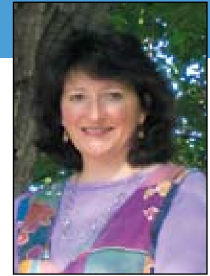

Marsha K. Millonig, R.Ph., M.B.A.

Health IT Featured in Stimulus Plan

This may be a good time, or a challenging time, to be part of the nation's health information technology industry. The good time comes from a heretofore unmatched level of funding to get healthcare technology implemented, primarily focusing on electronic health records (EHRs). The challenging time is that with such capital being infused, there is still much disagreement whether current standards and systems are interoperable and ready for prime time. Further, with pharmacy among the most computerized healthcare professions, how will it fit into this burgeoning new HIT infrastructure? Of special note is that other professions are further ahead with their clinical processes, while not computerized. Pharmacy is still on the emerging side of widespread adoption of MTM (medication therapy management) and other patient care services that are being documented and billed for through a variety of systems that are also not interoperable. The next few years will be interesting to follow.

The new administration is focused squarely on technology. Twenty minutes after Barack Obama took the oath of office, the White House's new Web site debuted. According to the site:

President Obama and Vice President Biden understand the immense transformative power of technology and innovation and how they can improve the lives of Americans. They will work to ensure the full and free exchange of information through an open Internet and use technology to create a more transparent and connected democracy.

With regard to healthcare, the site says the administration wants to "Use health information technology to lower the cost of health care. Invest $10 billion a year over the next five years to move the U.S. health care system to broad adoption of standards-based electronic health information systems, including electronic health records."

In keeping with that goal, President Obama signed the $787 billion stimulus package on February 17, 2009. The agreement provides $24 billion for health IT, primarily for Medicare and Medicaid incentives, and $2 million for HIT grants. HHS will also receive $50 million for IT security. Other health-related items include an approximately $87 billion increase to the federal share of the Medicaid program and nearly $500 million to disproportionate-share hospitals (that treat a disproportionate number of uninsured and underinsured patients). More than $21 billion in subsidies will be made available to unemployed workers to help them continue to pay for their COBRA health coverage by giving them a 60% subsidy for up to nine months. Further, $1 billion will be devoted to comparative-effective research.

While the emphasis is on getting hospitals and doctors to adopt EHRs (electronic health records) and e-prescribing, there is a long way to go. At a fall 2008 meeting, National Coordinator for Health Information Technology Robert Kolodner reported that 13% of physicians in ambulatory care had basic EHR systems and only 4% had fully functional systems. In practices with one to three physicians, only 9% had adopted EHRs, while those with more than 50 physicians were about 50% implemented. (The difference between an EHR and EMR [electronic medical record] is that an EHR uses interoperability standards. EHR will probably become the prevailing industry term.)

During the stimulus debate, David Kibbe and Bruce Klepper sent a letter to Obama on behalf of the American Association of Family Physicians. In the letter, they said, "…current systems are expensive, cumbersome to use, and cannot easily exchange information about patients' health histories and treatments among different hospi-

tals, labs, and doctors' offices…. If America's physician practices suddenly rushed to install the systems of their choice, it would only dramatically intensify the [tower of] Babel that already exists." Instead, they recommend some funding for EHRs, with the bulk to be spent on simpler, cheaper technology, rewarding doctors for using computers to communicate with patients and referrals, and extending high-speed Internet access.

Challenges to widespread EHR adoption by physicians include cost, system interoperability, and ease of use, among others. Responding to the HER debate cited earlier, DHHS Secretary Mark Leavitt disagreed in an interview in *The Boston Globe*, saying, "That there are no good products is absolutely not the problem." Melissa Goldstein, George Washington University professor of health policy, responded, "Remember when Apple didn't talk to WordPerfect and Microsoft Word? It's similar. It takes a long time to get there." Finally, David Blumenthal of Harvard noted, "I think this really is a question of how good does it have to be before you pull the trigger."

Incentives

CMS is continuing its push to provide incentives to physicians to move ahead with e-prescribing systems for Medicare, many of which have already been certified by the Certification Commission for Health Information Technology (CCHIT). As part of the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008, prescribers who use e-prescribing would get payment increases as follows:

- 2% in 2009 and 2010
- 1% in 2011 and 2012
- .5% in 2013

Conversely, those who do not use e-prescribing would be penalized starting in 2012 as follows: 1% in 2012, 1.5% in 2013, 2% in 2014.

The HIT Infrastructure

Beyond EHRs and e-prescribing implementation, the stimulus bill opens the door for possible changes in the current national HIT infrastructure. The American Health Information Community (AHIC), which sets national health IT priorities, was privatized in the past year and became the National eHealth Collaborative, or NeHC. The stimulus bill has provisions to create a federally funded competitor to NeHC, labeled a National HIT Policy Committee. The committee's role would be to advise Kolodner on creating a national HIT infrastructure and implementing a national HIT plan. The group would have 20 members, with four appointed by Congress and the rest by the executive branch. Thirteen spots are for representatives from patient or consumer advocacy groups, providers, organized labor, privacy and security interests, vulnerable populations, researchers, payers, HIT vendors, employers, and healthcare quality and reporting experts, with the rest appointed by the president.

The bill also calls for the creation of an HIT standards committee, which could possibly be redundant to the Health Information Technology Standards Panel (HITSP) that ANSI formed in 2005 and that currently helps harmonize various standards once AHIC has set priorities and written business-use cases. HITSP head John Hamalka, M.D., has said he was integrally involved in discussions during the stimulus bill's crafting and that he potentially sees the NeHC becoming the new standards panel.

Role for Pharmacy

Pharmacy needs to be far more aggressive in becoming involved in these new HIT priority, policy, and standards groups. Pharmacy is not specifically mentioned in any of the articles I have read about the new bodies, yet as a profession, pharmacy is far more computerized and uses technology far more than any other health profession. Last fall, the American Pharmacists Association (APhA) convened an invitational conference on MTM service documentation and billing standardization and interoperability. The discussions centered on strategic directions that pharmacy technology providers and stakeholders must look at to ensure that the profession's evolution to patient care is not inhibited by its ability to "plug and play" in the nation's evolving HIT infrastructure. Proceedings are forthcoming, and I urge you to review them and consider what actions you could take to further the profession's movement forward.

I was encouraged recently as well by multiple-location independent pharmacy owners at an NCPA conference. I had the opportunity to talk about HIT and was followed by a panel of owners who discussed the various technologies they are employing in their practices. All I can say is, I was wowed. One of my favorite stories was how one owner, Tim Davis of Beaver Health Mart Pharmacies in the Pittsburgh area, worked with the two physicians in his community (who generated the majority of his prescriptions) to place computers with e-prescribing software in their practices. It was a true win-win situation that provided efficiencies to both practices. It's a great example of what pharmacists can do day to day to meet technology challenges head on. **CT**

Marsha K. Millonig, R.Ph., M.B.A., *is president of Catalyst Enterprises, LLC, located in Eagan, Minn. The firm provides consulting, research, and writing services to help industry players provide services more efficiently and implement new services for future growth.*
The author can be reached at mmillonig@catalystenterprises.net.