



Center for Health Information Technology

Health Information Technology and The Family Physician: Making the Transition from Paper to Electronic Health Records

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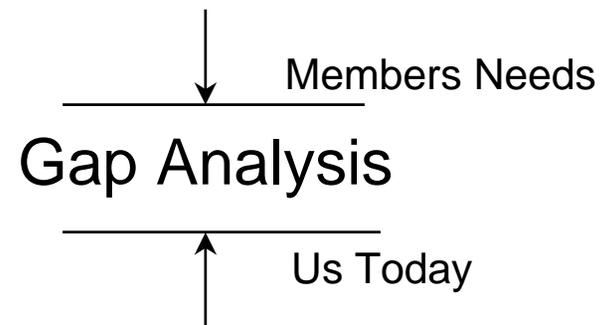
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(PITAC) meeting, November 12, 2003

Confidential

Topics for Today

- *AAFP Surveys Indicate Widespread Readiness to Cross the Digital Divide in Small and Medium-sized Offices to Improve Quality and Enhance Safety, Efficiency*
- *Barriers to Acquisition and Use of EHRs Still Exist*
- *AAFP Addresses Major Barriers and Forms Coalition with IT Industry through Principled Group Purchasing Agreements, Establishment of Center for Health Information Technology, Development of Continuity of Care (CCR) and Other Standards*



AAFP Background

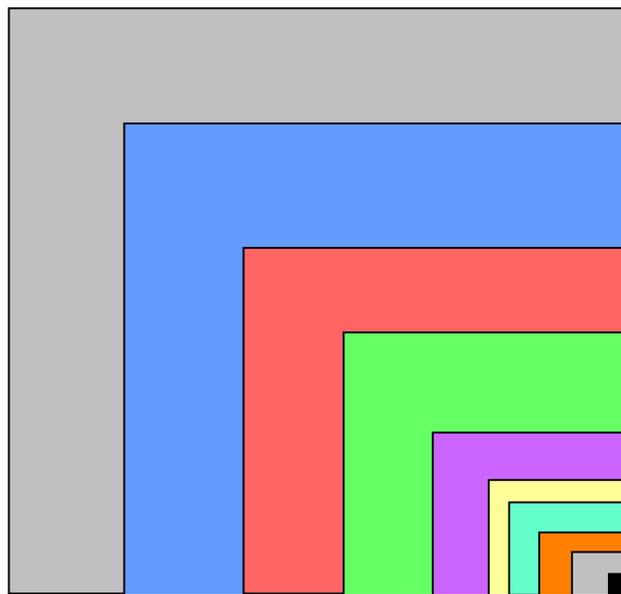
- 94,000+ members
- 60,000+ active practice
- 8% of physician workforce
- 24+% of outpatient visits
- average practice 2-5 MDs

The screenshot shows the AAFP website homepage with a blue header and a white main content area. The header includes the AAFP logo, the text "American Academy of Family Physicians", and a search bar with a "GO" button. Below the header is a navigation menu with tabs for "MEMBERS", "RESIDENTS", "STUDENTS", "PATIENTS", and "PRESS ROOM". The main content area is divided into several columns of links and news items. On the left, there are sections for "News from the AAFP", "American Family Physician" (with a "Past Issues" link), and "Family Practice Management" (with a "Past Issues" link). The central column features "Clinical Care & Research", "Membership", "News & Publications", and "About Us". The right column includes "Practice Management", "CME & Meetings", "Policy & Advocacy", and "Careers". At the bottom right, there is a "MEMBER LOG-IN" section with fields for "LAST NAME" and "PASSWORD", a "GO" button, and a "Remember Me" checkbox. Below the login section is a shopping cart icon and a "SHOP CATALOG" button. At the very bottom, there is a "NOT TO SMOKE" campaign graphic and a "Health info for the whole family: familydoctor.org" link. The footer contains copyright information: "Copyright © 2003 American Academy of Family Physicians" and links for "Home", "Privacy Policy", "Contact Us", "What's New", "Members", "Residents", "Students", "Patients", and "Press".



