Obamacare and Computers-Who Is to Blame?

Count me among the unsympathetic to the recent Center for Medicare and Medicaid (CMS) problems with the rollout of Obamacare, aka the Affordable Care Act. Yesterday, Marilyn Tavenner, the Administrator of CMS, apologized for the troubled rollout of the federal health insurance web site and promised to fix the problems that have prevented many consumers from signing up for coverage (1). Today, Tavenner’s boss, Kathleen Sebelius, Health and Human Services Secretary acknowledged “frustrating” problems that would be fixed “as soon as possible”. She offered an apology for the site’s troubled launch, while also attributing the glitches to private-sector contractors (2). The later is particularly telling.

We have repeatedly heard how the “magic” of the computer can solve problems in health care (3). To this end, CMS created a Medicare Electronic Health Care (EHR) Incentive Program and touted that eligible professionals could receive up to $44,000 over 5 years for full implementation (4). However, CMS estimated the average cost of implementing an EHR over 5 years was $48,000 or a loss of $4,000 assuming the best reimbursement. It is not clear how close these dollar amounts match the actual numbers but a number of private practice physicians have complained that the cost was much more and the reimbursement much less (Robbins RA, unpublished observations). What was most disturbing is the implication that physicians are to blame when EHR implementation is slow or fails to achieve the promised improved care at lower costs (3).

The recent Obamacare rollout problems can be blamed on a variety of issues from too many contractors involved, inadequate testing, poor leadership, etc., but the main fault has been the perception that health information technology (IT) is easy. However, the available evidence suggests that health IT is not “magic”. In most industries, IT has taken years, often decades to exert its effects (5). Personally I believe health IT can have a huge beneficial effect on healthcare delivery—but it might take a decade or two.

A meaningful partnership between clinicians, administrators and payers achieving and rewarding high-value care is needed. To do this physicians need considerable input, and perhaps more importantly, control of any EHR. Second, physicians need to be rewarded for good care which is centered on improved patient outcomes and not endless checklists that do little more than consume time. Failure to do so will result in inefficient and more costly care and not in the improvements Obamacare promised. To paraphrase Cassius from Julius Caesar, the fault is not in our contractors, but in ourselves. It is distressing that political ambition and arrogance may jeopardize the healthcare of millions of Americans.

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References


*The views expressed in this editorial are those of the author and do not necessarily represent the views of the Arizona, New Mexico or Colorado Thoracic Societies or the Mayo Clinic.