

cocitnews

The Council on Clinical Information Technology

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From the Chairperson



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Chairperson, Council on Clinical Information Technology

Inside this issue

| | |
|--|----|
| From the Editor | 2 |
| AHRQ Report on EHR Usability | 3 |
| Patient Portals | 5 |
| Dr Lehmann to Head AAP Child Health Informatics Center | 6 |
| Council Election Results | 6 |
| Policy Committee Update | 7 |
| COCIT Council Program for Members | 8 |
| COCIT-Sponsored NCE Sessions | 11 |
| Byron Oberst Award Call for Nominations | 12 |
| New Members | 13 |
| COCIT Executive Committee Call for Nominations | 15 |

For my last column as Chairperson of the Council on Clinical Information Technology (COCIT), I hoped that the Meaningful Use requirements would have been published. Unfortunately, they are not out at the time this is being written. We can only hope that the Centers for Medicare & Medicaid Services has heard the many voices that have said that patient safety must be foremost in our drive toward Health Information Technology (HIT). The rate at which conversion needs to take place to get the Medicare stimulus is staggering, and probably not safely possible.

The one advantage of the Medicaid program (if you take enough to qualify) is that you do not have to start your electronic medical record (EMR) journey for several years, and you can get paid in the first year without achieving Meaningful Use. My advice to those who ask me is to (1) move steadily toward an EMR, (2) take your time, (3) work hard to pick the right one for your practice, and (4) improve on it every day after you have installed it. They are not all equal; witness the wide range of scores on www.aapcocit.org, your rating site for EMRs.

As I write my last column, it struck me how far we have come in the past decade. I am thankful to

many people, some of whom I will list here as a way of showing a lot of what COCIT has done. My first thank-you goes to Andy Spooner, who, in 1999, allowed me to attend an Executive Committee meeting of the Section on Computers and Other Technologies, a COCIT ancestor. I had just finished presenting my paper on Personal Health Records and patient safety, which now probably would not even merit a poster, given how the COCIT Informatics Abstract Session quality has grown, thanks to George Kim, Chris Lehmann, and others. Thanks go to Mark Simonian, Bill Zurhellen, Alan Zuckerman, and Eric Handler, who were all judges at the many Toward an Electronic Patient Record (TEPR) Conference Pediatric Documentation Challenges. Special thanks go to Jeannie Marcus for helping to “raise the bar” in the Challenge and to move it over to the American Academy of Pediatrics (AAP) National Conference & Exhibition (NCE). We believe that this program significantly accelerated increased pediatric EMR functionality. This year, Jeannie promises to focus on Meaningful Use; it is a “don’t miss.”

Lewis Wasserman, Mark Simonian, and others deserve thanks for slowly improving the NCE program and the Technology Learning Center year after year. Others, like Kris Benson, have built on his efforts. When the “Office of the Future” debuted several years ago, I was very thankful to Gregg Alexander and the many others who had

(continued on page 2)



From the Chairperson

(continued from page 1)

made it possible. After a 1-year hiatus, it was back last year. This year promises to be even better!

The Council on Clinical Information Technology has well over a dozen pediatricians who participated in the Certification Commission for Health Information Technology, which has grown to be a force in HIT. Mark Del Becarro, Jeannie Marcus, and Alan Zuckerman were all work group leaders who significantly advanced awareness of Pediatric Informatics issues. Alan, George, and Chris deserve special thanks for their tireless attendance at the many HIT meetings in Washington, DC, as policies were developed for e-prescribing and other programs.

The Council on Clinical Information Technology has published numerous articles and policy papers on the “Special Requirements of Electronic Health Records Systems in Pediatrics,” “Personal Health Records,” “e-prescribing,” and many other topics. All have their author-heroes.

On the technology/tools side, Mike Leu is contributing to the AAP stable of online tools through Pediatric Care Online (PCO). Stuart Weinberg has constructed an EMR evaluation site that is scheduled for a facelift this year. Already, he has added the ability to filter out reviews that are more than 2 years old. This information is invaluable to the AAP and the Regional Extension Centers as they try to work out which EMRs will work for pediatricians.

We owe a special thank-you to Kevin Johnson and others who were instrumental in the formation of the Child

Health Informatics Center. The Council on Clinical Information Technology identified the need for this years ago, and we are grateful that Chris Lehmann is the Medical Director.

Last, but not least, thanks must go to all the newsletter editors, with Craig Joseph being the most recent of these. It is not an easy job (as we usually miss our deadlines), but he always pulls it off with the help of our stellar staffers, Jen Mansour and Beki Marshall. The list goes on in terms of accomplishments and people to whom we need to be thankful for giving up their precious time.

We cannot rest on our laurels. Medicine is at a dangerous crossroads right now because of the EMR stimulus package and many other factors. We need your help with many things, including the EMR Toolkit revision so that Extension Centers can easily adopt it. Your help is needed with policies and COCIT programs, such as the ones outlined above. I hope that a Chair retiring at the end of this next decade has even better stories to tell about your participation and what you have accomplished. It is easy to start—join the sessions at the NCE and don’t be afraid to get involved.

Thanks to all, and apologies for the many I did not include. I look forward to working with the future leaders of COCIT as they build on what has been accomplished to date.

From the Editor



By Craig M. Joseph, MD, FAAP
Editor, cocitnews



It is all in the definition. We can talk for hours about any given topic, but, if we do not agree on the definition of certain terms in advance, the talk might be for naught. For example, the government is spending a good amount of time trying to define what it means to “meaningfully use” health information technology. Of course, at some point, that definition will be written, but that probably will not end the debate. Once we have the definition, we can begin arguing about how to implement said definition in the real world.

The words *clinical decision support* (CDS) often bring about a similar problem. How does one define CDS? Certainly, alerts that pop up on your computer screen telling you that you are about to prescribe a medicine to which

your patient is allergic would be a form of CDS. However, what about a hyperlink to a journal article that might appear in a computerized order set? Is this CDS as well? There have been many definitions for CDS, so we will have to agree on one before beginning a dialogue.

As readers of *cocitnews*, we need you to help pediatricians and informaticists define important terms. It would be great if Meaningful Use of an electronic medical record included help with immunizations. Clinical decision support should help users follow recommendations from the American Academy of Pediatrics and other expert groups as they take care of kids. It is difficult to define terms sometimes, but, often, it makes all the difference in the world.