Citizens Health Advisory Council -- Issue Brief 2014

Health Information Technology: What does it mean for you?

Background

Have you ever been frustrated with having to fill out the same paperwork across various health care providers' offices? Is travel to health care appointments in other locations a barrier for you? As a provider, do you see a need to bring more efficiency or effectiveness to your practice? Have you heard the terms Health Information Technology (HIT) or Electronic Medical Records (EMR) in the context of health care reform but wondered what was happening locally? All of these areas were covered in an educational forum hosted by the Citizens Health Advisory Council (CHAC) in the summer of 2014. The promise, challenges and mechanics of HIT and EMR were discussed. This issue brief provides key information. A full set of the forum presentations can be found at www.chaclaplata.org/hit.asp.

Members of the community learn about HIT and EMR at a forum hosted by the CHAC in the summer of 2014.

"When health information technology is designed and implemented well, it can help clinicians improve health care for patients. New apps may help patients become more engaged in their health and their care. When combined with other improvement methods, these tools can help our nation move toward a high-value health system."

– Doug McCarthy, Senior Research Director at the Commonwealth Fund

HIT (Health Information Technology) and EMR (Electronic Medical Records) are the wave of the future in health care. HIT is the broader system enabling all of this to occur while EMR refers to a patient's individual record. Their adoption was catalyzed by incentives provided through the federal government's economic stimulus enacted during the recession as well as provisions of the new national health care law combined with advances in technology and market forces. Simply put, HIT and EMR are electronic systems that allow for sharing of information among providers with permission. HIT and EMR, if used correctly, can result in reduction of paperwork and cost savings in our health care systems. They allow for expanded use of telemedicine. These technologies also allow patients to more easily set appointments by email, use technology platforms in their care and, view lab results or other records with a tablet, smart phone or home computer.

HIT and EMR are not a single project with a beginning and an end point. They are systems, processes, and technologies being instituted in hospitals and providers' offices of all types across the country. The central theme is sharing of data to assist with care coordination and delivery, patient education, and cost reduction. At their very best, they allow providers to see a patient holistically and enable patients to have much greater access to their information. However, concerns exist about HIT and EMR such as patient confidentiality, computer hacking and security, cost, and a perceived degradation by some people of the patient/provider relationship in the exam room. Also, purchasing of and transitioning to HIT is costly and instituting it in a rural/resort community is very challenging.

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Voices and Views

The speakers at the CHAC forum each gave in-depth perspectives and presented from many vantage points. Speakers included a health care policy expert, an authority on HIT information technology, a hospital physician and administrator, and a consumer. What follows is a summary of this forum.

Policy Expert and The Big Picture: Doug McCarthy is a Senior Research Director for the Commonwealth Fund. Doug said that hopefully HIT and EMR can help decrease costs and thus, allow more dollars to be freed up for improvements in care and savings in premiums. He also relayed that HIT has many intended benefits such as encouraging improved health and a better care experience for the patient. No single doctor or provider has a complete picture of a patient. HIT and EMR can help everyone working with a patient to be able to see and act upon the patient's needs in a more holistic manner. The United States is one of the most technologically advanced countries in the world, yet we are behind other countries in health care measures. Doug encouraged everyone to be concerned that we are behind technologically and proposed that HIT is one way America could catch up.

Mr. McCarthy presented a case study where Boston's Children Hospital gave iPads to patients to use while hospitalized. This project demonstrated results in the following areas:

- ✓ allowed patients to see their care plan;
- ✓ provided the results of their tests quickly;
- ✓ provided a way to ask questions and interact with their provider(s) in new ways; and
- ✓ offered a place to list questions that they wanted to remember to ask their physician(s).

Since the study's success, the hospital relies on patients bringing their own devices, while offering loaners for those who do not own one. Another example is Boston Medical Center's use of avatars (interactive talking software) after realizing that too many patients were coming back after being discharged and they needed better education. The avatars provide patients with basic information on their condition and how to care for themselves at home. This technology also allows a patient to access information at his or her own pace.

One issue nationally is that reimbursement systems have not caught up to where HIT or EMR technologies are and until they do, the technologies cannot be fully utilized. Some study results have not shown an advantage to all patients whose physicians use EMR. However, the field of study is new so longer term studies are needed. There are many, many challenges to instituting HIT, but in most studies, HIT and EMR accomplished what they set out to do.

