

# **HIMSS State of the Union and EHR Thoughts**

George T. “Buddy” Hickman, FHIMSS, CPHIMS  
Sr. VP & CIO Albany Medical Center  
HIMSS Chair – Board of Directors

# HIMSS State of the Union Objectives

- Historical Perspective – provide brief background on HIMSS founding and evolution
- HIMSS Today – discuss recent developments and current activities
- HIMSS and the EHR – offer some varied perspectives the EHR

## HIMSS Timeline

Lillian Gilbreth, Ruth Kuehn, Harold Smalley organized a two-week hospital work simplification workshop at UConn

AHA established the Committee on Methods Improvement

Earl Frederick became the first full-time employed hospital management engineer

AHA Committee sponsored an invitational, hospital management engineering conference in Chicago



AHA organized a three-day management engineering conference in March 1961

37 of 50 survey respondents are favorable to Dr. Smalley's questionnaire regarding society formation in May 1961

**President – Edward Gerner**  
**Vice President – Edward Nosorian**  
**Secretary – Joseph McKenna**  
**Treasurer – George Deschambeau**  
**Executive Director – Harold Smalley (Voluntary)**

November 1, 1961, the Hospital Management Systems Society was certified on the Georgia Tech campus with 47 charter members

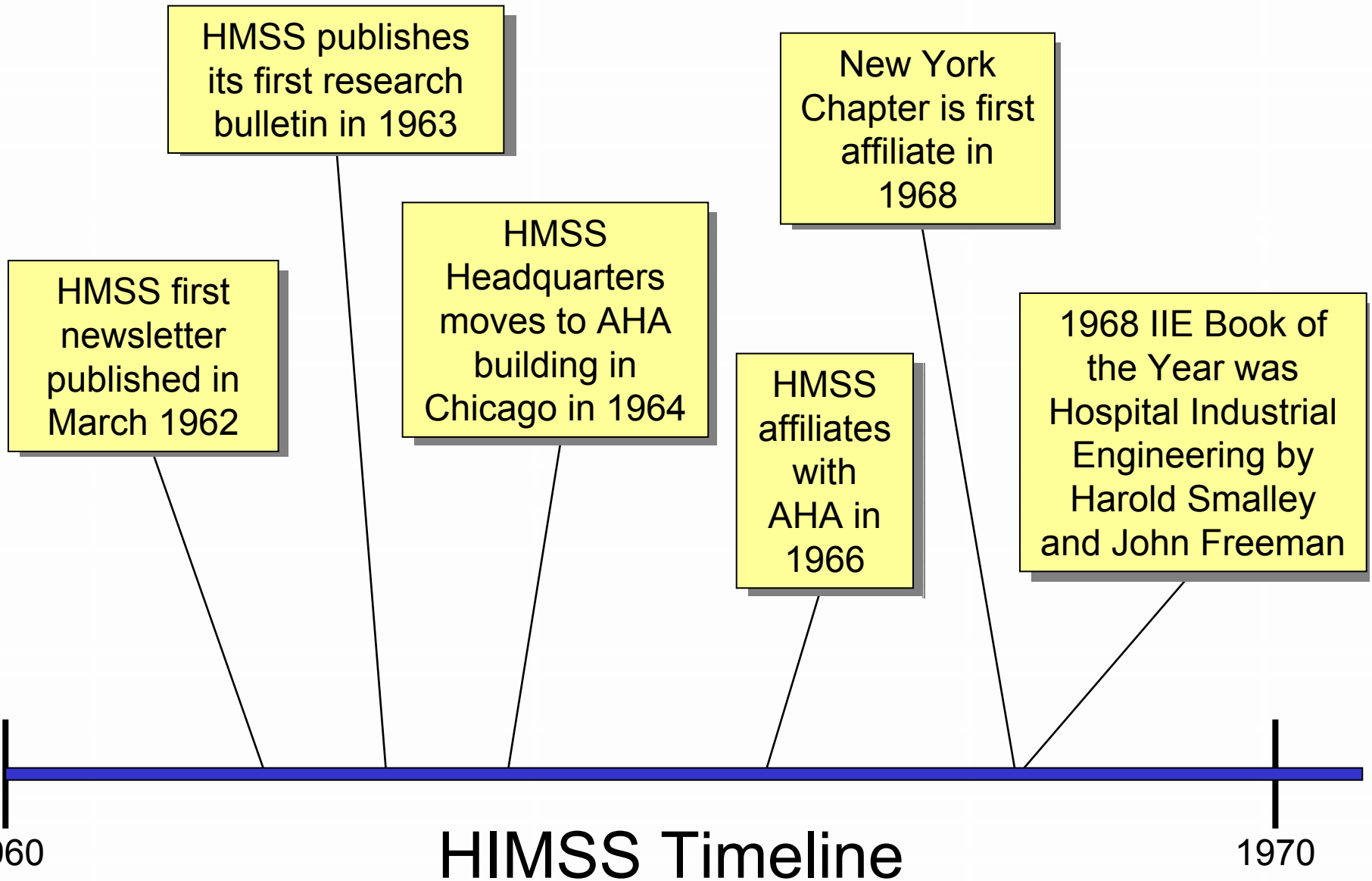
First HMSS National Convention was in April 1962, in Baltimore  
Attendance – one large dinner table



## HIMSS Timeline

1960

1970



HMSS/IE  
begin joint  
conference  
sponsorship in  
1970

1974 officers  
included regional  
directors to  
address concern  
for geographical  
imbalance

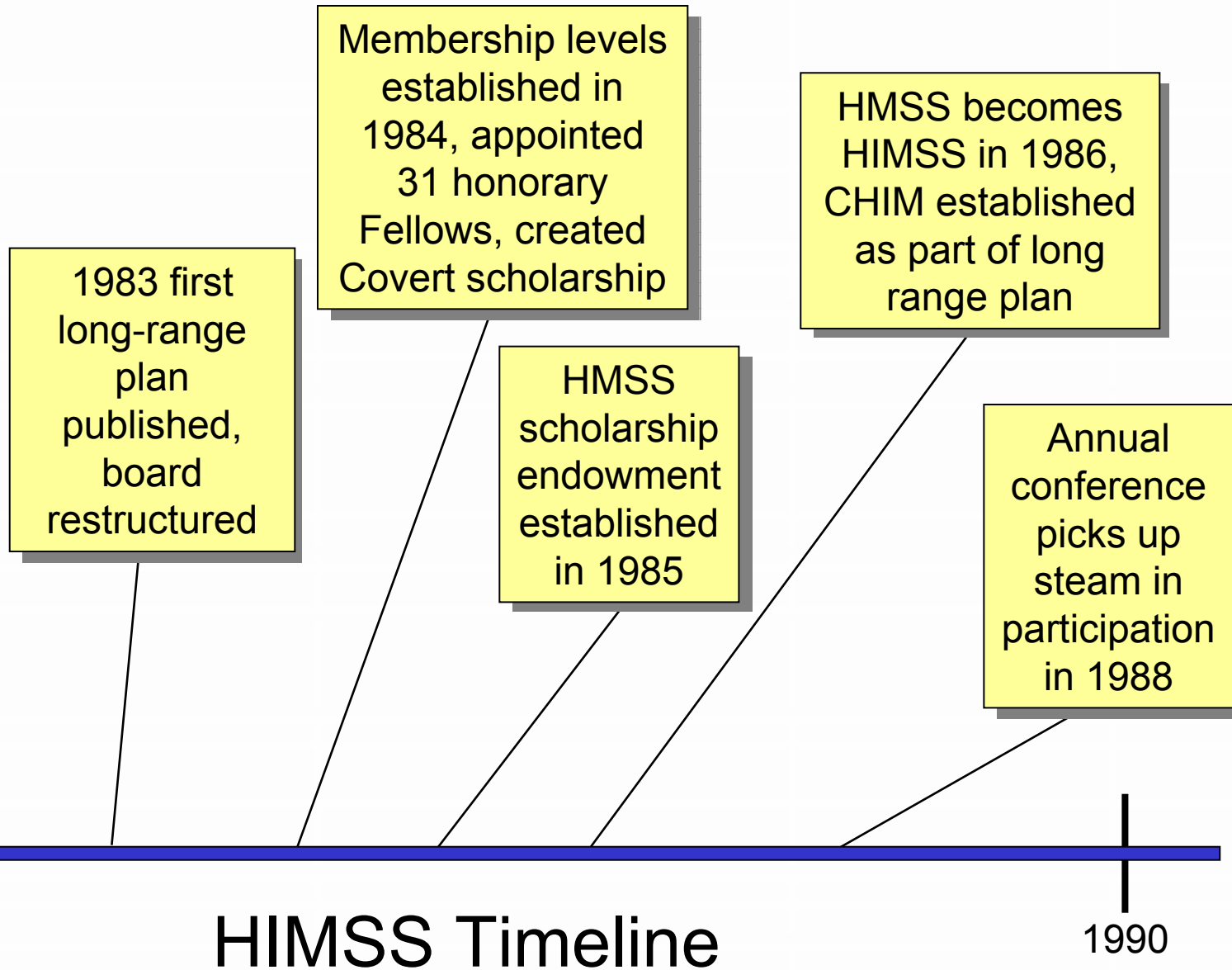
Speakers'  
bureau  
organized in  
1976

