

# How EHRs tied up physician time in 2015

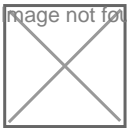
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As the year draws to a close, we're taking a look at five of the topics that struck a special chord with the medical community throughout 2015.

Burdensome regulations and technology have led physicians to spend considerable time struggling with their electronic health records (EHR). Fortunately, policymakers and health IT developers are starting to take note.

## Problems with EHR systems

Physicians shared key insights about their EHRs in a survey by AmericanEHR Partners released this

summer. The survey showed that physicians think the investments in EHRs are failing to offer substantial returns. Impractical technology has meant that too much time is spent on clerical work, stealing time that would otherwise be spent with patients.

In the fall, the AMA and MedStar Health released an EHR User-Centered Design Evaluation Framework that compared the design and testing processes for 20 of the most common EHR products. Out of the 20 products examined, only three met the basic capabilities. The framework shines light on the low-bar of the certification process and calls for improvements.

Problems with EHRs are so prevalent that a 2013 study by the AMA and the RAND Corporation found that EHRs are one of the top sources of physician dissatisfaction.

## The meaningful use mess

Meanwhile, the federal meaningful use program has become an even greater cause for concern as rulemaking moved forward despite alarms raised by the medical community.

In a letter to the National Coordinator of Health IT (ONC) in the spring, the AMA highlighted the most important factors to achieving true interoperability between EHRs based on the ONC's Interoperability Roadmap. The letter emphasized that penalizing physicians for not using certified EHRs will not help achieve a more robust health IT system because the lack of interoperability is out of their control.

In October, the Centers for Medicare & Medicaid Services (CMS) modified Stage 2 of the meaningful use program and finalized requirements for Stage 3, ignoring physician outcries to hold off on Stage 3 until the program is reassessed.

Though there were some immediate improvements to Stage 2—a shortened reporting period for 2015 and a reduced overall number of measures physicians must report on, among others—they were finalized too late in the year.

At the same time, new regulations for Stage 3 will make requirements even less achievable than they were in Stage 2. Considering only about 12 percent of physicians and other eligible professionals attested to Stage 2 of meaningful use in 2014, that's saying a lot.

Following release of the Stage 3 final rule, the AMA and 110 other medical associations sent letters to members of the U.S. Senate ([log in](#)) and House of Representatives ([log in](#)), calling for intervention. The letters point out that CMS “has continued to layer requirement on top of requirement, usually without any real understanding of the way health care is delivered at the exam room level.”

## Physicians are speaking up, and people are listening

To curtail the ever-increasing burdens that EHRs and meaningful use have continued to press upon physicians and their patients, the AMA launched BreakTheRedTape.org, a grassroots campaign that spearheads physician efforts to change the burdensome federal program.

Kicking off the campaign in July was the first-ever town hall meeting on EHRs and meaningful use, which was held in Atlanta. Physicians shared stories of the detrimental effects these programs have had on their practices.

Two months later, a second EHR town hall was held in Boston, this time focusing on the impact of EHRs on physician practices affects patient care.

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

These efforts haven’t fallen on deaf ears. Members of Congress followed physicians’ lead and also called for a delay in finalizing the meaningful use Stage 3 regulations in the fall. In the House, Reps. Renee Ellmers, R-N.C., Tom Price, MD, R-Ga., and David Scott, D-Ga., led a bipartisan letter that was signed by 113 other members of the House.

On the Senate side, Sen. John Thune, R-S.D., chairman of the Senate Committee on Commerce, Science and Transportation, and Sen. Lamar Alexander, R-Tenn., chairman of the Senate Committee on Health, Education, Labor and Pensions, sent a similar letter to federal regulators the same day.

Rep. Ellmers also introduced a bill that would provide more flexibility in the meaningful use program and ensure EHR systems address interoperability challenges in addition to pausing Stage 3 rulemaking.

On the vendor side, health IT developers will be working with physicians in the AMA Interaction Studio at MATTER. This new collaboration space places physicians in the same room with health IT developers to make sure physician input is a critical component in the initial stages of design.

## What’s coming next?

The year may be coming to an end, but efforts to address EHR issues are far from slowing down.

The Break the Red Tape campaign will continue to urge Congress to intervene in the meaningful use disaster in the months ahead. At the same time, the AMA will continue to work with vendors and others to drive EHR improvements that can advance the delivery of high-quality, affordable care, based on the eight guiding solutions developed in 2014.

Expect to hear more about the AMA Physician Innovation Network, which aspires to connect and match physicians and health tech companies based on their interests and needs. The program is in beta development, but interested physicians can sign up today.

Two STEPS Forward modules are available from the AMA's Professional Satisfaction and Practice Sustainability initiative to help physicians select and purchase EHR products and implement those EHR products in their practice.

Physicians also will continue to guide the Substitutable Medical Applications and Reusable Technology (SMART) Platforms project, an initiative to guide the development of EHRs and promote physician involvement, seeks to reimagine health IT as a smartphone-like platform that can run plug-and-play apps.

This method could accelerate innovation to accommodate differences in work flow, drive down health tech costs and create a more competitive marketplace, which is the ultimate goal of every effort—to remove burdens and give physicians the tools to provide the highest-quality patient care.