To the Congress of the United States:

January 27, 2019

Dear Elected Officials,

Medicaid Advantage plans are using CPT codes for value-based payments.

These codes in general do not generate automatically and I find myself jotting down results (A1c, LDL, BP, aspirin use, microalbumin, etc., on a separate piece of paper and adding these codes from an order set at the end of the visit.

I believe that most EMRs are not capable of auto-populating these codes even though the information needed to generate these codes exist as structured data.

The time involved for each encounter is minimal but adds up to at least a few hours per week.

Wouldn’t physicians’ time be better spent face-to-face with patients or reading my journals.

Government regulations and payers have made the practice of medicine into a “click the button game”.

I believe that part of the reason that only 30% of physicians practice independently and that most are now employed is the push for EMR usage and all the administrative burdens associated with it. Add the “click the button” game and more will leave.

And by the way, who in the world mandated EMR implementation without the requirement that all programs be interactive? You demand that I have an ophthalmologist’s report in the patient’s chart to get paid for a dilated fundus exam code, let me ask you, have you tried to get a consult from specialists you have not referred the patient to?

Sincerely,

Michael Richter MD

[MRichterMD@hotmail.com](mailto:MRichterMD@hotmail.com)

I look forward to your response.