



The CCHIT Incentive Index™

Funding abounds for adoption of certified EHRs and other health IT

The following programs have been launched since the start of the certification process for electronic health record products in 2006. Details of financial investment or commitment are included if available. Numbers of physicians benefiting from programs, or offered an option to participate, are identified if disclosed. In some cases the exact number could not be determined because the incentive is at the practice level.

Incentives tally to date:

40 programs offered by government agencies, insurance plans, employer coalitions and public-private partnerships
50 programs, representing 115 hospitals, in response to federal “safe harbor” regulations on health IT donations
43,350 physicians (and other clinicians) receiving or offered financial assistance in purchasing EHR capabilities
\$703.2 million in known dollar value of these incentive programs
21 state governments enacting some form of EHR adoption program

Use of Certified EHRs in Pay for Performance Programs

Bridges to Excellence—A quality-improvement recognition and rewards program for physicians.

For its Physician Office Link program, Bridges to Excellence has deemed that a CCHIT Certified EHR in a physician practice qualifies as sufficient evidence that it uses electronic systems to maintain patient records, provide decision support, enter orders for prescriptions and lab tests and provide patient reminders. The automatic qualification replaces a proof-of-use requirement that involved filling out an extensive survey. The implementation of a CCHIT-certified EHR makes physicians eligible for a bonus of \$50 per patient per year as long as they also meet thresholds for care of certain chronically ill populations in their practice, evidence that the EHR is being put to productive use. Physicians using a CCHIT-certified EHR also can gain recognition as a medical home provided they also meet thresholds for clinical care; the designation can be accompanied by incentives of up to \$125 per patient per year.

CMS EHR demonstration—A total of 1,200 practices using EMRs to meet quality measures, with financial incentives and a bonus for participating practices. States or regions in the demo: Alabama; Delaware; Georgia; Maine; Louisiana; Oklahoma; South Dakota; Virginia; Jacksonville, Fla.; Maryland and DC area; Pittsburgh, Pa.; Madison, Wis. EHRs must be CCHIT-certified. \$150 million in bonus payments are available. Total payments under the demonstration for all five years may be up to \$58,000 per physician or \$290,000 per practice.

Sources: <http://www.hhs.gov/news/press/2008pres/06/20080610a.html>;
<http://www.hhs.gov/news/facts/ehr21stcentury.html>

CareFirst BlueCross BlueShield (covering Maryland, District of Columbia, Northern Virginia, Delaware) initiated a reward system for effectiveness in care practices that awards points to physician groups for achieving measures of quality. Use of a CCHIT-certified EHR is one of 11 quality measures and is worth 20 points. Physicians receive a 1% increase from the standard CareFirst fee schedule for earning 40 points, and physicians amassing more than 80 points can earn as much as 7% more than the fee schedule. The program is open to primary-care physicians and internal medicine subspecialists.

Source: <http://www.carefirst.com/providers/html/CareFirstQualityRewards.html>

Use of Certified EHRs in Government-Sponsored Incentive Programs

Health Care Efficiency and Affordability Law for New Yorkers (HEAL NY) issued grants totaling \$105 million in March 2008 to 19 health information exchange or community-level IT adoption collaborative applicants to implement community-wide interoperable EHRs. Grants range from \$1 million to \$10 million each. Total number of physicians represented: 18,395. EHRs must be CCHIT-certified. A previous round of funding awarded \$52 million in grants for health IT initiatives in May 2006, before the CCHIT certification program for EHRs began. To be eligible for that round of funding, applicants had to commit to achieving compliance with and certification in interoperability, privacy and security standards within six months of such standards and certification becoming available.

Sources: Office of Health Information Technology Transformation, New York Department of Health;
http://www.ny.gov/governor/press/press_0328081.html; <http://www.health.state.ny.us/funding/rfa/0708160258/>

Massachusetts—Enacted health reform legislation in August 2008. A section on information technology requires hospitals and community health centers to adopt a statewide EHR system by 2015. In addition, hospitals and community health centers must implement CPOE systems by October 1, 2012. The approved state budget sets aside \$25 million to launch the system. All EHR and CPOE systems must be CCHIT-certified. Additionally, the state will develop regulations to further define the systems' requirements. The systems will come into play under another provision, which requires collection and reporting of quality and cost information by healthcare providers and insurers, which will be disseminated to the public via a state-sponsored Web portal.

Source: <http://www.mass.gov/legis/laws/seslaw08/sl080305.htm>; <http://www.govhealthit.com/online/news/350511-1.html>

Vermont—Health IT included in appropriations for state spending, enacted in 2008 for fiscal 2009.

One provision establishes the Vermont Health IT Fund, expected to raise approximately \$32 million over 7 years as a stable source of public funding for EHRs and operation of a statewide health information exchange network. State government entities and the Vermont Technology Leaders (VITL), a non-profit public-private partnership, will be able to draw from the fund to pay for HIT programs, including a VITL program to assist independent primary-care clinicians in purchasing and implementing EHR and practice management systems. A first-year pilot of that program raised \$1 million in public-private contributions to award grants to five practices with a total of 18 FTE clinicians. Applicant seeking grants have a choice of 6 approved EHR vendors, all of which had to be CCHIT-certified to qualify for the approved list.

Sources: VITL; <http://www.vitl.net/interior.php/pid/8/sid/37/nid/12>; <http://www.vitl.net/interior.php/pid/8/sid/37/nid/13>

Health Resources and Services Administration (HRSA)—\$31.4 million in grants announced in August 2007 to help health centers adopt and implement EHRs and other health IT innovations. Includes:

--25 grants totaling \$27 million at health centers and in networks that link multiple health centers.

