

# Executive Director's Page

## HIT, EMRs and PHRs

*By Barbara Baldwin, M.P.H., CSA Executive Director*

A new set of acronyms is creeping into conversation and marks a significant change in how, in the near future, physicians will document patient data and exchange information. Development of HIT (health information technology), EMR (electronic medical records), and PHR (patient health records) have become a priority from health facilities to the national level, even receiving mention in President Bush's State of the Union address.

The benefits in regard to patient safety, satisfaction and quality of care can easily be articulated:

- Errors attributable to handwriting can almost be eliminated.
- Patient data could be stored in an agreed-upon format and be available to any treating physician.
- Comprehensive patient information would result in better diagnosis and treatment.
- Patients would have access to their health records.
- New capabilities to educate patients and involve them in their health care will strengthen the doctor-patient relationship.

The idea of using electronic means of storing patient information has been mostly a thought, not an avidly sought goal, over the past several years. However, large entities like hospitals and healthcare systems are beginning to venture into the electronic age for healthcare information. A recent survey found that almost two-thirds of the respondents plan to implement electronic medical records in the next two years. Predictably, the key impediment to forging ahead with information technology is financing.

Physician adoption of EMR systems has been very slow and sporadic. Solo and small group practices find the significant investment of at least \$10,000 per physician to be prohibitive. Additionally, no standards exist for a common format or for rating systems currently on the market. Physicians can, and have, ended up with expensive systems that do not deliver the promised efficiency and ease of use. The challenge of training and keeping staff that can appropriately use and manage an EMR system is daunting.

## **Executive Director's Page—Cont'd**

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HIT will spread even if physicians resist adopting its use. The Medicare Modernization Act of 2003 set the stage for bringing HIT to the forefront and for using EMRs and other technologies to improve quality, to revise payment methodologies, to recognize and reward quality, and to empower patients to be more in charge of their own health information. In California, Lumetra, the peer review organization, has already received a grant to encourage physician practices to use EMRs and to collect clinical information on delivery of chronic care services to Medicare beneficiaries.

### **CMA Ahead of the Curve**

Change is coming, without a doubt. This message was conveyed at a recent town hall meeting on HIT convened by the California Medical Association. One after another, experts and policy makers at high levels of government and industry spoke of when, not if, electronic patient information storage, retrieval and sharing will be a reality. Each one emphasized the need for physicians to participate in the development and selection of systems to collect and record patient data and formats for transmission that will allow information to be shared in secure, readable form so that EMRs are accessible to any physician treating a patient. The message was loud and clear; the physician community can jump on board or not, but the train is leaving the station soon.

Representatives from the Healthcare Information and Management Systems Society (HIMSS), the National Coordinator for Health Information Technology (an appointee of President Bush), the Regional Administrator for the Centers for Medicare and Medicaid Services (CMS), and Molly Coye, M.D., Founder and CEO of Health Tech (a private not-for-profit research organization) discussed their current activities and perspectives on the advantages and obstacles to developing and implementing health information technology on a broad scale.

Consortia have formed to network, communicate and coordinate with various stakeholder organizations to bring about a cohesive design for the future. For example, the Leadership Council of eHealth Initiative is dedicated to driving improvement in the quality, safety and efficiency of healthcare through information and information technology. Jack Lewin, M.D., Executive Vice President and CEO of the California Medical Association, is a member of the board and key contributor in its activities.

## **Executive Director's Page–Cont'd**

The Physicians' Foundation for Health Systems Excellence, which is funded with a portion of the settlement money from the class action suit against Aetna and CIGNA, is receiving grant requests to develop and test technologies that will help physicians improve and enhance quality of care for their patients. Dr. Lewin sits on the board of this organization as well.

The choices that face organized medicine in responding to the emergence of the new era of healthcare information are apparent: resist, let others take the lead, or provide leadership and involvement in shaping the development and implementation of information technology in health care. Experience has shown that when a change of this magnitude gains momentum, the only real choice is to be at the engine, not the caboose.

When the CMA House of Delegates met in mid-March, delegates considered multiple proposals for what the CMA's role should be in the emerging HIT industry. While the CMA cannot be all things to all people, it is the logical choice to be the focal point for information, input and education.