

The Office of the National Coordinator for
Health Information Technology



Meaningful Questions

Regarding Islands & Tides

David R. Hunt, MD, FACS

Medical Director, Office of Provider Adoption Support

Office of the National Coordinator for Health IT

Putting the **I** in **HealthIT**
www.HealthIT.gov



David R. Hunt, MD, FACS has no real or apparent conflicts of interest to report

Old Dominion Medical Society

Uniting Physicians,
Disseminating Knowledge,
Promoting the Science and Art of the Profession.



ODMS Goals

- Continue minority health advocacy.
- Improve communication among the membership.
- Increase the membership of ODMS.

John Donne 1532-1631

No man is an island
entire of itself; every
man is a piece of the
continent, a part of
the main...



Oscar Björck (1860 – 1929) "Boat on Shore"

...any man's death diminishes me, because I am
involved in mankind. And therefore never send to
know for whom the bell tolls; it tolls for thee.

Meditations 17

Nutrition

Individual
Responsibility

Public Health

Prevention &
Chronic Disease
Management

- Improved individual and population health outcomes

- Increased transparency and efficiency

- Improved ability to study and improve care delivery

Health
Literacy

Education

Medical
Education

Quality

Meaningful Use
of EHRs

Clinical
Research

Basic Science
Research

Comparative
Effectiveness
Research

Payment Reform

Charles V. Roman, M.D. (1864-1934)

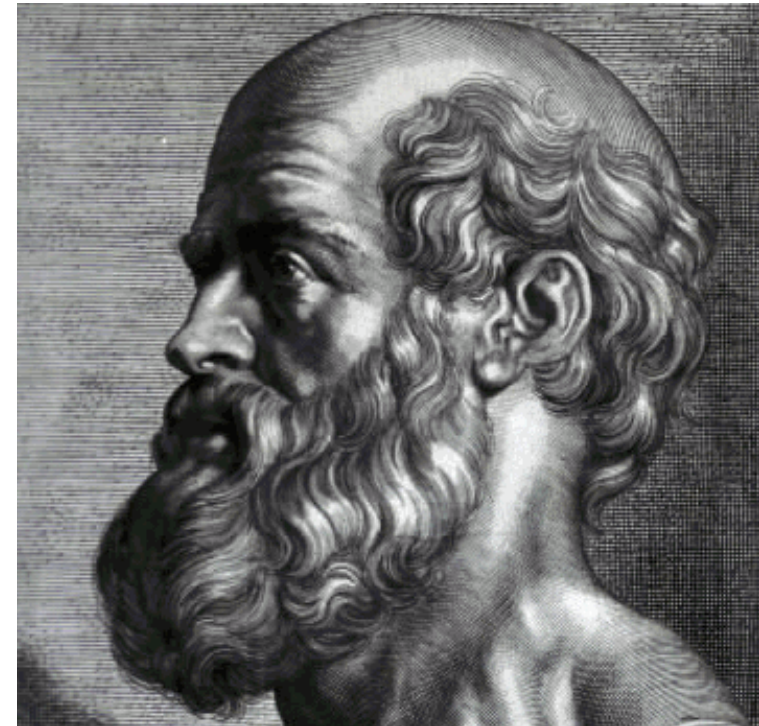
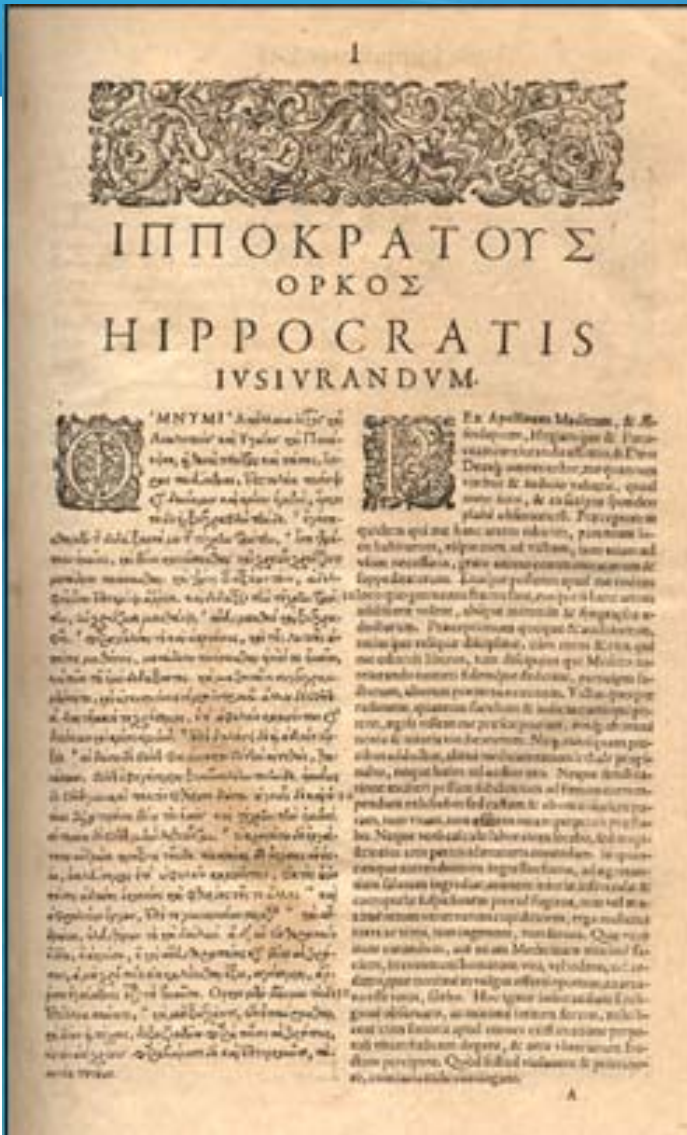
Putting the I in HealthIT
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“...born of the exigencies of the American environment...”

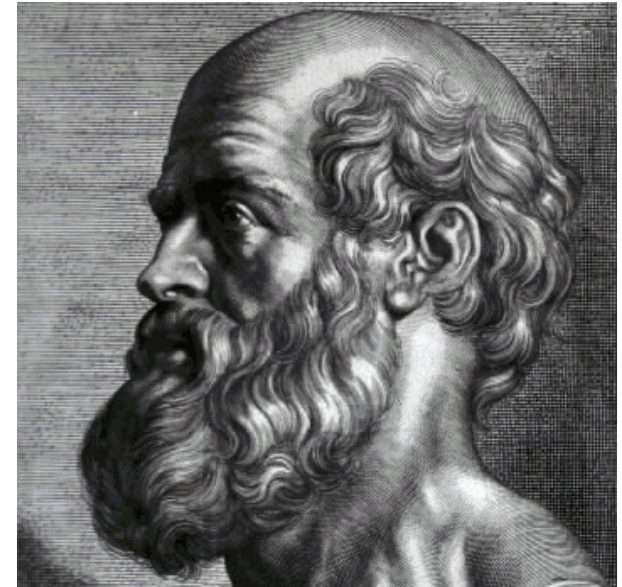
Hippocrates of Kos (ca. 460 BC – ca. 370 BC)

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Hippocratic Oath (400 B.C.E)

“As to diseases make a habit of two things - to help, or at least, to do no harm.”



