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Daniel Carlat, MD
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IN THIS ISSUE

Focus of the Month:
Electronic Medical Records

Learning objectives for this issue: **1.** Describe the features of the top EHRs designed specifically for psychiatrists. **2.** Explain the requirements of the federal EHR incentive program. **3.** Detail the pros and cons of using an EHR in your practice. **4.** Understand some of the current findings in the literature regarding psychiatric treatment.

Which Electronic Health Record Should You Buy? A Review of Three Products

David A. Frenz, MD
Medical director, Addiction Medicine
HealthEast Care System
St. Paul, Minnesota

Daniel Carlat, MD
Associate clinical professor
Tufts University School of Medicine

Dr. Frenz and Dr. Carlat have disclosed that they have no relevant relationships or financial interests in any commercial company pertaining to this educational activity.

There are a lot of electronic health record (EHR—also called electronic medical record, or EMR) companies vying for your hard earned cash. How do you decide among them?

For this article, we chose to review three EHRs: ICANotes, Valant, and Practice Fusion. Why these three? ICANotes and Valant are currently the only EHRs that fulfill the following two criteria: 1) each is specifically designed for mental health professionals; and 2) each is certified for meaningful use (see the article below for more information on meaningful use). We added Practice Fusion to our list because, while it is not designed specifically for psychiatrists, it has good psychiatry templates, it is certified, and it is free, although you have to pay for an e-billing option.

Regarding our methodology, we wish we could say we had a room full of *Consumer Reports* employees test-driving the EHRs for hours, but alas, the reviews were based on two physicians poking through trial versions of the products as time permitted. So these are relatively subjective impressions and we urge you to do your own test-driving before you make any big financial decisions.

In addition to the aforementioned features, each of the three EHRs we review here offers the following basic fea-

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Financial Incentives to Adopt an EHR, or How to Claim Your $44,000

Most of you have probably heard about "meaningful use" and federal incentives to get going with an electronic health record. But how applicable is this for psychiatrists? And what in the world is "meaningful use" anyway?

Reading this article may or may not make you any wealthier, but it will at least help you to decide whether it is worth the hassle to implement an EHR system.

What is the federal EHR incentive program? Federal financing for EHRs was originally adopted by Congress in 2009 as part of the American Recovery and Reinvestment Act. Starting in early 2011, the federal government began offering financial incentive payments to those who use EHRs for their Medicare and Medicaid patients. And it's a big chunk of change—up to $44,000 over five years in Medicare incentives and $63,750 in Medicaid incentives over six years for eligible doctors.

How do you know if you are eligible? Basically, you have to meet the following criteria:

- For the Medicare program, you need to accept Medicare patients (there is no minimum number or percentage), and you must spend less than 90% of your time practicing hospital psychiatry (in an ER or inpatient psych unit).
- For the Medicaid program, you must have a minimum of 30% Medicaid patients or practice mainly in a federally qualified health center or rural health center and have a minimum of 30% indigent patients.

If you are not already registered for one of these programs, hurry up—the incentives begin to decrease after 2012. However, the Medicare program gives

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tures: HIPAA compliant; electronic chart documentation; e-prescribing; scheduling; billing; document management (eg, you can scan in paper records and affix them to the electronic chart); and dictation management (eg, you can upload a dictation from Dragon software). Some have special features, which we have indicated in the relevant sections.

Before you jump into an EHR, you need to consider the fate of all your manila folders. What, if anything, in your current charts should be ingested into the EHR? The easiest solution is to do nothing, and start your EHR experience at ground zero with new patient encounters only. You'll still need to refer to your paper charts for a while, but eventually they become useless artifacts.

On the other hand, you might choose to scan documents into your EHR. From a technical standpoint, this is very easy to do with a standard desktop scanner. From a practical standpoint, however, it can add up to a lot of hours. Someone needs to thumb through the paper charts, decide what's important and what's not, and then scan. In all probability, that someone will be you.

ICANotes

(http://icanotes.com)

ICANotes was started by psychiatrist Richard Morganstern 15 years ago, originally for his own use. Gradually, he built it up, eventually commercializing it 12 years ago. Currently there are 3,500 users, making it, as they claim, "the most widely used web-based Electronic Health Record Software for psychiatrists and other mental health professionals." For those who are curious, "ICANotes" is an abbreviation for "Intuitive Computer-Assisted Notes."

