

Feds Vow to Monitor EHR Adoption Gap Annually

Certifying technologies, seeing if some practices with special needs require a safety net are planned.

BY ELAINE ZABLOCKI
Contributing Writer

SAN DIEGO — Government strategies for health information technology will aid physicians by lowering the cost, improving the benefits, and lowering the risks, said David J. Brailer, M.D., Ph.D., national coordinator for health information technology, in a keynote address at the annual meeting of the American Health Lawyers Association.

Information technology “is a tectonic issue for physicians, one that separates old from young, progressive from Luddite, and those who want to be part of a performance-based future from those who want to practice the way they have for years,” said Dr. Brailer of the Department of Health and Human Services, Washington. “We’re trying to be nonregulatory, to use a market-based approach, and that means we

want to work with the willing. Surveys show that many physicians, at least half today, would do this if they could figure out how to do it.”

One barrier to adoption of electronic health records (EHRs) is the variety of products on the market. Certifying a basic, minimally featured EHR system will aid physicians in making rational purchasing decisions, Dr. Brailer said.

Another barrier to adoption of EHRs is the current lack of a sound business model. A “pay-as-you-go” financial model is not feasible, and financial incentives will be needed to accelerate the transition, Dr. Brailer said, without specifying any further details.

Large physician groups and hospitals are far ahead of small physician offices in adopting EHRs. According to Jodi Goldstein Daniel, a Department of Health and Human Services senior staff attorney on

health information technology issues who also spoke at the meeting, more than 50% of large practices have adopted EHRs, while only 13% of small practices have done so. Dr. Brailer’s office plans to monitor the adoption gap annually, to see whether it is closing, whether certified technologies are being used, and whether rural and other practices with special needs require some kind of safety net.

“We don’t want to see health IT become a strategic wedge between the haves and

the have-nots; we want a level playing field so that everyone can participate,” he said.

Once a significant mass of physicians shifts to EHRs and consumers experience the benefits of information passing seamlessly among their doctors within a secure electronic infrastructure, then physicians who haven’t adopted EHRs “may actually get rolled over by the market,” Dr. Brailer said. “The market force, once it gets going, will be inevitable.” ■

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Massachusetts Coalition Launches an EHR Project

BY MARY ELLEN SCHNEIDER
Senior Writer

BOSTON — Three Massachusetts communities will soon be wired for electronic health record systems as part of a \$50 million pilot project.

The idea, being undertaken by the Massachusetts eHealth Collaborative, is to test out the implementation of interoperable EHRs within communities before attempting to connect physicians across the entire state.

“We’re completely focused on practical solutions so we can get these things into physicians’ hands and health care professionals’ hands and keep them there,” Micky Tripathi, CEO of the Massachusetts eHealth Collaborative said at a congress sponsored by the American Medical Informatics Association.

The collaborative is a not-for-profit group founded by 34 health care institutions seeking to create a statewide health information network. The collaborative was launched last fall and requested applications for its pilot project last December. They received 35 applications from communities across the state and chose three—greater Brockton, greater Newburyport, and Northern Berkshire. The pilot is being funded through a grant from Blue Cross Blue Shield of Massachusetts.

Each community chosen was a relatively self-contained medical referral market, had strong local health care professional leadership, and demonstrated an openness to information technology (IT) innovation, Mr. Tripathi said.

The final selections were based in part on location, patient diversity, and IT maturity, he said. Members of the collaborative also wanted to choose communities at different points of the IT adoption curve in order to see the different types of benefits. The three communities cover nearly 600 physicians treating roughly 500,000 patients. Overall,

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there are 182 primary care physicians and 410 specialists. The pilots will include almost 200 offices sites, most of which have one to five physicians, he said.

The pilot projects will include the purchase and installation of EHRs at all clinical care points, as well as connecting them to other systems within the community.

Although existing studies have shown the benefit of EHRs on a small scale, Mr.

Tripathi said this pilot is a chance to see what will happen in a larger, community-wide rollout. The pilot will be aimed at determining the barriers to adoption, identifying the costs—both direct and indirect—of adoption, and analyzing the benefits. Officials at the collaborative will also be seeking to figure out how the costs and benefits are distributed across stakeholders. ■

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