Epidemics I

William Osler, M.D. (1849 – 1919)

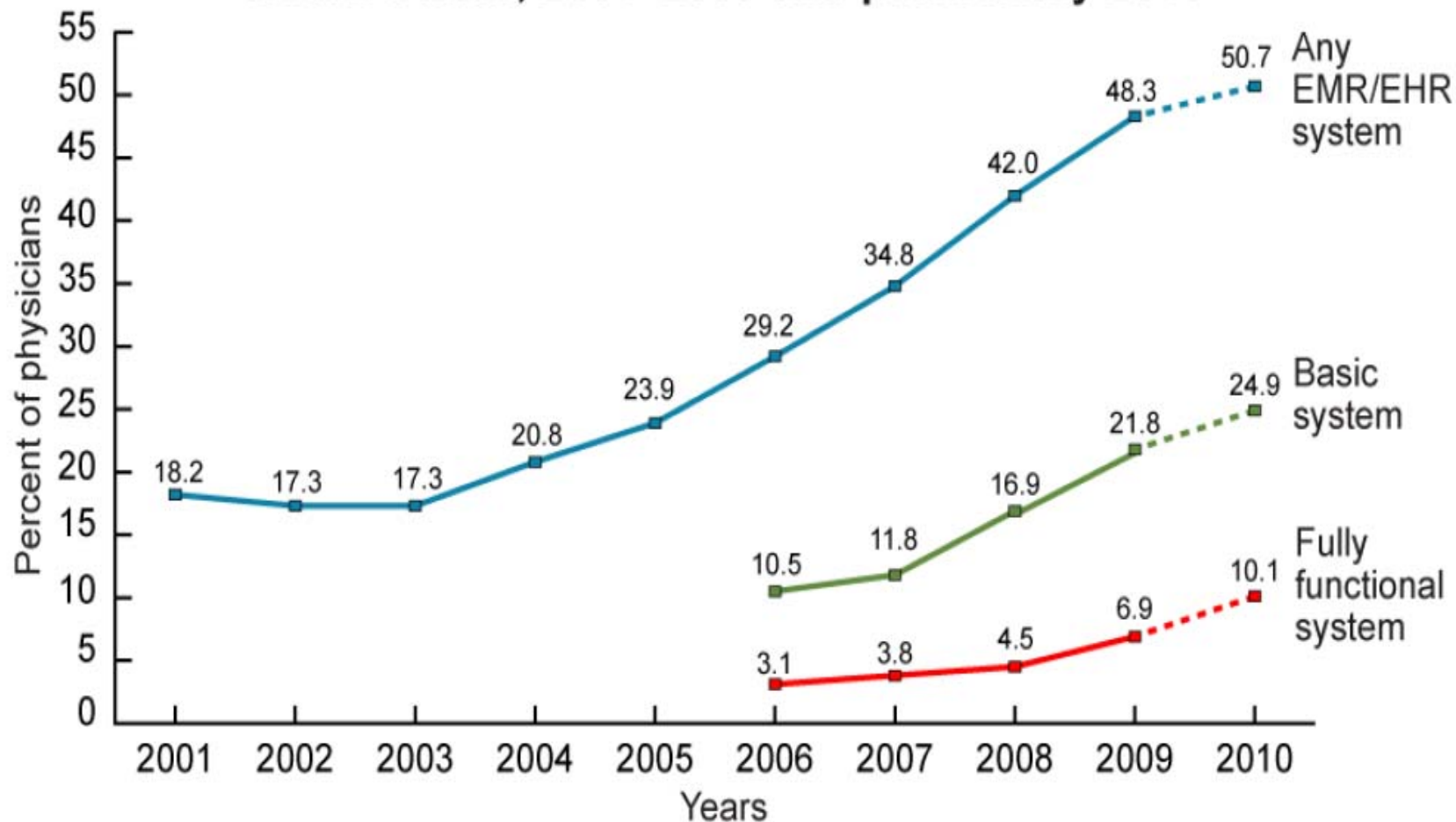
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6/16/2011

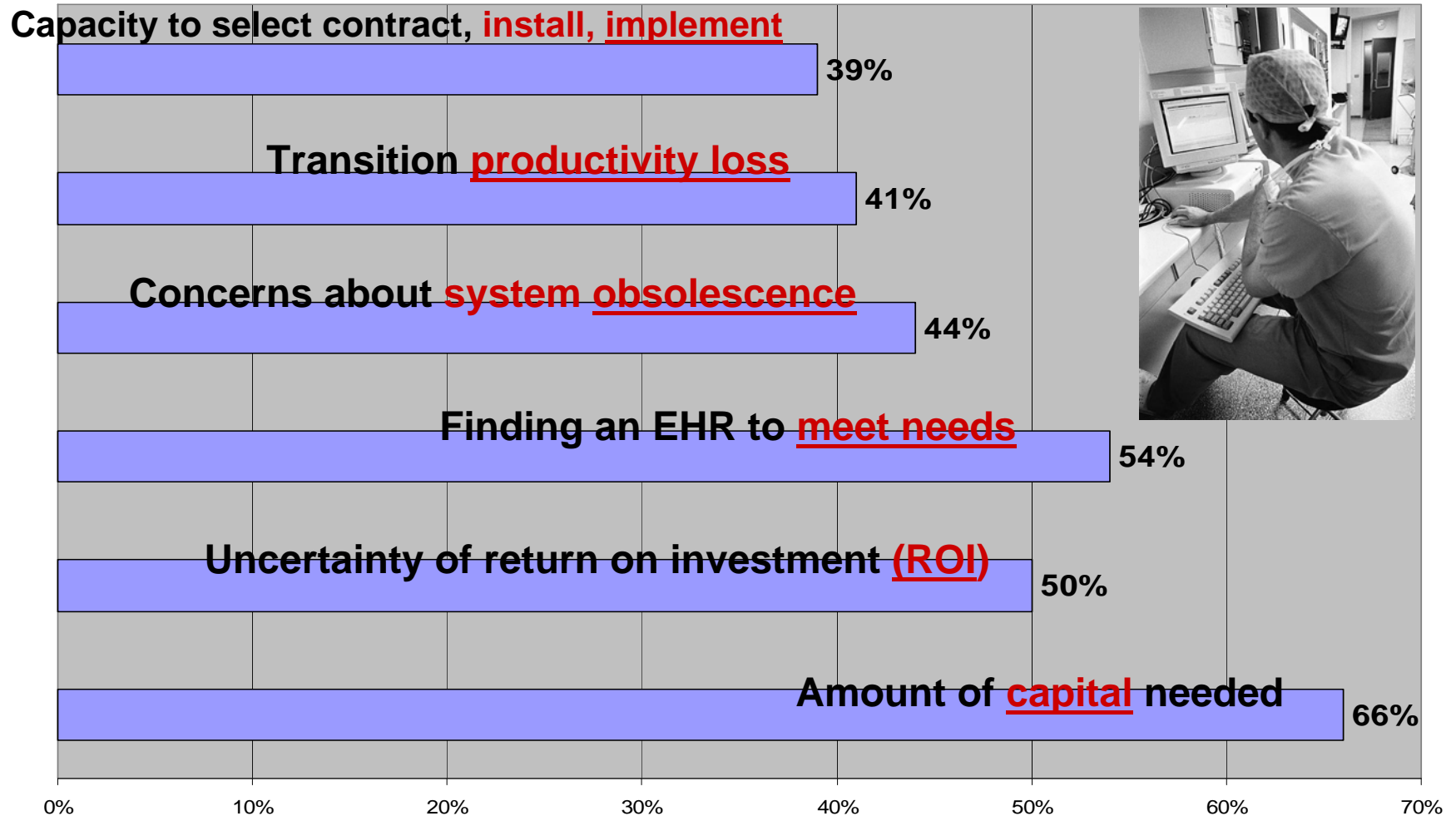
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EHR Use in U.S. Office-based Practices