Cost

- **EHR:** Prescribers: $149/mo ($1,788/yr) plus $65 annual licensing fee. Non-prescribers: $69/mo plus $65 annual licensing fee. A variety of discounts are offered for group practices, new practices, students, non-profits, and so on, so you are encouraged to call them and negotiate.
- **E-prescribing:** Additional $45/mo ($540/yr). They use DrFirst.
- **E-billing:** Can integrate with existing billing. Or can use one of their vendors—fees vary. One, for example, charges $39/month for up to 100 claims, then 39 cents a claim.
- **Training:** Included in the monthly fee.

Special Features

Secure inter-office messaging, ability to graphically track data such as PHQ-9s and labs. They say they will have a secure patient portal operational by December 2011.

User Experience

ICANotes is probably the most "psychiatric" of the current crop of meaningful use certified EHRs. The home page makes you feel like you're in your office, with cartoon file cabinets containing patient charts. All that's missing is a couch. However, like many offices, the program is visually somewhat cluttered. We wouldn't say that this is a deal-breaker, though, since over time we found it easy to cut through the clutter and accomplish our needs.

The essence of any medical record, paper or electronic, is creating notes. ICANotes has a psychiatry-specific template system that allows you to create a narrative note that reads as though you typed it, but in fact is created by clicking on buttons. For example, for one trial patient, I started with the HPI (history of previous illness). The screen prompted me with the fragment: "Patient has symptoms of" and showed me 14 different broad options, such as depression, ADHD, psychosis, and dementia. I clicked on "depression," and this sentence appeared: "Mr. Smith has symptoms of a depressive disorder." At the same time, a list of specifiers appeared, such as "precipitant," "speed of onset," "current symptoms," and "suicidality."

I clicked "no precipitant" and got the following sentence: "Mr. Gardner reports there is no apparent precipitant for his depressive symptoms." Next, I wanted

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Side-by-Side Comparison of Key Features

	Valant	Practice Fusion	ICANotes
Web-Based	x	x	x
HIPPA Compliant	x	x	x
Certified for Meaningful Use	x	x	x
Patient Scheduling	x	x	x
Clinical Documentation	x	x	x
Secure Messaging	Limited	x	x
Electronic Prescribing	x	x	x
Electronic Claims Submission	x	x	x
Lab Integration	Due January 2012	x	no
Patient Portal	Due January 2012	x	Due December 2011
Free Unlimited Support	x	x	x
Tablet Computer Functionality	Due January 2012, with clinical documentation	iPad only	Limited

Which Electronic Health Record Should You Buy?

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to say something about how quickly his depression developed. I clicked "speed of onset" which branched out to choices such as "gradual, slow, insidious, rapid, sudden." I chose rapid, and four more options popped up: "hours, days, weeks, months." I chose "weeks," and the automatically generated sentence was, "His depressive symptoms began rapidly over a period of weeks."

In this way, ICANotes allows you to create a complete narrative note by clicking on any of hundreds of buttons. The advantage is that you don't have to keep typing the same sentences that you use over and over again with certain kinds of patients. The disadvantage is that it reduces the complexity of a psychiatric patient to a series of pre-fab words and sentences—although you always have the option of positioning your cursor into the note and free-typing various details. For example, it turns out that Mr. Smith is depressed because his wife left him. There's no button for "his wife left him," so you can type it in yourself, or you can even create a custom button that, when clicked, would add that phrase.

ICANotes Advantages:

- Smartly designed for creating elegant narratives with little actual typing.
- Self coding (which picks appropriate billing codes for you) will help you use more lucrative E and M codes for Medicare and Medicaid patients.

ICANotes Disadvantages:

- Narrative format may make it more difficult to find specific elements of the history from past visits—some prefer having checklists.
- The screens are quite busy with buttons (though presumably one gets used to this over time).

Valant Medical Solutions

(www.valant.com)

Valant was founded by psychiatrist David Lischner in 2002, who, like the founder of ICANotes, found himself dissatisfied with the electronic charting options that existed. His brother happened to be a software developer, and in 2005 they had created a "virtual office" for small psychiatric practices. In 2007, they developed this further into the first version of Valant software.

Cost

- **EHR:** Prescribers: $600/yr, or $50/mo. Non-prescribers: $500/yr, or $40/mo. A variety of discounts are offered for group practices, new practices, students, non-profits, and so on, so you are encouraged to call them and negotiate.
- **E-prescribing:** Additional $600/yr. Like ICANotes, they use DrFirst.
- **E-billing:** $800/yr for standard module, $600/yr for paper claims, and other discounts. If you're happy with your current billing service, they can use existing biller.
- **Training:** Included in the monthly fee.

