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# Doctors and Hospitals Say Goals on Computerized Records Are Unrealistic

By **ROBERT PEAR**

WASHINGTON — In February 2009, as part of legislation to revive the economy, Congress provided tens of billions of dollars to help doctors and [hospitals](#) buy equipment to computerize patients' medical records.

But the eligibility criteria proposed by the Obama administration are so strict and so ambitious that hardly any doctors or hospitals can meet them, not even the most technologically advanced providers like [Kaiser Permanente](#) and [Intermountain Healthcare](#).

Doctors and hospital executives, who have expressed their frustration in meetings with White House and [Medicare](#) officials, said the issue offered a cautionary tale of what could happen when good intentions meet the reality of America's fragmented health care system.

The goal of the law is to provide financial incentives, through Medicare and [Medicaid](#), to encourage doctors and hospitals to adopt and use electronic health records. When the bill was passed, the [Congressional Budget Office](#) estimated that the incentive payments would total \$34 billion.

It is no surprise that tiny hospitals in the Midwest and doctors practicing by themselves would grumble about the White House proposals.

But elite institutions have similar concerns. Among those expressing deep reservations about the proposals are pioneers in the use of health information technology like Kaiser, Intermountain, the [Mayo Clinic](#) and Partners HealthCare System in Boston, which includes [Brigham and Women's Hospital](#) and [Massachusetts General Hospital](#).

One of most revealing assessments came from Dr. Thomas H. Lee, president of the physician network at Partners HealthCare.

“Effective use of electronic health records will greatly improve patient safety, quality and efficiency,” Dr. Lee said in a letter to Medicare officials. But he said the approach taken by the administration was based on “unrealistic expectations” and “unachievable timelines.”

“We are very concerned about the requirement that hospitals and eligible professionals must meet each and every one of the objectives to demonstrate meaningful use and thereby qualify for incentive payments,” Dr. Lee said.

In meetings at the White House, doctors and hospital executives have conveyed the same message: the president’s all-or-nothing approach could discourage efforts to adopt electronic health records because some of the proposed standards are impossibly high and the risk of failure is great. They pleaded with the administration to take a more gradual approach and reward incremental progress.

At least 27 senators and 245 House members echoed those concerns in letters to the administration.

Administration officials said they took the concerns seriously, but refused to say whether they would relax the proposed requirements.

“We want to strike a balance,” said Jonathan D. Blum, deputy administrator of the Centers for Medicare and Medicaid Services. “We will provide flexibility for doctors and hospitals, but push them to elevate their performance. Final rules will be out in early summer.”

Anthony A. Barrueta, the vice president for government relations at Kaiser Permanente, said his company, the nation’s largest nonprofit health plan, had years of experience with electronic health records, but could not meet all the criteria for incentive payments.

Dr. Brent E. Wallace, chief medical officer at Intermountain Healthcare, in Utah, said the administration’s criteria were “too rigid, requiring too much change in too short a time.”

[President Obama](#) has repeatedly praised Intermountain as a model. But Dr. Wallace said, “At this date, Intermountain could not meet 36 of the 48 meaningful use requirements.”

Administration officials said the standards were needed to meet an ambitious goal set by Mr. Obama. In a speech in January 2009, two weeks before taking office, Mr. Obama said, “We will make the immediate investments necessary to ensure that within five years, all of America’s medical records are computerized.”

Dr. David Blumenthal, the national coordinator for health information technology (who used to work at Partners HealthCare), said, “We are on track” to achieve that goal.

Doctors and hospitals agree with Mr. Obama’s statement that electronic records can save lives by reducing medical errors. But they said the stringent federal criteria would, in effect, require them to have an advanced, sophisticated system of electronic health records to obtain the money they need to install even a basic system.

“The criteria for achieving meaningful use of electronic health records are too aggressive,” said Dr. John R. Maese, a leader of the New York chapter of the American College of Physicians. “The time frame to adopt the technology is unrealistic.”

Dr. Steven M. Safyer, president of [Montefiore Medical Center](#) in the Bronx, said his hospital had been a leader in the use of electronic health records. “But even as an early adopter of this technology,” he said, “we find ourselves struggling to meet the federal standards.”

Dr. Safyer said the Obama requirements were laudable as an ultimate goal, but untenable as a starting point. To comply with the federal criteria, he said, Montefiore would have to install new technology at its main hospital and at 75 sites in the Bronx.

Federal incentive payments become available to hospitals in October and to doctors in January. To qualify under the administration plan, doctors would have to meet 25 criteria, or objectives, and hospitals would have to meet 23. In general, a doctor can receive up to \$18,000 next year and \$44,000 over five years.

Starting in 2015, hospitals and doctors will be subject to financial penalties if they are not using electronic health records.

Kristianne B. Wilson, vice president of the [Billings Clinic](#) in eastern Montana, which includes a hospital and 240 doctors, said health information technology was included in the economic recovery package because Mr. Obama and Congress wanted to improve care and create jobs with a quick infusion of money. But, she said, if few hospitals qualify, “that objective will not be achieved.”

To qualify for the federal payments, doctors and hospitals would have to check insurance eligibility and submit claims electronically for most patients. Doctors would have to provide patients with “an electronic copy” of their health information, including diagnostic test results, on request. Doctors and hospitals would have to show they can “electronically exchange key clinical

information.”

But Carolyn N. Gaughan, executive director of the [Kansas Academy of Family Physicians](#), said, “At this time in Kansas, physicians have no one with whom to exchange data.”