

**American Health Information Community
Electronic Health Records Workgroup
Summary of the 12th Web Conference of this Group
Thursday, January 11, 2007**

PURPOSE OF MEETING

Charges for the Electronic Health Record Workgroup (EHR WG)

1. **Broad Charge:** Make recommendations to the Community on ways to achieve widespread adoption of certified electronic health records (EHRs), minimizing gaps in adoption among providers.
2. **Specific Charge:** Make recommendations to the Community so that within one year, standardized, widely available, and secure solutions for accessing current and historical laboratory results and interpretations are deployed for clinical care by authorized parties.

The primary objectives of the 12th Web conference of the EHR WG meeting, chaired by Jon Perlin and Lillie Gelinas, were the following:

1. Receive an update from the Office of the National Coordinator (ONC) on Health and Human Services (DHHS) Secretary Michael Leavitt's decisions regarding the baseline EHR adoption rates and future plans for the EHR WG.
2. Receive an update from ONC on plans for a "breakthrough" pilot project to demonstrate the value to patients, to providers, and to payers of ambulatory care clinicians' electronic access to current and historical laboratory results.
3. Hear presentations on topics relevant to the development of recommendations in three of the five critical domains relevant to the EHR WG's broad charge:
 - *Legal/regulatory domain* – a panel discussion by three attorneys on malpractice/ethical issues that might pose barriers to or incentives for the adoption of EHRs
 - *State-of-the-technology domain* – presentations on EHRs that have been successfully implemented by (a) the U.S. Department of Veterans Affairs (VA), (b) the Indian Health Service (IHS), and (c) the U.S. Department of Defense (DoD)
 - *Organizational domain* – presentations on electronic prescribing ("e-prescribing") as a pathway to full EHR adoption.

INTRODUCTORY REMARKS

Dr. Perlin asked EHR WG members, when listening to the day's presentations, to be thinking of their top three recommendations for surmounting environmental obstacles to broader adoption of EHRs. He noted that this task would require two steps: (a) identifying an obstacle or barrier and (b) identifying an insight that could help achieve the objective of rapid implementation and

adoption of EHRs. Ms. Gelinas urged EHR WG members to bear in mind the Workgroup's broad and specific charge and to keep the discussion relevant to the process.

The minutes from the EHR WG's 11th Web conference, on November 7, 2006, were approved. Ms. Gelinas requested that ONC staff keep the EHR WG apprised of the status of the action items listed in those minutes.

Staff Action Item #1: ONC staff will update EHR WG Co-chairs and members on the status of all the staff action items listed in the minutes of the November 2006 meeting of the EHR WG.

KEY TOPICS

1. Baseline and Target EHR Adoption Rates and Future Plans – Karen Bell, ONC
Measurement of the baseline EHR adoption rate among physicians. Dr. Bell explained that DHHS Secretary Leavitt has decided to use a baseline EHR adoption rate among physicians of 10 percent in 2006 rather than a baseline of 17 percent. The 10 percent baseline reflects the use of the standardized definition of EHR adoption put forth in the Robert Wood Johnson Foundation's (RWJF) new report *Health Information Technology in the United States: The Information Base for Progress*, namely the actual use of four basic functionalities of an EHR: (a) ordering lab results, (b) obtaining lab results, (c) ordering prescriptions, and (d) keeping track of progress notes (<http://www.rwjf.org/files/publications/other/EHRExecSummary0609.pdf?gsa=1>). DHHS Secretary Leavitt's target EHR adoption rate among physicians for 2014 is 50 percent.

Plans for developing the EHR WG's recommendations. Dr. Bell noted that at its meeting on February 22, 2007, the EHR WG would formulate recommendations to The Community related to its broad charge. To help EHR WG members prepare for that meeting, ONC staff would send Workgroup members summaries of all the presentations and discussions in the five critical domains relevant to the EHR WG's broad charge. Dr. Bell asked EHR WG members to "do some homework" and use the summaries to develop their thoughts on barriers and enablers in preparation for the February meeting. At Ms. Gelinas's request, Dr. Bell agreed that ONC staff would send EHR WG members a summary of the findings from the RWJF report, along with the summaries of presentations in the five critical domains. Dr. Perlin noted there is an executive summary of the report at the Web link for the report and Chapter 5 identifies four factors that research suggests drive EHR adoption.

