SUE* IS UNDERGOING CANCER
TREATMENT AT HOUSTON'S
FAMED M.D. ANDERSON HOSPITAL.
WHENEVER SHE HAS A QUESTION
ABOUT HER CARE SHE CAN LOG ON
TO HER OWN PERSONAL ACCOUNT
AT MyMDAnderson.org.

HEALTHCARE GOES HITECH

BY JULIE CARLSON

There she can send emails to/from her doctors
and the business staff, look at lab results, read the
doctors' notes and see her entire schedule.

In the next few years, a personal patient portal
like Sue's will become commonplace at hospitals
around the country, thanks to the Health
Information Technology for Economic and Clinical
Health (HITECH) Act, which was part of the
Stimulus Bill of 2009.

bbr.baylor.edu/healthcare-goes-hitech

*The patient's name and identifying details have been changed to protect the privacy of the individual.

THE **HITECH** ACT

gives the Department of Health & Human Services the authority to establish programs to improve health care quality, safety and efficiency through the promotion of healthcare IT, including electronic health records (EHR) and private and secure electronic health information exchanges.

Under HITECH, eligible health care professionals and hospitals can qualify for Medicare and Medicaid incentive payments when they adopt certified EHR technology and use it to achieve stated objectives.

The first stage of the HITECH act focuses on EHR and on data collection. The specific part of the law states that providers must become a meaningful user of the EHR system by meeting specific requirements, such as ordering medications through a computerized provider order entry for a specific percentage of patients. Providers that haven't become meaningful users of an EHR system by 2015 will face a reduction in their Medicare reimbursement.

A recent report by the Robert Wood Johnson Foundation found that as of 2012 44 percent of hospitals had a basic electronic medical record system installed. Additionally, the number of physician offices using the records increased to 38 percent last year.

Baylor alumnus Alex Bradford is helping hospitals and doctors make the switch to the electronic system. Bradford received his MBA with a healthcare administration concentration in 2011. For his seven-month residency, which is required to graduate, he worked for the New Mexico Health Information Technology Regional Extension Center. He stayed on after graduation.

"Each state has at least one regional extension center. We are tasked to help provider offices that are typically smaller offices and often rural and small hospitals get their

2012
HOSPITALS WITH EHR SYSTEMS
44%
PHYSICIANS' OFFICES INCREASE USING EHR SYSTEMS BY
38%

electronic health record systems up and running and in compliance with the meaningful use standards," he said.

According to Bradford, the stimulus bill allocated approximately $19 billion to try to increase the supporting infrastructure of healthcare IT. The goal is that adopting more healthcare IT will lower overall healthcare expenditures and decrease medical errors. While the medical field has long relied on technology, from artificial hearts to robotic surgery, healthcare administration has not kept up.

"If you look at the healthcare administration industry, it is incredibly slow in adopting any kind of supporting healthcare tech," Bradford said. "It is counterintuitive because healthcare is very complex and a lot of medical and lab technology is top of the line. But when it came to the record keeping aspect, we lagged behind other industries."

There are multiple reasons for the push for EHR, according to Bradford. Healthcare providers will have more accurate billing and claims by using EHR with the tangible benefit of more money coming into the practice. In many cases, physicians also increase their productivity after learning an EHR system. An EHR will reduce overall wasted tests.

"If a doctor runs an expensive test at one hospital and then the patient gets transferred to another hospital, that expensive test isn't rerun; the physician can look at the EHR to look at the results. EHR systems also will reduce overall medical errors. For example, if a provider makes a mistake and prescribes a medication that interacts with another in a negative way, the system will alert them," Bradford said.

However, sharing those health records across medical organizations remains a difficult proposition. Stage two of the HITECH Act will focus more on interoperability while stage three, which is still to be thoroughly defined, will most likely involve the seamless exchange of healthcare information.

"In some other countries with a more socialized healthcare system, a universal form of EHR has been established," Bradford said. "In the U.S., we have to maintain the competitive market. What has been done with the stimulus bill is that some standards have been put in place, and the systems all have to meet these specific certification standards in order for the hospitals and providers using the systems to be eligible to receive incentive payments. While the systems find different ways to meet those standards, they all have to communicate with people using a different software product that also meets those standards. We are still having problems with that communication, but systems are moving in the right direction in my opinion."

One way to handle interoperability is the creation of a personal patient portal. The HITECH Act requirements focus on providing patients with timely online access to their health information.

"Stage two has requirements that every provider must have a patient portal. There also is a requirement that says not only do a certain percentage of patients have a certain amount of

health information available online, but then five percent of those patients have to go out and view that information on their patient portal," Bradford said.

Provider-to-provider communication through health information exchange networks are written into the HITECH Act requirements, but healthcare organizations also are looking at the potential to allow the patient to be part of the health information exchange network, too.

"So I would maintain my information on my patient portal, but I can go to a provider and hand them my information, which they can load into their system," Bradford said.

Smartphone apps might be a way to create such a network, but security and privacy concerns abound. Healthcare providers are governed by strict laws with regard to the Health Insurance Portability and Accountability Act (HIPAA) and HITECH. One of the core requirements for meaningful use is to conduct security risk analysis, determine what risks exist and set a timeline to address those risks. But no such requirement exists for healthcare information stored on an app.

"When you take possession of it (healthcare information) and share it - stick it in an app; share it on the web, on a social networking site - it's not going to be protected beyond what's in the privacy policy for the app, or what's on the privacy policy for the social networking site; and you have to read that," said Deven McGraw of the Health Privacy Project at the Center for Democracy and Technology in a recent interview with National Public Radio.

EHR, patient portals and smartphone apps for storing healthcare information aren't the only ways the healthcare industry has embraced technology. Hospitals use RFID tags to keep track of inventory. Doctors are using voice-recognition software for dictation instead of relying on transcriptionists. Medical professionals and organizations use YouTube, Facebook, Twitter and blogs to connect with patients or to explain complex health information. In fact, the Mayo Clinic has an entire center dedicated to social media and shares its expertise with other hospitals that want to establish a robust presence online.

"All healthcare groups should have an IT officer," Bradford said. "It is definitely a growth industry, is high paying and will continue to expand."

> **"ALL HEALTHCARE GROUPS SHOULD HAVE AN IT OFFICER. IT IS DEFINITELY A GROWTH INDUSTRY, IS HIGH PAYING AND WILL CONTINUE TO EXPAND."**