



*The Maryland State Medical Society*

1211 Cathedral Street  
Baltimore, MD 21201-5516  
410.539.0872  
Fax: 410.547.0915

1.800.492.1056

[www.medchi.org](http://www.medchi.org)

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### Health Information Technology Adoption by Private Physicians

As you are aware, MedChi, The Maryland State Medical Society, has partnered with the Chesapeake Regional Information System for our Patients (CRISP) to help Maryland physicians adopt Electronic Health Records (EHRs). CRISP was then selected as Maryland's Regional Extension Center (REC) by the Office of the National Coordinator. MedChi was asked by CRISP to assist primary care physicians by providing seminars, granting technical assistance and otherwise assisting in fostering a cooperative and collaborative environment for the adoption by physicians of EHR --- all of which activities were designed to help physicians benefit the most from EHRs while achieving meaningful use. MHCC and CRISP have briefed this committee on the actual technical numbers and adoption issues. I have been asked to address the adoption of Health Information Technology (HIT) by private practitioners.

The transition to EHRs can be complicated and physicians currently using paper health records will modify workflows to leverage technology. Successful implementation results in the meaningful use of an EHR system which, in turn, helps drive better outcomes. As a partner to CRISP and the REC, MedChi provides education and outreach to increase the number of physicians that meet the meaningful use standards. That has been a very successful endeavor as the Maryland Regional Extension Center (REC) reports the highest percentage of physician signups for the entire national REC program. According to the Department of Health and Human Services, the Maryland REC program has signed up a total of 1,354 physicians as of November 1, 2011, meaning they are at 135% of their target sign up goal. The overall goal of the REC program is to signup 100,000 physicians between all of their Regional Extension Centers. The success of the Maryland program is a direct result of the public-private partnership of the Maryland Health Care Commission, the Department of Health and Mental Hygiene, CRISP and MedChi.

While the REC program in Maryland has been a success so far, we are facing several challenges relating to private physician adoption. Many of the problems are not unique to Maryland but are national in nature; these may result in adoption that is slower than initially projected. Many physicians report the economy, and uncertainty with regard to Medicare cuts and the SGR formula, has caused physicians to move slowly on capital investments. Furthermore, the currently available incentives and other benefits are not sufficient for many practitioners to make the decision to adopt. Simply put, adoption still does not make economic sense for many physicians.

While we clearly face challenges, the good news in Maryland is that we are all working together. The bad news is that the state was underfunded compared to other states for the REC program. MedChi is working hard to correct that inequality and would appreciate any help increasing funding for this valuable program.

Another positive for Maryland adoption is the State incentive program. Maryland was the first state in the nation to require health insurance companies to provide incentives for EHR adoption. As a result of the 2009 legislation, the Maryland Health Care Commission (MHCC) was directed to establish a one-time payment to Maryland doctors for EHR adoption. The MHCC convened all stakeholders in this process in December 2010 to propose regulations which established a one-time payment to Maryland primary care doctors (broadly defined) of \$8.00 per patient (not to exceed \$15,000 per practice) from each insurance carrier. While this is a positive it does not apply to all practitioners. To increase adoptions Maryland's Electronic Health Records (EHR) law must be amended to require that these monetary incentives apply to all physicians, not just primary care physicians.

Another Maryland-specific challenge for the private practitioner is the nature of the funding source for the Health Information Exchange. Because the Maryland money that was used to create the HIE was derived from the hospital system through the Maryland rate setting system, it must be targeted to hospitals in order to remain compliant with the federal waiver. This is understandable, but unfortunately it leaves Maryland without a reliable funding mechanism to hook private practitioners into the HIE and this in turn is a major obstacle to achieving the level of functionality in the Exchange that is necessary to meet the goals envisioned.

In summation, the three things we should do:

- Work hard to ensure that Maryland gets its fair share of additional REC money.
- Monitor and review incentives to consider expanding them to currently non-covered physicians.
- Await the results of the MHCC study on connecting to the HIE.

Thank you.

Gene M. Ransom III  
CEO, MedChi, The Maryland State Medical Society  
[gransom@medchi.org](mailto:gransom@medchi.org)  
410-539-0872