Feds Seek Physicians to Test Electronic Records

BY MARY ELLEN SCHNEIDER
Senior Writer

Officials at the Centers for Medicare and Medicaid Services are seeking physicians to test electronic health record software originally developed by the Department of Veterans Affairs and adapted for use in physicians' offices.

CMS is releasing a test version of the software—called VistA-Office—in an effort to assess its effectiveness, usability, and potential for interoperability in small physician practices, the agency announced late last month.

"The release of an evaluation version of VistA-Office will provide a testing laboratory for interoperability and will supplement efforts by the American Health Information Community to establish a certification criteria and process," CMS Administrator Mark B. McClellan, M.D., Ph.D., said in a statement.

The goal is to refine the software based on the results of the test period and develop a version of the VistA-Office electronic health record (EHR) that could be certified under a process recognized by the Department of Health and Human Services.

The VistA-Office EHR was adapted from the hospital information system of the Department of Veterans Affairs (VA). The VA system is used in 1,300 sites and has been in use for more than 20 years.

The test version of the software includes core functions such as clinical order entry, standard progress note templates, and results reporting. It also includes features designed specifically for physician offices including interfaces to existing practice management and billing systems, quality measure reporting capabilities, clinical reminders for disease management, and templates for ob.gyn. and pediatric care.

The VistA-Office test software will not be free. The first-year costs (cost of software, licensing fees, and support) are estimated to be about $2,740 for a group of one to seven users, according to a CMS spokesman, who added that practices are likely to incur added office staff costs associated with implementing the EHR.

Health information technology experts welcomed the testing of a new office-based EHR product, but cautioned that not all physician practices are suited to becoming a beta-test site.

"It's good for physicians to have more choices," said Mark Leavitt, M.D., Ph.D., chair of the Certification Commission for Healthcare Information Technology, a voluntary, private-sector initiative to certify health information technology products.

But Dr. Leavitt warned that participating in a beta test isn't for everyone. Generally in such a test, practices are not supposed to rely on the new software, so physicians would have to run the test software parallel with their paper systems. That extra step can cost the practice in terms of time and money, he said.

"A beta test definitely stresses the office," he said.

The best candidates for a beta test are physicians who are technically savvy and who have the extra time and interest to devote to the project, Dr. Leavitt said.

Physicians should carefully review the VistA-Office product before volunteering to test it and not just choose it because it is less expensive than some other options on the market, said Joe Heyman, M.D., secretary of the board of trustees of the American Medical Association and a gynecologist in solo practice in Amesbury, Mass.

As with any other EHR, it's important for physicians to survey their own office and work flow, he said.

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New Orleans Neurologists Are Hit but Not Down

BY JENNIFER LUBELL
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In the wake of the severe hurricane season on the Gulf Coast, thousands of displaced physicians are looking for ways to keep practicing medicine.

For some, this means relocating to another part of the country or holding down a temporary job in the hopes they'll someday reclaim their practice from flood-ravaged areas and regroup with their patients.

Pediatric neurologist Carmela Tardo, M.D., director of the epilepsy center at New Orleans' Children's Hospital, didn't return to the city for nearly 6 weeks after Hurricane Katrina made landfall in late August.

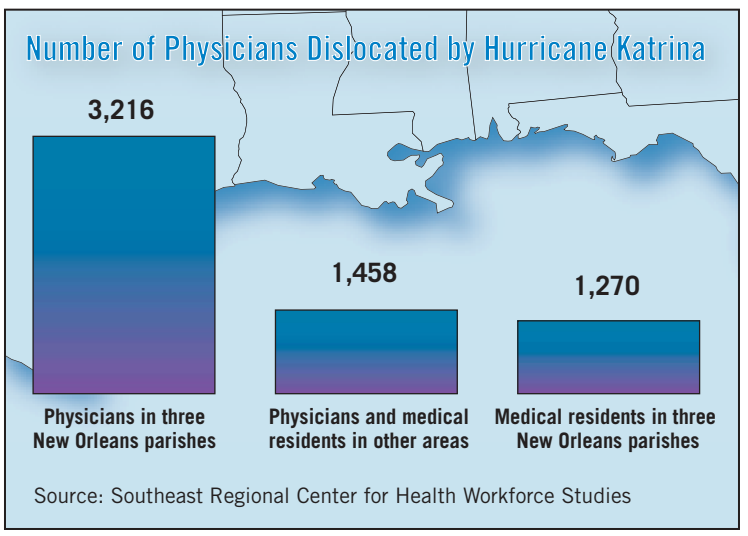
"[In early October] we were given the go-ahead to return to Children's Hospital … which fortunately was located in an area uptown and did not flood," Dr. Tardo, a clinical professor of neurology at Louisiana State University, said in an interview.