--8 grants totaling \$1 million to help health centers with planning to adopt EHR and other health IT. Under

HRSA's EHR selection guidelines, products must be verified as CCHIT-certified.

Source: <http://newsroom.hrsa.gov/releases/2007/HITgrantsAugust.htm>

Minnesota—Established Electronic Health Record Revolving Account and Loan Program. Includes \$6.3 million in no-interest loans to hospitals, nursing homes, clinics and other healthcare providers in rural and underserved communities. Also established Interconnected Electronic Health Record Grant Program. Provides \$7 million in grants to rural and underserved populations for EHRs; Physicians and other healthcare providers are required to deploy interoperable EHRs by 2015. EHR purchases must be CCHIT-certified.

Sources: <http://www.govhealthit.com/online/news/350277-1.html>;

http://www.ncsl.org/programs/health/forum/Hitch/HIT_database.cfm

Virginia—Legislation enacted in 2007. Re: Electronic health records used by state agencies.

Requires any EHR system or software purchased by a state agency or subsidized by agency grants to other entities to adhere to accepted standards for interoperability or to be certified by a recognized certification body. (CCHIT is the only current body.)

Source: http://www.ncsl.org/programs/health/forum/Hitch/HIT_database.cfm

Use of Certified EHRs in Private Payer Incentive Programs

Hawaii Medical Service Association (HMSA), the BlueCross BlueShield plan for Hawaii, established the Initiative for Innovation and Quality. Provides \$20 million for purchases of EHRs for physician practices, up to half the cost of an EHR, capped at \$20,000 per physician, for about 1,000 physicians. In addition, \$30 million (\$10 million annually over three years) available to acute-care hospitals to fund innovative advancements in patient care and outcomes, which include use of information technology. The focus of EHR subsidies is on small and rural practices where adoption rates are low. All subsidized EHR software must be CCHIT-certified.

Source: http://www.hmsa.com/mediacenter/press/2006/061018_hiiq.aspx;

<http://www.healthdatamanagement.com/issues/20070101/14473-1.html>

Colorado Health Foundation (a private grant-making organization with \$900 million in assets), through its Healthy Connections initiative, supports organizational costs related to health IT planning, training, workflow redesign, and direct costs related to personnel, hardware and software. For inpatient or ambulatory EHR systems or integrated EHR/practice-management systems, it supports purchase of products that are CCHIT-certified. Funding to date:

--In 2007, granted \$2.5 million to 21 healthcare organizations: 4 federally qualified health centers, 4 rural health districts, six independent clinics, a non-profit community-based partnership, and a family medicine training program.

--In 2008, approved an additional \$6 million over the next 2-3 years. It will accept proposals quarterly, with the next deadline on Oct. 15.

Source: http://www.coloradohealth.org/grantmaking/hc_intro.cfm; direct contact with foundation

Highmark, a health insurer serving western Pennsylvania as well as West Virginia, is offering grants per physician of up to \$7,000 or 75% of the cost to acquire, install and implement an e-prescribing system, or an EHR that integrates with an e-prescribing system. Total subsidy is \$29 million. An EHR must meet CCHIT functionality standards.
Sources: http://www.healthdatamanagement.com/news/subsidy_grants26436-1.html;
<http://www.healthcareitnews.com/story.cms?id=9395>

American College of Physicians (ACP), EHR Partners Program, launched in June 2008, is designed to help ACP-member practicing physicians purchase and install EHR systems. It focuses solely on EHRs that have achieved 2006 and/or 2007 certification by CCHIT. A new release dated June 11 says, "While there are many non-certified EHRs in use, ACP said it strongly recommends that physicians entering the EHR arena for the first time, or who are looking to upgrade older systems, consider certified EHRs." The program is a collaborative effort between ACP and 7 participating companies with CCHIT Certified products: e-MDs, GE Healthcare, Glenwood Systems, iSALUS, InteGreat, McKesson, MedInformatix, and Sage.
Source: http://www.acponline.org/pressroom/ehr_partners.htm

Incentive Programs Guided By or Recommending CCHIT Certification

Primary Care Information Project (PCIP), New York City, is a \$60 million initiative to provide EHR implementation, support and quality-improvement services to practices serving high numbers of Medicaid patients. Currently it encompasses about 1,200 clinicians in 200 practices at 285 sites with a focus on Harlem, South Bronx and Central Brooklyn. Another round of funding from HEAL NY grants in March 2008 will fund another 540 physicians. Including other funding sources, the program has enough funding to support 2,100 physician providers. A recently secured grant will help develop a pilot project tying pay for performance to the program's EHR-generated quality measures. Physicians are required to contribute a total of \$12,000 in cash and in-kind services. They get a package of services valued at about \$13,000 per physician including a perpetual license to the coordinated community-wide EHR from eClinicalWorks; onsite training and technical assistance; interfaces to labs, registries and public health forums; and 2 years of system maintenance, upgrades and 24-hour phone and online support. The selection of EHR was made before CCHIT's first certified EHRs were announced, but PCIP used certification information as part of its evaluation. "If we had to do it again, CCHIT certification would definitely be a requirement," said operations director Mat Kendall.
Two related programs further supplement expenses:

--Information Technology Infrastructure Program, which is providing on a first-come basis core hardware and IT services worth more than \$10,000 to 50 small primary-care practices with high Medicaid volume.

