

# Regulations are sidelining patients: Physicians talk EHRs

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Electronic health record (EHR) meaningful use regulations continue to interfere with practice efficiency, but how are they affecting patient care? Physicians took the floor at a special town hall meeting last week, giving the detailed answers to this question that federal policymakers need to hear.

This second AMA town hall on meaningful use drew a crowd of practicing physicians to the event at the Massachusetts Medical Society (MMS) headquarters in Waltham, Mass., and hundreds more participated online—all of whom made a point of taking time from their hectic schedules to give voice to their weighty concerns.

## A focus on patients

From the start, patients were the focus of the event. MMS vice president Henry L. Dorkin, MD, spoke from personal experience. “I find myself at this stage of my life looking at issues not only as a physician but as a patient. I’m concerned that my outstanding doctors are being forced to spend more time on activities that do not enhance their ability to care for my health but actually interfere with that goal.”

While the purpose of the meaningful use program was to have every clinician and every patient have access to the right data at the right time to provide the best possible care for patients, burdensome regulations have prevented that from happening.

As physicians, “we embrace technology ... at a blistering pace,” said AMA President Steven. J. Stack, MD, who moderated the event. But when these technologies are not coordinated properly or have unrealistic requirements for practice that monopolize physicians’ time, quality of care for patients can suffer.

Dr. Stack gave an example from his own specialty of emergency medicine: “If you’re in a car accident and you come in with a ruptured liver and I have to get you on a breathing machine and canulate large

blood vessels and get a surgeon engaged and get you to an operating room in 15-20 minutes before you bleed to death internally, I shouldn't have to write the software code for the EHR at the same time."

Mario Motta, MD, of Salem, Mass., offered an example of EHR systems failing to communicate with one another. He receives patients from two competing hospital systems that use two different versions of the same EHR software, yet they cannot communicate. Dr. Motta said he cannot receive patient data unless he bears the tremendous expense of buying both versions of the system for his own practice.

Kate Atkinson, MD, a family physician who switched her practice to EHRs in 2002, was excited when meaningful use came along. "We thought it was going to be a wonderful way to showcase how great what we were doing was," she said. "But we discovered it was the opposite. They asked us to do things we weren't doing that actually impeded patient care rather than helping."

"We successfully attested every year for meaningful use since 2011," Dr. Atkinson continued. "We then attested for meaningful use Stage 2 in 2014 for Medicare, were audited and the entire process took 19 months and has cost [our practice] tens of thousands of dollars."

"We have an integrated [practice] model that is designed particularly for taking care of people with somatic illnesses: blood pressures that are out of control, migraines, opiate addiction and chronic pain. We have had to put most of these programs on hold because meaningful use has interfered so much."

## **Innovations lost and solutions in the making**

Outside of the meaningful use program, current technology is being leveraged to improve EHRs in a way that helps patients, improves efficiency and provides better care. Jesse Ehrenfeld, MD, an anesthesiologist at Vanderbilt University Medical Center who serves on the AMA Board of Trustees, took the podium. As a leader in health IT, Vanderbilt has developed tools that allow physicians to use devices to plan their work, complete documentation and see updates on patient care.

"However, because of the meaningful use requirements," Dr. Ehrenfeld said, "We had to stop development of the innovative things that we were doing to comply with the regulations in Stage 1 and Stage 2, such as a program to e-prescribe controlled substances. We had to put that on hold."

Hayward Zwerling, MD, an endocrinologist from Massachusetts, explained that in 1991 he created and certified an EMR for easier access to records for patient care. As meaningful use came along, he could no longer invest the time to innovate. Consequently, there have been "missed opportunities," Dr. Zwerling said.

On the other hand, Kenneth Mandl, MD, a Harvard professor at the Boston Children's Hospital Computational Health Informatics Program, leads the SMART Health IT project that is creating an application program interface for EHR apps and has seen great progress.

EHR apps should be substitutable and part of a competitive market, Dr. Mandl said. A market where the appmakers have to keep quality high and prices low. If one vendor's app works better for patient care than another, those apps should be interchangeable.

With these apps you are able to "run computational processes, data visualizations, and bring other data sets in about [a] patient in order to drive a decision," Dr. Mandl said. "The opportunities are virtually as limitless as the Web itself."

## Continued calls for pausing meaningful use

In addition to the EHR town halls, the AMA and more than 40 national specialty societies recently sent letters to the Department of Health and Human Services and Office of Management and Budget, calling for a delay to meaningful use Stage 3.

Members of Congress also have joined the chorus calling for delay. Just last week, more than 100 congressional representatives sent a letter to these two agencies as well, asking them to "refrain from finalizing meaningful use Stage 3 at this time and work to refocus the program to better serve patients and the providers who care for them."

Rep. Renee Ellmers, R-N.C., also introduced a bill in July that also would provide more flexibility in the meaningful use program and ensure EHR systems address interoperability challenges.

Visit [breakthertape.org](http://breakthertape.org) to share your story about the meaningful use program and contact your members of Congress.

**UPDATE** Oct. 7, 5:22 PM: Two major regulations pertaining to the EHR meaningful use program were issued late Tuesday afternoon, even as physicians and others continued calls for a full reassessment of the program. [Read more.](#)