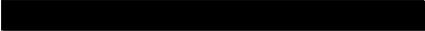




INTERNAL MEDICINE



May 27, 2013

Senator Lamar Alexander
455 Dirksen Senate Office Building
Washington, DC 20510

Dear Senator Alexander:

Thank-you for the "RE-BOOT: Re-examining the Strategies Needed to Successfully Adopt Health IT" investigation. It is past time for all stakeholders to have a voice in all aspects of implementation of the HITECH Act. I apologize for my tardiness. Apparently many do not care to hear the public comments you requested. We only found out about it serendipitously.

I am solo practioner of Internal Medicine who purchased a "CCHIT Certified, Best in Klas" fully integrated practice management/electronic health record system for \$ 45,916.49 in 2011, just in time to report the certification number to avoid penalty. My practice has not attempted the reporting incentives due to our increased workload and decreased productivity since implementation.

I flew in trainers twice, from Texas. My practice manager, nurse and I worked nights and week-ends loading in clinical data, while continuing to care for patients. Our IT-team of three had "go-live", 10 months later. We have yet to experience any improved efficiency (quite the opposite) or safety. My maintenance support costs exploded from \$ 2,400.00 to \$10,000.00 annually. How does one put a value on the thousands of extra hours invested, not to mention emotional stresses?

As you will see from emails (below) dated May 22 & 23, 2013, the "certified" software I purchased:

- 1) Does not currently have a bi-directional interface in place with Solstas Lab, rendering clinical provider order entry (CPOE) non-functional. My software is "Results Only". I would have to access Solstas Lab's software program, "Care Evolve" to place lab orders electronically. We continue to use paper requisitions to avoid further decrease in productivity.
- 2) The cost of a "Results Only Interface" is \$ 3,000.00 and an additional \$ 660.00 annual maintenance fee.



- 3) When/if a Bi-directional Interface is in place, 2014/2015, the cost for Lab Orders is \$ 3,000.00 and another \$660.00 annual interface maintenance fee.
- 4) There is no current interface in place with the NC Health Information Exchange. The estimate for HIE Interface is \$ 3,000.00 and an additional \$ 660.00 annual maintenance fee.
- 5) A Patient Portal purchase price is currently \$ 495.00 for the database set-up fee and \$900.00 per year, per provider. The portal option may present difficulty as I have a "Hosted" system and I have not had a response to my support ticket request for information and costs from Tangible.
- 6) RX Hub does not provide historical prescription data from any other providers. This is most disappointing as this was one of the aspects of electronic medical records which seemed to offer useful, previously unattainable information.
- 7) Faxing out of the EHR is an arduous 12 step process, which also requires sending multiple fax files on the same patient, depending upon the module from which the documents are stored. To verify whether or not the fax was sent or received successfully requires accessing another module. **Since the advent of fax machines, I have had access to medical records within moments from hospitals, medical providers, and labs. Communications between laboratories, providers and public health departments regarding communicable diseases has been and continues to remain seamless, because we call and fax.
- 8) Due to the proprietary nature of current software, interoperability will not happen cheaply or easily. Hosted systems have additional safeguards which appear to be more limiting. Although my system is web-based, our internet access is limited to our claims clearinghouse.
- 9) My vendor is not ready to begin ICD-10 testing (email below). Do you realize ICD-10 coding references, in book and electronic format are only available in "Draft Form"? ICD-10 will de-rail our struggling healthcare system.

Announcement of a class-action lawsuit against Allscripts, "MyWay" software may encourage additional litigation as doctors and hospitals become aware they've been misled about functional capability and failure to meet regulatory requirements by their pricey new software.

This suit is particularly devastating since Allscripts "MyWay" was chosen as "The Foundation of NC PATH", the NC Program to Advance Technology for Health and the NC Health Information Exchange and incentivized by BCBS NC to small/medium practices. The plan to facilitate collaboration across medical communities is an unaffordable, unrealistic dream without years of intense IT development and billions in public and private funding.

Wake Forest Baptist Medical Center reports over \$75 million in revenue losses during implementation of EPIC EHR software. Two consulting firms have been hired while 950 jobs were eliminated. Wage and hour cuts, voluntary furloughs, elimination of incentive bonuses and retirement funding are also part of the effort to withstand the financial storm. Baptist is listed by AARP as one of the nations "Safest Hospitals". How this will impact patient care is totally predictable.

