

ALERT



>>>>>> A MONTHLY UPDATE FOR FRIENDS AND CLIENTS OF DOCTORS ACCESS

APRIL EMR 2009

FEDERAL GOVERNMENT & ELECTRONIC MEDICAL RECORDS **American Recovery and Reinvestment Act of 2009**

The \$787 billion American Recovery and Reinvestment Act of 2009 includes approximately \$20 billion for Healthcare IT. The government will try to encourage the purchase of a “government” EMR through a conditional “IOU”. To clarify the details of the legislation and its potential impact, the following is a summary of the key items relating to the healthcare IT incentives. What does it really mean for the nation’s physicians and medical practices?

Participation in this program is voluntary, i.e., the government is not requiring you to purchase and EMR. The law specifically states: “...nothing in such Act or in the amendments made by such Act shall be construed to require a private entity to adopt or comply with a standard or implementation specification adopted under section 3004.” [Sec. 3006 (a) (1)]

This means that you are free to select the digital solution that best meets the needs of your practice, rather than letting the government make this important choice for you.

The potential incentive is a maximum of \$44,000 per physician, depending on when you implement the “government” EMR, and is paid out over 5 years. [Sec. 4101]

- The earliest payment year is 2011.
- Payment schedule: Year 1: \$15,000 or \$18,000, Year 2: \$12,000, Year 3: \$8,000, Year 4: \$4,000, Year 5: \$2,000 (an average of \$8,800 per year)
- To receive the full amount, the EMR must be implemented by 2012; to receive any incentive payments, the EMR must be implemented by 2014; no payments are made after 2016.
- In 2015, a 1% reduction in Medicare reimbursement will affect non-participants, 2% in 2016, and 3% in 2017.

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Incentive payments require both “adoption and meaningful use of certified EHR technology.” [Sec. 4101] To qualify you must:

- Purchase an EMR that meets the government’s criteria.
 - The standards will be developed by the government through the Department of Health and Human Services (HHS) by year end. [Sec. 3004]
 - The standards will likely be in line with the current CCHIT criteria.
- Demonstrate “meaningful use” of the certified EMR each year. [Sec. 4101]
 - “Meaningful use” requires that you demonstrate “to the satisfaction of the Secretary (of HHS)” the following capabilities:
 - ePrescribing
 - Exchange of information (interoperability)
 - Reporting capabilities
 - The law states that “meaningful use” can become more stringent each year but does not make clear how these measures will be defined, evaluated and enforced.

IMPORTANT!!! DOCTORS ACCESS WILL BE HOSTING A WebEx MEETING FOR PROVIDERS TO DISCUSS THEIR QUESTIONS AND CONCERNS

WEDNESDAY APRIL 22, 2009 @ NOON CENTRAL

The meeting will last approximately 15-30 minutes. It is important that as many of our providers as possible attend to discuss their interest in our ePrescribing module and to talk through the uncertainties of the government’s position regarding EMR as outlined in the American Recovery and Reinvestment Act of 2009.

To register for the meeting, send an email to EMR@doctorsaccess.com

The meeting log-in instructions and teleconference number will be emailed to you.