Special Features

Ability to graphically track data such as PHQ-9s and labs. They say they will have a secure patient portal operational by January 2012, including tablet computer functionality that will allow patients to input demographics and symptom scale scores and incorporate the information directly into the record.

User Experience

Valant has a cleaner and more ergonomic look and feel than ICANotes. Your dashboard includes a list of "Action Items," such as, "patients missing demographic information," "prescriptions pending," and "undocumented sessions."

The best way to create a note is to go to your appointment calendar and choose a patient from there. You choose from a drop down menu of various note templates—some are default templates chosen by Valant because they are particularly popular. Others are from various other practices all over the country. This is quite different from the ICANotes model, in which you must use the one template system offered. The advantage of the Valant approach is that you have many choices of templates, including many with mental status checkboxes, which some people like, especially very busy clinicians in psychopharm practices.

A quirk of Valant that takes some getting used to is that in order to create notes, you have to open templates in Microsoft Word. Depending on which template you choose, you will see the note populated with some information, and fields or checkboxes to add new info. For example, let's say you are seeing Sally Smith for a routine quarterly psychopharm appointment. You would open her chart within Valant, then select "new template clinical note from last." Instead of this opening within Valant, Microsoft Word starts up and allows you to open Sally's last note in Word. There are fields to add new info and checkboxes for elements of the MSE. Now you want to view her diagnoses and change her medications—but you can't do that in the Word template. Instead, you have to switch to Valant to make such changes. It seems unnecessarily cumbersome, but perhaps once you get used to it, it becomes second nature.

On the other hand, a really convenient feature that is only offered by Valant is that you can easily make PDFs of as many patient notes as you want, allowing you to scroll down and view past trends/medications/other information very efficiently. And, of course, you can email or fax such PDFs to referring physicians. (You can make PDFs with the other EHRs by using a traditional PDF maker program.)

Valant Advantages:

- Nice dashboard that keeps you up to date on all patients related tasks.
- Very close to having a functional patient-related portal and tablet functionality.

Valant Disadvantages:

- Somewhat cumbersome documentation process.

Practice Fusion

(www.practicefusion.com)

Practice Fusion is an EHR that can be used by various medical specialties. The company tells us that psychiatrists are some of the top users of its platform.

Cost

One of Practice Fusion's selling points—and this is a key differentiator—is that it's free. The cost of the service is paid for by advertising (big pharma is everywhere!). Users can opt out of sponsored mode for $100 per month, although a minority of users apparently do so. If you were to opt out, the cost would be on par with Valant, and users still need to pay for electronic claims submission regardless of the mode selected.

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Q&A With the Expert

This Month's Expert

Pros and Cons of Adopting an Electronic Health Record

Steve Daviss, MD

Chair, Committee on Electronic Health Records
American Psychiatric Association

Dr Daviss has disclosed that he has no relevant relationships or financial interests in any commercial company pertaining to this educational activity.

