

## What Does EMR/EHR Mean to a Public Health Agency?

By David Rosebaugh

These changes are designed to improve our health care system, which consumes a larger proportion of the US GDP (Gross Domestic Product) every year. In the case of HITECH, the expectation is that increasing the level of automation in the health care industry will improve outcomes and reduce costs. Toward this end, the federal government is offering significant incentive payments for several years, up to approximately \$44,000 a year or \$64,000 a year (with variations for Medicaid vs. Medicare).

To qualify for an incentive payment, a health care provider, either a professional or a hospital, must acquire certified software and use it in a meaningful fashion to exchange data with other providers. In the first stage of meaningful use, providers must satisfy 15 core objectives, plus 5 more from a list of 10 optional measures.

Public health agencies that employ certain professionals, such as a physician or nurse practitioner, may be able to qualify for the incentive program. Many public health agencies employ such professionals, but many do not.

The early indications are that these subsidy payments are producing the intended effect – many physician practices are putting electronic medical systems into place, and hospitals are upgrading their systems to be sure that reporting is possible on all required measures.

For public health agencies, three of the requirements are of special interest, those having to do with immunizations, lab data, and electronic disease surveillance. Whether a public health agency qualifies for incentive payments or not, it will want to exchange data in these three areas. Certainly it has a choice about how to do that. If the agency employs eligible professionals, it is likely to lean towards acquiring certified software, which is software that has passed structured tests conducted by a software testing agency that has been approved by the federal Office of the National Coordinator. The cost of such software may be higher, inasmuch as the Centers for Medicare and Medicaid Services (CMS) has estimated that the cost of getting certified can be as much as \$1.2 million, aside from the costs of developing the certified software.

Some software vendors may choose to be certified on selective measures, and some vendors may choose not to be certified, even though they offer some of the features required under Meaningful Use.

In the end, the Meaningful Use program is an important incentive towards an electronic health/medical record (for an exploration of the differences between these terms, please see Judy Riemer's blog entry at <http://www.champsoftware.com/blog/what-is-an-ehr>). Whether a public health agency qualifies for federal incentives or not, the public health world is moving towards an electronic health record.