

CLEAR 2012 Annual Educational Conference

"Electronic Health Initiatives and Implications for Regulators"

Follow-up questions as responded to by Vermont's HIT director

1.) As a practical matter, will the new world of EHR/HIE/ACO/meaningful use, etc. spell the end of the sole practitioner?

I don't think so. It will threaten it, of course, and it would be much easier for the CEO's and CFO's of the ACO's if all the MD's folded themselves into larger organizations, but I don't see that happening on a permanent basis. There is a lot of talk about how much it's going on now, here in VT and across the country, but this is one of those things that really ebbs, flows, and cycles around. In my time doing health policy in VT, I've seen practices bought up by hospitals only to be spun off again or returned to private ownership, then bought again, and sold again multiple times, all over the state.

There is an inherent conflict. Doctors want the resources of a larger entity (whether a hospital or an FQHC), and that phenomenon has indeed been stepped up because of the introduction of EHR's and the rest of the HIT circus of fun. But doctors also really don't want to be "owned." They have an understandably hard time subsuming themselves into a larger organizational structure. And we Americans as a whole have a conflicting desire for more structure while retaining our independence.

So I don't think we'll see solo practice (or small practices, which remain, even today, the majority of practices nationally) go away completely. There will probably be fewer over time, but I suspect that all the factors that drive the volatility historically will continue to be in play. The interesting challenge for the folks running ACO's will be to see if they can learn to work with a combined ecosystem of owned and affiliated practices. Some of the most successful ACO-type examples (Geisinger in PA perhaps most notably) have found it works better to have a mix of owned and independent practices.

2.) Who owns an EHR, the doctor or the patient?

Doctor or their employer owns the EHR. Who owns the data inside the EHR varies by state. In VT, patients do not own but do have the right to full access of their data.

3.) Docs & nurses are using a central credential verification organization (CVO) to achieve efficiency & consistency in licensure...may a consumer consult a CVO directly?

I'm not aware of direct consumer access, but sounds like an interesting idea. Disclosure and transparency are always a good thing for consumers and often resisted by the medical guilds.....