

Informing Clinicians Committee Final Report

November 14, 2006

The purpose of the Informing Clinicians Committee was to recommend a strategic framework that would encourage clinicians in Illinois to adopt interoperable Electronic Health Record (EHR) systems. In the *Goals of Strategic Framework*, David J. Brailer, M.D., Ph.D., National Coordinator for Health Information Technology, U.S. Department of Health and Human Services states that, “Use of EHRs can result in workflow efficiencies in clinicians' offices and higher quality of care for patients.”¹ Unfortunately, only a fraction of all clinicians use electronic health records and many clinicians who started with EHR systems have discarded them due to a lack of technical support or insufficient training to workflow changes. To assist with EHR adoption, it is important that barriers to EHR adoption are defined and solved. A recent study listed multiple EHR barriers including: funding, workflow, technological and legislative barrier to EHR adoption.²

To achieve this goal the Informing Clinicians Committee listed three objectives to successful EHR adoption:

1. Create a catalyzing and coordinating agency to assess the current state of EHR adoption and national guidelines for EHR certification, interoperability, privacy and security.
2. Assist clinicians to overcome EHR adoption barriers by becoming a vehicle for funding of successful EHR adoption initiatives. The investment in EHR is a shared one that will benefit patients, insurance companies, hospitals, state and federal agencies. Funding sources should be sought from all who benefit.
3. Educate clinicians to the benefits of a fully integrated EHR system and train them to better prepare for technological and workflow barriers.

¹ The Decade of Health Information Technology: Delivering Consumer-centric and Information-rich Health Care – Framework for Strategic Action, July 21, 2004, Tommy G. Thompson, Secretary of Health and Human Services, David J. Brailer, MD, PhD, National Coordinator for Health Information Technology.

² Poon EG, Blumenthal D, Jaggi T, Honour MM, Bates DW, Kaushal R. Overcoming barriers to adopting and implementing computerized physician order entry systems in U.S. hospitals. *Health Affairs*. 2004; 23(4):184–190

Goal

To facilitate the creation of an efficient, well integrated and universally accepted electronic health infrastructure and environment so that clinicians are eagerly and universally seeking to adopt electronic health records in their practices.

Our definition of clinicians includes all providers of medical care including: physicians, nurse practitioners, physician assistance, pharmacists, nurses, occupational and physical therapists, chiropractors, dieticians, dentists, hospice and long term care facility caregivers, health educators, and any other providers of medical care.

Objectives

Objective 1:

Provide input: Provide clinical and clinician's input and perspective into the Statewide EHR activities to ensure interoperability and decrease redundancy as a cornerstone of this EHR.

In particular, we want to help promote the easy access and exchange of the personal health record including medication information, problem lists, immunizations, allergies, test results, consultations, hospital discharge summaries and operative reports.

Recommendations for Implementing the Objective:

The state should allow for standards of information and support an entity that will catalyze and coordinate the transfer of information from clinician to clinician. To accomplish these tasks, the state should authorize a third party that will:

1. Define the current datasets used in Illinois in order to reduce redundancy.
2. Encourage the federal government to proceed with certifying electronic health systems (CCHIT) that promote accurate and efficient information exchange.
3. Support clinicians who comply with these standards.
4. Promote e-prescribing by eliminating financial and legal barriers. Clinical prescriptions should not become proprietary and should be shared by all pharmacies and providers.
5. Continue to promote guidelines and legislation that ensure the security and privacy of electronic health records.

The ultimate goal of this effort should be to have interoperable EHR system that acts as a Personal Health Record (PHR) for the nation.

Issues for Further Consideration:

1. The committee understands that many organizations including ONCHIT and HIMSS are certifying EHR vendors, and defining standards for EHR connectivity. Our committee decided that Illinois clinicians should take an active role in these organizations but that standards should not be determined by the state.
2. The committee's intent is not to hinder EHR adoption by clinicians and therefore legislation should not mandate how clinicians practice medicine.
3. The committee understands that the information sharing is crucial to e-prescription success and should not succumb to proprietary control either by large pharmaceutical companies or hospital networks.
4. The committee encourages the state of Illinois to continue support of national studies and initiatives including Connecting for Health by the Markle Foundation and Health Information Security and Privacy Collaboration (HISPC).
5. The committee encourages the authority to help stimulate, facilitate and coordinate research for better understanding the implementation and use of EHR in the State.

Objective 2:

Overcome Barriers: Identify and overcome barriers that clinicians face when using electronic health records.

Specifically we want to decrease financial, regulatory, technical, workflow and organizational barriers that arise with the implementation and maintenance of electronic health record systems.

Recommendations for Implementing the Objective:

To help overcome barriers to EHR adoption funding is needed to help clinicians and programs that assist clinicians with EHR adoption. Funding is also needed for grants and low interest loans to reduce the overhead expense required for EHR adoption especially in smaller practices and underserved areas. The investment in EHR is a shared one that will benefit patients, insurance companies, hospitals, state and federal agencies.

Funding sources should be sought from all who benefit. Creative funding sources may include monies from low interest bonds, insurance companies, hospital organizations, other organizations that directly benefit from EHR adoption, private foundation, state and federal grants.

Issues for Further Consideration:

1. The committee felt it most feasible for the state to provide assistance to clinicians who both requested assistance and were in need. The current need for EHR adoption should focus on solo and small group practices, rural practices and underserved health clinics.
2. The committee recommends that the authority fully assess any changes to legislation when decreasing legal barriers. While there are many proponents who suggest loosening Stark laws and other Anti-kickback legislation, these laws may protect small physician practices and smaller vendor companies.
3. The committee recommends that the authority evaluate all programs that they will support financially.

Objective 3:

Educate clinicians: Engage clinicians and technicians to both learn from their experiences and to help others adopt EHRs.

Recommendations for Implementing the Objective:

To help educate clinicians and technicians, it is important to gain knowledge from programs already in place (DOQ-IT, current university programs and clinicians with successful EHRs) to help educate clinician and technicians to successful EHR adoption.

Issues for Further Consideration:

1. The committee specified educational needs for clinicians in the selection of vendors, technical and workflow challenges. Most of all, education should inform clinicians to the benefits in EHR adoption by reducing medical errors and optimizing medical care.
2. The committee encourages the continual education of health information technicians and hope that many certify through accredited degree programs in Bioinformatics.