

Feds Push for Electronic Health Record System

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The Department of Health and Human Services took more steps toward a nationwide electronic health record system when it issued requests for proposals for key system components and announced formation of an advisory committee.

The department said it is seeking vendors to create processes for setting data

standards, certification, and architecture for a Web-based system and to assess patient privacy and security.

The HHS focus on standards and on interoperability issues shows that Secretary Mike Leavitt "understands the connection between what physicians purchase and patients' ability to have view of their records," said David Kibbe, M.D., director of the Center for Health Information Technology for the American Academy of Family Physicians. The announcement in-

dicates an "accelerated pace" of progress on EHRs, Dr. Kibbe said.

While issuing the request for proposal, HHS also announced formation of the American Health Information Community (AHIC), a 17-member public/private organization that will give the department input and recommendations on making health records digital, interoperable, and secure.

Headed by Mr. Leavitt, AHIC will include representatives of consumer groups,

providers, payers, hospitals, vendors, and privacy interests.

These announcements came as HHS also issued a report that endorses a decentralized, Web-based system linked by uniform communications and a software framework of open standards and policies. The report summarizes public comments on how to move forward on a nationwide EHR system.

Dr. Leavitt called the report "first specs" for the system, which should include:

- ▶ Use of existing technologies, federal leadership, prototype regional exchange efforts, and certification of EHRs.
- ▶ Regional implementation and harmonization.
- ▶ Incremental evolution with "appropriate" incentives.
- ▶ Focus on patients and sufficient privacy safeguards.

The report, request for proposal, and

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AHIC announcement follow several suggestions made by a Government Accountability Office report issued in late July. That report recommended deploying the national EHR system in small increments,

building on what already works, and using common standards. The report also pointed to lessons learned by the Department of Defense, Department of Veterans Affairs, Denmark, Canada, and New Zealand in setting up health care information technology.

Those lessons suggest the need to obtain full endorsement of top leadership in health organizations, including support for funding, according to the GAO.

The VA and DOD were successful at adopting health information technology systems in part because they gave both clinicians and payers an early and influential role in health information technology projects and kept them involved throughout the projects' phases.

VA and DOD experiences also highlight the need to limit initial deployment to a few test sites to allow time for the process to mature, assimilating lessons learned before full deployment, GAO said.

International lessons also include the need to focus on creating standards first, finding regional incentives to motivate physicians to use IT, proactive resolution of privacy issues, and adequate funding. Other countries' experiences suggest a strong central organization to lead the entire health IT implementation process and integration of federal efforts with hospitals before undertaking a larger national plan, the GAO report said.

This month, HHS plans to issue a first release of an information architecture that will allow data sharing across federal health organizations, some states, and some private entities, according to the GAO. ■

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