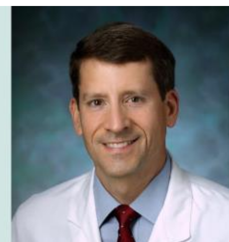
Message from the President

Joseph Marine, MD, FACC



President's Message February 2019

Health Information Technology: Progress and Problems

I recently reviewed a lengthy document written by the US Office of the National Coordinator (ONC) for Health Information Technology (HIT). It is a periodic report required by federal law to be published as an overview of adoption of HIT, particularly electronic health records (EHRs), since the passage of the HiTECH Act of 2009, which provided incentives ($37 billion and counting) as well as penalties to push physicians and health systems to adopt EHRs into clinical practice. The law has succeeded in leading virtually every health system and most physician practices to buy and implement EHRs. So how is that working for us?

The ONC report opens with this optimistic statement: “We are on the verge of realizing the incredible potential of health IT to interact with clinical care in a radically different way than what we have seen thus far.” The statement begs the question: What have we “seen thus far”? Clearly it is a mixed picture, as many commentaries have shown.

Surveys indicate that less than half of physicians are satisfied with their EHR. While there are clear benefits in the ability to access information, communicate with patients, and use electronic prescriptions, current software is remarkably cumbersome and non-intuitive, requiring many hours of training just to use basic features. Data entry, correct filing, and curation (especially scanned documents) are tedious, time-consuming and burdensome. Some have responded by using scribes, while others tout improvements in voice-recognition software plug-ins. And let’s not get started on interoperability – remember how we were told these systems would blend together seamlessly?

Why are EHRs so inferior to the apps we are all using on our phones and computers every day? The answer, it seems to me, is that vendors know that physicians are not their primary customers. These systems were designed primarily to meet administrative needs and to satisfy the technical requirements of the HiTECH Act, not to serve patients and physicians.

So where do we go from here? Unfortunately, the ONC report cited above suggests that there is little that the federal government can or will do about this issue, beyond “promoting change” and “convening stakeholders”. The ACC has some useful resources for members on its Health IT page. My health system seems to be listening to its physicians and making incremental improvements.

On the interoperability front, we in Maryland are fortunate to have the CRISP (Chesapeake Regional Information System for our Patients) initiative. This is a state-sponsored health information exchange (HIE) serving Maryland and DC which allows physicians to access some information on patients’ care outside their home institution. I know I am seeing more and more information imported from CRISP in our EHR. And CRISP, under the leadership of Dr. Samit Desai, recently collaborated with ACC and MDACC to begin sharing cardiac catheterization data acquired through the NCDR-Cath-PCI Registry covering the majority of Maryland hospitals. Over the coming months, they expect to be able to share reports of other cardiac tests in the bundle as well.

The pace of change on the EHR front has been frustratingly slow. But I try to look at the bright side. We have all been reading about doomsday scenarios of physicians being replaced by computers operating with “artificial intelligence” (an oxymoron, perhaps?). Judging by the slow rate of improvement in quality of EHRs, I would put this event at least 100-200 years in the future.

Hopefully we will have “incredibly” usable, interoperable EHRs before then.

As always, please send MDACC leadership and staff your comments, questions, and suggestions here.

Joseph E. Marine, MD, MBA, FACC
President

PS – Don’t forget to register for ACC.19 in NOLA March 16-18. Advance registration ends February 6!

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