Richard P. Covert  
appointed director  
of HMSS in 1978

## HIMSS Timeline

1970

1980



30<sup>th</sup> Annual Conference in 1991 with >1,800 attendees and 164 vendors

HIMSS News monthly newsletter introduced in 1990

1991 John Page is appointed Executive Director

1992 brings significant bylaws changes and new HIMSS staff positions

1994 HIMSS separates from AHA

Clinical Systems made an "official" constituency in 1994

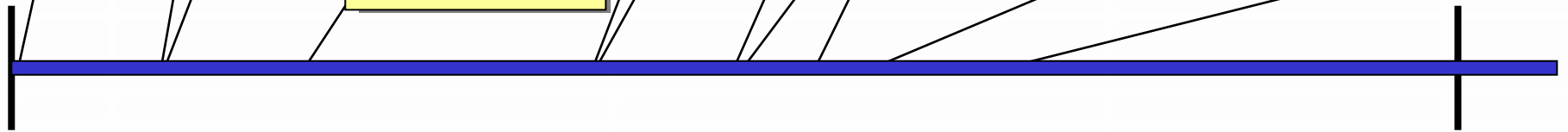
Annual Conference tops 10,000

Columbia Presbyterian Medical Center wins Davies Award 1995

First Nicholas Davies Award winners named

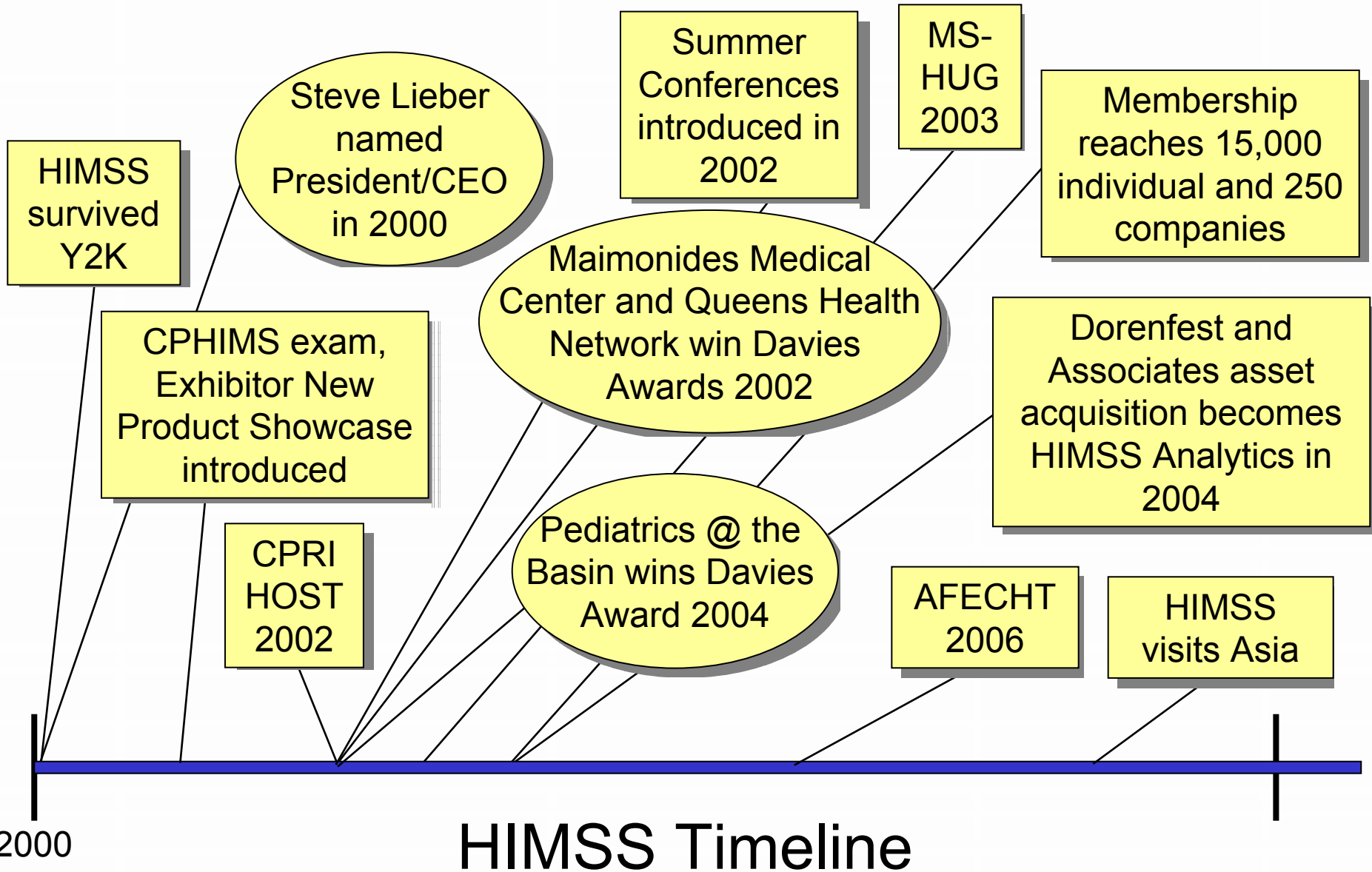
1996 brings about automated registration, HIMSS Foundation, retired/ Life membership

HIMSS, CHIME, and CHIM form JHITA in 1997



## HIMSS Timeline

1990 2000



## HIMSS Timeline

## Past Conference “Hot Topics”

- Work measurement
- Process improvement
- Process simulations
- Financial systems
- Departmental clinical systems
- Hospital-wide clinical systems
- Enterprise resource packages
- Bedside terminals
- Year 2000 “crisis”, then HIPAA
- Advance clinical applications and clinical process design and reengineering to assure care delivery
- CPR, then EMR, then EHR, then PHR

# HIMSS Strategic Direction

## **Vision**

Advancing the best uses of information and management systems for the betterment of health care.

## **Mission**

To lead change in the healthcare information and management systems field through knowledge sharing, advocacy, collaboration, innovation, and community affiliations.

