

HITCH eBulletin

November 2009 Edition

Dear HITCH members,

This bulletin begins a new series of monthly newsletters for HITCH members that will keep you up to date on happenings in HIT. The focus of this newsletter will be on state actions, with some reporting on relevant federal actions and new research.

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HIT Session at NCSL's Fall Forum

NCSL will be holding its Fall Forum in sunny San Diego, CA from December 9 - December 12. The Fall Forum gives legislators, legislative staff and policy experts a chance to partner on the big issues—budget gaps, health care coverage, education affordability and reform, transportation funding, energy costs and many others. This year, NCSL's Standing Committee on Health will include a session on HIT, allowing legislators and legislative staff the opportunity to interact with experts in HIT to exchange ideas and experiences. The current speakers include:

- The Honorable Richard Moore, State Senator, Massachusetts
- David Roberts, Vice President, Government Relations, HIMSS
- Jan Root, Executive Director, Utah Health Information Network
- Representative of Office of the National Coordinator (invited)

The session will take place on Friday, December 11, at 9:30 am. For more on NCSL's Fall Forum, go here:

<http://www.ncsl.org/Default.aspx?TabID=714&tabs=2638,122,920#2638>

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New Penalties for Privacy Violations

The Department of Health and Human Services has published a set of rules to increase the penalties for providers that violate patient's privacy. The notice was published in the October 30th edition of the [Federal Register](#), and will go into effect on November 30th. The rules will increase the amount of the fines associated with privacy breaches, creating a multi-tiered system of offenses and corresponding fines, with a new maximum of \$1.5 million per calendar year. HHS will accept public comments until December 29th.

West Virginia Unveils Telehealth Network

A new initiative in the Mountain State will connect local clinics in the southwest part of the state with hospitals and larger health care facilities, [reports](#) *The State Journal*. The initiative is a pilot project that officials will hope to expand statewide by the end of 2010, allowing more residents of Appalachia access to medical services that would otherwise require significant travel, such as consultations with specialists. The "Micro Fiber Build" project has so far received \$8.4 million in federal funds combined with another \$1 million from the state and participating clinics.

HIT and Consumer Driven Health Care

HIT can play a major in health reform, particularly in fostering a system that is more consumer driven, posits a new [paper](#) from the Brookings Institution. The paper lists a number of emerging technologies that allow patients more control over their own health care, such as text message and e-mail reminders about appointments and when to take prescriptions as well as home-based monitors that wirelessly transmit results to doctor's offices and reduce the need for clinic-based tests. To facilitate this shift, the author suggests policy changes such as paying providers for outcomes rather than for each test and having insurance companies and employers offer financial incentives for healthier living. The thought is that by giving patients more control and having them do more of the work, the system can save money through reduced use of expensive professionals. "In the past 10 years, technology has removed travel agents, bank tellers and so on from the middleman position," Peter Neupert of Microsoft Health Solutions Group is quoted as saying.

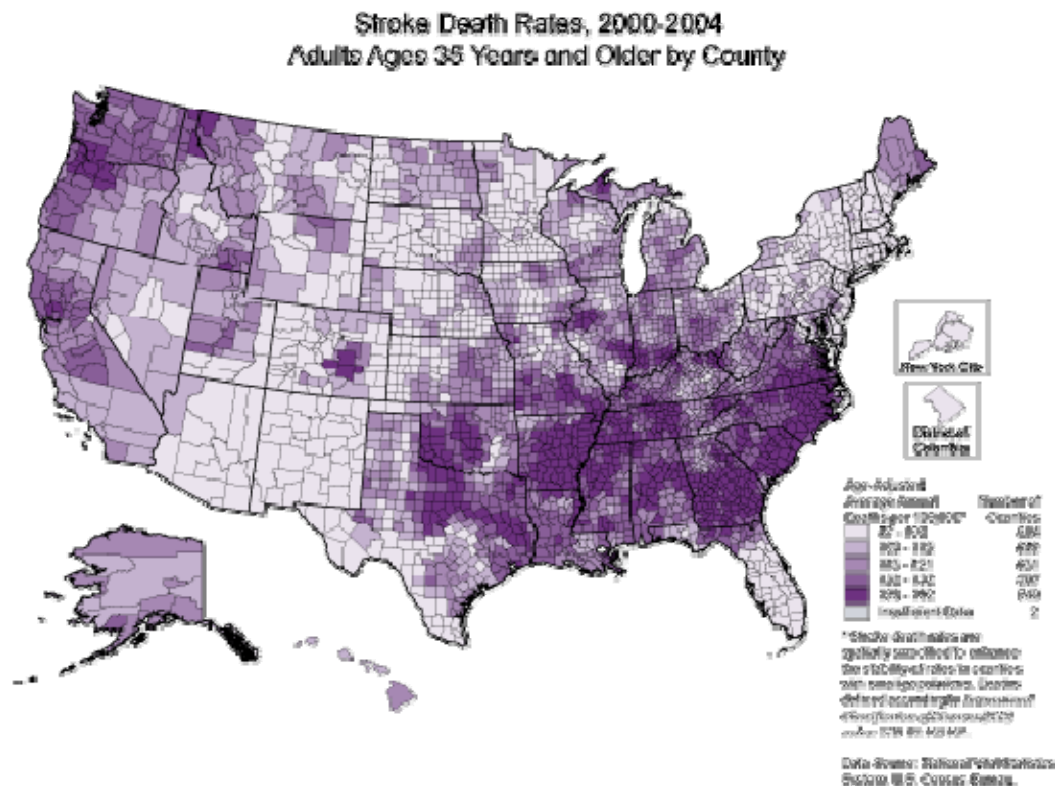
Scribes at UVA

The University of Virginia hospital has taken a unique approach to implementing electronic health records, [reports](#) *USA Today*. The hospital uses 'scribes' who follow around doctors during their patient visits and then transcribe information into a laptop. The idea behind this is to free up the doctor from entering information in the computer and allowing more time with the patient. "I can sit and really listen to the patient, instead of scribbling notes while I'm talking to them," third-year resident Heather Borek told the paper. After the visit, the doctors check the information the scribes entered for accuracy. One criticism that has emerged is that using scribes has too much potential for error, even with the doctors checking their work. So far, UVA has not specified any evaluations of the program.

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Rural Hospitals Use Teleneurology to Treat Stroke

A group of hospitals in the so-called "Stroke Belt" (see map below) will now link up to a teleneurology system which will allow for faster treatment of stroke patients, [reports HealthLeaders Media](#). The four rural hospitals in North Carolina and Virginia will link to Forsyth Hospital in Winston-Salem, where specialists can receive transmissions of CT scans of ER patients who report brain attacks and plan appropriate treatments. Officials at Forsyth hospital estimated that this system can improve care for at least 1,500 patients per year. Currently, many patients who live near one of the rural hospitals will elect to go to one further away, delaying treatment time and losing more brain cells. Each hospital will pay about \$100,000 per year for the service, which is operated by the private company Specialists On Call Inc.



Hawkeyes Push for E-Prescribing

A new initiative in Iowa is looking to get more physicians ePrescribing, [reports HealthcareITnews](#). The initiative is a partnership between Iowa Health System (IHS)—a network of providers—and Allscripts-Misys Healthcare Solutions, who will provide a free web-based prescribing tool to small and medium sized physician offices in Iowa and Illinois. The network will utilize HealthNet Connect, a 3,200 mile long fiber optic cable that runs from Denver to Chicago run by IHS, who will also contribute \$500,000 in start up costs.