On April 22, CCHF Delivered Four Binders of Petitions to Rep. Mack and Sen. Sheran; CCHF Now Gathering Letters from Clinics to Support Small-Practice Exemption from MN-Only Electronic Health Record Mandate

Petitions support the Federal EHR opt-out standard available in 49 states. Clinic letters support HF 1535, authored by Rep. Tara Mack, exempting medical practices of up to 7 providers from Minnesota’s Interoperable Electronic Health Record (EHR) Mandate

Key Facts:

1) Under MN law, as of January 1, 2015, all health care providers (e.g. doctors, dentists, chiropractors) must employ an electronic health records system.

2) Doctor’s offices and clinics face burdensome costs of upwards of $15,000 to $70,000 to install and maintain these systems, plus a monthly fee. (HealthIT.gov)

3) EHRs negatively impact patient-doctor relationships, as doctors are often more focused on the computer screen than on the patient.

4) EHRs are not private, and interoperable EHRs make private patient data accessible to many individuals and organizations.

5) Minnesota is the only state in the country with no opt-out provision.

Physicians and other practitioners in Minnesota are urging support for the “up to 7 health care providers” exemption language in HF 1535.

Attached are seven letters—written by small-group practices as well as by solo practitioners—urging the Minnesota legislature to support the language in HF 1535 to exempt small medical practices from this costly and intrusive mandate that may also potentially force small practices to close their doors or consolidate with larger more impersonal systems.

www.cchfreedom.org
Media Inquiries: 610-584-1096
April 22, 2015

Dear Honorable Senators and Representatives,

As a small, independent private practice in the State of Minnesota, we would like to raise our strongest support for HF 1535 authored by Rep. Tara Mack (R-Apple Valley), a bill to exempt small medical practices of up to seven health care providers from the state requirement to adopt an interoperable electronic health record (EHR).

I am writing this as the representative of the AALFA Family Clinic located in White Bear Lake, a private multi-specialty group of seven health care providers: three family physicians, one internal medicine physician, one OB/GYN physician, one physician assistant and one family nurse practitioner.

First and foremost, we emphasize and practice quality medical care. The AALFA Family Clinic met all the quality requirements to be a medical home in July 2012 and was recertified as a medical home in October 2013 and January 2015. We have accomplished this with paper records, not the EHR. Any argument that would contend the EHR in necessary to achieve the quality required by insurance companies or the government are not based in fact. We have never used the EHR.

EHRs do not improve quality. Studies regarding the quality of care with the EHR seem to start with the same word. “Surprisingly, quality was not improved with the EHR…” This is not a surprise to physicians. All doctors who use the EHR know that the EHR notes are much more difficult to read and decipher than a typed, dictated note. For a physician to find the information needed to care for a patient takes multiple clicks on several pages, information that would be immediately apparent on a paper record.

EHRs are not easy to use. As an OB/GYN doctor, I received a printed EHR prenatal record for referred patient which was eighty-five pages long! Eighty-five EHR pages compared to the front and back on one page of my prenatal record for my paper chart. A hand-held dictation recorder that a physician uses to document a patient visit when using paper records provides and efficient, accurate and readable note as opposed to the clunky, boilerplate template from an EHR, a template that requires time-consuming modification.

EHR advocates argue that it just takes tweaking the system to improve quality and efficiency of the EHR, but the best and brightest have tweaking for twenty plus years and haven’t arrived yet.

Unfortunately, the EHR advocates fail to recognize that medical care is probably the most complex human interaction on the planet. How does one make an EHR template that can cover all the idiosyncrasies and distinctions of every individual patient that one can capture in a simple paper note? It’s impossible. Doctors

Paul Spencer, D.O.
Matthew Anderson, M.D.
Mary Paquette, M.D.
Kathleen Kobbermann, M.D.
Matthew Paquette, M.D.
Cheryl McKee, PA-C, MPAS
intuitively know that the notes and templates supplied by an EHR do not and cannot capture the complexities of a patient visit in an accurate and efficient way.

Patient privacy is a paramount concern of our practice. The EHR however, is not private. Besides government and insurance companies accessing the patient data through a modem, if the EHR has cross-compatibility, the passwords and user names it provides deliver less than adequate protection of the online data. Walk down a hospital or clinic work area and you will see computers opened to a patient’s chart, but unattended. One metro hospital used the same template for all user names—the first letter of the first name, four letters of the last name and a number. This encouraged unauthorized access. The law’s requirement that every EHR be connected to a state-approved exchange organization would also open our clinic up to being hacked.

Many patients come to our clinic because we do not have an EHR. They tell us of their visits to other clinics during which the doctor looked at the computer their entire visit. They voice concerns about their privacy and tell us of mistakes in their electronic record that keep appearing and can’t seem to be eliminated.

Additionally, the EHR is expensive. The up-front cost of the software is only the beginning. The total cost of ownership is the real cost, which includes upgrade costs, maintenance and support costs, interface and conversion costs, hardware costs, implementation and training costs, installation, configuration and recurring IT service costs, and monthly electronic billing costs. In addition, we would have to hire more staff to deal with the increased time it takes to manage and run the EHR. Most people quote $45,000 per provider start-up costs, with about $10,000 per year of ongoing costs, but those are conservative estimates the EHR advocates. Actual costs run higher.

