



Electronic Health Record

Robert H. Emmick, M.D., FACEP, MBA

You might already recognize that using an electronic health record (EHR) can help your practice meet quality clinical standards, get lab results and other patient information more quickly, and work more efficiently — and eventually will lead to your being part of a broad network of electronic health information exchange.

The goal is better health care, but you also can improve your earnings by using an EHR (also called an electronic medical records, or EMR) — starting now, and with help from the federal government. The American Recovery and Reinvestment Act of 2009 (ARRA) offers financial incentives to physicians who use an EHR, and subsidizes on-site technical consulting to help physicians select and implement an EHR system. The West Texas Health Information Technology Regional Extension Center (WTxHITREC) is one of 60 such centers across the United States, and one of four that serves Texas.

“EHRs are valuable in disputing inaccurate rankings by insurers, as well,” said Sidney Ontai, MD, MBA, Texas Medical Association Council on Practice Management Services chair and member of the Ad Hoc Committee on Health Information Technology (HIT). Insurers issue physician rankings based on filing data that — insurance companies claim — constitute evidence-based measures. “EHRs are capable of sophisticated data mining, which will help physicians not only improve performance, but also contest erroneous insurance company rankings,” Dr. Ontai said.

Motivating factors aside, more physicians are switching to EHRs, according to the results of TMA’s 2009 EHR Survey. The survey shows 16 percent of physician respondents planned to implement an EHR within six months. (See the EHR survey results, including what physicians like best and least about their EHRs, at www.texmed.org/hit.)

PHYSICIAN INCENTIVES

ARRA provides \$17 billion of incentive payments to physicians and hospitals who demonstrate “meaningful use” of EHRs. Physicians can qualify for up to \$44,000 in Medicare incentive payments from 2011 to 2016 and up to \$63,750 in Medicaid incentive payments from 2011 to 2021 (see table). Physicians may participate in either the Medicare or the Medicaid incentive program but not both. In January, the Centers for Medicare & Medicaid Services (CMS) announced registration for the EHR incentive programs has opened. Details are available at www.cms.gov/EHRIncentivePrograms/.

Eligibility is determined by federal law. Hospital-based physicians

are not eligible for federal incentives if 90 percent or more of their services are furnished in a hospital. Physicians eligible for both the Medicare and the Medicaid EHR incentive programs must choose which incentive program they wish to participate in when they register. Before 2015, physicians may switch programs only once after the first incentive payment is initiated.

MEANINGFUL USE AND CERTIFICATION

Now that CMS has released final rules on meaningful use, physicians can go about realizing the benefits of an EHR and the incentive payments offered by the government. ARRA specifies three main components of meaningful use:

1. The use of a certified EHR in a meaningful manner, such as e-prescribing;
2. The use of certified EHR technology for electronic exchange of health information to improve quality of health care; and
3. The use of certified EHR technology to submit clinical quality and other measures.

Each stage of meaningful use requires increasing activities to fulfill the criteria for incentive payments. Under Medicare, physicians must meet the Stage 1 meaningful-use criteria for 90 days in the first year of enrollment in the incentive program. Under Medicaid, physicians must demonstrate they are live with the EHR in year one to be eligible for the first incentive payment. For Medicaid year two, physicians must demonstrate meaningful use for 90 days. The incentive program also requires the use of a certified EHR technology. Even if you are already using EHR technology, it must be tested and certified specifically for the Medicare and Medicaid EHR incentive programs. (See a current list of certified products at <http://onc-chpl.force.com/ehrcert>.)

HIT REGIONAL EXTENSION CENTERS

Reaching meaningful use presents both a financial and a technical challenge. ARRA recognized the technical aspect by setting aside funds to create the RECs. Texas’ four RECs are collaborating with TMA and each other. They have segmented the state for coverage in every county. In addition to the West Texas Health Information Technology Regional Extension Center (WTxHITREC), anchored by Texas Tech University Health Science Center, they are:

- North Texas Regional Extension Center, headed by the Dallas-Fort Worth Hospital Council;

Continued on page 12

**Electronic Health Record
(Continued)**

- CentrEast Regional Extension Center, directed by Texas A&M Health Science Center-Rural and Community Health Institute; and
- Gulf Coast Regional Extension Center, led by The University of Texas Health Science Center at Houston.

TMA has ensured that each REC remains physician-centric by asking that half of each REC board be composed of physicians nominated by TMA and a county medical society. Physicians on the WTxHITREC advisory board are Robert Emmick, MD (El Paso), Sidney Ontai, MD, MBA (Plainview), Robert Posteraro, MD (Lubbock), and Dean Schultz Jr., MD (Abilene).

Dr. Murray, a pediatric emergency medicine physician and member of TMA's Ad Hoc Committee on Health Information Technology, said the centers can help physicians choose and implement the right EHR system, analyze their workflow before EHR implementation, evaluate the EHR implementation plan, answer questions and

concerns during implementation, provide technical assistance, and assess the EHR's functionality and how a practice uses the technology to achieve meaningful use.

"Working with the RECs allows me to help doctors get the aid they need to implement health information technology. RECs are going to be crucial in helping physicians select and implement EHRs and achieve meaningful use," Dr. Murray said.

HOW CAN I LEARN MORE ABOUT THE WTXHITREC?

Call the WTxHITREC to enroll and set an appointment for on-site consulting at (806) 743-7960 or by visiting www.wtxhitrec.org. The WTxHITREC's dedicated team of experts will make efficient use of your time and show you how they can help you meet your specific requirements and get you to meaningful use. The federal incentives for consulting and EHR use are unprecedented and will not last long. TMA has also set-up a health information technology helpline at (800) 880-5720 to answer physician questions about these topics.

Medicaid Maximum Incentives						
	Adopt in 2011	Adopt in 2012	Adopt in 2013	Adopt in 2014	Adopt in 2015	Adopt in 2016
2011	\$ 21,250					
2012	\$ 8,500	\$ 21,250				
2013	\$ 8,500	\$ 8,500	\$ 21,250			
2014	\$ 8,500	\$ 8,500	\$ 8,500	\$ 21,250		
2015	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$ 21,250	
2016	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$ 21,250
2017		\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500
2018			\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500
2019				\$ 8,500	\$ 8,500	\$ 8,500
2020					\$ 8,500	\$ 8,500
2021						\$ 8,500
TOTAL	\$ 63,750					

Medicare Maximum Incentives						
	Adopt in 2011	Adopt in 2012	Adopt in 2013	Adopt in 2014	Adopt in 2015	Adopt in 2016
2011	\$ 18,000					
2012	\$ 12,000	\$ 18,000				
2013	\$ 8,000	\$ 12,000	\$ 15,000			
2014	\$ 4,000	\$ 8,000	\$ 12,000	\$ 15,000		
2015	\$ 2,000	\$ 4,000	\$ 8,000	\$ 12,000		
2016		\$ 2,000	\$ 4,000	\$ 8,000		
TOTAL	\$ 44,000	\$ 44,000	\$ 39,000	\$ 35,000	\$ -	\$ -

Robert H. Emmick, M.D., FACEP, MBA, Emergency Medicine, Assistant Professor, Paul L. Foster School of Medicine, El Paso, Texas.