



Health Information Technology: A Key Component of Health Reform

When Hurricanes Katrina and Rita ravaged the Gulf Coast in August 2005, most patients evacuated without any record of the treatments they had been receiving. After the hurricanes destroyed more than one million paper-based medical records, providers and their patients were left to rely on memory alone to recall complex plans for medical care like chemotherapy treatments, as well as routine needs like birth control pills.

If Health Information Technology (HIT)—or the use of computers and other electronic devices to securely manage information about a person's health—had been in widespread use before disaster struck, untold numbers of Gulf Coast residents and their care providers would have been spared the distress and uncertainty of reconstructing complete medical records from scratch. Computerized medical records would have facilitated safer, more timely and appropriate health care for Gulf Coast evacuees.¹ Indeed, incorporating HIT into the health care delivery system—both in routine settings and as a disaster preparedness measure—can reduce medical errors and improve coordination of care regardless of patient location, thereby enhancing the quality and efficiency of care.

Though health reformers advocated for the adoption of HIT long before Hurricanes Katrina and Rita, these disasters are a compelling demonstration of why HIT is an essential tool for delivering high-value health care and a key component of many health reform plans.

How Can HIT Improve Health Care Delivery?

In order to ensure that a patient receives the right care at the right time, information is required at the point of care from many sources, including patients themselves. Think about how health care delivery, as well as the ease of using the health system, might improve if a woman could:

- Be sure that her labs, x-rays, and other test results are available to each of her health care providers, enabling shared decision-making during an office visit and improved coordination of services between providers, while eliminating the need to repeat medical tests unnecessarily.
- Track her medical test results over time and share this information electronically with her doctor, assuring her and her doctor that they both are aware of the most up-to-date information, while reserving precious office time for more urgent matters.
- Go directly to the pharmacy after her doctor's appointment, where she is able to pick up her prescription without waiting because the doctor sent it electronically.
- Access her child's immunization records from a home computer and send them to school, an after-school program, or a sports program, all without leaving home.
- Access and manage a complete list of her mother's medications, which is also shared with and updated immediately by her primary care doctor and staff at her skilled nursing facility.

These are only a few examples of how integrating HIT into medical practice can improve health

Confidentiality is Key

The movement to adopt HIT will only succeed if people trust that the information contained within these systems will be protected and shared only with authorized parties. When women obtain reproductive health services, for example, it is crucial that their medical records be treated in a confidential manner. Patients who fear that their use of services will not be kept private may delay or forgo important care central to their own or their family's health.

care delivery by reducing medical errors, improving clinical decision-making, improving coordination of health care regardless of patient location, and empowering patients to participate more actively in their own care.

Defining Key Terms in Health Information Technology

There are many ways to talk about HIT, just as there are many ways to implement this type of reform. Understanding the following concepts is an important first step toward recognizing how HIT can improve the way health care is delivered.

Health Information Technology (HIT) is the use of computers and other electronic devices to manage current and historical health information related to a person's physical, emotional, and social well-being. This can include clinical, medical, and wellness information.²

Health Information Exchange (HIE) is the electronic movement of health-related information among organizations according to nationally recognized standards.³ It facilitates the mobilization of health care information across organizations and disparate information systems within a region or community.⁴

Electronic Medical Record (EMR)—An electronic record of health-related information on an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff within one health care organization.⁵

Electronic Health Record (EHR)—An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization.⁶

Personal Health Record (PHR)—An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed, shared, and controlled by the patient/consumer.⁷

E-prescribing is an electronic way for health care providers to generate and transmit prescriptions to participating pharmacies. E-prescribing software can also check for errors like drug allergies, provide a patient's prescription history, and show formulary information that specifies a patient's insurance coverage for prescriptions.

Why Hasn't HIT Been More Widely Adopted?

There are many reasons why our health care system is not connected electronically, and therefore cannot easily take advantage of the benefits of HIT. For instance:

- Electronic systems can be very expensive for physicians to purchase. Costs vary, but some estimates indicate that a practice will

E-prescribing is often considered the best starting point for the implementation of HIT because of the benefits it can offer. Nearly 150 million of the prescriptions written by health care providers each year require a follow-up phone call to the provider's office to clarify the order.⁸ Worse yet, the Institute of Medicine estimated in 1993 that approximately 7,000 deaths occur due to medication errors. These errors are mostly due to illegible hand writing, wrong dosing, a missed interaction, or a missed drug allergy.

spend \$15,000-\$20,000 per physician to implement these new technologies.⁹ These estimates do not include the costs associated with lost productivity while practices learn to use the new technologies and to incorporate them into their workflows.¹⁰

- Different electronic systems may or may not be able to communicate with each other.

Standards must be developed and used by all so that systems can securely share data when authorized by a patient or provider. Development of these standards is an ongoing process.

- There are no standard rules in place yet that ensure that people will be able to choose who can have access to their information electronically and who cannot. The Health Insurance Portability and Accountability Act of 1996

(HIPAA) provides some protection, but was not designed for the new electronic environment that health providers and consumers currently face.¹¹

- State laws sometimes present barriers to sharing information across state lines.