TCPR: Dr. Daviss, you are the chair of the Committee on Electronic Health Records for the APA. What does that entail?
Dr. Daviss: The charge of this committee is to follow developments in electronic health record issues—more related to policy than to technology—and to serve as a resource for members and for other councils and committees of the APA.
TCPR: And the biggest policy issue related to EHRs is probably the financial incentives offered by the government, right? [Editor's note: For a quick rundown of these programs, see the article, "Financial Incentives to Adopt an EHR."]
Dr. Daviss: Right. Unfortunately, given the various eligibility requirements, it is doubtful that many psychiatrists will be able to participate. For example, to be eligible for the Medicaid incentive program, at least 30% of your practice must be Medicaid patients, and I think very few psychiatrists have that kind of practice.
TCPR: So why should psychiatrists adopt an EHR?
Dr. Daviss: This is what I tell most people: If you want to get an EHR because you want to tap into all this money that is coming from the U.S. government—don't. I don't think as psychiatrists we are going to get much out of that and the costs of implementing a system are probably going to be more than any refund. However, if you want an EHR for the benefits that are inherent in this type of data collection and organization, then go for it. The higher the costs and learning curve, the harder it is to switch to a new system if you don't like your current one. So, one must keep in mind the capabilities for data migration. They often make it easier to get data in than to export data out.
TCPR: Okay. If we decide to go for it, what are some basic factors we need to consider in choosing an EHR?
Dr. Daviss: There are two basic types of systems. First, there is the type that comes as a piece of software that you install directly on your computer. This requires you to update your software on a regular basis—you either have to download it or have it shipped to you and then install it. The second type is a web-based system, where you just need an Internet connection and a web browser and you can connect to the EHR software that resides on a server somewhere else. The advantage is that it is always up to date. You don't have the hassle of installation and updating. There are pros and cons to each type.
TCPR: Such as?
Dr. Daviss: For the software type of EHR, the potential advantage is that these may be more secure than a web based system, though maintenance is more hands-on, making these more prone to being out-of-date and expensive to maintain. Web based systems have the advantages of being less expensive in general, and of allowing you to communicate directly with a lab or other practitioners, but they are more vulnerable to data breaches. Anytime you put something on the computer and upload it to the Internet it opens up a certain amount of risk that the wrong people could gain access to that data. There are those same risks with paper documents too, of course—if you have paper documents in your office and the cleaning person comes in the evening and empties your trash can, they could look through records and make copies. There certainly have been reports of people breaking into psychiatrists' offices and copying records. But with computers the concern is that it opens it up to more people. We have seen these kinds of breaches with credit card companies, and certainly there is that risk with electronic health records.
TCPR: So there are some who would do well with a local software EHR.
Dr. Daviss: Yes, especially if you are a solo practitioner without the need for a lot of electronic interaction beyond getting occasional lab results, you can probably even get by with a very pared down version of an EHR.
TCPR: What are some other potential advantages of an EHR system in general?
Dr. Daviss: Using it for data analysis. For example, recently the FDA announced that prescribing doses of Celexa higher than 40 mg could cause cardiac problems. If you had a very basic EHR, you could easily ask the system to generate a list of all your patients on high dose Celexa. You could then pull up that list and call them or send them a note, which is a lot harder to do if you are using paper records.
TCPR: Do you have a sense of how well people are taking to using EHRs, how easy it is for psychiatrists to use them and to apply them to their practices?
Dr. Daviss: I think that depends a lot on what you think you are getting out of it, what you are willing to invest in it, and your overall comfort with technology. It definitely takes more of an effort, certainly initially, than keeping a paper record. And I suspect that even after you have gotten the hang of it, it probably still takes more time than it would take you to do a paper record. These electronic health record systems, by and large, are not very user-friendly; they are complicated programs and it takes a lot of training and learning to use them.

TCPR: Do you think we will all eventually need to have some type of EHR? Will it become such a standard of care that not having one might put you at risk for malpractice?

Dr. Daviss: That is an interesting question and I don't think we are there yet. But given the fact that almost all of the EHRs on the market have the capability to do some kind of analysis of medications and look at the potential for drug interactions between them, we might end up there.

TCPR: Does the APA have any resources for helping members to decide on which EHR to get?

Dr. Daviss: We have information and links on the incentive programs, privacy and security issues, and many helpful links. There are a few EHR reviews on the APA website, but they are rather dated. We think the best way to help is for members to share their own experiences with various EHRs, and to post online their impressions of the pros and cons: what they like, don't like, and how it fits in with what specific type of practice they have so that we can start helping each other. We expect this to be available for members by mid-spring 2012. [You can visit the APA's EHR page at http://bit.ly/t5Xu8E]

TCPR: Thank you, Dr. Daviss.

Dr. Daviss is co-author of *Shrink Rap: Three Psychiatrists Explain Their Work,* and blogs at Shrink Rap and at HIT Shrink.

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Research Updates IN PSYCHIATRY

Section Editor, Glen Spielmans, PhD

Glen Spielmans, PhD, has disclosed that he has no relevant financial or other interests in any commercial companies pertaining to this educational activity.

ANTIPSYCHOTICS

Off-Label Use of Antipsychotics Effective for Some Indications

Over the past decade or so, atypical antipsychotic use has exploded, for both FDA approved indications and off-label treatments. A recent meta-analysis examined the efficacy (when compared to placebo), comparative effectiveness (when compared to another medication), and safety of atypicals including risperidone (Risperdal), olanzapine (Zyprexa), quetiapine (Seroquel), aripiprazole (Abilify), and ziprasidone (Geodon) for a number of off-label uses. Controlled trials comparing off-label treatment with atypical antipsychotics to placebo or to other medications were considered for the review. The researchers used a number of tools to rank the quality of the studies they evaluated.

Here's how they stacked up, by condition:

Dementia: Researchers examined three measures: improvement in psychosis, improvement in agitation, and total "global" score. Small, but statistically significant effect sizes (ranging from 0.12 to 0.20) were seen with Abilify, Zyprexa, and Risperdal. (Note the caveats in the "side effects" section.)

