



# 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:**

**46** programs offered by government agencies, insurance plans, employer coalitions and public-private partnerships  
**59** programs, representing 159 hospitals, in response to federal “safe harbor” regulations on health IT donations  
**52,474** physicians (and other clinicians) receiving or offered financial assistance in purchasing EHR capabilities  
**\$783.45 million** in known dollar value of these incentive programs  
**21** state governments enacting some form of EHR adoption program

## Table of Contents

Use of Certified EHRs in Pay for Performance Programs

--p. 2

Use of Certified EHRs in Government-Sponsored Incentive Programs

--p. 3

Use of Certified EHRs in Private Sector Incentive Programs

--p. 4

Use of Certified EHRs in Programs Sponsored by Professional Groups

--p. 4

Incentive Programs Guided By or Recommending CCHIT Certification

--p. 4

Use of Certified EHRs in Professional Liability Discount Programs

--p. 5

Other Government and Private-Sector Incentive Programs

--p. 6

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

--p.8

## 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. The program is offered in 16 markets around the nation: Washington state, Northern California, Arizona, Colorado, Arkansas (Fort Smith), Minnesota (Minneapolis), Ohio (Cincinnati and Akron-Canton), Kentucky (Louisville), North Carolina, Maryland-Washington DC-Northern Virginia, New Jersey, Connecticut, New York (Upstate and New York City), Massachusetts, Maine.

### Updated

**CMS EHR demonstration**—The federal program originally sought to recruit a total of 1,200 practices in two phases, using EHRs to meet quality measures, with financial incentives and a bonus for participating practices. The first phase, which is on schedule, includes Louisiana; Maryland and DC area; 11 counties in the area of Pittsburgh, Pa.; and South Dakota plus border counties in Iowa, Minnesota and North Dakota. EHRs must be CCHIT Certified. The second phase, which included eight additional states or regions, was discontinued because of similar functions and overlapping timelines with the American Recovery and Reinvestment Act. However, the 1,500 physicians in 400 practices participating in the first phase will supply a sufficient level of guidance to CMS on implementing the ARRA provisions, a spokesman said. The demonstration still will make payments of up to \$58,000 per physician or \$290,000 per practice over five years using the \$150 million in funding originally allocated to the program. The revised cost of the demo won't be known until CMS starts making payments, the spokesman said.

Sources: <http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?itemID=CMS1204776>;  
<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>

**Providence Health Plans** (covering the Portland, OR, area and southwest Washington state) has a merit pay system for providers comprising four criteria, one of which entails having a functional CCHIT Certified EHR in their office or being in the process of implementing one. The EHR merit gives providers a \$2 increase in a conversion factor that influences payment, which effectively amounts to a 3% pay increase. (For a provider with \$500,000 in payments from Providence Health Plans, this would represent a \$15,000 annual increase.) Thus far, 1,256 physicians are benefiting from the EHR incentive. Other merit criteria include use of an electronic billing mechanism, commitment to government (Medicare and Medicaid) programs, and performance on quality measures.

Source: Providence Health Plans; website is <http://www.providence.org/healthplans>.

**Health Net of Connecticut and Connecticut State Medical Society-IPA** have a voluntary performance incentive program, called Partners for Quality and Cost-Effective Care (P4Q) that provides financial recognition to eligible physicians for performance compared with their peers. Bonus compensation can be earned in a variety of categories including quality of care, pharmacy generic utilization, efficiency of care, performance improvement, administrative measures and clinical information technology, including use of e-Prescribing, Disease Registries and EHR in the 2009 version of the program. To receive credit for using an EHR, the system must either be CCHIT Certified or meet standards defined within the CMS PQRI program. The number of eligible physicians in the program for 2008 totaled approximately 3,300. The potential bonus opportunity for using an EHR is \$500, a Disease Registry is \$200 and e-Prescribing is \$100. The voluntary program, in its fifth year, is open to all CSMS-IPA physicians who meet the program criteria.

