PBM 6136
2711 Centerville Road
Wilmington, DE 19808
(866) 350-6337

Re: The danger of killing innovation with the “Meaningful Use” definition

Computer, “Activate medical hologram” is a line taken from the television space drama Star Trek: Voyager. The real life Dr. Michio Kaku in his current best non-fiction seller, The physics of the impossible, states, “ Most of what you see in Star Trek and Star Wars is just an engineering problem.” “So few things actually violate the laws of physics.” Narrowing defining “Meaningful Use” to a subset of current thinking will seriously limit electronic medical record, EMR, innovation in the quest to reach the hopes and aspirations of society that are expressed in our science “fiction.”

Today, there are many smaller companies like Scriptnetics working on these EMR “engineering problems.” These innovators' hope is to move the EMR “meaningful use” closer to the Star Trek “medical hologram.” model. This goal is closer to realization than most understand but innovation and a truly useful EMR may be devastated by a narrowly defined “meaningful use” that does not give latitude for innovators to participate in ARRA funding. The third word of this chosen acronym is re-invention.

Invention with increased complex functionality of computer systems has moved us forward dramatically as a society . Microsoft has been at the forefront of this with Bill Gates' vision. That vision has included the view of the Star Trek idea that allows anyone, by voice, to ask “the” computer a question and get an answer. The ubiquitous, universal information tool! Is this not the goal we are looking for in electronic medical records?

Microsoft has been working on this “universal” computer problem for decades and is providing innovators with tools to make the practical applications. What most don't realize is the handwriting recognition tool that was originally an “add-on, then a special Windows version, then included in VISTA is about to take a major step forward in the new Windows 7. Also not realized is the recognition engine for handwriting is the same as the engine for voice recognition. Handwriting is a simpler step on the way to an universal computer.

While computer handwriting and voice are of only passing interest to consumers, for doctors the functionality of these two technologies is recognized as essential to solve the integration of computers and medical practice. Physicians are the largest vertical enterprise market for Tablet handwriting computers and voice recognition software. Physicians need to work standing up, moving from location to location with a documentation and information retrieval system that can keep up with them. Intuitively they know conceptually robust handwriting and voice are essential to solve the "EMR" problem.

Clinical management systems that require keyboarding on a computer on wheels, derisively called COWS, can not keep up. The doctors see them as a ball and chain. A CCHIT type "templating" or "point and click" system to "work around" the mobility

problem is "too expensive" for primary care physicians. This majority of health providers measure the "too expensive" not just in dollars but in loss of flexibility in the physical interaction with the patient and the time expense of using obtuse terminology that may not have words for what they want to say. Handwriting and voice technologies can meet the provider where they are, translating their work into terminology that can be analyzed and shared. Other entry systems are more complex but backward by comparison.

A handwriting and voice focused EMR system aims at taking any input of the health provider and making it available for analysis and manipulation for improved care. CCHIT type systems aim at requiring the provider to input sets and subsets of information for analysis and manipulation. The former uses higher level computer power to make the computer do the work, the latter legacy systems force the doctors to do the computer work. Doctors will not ever as a large group accept the latter, they want the computer to work for them. They do not want to be bound by the computer, they want to be liberated by the computer.

This higher level of technology is available now and our company, Scriptnetics, is using Microsoft's and other's innovation tools to make it happen. There are many more innovations that may be stifled by a “Meaningful Use” definition that focuses on a restrictive statistics and features model similar to CCHIT.

Currently, one of our customers has ten doctors and support staff using our product, Medscribbler. The doctors provide much needed home care. A doctor gets up in the morning, connects his Tablet computer to wireless broadband, sees their patient schedule for the day, a route, and then drives in their car to the patient. The doctor is in constant contact through Medscribbler to the “office” and other doctors in the practice. Any patient changes or new medical information is immediately available even as they drive. They do this eight hours a day, five days a week and may go into the “office” only occasionally. A CCHIT type of "meaningful use" definition will exclude this kind of innovative EMR design.

Is Medscribbler improving “the quality, efficiency and safety of health care,” absolutely. Are the doctors using Medscribbler in “Meaningful Use,” absolutely. Can Medscribbler transfer its information to other providers, absolutely. Can Medscribbler give clinical help to a health provider, absolutely. But Medscribbler will never qualify under a CCHIT like regime. Medscribbler is innovating past current pedantic information models.

The current templating and "point and click" EMR design has been around over a decade. Health providers have voted overwhelming by their 20% purchase rate and 4% use rate as these legacy EMRs not being usable in any real "meaningful" way. Any new standard needs either to allow innovation through an exemption that still qualifies for ARRA funding support or a special qualified innovator's category for handwriting and voice EMR technologies.

Michael Milne,
CEO, Scriptnetics Inc.