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From: Eiyass Albeiruti [REDACTED]
Sent: Tuesday, May 07, 2013 8:53 PM
To: CommentPeriod, HealthIT (Thune)
Subject: Feedback re REBOOT

Dear Senators,

I'd like to thank you for your efforts to reassess where HITECH is with respect to its goals and its impact on health care.

I'd like to briefly express my concerns regarding the meaningful use initiative. While the goal of interoperability seems desirable, I agree that the meaningful use measures that have been implemented do not necessarily move to achieve that aim. This would seem to be an issue to be taken up with EHR vendors rather than the providers. More importantly, from my standpoint as a provider, I am very concerned that the meaningful use measures may result in a tremendous inefficiency in caring for patients and a potential source of poor patient care due to more physician attention devoted to achieving meaningful use than thinking about a patient's problems.

I am currently co-director of EHR for a large academic ophthalmology department, and I have been involved in promoting maximal achievement of meaningful use measures among our providers. While our electronic health record software reasonably facilitates meeting these measures (with some reminders and pop-ups), I find that achieving many of the measures ends up being a perfunctory task that distracts me from focusing on my patient's active problems and thus detracts from the quality of my care. It also decreases my ability to care for a growing patient population efficiently, which will only compound the projected physician shortages in the coming decades.

As a specialist who focuses on ocular disease, I need to pay attention to a different set of patient related details than someone in primary care or in another specialty. For example, it is rare that vital signs or patient weight or smoking status are relevant to managing specific eye problems, yet ophthalmologists are now being asked to obtain and record these details and address them with patients when that is not the purpose of their visit. It is this type of inefficient diversion from the problem at hand that has many physicians referring to this as "meaningless use," and I fear that healthcare in the coming years will be severely hampered if this isn't reevaluated and appropriately addressed. At a minimum, there needs to be an effort to create specialty specific measures that allow for better patient care.

As a parting thought, I can't help but feel that if the government truly wants EHR use that is connected and interoperable, it needs to consider developing a national EMR that is provided without cost to providers, one that is designed with input of representatives of every specialty to ensure it is appropriate for all users and that it maximizes efficiency. The current system is decidedly not working, and it makes little sense to try to indirectly use financial incentives and then disincentives for physicians to try to fix the problem. At some point, if providers are overburdened with all these problems, they will not be able to withstand it, and patients will ultimately suffer.

Sincerely,
Eiyass

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