Staff Action Item #2: ONC staff will send EHR WG members summaries of all presentations to the EHR WG in the five critical domains relevant to the EHR WG's broad charge – financial, medical/legal, state of the technology, privacy and security, and workflow/cultural – for EHR WG members to use as a platform to formulate recommendations at their next meeting on February 22, 2007. In addition, ONC staff will send EHR WG members a summary of the findings from the RWJF report *Health Information Technology in the United States: The Information Base for Progress*.

ONC's preparation of use cases for the Community. Dr. Bell reported that ONC staff would be working with all of the Workgroup Co-chairs to present a series of about nine different use cases for the Community to prioritize at its next meeting on January 23, 2007. A representative from each workgroup would present the provider perspective, the patient perspective, and the "other" perspective on the different scenarios at the January meeting. Blackford Middleton would be the EHR WG's representative and would probably be contacting some EHR WG members soon to discuss this.

2. EHR WG #11 Breakthrough Project Planning: Lab Value Metrics Discussion – LCDR Alicia Bradford, ONC

A 1½-page draft planning document entitled "EHR WG #11 Breakthrough Project Planning," for a project on the value of clinicians' having access to current and historical lab results, was distributed to EHR WG members prior the meeting. LCDR Bradford asked EHR WG members to offer feedback and comments on the document by January 30, 2007. She promised that she would turn these comments around very quickly to develop a high-level scope of work for the project so that EHR WG members could review that as well. Jason DuBois and Dr. Middleton noted that there was already some evidence of the value of having access to lab results available (e.g., the Indianapolis regional health information organization [RHIO], the Center for Information Technology Leadership study on interoperability). Dr. Bell said that the ONC will want to leverage that information.

Staff Action Item #3: ONC staff, using EHR WG members' comments received by January 30, 2007, on the 1½-page draft planning document for a pilot project to demonstrate the value of ambulatory care clinicians' having access to current and historical lab results, will turn around a high-level scope of work for the project quickly and send it to EHR WG members for their review prior to the next EHR WG meeting on February 22, 2007.

3. Legal/Regulatory Domain: Panel on Providers' Liability Issues Related to the Adoption of EHRs

A panel consisting of three attorneys with different kinds of practice experience presented their views on liability issues that they thought the EHR WG should consider in formulating recommendations related to its broad charge. The panel was moderated by Melissa Goldstein, J.D., from The George Washington University in Washington, DC.

a. Michael L. Kidney, J.D., Partner, Hogan & Hartson, L.L.P.

Mr. Kidney's practice at Hogan & Hartson in Washington, DC, focuses on defending health care entities in product liability suits and on helping such entities avoid liability in the first place. Mr. Kidney identified three liability issues related to the adoption of EHRs:

1. *Increased liability arising from adoption of EHRs.* According to Mr. Kidney, there is not much case law on potential liability related to the search for or review of medical records, but one opinion says that the extent to which records are available to the provider in question is a factor in determining breach of duty. Mr. Kidney believes that the burden on health providers is going to increase exponentially with the adoption of EHRs because of the huge volume of material that becomes available to them. Consequently, some physicians may not want to adopt EHRs. One way to help alleviate this problem might be

to organize EHRs in a way that makes it easy for physicians to review important summary material in the EHR quickly (e.g., significant diagnoses, medical procedures) before digging down deeper to progress notes.

2. *Potential liability related to duty of medical providers to keep and update EHRs.* One could imagine a liability situation in which harm was done as a result of a provider updating an EHR improperly, or because a health system had a power outage that caused certain records not to be available, for example, or information to be in the wrong field.
3. *Decreased liability (to extent system works well) due to decrease of adverse events.* To the extent that EHRs reduce providers' liability by reducing the occurrence of adverse events, they would give providers an incentive to adopt them.

b. Mark F. Tatelbaum, J.D., General Counsel, The George Washington University Medical Faculty Associates, Inc.

Mr. Tatelbaum directs legal services and contracting for information technology for Medical Faculty Associates, an entity that includes more than 300 physicians and 670 support staff and began implementing a robust EHR at the direction of the Chief Executive Officer in 2004. In terms of liability for providers, Mr. Tatelbaum does not believe that EHRs are very different from paper medical records. EHRs might increase the standard of care over time, but that would be a positive development. Mr. Tatelbaum thinks that the major hurdles to EHR adoption are financial issues and privacy and security issues rather than legal issues.

c. Bruce S. Wolff, Partner, Manatt, Phelps, & Phillips, L.L.P.

