

HIMSS[®] Insider

A PUBLICATION OF THE HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY ■ VOLUME 3 ■ NUMBER 1

HIT Dashboard provides updates on nationwide healthcare interoperability

As the nation embraces the integration of health information technology (HIT) to improve patient safety and positive clinical outcomes, tracking current health IT initiatives across the country becomes even more crucial. Meeting that need, HIMSS, in collaboration with the Center for Health Information and Decision Systems (CHIDS) at the Robert H. Smith School of Business, University of Maryland has developed the HIMSS HIT Dashboard.

The HIT Dashboard gives policy makers, industry leaders and vendors a snapshot of major HIT initiatives throughout the United States and its territories. The extensive dashboard database provides a color-coded, easy-to-read visual interface that tracks more than 500 state, federal and private HIT initiatives and fulfills the demand for a complete and interactive database of information.

Projects currently being tracked through the partnership include the Agency for Healthcare Research and Quality (AHRQ) HIT Grants; Doctor's Office Quality Information Technology (DOQ-IT); Medicare Health Support Program (MHS), formerly Chronic Care Improvement Program; Regional Health Information

Organizations (RHIOs); Health Information Exchanges (HIEs); Bridges to Excellence and Private HIT Projects.

"The HIT Dashboard represents HIMSS' continued dedication to support the HIT industry, state and federal law makers and the vendor community wherever possible," said David Clark, HIMSS director of integration and interoperability. "With the interest in and growth of RHIOs and other healthcare information technology efforts in place nationwide, HIMSS quickly recognized that industry leaders must have access to current data."

The team at CHIDS began collecting data over a year ago, with HIMSS gathering data on RHIOs in early 2005. The organizations learned of each other's work and collaborated to streamline efforts and create the Web-based HIT Dashboard. When the affiliation was finalized, CHIDS had already compiled the original database, which is referenced by the Department of Health and Human Services (HHS) in the HHS' Commission on Systemic Interoperability report, published on Oct. 25.

CHIDS is an academia-led effort with collaboration from industry and government affiliates, designed to research, analyze and

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HIMSS[®]06 Preview Edition

Don't miss the special HIMSS 2006 Preview enclosed with this issue of Healthcare IT News!

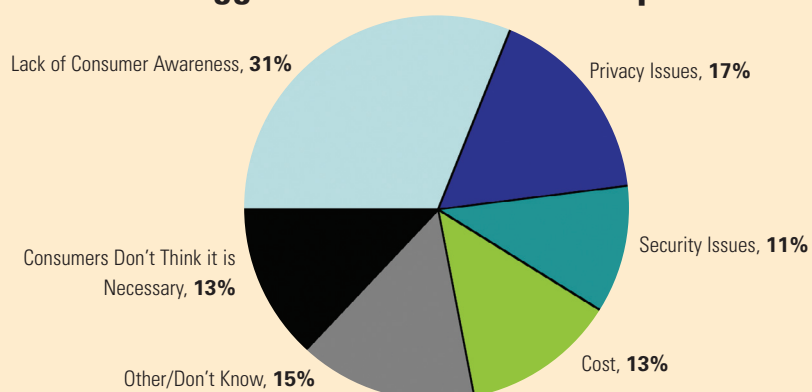
Read the latest news about the dynamic roster of keynote speakers, education sessions, workshops and symposia, as well as the San Diego Convention Center and exhibit hall, pavilions and Interoperability Showcase. The HIMSS 2006 Preview also features details on the week-long slate of networking events and things to see-and-do in San Diego. ■

Personal Health Records

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awareness is identified as the top obstacle to PHR adoption. In fact, nearly half of respondents indicate that consumers are not asking if their healthcare organization offers a PHR.

Biggest Obstacle to PHR Adoption



For more information, visit www.himss.org/ASP/vantagepointHome.asp.

Make a difference in the future of HIT!

HIMSS call for committee applications opens January 1

Share your expertise, ideas, and insights with other healthcare IT leaders! Join a HIMSS committee and make a difference in the future of healthcare IT.

HIMSS is currently seeking volunteers to serve on committees for the 2006-07 fiscal year. Members who are interested must submit an application electronically using the form at www.himss.org/ASP/Committees.asp. Applications to serve on the following steering committees and committees will be taken from January 1 through February 28.

- Advocacy & Public Policy
- Ambulatory Care
- EHR
- Integration and Interoperability

- Patient Safety & Quality of Care
- Privacy and Security
- Ambulatory Care Davies
- Organizational Davies
- Public Health Davies
- CHS Technical
- CPHIMS Technical
- Individual Membership

To be considered for a committee appointment, applicants will be asked to provide contact information for themselves and three professional references, details about prior HIMSS and other leadership experience and a brief essay stating why they would like to serve on a committee.

