EHR REPORT

The EHR Stimulus Plan: Reaping the Rewards

BY NEIL SKOLNIK, M.D., AND CHRIS NOTTE, M.D.

The much-talked-about stimulus package has spurred legislation aimed at promoting the use of health care technology. The question for those of us in primary care is whether the goals of the legislation will truly help practicing physicians stem the rising costs of delivering effective care, or if—even with the financial incentives the legislation offers—it will turn into a financial burden to most practices.

The Health Information Technology for Economic and Clinical Health Act (or HITECH, as it's commonly known) was signed into law in February. Included in this bill is about $19 billion in funding designated to promote the adoption of EHRs in all physician practices by 2015.

That money is to be spent in a number of ways, including incentives to individual physicians, development of HIT (Health Information Technology) Regional Extension Centers, education of health IT professionals, and state grants to promote health information exchange. As it is currently written, that cash will start flowing in 2011. How can primary care doctors get their hands on some of it? That is where things become a bit vague.

According to HITECH, physicians making "meaningful use" of a certified EHR will qualify for up to $44,000 in incentives. These incentives will come in the form of Medicare or Medicaid reimbursements paid out over 5 years. Priority will be given to individual physicians or small practices focused on primary care, as well as not-for-profit hospitals and health care centers in underserved communities. Ostensibly, these incentives are designed to offset the cost of full EHR adoption and encourage the use of high-quality EHR software.

Look a little closer at the definition of "meaningful use," however, and you'll find a complex matrix of objectives and quality measures.

Released in June, the "Meaningful Use Matrix" is organized around five major objectives: improving care quality, safety, efficiency, and reducing health disparities; engaging patients and families in the care plan; improving care coordination; improving population and public health; and ensuring the privacy and security of health information.

Specific objectives are further delineated under each of these headings, with targets set for years 2011, 2013, and 2015. Examples range from basic functions, such as maintaining an updated patient problem list and ensuring computerized documentation, to more complex objectives, including decision-support tools at the point of care and reporting of public health data.

Applying these goals will not be straightforward, and as with so many other government publications, there is plenty of room for interpretation. Over time, the implications will need to be further delineated and individual physicians will need to rely on EHR consultants and individual vendors to help make sense of it all.

Another concern: Which vendors will qualify as offering certified EHR systems? The HIT Policy Committee has made it clear that the certification process will differ from that of the Certification Commission for Health Information Technology (CCHIT), the current standard in EHR approval.

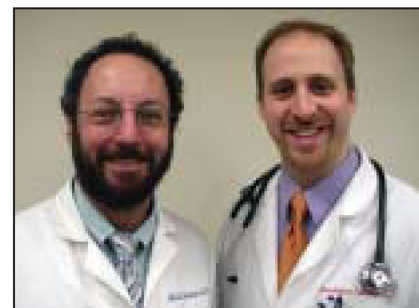
This may help open up the playing field for companies offering lower-priced software packages, but it also could lead to yet another set of unwieldy qualifications. The final definition of a certified system could have a profound impact on the true value of the cash incentives offered under HITECH.

For smaller practices choosing a modest, moderately priced EHR package, $44,000 could represent a substantial sum. However, it may be an insignificant amount if the standards limit the certified options to only high-end EHR products costing $200,000 or more. Either way, every practice must have the expectation that adopting an EHR is going to be a costly undertaking. Will the initial expense be offset by the perceived convenience benefits or theoretical cost savings? Only time will tell.

Although the cost of compliance may still elude us, the consequences of noncompliance do not. HITECH is clear that providers who are not making meaningful use of a certified EHR will face financial penalties, beginning in 2015. Those providers who have resisted the switch to EHRs because they could not afford it will soon find their reticence unaffordable.

One encouraging sign is that many physicians are already on their way to the goal. According to the National Center for Health Statistics (a division of the CDC), there has been a steady and significant increase in the number of physicians making full or partial use of an EHR. In 2008, the NCHS reported that approximately 38% of physicians were making some use of an EHR, though about half of those admitted their system is only minimally or partially functional. This is up from 29% making some use of an EHR in 2006, and it seems that, even without government stimulus, progress is being made.

In spite of initial skepticism about government involvement in patient care, it is hard to deny the appeal of a little extra money in your pocket. In the end, though, the success of HITECH won't be determined by philosophical goals or Medicare reimbursements. Instead, the true value of the program will hopefully be seen in better patient outcomes and improved physician satisfaction.



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Panel Supports 'Preliminary Certification' for EHRs

BY JOYCE FRIEDEN

WASHINGTON — Electronic health records systems should be precertified to comply with Recovery Act requirements even before the government issues final certification rules, a federal advisory panel recommends.

The final rules may not go into effect until next year, so "the suggestion is to establish something called preliminary certification based on the assumption that vendors would be willing to take a reasonable risk that what has been proposed in the regulatory process is probably pretty close to what is going to come out the other side," Paul Egerman, cochair of the certification/adoption workgroup of the Health and Human Services Department's Health Information Technology (HIT) Policy Committee, said at a meeting of the committee.

Vendors then could start certifying based on the proposed criteria, "and when the regulatory process is completed, hopefully there's only a very small adjustment that we can tack on" for HHS certification, he added.

Whether and when the HHS will adopt its committee's recommendation is uncertain, said Dr. David Blumenthal, the committee's chair and national HIT coordinator at the HHS. "We'll have to do this in a deliberate way that includes public comment and takes the necessary steps within the department and in the federal government generally," he said during a conference call. "I think the rule-making process we have to go through will make it very difficult to react in that time frame."

Despite Dr. Blumenthal's cautious response, the Certification Commission for Health Information Technology (CCHIT)—currently the only federally approved certification body for EHR systems—is moving ahead. During a Sept. 3 conference call, CCHIT officials announced plans to publish precertification criteria in late September. The organization plans to begin accepting precertification applications on Oct. 7. CCHIT will revise its criteria after certification requirements are final—slated for next spring—and perform any additional testing needed to ensure that precertified systems conform to the final regulations.

The Recovery Act provides $19 billion to encourage HIT adoption, including electronic health records. The money includes up to $44,000 in incentives for each physician who purchases a certified EHR system and makes "meaningful use" of it by 2011. Physicians who adopt EHRs later will also get an incentive, but the amount will diminish over several years and disappear after 2014. Providers who have not adopted EHRs by 2015 will see reductions in Medicare reimbursement.

The Obama administration is making $598 million in Recovery Act funds available to establish 70 HIT "extension centers" that will assist hospitals and clinicians in acquiring and implementing certified EHRs. The first grants will be issued in fiscal year 2010, which begins on Oct. 1.

In other business, the committee refined its proposed definition of certification: "HHS certification means that a system is able to support the achievement of privacy and interoperability, and that the system is able to support the achievement of the meaningful use results that the government expects."

The workgroup on the definition of meaningful use outlined its plans, including a meeting in October to hear from specialist physicians about how to make criteria for meaningful use relevant to them. The workgroup also wants to address the needs of smaller practices and hospitals, and of safety net providers.

The committee also discussed barriers to widespread EHR adoption. Committee member Judith Faulkner of Epic Systems Corp., Verona, Wis., said cost was not the biggest issue for many providers she had spoken with.

"It doesn't matter what the incentive money is," she said. "The real barrier is legal concerns. Our customers are not jumping on [EHRs] because lawyers and their other advisers are much more [concerned] about legal issues, and I don't think the money matters as much." ■