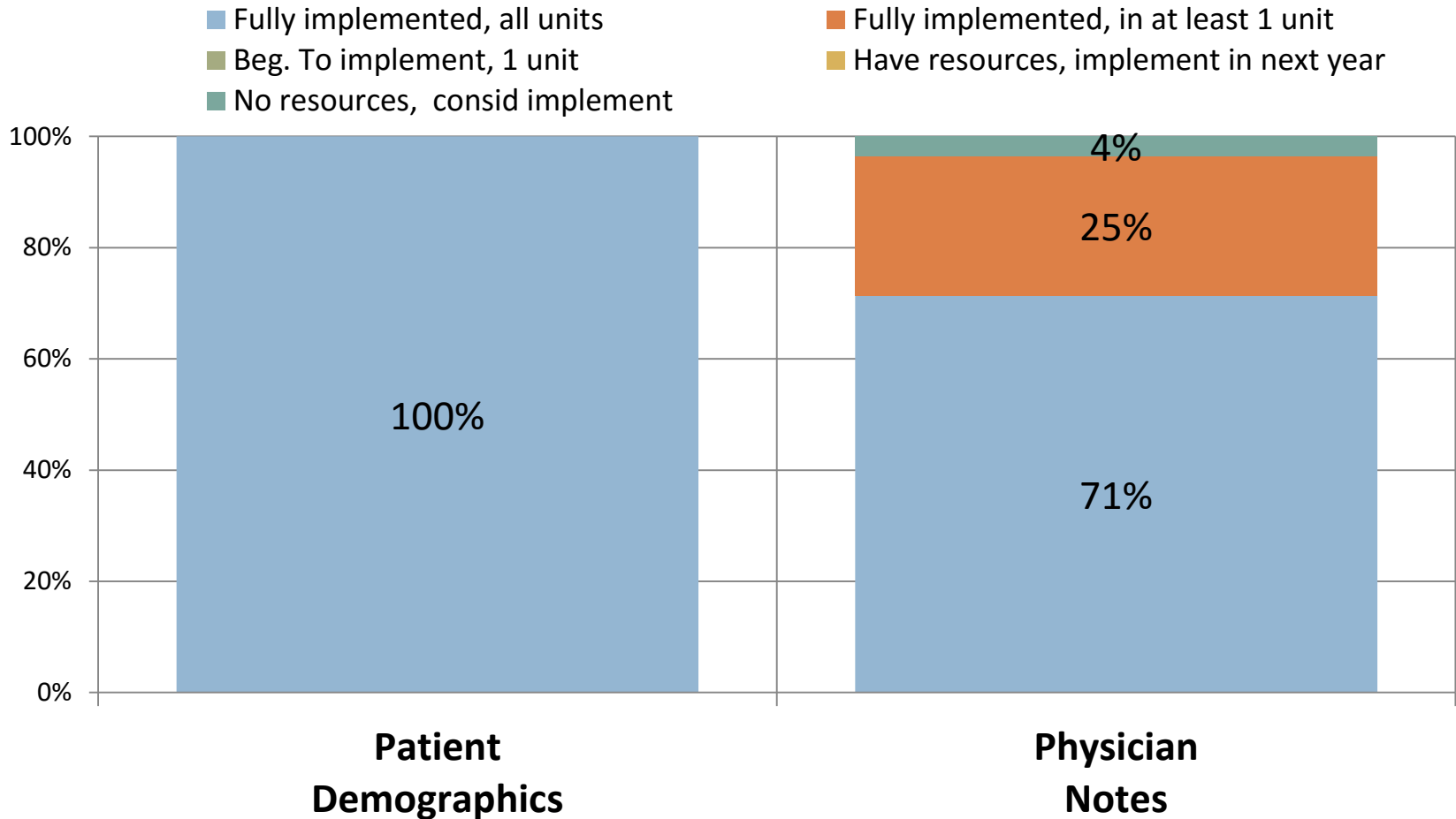
How are Southeast Pennsylvania hospitals meeting the Meaningful Use requirements of the Medicare and Medicaid EHR Incentive Programs?

June 2016

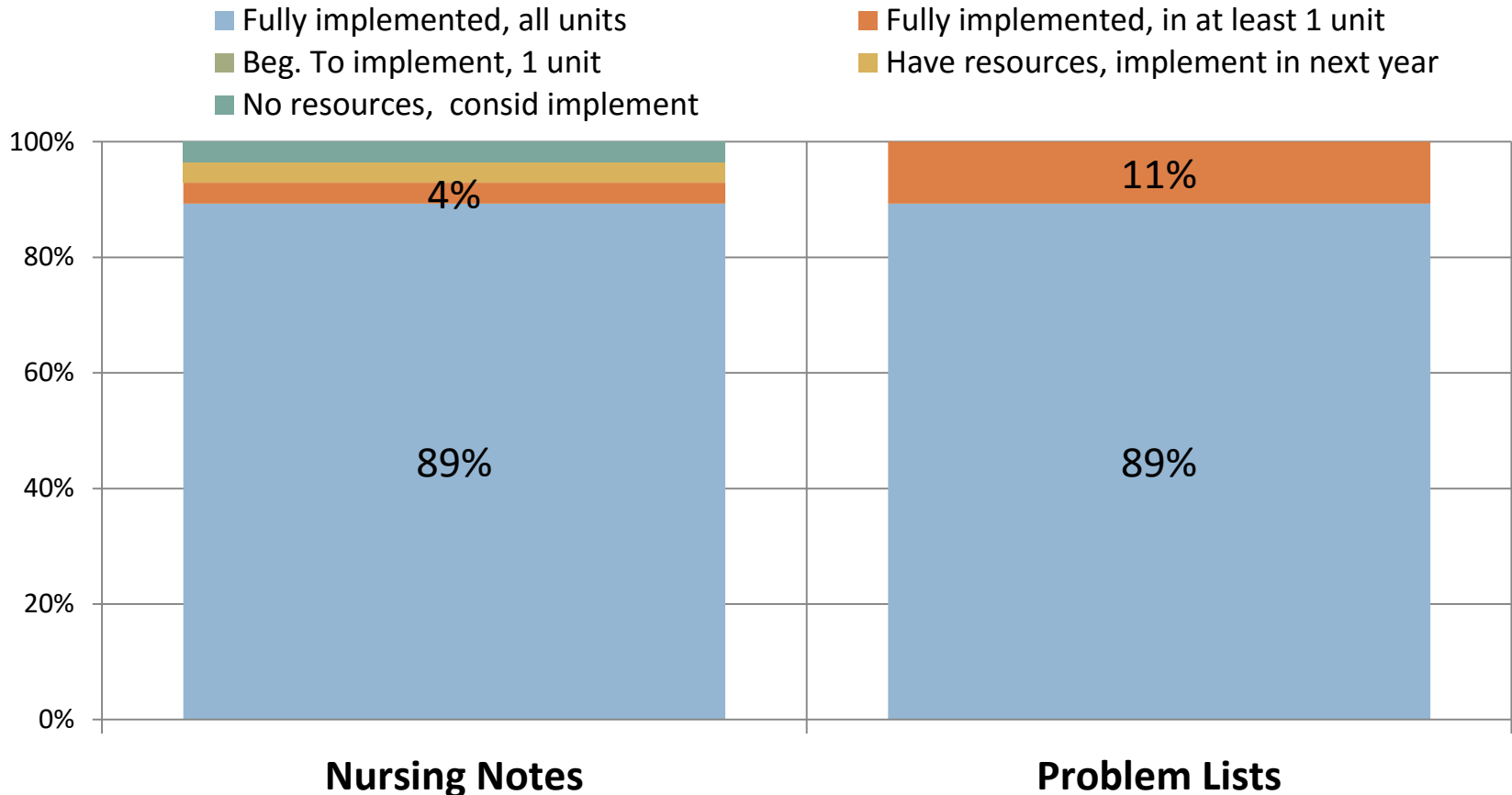
State E-Health Activities in 2015

- **Southeastern PA hospitals and health systems are continuing to advance their adoptions of information technology to support high quality care delivery service.** The transitional journey from measuring quality of performance to delivering high quality performance continues. Findings from this year's survey demonstrate the regional hospitals' and health systems' commitment to progress in the implementation of health information technology across a broad range of functions.
- **The major changes in EHR vendors across the region signify the importance of interoperability, cost constraints, increased attention to quality indicators and physician adoption.** The complexity of health care systems and constantly changing certification and meaningful use requirements are forcing hospitals and health systems to make major system changes very quickly. In 2015, forty-three percent (43%) of respondents indicated that they are changing vendors in the next 18 months. In 2014, forty percent (40%) of respondents said they were making major changes in vendor.
- **There has been an increase of hospitals and health systems being proactive in cybersecurity.** In 2015, fifty percent (54%) of survey respondents said they support two-factor authentication. This is a slight increase from fifty percent (50%) in 2014.

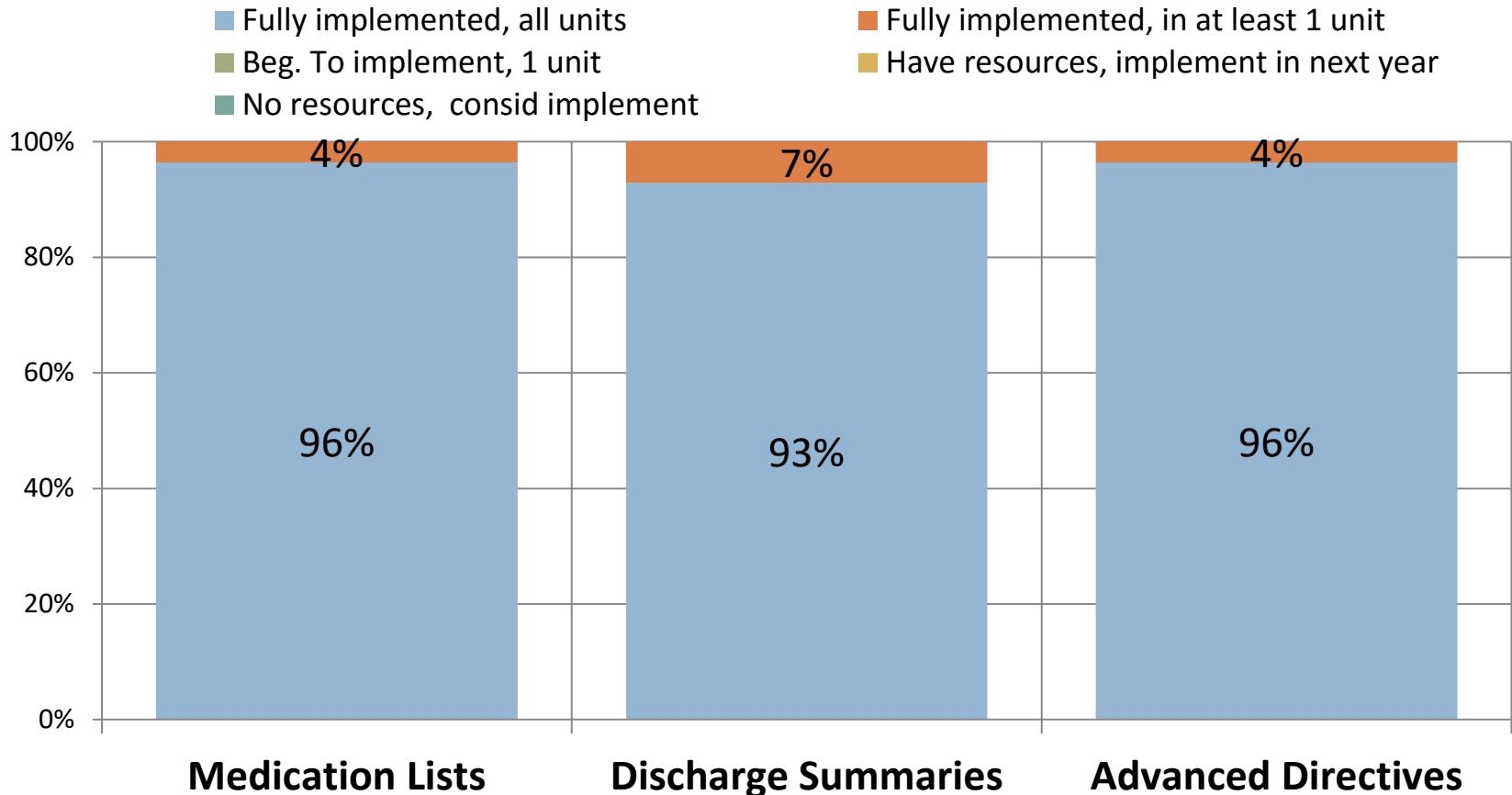
Computerized Systems for Electronic Clinical Documentation



