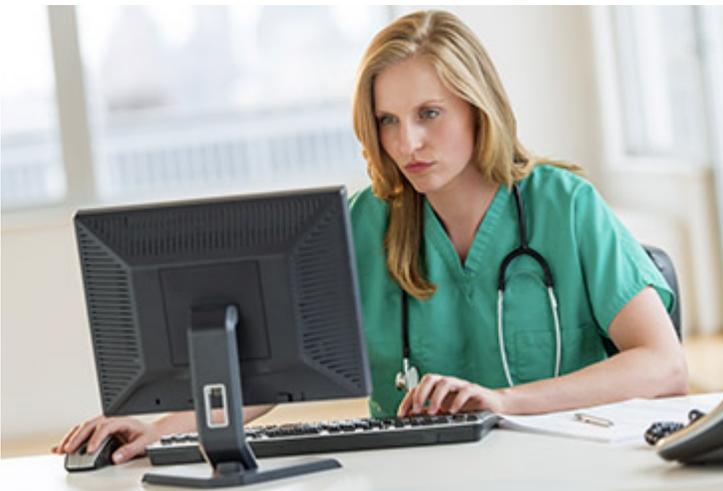


Improve EHRs before expanding meaningful use, AMA tells ONC

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The meaningful use program and electronic health record (EHR) certification process must be “substantially overhauled,” including adding more flexibility, introducing a comprehensive EHR testing process, and refocusing attention on interoperability, the AMA last month told National Coordinator for Health Information Technology Karen B. DeSalvo, MD, in a letter. In February, the Office of the National Coordinator for Health Information Technology (ONC) issued a proposed rule containing voluntary certification criteria for EHR systems in 2015 to be used by physicians participating in the meaningful use program. The rule was to give vendors flexibility in upgrading their systems and offer a look at the 2017 edition. The AMA submitted comments on the proposed rule, chiefly urging ONC to:

- Thoroughly test technology with impartial physicians in practice-based scenarios. Testing reports should be clear of clinical jargon, and EHR vendors should continue to test post-certification. Currently, vendors are not required to continually test and update their software, and “the AMA believes that poor usability is partially an outcropping of this process, since products are developed, tested and certified in computer labs that don’t reflect true use environments,” the AMA said.

Loosen the rigid and overly complex meaningful use mandates to focus less on data collection and more on data synthesis. Interoperability is crucial to improve data sharing and care coordination. Rigid requirements, such as only allowing physicians and medical assistants to enter data into EHRs, seriously disrupt workflow. More flexibility, including allowing physicians to individually determine who can enter EHR data, such as medical scribes, would address these challenges.

Evaluate and align all quality reporting program requirements before expanding meaningful use. The lack of alignment between quality reporting programs and complex and poorly understood reporting requirements are just some of the ways physicians are overburdened. Regulators should focus on improving current programs, the AMA said.

Improve data liquidity and reduce data “lock-in.” Changes to certification should focus on making data easier to migrate and share, the AMA said. ONC should focus on coordinating technologies that will improve EHR usability and interoperability by incorporating metadata – information that describes how and when data is collected – and web enabled technologies that are common throughout other industries.

Improving usability and flexibility, and developing EHRs with physician input would mean more physicians may participate in the meaningful use program. About 20 percent of physicians and other professionals have dropped out of the meaningful use program, according to an AMA analysis of the most recent data from CMS – although that number is expected to rise as attestation data is being tabulated from the second half of 2013.

Physicians are frustrated with EHRs because the systems lack usability, require time-consuming data entry and are more costly than originally projected, according to an AMA-sponsored study (AMA login required). Regulatory burdens also drive physician dissatisfaction, according to the study. The AMA’s Professional Satisfaction and Practice Sustainability initiative will address these burdens and give physicians practice-level solutions to provide the best possible care in the changing health care environment.

The AMA also has been advocating for more flexible meaningful use requirements. The organization will continue to communicate to the ONC that EHR vendors should be free to focus more attention on improving technology for physicians instead of working to meet overly prescriptive federal requirements.

Additional information about the AMA’s work related to the meaningful use program is available on the AMA’s meaningful use Web page.