

CMS FACT SHEET

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A Record of Progress on Health Information Technology

BACKGROUND:

In 2009, the Health Information Technology for Economic and Clinical Health (HITECH) Act, a part of the Recovery Act, created the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs to promote the adoption of EHRs in support of the ultimate goals of improving the quality of patient care and reducing health costs. Through this program, eligible hospitals and doctors earn incentives by demonstrating “meaningful use” of certified technology, which means that health care providers use EHRs in ways that improve care and lower costs. Examples of “meaningful use” include electronic prescribing of medications and ensuring patients have access to their digital records.

In addition to providing incentive payments, the HITECH Act calls for assistance and technical support to help providers implement EHRs, enables coordination within and among states to support the implementation of EHRs, and develops a properly trained health IT workforce to support providers in becoming meaningful users of certified EHRs.

These programs, administered by the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator of Health Information Technology (ONC), are building the foundation for every American to benefit from an EHR as part of a modernized, interconnected, and improved system of care delivery. By putting in place EHR systems that meet rigorous functionality and ease-of-use standards, providers and patients will reap tangible benefits in quality and affordability. These include easy access to health records and data, reminders and alerts for providers and patients, and reductions in medical errors.

The Affordable Care Act includes numerous reforms to improve the quality of health care and lowers costs for taxpayers and patients. Health IT is critical to implementing and making these new payment and delivery models work. Health IT provides the kind of smart data and analytics that is already helping programs such as Accountable Care Organizations, bundled payments, patient-centered medical homes, and value-based purchasing. For example, CMS has [reported](http://www.cms.gov/apps/media/press/factsheet.asp?Counter=4550&) (<http://www.cms.gov/apps/media/press/factsheet.asp?Counter=4550&>) a significant decrease in the hospital readmission rate of Medicare patients returning to the hospital after being discharged. After fluctuating between 18.5 percent and 19.5 percent for the past five years, the 30-day all-cause readmission rate dropped to 17.8 percent in the final quarter of 2012, preventing 70,000 readmissions last year. Health IT enabled hospitals to measure and achieve these results.

PROGRESS TO DATE:

- **Robust Participation in the EHR Incentive Programs:**
 - **Hospital Participation:** More than 85 percent of eligible hospitals are participating in the Medicare and Medicaid EHR Incentive Programs, and more than 75 percent have received incentive payments for meaningfully using EHR technology as of March 2013.
 - **Physicians and other Health Care Provider Participation:** More than 388,000 of the nation's eligible professionals have registered to participate in the Medicare and Medicaid EHR Incentive Programs, representing 73 percent of all providers eligible to participate. More than 230,000, or 44 percent of all eligible professionals, have received an EHR incentive payment for meaningfully using EHR technology as of March 2013.
 - **Assistance from Regional Extension Centers:** HITECH funds established 62 Health Information Technology Regional Extension Centers (RECs) to offer technical assistance and guidance that is critical to accelerating the provider adoption and meaningful use of EHRs, particularly in rural areas and other underserved settings.
 - § RECs are providing assistance and support to more than 44 percent (130,000) of primary care providers and 48 percent (20,000) of Nurse Practitioners nationwide.
 - § More than 80 percent of all Federally Qualified Health Centers are enrolled with a REC.
 - **Effect on the Health IT Marketplace:** Federal investment and standard setting have helped to create a robust market for eHealth IT products. As of March 2013, there are 941 vendors providing more than 1,700 unique certified EHR products.
- **Rapid Adoption of Advanced Technology:** Survey data shows that the HITECH Act has dramatically accelerated providers' use of key health IT capabilities nationwide:
 - **E-Prescribing:** Office-based physicians' use of e-prescribing has increased from 0.8 percent in December 2006 to 53 percent through January 2013, and more than 94 percent of all pharmacies are now actively e-prescribing.
 - **Hospitals:** between 2008 and 2012, the number of hospitals using EHR systems with certain advanced functionalities that go even beyond the requirements of Meaningful Use Stage 1 (including physician clinical notes and electronic imaging results) more than quadrupled from 9.4 percent to 44 percent.
 - **Doctors:** Physician adoption of EHR systems with the same advanced functionalities more than doubled between 2008 and 2012, from 17 percent to 40 percent.
- **Economic Impact:**
 - According to the Bureau of Labor Statistics, more than 50,000 health IT-related jobs have been created since HITECH was enacted.
 - As of January 2013, community colleges have trained 17,049 professionals in health IT, and as of September 2012, universities had graduated over 820 post-graduate and masters-level health IT professionals. This is the result of four ONC-supported workforce development programs that are helping to train the new health IT workforce to meet the increased demand for these workers.