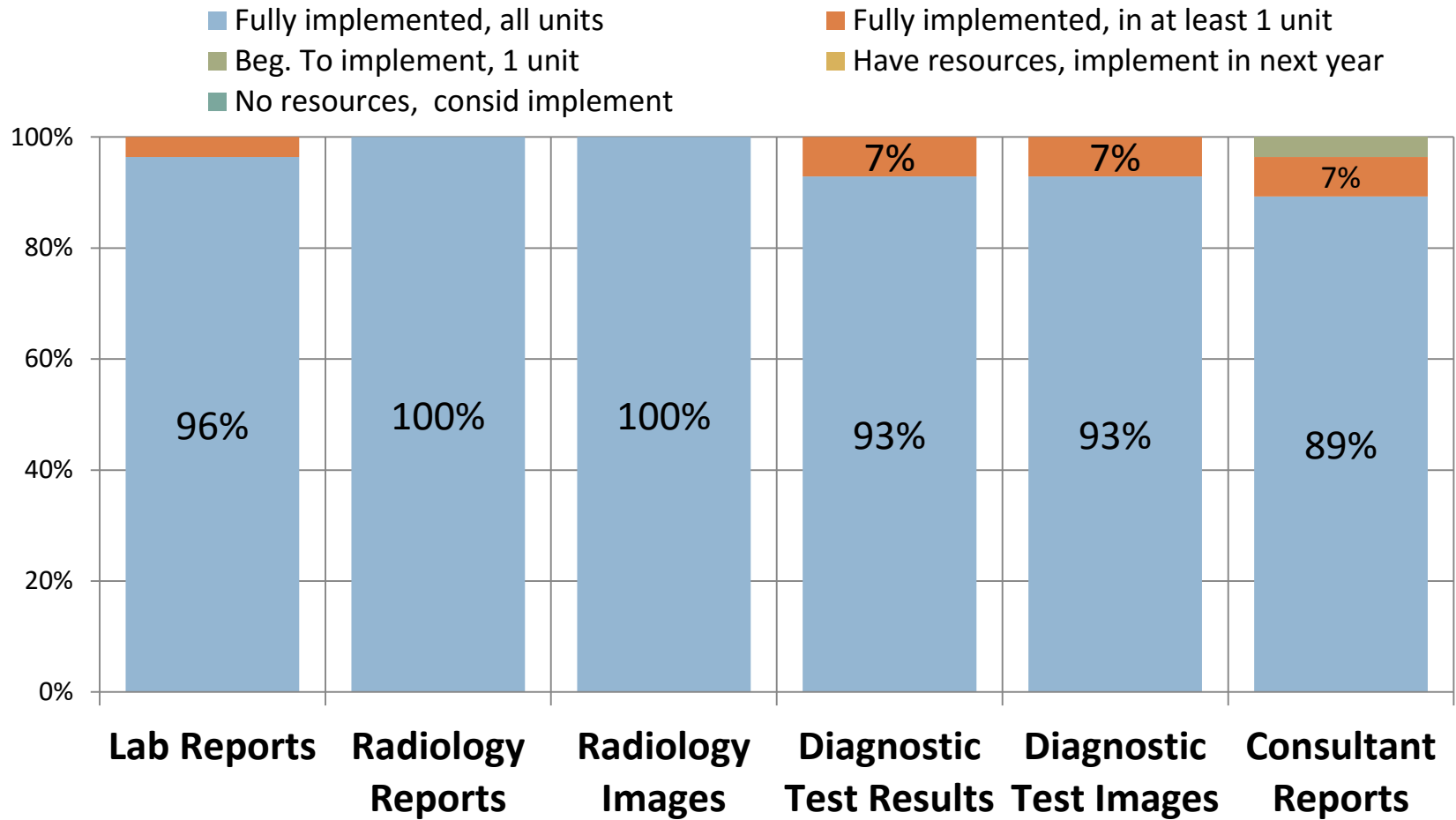
Computerized Systems for Electronic Clinical Documentation



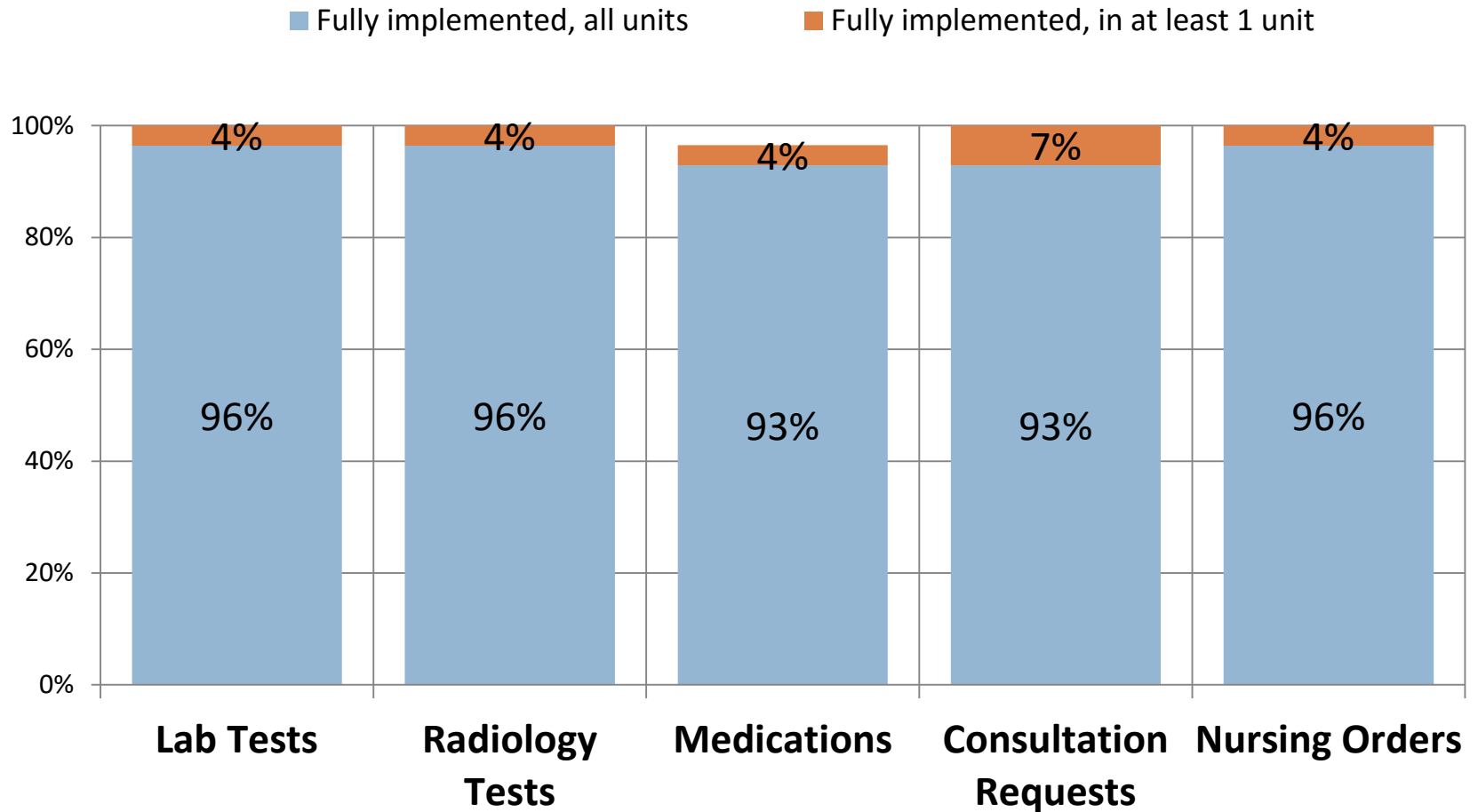
Computerized Systems for Electronic Clinical Documentation



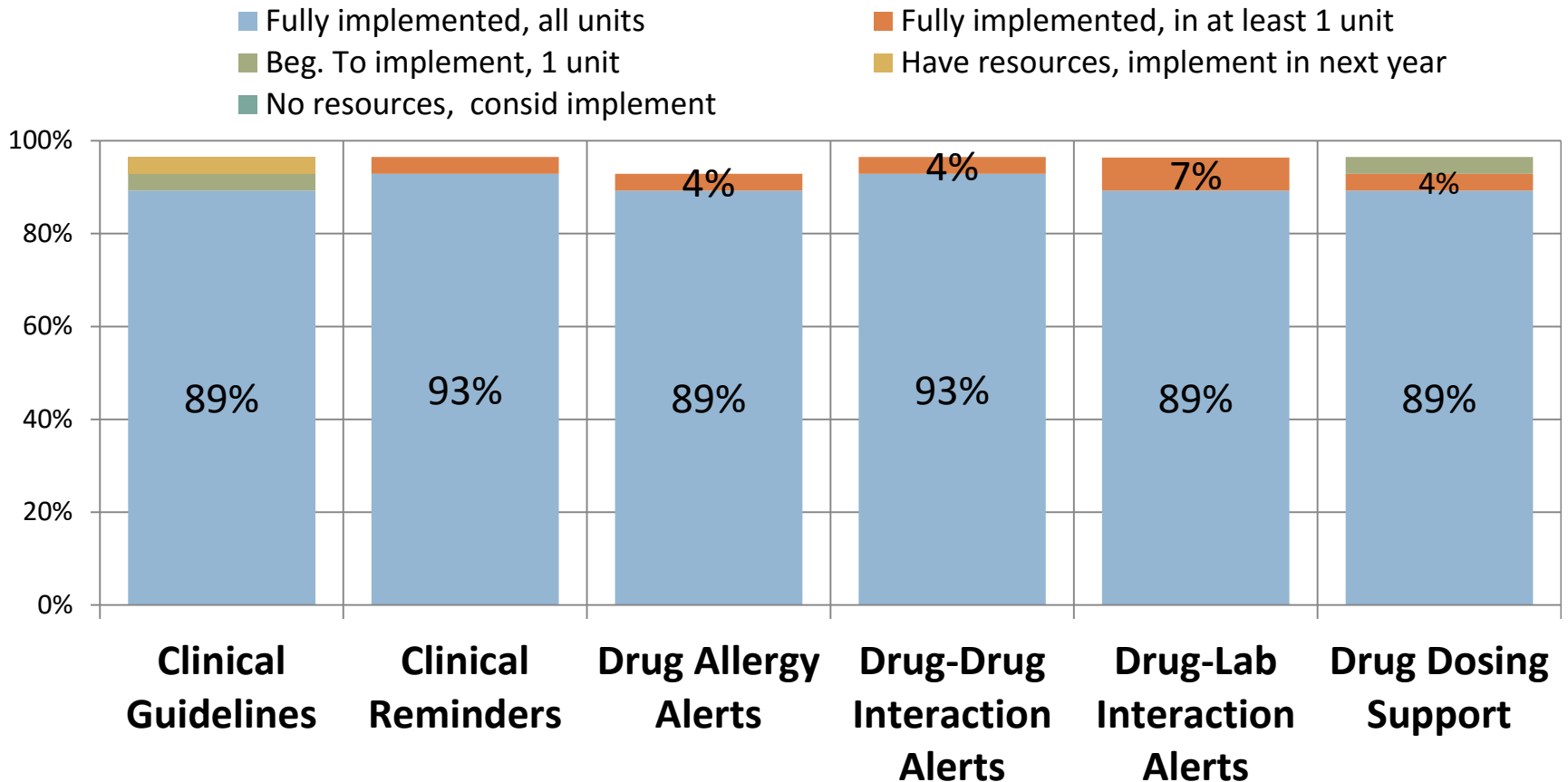
Computerized Systems for Results Viewing



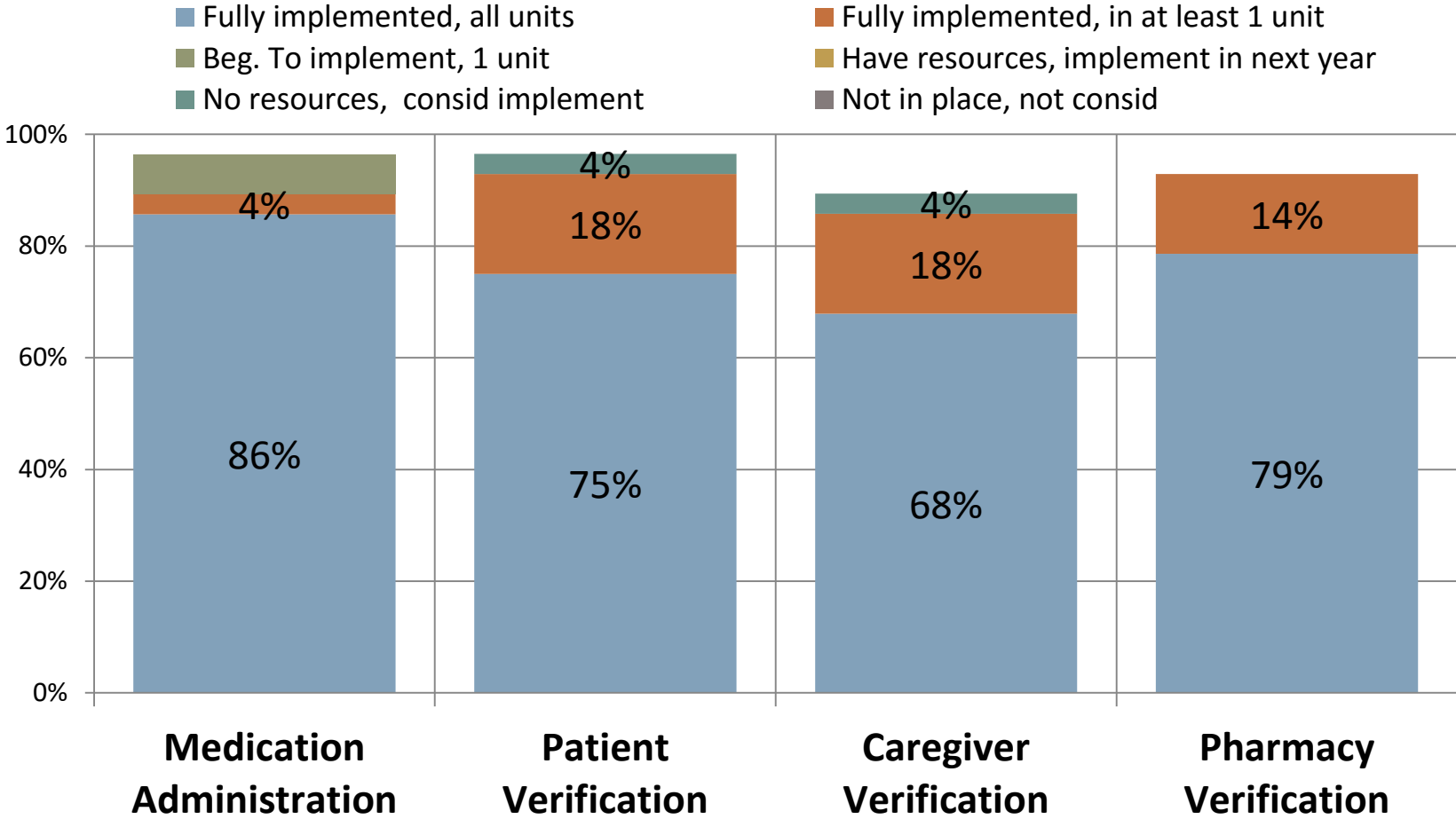
Computerized Systems for Provider Order Entry (CPOE)



