Informatics Overview

Where is our focus?

The Spring 2008 issue of JHIM makes it clear that the focus of healthcare IT is increasingly moving beyond hospital settings. Though progress has been—and continues to be—made on hospital-based initiatives, many IT executives are devoting more time and resources to projects that automate care outside of hospital walls.

This is not to say that there isn’t a great deal of inpatient IT activity. CPOE and bar-code medication administration are for many organizations top priorities, and many mobile computing projects are active as well. For the most part, however, HIMSS members are writing and thinking about what is going on outside hospitals—and rightfully so. If a patient receives a majority of their care in an outpatient setting, how can a healthcare organization truly fulfill its mission focusing solely on acute care IT?

That being said, many outpatient and ambulatory application initiatives present a number of unique issues and challenges.

THE END FOR RHIOs?

Once the hottest buzzword in the industry, RHIOs today are fighting an uphill battle. With high costs, stakeholder resistance and complex data integration, RHIOs are either ceasing operations or struggling just to stay afloat. It could be that RHIOs will ultimately be considered another great idea brought to market before its time. It seems to me that RHIO architects tried too hard to “boil the ocean.” It’s the classic cart-before-the-horse scenario that seems to derail even the best-laid RHIO plans: How can you realistically envision a fully operational RHIO if a majority of stakeholders still primarily practice medicine on paper?

As Einstein (or Franklin) quipped, “Insanity is doing the same thing over and over again, but expecting different results.” Did we not take any lessons from the CHIN experiment? Ambitious projects suffer when leaders fail to break things down into suitably sized chunks. If we chop the RHIO concept into manageable, community-sized chunks, perhaps a working model could be sustained. By getting hospitals to help medical staff implement EMRs and then link them together practice to practice, community to community, region to region, eventually we could evolve toward the RHIO concept one step at a time.

AMBULATORY AUTOMATION

Slow progress with physician practice EMRs is where we need more focus. High EMR adoption rates are seen primarily in ambulatory care offices owned by healthcare delivery systems. This factor further complicates the overall EMR adoption rate as more organizations move away from the hospital-owned physician practice model. Many other barriers to adoption have been cited. For the most part, high startup costs, ongoing operational costs and loss in productivity have kept solo and small practices away from EMRs. Although the average practice should see a full return on investment within a two- to five-year timeframe, many providers will initially spend more time completing online documenta-

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an e-communication service? Pilot programs are beginning to test this model, and it remains to be seen how these important questions are ultimately addressed.

Physicians who use e-mail must have a clear policy that states that patient e-mail may not be answered in a timely manner; and patients who require immediate assistance should call the office directly or go to the ER. From a financial standpoint, some insurers pay physicians up to $25 for each e-mail. Though many doctors do not charge for replying to patients’ e-mail, payors will need to reimburse physicians for this service if they expect them to offer cyber-consults.

Finally, physician-patient e-mail communication will not reach the tipping point until we can:

1. Define which circumstances are acceptable for e-mail vs. an office visit;
2. Identify what efficiencies are gained by adding this form of communication to a physician’s workflow; for example, will e-communication reduce call volume or office visits?; and
3. Determine if e-mail communication actually improves the physician-patient relationship for both parties, as well as office staff, nurses, insurers, referring physicians and other stakeholders.

We are on the cusp of something big. The ability to share key clinical information from provider to provider, patient to provider, as well as other constituents connected for the purpose of providing patient care is here. But we need to do a better job focusing our efforts locally and then build sharing networks at the community level, one that ultimately allows physicians to confer with colleagues uniformly, consistently, securely and reliably. Once this foundation is built, a physician-patient communication and care model could evolve that would benefit all stakeholders in the healthcare process.

The Spring 2008 issue of JHIM contains an eclectic collection of special-interest columns and articles on a wide range of healthcare informatics topics. These articles include: “Critical Access Hospital Informatics”; “EMR Implementation Across a Nationwide Continuum of Care”; “An Analysis of the Utilization of E-mail by Physicians”; and “Designing and Implementing a Grassroots, Community-Designed RHIO in a Rural Region.” These contributions and case studies provide useful knowledge and analyses on contemporary healthcare informatics.

Additionally, special-interest columns and features include: “Tea Leaves at a Trade Show: A Glimpse Into a World of Possibilities”; “Healthcare Providers and Life Sciences: Opportunities for Convergence On the Horizon—The Semantic Web and Translational Medicine”; “A Closer Look at a Patient-Centric Care Model”; and “Complying with Amended Stark and Anti-Kickback Regulations.”

Finally, I would like to thank the professional staff at HIMSS, the peer reviewers and the editorial review board for all the behind-the-scenes work that goes into producing each issue. JHIM continues to look for new ways to provide relevant, important and useful information for healthcare professionals, academicians and HIMSS members. If you have any comments or suggestions that could help us improve in any way, e-mail me at rlang@dh.org. JHIM

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Many consumers want a secure and convenient way of e-mailing non-urgent questions or problems to their doctors. However, this model is beset by clinical, legal and financial questions.