

The Situation

- Medicine is simultaneously way out front and way behind in use of information technology
- Software and services for Health Care IT (information technology) in the U.S. is highly fragmented
 - Delivered by hundreds of individual companies seeking competitive advantage
 - Customers include doctors, clinics, hospitals, each with varying needs according to nature of services and size
- Examples of problems:
 - Until 2007, one system could not receive lab results from another system without custom programming and consulting advice
 - Systems could note a prescription and add it to a medication list, but doctor still would need to print the script, hand it to patient or fax it to the pharmacy
- Health IT challenge largely absent from the current health care reform debate

An abundance of terms and acronyms

- Health Information Technology – HIT
- Electronic Health Records – EHR
 - Includes the structure of the records themselves as well as systems that create, send, receive, and process those records
- Health Information Exchange – HIE
 - Mechanism for communication between EHR systems
 - Could include network links as well as data repositories
- Continuity of Care Document – CCD
 - Subset of a patient summary, including information like
 - Basic demographic data
 - Medication history
 - Allergies

Many goals for Health IT

- Get rid of “the clipboard”
- Reduce waste, overlap, inefficiencies, medical errors
- Improve care coordination and quality
- Feed software to support clinical decisions, develop quality metrics and scorecards

Progress in Health IT standardization

- The AHA forms the National Alliance for Health IT in 2002
- Office of the National Coordinator for Health IT created in 2004
- The Certification Commission for Healthcare Information Technology (CCHIT®) – nonprofit organization formed in 2004, under contract with HHS to develop certification programs
 - Formed in 2004, began certifications by 2006

The CCHIT

- The CCHIT breaks down the problem into small segments to attack individually
 - Too big to tackle all at once – highest value areas targeted first
 - Medicine continues to advance – it’s a “moving target,” so the certification process will never be finished
 - Standards must be rigorously tested and broadly supported
 - New requirements need to build on previous requirements and move toward true interoperability

The CCHIT

- Some early areas of certification focus
 - Certified EHRs for doctors' offices
 - Laboratory results management
 - Support for electronic prescription of medications
 - Volume of e-prescribing transactions rose from 13 million in 2006 to 100 million in 2008
- Primary current activity - adapting EHRs to use recently identified standards for representing a patient summary
 - Focusing first on the types of information requested by doctors when commencing care of a new patient

Legislative and regulatory developments

- A number of “carrots” and “sticks” in recent years
 - 2003 – EHR standards first recognized in some governmental settings – DOD, HHS, VA
 - 2005 – HHS provides funding for certification development
 - 2008 – Medicare Improvements for Patients and Providers Act (MIPPA) – bonuses for providers who e-prescribe (and later penalties for those who do not)

Legislative and regulatory developments

- 2009 – American Recovery and Reinvestment Act (ARRA)
 - \$19B (or more) earmarked for promoting development of HIT and HIE
 - About \$17B will be incentive payments to doctors and hospitals through Medicare and Medicaid reimbursements to encourage implementation of EHRs
 - Must become “meaningful users” of EHRs or risk penalties by 2015
 - These EHRs require certification from CCHIT

Legislative and regulatory developments

- ARRA also includes grants to states and state-designated entities for HIT research, facilitation, expansion
- Currently almost 200 distinct health information exchange initiatives
 - Combination of public, private, joint initiatives
 - Some are broad-based initiatives, some with a narrower focus, e.g.
 - Lab data
 - Medication data
 - Radiology
 - Emergency Department data