HHS Paid Over \$150 Million in EHR Incentives

BY ALICIA AULT

FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES

hysician incentives for the meaningful use of electronic health records total \$75 million, the Centers for Medicare and Medicaid Services (CMS) announced.

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The payments were made to physicians who signed up for the incentive program in the first 2 weeks of eligibility. Beginning 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. 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 be-

gan in Alaska, Iowa, Kentucky, Louisiana, Michigan, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, and Texas. In April, Alabama and Missouri began programs, and Indiana and Ohio began pro-

CMS officials said that 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," said CMS Administrator Dr. Donald Berwick 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

According to Dr. Jennifer Brull, the incentive program not only boosted her practice's financial bottom line, but also improved the quality of care delivered to her patients. The Plainville, Kansas-based family physician said during the briefing that her practice began using health information technology in 2008. Initially, she said, she was skeptical that the meaningful use criteria would actually lead to better patient outcomes.

With meaningful use, the EHR system includes, among other things, alerts on drug interactions, clinical care reminders for patients, and assistance in tracking quality measures.

The physicians at Prairie Star Family Practice began tracking colon cancer screening under the program. Initially, only 43% of patients were getting appropriate screening, said Dr. Brull. But the EHR helped the practice improve to "a much more acceptable 82%. It is not perfect, but it is better," she said.

Dr. Brull said she'd tell her peers that meaningful use is not about the money, but "about making our care better, knowing what our care is doing, and making patients better in the long run."

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

He applauded the providers who had already attested to the fact that they were compliant with meaning-

These are providers who are early adopters of health IT and who are promoting health IT to their peers," said Dr. Mostashari.

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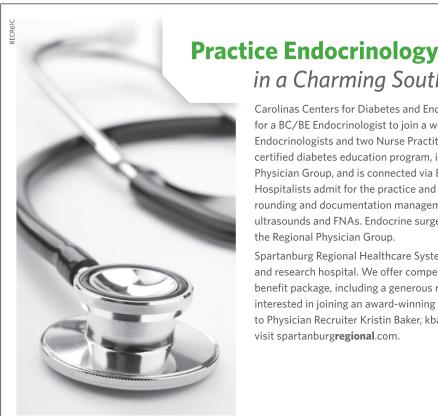
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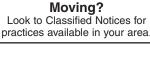


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