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Electronic Medical Records, When Will We Get There?

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Four weeks after his inauguration, President Barack Obama signed into law a \$787 billion economic stimulus package with \$19.2 billion of the American Recovery and Reinvestment Act (ARRA) being earmarked for health information technology. Of the \$19.2 billion, \$17.2 billion is dedicated for financial incentives to physicians and hospitals through Medicare and Medicaid to promote the use of electronic health records and other health information technology. The remaining \$2 billion is dedicated to affiliated grants and loans to be administered by the office of the National Coordinator for health information technology. Beginning in 2011, Medicare and Medicaid will provide financial incentives over multiple years of \$40,000 up to \$65,000 and up to \$11 million per hospital for “meaningful” use of health information technology. Starting in 2015, physicians and hospitals that do not utilize health information in a “meaningful” way will be penalized. The stimulus legislation states, “The goal of utilization of a certified electronic health record for each person in the United States is by 2014”. If implementation of electronic health records is done correctly, this technology will lead to improvements in the quality of care delivered to patients and savings on other healthcare costs.

EMR and PQRI

During his administration, President Bush signed the Tax Relief and Health Care Act of 2006, mandating establishment of a physician quality reporting system and authorizing a payment incentive for voluntary participation. The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) made the Physicians Quality Reporting Initiative (PQRI) program permanent, but only authorized incentive payments through 2010. In 2009, there are 153 measures and seven measures groups included in the PQRI. PQRI speaks to various aspects of care such as prevention, chronic and acute-care, management, procedure-related care, resource utilization, and care coordination. The 2009 measure specification regarding electronic health information is # 124-Health Information Technology (HIT): Adoption/Use of Electronic Health Records (EHR). Eligible professionals who meet the criteria for satisfactory submission of quality measures data for services furnished during the reporting period of January 1, 2009 - December 31, 2009, will earn an incentive payment of 2.0 percent of their total allowed charges for Physician Fee Schedule (PFS) covered professional services furnished during that same period (the 2009 calendar year). Eligible professionals, using their national provider identifier (NPI) to submit billable services on Part B claims for allowable Medicare Physicians Fee Schedule



charges, may report the quality action for selected PQRI measures. For more information on PQRI, please visit www.cms.hhs.gov/pqri/.

EMR Study

The New England Journal of Medicine recently published an article titled "Use of Electronic Health Records in the U.S. Hospitals". For this article, all acute care hospitals that are members of the American Hospital Association were surveyed (3,049). Of the hospitals surveyed, 63.1% responded. The results of this article found that only 1.5% of U.S. Hospitals have a comprehensive electronic-records system, 7.6% have a basic system. Comprehensive is defined in this article as all clinical units utilizing an electronic record and a basic system defined as at least one clinical unit utilizing an electronic medical record. Also discovered from the hospitals surveyed, only 17% of them had computerized provider-order entry for medications implemented. Barriers to entry of electronic records adoption are cited as inadequate capital for purchase, maintenance costs, physician resistance, unclear return on investment, and lack of availability of staff with adequate expertise in information technology. Although, those hospitals that have adopted an electronic records systems have identified positive effects such as additional reimbursement and financial incentives. It is evident that the U.S. has a long road ahead before full implementation of electronic medical records system, but we all have to do our part to get there. It will require technology and personnel investments and will be a challenging labor intensive process. However, electronic medical records are a necessity and a responsibility of the health care community. Electronic medical records will bring better care and outcomes to patients and have streamlined positive effects in facilities, a must for our future.

In radiation oncology, there are four information management system products available. Those products are; MOSAIQ (IMPAC Medical Systems Inc. an Elekta company); Multi-ACCESS (IMPAC Medical Systems Inc. an Elekta company); LANTIS Oncology Information System (Siemens Medical Solutions); and ARIA (Varian Medical Systems). For more information specific to electronic medical records and radiation oncology, please sign up for the RCI Electronic Medical Record Webinar, June 12, 2009 at <https://www1.gotomeeting.com/register/561695492>.