Source: CDC/NCHS National Ambulatory Medical Care Survey
http://www.cdc.gov/nchs/data/hestat/emr_ehr/emr_ehr.htm

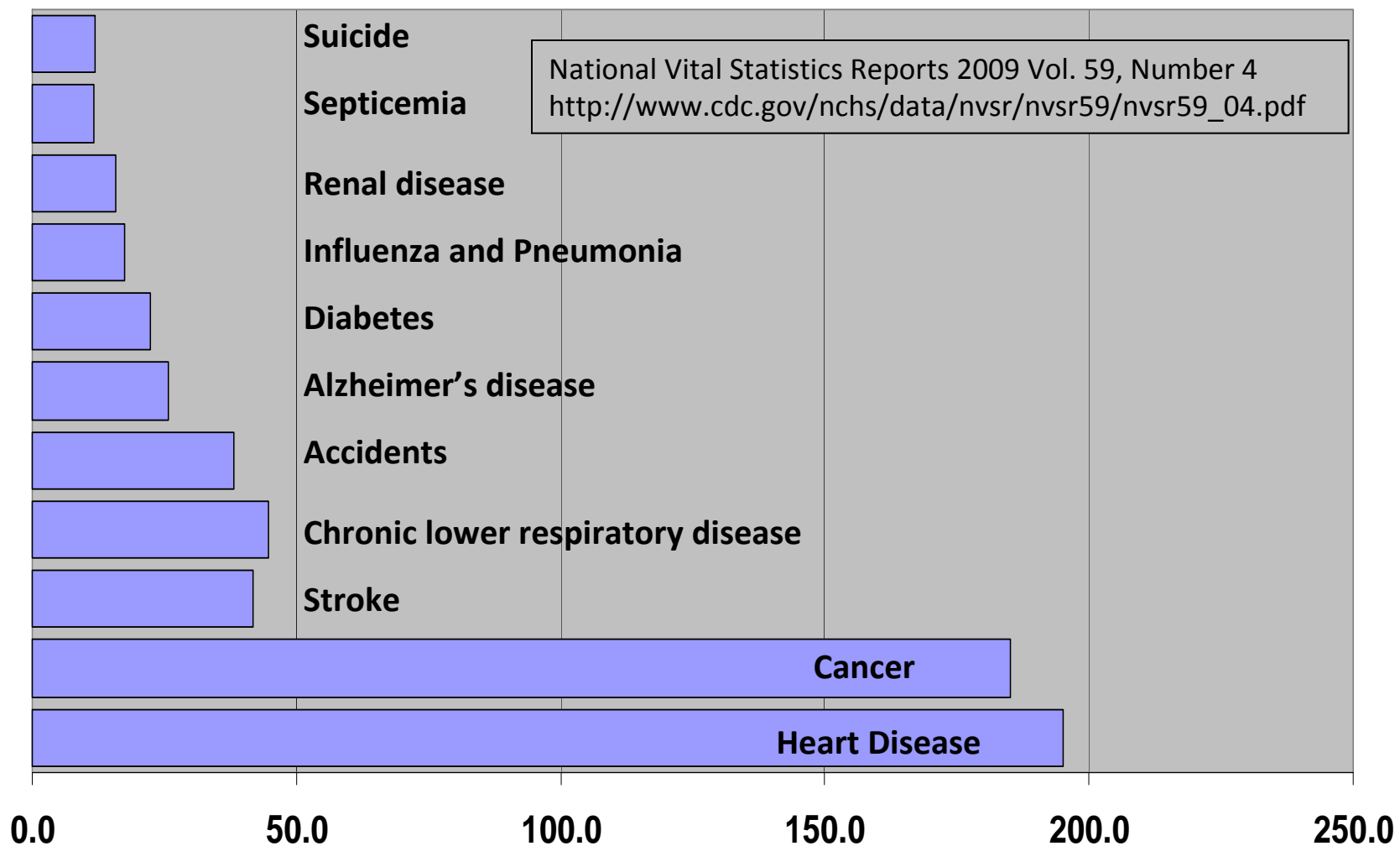
Major Barriers to Adoption of Electronic Health Records



DesRoches, V, et. al.; Electronic Health Records in Ambulatory Care — A National Survey of Physicians N Engl J Med July 2008;359:50-60.

Annual Death Rate in the U.S.

(per 100,000 population)





