

From the Chairperson



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Chairperson, Council on Clinical Information Technology

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American Academy of Pediatrics and American Recovery and Reinvestment Act—Avoiding the Unexpected Consequences

The movie “Charlie Wilson’s War” has a famous story about a boy and the consequences of getting a pony as a gift. For each seemingly good and bad event that occurs, the village Zen master says, “We’ll see...,” and the result is exactly opposite of what everyone expects.

The American Recovery and Reinvestment Act (ARRA) and Children’s Health Insurance Program Reauthorization Act (CHIPRA) legislation that passed last year had a number of features that are seemingly good, but, in the words of the Zen master, “We’ll see...” Following are a few examples of areas where the outcomes might be other than what we want to see for pediatricians and children, followed by a request for action.

A reduced focus on child-friendly electronic health records (EHRs):

The definition of “meaningful use” for Medicaid is potentially different for the 50 states, and compliance with the Medicaid program stimulus program is complex and run by the states. By the summer of 2010, EHR vendors are likely to have more adult physician business than they

can handle because of the relative simplicity of the Medicare stimulus program. Vendor development and implementation efforts will focus on satisfying the needs of these new customers, particularly if they have to create 50 different reporting systems to satisfy each state’s version of meaningful use. The risk to child-friendly EHRs has never been greater.

A “one-size-fits-all” approach to Regional Extension Centers (RECs)

These centers are designed to provide support to primary care physicians in the selection, implementation, and optimization of their EHRs. Having been to the planning session for the RECs in my state, it is fair to say that these are likely to be focused on adult medicine and adult-friendly EHRs. The thought that pediatric practices might have different work flows and EHR needs is foreign to many of the RECs as they are currently structured. As a result, they may try a “one-size-fits-all” approach. The risk to pediatric offices has never been greater.

Health Information Exchanges (HIEs) that exclude or expose confidential adolescent data

In a real-life example that occurred recently, an HIE made the decision to exclude adolescent data because of the complexities

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AAP and ARRA—Avoiding the Unexpected Consequences

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of handling confidentiality. Luckily, this was reversed by quick action by American Academy of Pediatrics (AAP) members in the Section on Adolescent Medicine and Committee on Adolescence, and a policy is being drafted with the Council on Clinical Information Technology (COCIT) to guide EHR and HIE vendors. However, there are more than 100 HIEs, and each is being developed differently. The risk to adolescent privacy has never been greater.

Health Insurance Portability and Accountability Act (HIPAA) penalties as an EHR adoption disincentive

For a small practice, the new HIPAA rules may have potentially devastating financial penalties for inappropriate release of protected health information (PHI). State Attorneys General now have the ability to bring HIPAA actions, and the only true protection appears to be encryption of all PHI, whether it is on your desktop office computer or a mobile device like a Blackberry or iPhone. The penalties for inappropriate release have been increased to where they can dwarf the ARRA incentives for EHR adoption, and the legal parameters are still not clear. All this could have a chilling effect on EHR adoption.

What can we do to avoid these unintended consequences?

The AAP, through COCIT and its many chapters, councils, committees, and sections is working on many of these issues. In COCIT and many other areas, your help is needed. There is an enormous amount to do to avoid the future that I have painted. For example, consider joining the COCIT Rapid Response Team Listserv® (contact Jen Mansour at jmansour@aap.org), which provides feedback on urgent issues. Get involved in your regional HIE, REC, or other activities and share the information with COCIT and the new Child Health Informatics Center as it develops. Get involved in other sections, councils, and committees and help them understand the importance of considering informatics in everything that they do.

There are many ways to help, and your COCIT leadership and the AAP are dedicated to addressing these issues. So, while I have painted an intentionally bleak picture, in the words of the Zen master, “We’ll see....”

From the Vice-Chairperson



By Eugenia Marcus, MD, FAAP
Vice Chairperson, Council on Clinical Information Technology

The e-mail lists, Webinars, seminars, e-mails, and meetings are abuzz with 2 words: “meaningful use.” Meaningful use is a 556-page document released by the Centers for Medicare & Medicaid Services (CMS) on December 30, 2010, that defines how an electronic health record (EHR) should function to allow the clinician to successfully document the care of a patient and allow the doctor and the patient to benefit maximally. For the doctor, it is important to have a full picture of the patient’s care and to be able to retrieve essential information wherever it

resides. This is what is referred to as interoperability. The doctor also needs to be able to aggregate data from the patients and use it to answer questions about disease and its prevalence in the community and in the practice, and evaluate the success with which the illness is treated and the patients are managed.

For the patient, it is important to be able to access the record from wherever the next point of care occurs. The patient also should have access to the record and be able to

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