

Docs, delis and outdated data

Recently I received a prompt reply from a member of the West Virginia congressional delegation regarding my concern over the pending federal imposition of a massive increase in the volume and complexity of health data (ICD – 10 implementation) required to be reported by physicians. I feared it would drive small physician practices out of business or lead to their inability to care for Medicare and Medicaid patients. The response stated the current data required was “outdated”. My reaction was, “outdated, as decided by whom?”

My physician is a middle aged, personable practitioner with great medical knowledge and a keen intellect. He employs a functional EHR and manages my care through a vast network of associations with specialty physicians, health institutions and ancillary services. The exterior structure, landscaping, waiting room décor and examination room wallpaper of my doctor’s office is outdated. I could not care less. My care is not outdated and the current data reporting system works just fine.

I am sure the current data provided by my doctor to medical researchers, government auditors and insurance payers is considered outdated by them. Again, I could care less as regards my personal medical care, although I do support medical research, quality oversight and accurate accounting. I have no problem if researchers, auditors and payers wish to provide the staff and resources to my doctor to collect additional data. Just do not burden my physician and detract from the time he spends with me and other patients.

The above scenario also caused apprehension regarding survival of the convenience store “deli” located in the small town five miles from my home. It is the only source of sandwiches, coffee, pizza, milk, bread, beer, bait, newspapers, toilet paper, light bulbs and hundreds of other nutritional, home and personal care items for over 10 miles. The “deli” is always packed with workers and the elderly, serving a social as well as commercial function. It is the sole survivor of three such stores that existed when I came to the area twenty years ago. Its exterior structure, display cases, lighting, shelving – as I am sure the “data system” - is outdated. I wonder when the nutritional researchers, tax auditors and food stamp regulators will insist it be replaced.

I am sure these folks would like the volume and complexity of the data reported by this “deli” greatly expanded in scope and complexity. Was the box of Cheerios purchased by the middle aged woman mainly going to be used to feed children or her husband as part of his “Heart Healthy” program? How many deli sandwiches of what kind were sold to trucker “X” and how much did each sandwich weigh? Was cheddar, provolone or American cheese used? What was the weight of all the cheese used in all sandwiches and sold in bulk - as compared to the amount bought wholesale and in inventory? Was there any spoilage or unreported, “cash”, cheese sales to explain any discrepancy?

Send in all the nutritional researchers and auditors one desires to interview customers and monitor sales. Just do not overburden my deli proprietor by reporting requirements that outstrip the capacity to continue profitable operation.

It is time a community's citizens using a service – not some distant government official or auditor - gets to determine what is – and what is not – outdated. Small physician offices and patients will be adversely impacted by this fall's mandatory ICD – 10 implementation and elected representatives need to know.

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