REPORT FROM INCENTIVES

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Incentives

Policy Recommendations (ONCHIT)

- Expand AHRQ HIT RC to include information about certification standards, an assessment tool for product implementation, best practices, product scorecard, funding sources.
- Create Consumer and Provider Education campaign on benefits of EHR adoption and also create a public reporting system to highlight physicians who have adopted and are using EHRs.
- Establish certification process for EHRs to inform physicians and public
- Create an interoperability standard funded by all appropriate parties. Interoperability standards should be an essential part of EHR certification processes. The CCR standard should be incorporated into standards.
- Congress will include safe harbor legislation to protect providers and payors in NHII (authorization and appropriate bills)

Incentives

Policy Recommendations (Congress)

- Reform Medicare reimbursement system for physicians, including repeal of Sustainable Growth Rate methodology. The new reimbursement system should include payments for care management, disease management, data sharing, publishing/ subscribing performance accountability and quality.

Incentives

Upfront Funding (ONCHIT)

- Create pilots that will test increased investment to physicians for adoption of EHRs conforming with standards. Use results to build a generalized business case
- Establish a mechanism for providing grants and loans (with a matching requirement) and loan guarantees from public and private sources to finance upfront adoption of Health IT (consider tax credits). Create a network of regional HIT financing authorities to manage the grants and loans for EHRs and for LHII development (the “highway”).

Incentives

Private Payer Compensation (Alliance)

- Reform reimbursement to incent appropriate use of health IT including care coordination, disease/care management, data sharing, publishing/subscribing performance accountability and quality. (under auspices of the Alliance.)
- Pay for submission of QI data from interoperable system ($5 per visit.)
- Equitable payments by all payers for the ongoing use of and improved outcomes from HIT.
- Do gap analysis to ensure that there are consensus quality indicators for each discipline leading to pay-for performance, based on clinical information from EHRs. Physicians should not be penalized if their specialty has few measures
- Create special e/m codes for use of EHR (more funding for greater use and contribution to LHII)