

Letters

Retinal Photos: A New Perspective

Regarding the article “ROP Screening and Telemedicine, Part 1: Has Its Time Arrived?” (Clinical Update, March), my opinion of the use of retinal photos has changed dramatically over my career. As a comprehensive ophthalmologist, treating mainly adults, I used to think retinal photos were only useful for documentation of observed findings.

Over the years I have frequently been surprised when photos would demonstrate findings I didn’t see with either a direct, indirect, or 90-diopter lens. I now obtain photos when my view is limited or if I am not sure of what I see—it’s been very helpful. So it was of no surprise to me that in addition to all the benefits of telemedicine, retinal photos alone are a significant aid in evaluating retinas.

David M. Shepherd, MD
Novi, Mich.

EHRs: Issues and Concerns

Thank you for your comments on electronic health records (EHRs; Opinion, June). This is a hot issue for any of us without an EHR system. I am 64 and have, as a glaucoma consultant, looked over the huge printouts

from multiple EHRs when reviewing the history of a new or shared patient. Much of what I see in the printouts is incorrect information copied over from past encounters, as my colleagues do not have time to make the necessary corrections.

My current concern is that I do not want to invest in the system, devote the time to developing the exam formats, review and correct the record after the patient leaves, invest in the multiple hardware updates, pay for the software and hardware maintenance, suffer lack of productivity, retrain staff, concern myself with breaches and the financial consequences, try to get the ancillary testing to merge with the records, worry I will not qualify for the promised incentive payment, and then worry I might be audited to see if I really qualified for the payment. Also, there is increased scrutiny over cut-and-paste data entry, so this too is a target. Then there are the horror stories about EHR companies going bankrupt or just not keeping their end of the contract, forcing conversion to a new EHR—it goes on and on.

My future concern is the promised penalties that increase each year. The Electronic Health Records Improvement Act (HR 1331) would exempt small practices and doctors my age from the penalties. My

congressman is a cosponsor of the bill, and he tells me there is little support for this bill from organized medicine. It will likely not get out of committee in the House, and no support exists in the Senate. The Academy has an issue brief on this bill, and it is advocating for its advancement.

I do not know how many of us still use paper charts, and I’m not sure the Academy is interested in knowing, as it would appear that a portion of its membership has been abandoned as the push for big data and Maintenance of Certification go forward. I’d like to see a survey on this question. I’d also like the Academy to take action to get HR 1331 passed so that the penalties do not begin in 2016.

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EDITOR’S NOTE: In past Academy member surveys, the EHR usage results were found to be skewed and not a true representation of their use among ophthalmologists. However, based on the Academy’s analysis of CMS data, we know that just over 7,700 ophthalmologists (which is less than half of all practicing U.S. ophthalmologists) have attested to meaningful use (MU) under the



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EHR incentive program.

Regarding HR 1331, the Academy encouraged members to e-mail members of Congress to co-sponsor this important legislation throughout the 113th Congress, as well as during the Academy’s 2013 and 2014 Congressional Advocacy Days. In addition to promoting the stand-alone bill, the Academy pushed to incorporate it into the SGR repeal/Medicare payment reform legislation that was introduced this Congress. The SGR repeal bill would provide some relief from the penalties in the current Medicare quality improvement programs, including the MU program. The Academy will be working with the sponsors of HR 1331 and the SGR repeal bill to address penalty relief and other issues related to MU in the new Congress that convenes next month.

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