

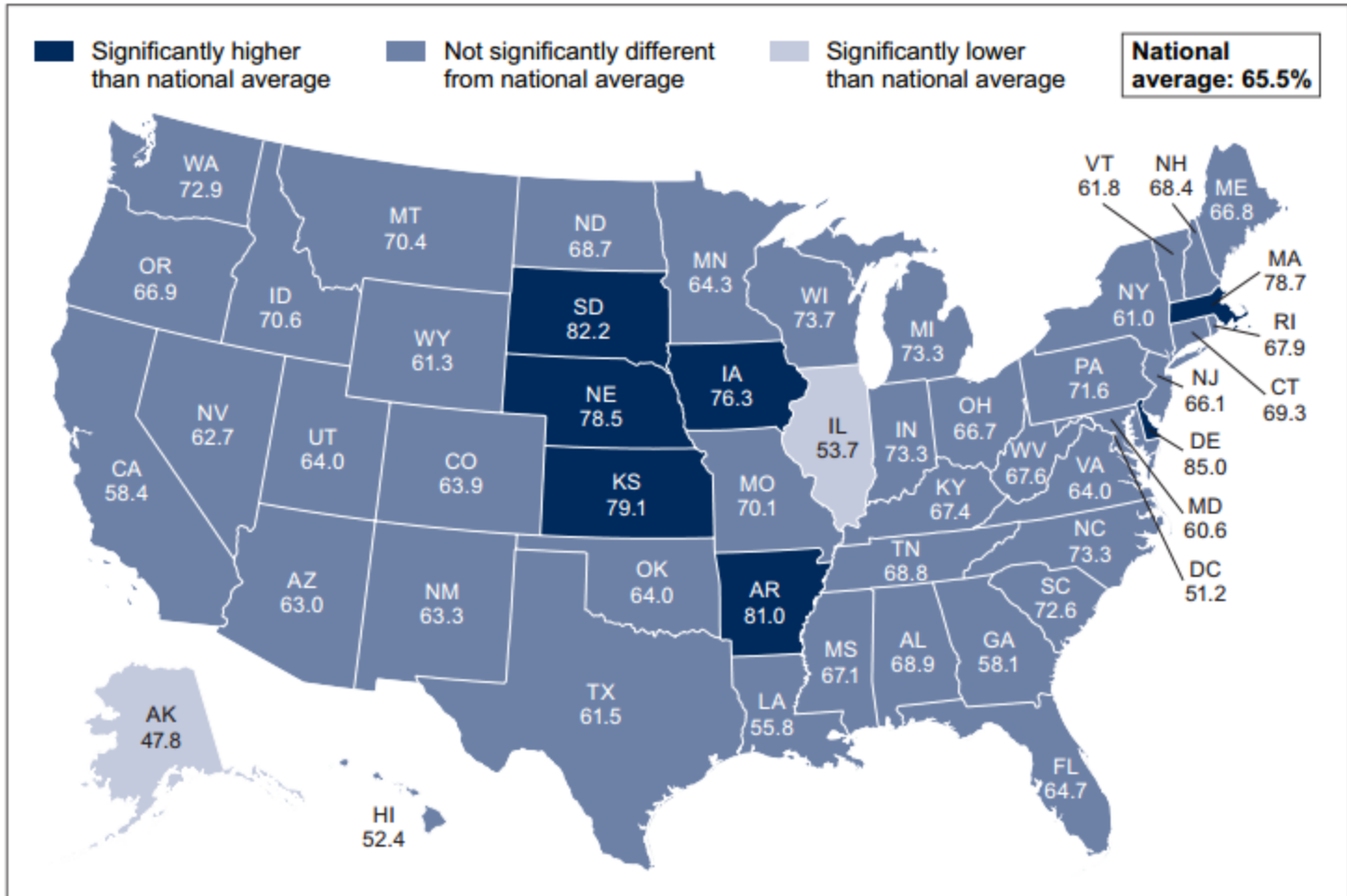
# EHRs and the RECs' Role

*Presented by:*

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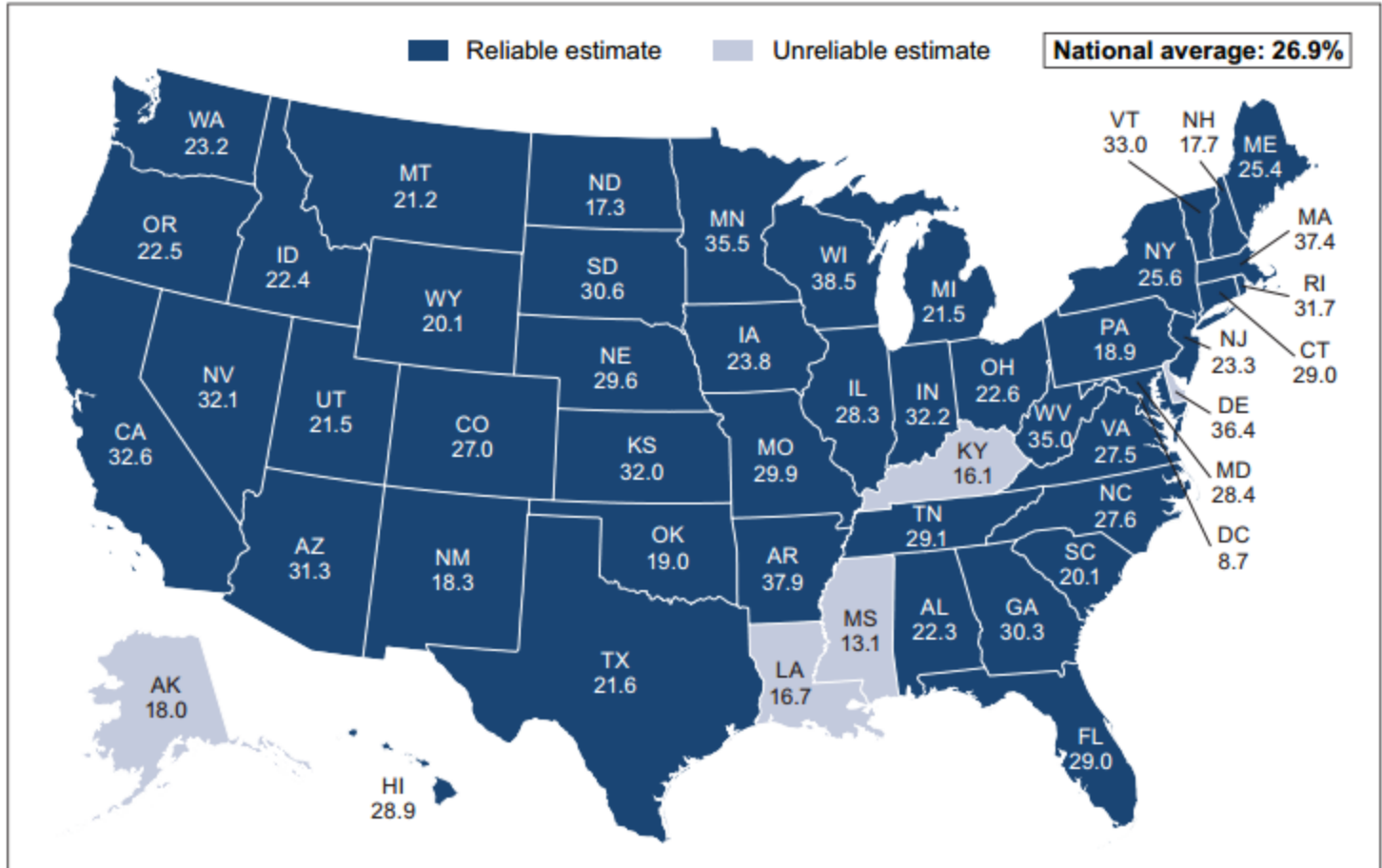
*January 17, 2013*

Figure 2. Percentage of office-based physicians intending to participate in meaningful use incentive programs, by state: United States, preliminary 2012