--Subsidies through the Emblem Health Plan of \$2,000 to physicians for successfully completing implementation of the eClinicalWorks EHR. 75 spaces were reserved on a first-come basis; deadline for applications was June 30, 2008. Qualifying physicians had to provide primary care to at least 300 health plan members at a NYC location or serve at least 30 members identified with heart disease or diabetes.

Sources: <http://www.nyc.gov/html/doh/downloads/pdf/pcip/june-2008-pcip-newsletter.pdf>; direct contact with PCIP

Washington Health Information Collaborative is a public-private partnership comprising **First Choice Health**, a regional health system in Washington state and other parts of the Pacific Northwest; **Washington State Health Care Authority**, an independent cabinet-level agency; **Puget Sound Alliance**, a not-for-profit serving the five-county central Puget Sound region; and **Qualis Health**, a QIO. Partners combined for \$1 million in grants in 2007 to 52 clinics, physician practices and community HIT projects in Washington, Oregon, Idaho and Alaska. Another \$1 million is available in 2008; grantees will be announced Oct. 1. Strong preference is given to small primary-care practices. A preference for CCHIT Certified products is expressed; certification is not required to be eligible.

Sources: http://www.wahealthinfocollaborative.org/2008Grants_000.html;
http://www.wahealthinfocollaborative.org/documents/2007HealthITAwardRecipients_101507_000.pdf

Iowa—Enacted a state health care reform law in May 2008. A key provision of the law calls for development of a statewide health information technology plan by July 1, 2009. Without mentioning CCHIT by name, the plan to facilitate widespread adoption of health IT includes as one of its key electronic health principles/goals the incorporation of "certified products from which to choose in order to best fit the needs of the (EHR) user." These principles are to guide the state health department's efforts to develop and implement an interoperable EHR system. An executive committee of a new electronic health information advisory board will recommend requirements for EHRs in the state including a nationally recognized interoperability standard.

Sources: <http://coolice.legis.state.ia.us/Cool-ICE/default.asp?Category=BillInfo&Service=Billbook&ga=82&menu=text&hbill=HF2539>;
http://www.ncsl.org/programs/health/forum/Hitch/HIT_database.cfm

Texas—Texas Health Services Authority, a public-private collaborative established by law effective June 2007, is intended to serve as a catalyst for development of an EHR infrastructure, to promote and facilitate voluntary and secure electronic information exchange, and to create incentives. Among its charges is to develop privacy, security, operational and technical standards, guided by reference to the standards of CCHIT or other federally approved certification standards as to the process of implementation, acquisition, upgrade or installation of EHR technology. Sources: <http://www.capitol.state.tx.us/tlodocs/80R/billtext/pdf/HB01066F.pdf>; http://www.ncsl.org/programs/health/forum/Hitch/HIT_database.cfm

Use of Certified EHRs in Professional Liability Discount Programs

MHA Insurance, Lansing, MI

Will award a 5% discount the first year, 2.5% afterwards for practices with a CCHIT-certified EHR. Must be running at least 1 year, and at least 75% of physicians in the practice must use it

Source: <http://www.modernmedicine.com/modernmedicine/article/articleDetail.jsp?id=488995>

Midwest Medical Insurance Company, Minneapolis, MN

Will award discounts of 2% to 5% for practices with a CCHIT-certified EHR. Must be running at least 1 year, and at least 75% of physicians in the practice must use it; must have implemented or plan to implement the latest vendor updates; must be using at least 2 of the 6 EHR functions listed on the application for credit.

Source: <http://www.mmigroup.com/AboutUs/News/NewsReleases.cfm?view=item&item=1847>

Physicians Insurance Agency of Massachusetts, Waltham, MA, and

Connecticut Medical Insurance Company, Glastonbury, CT

In a joint venture with the Massachusetts eHealth Collaborative and Massachusetts Medical Society, will award a 5% credit for using EHR. Participants need to have a good claims history to be eligible for EHR credit —75% of practice needs to be claims-free for 5+ years. No mention of CCHIT certification, although the 5 current eligible EHR systems are all CCHIT certified (Allscripts Touchworks, eClinicalWorks, GE Healthcare Centricity, E-MDs Solutions, Next Gen).

Source: http://www.piam.com/News_and_Information/News_and_Media/press/credit.html;

http://www.os.dhhs.gov/healthit/ahic/materials/02_07/ehr/piam.ppt

Other Government and Private-Sector Incentive Programs

While not mentioning CCHIT, the following programs support adoption of EHRs; CCHIT certification constitutes a logical first step and firm foundation for selecting EHR systems funded under these programs.

Wisconsin—Enacted Electronic Medical Records Credit into law in October 2007. Healthcare providers who purchase IT software or hardware used to create and maintain EHRs can claim up to 50% of the cost of the system; eligibility begins with 2010 tax year. Funding ceiling is \$10 million per year. Expected funding during the next 10 years: \$84 million.

Source: <http://www.legis.state.wi.us/assembly/asm94/news/Speaker%27s%20E-Updates/2008/3-7-08%20E-Update%20read-only.doc>; http://www.ncsl.org/programs/health/forum/Hitch/HIT_database.cfm

Louisiana—Several HIT-related bills enacted in 2007, including Health Care Reform Act of 2007, creation of the Health Care Information Technology and Infrastructure Advisory Collaborative, and creation of the Health Care Redesign Fund; plus additional funding in 2008

The Health Care Reform Act establishes a medical home system of care called Louisiana Health First, which will incorporate the use of health information technology and quality measures. It directs the state Department of Health and Hospitals to “avail itself of any public and private funding available” to defray the cost of HIT implementation.

