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From: [REDACTED]
Sent: Thursday, May 09, 2013 5:05 PM
To: CommentPeriod, HealthIT (Thune)
Subject: Health IT comments

Dear Senators:

As a private practice pediatrician practicing in a group with 4 pediatricians we have not yet adopted an EHR because

- 1) Cost to acquire an EHR including the costs for the program, new hardware, and training along with a loss in productivity for some period of time while learning how to use the EHR.
- 2) There currently is not an EHR for pediatrics that we feel is adequate.

We examine patients in two local hospitals both of who are using EPIC as their EHR. The hospital that started using EPIC first (Franciscan St. Francis Hospital) had more training for their staff and for physicians along with ongoing IT support and after a few years things are overall running well from our perspective at this hospital. The hospital that adopted EPIC last summer (Community Hospital South) still is having many issues. Things that are easily done on Epic at St Francis are often quite difficult at Community. I don't know for sure what the difference is in these two hospitals but there was more training for physicians and staff at St. Francis and it has an IT department that is more involved as far as I can tell.

Our groups experience is that with the hospitals using EPIC it has cost our office more. Whereas in the past a newborn record came from the hospital and it was one page from each hospital the printed version of newborn electronic records now are 20 to 30 pages from each hospital with a normal newborn stay of 2 to 3 days. These 20 to 30 pages are sent to us electronically and we have to print them out and hence the additional costs to our office. It includes pages of instructions given to the parents about newborn care after going home and pages of history about the mother and her medication that in the past before EHRs were used we could review in the hospital.

Additionally due to the lack of functionality of the EHR at Community Hospital it take at least twice as long to document an examination of a pediatric or newborn patient now versus how it was when we used paper charting.

Also the goal of being able to more readily share information between the hospitals and private practice physicians is not been helped with the hospitals adopting EHRs. Other physicians who have an EHR must print out and scan in the hospital documents unless they have the same version of the EHR that the hospital currently uses.

We are a small 4 physician pediatric office that has not been bought by a local hospital so we may not be reflective of what others have experienced with healthcare IT. In our area it seems that most pediatric practices that have not been sold to hospitals are still using paper to chart but in the past 4 years many practices have been sold to local hospitals. This may not have been the goal of the Affordable Care Act but it has resulted in more practices being sold to hospitals as accountable care organizations (ACOs) are being set up.

Additionally with ICD 10 coming it is likely that we will have to adopt an EHR even if we cannot find a good product for a pediatric practice. In some senses an EHR removes the art of practicing medicine and makes it more

of cook book way to practice. It certainly makes for a tendency for the patient physician interaction to be more impersonal since the physician spends more time interfacing with the electronic recording device than they would have if they were recording the information with pen and paper.

Thank you for your service to our country and for investigating healthcare IT implementation. I personally am not convinced that the incentives paid out for adoption of an EHR is the best use of my tax dollars.