The Ecology of Medical Care (N Eng J Med 2001;344:2021-2025)

Most health care occurs outside the hospital;
Most outpatient settings lack modern clinical IT resources.



1,000 persons

800 report symptoms

347 report symptoms

217 visit a physician's office (113 PC)

65 visit an alternative provider

21 visit a hospital outpatient clinic

14 receive home health care

13 visit an emergency department

8 are hospitalized

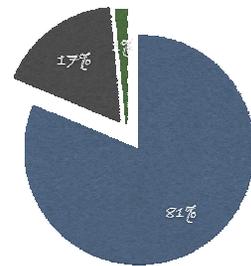
< 1 is hospitalized in an academic medical center

AAFP Health IT Goals, Readiness, and Barriers

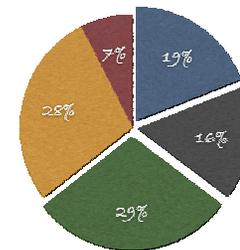
- All family physicians using the Internet by 2003
- All family physicians using EHRs by 2005



- Members are ready to transition to electronic offices



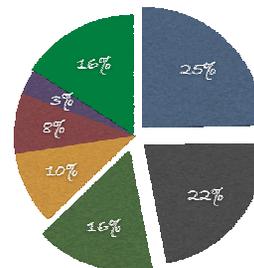
81% looking to buy



64% within one year

92% within two years

- But significant barriers stand in the way



cost
workflow interruption
lack of standards



The Voice of the Physician™

Features Opportunity Assessment

Opportunity = Importance + (Importance – Satisfaction) N=19

Rank	Score	Desired Outcome
1	272	Remote chart access: access at home, at the hospital
2	260	Rx writing: dec time, inc on-formulary, dec interactions
3	258	Document mgmt and scanning: inc. access and efficiency
4	257	Health maintenance reminders: imp quality of care
4	257	Results reporting and tracking: inc. access, efficiency
5	256	Rx renewals: dec. staff time, dec. phone/fax costs
6	255	E&M coding: inc. revenues and compliance
7	249	Charge capture: increase revenues
8	245	Clinical documentation: dec trans costs & redundancy
9	243	Practice Messaging: inc. efficiencies, dec. admin costs
10	240	Referrals: increase efficiencies and tracking
11	224	Charge and coding review: inc. revenues and compliance
12	216	Orders management: inc. efficiencies & dec. admin costs
13	136	Dictation/Transcription: inc. access, dec. turnaround time



The Voice of the Physician™

Pricing & Sign-up

Pricing is per provider per month

1. What is a fair price? The expectation of 150-175/provider/month was already established.
2. What price would be too high?
3. How interested are you in the pilot project on a scale of 1 to 10, with 10 being the most interest?

	Median	Average	Range
Fair	\$175	\$173	\$150-\$175
Absurd	\$500	\$462	\$250-1000
Scale	9	9	7 to 10

“I could probably go up to \$300.00 and that is where the pain would begin”

“I would find \$500.00 too high, at \$350.00 I would have to swallow hard but I might still do it”



Removing the Barriers: Principled Group Purchasing Agreements

Agreement to uphold the “ACID test” principles:

affordability,
compatibility,
interoperability, and
data stewardship

Significant reductions in fees to AAFP members for products and services

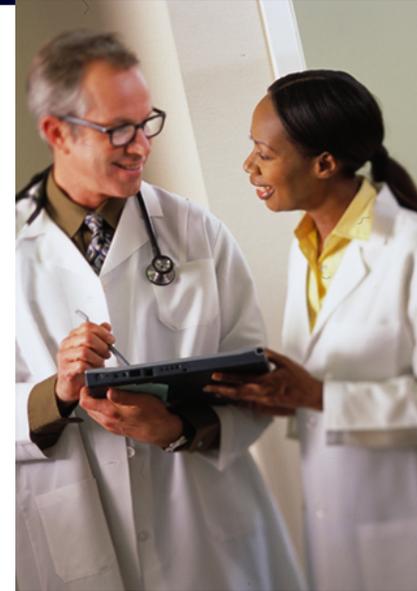
Commitment to participate with the AAFP and with others in specific standards-development and open interfacing activities

