

# The Voice of the Physician

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## Comments: Non-SRS Clients

Name	Practice	Comment
Name provided only to the government at the petition signer's request		Any efforts toward health reform needs to be sensitive to the burdens of the system on physicians. This burden is high in terms of costs, resources, and time. We want to spend more time with our patients. Give us back our time, and do not reform the system on the backs of physicians.
Name provided only to the government at the petition signer's request		As an orthopedic surgeon, I have seen my associates try to adopt traditional EMR systems and then quickly throw them in the trash because they could not afford the loss in productivity. You are demanding that we see even more patients in less time just to make the same money that we did years ago. You cannot also require that we adopt tools that will prohibit us from doing this.
Name provided only to the government at the petition signer's request		CCHIT doesn't work for high volume physician practices. The cost far out weighs any stimulus offered.

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Name provided only to the government at the petition signer's request		I am a family practice doctor and an obstetrical physician with a very busy practice. In 2003, my partners and I purchased an EMR software program. We do not use it. It was not functional for a family practice seeing 200 plus patients per day with such a wide range of diagnoses. When we purchase another EMR program it will need to be a hybrid system that will allow each physician to choose the way he treats his patients—either using the traditional dictation with a digital recorder that interfaces with the EMR software or a fully functional EMR using a tablet during the patient encounter and the visit it finished at that instance. It is our hope that the federal government will not impose a hardship on physicians and their practices when it comes to choosing a functional EHR and thus interfere with the treatment of patients.

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Name	Practice	Comment
Name provided only to the government at the petition signer's request		I am a primary care doctor. Point-and-click does not work for us either. The vast array of problems that we handle requires a more flexible way to document a visit. We handle usually 3 different issues on average per visit. Point-and-click falls apart if there is more than one chief complaint or if the patient tells us something that has not been considered by the point-and-click software. The documentation is forced to become less accurate. There is also an impact on the relationship with the patient since the doctor spends more eye contact with computer rather than the patient. I am not a doctor who is afraid of technology.....If point-and-click EMRs were useful my practice would have had it years ago. Electronic prescribing has benefits and we have been doing that for years. We have a hybrid system that we currently use and will add other features when it makes sense. I do not believe we will ever use a point-and-click system even with incentives.
Name provided only to the government at the petition signer's request		I am an optometrist just starting to use EHR and have found that in many fields utilized during the clinical examination a degree of customization is required. Simple point-and-click software in my specialty is impractical and restricts accurate documentation.

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Name	Practice	Comment
Name provided only to the government at the petition signer's request		I have been implementing electronic medical records for over 13 years and have seen a lot about what contributes to a successful implementation. Our practice has been searching for an EHR for over five years with one of the main criteria being that it will work with the busy schedules that orthopaedic physicians maintain. We finally found one that we believe we could be successful with and then the ARRA was passed and the physicians decided to wait because the product wasn't CCHIT certified, causing the opposite effect that the act was supposed to create. The standards that are currently in place for certification of EHR products make using the software virtually impossible for any physician seeing more than 20-25 patients a day. With the goal of the government being to show meaningful use, it seems that it would be imperative for practicing physicians to have their voices heard rather than the academic physician. Please consider taking into account the end users comments in setting the standards.

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Name	Practice	Comment
Name provided only to the government at the petition signer's request		I have used the [vendor] EMR in my ophthalmology practice for over 2 years. It is dangerous. Pages of repetitive documentation can be more time-consuming to review than brief, handwritten notes. A positive important finding embedded in a string of negative findings can easily be missed. The chance of missing critical data increases. It decreases productivity by at least 50% because it takes too much time to review old data and too much time to document because you have to scroll up and down to different areas of the chart. We are spending time and effort to de-install this CCHIT [vendor] EMR because it so error-prone, disorienting, and cumbersome. Physicians have to click and scroll hundreds of times for each visit. The patients feel disconnected.

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Name	Practice	Comment
Name provided only to the government at the petition signer's request		Imposing strict requirements on all physicians must be done with care. As an example, I am a hand/orthopedic surgeon. My patients come to me with problems relating to the hand and arm. I do not monitor their compliance with diabetes protocols; I do not monitor their blood pressure; I do not instruct them on proper diet. I do instruct them on proper hand care, ergonomics, accident avoidance, power tool use, and other factors relevant to hand/arm injury and disease. To ask a hand surgeon to monitor diabetic care, heart disease etc. would be like asking the Secretary of Defense to address problems with elementary education in the U.S., or to ask the Secretary of Education to address our missile defense policy. I support the government's efforts to make health care more efficient, and to decrease its cost. However, I urge you to allow for flexibility in 'meaningful use' definitions to account for these differences among physicians.
Name provided only to the government at the petition signer's request		Please do not force me to use products that will prevent me from sitting face-to-face with a patient and look at them, instead of a computer screen, as they give me a history. I want to focus on the patient during their visit, and then have my note or dictation placed into their EMR. Parts can certainly be point and click, but for a hand surgeon, you can't get all the info I need into a drop-down list. Please keep our options open!
Name provided only to the government at the petition signer's request		Please note that point-and-click is an inefficient tool for the active physician and alternate data input methods must be used.

