Clearing a Path to Certification

Definition of ‘Meaningful Use’ Varies When It Comes to EHRs

BY JOYCE FRIEDEN

WASHINGTON — Just what exactly does ‘meaningful use’ mean? It sounds like a simple question, but there’s a lot of money riding on the answer. The Recovery Act, formally known as the American Recovery and Reinvestment Act, stipulates that for a physician to receive up to $44,000 in financial incentives for purchasing an electronic health record, the record must be put to ‘meaningful use.’ Now the government has to come up with a definition of the term.

At a subcommittee meeting of the National Coalition on Vital and Health Statistics, which was convened to discuss meaningful use, several speakers explained why having more physicians adopt an electronic health record (EHR) was so valuable.

Dr. Elliott Fisher, professor of medicine at Dartmouth University, Hanover, N.H., explained the benefits of EHRs by noting that more health care is not always better care. “Gray area” discretionary decisions about which specialty to refer to a specialist explain most of the regional differences in health care spending and are responsible for most of the health care overuse, he said. The only way to reduce that overuse is to feed the information—gathered through EHRs—back to the physician “and start to have a conversation about when to refer to a specialist. “The provider makes use of, receives from the patient and has access to, clinical modules that reduce the growth in health care costs by as much as $2 trillion over the next decade.”

In a letter sent to the president, the six organizations—the American Medical Association, the American Hospital Association, the Pharmaceutical Research and Manufacturers of America, the Advanced Medical Technology Association, America’s Health Insurance Plans, and the Service Employees International Union—vowed to work as a group to help achieve the cost reduction. Among their proposals:

- Cutting costs by focusing on administrative simplification, standardization, and transparency;
- Reducing overuse and underuse of health care by aligning incentives so that physicians, hospitals, and other providers are encouraged to work together toward the highest standards of quality and efficiency;
- Ensuring coordinated care and adhering to evidence-based best practices and therapies that reduce hospitalization and manage chronic disease more effectively;
- Implementing proven prevention strategies; and
- Making improvements in care delivery, health information technology, workforce development, and regulatory reforms.

The American Medical Association told the president that although evidence-based guidelines will be helpful in reducing costs, the reductions could be enhanced if physicians had more liability protection. “If everyone who walks into the emergency room gets an MRI for a headache, it’s a costly procedure,” AMA president-elect Dr. J. James Rohack said. “In some areas of the country [that test has] been done because people sued when they didn’t get the test. If we create scientifically based guidelines that say not everyone needs to have the MRI for a headache, physicians have got to have liability protection so they don’t get sued if they follow that guideline.”

The president called the White House meeting historic. “[This is] a watershed event in the long and elusive quest for health care reform,” he said after the gathering. “And as these groups take the steps they are outlining, and as we work with Congress on health care reform legislation, my administration will continue working to reduce health care costs to achieve similar savings.”

“We are very cautious about the particulars of the voluntary effort that groups proposed to the White House,” said a statement from the National Coalition on Health Care. “Most of the measures that they cited would help to make the health care system more efficient overall, but, as the Congressional Budget Office has indicated, should not be counted on to produce substantial savings soon. We are heartened by the sector’s growing acceptance of responsibility to engage constructively in a search for solutions, but we believe that those solutions will need to be embodied in law.”

Coalition Pledges to Cut Rise in Health Care Costs by $2 Trillion

BY JOYCE FRIEDEN

Leaders of several health care and labor organizations met with President Obama at the White House and proposed ideas to reduce the growth in health care costs by as much as $2 trillion over the next decade.

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Family physicians who provide continuing patient care should consult the ABFM Web site to check out the list of approved alternatives: the National Committee for Quality Assurance recognition programs, the AAFP’s Measurement, Evaluating and Translating Research Into Care (METRIC) program, the California Academy of Family Physicians New Directions in Diabetes Care initiative, and others.

Family physicians who don’t provide continuity of care, such as those working in emergency medicine or administrative positions, follow a separate pathway to fulfillment of the PPM requirements involving methods in medicine modules (MIMMs). The current MIMM topic—clinical information management—will be joined later this year by a new MIMM devoted to cultural competency.

Take the tutorial and practice cognitive examination: Available at the ABFM Web site, it enables FP’s to gain familiarity with the navigation tools, answer sample questions, and experience the feel of the actual test. “I strongly recommend this,” Dr. Tollison said.

All candidates for certification and recertification now take the same exam. A key feature is that the choice of two clinical modules permits the physician to tailor a portion of the exam to his/her practice.

He asked audience members who they think, does best on the cognitive exam: practicing FPs, residents, or nonpracticing FPs in administrative positions? Most audience members answered that it’s the newly minted residents.

“Family physicians routinely understimate how much they learn from their practice, their reading, the wisdom they gain over the years. Family physicians don’t give themselves enough credit. We have evidence of that: the practicing family physicians score several percentage points above the other groups,” Dr. Tollison said.