

## Catch 22: Electronic Medical Records

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*[NOTE: The e-Rx portion of this Federal mandate is now in effect, and the EMR portion must be completed before the end of Sept, 2012.]*

For years now, politicians and other “experts” have been telling us how going to Electronic Medical Records (EMR) and e-prescribing (e-Rx) would improve health care for everyone in America. They present this as being an almost perfect medical utopia.

In June, my programmer and I attended an EMR/e-Rx meeting put on by the American Academy of Orthopedic Surgeons (AAOS). Our goal was to learn what we would need to do to get our office in compliance with the upcoming Federal mandates. Instead, I learned something very different.

While every doctor must inform you of your healthcare privacy rights and how he or she will protect your rights under HIPAA, this nationwide EMR/e-Rx system is intentionally designed to cut through all of your privacy rights for the benefit of --- well, I’m not exactly sure.

Clearly the entire insurance industry wants instant access to everything about you. They are looking for any excuse they can find to deny payment for your health care services. And remember Sarah Palin saying the “Reformed” Health Care laws would have “death panels”? As I sat in this meeting for two and a half days, I began to develop a disconcerting understanding about how this could work.

There are two businesses in the United States which have received the Federal contracts to certify that electronic medical data systems meet Federal requirements. For e-Rx, it is a company called SureScripts, and for EMR, it is an organization called CCHIT.

The remainder of this article is about e-Rx. Understanding how the e-Rx system seems to be designed to work will help you better understand the long term Federal goals for EMRs, which I will cover in my next article and which currently are mandated to start in 2015.

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As I talked to the vendors at this conference, I was told that SureScripts will not certify a program unless it is designed to send all electronic prescription information directly to SureScripts, and SureScripts will handle it from there. Your personal physician would no longer be talking directly to your pharmacist. SureScripts becomes the “middle man” controlling communication between your doctor and your pharmacist.

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When your physician sends an e-Rx to SureScripts, SureScripts first checks “the system” to be sure your doctor knows what he or she is doing. I do not yet know exactly what “the system” means, but somehow “the system” has your personal information about your insurance, all your other medications, and all your drug allergies. “The system” will make sure your doctor isn’t giving you something you should not have, and if “the system” thinks your doctor has made a mistake, it will notify your doctor.

“The system” also will check with your drug insurance plan to be sure the e-Rx is on your insurance company’s “approved” list. If not, that will also be sent back to your doctor.

Only after “the system” approves the e-Rx , will it be sent on to your pharmacist. I am told that all of this can happen in a matter of seconds. What I have yet to learn is how all of that could happen so fast without SureScripts maintaining a comprehensive database on every person in the United States of America.

When I learned about how this e-Rx system is really designed to work, my immediate reaction to one e-Rx vendor’s sales pitch was “The American Public isn’t being told the truth about this. They have no idea that their medical privacy is being so compromised!” The vendor didn’t seem to think this was a concern.

But is it really the Federal Government’s business to know how often you renew each of your medications? Or for that matter, is it really the Federal Government’s business to know the names of every man in America taking viagra? How can your doctor protect your privacy if someone else is maintaining this kind of information?

Another concern is the ownership of SureScripts. According to the SureScripts website, “Surescripts is privately owned by the founders of Surescripts and RxHub: NACDS and NCPA own 50 percent with the balance split evenly between CVS Caremark, Express Scripts and Medco Health Solutions.” NACDS is the National Association of Chain Drug Stores, and NCPA is the National Community Pharmacists Association. The politics of some of the key figures in each of these groups would be a term paper in itself, but clearly there is a very comfortable relationship between several of them and the Federal Government.

And there is still another possible e-Rx Catch 22 for you and your doctors to think about. Medicare is telling doctors that if they will start using e-Rx in 2010, and write as few as 25 prescriptions electronically this year, they will get a 2% Medicare bonus check.

Since we are only being paid 65% of our cost of caring for Medicare patients, that appeared reasonable to consider, or so I first thought. Yes, there seems to be a possible catch with this as well. My programmer has been told by one e-Rx salesperson that as soon as we do those 25 electronic prescriptions, “the system” will notify all the pharmacies in a 50-mile radius of our office that all future prescription renewals with our office must be done through the e-Rx system. This would include all prescriptions for everyone below the age of 65. Hmmmm.....then again, maybe it’s not so reasonable after all.

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