Clearing a Path to Certification

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charge for the maintenance of certification process. Physicians who've forgotten their password or have any other questions related to the Web site should call the support center at 877-223-7437.

In a talk expressly aimed at helping busy FPs clear a path to board certification, Dr. Tollison highlighted several recent developments designed to refine the process:

► **It's not too late for 2006 diplomates:** They can still qualify to extend their certificate from 7 to 10 years, as have more than 80% of FPs, but "the meter is running," he stressed. By Dec. 31, 2006 diplomates must have completed three maintenance of certification requirements: either two self-assessment modules (SAMs) and a PPM or three SAMs.

► **Consider SAM group study sessions:** Though not sponsored by the ABFM, these interactive group sessions focus on the knowledge assessment portion of SAMs and are being held at many state chapter meetings and review courses. Several are also held during the American Academy of Family Physicians' annual scientific assembly. Exit feedback has been highly positive.

► **Use the Jing videos:** New this year are brief online videos and Webinars designed to help with the clinical simulation portion of the SAMs.

► **PPM developments:** The PPMs available at present address asthma, coronary artery disease, depression, diabetes, heart failure, and hypertension. Later this year they will be joined by a new comprehensive PPM, allowing FPs to provide care for a patient with multiple health problems that are more reflective of real-world clinical experience, Dr. Tollison continued.

Family physicians who provide continuing patient care should consult the ABFM Web site to check out the list of approved alternatives: the National Committee for Quality Assurance recognition programs, the AAFP's Measuring, Evaluating and Translating Research Into Care (METRIC) program, the California Academy of Family Physicians New Directions in Diabetes Care initiative, and others.

Family physicians who don't provide continuity of care, such as those working in emergency medicine or administrative positions, follow a separate pathway to fulfillment of the PPM requirement involving methods in medicine modules (MIMMs). The current MIMM topic—clinical information management—will be joined later this year by a new MIMM devoted to cultural competency.

► **Take the tutorial and practice cognitive examination:** Available at the ABFM Web site, it enables FPs to gain familiarity with the navigation tools, answer sample questions, and experience the feel of the actual test. "I strongly recommend this," Dr. Tollison said.

All candidates for certification and recertification now take the same exam. A key feature is that the choice of two clinical modules permits the physician to tailor a portion of the exam to his/her practice.

He asked audience members who they think does best on the cognitive exam: practicing FPs, residents, or nonpracticing FPs in administrative positions? Most audience members answered that it's the newly minted residents.

"Family physicians routinely underestimate how much they learn from their practice, their reading, the wisdom they gain over the years. Family physicians don't give themselves enough credit. We have evidence of that: the practicing family physicians score several percentage points above the other groups," Dr. Tollison said. ■

Definition of 'Meaningful Use' Varies When it Comes to EHRs

BY JOYCE FRIEDEN

WASHINGTON — Just what exactly does "meaningful use" mean?

It sounds like a simple question, but there's a lot of money riding on the answer. The Recovery Act, formally known as the American Recovery and Reinvestment Act, stipulates that for a physician to receive up to $44,000 in financial incentives for purchasing an electronic health record, the record must be put to "meaningful use." Now the government has to come up with a definition of the term.

At a subcommittee meeting of the National Committee on Vital and Health Statistics, which was convened to discuss meaningful use, several speakers explained why having more physicians adopt an electronic health record (EHR) was so valuable.

Dr. Elliott Fisher, professor of medicine at Dartmouth University, Hanover, N.H., explained the benefits of EHRs by noting that more health care is not always better care. "Gray area" discretionary decisions about when to refer to a specialist explain most of the regional differences in health care spending and are responsible for most of the health care overuse, he said. The only way to reduce that overuse is to feed the information—gathered through EHRs—back to the physician "and start to have a conversation" about when certain tests or referrals are necessary.

Although everyone agreed that EHRs were valuable, speakers' definitions of "meaningful use" of them differed. "Meaningful use might vary by site of care as well as by type of care," said Dr. David Classen of the Computer Sciences Corporation, whereas Dr. John Halamka of the Health Information Technology Standards Panel, a government-funded group that helps ensure EHR interoperability, said his definition of meaningful use was "processes and workflows that facilitate improved quality and increased efficiency."

Several panelists agreed that EHRs had to allow for three things in order to be used meaningfully: electronic prescribing, interoperability with other computers, and reporting on health care quality measures. EHRs are particularly useful for reporting quality measures because they are a direct source of information and provide very timely data, said Dr. Michael Rapp of the Centers for Medicare and Medicaid Services.

Experts agreed in general that EHR systems need to be certified by a government-approved organization such as the Certification Commission for Healthcare Information Technology to meet the Recovery Act's requirements. However, certification alone is not sufficient, because many parts of a certified EHR are not necessarily implemented, said Dr. Floyd Eisenberg, senior vice-president for health information technology at the National Quality Forum, which sets goals for performance improvement.

After the meeting, the Markle Foundation released a consensus document with a "simple" definition of patient-centered meaningful use: "The provider makes use of, and the patient has access to, clinically relevant electronic information about the patient to improve patient outcomes and health status, improve the delivery of care, and control the growth of costs." ■

Coalition Pledges to Cut Rise in Health Care Costs by $2 Trillion

BY JOYCE FRIEDEN

Leaders of several health care and labor organizations met with President Obama at the White House and proposed ideas to reduce the growth in health care costs by as much as $2 trillion over the next decade.

In a letter sent to the president, the six organizations—the American Medical Association, the American Hospital Association, the Pharmaceutical Research and Manufacturers of America, the Advanced Medical Technology Association, America's Health Insurance Plans, and the Service Employees International Union—vowed to work as a group to help achieve the cost reduction. Among their proposals:

► Cutting costs by focusing on administrative simplification, standardization, and transparency;

► Reducing overuse and underuse of health care by aligning incentives so that physicians, hospitals, and other providers are encouraged to work together toward the highest standards of quality and efficiency;

► Encouraging coordinated care and adhering to evidence-based best practices and therapies that reduce hospitalization and manage chronic disease more effectively;

► Implementing proven prevention strategies; and,

► Making improvements in care delivery, health information technology, workforce development, and regulatory reforms.

The American Medical Association told the president that although evidence-based guidelines will be helpful in reducing costs, the reductions could be enhanced if physicians had more liability protection. "If everyone who walks into the emergency room gets an MRI for a headache, it's a costly procedure," AMA president-elect Dr. J. James Rohack said. "In some areas of the country [that test has] been done because people sued when they didn't get the test. If we create scientifically based guidelines that say not everyone needs to have the MRI for a headache, physicians have got to have liability protection so they don't get sued if they follow that guideline."

The president called the White House meeting historic. "[This is] a watershed event in the long and elusive quest for health care reform," he said after the gathering. "And as these groups take the steps they are outlining, and as we work with Congress on health care reform legislation, my administration will continue working to reduce health care costs to achieve similar savings."

OFFICIAL WHITE HOUSE PHOTO BY PETE SOUZA

President Barack Obama meets with health care reform stakeholders at the White House May 11, 2009.

"We are very cautious about the particulars of the voluntary effort that groups proposed to the White House," said a statement from the National Coalition on Health Care. "Most of the measures that they cited would help to make the health care system more efficient over time, but, as the Congressional Budget Office has indicated, should not be counted on to produce substantial savings soon. ... We are heartened by the sector's growing acceptance of responsibility to engage constructively in a search for solutions, but we believe that those solutions will need to be embodied in law." ■