

**American Health Information Community**  
**Workgroup on Electronic Health Records**  
**Summary of the Web Conference held Tuesday, June 27, 2006**  
**(6th Web Conference of This Workgroup)**

## **PURPOSE OF MEETING**

The Electronic Health Records Workgroup (EHRWG) completed and delivered to the Community its recommendations regarding its specific charge on May 16, 2006. The purpose of the June 27<sup>th</sup> meeting chaired by Dr. Jonathan B. Perlin and Ms. Lillie Gelinas was the identification of the first set of critical components of the workplan for the EHRWG's broad charge:

*Make recommendations to the American Health Information Community (the Community) on ways to achieve widespread adoption of certified EHRs, minimizing gaps in adoption among providers.*

The EHR workgroup also needed to decide how to move forward with its additional charge related to health information for emergency first-responders:

*Make recommendations to ensure that the critical health information that first-responders need when attending to people in a disaster or emergency situation can be made available electronically.*

## **KEY TOPICS**

### **1. Review of Goals, Objectives and Strategies to Guide the EHRWG Workplan**

A draft document entitled "Goals, Objectives, and Strategies" (updated June 6, 2006) prepared by the Office of the National Coordinator (ONC) was used as a basis for the EHR Workgroup's discussion. The document had four goals, each with a specific set of objectives and strategies designed to guide the development of a workplan for the EHRWG.

The EHR Workgroup went through the ONC document to identify which of the document's goals, objectives, and strategies should be considered critical components in the implementation of the workgroup's broad charge. The workgroup considered whether they were comfortable with the language describing the objectives and strategies, as well as what issues might need to be clarified, amplified, or added. Decisions and key points made by EHR Workgroup members during the discussion of the four goals and related objectives and strategies are highlighted below.

#### *GOAL #1: INFORM HEALTH CARE PROFESSIONALS*

EHR Workgroup members agreed that *Goal #1: Inform Health Care Professionals* should definitely be a critical component of the workgroup's plan for accomplishing its broad charge, because health professionals are likely to be the key drivers of widespread adoption of EHRs.

##### *Objective 1.1: High Value EHRs*

It was agreed that this objective should be a first-wave component of the workplan for accomplishing the EHR Workgroup's broad charge. The recommendation was made to add a statement of scope to the description of this objective to clarify that it applies to the adoption of EHRs in both hospital and ambulatory settings. A concern was raised that the overall description of the objective puts too much emphasis on the financial aspects of value and should be rewritten to include the clinical quality aspects of value (e.g., value from reductions in the duplication of care, misuse, overuse, or underuse

of care, mortality and morbidity related to lack of interconnected EHRs in the private sector, etc.)

- Strategy 1.1.2: Increase incentives for clinicians to use EHRs. This strategy elicited the following comments:
  - *People have varying opinions about what clinicians value, but an effort should be made to rely on actual evidence.*
  - *It is important to consider the practicability of including different types of information, as well as the value to clinicians.*
  - *If we try to project a priority for the content of EHRs chronologically we may be very wrong. A process that defines how decisions are made about priorities for rolling things out in EHRs is needed. Such a process would also allow coordination with the Healthcare Information Technology Standards Panel (HITSP) standardization process and EHR certification process.*
  - *One approach to prioritization of what is included in EHRs would be to prioritize by medical specialty. On the first go-around, the priority should be primary care, which lags far behind specialty care in terms of EHR adoption.*

### *Objective 1.2: Low Cost and Low Risk EHRs*

The EHR Workgroup agreed that this objective should be a first-wave component of the workplan for accomplishing the EHR Workgroup's broad charge. The financing of EHRs is extremely important, because costs will be a major hurdle to the widespread adoption of EHRs. If Objective 1.2 cannot be raised to the level of a goal instead of being embedded two levels down as a strategy, it should at least be made the first objective (Objective 1.1) under Goal #1.

