

[REDACTED]

From: [REDACTED]
Sent: Saturday, May 18, 2013 10:07 AM
To: CommentPeriod, HealthIT (Thune)
Subject: Reboot EHR Program

My purpose in writing is twofold:

A. To thank you for your concern about an overly burdensome program that is not increasing providers' ability to communicate among themselves. It is actually having the opposite effect, that of encouraging EPs to purchase standalone systems that have no interoperability capabilities.

B. To bring to your attention a very important concern facing hospital based EPs.

I would like to focus on item B above.

Hospital based specialists (radiologists, pathologists, anesthesiologists) practice in a hospital setting. They typically utilize a hospital's technology (health information systems, radiology information systems, picture archiving communication systems) in the performance of their clinical duties. They generally do not maintain administrative and physical infrastructures and their "offices" are in, e.g. the reading room of a hospital's x-ray department or in the hospital's lab.

This program has incorrectly defined these hospital based specialists as providing 90%+ of their services in inpatient (POS 21) and emergency room (POS 23) settings. Within my company our data shows this definition is grossly inaccurate as our hospital based physicians are providing between 45%-48% of their services in a hospital OUTPATIENT setting (POS 22) leaving 52%-55% in inpatient and emergency room settings and not the 90% defined by CMS.

Our experience is community hospitals are by and large not including their hospital based EPs in their meaningful use plans. This leaves them the option of setting up their own standalone EHRs if they hope to avoid penalties. These physicians are struggling with "why should I spend substantial amounts of time and money investing in an EHR to collect data elements that, by the ONC's own admission, is a one size fits all program designed for treating physicians when I currently work in a 100% electronic environment through use of the hospital's technologies?"

CMS has acknowledged this significant problem by granting radiology, pathology and anesthesiology an automatic five year exemption. But this doesn't fix the problem and these specialists still face the prospect of no incentives in 2020 and 5% penalties.

It is beyond frustrating for these physicians to be subject to penalties for not participating in an office-based program where they would simply be collecting data to report to the government to avoid a penalty. Assuming this were even possible as these physicians are providing ancillary services to hospital registered patients. They don't register patients, they typically don't have face to face interactions with patients, they typically don't have an ongoing role in a patient's treatment plan, and they don't maintain separate systems.

I as an individual stakeholder applaud your report and am happy to be contacted as follows:

[REDACTED]



Sent from my iPad