

# AHRQ Grants \$25M to Test Malpractice Reforms

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The Agency for Healthcare Research and Quality has awarded \$25 million in grants to states and health systems to test various approaches to medical liability reform.

The grant awards follow through on a 2009 promise made by President Obama. In a speech to Congress last September, the president pledged to fund demonstration projects that would look at malpractice reforms that also improve patient safety.

The focus on patient safety is critical, said Dr. Carolyn Clancy, director of AHRQ, because when physicians fear being sued, they are less likely to be open about potential errors, near miss-

es, and avoidable harms, and that's a major hurdle to improving patient safety in any organization.

"If you're fearful and you're worried about being sued, that has a very chilling effect on people's willingness to step forward and say 'we have a problem and we need to do something about it,'" Dr. Clancy said during a press briefing.

The awards, which were announced on June 11, include 3-year grants to states and health systems of as much as \$3 million. The \$25 million pool also includes

1-year planning grants of as much as \$300,000, and a \$2 million grant to JBA/RAND Corp. to evaluate the various projects.

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circuits the system, she added, but to give both physicians and patients relief from a process that often drags on. Another common theme among the grants is to promote better communication among

providers, patients, and families.

None of the grants will examine the concept of health courts. Although health courts have been talked about for years and praised as a possible solution by President Obama, none of the grant applicants proposed studying that concept. One project, however, will look at a judge-directed negotiation program that is currently in use in New York in combination with an early disclosure and settlement model.

The Affordable Care Act authorizes an additional \$50 million over 5 years to fund more studies, Dr. Clancy said. ■

*A list of the projects is available at [www.ahrq.gov/qual/liability/demogrants.htm](http://www.ahrq.gov/qual/liability/demogrants.htm) and at [www.ahrq.gov/qual/liability/planninggrants.htm](http://www.ahrq.gov/qual/liability/planninggrants.htm).*

## NIH Funds to Be Tied to Financial Transparency

Institutions that receive funding from the National Institutes of Health soon will have to publicly post information about any significant financial interests related to their government-funded research under proposed federal regulations published May 21.

The proposed regulation, which has been in the works for about a year, follows several high-profile cases in which NIH-funded researchers failed to disclose large amounts of industry funding.

Federal regulations on this subject have not been updated since 1995.

In a commentary published online by JAMA on May 24, Dr. Francis S. Collins, the director of NIH, and Sally J. Rockey, Ph.D., the acting director of the NIH Office of Extramural Research, wrote that the 1995 regulations needed to be "clarified and strengthened" in order to maintain the public's trust in federally funded research (doi: 10.1001/jama.2010.774).

"The public may not always understand the intricacies of rigorous science, but most individuals quickly grasp the concept of bias," Dr. Collins and Dr. Rockey wrote in JAMA.

"Plain and simple, Americans do not want financial conflicts of interest to influence the federally funded research they hope will yield better ways to fight disease and improve health."

Under the proposed regulation, researchers would be required to make broader disclosures, and institutions are given greater responsibility for determining whether a disclosed financial interest would impact research.

Currently, individual researchers

are required to report only significant financial interests that could affect their NIH-funded research or any significant financial interest they have in a company whose own monetary interests could affect the research.

The proposed rule would require researchers to report all significant financial interests. It would then be the institution's responsibility to determine whether those interests could reasonably appear to affect their NIH-funded research.

Additionally, the proposal would lower the threshold for reporting financial interests from \$10,000 down to \$5,000 for all equity interests and payments for services.

Along with evaluating potential financial conflicts, institutions also would be required to create a management plan for every identified financial conflict of interest.

Such management plans would be aimed at either reducing or eliminating the conflict, and institutions would have to report those management plans to the NIH.

The proposed rule also aims to improve transparency regarding financial conflicts of interest. Under the rule, NIH would require every institution that receives NIH funding to post information on potential conflicts of interest on a publicly accessible Web site. Institutions would be required to post the researcher's name, role in the study, nature of the financial interest, and the approximate dollar value.

The public may comment on the proposed federal regulation until July 20; the rule is expected to be made final before the end of the year. ■

## Feds Give Grants to Spur Adoption Of Electronic Health Records

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 around 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 regional extension 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 regional extension 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 systems. Those with patient populations of at least 30% Medicaid can earn up to \$64,000 in federal incentive payments.

To help physicians become meaningful users, the regional extension 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 prod-

ucts. 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, improve 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 regional extension staff may have weekly contacts as the practice works to establish a work plan for implementation, as well as during the implementation period. Following implementation, the regional extension center staff may check in with the practice on a monthly basis to see how they are progressing with quality improvement and workflow design.

Initially, the regional extension centers will focus on aiding primary care providers in small practices. HHS estimates that the 60 regional extension 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. ■