Quality and performance reporting specifications, Pilot Project, DOQ-IT
Continuity of Care Record XML document standard



Principles -- the ACID test

- ✓ **Affordability** - office-based IT should be affordable to family physicians and other office-based clinicians who face very challenging economic environments and decreasing reimbursement
- ✓ **Compatibility** - physicians should not have to replace entire systems when purchasing a component, nor be locked in to vendor's products due to proprietary interfaces or predatory pricing tactics, and systems should be "plug and play" with regards to interfacing
- ✓ **Interoperability** - data exchange schema should facilitate data transfer, import, and export among different vendors' systems, in different settings such as office to office, to hospital, to nursing home, and to patient/patient home.
- ✓ **Data stewardship** - physicians reserve the right to choose the repositories and guardians of their data, and the uses to which the data are put



Removing the Barriers: Center for HIT

- *Mission: To promote and facilitate the adoption and optimal use of health information technology by AAFP members and other office-based clinicians, for the purposes of improving the quality and safety of medical care, and to increase the efficiency of medical practice.*
- The Center for Health Information Technology is the focal point of the AAFP's technical expertise, advocacy, research and member services associated with medical office automation and computerization.
- Projects include: PGPAs, Open EHR Pilot Project, Doctors Office Quality - IT (DOQ-IT), and the *Intelligent Medical Office*[™]



Removing the Barriers: Continuity of Care Record

- An XML document standard that captures a “snapshot” or summary of a patient’s health information after each care-giving episode, including
 - Demographics, diagnosis list, problem list, medications list, allergies, procedures, care plan, reason for referral
- A core set of elements for the use cases of clinician to clinician to referral, ER to patient, and clinician to patient
- Transportable both in paper and as a digital file, via smart card, USB drive, or secure email attachment
- Sponsors include the AAFP, the Mass Medical Society, HIMSS, ASTM



