Chapter 18

Electronic Health Record Implementation in the United States Healthcare Industry:
Making the Process of Change Manageable

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ABSTRACT

The Health Information Technology for Economic and Clinical Health (HITECH) Act (2009) was legislation passed focused on improving health care delivery and patient care in America through the development of health information technology (HIT). The mission of this chapter is to review how American health care practitioners and organizations will integrate one aspect of HIT, the use of Electronic Health Records (EHRs), into the workplace. While objectives and deadlines have been established and aligned with incentives for the meaningful use of EHRs, it seems the missing component is a strategic plan that could be applied by health care organizations to guide the implementation process. The use of a program planning model is suggested to frame a strategic implementation process informed by principles of change management.

INTRODUCTION

Electronic Health Records (EHRs) will have a significant impact on health care practitioners, organizations and the industry as a whole. EHRs are part of the larger national initiative focused on health information technology (HIT), which is the exchange of health information in an electronic environment. The Health Information Technology for Economic and Clinical Health (HITECH) Act (2009) is legislation focused on improving health care delivery and patient care in America through development of health information technology (The Office of the National Coordinator for Health Information Technology, 2011). The Office of the National Coordinator for Health Information Technology (ONC) coordinates the administration's HIT efforts. Consequently, the discussion of EHRs falls under the larger umbrella of HIT.

What are EHRs?

An EHR is an "electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization" (The National Alliance for Health Information Technology, 2008, p. 17). EHRs are digital (computerized) versions of patients' paper charts. EHRs should bring together information from current and past doctors, emergency facilities, school and workplace clinics, pharmacies, laboratories, and medical imaging facilities. In the future, EHRs will be created and managed by authorized providers and staff across more than one health care organization through the establishment of health information exchange (HIE). HIE encourages care coordination that prevents duplication of services thus improving care while reducing healthcare costs.

The bulk of HITECH funding is devoted to helping physicians and hospitals adopt the meaningful use of EHRs. "Meaningful use" refers to the use of certified EHR technologies by health care providers to improve health care quality, efficiency and equity by implementing patient-centered, evidence-based, and prevention-oriented practices (Health IT.gov, 2012).

There are three planned stages of meaningful use for EHRs with guidelines to receive incentives. Stage 1 (2011 and 2012) sets the baseline for electronic data capture and information sharing. During Stages 2 and 3, the baseline will be further developed through future rule making. For Stage 1 (2011 and 2012), to qualify for incentive payment, eligible professionals must meet 20 of the 25 objectives with 15 required core objectives and the remaining chosen from the list of ten elective objectives. To qualify for incentive payment for eligible hospitals and critical access hospitals (CAHs), there are a total of 24 meaningful use objectives with 19 of the 24 objectives that must be

met. There are 14 required core objectives and five objectives may be chosen from ten elective objectives. Eligible professionals, eligible hospitals and CAHs must also report Clinical Quality Measures to demonstrate meaningful use successfully. Eligible professionals must report three required core measures and three additional measures (selected from a set of 38 clinical quality measures). Eligible hospitals and CAHs must report on all 15 of their clinical quality measures (Centers for Medicare & Medicaid Services, 2012).

HITECH is promoting the adoption of EHRs through incentive payments including:

- Up to $44,000 for eligible professionals in the Medicare EHR Incentive Program
- Up to $63,000 for eligible professionals in the Medicaid EHR Incentive Program
- A base payment of $2 million for eligible hospitals and critical access hospitals, depending on certain criteria

In addition, HITECH also threatens financial penalties for physicians and hospitals if meaningful usage is not achieved by 2015.

Health Information Organizations (HIO) are responsible for managing the exchange of health-related information among organizations according to nationally recognized standards (The National Alliance for Health Information Technology, 2008). Adler-Milstein, DesRoches, & Jha (2011) state the existence of HIOs provide an infrastructure for data sharing by uniting stakeholders including physician practices, laboratories and hospitals in a specific geographic area.

The mission of this chapter is to review the use of EHRs in the American health care industry. Many wonder if this initiative will be successful in a health care system that has traditionally been resistant to change. While clear goals for the use of EHRs have been established, there is much less clarity about how the health care industry in America will integrate EHRs into the workplace.

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