

Centers to Help Chart ‘Meaningful’ EHR Use

BY MARY ELLEN SCHNEIDER

Looking to buy or implement an electronic health record in your practice? Help is on the way.

The Department of Health and Human Services has awarded more than \$640 million in grants to set up regional extension centers across the country, with the goal of helping physicians and hospitals achieve “meaningful use” of electronic health record (EHR) technology. At press time, several centers were preparing to enroll physicians.

The staff at these centers will work “elbow to elbow” with physicians, Dr. David Blumenthal, national coordinator for health information technology, said during a press conference to announce the final round of regional extension center grants.

In April, HHS awarded more than \$267 million in grants to 28 nonprofit organizations that will set up Health Information Technology Regional Extension Centers. This builds on more than \$375 million in grants that the agency awarded for 32 centers in February. The funding is part of the 2009 American Recovery and Reinvestment Act.

The main goal of the regional extension centers is to help physicians and other health care providers to become meaningful users of EHRs, even as the standard for meaningful use is being defined through federal rule making.

Under the Health Information Technology for Economic and Clinical Health (HITECH) Act, a part of the 2009 federal stimulus law, physicians who treat Medicare patients can earn up to \$44,000 over 5 years for the meaningful use of a certified health information system. Those with patient populations of at least 30% Medicaid can earn up to \$64,000 in federal incentive payments.

Range of Services Will Be Broad

To help physicians become meaningful users, the centers will provide a broad range of services, Dr. Blumenthal said, from helping physicians select the most appropriate equipment for their practice through the implementation of the products. The centers also will help practices purchase technology in groups at reduced prices, he said.

“We hope that these regional extension centers will help providers improve their workflow using electronic health records, im-

prove the quality and efficiency of the care they can provide using electronic health records, and of course thereby increase the efficiency and quality of care available to the American people,” Dr. Blumenthal said.

Farzad Mostashari, a senior adviser in the Office of the National Coordinator for Health Information Technology, encouraged physicians to enroll with their regional extension center as soon as possible, even before they make a decision about purchasing an EHR product.

Physicians can expect to get a lot of assistance from the regional extension center staff, he said.

For example, the practice staff and the center staff may have weekly contact as the practice works toward establishing a work plan for implementation, as well as during the implementation period. Following implementation, the center staff may check in with the practice on a monthly basis to see how they are progressing with quality improvement and workflow design.

Primary Care to Get Priority

Initially, the centers will focus on aiding primary care providers in small practices. HHS estimates that the 60 centers will provide services to at least 100,000 primary care providers and hospitals within 2 years. Small, primary care practices are being targeted because this group reaches a large number of patients, Dr. Blumenthal said, but they are also the least likely to be able to afford to purchase health information technology support services in the private market.

Although the stimulus law directs the regional extension centers to give priority for direct technical assistance to primary care providers, all physicians are encouraged to participate in the outreach and educational opportunities of these centers, according to HHS.

The agency defines primary care as family medicine, internal medicine, pediatrics, or obstetrics and gynecology.

In addition to small practices, HHS also is reaching out to small hospitals. HHS plans to award another \$25 million to regional extension centers that work with critical access and rural hospitals with 50 beds or less. Small hospitals have an especially difficult time finding the resources and expertise to successfully adopt health information technology, Dr. Blumenthal said. ■



POLICY & PRACTICE

WANT MORE HEALTH REFORM NEWS?
SUBSCRIBE TO OUR PODCAST — SEARCH
‘POLICY & PRACTICE’ IN THE iTunes STORE

DSM-5 Comments Close

The American Psychiatric Association reported that it received 6,400 comments on its draft of the DSM-5. About a quarter of the comments were general, another quarter were on neurodevelopmental disorders, 15% dealt with anxiety disorders, 11% were on psychoses, and 10% concerned sexual and gender-identity disorders. The remainder was split among nine other classes of mental disorders. The comments probably will result in revisions, according to the APA. In fact, the DSM-5 Work Group on Eating Disorders already has proposed revisions to criteria for anorexia nervosa and bulimia nervosa. Now that comments have closed, the APA will test the proposed diagnostic criteria in clinical settings and then refine them. Final publication is planned for May 2013.

