Healthy People 2010 Operational Definition

17-2. **Increase the proportion of health care providers and organizations that are using information technology.**

17-2b. **Pharmacists in managed care and integrated health systems using electronic medical records.**

National Data Source	National Survey of Ambulatory Care Responsibilities of Pharmacists in Managed Care and Integrated Health Systems, American Society of Health Systems Pharmacists (ASHP)
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Changes since the 2000 Publication	Revised text (see Comments).
Measure	Percent
Baseline (Year)	31 (1999)
Target	46
Target-Setting Method	50 percent improvement.
	For a discussion of target-setting methods, see Part A, section 4.
Numerator	Number of hospitals and health systems that have an integrated electronic medical record system for non hospitalized patients.
Denominator	Number of hospitals and health systems
Population Targeted	Pharmacy directors at general and children's medical surgical hospitals.
Questions Used To Obtain the National Baseline Data	From the 1999 National Survey of Ambulatory Care Responsibilities of Pharmacists in Managed Care and Integrated Health Systems:

> *Does your health-care facility/system have an integrated electronic medical record system?*
>> *Yes*
>> *No*

N/A

Expected Periodicity   Periodic

Comments   An electronic medical record provides electronic access to those components of the medical record that affect the medication use process. These components include history and physical examination information, physician records, progress notes, and laboratory and imaging data.

An integrated electronic medical record system was defined as a computerized patient-specific database regarding the patient's care plan.

Objective 17-2 moved from developmental to measurable status during the Healthy People 2010 Midcourse Review. The objective text was revised from "Increase the use of linked, automated systems to share information" to "Increase the proportion of health care providers and organizations that are using information technology." Subobjective 17-2a was revised from "health care professionals in hospitals and comprehensive, integrated health care systems" to "health care providers in health care organizations using electronic medical records." Subobjective 17-2b was revised from "pharmacists and other dispensers" to "pharmacists in managed care and integrated health systems using electronic medical records." Two new subobjectives were added addressing the use of computerized prescriber order entry in general and children's hospitals and in urban acute care facilities.

The impetus for the change was to reword the objective to become measurable. The general intent of the reworded objective is the same as the original – to focus on automated systems to share information.

See Appendix A for focus area contact information.