

SHOW VIEWS

Realizing the vision of healthcare IT in a sea of regulatory changes

THERE ARE FEW WHO ARGUE that the healthcare industry is not rapidly evolving. Moving away from fee-for-service and siloed care delivery, we are instead shifting to reimbursement that is determined by the patient's care results. The driving force behind these changes is the need to report, analyze and act on patient outcomes by performing quality-focused, interdisciplinary documentation and committing to an active exchange of information between organizations. And we have to not only consider the patients when they are in our facilities, but also equip them with the information and support systems they need to stay

Patient Safety Oversight: Many listened when the FDA spoke of possibly regulating EHRs, and the Institute of Medicine has established a related committee. However, there is pending legislation that would instead direct jurisdiction for patient safety oversight to the AHRQ. This is a topic to watch.

The Americans with Disabilities Act: Revisions to this law are being considered which would require that services offered via the Internet be made accessible to individuals with disabilities. This would have implications on a hospital's web site, patient portals and educational information presented electronically.

Payment and delivery system reform pilots: Many



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— David Muntz

healthy outside.

Of course, for most of us, the first thing that comes to mind when thinking of "health information" these days is meaningful use.

Truth be told, however, meaningful use is just one piece of a very complex puzzle, and success requires looking past the HITECH incentives to the broader legislative and regulatory winds transforming the healthcare industry. Each of these transformational activities will impact not only our organizations but every participant in the delivery of healthcare.

Following are only a few examples of the government activity that the informed CIO needs to follow. Surprising to some, the Department of Health & Human Services is not behind all of them.

ICD-10: Though anyone who examines the new classification system can easily understand the benefits, another incredibly complex project in the middle of the single largest transformation in the history of the healthcare industry makes adoption more daunting. Regardless of when you started to prepare (assuming that you have), there is little doubt that your physician partners will need to be awakened to the challenges ahead.

elements of the health reform law are in an active regulatory phase right now, with ACOs, PCMH multi-payer pilots and Community Health Teams all moving into operational phases soon. While the repeal conversation continues, so does implementation of the programs — don't miss your opportunity.

It's clear that none of this can happen without process redesign. Change management support, training, rehearsals, strong leadership and coaching must occur to support the paradigm shift that caregivers experience as they think of their information and tools in a new way. However, healthcare executives must also be aware of everything on the regulatory and legislative horizon to ensure they form partnerships that will help achieve short-term milestones and comply with new regulations while building for the future as well. ■

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All electronic data is not the same

POWERFUL FORCES are driving many practices toward electronic health records, especially now that incentives for EHR use are more clearly defined within the American Recovery and Reinvestment Act. Yet an EHR is a capital-intensive investment. First-time buyers, in particular, cannot afford to enter such high-stakes negotiations only half-informed.

Keep in mind that the incentive dollars promised by ARRA are garnered through effective EHR use — not just EHR purchase. Achieving meaningful use, therefore, is highly dependent upon the level of functionality supported.

Novice EHR users are often enticed by systems that are inexpensive, "customizable" and similar to paper charts in their documentation patterns. On the surface, these appear to be desirable characteristics. But practices must dig deeper. These three elements deserve close scrutiny.

Let's look first at clinical documentation. Because free text more closely resembles the paper chart and appears easier to use, many believe it will aid clinician acceptance of the EHR. And it might — at first. However, practices must not overlook the principal consideration posed by ARRA: Does the EHR solution enable the correct data to be pulled back out in support of meaningful use initiatives?

Meaningful use requires the ability to query and run reports on the full range of clinical documentation, including vital statistics, diagnoses, treatments, outcomes and more. Discrete, structured data elements are essential to this ability. Free text is like a picture: One can look at it, but cannot access individual components. Health information exchange (HIE) also is hampered without certain structured data elements in standardized format (e.g., HL7) that can be received and "understood" by other IT solutions.

A high degree of customization also seems attractive, but practices must first understand exactly what is meant by customization. In some cases, it means the practice must hire IT professionals. In other cases, it means clinicians can choose pre-programmed preferences already set within the vendor's framework.

Practices usually are better served by instead evaluating how robust a solution's functionality is initially. It is important to remember that while every practice has legitimate customization needs, they potentially raise the cost of ownership by making future maintenance and upgrades more difficult.

Expense, of course, is the final consideration in many EHR selection processes. Fully informed due diligence involves looking at the true cost of EHR ownership, which extends beyond just purchase price and license fees. Additional factors to assess include:

- How fast the system can be implemented;
- How quickly and easily staff can be trained to use the system;
- How difficult it is to obtain support when necessary;
- How large an IT staff is necessary to maintain the system; and
- Whether infrastructure and/or hardware upgrades are necessary to accommodate the system.

In the pressure to quickly implement an EHR and work toward meaningful use incentives, novice purchasers must look beyond surface-level demonstrations to assess whether an EHR truly offers vital clinical content and functionality. Through careful scrutiny of true cost, clinical documentation format and customization options, practices can enjoy the satisfaction of knowing their EHR choices will serve their needs — both now and in the rapidly evolving future. ■

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