EHRs and the Regulatory Divide

EHRs, e-prescribing, and other digital technologies are becoming increasingly indifferent to government incentives.

BY MARK KAUFMANN, MD

In 2014, the term "Meaningful Use" has arguably become a punch line in the medical sphere. The frustration that many physicians feel toward the federal government's EHR incentive program is no less pronounced now as we enter Stage 2, but the imperative and the sense of urgency has all but evaporated.

With Stage 2 and Stage 3 of the program set to pay considerably smaller incentive amounts than Stage 1, many physicians are balking at the prospect of complying with the later stages and saving themselves the headaches. This notion is supported by new statistics from the Centers for Medicare & Medicaid Services (CMS) indicating that only four hospitals and 50 providers have attested for Stage 2 incentives so far. It's worth pointing out that these numbers only account for the first fiscal quarter of 2014. Nevertheless, even with improvement, the final Stage 2 numbers are likely to fall short of expectations, particularly in light of the fact that 300,000 physicians registered and attested for Stage 1.

So what do these numbers mean for the Meaningful Use program, and, more importantly, do these statistics hold any implications for the future of EHR use in the US? These are important questions, and though the answers are not yet clear, the portrait that seems to be emerging is that users of EHRs, e-prescribing, and other digital technologies are becoming increasingly indifferent to government incentives.

REGULATORY DISCONNECT

Looking at the preliminary results, there is little doubt that the low numbers are connected to the fact that Stage 2 is far more intricate than Stage 1 and that many folks—even those who attested for Stage 1—were simply not ready for it. And even if they are prepared, who can expect physicians to be willing to take fewer dollars for more stringent qualifying methods? In terms of CMS's next steps, it is reasonable to expect that major changes are imminent in the program. That said, despite the Federal government's $25 billion investment into the Meaningful Use program, the real wild card here may not be Meaningful Use after all, but ICD-10.

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Since EHRs present the clearest path to a seamless transition to the new coding system, the government may pin its hopes on ICD-10. But the recent delay of ICD-10 until the fourth quarter of 2015 (as opposed to this year) seems to verify that the government has overestimated physicians' preparedness for the digital transition. This coupled with the incentive program's loss of momentum would suggest that physicians are prepared to revert to procrastination mode when it comes to implementing EHRs and other new technologies.

Where it gets complicated, however, is in the evaluation of the overall adoption rates of EHRs and digital technology nationwide, which are swiftly on the rise. In fact, more than 70 percent of US physicians are now e-prescribers, indicating that doctors are, indeed, beginning to embrace technology in the practice of medicine, just not in the manner that the Federal government has incentivized them to.

These trends underscore the increasingly glaring reality that physicians are determining that government incentives

(Continued on page 20)

(Continued from page 18)

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and what's best for their practices do not always converge. Rather than jumping through hoops and maximizing incentive dollars from CMS, physicians are opting to invest their time and money according to what works best for their practices. And unless the penalties against physicians for not complying are increased, this disconnect is likely to grow.

THE FIGHT FOR DATA

In a certain number of years, the majority of medical practices in the US will be fully electronic and EHRs will be just another component of practicing medicine. Nevertheless, although CMS may have missed its mark by a wide margin, it's still important to consider why the government has involved itself in the EHR adoption landscape to begin with. The government's goals may not match those of the everyday practicing physician, but in both cases the end game is clear: Data.

While the government would presumably like to centralize the healthcare system and accrue data on various treatment algorithms and standards of care, physicians, too, have much to gain from aggregated data—performance and outcome measures. We will potentially be able to approach the treatment of any condition with a totally new perspective if de-identified, pooled data about the success rates with various different therapies are available to use via EHRs. In fact, the benefits of data aggregation go beyond clinical applications and may also encompass practice management and patient compliance trends.

Whether the government and/or individual physicians can capitalize on the potential of the changing landscape of medicine remains to be seen. One thing that is clear, though, is that in our field, the future is data. The question is who controls that data and how is it used. ■

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