
GCC HIMSS

Chicago IL October 21, 2009

Meaningful Use Panel

How Close are You?

EMR Adoption Model SM Trends 2007-2008			
Stage	Cumulative Capabilities	2007 Final	2008 Final
Stage 7	Medical record fully electronic; HCO able to contribute CCD as byproduct of EMR; Data warehousing in use	0.0%	0.3%
Stage 6	Physician documentation (structured templates), full CDSS (variance & compliance), full R-PACS	0.3%	0.5%
Stage 5	Closed loop medication administration	1.9%	2.5%
Stage 4	CPOE, CDSS (clinical protocols)	2.2%	2.5%
Stage 3	Clinical documentation (flow sheets), CDSS (error checking), PACS available outside Radiology	25.1%	35.7%
Stage 2	Clinical Data Repository, Controlled Medical Vocabulary, Clinical Decision Support System, may have Document Imaging	37.2%	31.4%
Stage 1	Ancillaries – Lab, Rad, Pharmacy - All Installed	14.0%	11.5%
Stage 0	All Three Ancillaries Not Installed	19.3%	15.6%

Data from HIMSS Analytics™ Database

N = 5073/5166 ©HIMSS Analytics

What are you doing now to fill the gap?

- Waiting?:
 - A recent study of 50 Hospital CIO's by Oppenheimer Funds concluded that “***Final Meaningful Use Definitions a Non-Issue:*** 100% of hospitals across all subcategories believe that their vendor's solutions will be certified in time to meet meaningful use standards and (*the hospital*) will be eligible for first-round incentive payments in 2011

- Being Proactive:
 - Vendors certainly play a key role
 - But you play a bigger role including:
 - Defining the gap
 - Creating a plan to fill it
 - deciding which vendors to work with

Dr. Blumenthal, National Coordinator for Health Information Technology; HHS Suggests

- In the meantime, what can providers do to move toward becoming “meaningful users” – even in the absence of a formal definition?
 - Naturally, while understanding that the final definition will be adopted through a formal rulemaking process, it will be helpful to be as familiar as possible with the discussion of meaningful use criteria to date. (You will find that information posted at healthit.hhs.gov/meaningfuluse.)
 - begin to consider how their own practices or organizations might be reshaped to enhance the efficiency and quality of care through the use of an electronic health record system.
 - the price of inaction – in adverse events, lost patient lives, delayed or improper treatments, unnecessary procedures, excessive costs, and so on – is just too high, and will only get worse.

Our Panelists Will Share What They Are Doing Now

- **Susan Bennett** R.N., Director Ambulatory Systems, Advocate Physician Partners
- **Julie Bryant**, Director, Information Services Northwestern Memorial Hospital
- **Colleen Gorman** R.N., Director, Epic Implementation and Clinical Application Support, Children's Memorial Hospital
- **Jaime Parent**, VP IT Operations and Assoc CIO, Rush University Medical Center
- **Ronald S. Triche** Jr. M.S., Assistant Director, Applications and Systems, Health Information Management Dept, University of Illinois Medical Center at Chicago

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