

# Physicians Object to Proposed EHR Timeline

BY MARY ELLEN SCHNEIDER

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

Starting next year, physicians who demonstrate “meaningful use” of certified electronic health record (EHR) technology will be eligible to receive bonus payments of up to \$18,000 from the Medicare program. Those bonuses continue for 5 years, with physicians eligible to earn up to a total of \$44,000.

Physicians can still receive bonuses if they begin their meaningful use of the technology later, but they must start before 2013 to get all the available incentives. A similar program is in place under the Medicaid program, with physicians eligible to receive nearly \$64,000 over 6 years for the adoption and use of certified EHR technology.

Last December, officials at the Centers for Medicare and Medicaid Services released a proposal outlining the requirements to achieve meaningful use of EHRs. The requirements are phased in, with minimum standards taking effect in 2011 and 2012 and stricter criteria phasing in over time.

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, among others.

In a letter to CMS officials, sent last month, a coalition of more than 95 national and state physician organizations, including the American College of Physicians, the American Academy of Family Physicians, and the Society of Hospital Medicine, voiced concerns about the Stage 1 requirements. Though the coalition supports the phased-in approach to meaningful use, it said there is too much being asked of physicians in the first stage of the program.

The problem is the “all or nothing” approach outlined in the proposal, said Dr. Steven Waldren, director of the Center for Health Information Technology at the AAFP. While officials at the AAFP agree with the goals outlined in the rule, they don’t want to see physicians lose out on the EHR incentives because they fulfilled 99% of the requirements. The AAFP is suggesting that the CMS consider awarding a partial incentive payment based on the level of meaningful use achieved.

For physicians weighing whether to purchase EHR technology, Dr. Waldren advised making the choice based on practice needs, not just the financial incentives. Physicians who rush out and buy technology just to take advantage of the incentives without making the commitment to reengineer their practice could

end up spending a lot more than \$44,000.

For those who do want to implement a system, Dr. Waldren does not advise waiting. On average, physicians will need about 18 months to evaluate their practice and the available products, contract with a vendor, and get to meaningful use, he said.

Dr. Waldren added that under the Medicare incentives, physicians don’t have to be ready to go on Jan. 1, 2011. If they choose to start in 2011, they only need to have 90 days of meaningful use in that calendar year. Those physicians starting in 2012 can begin meaningful use in the last 3 months of that year.

Other specialties, such as neurology, have their own challenges. “The biggest hurdle is that the majority of neurologists don’t even use an electronic health record,” said Dr. Gregory Esper, director of general neurology at Emory University in Atlanta and a member of the American Academy of Neurology’s Medical Economics and Management Committee. To implement an EHR under the meaningful use definition would be a huge change in the operational workflow of most neurology offices. Even offices that have an EHR likely do not use the system in the way envisioned under meaningful use, he said.

Since the timeline is aggressive, it could actually deter people from wanting to invest in the EHR technology, he said. “You’re trying to take people from zero to 60 in 2 seconds and it’s just not going to happen.”

Physicians should keep in mind that the landscape is changing and the federal government isn’t the only player driving the move toward EHR adoption. Patients are increasingly looking for medical practices to be able to securely exchange electronic data and practices that remain paper-based could become less competitive in the long run, he said.

“Business as usual is frankly over,” Dr. Esper said.

The Medical Group Management Association, which also signed the letter to the CMS, said it has survey data suggesting that requiring practices to meet all 25 meaningful use objectives would actually lead to decreased productivity. Nearly 68% of respondents to a recent survey predicted that physician productivity would drop if all of the meaningful use objectives were implemented. That drop would be separate from the temporary decline expected with implementation of a new EHR, the MGMA said.

Survey respondents said they would have a particularly hard time meeting the requirement that at least 80% of all patient requests for an electronic copy of their health information be fulfilled within 48 hours and the requirement that at least 10% of all patients be given timely electronic access to their health information. The survey, which was conducted in February, included responses from 445 providers in medical group practices. ■

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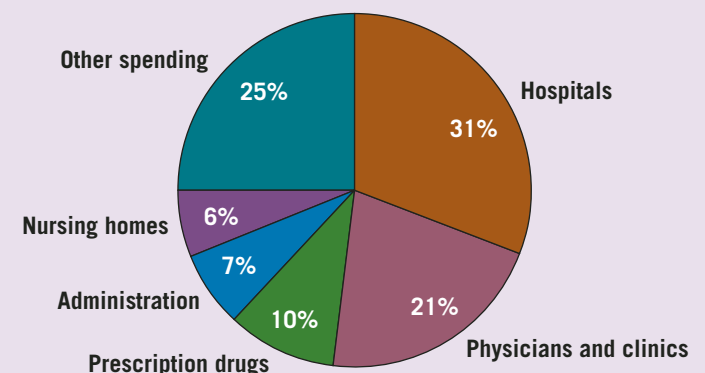


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### VITAL SIGNS

#### U.S. Health Care Dollar: Where It Went in 2008



Note: “Other spending” includes dental and other professional services, home health, durable medical products, OTC medicines and sundries, public health, and research.  
Source: Centers for Medicare and Medicaid Services