The Health Care Resign Fund, established as a special fund by the State Treasury, is the mechanism for accumulating and distributing resources associated with efforts to support medical home, information technology and quality improvement initiatives. In June 2008, the governor’s office announced a commitment of \$4.7 million for development of provider service networks as part of the medical-home healthcare model.

Finally, the advisory collaborative was set up to advise the secretary of health on “strategies for the advancement of the use of electronic health information technology through the identification of state laws and regulations that impede such advancement.”

In addition, the appropriations bill enacted in 2007 provided \$30 million for the first phase of a state electronic records system for state public hospitals and medical centers.

Sources: http://www.ncsl.org/programs/health/forum/Hitch/HIT_database.cfm;

<http://www.legis.state.la.us/billdata/streamdocument.asp?did=449728>;

<http://www.legis.state.la.us/billdata/streamdocument.asp?did=447935>

Michigan—Appropriations for state spending, 2007, Department of Community Health, includes \$7.25 million appropriated to the Medical Services Administration for health IT initiatives.

Sources: <http://www.legislature.mi.gov/documents/2007-2008/publicact/pdf/2007-PA-0007.pdf>;
http://www.ncsl.org/programs/health/forum/Hitch/HIT_database.cfm

Missouri—Appropriations for the Department of Social Services: One provision in a section on Health Technology for MO HealthNet, the state Medicaid program, includes a total of \$1.4 million to fund a regionally integrated EHR system linking rural physicians and hospitals in the northwest region of the state. In all, the appropriations budget for fiscal 2008-09 allocates \$8 million in state and federal funds for health technology projects related to MO HealthNet.

Additionally, appropriations for the department include \$12.5 million transferred from the General Revenue Fund and a Health Initiatives Fund to the Health Technology Fund for purposes of funding healthcare technology projects.

Sources: <http://www.house.mo.gov/billtracking/bills081/billpdf/truly/HB2011T.PDF>;
http://www.ncsl.org/programs/health/forum/Hitch/HIT_database.cfm

District of Columbia—Budget for District spending, enacted in 2007, designates \$2.2 million in 2007 and \$2.8 million in 2009 to develop an EHR system for community health centers.

Source: http://www.ncsl.org/programs/health/forum/Hitch/HIT_database.cfm

Colorado—Rural Health Care Grant Council provided \$1.9 million to strengthen rural healthcare delivery. More than \$800,000 goes to healthcare IT projects. In inaugural round, 22 providers received IT grants.

Source: <http://www.healthcareitnews.com/story.cms?id=9641>

Blue Cross Blue Shield of Rhode Island offers a program, Quality Counts, to support physician adoption of EHR systems; it will begin monitoring 10 quality performance measures in 2009. The program has enrolled 80 primary-care physicians, who receive \$5,000 toward EHR purchase and a monthly amount toward system maintenance for 2 years. Two other EHR support programs:

--Funding of more than \$1 million toward training and support of EHR systems for small physician practices.

--A 2-tier reimbursement system with a higher fee schedule increase for primary-care physicians who implement EHR systems.

Source: <http://www.healthcarefinancenews.com/story.cms?id=7586>

New Mexico Department of Health implemented electronic health records in all 49 public health offices that provide clinical services, at a cost of \$1.3 million.

In addition, \$900,000 received through a matching grant program has paid for 122 physicians in 36 communities to establish EHRs in their practices.

Source: <http://www.healthcareitnews.com/story.cms?id=9662>

Capital District Physicians' Health Plan, Albany, NY, (a network of 7,500 physicians and 75 hospitals in 29 counties of New York and 7 counties in Vermont) announced in January 2008 a program to provide more than \$1 million to assist physicians in small practices with implementing EHRs; 25 practices applied for the funding.

Sources: http://www.cdphp.com/providers/e_forum.aspx;
<http://www.bizjournals.com/albany/stories/2008/06/23/focus2.html>

Alaska—Appropriations for 2008 includes \$2.5 million to the Alaska Primary Care Association toward a health information technology network for community health centers.

Source: http://www.ncsl.org/programs/health/forum/Hitch/HIT_database.cfm

California—The Mental Health Services Act provides nearly \$1 billion in annual new revenues for the state's public mental health system, with a significant percentage going to EHRs. The state Department of Mental Health is devising EHR standards for counties to use when applying for the IT funds.

Source:

Georgia Board of Community Health—Appropriations action for fiscal 2007 includes \$750,000 to the Georgia Association for Primary Health Care to establish a statewide EHR system to link federally qualified community health centers.

Source: http://dch.georgia.gov/vgn/images/portal/cit_1210/60/30/546326314-13-06minutes.pdf

Florida Agency for Health Care Administration launched in July 2008 a Point of Care Model Electronic Health Record Grants Program, with \$100,000 available the first year (subject to legislative appropriation). Grant projects must demonstrate model health information technology that provides access to patient medical records for case management, demonstrates the cost-effectiveness of the software deployed in supporting case management, and encourages appropriate utilization of outpatient clinic services resulting in fewer ED visits and a reduction in health care costs.

Source: <http://www.fhin.net/POCGrant/index.shtml>

Idaho—Appropriations action in 2008 for the Department of Health and Welfare, Psychiatric Hospitalization, includes \$445,000 for an electronic health record.

