

## [Recovery and Reinvestment Act Funds for Healthcare IT and ASCs: Q & A With Sean Benson of ProVation Medical](#)

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The American Recovery and Reinvestment Act of 2009 designated more than \$59 billion in funds for the healthcare sector, approximately \$19 billion of which will go toward healthcare IT initiatives. This includes financial incentives to healthcare providers to encourage the adoption of EHRs in a meaningful way.

Sean Benson, co-founder and vice president of consulting for ProVation Medical, discusses the likelihood that these funds will be available to ASCs and the governmental push toward industry-wide electronic record systems.

### **Q: The release of ARRA funds for EHRs is a significant push by the government toward digitalizing healthcare records and information. Why do you think we are seeing this now?**

**Sean Benson:** A key part of this has to do with healthcare reform. From the very beginning, ARRA funding and money for healthcare IT has been tied to healthcare reform. This is not just a program to fill the pockets of HIT vendors. So much of healthcare reform involves the sharing of information and comparison data. We can't be successful with reform if we aren't on electronic systems.

### **Q: How much of this \$19 billion for Healthcare IT could go to ASCs?**

**SB:** Right now it's not clear if any of these dollars will go to ASCs. The reason this is unclear has to do with uncertainty around a couple of key phrases — "meaningful use" and "certified EHR technology." In order for healthcare providers to receive these funds, they will have to be able to demonstrate that they are using a certified EHR application in a meaningful way. The Department of Health and Human Services has been tasked with offering guidance on these two phrases but, ultimately, the final definition is the decision of CMS. Currently, the discussion around the definitions has centered around two key environments — the hospital and the physician office. ASCs have not been a part of the discussion.

### **Q: When and how will these funds be available?**

**SB:** These funds will be released beginning in 2010 and will continue until 2014. Every year that a facility meets the criteria of using a certified EHR system in a meaningful way, it will be paid out a specific dollar amount by CMS. The mechanics behind all of this have yet to be determined, but it's likely that CMS will use a mechanism similar to what they already have in place. I don't see CMS creating a whole new funding mechanism for this. Most likely providers who are determined to have met the criteria needed to receive funds will be paid a little bit more for each code they submit to CMS than the established reimbursement rate. Starting in 2015, facilities that have not become meaningful users of EHRs will be paid less than the established reimbursement rate. The carrot becomes a stick, essentially.

### **Q: What constitutes "meaningful use" and "certified EHR technology"?**

**SB:** CMS has until the end of this year to come up with an initial definition of "meaningful use" and "certified EHR." We should begin to learn more over the next few months. The Health IT Policy Committee has released meaningful use recommendations, which can be viewed on HHS' [Health](#)

[Information Technology Web site](#). What is slightly problematic for ASCs is that these guidelines for meaningful use seem to only consider hospital and physician office settings. There are guidelines for what constitutes meaningful use, such as the use of Computerized Physician Order Entry, which are really intended for the hospital setting and conceptually wouldn't be used in the ASC.

As for determining what constitutes a "certified" EHR, the government announced last week that the Certification Commission for Healthcare Information Technology (CCHIT) will be the initial certification body for EHR products. There are likely to be more certifying bodies in the long term, but right now the infrastructure just isn't there yet. CCHIT originated from the Healthcare and Information and Management Systems Society — a trade group comprised of companies that have focused their efforts on hospital and physician office markets. As a result, CCHIT has historically only certified EHR products for the hospital and physician practice markets. This could create challenges for getting ASC-specific products certified.

**Q: If meaningful use is eventually altered to include ASCs, will challenges with ASC-oriented EHR products hinder centers' ability to receive funds?**

**SB:** Not necessarily. CCHIT has announced plans to launch three different certification tracks, which are intended to broaden vendor access to certification. Right now, CCHIT requires that a certified product has to be able to perform, say, 300 functions, many of which may not be applicable to all healthcare settings. Now, however, with these new certification tracks, products can be certified for each key sub-definition of meaningful use, meaning that products will not have to perform all 300 functions to be certified. They'd only need to perform the functions that align with that specific sub-definition, such as clinical documentation, within the broader meaningful use definition.

**Q: Do you expect the Health IT Policy Committee to revise meaningful use recommendations for ASCs?**

**SB:** Unfortunately, I think that is a little bit of a long shot. These groups haven't really heard the voice of ASCs in all of this. The government is so preoccupied in making just the initial process work that they would probably view revising the recommendations to accommodate ASCs as one more thing on their "to-do" list. So, I am not necessarily optimistic about ASCs being included in these funds in the short-term.

However, I am fairly confident they will eventually be included, especially since healthcare providers that do not move to EHRs will be subject to reduced reimbursements starting in 2015. The government isn't just going to start cutting payment to ASCs for no reason. You can't require ASCs to meet requirements for meaningful use that aren't applicable to them. At some point before this occurs, the government will need to address the ASC market.

**Q: What can ASCs do improve their chances of receiving ARRA funds for EHRs?**

**SB:** ASCs need to get their voices heard in this discussion. ASC leaders should contact the HHS' National Coordinator for Health Information Technology, David Blumenthal, MD, and voice their opinions on these recommendations. Comments can be sent to Dr. Blumenthal via email at [david.blumenthal@hhs.gov](mailto:david.blumenthal@hhs.gov).

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