



Middlebury Family Health is a four physician family medicine private group practice, located in Middlebury Vermont. We undertook implementation of our electronic medical record (EMR) in Jan 2011 with Medent. We attested and achieved meaningful use in June 2011. We also achieved level 3 NCQA, Medical Home certification on July 1st 2011.

We were able to attain these goals by attending state run collaborative meetings in the 6 months preceding our EMR implementation. These meetings were critical to our gaining a clear understanding of the criteria for both programs. The other immensely important factor was choosing the right EMR vendor. Medent had outstanding support for our office, and in the first weeks of establishing our EMR, Medent assisted us in setting up the reporting criteria that was needed for certification and for many other areas that our practice decided were important for us to be able to track (see enclosed). They also have a very simple way for the doctors to see where they stand with these measures, utilizing a tool they call "meaningful use dashboard" (see enclosed). We have seen many benefits with patient care including E-prescribing, Clinical Visit Summaries for each patient at discharge as well as the ability to contact patients overdue for health maintenance, diabetes, hypertension and hyperlipidemia.

In response to your questions, there were challenges in establishing meaningful use in several areas that were out of our control. One major challenge was trying to establish connections for our lab reporting and interfacing with a central health information exchange (HIE) hub, which in Vermont is Vermont Information Technology Leadership (VITL). The difficulty was that VITL was not ready to accept our patients' health information. The other major challenge was financial. We needed to take out a \$100,000 loan to purchase the system, and in addition to that, the practice lost another \$100,000 due to decreased productivity and a large increase in overhead due to hiring per diem staff to implement the EMR for things like scanning documents, entering medication lists and patient problem lists, as well as training our staff.

The additional monthly costs of maintenance of the IT security and EMR software, and hardware as well as additional employee time to maintain MU and NCQA certification will also add ongoing costs which will increase our overhead by more than 40,000 per year. For a small family practice to assume this debt is an enormous burden. This is also a time when fewer and fewer doctors are choosing to go into primary care because they can not afford to pay back their medical education loans, practicing in these fields. By increasing the overhead of a primary care practice, this will significantly worsen the problem of the nationwide shortage of primary care providers.

Looking forward to stage 2 and 3 for meaningful use criteria, I do have several concerns about mandatory criteria that are out of our control, but if not in place would not allow us to achieve meaningful use. It is difficult to have physicians reporting to an HIE be mandatory, when the HIE is not even functional yet in Vt. The same holds true for our ability to transmit data electronically for syndromic surveillance data and immunizations, to the state of Vermont. We can send them data, but the state is not ready to receive the data. In addition, making changes such as mandatory encryption so soon could render some of our recent investments such as our server obsolete, before our initial loans are even paid off. Please keep in mind that all of these changes carry significant cost that small primary care offices will not be able to afford.

I also have concerns about mandatory patient portals. First I am concerned about the security and liability of transmitting this data to pts, and I am also concerned about the cost of instituting this. With a significant component of our practice being an older geriatric population, many of our patients will be incapable or not interested in this option.

I thank you for taking the time to listen to those of us who are in primary care, seeing patients everyday, to gain some insight into the tremendous burden this places on primary care physicians.