What happens inside these walls?
Making the Case for an EHR (Data Standards Paper)

• Health Information and Data
  – Patient Information (Test Results, Insurance, medications, etc)

• Results Management
  – Ordering and graphing results. One repository notion.

• Order Entry/Order Management

• Decision Support
  – Reminders and prompts based on certain medical criteria

• Electronic Communication and Connectivity
  – Email, web messaging, pagers. More importantly integration instead of silos.
Making the Case for an EHR (2)

• Patient Support
  – Interface and education tools for patient. Important for chronic diseases

• Administration Processes
  – Electronic scheduling, billing, referrals, etc.

• Reporting and Population Health Management
  – Ability for aggregating large amounts of data for decisions.

What are the problems?
Problems with EHR implementation (Baron Article)

• Education of Staff
  – Technology vs. Workload

• Workflow redesign and understanding the system!
  – Key point for large and small organizations
  – Divide in knowledge between the vendor and the client.

• Outside systems are not compatible
  – Silos of information and interface development

• Increased Effort and Political Barriers
  – Initial cost of conversion is high
  – Continuing maintenance often overlooked

What is the difference with a large organization?
Large Healthcare Organizations

• Too many standards available
  – HL7 (Health Level 7) is a standard for messaging. Allows customization and flexibility of fields.

• EHR systems make assumptions about healthcare
  – Rules are not separated from the UI.

• Organization and process complexity
  – ICD9 codes for clinicians are not the same for billing.

• Changing roles and processes
  – NPs, PA, RN, RESI, RESIV, INT, MD, ATND, Social Workers.