



HEALTH INFORMATION TECHNOLOGY

The Problem

Our current healthcare system is characterized by “silos” of care working in isolation from one another, both within and among provider institutions. This fragmented care environment is especially problematic for the approximately 70 million Americans who have multiple chronic conditions and who often see up to a dozen different providers and specialists across different health systems in the course of a year.

This lack of coordinated care creates critical information gaps in patient treatment that can lead to patient safety issues, wasted time for patients and providers tracking down and transmitting information, and costly redundancy of procedures and lab testing when information is missing. In fact, repeated studies indicate that 30% of all healthcare costs can be attributed to unnecessary waste in the system.

Many of the problems caused by the lack of complete patient medical records and lack of data sharing between providers can be resolved through electronic medical record (EMR) systems that can communicate with one another. However, fewer than 15% of physician practices in Allegheny County have EMRs, and even those that do lack the interoperability to share data between vendors and lack systems designed to support good chronic care (like a population-based registry function that can track the effective delivery of evidence-based care to all patients).

Health IT programs like e-prescribing can eliminate medication errors due to illegible handwriting, or dangerous drug interactions. EMRs can also provide extensive decision support—one of the six components of the Wagner model for Chronic Care: they can send automatic reminders to patients who miss preventive services like mammograms, or flag physicians on patients with chronic diseases who miss evidence-based care like regular blood testing or prescription renewals.

Possible Purchaser Actions

- Promote regional interoperability of medical records to improve continuity of care, reduce unnecessary or redundant care and medications, and bring down administrative overhead costs by participating in multi-stakeholder meetings on the topic (next meeting will be sponsored by PRHI in August or September 2007)
- Identify regional strategies for supporting investment in EMRs, especially in smaller physician practices with low capital

Results to be Anticipated

- Functional interoperability of medical data shared between multiple providers and competing health systems
- Fewer adverse events or complications related to uncoordinated care or patients “falling through the cracks”
- Reduced costs from fewer redundant and unnecessary procedures, tests, and medications
- Availability of regional data sharing will accelerate adoption of Electronic Medical Record (EMR) systems in individual physician practices, which will in turn build the capacity of regional data sharing