

SHARP-DRESSED MAN:

Suit donation programs help out job seekers in need/PAGE 2A



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CITYBEAT



City challenges buildings to get going on green

A booster shot for electronic health records

Gulf Coast center uses stimulus funds to attract skeptical physicians

A BETTER PROGNOSIS

The use of electronic health records is slowly gaining some converts, according to recent surveys:

- A 2009 online survey of Texas physicians by the Texas Medical Association shows that 43 percent reported using electronic medical records, a 16 percent increase from a 2005 survey. Another 41 percent said they wanted to implement electronic medical records.
- In Houston, Kelsey-Seybold Clinic recently completed a five-year, \$25 million rollout of electronic health records that brought 365 doctors together under multiple specialties in 20 locations.
- A national study released in late August by the Harvard School of Public Health shows that adoption of basic or comprehensive EHRs by U.S. hospitals increased to 11.9 percent in 2009 from 8.7 percent in 2008.



BY CHRISTINE HALL
HOUSTON BUSINESS JOURNAL

With her paperwork getting out of hand, Dr. Rose Gowen decided three years ago to try using electronic health records. But for Gowen, a practicing obstetrician and gynecologist, it's been a difficult birth.

Gowen, a Brownsville physician, says that after having to hire someone to do the record keeping related to the 35 to 40 births she handled each month, she decided enough was enough and would make the move to EHRs.

She went to presentation after presentation, and saw things that she liked about each software program, which made choosing just one a big decision. But once she had settled on a program, Gowen still found it to be confusing to use.

Even after she got the hang of it, when Gowen

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HEALTH: Regional center in Houston helps physicians transition to electronic records

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left private practice last year for Su Clinica Familiar, a federally funded clinic in Brownsville, she basically had to start over. Although she was relieved to find that the clinic used the same EHR program, it was a different version.

"I had to learn how to get the two systems to talk to each other, and it was a struggle," she says.

Since her road to using EHRs has been a bumpy one, when Gowen heard that The University of Texas Health Science Center at Houston, or UTHealth, was opening its Gulf Coast Regional Extension Center, she made sure to be one of the first to enroll in a new program to help physicians fight through the electronic records maze.

"This project is perfect because it can help me learn what I need to know as well as to adjust to my normal patient flow," Gowen adds.

LACK OF CREDIBILITY

Last week, UTHealth began enrolling health care providers into the center, created with a slice of the \$15 million of federal stimulus dollars as part of President Barack Obama's plan for all Americans to have electronic health records by 2014.

The Gulf Coast center is one of 60 regional extension centers nationwide, and one of four in Texas. For an annual enrollment fee of \$300, eligible primary care phy-

sicians, nurse practitioners and physician assistants will be taught how to make the most of an existing e-health record system or select and transition their practice to an electronic one.

Dr. Kim Dunn, executive director of the Gulf Coast center and assistant professor at the UTHealth School of Biomedical Informatics, says that right now, EHRs have no credibility with doctors.

"They have been burned so badly by technology," she says. "They have been promised things would work out, but they really didn't. That's why we are working to bring players to the table."

The stimulus dollars are being used to lure doctors: Eligible practitioners who meet the "meaningful use" criteria for e-health record systems could be eligible for Medicare incentives of up to \$44,000 and Medicaid incentives of up to \$63,750. The meaningful use guidelines include 14 core functions, such as prescribing medication electronically and keeping an active medication list for patients.

One practitioner making EHRs work is Dr. Spencer Berthelsen, who is chairman of Kelsey-Seybold Clinic and maintains a general internal medicine practice at the clinic's Fort Bend Medical and Diagnostic Center.

Kelsey-Seybold recently completed a five-year, \$25 million rollout of electronic health records, he says, which brought 365 doctors together under multiple specialties in 20 locations.

Doctors are adapting to the system,

Berthelsen adds, noting that some are even using voice-recognition software that automatically types notes into the system.

"There's obviously a learning curve and a period where it slows you down, but eventually you reach a new plateau, and everything goes back to normal," he says. "Now, most, if not all of our doctors prefer the electronic records."

LOW ADOPTION RATES

Kelsey-Seybold doctors aren't alone. A 2009 online survey of Texas physicians by the Texas Medical Association revealed that 43 percent reported using electronic medical records, which represents a 16 percent increase from another survey conducted four years earlier. In addition, 41 percent wanted to implement electronic medical records.

However, a national study released in late August by the Harvard School of Public Health shows that while the adoption of basic or comprehensive EHRs by U.S. hospitals increased to 11.9 percent in 2009 from 8.7 percent in 2008, only 2 percent of hospitals met the federal "meaningful use" standard needed to qualify for government financial incentives.

The Harvard findings were based on a survey by the American Hospital Association, which asked 4,493 acute-care non-federal hospitals about their health information technology efforts as of March 1, 2009, with

3,101, or 69 percent responding.

In explaining the study findings, lead author Ashish Jha says that it was not surprising that the adoption rates were low, given the state of the economy when the survey took place, the fact that implementing EHRs can cost tens of millions of dollars and an expectation that much of the federal funding will go to large academic hospitals rather than smaller offices.

"The problem is that the bonuses hospitals get for meeting 'meaningful use' are front-loaded, meaning hospitals have to implement and use EHRs by 2012 in order to get the bulk of the incentives," says Jha, associate professor of health policy and management at Harvard. "This is an aggressive timeline, and many hospitals may not make it. If they miss out, it may be years before many of these hospitals will be able to afford to purchase and install their own EHR systems."

Meanwhile, UTHealth's Dunn would like to fill that gap by enrolling 2,855 eligible primary health care providers in the south region of Texas by the end of the first year, and to see those providers using the systems in a meaningful way by 2012.

To aid in the enrollment, UTHealth is hosting a Texas Health IT Summit Sept. 30 to Oct. 2 at the Westin Oaks in Houston. Conference session topics include e-prescriptions, the definition of meaningful use and health information exchange.

"There is a great deal of skepticism out there, and rightfully so," Dunn says. "No one wants to spend \$30,000 to \$40,000 and be inconvenienced, if it isn't going to work." ■

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Gowen



Dunn



Berthelsen