Patients Want Detailed After-Visit Summaries

BY CHRISTINE KILGORE

FROM THE ANNUAL MEETING OF THE SOCIETY OF BEHAVIORAL MEDICINE

WASHINGTON – Patients want more information about their medical visits than physicians think they need or can benefit from, according to a study of physician and patient perspectives on the after-visit summary generated by electronic health record systems.

"Doctors think patients should get one or two pages of information, no more, or it will be too much. Patients, on the other hand, were asking for more," said Susan Nash, Ph.D., of Baylor College of Medicine, Houston, who added that the content areas requested by patients in their research "actually align very well with components of the meaningful use requirements."

The content of the after-visit summary is currently being standardized as one of the 15 core requirements of meaningful use that is necessary for physicians and other providers to receive federal EHR incentive payments. All certified EHR systems will need to be capable of providing the patient with a summary of the topics and instructions that were discussed during each medical visit.

"As much as 40%-80% of information that patients get within an office visit is forgotten by the time they leave the clinic. Written information that supports the verbal information can be helpful for improving patient understanding and retention," Dr. Nash said at the meeting. But "we really don't know, though, what the optimal content and format of the [summary] might be."

The investigators conducted individual interviews with 12 family physicians and 48 of their adult patients regarding their experiences, attitudes, preferences, and recommendations for the content and format of the after-visit summary.

The physicians and patients were recruited from two private and two public primary care clinics serving diverse socioeconomic populations. All clinics were affiliated with Baylor College of Medicine, and all used EHRs that offer some type of electronically generated after-visit summary.

Physicians reported using the summaries in a number of ways. "Some routinely print and review the [summary] with their patients, essentially every time," Dr. Nash said. "Others rarely even see or discuss it with their patients because these tasks are handled by someone else."

The physicians almost uniformly view the after-visit summary as a potentially useful tool for patient education and continuity of care, but they also felt that it falls short in a number of ways, most notably with respect to its medication and problem lists, which some said mix the old and new, and the active and inactive.

Most physicians "reported a lot of confusion on the part of their patients," said Dr. Nash, an instructor of family and community medicine at Baylor.

Mismatches between language and reading level also concerned physicians, as did privacy. "Some [physicians] were very concerned about showing potentially sensitive information on the patients' records if it would automatically appear on the summary," Dr. Nash said.

Patients overall reported a high level of satisfaction with the after-visit summaries they received, but wanted even more information, Dr. Nash reported.

Patients wanted simplified medical terminology, but more explanation of diagnoses and medications, more specific health goals, and educational features such as personalized diet and exercise plans.

The desire for more detail on medications – as well as clearer lists that focus on newly prescribed medications – was a major theme.

Like physicians, patients also brought up issues of privacy, reading level, and language. Of the 48 patients, 18 were Spanish speakers but received the summary in English.

Based on their findings, the Baylor investigators have developed several experimental models of the after-visit summary and are testing them on patient satisfaction, recall, and use of health information, as well as adherence to treatment recommendations.

Dr. Nash reported that she had no disclosures to make. ■

EHR Incentive Payments Top $150 Million to Date

BY ALICIA AULT

FROM A PRESS BRIEFING BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES

Physician incentives for the meaningful use of electronic health records total $75 million, the Centers for Medicare and Medicaid Services announced.

The payments were made to physicians who had registered for the incentive program in the first 2 weeks of eligibility. Starting April 18, physicians could go to a secure CMS website and "attest" that they had complied with program requirements for a continuous 90-day reporting period during the first year of participation in the Medicare EHR incentive program.

Meaningful use criteria under the Medicare EHR incentive program is 'providing [a] model for a coordinated national transition to health information technology.'

The program was created under the Health Information Technology Economic and Clinical Health Act (HITECH), which was part of the American Recovery and Reinvestment Act of 2009.

Physicians, hospitals, and other eligible providers in seven states have received an additional $83.3 million in incentive payments under Medicaid.

Each state is launching a separate program. In January, programs began in Alaska, Iowa, Kentucky, Louisiana, Michigan, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, and Texas. In April, Alabama and Missouri began programs, and in May, Indiana and Ohio launched programs.

CMS officials said they expect incentive payments to grow, and that more professionals and hospitals will register for the Medicare and Medicaid incentives.

As of April 30, 42,600 eligible physicians and hospitals had registered for the two programs.

"I'm looking forward to continued growth and greater adoption," CMS Administrator Dr. Donald Berwick said in a briefing with reporters.

Under Medicare, eligible providers can receive up to $44,000 over 5 years. Under the Medicaid program, eligible providers can get up to $63,750 over 6 years.

Dr. Farzad Mostashari, National Coordinator for Health Information Technology, said the meaningful use criteria under the Medicare EHR incentive program is "providing [a] model for a coordinated national transition to health information technology." ■

CMS Proposes Changes to Ease E-Prescribing Requirements

BY ALICIA AULT

The Centers for Medicare and Medicaid Services has proposed modifying the rules for e-prescribing so more physicians could claim exemptions from the criteria and therefore avoid being penalized in 2012.

In a conference call with reporters, agency officials said the change-up in the e-prescribing program was in response to indications from providers and professional societies that many prescribers might not be able to meet the requirements of the current incentive program.

"Today's rule demonstrates that CMS is willing to work cooperatively with the medical professional community to encourage participation in electronic prescribing," Dr. Patrick Conway, chief medical officer at CMS and director of the agency's Office of Clinical Standards and Quality, said in a statement.

"These proposed changes will continue to encourage adoption of electronic prescribing while acknowledging circumstances that may keep health professionals from realizing the full potential of these systems right away," he said.

Under the current incentive program, which was established in the Medicare Improvements for Patients and Providers Act of 2008, eligible prescribers were due to get a 1% bonus payment for 2011 and 2012 and a 0.5% bonus in 2013. For prescribers who did not meet the criteria, there would be a penalty imposed in 2012. The penalty would escalate in 2013 and 2014.

The final Medicare Physician Fee Schedule for 2011 contains exceptions to the criteria, along with two hardship exemptions. Eligible professional practices are exempt if they are in a rural area without high-speed internet access or an area without enough available pharmacies for electronic prescribing.

The proposed rule would modify the criteria. For instance, prescribers who use certified electronic health records can now claim this as a "qualified" e-prescribing system. This move was designed to more closely align the e-prescribing program with the program that offers incentives for meaningful use of electronic health records.

In addition, the proposed rule would create four additional hardship exemption categories. Eligible professionals would have to demonstrate that they have:

- registered to participate in the Medicare or Medicaid EHR incentive program and have adopted certified EHR technology.
- an inability to electronically prescribe due to local, state, or federal law (this primarily applies to prescribing of narcotics).
- very limited prescribing activity.
- and insufficient opportunities to report the electronic prescribing measure due to limitations on the measure's denominator.

Prescribers also would be granted an extension of the deadline, until Oct. 1, 2011, to apply for the hardship exemption.

CMS officials said that this proposal is not the final word. "This is the proposed rule, so we're looking for additional comments from stakeholders," Dr. Conway said during the briefing.

The comment period closes July 26. According to Dr. Michael Rapp, director of quality measurement at CMS, who also spoke to reporters, it will probably take until at least August to have a final rule published. ■