The additional employees, the up-front costs and ongoing costs of an EHR could indeed force us to close our clinic. This is because the EHR makes doctors less efficient in seeing patients. Modifying a pre-formatted template is slow. Typing is slower. If forced to adopt the EHR, our revenue would decline. Because we a small and have no negotiating power with the insurance carriers and the government as a Fairview or Allina would have, our reimbursements are the lowest allowed.

We urge you to adopt Rep. Mack’s proposed exemption from the EHR mandate for clinics with up to seven health care providers and allow us to continue our high-quality, patient-desired, privacy-protecting, doctor-friendly medical care with paper charts.

Sincerely,

Matthew Anderson, MD

Paul Spencer, D.O.
Matthew Anderson, M.D.
Mary Paquette, M.D.
Kathleen Kobbermann, M.D.
Matthew Paquette, M.D.
Cheryl McKee, PA-C, MPAS
March 25, 2015

Rep. Peggy Scott
Chair
Civil Law and Data Practices Committee
Minnesota State Legislature

RE: Testimony in Support of EHR Amendment to HF 1535

It is my understanding that legislation is being considered that would allow small practices to be exempt from Minnesota’s Electronic Medical Record (EMR) mandate that was effective on January 1, 2015.

The mandate, which requires all Minnesota physicians use an interoperable EMR and be connected to a Health Information Organization and thus be on the same “grid,” will wreak havoc on small, independent clinics such as ours.

Therefore we support the exemption for small practices.

There are many, many EMR systems available for physicians. By asking physicians to ensure their system can connect to another system, you are asking clinics to do something beyond their means. This would be a task that would need to be handled by the individual EMR systems.

We put our current EMR in place 4 years ago, but it is private to our clinic. It does not connect to the outside. It does not connect to a Health Information Organization. It is protected within our clinic walls and meets our needs and the needs of our patients. With systems costing tens to hundreds of thousands of dollars per physician to start up, it is not feasible for our practice of five physicians to be forced to pay the costs associated with interoperability and hooking up to the “grid.”

The mandates and regulations already placed on physicians in Minnesota are pushing small, independent practices, those with less than 10 physicians, right out of business. We consider a patient choosing us as a primary care clinic the equivalent of “shopping local”. We pride ourselves on the high quality, lower cost care we provide.

Respectfully,

Merlin Brown, MD  Gary Brunkow, MN  Gary Ivins, MD  David Walcher, MD  Jacob Liston, MD
April 7, 2015

Dear Senators and Representatives,

I am a partner in a seven dermatologist private practice group in Wayzata, Minnesota. I have been in private practice since 1991. The group practice is primarily medical and surgical dermatology.

For the past eight years my practice has routinely analyzed whether we can afford to introduce electronic medical health records and whether or not we in fact want to introduce electronic medical health records. We discuss and evaluate whether we would improve our ability to care for our patients. Every year we have come to the conclusion that we cannot afford electronic healthcare records. We also conclude that there is not clear evidence that they will improve our efficiency or the quality of care that we deliver to our patients. I communicate with our referring doctors via dictating letters and sending copies of important pathology reports and call the physicians directly regarding patient care that requires prompt attention. I infrequently care for patients in the hospital.

Dermatology colleagues in Minnesota have spent tens of thousands of dollars getting electronic health record systems only to replace them typically four to five years later. All complain that they spend an average of an additional 90-120 minutes to interact with electronic health record daily and, therefore, that time is not put directly into examining, educating or treating their patients. The main goal is simply trying to get the data entered and the correct boxes checked so that the billing is proper and legal. Many doctors have decided to hire a scribe to enter the data in an attempt to continue to “see” their patients, i.e. to actually perform a thorough examination. The scribes are usually bright, motivated young men and women – college graduates – trying to improve their resumes in an effort to get in to medical physician assistant or nurse practitioner schools. These scribes all work for minimum wages and in my opinion represent a sad waste of intelligent young minds who could be doing research or other preparatory work that would be contributory to the medical fields in more important ways. Finally, there are serious security concerns regarding the privacy of EHR.

For our small practice, the law mandating that all physician’s practices have EHR is punitive and places overwhelming economic pressures that threaten our sustainability. The record keeping models of integrated health systems that inspired EHR simply do not improve my ability to provide timely, excellent, secure, private, coordinated, face-to-face care for my patients.

Minnesota needs to change their mandate to “elective” for small group practices – at a minimum such as ten practitioners and under.

Sincerely,

Maureen P. Utz, M.D.
MPU:bk13
Dear Sen. Sheran, and other Members,

We passionately urge you to exempt independent clinics of small size (up to ten physicians) from the mandate to purchase an electronic health record (EHR).

We are a 3-physician group that cannot possibly afford the existing mandate. The costs are staggering for a small group. We deny the unproven assertion that EHRs improve quality of care (many data to the contrary!), or that they are safe from prying eyes. The cost of EHRs is the single most important cause of small, highly personal independent clinics disappearing from Minnesota, especially in the Twin Cities. EHRs were defended on the basis of interoperability among providers, yet not a single interoperable system for small clinics exists in the marketplace today.

