



Standards Insight Summary—June 2009

Dancing to a Different Tune

By Ed Larsen

It is my intent to highlight other lessons from HIMSS09, overlooked last month in our Washington-centric focus on ARRA and the meaningful use of health IT. I will attempt to ignore the 900-pound gorilla in the room and discuss the little banana peel it or me is about to slip on. If I slip, it's just writing more unfounded speculation about Washington doings. If Washington slips on health IT, we will have added to the budget deficit without delivering the quality improvement and cost savings essential to successful healthcare reform. In this spirit, let me offer three observations:

Observation 1: EHR systems are necessary but not sufficient to successfully implement healthcare reform.

Obama administration healthcare reform requires eliminating hundreds of billions of dollars in inefficiency, waste and duplication while delivering necessary and effective care. EHR systems can enable organizations to improve care and control costs if the organization makes the necessary change to processes, behavior and culture. Organizations that do not invest in transformation enabled by EHR systems may see no benefits or, worse, increased errors and costs.

Observation 2: Is there any value to an application that is not a certified EHR system?

If you are one of the 10 percent of HIMSS exhibitors of inpatient or ambulatory EHR systems, times are good. The use of your product is likely to be rewarded by additional incentive payments. If you are not a vendor of EHR systems, things may appear bleak. But when all is said and done, EHR systems are what they are and no amount of incentives or certificates will make them more effective than they are now. Hospitals and physicians still face the challenge of providing quality care more efficiently. If these non-EHR systems had a value proposition, they will still have that value proposition. And ironically, many of the benefits attributed to the EHR system are provided by applications often ancillary to the EHR system. Pharmacy, laboratory and imaging systems are frequently supplied by best of breed vendors, not by the vendor of the core EHR system; but they actually provide decision support, alerts and reminders (e.g., medication alerts or abnormal lab values), capabilities that can contribute to improved quality of care.

Observation 3: There has been a drumbeat to simplify interoperability standards, select “good enough” or just use the “Internet.”

While simple solutions to complex problems are elegant, a series of uncoordinated simple solutions for a complex problem space needs a different type of analysis. Semantic interoperability between different healthcare organizations is a deep and complex problem. The Healthcare Information Technology Standards Panel (HITSP) has produced 13 interoperability specifications to address the use case requirements that reflect the priorities of policymakers of the time. Some have criticized these for not just focusing on a few big problems, such as e-prescribing and medical summaries. Yet, even as the swine flu scare declines, is the bio-surveillance interoperability specification seen as too esoteric? Some have said these interoperability specifications are too complex and cumbersome. However, the resulting portfolio of constructs that harmonize more than 100 standards has brought HITSP to a point of much greater reuse and simplification. The ARRA interoperability requirements are well supported by existing HITSP harmonized standards. Essentially, interoperability is a complex undertaking if you want to support reuse and secondary use and avoid stove-pipe solutions. HITSP is demonstrating that once the complexity has been faced initially, opportunities to simplify, extend and repurpose become much easier.

I offer these three points for consideration as we waltz with the 900-pound gorilla. They may serve as some balance to the Washington dance tune. Watch out for that peel.

For the complete article, see the June *Standards Insight* at www.himss.org/membercenter. Ed Larsen is an independent strategy consultant who tracks interoperability standards for HIMSS. He is a member of the HITSP project team. Comments or questions can be sent to erlarsen@erlinc.com.