Generalized Anxiety Disorder: Seroquel was associated with a 26% greater likelihood of improvement in symptoms than placebo (an effect size of approximately 0.30). However, researchers considered this evidence "moderate," because all Seroquel trials examined for this disorder were funded by the drug company and results across studies were inconsistent.

Obsessive Compulsive Disorder: Risperdal was a clear winner—showing a four times greater likelihood of improvement compared to placebo (an effect size of approximately 1.14)—but the studies were quite small and all involved Risperdal augmentation to another drug. Researchers also found that Seroquel augmentation of citalopram (Celexa) was superior to placebo in two studies, and Seroquel augmentation of an SSRI was superior to clomipramine (Anafranil) plus SSRI.

Other Conditions: There was no significant proof that atypical antipsychotics are an effective treatment for eating disorders, PTSD, or substance abuse. There is moderate evidence that Risperdal is effective for personality disorders.

But those dreaded side effects… The atypicals were especially bothersome for elderly patients with dementia. Side effects included increased risk of EPS and urinary tract disorders, plus some cardiovascular symptoms (especially with Zyprexa and Risperdal). When data was pooled from 15 trials, 3.5% of elderly participants assigned an atypical died, compared to 2.3% of those assigned to placebo. The NNH for the increased risk of mortality for the elderly was 87. For the non-elderly, the usual atypical side effects were seen: weight gain, fatigue, sedation, and EPS (Maher AR et al, *JAMA* 2011;306(12):1359–1369).

TCPR's Take: Given the combination of a high side effect burden of atypicals, along with the small to moderate effect sizes for off-label uses, we recommend reserving these drugs for psychosis and bipolar disorder—with some consideration in patients with treatment-resistant depression.

Which Electronic Health Record Should You Buy?

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Special Features

Secure inter-office messaging, ability to graphically track data such as PHQ-9s and labs, a functioning patient portal, and the ability to order and review labs electronically.

User Experience

Practice Fusion is funded by drug company banner ads, and therefore is *very* well-funded and slickly designed—in a good way. Writing up an H and P or a progress note is similar in some ways to the experience in ICANotes. There are clickable statements organized by diagnosis, and you can easily create your own statements as well. The ultimate syntax of the note is less elegant than ICANotes, but that probably won't matter for most users.

Practice Fusion has many other useful features such as the ability to automatically fax notes to referring doctors—a nice tool for building up a new practice; robust lab integration; and an already functioning patient portal system, although at this point it only allows patients to view their medical information, and does not include the ability for them to fill out clinical forms and send the information to you.

Practice Fusion Advantages:

- No cost in sponsored mode.
- Customizable text-based templates.
- Laboratory integration: studies can be ordered with the EHR; results drop directly in the EHR.
- Tablet computer functionality.

Practice Fusion Disadvantages:

- Pharmaceutical advertising in sponsored mode (three different psychotropic medications in the test drive alone!).
- Presence of various features of more use for non-psychiatric physicians, which could be distracting to some.

What about non-certified EHR systems? While we didn't have space to review every program available for psychiatrists, there are a number of EHRs on the market that are not certified for meaningful use by the federal government, but may cover all of the other bases. To learn more about those we suggest you visit the American Psychiatric Association's ever-growing list at http://bit.ly/sF6yHU or their LinkedIn group at http://linkd.in/rDWWJB (both require APA membership). Or you can check out software reviews at www.softwareadvice.com/medical or the American Association for Technology in Psychiatry's LinkedIn group at http://linkd.in/uEBZdN.

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CME Post-Test

To earn CME or CE credit, you must read the articles and log on to www.TheCarlatReport.com to take the post-test. You must answer at least four questions correctly to earn credit. You will be given two attempts to pass the test. Tests must be taken by November 30, 2012. As a subscriber to *TCPR,* you already have a username and password to log on www.TheCarlatReport.com. To obtain your username and password or if you cannot take the test online, please email info@thecarlatreport.com or call 978-499-0583.

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Below are the questions for this month's CME post-test. This page is intended as a study guide. Please complete the test online at www.TheCarlatReport.com. Note: Learning objectives are listed on page 1.

