

Ready Your EHR System Now

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guarantee of certification into the contract with the vendor.

Physicians just need to be sure to get any assurances in writing, said Dr. Waldren. And they need to be clear on the terms of the guarantee.

For example, will the guarantee allow you to get your money back if the vendor fails to become certified or does it allow you to withhold payments until the vendor becomes certified?

Physicians also should look to include service level agreements in their contacts with vendors, Dr. Waldren said. This ensures that the practice will get

specific levels of support within certain time frames. If the company fails to deliver on the promised level of service, the practice may be able to make reduced payments or hold payments until that service level is met.

These agreements could become important, Dr. Waldren said, because vendors are likely to be very busy as more practices adopt EHRs over the next few years.

When choosing an EHR product, there are several factors to consider, Ms. Griskewicz said, such as whether the software will fit in with the workflow of the practice and whether it is usable by everyone in the office.

One way to answer some of those questions is to talk to clinicians at other practices who have already implemented the product.

It's best to try to find practices that are similar to your own, Ms. Griskewicz said. And ask about integration issues such as how the system

will work with existing billing software or how it can help the practice to handle future regulatory changes such as the switch from ICD-9 to ICD-10, she said.

Physicians should consider future meaningful use requirements when choosing a product, Dr. Waldren advised. Right now, physicians have to meet stage 1 criteria for meaningful use, but the requirements will get more difficult in stages 2 and 3 and re-

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MS. GRISKEWICZ



Only meaningful users of certified technology will qualify, so build guarantees of certification into vendor contracts.

DR. WALDREN

quire different functionality from the EHR technology, he said.

For now, physicians may be able to meet many of the early requirements through the implementation of e-prescribing and registry programs.

Because the law does not require that physicians implement a full EHR system to qualify for incentive payments, physicians who are buying an EHR product for the first time may want to consider purchasing individual EHR modules, Dr. Waldren said.

The modules are significantly less expensive than traditional full systems. However, physicians who are considering a modular approach need to find out how the vendor would support stages 2 and 3 of meaningful use.

And they would need a plan for how to move their data if they decided to switch to a different system later, he said.

For those practices that have already implemented an EHR system,

the work is not over. They now have to ensure that they can meet the meaningful use requirements and that their system will be certified under the new federal rules. Many vendors will be offering upgrades to meet the certification requirements at varying costs.

If you're satisfied with your current system, it makes sense to stay with that vendor even if certification requirements can't be met right away, Dr. Waldren said.

Although physicians can begin to qualify for meaningful use on Jan. 1, 2011, they can start submitting information to the government as late as October 2012 and still be eligible for the full incentive payments under Medicare.

Physicians who are not satisfied with their current system and who want to switch to a new product should consider that it may take some time to migrate the data from one product to another, Dr. Waldren added.

Because vendors will be focused on trying to add as many new users as possible, getting the support and service for data migration may be challenging, he said.

As physicians consider their options, the key is to get educated, Ms. Griskewicz said. She recommends that physicians seek out trusted sources such as the Centers for Medicare and Medicaid Services and their medical professional societies, many of which are offering free Webinars and other online information.

"The big thing right now is that they educate themselves as to what are the requirements" and what they need to do and what is the best fit for their practice, she said. ■

EHRs—Don't Wait, But Don't Rush

Dr. David Blumenthal, the national coordinator for health information technology, has been making the rounds, getting the word out to physicians about the new meaningful use requirements and how to qualify for incentive payments for using EHRs.

During recent Webinars offered by professional medical societies, Dr. Blumenthal told physicians that they should get started on EHR implementation, but that they don't have to rush to be using the system by Jan. 1, when the new incentive program begins. At that point, physicians can begin to apply to the Centers for Medicare and Medicaid Services to become meaningful users. Those who qualify could begin receiving incentive payments as early as May 2011, according to Dr. Blumenthal. However, under the Medicare program, physicians can take advantage of the full amount of incentive payments, just at a later date, as long as they can become meaningful users by Oct. 1, 2012.

"You have time to learn to be a meaningful user," Dr. Blumenthal said during a Webinar sponsored by the Medical Group Management Association.

For physicians who need assistance selecting or implementing EHR technology, Dr. Blumenthal recommended that they contact their local regional extension centers. The Office of the National Coordinator for Health Information Technology has awarded grant money to set up 60 of these centers around the country. The centers are focused on assisting primary care physicians in small practices and in underserved areas, but no practices will be turned away, Dr. Blumenthal said.

For more information about the regional extension program, go to <http://healthit.hhs.gov/extensionprogram>.

AMA Releases Its Code of Conduct for Health Insurers

BY ALICIA AULT

The American Medical Association is calling on U.S. health insurance companies to adopt its just-issued code of conduct.

The Health Insurer Code of Conduct Principles evolved out of a resolution put forward and unanimously adopted by the AMA House of Delegates at its 2008 Interim Meeting.

The New York delegation called on the AMA to develop such a code, get insurers to sign on, and come up with a way to monitor compliance. The code has already been endorsed by nearly every state medical society as well as 19 specialty societies, according to the AMA.

The last time the insurance industry issued any kind of internal standards was 15 years ago, according to the AMA, which added in a statement that the industry has had a "questionable" record of compliance with those standards, known as the Philosophy of Care.

"The health insurance industry has a crisis of credibility," Dr. J. James Rohack, AMA president, said in the statement. "With the enactment of federal health re-

form legislation, it's time for insurers to re-commit to patients' best interests and the fair business practices necessary to re-establish trust with the patient and physician communities."

Americas Health Insurance Plans, the industry trade organization, did not directly address the code, but spokesman Robert Zirkelbach said many of the principles are covered under the health reform law—formally, the Affordable Care Act.

"Health plans have pioneered innovative programs to reward quality, promote prevention and wellness, coordinate care for patients with chronic conditions, streamline administrative processes, and provide policyholders with greater peace of mind," Mr. Zirkelbach said.

"We will continue to work with policymakers and other health care stakeholders to improve the quality, safety, and efficiency of our health care system," he added.



The code's principles address topics including cancellations and rescissions; medical loss ratios and calculating fair premiums; open access to care, including transparent rules on provider networks and benefit limitations; fairness in contract negotiations with physicians; medical necessity and who can define it; and a call for more administrative simplification, fewer restrictions on benefits, and better risk adjustment mechanisms for

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"physician profiling" systems.

Physicians should also have more opportunity to challenge ratings in those systems, according to the principles. The AMA said that it has written to the eight largest health insurers seeking their pledge to comply with the code. ■

For more information, visit www.ama-assn.org/ama/pub/advocacy/current-topics-advocacy/private-sector-advocacy/code-of-conduct-principles.shtml.