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CMS ELECTRONIC HEALTH RECORD DEMONSTRATION PROJECT UPDATE

The Center for Medicare and Medicaid Services awarded a grant to MedChi, the Maryland Health Care Commission (MHCC) and the Medical Society of the District of Columbia in June with the goal of increasing adoption of electronic medical records by physicians by making grants to small (less than 20) physician practices. MedChi, MHCC, and the MSDC, also known as the Maryland/DC EHR Collaborative, have been diligently working on the Phase One start-up of the Project since the announcement was made. Highlights of activity include the following:

- A kick-off meeting in July held by CMS with the four Phase One sites in attendance to discuss and review the process and key dates. The four Phase One sites include the Maryland-DC area, Louisiana, South Dakota, and eleven counties in the Pittsburgh, Pennsylvania area.
- A new web page on the MHCC website, mhcc.maryland.gov/electronichealth/cmsdemo/index.html, to provide background information regarding the Project. Information on the website includes: a Project fact sheet, press release statement, a PowerPoint presentation and a list of frequently asked questions.
- A listing of EHR vendors certified by the Certification Commission for Healthcare Information Technology who have agreed to offer discounts, along with a cost comparison table, a customer satisfaction survey, and information about their privacy and security policies will be available on the MHCC website by August 29th.

An application to receive funds will be available on the website listed above on September 2nd. Primary care physician practices that meet the eligibility requirements will have until November 26th to submit an application to CMS. Questions about the

Project can be e-mailed to CMSEHRDEMO@mhcc.state.md.us. The Collaborative is developing an awareness program that it plans to implement in early September. The initiative is aimed at providing information to physicians and practice administrators.

Key Project dates:

September 2, 2008 - Recruitment begins

November 26, 2008 - Last day for applications

March 2009 - Notification to practices of their participation

May 2009 - Local kick off meetings

June 1, 2009 - Demonstration begins

May 31, 2014 - Demonstration ends

As a reminder about the Project, CMS will offer financial incentives over a five-year period to those selected physician practices that use approved EHRs. Physician practices interested in submitting an application should carefully review the information about the Project posted on the MHCC website.

SEEKING MEMBERS FOR MAFP'S COMMITTEE ON EDUCATION

MAFP's primary goal, as it aspires to its mission "Able, Responsive FPs Serving Their Communities," is the provision of quality CME programs. MAFP seeks members interested in assisting with the planning, coordination and execution of the organization's CME conferences. The committee is currently planning the February and June conferences. There will be one in-person meeting at the MAFP office in late September with subsequent meetings via conference call. Please consider the following outline then, if interested, contact info@mdafp.org or 410-747-1980 (we will be happy to provide greater detail and let you know of the benefits of participating on the Committee):

Duties for members of the MAFP Education Committee:

- Participate in planning CME conferences
- Claim specific program segment(s) eg. topic/speaker/moderating
- Liaison between MAFP staff and conference faculty as needed
- Be aware of ACCME and AAFP Guidelines/Standards
- Assist with fundraising

BODYWORKS: A FREE ADOLESCENT OBESITY PREVENTION PROGRAM

With health care professionals and parents in mind, the U.S. Department of Health and Human Services' Office on Women's Health (OWH) developed a free adolescent obesity prevention program and toolkit called *BodyWorks*. Designed to improve family eating and activity habits, the program focuses on parents as role models and provides them with hands-on tools to make small, specific behavior changes to help the whole family maintain a healthy weight and prevent obesity.

Parents enrolled in the program attend 10 weekly sessions that focus on tools for behavior change, goal setting, eating and emotions, choosing healthy foods, portion control, physical activity, meal planning, shopping, food labels, cooking, environmental barriers, and media influences. Each parent receives a free toolkit which includes materials for parents and teens that correspond with the session topics. OWH is also in the process of creating materials for adolescent boys, a Spanish version of the toolkit, and the Indian Health Service is creating a toolkit for Native Americans.

