

Federal EHR Incentive Programs Are Open

BY MARY ELLEN SCHNEIDER

A new federal initiative offering bonus payments to physicians who successfully implement electronic health records launched Jan. 3, and early signs indicate it could help spur adoption of the technology.

Officials in the Office of the National Coordinator for Health Information Technology recently released two surveys showing that more than 40% of office-based physicians and 80% of hospitals plan to seek federal incentives for the adoption and use of EHRs under Medicare and Medicaid.

The incentive programs, which launched at the start of the year, offer payments to physicians for using health information technology (HIT) to improve patient care. The federal government recently issued regulations detailing how physicians and hospitals can meet standards for “meaningful use” of the technology. Physicians who meet the criteria are eligible to receive up to \$44,000 over 5 years under the Medicare program or \$63,750 in 6 years under the Medicaid program. Eligible hospitals could receive millions of dollars, according to the Centers for Medicare and Medicaid Services (CMS).

The survey of office-based physicians, conducted by the Centers for Disease Control and Prevention, found that 41% plan to achieve meaningful use and seek federal incentive payments. Of those, about 80% said that they plan to enroll during first stage of the program, this year or next.

A separate survey, conducted by the American Hospital Association, found that 81% of hospitals plan to achieve meaningful use and apply for incentive payments, with about 65% enrolling in the same time frame.

While the federal government has promoted these incentives for more than a year, it was uncertain whether physicians would choose to participate.

Officials at the American Academy of Family Physicians said that while they do not have concrete data, informal polls of their members show high interest in the incentives. Dr. Steven Waldren, director of the Center for Health IT at the AAFP, said that among physicians who attended lectures on meaningful use at the group’s annual meeting last fall, about 80% reported that they currently use an EHR in their practice and about 90% said they plan to try to achieve meaningful use this year.

It’s a biased sample, Dr. Waldren said, but it still paints a picture. “What it kind of tells us is that there are a lot of doctors out there, especially those that have adopted the technology, [who] are trying to figure out how to be meaningful users in 2011.”

The big question is how many physicians will be able to convert their interest in the program into the ability to achieve meaningful use of EHRs, he added.

Dr. Waldren said most physicians will be able to meet

the current thresholds for functions like electronic prescribing, which are outlined in the meaningful use criteria. However, the greater challenge will come in capturing and reporting that data to the government, he said.

Dr. Waldren recommended that physicians seek out the Regional Extension Centers set up by the federal government. These centers have been established around the country and are specifically charged with aiding small practices, primary care physicians, and those working in underserved areas. But he also cautioned that the level of expertise may vary by center.

While many of the barriers to EHR adoption remain the same, the financial incentives seem to be helping physicians who were “on the fence,” move in the direction of purchasing a system, said Dr. Michael S. Barr, a senior vice president at the American College of Physicians.

The success of the program can’t be judged, he said, at least until figures are available on how many physicians met the stage 1 meaningful use standards, said Dr. Barr, who also serves on the Health IT Policy Committee’s meaningful use workgroup. As the incentive program progresses and the quality measures become more robust, the data that are reported should also show whether the program has resulted in improvements in clinical quality of care, Dr. Barr said. ■



How many physicians will convert their interest in the program into meaningful EHR use?

DR. WALDREN



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Breastfeeding Gets Boost From IRS

Women who buy breast pumps and other supplies to assist with breastfeeding will be able to pay for them using pretax dollars in flexible spending accounts and health savings accounts, according to the Internal Revenue Service. Also, if a woman’s total medical expenses exceed 7.5% of her adjusted gross income, she can deduct the cost of breast pumps and other lactation supplies as medical expenses, the IRS announced. Officials at the American Academy of Pediatrics praised the decision, saying it would make breastfeeding a “more practical option for new and working mothers.”

