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In the News.....IT Healthcare

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The article below says it all.¹ It quotes Dr. David Blumenthal the US National Health IT Coordinator. There are only 18,000 registered providers to collect the government incentives out of a total of nearly 1 million US providers. Clearly there is a tremendous opportunity ahead and as with other innovations, healthcare providers procrastinate. Dr. Blumenthal recognized that the transition is not easy at first; he cites though that with simplified records, \$27 billion USD and a hard mandate for 2014, the upfront investment by the providers will be well rewarded. Furthermore, the "US public" expects results for that investment, better and faster care and maybe lower costs and less unnecessary medical procedures.

Blumenthal takes issue with EHR adoption naysayers

Healthcare providers should not use the difficulty of adopting electronic health records and the dueling conclusions of various studies on EHRs effect on quality as excuses to put off computerizing their records, believes Dr. David Blumenthal, the national health IT coordinator.

"I know that adopting electronic health records [EHRs] is not easy or problem-free or cost-free or atraumatic, because it can be all those things," he said, adding that's why his office created regional extension centers and other supports.

"I understand that it is still a big risk," he said at a conference sponsored by Academy Health and Health Affairs journal.

Blumenthal pointed out that 18,000 providers have already registered to participate in the meaningful use incentive program. The first payments will go out to qualified Medicare providers on May 1, and some Medicaid providers have already received payment.

Dr. Kevin Lanphear, a family physician in Newburyport, Mass., said he has adopted an EHR system and called himself a "super user but not a meaningful user" yet. However, his EHR only changed the way he recorded data, he said on the same panel Feb. 8th.

"With the extra five or 10 minutes I have to spend to electronically put the data into it, I probably could have seen three or four extra patients a day and been able to provide more care," he said.

Small practices in his community are struggling to handle deploying EHRs, meeting the measures for meaningful use and still run a business. "It's frustrating for physicians trying to implement them, and some walk away from the investment because it's too hard," he said.

¹ Government Health IT of February 15, 2011



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Blumenthal said that the infrastructure that supports meaningful use of EHRs is also taking shape. The 62 regional extension centers, established to offer local technical assistance around the country, have enrolled 40,000 providers. Authorized testers and certifiers have approved 350 EHRs and modules. And community colleges will, in the spring, graduate some 3,400 students for the health IT professions.

Test sites have also started conducting simple exchanges of a patient's summary record through secure email as part of ONC's Direct Project.

Dr. Donald Wilson, medical director of Quality Insights of Pennsylvania, a quality improvement organization, said most physicians weren't taught how to document in an electronic medical record. Physicians are still dictating their notes.

"It is no benefit to them if they can't mine the data," he said. "We really need to have training so doctors are able to use it the right way."

Blumenthal said his office has met with groups that influence training and professional development of physicians, including the National Board of Medical Examiners and American Federation of Medical Licensing Boards, to work with them to include necessary health IT skills.

"Any physician under the age of 35 now is going to demand that they be able to use an EHR during their practice life," he said. "It's like otherwise living in the 1950s in their profession when they live in the 21st century for everything else they do."

Lanphear said that the perception exists that the improved quality of care from EHRs has not yet been proven, "and perception is a very important aspect of rolling out the program."

Blumenthal disagreed with a couple of recently published studies that question whether EHRs contribute to improved quality of care. He said that the studies were based on data that was several years old.

"We have comprehensively reviewed the literature, over 4,000 studies, and we have a manuscript in press that will rebut the allegation," he said, adding, "More telling is that a great majority of physicians with EHRs do not go back to paper."

The meaningful use incentive program is voluntary, Blumenthal reminded his audience. Taxpayers have put up \$27 billion, during a recession, for physicians and hospitals to adopt the technology "that they could have adopted by themselves but they didn't. We are handing over tens of thousands of dollars to doctors and millions of dollars to hospitals to do something that you may hear them say is a burden and an obligation and a mandate," he said.

Even the Medicare penalties that kick in several years down the road are modest given that Medicare is only a fraction of most physicians' payments, Blumenthal said. "If you look at this from the standpoint of the average voter and the taxpayer, this is a big, big subsidy to a profession that on average earns considerably more than the average American," he said.