Sources: <http://www3.state.id.us/oasis/H0626.html#daily>;
http://www.ncsl.org/programs/health/forum/Hitch/HIT_database.cfm

Arizona—Appropriations action in 2008 for state spending includes \$300,000 for the Arizona state hospital for an electronic health record.

Sources: <http://www.azleg.gov/FormatDocument.asp?inDoc=/legtext/48leg/2r/laws/0285.htm>;
http://www.ncsl.org/programs/health/forum/Hitch/HIT_database.cfm

New Jersey—Enacted the New Jersey Health Information Technology Act in January 2008. A key provision of the law calls for establishing a secure, integrated, interoperable statewide electronic health information infrastructure, which must comply with all state and federal privacy requirements and link all components of the healthcare delivery system. Specifics of funding, EHR incentives and IT product certification were not addressed in the act.

Sources: http://www.njleg.state.nj.us/2006/Bills/PL07/330_.PDF;
http://www.ncsl.org/programs/health/forum/Hitch/HIT_database.cfm

Sevocity, a San Antonio, Texas, based EHR vendor with a CCHIT-certified product, offered up to \$150,000 in grants in July 2008 to small and medium-sized physician practices and community health centers in Florida, Georgia and South Carolina to adopt EHRs.

Sources: <http://www.healthcareitnews.com/story.cms?id=9623>; <http://www.healthcareitnews.com/story.cms?id=9583>

Kate B. Reynolds Charitable Trust, Winston-Salem, NC., awarded in July 2008 a \$100,000 grant to Wake Health Services, a not-for-profit community health center providing primary care to medically underserved people in Wake and Franklin counties in central North Carolina, to assist in adopting an EHR.

Source: <http://www.healthcareitnews.com/story.cms?id=9618>

Regence Foundation of Regence Group (Blue Cross Blue Shield), Portland, Ore., announced in July 2008 three grants totaling \$195,000 for organizations working to improve health quality, of which \$100,000 will go to the Virginia Garcia Memorial Health Foundation to help pay for implementing an EHR system.

Source: <http://www.bcbs.com/news/plans/regence-foundation-announces.html>

Blue Cross Blue Shield of Delaware, Wilmington., awarded in October 2007 a \$15,000 grant to support implementation of EHRs for 4 clinics operated by Delaware Health Net. The grant supplements the first-year funding received by Delaware Health Net in connection with its participation in the CMS EHR demonstration.

Source: <http://www.bcbs.com/news/plans/blue-cross-blue-shield-of-24.html>

Programs Taking Advantage of Stark Exception, Safe Harbor from Anti-kickback Laws

Practically speaking, the EHRs that hospitals provide under these relaxed laws to their independent physicians on staff have to be CCHIT-certified; through certification, these EHRs are deemed to meet regulatory requirements for a certain level of interoperability in IT products and infrastructure, a level that will rise over time with gradually more stringent criteria.

The following 50 programs, comprising 115 hospitals, have been launched under the protection of the above-described legal exception. When available, the entries include numbers of physicians affected and other details about financial investments and integration with other health IT systems. They also include the CCHIT-certified EHR vendor when designated.

Exempla Healthcare, Denver, CO (3 hospitals)

Vendor selected: None specified

Physicians affected: Agreement with Physician Health Partners, a management services organization for several independent practice associations in the Denver area

Financial investment: Not quantified

Source: http://denver.bizjournals.com/denver/stories/2007/10/22/story16.html?jst=s_cn_hl

Centura Health, Englewood, CO (12 hospitals)

Vendor selected: None specified

Physicians affected: Agreement with Physician Health Partners, a management services organization for several independent practice associations in the Denver area

Financial investment: Not disclosed

Source: http://denver.bizjournals.com/denver/stories/2007/10/22/story16.html?jst=s_cn_hl

Poudre Valley Health System, Fort Collins, CO (2 hospitals)

Vendor selected: Allscripts

Physicians affected: Health system has purchased 200 licenses

Financial investment: Not disclosed

Other details: Package includes practice management software; practices can implement combined systems or EHR alone; also offered to host the applications for physicians

Source:

http://www.healthdatamanagement.com/news/donation_electronic_health_records_practice_management25159-1.html

Mercy Health Partners, Cincinnati, OH (5 hospitals)

Vendor selected: Greenway Medical Technologies (PrimeSuite)

Physicians affected: 4,000 affiliated physicians are eligible

Financial investment: Not disclosed

Other details: Health system will host the software remotely

Source: <http://www.healthdatamanagement.com/news/15792-1.html>

St. Luke's Hospital, Maumee, OH

Vendor selected: Allscripts

Physicians affected: 100 total; "Most of them are in independent practices, but a small number are employed at the facility."

Financial investment: Not disclosed

Other details: Hospital to remotely host the software; package includes practice management software; also might offer to host software for physicians affiliated with other hospitals in the Toledo region

Source: http://www.healthdatamanagement.com/news/Stark_subsidy26211-1.html

Kettering Medical Center, Dayton, OH

Vendor selected: Greenway Medical Technologies

Physicians affected:

Financial investment:

Source: Greenway Medical Technologies

Mt. Carmel Health System, Columbus, OH

Vendor selected: NextGen Healthcare Information Systems

Physicians affected: 440, about evenly split between employed and independent; 8 participating to date

Financial investment: 50% subsidy of software cost

Other details: All physicians already licensed for practice management software; EHR initiative is an extension built on the model

Sources: http://www.healthdatamanagement.com/issues/2008_55/26710-1.html;

http://www.healthdatamanagement.com/issues/2008_55/26710-1.html?page=2

Evanston Northwestern Healthcare, Evanston, IL (3 hospitals)

Vendor selected: Epic Systems

Physicians affected: Currently 14 independent practices with 43 physicians; system being offered to the approximately 1,150 additional non-employed physicians on staff at its 3 hospitals

Financial investment: base level of \$1 million from directed gift. ENH offers the following package: Independent practices pay \$20,000 per physician assuming a four-physician practice, which can be paid over two years. Covers software, implementation and training; a support cost of \$2,000 per year per physician covers software maintenance and use of ENH data center hardware.

