

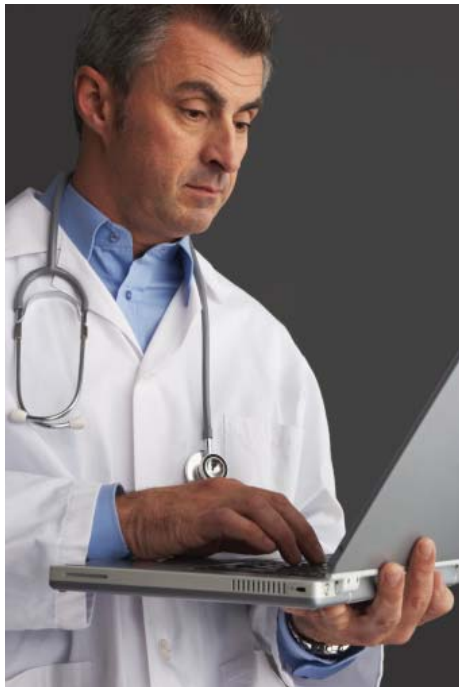
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EHR Adoption for All – Now and Not Later!

by Gai Elhanan, M.D., Chief Medical Information Officer at Halfpenny Technologies, Inc.

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The American healthcare system is fragmented, costly, hence underperforming. Despite significant islands of excellence, overall demographic measures position the U.S. far from the top of the developed countries, while health expenditure is the highest, and rising at an accelerating rate. There is a broad consensus that these trends are unsustainable and a change is mandated. And while the type of change is still open for debate, the current law is threatened with repeal, and incentive payments may be cut or scaled down, it is generally agreed that health information technology (HIT) must play a significant role.

Despite playing a leading role in the development of health information systems and healthcare informatics research, such advances were slow to trickle down to the rank-and-file physicians in the US, and the adoption of electronic health records (EHR) lags significantly compared to other nations. Among the many reasons for this gap are lack of orchestrated effort and cost. In the last several years we have witnessed a major change. Government initiatives endorse and mandate the use of HIT across the continuum of care. The flurry of activities is accompanied by numerous new regulations that are difficult to comprehend and to comply with, especially by the providers that are supposed to implement them. They also result in higher development and implementation cost of new HIT systems and sustain a large and costly echo-system, thus maintaining a significant barrier to wider adoption.

Coupled with the technology initiative, there is also a move towards more comprehensive, integrated, community-based care delivery systems. ACO (Accountable Care Organization) is the new buzz word that describes a population-based, yet patient-centric, approach that promises to deliver cost-effective, comprehensive care. This has been long overdue. For many decades, healthcare delivery has been moving away from the community-based Primary Care Physician (PCP) model towards the partialist/specialist model coupled with healthcare consumerism. Unique to the government's ACO approach, is the combination of HIT and reporting measures to ensure quality of care and measure population health improvements. This initiative is attractive to practices and healthcare organizations since it promises to split any realized savings with the ACO.

Reviewing the draft regulations for ACOs, it appears that relatively small groups of physicians can form such an ACO. After all, this is a community-based approach, and a minimum of 5000 Medicare beneficiaries is required. However, a high bar is set by requiring appropriate administrative and clinical systems to be in place. Since only about 10% of physicians have even the most basic form of sanctioned EHRs, the cost of the required technology is likely to exclude many community physicians from participating in this community-based initiative.

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The most basic building block of the HIT initiative is a compliant EHR whose data is standardized, potentially sharable, and can be queried in any meaningful way. The government EHR adoption incentive programs mostly address eligible providers. There are many physicians who are not eligible for participation. Thus, with or without incentives, the cost of EHR technology is still a significant barrier, most likely to postpone wide spread adoption, at levels such as in the Netherlands or Great Britain, for many more years. In turn, reduced levels of adoption will reduce and delay the effectiveness of many initiatives such as quality measures and ACOs. As CMS and ONC ratchet-up the technology and compliance requirements, it is even more important to ensure faster and wider adoption of EHR technology by all physicians.

For effective delivery of coordinated healthcare in the community, there are many more participants than the physicians. Care coordinators, dietitians, social workers and many others are involved. Most are not eligible providers, but require supporting technological solutions that are not covered by current initiatives. It is quite likely that initiatives such as the adoption incentives and shared savings for ACOs will not cover the cost of the initial investment in technology required for effective population-based community healthcare. Perhaps it is the time to reassess our current approach, and focus more on wider adoption of EHRs and other first-line support systems for all providers (physicians and non-physicians) rather than follow, at this time, increasingly sophisticated schemes. ☞



About the Author

A veteran physician with 12-plus years' experience in internal medicine and infectious diseases and an additional 15 years experience in healthcare information systems, Dr. Gai Elhanan is Chief Medical Officer at Halfpenny Technologies. Previously, he served as chief of healthcare informatics at 3M Health Information Systems and maintains a research professor position at the NJ Institute of Technology's computer science department where he researches auditing methodologies and improvements for large scale healthcare terminologies. Dr. Elhanan received his Medical Informatics M.A. from Columbia University and completed a post-doctoral fellowship at the Medical Informatics department, NY Presbyterian Medical Center. Contact Dr. Gai at drgai@halfpenny.com.

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