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Name	Practice	Comment
Name provided only to the government at the petition signer's request		The rate of speed in which dermatologists move in seeing patients makes a template-driven EHR impractical. A template-driven EHR would dramatically decrease the amount of patients our physicians are able to treat. We are currently scheduled out 3 months and if we were to implement a template-driven EHR we would have to substantially decrease the volume of patients we treat which would further hinder patients' ability to see a dermatologist in a timely fashion in our community. We truly hope that specialists are included in the design of EHR certification standards so that patient needs are not hindered by unrealistic expectations of specialists.
Name provided only to the government at the petition signer's request		We are a high volume OB/GYN practice and need an EHR solution that does not burden (frustrate) our physicians or slow them down. Ease of use is critical to buy-in and success in implementation. As expenses continue to increase and reimbursement continues to come down, we have to not reduce our potential for revenue generation if we are to continue to be in business for the future.

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Name	Practice	Comment
Name provided only to the government at the petition signer's request		We are a small, one physician surgical practice. I see an average of 200 patients a week. I have looked at a variety of EMR systems, none of which is appropriate for Ophthalmology. They are all very, very staff, physician and time intensive and do not result in any improvement in productivity, safety, or patient care. In addition, they are prohibitively expensive. Every single physician and physician group in my specialty whom I know and who have adopted EMR find it cumbersome in every way, and exceedingly expensive to maintain. If required to adopt EMR, I will most likely resign from any governmental health plans that require them.
Name provided only to the government at the petition signer's request		We support efforts to reduce the cost of healthcare without reducing quality, and we recognize the value of a computer-based health record for quickly sharing patient information with other providers and avoiding duplication of services. However, the methodology for doing so should not be so burdensome as to change how a physician practices medicine, particularly if it interferes with patient-doctor interaction.

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Name	Practice	Comment
E. Bazemore	Orlando, FL	<p>After consulting in the medical services industry for over 20 years, I submit to those on the decision making level of 'meaningful use' that this cannot be done with a single arrow. Why? If you understand the medical industry and the delivery of 'medical services' then you know that the productivity of delivering medical services encompasses many non-physician resources. Those support staff are trained and educated on various levels but are the major users of the EMR and all other electronic and care giving equipment. Accessibility of medical records surely can improve productivity of physicians; however, the downside is the data entry and maintenance of those records along with the cost of support. A one shot financial support to accomplish the end game is only going to see the development of EMR and then ongoing failures where expected cost savings are to be on the backs of the physicians and his support staff.</p>

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Name	Practice	Comment
Name provided only to the government at the petition signer's request		I am a National Healthcare Policy Expert. In my professional opinion, EHR will not create a direct impact on the amounts payers pay for annual healthcare. The capital outlay, reduction in productivity, and management makes this tool cost prohibitive. One prospect for EHR is to provide an efficient method to collect outcomes data for comparative effectiveness studies. In order for this to occur, a 'google' size platform would have to be created to collect data from various types of databases. Lastly, it is a patent fact that material healthcare reform will not occur until the US experiences a true catastrophic event similar to the GM bankruptcy. Such a failure compelled all stakeholders to the table to bargain.
Name provided only to the government at the petition signer's request		I am in favor of digital record-keeping; however, the government needs to make sure it is making our system more efficient, not less.
Name provided only to the government at the petition signer's request		I purchased [vendor] which I believe is a CCHIT certified EHR. However, I have been unable to integrate it into my practice because it is too time consuming. I am currently using a hybrid model which doesn't affect my practice as much.