Source: Connecticut State Medical Society-IPA, Inc. ([www.csms-ipa.com](http://www.csms-ipa.com))

## Use of Certified EHRs in Government-Sponsored Incentive Programs

### Updated

**Health Care Efficiency and Affordability Law for New Yorkers (HEAL NY)** issued grants totaling \$105.7 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 \$52.9 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.

In April 2009, a new round of \$60 million in funding was announced for patient-centered medical home model projects supported by the effective use of interoperable health IT. Projects are to identify a target patient population with a chronic disease or high risk/cost diagnosis and include all key caregivers in the community involved in patient care for this population. Applications are due by June 15.

Sources: Office of Health Information Technology Transformation, New York Department of Health;

[http://www.health.state.ny.us/technology/efficiency\\_and\\_affordability\\_law/phase\\_10.htm](http://www.health.state.ny.us/technology/efficiency_and_affordability_law/phase_10.htm);

[http://www.ny.gov/governor/press/press\\_0328081.html](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; that figure was trimmed to \$15 million in state budget cuts imposed in October 2008. 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> ; <http://www.masshightech.com/stories/2009/01/19/weekly16-No-clear-path-ahead-for-Mass-e-health-mandate.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.

In October 2008, HRSA announced a new round of funding: \$14.3 million to 12 health networks, clinics and other organizations for EHR implementation. Under HRSA's EHR selection guidelines, products must be verified as CCHIT Certified. An additional \$4.6 million was awarded for other health IT projects.

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

<http://www.govhealthit.com/online/news/350618-1.html>

**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; in October 2008, \$3.5 million in grants were awarded to 21 organizations, including 7 to health centers and clinics:

[http://twincities.bizjournals.com/twincities/stories/2008/10/27/daily31.html?jst=m\\_in\\_hl&surround=lfm](http://twincities.bizjournals.com/twincities/stories/2008/10/27/daily31.html?jst=m_in_hl&surround=lfm). Physicians and other healthcare providers are required to deploy interoperable EHRs by 2015. EHR purchases must be CCHIT Certified.

Sources: <http://www.health.state.mn.us/e-health/funding.html>; <http://www.govhealthit.com/online/news/350277-1.html>;

[http://www.ncsl.org/programs/health/forum/Hitch/HIT\\_database.cfm](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](http://www.ncsl.org/programs/health/forum/Hitch/HIT_database.cfm)

## Use of Certified EHRs in Private Sector 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.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.

Source: [http://www.coloradohealth.org/grantmaking/hc\\_intro.cfm](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.healthdatamanagement.com/news/subsidy_grants26436-1.html);  
<http://www.healthcareitnews.com/story.cms?id=9395>

**Maine Health Access Foundation** (a private healthcare foundation with \$120 million in assets) has established for 2009 a low-interest loan fund to be used to help Maine's primary-care practices adopt electronic health records. The initial start-up funding is set at \$750,000, anticipating that a single practice would ask for a loan in the range of \$35,000 to \$40,000. A group of small practices conceivably could access a higher amount if a hospital provided some funding and managed a cluster of practices. The loan fund is being coordinated with the state's participation in the CMS EHR demonstration (see page 2) and the developing statewide health information exchange called HealthInfoNet. In keeping with the CMS demonstration, all qualifying participating practices will be required to use a CCHIT Certified EHR.

Source: Maine Health Access Foundation

## Use of Certified EHRs in Programs Sponsored by Professional Groups

**Ohio State Medical Association** launched in March 2008 an EMR Standards of Excellence Program to help member physicians get reduced rates on EHRs and reduce the risks of such a purchase by identifying terms and conditions for the contracting process and getting IT vendors to participate. At a minimum, vendor products must be CCHIT Certified. Participants are Allscripts, e-MDs, Greenway Medical Technologies, iMedica Corp., InteGreat, NextGen, Sage Software and Sequel Systems. The OSMA represents more than 20,000 Ohio physicians, residents, medical students and physician staff.

Sources: <http://www.osma.org/i4a/pages/Index.cfm?pageID=4622>;

[http://www.healthdatamanagement.com/news/EHR\\_selection\\_medical\\_association25904-1.html](http://www.healthdatamanagement.com/news/EHR_selection_medical_association25904-1.html) ; update in February 2009 submitted by OSMA

**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, NextGen and Sage.

Source: [http://www.acponline.org/pressroom/ehr\\_partners.htm](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 funded 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.

