

STIMULUS PACKAGE— HENDRICKSON

continued from page 12

a barely legible prescription which a pharmacist has to interpret, the issue of who got it wrong is up in the air. In a computerized system, where the MD has to type the information, a trail of accountability is clear and indelible. This is a good thing." This is, indeed a good thing when according to a report published in the *Journal of American Pharmaceutical Association*, "...estimates indicate that more than eighty percent of life-threatening medication incidents are the result of physician error."

The implications for the individual chiropractic practitioner in this drive to computerize include possible federal financial help to convert clinic records to an electronic format. Beginning in 2011, incentives will be made available to convert paper records to accredited electronic formats. According to one major software concern, "the Centers for

Medicare and Medicaid Services (CMS) will pay physicians between \$44,000 and \$64,000 over five years, beginning in 2011, for deploying and using a certified Electronic Health Record to care for patients.

"The stimulus package is expected to ignite significant job growth in the information technology sector and, according to a Congressional Budget Office review of the legislation's impact, drive up to 90 percent of US physicians to adopt Electronic Health Records in the next decade...Physicians who have not adopted certified Electronic Health Record systems by 2014 will have their Medicare reimbursements reduced by up to 3 percent beginning in 2015."

This is an area that will require considerable regulatory and procedural development and will be closely watched by the ICA legislative team.

The stimulus package included a massive \$10 billion for the National Institutes of Health for chronic diseases and other research, representing a one-third expansion of NIH funding. The previous annual

budget was \$29.5 billion. This increase was added at the insistence of Pennsylvania Republican Senator Arlen Specter, whose personal health experiences include a brain tumor and two episodes of Hodgkin's disease. Senator Specter was one of the three Republicans in Congress who voted for the legislation.

The wide-ranging health spending in the stimulus bill included an additional \$500 million for health professions' training programs, making a modest gesture in the direction of recognizing the looming health provider shortage. Also significant was the inclusion of \$650 million to support prevention and wellness activities targeting obesity, smoking, and other risk factors for chronic diseases. This component, which will need to be fleshed out by the US Department of Health and Human Services policy makers, holds some prospects for enhanced chiropractic participation and will require aggressive follow-up in Washington by the chiropractic profession to secure a meaningful role for the unique contributions chiropractic can

make in this vital area.

Perhaps the most controversial and most widely commented on and opposed element in the stimulus plan was the inclusion of a large-scale "Best Practices" component. The package included \$1.1 billion in federal funding to investigate how different treatments compare, with some predicting that money will likely go to comparing drugs, devices, and medical procedures. The bill also establishes a new 15-member council which will make recommendations about what to study and coordinate research between three existing federal agencies: the Agency for Healthcare Research and Quality, the National Institutes of Health, and the Department of Health and Human Services.

This provision sparked a wave of almost hysterical protests on the Internet and through the newswires, alleging that this was the first step towards establishing an all-powerful board of health care commissars who would dictate what people can and cannot receive as far as treatment was concerned. This wave of near-hysteria was largely driven by the drug companies and the medical device industry who sought to strip the provision from the final version of the bill, without success. Conservative commentators, in often shrill tones, vehemently argued that such information as the proposed panel might gather would be used to intrude on citizens' healthcare choices and decision-making by enforcing rigid guidelines and treatment protocols such a program would generate.

There is no element of this section of the stimulus bill that provides for anything other than the gathering of clinical effectiveness data, a process which the heavily entrenched drug and medical device industries are not in a hurry to see happen. Their reluctance stems from often flimsy support for many of the substances and devices that contribute to their multi-billion dollar revenue streams. This is a direction which all in chiropractic, where our science is relatively well-researched and documented, should support.

Like it or not, the stimulus package is law and we all must hope that it does what it is intended to do. We are all responsible, ultimately, for the price tag, which in contrast to the approximately \$1 billion spent by the federal government on all aspects of chiropractic, including Medicare, is, at least in terms of new health care spending, a pretty big gamble.

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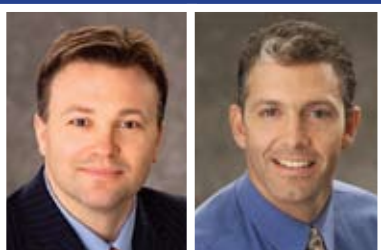
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