New Budget Bill Gets It Right Relaxing 'Meaningful Abuse' -- Oops, 'Use'-- Requirements

By Jamie Wells, M.D. — February 11, 2018

By Architect of the Capitol [1]

Often considered *meaningless use* or *meaningful abuse* by those who actually practice medicine, the so-called *meaningful use* reform legislation [2], included in Congress' government funding bill [3] just signed by President Donald Trump, with respect to electronic health records (EHRs) is a necessary step toward assuaging somewhat the real life onerous nature of EHR implementation. The bill hopes to ease [4] the mandated increasingly stringent meaningful-use requirements enacted by the Obama Administration with passage in 2009 of the HITECH Act [5]. (1)

The intent of the original provision missed the mark of properly aligning incentives. In the real world, it neither improved quality nor prioritized the doctor-patient relationship. In fact, it merely added yet another layer that diverted attention away from it and was a punitive disincentive. Eligible professionals incurred tremendous hardships as a consequence of volatile and ambiguous requirements. And it just amounted to another mode of government data collection. (See Government 'Torture' of Physicians: Where's the Outrage? [6])

Once again, policy branded under pretty words like *quality* and *meaningful* did little to serve the best interests of patients while simultaneously burdened their caregivers, stripping them of their autonomy and further eroding actual medical care. These types of initiatives have contributed to job dissatisfaction and what I refuse to call *burnout* and instead *abuse* since the former blames those with increasingly no control as opposed to an ever fragmented system mostly caused by an endless pool of competing profit centers that marginalize patient and provider needs and wants.

With these types of policies, it should come as no surprise that almost 1 in 5 U.S. physicians plan to reduce their clinical hours in the coming year and nearly 1 in 50 expect to leave the field entirely

in the next 2 years to focus on a different career. (See here [7]).

Electronic medical records (EMRs), pitched as panaceas, designed and vetted by user interface experts are at best a nuisance, at worst another obstacle keeping physicians from actually caring for their patients. They were supposed to reduce our burdens, allow us to speak with one another. Not surprisingly, 10 years after they were mandated without provider input, they just ballooned a whole new industry of scribes and developed an interoperability (the buzz word for any computer program to talk to another) market. Another layer between physicians and patients.

Let's be clear, most independent physicians and many regions as well as fields of medicine do not even have the ability to hire scribes, so those doctors are even more embattled and compelled to be data entry specialists on top of their care responsibilities. Plus, an inability to tailor flawed one-size-fits-all metrics is not in a patient's best interest. Just look at some of the disturbing research on hours away from patient care doctors devote to EHRs to fully appreciate the deleterious effects (e.g. primary care doctors spend on average 6 hours a day with EHR, >50% of work day, during and after clinic, see here [8]).

In medical practice, it is so clear and seems so simple. Do things right the first time-- comprehensively and thoroughly- and you spare a patient from enduring any additional anguish their condition already creates. You diminish suffering, you avoid unnecessary additional costs. Motivated by a need to treat the dis-eased, you succeed by increasing the face to face interaction requisite to garnering the complete picture and information vital to combating the illness.

Why are our policies taking a backwards approach? If the patient truly remains the center, then undermining an industry over a decade would never happen. Nor, would having to fix such misguided policy on the back end with a need to generate more and more industries that intrude upon the doctor-patient relationship. Or, consistently implementing measures that divert attention away from medical practice and the patient.

Until it is fully understood that the goals of a physician are to treat their patient to the absolute best of their ability, there will be a continued disconnect between successful policy and practice. Only when the powers that be recognize there need be nuance to legislation to reflect the varying needs of primary care versus surgical subspecialties, hospital employed versus independent practitioners, geographical region etc.

Measures to redefine physician as data entry specialist are not working. Devising strategies from health IT experts without guidance from those on the front lines - not merely those who position themselves for leadership, is a doomed way to start. In *The Big Ideas In Medicine Often Come From The Front Lines, Not The Ivory Tower* [9], I posit that if you really want to improve health care, then begin by asking physicians and nurses. After all, they are the most experienced resources who at this point are being treated more as worker bee drones than the revolutionaries they might be meant to be.

When satisfying government IT requirements becomes more important than addressing the needs of a patient getting a cancer surgery and a doctor's providing that care, we are really missing the point.

Note(s):

1. "The Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009, was signed into law on February 17, 2009, to promote the adoption and meaningful use of health information technology. " (See here [5]).

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Links

[1] https://commons.wikimedia.org/w/index.php?curid=7531712

[2] https://www.govtrack.us/congress/bills/115/hr3120/text/ih

[3] http://www.modernhealthcare.com/article/20180209/NEWS/180209906

[4] https://www.thune.senate.gov/public/_cache/files/347c2b2e-2c4b-40b4-9c99-1f7ec2c18b31/7906407E69B722993B6E2D37F9A91015.the-ehr-regulatory-relief-act-one-pager.pdf

[5] https://www.hhs.gov/hipaa/for-professionals/special-topics/HITECH-act-enforcement-interim-final-rule/index.html

[6] https://www.acsh.org/news/2016/09/15/government-torture-physicians%C2%A0-where%E2%80%99s-outrage-10163

[7] https://www.acsh.org/news/2017/11/27/want-fix-health-care-start-valuing-doctors-12191

[8] http://www.annfammed.org/content/15/5/419.full

[9] https://www.acsh.org/news/2018/02/06/big-ideas-medicine-often-come-front-lines-not-ivory-tower-12534