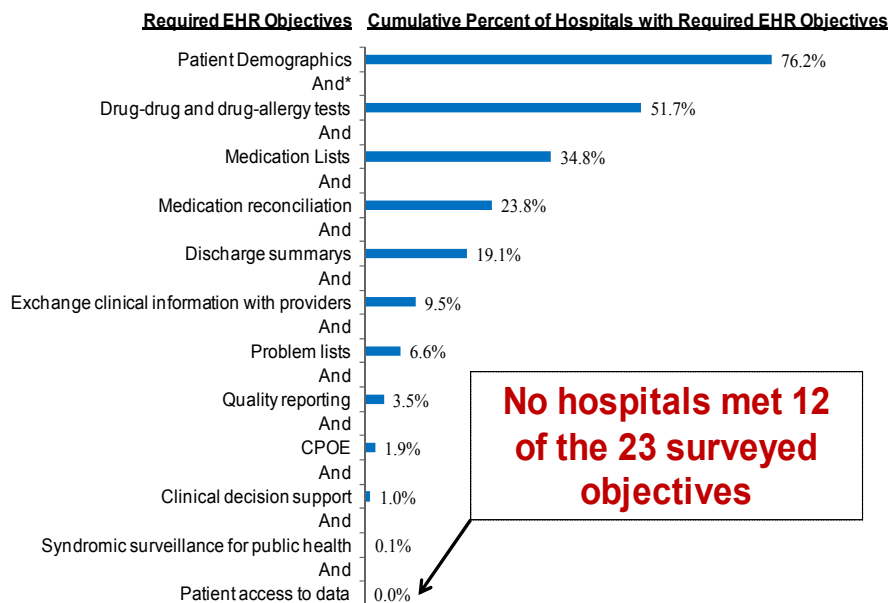


Based on survey data from more than 3,300 hospitals, very few hospitals can meet the all-or-nothing approach, even though they have adopted numerous electronic record systems. As seen in the chart below, which lists 12 of the 23 objectives proposed for meaningful use, the percentage of hospitals with required EHR objectives declines as additional objectives are added. The result is that no hospital surveyed had EHRs that met all 12 objectives. Adding the 11 objectives not included in the survey (for a total of 23 required objectives) makes meeting the proposed meaningful use objectives even more difficult.

“All-or-Nothing” Excludes Most Hospitals



NOTE: Percentages show cumulative effect of adding each additional objective. Based on analysis of AHA Annual Survey IT Supplement conducted in mid-2008. Includes data from 3,342 non-federal hospitals (65% of hospitals).

AHA Alternative: A Better, More Reasonable Approach

CMS should develop a rule that assists hospitals in charting a course toward the full implementation of the EHR objectives. A more incremental approach must be used for successful transition to the 23 objectives and all functional and clinical measures must be evidence-based and tested for reliability and validity when submitted through an EHR.

CMS should change the requirements and timeframes of its meaningful use rule so that it:

- Requires four to eight objectives in 2011 to qualify as a meaningful user of EHRs and increases the requirements over time until all required objectives are operational by 2017;
- Extends the transition to 2017 so that it mirrors the transition established for Medicare payment penalties for non-meaningful users of EHRs;
- Grandfathers certification requirements for existing systems in use for 24 months to ensure that the delay in ONC’s development of a certification process and time needed to become certified does not prevent hospitals from being considered a meaningful user;
- Includes quality reporting of measures that have been fully tested and validated for EHR reporting and for which CMS has an ability to accept in EHR form; and
- Excludes non-clinical objectives such as electronic insurance verification and claims submission that are unrelated to patient care and rely on voluntary payer participation.