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EMR Vendor: Meaningful Use Rule Doesn't Address Meaningful Useability

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Despite a flurry of enthusiastic statements released by EMR vendors on the heels of the Department of Health and Human Services' Meaningful Use final ruling announcement earlier this month, not all vendors are convinced that the rules, at least in the short term, adequately address the fundamental EMR useability issues that have been a barrier to physician adoption.

One of those vendors is SRS CEO Evan Steele, whose Montvale, NJ-based company sells modular EMR systems to high performance physician practices. Steele identifies "meaningful use" and "meaningful useability" as two competing forces that the final rule fails to address, despite over 2,000 comments from providers, associations, vendors, and other stakeholders.

"Meaningful use means you're only focused on complying with the certification standards to get the incentive payments. Meaningful useability means you're focused on what the physicians really need to make their practices more efficient, which ultimately results in better patient care. We have to choose where to put our energies and SRS has chosen to focus on meaningful useability."

In Steele's view, not much in the final rule has changed substantively from the proposed rule released earlier this year, despite HHS's efforts to incorporate changes to address stakeholder concerns. "There are still rules that everyone has to abide by and report on. However, it's still going to be difficult for physicians to buy a system and use it."

While Steele admits that some practices, particularly primary care and low-volume practices, will be able to meet the criteria and qualify for the incentive payments, the majority of practices in his niche market will not.

"It will be incredibly difficult for physicians in high volume practices to qualify because they're so busy and most of the systems out there aren't designed to get you up and running quickly," he says. "Specialists will also have a difficult time because there aren't a lot of systems designed for particular specialties. It's just not worth it to these practices to invest the time and resources for a relatively small return."

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Steele says the priority for his high volume, fast-paced customers is efficiency and patient care and they are willing to forego what they see as relatively small incentive payments for a system that enables them to seamlessly integrate technology into their existing workflow. “A lot of the problems physicians have are with paper charts. Clearly they’re inefficient. Getting doctors to go digital and run their practices more efficiently is going to result in better patient care and a better patient experience.”

That, to Steele, is what meaningful useability it all about.

Despite his misgivings about how Meaningful Use will work in the short term, Steele believes it is a first step. “I take my hats off to the folks at ONC and the committees who have worked on developing the final rule. Clearly, they’re smart people. I just think that it doesn’t meet the needs of a large group of physicians.”

“Ultimately, doctors will react to what’s best for them and most efficient for their practice,” he adds. “Eventually, the country will get it right, but this first go-round isn’t necessarily going to work for everyone.”