



eRECORDS, Inc.'s HITECH Meaningful News is a medium to share the latest news, updates and analysis in the world of ARRA, HITECH Act and "meaningful use". eRECORDS advisors collate, review and assess mountain of data down to the most relevant information so that you can focus your time in delivering the highest quality of healthcare.

eRECORDS Perspectives

eRECORDS Myth Buster - Ongoing look at the HITECH related myths:

Myth #5: All my providers (at the practice or clinic) have to qualify at the same time

Now that we are getting closer to the first year of meaningful use reporting and incentive payments, this myth is starting to bubble up more frequently. The source of this myth, interestingly enough, starts with the confusion surrounding who actually gets the EHR incentive payments. In most cases, the organization (the practice or the clinic) will ultimately receive the incentive payment due to the providers "assigning" the payment to their employer (organization). However, the actual reporting and meeting the meaningful use requirements are at the individual provider level. This allows each provider to qualify and meet meaningful use requirements independent of other providers at the organization. As organizations develop the meaningful use plan, this flexibility should be balanced with what makes business sense. It is recommended that whenever possible, providers are grouped to move along the meaningful use timeline together. This will allow the organizations to better manage costs (resource and time) and risks as providers are guided through the training, usage and ultimately reporting for meaningful use.

Let me be on your list! How RECs will influence EHR vendor landscape.

There's EMR shopping list being created across the country - about sixty of them. Whether or not your favorite EMR vendor makes these lists may determine the vendor's future viability.

Let me explain.

HITECH Act established Health Information Technology Extension Program which in turn established Health Information Technology Regional Extension Centers (REC). ONC awarded 60 RECs across the country in two rounds of funding (first on 2/12/2010 and second on 4/6/2010) totaling \$642 million. Collectively RECs are charged with getting 100,000 priority primary providers (PPCP) to "meaningful use" within 2 years.

These funds are directed for technical assistance and not allowed to be used for purchase of software licenses or any hardware.

So, these sixty Regional Extension Centers are faced with the challenge of guiding 100,000 PPCP to the promise land of Meaningful Use in less than 2 years. EHR is the tool the PPCP must use to achieve

Meaningful Use. Given that the #1 barrier to adoption of EMR is cost (by most accounts), the natural tendency is to create a collective bargaining setup similar to Group Purchase Organizations -- gather up as many customers (PPCP) as you can, negotiate on behalf these customers with vendors (EHR vendors) with the promise of attentive customers and thus easier sales to vendors.

For this to really work, the list of EMR vendors should be shorter rather than long and value proposition clearly spelled out (who gets what) between all the parties.

Add to this the requirement of ONC for all the RECs to work together and drive toward best practices should enable an environment of sharing amongst the RECs (e.g. similar EHR vendor selection process) such that fewer and fewer vendors should appear on the list ACROSS all RECs. I also believe there's probably only 20 really "RFP viable" vendors out there for RECs out of 300 (or however many that's being quoted lately) so called EHR vendors in existence today. These "RFP viable" vendors must be a player in the market with solid experiences ACROSS the States with enough cash and resources to invest ahead of the potential returns as dictated by the terms of agreement RECs will likely negotiate.

In terms of numbers, I guesstimate RECs collective influence at about \$100 to \$400 million per year (Assume 80% of PPCPs will need to purchase licenses and it costs \$100 to \$500 per month per provider). On top of that, good portion of the \$642 million awarded to RECs will be spent on supporting the work forces across the country learning and doing the work with the EHR vendors that makes the list.

The natural force of RECs driving the "crowdsourcing" takes over and at the end of few cycles (e.g. stages 1, 2 and 3 of MU requirements), three to five vendors will bubble up to be the "it" vendors. If they don't screw up too much, the infusion of licenses & revenue will further drive the divide between the "haves" and "have-nots" and will further solidify the vendor landscape with less number of EHR vendors in the market place.

What do you think?

Kaiser is getting serious about Meaningful Use.

Kaiser has a job posting for "Executive Director, Meaningful Use Program" on their web site. Here's the brief description and here's the [link](#) to find the posting on the Kaiser website.

This leader is responsible for managing and driving successful execution of Kaiser Permanente's Meaningful Use national program. The individual will be responsible for the development and execution of business and IT plans to qualify Kaiser Permanente's regions as meeting Meaningful Use criteria as established by the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC). This leader will work with executives and broad community of interest in a highly visible role for our Program.

Its first job posting that I came across that's specifically created for MU. Given the Kaiser's size and potential for incentives, it makes sense to do this but makes me wonder how other organizations are looking at this. Given the potential upside, duration (5+ years) and complexity (Stage 1, 2 and 3 of MU requirements), I would hope that other organizations look to create a more sustainable program with dedicated staff rather than just adding on the MU responsibilities to existing staff.

Latest Meaningful News

CMS taps Northrop Grunman to track EHR Incentive Payments.

CMS has awarded Northrop Grumman a contract to develop and implement a national data repository to track stimulus package incentive payments to health care providers for the "meaningful use" of electronic health records. This is an important announcement given that that money flow part of the HITECH Act must be accurate and efficient. After all, providers are being "incentivized" to adopt EHR and if the incentives are not accurately and timely disbursed, the HITECH Act loses some of the "incentive" value. Click [here](#) read the full story.

I want my PHR! Intuit purchases Medfusion.

When Intuit announced the purchase of Medfusion, this was the sign of Personal Health Record (PHR) becoming a consumer product. We got the Kaiser's portal for its patients, Google Health & MS HealthVault among others in play, but a company like Intuit paying its hard earned money to get into the market signals this may be for real. Let's hope everyone knows the difference between checking on account balances vs. checking on STI results. Read more about it on Intuit's press release [here](#).

For additional resources, visit eRECORDS [resources page](#).

For questions or comments, please [email us](#).

Sincerely yours,

eRECORDS HITECH Advisors

About eRECORDS, Inc.

eRECORDS was founded with the focus to empower community clinics and practices deliver higher and more consistent quality of care through connected technologies, quality measures and best practices.

Our Mission is to be the trusted expert, guide and partner in achieving meaningful use.

© 2009-10 eRECORDS, Inc. "Your Guide to Meaningful Use" | [Unsubscribe](#) | [Subscribe](#) | [Contact Us](#)

CONFIDENTIAL AND/OR PRIVILEGED: This communication contains information intended only for use of the individual or entity to which it is addressed and may contain information that is privileged and/or confidential belonging to eRECORDS, Inc. If you are not the intended recipient, or have received this message in error you are hereby notified that any disclosure, copying, distribution or use of its content is strictly prohibited and illegal. If you have received this transmission in error, please immediately notify the above sender and permanently destroy all copies of this message.

