

From:

Sent:

To:

Tuesday, April 30, 2013 11:06 PM

CommentPeriod, HealthIT (Thune)

Dear Senator Alexander

Finally someone is actually asking the question, **what is the law that congress created and beurocrats are designing is doing to the physician and the patient.**

As a physician I have been using and electronic medical record for about 1 year. Over time you see the positive and the negative.

The positive: You always have access to the chart and it is readable.

The negative:

1. It takes about 30 % longer to use the computer to input data.
2. Many of the records I have received from others are garbage, but they meet the requirements so the government can "read the chart" with a computer.
3. When using a computerized chart, many will fill it with cut and paste material that adds meat to the chart but is not helpful. It only makes it harder to find the important material.
4. In hospital EHRs, the data hides in the server. In a paper chart I can see what others have put into it. I don't know what is hiding in the EHR unless I decide to look under every tab that might be hiding information
5. In the nursing notes we have gone into data overload. My hospital nurses are spending more time on the computer and less time with the patient. The reviewers can see if they have all of their data. The reviewer cannot see that it took away from the time of caring for the patient, but it does know when the meds were given and the blood pressure and neurological checks were done. No more nurses were added to deal with the patient care issues. Just less time one on one with the patient.
6. The plan to roll out the HER is moving much too fast for the millions of users. It should have been done in many small steps, not 2 leaps forward.
 - a. A typed office note.
 - b. Access to lab and X rays by computer
 - c. Electronic prescriptions. By the way in many places you cannot use the eRX for controlled substances. This hurts my numbers.
 - d. Patient visit summery and problem lists. I am still working on the chart for 45 minutes after I see the last patient and they want the patient to have a summary of their visit within 3 days?
 - e. Communication with government agencies. This is a bitch since the agency and you have to have security arrangements to communicate. Remember Hippa. I don;t have a dedicated IT dept to do this, I pay \$150 an hour for outside help
 - f. You want the patient to have access to an electronic copy of their record. Many of my people don't know how to use a computer. And what about HIPPA. I can't let them into my program. That gets them past the first 2 layers of my security which is mandated by the government.
 - g. The government wants to be able to look into my record, but I have great security. (remember HIPPA)) Do they want to hack my system to get in?

Another issue is what these mandated programs are doing to the physician manpower issues.

1. As doctors were being required to use the EHR, some have decided to quit the hospital and the office work when it gets to them

2. Since it takes longer to use the EHR, It takes longer for the most valuable person in the system to see patients, so it means seeing less patients or going home even later in the evening
3. Since I cannot see as many people in the office do to the time constraints, I see about 25% less patients in the office.
 - I had to spend money to implement the computer system and keep it up. I really don't believe that all of those who attested that they met the requirements to get the money really have met them. That was very time consuming
 - It has not allowed us to decrease personnel; just some of the jobs have changed.
 - Although this is not an EHR issue, since 50% of new doctors are women, they work about 40% less than their male counterparts due to family and child rearing, so they will see less patients over their careers. There is no plan to increase the number of doctors to make up for this manpower problem

So with doctors retiring faster due to their not wanting to use the HER

Doctors seeing fewer patients

More women doctors coming into the system as the older, mostly male doctors retire and more and more baby boomers reach Social Security and Medicare age, it will be even harder to find a doctor.

Just a few thoughts on the problems with health care that government has created. **How about you or one of your staff spending 2 hours rounding with me one morning?**

[REDACTED]

[REDACTED]