# HIMSS Strategic Direction

## THE CASE FOR CLINICAL DECISION SUPPORT

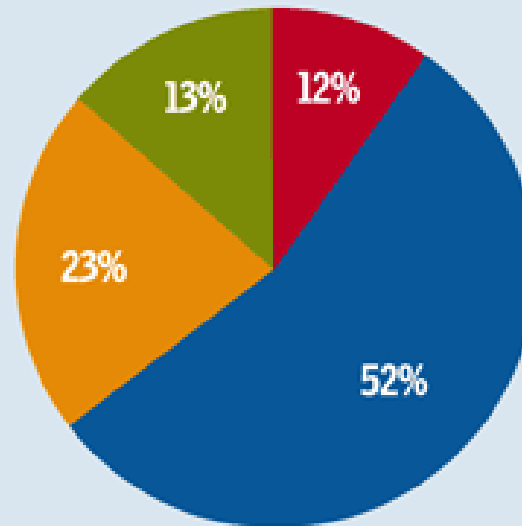
- **1 in 15 inpatient** admissions includes a significant adverse drug event.
- Adverse drug events occur in up to **18 percent** of ambulatory patients.
- **6 percent** of admissions are caused by an adverse drug event.
- Preventable medication errors cost **\$2 billion** annually.
- Poor medication utilization costs another **\$27 billion**.
- Clinical decision support reduces inpatient adverse events by **55 percent** and ambulatory adverse events by **60 percent to 70 percent**.

SOURCE: Centers for Medicare and Medicaid Services; *Clinical Decision Support: Improving Safety, Efficiency and Quality of Care*, December 2005

# HIMSS Strategic Direction

## THE INFLUENCE OF INFORMATION

The 2005 Medstat PULSE Healthcare Survey found that of households that sought information to help judge the quality of a healthcare provider or facility, nearly two-thirds were influenced by what they found. Of this group, 12 percent named patient safety as the single piece of information that most influenced their decision, while 52 percent named quality or outcome information.



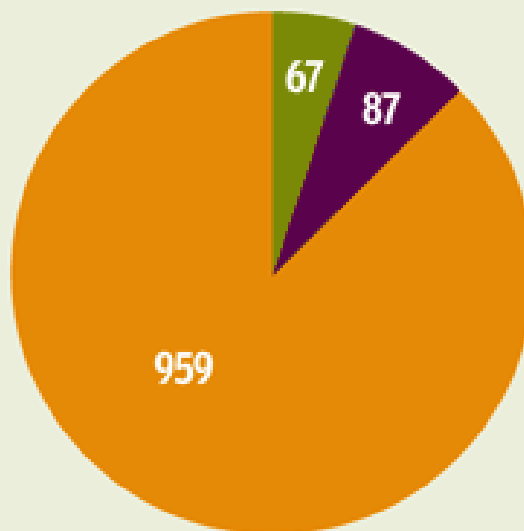
- Patient Safety
- Quality or Outcome
- Price or Cost
- Other

SOURCE: Medstat

# HIMSS Strategic Direction

## CPOE'S SLOW GROWTH

Computerized physician order entry can be an effective means of reducing medication errors and thereby improving patient safety, but the vast majority of hospitals have yet to implement such a system. Of 1,113 hospitals responding to the Leapfrog Group's *Hospital Quality and Safety Survey*, only 67 have a full CPOE system in place, while 87 others are committed to implementing CPOE by 2007.



- Full CPOE
- Commit by 2007
- Other/Uncommitted

SOURCE: The Leapfrog Group Hospital Quality and Safety Survey, July 31, 2006. Data compiled by Thomson Medstat

# HIMSS Strategic Direction

## WANTED: AUTOMATED SUPPORT

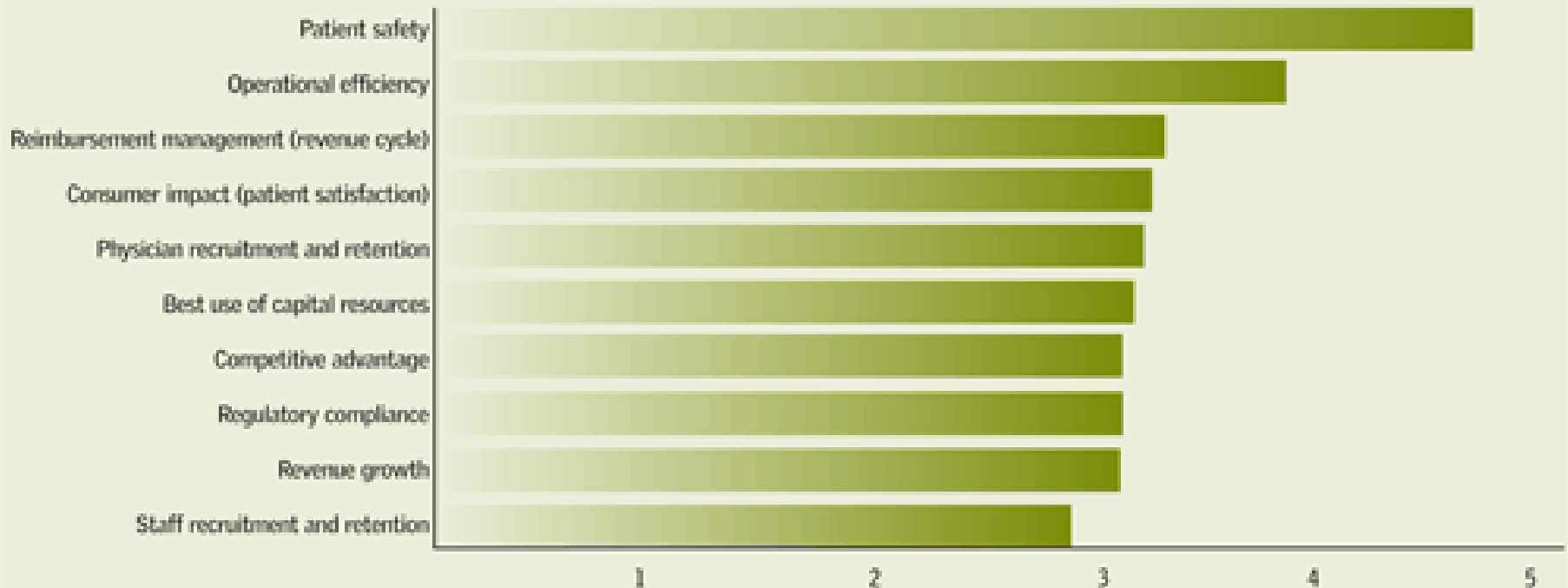
A 2004 survey of 359 clinical users of an automated medication decision support system found that point-of-care access to pertinent drug information resulted in an altered medical decision in nearly 15 percent of the queries.

SOURCE: Thomson Micromedex/Partners HealthCare.

# HIMSS Strategic Direction

## GO DIGITAL

When asked to rate the most compelling benefits of digitization for a healthcare delivery organization on a scale of 1 to 5 (with 5 having the greatest impact), a group of hospital executives, healthcare IT vendors and other industry experts picked patient safety as the most likely benefit.



SOURCE: PricewaterhouseCoopers, 2005

# HIMSS Strategic Direction

The same survey also asked, "How likely or unlikely do you think your risk is of encountering a medical mistake in the following healthcare settings or situations?" Respondents named nursing homes as the most likely provider setting where they would encounter mistakes and pharmacies as the least likely.

Setting/ Situation	Very Likely	Somewhat	Not Very	Not at All	Don't Know
At the nursing home	30%	46%	13%	5%	6%
At the hospital	14%	48%	31%	6%	1%
At the doctor's office	6%	33%	48%	12%	1%
At the pharmacy	6%	30%	47%	13%	4%

SOURCE: National Patient Safety Foundation, 2000

# Latest Institute of Medicine Report

## First Line:

“The overall quality of healthcare delivered to Americans is worse than it should be.”

