

Jeff Susman, MD
Editor-in-Chief



EHRs for all: Regional extension centers to the rescue?

Interested in implementing an electronic health record (EHR), but haven't yet made the plunge? Hoping to prepare for "meaningful use" of your current EHR? Ready to collect \$44,000?

Last August, \$1.2 billion was made available to states to create statewide health information exchanges and regional extension centers (RECs). The resources were allocated under the auspices of the Health Information Technology Act.

The RECs' mission? To advance adoption of EHRs, enhance implementation of meaningful use (complex specifications still pending), and provide the tools physicians need to qualify for Medicare and Medicaid incentives (this is where that \$44K payoff comes in). The RECs will support some 100,000 primary care clinicians, particularly those in smaller practices, those servicing public and critical access hospitals, and those caring for the underserved.

Additional resources will be used to create the Health Information Technology Research Center—a platform for collaboration and a national learning consortium that will offer technical assistance, tools, and training. Preferred vendors will be identified and favorable use terms negotiated.

The goal is to implement EHRs in all primary care offices. But how doable is that, really? PQRI—the Physician Quality Reporting Initiative—hardly conjures up warm and fuzzy feelings. CMS has yet to engender confidence in its use of technology. And the RECs themselves have highly variable track records.

The identification of preferred vendors may sound great, but in reality, this method of vendor selection may interfere with integration and substantial health information exchange within larger referral networks. Take Cincinnati, where a growing number of hospitals and larger health systems have settled on EPIC. The unfortunate result may well be the creation of "islands" of health information, with larger group practices and health systems on one set of systems and other, small providers unable to communicate effectively. Not the way to encourage integrated delivery systems.

It's important to remember that health IT is not an end unto itself, but a means of enhancing patient care. Reaching meaningful use will require a substantial commitment of time and personnel, and a reassessment of workflows and processes.

My suggestion: Take advantage of the free technical assistance, but tread cautiously when making a significant health IT investment. While \$44K sounds like a lot of money, choosing the wrong vendor could be far more costly. Get advice from colleagues who have already implemented EHRs, and carefully assess the effect on referrals.

And good luck.

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THE JOURNAL OF FAMILY PRACTICE

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