Committee participation is open to all
APPLICATIONS [continued on page 24]

The four keys to progress in 2006

We begin another “next year” on our road to universal and interoperable electronic health records and a national health information network (NHIN). This month we take a look at four keys that will signal our progress in 2006: breakthrough scenarios, use cases, pilots and projects and the HIT market.

At its December meeting, the American Health Information Community (AHIC) reviewed its “breakthrough” priorities, gathering basic information from experts in public health reporting, personal health records, chronic disease management, quality data reporting and e-prescribing. It is somewhat worrisome that the Community is defining HIT solutions for healthcare problems when it is not a representative of care providers. Payers—the Secretary noted that 70 percent of healthcare buyers are represented in the Community—may be able to redesign reimbursement incentives but they are hardly in a position to design clinical system requirements for providers. While the action imperative of “breakthroughs” to yield tangible benefits in two years is refreshing from a federal bureaucracy, it is not particularly applicable to building infrastructure. If the scenarios do in fact drive the use cases that shape Year One pilots and projects, then these become a first key to the year’s progress.

The Office of the National Coordinator’s (ONC’s) primary contracts address standards

harmonization, certification, privacy and security and the NHIN prototypes. These contracts are to be coordinated around three common use cases as evolved from the Community’s priorities. As of mid-December, the Community appears to have focused on three breakthrough areas: public health (bio-surveillance) reporting; consumer empowerment starting with personal data sets, identification and authorization; and quality data reporting—priorities that are virtually devoid of direct patient care function. Use cases will not substitute for an overall plan but their definition is key to ONC’s success in coordinating its many projects. We are almost three months into Year One and wrestling with AHIC about the controlling use cases.

We now know the winning prime NHIN contractors and can expect to learn from them aspects of the UK National Health System model (“the spine”), the Regenstrief model (“centralized data base”) and various flavors of the distributed model (data in place). We are unlikely to learn much about funding, the business case or impact on clinical processes or outcomes. The key pilots to watch are the AHRQ pay for performance and the Center for Medicare and Medicaid Services (CMS) e-prescribing initiatives. The latter in particular may be the best template for the NHIN and for business case development.

2005 was a very good year for the HIT

industry. Enterprise clinical systems led the market growth. Even while Washington DC has become the focal point for the HIT industry, health systems, physician practices and other providers continue to invest in clinical systems. While ONC has expressed concern that such investments, in advance of interoperability and functional standards, may lock us into silos with different capabilities, at the edge, most current clinical systems should be able to exchange standard messaging data, such as labs, medication orders, results and simple clinical text documents. One should note the Integrating the Healthcare Enterprise (IHE) interoperability demonstration at HIMSS 2006 as a case study of the capability of existing standards and applications to exchange data and documents.

So, we enter 2006 with optimism that progress will be made because we have reached a critical mass of commitment. How fast and how far we progress will depend on a shared and balanced partnership among Washington, its contractors, and the states, providers, payers, consumers and those of us in the HIT industry. ■

Ed Larsen is an independent strategy consultant and tracks interoperability standards for HIMSS. A longer, in-depth version of this article is available in the January Standards Insight on the HIMSS Members Web site. Comments or questions can be sent to erlarsen@erlinc.com.

STANDARDS INSIGHT

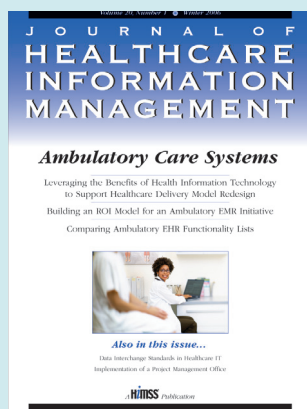
by Ed Larsen

Winter Journal features

Ambulatory care systems

Health information technologies can reduce risk, improve the quality of patient care and influence clinical decisions in non-acute care settings (e.g., outpatient surgery, physician office systems, long-term care, home health, physical therapy, etc.). Case studies from healthcare organizations in ambulatory settings that have implemented information technologies are featured in the Winter 2006 issue of the *Journal of Healthcare Information Management* (JHIM)—available now from HIMSS.