During those weeks in limbo, Children's Hospital stayed busy, opening up a temporary corporate office and an outpatient clinic in Baton Rouge 2 weeks after the hurricane. Another clinic was established in Lafayette. "We've had to adapt by becoming more mobile," said Dr. Tardo.

Both of these facilities will remain in operation.

For now, the hospital in New Orleans is nowhere near full capacity, she said. "We had maybe 35 patients yesterday, where we normally would have 150. We're very pleased we're getting things [back to normal]. But many of our patients may not be here anymore."

Faculty at LSU had dispersed "everywhere" after Hurricane Katrina—to Alabama, California, Georgia, or South Carolina—said Dr. Tardo. Evacuating the city before the hurricane hit, Dr. Tardo had stayed in Houston before temporarily relocating to Baton Rouge for a few weeks, then finally moving back home. "During this period, the seven pediatric neurologists, all LSU faculty, were in touch with each other through e-mail and phone calls," she said. All have since returned to Louisiana to practice medicine.



Michael Happel, M.D., a neurologist who lost his practice in New Orleans, is trying to reestablish his practice and build up his referral base in a new area.

His home in Metairie, La., survived, but the private practice in Chalmette, in Orleans Parish, flooded, he said in an interview. The rented office "looks like the inside of a toilet bowl," he said. Fortunately, his paper records escaped the flooding—they were being stored at a nearby office on the 10th floor. "I know some physicians who lost 20 years of records," said Dr. Happel.

Whenever he needs his records, however, he has to hike up those 10 floors to carry down sometimes as much as 100 pounds of documents at a time. "I've been relocating records for patients, who are asking them to be forwarded to another doctor."

Dr. Happel's private practice is part of a group of eight neurologists that share overhead and jointly negotiate managed care contracts. At press time, Dr. Happel is living in his home and commuting to one of the group's offices in Covington, La., on the north shore of Lake Pontchartrain. "My average monthly [patient] volume is 5%-10% of what it once was," he said, referring to his current patient base. For now, he sees about 3-5 patients a day.

"I'm pretty much living day to day," said Dr. Happel, who's looking to open a new practice in Metairie, to replace the one in Chalmette, and has applied for hospital privileges in that area. "I'm committed to trying to stay [in Louisiana] and make it work, but it's difficult," he said.

Nancy Michaelis, M.D., an internist from Chalmette, La., obtained a temporary license to practice in Virginia. Overall, she's had three job offers, but in an interview said she's "desperately trying to get back to New Orleans." For now, it looks like she'll be practicing in Virginia for quite some time.

"My house survived quite well … [but] St. Bernard Parish was completely destroyed. The two hospitals that I went to—Chalmette Medical Center in St. Bernard and Pendleton Memorial Methodist Hospital in New Orleans East—are not operational anymore. Furthermore, the population I used to see is not there anymore."

If group practices felt the impact of the hurricanes, "the worst toll has been with physicians in individual practices, who have lost their house and practice," Dr. Tardo commented.

Some physicians are considering a more permanent relocation. Otolaryngologist Michael Ellis, M.D., whose practice in Chalmette was flooded during Hurricane Katrina, is considering a move to North Carolina. Through his contacts in organized medicine, Dr. Ellis said he's been offered positions, both in private practice and in academic medicine, throughout the country.

