Physicians May Forgo Health IT Incentives

BY JOYCE FRIEDEN

WASHINGTON — Although government health officials are hoping that most physicians will get on the "meaningful use" bandwagon, that's not likely to happen easily, according to Dr. Len Lichtenfeld, deputy chief medical officer of the American Cancer Society.

"I don't think [health care] professionals have any idea what's coming," Dr. Lichtenfeld said during a panel discussion at an eHealth Initiative conference. "I think [federal officials] are risking failure because doctors will say, 'Are you kidding? I don't want to have anything to do with this.' I hope that isn't what happens, but I tell you, be prepared."

Under the Health Information Technology for Economic and Clinical Health (HITECH) Act, a part of last year's federal stimulus law, physicians who treat Medicare patients can be awarded up to $44,000 over 5 years for the meaningful use of a certified health information system. For physicians whose patient populations are at least 30% Medicaid patients, the incentive is as much as $64,000.

But physicians who already have computers may find that they won't meet the requirements for the incentive, Dr. Lichtenfeld said. "Doctors have invested in these systems and now they're worthless. They don't have the time, they don't have the money, they don't have the expertise. And to have to get [a new system] up and running in 2-3 years—they won't do it. Something simpler would've gotten us to where we have to go."

Despite a few patient-driven efforts (see box, p. 27), no one has figured out how to use information technology as a way to get patients more involved in their care, Dr. Lichtenfeld contended. "A couple of years ago, personal health records … were the talk of the town. They were going to get everybody on board. Patients were going to run to various Web sites and fill out their health information. Health plans were going to get together and figure out how to bring their data so it would be downloadable and easily accessible."

But none of that has yet come to pass, he said. "Personal health records landed with a thud. We need to figure out that sometimes we have to keep it simple."

For example, the cancer community should come up with a simple document to give to patients listing their diagnosis, their expected length of hospital stay, what kind of treatment they're getting, and what medications they need to take. "This is a good example of where we are not today."

In the meantime, the Department Health and Human Services is trying to get physicians to meet some meaningful use criteria that aren't even written yet, said Dr. Steven Stack, an emergency physician and member of two workgroups of the department's HIT Policy Committee. He noted that two criteria "were supposed to be finished on Dec. 31, 2008, by statute. It's 2010 and they're not done, and it may be a year before we get something. A lot of these things aren't ready for prime time."

Instead of requiring physicians to meet lots of criteria, "if we focus on the smallest of things, then doggedly persist until we knock down those barriers, and then require people to meet those [expectations]—with the proper incentives, we can make a really great step forward," said Dr. Stack, who is a member of the American Medical Association board of trustees.

In contrast, Steven Findlay, senior health policy analyst at Consumers

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Union, expressed impatience with the process. "We ought to try to push as far as we possibly can with the 2011 meaningful use criteria," he said. "We ought to be exquisitely sensitive to what's doable in 2011 … but shouldn't be running from time to push. We've been talking about this stuff for 10 years, and for the good of patients and consumers, we need to do this."

The conference was sponsored by Ingenix, the AMA, and several other industry groups. The speakers reported that they had no relevant conflicts of interest. ■

Disease Web Site Collects Patient-Reported Data

Patients can play a role in providing useful health information, Dr. Stack emphasized. For example, www.patientslikeme.com is Web site for patients with life-threatening or chronic illnesses such as amyotrophic lateral sclerosis (ALS), HIV, mood disorders, and fibromyalgia.

Visitors to the site can sign up for a free account and a screen name, which they use to post their comments and health statistics. "People voluntarily post their own health data. Some are very open about it—they post every pill they're on, the dose, the frequency, what's happening to them," said Dr. Stack. In the ALS community, members developed "a patient population and a data set that was so robust that if they put in enough of their own variables, [the site] could predict when you'd be in a wheelchair within a week. It was that precise. We could never replicate that in a prospective, double-blind randomized controlled trial. We could never get an institutional review board to [accept it] and never get people to do it."

But for patients, "the motivation of your own health and the fear of death through your own illness is a motivator we can't replicate with money or incentives," he said.