

Conclusions

RRNeT provides a centralized university-based infrastructure, a link to research resources, and an engine to move projects forward. This allows busy clinical teachers to participate actively in research while maintaining their curricular and patient care responsibilities. The benefits to community programs include: a peer group of researchers; links to career investigators and statisticians; hands-on research experience; opportunities to present and publish; national exposure for the training programs; and documentation for involvement in research for accreditation purposes. The advantage to university faculty is a large and diverse patient population with a thoughtful, collaborative team of clinical teachers. Now, *THIS* is science!

Sandra K. Burge, PhD, Professor, Department of Family & Community Medicine Director,
Residency Research Network of Texas, University of Texas
Health Science Center at San Antonio

References

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Final Definition of 'Meaningful Use' of EHRs Modified Based on AAFP Comments

The AAFP's response to the federal government's December 30, 2009 release of electronic health record (EHR) regulations that define the term "meaningful use" has resulted in significant modifications to 2 final rules that define and support the meaningful use of EHRs.

In a February 26, 2010 letter to CMS Acting Administrator Charlene Frizzera, AAFP Board Chair Ted Epperly, MD, of Boise, Idaho, detailed how the agency could make the regulations more helpful—and more palatable—to family physicians. Epperly noted, "We believe that certain aspects in the details of these regulations are unworkable, excessive, or redundant and will actually impede the very goals of the legislation."

One rule, which was issued by the Office of the National Coordinator for Health Information Technology, identifies the standards and certification criteria for the certification of EHR technology so that hospi-

tals and physicians will know that the EHRs in which they invest can perform the required functions.

A companion rule, issued by CMS, defines the minimum EHR meaningful use objectives that physicians and other professionals must meet to qualify for bonus programs enacted under the American Recovery and Reinvestment Act of 2009.

According to a July 13, 2010 HHS news release, CMS estimates it may pay out \$27 million in incentive payments during the next 10 years. Physicians and other health care professionals can choose to participate in the Medicare bonus program—potentially earning as much as \$44,000 in additional income—or they can choose to earn Medicaid incentives of as much as \$63,750.

When the 2 final rules were announced at the July 13, 2010 press conference hosted by Health and Human Services Secretary Kathleen Sebelius, the AAFP was gratified to learn that some of the Academy's biggest concerns had been addressed. According to Steven Waldren, MD, director of the AAFP's Center for Health IT, "CMS has addressed the Academy's biggest concerns, and many of the changes they have made will benefit family physicians."

For example, in its February 26, 2010 comment letter to CMS, the AAFP suggested that CMS abandon its "all-or-nothing" approach to achieving meaningful use of EHRs and, instead, increase physician participation by offering partial incentives. Waldren pointed out that the final rule grants physicians greater flexibility in meeting and reporting certain objectives for demonstrating meaningful use. The final regulation states that physicians initially must meet 15 core measures but then can choose from a subset of additional objectives to work on in 2011-2012.

"CMS also significantly reduced the threshold for some of the measures that the AAFP deemed particularly onerous for physicians," said Waldren. For example, the threshold for an electronic prescribing measure that originally called for 75% of all permissible prescriptions to be transmitted electronically has been reduced to 40%.

Another priority issue for the Academy was CMS' measure on computerized provider order entry that called for transmitting at least 80% of all orders electronically. That percentage now applies to medication orders only, and the threshold for electronic transmission of other types of orders has been reduced, said Waldren.

CMS received more than 2,000 comments on the proposed meaningful use rule. Waldren noted that staff members in the Center for Health IT staff will carefully analyze the meaningful use rule and the certification rule to make sure that they understand what members have to do to qualify.

Sheri Porter
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