And finally, Doug said, all of these discussions should prompt us to ask: *How do these systems create optimal care? Can HIT help patients see how it all impacts them and can thus be more engaged with their doctor or other provider?*

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Technology Provider: Scott Wallace is the Development and Outreach Manager for Colorado Regional Health Information Organization (CORHIO). CORHIO is the main provider of HIT in our area. Scott said that HIT is rolling out in La Plata County, but by no means is the system complete. It will likely take years before the HIT and EMR systems are fully operating at most practices and hospitals, and before systems are "talking to each other with ease." CORHIO is developing one single connection that can work with all platforms used by clinics, hospitals, labs and other care providers. Simply put, a "platform" is the way a medical provider interacts with other providers and patients through an HIT system. He also covered the more technical aspects of HIT which is important for those working in private practices or other medical settings to know. With HIT, there are data senders and data receivers. Typically, five data feeds come from one hospital: lab results, radiology reports (no images), pathology reports, transcriptions, and admission discharge or transfer information. CORHIO is helping providers move towards: better pharmacy information; quality diagnostic medical images instead of just reports for radiology; and the ability for physicians to order tests, labs and more. This process is being developed through several stages which offer incentives to providers. The first stage is adopting the technology and demonstrating use. The second stage is interacting with other providers, e-prescribing, sharing information and allowing patient-controlled data. The third stage is allowing for a more high performance healthcare system. Patient portals are accessible now and patients can access their records either at the practice, hospital, or at home.

Mercy Regional Medical Center (MRMC): William Plauth, M.D., Chief Medical Officer (top left) along with **William McConnell**, Vice President of Operations and Outreach Strategies/Administrator CHPG Southwest at MRMC (bottom left). Both weighed in on how a major regional hospital is addressing HIT and EMR. MRMC is instituting EMR and HIT across its systems including at the main hospital in Three Springs as well as its facilities in Bayfield and at the Horse Gulch Medical Campus. The use of a patient portal system and advances in telemedicine characterize changes at Mercy in the arena of HIT and EMR.

These speakers emphasized that HIT and EMR cannot be separated from overall changes and trends in the health care system such as a move to focusing on wellness, medical neighborhoods, and primary care; the advent of integrated health care (addressing patients' needs in a holistic manner); new quality measures being mandated as part of the new national health care law, etc. In other words, HIT and EMR are not functioning in isolation and are being instituted alongside many shifts in health care philosophy and delivery.

Ideally, these technologies will address specific problems in the health care system. For example, across the country, many patients are at risk of inadvertent harm by interacting with the very same health care system which is designed to help them. The hope and expectation of HIT is to provide the right information, at the right time, to the right people to reduce this risk and lead to better patient outcomes and experiences. For example, HIT helps eliminate errors due to not being able to clearly read handwritten prescriptions or orders.

Citizens Health Advisory Council -- Issue Brief 2014

Health Information Technology: What does it mean for you?

Another technology that is now available at MRMC is a patient portal. This technology allows patients to have much easier and more readily-available access to their records (EMR) from their homes, smart phone or tablets. There are various ways a portal technology can be implemented including putting in filters to control who sees various types of data. One issue raised is the idea that 85% of patients want full access to their records whereas only 30% of providers want that level of access for their consumers. Some providers feel that patients may misinterpret their record or call for unnecessary tests or procedures as a result. Thus, many new relationships and complexities occur when patients have an EMR that they can access.

A couple of challenges or "downsides" of HIT were mentioned. First, patient confidentiality is a concern. With computer hacking being commonplace, this is a real issue. There are no easy answers even though providers use methods to attempt to prevent hacking. Next, some people do not like their provider using a computer to enter information during a visit because it feels too impersonal. Balancing the provider/patient relationship with a need to be efficient and profitable is a dynamic tension. Finally, who owns the patients' information? The answer is that the medical practice owns it, but there is concern about who can access it or obtain it from a provider (e.g., insurance companies, the government, etc.).

Not very many local providers across our community have started fully using an HIT or EMR program. The reasons vary but include the cost for instituting a system is high such as buying the equipment and software, and training staff and medical personnel. Some providers are reluctant to change or they are waiting for a different HIT or EMR system to become available. Another issue is that some providers have set up a system, but it cannot "talk to" the hospital or other providers. This is definitely a work in progress. Getting all providers in a community such as La Plata County to use the same system is a significant challenge that will take years.

Consumer: Christina Brown, the Colorado State Chapter Director of the Pediatric Hydrocephalus Foundation, spoke about her family's experience. Brown is the mother to Jaden, who has hydrocephalus, which is excess spinal fluid on the brain. Due to the complexities of Jaden's condition, the Browns must receive specialized health care including surgery, consultations and other care at Children's Hospital in Denver. Ms. Brown gave several examples of the benefits of HIT including having tests done locally and sent to Children's Hospital for interpretation with results discussed via telemedicine technology. This model saved her family money and lost work time. Ms. Brown relayed that HIT has helped her family.

Summary

- ✓ HIT and EMR are rolling out in our community in many ways. However, it will take years before a seamless HIT system exists among all providers and our hospitals. There are many challenges and bumps in the road. However, more and more providers are coming on board, and more patients are asking for an EMR and becoming familiar with the technology.
- ✓ Many concerns exist about these advances and, as always, the CHAC advocates for the patient being at the center of benefit and concern.
- ✓ Ways that citizens and patients can get involved are to be educated on the issues; to discuss concerns or ideas with health care providers; and to fully use EMR if it is available and desired.
- ✓ Stay tuned! EMR and HIT are "works in progress" in La Plata County and in our region.