## Executive Summary Excerpts:

“The report identified six areas for healthcare that should guide quality improvement efforts:

- safety
- effectiveness
- patient-centeredness
- timeliness
- efficiency
- equity

“...payment systems...do not align incentives...”

“New payment incentives must be created to encourage the redesign of structures and processes of care...”

# HIMSS Strategic Direction

## **Vision**

Advancing the best uses of information and management systems for the betterment of health care.

## **Mission**

To lead change in the healthcare information and management systems field through knowledge sharing, advocacy, collaboration, innovation, and community affiliations.

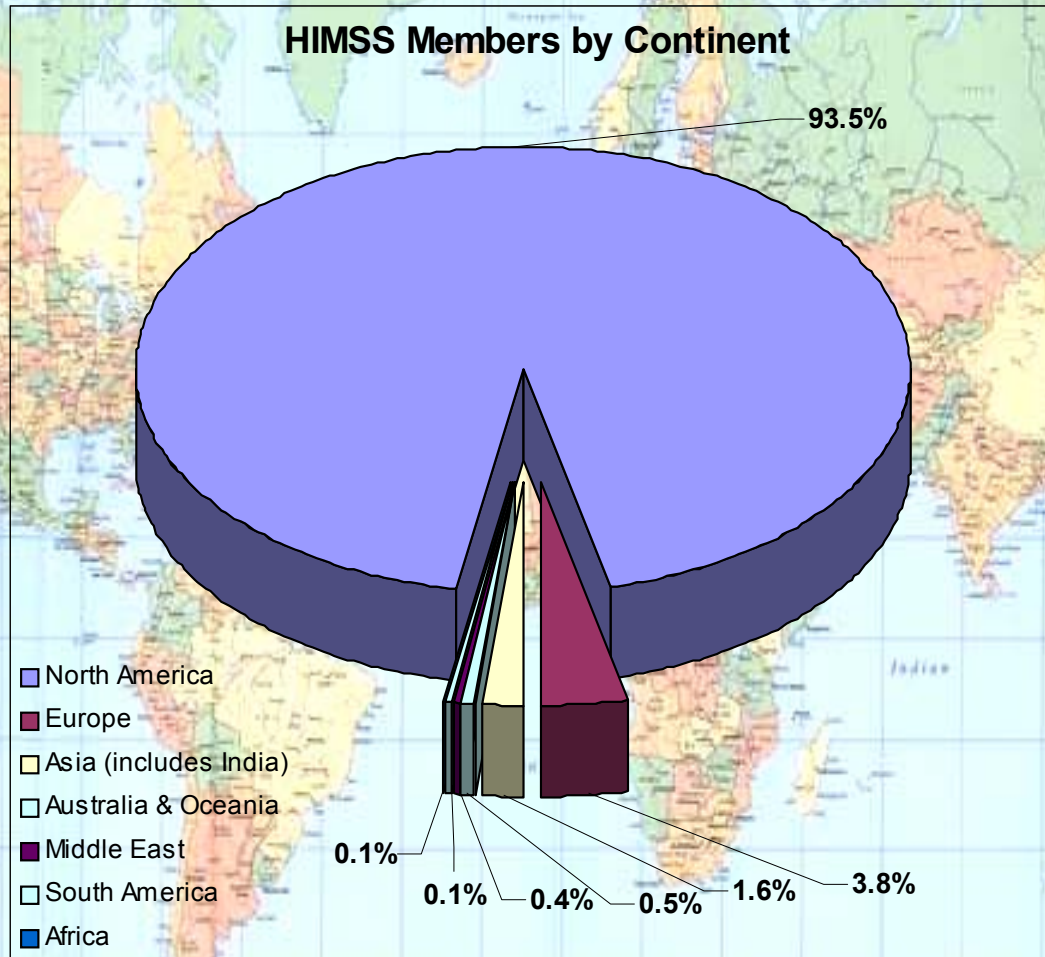
# HIMSS Today

- 300 corporate members
- 20,000 individual members
- 45 chapters
- 3 corporations – HIMSS  
HIMSS Foundation  
HIMSS Analytics
- 160 employed professionals
- Locations – Chicago  
Ann Arbor  
Washington, DC  
Brussels
- \$37 million annual budget

# HIMSS Today Constituencies

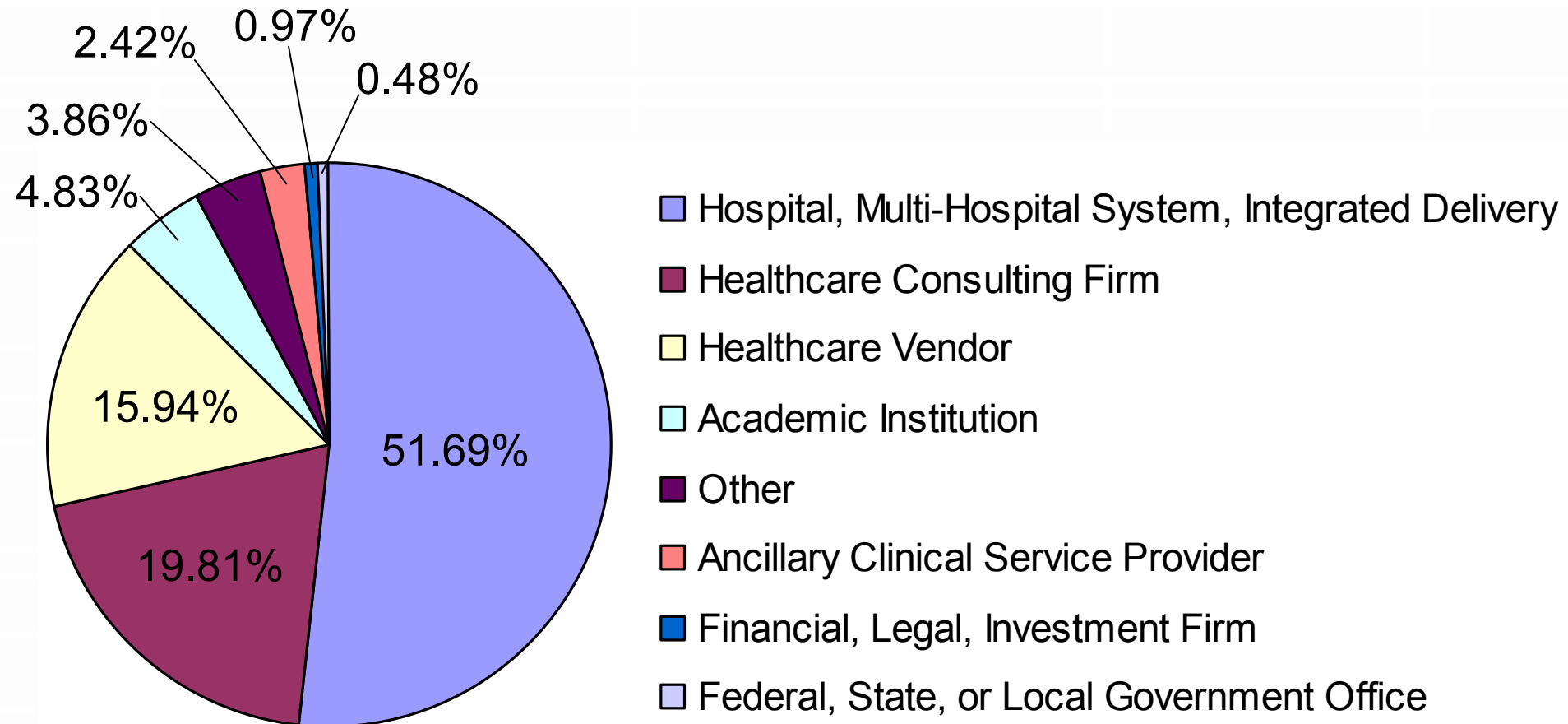
- Healthcare Providers
- Payers and Health Plans
- Life Sciences
- Vendors
- Professional Services
- Government and Policy
- Consumer Organizations
- Investment Firms
- Process reengineering
- Clinicians
- Information Technology
- Students
- All levels of staff and management