6/16/2011

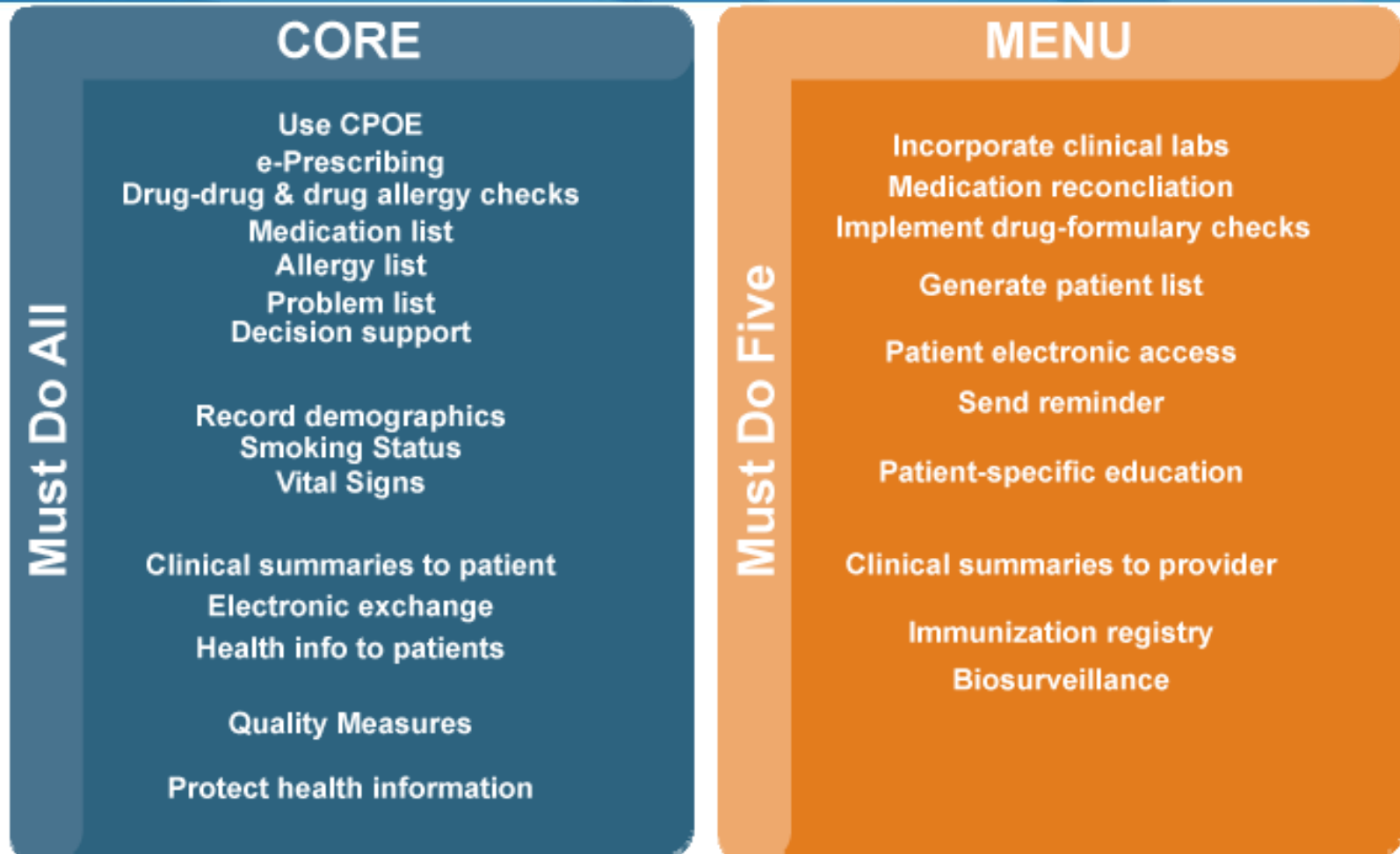
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12

Questions

- How many of your patients smoke?
- How many died of smoking related diseases?
- For an ER call at 2 am could you discuss a critically ill patient's complete active problem list? Medication list?
- How many of your patients are overweight? Morbidly obese? What are your recommendations and standard office procedures to help obese patients lose weight?

Stage 1 MU Requirements



Slide courtesy of Steven E. Waldren, MD and Jason Mitchell, MD Center for Health IT
(AAFP) www.centerforhit.org/meaningfuluse

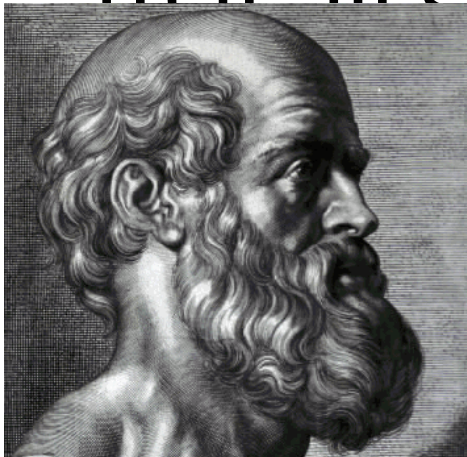
Questions

- Do any of your patients have a complete summary of their most recent visit?
- If you have a complex patient who will require multiple referrals, how long does it take your office to make those referrals and provide needed information to the relevant clinicians
- How many of your patients are properly immunized

Questions

- How many of your patients died last year?
- What is your most frequent Dx?
- What is your 2nd most frequent Dx?
- If some of your patients are a minority or poor, are they getting worse care?
- For an ER call at 2 am could you discuss a critically ill patient's complete active problem list? Medication list?
- How many of your patients are overweight? Obese? What are your recommendations?

“... Whatever I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret...”



Hippocratic Oath (400 B.C.E)

Questions

- Who has access to your patient's records?
- Who has reviewed them in the last year?
- What would you do in the event of natural disaster?

Privacy & Security

Examples of Administrative Safeguards

- *Continual risk assessment of your health IT environment.*
- *Continual assessment of the effectiveness of safeguards for electronic health information.*
- *Detailed processes for viewing and administering electronic health information.*
- *Employee training on the use of health IT to appropriately protect electronic health information.*
- *Appropriately reporting security breaches (e.g., to those entities required by law or contract) and ensuring continued health IT operations.*

Examples of Physical Safeguards

- *Office alarm systems.*
- *Locked offices containing computing equipment that store electronic health information.*
- *Security guards.*

Examples of Technical Safeguards

- *Securely configured computing equipment (e.g., virus checking, firewalls).*

Beacon Communities



6/16/2011

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Community College Consortia to Educate Health IT Professionals Program