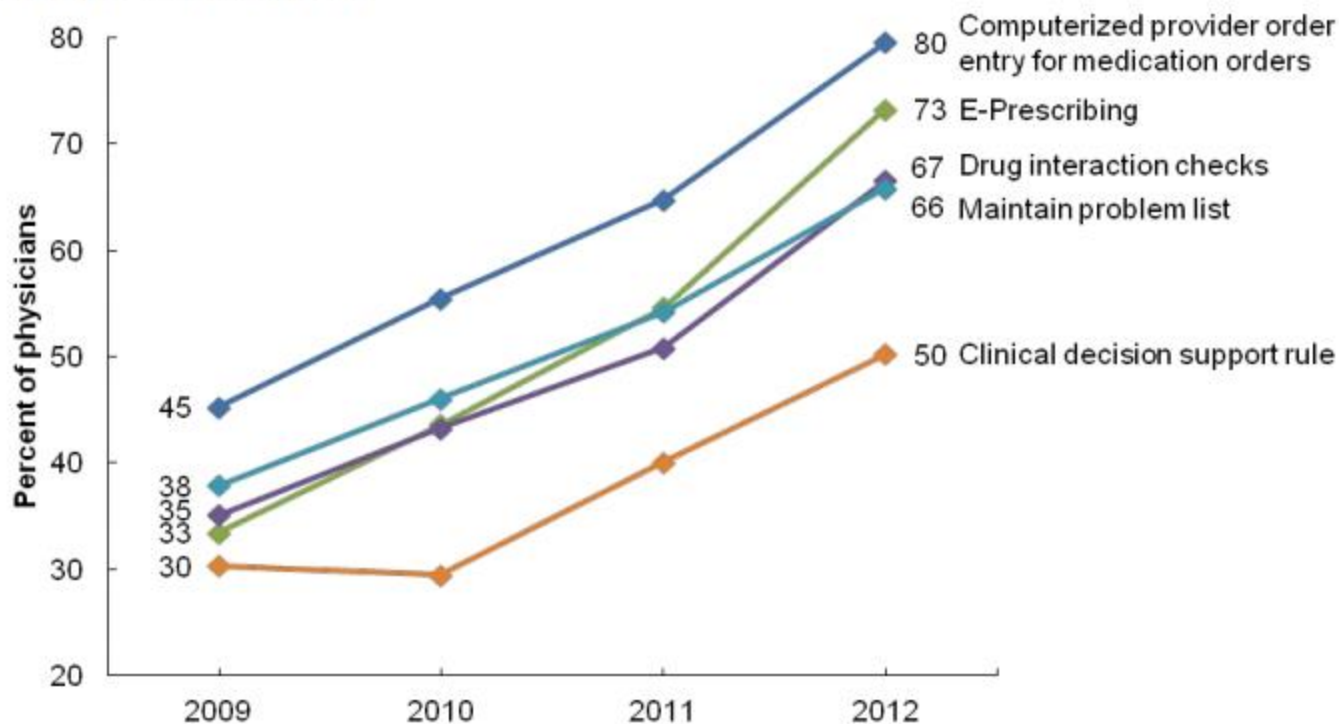
NOTES: Intent to participate in meaningful use incentive program was obtained from responses to the question, "Medicare and Medicaid offer incentives to practices that demonstrate 'meaningful use of health IT.' At this practice, are there plans to apply for these incentive payments?" Intent to participate includes "already applied" (40.5%) and "intend to apply" (25.0%). In 2012, 22.4% of physicians were uncertain about participating and 12.1% did not plan to participate. Estimates exclude missing data on the question.  
SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey, 2012.

Figure 3. Percentage of physicians intending to participate in Medicare and Medicaid EHR Incentive Programs who had EHRs capable of supporting 13 Stage 1 Core Set objectives, by state: United States, preliminary 2012