Mr. Wolff, who has been in private law practice for many years and worked on RHIOs and other health IT initiatives with diverse clients throughout the country, said he believes that most of the legal problems that will arise with EHRs already occur with paper medical records. He thinks the main obstacle to EHR adoption in the legal domain is providers' *perceptions* of additional liability issues. Mr. Wolff rebutted several points made by Nicolas Terry when he addressed the EHR WG in August 2006; however, he did agree with Professor Terry's point that the primary barriers to EHR adoption are financial issues and privacy and security issues rather than legal issues.

4. State of the Technology Domain Presentations: Demonstrations of EHRs Used by the VA, the IHS, and DoD

Representatives of three Federal entities that have successfully implemented EHRs – the Dept of Veterans Affairs (VA), the Indian Health Service (IHS), and Dept of Defense (DoD) – described and gave demonstrations of these entities' EHRs. The interfaces and organization of the EHRs had many similarities, but each organization's EHR had unique features that reflected the mission and characteristics of its sponsoring entity. At Ms. Gelin's request, Dr. Bell agreed that ONC staff would prepare a document summarizing the EHRs' similarities and differences for the next EHR WG meeting.

Staff Action Item #4: ONC staff will prepare a document comparing the EHRs of the VA, the IHS, and DoD – specifically, components used in ambulatory settings—for the next EHR WG meeting on February 22, 2007.

a. Department of Veterans Affairs' EHR – Robert Smith, M.D., and Ross D. Fletcher, M.D.
Dr. Smith described the Veterans Information Systems and Technology Architecture (VistA) system and VA's EHR known as the Computerized Patient Record System (CPRS). He noted that these systems are used by all Veterans Health Administration facilities, which serve more than five million veterans. The CPRS has been in existence for 24 years and undergone numerous refinements. It has been used continuously on a day-to-day basis for all aspects of veterans' health care for a decade. VistA and the CPRS, in addition to being used for patient care, allow the tracking and aggregation of data on health quality measures to motivate change of behavior (e.g., by giving provider-specific feedback, by facilitating VA Health Plan Employer Data and Information Set quality comparisons on specific clinical indicators). Dr. Fletcher gave a live online demonstration of the current CPRS. Ms. Gelinas has received 100 copies of the VistA CD, and an approximately 8-minute video about VistA will be posted on the EHR WG's Website (<http://www.hhs.gov/healthit/ahic/healthrecords/>). Dr. Bell urged all EHR WG members to view the video.

Staff Action Item #5: ONC staff will post a short video about the VA's VistA and CPRS on the EHR WG's Website so that all EHR WG members are able to view it before the next EHR WG meeting on February 22, 2007.

b. Indian Health Service's EHR – Howard Hays, M.D., M.S.P.H.
Dr. Hays, a family physician with 19 years in the IHS and a medical informatics consultant, explained that the IHS serves 1.6 million American Indians/Alaska Natives. He explained that, unlike the VA, the IHS serves autonomous tribes; offers cradle-to-grave care; has smaller, more rurally located health facilities; has a community and population-based mission; and has a very small budget for information technology. The IHS has had an integrated public health information system known as the Resource and Patient Management System (RPMS) (www.ihs.gov/CIO/RPMS) for about 30 years. Many RPMS applications originated in and use the same applications as the VA's VistA system, but the RPMS focuses on visit data contained in the Patient Care Component of VistA, uses health record numbers instead of Social Security numbers as patient identifiers; and yields data tailored to unique reporting requirements of the IHS. Dr. Hays also described the IHS's new EHR – the RPMS EHR (<http://www.ihs.gov/Cio/ehr/>) – which provides a graphical user interface to the RPMS database. Showing screen shots, he noted that the RPMS EHR permits improved access to important clinical information, direct entry of data by clinicians and other users, and clinical decision support tools at the point of care. It also allows for the collection and aggregation of data related to the population-based mission of the IHS, including population-based reporting on immunizations; diabetes management; and integrated case management (iCare). The IHS uses a Clinical Reporting System that tracks nearly 200 performance measures for local use as well as national reporting.

c. Department of Defense's EHR – Colonel Bart Harmon, M.D., M.P.H.
Colonel Harmon, Chief Medical Information Officer for the U.S. Military Health System, said DoD provides health care for 9.1 million active-duty military personnel, retirees, and their families and gave a brief description and demonstration of DoD's interoperable, globally accessible EHR known as AHLTA. He explained that DoD is phasing in the AHLTA modernization process over time and that the system will reach full operational capability in