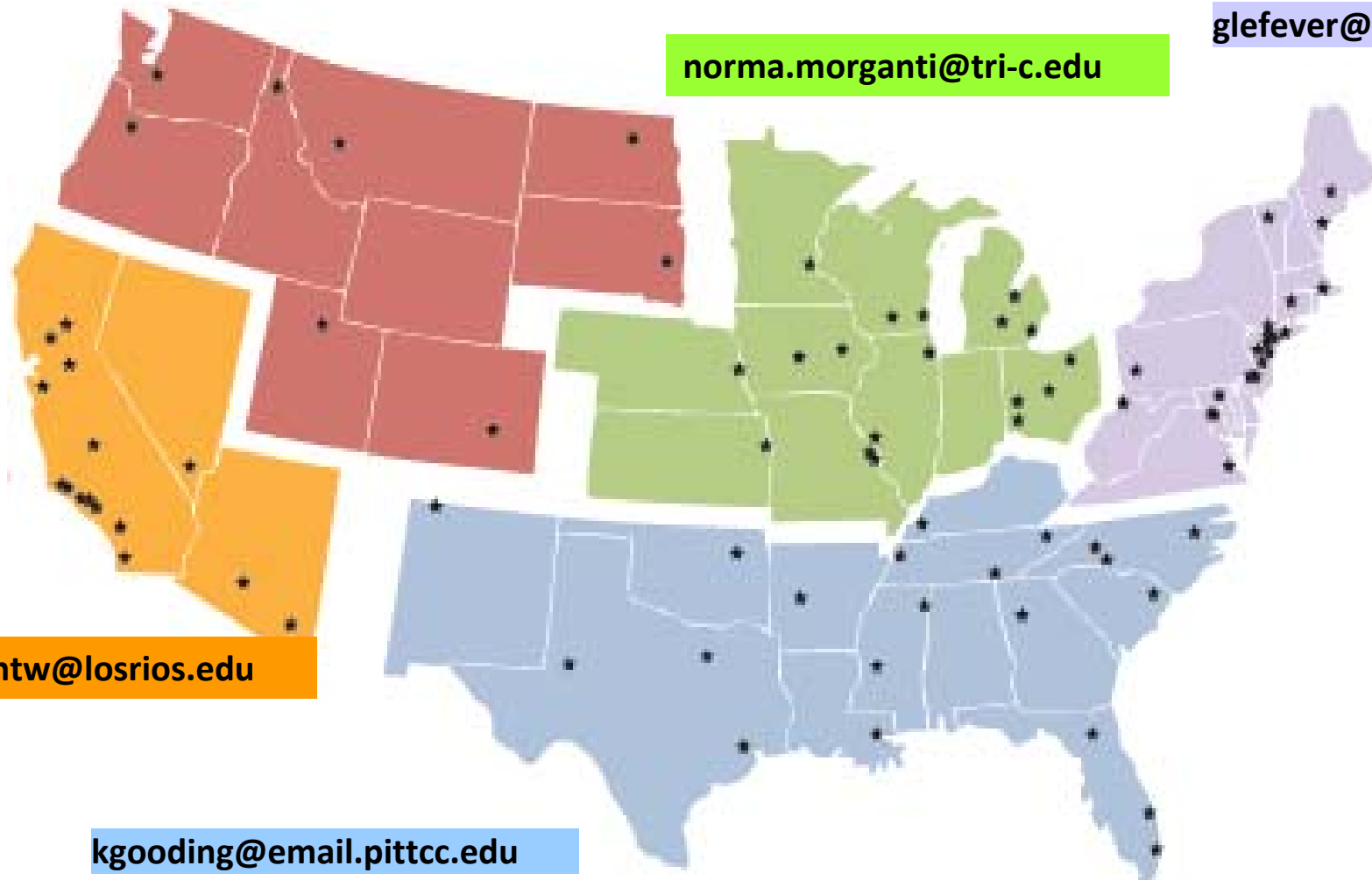


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patricia.dombrowski@bellevuecollege.edu

norma.morganti@tri-c.edu

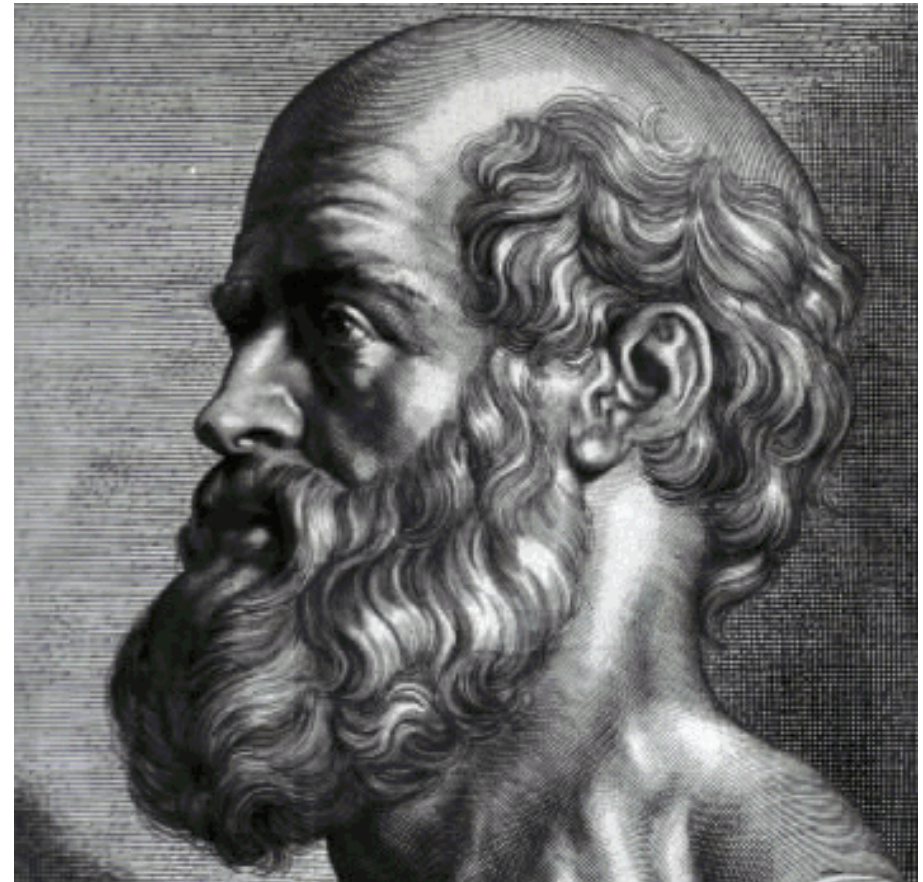
glefever@tcc.edu



dimantw@losrios.edu

kgooding@email.pittcc.edu

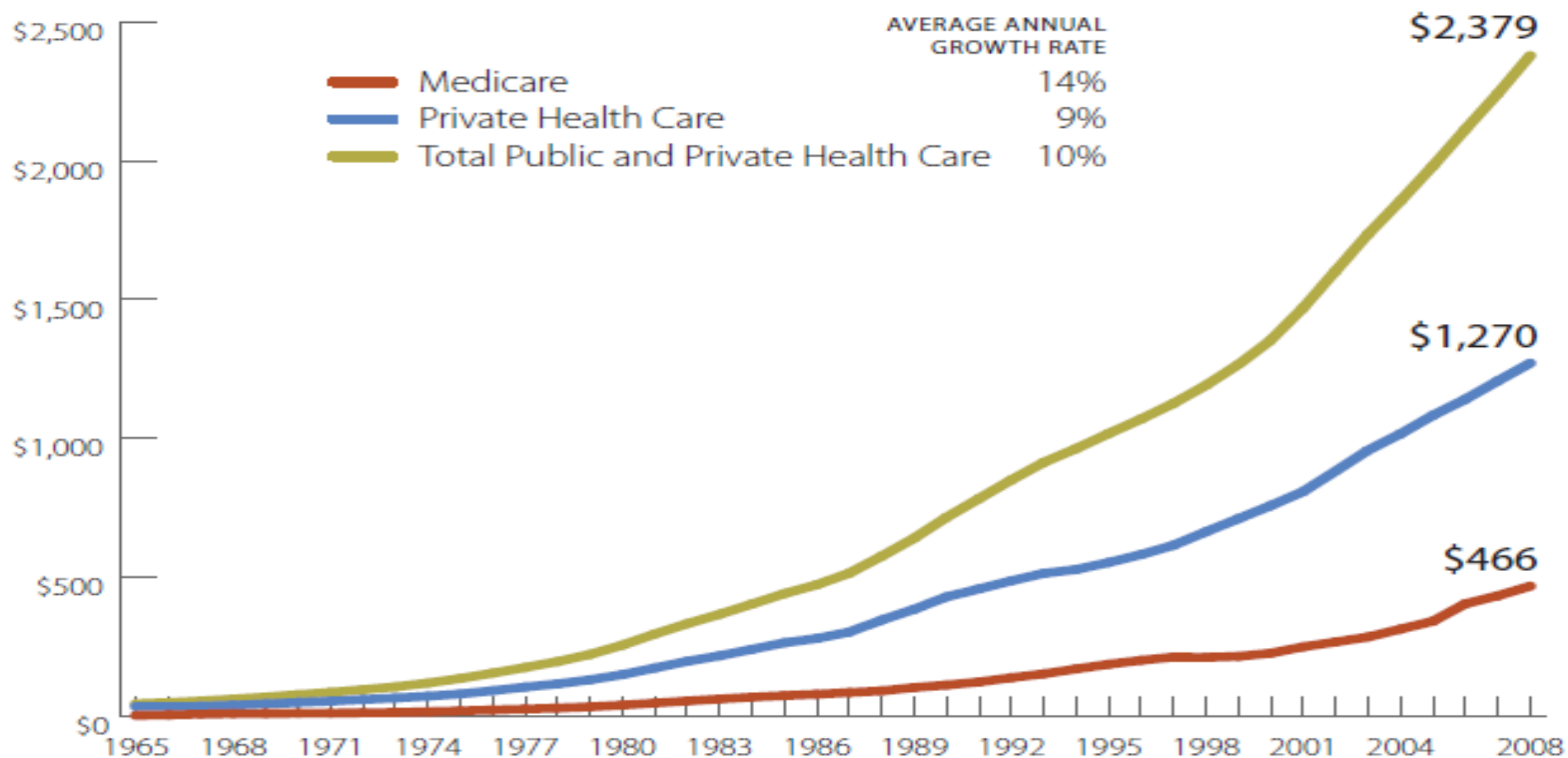
**You better know
what you should do
before you enter, for
in many cases help is
needed, not
thought.**