# HIMSS Today Membership Directory



# HIMSS Today

## New Jersey Constituencies by Organization/Sector



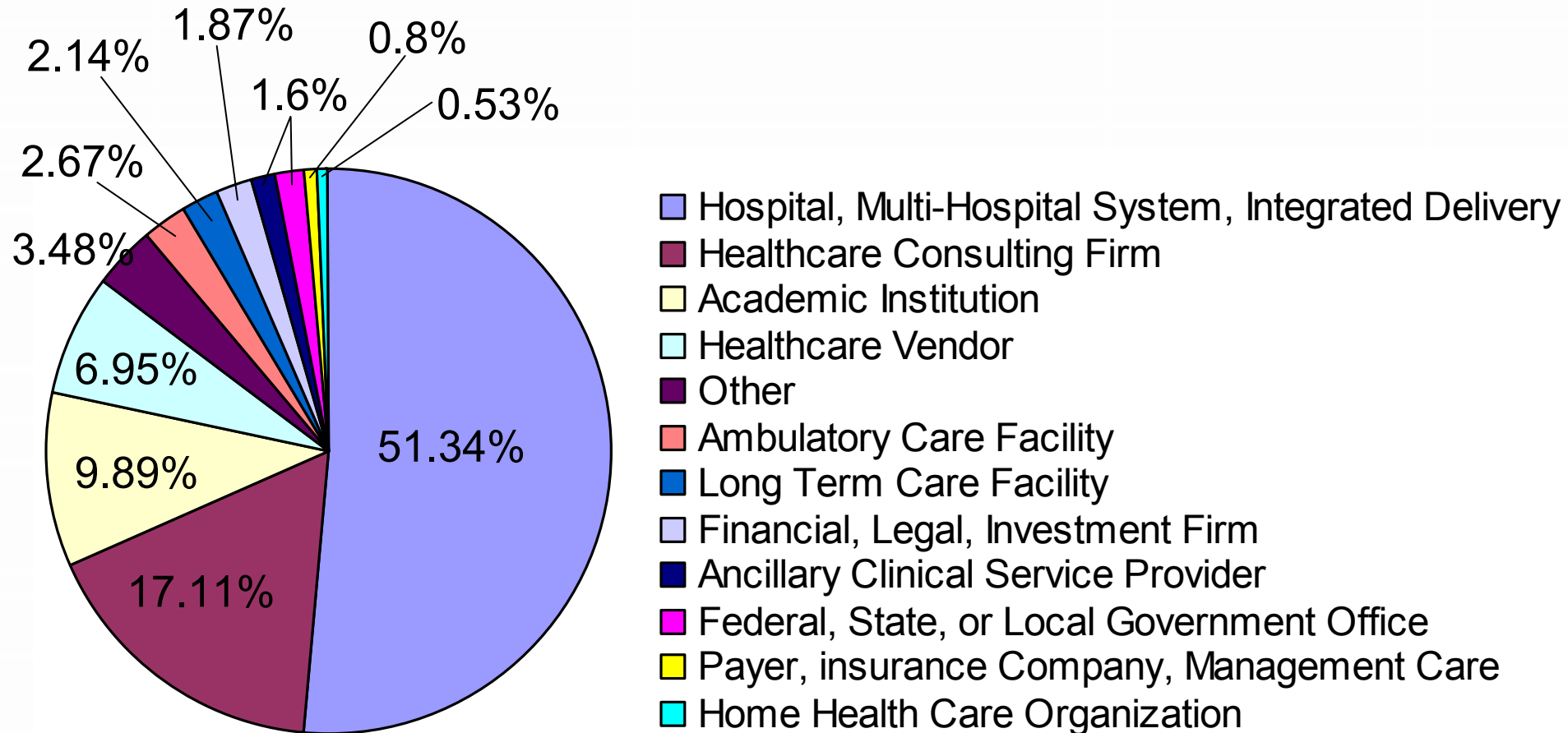
# HIMSS Today

## New Jersey Constituencies by Professional Role

Professional Role	#	%
CEO, Chairman, Pres., Exec Dir, Adm, Group Practice Mgr	11	4.85%
CIO, CTO, VP of IT/IS/MIS/Network	47	20.70%
CMO, CMIO, Medical Dir, Chief of Staff	3	1.32%
CNO, VP/Director/Manager of Nursing	1	0.44%
COO, Exec VP, Sr VP, VP, Gen Mgr, Asst Administrator	3	1.32%
CSO, Director/Manager Info Security/Site Security	3	1.32%
Dir/Mgr of other IT Dept	56	24.67%
Dir/Mgr of Re-Engineering/Process improvement	3	1.32%
Director/Manager Data Processing/MIS	8	3.52%
IT, Business Consultant	20	8.81%
Marketing and Sales	7	3.08%
Nurse	6	2.64%
Physician	3	1.32%
Professor/Educator	1	0.44%
Programmers/Developers/Systems Analysts	4	1.76%
Student	4	1.76%
VP/Director/Manager of other Admin/Financial Dept	1	0.44%
Other	46	20.26%

# HIMSS Today

## New York Constituencies by Organization/Sector



# HIMSS Today

## New York Constituencies by Professional Role

Professional Role	#	%
CEO, Chairman, Pres., Exec Dir, Adm, Group Practice Mgr	29	7.18%
CFO, VP/Finance, Finance Director, Controller	3	0.74%
Chief/Dir/Mgr of other Clin Dept/Lab Srv/Pharmacy	3	0.74%
CIO, CTO, CP of IT/IS/MIS/Network	77	19.06%
CMO, CMIO, Medical Dir, Chief of Staff	7	1.73%
COO, Exec VP, Sr VP, VP, Gen Mgr, Asst Administrator	4	0.99%
CSO, Director/Manager Info Security/Site Security	0	0.00%
Dir/Mgr of other IT Dept	97	24.01%
Dir/Mgr of Re-Engineering/Process improvement	1	0.25%
Director/Manager Data Processing/MIS	7	1.73%
IT, Business Consultant	29	7.18%
Marketing and Sales	4	0.99%
Nurse	19	4.70%
Physician	12	2.97%
Professor/Educator	5	1.24%
Programmers/Developers/Systems Analysts	10	2.48%
Student	29	7.18%
VP/Director/Manager of other Admin/Financial Dept	3	0.74%
Other	65	16.09%