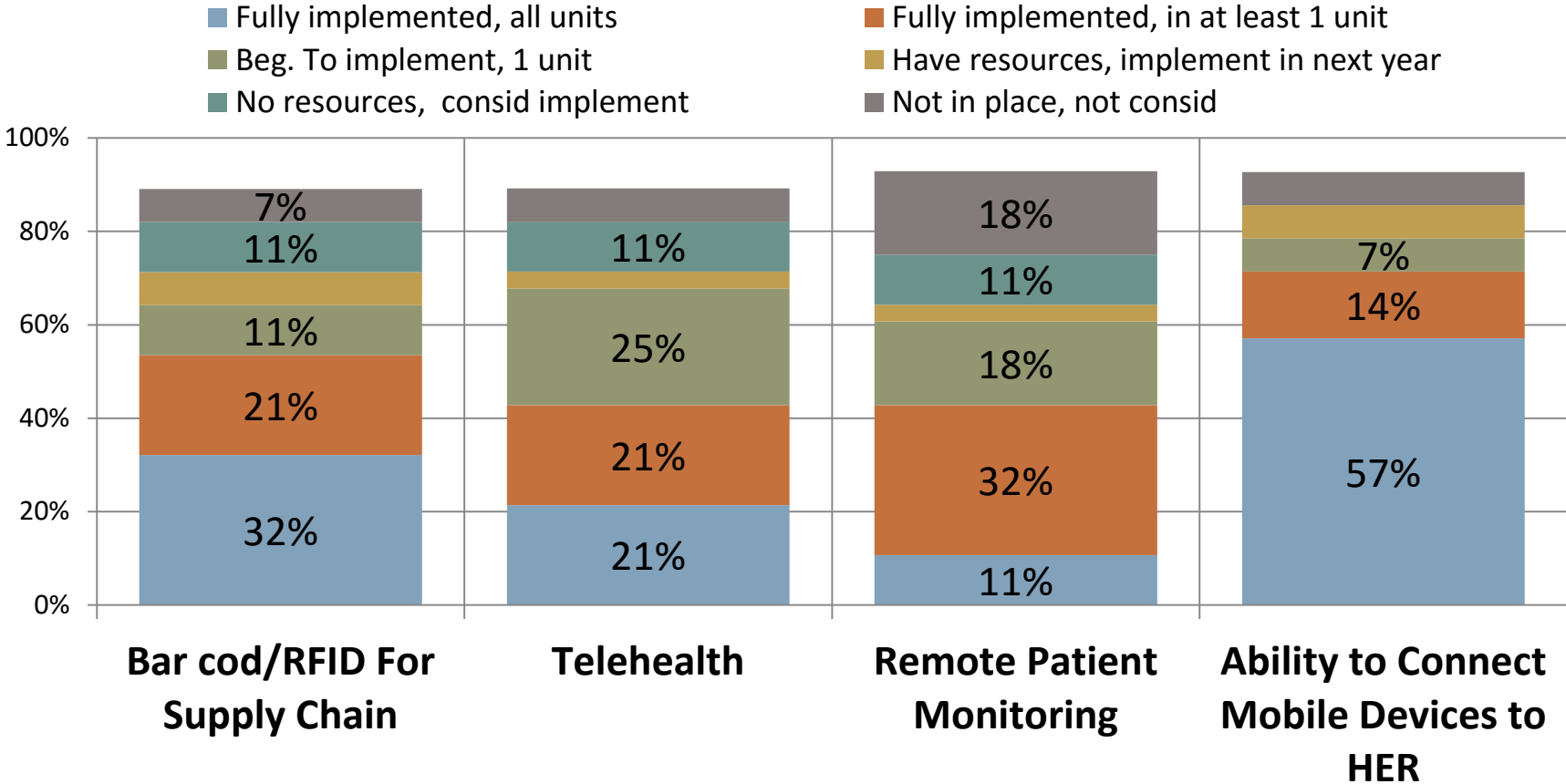
Computerized Systems for Decision Support



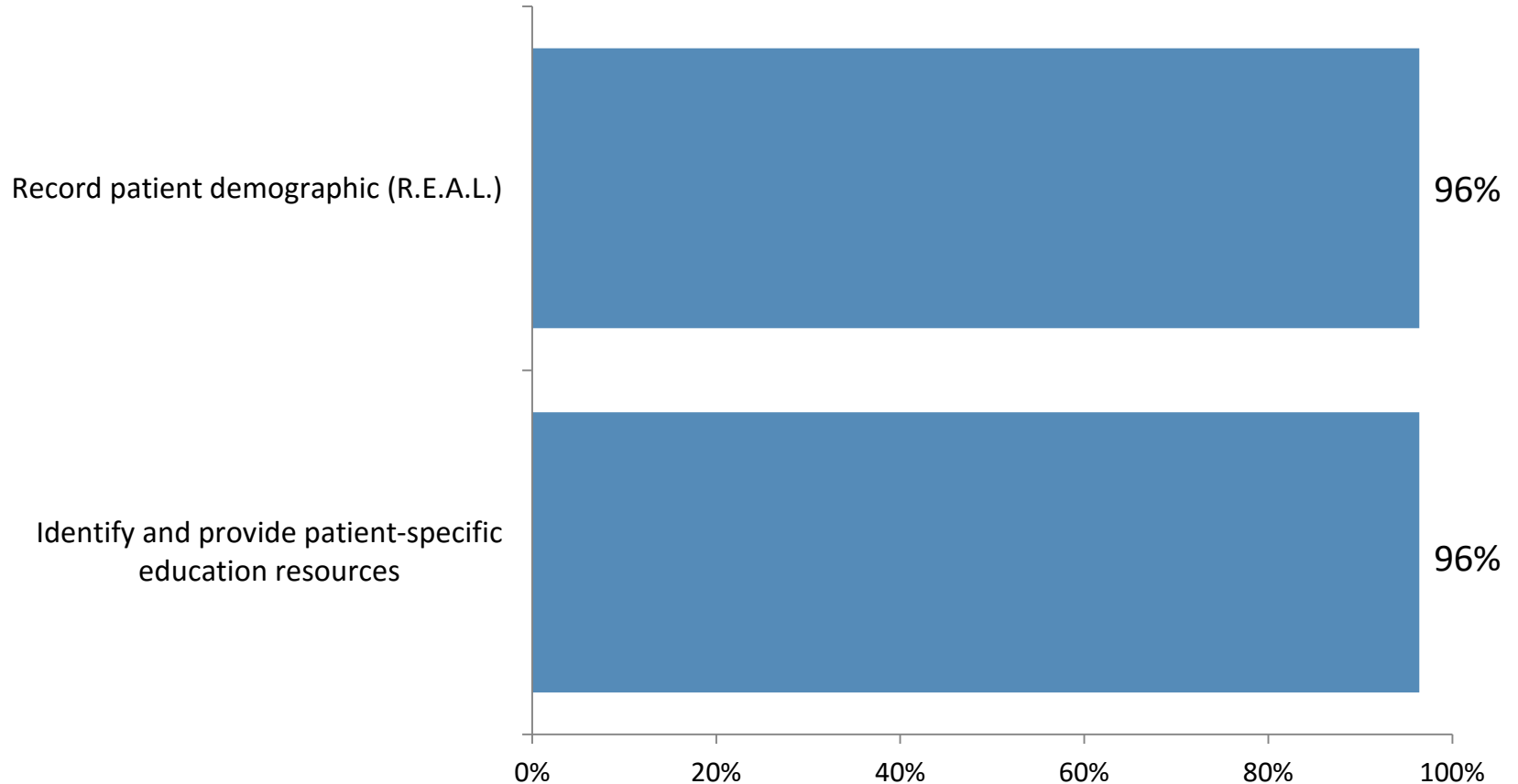
Computerized Systems for Barcoding or RFID



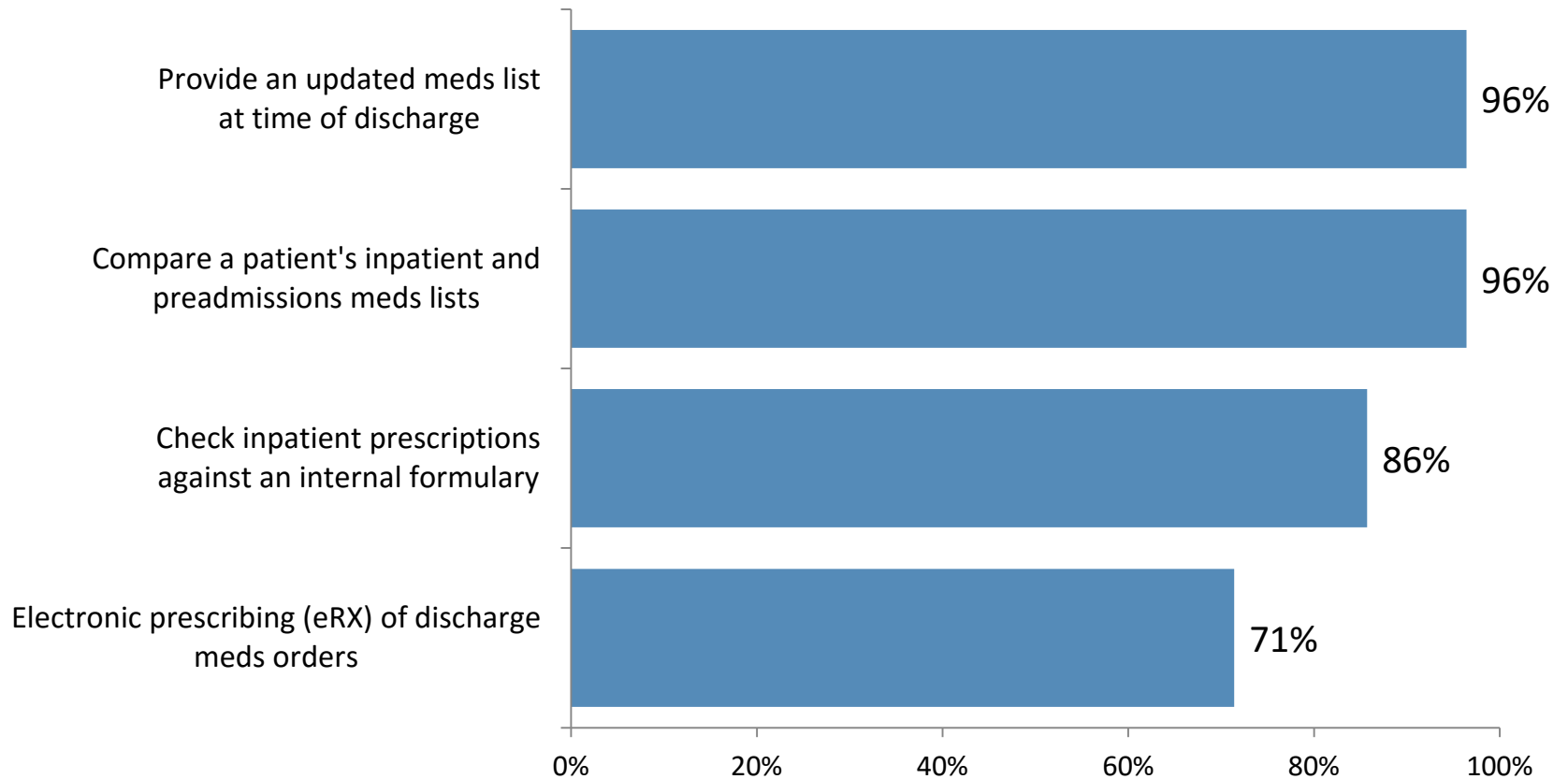
Computerized Systems for Other Functionalities



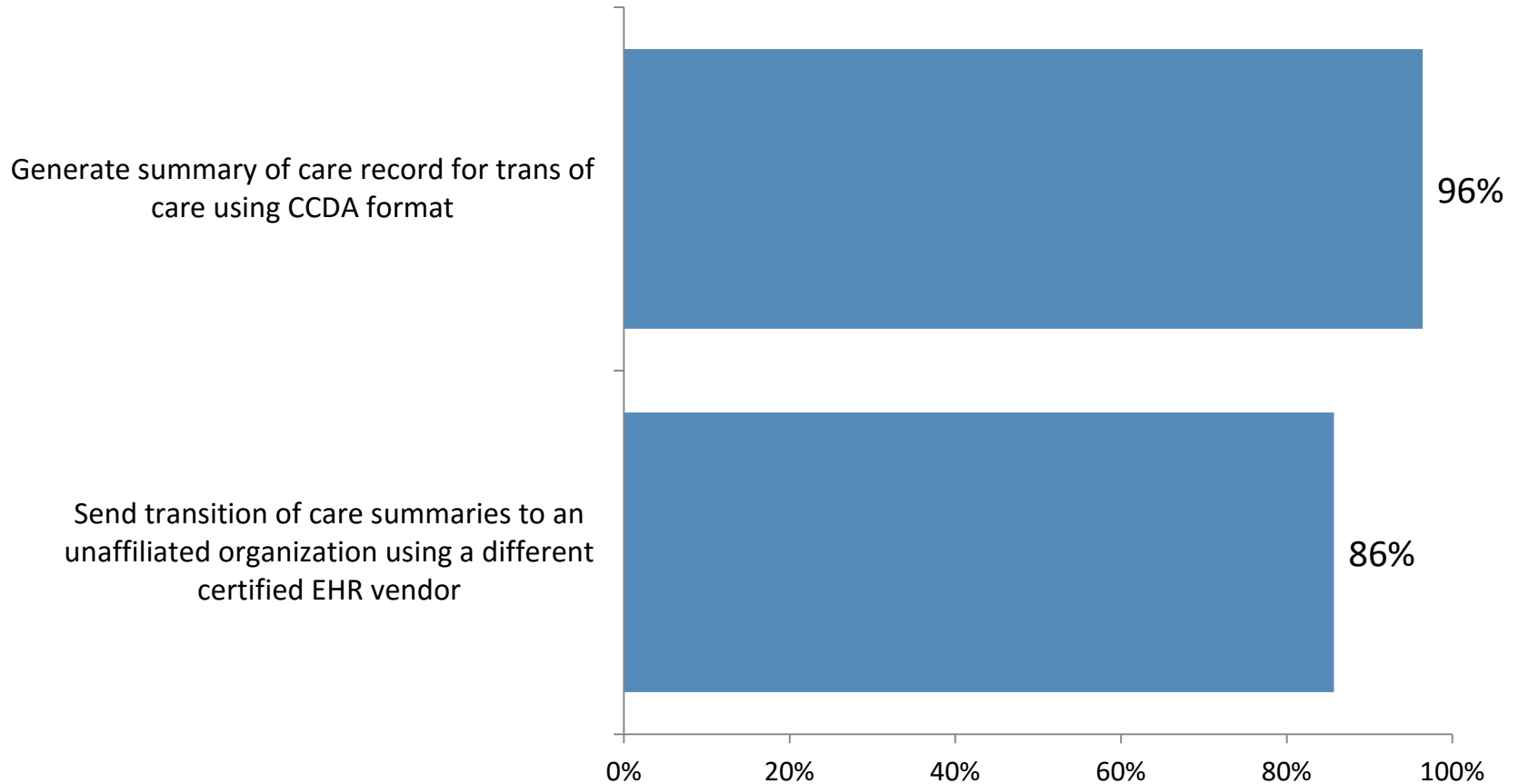
Respondents with electronic systems that allow the following: Population Health Management