Decorum 11

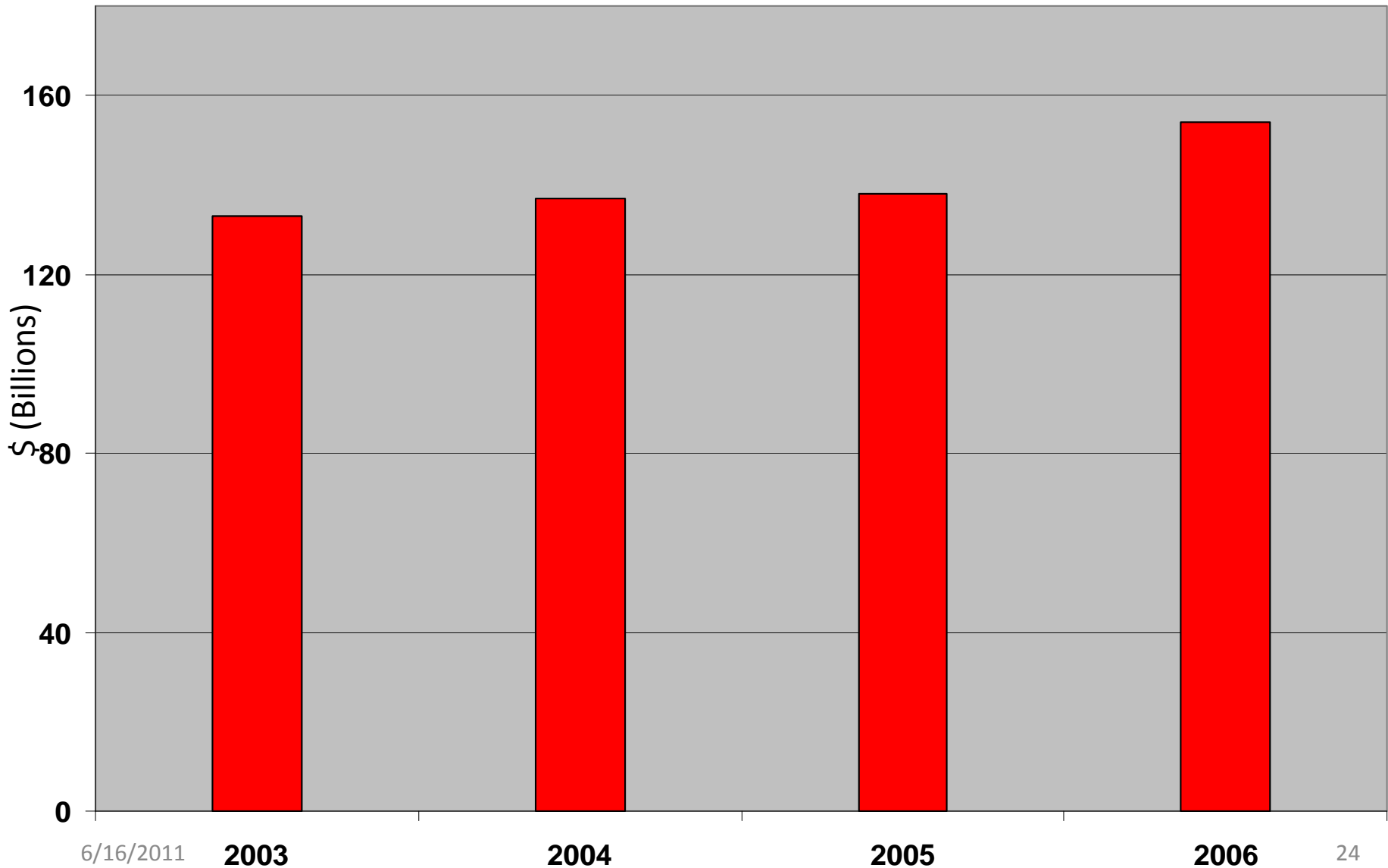
Medicare vs. Private and Total Health Care Spending, United States, 1965 to 2008

SPENDING (IN BILLIONS)



http://www.rand.org/pubs/reprints/2010/RAND_RP1392.pdf

Annual Increase in U.S. Healthcare Spending



CHEST[®]

Official publication of the American College of Chest Physicians

Missed Opportunities for Prevention of Venous Thromboembolism^{*} : An Evaluation of the Use of Thromboprophylaxis Guidelines

Donald M. Arnold, Susan R. Kahn and Ian Shrier

Chest 2001;120;1964-1971
DOI 10.1378/chest.120.6.1964

The online version of this article, along with updated information and services can be found online on the World Wide Web at:
<http://chestjournal.chestpubs.org/content/120/6/1964.full.html>

The NEW ENGLAND JOURNAL *of* MEDICINE

ESTABLISHED IN 1812

MARCH 10, 2005

VOL. 352 NO. 10

Electronic Alerts to Prevent Venous Thromboembolism among Hospitalized Patients

Nils Kucher, M.D., Sophia Koo, M.D., Rene Quiroz, M.D., M.P.H., Joshua M. Cooper, M.D.,
Marilyn D. Paterno, B.S., Boris Soukonnikov, M.S., and Samuel Z. Goldhaber, M.D.

ABSTRACT

BACKGROUND

Prophylaxis against deep-vein thrombosis in hospitalized patients remains underused. We hypothesized that the use of a computer-alert program to encourage prophylaxis might reduce the frequency of deep-vein thrombosis among high-risk hospitalized patients.

