

November 17, 2009

Mr. Aneesh Chopra
Chief Technology Officer
725 17th Street, NW
Washington, DC 20502

Dear Mr. Chopra:

I am writing to you directly, rather than posting on the FACA blog, because I am deeply concerned that the path the government is taking will inevitably lead to failure. You asked physicians for input and they answered loudly and clearly—traditional EHR technology does not work for them. Their comments are difficult to ignore.

The government is endorsing the exact technology that has a 50% failure rate. As stated in the blog comments, physicians simply find these EHRs unusable. Of the 60 blog comments on real-world implementation experiences, 57 reported EHR failures and shortcomings—writers documented painful and costly EHR de-installations, or explained the reasons why they would not even try to implement “traditional” EHRs. There is no reason to expect outcomes to be different in the future—vendors have made no significant changes to these products to mitigate the formidable obstacles preventing their adoption. The problems cited are daunting:

- Physicians will not purchase productivity-decreasing software—particularly now, as they face increasing demand and diminishing reimbursements. They reported productivity losses as high as 40%, and the impact did not diminish over time.
- Template-based EHR notes provide little value—recipients report that they cannot find the important information buried within lengthy, non-filtered documents. These notes do not contribute to better patient care because they often sound the same, lacking nuance and personalization. Frequently ignored, they may in fact decrease quality of care.
- Required point-and-click data input by physicians detracts from their ability to focus on the patients and is a waste of the most valuable healthcare resource—physicians’ time.
- Specialists find the primary care focus of the software and of the CCHIT requirements—even the proposed ARRA 2011 certification criteria—not relevant to their needs.

Despite your request to post—seconded by the urging of EHR vendors and their industry organizations—not one independent physician submitted a positive story detailing the successful and full “meaningful use” of a traditional EHR. This is a powerful indication of the disconnect between the government’s goals and the realities of medical practice. (Note: Of the few somewhat positive comments, one group is using their EHR as a document management system, faxing reports to referring physicians and taking advantage of universal chart access; one reports minimal success, but only after one full year of “long and painful” implementation; and one is a closed loop health system.)



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Insightful recommendations were offered. Widespread adoption of EHRs that make practices digital, foster access and information-sharing within the practice and between referring physicians, and include ePrescribing, will go a long way toward improving quality of care and decreasing costs. Surely, this is far superior to limited acceptance of overly complex technology that the physician marketplace largely rejects.

The FACA blog was instrumental in revealing what works and what doesn't; and it added the important element of transparency to the process. Only if the government acts on what it has learned, however, will widespread EHR adoption become a reality.

Sincerely,

A handwritten signature in black ink that reads "Evan D. Steele".

Evan Steele
CEO