

The Real Meaning of Meaningful Use

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Thinking about EMR is Frustrating !

- More people telling us how to do our job
- Another excuse for government intrusion
- We pay for it but everyone else benefits



The EMR “Culture War”

- Three “stakeholder cultures”:
 - Information technology (IT) culture
 - Health care culture
 - Government “culture”

The Information Technology Culture

- Has succeeded in “digitizing” many parts of the economy, with great benefits
 - Banking, grocery stores, travel
- Health care is the biggest part of the economy living without IT.
- The HIT culture sees great potential in bringing IT to health care.

HIT Culture – The Dark Side

- They have it all figured out!
- Health care is no different than other parts of the economy – workflows, data movement, etc.
- Doctor and patient are just part of the machine
- Confidence in IT vs. Arrogance towards MDs
 - “Unenlightened”
 - Protecting our turf

The Physician Culture

- The cornerstone of health care is the Doctor – Patient Relationship.
 - The Art and Science of Medicine come together
 - “The laying on of hands”
 - This cannot be “digitized”
- Information tech exists only to support the Doctor-Patient Relationship.

The Government

- Health care is an entitlement program
 - Reward allies, punish enemies
 - Redistribute wealth
 - A “Trojan Horse” for other agendas
- Control of health care information system is essential to control of health care itself
- Therefore Meaningful Use was created as part of the HITECH part of the Stimulus Bill

What is Meaningful Use?

- Government’s definition of “Real EMR” (Phase 1)
 - Eligible Provider
 - Certified EMR system
 - Meaningful use measures
 - 15 Core Measures
 - 3 Core Quality Measures
 - 3 “Alternate Core” Quality Measures
 - 3 “Additional” Quality Measures
 - 5 Menu Set Measures

What does Meaningful Use Do?

- Stated purpose: To promote EMR use
- Real purposes:
 - Stimulate the health IT industry – with doctors’ money!
 - Trojan horse to increase government control of health care
 - Incentivize practices who already have EMR into government compliance
 - Define what EMR should be.
- Side effects

Meaningful Use - Side Effects

- Creates a dysfunctional environment.
 - Replaces free market forces with government regulations
 - Replaces innovation with compliance



EMR Exposes the Truth on CPT

- CPT assumes paper-based documentation
- Intimidates physicians into under-billing for their services using draconian documentation requirements for office visits (E/M services)
- EMR have automated CPT compliance.
- CPT-compliant records are filled with useless data

Meaningful Use - Side Effects

- MU forces EMR adoption at an unsustainable rate.
 - MU final rule Summer 2010
 - Incentives decrease at the end of 2012
 - Penalties begin 2015
- Practices will make complex decisions too quickly, resulting in EMR failures.

EMR – Recognize the Problem

- Broadest reach of any technology in health care
- Profound health care cultural change
- Bringing the information age to health care is complex, time consuming and risky.
- Every technology brings unexpected consequences
- **This process will take time**

The First Banking Computer - 1959



Time to Online Banking – only 50 years !

Overcoming Barriers to Health IT

- Health IT Culture
 - Has much to learn
 - Must make their products better



What Must We Physicians Do?

- “Think differently” about EMR
 - Reject “gov’t branding”
- Leave our comfort zone.
- Lead the EMR movement
- Use EMR for the right reasons.
- Use EMR as an instrument of our vision.



The Wrong Reasons to get an EMR:

- **Meaningful Use!**
- Surrender to the Health IT community
- Guilt over paper charts
- Because “the system” benefits

The Right Reasons to get an EMR:

- To improve our efficiency
- To improve our position
- To empower ourselves
- **To control our destiny**

Return on Investment for EMR

- The ENT of Atlanta Experience
 - Direct Savings – Straight to the Bottom Line
 - \$14,000 / MD / yr
 - Space Savings – Obvious value
 - \$2000 / MD / yr
 - FTE Savings – More difficult to measure
 - \$8500 / MD / yr

Return on Investment for EMR

- The ENT of Atlanta Experience
 - Total Savings: \$24,500 / MD / year
 - For 5 years: **\$122,500 / MD**
- Meaningful Use over 5 years:
 - **\$44,000 / MD**

Can EMR Lower Overhead?

- MGMA avg. space = 1900 ft² / physician
- MGMA avg. FTE = 4.21 FTE / physician

Closing Thoughts



"I'll Wait Until the Government Makes Me Do It."



EMR—Controlling Our Destiny



To Learn More:

- Blog: The Wired EMR Practice
– www.wiredemrdoctor.com
- Health IT Policy:
– www.docs4patientcare.org