The EHR Plan: Reaping the Rewards

BY CHRIS NOTTE, M.D.
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The much-talked-about stimulus package has spurred legislation aimed at promoting the use of health care technology. But will the goals of the legislation truly help practicing physicians stem the rising costs of delivering effective care, or will it turn into a financial burden to most practices?

The Health Information Technology for Economic and Clinical Health Act (or HITECH) was signed into law in February. Included in this bill is about $19 billion to promote the adoption of electronic health records (EHRs) in all physician practices by 2015. The money is to be spent in a number of ways, including incentives to individual physicians, development of HIT (health information technology) regional extension centers, education of health IT professionals, and state grants to promote health information exchange. As it is currently written, that cash will start flowing in 2011. How can physicians get their hands on some of it? That is where things become a bit vague.

According to HITECH, physicians making “meaningful use” of a certified EHR will qualify for up to $44,000 in incentives. These incentives will come in the form of Medicare or Medicaid reimbursements paid out over 5 years. Priority will be given to individual physicians or small practices focused on primary care, as well as not-for-profit hospitals and health care centers in underserved communities. Ostensibly, these incentives are designed to offset the cost of full EHR adoption and encourage the use of high-quality EHR software.

Look a little closer at the definition of “meaningful use,” however, and you’ll find a complex matrix of objectives and quality measures:

- Procedures were categorized by technique: plain radiography, CT, fluoroscopy (including angiography), and nuclear imaging. They also categorized the procedures by area of focus: chest (including cardiac imaging), abdomen, pelvis, arm or leg, head and neck (including brain), multiple areas (including whole-body scanning), and unspecified.

- The average number of procedures per person per year was 1.2 and median number was 0.7 per person per year. The mean effective dose was 2.4 mSv/person per year with a median effective dose of 0.1 mSv/year.

The proportion of patients undergoing at least one procedure during the study period increased with age, from 50% in those aged 18-34 years to 86% in those aged 60-64 years. A total of 79% of women underwent at least one procedure during the study period, compared with 60% for men (N. Engl. J. Med. 2009;361:849-57).

- Moderate doses (3-20 mSv/year, the upper annual limit for occupational exposure for at-risk workers, averaged over 5 years) occurred at an annual rate of 199 per 1,000 persons. High (20-50 mSv/year, the upper annual limit for occupational exposure for at-risk workers in any given year) and very high (greater than 50 mSv/year) doses occurred at annual rates of 19 and 2 per 1,000 persons, respectively. “Each of these rates rose with advancing age,” noted Dr. Fazel.

- Generalization of our findings to the United States suggests that these procedures lead to cumulative effective doses that exceed 20 mSv/year in approximately 18% of patients who were making some use of an EHR, though about half of those admitted their system is only minimally or partially functional. This is up from 29% making some use of an EHR in 2006, and it seems that, even without government stimulus, progress is being made.

In spite of initial skepticism about government involvement in patient care, it is hard to deny the appeal of a little extra money in your pocket.

In the end, though, the success of HITECH won’t be determined by philosophical goals or Medicare reimbursements. Instead, the true value of the program will hopefully be seen in better patient outcomes and improved physician satisfaction.

Dr. Notte is in private practice in Chalfont, Pa. They work with EHR Practice Consultants (www.chrp.com), assisting practices in the transition from paper to EHR systems.

Medical Imaging Exposes Many Patients to Radiation, Risk

BY KERRI WACHTER

Medical imaging exposes a significant portion of patients to various doses of ionizing radiation, and in some cases, to substantial doses, potentially increasing the associated risk of cancer, according to findings in some cases, to substantial doses, potentially increasing the associated risk of cancer, according to findings in a retrospective cohort study.

The results are based on an analysis of 952,420 nonelderly adults who were enrolled in United HealthCare’s Medicare or Medicaid insurance program. They were identified in the 3-year period. The average number of procedures per person per year was 1.2 and median number was 0.7 per person per year. The mean effective dose was 2.4 mSv/person per year with a median effective dose of 0.1 mSv/year.

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