

Great EHR Debate: 'One Size for All' vs. Specialties

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Can one type of electronic health record fit all types of practices, or do specialists need their own?

That's a question record developers and standard setters are asking.

Pediatricians argue that electronic health records (EHRs) should be tailored to their unique needs, with components such as growth charts and family-friendly links that are balanced by adolescent privacy assurances. However, the main body certifying EHRs, the Certification Commission for Healthcare Information Technology (CCHIT), has removed a requirement for growth charts from the main record.

During a May "town hall meeting" at a meeting sponsored by the Medical Records Institute, CCHIT chairman Dr. Mark K. Leavitt said the growth chart requirement had recently been removed. Dr. Leavitt was responding to an EHR developer in the audience who noted that many specialist physicians are unlikely to need a growth chart. CCHIT wants to know if specialists need their own EHRs, Dr. Leavitt said.

At least one pediatrician involved in

EHRs is concerned that such segmentation would make the products hard to use, and would reinforce cultural biases regarding age. Dr. Joseph Schneider, chief medical information officer of the Children's Medical Center in Dallas and professor of pediatrics at the University of Texas Southwestern Medical Center, is concerned about "calling pediatrics a specialty" for EHR purposes, he said in an interview. Pediatricians are not the only ones caring for children and adolescents—family physicians do as well, and there is a "reasonable chance" that they would need to use growth charts, Dr. Schneider said.

Similar concerns exist at the opposite end of the age spectrum; the ability to dose by weight is important for geriatric patients, Dr. Schneider added. A 90-pound woman in advanced years has different medication needs than does the standard 140-pound woman.

So far, CCHIT's basic set of requirements is on the right track, Dr. Schneider

said. It includes an attempt at weight-based dosing; it can also accommodate name changes and covers immunizations. "They even ask you to graph the height and weight—just not on a growth chart."

In addition to the growth chart being missing, Dr. Schneider said, so is protection of adolescent privacy. For example, the current CCHIT scenario lacks the ability to hide contraceptive information when a record is sent to a camp or college. It also lacks the ability to handle family member links "and a host of other child-friendly and geriatric-friendly" features.

"I would anticipate that CCHIT will slowly incorporate these things into its requirements, as people begin to recognize that these sorts of things aren't 'pediatric-specific,'" Dr. Schneider said.

Meeting a broad range of physician requirements in the first year could seem daunting to developers, Dr. Schneider noted. It might seem easier to start the physician's office out with a simple EHR that could link to more advanced or specialized

features via the Internet, he added.

CCHIT is spurring developers to keep improving their products. For 2006, 122 "functionality" items are listed. For example, a variety of identifiers can be used for patient lookup, such as phone number or date of birth. The road map for 2007 lists an additional 78 criteria, plus 7 that are provisional now and likely to be added in 2007, Dr. Leavitt said. He also predicted a "considerable number" of new criteria for interoperability and security will be required in 2007.

CCHIT has been holding testing sessions online for developers seeking certification in 2006; it plans to approve the first batch in July. EHR developers run through scripts, demonstrating product functions, while a jury containing at least one practicing physician watches via the Internet.

The Department of Health and Human Services awarded CCHIT a contract to develop standards for EHRs and to test products. CCHIT's efforts seem to be paying off; the Medical Group Management Association is urging its members to buy only EHRs bearing the CCHIT seal, according to Robert Tennant, the association's senior policy advisor for government affairs. ■

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