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Name	Practice	Comment
Name provided only to the government at the petition signer's request		I work for a group of general surgeons. There are not enough general surgeons in the medical school pipeline to meet the needs of patients in years to come. The health insurance issue that the President and Congress are 'shoving down our throats' will have the effect of making some of my older physicians retire now, as opposed to working for a few more years. This will add to the shortage of general surgeons in the country.
Name provided only to the government at the petition signer's request		Let each physician choose his own EMR that most reflects his practice style. Focus on interoperability by making available a RHIO or HIE so that disparate EMRs can communicate—for FREE. Make available a Windows version of the VA Vista EMR and cover all training and installation costs. Get rid of the threats of penalties for those that decide to ignore the poorly written HITECH Act that is heavily influenced by the very vendors that are in a position to make billions from physician purchase of certified EHRs. This type of extortion will fail and you will end up destroying Medicare and increase the cost of providing medical care to Americans.
Name provided only to the government at the petition signer's request		Many of the certification requirements for certified systems are ridiculous when attempting to use these systems in certain specialties. It would increase the burden of IT and reduce effectiveness. IT for sake of IT is not good business practice. Using applicable tools is a much better solution.

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Name	Practice	Comment
Name provided only to the government at the petition signer's request		Please consider the small independent practice model. These provide an especially personal and cost effective model and are not being properly considered in the race to implement EMR which is not only expensive to purchase, implement, and maintain, but adds considerably to the overall cost of healthcare. Thus far I am not convinced that the quality of care has been improved for the tremendous investment that has been made in IT. I do agree that implementation over time—when the cost reduction and quality care are in fact proven and the above referred to costs can be reduced—should occur.
Name provided only to the government at the petition signer's request		Point and click is a terrible thing to impose on a physician practice-it limits documentation to pre-fab. Each patient is unique. Each situation is unique. Point and click EMRs are not in the best interest of the patient or the doctor!
Name provided only to the government at the petition signer's request		President Obama, time is a critical element that many EMR experts ignore. If the EMR does not save the physician time (or is at least time neutral), your whole EMR initiative is in jeopardy!
Name provided only to the government at the petition signer's request		The end goal of EMR is better patient care. There are many ways to achieve that for every doctor. Please do not make all doctors practice in a certain way that does not work for them or their specialty.

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Joe-Annis Iodice	Comprehensive Orthopaedics, Wallingford, CT	<p>The stimulus incentive as currently implemented and being fashioned is actually a 'quid pro quo' and NOT an incentive. There is a cost involved in purchasing software, ongoing cost of maintenance, as well as the high cost of IT staff to implement. Add this to the current Medicare 'Probe' and 'Audit', and physicians quickly find that the incentive offered by the government which takes them away from their patients, is more a small contribution to offset the loss of revenue from the above than any touted 'gain'. They will see fewer patients, spend tens of thousands purchasing and implementing computer hardware/software, and will continue to pay CMS for take-backs generated because physicians are required to perform impossible and non-accomplishable reporting tasks. So, the government now sets rules of reimbursement, which are not possible to follow, then offers payment for the attempt, then takes that money and more back in the guise of Medicare's Probes and Audits because we didn't follow it perfectly. which is not possible! It is no surprise that there is now, as never before, a disincentive to becoming a physician. If the government continues down this road, the current physician shortage will seem small as compared to what our children will experience.</p>
Name provided only to the government at the petition signer's request		<p>The true essence of the doctor-patient relationship cannot be captured in EHR. The relationship is more than just 'mineable data', but that does not make it any less valuable or sacred.</p>

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Name	Practice	Comment
Name provided only to the government at the petition signer's request		There are no EHR systems available now that will help a well run, efficient PCP practice. If a practice is below average or average, the available EMRs now may help a little. For the better run practices, EMR will make patient care worse, add malpractice risk by 100% and reduce efficiency. We have experience in this in my 11 provider family practice. We have a well run efficient paper system. The EMRs available now will do the following to practices that are excellent: reduce quality of patient care by 35 percent, reduce patient care efficiency by 30 percent, and increase malpractice risk by 35 percent. The EMR programs need to be delayed for 3-5 years, waiting on a system that works well. The ones that are available now and in the next 2-3 years will only hurt patients in many, many ways. Someone must listen to this opinion. EMR is a gigantic mistake for now...of this we are sure and no one is listening. The bad far outweighs the good in good and excellent practices. Please do not damage that fine patient care.
Name provided only to the government at the petition signer's request		We are currently reviewing SRS for our potential EMR product. One big advantage is that it allows physicians to continue in some ways similar to their old style of practice without major disruption to their daily schedule and routine. For a high volume practice such as ours, that is a very important feature.