Continuity of Care Record

Discretely tagged XML is both machine and human readable....

```
<?xml version="1.0" encoding="UTF-8"?><?mso-infoPathSolution solutionVersion="1.0.0.3" productVersion="11.0.5329" PIVersion="1.0.0.0"
href="file:///C:/Documents%20and%20Settings/jessicaw/Desktop/CCR.xsn" language="en-us" ?><?mso-application progid="InfoPath.Document"?><CCR>
  <PhysicianClinicianIdentifyingInformation>
    <FromPhysicianClinician>
      <Name>George Doe, MD</Name>
      <Address>142 Cottage Ave., Chapel Hill, NC 27514</Address>
      <Phone>919-000-0000</Phone>
      <Email>george@george.net</Email>
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    <InsuranceCompanyName></InsuranceCompanyName>
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```



Continuity of Care Record

Receiving CCR as a paper document



Patient at home



Receiving CCR via smart card, USB drive, or Secure email



Primary Care Clinician sending CCR to Subspecialist On referral

Referral Clinician



Receiving CCR as referral document

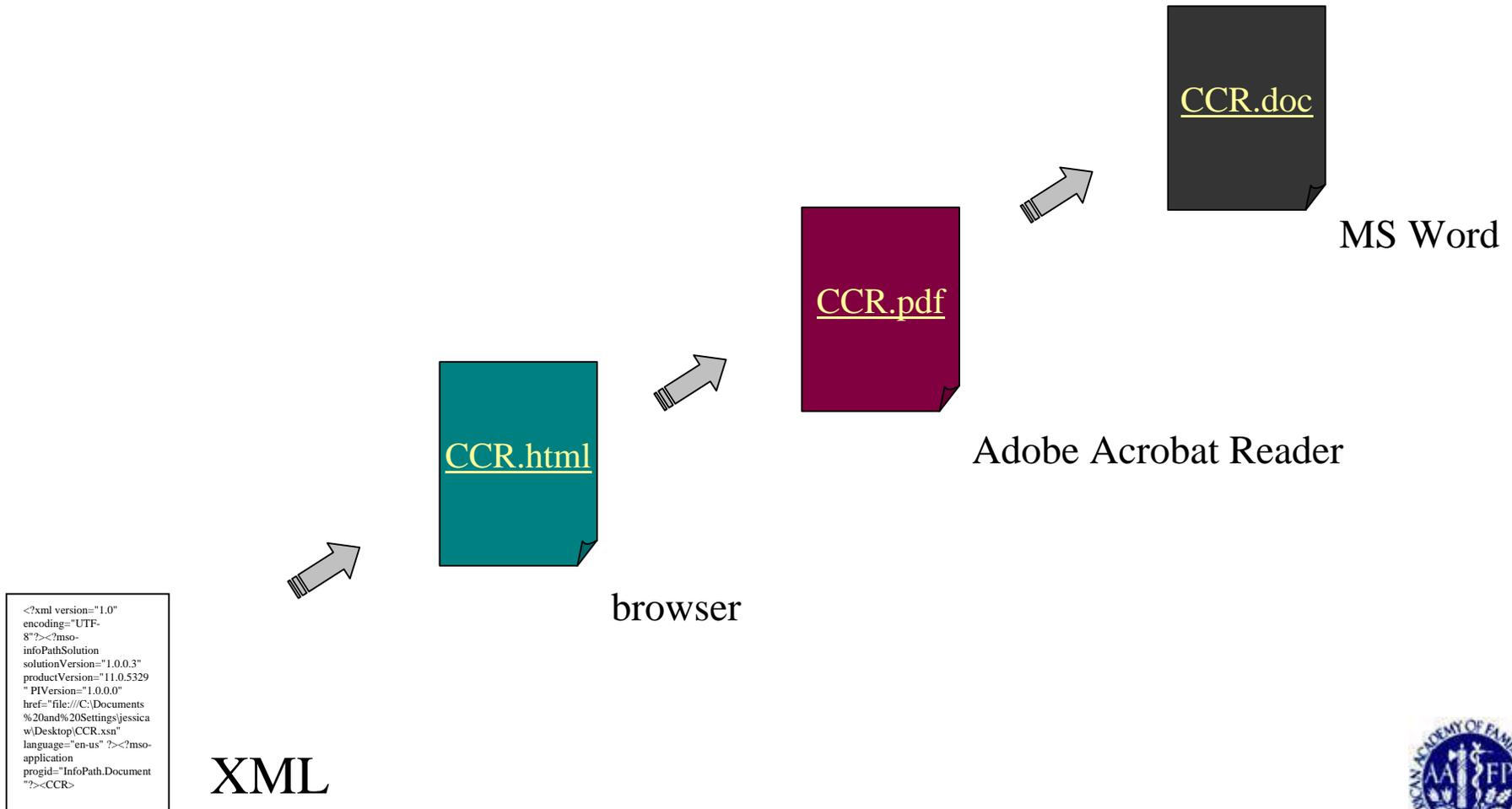


The CCR is the ubiquitous, transportable, human and machine-readable patient health information summary...

...that will form the core of the patient electronic health record

Continuity of Care Record

And can be displayed in various formats....



Summary:

Making the Transition from Paper to Electronics in Office-Based Medical Practices

1. The AAFP is collaborating with the health care IT industry, CMS, AHRQ, the VA and other stakeholders to create a breakthrough in the adoption, use, and improvement of EHRs and other office-based information technology for small and medium sized practices
2. We believe that what is needed is an alignment of physician-users and the leading, most innovative technology firms around a vision of products and services that will improve office-based care quality, safety, and efficiency
3. Standards promotion and implementation project support from the federal government as well as health care non-profit foundations are important ingredients for ultimate success in making the transition from paper to electronics in office-based medical practices
4. Quality and performance data collection can become the routine by-product of the use of EHRs and other office-based information technology, saving time and money
5. We will get it done!