Family Histories Recommended

Ob.gyns. should take a family history of all their patients to determine their risk of inherited diseases, according to a new policy statement from the American College of Obstetricians and Gynecologists published in the March issue of *Obstetrics & Gynecology* (Obstet. Gynecol. 2011;117:747-50). ACOG’s Committee on Genetics said that family histories are especially important when screening women who are planning to become pregnant. The preconception period is the ideal time to give women personalized recommendations based on their family histories, the policy states. Physicians should obtain family and medical histories from both the patient and her partner that include ethnic backgrounds, adverse pregnancy

outcomes, and any known causes of infertility. Being able to offer genetic counseling and testing before conception gives couples more time and options if they are at risk for heritable disease, according to the ACOG policy. For example, couples may choose not to conceive, use a gamete donor, or obtain preimplantation genetic diagnosis.

Teens Favor Home STD Testing

Internet access to free, confidential, at-home testing for sexually transmitted diseases is the best way to reach young adults, according to infectious disease experts at Johns Hopkins University in Baltimore. The team launched a Web site (www.iwantthekit.org) in 2004 that lets teens and other young people order test kits for *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, and *Trichomonas vaginalis*. Johns Hopkins then provides treatment for anyone who tests positive. The researchers reported in the journal *Sexually Transmitted Diseases* that, over 5 years, the Web site www.iwantthekit.org led to the detection of more chlamydia infections among young women than did traditional screening programs at family planning clinics. “Our results are repeatedly showing us that we have to go online if we want young people to be screened for sexually transmitted infections, especially young people in hard-to-reach urban-poor minority groups,” said Charlotte Gaydos, the study’s senior

investigator. The site routinely gets 100,000 hits per month and, as of Jan. 1, about 3,500 people had obtained test kits from the site.

Most Partners Support Abortions

Most women seeking abortions say that their male partners know about it and support their decision, according to research from the Guttmacher Institute. In a survey of more than 4,700 women who obtained abortions in 1998, 82% said that the man who impregnated them knew about the abortion. Married women and women who were living with their male partners were the most likely to report that the men knew about the abortion, compared with women who were divorced or separated from their partners. More than two-thirds of women said that their partners supported having an abortion, and again, that response was higher among married women and women living with their partners. Based on data from the 2008 Abortion Patient Survey, the study will appear in the March issue of *Women’s Health Issues* and is available online at www.guttmacher.org/pubs/journals/j.whi.2020.10.007.pdf.

Senator Prods FDA on Drug Labels

Sen. Herb Kohl (D-Wis.) is asking the Food and Drug Administration to hurry up and finalize regulations that would change the way drug labels display safety information related to pregnancy and breastfeeding. The FDA issued a proposed rule in 1998 that would have eliminated the current system of using categories A, B, C, D, and X to rate a drug’s effects on pregnancy and reproduction. The proposal called for

more detailed, narrative descriptions of the drug’s effect on fertility, pregnancy, and breastfeeding, but it is still under review by staff in the FDA’s Center for Drug Evaluation and Research. In a letter to Health and Human Services Secretary Kathleen Sebelius, who oversees the FDA, Sen. Kohl urged the agency to issue a final regulation soon. “Without improved drug labeling, doctors and patients are forced to make treatment decisions with limited information and research,” Sen. Kohl wrote. “Too much time has passed and continued delay in finalizing the proposed rule will only add to unnecessary exposure to ineffective drugs or ineffective dosing of effective drugs, both of which prevent patients from receiving appropriate therapies.”

—Mary Ellen Schneider

INDEX OF ADVERTISERS

Abbott Laboratories, Inc. Similac	3
Bayer HealthCare LLC Citracal	31
Bayer HealthCare Pharmaceuticals Inc. Beyaz Mirena	22-25 43-44
Cadence Pharmaceuticals, Inc. Ofirmev	7-8
CooperSurgical, Inc. Lone Star	15
Ferring Pharmaceuticals Inc. Lysteda	27-28
Lilly USA, LLC Evista	10-13
Meda Pharmaceuticals Inc. Xerese	5-6
Pfizer Inc. Premarin	17-19