# HIMSS Today

Content is a key deliverable

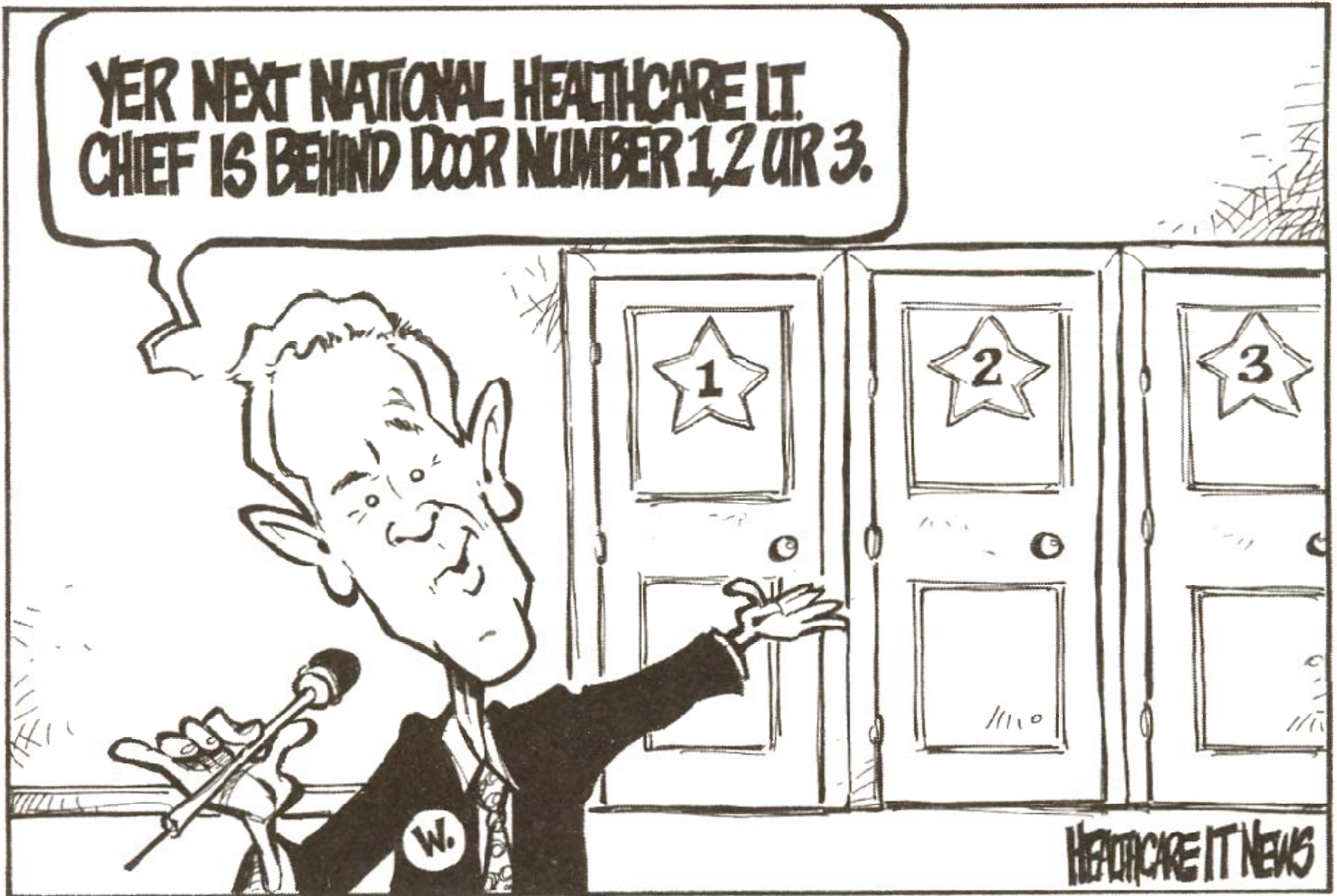
72 Steering Committees, Work Groups, Task Forces, **SIGs**  
>3,000 member volunteers



# HIMSS Today

## Focus on Content Events and Gatherings

<b>BIG EVENTS</b>		
10/10/06	The World of Health IT 2006 Conference & Exhibition	Geneva, Switzerland
10/19/06	NY/NJ EHR Summit	NYC
2/25/07	HIMSS Annual Conference & Exhibition	New Orleans
5/15/07	HIMSS AsiaPac 2007 Annual Conference & Exhibition	Singapore
2/24/08	HIMSS Annual Conference & Exhibition	Orlando
4/5/09	HIMSS Annual Conference & Exhibition	Chicago
<b>WEBCASTS</b>		
10/3/06	Stark II: Navigating through Safe Harbors in the Enterprise Setting	
10/5/06	Implications of the Stark/Anti-Kickback Safe Harbor for Physician Practices	
10/5/06	Vendor Solutions Webinar: A Practical Approach to RHIO Formation	
10/10/06	Protecting patient privacy with personal accountability	
10/18/06	HIMSS RHIO Webinar: Accurate Patient Identification: Your Passport to Successful Health Information	
10/24/06	PHRs: Aligning Payer, Provider & Government Goals & Incentives	
10/26/06	HIMSS Vendor Solutions Webinar: PACS in Community Hospitals	



## Focus on Advocacy

- Independent and Collaborative Efforts
  - The value of HIT and Management Systems recognized and incorporated
- HIMSS Presence
  - Society recognized as organization of expertise

- Many voices!
- Aligned messages
- Competing agendas



# Focus on Community Affiliations

- Strong bonds with members
  - Members feel a sense of affinity with HIMSS
- Diversity
  - Membership reflects the key audiences within the industry HIMSS serves

## Focus on Interoperability

- Technical Standards, Architectures, Frameworks, and Tools
  - Enable widespread adoption and evaluation of secure, interoperable health information
- Demonstrate Secure Interoperability
  - Through education, outreach, tools, and collaboration

# Focus on Professional Development

- Vital Information and Events
  - Focus: improving the profession and industry
- World-Class Education and Publications
  - Tools that benefit members and the industry
- Certification, Awards, Advancement
  - Members' competency and value recognized
  - Chapter involvement
  - Member, Senior, Fellow, Life
  - Organizational involvement

## Focus on Quality and Efficiency

- Improvement of Clinical Quality and Business Efficiencies
  - Practices, policies, tools, education, and publications equip professionals
- Adopt, Embrace and Use IT/Management Systems
  - Improve patient safety, quality and efficiency
- Benefits of EHRs Widely Recognized

# HIMSS Today

## HIMSS Relationships

To name a few...

- ACHE – American College of Healthcare Executives
- ACPE – American College of Physician Executives
- AHIMA – American Health Information Management Association
- AMIA – American Medical Informatics Association
- AONE – American Organization for Nursing Executives
- CHIME – College Healthcare Information Management Executives
- CCHIT – Certification Commission for Healthcare Information Technology
- eHI – eHealth Initiatives
- HFMA – Healthcare Financial Management Association
- HITSP – Health Information Technology Standards Panel
- Markle Foundation
- MGMA – Medical Group Management Association
- MS-HUG – Microsoft Healthcare Users Group
- NAHIT – National Alliance for Health Information Technology

# HIMSS and the EHR

Electronic Health Record

Electronic Health Care Record

Electronic Medical Record

Electronic Patient Record

Patient Care Record

Computerized Patient Record

Personal Health Record

Continuity of Care Record

Electronic Health Record System

# HIMSS and the EHR

According to HIMSS Dictionary of Healthcare Information Technology Terms, Acronyms and Organizations, Healthcare Information and Management Systems Society, 2006, ISBN 0-9761277-7-6

