EHR Payoff Comes With Time

Doctors who view electronic health records (EHRs) as time-draining and a waste of resources should take a larger view of their use within the practice, EHR advocates said Monday.

Physicians should view EHRs as more of a shared care plan of a patient's health, not just a billing mechanism under a fee-for-service model, experts said at the AcademyHealth National Health Policy Conference here. Practices can use EHRs to help better patient outcomes.

"It still may take time, but the end result is far better," said Paul Tang, MD, of the Palo Alto Medical Foundation in Los Altos, Calif.

Most estimates peg physicians' EHR use at around 70% -- almost double what it was 3 or 4 years ago. But the complaint from doctors still is that most EHRs are cumbersome and time-consuming.

"What we hear from the docs in the front lines is that it is actually reducing productivity in our arcane system of billing and practice because it takes longer to document," Norman Vinn, DO, president-elect of the American Osteopathic Association, said at the panel on health information technology (IT).

Instead, physicians need to have a three-way conversation among themselves, the patient, and other readers of a record, according to Farzad Mostashari, MD, national coordinator of health IT at the Department of Health and Human Services. Information needs to be clinically relevant to allow multiple providers to read a patient's record -- and save time and clinical costs -- later down the road.

"It's not a waste of time if it's communication and shared decision-making," Mostashari said.

If doctors view an EHR more as a tool they and patients can use as they go from one provider to another, the time spent can be viewed less as a waste of time, Mostashari and others said.

David Blumenthal, MD, president of the Commonwealth Fund, acknowledged that physician documentation requirements are increasing and taking up more time. But he notes that the healthcare system isn't going back to paper documentation or giving up on EHRs.

"You can find testimony to the time-saving value of electronic health records, as well as the time-consuming," Blumenthal, an expert on health IT, said.

Vinn said it takes providers a great deal of time trying to obey health privacy laws, and noted that EHRs are easily shared among providers. He called on policymakers

to better outline how physicians can share patient information without violating privacy.

"We need to create some very defined exceptions to portability among silos of information," Vinn told MedPage Today after the panel discussion.

Also, the designers of EHRs could design programs that are more productive and user-friendly for providers, he added.

Meanwhile, stage 2 of HHS' EHR Meaningful Use incentive program, which takes effect in 2014 for providers, intends to lay the foundation for further interoperability.

"Meaningful use" refers to provisions in the 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act, which authorized incentive payments through Medicare and Medicaid to clinicians and hospitals that use EHRs in a meaningful way that significantly improves clinical care.

Mostashari said vendors will be working hard over the next 10 months to meet the stage 2 meaningful use goals of interoperability.

He shared his agency's three goals for creating better interoperability among providers for EHRs:

- Develop specific technology standards for vendors to agree to in their EHR products
- Outline reasons why providers need to be able to transfer information between practices, and in which circumstances information can be shared
- Establish trust among patients that they will be able to obtain their information and that it won't be breached by others

"There have to be standards that you can reach or that the different vendors can agree to for being able to exchange complex information," Mostashari said. He noted that delivery models are becoming more reliant on better coordinating care and sharing information.

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