

Why GAO Did This Study

The Health Information Technology for Economic and Clinical Health (HITECH) Act established the EHR programs, which provide incentive payments for—and later are expected to apply penalties to—certain providers, such as hospitals and professionals, to encourage them to demonstrate meaningful use of certified EHR technology and meet other program requirements. For example, one measure of meaningful use requires providers to implement checks for potential drug interactions with patients' other drugs and allergies.

As mandated by the HITECH Act, GAO (1) assessed the extent of current and expected participation in the EHR programs, (2) examined information reported by providers and others to measure meaningful use in the EHR programs, (3) evaluated HHS efforts to ensure that EHR data can be reliably used to measure quality of care, and (4) evaluated HHS efforts to assess the effect of the EHR programs on program goals related to adoption and meaningful use of EHRs and improved outcomes. GAO analyzed data from CMS and other sources; reviewed applicable statutes, regulations, and guidance; and interviewed officials from HHS and stakeholder groups.

What GAO Recommends

GAO recommends that HHS develop a comprehensive strategy to better ensure the reliability of CQM data collected using EHRs and develop and use outcome-oriented performance measures to monitor progress toward goals. HHS agreed data reliability and performance monitoring are important but neither agreed nor disagreed with GAO's recommendations.

View [GAO-14-207](#). For more information, contact Linda T. Kohn at (202) 512-7114 or kohnl@gao.gov.

ELECTRONIC HEALTH RECORD PROGRAMS

Participation Has Increased, but Action Needed to Achieve Goals, Including Improved Quality of Care

What GAO Found

Based on the number of providers awarded incentive payments, participation in the Department of Health and Human Services' (HHS) Medicare and Medicaid Electronic Health Record (EHR) programs increased substantially from their first year in 2011 to 2012. For hospitals, participation increased from 45 percent of those eligible for 2011 to 64 percent of those eligible for 2012. For professionals, such as physicians, participation increased from 21 percent of those eligible for 2011 to 48 percent of those eligible for 2012. While increases occurred, a substantial percentage of providers that participated in 2011 did not participate in 2012. Officials who oversee the programs at the Centers for Medicare & Medicaid Services (CMS) noted there could be several reasons for this, such as challenges in demonstrating meaningful use, and are monitoring the issue. Various program changes make future participation difficult to estimate. For example, increased stringency of requirements for the programs' second phase beginning in 2014—Stage 2—may slow participation, while the introduction of penalties in 2015 for some providers may motivate participation.

Reporting on meaningful use for 2011 and 2012 indicates that providers who have already participated in the programs' first phase—Stage 1—used their certified EHR systems more often than required. For example, for both 2011 and 2012, Medicare hospitals reported using computerized provider order entry for over 84 percent of patients—in excess of the required threshold for Stage 1 of 30 percent. However, some meaningful use measures may be more challenging for providers, including measures involving the electronic exchange of information. For example, less than 15 percent of professionals reported on an optional Stage 1 measure to provide a summary of care document at each care transition or referral, which is mandatory in Stage 2. A CMS official said the agency is taking steps to help providers prepare for Stage 2 meaningful use measures.

The lack of a comprehensive strategy limits HHS's ability to ensure the department can reliably use the clinical quality measures (CQM) collected in certified EHRs for quality measurement activities. Reliability issues persist, although CMS and HHS's Office of the National Coordinator for Health Information Technology (ONC) have made efforts to address concerns. For example, different providers may report CQMs based on and tested to different requirements depending on whether their EHRs have incorporated technical updates. Without a comprehensive strategy, efforts to address reliability issues (in accordance with the internal control standard requiring relevant and reliable information) and improve quality and efficiency may be limited.

Consistent with law and GAO guidance on assessing agency performance, HHS, CMS, and ONC have established some performance measures for the EHR programs that are tied to strategic goals regarding adoption and meaningful use of EHRs; however, they have not established measures that would help them to track progress toward program outcomes such as health care quality, efficiency, and patient safety. Although HHS expects that the use of EHRs can help achieve improved outcomes and support other efforts that are also intended to improve care, that result is not yet assured. CMS and ONC may lack critical information necessary to establish program priorities and subsequently make program adjustments based on progress toward outcomes.