METHODS

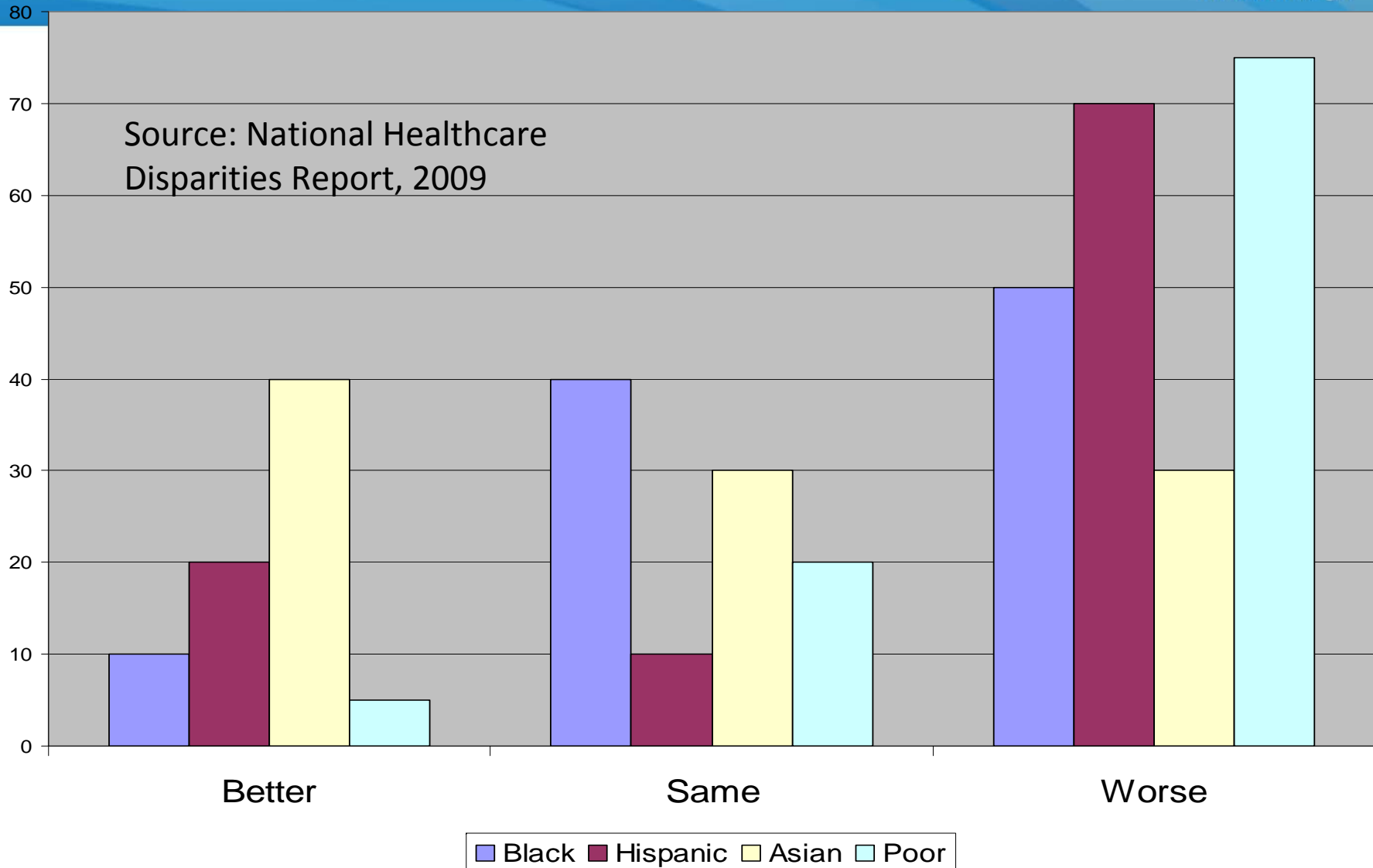
We developed a computer program linked to the patient database to identify consecutive hospitalized patients at risk for deep-vein thrombosis in the absence of prophylaxis. The program used medical-record numbers to randomly assign 1255 eligible patients to an intervention group, in which the responsible physician was alerted to a patient's risk of deep-vein thrombosis, and 1251 patients to a control group, in which no alert was issued. The physician was required to acknowledge the alert and could

From the Departments of Medicine (N.K., S.K., R.Q., S.Z.G.), Cardiovascular Division, Harvard Medical School and Brigham and Women's Hospital, Boston; the Department of Medicine, University of Pennsylvania Medical Center, Philadelphia (J.M.C.); and Partners HealthCare System, Wellesley, Mass. (M.D.P., B.S.). Address reprint requests to Dr. Goldhaber at the Cardiovascular Division, Brigham and Women's Hospital, 75 Francis St., Boston, MA 02115, or at sgoldhaber@partners.org.

N Engl J Med 2005;352:969-77.

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Distribution of core quality measures for which members of selected group experienced better, same, or poorer quality of care compared with reference group



Special Article

THE EFFECT OF RACE AND SEX ON PHYSICIANS' RECOMMENDATIONS
FOR CARDIAC CATHETERIZATION

KEVIN A. SCHULMAN, M.D., JESSE A. BERLIN, Sc.D., WILLIAM HARLESS, Ph.D., JON F. KERNER, Ph.D.,
SHYRL SISTRUNK, M.D., BERNARD J. GERSH, M.B., Ch.B., D.Phil., ROSS DUBÉ, CHRISTOPHER K. TALEGHANI, M.D.,
JENNIFER E. BURKE, M.A., M.S., SANKEY WILLIAMS, M.D., JOHN M. EISENBERG, M.D.,
AND JOSÉ J. ESCARCE, M.D., Ph.D.

Conclusions-- Our findings suggest that the race
and sex of a patient independently influence how
physicians manage chest pain.

Schulman, KA, et. al., Effect Of Race And Sex On Physicians' Recommendations For Cardiac Catheterization, NEJM,
February 25, 1995 Vol. 340 (8) pp. 618-626