Other programs related to the PCIP program have or are continuing to provide supplements to expenses. Subsidies through the Emblem Health Plan paid \$2,000 each to 75 physicians for successfully completing implementation of the eClinicalWorks EHR. 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. Two ongoing programs:

--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.

--A pilot rewards and recognition for providing excellent heart health based on automated quality reports from the EHR system. The program will receive applications in December and plans to start in January 2009.

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 \$600,000 in grants were awarded in October 2008 to 28 physicians practices and 3 community networks. 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/2008Grants_000.html);

[http://www.wahealthinfocollaborative.org/documents/2007HealthITAwardRecipients\\_101507\\_000.pdf](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);

[http://www.ncsl.org/programs/health/forum/Hitch/HIT\\_database.cfm](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](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. The company insures physicians, clinics and hospitals in Iowa, Minnesota, Nebraska, North Dakota, South Dakota and Wisconsin.

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

**Physicians Insurance Agency of Massachusetts**, Waltham, MA, and  
**Connecticut Medical Insurance Company (CMIC)**, 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. CMIC also offers this program in Connecticut. 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.piam.com/News_and_Information/News_and_Media/press/credit.html);  
[http://www.os.dhhs.gov/healthit/ahic/materials/02\\_07/ehr/piam.ppt](http://www.os.dhhs.gov/healthit/ahic/materials/02_07/ehr/piam.ppt)

#### **Medical Protective, Fort Wayne, In**

Will award a 2.5% discount for practices with a CCHIT Certified EHR when used as a medical risk-reduction tool. Must be running at least 1 year, and at least 90% of providers in a practice must use it. Proof of beneficial use of the EHR in practice activities is determined by a comprehensive questionnaire; the practice also must be able to run reports and submit them to demonstrate it understands how to translate EHR capabilities into actionable information on preventing medical errors. If the proof is demonstrated, the discount is awarded for 3 years, after which eligibility must be renewed in a process that evaluates usage and updating of the EHR. Coverage is available in every state except Alaska and Hawaii. Source: Medical Protective; see the website for more information at <http://www.medpro.com/web/physician/risk-management>.

## 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](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.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>

**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](http://www.ncsl.org/programs/health/forum/Hitch/HIT_database.cfm)

**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](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](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>

**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](http://www.ncsl.org/programs/health/forum/Hitch/HIT_database.cfm)

**California**—The Mental Health Services Act provides \$400 million 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: <http://www.dmh.ca.gov/DMHDocs/docs/notices08/08-09.pdf>

**Virginia**—Appropriations include \$750,000 in 2007 and \$800,000 in 2008 for grants to providers for the acquisition of EHRs. Grants of \$250,000 in the first year went to MedVirginia, Community Care Network of Virginia, and CareSpark. In the second year, grants of \$150,000 went to Centra Health, a 3-hospital system in Lynchburg, and the Northern Virginia Regional Health Information Organization.  
Source: <http://www.governor.virginia.gov/mediarelations/newsreleases/viewRelease-print.cfm?id=590>

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

**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](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](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](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.njleg.state.nj.us/2006/Bills/PL07/330_.PDF);  
[http://www.ncsl.org/programs/health/forum/Hitch/HIT\\_database.cfm](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 59 programs, comprising 159 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.

### **Hoag Memorial Hospital Presbyterian, Newport Beach, CA**

Vendors selected: Allscripts Professional (formerly HealthMatics) and Enterprise (formerly Touchworks), eClinicalWorks, NextGen

*Physicians affected:* 1,200 physicians in 820 independent practices

*Financial investment:* Up to 60% of the cost of covered services, subject to adjustment for the 2013 sunset date of the Stark exception

*Other details:* Program also includes a practice management system in combination with the EHR; a patient portal for secure communication with their physician; consultant assistance to improve utilization of the technology by physician practices. Vendors must keep their products CCHIT Certified annually. (See feature article at [EHRdecisions.com](http://EHRdecisions.com).)