2011. The first phase of the modernization process was completed in December 2006, giving about 8.7 of DoD's 9.1 million beneficiaries EHRs with encounter documentation, order entry and results retrieval, best-practice reminders, and other features. The second phase of the process, in which dental functions will be incorporated, is now underway. DoD deploys teams into health care settings and combat settings and zones all over the world, so it is designing AHLTA to work equally well in a large tertiary care center or on a laptop in a combat zone in Iraq. DoD also has a mission to detect the use of chemical and biological weapons, so it is designing AHLTA to facilitate structured symptom surveillance for low-level exposure to toxins in an environment. DoD has chosen to modernize its EHR applications starting at the database level and using commercial off-the-shelf software.

5. Organizational Domain: Presentations on E-prescribing as a Pathway to Full EHR Adoption

Two people gave presentations on e-prescribing applications and how e-prescribing might be a catalyst for the broader adoption of EHRs.

a. Notes on E-prescribing from DOQ-IT's Field Experience in Massachusetts – Chuck Parker, Masspro

Mr. Parker, the Chief Information Technology Officer for Masspro, which is introducing Doctor's Office Quality Information Technology (DOQ-IT) to physician practices in Massachusetts, reported that Massachusetts physicians' experiences with e-prescribing applications depend on whether they use (a) standalone e-prescribing applications, which are not integrated with the patient's EHR; (b) e-prescribing applications that are independent modules of EHR systems; or (c) Commission on the Certification of Health Information Technology-certified EHRs that have e-prescribing built in. The standalone e-prescribing applications have several disadvantages (e.g., they necessitate a duplicate workflow; they do not allow drug-to-allergy checking; they do not involve the full practice) and do not provide an easy path to transition to a full EHR. Consequently, Masspro has been steering physician practices away from the standalone applications toward the other two types of e-prescribing applications. Physicians can get bonuses from payers for using full EHRs with the e-prescribing portion turned on first; then they can move to use other functions of the EHR.

b. EHR Adoption in Physician Groups – David C. Kibbe, M.D., M.B.A.

Dr. Kibbe, the senior advisor at the Center for Health Information Technology of the American Academy of Family Physicians (AAFP), said that the EHR certification process, more efficient market conditions for EHRs, and DOQ-IT have led increasing numbers of family physicians to be interested in using EHRs. The AAFP estimates that in 2003, about 10 percent of AAFP members were using EHRs, mostly to document their clinical encounters. Today, an estimated 40 percent of AAFP members are using EHRs, and most of them are focused on workflow changes. One of the most important workflow changes for family physicians is e-prescribing, which allows physicians to exchange information with pharmacies. Comments on the AAFP's EHR listserv and in focus groups suggest that AAFP members do not want a single-purpose e-prescribing application; they want a multipurpose EHR application with e-prescribing as a component. Dr. Kibbe's PowerPoint slides, entitled "The Ecology of Health IT: Understanding the Market for EHR and EMRs in Ambulatory Care," were e-mailed to EHR WG members during his presentation, and ONC staff said that they would be posted on the EHR WG Web site.

Staff Action Item #6: ONC staff will post Dr. Kibbe's PowerPoint presentation entitled "The Ecology of Health IT" on the EHR WG's Website along with other materials from the January 11, 2007, meeting.

CONCLUSION

There was not sufficient time at the meeting for questions to some of the presenters, it was agreed that EHR WG members could send additional questions or comments to Dr. Bell. She then would forward them to the presenters and share their responses in a public venue.

Staff Action #7: ONC staff will forward any remaining questions for the legal or other presenters at the EHR WG's January 11, 2007, meeting to the presenters and then will share the responses in a public venue.

Ms. Gelinas asked EHR WG members what advice they might have for the formulation of recommendations to The Community. In response, Howard Isenstein proposed the following as a possible recommendation from the EHR WG to the Community: *Develop a brief (~5-page) educational piece to help allay physicians' unwarranted concerns about legal issues related to the adoption of EHRs.* Mr. Isenstein also suggested that it would be helpful for the EHR WG to hear an update on how Application Service Provider (ASP) EHR models are doing and how Office VistA is working. If successful, they would accelerate adoption. Ms. Gelinas said these were both good recommendations.

Staff Action Item #8: ONC staff will consider the possibility of providing updates or arranging presentations to the EHR WG on the implementation of ASP EHR models and Office VistA.