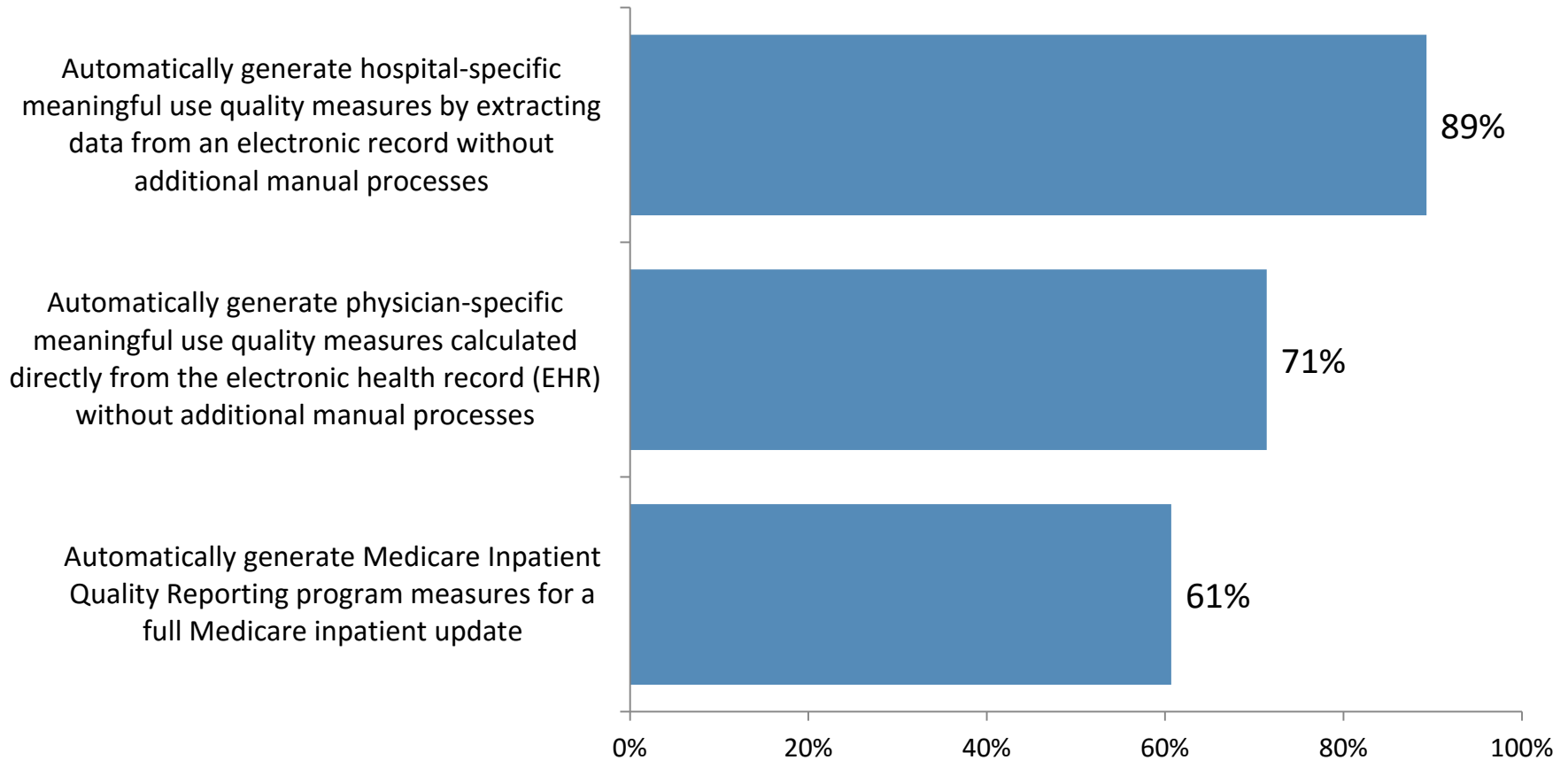
Respondents with electronic systems that allow the following: Medication Management



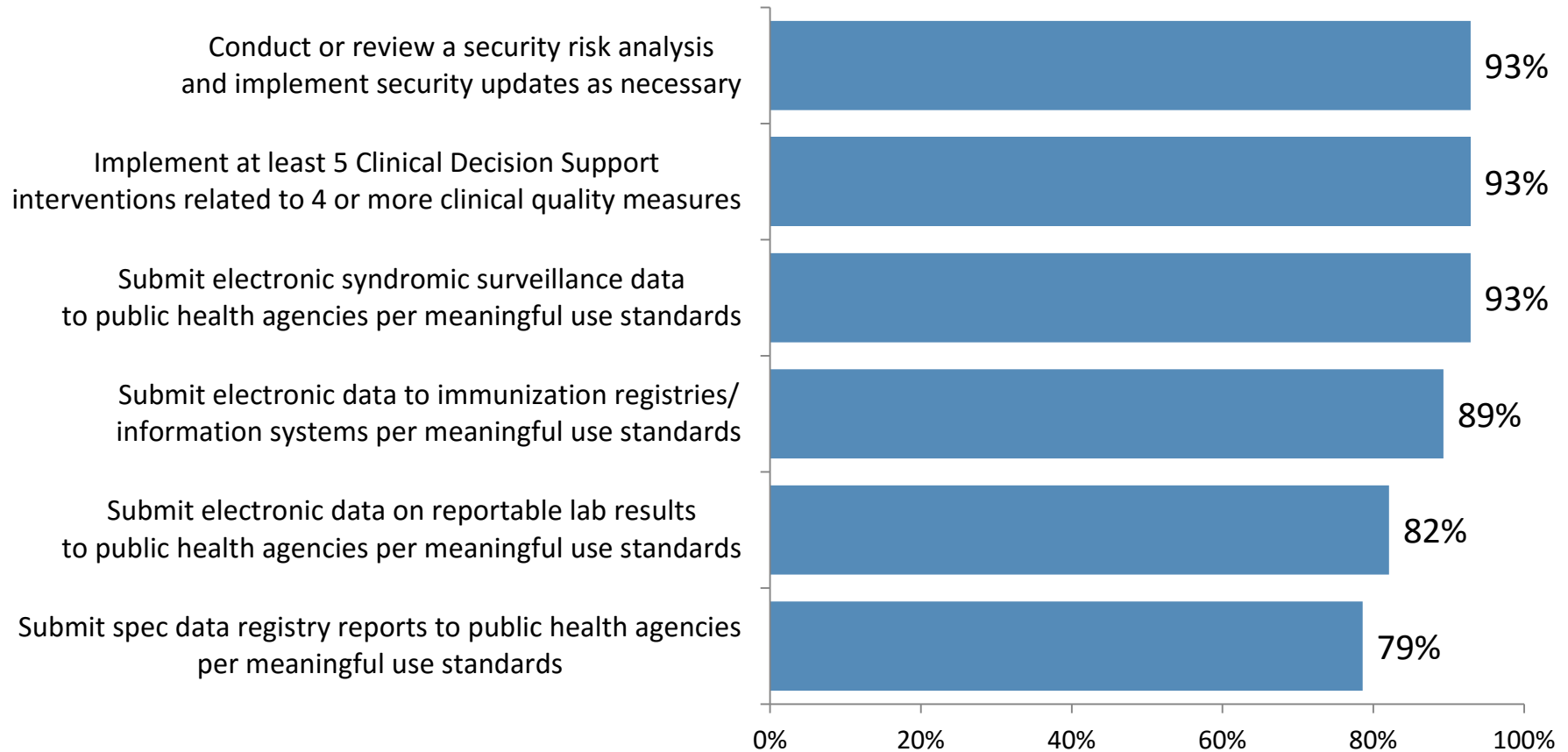
Respondents with electronic systems that allow the following: Care Summary Documents



Respondents with electronic systems that allow the following: Automated Quality Reporting

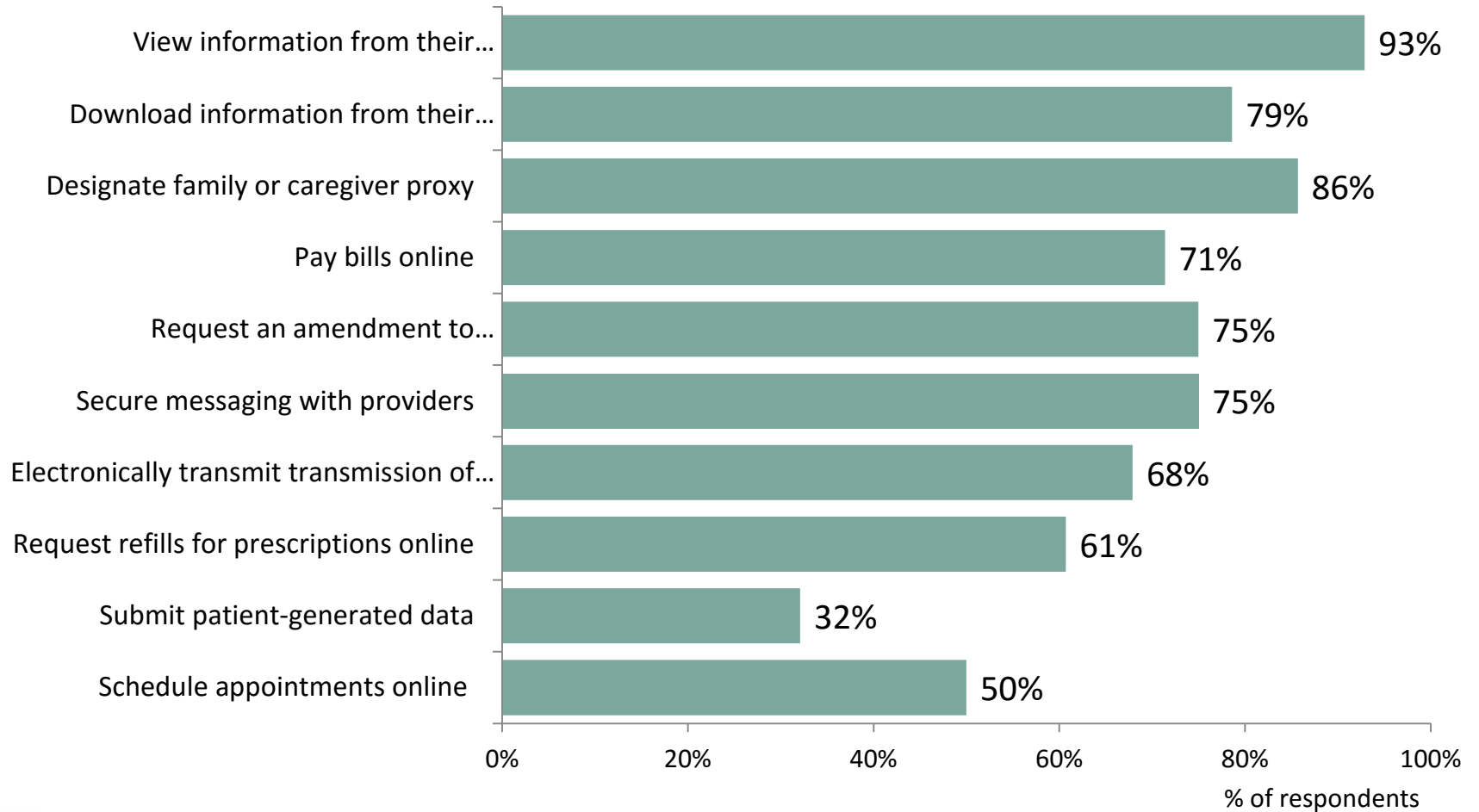


Respondents with electronic systems that allow the following: Public Health Reporting & Other Functions