HIPAA in the Electronic Health Environment

The HIPAA law offers a foundation of protection for using and disclosing personal health information. For “covered entities”—defined in the law as health care providers, insurance companies, and “health care clearinghouses” that process insurance claims—HIPAA puts restrictions on how they can use and disclose information. One problem is that many people feel that these restrictions are not strong enough to protect patients’ privacy. Another major problem in an electronic environment is that there are more and more companies that have access to health information that are not covered entities under HIPAA because they are not a provider, insurer, or clearinghouse. Since they are not subject to the law, there is no way to hold these groups accountable if they acquire and misuse personal health information.

Encouraging Health Providers to Adopt HIT

Adoption of electronic systems continues to be a significant problem. While some hospitals are in the process of implementing electronic systems, physician practices have a very low adoption rate (17 percent according to some studies). Of physicians who have implemented HIT, only 4 percent have fully functioning systems for electronic recordkeeping. The government has begun to promote adoption by creating ‘carrot and stick’ incentives for e-prescribing in the 2008 Medicare bill. Essentially, physicians will receive a bonus payment from Medicare if they use electronic prescribing. Ultimately this bonus will be replaced by financial penalties for physicians who have not adopted e-prescribing.

What Can Women’s Advocates Do to Promote HIT?

Women’s and consumer advocates, as well as consumers themselves, can take a number of important actions in support of HIT.

Support health reform plans that would accelerate use of HIT while protecting the privacy, security, and confidentiality of health information.

Learn what kinds of activities are happening in your community related to health information exchange.

A partial list of state activities can be found at www.nationalpartnership.org/hit.

Talk to the leaders of your local efforts about being a consumer representative on a workgroup or planning committee that is focusing on HIT development or implementation.

Advocate for functionality and design that meet consumers' needs for accessing their health information, as well as strong privacy and security protections. You can use the Consumer Principles at www.nationalpartnership.org/HIT to guide your efforts.

Educate policymakers about how HIT can improve care and reduce medical errors, as well as about how they can play a role in crafting policies that are protective of women's health information.

Ask your health care provider if he or she uses e-prescribing or other health information technology. If not, ask what plans they have for adopting new technologies.

Tips for Promoting HIT at the Local Level

There are some important things to remember when beginning advocacy work in the HIT arena:

- Community HIT efforts that involve only one patient or consumer advocate fail to appreciate the multiplicity of perspectives that exist within the consumer/patient umbrella, and in so doing exacerbate the power imbalance between consumers and other stakeholders. Consumer advocates must be well-organized and work together to put forth a strong consumer voice.
- There is a tremendous need to make the "value case" for health information technology from the consumer perspective. This means understanding the potential benefits of HIT to the consumer and communicating those benefits in a way that engages and appeals to the public.
- Women's advocates can be crucial participants in these discussions by focusing both on the benefits of HIT and on how to resolve key privacy and security issues. When serving on a workgroup or planning committee that is focusing on HIT development or implementation, women's advocates should consider the following questions:
 - What is being done to ensure the privacy and security of information? If a breach of information does occur, will the individual be told? What remedies will be offered to that person?
 - Are the individuals whose health information is being exchanged able to specify which information they want or do not want to share, or must they agree to share all or none of their information?
 - Are individuals able to access their own information, or are only doctors and other health care providers allowed to access the system?
 - Are individuals able to grant other people (like a son, daughter, or caregiver in the home) access to their health information through the system?
 - Who else will have access to individual health information in the system? For what purposes will they use the information?
 - Are there health care providers in the area that already have a functioning HIT system? How have these providers implemented HIT? (Seeing these technologies at work can help women's advocates understand the value of HIT and facilitate more fruitful conversations about how to mesh privacy and security considerations with the appropriate exchange of information.)

By being active on HIT issues, women's advocates can provide important input for a women's (as well as a consumer's) perspective while strengthening the collective efforts of consumer advocates.

For further reading, see:

National Partnership for Women and Families, *Health Care Quality & Patients Rights: Health Information Technology Project*, www.nationalpartnership.org/HIT (Last visited November 12, 2008)

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Agency for Healthcare Research and Quality, *Health IT Bibliography*, http://healthit.ahrq.gov/portal/server.pt?open=512&objID=653&&PageID=12790&mode=2&in_hi_userid=3882&cached=true (Last visited October 17, 2008).

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- 2 National Alliance for Health Information Technology, *Defining Key Health Information Technology Terms* (Apr. 2008), http://www.hhs.gov/healthit/documents/m20080603/10_2_hit_terms.pdf.
- 3 *Id.*
- 4 Janet Marchiboda and Jennifer Covich Bordenick, eHealth Initiative Foundation, *Emerging Trends and Issues in Health Information Exchange* (2005), <http://www.ehealthinitiative.org/files/eHI2005AnnualSurveyofHealthInformationExchange2.0.pdf>.
- 5 National Alliance, *supra* note 2.
- 6 *Id.*
- 7 *Id.*
- 8 *Id.*
- 9 Steve Lohr, *Most Doctors Aren't Using Electronic Health Records*, The New York Times (Jun. 19, 2008).
- 10 Peter R. Orszag, Congressional Budget Office Director's Blog, *Health Information Technology* (May 20, 2008), <http://cboblog.cbo.gov/p=106>.
- 11 The Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. § 300gg-41 (2008).

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