



## NEWS RELEASE

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### **Statement on Utah Medicaid's New Electronic Health Record (EHR) Incentive Program: What's at Stake for Medicaid Consumers and Health Care System Stakeholders**

**Salt Lake City** – Today the Utah Department of Health announced Utah Medicaid will begin accepting applications from providers and hospitals to participate in the CMS-supported Electronic Health Record (EHR) Incentive Program. The full announcement can be found here: <http://www.health.utah.gov/medicaid/provhtml/HIT.htm>. CMS, the Centers for Medicare and Medicaid Services, is the federal agency that oversees Medicaid and Medicare. Under the new competitive program, physicians and other eligible health care professionals (community health centers or CHCs and rural providers) can receive up to \$63,750; hospitals in Utah can expect between \$350,000 and \$4 million as incentive to adopt or upgrade their EHR systems. The Medicaid EHR incentive payments were part of ARRA (federal economic stimulus package of 2009) and there has been much debate over the meaningful use requirements ever since. Meaningful use *includes electronically capturing health information in a coded format, using that information to track clinical conditions, as well as communicating that information for care coordination (definition from the Utah Department of Health).*

### **UHPP Statement** (Judi Hilman, Executive Director)

“Medicaid consumers and stakeholders have much to gain from more consistent adoption of EHR across the state and in different care settings—but also so much to lose if we don't set the stage for ‘meaningful use’ now. Drawing on lessons from early EHR adopters and recent consumer surveys, these seem to be the main issues at stake for consumers in both the adoption of EHR and in meaningful use of the data...

- **Trust** and appropriate levels of **data security**;
- For providers, any shortcomings in above can raise **liability** issues;
- **Consume choice**: consumers should be in the driver's seat on decisions related to who gets access to their personal health information;
- Consumers and advocates have a huge stake in community-wide health record banking and **aggregating of the data**, as in the APD. To this end (this gets more at meaningful use), the EHR systems must out of the gate have the capacity to support **dummy claims an records for the uninsured and under-insured**. The Medicaid providers that qualify for the incentive payments also see many uninsured and under-insured, so they might as well take the steps necessary to maximize the benefits of EHR for the uninsured and under-insured;

- **Cultural and language access:** the new technologies and electronic tools must never be substituted for effective communication with patients and their families—no matter what language is spoken, at what literacy level.”

“These are significant concerns particularly for Utah’s Medicaid consumers, where the pathway for addressing complaints is not so clear and the sense of rights is not as strong as it needs to be going the new climate of reform. This is one of the main reasons why Utah Health Policy Project is launching Take Care Utah: a consumer health assistance and navigation program”—*more on that later.*

“It’s encouraging to see that CHCs are eligible for these incentive payments: their patient-centered medical home model should help protect consumer privacy and empower consumers to make meaningful use of their own electronic health information and to be in the driver’s seat every step of the way.” According to by-laws, CHC Boards must be comprised of 51% or more patient or patient family representatives.

“As we ponder the above categories of concern, we’re thinking it would be helpful to put together some sort of consumer advisory process or forum to help shape the adoption of EHR for Medicaid while ensuring that consumers are in the driver’s seat.”

UHPP may try to fold these issues into Utah’s ACO (accountable care) process at some point. In the meantime UHPP will bring up these issues at the next meeting of the MCAC (Medical Care Advisory Committee, the statutory advisory body to Utah Medicaid).

*For the general public, Consumer Reports has written a helpful introduction to EHR, personal health records, and their benefits for consumers here:*

<http://www.consumerreports.org/health/doctors-hospitals/doctors/electronic-health-records/index.htm>

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