

**Georgia Electronic Health Records Community Partnership
Physician Stakeholder Meeting**

**Friday, March 28, 2008
9:00 – 11:00 a.m.**

**Georgia Department of Community Health Board Room
2 Peachtree Street NE
Atlanta, GA 30303**

Attendees (In Person):	
Name	Organization
Dennis White	GMCF
Dr. George Rust	Morehouse School of Medicine
Chris Downing	US DHHS
Dr. William Alexander	Morehouse School of Medicine
Dr. Winston Price	GSMA
Dr. Deepali Agarwal	A.N.H., P.C.
Laura Linn	Center for Health Transformation
Dr. Lawrence Sanders	Georgia State Medical Organization
Dr. Robert Suykerbuyk	Center for Primary Care - Augusta
Via Teleconference:	
Dr. Jim Morrow	North Fulton Family Center
Dr. Joe Stubbs	Albany Internal Medicine
Karen Townsend	GA Chapter for the American College of Physicians
DCH Staff:	
Dr. Rhonda Medows	Commissioner and Convener
Dr. Carladenise Edwards	Chief of Staff
Alicia McCord-Estes	Office of HITT Program Director
Altamese Morris	Office of HITT

Summary:

Dr. Rhonda Medows, Convener for the Georgia Electronic Health Records Community Partnership, began the meeting by giving an overview of the CMS EHR Demonstration Project. She asked for participation from the group of physicians on developing the application to CMS for the State of Georgia. She asked the group for suggestions on recruiting physicians to participate, developing the research protocol for Georgia, and strategies to encourage physicians to participate, as well as ideas for the health plans to offer as incentives.

The overarching goal of the project is to increase electronic health record use among Georgia's Primary Care Physicians. THE CMS project will provide resources to small to midsize practices to adopt EHRs and to use them as a means of improving quality metrics that will be determined by CMS. Additionally, the project seeks to challenge communities to develop similar incentives among the private payers and Medicaid that will increase EHR adoption.

The meeting discussion centered on creating a competitive and meaningful research design, identifying incentives for physician participation in the project, challenges to EHR adoption, and using this initiative as a spring board to advancing EHR adoption across the state of Georgia.

Discussion Points:

The group discussed several critical issues that needed clarification in order to move forward, as well as provided some recommendations related to the desired direction of the project, including:

Potential Research Questions:

- (1) What are the impacts of a Medicare incentive payment on EHR adoption (Year 1)?
- (2) Does the Medicare Incentive impact EHR clinical data reporting (Year 2)
- (3) Does the Medicare Incentive impact the physician’s performance on select clinical quality measures (Year 3)?

Potential Research Designs:

CMS proposes a two part study with a demonstration group and a control. CMS has not dictated who will determine which physicians go in which group or how the groups will be defined. During the discussion, the following options were shared for further consideration:

Option A:

Demonstration Group	Physicians with EHR	Use Medicare incentive payment to improve quality through enhanced case management functionalities.
Control Group	Physicians w/o EHR	Use additional funding to help physicians adopt EHR and report on quality.

Option B

Demonstration Group	Physicians w/o EHR	Use Medicare incentive payment to help physicians adopt EHR and report on quality.
Control Group	Physicians with EHR	Use additional funding to pay physicians to report on quality measures.

Option C

Demonstration Group	Randomized assignment including a mixture of physicians with and without EHRs	Use Medicare incentive payment to adopt EHR and report on quality.
Control Group	Randomized assignment including a mixture of physicians with and without EHRs	Use additional funding to pay physicians to report on quality measures.

Guiding Principles:

The group thought it was important:

(1) to seek additional funding that will provide financial incentives and reimbursement to primary care physicians who have already implemented EHR who could then serve as EHR champions charged with promoting adoption and training new users;

(2) to provide financial incentives for the adoption of EHR by those physicians who have not yet implemented an EHR. Incentives may include reduced rates, technical assistance, or cash payments; and

(3) to pay physicians for the work they will be doing as a participant in this study - both the demonstration group and the control group.

Payor-Based Incentives

The group was asked to brainstorm incentives that payors or health plans may provide to increase adoption of EHR. Some of the ideas included:

- Money (i.e. Cash to providers to adopt EHR)
- Assistance with workflow redesign within the practice
- Availability of e-prescribing functionalities associated with EHR
- Development of uniform, straight-forward and measurable metrics across plans that are consistent with CMS and development of EHR system that produces standardized reports required by payors that include the uniform metrics.
- Include EHR as a performance measure or Pay for Performance criteria or standard
- Payors working with providers to get reduced or discounted rates on EHR products and services
- Establishment of a web-based/ASP model that is cost effective and can be paid for based on utilization or other alternative payment methods
- Enhancements to existing EHR platforms, such as e-prescribing or clinical reporting
- Money paid to providers to report on quality measures
- Money to pay physicians who have adopted to serve as provider champions
- Adopt methods used in Bridges to Excellence
- Use employers to motivate payors to reduce costs through use of technology

Physician Recruitment and Education

Finally, the group discussed strategies for recruiting and retaining physicians in the CMS EHR demonstration once Georgia is awarded as a Demonstration Community.

- Include partnering physician associations and medical societies in recruitment efforts
- Hold a EHR fair or forum that brings vendors together to discuss products and options, as well as reduced financing (Provide CMEs for participation)
- Use EHR champions, providers who have successfully implemented EHR, to promote EHR among their peers
- Embark upon an education campaign that will raise the physician communities understanding and awareness of the value of EHR and interoperability
- Use the media to highlight physicians who are doing good things and using technology to achieve their clinical goals
- Develop a physician recognition program
- Work on negotiating a group discount for CCHIT certified EHRs

Questions for CMS:

The group requested the following questions be submitted to CMS:

1. What is the principle research question CMS is asking that will drive the research design and assignment of physicians in groups?
2. Can Federally Qualified Health Centers (FQHC) and Community Health Centers (CHC) and Free Clinics participate in this demonstration?
3. Will the physicians in the control group be required to submit quality data or do anything other than submit the survey?
4. Is there a risk of canceling the demonstration if the number of participants drops below 200 physicians?
5. If private sector health plans offered a financial incentive to those physicians in the control group would this adversely impact the CMS research design?
6. Do all of the physicians in a practice have to participate in the study?

Next Steps/Action Items:

Dr. Medows invited all of the physicians to attend the meeting scheduled next week for the payors/health plans and large employers. The meeting will be held on ***Friday, April 4 from 9 – 11 a.m. on the 5th floor.***

She also recruited volunteers to assist with the development of the proposal:

- Research Protocol Development - ***Dr. George Rust***
- Recruitment Strategy for Physicians – ***Dr. Robert Suykerbuyk, Dr Jim Morrow, Dr. Lawrence Sanders***
- Physician Recruitment – ***Dr. Jim Morrow***