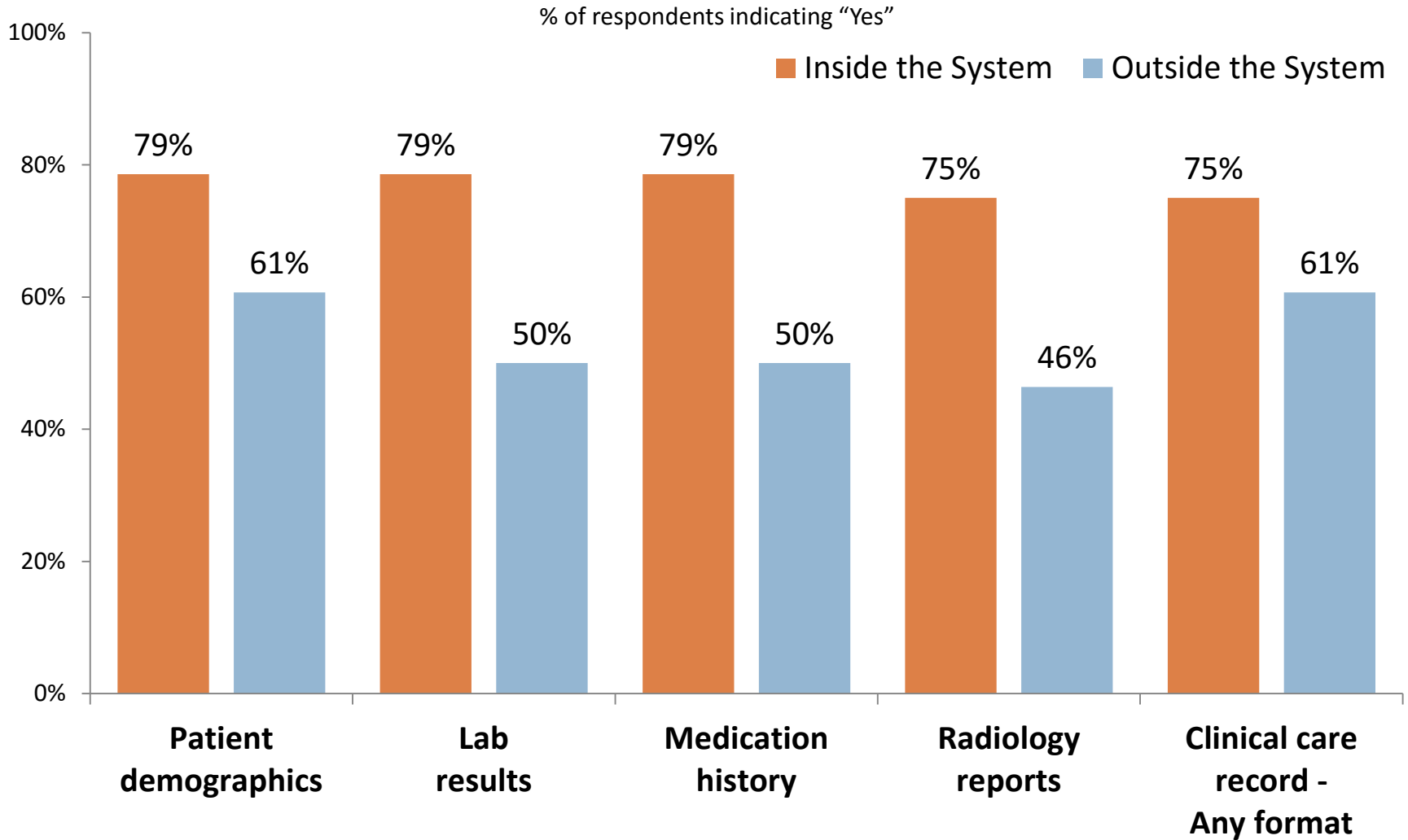


Patient Engagement Functions

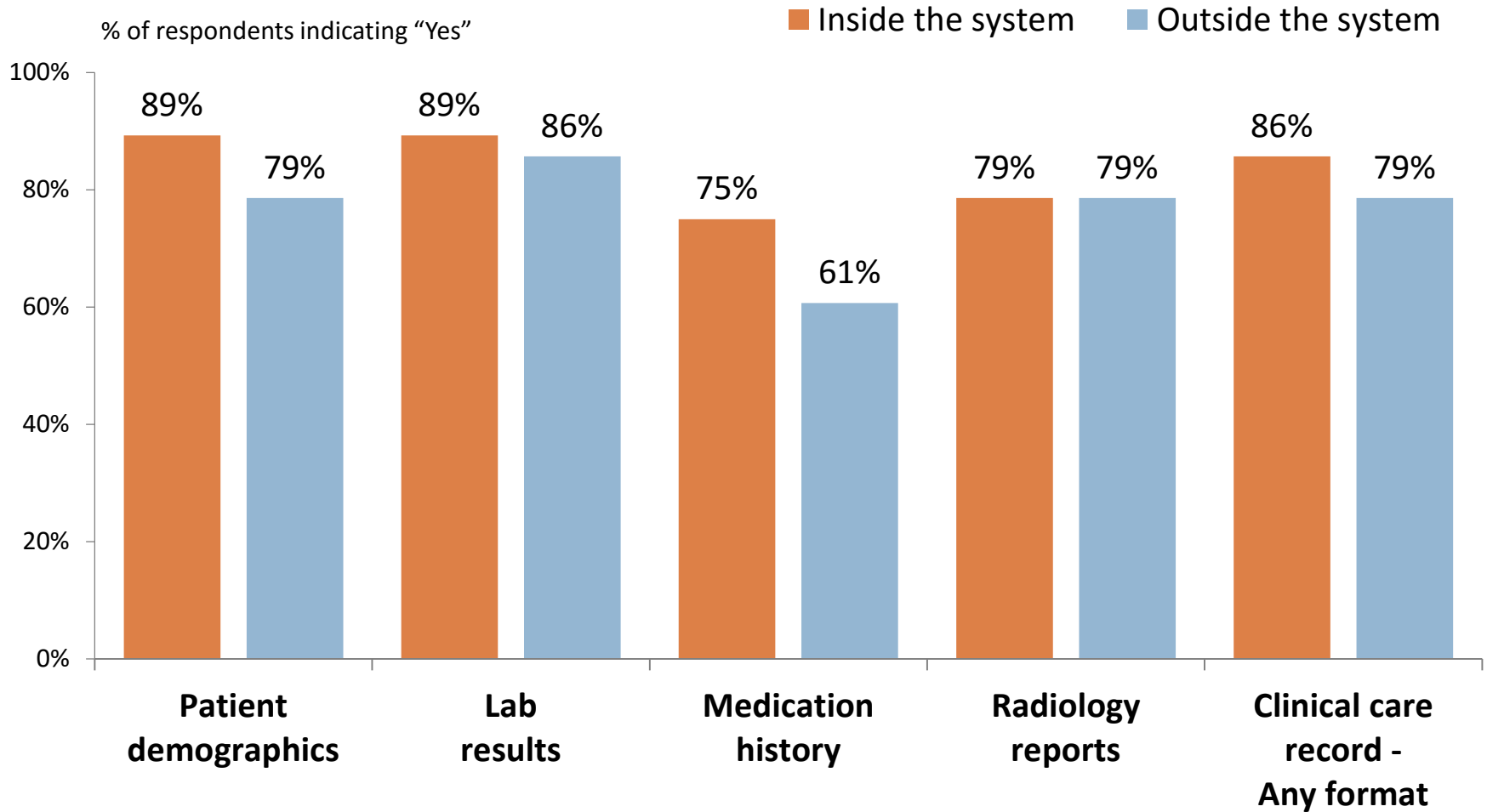
Are patients able to do any of the following regarding their medical records?



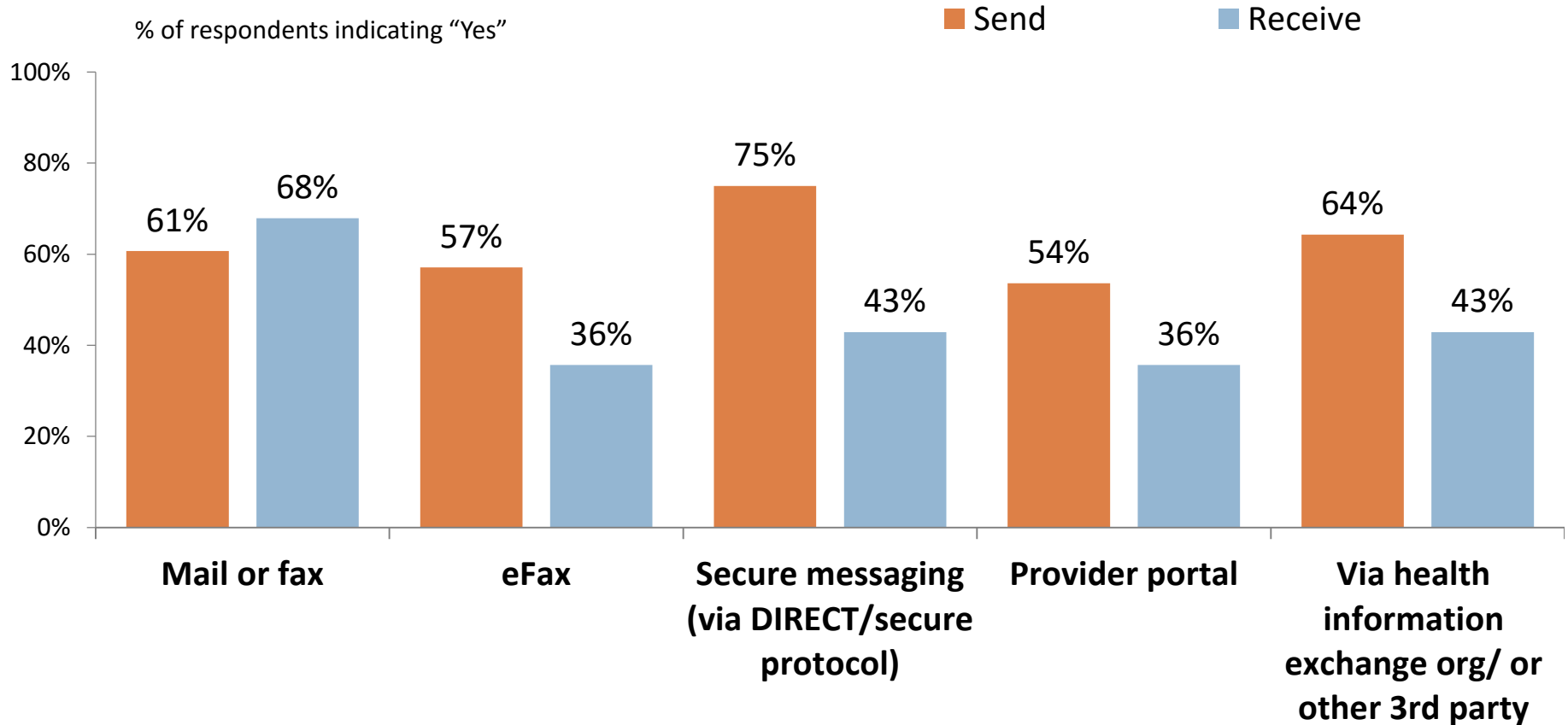
Electronic Data Exchange with Hospitals (Check all that apply)



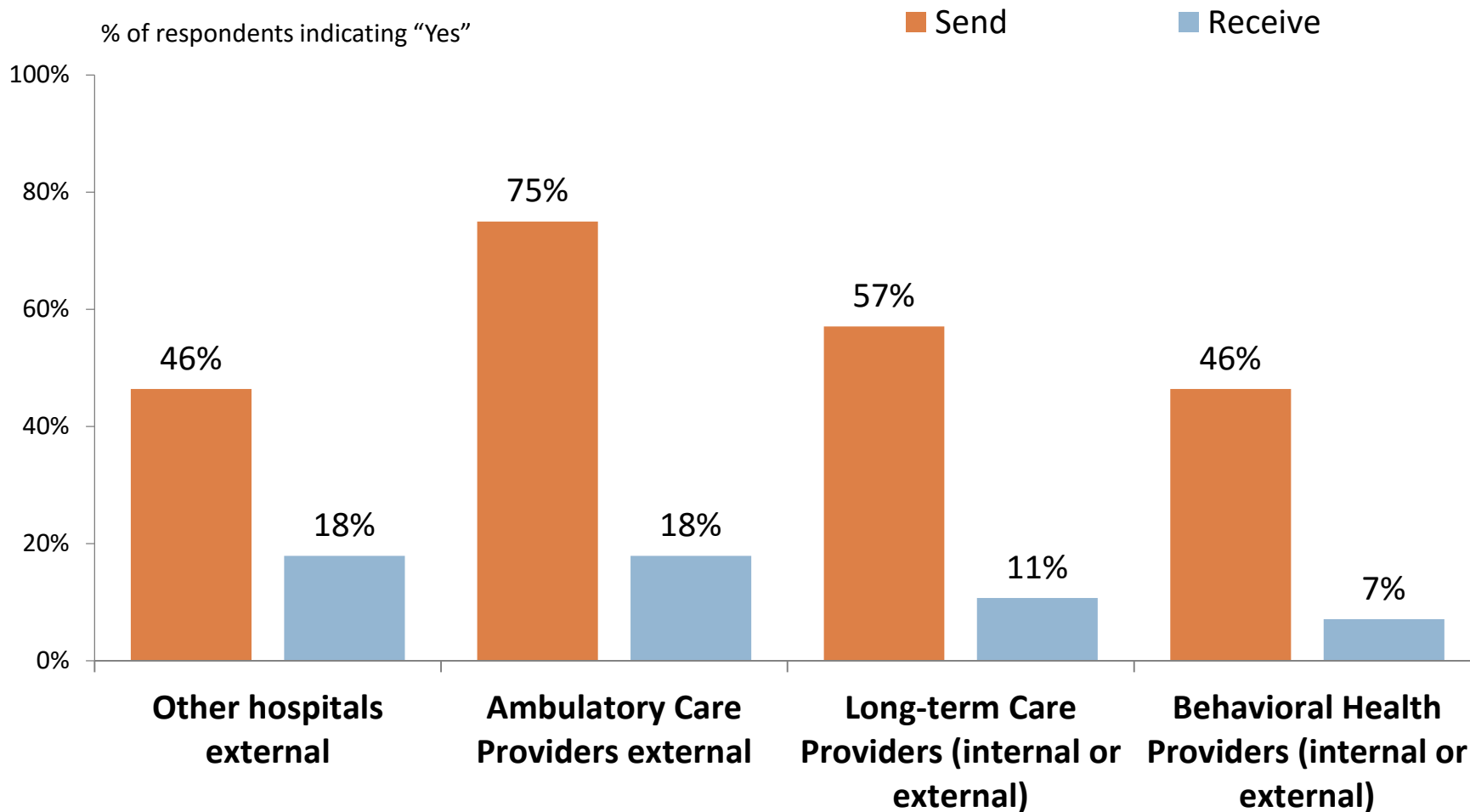
Electronic Data Exchange with Ambulatory Providers (Check all that apply)