Health Services and Outcomes Research

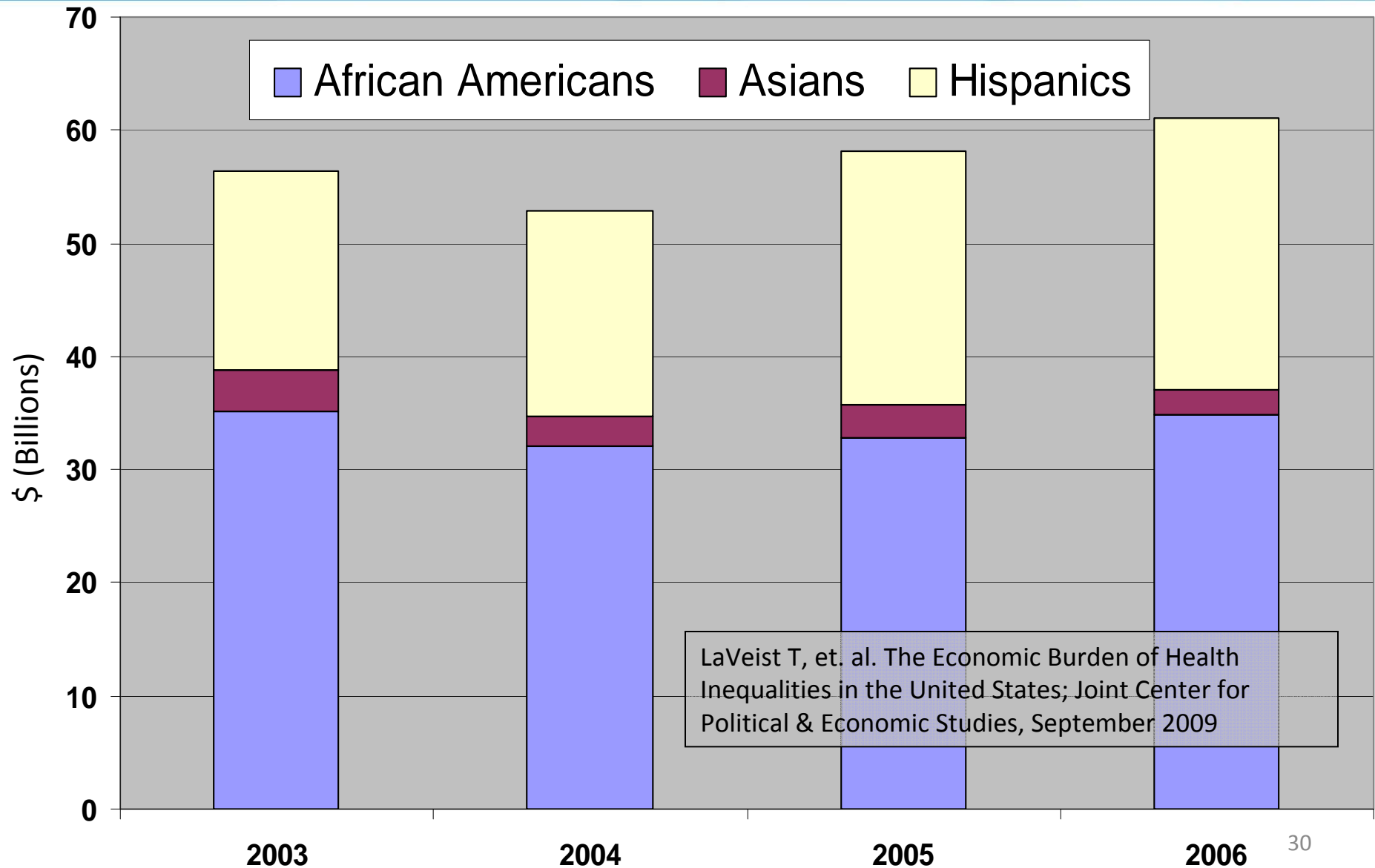
Racial and Ethnic Differences in the Treatment of Acute Myocardial Infarction

Findings From the Get With The Guidelines–Coronary Artery Disease Program

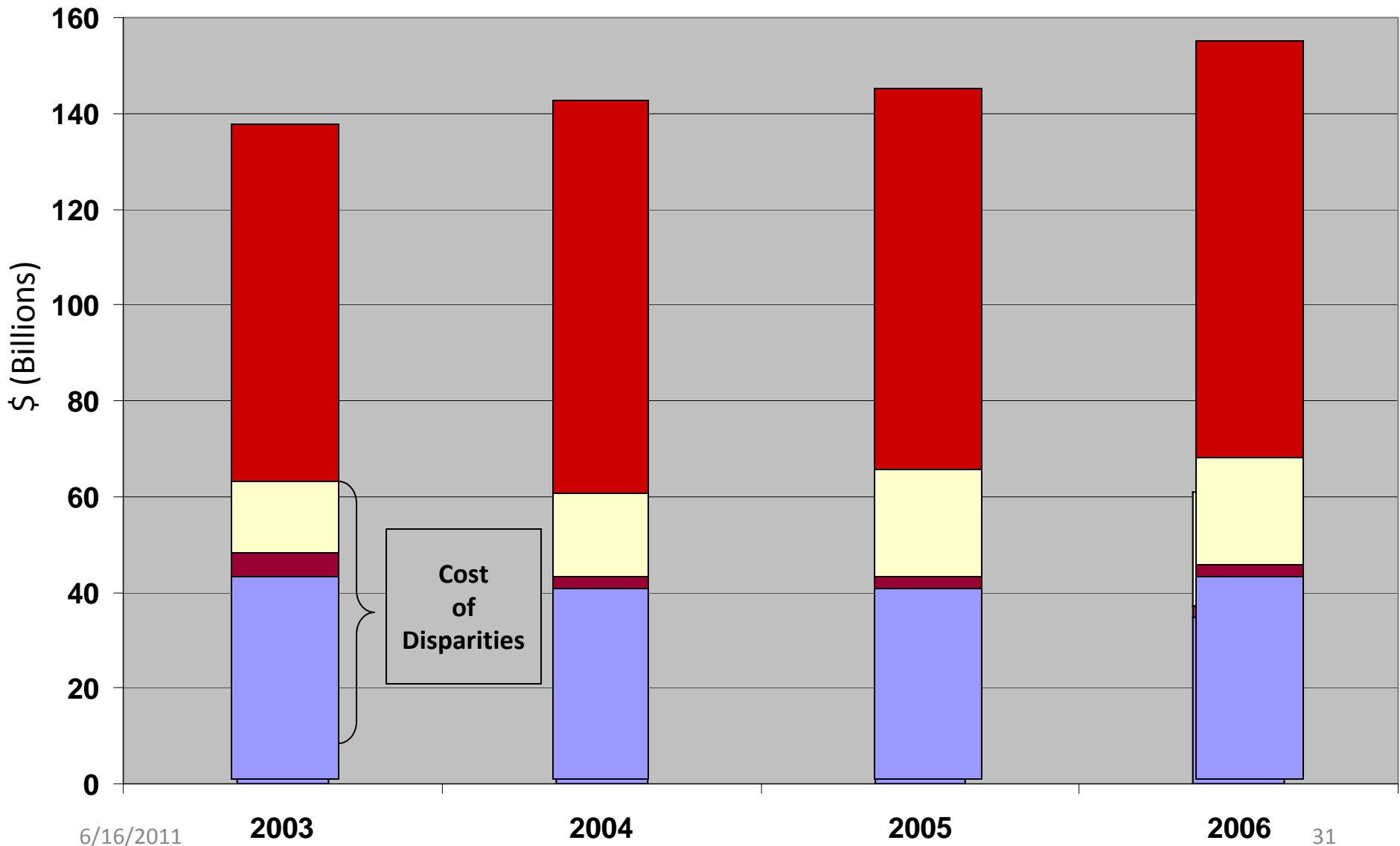
Mauricio G. Cohen, MD; Gregg C. Fonarow, MD; Eric D. Peterson, MD, MPH;
Mauro Moscucci, MD, MBA; David Dai, MHS; Adrian F. Hernandez, MD, MHS;
Robert O. Bonow, MD; Sidney C. Smith, Jr, MD

Conclusions- Among hospitals engaged in a national quality monitoring and improvement program, **evidence-based care** for acute myocardial infarction **appeared to improve** over time for patients irrespective of race/ethnicity, and **differences in care by race/ethnicity care were reduced or eliminated.**

Direct Cost of Disparities



Increase in U.S. Healthcare Spending Compared to Direct Cost of Disparities





And
therefore
never send
to know for
whom the
bell tolls...

Oscar Björck (1860 – 1929) "Boat on Shore" c. 1885 oil on canvas

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davidr.hunt@hhs.gov

<http://healthit.hhs.gov>

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