Pediatricians Have More Time on EHR Timeline

BY MARY ELLEN SCHNEIDER

The federal government will begin its incentive program for the use of electronic health record systems in less than a year, but many physician organizations say the Medicare timeline is just too aggressive and runs the risk of turning some physicians away from the technology.

In contrast, the Medicaid incentive program offers more time for physicians to gear up. Pediatricians can start using electronic health record (EHR) technology as late as 2016 and still earn the maximum payments under the program. Those pediatricians who have a volume of at least 20% Medicaid patients in their practice are eligible to receive up to $42,500 over a period of 6 years for adopting or updating certified EHR technology, and for the "meaningful use" of that technology. For those with a 30% Medicaid volume, the maximum payment is $63,750.

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Under a proposed rule issued by the Centers for Medicare and Medicaid Services in December, during the first year, pediatricians only need to show that they have installed or upgraded to a certified EHR. In the following years, they must demonstrate so-called meaningful use of the technology.

The proposed rule also outlined the requirements to achieve meaningful use. The requirements are phased in with minimum standards early on. Additional criteria are added in 2013 and 2015. Under stage 1, physicians must meet 25 objectives including the use of computerized provider order entry, electronic prescribing, reporting on quality measures, and checking insurance eligibility electronically.

In a letter to Centers for Medicare and Medicaid Services officials, sent last month, a coalition of more than 95 national and state physician organizations, including the American Academy of Pediatrics, voiced their concerns about the stage 1 requirements. Although the coalition supports the phased-in approach to meaningful use, they said there is too much being asked of physicians in the first stage of the program.

One concern is that if physicians rapidly install EHR systems without addressing the many workflow changes that EHRs create, the new systems could be more dangerous in some cases than the paper systems the electronic records replace, said Dr. Joseph H. Schneider, chief medical information officer at Baylor Health Care System in Dallas, and chair of the Council on Clinical Information Technology for the American Academy of Pediatrics.

Some of the requirements in the proposed rule also seem impractical, he said. For example, CMS proposed that as one of the requirements for achieving meaningful use, at least 75% of all permissible prescriptions written must be transmitted electronically using certified EHR technology.

That requirement overlooks the fact that in many areas there are large numbers of pharmacies that still don't accept electronic prescriptions. That figure is around 30% in Texas, he said.

But pediatricians don't need to worry about getting to meaningful use as quickly as some other specialties, Dr. Schneider said. While the Medicare incentive program requires physicians to achieve meaningful use before 2013 to qualify for the full complement of incentive payments, pediatricians under the Medicaid program can achieve meaningful use as late as 2017 and still collect all of the incentive payments.

"Most pediatricians don't need to rush to the store to get their EHRs," Dr. Schneider said.

For one, there is discussion within the health IT community about a next generation of EHRs that may be coming in the next few years. Also, the AAP will soon be releasing better tools to help pediatricians assess their readiness, as well as tools for selecting and implementing products. Local Regional Extension Centers will also be providing support to pediatricians within the next year, Dr. Schneider said.

But depending on where you practice, you might want to think about EHRs sooner rather than later, Dr. Schneider said. That's because family physicians, who are likely to qualify for incentives under Medicare, will need to adopt sooner. If there are several family physicians in your area treating children, you don't want to be the only practice still working with paper records.

Also, pediatricians working in growth areas with lots of new families coming to the community may have a competitive edge if they adopt an EHR. Families choosing a physician in a new area may want to pick a practice that has already made the conversion to electronic records, he said.

Other factors include the ability to attract new pediatricians from residency programs, as many of these physicians expect to use an EHR.

"All of these factors, and many more, have to be weighed," Dr. Schneider commented.