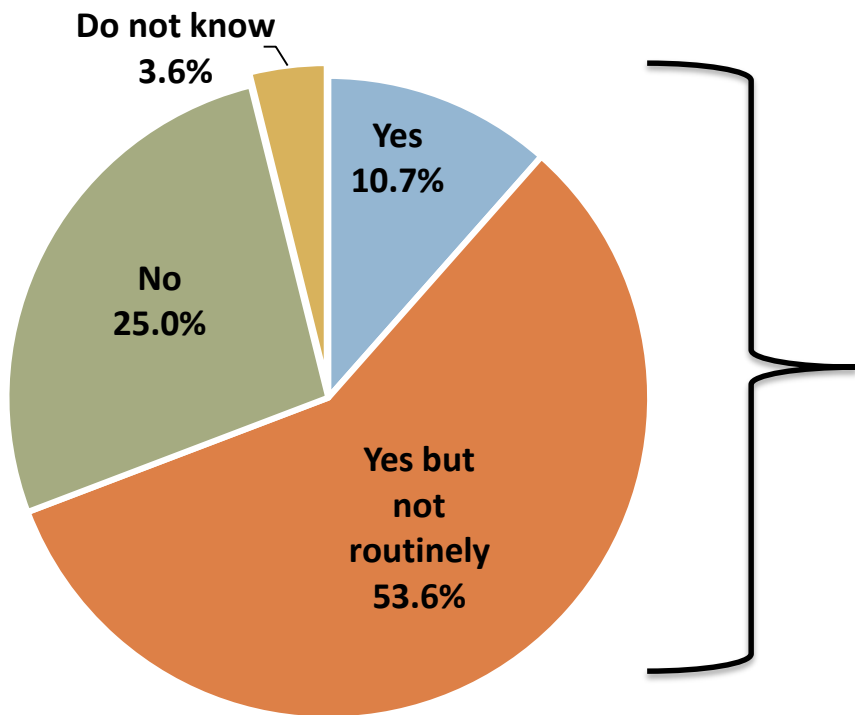
With Patient transitions, how do you routinely send/receive summary of care record? (Check all that apply)



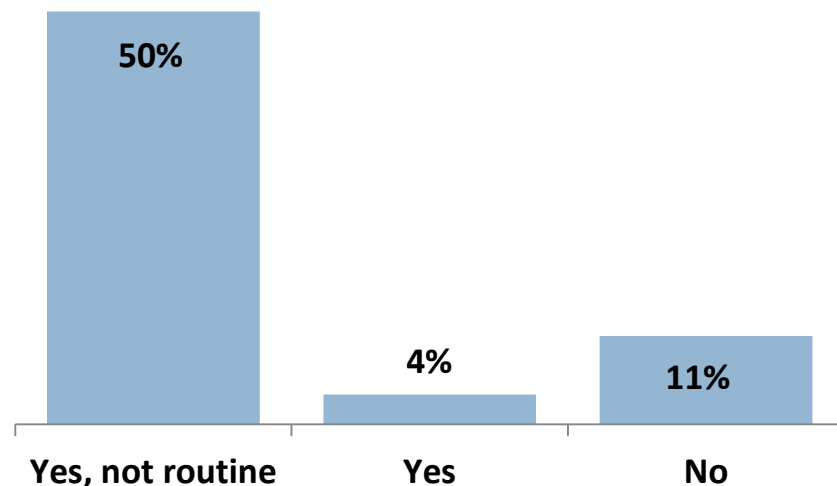
When a patient transitions, does hospital routinely electronically send/receive (no eFax) summary of care with providers? (Check all that apply)



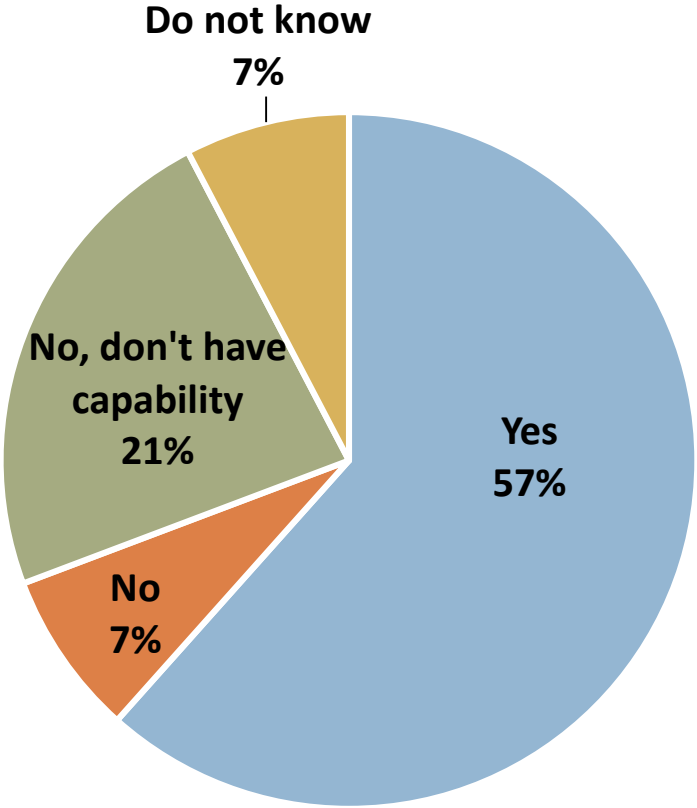
Does EHR integrate any type of clinical information received electronically (not eFax) from providers or sources outside your hospital system/org without the need for manual entry?



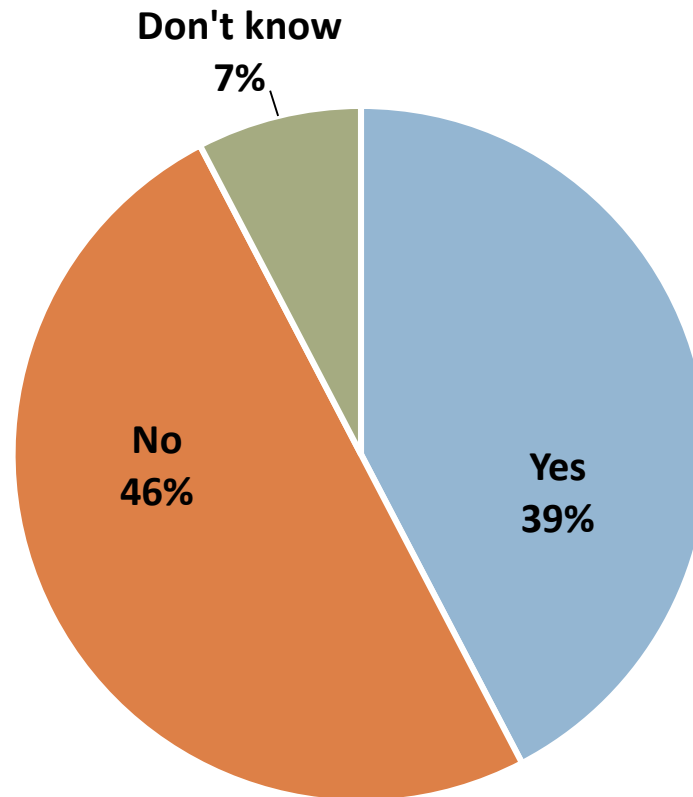
If yes, does EHR integrate info contained in summary of care records w/out manual entry?



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

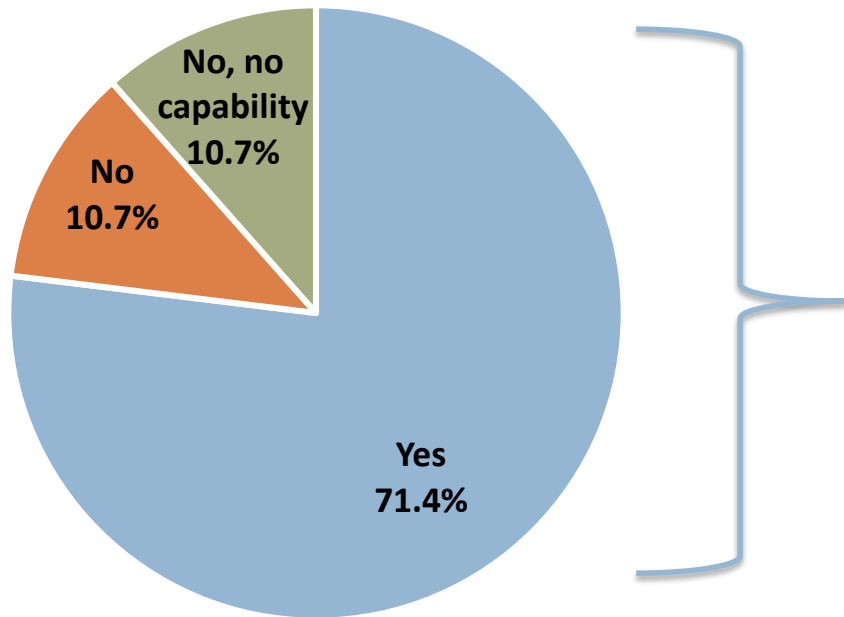


Do providers at your hospital routinely have necessary clinical information available electronically from outside providers or sources when treating a patient that was seen by another health provider/setting?

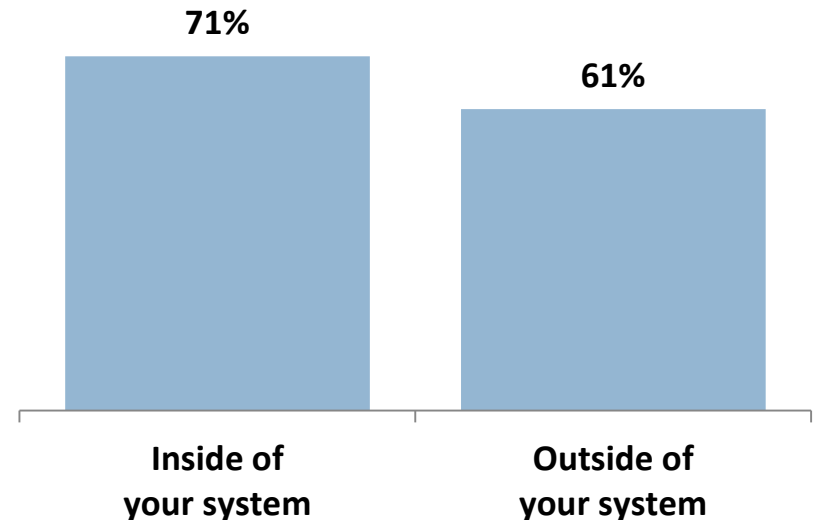


When a patient visits your Emergency Department, do you routinely provide electronic notification to the patient's primary care physician?

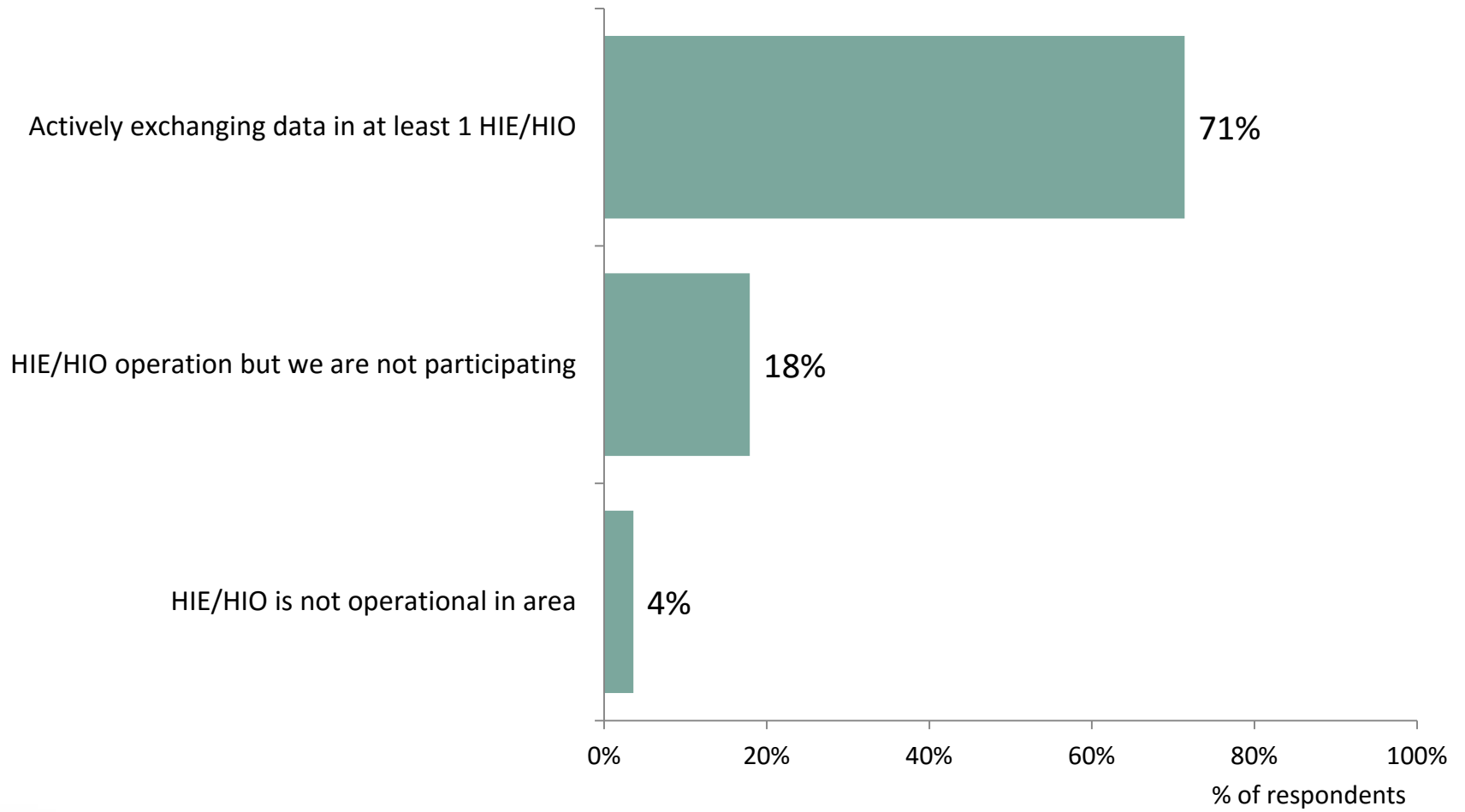
If YES, are electronic notifications provided to primary care physicians, as follows? (Check all that apply)



