

A Record Of Progress On Health Information Technology

CMS.gov

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 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.

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