Other details: The Epic system has been rolled out in 65 employed-physician practices and in its hospitals; through a \$1 million gift from a local philanthropic organization and the relaxation of donation laws, ENH is extending the EHR to independent physicians. The system encompasses scheduling and practice management as well as EHR.

Source: Evanston Northwestern Healthcare

Silver Cross Hospital, Joliet, IL

Vendor selected: Misys Healthcare Systems

Physicians affected: Availability open to area's physicians; 48 in 17 practices participating to date

Financial investment: No subsidy; savings offered via participation in ASP, providing IT expertise in the transition and eliminating need for doctors to buy their own servers

Other details: Physicians also can opt to buy a license from the hospital; none have to date

Sources: http://www.healthdatamanagement.com/issues/2008_55/26710-1.html;

http://www.healthdatamanagement.com/issues/2008_55/26710-1.html?page=2

Blessing Health System, Quincy, IL (2 hospitals)

Vendor selected: Allscripts

Physicians affected: 40 in its multispecialty practice, plus 21 independent physicians and medical residents

Financial investment: Not disclosed

Other details: Package includes practice management software

Source: <http://www.healthdatamanagement.com/news/15602-1.html>

Lake Forest Hospital, Lake Forest, IL

Vendor: eClinicalWorks

Physicians affected: First phase started with 50 physicians in small practices

Financial investment: \$750,000 in the first phase

Other details: Rollout includes practice management software

Sources: Modern Healthcare, May 15, 2008, "Systems take advantage of IRS' nod on IT subsidies";

<http://www.eclinicalworks.com/2008-2-25pr3.php>

Riverside Medical Center, Kankakee, IL

Vendor selected: McKesson (Practice Partner)

Physicians affected: Initial test with 5 independent physicians, with intent to offer it to 100 more independent physicians

Financial investment: Not disclosed

Other details: Will integrate the EHR software with inpatient information systems

Source: http://www.healthdatamanagement.com/news/subsidy_donation26573-1.html

East Jefferson General Hospital, Metairie, LA

Vendor selected: Allscripts

Physicians affected: 130 total, both employed and affiliated

Financial investment: None disclosed

Source: <http://www.healthcareitnews.com/story.cms?id=9476>

Inova Health System, Falls Church, VA (7 hospitals)

Vendor selected: GE Healthcare (Centricity)

Physicians affected: Up to 3000 in 100 practices during the next 4 years

Financial investment: Contract with GE is valued at \$8.3 million; distribution involves a "deeply discounted per-physician fee for assessment, planning, training, implementation and licensing"

Other details: Plans to integrate the new EHRs with its other clinical systems from GE, including enterprise, perinatal and lab applications

Source: <http://www.ihealthbeat.org/articles/2008/5/16/Hospitals-Begin-To-Take-Advantage-of-Internal-Revenue-Service-Rule.aspx?topicID=54>

Rockingham Memorial Hospital, Harrisonburg, VA

Vendor selected: Greenway Medical Technologies

Physicians affected:

Financial investment:

Source: <http://www.reuters.com/article/pressRelease/idUS125536+21-Jan-2008+PRN20080121>

Central Vermont Medical Center, Barre, VT

Vendor selected: None specified

Physicians affected: Not quantified

Financial investment: Estimated per-physician cost is \$22,000; an EHR for outpatient offices is already purchased at a cost of \$1,012,000. Plans are to help other physicians with admitting privileges convert to EHRs.

Source: <http://www.timesargus.com/apps/pbcs.dll/article?AID=/20070805/NEWS02/708050400>

Bozeman Deaconess Hospital, Bozeman, MT

Vendor selected: NextGen Healthcare Information Systems

Physicians affected:

Financial investment: 85% of upfront capital cost

Other details: To be eligible for funding, Bozeman Deaconess required that participating practices accept Medicare and Medicaid patients, serve on staff at the hospital, provide coverage in the emergency department and follow up on ED patients with no primary care physician, and accept referrals from Community Health Partners, the local federally qualified health center.

Sources: <http://www.ihealthbeat.org/articles/2008/5/16/Hospitals-Begin-To-Take-Advantage-of-Internal-Revenue-Service-Rule.aspx?topicID=54>;

http://www.hhnmag.com/hhnmag_app/jsp/articledisplay.jsp?dcrpath=HHNMOSTWIRED/Article/data/Spring2008/080611MW_Online_Sofianek&domain=HHNMOSTWIRED

Appalachian Regional Healthcare, Lexington, KY (3 hospitals)

Vendor selected: McKesson (Horizon Ambulatory Care)

Physicians affected: Initially 90 employed physicians, followed by an estimated 110 independent physicians

Financial investment: Not disclosed

Source: <http://www.healthdatamanagement.com/news/15622-1.html>

Twin Lakes Regional Hospital, Leitchfield, KY

Vendor selected: Greenway Medical Technologies

Physicians affected:

Financial investment:

