ArcBITS Newsletter

ArcSys Hot Tip

ICD-10 updates are now available. During this month they will be distributed and installed on your server. There are many code changes for ophthalmology (139), diabetes (309), urology (396), obstetrics (104) and orthopedics (1021). A report will be generated showing deleted, revised, and new codes that are applicable to what your practice has used

Man on the Street

Let's say you're walking down the street on the way to your bus stop. Each day you pass by a man who is walking a dog. You say, "Hello." The man says, "Hello." This goes on for months. No change. Then one day the man responds with, "I like your hat."

What do you do now? Do you engage in conversation? Do you continue to walk and not say anything further? Do you smile? Do you frown? Stop dead in your tracks? Fall over? Scream!?!

Welcome to the world of inter-computer communications. Programs are built to look for specific responses from people and other computers. When a person or computer responds with something other than what was expected, the program will either handle the exception successfully or utterly fail.

Let's consider a data entry field as simple as a phone number. Should the field contain only a 10-digit phone? Or, is it acceptable to include an extension? Is it acceptable to include a name or note as part of the phone? Over the decades of watching what people like to enter into a phone field, it is somewhat obvious that people like to enter whatever it is they feel is necessary to get their job done.

Now let's put Updox into the mix of things. If Updox is to send a text message or make a phone call, the equipment associated with those functions is expecting a strict 10-digit number. Thus, the burden falls on the Red Planet side to guarantee that a valid number is sent. Therein lies the rub. What is a "valid" number. It may have 10 digits, but is it a number that still exists?

With Updox, if the equipment encounters an error, it will send back a message to Red Planet indicating there has been an error with the phone number. If Red Planet does not do something about the error, then the next time another reminder will be sent to Updox and the whole process repeats. (Just like our man with the dog.) But what can Red Planet realistically do? At best, it can produce a report and let an intelligent human decide what to do about the phone number that is in error.

But, wait, there's more. What do you do if the error coming back is a false positive? What if the Updox equipment attempts to make a call to a number where there has been a power failure? It reports an error and hopefully the intelligent human won't overreact.

Ah, yes. Back to the man on the street: "Hola!" "Bonjour!" "Arf, arf!"

Dismal Report on EHR at www.medscape.com
by Andy Orme for emrandhipaa.com (re-printed with permission)

Medscape's annual report on electronic health records (EHRs) is out for 2016. With more than 15,000 physicians over 25 specialties responding, there's little to celebrate in it. The survey confirms what we know about the Meaningful Use program–it succeeded in getting doctors to use EHRs (slide 2) and to convert their paper charts to EHRs (slide 30). What the Meaningful Use program failed at, apparently, is meaningful use of EHRs.

When doctors were asked about the effects of the EHR on their practice, most reported "no change" (page 18). Yes, they say it has helped them with "documentation"–but how is that an achievement? Maybe you can get your thoughts into the record, but that's of no value if it doesn't improve patient service or clinical operations. In fact, the EHR has negative value. The survey confirms what we've heard anecdotally for years: the EHR is widely reported to slow down workflow (slide 25) and to dramatically degrade almost every aspect of the doctor-patient interaction: face-to-face time, management of treatment plans, etc. (slide 19). The text in slide 19 pallidly argues that, well, the results aren't as bad as they were in 2014. Certainly, users will learn over time to compensate for bad systems, but that doesn't turn them into good systems. If they were good systems, doctor satisfaction would have gone up since 2012–instead, it's plummeting (slide 22). I have to admit that I don't quite understand what the term "satisfaction" means in this context (as opposed, say, to the Rolling Stones song). I take the specific observations of slides 18 and 19 more seriously.

We can probably count as a success that 30 percent of patients review their data (slide 20). As a proxy for patient engagement, this doesn't go far (and it happens during the visit, not online), but I bet hardly anyone used to review their data.

E-prescribing remains the most "helpful" aspect of an EHR (slide 17). This probably reflects the dominance of a single service, SureScripts, in that area. With little to worry about in terms of interconnection, the industry can exchange data relatively easily. Other areas of health care continue to struggle and falter when it comes to basic data exchange–for instance, only 35 percent of doctors found EHRs helpful to provide clinical summaries of visits to patients. When we can't even get to square one on patient engagement, we have a lot left to demand of EHRs.

There's a huge gap between hospitals and independent practices in their choice of EHRs. This suggests that the major EHR vendors are aimed at lucrative markets–the kind of enormous practices that run in buildings that tower above their urban landscapes. Epic, of course, is far and away the most popular hospital system (page 6). The market for independent practices looks like the Republican presidential polls early in the primaries–totally fragmented (slide 7). eClinicalWorks takes top spot with 12 percent of the market, and all the other services, many of them well-known, trail with single-digit shares of the market.

Strangely, when independent practices were asked to rate their EHRs (slide 11), the order was quite different. It may be that small samples and close margins make the differences between slide 7 and 11 insignificant.

The nice aspect of this finding (satisfying, one might say) is that independent practices really are independent. Doctors apparently do their research and choose what's best for them. Large systems, by contrast, force their associated outpatient clinics to use the same system the hospital uses, regardless of its suitability or usability.

Ratings show what users truly think of EHRs. On a scale from 1 to 5, you might think that at least one or two might wander into the 4-to-5 range, but none receives that honor. The Veterans Administrations' VistA interface (see our recent article on it) comes out on top of the pack (slides 8, 9 10, and 12), which is no surprise because it has been rated highest by doctors for decades. This popularity doesn't help VistA in the fight for institutional dollars. A widely popular, open source, totally customizable, low-cost solution is no match against aggressive salespeople from vendors that cost a cool billion to install.

But to be fair, several major vendors come very close to VistA in popularity, and I don't know what the margin of error is (for the survey as a whole, it's +/-0.8 percent). Epic may well make just as many people happy as VistA. Furthermore, VistA's rating fell a tiny bit over the past two years (slide 9) and it doesn't show up at all among independent practices (slides 7 and 11). Vendors are also shuffled around a bit when doctors rate them for particular features, such as ease of use, vendor support, or connectivity. (Connectivity is an odd thing to rate, because it takes two to tango. If doctors rate a vendor well just for exchanging records with other providers using the same vendor, the whole point is lost).

There's little age difference in doctors' comfort using EHRs (slide 23). The reported revolt by older physicians doesn't seem to be real. However, it may be that a truly transformative use of EHRs, with data and clinical decision support intensely integrated into the practice, would appeal more to newer members of the field. Perhaps slide 23 reveals that EHRs aren't having much effect.

With all the dissatisfaction, 81 percent plan to keep their current EHRs. Perhaps that's a resigned acceptance of how bad the field is; no alternatives exist. By the way, only 32 percent of the doctors have attested for Stage 2 of Meaningful Use (slide 29). How they'll meet the requirements of the new MACRA law is beyond me. And unless real EHR competition picks up (in an industry that already has too many vendors), I don't expect a radical improvement in vendor ratings in the 2017 survey.