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Invited Commentary

September 27, 2010

CPOE and Clinical Decision Support in Hospitals: Getting the Benefits

Comment on "Unintended Effects of a Computerized Physician Order Entry Nearly Hard-Stop Alert to Prevent a Drug Interaction"

David W. Bates, MD, MSc

[» Author Affiliations](#)

Arch Intern Med. 2010;170(17):1583-1584. doi:10.1001/archinternmed.2010.325

The United States will be investing almost \$50 billion in incentives in health information technology (HIT), which will go mostly to hospitals and providers who adopt HIT, and a key area of emphasis will be CPOE in hospitals. To get these incentives, hospitals will need to demonstrate "meaningful use" of HIT. In deliberations on the meaningful use measures by the Health Information Policy Committee, the single most controversial area, based on the number of comments received, was CPOE in hospitals, in large part regarding how soon it should be required. The initial recommendations were for a high level of implementation by 2011, although this was changed to only 10% physician use by 2011, with a higher level in 2013. Nevertheless, this 2011 threshold would still require that hospitals get started with CPOE to be eligible for payment.

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