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Name	Practice	Comment
Name provided only to the government at the petition signer's request		We have implemented an EMR system in our practice and are leaders in our area in implementation of new technology. However, despite numerous attempts, we have failed to find an EHR system for entering clinic notes and orders that improves efficiency. Instead we have found it only makes us inefficient, less productive, and more frustrated. The right technology is not here yet. We cannot be forced to implement a flawed system.
Name provided only to the government at the petition signer's request		We would like to see a good amount of capital made available to primary care practices.
Name provided only to the government at the petition signer's request		Why bureaucrats and no practicing physicians on the panels?
Name provided only to the government at the petition signer's request		You have made medicine communistic on the payment (fixed fees) side and capitalistic on the expenditure side (rent, salaries etc). The high expenses in tuition and lost potential income of medical school and training programs should be paid for by those who propose to control the fees. The average doctor who starts practicing today is \$350,000 in debt (not a good business model, is it?) I love being a doctor but I have to live as well.
Name provided only to the government at the petition signer's request		A universal language gives broad access to hackers. Individual physician security measures are 'reasonable and scalable'. Hackers will find the open highway through thousands of weak links. I need protection from patient suits for failure of the system to protect data.
Joyce Jackson, Manager	Paragon Health PC DBA Cardiology Care, Kalamazoo, MI	As there is no national standard, it appears that whatever EHR is adopted, it will be useless in communicating with others.

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Name	Practice	Comment
Name provided only to the government at the petition signer's request		EMR are tools and only work in the presence of a meaningful intervention strategy to reduce risk and improve outcomes of the high morbidity, high mortality diseases. It has been estimated that we spend \$6000 per cap per year on healthcare. A streamlined plan to assess those at risk (population wide) and intervene early, using the appropriate tools we now have available, would change the face of medicine, by reducing the risks identified, improving the outcomes, and reducing the cost. It is a doctor-patient contract, and can be sponsored and funded by the government, but not employed or advanced without recognition of this fact. All outside of this contract have been parasitic on it for years. Thus, hospitals, pharmacies, insurances, and pharmas should all be presented with such a plan, but it must go through the physician/patient contractual obligation.

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Name	Practice	Comment
Name provided only to the government at the petition signer's request		I have been consulting with physicians and medical practice organizations since 1991 and strongly suggest that the government not fit all medical practice into one can. That will not work and sensible, intelligent, thinking law makers should recognize that. Holding down costs must have a flexible approach recognizing that there are many areas and disciplines of healthcare. To suggest otherwise is a certain path to failure. Private industry has brought healthcare in the US to be the model for the world. Let's not destroy that. There are many variables, direct and indirect, that caused the increase in the cost of healthcare services. All of these variables must be studied, researched and recognized as contributors to the cost of healthcare just as the increase in oil prices contribute to the increase in the cost of plastic products. To think that one can legislate a reduction in the cost of healthcare is to believe that we need legislation reduction in cost for all variables of ones life.
Paul Shirley, MD	Paul Shirley MD PA, Jacksonville, FL	I know that the private commercial insurance companies strictly monitor medications, surgery, hospitalizations, and testing and labs—how is the new program going to be as efficient—look at V.A medicine, fraud in Medicare and Medicaid with reduced levels of care, and try to convince me a government run business will not waste more than the present system. Obama says the funding for the new program will be funded by 2/3 of the present waste??? Since when is the government going to lecture private industry about waste?

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Name	Practice	Comment
Name provided only to the government at the petition signer's request		<p>I work for a third-party billing service whose primary goal is to extend physicians and ancillary healthcare providers (primarily ambulatory surgery centers) an opportunity to remain focused on providing and maintaining high quality care without those stakeholders also expending energy dealing with the reimbursement issues that accompany provision of that care. Although I believe many facets of America's health care system have been broken for an extended period of time and fully support today's current efforts to revamp the system, I would like to see a workable, affordable plan rolled out pertaining to EHRs. I am also a patient who is served by offices who have successfully converted to electronic health care delivery and others who provide care much like my parents received for me when I was a child in the 1960s. There are many physicians who are ill-equipped to deal with the mushrooming technology and who will need detailed guidance and support—how-to guides, if you will—in order to modernize their practices to be able to continue to serve me and their other patients well. One size certainly does not fit all! Therefore, multiple affordable solutions are a must. I have been a health care administrator for 25 years and applaud the efforts being undertaken. Let's be careful how we proceed to ensure the physicians in our country (most of whom are dedicated professionals with a strong desire and commitment to serve the health care needs of their patients in the most exceptional manner possible) are able to do so in a 'meaningful' way.</p>
George Reiss, MD	George R Reiss MD PC, Glendale, AZ	Tablet-based and scanning solutions must be included and encouraged!

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Name provided only to the government at the petition signer's request		You should allow non CCHIT EMRs to be available for the rebates too.