First Electronic Health Record Standards Drafted

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Contributing Writer

WASHINGTON — Eliminating "the stupid clipboard" may be the simplest, most straightforward benefit that would come from electronic interoperability standards designed to allow physicians' offices to communicate with hospitals, labs, insurers, and each other, according to Dr. John Halamka, the chairman of the Health Information Technology Standards Panel.

HITSP delivered its first set of harmonization standards to the federal Office of the National Coordinator for Health Information Technology. The panel was convened about a year ago by the American National Standards Institute (ANSI) under a Health and Human Services department contract to assist in the development of a Nationwide Health Information Network (NHIN).

The panel is developing a series of interoperability specifications that offer a road map for every vendor, hospital, and other stakeholder who wants to implement electronic health records that conform to a nationally recognized standard, Dr. Halamka said at a health care congress sponsored by the Wall Street Journal and CNBC.

For this first set, the panel sifted through 700 standards, a veritable hexadecimal soup including X12, HL7, NCPP, and the Continuity of Care record, whittling that down to 30. It was an emotional process that incorporated the best of all of those standards in what the panel calls a Continuity of Care Document, he said.

This is a work in progress, Dr. Halamka added. "As the industry begins to test these interoperability specifications we know there are going to be refinements. There are going to be areas of ambiguity that we need to clarify."

Unlike hospitals and other large institutions, small medical practices have not had the resources to adopt electronic health records or other information technology, said Dr. Michael Barr, vice president of practice advocacy and improvement at the American College of Physicians.

"There are knowledge barriers, there are cost barriers. There is just so much information to digest," said Dr. Barr, adding that it is extremely difficult for these physicians to figure all this out while running their practices.

But health information technology does pay for itself, and as reimbursement becomes increasingly pegged to quality, electronic records will be indispensable for documenting measures expected by payers.

Although more physicians are becoming convinced of the benefits of EHR adoption, the government may be moving forward too aggressively, Dr. Barr said.

Congress wants Medicare to implement pay for performance now, although the industry is still struggling to identify appropriate measures. "The policy is well ahead of the practicality," he said. ■

Got Data? Link Up With Local Research Sites

WASHINGTON — One way to develop a research project in family medicine would be to contact a local network that keeps an inventory of clinical research projects taking place in primary care, Dr. Donya Powers said at the annual meeting of the American Academy of Family Physicians.

"It's hard for any one family doctor to have enough cases to say enough statistically about them," said Dr. Powers of Brown University, Providence, R.I. Local research networks often have ongoing projects that are already funded but need more patients, she added.

The Federation of Practice-Based Research Networks (FPBRN) is an umbrella organization that addresses national issues faced by the networks, including rules related to consent and Institutional Review Board approval.

Patient consent and IRB approval are crucial if a study involves a patient intervention, although the rules of a quality improvement study may be more lenient than the rules for a study sponsored by a drug company, Dr. Powers explained.

For more information, visit the FPBRN Web site, which can been accessed through the AAFP site: www.aafp.org/online/en/home/clinical/research/fpbrn.html.

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