Comment:

EHRs were introduced to supposedly increase the quality of patient care. Most physicians/providers view EHRs as a mechanism for third parties to mine health care data and little more. Physicians/providers are burdened with EMRs that have been poorly designed creating tremendous inefficiencies in patient care and in fact a negative impact on patient care.

Physician burnout, which is documented to be as high as 60% of all physicians regardless of age or experience, has EHRs as the number one contributing factor. Burnout in addition to causing physician dissatisfaction is associated with a higher incidence of adverse patient outcomes. Many physicians have opted to sustain reimbursement cuts from CMS rather than implement an EHR. The loss in income is in many cases less than the negative financial impact an HER has on a practice not only because of the implementation and maintenance costs but the marked decrease in physician productivity. Our institution spent 18 months and $50 million dollars implementing EPIC and 2 years later there are constant rebuilds required to meet even the most basic processes such as referrals. The ability to generate useful clinical reports is also sorely lacking. There are companies that are now in the business of generating reports from certain EHRs because of the difficulty general IT departments in independently generating meaningful clinical reports .The success in hospital billing is not reflected in an HER”s clinical usefulness.

EHRs also promised interoperability and this is clearly less than optimum even with EHRs such as EPIC. There is no community health record as promised. Multiple interfaces are still required to integrate many aspects of clinical care e.g. imaging. Computer applications are extremely useful when only numbers are concerned but accurately reflecting a narrative has yet to be fully developed.

Thomas M DeMarco MD, FACS

Medical Director

Richard A Henson Cancer Institute

Peninsula Regional Health System

Salisbury,Md

11/29/18