

All Aboard the Train to Reformville!

The Health Care Reform train is gaining steam and rolling down the track. The flurry of activity and speculation is staggering; it is rather difficult to keep up with. So to help us all jump on the train we are going to have a little quiz this month.

Question #1:

What is “ARRA”?

A: The 70's pop group, made up of Agnes, Ralph, Roberta and Arnold who's single, “Poppa Pia” did not quite make it on the charts

B: American Recovery and Reinvestment Act of 2009

The answer of course is B. I am certain you all have looked at all the provisions in this act and have read the 470 pages. In case you haven't, you may not be surprised to learn that there is much affecting medicine and much having nothing to do with economic stimulus. Among the items you may find interesting:

There is considerable expansion of the privacy provisions (HIPAA) to include definition of penalties and other enforcement provisions. There are subsidies and expansion of COBRA provisions, matching federal funds for Medicaid. It establishes a new council for Comparative Effectiveness Research to strengthen the delivery of evidence based medicine and decrease duplication of services. There is funding for Prevention and Wellness, Community Health Centers, Indian Health Service and Research. There is funding to increase training of primary care providers (no mention of improving reimbursement however).

There is a large section pertaining to Health Information Technology, which leads us to our next question.

Question #2 is a 2 part question:

Part1: What is CCHIT?

Part 2: What is ONCHIT?

A: 1: what you might do when gazing across my back yard where my 3 dogs play, and
2: where you might step walking out in to the yard.

B: 1: Certification Commission for Health Care Technology and
2: the Office of the National Coordinator for Health Information Technology.

The answer is B. The ARRA officially establishes the ONCHIT with HHS to promote the development of a nationwide interoperable HIT infrastructure. In addition it outlines support for physicians in payments for adoption of EHR (Electronic Health Record) and defines initial incentives for physician's adoption of EHR ("*in a meaningful way*") and subsequent penalties for not using EHR in later years.

Several elements of this process are worth mentioning. First there is a lot of money being put in to this effort. Where ever there is a lot of money there are many wanting to take part (get a piece of the pie). Expect to see big business, Vendors, consultants, EHR companies, IT businesses all bringing their issues to the table. However the process absolutely needs to include physicians. In addition a prime objective of both entities is to establish uniform electronic standards and *promote interoperability* between systems. This seems laudable, however wasn't this what HIPAA was supposed to do for insurance? Are we there yet?

In my practice we have used some form of electronic records since 1997 and have been paperless since 2002. Our incentive was not from government regulations or payers, however from the need to improve efficiency and aid in the care of our patients. EHR's have the ability to improve care, response time, patient satisfaction, employee satisfaction, and decrease costs. However EHR's can also create resentment among physicians, conflict among staff, increase costs and worsen efficiencies, and decrease satisfaction if not done correctly. Recent surveys suggest there is 20-30 % "deinstall" rate of EHR's. My fear is that the regulations and standards will be established to achieve national goals but have the potential to make the products dysfunctional and a nightmare for the practicing physician. Studies have suggested physicians use 20% of the available functionalities of an EHR, if they become more complicated this will decrease. First and foremost the EHR has to make business sense for the practice. Also be aware the initial capital investment is only the beginning of the costs for maintaining and expanding your EHR. Information systems require continuous maintenance and improvements. These costs can be offset by improved efficiencies but do not get fooled into thinking the initial incentives proposed by the stimulus bill will be all you need.

Question #3:

True or False, The White House Summit on Health Reform fixed our nation's health care system.

Wouldn't that have been great? I am a true believer that the nation's health care "system" needs to be fixed. Looking at the list of participants in the recent Forum reminded me what diverse interests are out there and how they will impact the process. I applaud the Administration for inclusion of these groups up front, I just hope that the practicing physician's input will not be lost. I would encourage all of you to check with your professional organizations of your specialty as well as the AMA for their perspectives as this train heads down the track. It is crystal clear that this Administration will push this process forward rapidly. Give input to your

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representatives whenever possible; let them know what you think. The list of invitees for the forum is at www.mcmsonline.com/news

I encourage everyone to look at the provisions of ARRA and AMA response to them at:

<http://www.ama-assn.org/ama/pub/legislation-advocacy/current-topics-advocacy/hr1-stimulus-summary.shtml>

As always I welcome your comments at briveland@mcmsonline.com Take care, see you next month, time for me to go clean up the yard.

Brian R. Riveland, M.D.

President

Quote: *“Neither a wise nor a brave man lies down on the tracks of history to wait for the train of the future to run over him”* **Dwight D. Eisenhower**