1. Which of the following is NOT currently a feature found in all of the top three EHRs for psychiatrists (ICANotes, Practice Fusion, and Vālant) (Learning Objective #1)?
   [ ] a. templates to create notes [ ] b. lab integration component
   [ ] c. meaningful use certification [ ] d. electronic prescribing

2. To be eligible for the Medicaid EHR incentive program, what percentage of your patients must be on Medicaid (LO #2)?
   [ ] a. 5% [ ] b. 15% [ ] c. 30% [ ] d. 40%

3. In what year will the federal government begin financial penalties on payments to doctors who don't use EHRs (LO #2)?
   [ ] a 2012 [ ] b. 2013 [ ] c. 2014 [ ] d. 2015

4. According to Dr. Steve Daviss, which of the following is an advantage of a software based EHR (LO #4)?
   [ ] a. more secure than a web-based system
   [ ] b. no need to worry about updates and new versions
   [ ] c. less expensive than web-based system
   [ ] d. allows you to communicate directly with practitioners outside of your office

5. In the analysis of off-label uses of atypical antipsychotics, small, but statistically significant improvements were seen in dementia symptoms for patients treated with which three antipsychotics (LO #4)?
   [ ] a. Abilify, Zyprexa, and Risperdal [ ] b. Risperdal, Geodon, and Zyprexa
   [ ] c. Geodon, Seroquel, and Abilify [ ] d. Risperdal, Seroquel, and Zyprexa

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Financial Incentives to Adopt an EHR, or How to Claim Your $44,000

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you some breathing room, because in the first year you only have to demonstrate meaningful use for 90 days, so if you start by October 1, 2012, you'll still be eligible for the maximum payments. Medicaid, however, requires that you use it for the entire year.

For Medicare, which is likely the program that will be used most by psychiatrists, here's how the money part of it works. Beginning in 2012, you will receive a lump sum incentive payment at the end of each year equal to 75% of whatever you charge Medicare (in addition to your regular Medicare reimbursements). But there's a cap on payments—$18,000 in the first year, which goes down progressively year by year. If you do the math, you'll see that in the first year you would have to bill at least $24,000 to Medicare to get the maximum incentive of $18,000.

Although this program is completely optional, beginning in 2015, the government will start penalizing you if you do not adopt an EHR. It will do this by skimping on your Medicare reimbursements—beginning with a 1% deduction in 2015 and going up to 5% by 2019. Of course, if only a tiny fraction of your patients have Medicare, this may not matter to you.

What is "meaningful use?" It's not enough to just buy some EHR software and start recording patient information. You need to use a program that is "certified" by the Centers for Medicare and Medicaid Services (CMS) and use the product in a way that is defined as "meaningful" to improving patient care. The bottom line is that the government wants to ensure they are getting something in return for the thousands of dollars they will be paying doctors. And what they want in return is some guarantee that you are using your EHR in a way that will improve patient care and improve communication between everyone in the health care system.

To qualify for meaningful use, your EHR has to meet a number of core objectives. Most of them are no-brainers that you will easily meet as long as you buy a certified system.

- Maintain an up to date problem list/ diagnosis (ie, record your patients' diagnoses)
- Maintain an active medication and allergy list
- Record your patients' demographics
- Use your EHR's drug interaction and drug allergy checking software
- Use electronic prescribing

But there are also some requirements that may, at first blush, sound difficult for psychiatrists to implement. These requirements reflect the fact that the regulations were written with primary care doctors in mind. However, there are work-arounds that will allow you to comply without breaking too much of a sweat.

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Financial Incentives to Adopt an EHR

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- Record vital signs (height, weight, and blood pressure) for at least 50% of your patients. Some psychiatrists already get this information on all their patients, but most do not. The major work-around is to attest that getting vitals is not relevant to your practice. This is not as ridiculous as it may sound—yes, psychiatrists often need to know vital signs, but they usually obtain the information from patients' PCPs.
- Record smoking status in at least 50% of all patients 13 or older. This is easy enough.
- Provide "clinical summaries" (summaries of their diagnoses and treatments) to at least 50% of patients. Most EHRs make this easy, automatically compiling these summaries so you can print them out. If your EHR has a secure patient portal, you can email the summary, saving you the time it would take to print it out during the visit.
- Record a number of "clinical quality measures," such as blood pressure. As a psychiatrist, you are allowed to ignore most of these because you are not a PCP.

How do you know whether an EHR is certified for meaningful use? Ask you EHR vendor or look on the government's official list here: http://onc-chpl.force.com/ehrcert. As is the case with many government programs, the details of the rules surrounding EHRs can get confusing. You can find useful analyses at the American Psychiatric Association website at www.psych.org/EHRincentive. Medscape has hundreds of articles on EHR topics, ranging from reviews of voice recognition features to current regulatory news (www.medscape.com).

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