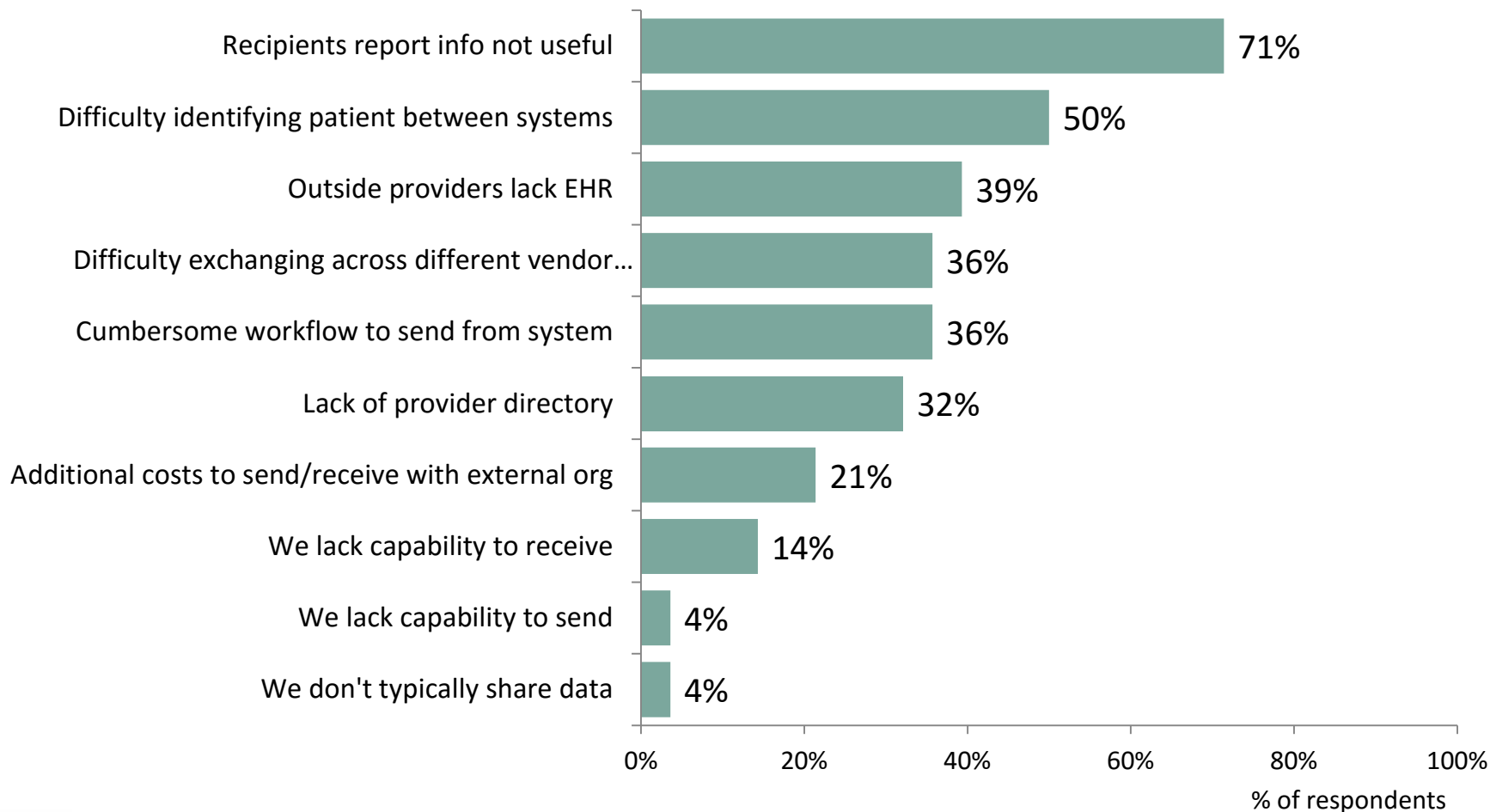
Percent (%) Responding "Yes"



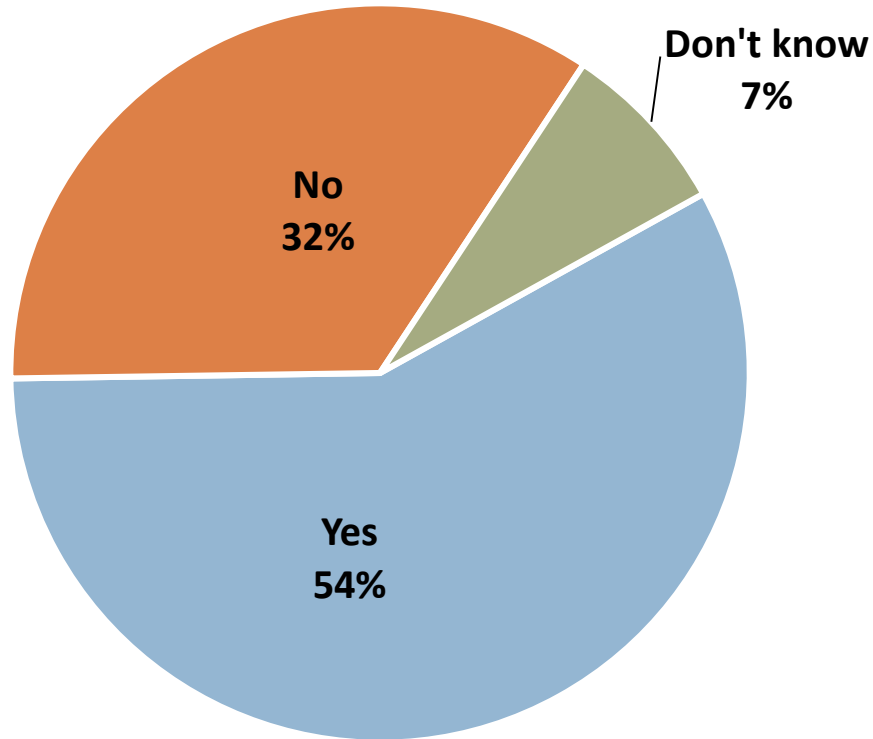
What is your level of participation with HIE's or HIO's?



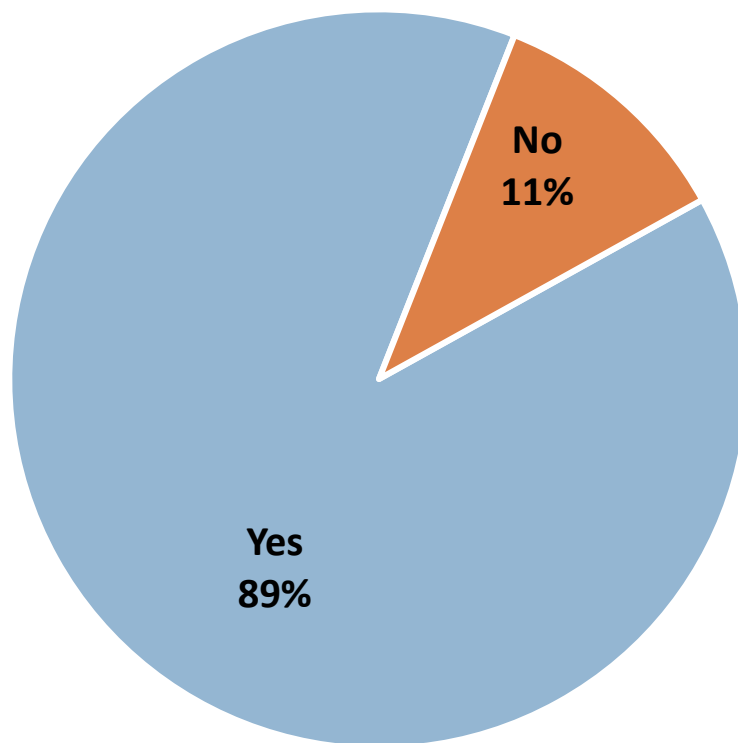
What issues are being experienced sending/receiving patient health info to/from organizations? (Check all that apply)



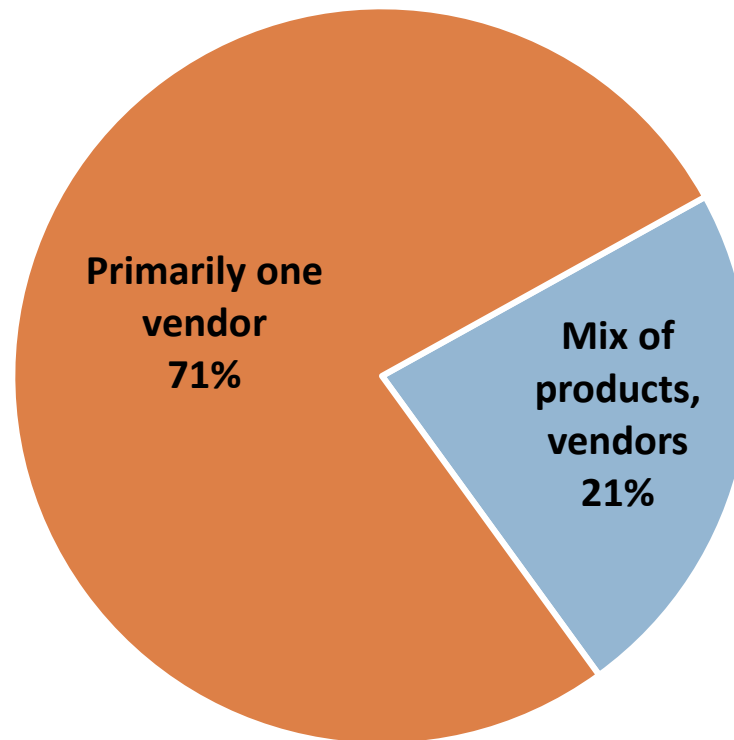
Does your IT department currently support an infrastructure for two factor authentication (e.g., tokens or biometrics)?



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



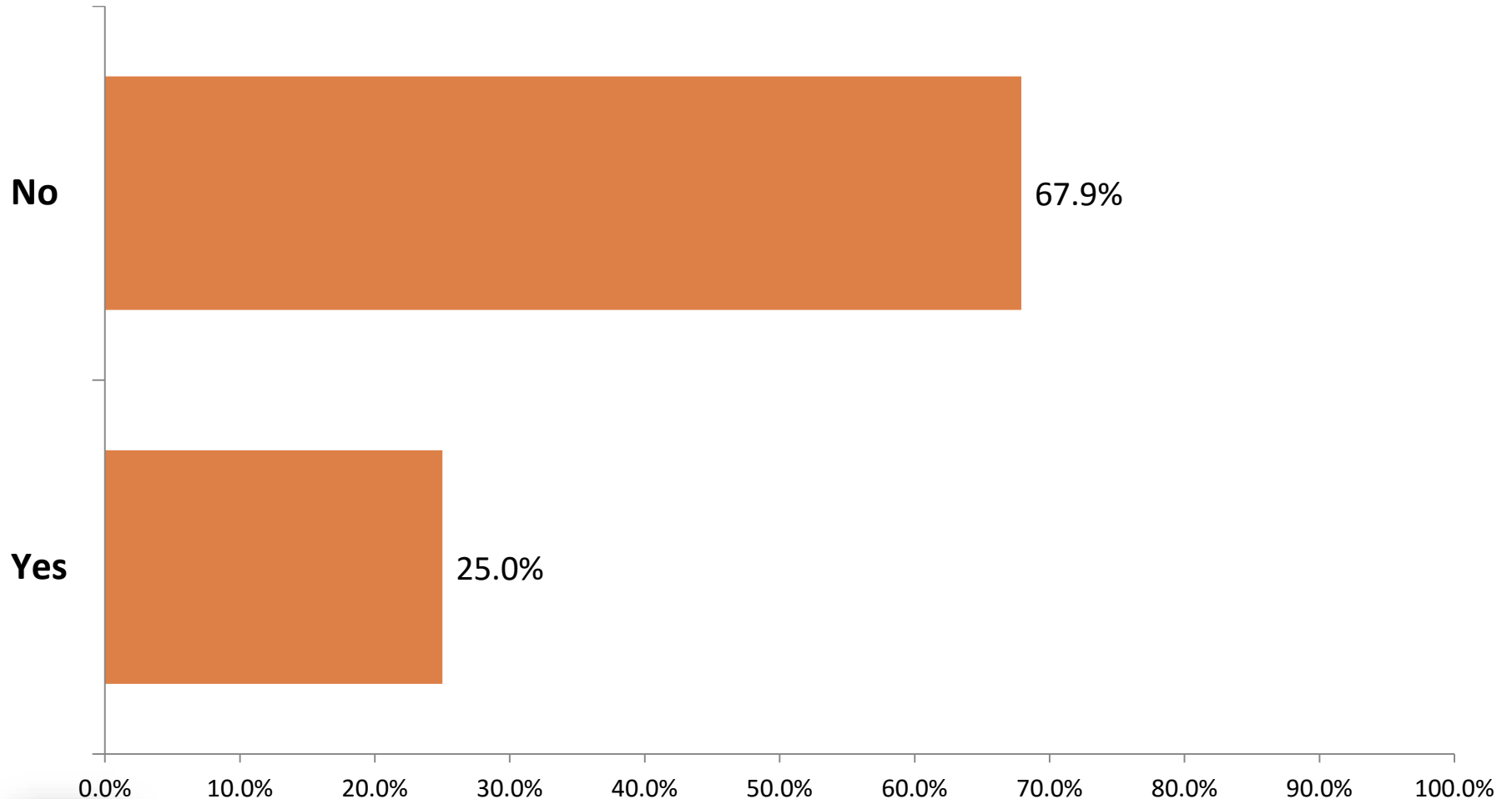
On the whole, how would you describe your EMR/EHR system?