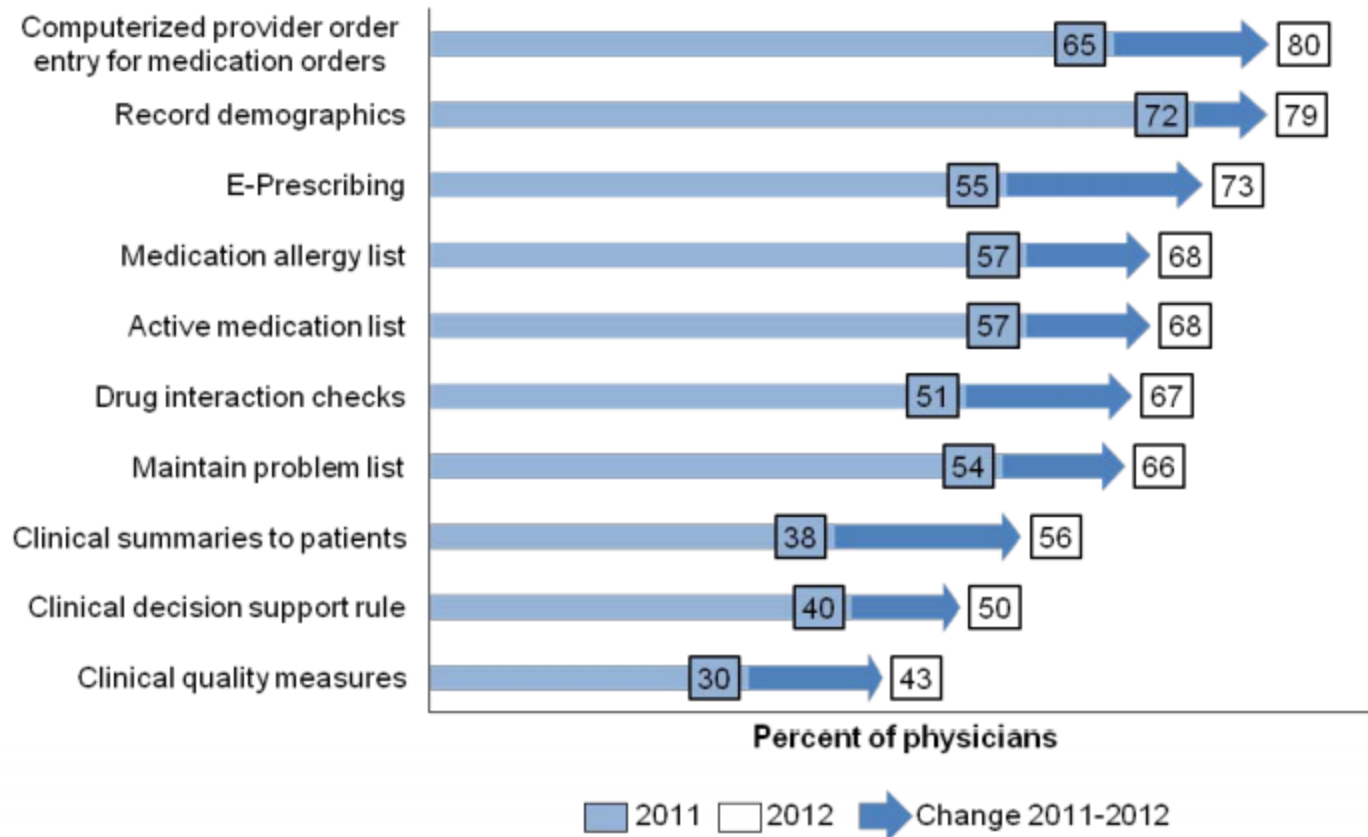
NOTES: EHR is electronic health record. See Table 2 for Stage 1 Core Set meaningful use objectives and corresponding survey item.  
SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey, 2012.

Figure 1. Percent of physicians with computerized capabilities to meet selected Meaningful Use Core objectives: 2009-2012



