

# The Post and Courier

## Doctors look into the digital age

HITECH Act entices physicians into future with incentives

By Jill Coley  
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The federal government has put aside nearly \$20 billion to convince doctors to ditch their manila files for electronic medical records. But look at any physician's walls of patient records, and the enormity of that task becomes apparent.



Brad Nettles  
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The shelves of patient files are overflowing at Newton Family Practice in West Ashley.

In the Lowcountry, opinions are mixed. Most agree the move would reduce unnecessary testing, administrative overhead and medical errors. Yet with so many systems to choose from, patient privacy concerns and the time it takes to learn new software, money might not be enough.

Dr. Christos Maltezos, a Mount Pleasant endodontist, is ahead of the curve and already paperless. "That's where the future is going," he said. Patients can fill out forms at home and enter their medical and pain histories online.

In addition to streamlining administrative work, going digital also reduces forgery since doctors can send prescriptions to pharmacies digitally, said Maltezos, who can access patients' records on his BlackBerry no matter where he is. "I don't think I could do it any other way now," he said.

Starting out digital is easier than changing over. The older internist may imagine scanning in 300-page medical records. But after a few patient visits, most of the information would be contained in an electronic file.

The Health Information Technology for Economic and Clinical Health Act, or HITECH, became federal law in February and created payment incentives in Medicare and Medicaid to encourage providers to go digital. It wasn't long before electronic medical record vendors began using the promise of stimulus money to entice physicians.

Chris Hughes, founder of Advanced TeleHealth in Mount Pleasant, consults physicians before they adopt an electronic medical records system to make sure their practice is ready for the technological leap and is compliant with the Health Insurance Portability and Accountability Act, or HIPAA.

The economics of the situation is going to drive electronic medical records forward, Hughes said.

Dr. Dave Albenberg is passionate about electronic medical records but worries the government's lofty goal may not be feasible.

Albenberg invested about \$150,000 in a digital system for his concierge practice, Access Healthcare, in Charleston and Mount Pleasant.

Every doctor thinks it needs to be done differently, and getting all of them on the same platform is impossible, Albenberg said. "This is something you can't throw money at," he said.

Dave Terry, former administrator of James Island Medical Care, knows firsthand the pitfalls of electronic medical records. The 6,000-patient practice tried to go electronic about six years ago, and although hardware and software has improved since, the experience is still fresh in his mind.

Doctors use so many categories of codes, Terry said, that when physicians got in a room with a patient, the program went "six ways to Sunday."

"You feel quite often like a deer in headlights in the middle of a patient encounter," he said. Training was a problem because doctors couldn't stop seeing patients long enough to learn the system. And if a staff member was sick or on vacation, their replacement had to be schooled in the software.

"We yanked it out and went back to paper," Terry said.

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