

**Some reports suggest potential savings ranging in the tens to hundreds of billions for these few high value functions.**

<b>HIT Function</b>	<b>Impact on Quality</b>	<b>Impact on Cost/Net Savings</b>
Computerized Physician Order Entry (inpatient)	decrease rate of serious med error by 55%; decrease rate of potential adverse drug events by 84%	Total annual savings range from \$7 to 14 billion (nationally)
Clinical Decision Support Technologies	decrease ordering of drugs that pt. is allergic to; decrease in orders for wrong (ineffective) meds;	↓ antibiotic cost by ~\$200 per hospitalization; lower cost of hospital care (\$26,315 v \$35,283) and shorter hospital stays (10 v 12.9 days)
Automated Medication Dispensing Systems (inpatient)	Significantly fewer missed doses of drugs (↓ 16.9%);	One hospital realized savings of \$1.28 million over 5 yrs.
Bar Coding Technologies	75% decrease in errors caused by administration of wrong meds; 93% reduction in errors from wrong med to wrong pt.	Annual national savings of \$15.3 billion
E-Prescribing in Physician Practices	Decreased medication errors; Improved physician efficiency	One study demonstrated ↓ pharmacy costs of \$1.15 PMPM; 30% decrease in physician to pharmacy phone calls;
Computerized Physician Order Entry (outpatient)	Eliminate 2 million adverse drug events; Avoid 1.3 million office visits and 190,000 hospitalizations	\$27 billion savings in medication expenses (nationally)
Electronic Medical Records (Primary Care Settings)	34% reduction in adverse drug events; 15% decrease in drug utilization; 9% decrease in unnecessary lab utilization;	↓ Spending by \$44 billion per year: Savings of \$86,400 per provider over a five yr period.