

Regional Centers to Aid Adoption of EHRs

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 centers 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 to 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 5 years for the meaningful use of a certified health information systems. 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, including helping physicians select the most appropriate equipment for their practice and imple-

menting the products. The centers also will help practices purchase technology in groups at reduced 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.

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, and 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. ■



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Report Urges Relaxed E-Rules

The federal government could better foster electronic medical record keeping if it relaxed its “meaningful use” standards, according to a market analysis firm. That standard requires physicians, hospitals, and other health professionals to meet 25 wide-ranging criteria for how they use electronic medical records in order to be eligible for Medicare and Medicaid incentive payments. The report by Kalorama Information said that the stringent requirements could limit sales of new EMR systems. The mandates “may not be effective, given the kind of real-world usage among physicians we see today,” Bruce Carlson of Kalorama Information said in a statement. “Getting physicians used to these systems is the challenge to a totally paperless health care system in the United States, and we think gradual, achievable goals would be preferable.” Some members of Congress also have backed less-stringent meaningful use requirements for both physicians and hospitals.

Hospital Sours on Sweet Drinks

In an effort to combat obesity, Fairview Hospital, a 24-bed acute care hospital in Great Barrington, Mass., said sodas and sugar-sweetened sports drinks no longer will be available on hospital grounds. Fairview, which has signed a “Healthy Food in Healthcare Pledge” developed by the advocacy group Health Care Without Harm, said it decided to eliminate sugary drinks after the state’s House of Representatives voted to ban their sale in schools. “We are committed to creating a healthier community and will set the pace by influencing healthier lifestyle choices,” said hospital president Eugene Dellea in a statement. According to Health Care Without Harm, many hospitals make money by negotiating agreements with beverage companies to limit sales to single brands of soft drinks.

Academic Pay Growth Slows

Annual compensation for primary care and specialty physicians in academic settings slowed between 2008 and 2009, increasing less than 3% last year for both primary care physicians and specialists whose roles include teaching, research, and administration, according to the Medical Group Management Association. Primary care physicians in academic practice reported 2009 compensation of \$158,218, while specialty care physicians had earnings of \$238,587, the report said. Other differences emerged across specialties: Internists in academic practice saw their compensation rise more than 4% between 2008 and 2009, family physicians’ incomes rose less than 0.5%, invasive cardiologists’

pay was hiked by 7%, ophthalmologists gained by more than 9%, and neurologists’ compensation fell by more than 2%. Income for physicians in academic practice continues to trail earnings of physicians in private practices, the report said.

Doctors, Hospitals Clash Over Faith

Nearly 1 in 10 primary care physicians has experienced a conflict over patient care policies with a hospital or practice affiliated with a religion, researchers from the University of Chicago reported online in the Journal of General Internal Medicine. Such entities hold about one-fifth of all U.S. hospital beds, according to the report. About 43% of primary care physicians have practiced in religion-affiliated hospitals, and about 19% of them experienced conflicts stemming from policies that, for instance, prohibit certain reproductive and end-of-life treatments, the researchers’ cross-sectional survey found.

‘Health’ Is New Biz Buzzword

“Health” is joining “green” as a business strategy, according to a worldwide survey by the public relations firm Edelman. Survey respondents said businesses should support the health of their local communities, create new products that maintain and improve health, and educate the public on health topics related to products and services. More than two-thirds said that businesses should help to address obesity. Nearly three-quarters said they trust a company more that is effectively engaged in health, and two-thirds said they would either recommend or buy products from such a company. But half of respondents said business is doing a fair or poor job on health, and about a third said they trust business to address health issues.

Stricter EPA Water Standards

The Environmental Protection Agency is developing stronger standards for contaminants in drinking water. First, the agency will seek to address contaminants as groups, rather than individually, for the sake of efficiency, EPA Administrator Lisa Jackson said in a speech. And within the next year, the agency will revise standards for the carcinogenic contaminants tetrachloroethylene and trichloroethylene, which are used in industrial processes and get into ground and surface water. Then the EPA will turn to the carcinogens acrylamide and epichlorohydrin, impurities that can be introduced into drinking water during its treatment. Ms. Jackson said that the agency also will foster development of new drinking water treatment technologies to address health risks.

—Jane Anderson

DATA WATCH

HITECH Act Reimbursement Plan to Achieve Meaningful EHR Use

	Adopt EHR in 2011	Adopt EHR in 2012	Adopt EHR in 2013	Adopt EHR in 2014
2011	\$18,000	—	—	—
2012	\$12,000	\$18,000	—	—
2013	\$8,000	\$12,000	\$15,000	—
2014	\$4,000	\$8,000	\$12,000	\$15,000
2015	\$2,000	\$4,000	\$8,000	\$12,000
2016	—	\$2,000	\$4,000	\$8,000
Total	\$44,000	\$44,000	\$39,000	\$35,000

Notes: Chart shows potential reimbursements from the CMS to physicians who adopt an electronic health record between 2011 and 2014. This reimbursement is part of the Health Information Technology for Economic and Clinical Health Act.

Source: Presented by Dr. Brian Nussenbaum of Washington University, St. Louis, at the Triological Society’s Combined Sections Meeting in Orlando.

For more information about the EMR reimbursement and the criteria for “meaningful use,” visit www.cms.hhs.gov/apps/media/press/factsheet.asp?Counter=3563.