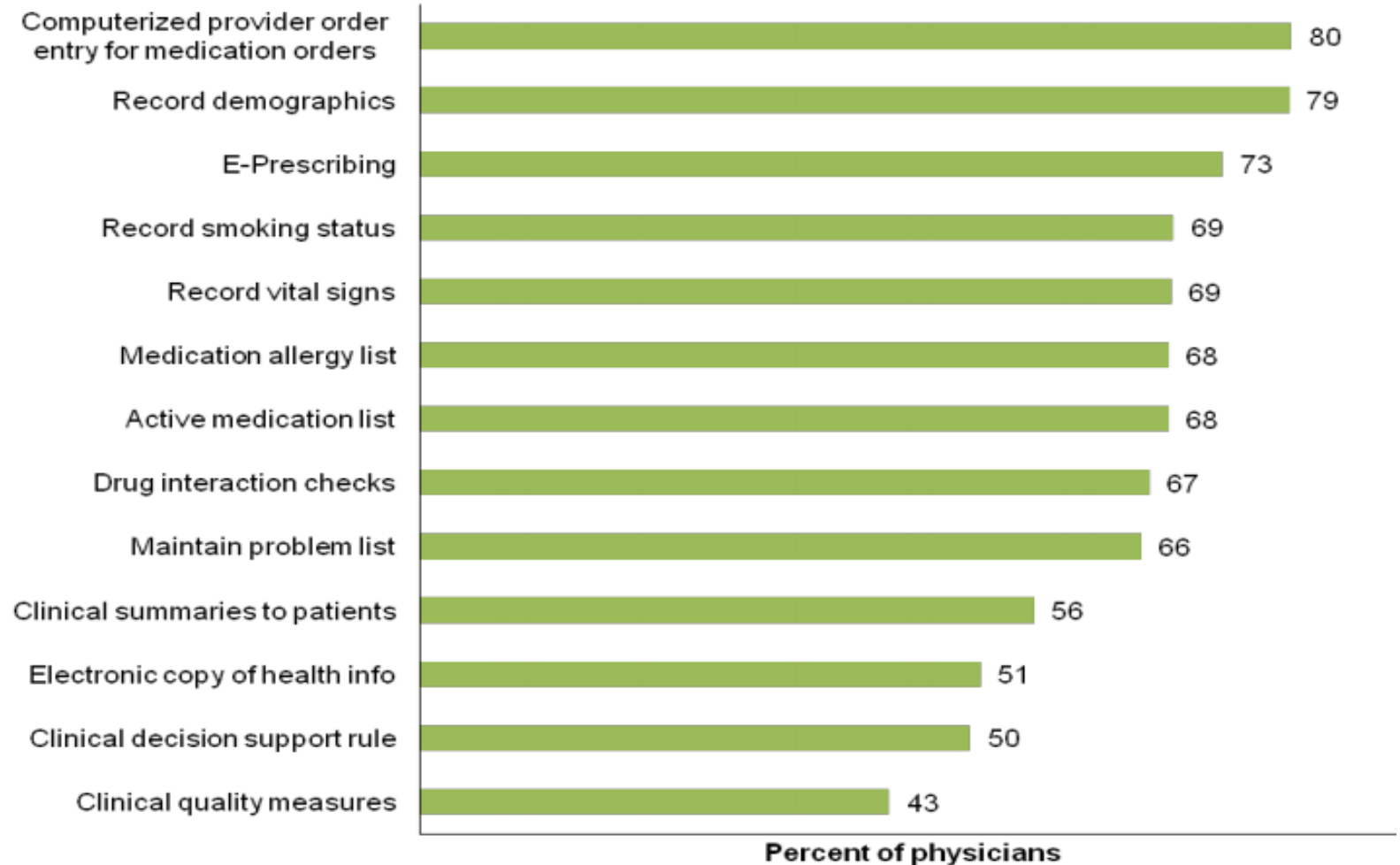
2012 is significantly different from 2009 for all computerized capabilities ( $p < 0.01$ ).  
 SOURCE: ONC analysis of 2009-2012 National Electronic Health Records Surveys.

Figure 2. Percent of physicians with computerized capabilities to meet selected Meaningful Use Core objectives: 2011-2012



2012 is significantly different from 2011 for all computerized capabilities ( $p < 0.01$ ).  
 SOURCE: ONC analysis of 2011-2012 National Electronic Health Records Surveys.

Figure 3. Percent of physicians with computerized capabilities to meet selected Meaningful Use Stage 1 Core objectives: 2012



NOTE: These computerized capabilities correspond to 13 of 15 Meaningful Use Core objectives for Stage 1; survey data were not available for two objectives: perform a test of capacity to electronically exchange clinical information and protect electronic health information.

SOURCE: ONC analysis of 2012 National Electronic Health Records Surveys.

Table 1. Percent of physicians with computerized capabilities to meet selected Meaningful Use Stage 1 Menu and Stage 2 objectives: 2009-2012

Meaningful Use Objective	2009	2010	2011	2012
Record electronic notes in patient records	44	54	62	73 <sup>*†</sup>
Computerized provider order entry for lab orders	37	45	51	62 <sup>*†</sup>
Imaging results accessible through certified EHR technology	50	48	56	59 <sup>*</sup>
Generate patient lists	--	--	--	53
Incorporate clinical lab test results into EHR as structured data	--	--	--	43
Secure messaging with patients	--	--	28	40 <sup>†</sup>
Immunization registries data submission	--	--	--	19