Health care professionals can get trained to implement the program themselves, or refer their patients to a *BodyWorks* trainer at a local community-based organization, state health agency, non-profit organization, social service organization, health clinic, hospital, healthcare system, faith-based organization, worksite, and/or school and parent-teacher organization.

For more information about BodyWorks and upcoming trainings and parent and caregiver programs in your state, please visit www.womenshealth.gov/bodyworks or send an email bodyworks@hagerssharp.com.

PROSTATE CANCER AWARENESS MONTH

In recognition of Prostate Cancer Awareness Month, the American Urological Association (AUA) is offering two FREE Webinars developed specifically for Primary Care Physicians. Background: Research holds the key to preventing and curing prostate cancer. And, this field is advancing at a tremendous pace, with frequent new discoveries that continue to change the course of prevention and treatment. As a Primary Care Physician, you are the first source of information and the first line of defense for men at risk for prostate cancer. Therefore, it is essential that you are up to date on all of the latest research on prevention strategies and risk factors – knowledge critical to the advancement of your practice and the improvement of patient outcomes. Activities: These must-see Webinars, designed to enhance your knowledge and improve your patient care, can be watched live, or the recorded programs can be viewed at your convenience, beginning the day after the live event. Outcomes: The AUA will be conducting a follow-up survey in conjunction with Outcomes, Inc. to assess the impact of this Webinar on your practice. After you view the Webinar, either live or recorded, you may be contacted to complete a short survey that will help to improve continuing medical education for physicians. We recognize the value of your time; in return, you will receive a \$50 gift card in appreciation for your participation.

[“Prostate Cancer Prevention: Is There Something We Can Do?” airs live Wednesday, September 3, 2008 at 8:00 p.m. EDT.](#)

[“Understanding and Defining Risk” airs live on Wednesday, September 10, 2008 at 8:00 p.m. EDT.](#)

Don't miss this ground-breaking research with the potential to change how we identify those at risk for prostate cancer and strive to prevent this disease! [Register today](#)

SEPTEMBER IS WOMEN IN MEDICINE MONTH

September is Women in Medicine Month and, in celebration, the Maryland Chapter of the American College of Physicians' (MACP) Women in Medicine Committee is hosting its 3rd annual workshop on Saturday, September 6, 2008, at the Upper Chesapeake Medical Center, Bel Air, Maryland. The theme of this year's meeting is a "Survival Guide for Women in Medicine – Technology, Strategy and Tools for the Future" where presentations on Pay for Performance, Ideal Micropractice Models, Insurance/Vendor Contract Negotiation and Credentialing, as well as Electronic Health Records and E/prescribing will be featured. This workshop will be interesting and informative whether you have been in practice for some time or are just beginning your career as a medical student. Registration is free. For additional information, and a flyer, please see MACP's website http://www.acponline.org/about_acp/chapters/md/news_meet.htm.

ENVIRONMENTAL SCAN

Primary docs could earn more for coordinating care. Baltimore Business Journal, July 25, 2008

"The state's largest health insurer will launch a project in early 2009 to reimburse primary care physicians who schedule patients' appointments with specialists, coordinate tests and oversee comprehensive treatment. The program -- dubbed "medical home" by the industry -- is part of a growing trend to reimburse health care providers more for better outcomes, not just higher patient volume...

...Dr. Ramona Seidel, an Annapolis primary care doctor (MAFP Board Member) modeled the program on 600 patients from July 2006 to May 2008 as part of a national study. She used electronic health records, offered education programs for patients in weight management, and created an interactive Web site that allowed some patients to have virtual office visits...

..."They will have to dramatically increase the payment levels to doctors for it to work," said Dr. Joseph Zebley, a primary care doctor at Greenspring Medical Associates (MAFP Past President) in Baltimore and a former president of the Maryland Academy of Family Physicians. "Throwing a few extra dollars a month isn't going to cut it."...