- Strategy 1.2.1: Foster economic collaboration for EHR adoption.
  - *In connection with this strategy, it is important to consider reimbursement issues related to the use of EHRs and electronic episodes of care. It is also important to consider the need for legal changes (e.g., expanded safe harbors and anti-kickback laws).*
  - *In the first paragraph of Strategy 1.2.1, add "laboratory service providers" as one of the parties interested in supporting the adoption of EHRs.*
- Strategy 1.2.2: Lower total cost of EHR purchase and implementation.
  - *It is important to reduce risks for physician practices, hospitals, etc., to get them to change their "wait and see" attitude (waiting for others to adopt EHRs, and waiting for the price to come down).*
  - *Strategy 1.2.2 needs to be changed to reflect the fact that there are geographic and other variations in the costs and effort required to purchase and implement EHRs (e.g., in some areas, large payers will pay physician practices for e-prescribing).*

### *Objective 1.3: Current Clinical Knowledge*

Although EHR Workgroup members agreed that this objective is a very important priority, they also agreed that it should be a second-wave component of the workplan for accomplishing the EHR Workgroup's broad charge, because it is going to be difficult to develop and roll out the relevant strategies and associated actions. (Priority and plan sequence are two different things.)

Several difficult questions did arise in connection with this objective: Where does the public good end and the business proposition begin in terms of disseminating knowledge? How do we define what the EHR is? When does decision support come into the EHR? How do we prioritize data and functionality of the EHR? The EHR Workgroup should consider developing its own EHR roadmap

for making recommendations to the Community about the data elements, data types, functionality, etc., of EHRs.

#### *Objective 1.4: Equitable Adoption of EHRs*

This objective should be a second-wave component of the workplan for accomplishing the EHR Workgroup's broad charge. Once there is widespread adoption of EHRs in a region, there could be specific outreach to safety net providers.

### *GOAL #2: INTERCONNECT HEALTH CARE*

Without discussing specific objectives or strategies, EHR Workgroup members agreed that *Goal #2: Interconnect Health Care* and its related objectives and strategies are critical to the EHR Workgroup's broad charge. This goal should be a first-wave component of the EHR Workgroup's workplan for accomplishing its broad charge. Interoperability is a critical enabler for the private sector, the Federal Government sector, and anybody participating in electronic information exchange. An important question that remains to be addressed is how to prioritize the development of standards.

### *GOAL #3: PERSONALIZE HEALTH MANAGEMENT*

EHR Workgroup members agreed that *Goal #3: Personalize Health Management* is not a critical component of the EHR Workgroup's plan for accomplishing its broad charge. More specific comments included the following:

#### *Objective 3.1: Consumer Use of Personal Health Information*

- Strategy 3.1.1: Establish the value of personal health records (PHRs), including consumer trust.
  - *The language of the phrase “no standard exists today to ensure that [personal health records] meet a minimum set of requirements” should be changed to reflect the idea that the standards for personal health records (PHRs) will necessarily differ for different conditions (e.g., diabetic insulin vs. heart disease vs. COPD). There should not be any standard for PHRs at a high level.*

#### *Objective 3.2: Remote Monitoring and Communications*

It was agreed that Objective 3.2 may be relevant to the EHR Workgroup, but not immediately. This objective should be addressed as a second or third-wave component.

### *GOAL #4: IMPROVE POPULATION HEALTH*

EHR Workgroup members agreed that *Goal #4: Improve Population Health* is not a critical component of the EHR Workgroup's plan for accomplishing its broad charge.

#### *Objective 4.2: Efficient Collection of Quality Information*

This objective might be a second- or third-wave component of the EHR Workgroup's plan for accomplishing its broad charge. The private sector makes quality a high priority as reflected in the increased use of pay for performance measures. The collection of quality information is more of an incentive for hospitals to adopt EHRs than for clinicians; for clinicians, the quality measures can be extracted from other sources. Before data can be used to collect information about quality, however, the data must be available in an electronic form that is easily shared among different parties.

