

April 20, 2009



Susan Stuard, executive director of THINC RHIO, a local organization that leads the electronic medical records initiative in the mid-Hudson Valley, is pictured in her Fishkill office. (Spencer Ainsley/Poughkeepsie Journal)

Firm pioneers move to digital health data

Fishkill nonprofit promotes use of electronic information to improve care, communication

*By Craig Wolf
Poughkeepsie Journal*

It all depends on which business you're looking at, but the trend is clear: Electronic health records are coming.

The latest big news on the trend is the federal government is laying out serious money this time, part of the stimulus package adopted with controversy in Congress and signed by President Barack Obama.

Susan Stuard is the point person for the movement in the mid-Hudson as executive director of THINC RHIO, based in Fishkill. The acronym stands for Taconic Health Information Network and Communities and it is a "regional health information organization."

Doctors' offices know it as the nonprofit outfit that's promoting the use of modern information technology in putting all kinds of health records into digital form, the better to pass them from one professional to another.

The idea is to improve health care and speed it up, and the hope is it will over the long haul save some money for America's costly health-care system.

One big issue is the up-front costs of converting a doctor's practice to the electronic systems. That's where the stimulus program comes in, with money.

"It has very nice alignment with THINC and our existing mission," Stuard said, "and I think it could be a boon to many ... in the Hudson Valley."

Nationally, \$36 billion is earmarked for health information technology initiatives, she said. Most of that is aimed at physicians' offices and hospitals that are making a "meaningful use" of digital methods, which includes electronic prescriptions, being connected online in a "health information exchange" and being able to report statistics on the quality of health care.

How far along is adoption of digital methods so far?

Stuard's take: "We believe, through surveys, that our rate of adoption of EHR (electronic health records) is approximately 21 percent."

That's better than the national level, where estimates range from 4 percent to 13 percent.

The vendor THINC works with, MedAllies, has done about 250 electronic health records system installations, Stuard said.

"The work is very hard. It is not a simple undertaking," Stuard said.

Beyond the mechanics of putting in computer systems and software, there's the matter of the "humanware" - the people who have to use it and the training they must get.

"You can't give them a couple hours or a couple days and walk out and expect it to work," Stuard said.

"Important people in different roles need to be trained in different ways," Stuard said. "If you don't successfully get the whole team in the office ... you might not have what we call a stable installation."

Failures do occur. They're called "de-installations." The people don't use the systems, they revert to old paper methods and then, one day, the technicians come to carry the hardware out.

Doctors say the biggest issues are getting started with a new system and that includes paying for it.

Dr. Lobsang Lhungay, an anesthesiologist with a practice in Poughkeepsie, does not have such a system now.

"We have to, eventually. It looks like the federal government is going to be placing a lot of money to make it available to us. But at the moment, it's quite a huge amount of money that we have to put up," Lhungay said.

"It would be really great for patient care," he said. "It has to come and I think it's going to make life much easier for everybody," he said.

"But it's going to cost a pretty penny."

Costs can be high

Costs vary with the number of doctors and staff members in the practice, but generally are in the mid- to upper-five figures and beyond, just to get equipped and trained.

The federal program, Stuard said, will offer grants of up to \$44,000 for physicians participating in the federal Medicare program and of up to \$64,000 for those in the Medicaid program. These are payable over a four-year period.

If an office does not implement the digital systems by 2015, there are financial penalties built into the reimbursement rates, Stuard noted.

Whatever vendor's system is chosen, it should be one that is certified as eligible under the standards put out by the federal Department of Health and Human Services, Stuard added.

Meanwhile, public concern continues over one of the unintended effects of computerizing data, which is it creates new ways in which data can get into the wrong hands.

Stories abound of data being lost by or stolen from stores, governments and hospitals, even from IBM Corp. The security-conscious computer company confirmed in 2007 a courier had lost some computer storage tapes in transit. The tapes had personal data for an undisclosed number of former employees.

The Federal Trade Commission estimated 8.3 million people had their identities stolen in 2005, and in 3 percent of these crimes, 249,000 people, the thief was stealing an identity to obtain medical care.

Getting hold of a Social Security number, along with name and address, is the object of other thieves who want to steal your money by impersonating you.

Warning issued

A big hole in the federal government's system is Medicare and Medicaid numbers contain the person's Social Security number in an obvious way. The Social Security Administration warned of risks of people gaining illegal access to the number.

The Centers for Medicare and Medicaid Services said it would be costly and time-consuming to change to a different identifier.

In Congress in 2008, bills were introduced to force change and fund it, but they went nowhere past initial committee review.

Sen. Charles Schumer, D-NY, was a co-sponsor of one. He said in June 2008 because of this glitch, about 389,031 seniors and disabled people in the Hudson Valley alone were at risk of identify theft.

Such a remedy is beyond the roles of the digital record people, Stuard noted, but the new federal laws added "strong privacy protections, of which we were strongly supportive."

As for the Social Security number glitch, she said, "You would think that Medicare would take a different approach."

She added there is nevertheless a value to a discrete patient identifier, "to make sure you have the right patient.

"It's a very delicate balance," she said. "I think, as a result, we're left in a difficult situation."

Despite the remaining questions about privacy and the costs of setting up, electronic health records continue to appear to not only have a solid future, but a better-funded one now.