

Pressure's On to Adopt EHRs; Help Is Coming

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More than 2 years after President Bush issued his call to action on the adoption of electronic health records, experts say there is growing pressure on physicians to heed that call.

Although physician adoption of EHRs remains low—especially in small practices—the movement toward pay for performance could start to drive adoption, said Mureen Allen, senior associate for informatics and practice improvement at the American College of Physicians. And the certification of EHRs by an independent body, which is slated to begin this summer, should help too. “The paradigm to some extent is changing.”

This month, many of the biggest players in health information technology gathered in Washington for National Health IT Week.

The series of events follows on the heels of more than 2 years' major action in the health IT landscape starting with President Bush's State of the Union address in January 2004 in which he called for the widespread adoption of interoperable EHRs within the decade.

A few months later, the Health and Human Services secretary appointed Dr. David J. Brailer as the first National Health Information Technology Coordinator. Dr. Brailer resigned from the post last month saying that he planned to stay in the job for only 2 years. Dr. Brailer said there is still a lot of work to be done in closing the adoption gap between large and small physician practices. His office has been focused on three strategies to close the gap—lowering costs, raising the benefits, and lowering the risks involved in purchasing an EHR system, he said during a teleconference announcing his resignation. Last fall, HHS Secretary Mike Leavitt established the American Health Information Community, a federally chartered commission to advise the secretary on interoperability issues. HHS proposed allowing hospitals and other entities to give physicians health IT hardware, software, and training.

HHS also awarded three contracts to public and private groups to create processes for harmonizing information standards, certifying health IT products, and addressing variations in state laws on privacy and security practices. And starting in January, prescription drug plans participating in the Medicare Part D program were required to begin supporting electronic prescribing. The regulation is optional for physicians and pharmacies.

Most recently, the Food and Drug Administration adopted the Systematized Nomenclature of Medicine (SNOMED) standard as the format for the highlights section of prescription drug labeling. The format will be required starting on June 30

for all new drugs and drugs approved within the last 5 years. The use of the SNOMED standards will make it easier for electronic systems to exchange FDA-approved labeling information, according to the agency.

One of the most significant developments has been the establishment of the Certification Commission on Health Information Technology (CCHIT). This group was formed in 2004 by the American Health Information Management Association, the Healthcare Information and Management Systems Society (HIMSS), and the National Alliance for Health Information Technology to develop criteria for the certification of EHRs.

CCHIT received a 3-year grant from HHS last fall to certify products in the ambulatory and inpatient setting as well as the systems' networks. Announcement of the first certified products in the ambulatory setting is expected by early July.

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The means for objectively comparing EHR systems is “about to become a reality,” said CCHIT Chair Dr. Mark Leavitt. Current estimates put physician adoption of EHRs at around 14%. Dr. Leavitt said he hopes that by taking some of the risk out of buying an EHR prod-

uct it will boost those adoption figures.

“I think we are on track,” said Dave Roberts, vice president of government relations at HIMSS. Although physicians still need to be educated about the value of EHRs, there are some other encouraging signs. For example, many states are helping to form regional health information organizations, he said.

These groups, called RHIOs, help to standardize the various regulations and business policies surrounding health information exchange. The federal government has funded more than 100 of these regional projects, and more efforts, supported by private industry or state governments, are underway, according to HHS. “The states are really buying into this whole initiative,” Mr. Roberts said.

For the majority of physicians, it just has not made financial sense to purchase an EHR system, Dr. Allen said. However, some physicians are beginning to see a strategic advantage in the adoption of technology. One advantage stems from regulations that encourage electronic prescribing.

EHR adoption is inevitable, Dr. Allen said, if only because so many younger physicians were trained on EHRs and won't go back to a paper system once they enter practice. And older physicians recognize that the change is coming, she said.