- o As of February 2013, the Medicare and Medicaid EHR Incentive Programs have paid \$12.6 billion in incentives to hospitals, doctors, and other health care professionals.

OTHER KEY HITECH PROGRAMS AND INITIATIVES:

- **Beacon Community Program:** This grant program funds 17 pioneering communities across the country that are using health IT as a foundation for bringing together doctors, hospitals, local health program administrators, and patients to achieve measurable improvements in health care quality, safety, efficiency, and population health. For example, the Beacon Communities in the Mississippi Delta and Southeast Michigan are working to improve diabetes care through the use of IT-enabled care management and coordination strategies. The Keystone Beacon in Pennsylvania and the San Diego and Maine Beacon Communities are using health IT to reduce emergency department visits and hospital admissions and readmissions.
- **State Health Information Exchange Program:** This grant program supports efforts in 56 states and territories to set up health information exchange (HIE) capability among clinicians and hospitals within and across state lines. The 56 HIE entities are increasing the connectivity of health information between providers to help improve the quality and efficiency of care.
- **Medicaid funding for Health Information Exchanges:** This program provides administrative funding to help states build HIT infrastructure and support enrollment of providers in the Medicaid program. States must demonstrate a sustainable HIE business model to qualify for funding. This program facilitates the adoption and use of HIE and helps Medicaid providers meet meaningful use criteria.
- **Strategic Health IT Advanced Research Projects (SHARP) Program:** This grant program funds innovations in health IT to address well-documented problems that have impeded HIT adoption in areas such as health IT security and the secondary use of EHR data.

MOVING FORWARD

HHS recently [announced](http://www.hhs.gov/news/press/2013pres/03/20130306a.html) (<http://www.hhs.gov/news/press/2013pres/03/20130306a.html>) a plan to accelerate health information exchange (HIE) development and build a seamless and secure flow of information essential to transforming the health care system in 2013. Steps include:

- **Setting Aggressive Goals for 2013:** HHS is setting the goal of 50 percent of physician offices using EHRs and 80 percent of eligible hospitals receiving meaningful use incentive payments for using EHR technology by the end of 2013.
- **Increasing the Emphasis on Interoperability:** HHS will increase its emphasis on ensuring electronic exchange between providers and across settings of care. We will leverage HHS programs and resources to promote interoperability through multiple channels. Recently, we issued a request for information (RFI) seeking public input on policies that will strengthen the business case for electronic exchange between providers to ensure that patients' health information will follow them seamlessly and securely wherever they access care.

- **Enhancing the Effective Use of EHRs through Initiatives similar to the Blue Button Initiative:** Today, Medicare beneficiaries can access their full Medicare records online. HHS is also encouraging Medicare Advantage plans to expand the use of [Blue Button](http://www.healthit.gov/bluebutton) (<http://www.healthit.gov/bluebutton>) to provide beneficiaries with one-click secure access to their health information. An HHS challenge facilitated the creation of an app that makes information downloaded from Blue Button easy for a patient to understand and use. HHS is also working with the Veterans Administration and more than 450 different organizations to adopt initiatives similar to Blue Button to make health information available to patients and health plan members.
- **Implementing Stage 2 of Meaningful Use:** HHS is implementing the next stage of the Medicare and Medicaid EHR Incentive Programs, which focuses on increasing health information exchange between providers and promoting patient engagement by giving patients secure online access to their health information.
- **Highlighting Program Integrity:** HHS is taking new steps to ensure the integrity of EHR Incentive Programs and that technology is not being used to promote fraudulent activity. For example, CMS has implemented audits of providers and hospitals who have adopted health IT. CMS is also working with state program integrity directors to establish new strategies focused on claims and clinical data from these providers. In addition, EHR technology is creating spillover benefits for program integrity in other federal programs: the Social Security Administration reports that Disability Insurance initial decisions are 21 percent faster for cases based on electronic medical evidence, with greater accuracy than paper records.

CMS has also launched its [eHealth initiative](http://www.cms.gov/eHealth/downloads/eHealth-Fact-Sheet.pdf) (<http://www.cms.gov/eHealth/downloads/eHealth-Fact-Sheet.pdf>) to align existing Medicare and Medicaid quality measurement programs (e.g., Physician Quality Reporting System, Hospital Inpatient Quality Reporting), EHR standards and usage requirements through the EHR Incentive Programs, ICD-10 implementation, and other health IT-focused efforts to better support the ultimate goals of improving the quality of patient care and reducing health costs. With the increased use of EHRs, providers now have the ability to use standardized processes to send quality clinical data to Health Information Exchanges, state Medicaid agencies, and CMS.

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