Source: Greenway Medical Technologies

Hoag Memorial Hospital Presbyterian, Newport Beach, CA

Vendor selected: Allscripts

Physicians affected: Not quantified; open to "qualified medical staff members" of the hospital

Financial investment: Not quantified; Allscripts will offer "preferred pricing"

Source: <http://www.reuters.com/article/pressRelease/idUS123606+24-Jun-2008+PRN20080624>

MemorialCare, Long Beach, CA (6 hospitals)

Vendor selected: Epic Systems (EpicCare)

Physicians affected: Offering the software to its 3,200 community physicians; anticipates that 45 to 50 physicians will be live on the system by end of 2008

Financial investment: Initially will subsidize 75% of the cost

Other details: Maintenance, support and software license royalties are covered in the monthly per-physician fee for a minimum of 24 months

Source: <http://www.insideemr.com/articles/epic1-8.html>

Daughters of Charity Health System, Los Altos Hills, CA (6 hospitals)

Vendor selected: Misys (MyWay)

Physicians affected: Not quantified; offered to practices in San Jose, Los Angeles and Bay Area

Financial investment: Not disclosed; offered "at a subsidized rate"

Source: http://www.misyshealthcare.com/Press+Room/Press+Releases/2008_04_29.htm

Catholic Healthcare West, via Hill Physicians Medical Group, a San Ramon, CA

Vendor selected:

Physicians affected: Independent practice association represents 2,600 physicians in 1,300 locations; 18 practices participating, 30 practices in the pipeline to sign contracts

Financial investment:

Other details: CHW offers subsidized software licenses through Hill Physicians' management firm, Pri-Med Management Consulting Services, of which CHW owns a 25% interest. Service costs \$500 per month per physician.

Source: <http://www.bizjournals.com/eastbay/stories/2008/02/25/story3.html>;

<http://www.bizjournals.com/eastbay/stories/2007/08/27/story6.html>

Community Hospital of the Monterey Peninsula, Monterey, CA

Vendor selected: Eclipsys

Physicians affected:

Financial details:

Other details: Hospital will offer Sunrise Ambulatory Care EHR remotely hosted on an ASP model.

Source: http://www.eclipsys.com/News/New_releases_details.asp?id=301;

<http://www.healthdatamanagement.com/news/subsidy26975-1.html>

Beth Israel Deaconess Medical Center, Boston, MA

Vendor selected: eClinicalWorks

Physicians affected: Starting with 300 non-owned but closely affiliated physicians in 173 locations; could ultimately subsidize and support more than 1,000.

Financial investment: Financial model estimates spending of \$40,000-\$60,000 per physician, including office hardware, for initial implementation, plus \$5,000-\$10,000 annually per physician for maintenance. Based on these figures, the total EHR cost for 300 physicians could be \$12 million to \$18 million plus \$1.5 million to \$3 million a year.

Source: http://mycourses.med.harvard.edu/ec_res/nt/191A1C43-AEF8-4244-8215-F39C690A4E6B/EHRseries.pdf

Children's Hospital Boston, MA

Vendor selected: eClinicalWorks

Physicians affected: More than 175, as members of Pediatric Physicians' Organization at Children's; physician organization open to all members of the hospital-based and community-based medical staff

Financial investment: Model parallels that of Beth Israel Deaconess Medical Center; plans are to subsidize at maximum allowable under the Stark exception

Other details: Hospital hosting the software in its data center

Sources: http://mycourses.med.harvard.edu/ec_res/nt/191A1C43-AEF8-4244-8215-F39C690A4E6B/EHRseries.pdf;
<http://www.eclinicalworks.com/2008-4-7pr.php>

Mt. Auburn Hospital, Cambridge, MA

Vendor selected: eClinicalWorks

Physicians affected: More than 230 expected to participate at 18 sites; 70 live as of December 2007

Financial investment: Not quantified

Source: http://mycourses.med.harvard.edu/ec_res/nt/191A1C43-AEF8-4244-8215-F39C690A4E6B/EHRseries.pdf;
<http://www.eclinicalworks.com/2007-12-10pr1.php>

New England Baptist Hospital, Boston, MA

Vendor selected: eClinicalWorks

Physicians affected: Not quantified

Financial investment: 80% of allowable costs

Other details: Hospital hosting the software

Source: http://mycourses.med.harvard.edu/ec_res/nt/191A1C43-AEF8-4244-8215-F39C690A4E6B/EHRseries.pdf

Caritas Christi, Boston, MA (6 hospitals)

Vendor selected: eClinicalWorks

Physicians affected: Not quantified

Financial investment: System would like to subsidize 85% of allowable costs but will leave the amount up to each hospital's CEO.

Source: http://mycourses.med.harvard.edu/ec_res/nt/191A1C43-AEF8-4244-8215-F39C690A4E6B/EHRseries.pdf

Winchester Hospital, Winchester, MA

Vendor: Choice is up to individual practices

Physicians affected: Not quantified

Financial investment: Up to 85% of the cost of licenses and implementation; \$5 million budgeted, including \$1.5M for a 4 FTE implementation support team, portal infrastructure development and associated connectivity. The remainder of the money is available for affiliated physicians to purchase and host the EMR of their choice.

