

**From:** [SIM, OHA](#)  
**To:** [Chaparro, Deanna L](#)  
**Subject:** Fw: public comment, SIM core quality measure report  
**Date:** Friday, August 05, 2016 3:06:30 PM

---

**From:** Larry Rifkin <lawrencerifkin@yahoo.com>  
**Sent:** Saturday, July 9, 2016 10:23 PM  
**To:** SIM, OHA  
**Subject:** public comment, SIM core quality measure report

I am writing as an individual pediatrician in a practice that takes care of over 4000 pediatric patients, mostly Medicaid, to comment on one specific issue that the committee got very *right*.

The decision to **not** tie Meaningful Use (or anything equivalent) in to payment was an intelligent, patient-focused decision. Otherwise, the incentive and emphasis for providers would be on additional computer time, at the *expense* of genuine patient time, achieving true beneficial patient outcomes, or time to look further into complicated patient cases.

Tying additional EHR use and EHR measures to payment in general, even if done with good intentions would, in the real medical world, result in worse patient experience, and would not achieve overall cost savings.

As you wrote in your report, "members acknowledged the production and alignment around EHR-based measures may take several years to accomplish." The fact that you recognized the list of technological, provider, and administrative reasons for this conclusion is a strong credit to your committee's ability to see the big picture. Tying EHR-based measures and EHR-use to payment should not be rushed, and may take a long time to be truly worthwhile. To force those measurements sooner, and to prematurely tie additional EHR use to payment, would create significant medical, technological, and administrative burdens that would not be proportionally compensated by any actual improved patient outcomes or overall cost savings.

Sincerely,  
Lawrence Rifkin, M.D.

.