ASCENSION HEALTH

Inpatient Meaningful Use Assessment Results

December 2009

Background: Ascension Health (www.ascensionhealth.org) is the largest Catholic and nonprofit health system. There are 78 hospitals within the system, with over 688,000 total annual discharges, total operating revenues of $14.2 billion, and 113,000 associates employed by organizations within the system. Ascension Health's mission is to serve the most vulnerable, caring for one uninsured person every 34 seconds each year in one of our healthcare facilities and providing $868 million annually in care of persons who are poor and community benefit. Ascension Health's over 500 healthcare settings of care span the full continuum of community care providers, including: critical access hospitals (CAHs); rural, urban, small, and large hospitals; integrated local systems and stand-alone hospitals; children's and psychiatric hospitals, and ambulatory care settings, among others.

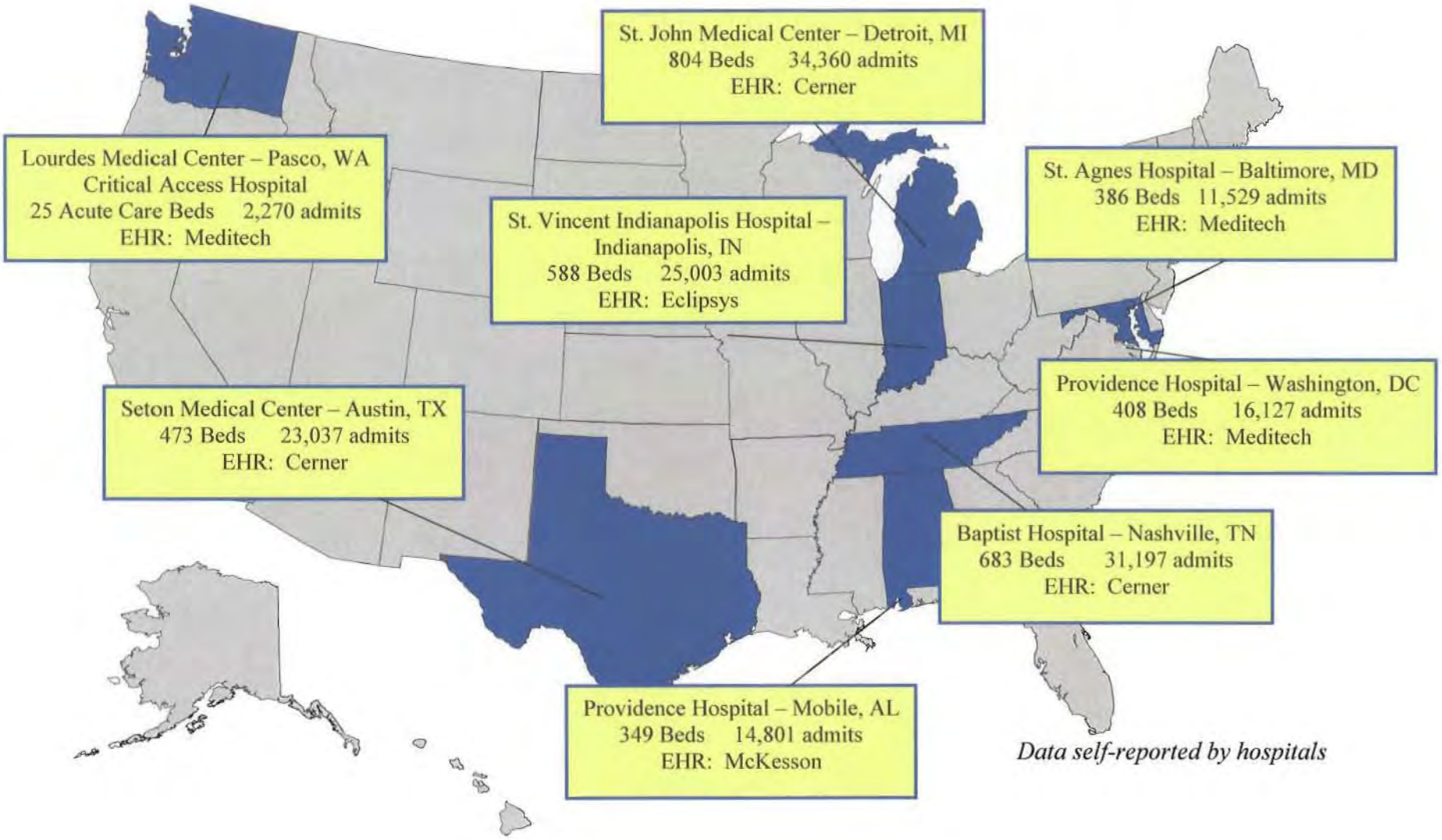
Assessment: In 2009, Ascension Health created an assessment tool to test our organizational readiness and associated costs to achieve the proposed regulations' objectives for meaningful use.* The assessment was based on the meaningful use requirements as adopted by the HIT Policy Committee in August 2009. We tested our tool in eight hospital pilot sites (out of 78 total sites) of varying size and EHR implementation progress. Our preliminary findings showed that considerable investments would be necessary in order for all Ascension Health acute care hospitals to achieve meaningful use in Stage 1. For example, our early estimate shows an additional $87 million required for the eight sites to achieve meaningful use in Stage 1. The Medicare incentives available for these eight sites are estimated at $40 million, less than half of the necessary amount. Only one-third of the test sites estimate organizational readiness to *easily* achieve meaningful use, assuming the incremental capital is available.

