



I was a civil service physician working for the Department of the Navy in 2005 when EHRs were thrust upon me. The system was not particularly user-friendly. Free texting was highly discouraged and it was strongly preferred that we used structured text embedded in the program.

I couldn't use the program as envisioned, so I found a work-around. I would paste the 4 sections of the SOAP note directly into the appropriate free text sections of the electronic record. My assessment included the correct diagnosis, and I would pick a general EHR diagnosis from the dropdown list. Visually, my records did not look any different from those of other health care providers who used structured text.

I used this method until my civil service retirement in 2014. All of my record peer reviews were outstanding, and I was told that my records were easy to understand. I finally let on to all that I never used structured text and that all of my records were really written the old-fashioned way. I still used a clipboard during the patient visit, and completed all records after the patient left.

David F. Scaccia, DO, MPH
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Health care reform coverage: Spot on or missing key options?

"Health care reform: Possibilities & opportunities for primary care" (*J Fam Pract.* 2014;63:298-304) was terrific. You nailed the opportunities and challenges with implementing advanced primary care.

Joseph Scherger, MD
La Quinta, Calif

Your article focuses on so-called "value-based" care and Affordable Care Act (ACA) options and ignores other forms of free market health care, such as concierge and direct primary care, that are growing in popularity with physicians and patients. When patients shop for and pursue self-paid care, they are invested

in the process, participate in their own care, and have better outcomes. The free market will bring many diverse options to the table, increase the quality of care, and decrease the price of care to stay competitive.

Physicians must step up for their individual patients and be health care leaders, not followers of government mandates and insurance company policies. Patients deserve nothing less than a free-market, competitive environment, and a variety of care and insurance options—not just a few, as dictated by the ACA.

Craig M. Wax, DO
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Authors' response:

We appreciate the comments of Drs. Scherger and Wax. We also agree that there is a move in some areas of the country toward direct primary care, as well as toward concierge medicine. However, it is our opinion that in their current form, these models are a symptom of today's health care system and not a solution.

The vast majority of Americans cannot afford to pay directly for their care. And since health care is not a free market system, free market reforms are not likely to be the solution for most Americans. However, if concierge medicine or direct primary care could be part of a menu of options through existing insurance, government, or employer models, the potential negative impact (including the exacerbation of the current strained primary care system) could be ameliorated.

We agree that physicians should always advocate on behalf of their patients, but we also believe we should think of *all* patients and how policy changes may impact society as a whole.

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