Appendix A lists 28 source definitions

1. [www.hipaadvisory.com/action/ehealth/EHR-reality.htm](http://www.hipaadvisory.com/action/ehealth/EHR-reality.htm)
2. [www.chef.org/documents/ihealth/UseAdoptionComputerizedPatientRecordspdf](http://www.chef.org/documents/ihealth/UseAdoptionComputerizedPatientRecordspdf) (Brailer and Terasawa; 2003)
3. [www.amia.org/gotehr/info.html](http://www.amia.org/gotehr/info.html)
4. [www.margret-a.com/ehr\\_qualifications.html](http://www.margret-a.com/ehr_qualifications.html)
5. [www.centerforhit.org](http://www.centerforhit.org)
6. [www.informatics-review.com](http://www.informatics-review.com)
7. [www.openehr.org](http://www.openehr.org)
8. [http://europa.eu.int/information\\_society/qualif/health/index\\_en.htm](http://europa.eu.int/information_society/qualif/health/index_en.htm)
9. [www.hhs.gov/healthit/documents/Cronin-AHAGovernmentAffairMeeting.pdf](http://www.hhs.gov/healthit/documents/Cronin-AHAGovernmentAffairMeeting.pdf)
10. [www.ehealthtrust.com](http://www.ehealthtrust.com)
11. [www.scocit.org](http://www.scocit.org)
12. [www.providersedge.com/ehr\\_articles\\_implementation.htm](http://www.providersedge.com/ehr_articles_implementation.htm)
13. [www.connectingforhealth.org/workinggroups/pol\\_coordinationwg.html](http://www.connectingforhealth.org/workinggroups/pol_coordinationwg.html)
14. [www.connectingforhealthnhs.uk/worldview/protti7](http://www.connectingforhealthnhs.uk/worldview/protti7)
15. [www.carecommunications.com/handsonhelp/2004\\_transforming.html](http://www.carecommunications.com/handsonhelp/2004_transforming.html)
16. [www.remedymd.com/?source=google&gclid=CIWDwObe6IECFQgESAodSkVFtA](http://www.remedymd.com/?source=google&gclid=CIWDwObe6IECFQgESAodSkVFtA)
17. [www.myphr.com](http://www.myphr.com)
18. [www.himss.org/ASP/topics\\_ehr.asp](http://www.himss.org/ASP/topics_ehr.asp)
19. [www.telemedical.com/records.html](http://www.telemedical.com/records.html)
20. [www.nlm.nih.gov/medlineplus/personalmedicalrecords.html](http://www.nlm.nih.gov/medlineplus/personalmedicalrecords.html)
21. [www.ehealthinsurance.com/ehealthinsurance/aboutUsCopy/KeepingAPersonalHealthRecord.html](http://www.ehealthinsurance.com/ehealthinsurance/aboutUsCopy/KeepingAPersonalHealthRecord.html)
22. [www.mhcs.health.nsw.gov.au/health-public-affairs/mhcs/publications/5565.html](http://www.mhcs.health.nsw.gov.au/health-public-affairs/mhcs/publications/5565.html)
23. [www.e-health-insider.com/news/item.cfm?ID=1197](http://www.e-health-insider.com/news/item.cfm?ID=1197)
24. [www.informatics-review.com/thoughts/ksun.html](http://www.informatics-review.com/thoughts/ksun.html)
25. [www.medrecinst.com/library.asp](http://www.medrecinst.com/library.asp)
26. [www.hipaadvisory.com/action/ehealth/EHR-reality.htm](http://www.hipaadvisory.com/action/ehealth/EHR-reality.htm)
27. [www.hipaadvisory.com/action/compliance/hipaaright.htm](http://www.hipaadvisory.com/action/compliance/hipaaright.htm)
28. [www.hipaadvisory.com/action/patientconf.htm](http://www.hipaadvisory.com/action/patientconf.htm)

# HIMSS and the EHR

Here's two such working definitions from that list...

- **Electronic health record (EHR).** A longitudinal electronic record of patient health information produced by encounters in one or more care settings. Included in this information are patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports. The EHR automates and streamlines the clinician's workflow. The EHR has the ability to generate a complete record of a clinical patient encounter, as well as supporting other care-related activities such as decision support, quality management, and outcomes reporting. ([www.hipaadvisory.com/action/ehealth/EHR-reality.htm](http://www.hipaadvisory.com/action/ehealth/EHR-reality.htm))
- **Electronic health record (EHR).** Electronically maintained information about an individual's lifetime health status and healthcare (across multiple episodes of care) in all pertinent clinical environments, replacing the paper medical record as the primary record of care, meeting all clinical, legal and administrative requirements and providing added value in supporting decisions about patient management.  
([www.chef.org/documents/ihealth/UseAdoptionComputerizedPatientRecords.pdf](http://www.chef.org/documents/ihealth/UseAdoptionComputerizedPatientRecords.pdf)  
(Brailer and Terasawa; 2003))

# HIMSS and the EHR

This is the definition for EHR as offered by the International Organization for Standards (ISO)...

- **Standard EHR:** A repository of information regarding the health of a subject of care, in computer processable form.
- **Integrated Care EHR:** A repository of information regarding the health of a subject of care, in a form able to be processed by a a computer that is stored by transmitted securely and accessible by multiple users using different applications. It has a standardized information model which is independent of an EHR system. Its primary purpose is the support of continuing, efficient and quality integrated health care and it contains information that is retrospective, concurrent and prospective.

Source: ISO/TC 215 Technical Report: Electronic Health Record definition, scope and context (2<sup>nd</sup> draft), August 2003.

