

Panel Hears 'Drumbeat' for Future in EHR Efforts

Save to myBoK

by Anne Zender, MA

In 2010 will HIM professionals be working in a paperless environment in the context of a robust national health information infrastructure? According to a panel of experts, public and private entities are taking steps to move closer to this goal. Leading decision makers and public policy experts shared their views on what's going to happen in the future and what's happening now during the general session "National Health Information Infrastructure (NHII) and the Electronic Health Record (EHR)."

Facing 'Perfect Storm'

Healthcare is facing a "perfect storm," said John Lumpkin, director of the Illinois Department of Public Health and chair of the National Committee on Vital and Health Statistics, because of rising costs, a stressed public health system, increased demand for health information on the Internet, and quality and safety issues. "We need to focus on the business of healthcare-not paying bills, but helping people stay healthy, helping sick people get better, and helping people live with chronic illness," he said.

The NHII, Lumpkin said, is not a centralized database but a way to move knowledge to the point of contact and use it to make the right decision at the right time. The goal is productive interaction between "informed, activated" patients and providers who can capture information and use it to enhance quality and efficiency.

Goal: Paperless by 2010

Since 2001 industry experts have been thinking of ways to standardize data and create an EHR, said Gary Christopherson, senior advisor to the undersecretary for health, Veterans Health Administration. The goal is improved healthcare and a paperless system by 2010. In the past two years there has been some movement toward this goal.

To achieve an EHR, Christopherson said, there are a number of needed elements, including financial incentives to adopt affordable, standardized products, provider-based efforts, and stronger personal health records. The public and private sector also need to work together to create a national system of exchange. And federal and private leadership to create and adopt standards is needed.

Christopherson pointed out that such an effort would be equivalent to "electrifying" one seventh of the national economy. "Is this a big deal?" he asked. "It is."

Drumbeats for Change

"Use of information systems saves lives, improves quality and safety, and reduces costs," said Janet Marchibroda, CEO of the eHealth Initiative. But "less than 5 percent of physicians are using EHRs," she added. Healthcare is well behind other industries, such as financial services, in adopting information technology.

Barriers include lack of leadership, lack of standards, and lack of capital for investment in IT. "Probably the biggest reason we hear [for not adopting] is 'I don't have enough money to buy the system,'" she said.

But in the last 24 months "we're hearing a drumbeat" for change, Marchibroda said. On the federal level, demonstration projects and an increased Department of Health and Human Services focus on the NHII and IT issues are promising. The Patient Safety and Quality Improvement Act would direct HHS to develop or adopt standards for interoperability of healthcare IT systems. In the private sector, initiatives like the recent HL7 effort to define EHR functionality (in which AHIMA members have participated) are accelerating.

Currently, Marchibroda said, her organization is launching a new initiative, the Communities for Better Health program, which will provide seed money to communities that want to participate in data exchange.

“We’re finally building momentum,” Marchibroda said. “We have to keep beating that drum.”

Seeking Standards

Michael Cummins, senior vice president and CIO of VHA, explained the goals of his organization, a national cooperative for not-for-profit healthcare organizations. Currently the organization is working to encourage standards development, including security standards that facilitate the sharing of patient health information in a secure manner. “We need to have enough privacy and security to convince the public that this stuff will work,” he said.

Cummins said that the development of EHRs would be a benefit to healthcare organizations in many ways, including financially. “We’re talking about billions of dollars that are lost because EHR exchange of information standards don’t exist,” he said.

At the end of the session, a member of the audience asked the panel how HIM professionals could influence organizational culture issues that may contribute to delay in adopting the EHR. “Paper has its own challenges, too,” Christopherson said, noting that electronic records may ease some existing work force shortages. He advised listeners to “Get over it, get on with it. It’s time to make it [the EHR] happen.” Cummins added that HIM professionals should “get involved and carry the message back to your organizations. This is important to you.”

Lumpkin agreed and encouraged listeners to get involved with the standards-setting process. “People doing the work day to day must be involved in the standards development process,” he said.

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