Results:

- Computerized provider order entry (CPOE) is a critical indicator. In all cases, CPOE was a capstone application. Those hospitals that had implemented CPOE or were currently in the process of implementing CPOE had stronger compliance with other meaningful use criteria because they were further down the path of EHR adoption and had spent several years implementing, streamlining, and using a wide variety of EHR functionalities. In our preliminary estimate that showed approximately $87 million that the eight hospital pilot sites need to spend in order to achieve the meaningful use objectives in Stage 1, our early estimate is that approximately $11.5 million of the $87 million could be spent within the eight sites to implement CPOE alone, making CPOE the most expensive objective.
- Only two of the eight hospital pilot sites appeared to be participating in functioning health information exchanges (HIEs). Four others were involved in nascent efforts that are not able to exchange data and likely will not be online for some time.
- All eight hospital pilot sites appear to face challenges in achieving future meaningful use in specific areas. Our early assessment identified the need for special focus on the care coordination and patient family categories.
- Many key technology capabilities are in place or part of implementation plans. Much of the work to achieve readiness is not solely reliant on technology adoption, but instead requires significant clinical process and organizational change. Many hospitals are capable of meeting the technical objectives while identifying challenges in measures reporting.

 **Please note that the assessment findings are preliminary results from a review of the 2009 HIT Policy Committee recommendations.*

ASCENSION HEALTH INPATIENT MEANINGFUL USE ASSESSMENT PILOT HOSPITALS



Data self-reported by hospitals

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ASCENSION HEALTH INPATIENT MEANINGFUL USE ASSESSMENT PILOT GOALS:

- Assess meaningful use gaps: Review current IT adoption and identify any gaps with the HIT Policy Committee recommended meaningful use definition.
- Assess organizational readiness: the likelihood of making the clinical and organizational changes needed for a successful implementation.
- Assess measures readiness: the likelihood of a hospital implementing the measures to qualify for EHR Incentives.
- Assess HIE implications: local region or state influences on meaningful use.
- Assess costs and resources needed for implementation: gather data on timing and type of capital and operational investment necessary to comply with meaningful use and make informed decisions about approach.

STRUCTURE OF ASSESSMENT:

- Introduction and Instructions.
- Basic Organization Information on EHR Vendor and survey respondents.
- Hospital Inpatient Assessment: 2011 and 2013 HIT Policy Committee Framework.
  - For the Meaningful Use Care Goals: assess current and planned EHR capabilities, hardware, software and license current and planned investment and timelines (if not currently deployed), ability of other legacy systems outside the EHR to meet proposed objectives, ability to meet objectives electronically if outside EHR.
- Measures Readiness: 2011, 2013, and 2015 HIT Policy Committee Framework.
- Participation in HIE.
- Describe role and financial commitment to local/regional HIE.
- Describe functionalities and type of data exchanged.
- Organizational Readiness:
  - Organizational Alignment: Describe level of preparedness for areas of readiness (e.g., culture change) and alignment with the goals of meaningful use; and
  - Operational Capacity: Describe level of preparedness for areas of readiness (e.g., workflow process) and organizational capacity to achieve meaningful use.

PERSPECTIVE ON ACHIEVING MEANINGFUL USE IN 2011:
HOW DIFFICULT TODAY WOULD IT BE TO ACHIEVE MEANINGFUL USE?

	Hospital A	Hospital B	Hospital C	Hospital D	Hospital E	Hospital F	Hospital G	Hospital H
Improve Quality	Relatively Easy	Challenging	Relatively Easy	Challenging	Difficult	Difficult	Difficult	Difficult
Engage Patients & Family	Relatively Easy	Challenging	Relatively Easy	Challenging	Difficult	Difficult	Difficult	Difficult
Improve Care Coordination	Relatively Easy	Challenging	Relatively Easy	Relatively Easy	Difficult	Difficult	Difficult	Difficult
Public Health	Relatively Easy	Challenging	Relatively Easy	Challenging	Difficult	Difficult	Difficult	Difficult
Privacy & Security	Relatively Easy	Relatively Easy	Relatively Easy	Relatively Easy	Challenging	Difficult	Difficult	Relatively Easy