***NEWS RELEASE***

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Patients—and Their Prescriptions—are Tracked

Citizens’ Council for Health Freedom: Government-Mandated EHRs Negatively Impact Patients and Doctors, and Have Changed the Way Medical Professionals Care for Those in Their Exam Rooms

ST. PAUL, Minn.—It’s bad enough that Congress and the Obama administration forced government-mandated electronic health records (EHRs) on physicians and patients around the country. But the government also said EHRs had to be used “meaningfully”—which is to say, the way federal officials declare they must be used.

This, says Citizens’ Council for Health Freedom (CCHF), negatively impacts both patients and doctors and has changed the way medical professionals care for those in their exam rooms.

Specifically, says CCHF president and co-founder Twila Brase, every prescription—medications patients think are private between themselves and their doctors—is tracked.

Brase writes in her new book, “Big Brother in the Exam Room: The Dangerous Truth About Electronic Health Records,” that through government-mandated EHRs, federal policy makers have reached into the exam room to control and impact the care of every patient.

“As of July 2017, more than 533,000 health care providers had received more than $35.6 billion in EHR/Meaningful Use (MU) incentive payments to purchase and install EHRs and to digitize paper medical records,” Brase notes.

Brase points to HITECH—the Health Information Technology for Economic and Clinical Health Act—which designated e-prescribing as part of its Meaningful Use requirements. Under e-prescribing, practitioners electronically send patient prescription information to pharmacy computers. In 2009, nearly every state allowed e-prescribing for noncontrolled substances, Brase shares in “Big Brother in the Exam Room.” By April 2014, 90 percent of pharmacies accepted electronic prescriptions, 70 percent of all physicians were using an EHR to e-prescribe, with each state having an e-prescribing rate of 41 percent or above, and 28 states were at 70 percent.

As reported by the Government Accountability Office (GAO), Brase adds, physician reporting of the following activities was necessary to receive a Meaningful Use incentive payment, starting in 2009:

- Generate and transmit more than 40 percent of permissible prescriptions electronically.
- Enter medication order into Computerized Physician Order Entry system for more than 30 percent of patients with at least one medication in their medication lists.
- Enter medication lists or indicate no current prescriptions for more than 80 percent of patients.
- Enter medication allergy lists or indicate no known medication allergies for more than 80 percent of patients.
- Enable the EHR system’s ability to check a prescription for potential drug-drug and drug-allergy interactions.
- Perform medication reconciliation for more than 50 percent of all transitions of care.
- Enable the EHR system’s ability to check a prescription against a formulary and maintain access to at least one internal or external drug formulary for the entire EHR reporting period.

Brase adds that one rationale used to impose e-prescribing mandates is elimination of prescription errors, but more and more pharmacies are reporting prescribing errors because of e-prescribing.

“Despite claims of patient safety and error reduction, e-prescribing opens the door to new errors,” Brase writes in “Big Brother in the Exam Room.” “More than 10 percent of e-prescriptions contain an error, and 4 percent require a callback to the prescriber—resulting in more than $360 million in pharmacist labor costs. Those errors include incorrect drug, incorrect dose, incomplete drug name, overdose, underdose, incorrect route of administration, ambiguous signature, frequency omitted, and mismatch in all sorts of categories between what’s written in the prescription and what’s written in the special instructions associated with the prescription.”

Besides highlighting the tracking of prescriptions as a meaningful use of EHRs, “Big Brother in the Exam Room,” published in July by Beaver’s Pond Press and previously ranked twice as the No. 1 best-seller on Amazon in the Medical History and Records category, also includes the negative impact of EHRs on privacy, personalized care, costs, patient safety and more, according to doctors and data from more than 125 studies. “Big Brother in the Exam Room” is available at Amazon.com and www.BigBrotherInTheExamRoom.com.

For more information about CCHF, visit www.cchfreedom.org, its Facebook page or its Twitter feed @CCHFreedom. Read more about “Big Brother in the Exam Room” here, and view the media page for CCHF here. For more about CCHF’s free-market, cash-based care initiative, The Wedge of Health Freedom, visit www.JointheWedge.com, The Wedge Facebook page or follow The Wedge on Twitter @wedgeoffreedom.

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To interview Twila Brase of Citizens’ Council for Health Freedom or for a review copy of “Big Brother in the Exam Room,” contact Deborah Hamilton, Media@HamiltonStrategies.com or 610.584.1096, ext. 102, or Patrick Benner, ext. 104.