Health systems are facing significant pressure to either implement health information technology (HIT) systems that have "certified" electronic health record applications and that fulfill the federal government's definition of "meaningful use" or risk substantial financial penalties in the near future. To this end, hospitals have adopted one of three strategies, described as "best of breed," "best of suite," and "single vendor," to meet organizational and regulatory demands. The single-vendor strategy is used by the simple majority of U.S. hospitals, but is it the most effective mode for achieving full implementation? Moreover, what are the implications of adopting this strategy for achieving meaningful use? The simple answer to the first question is that the hospitals using the hybrid best of suite strategy had fully implemented HIT systems in significantly greater proportions than did hospitals employing either of the other strategies. Nonprofit and system-affiliated hospitals were more likely to have fully implemented their HIT systems. In addition, increased health maintenance organization market penetration rates were positively correlated with complete implementation rates. These results have ongoing implications for achieving meaningful use in the near term. The federal government's rewards and incentives program related to the meaningful use of HIT in hospitals has created an organizational imperative to implement such systems. For hospitals that have not begun systemwide implementation, pursuing a best of suite strategy may provide the greatest chance for achieving all or some of the meaningful use.
targets in the near term or at least avoiding future penalties scheduled to begin in 2015.