

Health Information Technology

Issue

The work of hospitals is caring for patients. Every day the women and men of America's hospitals strive to improve the safety and quality of that care. Research has shown that certain kinds of information technology (IT) – such as computerized physician order entry (CPOE), computerized decision support systems, and bar-coding for medication administration – can limit errors and improve care. IT also can be a tool for improving efficiency. While hospitals have been pioneers in harnessing IT to improve patient care, quality and efficiency, the challenge now is to extend its use and integrate it into the routine care processes in all hospitals, big and small, in both rural and urban areas.

A 2005 AHA survey of hospitals and health systems showed that the field is committed to adopting IT, but hospitals fall along a spectrum of use from just getting started to running sophisticated systems. Most hospitals are still at the lower end of the spectrum. The most commonly cited barriers to further adoption of IT are initial investment costs, followed by lack of interoperability with current systems, and implementation issues. Stringent regulations governing physician referrals (the so-called “Stark” regulations) hamper hospitals’ ability to help physicians in their communities adopt electronic health records (EHRs) and share clinical information across care settings.

President Bush and Secretary Leavitt have prioritized both the adoption of EHRs and development of a national health information network (NHIN) that would allow clinical data to follow the patient across settings of care. Greater health information exchange would allow the emergency department physician to see test results and medications ordered by the patient’s primary care physician, and allow quick and efficient access to needed health records even when a patient is traveling.

Secretary Leavitt has convened the American Health Information Community to bring together public and private sector stakeholders to recommend how to move toward a NHIN. Lawmakers are considering numerous bills that would provide limited amounts of funding for health IT adoption and promote data standards to support exchange through a federal process, among other things.

AHA View

The AHA strongly supports the growing focus on the use of health IT in improving patient safety and quality care in our hospitals. As Congress and the administration consider ways to encourage increased adoption and greater information exchange, we will advocate for solutions that address major barriers to realizing the promise of health IT, including:

Increased standardization. Both adoption and information sharing will increase when health information and IT applications are more standardized. For example, to have data at the point of care, laboratory information systems need to be integrated with pharmacy systems and the patient’s health record. Currently, hospitals devote considerable staff



and financial resources to creating interfaces between systems or other IT “work-arounds.” Greater standardization across information technologies, and improvements that make IT systems easier for caregivers to use, would facilitate adoption. Information exchange requires even greater standardization across settings of care, such as a physician’s office and a hospital’s emergency department.

Funding. Health IT is costly. Most of the initial cost is borne by hospitals, while the financial benefits often flow downstream to other providers, payers and employers. For this reason, the AHA believes that providers and payers must share these investments. Moreover, maintenance costs are significant. Adoption of health IT is more difficult for small and rural hospitals because they likely have a less developed infrastructure and less staff support (both technical and administrative). The AHA will advocate for increased Medicare payments to support the ongoing costs of IT, as well as low-interest loans and grants to support both hospitals’ initial investments in IT and the development of health information exchange projects.

Regulatory relief. Despite the links to improved quality of care, only about 20 to 25 percent of physicians use EHRs. Many physicians do not have the financial or technical resources needed to navigate the complex IT market. Some hospitals have more advanced IT systems than the physicians practicing in their community. To facilitate the sharing of clinical information and improve patient care, hospitals may want to provide community physicians with hardware, software, connectivity, or other assistance that would allow them to maintain EHRs for their patients and share clinical data with the hospital. However, hospitals cannot do so because of physician self-referral, or “Stark,” regulations. The AHA will advocate meaningful changes to the related regulations and seek a legislative remedy, if needed.

A single set of privacy laws. The multiplicity of privacy rules from local, state and federal governments, accrediting bodies and other organizations makes compliance difficult and can interfere with patient care. Simply identifying all of the relevant rules can be a monumental task, let alone determining how to comply when the laws may conflict. A single set of privacy rules is needed to facilitate the use of IT and ensure access by health care providers to needed information at the point of care.

A uniform approach to matching patients to their records. The electronic exchange of health information requires a consistent, reliable mechanism for matching patients to their records. This is best achieved with an individual health information authentication number. Without a single authentication number, there are serious safety risks that could arise from attributing a medical record to the wrong individual. For individuals with common names, a cluster of demographic information may not be sufficient to distinguish between the 37-year-old Mary Jones with diabetes and a penicillin allergy and the 37-year-old Mary Jones in perfect health. Mixing up their records could have serious consequences.