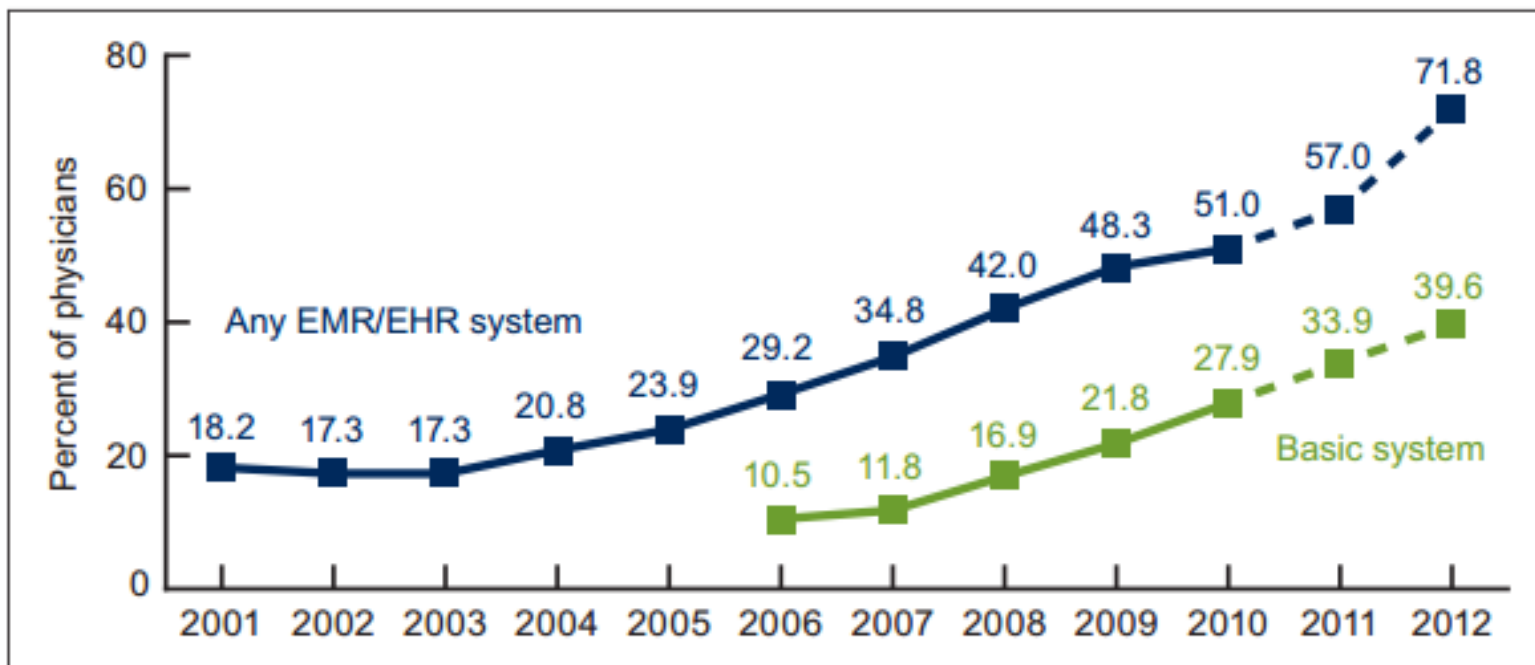
-- Data not collected

\*Significantly different from reference year 2009 ( $p < 0.05$ ).

†Significantly different from reference year 2011 ( $p < 0.05$ ).

SOURCE: ONC analysis of 2009-2012 National Electronic Health Records Surveys.

Figure 1. Percentage of office-based physicians with EMR/EHR systems: United States, 2001–2010 and preliminary 2011–2012



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 in-person National Ambulatory Medical Care Survey (NAMCS) interviews. Data for 2008–2010 are from combined files (in-person NAMCS and mail survey). Data for 2011–2012 are preliminary estimates (dashed lines) based on the mail survey only. Estimates of basic systems prior to 2006 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, 2001–2012.



# The Rest of the Story

- Adoption of an EHR enables electronic access to data.
- Technology is necessary, but not sufficient to ensure that patients receive appropriate care and have optimal outcomes.
- Quality is improved when providers interpret data to connect the dots between diagnoses and treatment options.

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