

**Health Information Technology and Health Information Exchange Topical Meeting
General Discussion
August 30, 2006**

**** Due to low participation from the medical school and allied health communities participants at the meeting were invited to share their thoughts about HIT and HIE in Ohio as a whole****

Vision

- Consumer
 - Access to medical record anywhere in the world
 - Real time access to data
 - Integrity of data; making sure data is correct
 - Patient can amend, not change record
- Are codes reflective of services provider performed
 - Assume that billing data implies clinical data
- Pharmacy: abuse of data to Board of Pharmacy (false prescriptions)
 - Implement procedure for correcting errors
- Boards (pharmacy, medical, etc) meet to discuss EHR/HIT/HIE policies
 - Get government agencies together along with boards
- Provider should not compete for patient data
- Access to patient record through the web
- Automate imaging
- Effective electronic connection infrastructure
 - Standards to share
 - Identity of patients
 - Protocols to access
- Standards for adaptors/translators
- Ability to know what prescriptions doctors have ordered
 - Script procedure
- System tied to licensing
 - Authorized to do this?
- Provider conducts self audit of patient record
- Statewide entity to oversee and promote HIT and HIE efforts
 - Trusted
 - Focus on ensuring technology security updates are shared throughout system
 - Agile and responsive governance
- State Government coordinator on health data
- Provider/staff access to data should be on a need to know basis
- Academic training program emphasis how patient center world and HIT/HIE world would look
 - Training of new providers
- Wireless Security
- What data saves on portable devices
- Telemedicine
- Provider enters data only once
- Consumer enters data only one
- Information/data follows consumer
- Assigning of a unique identifier to patients/consumers
- How long to retain records
 - Archive policy

- Importance of second/third generation information
- What equals a medical record/defines a medical record
 - How will this play out in liability
- Bring drugs up by diagnosis

Barriers to HIT Adoption

- Provider resistance
- Fear of Betamax
- Cost
 - Implementation
 - Training
 - Software, hardware
 - Transition period

Policy Options to Address HIT Adoption

- ROI
- May require mandate to share information
- Subsidy support for EHR and HIT adoption
- Transition time period
 - Suggestions on how to make it through transition period
- Pooled purchasing
- Large pharmacies/hospitals provide technology equipment to nursing homes, providers, etc

Barriers to HIE

- Protection of “turf”
- Providers see themselves as owners of patient data
- Payer do not want to share information

Questions

- Research Interest
- Attendee noted that research not include in 18 scenarios (I think it is)
- Consider research and its position in HIT and HIE
- Life Insurance Company’s right to look at patient records
- Contact NORC for data