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

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 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
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

• 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](http://www.wiredemrdoctor.com)

- Health IT Policy:
  - [www.docs4patientcare.org](http://www.docs4patientcare.org)