"Take your time in making this important decision and get help. We're hearing more cases of the long-term horrors of choosing the wrong EHR and you don't want to be one of them." ■

POLICY & PRACTICE

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FDA Wants Pediatric Device Data

The Food and Drug Administration said it will require device manufacturers to include in their applications any available data on products' effects in children, even if the device in question is intended for adult use. An applicant also must predict pediatric use of its product and a description of any pediatric subpopulations that might benefit from the device, the FDA said. The effort is intended to reveal which devices that were developed for adults should be assessed or modified for use in pediatric populations. The information requirements were mandated by a 2007 law.

Minority Children Face Inequities

Minority children in the United States have a higher overall death rate than do white children and higher incidences of several dangerous diseases and conditions, according to a report in Pediatrics. Compiled for the American Academy of Pediatrics' Committee on Pediatric Research from studies spanning more than 50 years, the report also found widespread racial and ethnic disparities in pediatric care. Minority children have a higher incidence of HIV/AIDS, sexually transmitted diseases, asthma, attention-deficit/hyperactivity disorder, and certain types of cancers, according to the report. Some minority groups face greater violence than white children do. Other common disparities for minority children included higher rates of obesity and lower rates of breast-feeding, immunizations, and proper nutrition, the report said. Compared with white children, minorities have less insurance coverage, less access to adequate health care, less time with doctors, fewer screenings, and longer times for diagnosis for some conditions, according to the report.

EPA to Scrutinize Bisphenol A

The Environmental Protection Agency said it would take several steps to address the potential health effects of bisphenol A, a chemical used in the manufacture of some plastics and other products. The EPA said it would focus on the environmental impacts of BPA, but also will evaluate the potential impact on children from exposure to BPA from sources other than food packaging. (In January, the FDA said it would study BPA in food packaging.) "We share FDA's concern about the potential health impacts from BPA," said Steve Owens, assistant administrator of the EPA's Office of Prevention, Pesticides, and Toxic Substances. The environmental agency said it will require manufacturers to test BPA's effects, and it will seek to add the chemical to its list of chemicals of concern.

Companies Get Fs for Marketing

The healthful-eating advocacy group Center for Science in the Public Interest has given most food and entertainment companies F grades for their policies on marketing food products to children. A report card on 128 companies' marketing practices gave 95 Fs, along with a smattering of Cs and Ds, the group said. "Despite the industry's self-regulatory system, the vast majority of food and entertainment companies have no protections in place for children," the group's nutrition policy director, Margo Wootan, D.Sc., in a statement. The group is particularly concerned, Dr. Wootan said, because most of the marketing was for sugary cereals, fast food, snack foods, and candy. Candy manufacturer Mars Inc. received the highest grade awarded, B+, not for its products but for its marketing policy, which abstains from most of the key marketing tactics used to reach children under 12, the CPSI said.

Many Parents Neglect Boosters

Although nearly all parents use appropriate car seats for their children who are 5 years or younger, use of booster seats drops to just 40% by age 8, according to a national children's health survey. The poll from the C.S. Mott Children's Hospital in Ann Arbor, Mich., found that three-fourths of children aged 4-8 years use booster seats. However, half of parents didn't know their state booster seat law, and another 20% said they knew the law but were mistaken about the age requirement. Although studies show that booster seats can reduce the risk of injury in car crashes by up to 50%, almost half of parents said they wouldn't use booster seats for children aged 7-8 if the law didn't require it. "Not much is known about how parents get information about seat belt and booster seat use as [children] age," Dr. Michelle Lea Macy, a University of Michigan pediatric emergency room physician, said in a statement. During well-child exams is a good time for doctors and parents to discuss when children should transition from car seats to booster seats and seat belts, said Dr. Macy.

Schools Have Cut Sweet Drinks

Three years after manufacturers agreed to reduce the number of beverage calories available to children during the school day, they are in compliance in almost all schools, according to the final report on the impact of the voluntary guidelines. As a result, the number of beverage calories shipped to schools has dropped by 88% and the overall volume of full-calorie carbonated soft drinks shipped to schools has fallen by 95%, said the report from the advocacy group Alliance for a Healthier Generation, which negotiated the original agreement.

—Jane Anderson