Clinics that don't believe the hype should be able to opt out, as the federal government permits. Minnesota shouldn't be the only state in the Union that mandates EHRs. For the good of patients who want these small clinics to survive, and their doctors, please exempt small clinics.

Sincerely,

Richard J. Morris, M.D.
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James D. Rossini, M.D.

Fredrick O. Ferris, M.D.

April 21, 2015

Re: Minnesota House of Representatives Bill—HF 1535

Authored by Representative Tara Mack

To Whom It May Concern,

I am an Internal Medicine physician in a private, independent 2 doctor group in St. Paul. My partner and I have each served the Twin cities area as health care providers for the last 38 years, providing high quality personalized medical care.

Our clinic supports the current language in Representative Tara Mack’s bill, HF 1535, which exempts medical practices of up to 7 health care providers from the Minnesota State mandate for interoperable electronic health records.

It is extremely important for smaller clinics to be exempted from such a mandate for the following reasons:

1. There is no benefit for the small clinics, or their patients, for the clinic records to be connected to a state-certified Health Information Organization, or HIO. This concept would seem to directly violate the Federal HIPPA rules.
2. Any electronic record sharing increases the risk of un-authorized use, and potential corruption of the records, to the detriment of the patient and the clinic.
3. The initial cost and ongoing maintenance cost of such a system are expenses that small clinics cannot afford, much less recoup.
4. Being connected to a Health Information Organization does not improve quality of care or reduce medical record errors, nor will it reduce the cost of medical care in our state.
5. The State of Minnesota should give the same freedom and consideration to providers as every other state, and allow small health care clinics to opt out of the mandated connection to a Health Information Organization.
6. Finally, I would recommend that the exemption be increased to small medical clinics of 10 providers, rather than 7.

Respectfully yours,

Fredrick O. Ferris, MD
Diplomate American Board if Internal Medicine 1977
John H. Driggs LICSW  
Psychotherapist in Private Practice  
1678 Lincoln Ave.  
St. Paul, MN  55105  
phone: 651-699-4573

April 22, 2015

Dear Minnesota Representatives and Senators:

I am a Licensed Clinical Social Worker who has been in solo private practice for 34 years. I specialize in careful and often long-term work with clients who have backgrounds of significant trauma and emotional abandonment. Most of my clients are cash-for-service clients. I do many things in my practice to promote efficacious and ethical services. It is for that reason that I strongly oppose the proposal that only practitioners who are in solo practice or do cash only services with clients be exempted from the current mandate of electronic record keeping. Here is why I feel the way I do:

1) Many of my colleagues who provide careful and effective services rely primarily on insurance for payment and would be unable to offer their clients the choice to opt out of electronic records. These are the very same colleagues that I work with regularly as we consult together on cases and do co-therapy. In essence our therapeutic community is a coherent whole that needs to collaborate for effective work. When we are separated with well-meaning but arbitrary rules then the work we do with clients will be impaired.

2) Limiting the opt-out for electronic records to solo practitioners may be in my best interests but it is not in the best interest of mental health care in Minnesota. Many clients need the teamwork approach to mental health, particularly when those clients are families or couples. Such teamwork happens in clinics with more than one practitioner. Solo practitioners cannot be all things to all people. Clearly clients who have complex needs ought to have the option to have their records be kept off-line.

In general, on-line record keeping in my professional opinion represents a well-intended but ineffective delivery of mental health services since it undermines the trust and privacy needed for careful mental health services. I urge you to make prudent decisions in the delivery of mental health services in Minnesota and consider giving all practitioners the option to opt out of electronic record keeping. The well-being of Minnesota for future generations is in your hands.

For those reasons I strongly support Representative Mack's Bill HF1535 allowing small clinical practices to have an exemption from the EHR mandate. The people of Minnesota deserve to have a choice of complete privacy in their mental health services.

Thank you for your considerations. I am always available and at your disposal should you need further input on the issue of electronic record keeping and how it affects mental health services.

Respectfully yours,

John H. Driggs LICSW  
Licensed Clinical Social Worker
April 22, 2019

Dear Minnesota Representatives and Senators:

I am a Board Certified Clinical Nurse Specialist and Advanced Practice Nurse in a solo private practice (psychotherapy) for the past 24 yrs., with a total of 46 yrs. of experience in a variety of settings, 10 yrs. of which I am proud to say, at the Mayo Clinic in Rochester, MN.

I am writing in re: to HF 1991 to say that it is totally insufficient for the following reasons:

- It primarily denies access to care unless the client is able to pay fee-for-service, which most patients are not and they wish to utilize insurance benefits.
- It also significantly reduces provider income by at least 50%, which is significant if I work part-time and plan to retire within the next 3 yrs.

I hope you will seriously think through these kinds of consequences to patient and provider.

Thank you!

Sincerely,

Linda Richardson-Beaird
MA, APRN, CNS

P.S. I am in support of Rep. Massie’s bill (HF 1535).