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The Electronic Health Record – Look How Far We Have Come!

By John Netti

The massive changes facing physicians from the recently passed Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) will soon be upon us and rely heavily upon data from electronic health record (EHR) systems. Implementing the new payment model for healthcare providers under the MACRA legislation, which is referred to as the Merit-based Payment Incentive System (MIPS), would have been unimaginable with the technology available just ten years ago. The role of information technology has exploded since then, making it possible to now incorporate information from multiple sources and create a comprehensive electronic patient record. Information such as labs, radiology reports and images, prescribed medications and summaries of care from hospitals and other practices, continuously flowing in and out of systems among providers, is now the norm.

For decades, the idea of automating patient health records seemed like it was for enthusiasts only. During the eighties and nineties, EHR adoption rates inched along at the bottom of projected growth charts year after year. The reasons included a lack of national clinical standards, silos of patient information locked inside disparate systems, high costs and, most notably, the lingering question of whether or not an EHR could add value to patient care. All of this changed however, after the national tragedy in September of 2001. Government took a leadership role in a big way. Along with national safety fears prevalent at the time and out of control costs, added fuel to the fire that a change was needed. These concerns, combined with the emergence of breakthrough technologies, set the stage for what was to follow.

After a few years of self-examination post 9/11, President Bush issued Executive Order 13335 in April of 2004. It has proven to be a hallmark initiative that led to the new age of healthcare information technology that we know today. It involved building a nationwide technology infrastructure that would serve as a foundation to “improve the quality and efficiency of health care” for all Americans. The work effort engaged thousands of people from technology and healthcare sectors. It also established the Office of National Coordinator for Health Information Technology (ONC) which oversees the technology regulations and standards.

President Obama’s administration made the EHR effort truly bipartisan with the enactment of the Health Information Technology for Economic and Clinical Health (HITECH) Act, part of the American Recovery and Reinvestment Act of 2009. It pushed EHR adoption into the stratosphere by using a sequence of financial incentives and penalties. The race was on to a massive shift in the numbers of physicians utilizing a system. In 2004 less than 20% of office based physicians were using an EHR. Today that figure has more than quadrupled (HealthIT.gov).

HITECH also established the concept of Meaningful Use as a means of measuring the successful use of systems by providers. It created programs like the Regional Extension Center (REC) that assist physicians with using systems efficiently. Also, a steady stream of federal money was funneled to the states to build health information exchanges (HIE) to connect with EHRs for sharing clinical information. The capability for providers to securely access electronic information through public and private HIEs is now bringing the coordination of care to a new level.

Soon the building phase of the new health information age will be over and the focus will shift to how to best use the information it creates to improve patient care, public health and to become more cost effective in care delivery. The recent Merit-based Incentive Payment System (MIPS) legislation, lays out a roadmap to a new way to pay healthcare providers based on clinical outcomes and quality. It will begin in 2019 and will have as its foundation the use of EHR technology. Using these EHR systems will soon become as second nature for physicians as using a stethoscope.

The question about whether it was worth it to spend billions of dollars transforming health information technology and the incalculable effort invested by healthcare organizations and their staff, won't be answered for decades. But it is irrefutable that what has been accomplished is a reminder that, as with the other major national endeavors such as the building of the first intercontinental railroad or winning the race to the moon, great achievements are possible when people unite behind a common cause. Looking back over the last ten years gives those of us who remember when medical billing was being done manually pause to say: "look how far we have come".

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