"I've gotten job offers from North Carolina, Virginia, Tennessee, Chicago," he said in an interview.

Many physicians like Dr. Michaelis thought they'd practice at a temporary location then come back to New Orleans, "but that's less likely to happen as time goes on," said internist and infectious disease specialist Michael Hill, M.D.

Telephone service has been spotty in some areas, and it's been difficult for patients to navigate around the New Orleans area and get care, Dr. Hill said. His practice is trying to communicate with patients through newspaper ads and its Internet site, "which has updated where we are." At press time he was working at his group practice's offices in Covington, located north of Lake Pontchartrain, and in Slidell, La. Two other physicians in the practice are working in the North Shore.

He and Dr. Ellis have been trying to organize a summit with members of Congress to establish a medical health care system within New Orleans. "We want to make sure that organized medicine has a voice" in this effort, he said. ■

6,000 Physicians Displaced in Gulf Coast Region

A recent study from the University of North Carolina at Chapel Hill estimates that Hurricane Katrina and flooding in New Orleans may have dislocated up to 5,944 active, patient-care physicians, the largest single displacement of doctors in U.S. history.

It's expected that Hurricane Rita may boost the total to an unknown degree, according to the as-yet-unpublished study.

Approximately 6,000 "physicians doing primarily patient care in the 10 counties and parishes in Louisiana and Mississippi have been directly affected by Katrina flooding," said the study's author Thomas C. Ricketts III, M.D., deputy director for policy analysis at the university's Cecil G. Sheps Center for Health Services Research.

Data for the analysis were drawn from the American Medical Association's master file of physicians for the month of March and FEMA-posted information, as well as data from the American Association of Medical Colleges, Tulane University and Louisiana State University medical schools, the Texas Board of Medicine, and the state of Louisiana.

In an interview, Dr. Ricketts said most of the calls he's gotten to date have either been from physician recruiters or from practices in various parts of the country, asking for names of physicians who need a job.

Locum tenens or temporary positions have been an option for many of these physicians, according to Phil Miller, a spokesman for Merritt, Hawkins & Associates, a physician search firm based in Irving, Tex.

Staff Care Inc., the locum tenens agency of the Merritt, Hawkins group, has been placing physicians all over the country—in Texas, Oklahoma, the Carolinas, and Florida—Trey Davis, executive vice president for the agency, said in an interview. Hospitals and state licensing boards have facilitated this effort by making some exceptions to normal guidelines to process state licensing and hospital privileges, he said.

"We had a physician who contacted us a couple of days after Katrina hit. He flew his small, private plane to a location in Oklahoma and did a face-to-face interview with a government facility. Within 4 days, we pushed his privileges through, and he was seeing patients in less than a week."

Not every physician is looking to reestablish a practice or begin a new one, Dr. Ricketts pointed out. Some will decide to retire instead. "We don't know what this is going to mean to health care. We've never had to deal with something like this before."

Mr. Davis said his agency has been receiving a large number of calls for physicians to extend their contracts in their locum tenens jobs for as long as 6 months.

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The test software provides a reasonable cost option for physicians, said Arthur McDowell III, M.D., a cardiologist in Middletown, Conn., who has already implemented an EHR in his practice.

Government-sponsored pay-for-performance programs will spur adoption of EHRs, Dr. McDowell said.

The current discussion about incentives from the federal government is very promising, said Dr. Leavitt. Physicians want to see incentives that offer extra payment or lower the cost or administrative hassle, he said. While there are some pilot projects that offer incentives, the challenge is to make them available to the mainstream, he said.

The Certification Commission can help spur incentives, he said, because then government payers and health plans will know that they are paying for something robust.

"All the signs are pointing the right way," Dr. Leavitt said. ■

Physicians who are interested in being part of a beta test should contact an approved vendor who will actually run the test of the software. Vendors will select a small number of physician practices to participate. A list of approved vendors is available online at www.vista-office.org. A video demonstration of the VistA-Office software is available online at www.vista-office.org/software/demo.