<http://www.bizjournals.com/baltimore/stories/2008/07/28/story13.html?b=1217217600%5e1673996>

Family physicians in short supply nationwide, report finds, The Baltimore Sun, August 11, 2008

"The nationwide shortage of family physicians varies by location, but generally, fewer doctors practice in the areas where they are needed most, according to a report by the National Association of Community Health Centers. Researchers also found about 56 million Americans don't have access to regular health care because there aren't enough physicians in their communities, which could lead to poorer health outcomes and less coordinated care."

<http://www.baltimoresun.com/news/health/bal-md.doctors12aug12,0,2416897.story>

Panels address physician shortage in Maryland, Washington Post, August 11, 2008
“Maryland-based medical officials are working on two reports on ways to deal with a severe physician shortage in Southern Maryland that is predicted to get worse, with many area doctors expected to retire by 2015. The collaboration stems from a report this year by the Maryland Hospital Association and the Maryland State Medical Society that warned of dire shortages. Physicians, elected leaders and hospital administrators from three regions are serving on two task forces, the Task Force to Review Physician Shortages in Rural Areas and the Task Force on Health Care Access and Reimbursement. The panels are expected to present recommendations to the governor later this year.”

<http://www.washingtonpost.com/wp-dyn/content/article/2008/08/08/AR2008080804204.html>

FP Essentials, the AAFP Home Study Monograph Program, is seeking a new editorial board member to fill a 4-year term starting in January 2009. Information can be found at: <http://www.aafp.org/online/en/home/cme/selfstudy/homestudy/8.html>

Despite spending more on health care than any other industrialized nation, the United States continues to fall short on key indicators of health outcomes and quality, particularly in the areas of access and efficiency, a new report from the Commonwealth Fund <<http://www.commonwealthfund.org/>> finds. The report, Why Not The Best? found that the United States scored an average of 65 out of a possible 100 across thirty-seven key indicators of health outcomes, quality, access, efficiency and equity. Perhaps most troubling, the study found that 42 percent of all working-age adults were either uninsured or underinsured as of 2007 — up from 35 percent in 2003.

The National Rural Health Association applauds the passage of [S. 901, the Health Care Safety Net Act](#) which provides \$12.9 billion dollars for rural and medically underserved areas. The Act reauthorizes and strengthens three programs which together provide a safety net will help millions of rural Americans each year access needed health care services. The Act amends the Public Health Service Act to provide additional funding for community health centers, the National Health Service Corps and Title III Rural Health Programs.

From MedChi News (7/21/08): Congress has stopped the 10.1% cut in Medicare rates that was scheduled to go into effect on July 1. The AMA has provided information about the technical implementation of the Congressional action that can be found at www.ama-assn.org/ama1/pub/upload/mm/-1/cms-clarification16.pdf. The Congressional action, though welcome, is only a first step. Barring permanent reform or replacement of the Sustainable Growth Rate (SGR) formula for Medicare physician payment, a 20% cut will take place on January 1, 2010, just eighteen months from now. Congress and CMS must use the next year and a half to agree on a permanent fix for the system. Physicians and their patients must keep the pressure on to be sure our leaders do not forget that the clock is once again ticking.

The New York Times (7/21/08) reports on the growing interest by health policy specialists and others in the concept of the "advanced medical home." A key component of this concept is paying primary care physicians more money. As the *Times* puts it, "The idea is that by paying family physicians, internists and pediatricians to devote more time and attention to their patients, insurers and patients can save . . . downstream on unnecessary tests, visits to expensive specialists and avoidable trips to the hospital." The medical home concept is of particular interest to Maryland physicians as the Governor's task force on Health Care Access and Reimbursement is nearing the point at which members will begin deciding on recommendations. Proposals to assist primary care physicians are likely to be part of the mix.

www.nytimes.com/2008/07/21/business/21medhome.html