

To Whom It May Concern:

The goals of an Electronic Health Record (EHR) were to improve the delivery of health care and allow for the portability of that health information in a highly complex medical system. Those two goals have not been met and yet EHRs require ever increasing time and computer data entry demands on physicians and health care workers that may not be sustainable.

PROBLEMS

1. **Distraction from patient contact.** An EHR requires the eye contact to be shifted away from a patient's face towards a computer screen. EHRs depersonalize the doctor patient relationship by introducing a computer as the focus of the doctor's activity
2. **Portability.** The Veteran's Administration EHR allows physicians in West Haven, CT to communicate and view permitted medical information on patients in a VA medical center in La Jolla, CA or El Paso Texas. Our practice's commercial EHR, however, does not allow us to access records of our patients who have been admitted to a hospital even across the street.
3. **Cost.** Our hospital is expected to spend more than \$100 million dollars on the purchase and installment of a new EHR. Where does that money come from? Nursing budgets continue to be slashed, medicaid reimbursements for the poorest of patients is dropping, and monies for research are quick to be halved.
4. **Time.** This week I saw 8 patients on Monday afternoon and 25 patients this past Wednesday. That modest clinical volume required 8 hours of patient care but 5 hours of EHR work lasting until well after 11 PM Wednesday evening. Extrapolating, 20 hours of a 160 work month is spent simply documenting EHRs that have little impact on patient care, are exhausting, and detract from the time to perform research activities and quality improvement projects.
5. **Occupational Safety.** Computer work is hazardous, both from posture and neck positioning but also eye fatigue and tracking degradation.

SOLUTIONS

1. EHRs must be based on publically available share-ware, not commercial products. All EHRs are essentially based on the same platform anyway and they all can be HIPAA compliant, transparent, and portable.
2. Make a VA-type medical record free to all hospitals in the United States
3. Do not base RVUs on the complexity of an EHR note but on one of two models which the physician can choose: witnessed time spent with direct patient contact or the severity of a patient's health care needs on the day of encounter within the physician's office

Respectively Submitted

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