One of President George W. Bush’s positive legacies is the leadership position his administration took in expediting the usage of electronic health records (EHRs) and healthcare IT (HIT), and the development of the Nationwide Health Information Network (NHIN).1–3 Associated with this effort was a financial stimulus to develop guidelines for the establishment of electronic healthcare information exchanges and regional healthcare information organizations (RHIOs),3 which the NHIN will eventually use.

A great deal has been accomplished since January 2004 when Bush first launched this stimulus program, but a great deal remains to be done. Bush’s efforts encouraged the Health Information Management Systems Society (HIMSS; www.himss.org) to push for standardization of EHRs and the NHIN’s communication fabric. The HIMSS also contributed to a series of standardized healthcare applications for any communicating healthcare environment, including multiple hospitals, clinics, and doctors’ offices. Unfortunately, many hospital CIOs don’t feel that standardization is the acceptable way to accomplish information exchange goals. Instead, some believe that becoming a closed-shop vendor environment is the most cost-effective and quickest way to implement their particular healthcare information needs. However, this could lead to proprietary solutions for hospitals and the possibility of painful interfacing scenarios if hospitals want to share information with each other or local doctors’ offices. Alternatively, if the medical environment uses RHIOs, HIMSS communications standards and their medical applications could help establish a seamless, reliable, cost-effective, and timely healthcare environment. This is, essentially, the NHIN’s aim.

President Barack Obama has emphasized his interest in quickly and responsibly implementing national healthcare capabilities throughout the US. He seems fully aware of standardization efforts and the potentially cost-effective solutions recommended for creating an inclusive healthcare environment. Proprietary solutions aren’t the answer when a patient’s health information might have to be shared among medical facilities anywhere in the US or around the world (subject to the Health Insurance Portability and Accountability Act).4

We could all think of several reasons why HIT standards must be implemented on all future medical information systems, but the strongest one is to remove dependence on vendor-specific solutions that don’t interact with each other. Obama’s current (as of press time) stimulus package addresses this serious concern in Section 3012, Health Information Technology Implementation, and Section 3013, State Grants to Support Health Information Technology.5

The document identifies funding mechanisms for establishing and “enhancing broad and varied participation in the authorized and secured nationwide electronic use and exchange of health information.” The document itself is an impressive read—specific sections encourage usage of HIT to provide a healthcare system in a manner that’s both realistic and practical. EHRs, the usage of standardized applications, and the employment of RHIOs present a vision of an electronic fabric in which patient
information can be exchanged around the country or across the world.

A recent Wall Street Journal article discusses the potential effects of Obama’s proposed usage of US$20 billion to computerize medical records and create an NHIN. There appears to be general agreement that this activity will add jobs to the US economy, improve treatment of diseases and injuries, and significantly reduce healthcare costs. The primary concern is the complete privacy of the information circulated in an electronic distribution environment. The use of standardized approaches to securing medical information should remove much of these concerns. But it will be standards organizations working with vendors that ends up producing a standardized solution—not vendor-specific applications, which have a very real potential to be much more costly and not nearly as user friendly.

As IT professionals, we’ll all be watching these latest developments to see if they take off in a way they didn’t—or couldn’t—in the previous administration. But as US citizens, we all have a vested interest in all-inclusive medical care at a reduced cost.

References

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