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3 **Title: Defective Electronic Health Records (EHR)**
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5 **Introduced by: Adrian J. Christie, MD, for the Macomb County Delegation**
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7 **Original Author: Stanley B. Wolfe, MD**
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9 **Referred to: Reference Committee E**
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11 **House Action: Adopted**
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14 **Whereas, Health Affairs¹ recommended widespread adoption of**
15 **Electronic Health Records (EHRs) to improve health care efficiency and safety;**
16 **and they noted the possibility that health information technology (HIT) used to**
17 **help with the prevention and management of chronic disease could eventually**
18 **reduce health care costs, and**

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20 **Whereas, for the last seven years the Federal Government has**
21 **incentivized and scheduled penalties to encourage widespread adoption of**
22 **EHRs by physicians to achieve improved patient safety and care and reduce the**
23 **cost for medical services, and**

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25 **Whereas, the many deficiencies of EHRs that prevent significant**
26 **improved care and cost reduction were discussed in two academic journals^{2,3}**
27 **and were followed by recommendations written by medical informatics experts**
28 **on how to improve EHRs to obtain better medical care results and reduced**
29 **costs, and**

30
31 **Whereas, the current HIT certified EHRs:**
32 **A. Are complex, inefficient, and not user friendly**
33 **B. Cannot accept new or better applications from other vendors**
34 **C. Are not interconnected and interoperable**
35 **D. Cannot obtain medical records except within the same hospital**
36 **system, and**

37
38 **Whereas, to request and receive patient records from the Veterans**
39 **Administration by U.S. mail only takes 10-14 days, and**

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41 **Whereas, the following challenges resulting from current EHR difficulties**
42 **and dysfunction can result in adverse effects on patient care and the patient-**
43 **physician relationship:**

44 **A. Introduction of EHRs to the office setting as a “big bang “ instead of**
45 **incrementally; extensive time and expense requirements for training**
46 **and retraining physicians and staff; significant mental stress on**
47 **physician and staff, and increased office expenses**

- 48 **B. Lack of functionality to support information necessary to provide for**
49 **accountable care organization requirements, population health**
50 **management, patient safety, and health care reform**
51 **C. Over 14 million medical record breaches have been reported to the**
52 **U.S. Department of Health and Human Services**
53 **D. Addition of significant time to each patient encounter causing an**
54 **additional 1-2 hours in office each day for the same number patients,**
55 **thereby, increasing office expenses; therefore be it**
56

57 **RESOLVED: That our AMA work with the Centers for Medicare and**
58 **Medicaid Services (CMS) or seek federal legislation so that physicians can**
59 **improve patient care and possibly reduce costs by requiring the Office of**
60 **Inspector General, U.S. Department of Health and Human Services (HHS) to**
61 **verify that the Electronic Health Records (EHRs) certified by the Office of the**
62 **National Coordinator for Health Information Technology and offered for sale to**
63 **physicians offer:**

- 64 **A. User friendly functions to facilitate, not hinder, the work of clinicians**
65 **and healthcare workers**
66 **B. Modular architectures with interfaces that allow extension of product**
67 **capabilities**
68 **C. Innovative use of data, bundled, best-of-breed, interoperable,**
69 **substitutable technologies that can be optimized for use in health care**
70 **improvement**
71 **D. Transferable or readily retrievable health data stored in other health**
72 **information technology systems worldwide, subject to patient consent**
73 **E. User interfaces similar enough that a clinician working in one health**
74 **system can intuitively discern how to use another without extensive**
75 **retraining**
76 **F. The ability to perform all HHS requirements for: efficient patient care,**
77 **payment for meaningful use, encryption and other safeguards to meet**
78 **HIPAA standards, and prevention of medical record breaches**
79 **G. Protections to physicians from meaningful use and electronic breach**
80 **penalties that occur as a result of technical failures**
81 **H. An information backbone for accountable care, patient safety and**
82 **health care reform.**
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84 **WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE**
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¹ Hillestad R, Bigelow J, Bower A, Girosi F, Meili R, Scoville R, et al. Can electronic medical record systems transform health care? Potential health benefits, savings, and costs. Health Affairs (Millwood).2005;24(5):1103–17.

² Mandl KD, Kohane IS. Escaping the EHR trap—the future of health IT. N Engl J Med. 2012;366(24):2240–2.

³ Kellermann, Arthur L., Jones, Spencer S. Health Affairs 32,NO. 1 (2013): 63–68