When to Buy an EHR: AAFP Experts Weigh In

BY MARY ELLEN SCHNEIDER

BOSTON — Physicians enticed by the federal health information technology incentives may think now is the time to buy that electronic health records system.

That is not necessarily true, according to health IT experts who spoke at the annual meeting of the American Academy of Family Physicians.

Dr. David C. Kibbe, a senior adviser to the AAFP's Center for Health Information Technology, said that now is the time to investigate EHR systems, not necessarily to buy one. Physicians may be best served by waiting several more months for the federal government to finalize its standards and for vendors to get ready to offer products that will meet federal requirements, he said.

"When things are this uncertain, regardless of what the vendors say, I wouldn't purchase anything. At the same time, [you should] educate yourself," Dr. Kibbe recommended. "It's really still very fuzzy."

Under the American Recovery and Reinvestment Act, physicians who treat Medicare patients can get up to $44,000 over 5 years for the "meaningful use" of a certified health information system. Physicians whose patient populations are made up of at least 30% Medicaid patients can earn up to $64,000 in incentive payments for their use of the technology.

There are, however, a few caveats. The incentives payments are spread out over 5 years starting in 2011, with no money paid up front. Physicians cannot get payments from both Medicare and Medicaid.

And starting in 2016, physicians will see a 2% reduction in their Medicare pay-

ments if they aren't engaged in meaningful use of an EHR.

The federal government is in the process of developing its definition of "meaningful use," but a final version, which has gone through the full federal rule-making process, probably won't be ready until late spring. Federal committees are also still working on the criteria for certifying products under this program.

While the certification criteria are still being developed, it is expected that physicians will be able to buy products on a modular basis, with one product for e-prescribing and another for quality reporting through a registry, for example, rather than purchasing a single EHR that performs all the required functions. Physicians also will be able to apply for site-specific certification if they have a "home grown" EHR, said Dr. Steven E. Waldren, director of the AAFP's Center for Health Information Technology.

The news was frustrating for some of the family physicians who attended the AAFP's annual meeting. Dr. Norah Walsh, a family physician from Los Lunas, N.M., wanted to know what she should be doing with so much uncertainty in the marketplace.

Dr. Walsh, who spent $50,000 about a decade ago on an EHR system that was useless to her practice, said she's not going to rush to buy anything based on the new federal incentives. Right now she's planning to investigate freely available EHR software.

The decision to buy a health IT system is an individual one for each practice, Dr. Waldren said. Physicians need to keep in mind that the longer they wait, the more likely it is that they will choose a system that will qualify for federal incentive payments. On the other hand, by waiting, they also increase the chances that they won't have the system implemented in time to get the federal funds.

Health IT systems can't be implemented in a matter of a week or even a month, so physicians need to do the work to select a product now, rather than waiting until just before the incentives payments start in 2011, Dr. Waldren said. If physicians purchase a product before the certification process has begun, they can ask the IT vendor to include a clause in the contract that says the product will be certified for meaningful use. ■