Source: Hoag Memorial Hospital spokesperson; <http://www.reuters.com/article/pressRelease/idUS123606+24-Jun-2008+PRN20080624>; <http://www.healthdatamanagement.com/news/EHRs27087-1.html>

### **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>

**St. Joseph Health System**, Orange, CA (2 hospitals initially)

Vendor selected: Allscripts

*Physicians affected:* 100 initially

*Financial investment:* Up to 85% of the cost of implementing a combined EHR and practice management system. The initial pilot test at St. Joseph Hospital in Orange, CA, and Covenant Health System in Lubbock, TX, is the first phase of an intended implementation to physicians affiliated with the system's 14 hospitals in Southern California and Texas.

*Other details:* About 300 physicians employed by St. Joseph use the software in California and Texas. For affiliated physicians electing not to immediately implement the EHR-PM system, St. Joseph will offer them free e-prescribing software from Allscripts. All the software will be offered under an ASP model.

Sources: [http://www.healthdatamanagement.com/news/Stark\\_subsidy27460-1.html?ET=healthdatamanagement:e719:125498a:&st=email&channel=electronic\\_health\\_records;](http://www.healthdatamanagement.com/news/Stark_subsidy27460-1.html?ET=healthdatamanagement:e719:125498a:&st=email&channel=electronic_health_records;)  
<http://investor.allscripts.com/phoenix.zhtml?c=112727&p=NewsArticle&id=1237650>

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

Vendor selected: NextGen

*Physicians affected:* Independent practice association represents 2,600 physicians in 1,300 locations, but agreement with CHW affects only markets in Sacramento and Stockton, which have 7 acute-care CHW hospitals; 23 practices participating, 7-8 practices in the pipeline to sign contracts by year-end.

*Financial investment:* Not disclosed, but the approximate cost to participating practices is \$500 per month per physician after the costs that are offset by CHW.

*Other details:* CHW offers subsidy through Hill Physicians' management firm, Pri-Med Management Consulting Services, of which CHW owns approximately a 25% interest. The CHW participation began in 2007 following discussions sparked by the Stark exception and anti-kickback safe harbor. Hill and Pri-Med had been funding EHR adoption for its contracted physician practices since 2005 using an ASP model. To date, 47 practices have contracted for Hill's NextGen system, 39 of them live, representing 190 physicians and mid-level clinicians.

Sources: Statement from PriMed Management Consulting Services;  
[http://www.bizjournals.com/eastbay/stories/2008/02/25/story3.html;](http://www.bizjournals.com/eastbay/stories/2008/02/25/story3.html)  
<http://www.bizjournals.com/eastbay/stories/2007/08/27/story6.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](http://www.misyshealthcare.com/Press+Room/Press+Releases/2008_04_29.htm)

**El Camino Hospital**, Mountain View, CA

Vendor selected: eClinicalWorks

*Physicians affected:* 110 in the Independent Physicians of El Camino Hospitals organization

*Financial investment:* Not disclosed

*Other details:* Physicians offered unified EHR and practice management software under an ASP model

Source: eClinicalWorks spokesperson; <http://www.eclinicalworks.com/2008-9-22pr.php>

**Community Hospital of the Monterey Peninsula**, Monterey, CA

Vendor selected: Eclipsys

*Physicians affected:* 250 independent physicians offered the EHR

*Financial details:* Hospital will subsidize 85% of costs associated with one-time acquisition and implementation, "less than 85%" for ongoing annual costs

*Other details:* Hospital will offer Sunrise Ambulatory Care EHR remotely hosted on an ASP model; deployment not likely to begin until mid-2009.

Sources: Community Hospital of the Monterey Peninsula;  
[http://www.eclipsys.com/News/New\\_releases\\_details.asp?id=301;](http://www.eclipsys.com/News/New_releases_details.asp?id=301)  
<http://www.healthdatamanagement.com/news/subsidy26975-1.html>

**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](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](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](http://www.healthdatamanagement.com/news/donation_electronic_health_records_practice_management25159-1.html)

**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:* Information not available

*Financial investment:* \$570,000 for systems and services as part of a grant from the Center for Community Health Leadership.

