Pressure’s On to Adopt EHRs: Help Is Coming

BY MARY ELLEN SCHNEIDER Senior Writer

More than 2 years after President Bush issued his call to action on the electronic health record landscape, one of the biggest players in health information technology gathered in Washington for National Health IT Week. The series of events follows on the heels of more than 2 years’ major action in the health IT landscape starting with President Bush’s State of the Union address in January 2004 in which he declared for the widespread adoption of interoperable EHRs within the decade.

A few months later, the Health and Human Services secretary appointed Dr. David J. Brailer as the first National Health Information Technology Coordinator. Dr. Brailer resigned from the post last month saying that he planned to stay in the job for only 2 years. Dr. Brailer said there is still a lot of work to be done in closing the adoption gap between large and small physician practices. His office has been focused on three strategies to close the gap—lowering costs, raising the benefits, and lowering the risks involved in purchasing an EHR system, he said during a teleconference announcing his resignation.

Last fall, HHS Secretary Mike Leavitt established the American Health Information Community, a federally chartered commission to advise the secretary on interoperability issues. HHS proposed allowing hospitals and other entities to give physicians health IT hardware, software, and training. HHS also awarded three contracts to public and private groups to create processes for harmonizing information standards, certifying health IT products, and addressing variations in state laws on business policies surrounding health information exchange. The federal government has funded more than 100 of these regional projects, and more efforts, supported by private industry or state governments, are underway, according to HHS.

The states are really buying into this whole initiative,” Mr. Roberts said.

For the majority of physicians, it just has not made financial sense to purchase an EHR system, Dr. Allen said. However, some physicians are beginning to see a strategic advantage in the adoption of technology. One advantage stems from regulations that encourage electronic prescribing. EHR adoption is inevitable, Dr. Allen said, so it is important that physicians are trained on EHRs and won’t go back to a paper system once they enter practice. And older physicians recognize that the change is coming, she said. Dr. Allen advises physicians that they don’t need to jump into a full-blown EHR system. Electronic prescribing systems and electronic patient registries may be ready to adopt than they should, she said. Physicians can purchase EHRs in a modular fashion so that they can ramp up over time, she said.

The means for objectively comparing EHR systems is ‘about to become a reality.’ The hope is that this will boost the current 14 percent physician adoption rate.

More recently, the Food and Drug Administration established a Systematized Nomenclature of Medicine—Clinical Terms (SNOMED) standard as the format for the highlights section of prescription drug labeling. The format will be required starting on June 30 for all new drugs and drugs approved within the last 3 years. The use of the SNOMED standard will make it easier for electronic systems to exchange FDA-approved labeling information, according to the agency.

Although most sign major developments has been the establishment of the Certification Commission on Health Information Technology (CCHIT). This group was formed in 2004 by the American Health Information Management Association, the Healthcare Information and Management Systems Society (HIMSS), and the National Alliance for Health Information Technology to develop criteria for the certification of EHRs.

CCHIT received a 3-year grant from HHS last fall to certify products in the ambulatory sector is expected by early July.

The means for objectively comparing EHR systems is “about to become a reality,” said CCHIT Chair Dr. Mark Leavitt. Current estimates put physician adoption of EHRs at around 14 percent. Dr. Leavitt said more physicians are making the decision by taking some of the risk out of buying an EHR product it will boost those adoption figures.

“I think we are on track,” said Dave Roberts, vice president of government relations at HIMSS. Although physicians still need to be educated about the value of EHRs, there are some other encouraging signs. For example, many states are helping to form regional health information organizations, he said.

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Supporting HIV/AIDS Fight More than half (56%) of respondents to a recent poll said they believe the U.S. government isn’t spending enough money to help combat HIV/AIDS in developing countries, up from 31% in 2002, according to poll sponsor the Kaiser Family Foundation. However, even more Americans said the government isn’t doing enough at home. About 63% said the federal government is spending too little to address the HIV/AIDS epidemic in the United States. This figure is up from 52% in 2004. “Perhaps surprisingly, it appears that the American public, especially those suffering from AIDS fatigue,” Drew E. Altman, president and CEO of the Kaiser Family Foundation said in a statement. “They want more done and believe it will pay off.” The survey included a random, nationally representative sample of more than 2,500 adults. Detailed results are available online at www.kff.org/kaiserpolls/7911.cfm.

Abortion Training Gaps Nurse practitioners, physician assistants, and certified nurse midwives who provide abortion services in first trimester abortion procedures, according to a study that was published in the April issue of Contraception. Of the 202 accredited advanced practice clinician training programs that responded to a survey, 53% reported that they offer didactic instruction in at least one abortion procedure. Of the 202 accredited advanced practice clinician training programs that responded to a survey, 53% reported that they offer didactic instruction in at least one abortion procedure. Of the 202 accredited advanced practice clinician training programs that responded to a survey, 53% reported that they offer didactic instruction in at least one abortion procedure. Of the 202 accredited advanced practice clinician training programs that responded to a survey, 53% reported that they offer didactic instruction in at least one abortion procedure. Of the 202 accredited advanced practice clinician training programs that responded to a survey, 53% reported that they offer didactic instruction in at least one abortion procedure.