But Dr. Allen advised physicians that they don't need to jump into a full-blown EHR system. Electronic prescribing systems and electronic patient registries may be easier to adopt than a full EHR system, she said. Physicians can purchase EHRs in a modular fashion so that they can ramp up over time, she said. ■

POLICY & PRACTICE

Views on Stem Cells

Support for human embryonic stem cell research appears to be growing, with more than three-quarters of Americans who participated in a recent survey saying that they favor some form of the research. The survey, commissioned by the Coalition for the Advancement of Medical Research, found that 72% of Americans favor embryonic stem cell research, up from 68% in 2005. Most Americans also would favor an up or down vote in the Senate on H.R. 810, a bill that would ease restrictions on the use of federal funding for embryonic stem cell research. The legislation was passed in the U.S. House last year and advocates for stem cell research have been calling on Senate Majority Leader Bill Frist (R-Tenn.) to bring the legislation to the Senate floor. About 70% of survey respondents said the Senate should allow a vote on the bill or probably should allow a vote on the bill. In comparison, 18% of respondents said the Senate should not allow a vote on the bill or probably should not allow a vote. About 6% of respondents said they did not know. The poll was conducted by the Opinion Research Corp. and included a sample of 1,000 individuals taken in early May.

Supporting HIV/AIDS Fight

More than half (56%) of respondents to a recent poll said they believe the U.S. government isn't spending enough money to help combat HIV/AIDS in developing countries, up from 31% in 2002, according to poll sponsor the Kaiser Family Foundation. However, even more Americans said the government isn't doing enough at home. About 63% said the federal government is spending too little to address the HIV/AIDS epidemic in the United States. This figure is up from 52% in 2004. “Perhaps surprisingly, it appears that the American public does not suffer from AIDS fatigue,” Drew E. Altman, president and CEO of the Kaiser Family Foundation said in a statement. “They want more done and believe it will pay off.” The survey included a random, nationally representative sample of more than 2,500 adults. Detailed results are available online at www.kff.org/kaiserpolls/7513.cfm.

Abortion Training Gaps

Nurse practitioners, physician assistants, and certified nurse midwives lack clinical training in first trimester abortion procedures, according to a study that was published in the April issue of *Contraception*. Of the 202 accredited advanced practice clinician training programs that responded to a survey, 53% reported that they offer didactic instruction in at least one abortion procedure—surgical abortion, manual vacuum aspiration, or medical abortion. In addition, 21% provide clinical training in at least one of these abortion procedures. However, 96% provide didactic coverage on family planning and contraception, and 89% offer clin-

ical training in these areas. Programs that did not offer didactic instruction in abortion procedures cited a number of reasons including that it was not a curriculum priority, clinical sites were not available for education, and the practitioner scope of practice does not include abortion. In addition, 19% of nurse practitioner programs and 33% of physician assistant programs cited the issue as too politically charged. The study was conducted by Ibis Reproductive Health, the National Abortion Federation, and the Abortion Access Project.

Military Abortions Defeated

Congress once again defeated an attempt to allow overseas U.S. military hospitals to perform privately funded abortions. Last month, Rep. Susan Davis (D-Calif.) and Rep. Jane Harman (D-Calif.) sponsored an amendment that would have allowed servicewomen to seek abortions at a U.S. military health facility. The amendment, which was offered to the Department of Defense Authorization bill (H.R. 5122), was defeated by a vote of 237-191 in the House. The current law forbids U.S. military hospitals to provide abortion services except in cases of rape, incest, or life endangerment. Under the law, federal funds can be used for an abortion to save the life of the mother but private funds are required for abortions in cases of rape and incest. The existing ban forces U.S. servicewomen stationed overseas to travel long distances to find an American provider, seek services at an unfamiliar local facility, or have an “unsafe back-alley abortion,” according to a statement from Vicki Saporta, the president and CEO of the National Abortion Federation. Defeat of the amendment was praised by anti-abortion advocates. “Pro-abortion advocates have been trying to sneak this bill in for almost a decade, but each year, the House strikes it down,” Lanier Swann, director of government relations for the Concerned Women for America, said in a statement.

Abuse and Depression Linked

Women who have been victims of intimate partner violence have higher rates of severe depression than women who have not been abused, according to a study published in the June issue of the *American Journal of Preventive Medicine*. Recent victims of intimate partner violence were 2.3 times as likely to report any depressive symptoms and 2.6 times as likely to report severe depressive symptoms as women who had never been victims of intimate partner violence. Women who had experienced physical and/or sexual violence and long durations of abuse also had higher rates of depression, the researchers found. The researchers analyzed data from 3,429 women who were members of an HMO serving the Pacific Northwest and completed a telephone survey.

—Mary Ellen Schneider