*Other details:* An ASP environment will be established for practices that prefer not to manage the technological complexity.

Source: [http://www.misyscenter.com/News/2007\\_01\\_16.htm](http://www.misyscenter.com/News/2007_01_16.htm) ;

<http://www.reuters.com/article/pressRelease/idUS74053+13-Dec-2007+BW20071213>

**Children's National Medical Center**, Washington, DC

Vendor selected: eClinicalWorks

*Physicians affected:* Beginning in 2009, up to 100 per year for up to 5 years

*Financial investment:* Not disclosed

*Other details:* Physicians offered unified EHR and practice management software under an ASP model; employed physicians also are moving to the unified eClinicalWorks software delivery as the medical center builds what it calls the Children's IQ Network. Physicians in Washington and adjacent areas of Virginia and Maryland will use a vendor-supplied community health record to additionally connect public schools, a foster care program and mobile vans as well as state immunization registries, commercial labs and other regional healthcare providers.

Sources: <http://www.healthdatamanagement.com/news/Stark27507-1.html>; <http://www.eclinicalworks.com/2009-1-5pr.php>

**NorthShore University HealthSystem** (formerly 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. NorthShore 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 NorthShore's 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, NorthShore is extending the EHR to independent physicians. The system encompasses scheduling and practice management as well as EHR.

Source: NorthShore University HealthSystem

**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);

[http://www.healthdatamanagement.com/issues/2008\\_55/26710-1.html?page=2](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](http://www.healthdatamanagement.com/news/subsidy_donation26573-1.html)

**Riverview Hospital**, Noblesville, IN

Vendor selected: Misys Healthcare Systems

*Physicians affected:* Information not available

*Financial investment:* Information not available

Source: Misys Healthcare Systems

**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>

**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:* Information not available

*Financial investment:* Information not available

Source: Greenway Medical Technologies

**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>

**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

**Detroit Medical Center**, Detroit, MI (8 hospitals)

Vendor selected: Cerner Corp.

*Physicians affected:* 10 practices signed up, 90 more expressing interest

*Financial investment:* Up to 85% of EHR software costs

Source: [http://www.healthdatamanagement.com/news/RHIO\\_HIE27140-1.html](http://www.healthdatamanagement.com/news/RHIO_HIE27140-1.html)

**POH Medical Center**, Pontiac, MI

Vendor selected: Misys Healthcare Systems

*Physicians affected:* Information not available

*Financial investment:* Information not available

Source: Misys Healthcare Systems

**Mississippi Baptist Hospital**, Jackson, MS

Vendor selected: Greenway Medical Technologies

*Physicians affected:* Information not available

*Financial investment:* Information not available

Source: Greenway Medical Technologies

**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](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://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://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](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](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](http://mycourses.med.harvard.edu/ec_res/nt/191A1C43-AEF8-4244-8215-F39C690A4E6B/EHRseries.pdf)

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

**Alegent Health System**, Omaha, NE (7 hospitals)

Vendor selected: NextGen

*Physicians affected:* 200 in 30 physician groups

*Financial investment:* About \$600,000 per year

*Other details:* EHR is packaged with a practice management information system; also tightly integrated with the inpatient EHR used by Alegent hospitals.

Source: <http://www.healthcare-informatics.com/ME2/dirmod.asp?sid=&nm=&type=Publishing&mod=Publications%3A%3AArticle&mid=8F3A7027421841978F18BE895F87F791&tier=4&id=72F82F7A44594288954AE989AE52A1BC>

**South Jersey Healthcare**, Vineland, NJ (2 hospitals)

Vendor selected: Sage Software Healthcare

*Physicians affected:* Information not available

*Financial investment:* Beginning in 2008, the hospital system will offer its physicians an annual, three-year benefit – subsidizing 85% of the EHR licensing fee for physicians on its medical staff. For a single physician practice, this amounts to about \$2,300 over three years, and an additional \$1,600 annually to maintain the license. Fees will vary depending on the size of practice and number of physicians. Also covered are 100% of interface costs to receive registration and clinical information from the hospital system.

