

HITECH—The Carrot and the Stick:

What Every Orthopedic Surgeon Needs to Know

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In his State of the Union address on January 20, 2004, President George W. Bush said, “By computerizing health records, we can avoid dangerous medical mistakes, reduce costs, and improve care.” His expectation was that every American would have an electronic medical record (EMR) by 2014. Just recently, President Barack Obama, as part of the economic stimulus package, signed off on the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. HITECH authorizes nearly \$20 billion for health care information technology over the next 5 years. A great portion of this incentive will go directly to health care providers who adopt EMRs (to include filmless radiology) in their practice and can demonstrate “meaningful use.” The final definition of “meaningful use” is still pending, but it is clear that, like it or not, we will all be using EMRs in the near future. For the early adopters there is a “carrot.” Each physician is eligible to receive up to \$44,000 in incentives beginning January 1, 2011. The money does not come in a lump sum but is prorated from 2011 to 2014. Where there is a carrot, there is a “stick.” Those who delay in adopting an EMR will get paid less. Then, in 2015, the naysayers to EMR will start paying a penalty of a 1% reduction in Medicare payments. In 2016, the penalty is a 2% reduction and in 2017, 3%.

If you have not noticed, this is a very aggressive timetable. In my estimate, the Office of the National Coordinator for Health Information Technology is barely able to keep up with the pace. Though their recommendations for “meaningful use” are done or nearly done, rulemaking is still pending. So where does that leave you and me? If you have not started to look for EMR and filmless radiology software, you



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need to start. The vendors are keeping a close watch on “meaningful use,” but because of the accelerated timelines, their products will have to be adaptable. Simply passing muster for “meaningful use” does not mean that an EMR will be functional for you. So, it is time now to figure out what your specific practice is going to need. Being an early adopter myself has given me the opportunity to speak with many people across the country with various experiences. Some praise the efficiency, cost savings, patient safety, and improved quality after buying or leasing an EMR package. Others decry the lack of efficiency, the high cost to implement, and the frustration the EMR has created. Successful adoption of EMRs depends on planning, carefully crafted implementation, staff and physician training, and maintenance of proficiency.

With so many EMR vendors, it is difficult to choose. The good news though is that, as competition has developed and monetary incentives have become available, EMR vendors are copying many of the most desirable features from each other. For those affiliated with major hospitals and teaching institutions, the choice and implementation of an electronic health record system is largely done for you, good or bad. For the private practitioner, there’s work to be done. There is no foolproof way to select the best EMR. I spent 4 years researching what was available before settling on one. Unfortunately, with HITECH incentives scheduled to start January 1, 2011, there is no time to lose. It is time now to start.

Suggested resources that may help you get going are available to American Academy of Orthopaedic Surgeons (AAOS) fellows online at http://www3.aaos.org/member/prac_manag/infoces_articles.cfm. Good computing!

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