The JHIM features articles on leveraging the benefits of health information technology to support healthcare delivery model redesign, building an ROI model for an ambulatory EMR initia-



tive, benefiting from ambulatory EHR implementation and comparing ambulatory EHR functionality lists. In addition to ambulatory care systems, this issue of the Journal features articles on data interchange standards in healthcare IT and implementation of a project management office. ■

A HIMSS member quarterly publication, the JHIM is peer reviewed and addresses issues confronting today’s healthcare IT professionals. Subscriptions and single copies are available for purchase by contacting MedTech Publishing at 207/688-6270. Questions regarding editorial content in the JHIM should be directed to Nancy Vitucci, HIMSS senior editor, at 312/915-9238 or nvitucci@himss.org.

APPLICATIONS

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individual and corporate HIMSS members who are not serving in other leadership positions within the Society. The HIMSS Board of Directors Chair Elect will appoint individuals to serve for two years, with the opportunity to serve an additional term on the recommendation of

the committee chair, board liaison(s) and staff liaison. ■

Members with questions regarding serving on a committee should contact HIMSS’ Executive Office at 312/915-9268 or via e-mail at executive@himss.org.

Associations Advance America Adds HIMSS to Honor Roll for 2nd consecutive year

The American Society of Association Executives (ASAE) has added HIMSS to the 2006 Associations Advance America Honor Roll for its Federal Legislation Crosswalk program. This is the second consecutive year that the ASAE has recognized a HIMSS program for the honor roll. The Legislation Crosswalk is “a perfect example of how associations play a vital role in helping the nation adapt to complex and changing times,” said John H. Graham IV, president/CEO of ASAE, in a Dec. 1 letter to Dave Roberts, HIMSS vice president of government relations, who led the development of the program. The Federal Legislation Crosswalk, regularly updated for HIMSS members, federal decision-makers and the media, is a tracking tool that compares and contrasts provisions of the legislation. Congressional staffers on Capitol Hill often use the evaluation and tracking system to better understand legislation introduced on a specific topic. Introduced in the spring with just seven pieces of legislation, the Federal Legislation Crosswalk now includes 15 different bills related to health IT. The Legislation Crosswalk is available online at www.himss.org/advocacy/cross_walk.asp. ■



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Practices demonstrate efficient, effective use of ambulatory EHRs

One of three 2005 Nicholas E. Davies Ambulatory Award winners, **Southeast Texas Medical Associates** (SETMA) in Beaumont completes 263,000 patient encounters (clinic, hospital, nursing home, physical therapy, hospice and home health) annually—all of which are documented electronically. Recognizing that the practice's future growth and development would be limited by a paper-based medical record, the practice went "live" with an EHR system in early 1999. The practice's clinicians believe that the complexities of 21st century medicine require "data management," not "document" management. The EHR system gives SETMA a true "continuum of care"—with integration of patient-encounter documentation, laboratory, radiology, special procedures, consultations, hospital history and physicals, hospital discharge summaries and specialty care data. As the EHR system is utilized 24-hours-a-day, seven-days-a-week, SETMA's IT department has grown to 4 full-time personnel and one part-time person, ensuring the system's stability and availability.

Utilizing the EHR and specialty template development, SETMA is expanding its electronic functionalities in specialty care areas such as pediatrics, diabetes treatment and weight management. SETMA has also expanded its electronic communication with its patients, now offering appointment scheduling/confirming and referrals through its Web site; all communication is documented in the patient's EHR. Patients can also document symptoms and a history of their current illness prior to upcoming appointments with physicians.

A Birmingham, AL practice with four physicians and 20,000 annual patient encounters, **Sports Medicine and Orthopedic Specialists** implemented an EHR in 2003. In addition to serving the general Birmingham population, the practice's physicians serve the local professional arena football league team as well as twenty local high schools and middle schools. The practice, a 2005 Davies

Ambulatory winner, offers a mix of 50% sports medicine and 50% general orthopedics. With rapid growth of the practice, which included a satellite office, medical records and charts were becoming a major burden. Wanting to implement an EHR system that would be applicable to the specialties of orthopedic surgery and sports medicine, the practice chose a template-driven system with additional possibilities of limited free form typing or dictation.

Utilized since September 2003, the EHR system is based on a SOAP note format and allows for tracking CPT codes performed and ordered in the office, contains a messaging "email" type application and assists staff in the flow of patients throughout the office. Now, all patient records are done entirely within the EHR, with all outside paper correspondence scanned into the "patient charts." The results are complete and accurate patient records and accurate coding.

Wayne Obstetrics and Gynecology, also a 2005 Davies Ambulatory winner, is a solo physician practice in Jessup, GA, with more than 2,200 patients. The practice implemented an EHR system with two primary goals in mind: improve patient satisfaction through enhanced workflow in the office and decrease medical liability by documenting and capturing clear, accurate and thorough data. Part of the later goal was to use the EHR to efficiently and accurately transmit prenatal data from the office to the hospital labor and delivery suite. The practice's staff wanted an EMR that was adaptable and flexible to the way they wanted to practice medicine.

