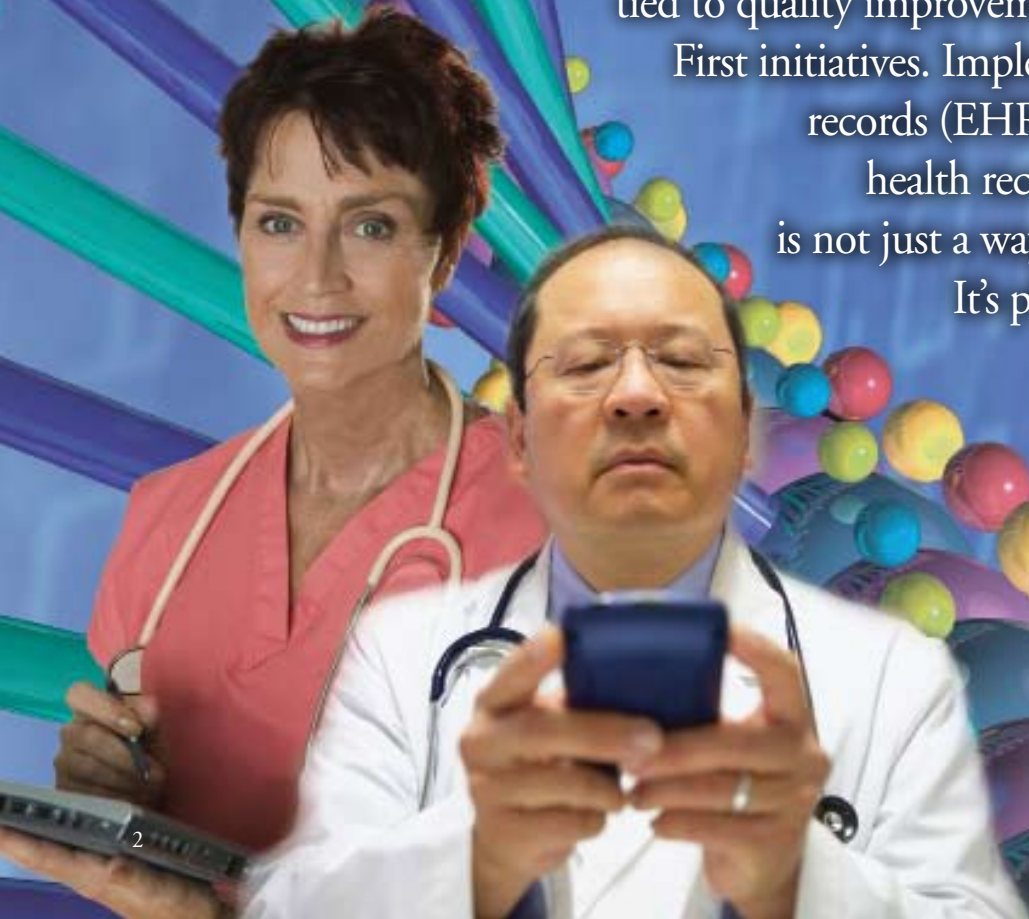


Health Information Technology: Implementing a Mechanism for Quality

By James E. Tcheng, M.D., F.A.C.C.

There's an old saying from business school: You can't improve what you don't measure. There's a lesser-known corollary for those of us in health care: You can't measure if you don't have Informatics.

Health Information Technology (HIT) is inextricably tied to quality improvement and to ACC's Quality First initiatives. Implementing electronic health records (EHRs), e-Prescribing, personal health records and other technology is not just a way to meet CMS mandates. It's pivotal to delivering quality patient care in today's environment.



That's why the ACC has established a formal Informatics Committee to represent the interests of members on information technology issues. The committee is composed of members from across the United States who have an interest in information technology and are working closely on HIT projects at their own institutions. Many of us are also members of national HIT initiatives, such as Integrating the Healthcare Enterprise (IHE), the Certification Commission for Health Information Technology (CCHIT), Digital Imaging and Communications in Medicine (DICOM) and HL7.

The Informatics Committee wants to make HIT easier, more accessible and more beneficial for ACC members. We recently launched a new Web page on the ACC's Web site, www.acc.org/healthit, that offers information on the activities of the committee, as well as a variety of tools we think you will find useful. There are links to an EHR toolkit for those trying to work their way through selecting and implementing an Electronic Health Record system. You can also learn about e-Prescribing and what you should look for as you evaluate e-Prescribing systems. We have a link to legislative initiatives and decisions being handed down from CMS, along with information about how those decisions will affect members.

Taking the Guesswork Out of HIT

Behind the scenes, the Informatics Committee is focused on major initiatives such as the CMS e-Prescribing requirement for Medicare Part D participants. We are working to establish a principles document that describes in layman's terms — or at least clinician's terms — what practices should seek in an e-Prescribing vendor. We want to offer you a list of questions that can make you knowledgeable very quickly about e-Prescribing. (*For more, see p. 6*)

As a complement to the principles document, we're also developing technical specs. Once you engage in discussion with a particular vendor, these specs will help you ensure your investment is not wasted or inappropriate. We have engaged vendors to determine whether they will fulfill our principles and technical specs. Our intent is to suggest that in exchange for being listed as a preferred vendor of the ACC, they offer a

discount on the costs of their solutions to our members.

We're performing the same service for personal health records, first defining what the personal health record should look like and then building the technical specifications.

SanIT

Another important goal for the Informatics Committee is to bring some sanity to HIT. We can't ask practices to do away with their current business models. We're trying to make it something that can be integrated into the processes of health care in a way that makes sense from a business perspective, a clinician's perspective and a patient's perspective.

This means that a very central part of our charge is to be an advocate for health care practitioners. Right now there is significant misalignment between the financial burden incurred by practitioners versus those groups who benefit from HIT. Practices bear the costs of implementation and may not

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see a return on their investment for years. However, pharmacies, payers and regulators see immediate financial benefits. In the e-Prescribing principles document, we state very clearly that there need to be grants, loans or other financial remuneration for the use of e-Prescribing to offset the capital costs of putting these solutions in place.

There's also an opportunity to misuse the information that HIT offers us. One of our obligations as members of the committee is to persuade Congress that incentives for HIT should be positive incentives, not punitive measures. We have to shift the legislative agenda in ways we believe are in the best interest of all parties involved.

As the ACC and the health care system at large focus on quality-centric system reform, there is a coalescence of the need for information and the technologies that can deliver that information. Your Informatics Committee is helping to harness those technologies and put them to the best use for you and your patients. Log on to www.acc.org/healthIT today to learn more.

Tcheng is a professor of medicine at Duke University Medical Center and vice-chair of the ACC Informatics Committee.