### *Next Steps*

The major objective at the EHR Workgroup's meeting in July will be to prioritize the components of the workplan for accomplishing the workgroup's broad charge related to the widespread adoption of EHRs. Prior to that meeting, ONC staff will revise the "Goals, Objectives, and Strategies" document. The ONC staff will also share with workgroup members a document incorporating the decisions made at this meeting about which goals, objectives, and strategies are critical components of the EHR Workgroup's workplan for achieving its broad charge. ONC staff will also provide information about what the Federal Government and private sector are doing to support these strategies. ONC staff will report at the July workgroup meeting about priorities for data standards in primary care and will line up some public testimony, making sure that the testimony is very specific to what the EHR Workgroup is trying to accomplish. Eventually, the EHR Workgroup will recommend tactics and actions related to each goal and strategy on which it chooses to focus.

## **2. Health Information for Emergency First-Responders**

The EHR Workgroup discussed the workgroup's new charge to make recommendations to ensure that critical health information is available electronically to first-responders attending to people in a hurricane or other disaster. The goal is for personal preparedness personal health records (PHRs) to be pilot tested in a number of places during the next hurricane season. Dr. Bell explained that the EHR Workgroup needs to make a recommendation to the Community about moving forward with this charge.

Dr. Perlin reported that the EHR Workgroup's cochairs had volunteered to mock up personal preparedness PHRs for first-responders. He also noted that the U.S. Department of Health and Human Services recently published two related Requests for Information in the *Federal Register* (<http://www.hhs.gov/emergency/rfi/>): (a) Development and Implementation of Electronic Benefits Transfer System for Victims of Disaster to Receive Federal and State Benefits; and (b) Voluntary Storage of Personal Data in Preparation for Emergencies.

Dr. Bell suggested that the EHR Workgroup consider a list of data elements that may need to be standardized for PHRs for first-responders at its upcoming meeting in July, so the workgroup could endorse a critical set of data elements to the Community. The community could then ask HITSP to develop data standards for the elements.

Ms. Fischetti said some work on minimum data sets for emergency responders has already started and encouraged the EHR Workgroup to recommend that HITSP take on the data harmonization work. It was suggested that critical elements of data standardization would be the ability for those data to move across multiple EHRs, from and into EHRs that are designed specifically for emergency responders, and be seamless with the other IT health systems that are in place. The EHR Workgroup might also recommend that key stakeholders (e.g., the emergency medical technicians, emergency room physicians, the public health service departments, FEMA) participate in the harmonization activity.

### *Next Steps*

ONC staff will develop a draft recommendation to the Community with respect to HITSP's development of a harmonized set of standards for emergency responders. ONC staff will then circulate that draft among workgroup members for review and comment, so that the EHR Workgroup can officially sign off on a recommendation at the July meeting.

## **SUMMARY OF RECOMMENDATIONS/ACTION ITEMS**

### **1. Review of Goals, Objectives and Strategies to Guide the EHRWG Workplan**

*GOAL #1: Inform Health Care Professionals* is vital for the workgroup to consider as a component of its

workplan for accomplishing its broad charge, because health professionals are likely to be the key drivers of widespread adoption of EHRs

—*Objective 1.1: High Value EHRs* should be a first-wave component of the EHR Workgroup’s workplan. ONC staff should change the objective as follows: (a) include a statement of scope to clarify that both hospital and ambulatory EHRs are included; (b) make the quality case for EHRs, not only the financial business case; and (c) include a statement about focusing on medical specialties, with an initial focus on primary care, in terms of deciding what information to roll out in EHRs.

—*Objective 1.2: Low-Cost and Low-Risk EHRs* should also be a first-wave component of the EHR Workgroup’s workplan. ONC staff should (a) make this objective the first objective under Goal #1 so that it is the first barrier to be addressed and include all of the strategies to offset costs ; (b) add laboratory service providers as an interested party in Strategy 1.2.1; and (c) change Strategy 1.2.2 to reflect the variation in the costs and effort required to purchase and implement EHRs.

