

HHS Funds Centers to Spur Adoption of EHRs

Small, primary care practices are being targeted, in part because they reach a large number of patients.

BY MARY ELLEN SCHNEIDER

Looking to buy or implement an electronic health record in your practice? Help is on the way.

The Department of Health and Human Services has awarded more than \$640 million in grants to set up regional extension centers around the country, with the goal of helping physicians and hospitals achieve “meaningful use” of electronic health record (EHR) technology. At press time, several centers were preparing to enroll physicians.

The staff at these regional extension centers will work “elbow to elbow” with physicians, Dr. David Blumenthal, national coordinator for health information technology, said during a press conference to announce the final round of regional extension center grants.

In April, HHS awarded more than \$267 million in grants to 28 nonprofit organizations that will set up Health Information Technology Regional Extension Centers. This builds on more than \$375 million in grants that the agency awarded for 32 regional extension cen-

ters in February. The funding is part of the 2009 American Recovery and Reinvestment Act.

The main goal of the regional extension centers is to help physicians and other health care providers become meaningful users of EHRs, even as the standard for meaningful use is being defined through federal rule making.

Under the Health Information Technology for Economic and Clinical Health (HITECH) Act, a part of the 2009 federal stimulus law, physicians who treat Medicare patients can earn up to \$44,000 over a period of 5 years for the meaningful use of a certified health information system. Those with patient populations of at least 30% Medicaid can earn up to \$64,000 in federal incentive payments.

To help physicians become meaningful users, the regional extension centers will provide a broad range of services, Dr. Blumenthal said, from helping physicians select the most appropriate equipment for their practice through the implementation of the products.

The centers also will help practices purchase technology in groups at re-

duced prices, he said.

“We hope that these regional extension centers will help providers improve their workflow using electronic health records, improve the quality and efficiency of the care they can provide using electronic health records, and of course thereby increase the efficiency and quality of care available to the American people,” Dr. Blumenthal said.

Farzad Mostashari, a senior adviser in the Office of the National Coordinator for Health Information Technology, encouraged physicians to enroll with their regional extension center as soon as possible, even before they make a decision about purchasing an EHR product.

Physicians can expect to get a lot of assistance from the regional extension center staff, he said. For example, the practice staff and the regional extension staff may have weekly contacts as the practice works to establish a work plan for implementation, as well as during the implementation period. Following implementation, the regional extension center staff may check in with the practice on a monthly basis to see how they are progressing with quality improvement and workflow design.

Initially, the regional extension centers will focus on aiding primary care

providers in small practices. HHS estimates that the 60 regional extension centers will provide services to at least 100,000 primary care providers and hospitals within 2 years.

Small, primary care practices are being targeted because this group reaches a large number of patients, Dr. Blumenthal said, but they are also the least likely to be able to afford to purchase health information technology support services in the private market.

Although the stimulus law directs the regional extension centers to give priority for direct technical assistance to primary care providers, all physicians are encouraged to participate in the outreach and educational opportunities of these centers, according to HHS. The agency defines primary care as family medicine, internal medicine, pediatrics, or obstetrics and gynecology.

In addition to small practices, HHS is also reaching out to small hospitals. HHS plans to award another \$25 million to regional extension centers that work with critical access and rural hospitals with 50 beds or less. Small hospitals have an especially difficult time finding the resources and expertise to successfully adopt health information technology, Dr. Blumenthal said. ■

Recess Appointment Makes Pediatrician CMS Chief

BY ALICIA AULT

President Obama announced the recess appointment of Dr. Donald Berwick to be the administrator of the Centers for Medicare and Medicaid Services, bypassing what looked like a lengthy fight to have the nominee confirmed by the Senate.

In making the appointment, the president said in a statement, “It’s unfortunate that at a time when our nation is facing enormous challenges, many in Congress have decided to delay critical nominations for political purposes.”

The White House announced President Obama’s intention to make the recess appointment on its blog. White House spokesman Dan Pfeiffer wrote that the move was necessary because “many Republicans in Congress have made it clear in recent weeks that they were going to stall the nomination as long as they could, solely to score political points.”

Dr. Berwick said he was flattered that the president had appointed him to head the CMS, especially at this time.

“I have never felt more excited about what is possible for what we all care about—a healthier nation, a healthier system of care, and a healthier world,” he said in a statement. “In moving to CMS as a member of a strong governmental team, I will pursue those aims as hard as I can.”

A pediatrician who is a nationally known leader in health care quality, Dr. Berwick is supported by many health



Pediatrician Donald Berwick is supported by many for his work on health care quality.

care and consumer groups, Mr. Pfeiffer noted. He is president and CEO of the Cambridge, Mass.-based Institute for Healthcare Improvement.

In a statement, Dr. Judith S. Palfrey, president of the American Academy of Pediatrics, said that Dr. Berwick would bring much-needed leadership to the CMS, and that he would be crucial to putting into place elements of health reform that are critical to families and children. “Don Berwick believes—as many pediatricians do—that everyone deserves access to not just health care, but to

quality health care,” Dr. Palfrey said in the statement. “With Dr. Berwick, we have a strong child advocate who understands the importance of the medical home for children and will help this important work move forward in a meaningful way,” she said.

The American College of Physicians also weighed in. ACP President J. Fred Ralston Jr. said, “Dr. Berwick’s career and work at the Institute for Healthcare Improvement illustrates the drive to provide patient-centered care, patient safety, quality improvement, and care coordination in health care.” Dr. Ralston added that the ACP believed that “Dr. Berwick will be an able administrator and partner for change.”

Others also leaped to support Dr. Berwick.

“Don has dedicated his career to engaging hospitals, doctors, nurses, and other health care providers to improve patient care,” American Hospital Association President Rich Umbdenstock said in a statement. “A physician and innovator in health care quality, his knowledge of the health care system makes him the right choice.”

Sen. John Kerry (D-Mass.) also issued a statement, chiding Republicans for their “lockstep stalling” of Dr. Berwick’s nomination, and praising him for his as-

sistance in overhauling the Massachusetts health care system.

“He’s first rate all the way, and throughout Massachusetts’s landmark health reform, Don was there, helping lead our state to the highest rate of health care coverage in the nation,” according to Sen. Kerry.

Senate Minority Leader Mitch McConnell (R-Ky.), however, was scathing in his reaction to the appointment, calling Dr. Berwick “one of the most prominent advocates of rationed health care.”

“Democrats haven’t scheduled so much as a committee hearing for Donald Berwick but the mere possibility of allowing the American people the opportunity to hear what he intends to do with their health care is evidently reason enough for this administration to sneak him through without public scrutiny,” Sen. McConnell said in a statement.

Under the Constitution, the president nominates individuals to serve in high-level government positions; those individuals must then be confirmed by the Senate. However, the Constitution also allows the president to make such appointments without Senate confirmation if Congress is in recess, as it was July 7 when the appointment was made.

While the purpose of a recess appointment is to ensure the continuity of the government, over the years, such appointments have been used to evade political battles.

Until Dr. Berwick’s appointment, CMS had been without a permanent administrator since 2006. ■