

## *Electrical Medical Records Are No Panacea for Costs*

Jerome Groopman and Pamela Hartzband finally bring some common sense about this electronic medical record (EMR) issue ("Obama's \$80 Billion Exaggeration," op-ed, March 12). Our otolaryngology practice of 12 physicians converted to an EMR last year and after hundreds of thousands of dollars and countless hours of time, this experiment is over. Yes, we generated long office visit notes that could theoretically upcode our fees, but the amount of time it took in front office data entry and physician note entry made it ridiculously inefficient.

The people promoting this initiative generally are not physicians, but business interests who will reap millions of dollars on EMS systems.

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Drs. Groopman and Hartzband verify what many doctors know. Best quality patient care is directly related to the physician's ability to spend an appropriate amount

of time with his patient.

It must be assured that such systems do not subtract from the time needed for, and the quality of, the physician-patient interaction.

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President Barack Obama makes the \$80 billion savings claim to obscure the real purpose of computerizing records. The nationalization of health care in America requires a common database of all Americans. Aggregating all medical records into one system facilitates their prime goal, the complete takeover of our health care by the government.

This is a most dangerous game of government control. If most Americans would never agree to a nationalized ID card, then why would they agree to the government knowing all their most private information regarding their physical and mental health?

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I am strongly motivated to

ensure that all of my medical records are available to whom-ever is treating me, particularly in an emergency. That means that each of us should be highly motivated toward patient-centric, rather than institution-centric medical records.

That means that I take the responsibility to make sure that all of my records are available when needed, regardless of where they originated. This concept is feasible, has been demonstrated, does not place the cost burden on the physician, yet is not costly to the patient, and, in fact, can be done in full compliance to the privacy regulations established by the Health Insurance Portability and Accountability Act.

I can only conclude that the bureaucratic health-care system does not wish to allow the patient to undertake this responsibility. If only President Obama could recognize this alternative, then the \$80 billion might really accomplish something.

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