*Other details:* The hospital system provides staff training at the practice site; its information systems team assists with the implementation; practice servers are maintained in the hospital system's data center on the ASP model or at individual practice sites.

Sources: [http://www.sjhealthcare.net/content/upload/AssetMgmt/PDFs/12\\_08\\_SJHeHealthConnections\\_Layout.pdf](http://www.sjhealthcare.net/content/upload/AssetMgmt/PDFs/12_08_SJHeHealthConnections_Layout.pdf);  
[http://news.prnewswire.com/DisplayReleaseContent.aspx?ACCT=ind\\_focus.story&STORY=/www/story/01-19-2009/0004956777&EDATE=](http://news.prnewswire.com/DisplayReleaseContent.aspx?ACCT=ind_focus.story&STORY=/www/story/01-19-2009/0004956777&EDATE=)

**Continuum Health Partners**, New York, NY (5 hospitals)

Vendor selected: eClinicalWorks

*Physicians affected:* up to 1,000 community physicians

*Financial investment:* Not disclosed

*Other details:* EHR is unified with a practice management system; contract also includes 1,200 employed physicians and 1,100 residents.

Source: <http://www.eclinicalworks.com/2008-11-4pr.php>

**Arnot Ogden Medical Center**, Elmira, NY

Vendor selected: Misys Healthcare Systems

*Physicians affected:* Information not available

*Financial investment:* Information not available

Source: Misys Healthcare Systems

**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:* Information not available

*Financial investment:* Information not available

Source: Greenway Medical Technologies

**Transylvania Community Hospital**, Brevard, NC

Vendor selected: Misys Healthcare Systems

*Physicians affected:* Information not available

*Financial investment:* \$795,000

Sources: Misys Healthcare Systems; <http://www.reuters.com/article/pressRelease/idUS74053+13-Dec-2007+BW20071213>

**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](http://www.healthdatamanagement.com/news/Stark_subsidy26211-1.html)

**Kettering Medical Center**, Dayton, OH

Vendor selected: Greenway Medical Technologies

*Physicians affected:* Information not available

*Financial investment:* Information not available

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);

[http://www.healthdatamanagement.com/issues/2008\\_55/26710-1.html?page=2](http://www.healthdatamanagement.com/issues/2008_55/26710-1.html?page=2)

**Santiam Memorial Hospital**, Stayton, OR

Vendor selected: Greenway Medical Technologies

*Physicians affected:* Information not available

*Financial investment:* Information not available

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

**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](http://www.healthdatamanagement.com/news/Stark_Act26736-1.html)

**Wellspring 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);

[http://www.healthdatamanagement.com/issues/2008\\_55/26710-1.html?page=2](http://www.healthdatamanagement.com/issues/2008_55/26710-1.html?page=2)

**Memorial Hermann Health Healthcare System** (11 hospitals)

via Memorial Hermann Health Network Providers, Houston, TX

Vendor selected: eClinicalWorks

*Physicians affected:* 1,300

*Financial investment:* Subsidy to IPA from the hospital system will cover about half the cost of the software. Cost per month for doctors is estimated at \$300 for an integrated EHR and practice management system, not including the cost of hardware or implementation.

Sources: <http://www.modernmedicine.com/modernmedicine/content/printContentPopup.jsp?id=408936>;

<http://www.eclinicalworks.com/2007-02-27a-pr1.php>

**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:* Information not available

*Financial investment:* Information not available

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>

**Stevens Hospital**, Edmonds, WA

Vendor selected: GE Centricity

*Physicians affected:* Not disclosed

*Financial investment:* Not disclosed

Source: [http://www.healthdatamanagement.com/news/Stark\\_subsidy27426-1.html](http://www.healthdatamanagement.com/news/Stark_subsidy27426-1.html)

**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>

**Campbell County Memorial Hospital**, Gillette, WY

Vendor selected: Greenway Medical Technologies

*Physicians affected:* Information not available

*Financial investment:* Information not available

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