—*Objective 1.3: Current Clinical Knowledge*, though very important, should be a second-wave component of the workplan for accomplishing the EHR Workgroup’s broad charge, because it is going to be difficult to develop and roll out the relevant strategies and associated actions. The EHR Workgroup should consider developing its own EHR roadmap for making recommendations to the Community about the data elements, data types, functionality, etc., of EHRs.

—*Objective 1.4: Equitable Adoption of EHRs* should be a second-wave component of the EHR Workgroup’s workplan for accomplishing its broad charge.

*GOAL #2: Interconnect Health Care* should be a first-wave component of the EHR Workgroup’s workplan for accomplishing its broad charge.

*GOAL #3: Personalize Health Care* is not a critical component of the EHR Workgroup’s plan for accomplishing its broad charge at the present time, although Objective 3.2: Remote Monitoring and Communications should be addressed as a second or third-wave component of the EHR Workgroup’s workplan. The language in Strategy 3.1.1 should be modified to reflect the idea that PHRs will differ for different chronic conditions.

*GOAL #4: Improve Population Health* is not a critical component of the EHR Workgroup’s plan for accomplishing its broad charge at the present time, although some of the strategies in Objective 4.2 Efficient Collection of Quality Information may be addressed as a second- or third-wave component of the EHR Workgroup’s plan.

### *Next Steps*

At the EHR Workgroup’s meeting in July, the major objective will be to prioritize the components of the workgroup’s workplan for accomplishing its broad charge. Prior to that meeting, ONC staff will revise the “Goals, Objectives, and Strategies” document and share a document with workgroup members incorporating the decisions made at this meeting about which goals, objectives, and strategies are critical components of the EHR Workgroup’s workplan for achieving its broad charge. ONC staff will also provide information about what the Federal Government and private sector are doing to support these strategies. ONC staff will report at the July meeting about priorities for data standards in primary care and will line up some public testimony ; every effort will be made to ensure that the testimony is very specific to what the EHR Workgroup is trying to accomplish.

## **2. Health Information for Emergency First-Responders**

ONC staff will develop a draft recommendation to the Community with respect to HITSP’s development of a harmonized set of standards for emergency responders. The staff will then circulate that draft among workgroup members for review and comment, so that the EHR Workgroup can officially sign off on a recommendation at the July meeting.

## **CONCLUDING REMARKS**

There were no public comments. In response to a question from Mr. Houston, Dr. Bell said that the plans for him and Mr. Isenstein to serve on a Consumer Empowerment Subgroup are still in place. They are choosing cochairs for the group. Dr. Gelinis and Dr. Perlin concluded the meeting, thanking EHR Workgroup members, presenters, and ONC staff for all their efforts.

**Workgroup on Chronic Care**  
**Members and Designees Participating in the Web Conference**

Dr. Jonathan B. Perlin <i>Co-chair</i>	U.S. Department of Veterans Affairs
Lillee Smith Gelinias <i>Co-chair</i>	VHA, Inc.
Dr. Karen Bell <i>Staff Co-chair</i>	ONC/Department of Health and Human Services
Dr. Carolyn Clancy	Agency for Healthcare Research and Quality
Jason DuBois (for Alan Mertz)	American Clinical Laboratory Association
Linda Fischetti (for Dr. Jonathan B. Perlin)	U.S. Department of Veterans Affairs
Bart Harmon	U.S. Department of Defense
John Houston	National Committee on Vital and Health Statistics
Howard Isenstein	American Federation of Hospitals
Connie Laubenthal (for John Tooker)	American College of Physicians
Daniel Morreale (for George Lynn)	American Hospital Association
Ken Waldbillig (for Mark Lewis)	EMC Corporation

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