EHR 2020: Charting the Course to a Better Future

Session #: 243

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Conflict of Interest

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Has no real or apparent conflicts of interest to report.
Conflict of Interest

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Salary:
Royalty:
Receipt of Intellectual Property Rights/Patent Holder:
Consulting Fees (e.g., advisory boards):
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Contracted Research:
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Other:
Agenda

• A brief introduction to AMIA
• Report of the AMIA EHR 2020 Task Force
  – Key recommendations
  – Specific functional and policy recommendations
• Technology and Policy Imperatives needed to achieve the vision of the EHR 2020 Task Force
• Q&A
Learning Objectives

• Identify key recommendations from the nation’s informatics community on how EHRs must evolve to meet the needs of a changing healthcare ecosystem

• Describe how a new generation of EHRs should improve research and innovation opportunities to improve care and public health

• Define the three core policy and technical imperatives needed for us to achieve a truly interoperable, patient-centered care delivery system
An Introduction of How Benefits Were Realized for the Value of Health IT

Include one slide at the beginning of the presentation that links and frames the presentation to demonstrate the benefits realized for one or more STEPS™ value categories. Use metrics where possible.

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AMIA Membership

AMIA is a 5000-member organization dedicated to serving subject matter experts in the science and practice of informatics as it relates to clinical care, research, education, and policy. Individual members include:

- Physicians, nurses, dentists, pharmacists, and other clinicians
- Researchers and educators
- Biomedical and health science librarians
- Advanced students pursuing a career in informatics
- Scientists and developers
- Government officials and policymakers
- Consultants and industry professionals
Our Cornerstone

**VISION:**
- AMIA envisions a world where informatics transforms and improves health

**MISSION:**
- Improve health through informatics education, science and practice

**VALUES:**
- Scientific rigor
- Creativity and innovation
- Diversity of our membership
- Interdisciplinary collaboration
- Professionalism and integrity
Working Groups of AMIA

Biomedical Imaging Informatics
Clinical Decision Support
Clinical Information Systems
Clinical Research Informatics
Consumer and Pervasive Health Informatics
Dental Informatics
Education Evaluation
Bioinformatics
Ethical, Legal and Social Issues
Genomics and Translational Global Health Informatics
People and Organizational Issues

Intensive Care Informatics
Knowledge Discovery and Data Mining
Knowledge Representation and Semantics
Nursing Informatics
Open Source Student Pharmacoinformatics
Primary Care Informatics
Public Health Informatics
Regional Informatics Action
Visual Analytics
Natural Language Processing

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EHR 2020 Taskforce

Key Recommendations:

1. Simplify and speed documentation
2. Refocus regulation
3. Increase transparency and streamline certification
4. Foster innovation
5. Support person-centered care delivery
Simplify and speed documentation

- **Recommendation 1**: Decrease data entry burden for the clinician
  - EHRs must enable team-based charting;
  - Integrate data from devices or other information systems;
  - Allow patients to contribute to the record.

- **Recommendation 2**: Separate data entry from data reporting
  - Customized reports must easily produce visit notes, letters to referring providers, billing and quality measurement.

- **Recommendation 9**: Promote the integration of EHRs into the full social context of care, moving beyond acute care and clinic settings to include all areas of care.
  - Patient-generated data, population data, community data.
Refocus Regulation

• **Recommendation 4:** Regulation should focus on
  – Clarifying and simplifying certification procedures and MU regulations,
  – Improving data exchange and interoperability,
  – Reducing the need for re-entering data, and
  – Prioritizing patient outcomes over new functional measures.

• **Recommendation 5:** Changes in reimbursement regulations should support novel changes and innovation in EHR systems.
  – Changes to payment models as well as federal guidance designed to accommodate innovation in health information technology.
Increase Transparency & Streamline Certification

• **Recommendation 6:** To improve usability and safety, and to foster innovation additional data about the certification process should be made available.
  – Could include video recordings of the certification processes demonstrating how each vendor satisfies each certification criteria,
  – Detailed data and information models for APIs, and
  – How data are entered and extracted from the EHR as part of the certification process.

• **Recommendation 7:** Providers and vendors should be fully transparent about unintended consequences and safety risks introduced by health information technology systems.
Foster innovation

- **Recommendation 3:** EHRs should enable systematic learning and research at the point of care during routine practice
  - Better understanding of the costs (in time) and benefits (to care delivery, research, and billing) of different approaches to capturing and reporting clinical data

- **Recommendation 8:** EHR vendors should use public standards-based application programming interfaces (APIs) and data standards that will enable EHRs to become more open to innovators, researchers and patients.
Support person-centered care delivery

• Patients and individuals using health information technology will prove to be one of the biggest drivers for innovation in health and healthcare delivery.

• Empower them to be first-order participants in their care.
  – HIPAA right to electronic copy of medical record
  – Use of Open Notes
  – Blue Button

• Support national programs such as:
  – Patient Centered Outcomes Research Institute (PCORI) and PCORnet
  – Precision Medicine Initiative
Policy and Technical Imperatives

Three key components needed for us to achieve a truly interoperable, patient-centered care delivery system
Standardize the structure of data building block(s)

• A FHIR-based standard to support consistent formats for granular data
  – Use that standard to build other kinds of document, report, API, and export standards
  – Governance
    • Have the technologists develop the format (SDOs)
    • have domain experts develop the meaning (professional societies?)
  – See [wiki.SIFramework.org](http://wiki.SIFramework.org) structured data capture (SDC) initiative
Empower patients to move from one ecosystem to another

- Require all EHRs to provide the ENTIRE medical record (structured and unstructured) to patients in an electronic format
  - Standards exist now to do this
  - Should include not just the summary record (CCDA) but all kinds of information stored electronically
  - Test both import AND export functions
Update certification to test both ends of interoperability

• Test the ability of a system to send data that conforms to the standard
  – A valid format that uses at least one version of the different options

• Test the ability of a system to receive ANY data that conforms to the standard
  – All valid formats (i.e., option A AND option B and option C)

• Benefits
  – Will change the way in which standards are developed by reducing options at the creation of standards, not just the implementation of those standards
  – Should be applied to ALL new standards (i.e. FHIR) going forward, and selected standards going backwards (with time to update systems)
60-Minute Lecture

• Brief Introduction by Speaker(s) – 5 minutes
• The speaker must provide a 45-50 minute (please do not exceed this time limit) PowerPoint presentation (approx. 25-30 slides).
• Leave 5-10 minutes at the end for Q&A
A Summary of How Benefits Were Realized for the Value of Health IT

Include one slide at the end of the presentation that links and frames the presentation to demonstrate the benefits realized for one or more STEPS™ value categories. Use metrics where possible.

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Questions

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