HIT Think It's time to stop and refocus EHR efforts

By **Barry P. Chaiken, MD**
Published **June 05 2017, 4:47pm EDT**

More in **EHR**, **Meaningful use**

Every day, physicians, nurses, pharmacists, therapists, orderlies and janitors walk into a hospital, clinic or medical office with only one thought in mind: "What little part can I do today to help heal those who are sick?"

Healthcare's uniqueness stems from its personal and emotional characteristics, and deep ties to our sense of humanity. While workers in other industries focus on delivering great service or exceptional products, only in healthcare do staff experience the joy of saving a life or the pain of sharing bad news with a patient's loved ones.

Yet as health providers moved to quickly deploy EHRs, many in the profession believe we had put up barriers between ourselves and our patients. We now regularly hear patient complaints about their caregivers "treating" their computers rather than talking directly to them as patients, and of physicians and nurses putting in extra hours just to complete documentation that, in their view, has no impact on patient care.

However, eClincialWorks agreement last week to settle a lawsuit accusing the EHR vendor of misrepresenting the capabilities of its software may give us reason to reconsider our rush to implement medical records software—and that is probably a good thing.

Let me clearly note that eClinicalWorks has denied any wrongdoing. But the settlement is the first of its kind for a healthcare information technology company facing charges that its systems did not help providers achieve Meaningful Use objectives.

And achieving Meaningful Use, and the incentive payments that come with it, is what's been driving the implementation of EHRs. The faster vendors obtained Meaningful Use criteria certification, the more likely provider organizations would purchase their offerings. The faster provider organizations implemented the software through "big bang" go-lives, the sooner they would receive federal incentive payments.

Although the Meaningful Use rules initially tried to offer incentives focused on patient good, the eventual rules focused on criteria that maximized fiscal stimulus rather than improving our HIT infrastructure. Therefore, rules represented rather low barriers to certification facilitating the quick transfer of incentive payments to healthcare organizations.

In aggregate, the incentives presented to all HIT stakeholders focused on financial factors that put patient and caregiver needs subordinate to maximizing vendor revenue and stimulus payments to providers.

Indeed, although government spending on HIT exceeds $35 billion and private sector spending multiple times that, little evidence exists that this HIT spending improves patient outcomes, enhances safety or expands access.

Fortunately, the Office of the National Coordinator (ONC) has begun an effort to focus more on outcomes and the impact of HIT on patient care, rather than check-a-box criteria that did not serve patients well.

Vendor companies need to drop their foot-dragging opposition to true application interoperability, removing both technical and financial obstacles to sharing patient information among clinical HIT tools. Saying that an application is interoperable is not the same as easily exchanging discrete data elements that can be "ingested" and utilized by the receiving applications. Note to vendors: exchanging data in a PDF document is not interoperability.

Having secured Meaningful Use incentive payments, provider organizations must now prioritize the task of redeploying their HIT tools to complement clinician workflow rather than

hinder it. Process redesign requires the configuration of these HIT systems to help clinicians complete their work more quickly and accurately so that patients obtain the best care possible. Note to provider organizations: The UX/UI – user experience/user interface matters, so work with your internal workflow and change management experts, and your HIT vendor to make it exceptional for clinicians.

HIT has the potential to transform healthcare in significant ways to improve outcomes, enhance patient safety, expand access and reduce costs, but we need government, vendors and provider organizations to work together to improve HIT so that it truly benefits the public.

Barry P. Chaiken, MD

Barry Chaiken is the president of DocsNetwork Ltd. and has more than 25 years of experience in medical research, epidemiology, clinical information technology, and patient safety. He is board certified in general preventive medicine and public health and is a fellow, former board member, and chair of HIMSS.
