

# Is the EHR Ship Setting Sail Without Us?

*LAST CHANCE TO QUALIFY FOR \$24,000 IN STIMULUS FUNDS.*

Robert Moberg

The numbers are in: As of July 2014, 10,253 doctors of chiropractic have received \$123,059,868 in [EHR stimulus funds](#) – and yet that represents *less than 15 percent* of our profession. Through this program, chiropractors have been offered a long-awaited open seat at a table amidst their health care peers. But as doctors of medicine, osteopathy, podiatry and optometry have been reeling in these incentive dollars, so many DCs have elected to stand by and let this river of cash flow right past the banks of their practice.

To date, \$5,390,245,282 has been paid to 384,068 MDs / DOs, \$233,840,368 has been paid to 17,950 optometrists, and \$212,508,255 has been paid to 14,948 podiatrists – compared to \$123,059,868 paid to a mere 10,253 chiropractors.

The question today, as the program disbursement period begins to sunset and penalties breach the horizon, is obvious: Why are we seeing so many DCs leave money on the table?

With more than 10,000 DCs hopping on board and claiming their considerable piece of the incentive pie (five-figure checks), they know from personal experience that the program is legitimate, achievable and profitable. Yet the chiropractic community as a whole continues to dig in its heels. We see this disparity in participation attributed to a few key provider concerns.

## Addressing Common Reasons for Not Participating

*"I don't see enough Medicare patients for it to be worth adopting an EHR or participating in the program."* With just four Medicare visits a week, you can more than recoup the price of purchasing an EHR. That's an opportunity to upgrade and revolutionize an entire practice at no cost to the doctor. And as [Medicare evaluates](#) the expansion of chiropractic care to cover neuromusculoskeletal conditions and other services,<sup>1</sup> these returns may soon increase.

Also keep in mind that the benefits of modernizing to a paperless system outlast any incentive program, permanently streamlining efficiencies and resulting in better care, better relationships with other providers, happier patients, and a healthier bottom line.

*"I don't want to get audited."* Medicare performs pre- and post-payment reviews on 20 percent of participating providers. However, these reviews are mostly restricted to tracking meaningful use to simply measure compliance. As long as the numbers reported during the attestation are honest, doctors have nothing to fear. With certified software and accurate records, audits are merely a cursory exercise.

*"It's just another way for the government to get its hands into my practice."* Unless a provider is running a cash-only practice, doctors are already held to some extent of procedural standards. And don't believe for a second that commercial payers are not already well on their way toward adopting the EHR stimulus program's practices.

When it comes to [meaningful use mandates](#), industry experts and government officials<sup>2</sup> have encouraged private payers to step in line, and large commercial payers have been toying with [incorporating](#) meaningful use measures into their pay-for-performance initiatives since this program's inception.<sup>3</sup> For example, Aetna's national pay-for-performance program is treading the path paved by meaningful use, basing its measures of clinical effectiveness and efficiency in part on CMS and National Quality Forum measures.<sup>4</sup>

*"Training and procedures will take too much time away from my practice."* The burden of work required to comply with EHR stimulus program standards is on the vendor. Stringent technology upgrades require an extensive amount of strong and technically sophisticated infrastructure to promote interoperability and ease-of-use.

### An Opportunity to Advance Your Practice and Your Profession

This program still offers participating providers one last chance to collect up to \$24,000 in reimbursements over the next three years. If that isn't enough to make a DC take one last look at participation, then consider the consequences. Penalties kick in next year, beginning at 1 percent of Medicare reimbursements, and these penalties increase to up to 5 percent each subsequent year.

In addition, the EHR stimulus program is a first step toward producing the big data necessary to further validate the efficacy of chiropractic treatment. This data has the potential to positively affect every chiropractic practice in the nation for decades to come.

The chiropractic community still has a narrowly closing gap to take rightful ownership of their allotted incentive dollars, modernize their practices, represent their profession, and cast their ballots for a better health care system. As a profession, we have a chance to make an impact in the recognition of the benefits of chiropractic by this country's health care system and its citizens.

The EHR ship is setting sail. Your last realistic chance to adopt a certified EHR system, get trained, and implement the program to qualify for the \$24,000 is Sept. 10. The good news is, there are a number of companies ready to work with you to make this deadline. Is your practice on board?

### References / Notes

1. Medicare Chiropractic Services Demonstration. Department of Health and Human Services, Center for Medicare & Medicaid Services. The demonstration project evaluated the possibility of expanding Medicare coverage to include: "(A) care for neuromusculoskeletal conditions typical among eligible beneficiaries; and (B) diagnostic and other services that a chiropractor is legally authorized to perform by the state or jurisdiction in which such treatment is provided."
2. Jain SH, et al. How health plans, health systems, and others in the private sector can stimulate 'meaningful use.' *Health Affairs*, 2010;29(9):1667-1670. "We argue that various private-sector entities – commercial payers, employers, consumer groups, health care ratings organizations, large provider organizations, and regulatory bodies – can further accelerate health IT adoption by implementing strategies that are complementary to the Medicare and Medicaid incentive programs."
3. K McClure. "Commercial Insurance Implementing EHR Meaningful Use Criteria in P4P Programs." Wyatt HITECH Law (blog), Aug. 7, 2010. "On August 5, 2010, four major commercial health insurance payors participated in the Health Industry Forum in Washington, D.C., to discuss private industry collaboration with the United States Health & Human Services Department (HHS) to support providers in the adoption of certified

electronic health records (EHRs). Leading the Forum's panel discussion was David Blumenthal, M.D., Chief of the Office of National Coordinator of HIT. All four payors will include the Meaningful Use criteria in their pay for performance (P4P) programs."

4. "Introducing Aetna's National Pay-for-Performance Program." Aetna press release, August 2006. "We have developed a national framework of recognized measures of clinical effectiveness and efficiency to guide Aetna's market-based programs. Measures are based, as much as possible, on externally validated measures such as those endorsed by the National Quality Forum, Ambulatory Quality Alliance, National Committee for Quality Assurance, and the Centers for Medicare and Medicaid Services."
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To learn more about how to demonstrate meaningful use with EHR and receive the stimulus funds, read "Electronic Health Records: Don't Be Left in the Dark" in our [April 1, 2014](#) issue. To view an EHR participation timeline that shows your potential reimbursement based on when and how you demonstrate meaningful use, visit the [CMS website](#).

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