



Vermont To Rate EMR Impact

The state will measure the impact of its plan to subsidize health IT

By Nancy Ferris

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Vermont officials plan to subsidize the acquisition of electronic medical records for about half the state's doctors in independent practices by 2011, and they would like to know what benefits the public will receive for its money.

Legislators want annual progress reports, and subjective evaluations won't suffice, said James Hester, director of the state legislature's Health Care Reform Commission.

The state will invest \$33 million in health information technology through a tax on insurers. In return, officials expect to receive a transformed health system and avoid \$320 million in costs in a 10-year period.

Officials aim to reduce expenses by avoiding duplicate procedures, decreasing medication errors and other costly mistakes, better managing chronic diseases, and preventing illness through a systematic approach to care.

To achieve those results, doctors must make a long-term commitment to using EMR systems, Hester said. "The practice must demonstrate that it is using the system effectively or lose the software license and support," he added.

Vermont IT Leaders (VITL), the nonprofit organization established as a public/private partnership to operate the state's health IT programs, will pay as much as 75 percent of the cost of installing EMR systems for select practices and will assist with selection, contracting and implementation.

The organization will also evaluate medical practices' performance in four areas. It has chosen metrics that other organizations have used to measure the success of EMR implementations, said Angela Barnett, VITL's director of clinical effectiveness. "We feel this is really a balanced set of metrics."

VITL will measure how doctors use various functions, such as ordering laboratory tests, reviewing results, entering electronic prescriptions and receiving alerts about potential drug interactions. It will also track doctors' adherence to the clinical guidelines embedded in the software.

Other metrics will evaluate how doctors use data to manage the health of their patients and help them understand their health issues and comply with recommended treatments, Barnett said.

Two metrics relate to cost. Implementing an EMR system usually entails a temporary loss of productivity, she said, and “it can be devastating to a small practice, which we have a lot of here in Vermont.” Therefore, VITL is tracking EMRs’ effect on productivity over time, including variables such as vendor support and staffing.

The other cost metric involves the coding of patient encounters for billing purposes, through which VITL will examine whether and how EMRs change doctors’ revenue streams.

To measure doctor and patient satisfaction, VITL will conduct surveys for up to a year after a practice adopts an EMR system.

VITL has established goals and minimum criteria for each metric, Barnett said, and doctors will not receive the final installment of their grants if they miss the targets.

“We assist the practices in setting up a methodology to collect the data so that it’s as seamless as possible,” Barnett said. Doctors will have to collect some of the data manually, but the EMR systems capture other metrics. VITL will aggregate the data to create a report for the legislature about the impact of the EMR program.

State officials say they hope Vermont’s experience will shed some light on much-debated issues surrounding EMR adoption.

“We really view Vermont as a laboratory,” Hester said.