

The ehealthrecord.info is designed to provide the latest news, best practices, policy and ideas about electronic health records. The ehealthrecord.info is short and to the point. The subject is salient to advancing the quality of care; our objective is to provide you with clarity and to keep you current. Think of it as a supplement to the journal *ElectronicHealthcare*. It is updated every two weeks. To view the entire eletter, please visit: [www.ehealthrecord.info](http://www.ehealthrecord.info)

#### **Are You Wired?**

The seventh annual list of *Most Wired Hospitals* has been published for 2005. This list is created from the information provided by hospitals that voluntarily apply. The list of the top 100 is provided, but they are in alphabetical order with information about IT budget and staffing, but no scores. [Each hospital receives a benchmarking report, which is probably worth the effort of applying.] *Does IT make a difference?* This year *H&HN* worked with Solucient to correlate risk-adjusted mortality rates in Most Wired (the top 100) and Least Wired (the bottom 100). "This year's results show an association between outcomes and IT, but do not establish that the outcomes were caused by the technology." Among other findings of this year's survey:

- Most Wired do make greater use of CPOE: "full adoption" (by 61% or more of physicians) for pharmacy orders in 41% versus in 8% of Least Wired hospitals.
- Most Wired make slightly greater use of bar code or RFID matching of drug to patient and medication order at the bedside: 5% versus 1% of Least Wired hospitals.

[www.hhnmag.com](http://www.hhnmag.com)

#### **A Quality Roadmap**

CMS has released a Quality Improvement Roadmap summarizing CMS' quality-related initiatives that will help transform the healthcare system in the U.S. The goal of the roadmap is to ensure the right care for every person every time and to do this with safe, effective, efficient, patient-centered, timely, equitable care. The roadmap defines five major system strategies for improving care and cites examples of current initiatives that support these strategies:

1. Work through partnerships to Improve Performance
  - a. IHI Campaign to Save 100,000 Lives
  - b. Surgical Care Improvement Partnership
  - c. Fistula First National Renal Coalition Partnership
2. Publish quality measurements and information
  - a. Hospital Quality Alliance
  - b. Ambulatory Care Quality Alliance
  - c. Nursing Home Quality Initiative

3. Pay providers and practitioners for improving quality
  - a. Premier Hospital Quality Incentive demonstration
  - b. Physician Group Practice demonstration
4. Assist providers and practitioners in making care more effective and less costly through CMS quality initiatives and effective use of electronic health systems
  - a. IO's "8th Scope of Work"
  - b. Medicare Modernization Act requiring implementation of e-prescribing by 2009
  - c. Medicare Beneficiary Portal
5. Be a partner in driving the creation and use of information about effective healthcare technologies to bring effective innovations to patients more efficiently and to help providers and patients use the treatments more effectively.
  - a. Council on Technology and Innovation (CTI)
  - b. Healthcare Common Procedure Coding System improvements

CMS believes this roadmap provides the opportunity to partner with all the stakeholders in healthcare to create a healthcare system that is safe, effective, efficient, patient-centered, timely, and equitable.

[www.cms.hhs.gov](http://www.cms.hhs.gov)

#### **Impacts of Advances in Medical Technology in Australia**

This report responds to a request from the Australian Government to examine the impact of advances in medical technology on public and private healthcare expenditure, and the associated costs and benefits for the Australian community. The Commission found that, in many cases, increased expenditure on new medical technologies reflected many more people being treated as well as better quality treatments.

[www.pc.gov.au](http://www.pc.gov.au)

#### **Germans Test Electronic Health Cards**

Systems International GmbH is working with a German healthcare and insurance group to test electronic health cards through a pilot project that involves three doctors' offices, 50 customers of the healthcare group Bundesknappschaft and one of the group's hospitals in Bottrop, Germany. Next year, the German government will mandate electronic health cards, which contain a chip for storing personal and medical data about the patient.

[www.infoworld.nl](http://www.infoworld.nl)

#### **NHS Begins Pitch for Electronic Care Records**

England's National Health Service IT program has begun a national communications blitz about the electronic care record service rolling out next year. The Care Records Service, which is expected to go live in 2006, will capture

health records onto a new electronic patient record system that allows online access to a patient's medical history from anywhere within the NHS.

[www.egovmonitor.com](http://www.egovmonitor.com)

#### **England Debates Access vs. Privacy**

Physician and nurse leaders of England's Connecting for Health electronic medical records initiative are recommending that patients be given significant authority over who can access their data. Connecting for Health is the National Health Services' effort to develop a national health information infrastructure.

[www.healthdatamanagement.com](http://www.healthdatamanagement.com)

#### **General Practice Computing Group Strategic Plan**

This paper sets out a submission to the Commonwealth for funding GPCG into the next triennium – July 2005 to June 2008. Together with the draft GPCG Strategy and Indicative Budget for 2005-2008, the paper provides a Strategic Framework through which GPCG will, with Commonwealth support, continue to advance e-health through Australian primary care and the wider health industry.

[www.gpcg.org](http://www.gpcg.org)

#### **Savings in Electronic Medical Record Systems? Do It for the Quality**

National policymakers are considering whether to make

major long-term investments in EMR systems. The matter of rising healthcare costs is never far from any healthcare debate, and the prospect for EMR systems to decrease costs is a potential selling point. The paper by Richard Hillestad and colleagues presents a well-documented analysis of the potential costs, savings, and other benefits of widespread adoption of interoperable EMR systems. It focuses on the potential savings such systems could yield. In this paper, the author examines the main components of their argument and question whether such savings could ever be realized.

[www.healthaffairs.org](http://www.healthaffairs.org)

#### **The Value of Electronic Health Records in Solo or Small Group Practices**

The authors conducted case studies of fourteen solo or small-group primary care practices using EHR software from two vendors. Initial EHR costs averaged \$44,000 per full-time-equivalent (FTE) provider, and ongoing costs averaged \$8,500 per provider per year. The average practice paid for its EHR costs in 2.5 years and profited handsomely after that; however, some practices could not cover costs quickly, most providers spent more time at work initially, and some practices experienced substantial financial risks. Policies should be designed to provide incentives and support services to help practices improve the quality of their care by using EHRs.

[www.healthaffairs.org](http://www.healthaffairs.org)

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