Ms. Gelinas and Dr. Perlin concluding the meeting, reminded EHR WG members of the need to consider the barriers to implementation that each of the successful implementations of EHRs faced and to synthesize the lessons from the presentations to enhance and expedite EHR implementation throughout the country.

SUMMARY OF ACTION ITEMS

Staff Action Item #1: ONC staff will update EHR WG Co-chairs and members on the status of all the staff action items listed in the minutes of the November 2006 meeting of the EHR WG.

Staff Action Item #2: ONC staff will send EHR WG members summaries of all presentations to the EHR WG in the five critical domains relevant to the EHR WG's broad charge – financial, medical/legal, state of the technology, privacy and security, and workflow/cultural – for EHR WG members to use as a platform to formulate recommendations at their next meeting on February 22, 2007. In addition, ONC staff will send EHR WG members a summary of the findings from the RWJF report *Health Information Technology in the United States: The Information Base for Progress*.

Staff Action Item #3: ONC staff, using EHR WG members' comments received by January 30, 2007, on the 1½-page draft planning document for a pilot project to demonstrate the value of ambulatory care clinicians' having access to current and historical lab results, will quickly turn around a high-level scope of work for the project and send it to EHR WG members for their review prior to the next EHR WG meeting on February 22, 2007.

Staff Action Item #4: ONC staff will prepare a document comparing the EHRs of the VA, the IHS, and DoD – specifically, components used in ambulatory settings – for the next EHR WG meeting on February 22, 2007.

Staff Action Item #5: ONC staff will post a short video about the VA's VistA and CPRS on the EHR WG's Web site so that all EHR WG members are able to view it before the next EHR WG meeting on February 22, 2007.

Staff Action Item #6: ONC staff will post Dr. Kibbe's PowerPoint presentation entitled "The Ecology of Health IT" on the EHR WG's Website along with other materials from the January 11, 2007, meeting.

Staff Action Item #7: ONC staff will forward any remaining questions for the legal or other presenters at the EHR WG's January 11, 2007, meeting to the presenters and then will share the responses in a public venue.

Staff Action Item #8: ONC staff will consider the possibility of providing updates or arranging presentations to the EHR WG on the implementation of ASP EHR models and Office VistA.

MEETING MATERIALS

Agenda

Lab Breakthrough Pilot Planning Metrics

Electronic Health Records Within the VA - Dr. Robert Smith & Dr. Ross Fletcher

RPMS EHR - Dr. Howard Hays

AHLTA - DoD's Electronic Health Record - Colonel Bart Harmon

E-Prescribing Notes from the Field - Chuck Parker

Electronic Health Records Workgroup
Members and Designees Participating in the Web Conference

Co-chairs

Lillee Smith Gelinas
Jonathan Perlin

VHA, Inc.
Hospital Corporation of America, Inc.

Staff Co-chair

Karen Bell

ONC

Members

Jason DuBois (for Alan Mertz)
Lieutenant Colonel Bart Harmon
John Houston
Howard Isenstein (for Chip Kahn)
Blackford Middleton

American Clinical Laboratory Association
DoD
National Committee on Vital and Health Statistics
American Federation of Hospitals
Partners HealthCare System/Brigham and Women's
Hospital, Harvard Medical School
Centers for Medicare & Medicaid Services
EMC Corporation
American College of Physicians
Agency for Healthcare Research & Quality

Jim Sorace (for Barry Straube)
Ken Waldbillig (for Mark Lewis)
John Tooker
Jon White (for Carolyn Clancy)

ONC Staff:

LCDR Alicia Bradford

ONC/Office of Health Information Technology
Adoption

Presenters

Ross D. Fletcher, M.D.
Melissa Goldstein, J.D.

VA
George Washington University School of Public
Health & Health Services

Howard Hays, M.D., M.S.P.H.

Indian Health Service

David Kibbe, M.D., M.B.A.

American Academy of Family Physicians

Michael L. Kidney, J.D.

Hogan & Hartson, L.L.P.

Chuck Parker

Masspro

Robert M. Smith, M.D.

VA

Mark F. Tatelbaum, J.D.

The George Washington University Medical
Faculty Associates, Inc.

Bruce S. Wolff, J.D.

Manatt, Phelps, & Phillips, L.L.P.

Disclaimer: *The views expressed in written conference materials or publications and by speakers and moderators at DHHS-sponsored conferences do not necessarily reflect the official policies of the DHHS; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.*