Primary Inpatient EMR/EHR System to Pennsylvania Hospitals

Top Vendors – Inpatient Systems		
1	Cerner	28.6%
2	Meditech	21.4%
3	Siemens	14.3%
4	Allscripts	10.7%
4	Epic	10.7%
5	GE	3.6%
5	HMS	3.6%

Do you use the same primary inpatient EHR/EMR system vendor (noted above) for your primary outpatient EMR/EHR system?

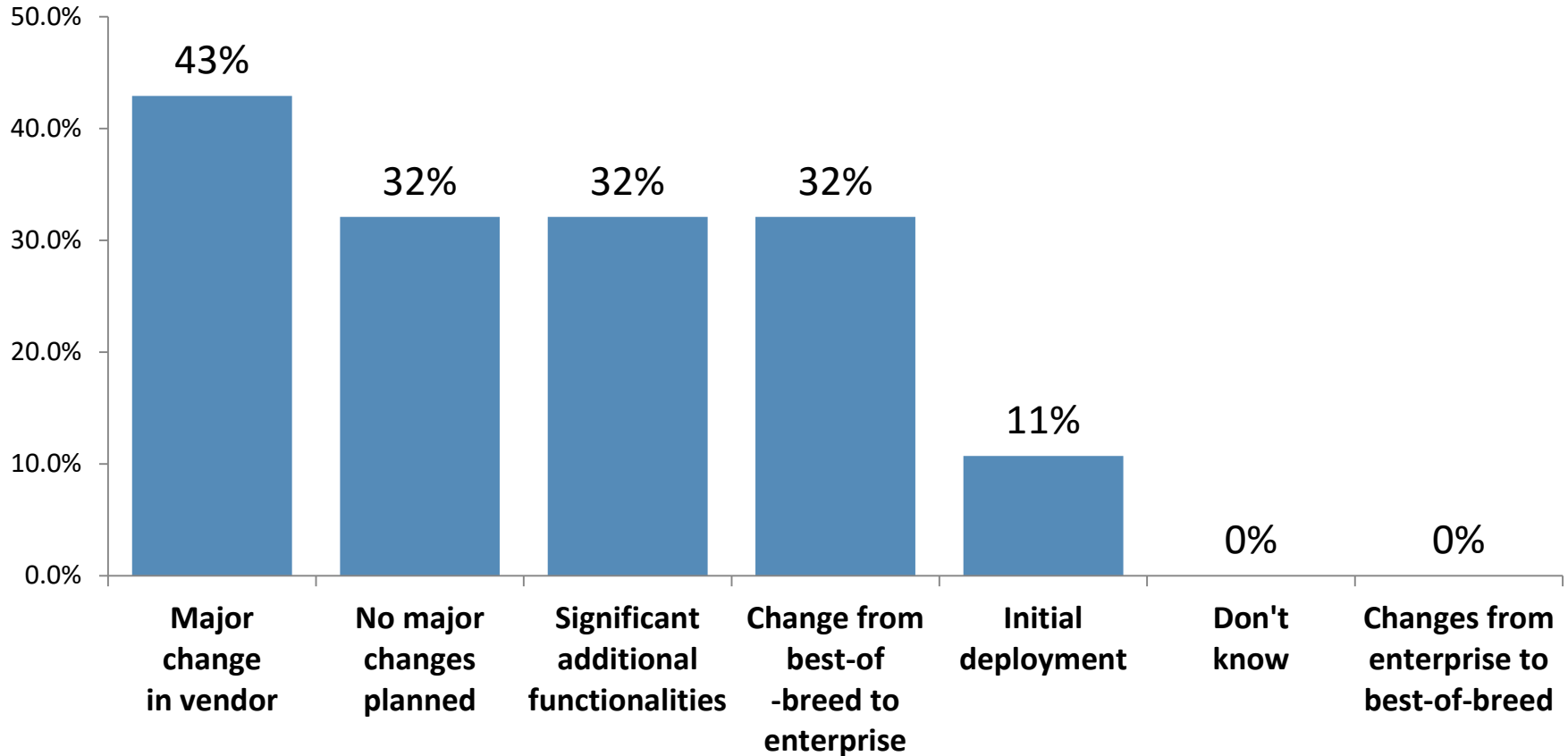


Vendor systems used to exchange patient health information

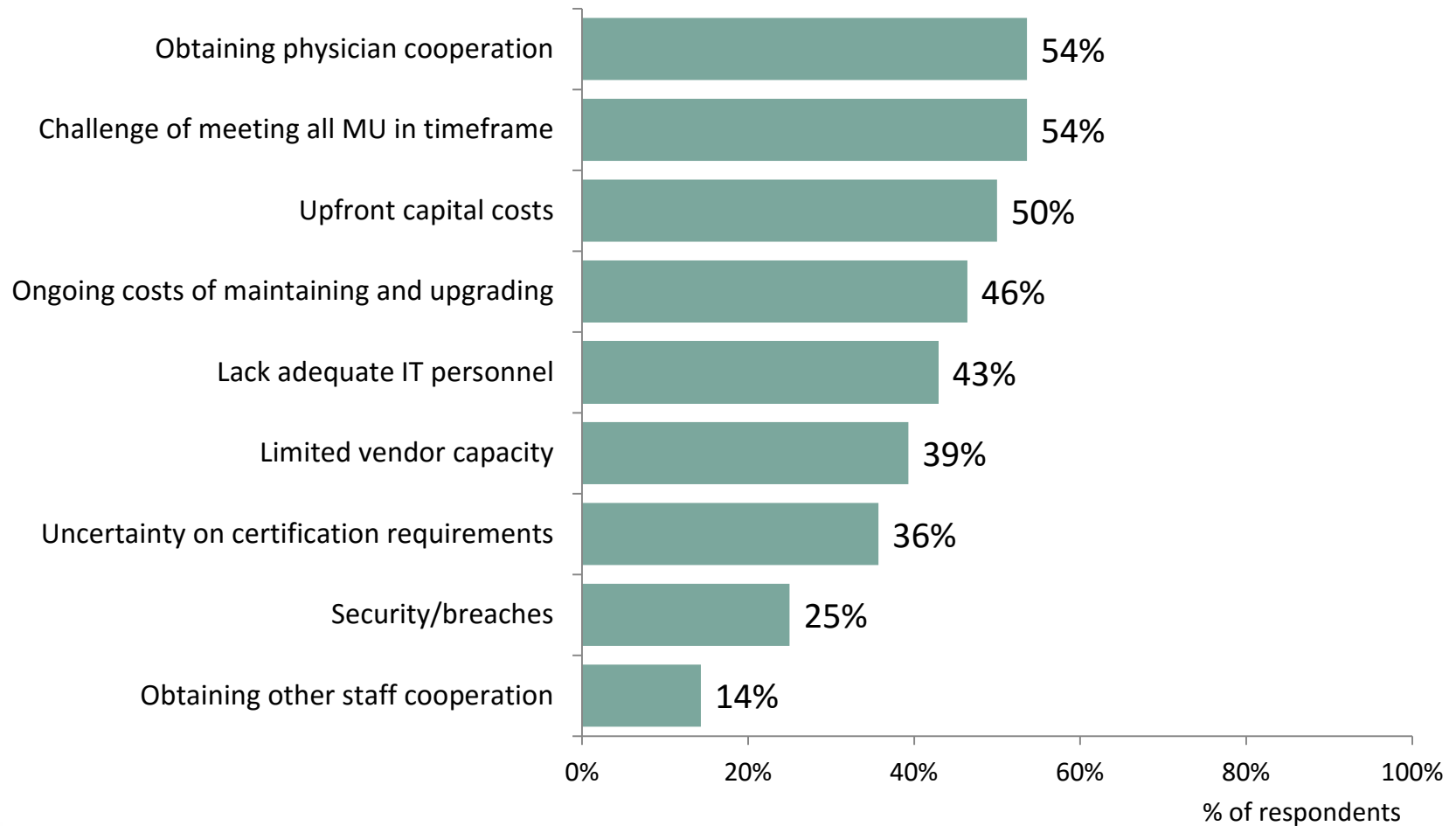
Top Vendors – Exchanging Patient Health Information		
1	My primary Inpatient EMR	60.7%
2	Surescripts	25.0%
2	Mirth	25.0%
3	ClinicalConnect HIE	17.9%
4	CareEvolution	14.3%
4	MedAllies	14.3%
5	Medicity	10.7%
5	Secure Exchange Systems	10.7%
5	MobileMD	10.7%
5	HealthShare Exchange	10.7%
6	Orion Health	3.6%
6	ICA	3.6%
6	Truven Analytics	3.6%

- Other:**
- Allscripts
 - Caradigm
 - Corepoint
 - dBMotion
 - DrFirst
 - E-Gate
 - Greenway
 - Iatric
 - MicroMD

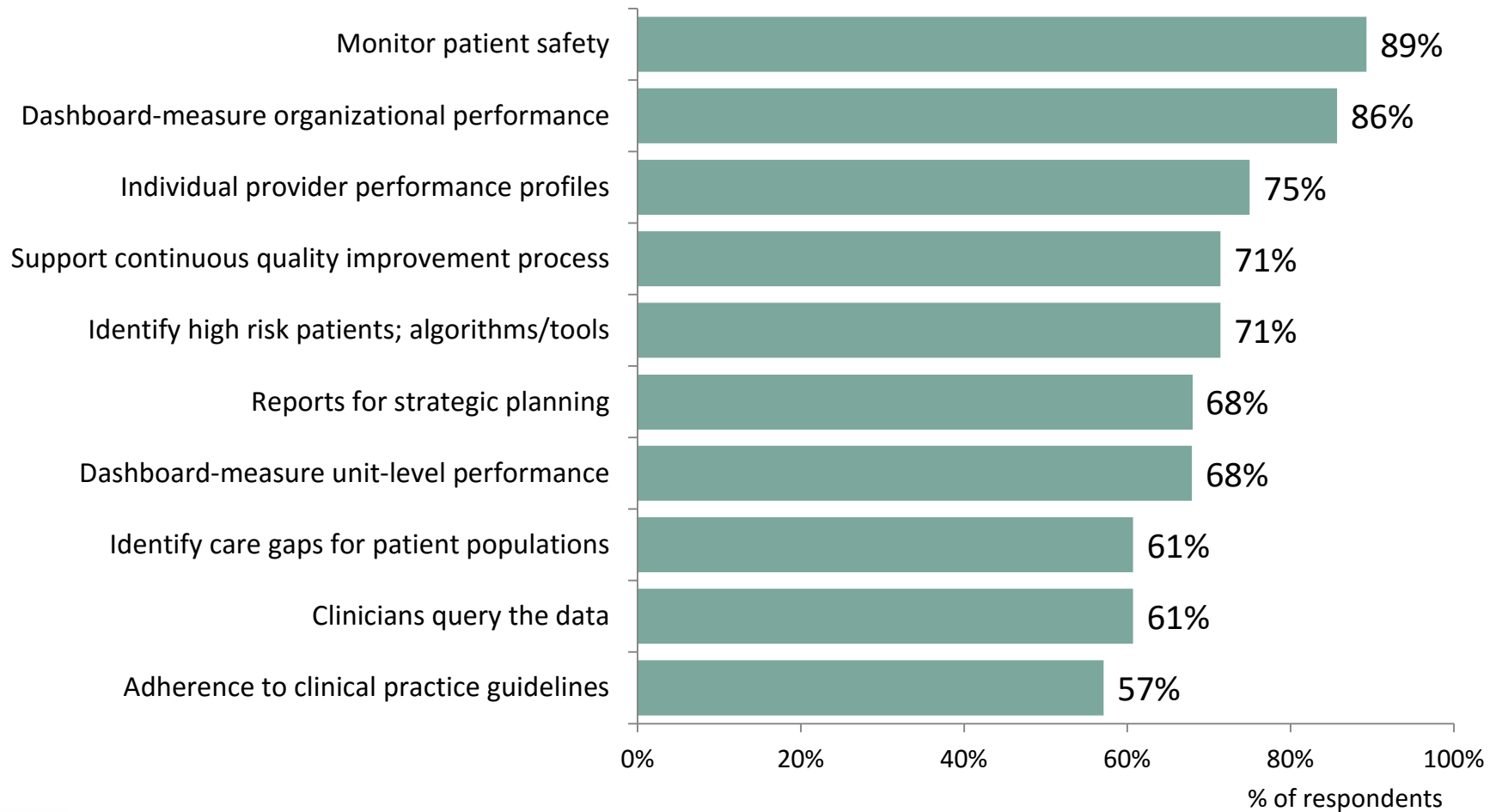
What changes, if any, are you planning for your EHR system within the next 18 months? (Check all that apply)



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

- **The AHA's Annual HIT survey** was fielded to more than six-thousand hospitals nationwide in Winter 2015.
 - ✓ In **Pennsylvania**, 102 general acute care (GAC) hospitals responded to the survey (65% response rate).
 - ✓ Sample is broadly representative of all Pennsylvania-licensed general acute care hospitals.
 - ✓ An additional 29 non-acute and specialty hospitals in Pennsylvania also participated in the survey; however, for the purposes of this analysis, their responses have been excluded.

Distribution of Southeast Pa (SEPA) Hospital Respondents

AHA HIT Survey Findings for SEPA

The Hospital & Healthsystem Association of Pennsylvania

		2015 Respondents*	Total Acute Hospitals*
N (#)		28	41
Bed Size	Less than 100	4%	10%
	101 to 250	54%	51%
	251-400	18%	15%
	400+	25%	24%
Ownership	Unaffiliated	7%	7%
	System-Owned	93%	93%
TOTAL PA		68%	100%

*Includes VA hospitals



The Hospital & Healthsystem Association of Pennsylvania

June 2016