

EHR Funding May Be a Problem for Pediatricians

BY CHRISTINE KILGORE

WASHINGTON — The attention and funding given to electronic health records under the Recovery Act means that “it’s time for pediatricians to get involved,” said Janet Marchibroda, former chief executive officer of the eHealth Initiative.

Wider adoption of health IT “is definitely going to happen now—we’re there,” Ms. Marchibroda told attendees at the annual meeting of the American Academy of Pediatrics.

Outside of the meeting halls, however, there was skepticism that enough pediatricians would be candidates for the financial incentives provided through the Recovery Act to make a significant difference.

In an interview, Dr. Joseph H. Schneider, chairperson of the AAP’s

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Council on Clinical Information Technology (COCIT), said that requirements that practices demonstrate specific case mix thresholds in order to qualify for Medicaid EHR incentives mean that “for many pediatricians, this offer of money is really a hollow promise.”

The Recovery Act—formally known as the American Recovery and Reinvestment Act of 2009—set aside almost \$45 billion of stimulus money to encourage the adoption of electronic health records through Medicare and Medicaid incentives that will be offered to providers who purchase a certified EHR system and make “meaningful use” of the technology, Ms. Marchibroda explained at the meeting.

Another \$564 million will support statewide “Health Information Exchange (HIE) Cooperative Agreements” that will “help build HIE capacity,” she said, and \$643 million will support approximately 70 health IT “regional extension centers” that will help health care providers select and implement E technology. States and nonprofit organizations applied for grants for these programs this fall; both efforts should be underway this month, she said.

“A lot will be happening in your communities,” said Ms. Marchibroda, now chief health care officer at IBM. “It’s time to start a conversation with all the organizations with which you interact [from hospital systems to health plans and labs.]”

Opportunities to purchase EHRs with Medicaid incentive money will come later, however—and only for those non-hospital-based pediatricians who have at least a 30% Medicaid patient volume or those who practice predominantly in federally qualified health centers or rural health clinics and have at least 30% of the patient

volume attributable to “needy” patients.

Pediatricians with a 20% Medicaid volume will be eligible to receive two-thirds of the incentives, but even this lower threshold will exclude many pediatricians, said Dr. Schneider, who practices pediatrics in Dallas.

This means that pediatricians with at least 30% Medicaid volume could receive up to \$63,750 over a 5-year period under the Recovery Act, he said. And those with

at least 20% Medicaid volume could receive up to \$42,500 over a 5-year period.

For those who do qualify, Ms. Marchibroda explained after the meeting, Medicaid will pay up to 85% of the costs related to EHR adoption and operations.

Another problem for pediatricians, Dr. Schneider said, lies with the “meaningful use” requirements. Such requirements will be defined nationally for incentives provided through the Medicare program,

but for Medicaid-provided incentives, states have the ability under the Recovery Act to define their own meaningful use standards.

At least some states have been discussing the possibility of developing common definitions, and some have been waiting to see the draft Medicare regulations defining meaningful use that were expected from the Centers for Medicare and Medicaid Services last month. (A final



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<i>Corynebacterium striatum</i> *	<i>Staphylococcus lugdunensis</i> *
<i>Haemophilus influenzae</i>	<i>Streptococcus mitis</i> group
<i>Moraxella lacunata</i> *	<i>Streptococcus oralis</i>
<i>Staphylococcus aureus</i>	<i>Streptococcus pneumoniae</i>
	<i>Streptococcus salivarius</i> *

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References: 1. Besivance™ Prescribing Information, April 2009. 2. Data on file (Study 433), Bausch & Lomb Incorporated.

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rule will be issued in spring 2010.)

By tying funds to Medicaid, "Congress has left us with a tough ball to untangle," he said. (Some types of measures of meaningful use, like the provision of personal health record information to patients and the ability to exchange information with other providers, are common to pediatric and adult care, but other measures—like quality measures—can be quite different, Dr. Schneider said.)

EHR vendors have catered more to the larger market of adult patient populations in designing their systems thus far, and "if states end up with varying mean-

ingful use definitions and definitions that are significantly different from Medicare's, then the EHR vendors will probably ignore pediatric needs [even more]," Dr. Schneider said.

At various points in time, the AAP has urged Congress to include the Children's Health Insurance Program in the EHR incentive process, to repeal the ability of state Medicaid programs to modify the definition of meaningful use from a national standard, and to lower the threshold for Medicaid as far as possible in order to provide incentive payments to as many Medicaid providers as possible.

Now, Dr. Schneider said, the goals of the AAP's COCIT and its new Child Health Informatics Center include working with the states to minimize variation in definitions of meaningful use, and working with the new regional extension centers to "provide a common approach to helping pediatricians" select and implement EHRs that are friendly to their patient populations and their workflow. Surveys done in 2006 showed that one-third of office-based pediatric practices had no plans to implement an EHR system; 70% of these were solo practitioners.

Will the Recovery Act's incentives and

technical assistance programs change their minds, or spur on those who are teetering? Ms. Marchibroda said she hopes so, though the goals, she admits, are high. "Congress's intention in the Recovery Act is to grow the numbers to 90% adoption by physicians and 70% by hospitals," she said. "So we have a long way to go."

The organization that Ms. Marchibroda led until earlier this year—the eHealth Initiative—is a multidisciplinary nonprofit organization whose members include employers and purchasers, accrediting groups, physician groups, and patient and consumer groups. ■

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