Cone Health reports \$ 20 million in revenue losses, also during an EPIC implementation and Novant Health plans to enrich the EPIC coffers with another \$600 million, even as U.K. and U.S. bloggers call EPIC, The Golden Child among electronic medical record systems "Cream of the Crap".

N.C. Auditor, Beth Wood revealed the new \$ 484 million NC Tracks Medicaid software failed 123 test cases and there is no guarantee that it will work as intended for the go-live on July 1st, even though costs soared an additional \$200 million over budget.

Harvard Business Review published, *"Why Your IT Project May Be Riskier Than You Think"*. Out-of-control IT projects that lead to millions in losses are classic "Black Swans". High-impact events, cost overruns, glitches, along with eroding reimbursement margins and rising cost pressures paint a bleak picture for healthcare providers. Healthcare facilities aren't simply going broke, worse, they are breaking.

I appreciate the opportunity to share my on-going experience of providing patient care during EHR implementation, while simultaneously enduring the never-ending stream of regulations, reporting and compliance burdens, threats, penalties and Medicare sequestration cuts. How did Medicare Advantage Plans hustle a 3.3% increase while everyone else took a 2% hit?

Respectfully,

[Redacted signature]

[Redacted line]

[Redacted line]

[Redacted line]

[REDACTED]
I am writing in response to the following email we received requesting information.

- In an effort to facilitate planning, I would appreciate a cost estimate for a bi-directional lab interface with Solstas Lab, and the NC Health Information Exchange and a Patient Portal. Please include the set-up cost and annual interface/portal maintenance and upgrade expenses.

I understand pricing is subject to change and this will probably not happen until 2014-15.

[REDACTED]
1. Solstas Interface:

- e-MDs does not currently have a bi-directional interface in place with Solstas.
- We can provide Results only with Solstas.
- The cost is currently \$3000 for the interface (typically paid for by Solstas) and \$660.00 annually for the maintenance (typically Solstas will pay for the first year's pro-rated maintenance). That agreement will be between your office and their company.
- In the event a bi-directional interface is in place in 2014-15, the cost for Orders is currently \$3000. The annual maintenance would be \$660.00

2. NC HIE:

- Do you know what the name of the particular HIE it is?
- We may or may not have an agreement with them. If we do not, we are happy to reach out to them to discuss the interface.
- I have added Robyn Leone to the email distribution. Robyn, Director of Public Policy and Government Initiatives for e-MDs works with the HIE's across the US to establish an agreement.
- On average, the interface is \$3000 with \$660.00 annually for the maintenance however it does depend on what is agreed upon.

3. Patient Portal:

- The purchase price is currently \$495.00 for the (database) set-up fee and \$900 per year, per provider (\$75 per month- per provider).

We appreciate your interest in these services and look forward to working with you to implement them in your office.

Please feel free to contact me if you have any additional questions. I am happy to help.

Sincerely,
[REDACTED]

e-MDs | Charting the Future of Healthcare | www.e-mds.com Visit our new e-MDs Customer Services Center for access to Newsgroups, Downloads, and Knowledge Base Articles.
Your opinion matters; please let us know how we are doing by emailing my manager, Mike DeMuth at [REDACTED]

Thank you for contacting Tangible Solutions, Inc. Customer Support.

Your request for assistance has been received. [REDACTED] has been created for you. A member of our customer care team will respond to your case as soon as possible.

[Click here to update the Case online](#), or reply to this e-mail

Message History

Cathy,

I checked the e-MDs site and it does not look like they have a firm date yet. Below is what they say.

Nancy

Problem

ICD-10 takes effect October 1, 2014. What do I need to do to get my e-MDs system ready?

e-MDs Response

According to current guidelines, ICD-10 takes effect on October 1, 2014. Software changes are currently being addressed by our Product and Development teams, and when there is an update or any needed action by providers this will be communicated to our clients via a posting on our Support Center website: <https://supportcenter.e-mds.com>.

You may choose to monitor discussions regarding the ICD-10 topic in the Discussion Forum (also found on our Support Center).

Initiate a conversation on the Discussion Forum found on the Home page. From within the Discussion Forum, you can also access a previous discussion by entering key words in the search field on the left of the screen.

Step by Step Instructions

There is nothing for providers or practices need to do at this point regarding making changes to e-MDs. Please watch the Supportcenter.e-mds.com for more information as it becomes available.

We assure you that e-MDs will be ready to test and go live in accordance with regulations for ICD-10 implementation.