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Medical Information Technology

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Electronic Health Records and Health Information Exchange: The new Tower of Babel?

Remember the biblical story of the Tower of Babel? It describes how after the Great Flood people united into one nation speaking a single language and then tried to compete with God by building a tower “with its top in the heavens.” It’s then reported in Genesis (11:5-8) that God confounded their speech, confused their unified language forcing the people to abandon the construction of their city and the tower remained unfinished. The story serves as a beautiful allegory to describe our efforts to standardize and unify the many different Electronic Health Records, each using a different language without the ability to communicate among each other. Of course, we are not trying to challenge or compete with our Creator! What the biblical story can teach us is that without a unified language and realistic goals we cannot achieve building a sustainable and user-friendly health information infrastructure. Instead, we are creating a digital alphabet soup preventing meaningful collaboration and effective patient care. So what can we do?

The development of a Health Information Exchange (HIE) infrastructure, is defined as the mobilization of healthcare information electronically across organizations within a region, community or hospital system. Exchanging data between two or more health organizations, hospitals or medical practices, requires the clear definition of what we want to exchange, how to standardize the information and then how to structure the information exchange process itself. For example, if we want to send prescriptions and hospital-based medication orders electronically then we need to make sure that the sender and recipient of the information use the same data transmission protocol. Other important data sets include health summaries for continuity of care, immunization registry information, medication reconciliation, electronic laboratory result reporting, and syndrome surveillance reporting for the purpose of public health alerts and responses.

Some claim that this can be accomplished by utilizing a SINGLE Electronic Health Record. This may apply to a large but closed

organization such as the U.S. Department of Veterans Affairs but not to the healthcare market comprised of thousands of small and mid-size practices, hospitals, pharmacies and nursing homes. In such a setting we rely on federal rules and regulations standardizing the information exchange between hundreds of different software packages. These standards are included in the certification process of Electronic Health Records and are part of the meaningful use criteria program. As physicians we must make sure that the program we may choose to work with MUST comply with those standards and that the adherence to those regulations must be part of an enforceable contractual agreement. Furthermore, you should decide if you want to become a patient-centered medical home (PCMH) or to be part of an accountable care organization (ACO). A PCMH requires your participation in a Health Information Exchange (HIE) organization that allows for the exchange of patient summary charts and problem lists between all physicians and healthcare professionals involved in the patient care process. For an ACO it’s important to join an HIE that provides the ability to send and receive data to and from public health organizations, insurance companies, Medicare and Medicaid. How can you ever meet all of the above requirements? Very simple. All of you can obtain more information and access technical support by enrolling in the South Florida Regional Extension Center. You can sign-up online at <http://www.southfloridarec.org/>

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I look forward to reading your comments and suggestions on our blog at <http://miamimedblog.blogspot.com/> or send me a tweet at <http://twitter.com/dadedoc>.

Disclosure: The author is a practicing family physician, addiction specialist and computer consultant. In addition, he is a founder and managing partner of a medical IT company and a member of the SFREC Steering Committee.