Source: http://mycourses.med.harvard.edu/ec_res/nt/191A1C43-AEF8-4244-8215-F39C690A4E6B/EHRseries.pdf

Butler Health Systems, Butler, PA

Vendor selected: Allscripts

Physicians affected: Deployed to 60 and offered to an additional 65

Financial investment: Not disclosed

Source: <http://www.healthcareitnews.com/story.cms?id=7693>

Frankford Hospitals, Philadelphia, PA (3 hospitals)

Vendor selected: Allscripts

Physicians affected: Deployed to 100, both employed and independent

Financial investment: Not disclosed

Source: <http://www.healthcareitnews.com/story.cms?id=7693>

Evangelical Community Hospital, Lewisburg, PA

Vendor selected: Allscripts

Physicians affected: 40 employed and 60 in independent practice

Financial investment: Not specified

Other details: Will integrate the EHR software with inpatient information systems

Source: http://www.healthdatamanagement.com/news/Stark_Act26736-1.html

Wellspan Health, York, Pa. (2 hospitals)

Vendor selected: Allscripts

Physicians affected: EHR already in place for 300 employed physicians is extended to community physicians; 5 small practices participating to date

Financial investment: Discounted access to EHR via an ASP model

Sources: http://www.healthdatamanagement.com/issues/2008_55/26710-1.html;
http://www.healthdatamanagement.com/issues/2008_55/26710-1.html?page=2

Hartford Healthcare Corp., Hartford, CT

Vendor selected: Allscripts

Physicians affected: Deploying to 50 in subsidiary medical group, 150 affiliated with its hospitals

Financial investment: Not quantified; "will cover most of the cost of the EHR and provide implementation services and front-line technical support for physician practices."

Source: <http://www.healthcareitnews.com/story.cms?id=9719>

Saint Francis Hospital, Hartford, CT

Vendor selected: Allscripts

Physicians affected: Deploying to 650

Financial investment: Not disclosed

Source: <http://www.healthcareitnews.com/story.cms?id=7693>

Saint Raphael Healthcare System, New Haven, CT

Vendor selected: Misys Healthcare Systems

Physicians affected:

Financial investment:

Other details:

Source: http://www.misyscenter.com/News/2007_01_16.htm

Northwest Hospital, Seattle, WA

Vendor selected: Allscripts

Physicians affected: Deployed initially to 50, plans to offer to additional 250

Financial investment: Not disclosed

Source: <http://www.healthcareitnews.com/story.cms?id=7693>

Santiam Memorial Hospital, Stayton, OR

Vendor selected: Greenway Medical Technologies

Physicians affected:

Financial investment:

Source: <http://www.reuters.com/article/pressRelease/idUS125536+21-Jan-2008+PRN20080121>

Campbell County Memorial Hospital, Gillette, WY

Vendor selected: Greenway Medical Technologies

Physicians affected:

Financial investment:

Source: <http://www.reuters.com/article/pressRelease/idUS125536+21-Jan-2008+PRN20080121>

University Health Systems of Eastern Carolina, Greenville, NC (7 hospitals)

Vendor selected: Epic Systems

Physicians affected: Initially, 50 from the 29-county service region, followed by an additional 250

Financial investment: Will subsidize 43% of the cost for the first 50 physicians who sign on; the balance of 250 physicians will receive a 25% subsidy. Total cost per practice is estimated at \$15,000 on average.

Other details: The model is to provide EHR, practice management and scheduling capabilities

Source: <http://www.healthcareitnews.com/story.cms?id=8193>

Hugh Chatham Memorial Hospital, Elkin, NC

Vendor selected: Greenway Medical Technologies

Physicians affected:

Financial investment:

Source: Greenway Medical Technologies

Transylvania Community Hospital, Brevard, NC

Vendor selected: Misys Healthcare Systems

Physicians affected:

Financial investment:

Source: Misys Healthcare Systems

Mississippi Baptist Hospital, Jackson, MS

Vendor selected: Greenway Medical Technologies

Physicians affected:

Financial investment:

Source: Greenway Medical Technologies

Sisters of Charity of Leavenworth Health System, Lenexa, KS (8 hospitals)

Vendor selected: eClinicalWorks

Physicians affected: Plans are to make the EHR system available on a voluntary basis to its 200 employed physicians and to the 5,000 independently practicing physicians on its hospital medical staffs.

Financial investment: None disclosed

Source: <http://www.eclinicalworks.com/2007-09-12pr1.php>

Arnot Ogden Medical Center, Elmira, NY

Vendor selected: Misys Healthcare Systems

Physicians affected:

Financial investment:

Source: Misys Healthcare Systems

POH Medical Center, Pontiac, MI

Vendor selected: Misys Healthcare Systems

Physicians affected:

Financial investment:

Source: Misys Healthcare Systems

Riverview Hospital, Noblesville, IN

Vendor selected: Misys Healthcare Systems

Physicians affected:

Financial investment:

Source: Misys Healthcare Systems

MaineGeneral Health, Augusta, ME (2 hospitals)

Vendor selected: Allscripts

Physicians affected: 29 physician practices with 130 clinicians to date; eventually want to get all 250 independent physicians on the system

Financial investment: Base level of \$1.5 million from AHRQ grant

Source: MaineGeneral Health

MaineHealth, Portland, ME (5 hospitals)

Vendor selected: Epic

Physicians affected: Plans for rollout by 2011 to approximately 140 practices and 512 providers (physicians, physician's assistants, nurse practitioners). About 55% of the providers will be independent affiliates.

Financial investment: 85% of costs of installation, setup, testing and training, excluding staffing costs for practice data transfers; Full 85% funding as allowed under the Stark regulations for qualified items.

Other details: MaineHealth will centrally host the EpicCare Ambulatory EMR.

Source: MaineHealth