New Tobacco-Science Chief

The Food and Drug Administration has named a director for the Office of Science within its new Center for Tobacco Products. Dr. David L. Ashley will assume the position in June. Currently, he is the chief of the Emergency Response and Air Toxicants Branch of the Centers for Disease Control and Prevention’s National Center for Environmental Health. Dr. Ashley also is a member of the World Health Organization’s study group on tobacco regulation. At the center, he will oversee science, product review, epidemiology and metrics, and social and behavioral sciences, according to the FDA.

\$153 Billion Wasted on Medications

Americans are wasting \$153 billion a year on medications, primarily because of lack of adherence to prescriptions, estimates the pharmacy-benefit management company Express Scripts. The company came up with this tally as part of its annual report on drug spending. In 2009, \$106 billion in waste was caused by nonadherence, \$51 billion by failure to use lower-cost alternatives, and \$6 billion from people choosing retail over mail order delivery, said the Express Scripts. (It has a mail order subsidiary.) The biggest medical area of waste is in treating high cholesterol, followed by hypertension, ulcer disease, and depression, according to the company. It said that 35% of the annual spending on lipid medications could be saved if people behaved better. Overall, drug spending rose 6.4% in 2009, which reversed a downward trend over the past few years. Spending for specialty drugs—for conditions such as rheumatoid arthritis, cancer, and multiple sclerosis—rose by 11%, driven largely by price increases.

Sales of Generics Still on Rise

More introductions of lower-cost generics dampened sales of brand name prescription drugs last year, but overall sales were still up 5%, according to IMS Health. U.S. sales grew to \$300 billion, with 3.9 billion prescriptions dispensed in 2009. Generics made up 75% of dispensed prescriptions, an increase of almost 6% since 2008. Pre-

scriptions dispensed as branded products decreased by almost 8%. There were 32 novel drugs introduced in 2009, but those “drove a limited increase in drug spending,” IMS Senior Vice President Murray Aitken commented in a statement. The top-selling class was antipsychotics, whose \$14 billion in sales equaled the 2008 total. Proton pump inhibitors were second, hitting \$13.6 billion in sales last year. Lipid regulators accounted for \$13 billion in sales, a figure held down by generics, and antidepressants were fourth largest in sales at \$9.9 billion.

Pfizer Details Pay to Physicians

As part of a settlement with the federal government, Pfizer Inc. has posted its first report detailing how much it pays health care professionals for consulting and other duties, including clinical trial participation. No other drug company has detailed trial payments. The data, which are posted at www.pfizer.com/responsibility, show \$35 million paid to 4,500 health care professionals from July 2009 to December 2009. According to the company, \$15 million was for trial collaborations. About 1,500 people were paid an average of \$5,000 for consulting, and 2,800 professionals were paid an average of \$3,400 for speaking engagements. Pfizer’s disclosures cover meals, travel expenses, and the cost of educational items such as pill dispensers and anatomical models if they are worth \$25 or more. Beginning next year, the company will report even the lower-cost transactions.

Reform Was Lobbying Cash Cow

Lawyers, professional societies, and other organizations spent \$1.2 billion lobbying Congress and the White House on health reform and other issues in 2009, according to a report by the Center for Public Integrity (CPI), a Washington-based watchdog group. How much went to health reform is not known, but if it was even 10%, that would be record lobbying for a single issue in 1 year, according to the CPI. The group estimates that 1,750 entities spread the money around. In addition to making use of its own lobbyists, Pharmaceutical Research and Manufacturers of America, for instance, hired 25 outside firms, CPI said.

FDA Proposes New Ad Rules

The Food and Drug Administration wants manufacturers to detail more of the contraindications and potential side effects of drugs in radio and television direct-to-consumer advertisements. The proposed rule would require that an ad’s major statement on side effects and contraindications “be presented in a clear, conspicuous, and neutral manner.” The new rule would require manufacturers to present the information in both the audio and visual components of a video ad and make sure that it isn’t overshadowed by other parts of either type of ad. The FDA will accept comments on the proposed rule until June 28.

—Alicia Ault