

Interoperability Highlighted as Key Success Factor in Technology Implementation

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The Health Information Technology (HIT) Summit™ held October 20–23, 2004, in Washington, DC drew more than 800 attendees who participated in the dialogue on HIT challenges, accomplishments, and a vision for the future. The HIT Summit is a leading forum on electronic health records (EHR) and rapidly emerging national and global HIT policy. This educational event focused on the salient issues facing physicians and groups involved with HIT implementation.

The keynote address delivered by David J. Brailer, MD PhD, the National HIT Coordinator for the U.S. Department of Health and Human Services (DHHS), was refreshingly nonbureaucratic. Dr. Brailer spoke about incentives for EHR adoption through shared investments in information tools and retraining of the healthcare industry in a new paradigm. Planning for HIT adoption must include acknowledging the mistrust of physicians and the financial risk associated with the endeavor. Support for physicians who need assistance with the pricing and the contracting process must be provided.

A number of themes were touched upon by the speakers, including the following: physician resistance to implementing EHR; liability issues and the need for tort liability safe harbors; and interoperability and acknowledgment of the 5-year anniversary of the landmark Institute of Medicine report (Committee on Quality of Health Care in America, 2000) and questions about whether there would be a follow-up progress report. The DHHS is assessing the legal issues associated with the implementation of EHR, including where and how regulation or lack of regulation creates barriers to implementation. Interoperability, a key component of a successful national strategy, cannot

be ignored. A private-sector, ambulatory EHR certification task force is determining the feasibility of certification of EHR products based on functionality, security, and interoperability.

The slogan “In private practice—free is not good enough” was used by a number of speakers, specifically, Leonard Schaeffer from WellPoint. Mr. Schaeffer discussed WellPoint’s offer of \$42 million in hardware and software to support provider e-prescribing. WellPoint contacted 25,000 physicians to have 19,000 hear the offer, and then only 2,700 chose e-prescribing. If practitioners need to transform the system—not government and not the payer—practitioner acceptance and support are crucial to a national strategy. Reliance on Congress to make HIT work is considered an unreliable proposition by some, and some even believe the National HIT Coordinator position should be elevated to White House Cabinet level.

At this educational conference, the arguments for EHRs, as well as the barriers to acceptance, were clear. HIT has the potential to transform healthcare delivery by bringing information where it is needed and enhancing healthcare that is higher in quality, safer, and more efficient. Changes that accompany the full use of information technology will challenge longstanding assumptions and practices. The effort must be well planned and well coordinated.

Reference

Committee on Quality of Health Care in America, Institute of Medicine. (2000). *To err is human: Building a safer health system* (L.T. Kohn, J.M. Corrigan, & M.S. Donaldson, Eds.). Washington, DC: National Academies Press.

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