The system's workflow management allows for customization and streamlines collaboration among providers and staff in ways that greatly improve practice efficiency. In place since October 2003, the practice's EHR system is used to capture patient visits, telephone calls, prescriptions and suggested coding levels, as well as track labs and other results. All paper records from outside sources are

DAVIES [continued on page 26]



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Dotson demonstrates a commitment to CPHIMS activities

DECEMBER SPIRIT OF HIMSS AWARD

As a member of HIMSS for the past nine years, **Timothy Dotson**, RPh, MBA, CPHIMS, FHIMSS—the recipient of the December “Spirit of HIMSS” Award—has been involved in a variety of activities and has taken the lead on a variety of important initiatives and committees. His involvement in HIMSS includes serving on the Education Committee, advancing to Fellow status, serving as a former Program Chair and President-Elect of

the Central Florida Chapter, and serving as an Annual Conference reviewer.

Mr. Dotson is also actively involved in the Certified Professional in Healthcare Information and Management Systems (CPHIMS) certification process for HIMSS, having earned the CPHIMS credential, written questions for the exam, taught the CPHIMS Review Course at HIMSS’ Annual Conferences, coau-

thored the *CPHIMS Practice Question Workbook*, and created and narrated the HIMSS six-hour CD review series. In 2005, he also became actively involved in the planning of the CPHIMS “Train the Trainer” Program, a new program being launched at the 2006 Annual HIMSS Conference & Exhibition.

Mr. Dotson is clinical pharmacist—informatics at Duke University Hospital in Durham, NC, with responsibilities involving medication management systems, computerized provider order entry (CPOE), training and clinical infor-

matics. A registered pharmacist, he holds three advanced degrees—in pharmacy, business administration and education—and a graduate certificate in online teaching and learning.

By demonstrating commitment to the HIMSS mission in the numerous leadership roles he has accepted and working in a spirit of positive collaboration, Mr. Dotson embodies everything that the Spirit of HIMSS award stands for.

The “Spirit of HIMSS” is a monthly award that recognizes members who embody the spirit of

HIMSS through their volunteer efforts within the Society. Nominations are submitted to the Membership Committee for consideration. Nominations should be submitted to awards@himss.org and should include a 150-word description explaining the accomplishments of the member and how they earn the recognition of the “Spirit of HIMSS.” Winners will be selected and announced in the *HIMSS Insider* and *HIMSS E-News*. One annual honoree will be selected from the 12 winners each year. ■

HIMSS Board supports updating Medical coding standards

Recognizing the key role that medical coding standards play in the effective delivery of healthcare, the HIMSS Board of Directors approved the HIMSS position statement, “Medical Coding Standards Updates in H.R. 4157 and S. 1952.” The board issued its unanimous approval at its December 2, 2005 board meeting in San Diego. The position statement focuses on specific sections of two current bills: section 5 of H.R. 4157, the “Health Information Technology Promotion Act of 2005,” and the medical coding standard changes proposed in S.

1952, the “Critical Access to Health Information Technology Act of 2005.” The statement suggests that this legislation includes “provisions to streamline the healthcare standards implementation process through the notification of proposed rule requirements. HIMSS will work with other industry stakeholders to promote this change in order to improve the delivery of healthcare for all.” The entire position statement is available on the HIMSS Web site at www.himss.org/Content/Files/PositionStatements/Position-Statement-Medical-Coding-Standards.pdf. ■

DAVIES

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scanned. The practice is now looking to expand the system’s capabilities such as by testing new reports that identify patients past due for preventive medicine such as pap

smears and mammograms.

The Davies Awards recognize excellence in the implementation and use of health information technology in three categories: Organizational, Primary Care and Public Health. Originally created by CPRI-HOST in 1995, the Davies

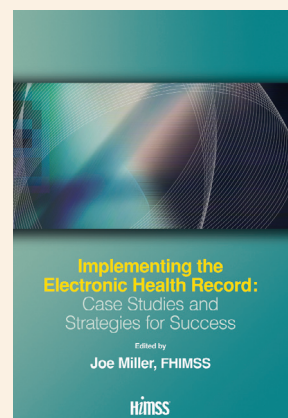
New resource from HIMSS Examines EHR implementation

A new publication recently released by HIMSS, *Implementing the Electronic Health Record: Case Studies and Strategies for Success* provides practical guidance and real world examples illustrating the challenges and solutions involved in EHR implementation for IT professionals, clinicians and healthcare leadership. The book, edited by Joe Miller, FHIMSS, examines implementation challenges and solutions and their impact on clinical processes.

EHR implementation is not a single project but rather a series of initiatives that represent more of a journey than a destination. This new book offers practical help for that journey—with an examina-

tion of implementation challenges and solutions and their impact on clinical processes.

Written by physicians, nurses,



IT professionals and academicians, *Implementing the Electronic Health Record* brings a hands-on perspective to the challenges and solutions of EHR implementation. Twenty case studies illustrate how a variety of types of organizations have approached some of the more challenging implementation issues.

For more information on the book’s authors, the contributing authors and content, visit <http://www.himss.org/ASP/book.asp?ContentID=65241> at the HIMSS Online Book Store. The book sells for \$60 for HIMSS members and \$72 for non-members, plus shipping. ■

Award program honors Dr. Nicholas Davies, an Atlanta-based physician who was committed to improving patient care through the use of health information technology. ■

DASHBOARD

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recommend solutions to challenges surrounding the introduction and integration of information and decision technologies into the healthcare system. Through mutually-beneficial partnerships, CHIDS conducts rigorous research, disseminates information, manages knowledge and coordinates collaborations among concerned stakeholders.

“We are extremely pleased to partner with HIMSS to release the HIT Dashboard,” said Corey Angst, project leader and associate director of CHIDS. “HIMSS’ industry presence and reputation, and CHIDS’ research interests and intellectual resources make us a great team.”

With the HIT Dashboard, HIMSS plans to provide a comprehensive resource for organizations needing timely access to information about HIT programs in the United States and its territories. “This has been an exciting project from its inception,” said Ritu Agarwal, director of CHIDS. “It isn’t often that you are able to observe and participate in a transformation as it is occurring. The

activity in the HIT field right now is remarkable.”

Access to the HIT Dashboard is available in three versions, all of which can be accessed through the HIT Dashboard site at www.hit-dashboard.com. They are a free, public version denoting only the project icons on the map, a HIMSS member-only version listing the project name and location and a paid version providing all collected data for each of the 500+ projects.

“The collaboration between CHIDS and HIMSS illustrates how industry and academic thought leaders can work together to achieve the overall goal of interoperable electronic health records through timely business intelligence,” said Carla Smith, NCMN, FHIMSS, executive vice president of HIMSS. “The HIT Dashboard offers our members and the entire industry an opportunity to monitor the progress of HIT adoption and learn from the success or failure of current initiatives.” ■

For more information on the HIT Dashboard, contact dclark@himss.org. Information on CHIDS is available at www.smith.umd.edu/chids.

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HIMSS returns to TRICARE Conference

HIMSS is heading back to Washington, DC for the **TRICARE Conference**, the Military Health System's senior leadership meeting for healthcare policymakers and hospital commanders across military healthcare. HIMSS will be one of many participating organizations at the Exhibitor Showcase during the Conference, which will run January 30-February 2, 2006 at the Wardman Park Marriott.

HIMSS' booth will showcase the many professional and career development resources HIMSS offers for military personnel, including the Certified Professional in Healthcare Information and Management Systems (CPHIMS) certification, training brochures and the 2006 Annual HIMSS Conference & Exhibition, February 12-16 in San Diego.

During the conference, Pat Wise, COL (USA ret'd), RN, MA, MSN, HIMSS vice president of electronic health record (EHR) initiatives, will present a session titled "The U.S. EHR Initiative: What's Happening and How It Will Impact You."

"We're looking forward to returning to the TRICARE Conference to highlight the value



Washington, DC

of HIMSS membership and to continue our strong working relationship with the Military Health System," said Tom Leary, HIMSS director of federal affairs. ■

Information about the TRICARE Conference is available at www.tricare.osd.mil.

Reviewers sought for JHIM manuscripts

The Journal of Healthcare Information Management (JHIM) is looking for individuals to share their healthcare IT skills and knowledge by reviewing and scoring manuscripts submitted for possible publication in the JHIM.

A quarterly peer-reviewed journal, the JHIM addresses issues confronting today's healthcare IT professionals, promotes a better understanding of healthcare information and management systems and fosters the professional growth of its readers through market analysis, case studies and resource reviews.

Healthcare IT professionals interested in

becoming reviewers must complete and submit the application at www.himss.org/content/files/jhim_review_application.pdf. Individuals will need to submit a current curriculum vitae, including a list of publications, presentations and other editorial experience and details on their areas of expertise and any time conflicts that would prohibit them from reviewing manuscripts. ■

Completed applications or questions should be forwarded to Nancy Vitucci, HIMSS senior editor, at nvitucci@himss.org or 312/915-9238.



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