# HIMSS and the EHR

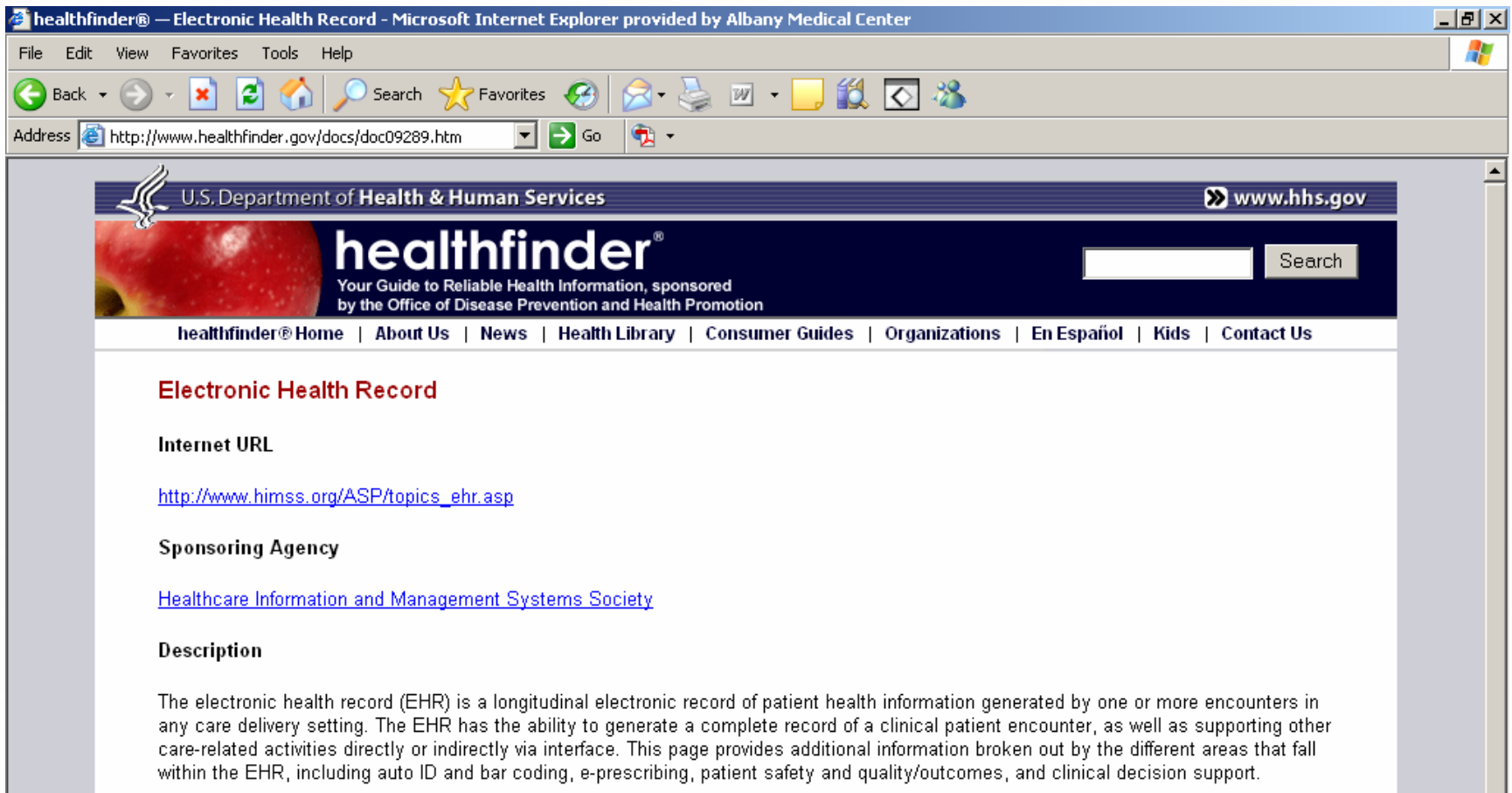
Here's how EHR is defined by HIMSS

The Electronic Health Record (EHR) is a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. Included in this information are patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports. The EHR automates and streamlines the clinician's workflow. The EHR has the ability to generate a complete record of a clinical patient encounter, as well as supporting other care-related activities directly or indirectly via interface - including evidence-based decision support, quality management, and outcomes reporting.

Source: [http://www.himss.org/ASP/topics\\_ehr.asp](http://www.himss.org/ASP/topics_ehr.asp)

# HIMSS and the EHR

The HIMSS definition is posted to the US Department of Health and Human Services (HHS) healthfinder® website



healthfinder® — Electronic Health Record - Microsoft Internet Explorer provided by Albany Medical Center

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Refresh Print Mail Print Preview Stop

Address <http://www.healthfinder.gov/docs/doc09289.htm> Go

U.S. Department of Health & Human Services [www.hhs.gov](http://www.hhs.gov)

**healthfinder®**  
Your Guide to Reliable Health Information, sponsored  
by the Office of Disease Prevention and Health Promotion

[healthfinder® Home](#) | [About Us](#) | [News](#) | [Health Library](#) | [Consumer Guides](#) | [Organizations](#) | [En Español](#) | [Kids](#) | [Contact Us](#)

## Electronic Health Record

**Internet URL**

[http://www.himss.org/ASP/topics\\_ehr.asp](http://www.himss.org/ASP/topics_ehr.asp)

**Sponsoring Agency**

[Healthcare Information and Management Systems Society](#)

**Description**

The electronic health record (EHR) is a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. The EHR has the ability to generate a complete record of a clinical patient encounter, as well as supporting other care-related activities directly or indirectly via interface. This page provides additional information broken out by the different areas that fall within the EHR, including auto ID and bar coding, e-prescribing, patient safety and quality/outcomes, and clinical decision support.

# HIMSS and the EHR

Here's how it's referenced for practical purposes in Federal Bill S.1503 (Frist – TN), the Healthy America Act

“(E) QUALIFIED HEALTH INFORMATION SYSTEM DEFINED.-For purposes of subparagraph (b)(iv)(I), the term ‘qualified health information system’ means a computerized system (including hardware, software, and training) that-

“(i) protects the privacy and security of health information and properly encrypts such health information;

“(ii) maintains and provides access to patients’ health records in an electronic format;

“(iii) incorporates support software to reduce medial errors and enhance health care quality;

“(iv) is consistent with data standards and certification process recommended by the Secretary;

“(v) allows for the reporting of quality measures; and

“(vi) includes other features determined appropriate by the Secretary. ...”

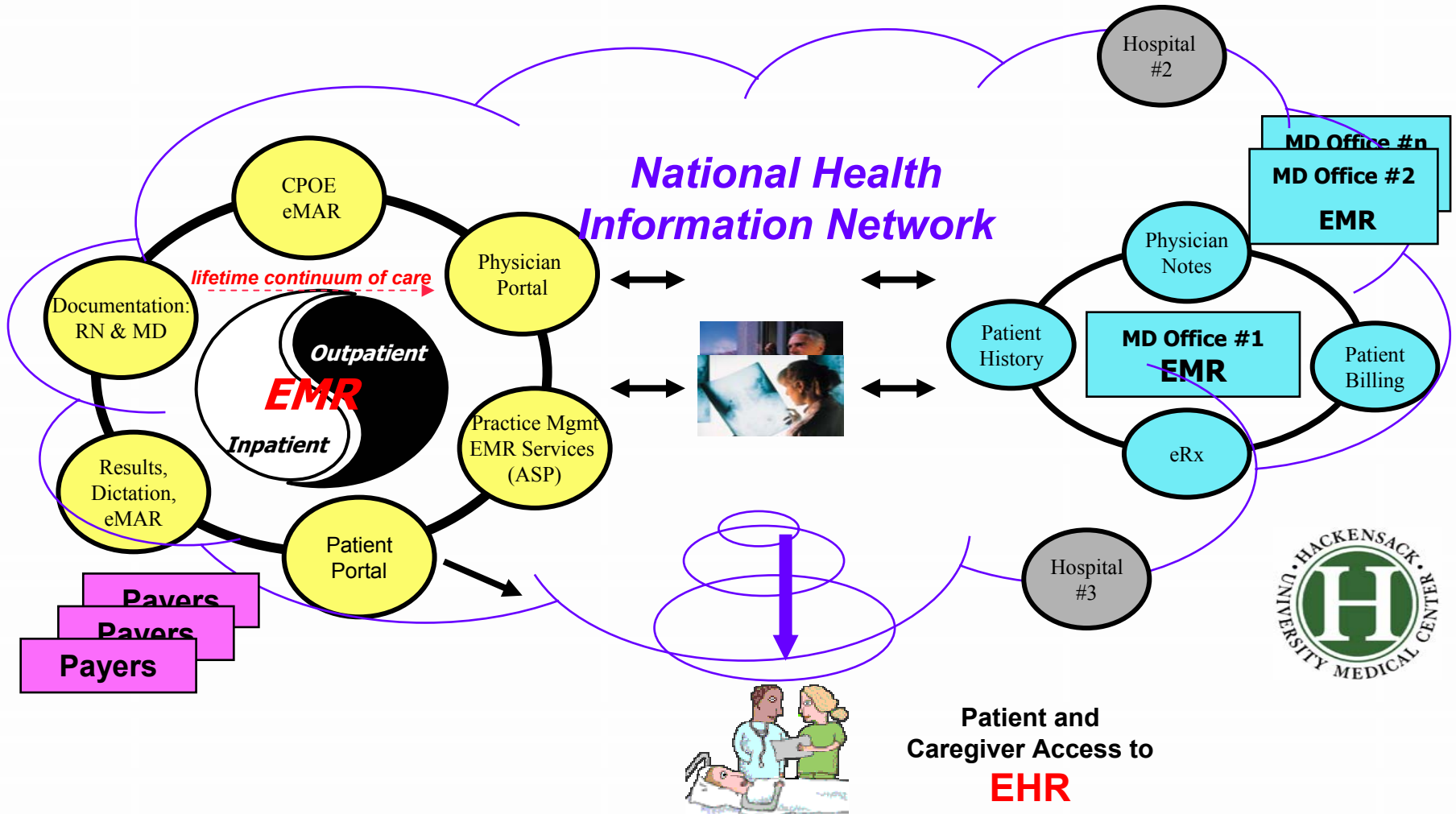
# HIMSS and the EHR

This is what the IoM said about the EHR in its latest report...

Recommendation 9: Because electronic health information technology will increase the probability of a successful pay-for-performance program, the Secretary of DHHS should explore a variety of approaches for assisting providers in the implementation of electronic data collection and reporting systems to strengthen the use of consistent performance measures.

# HIMSS and the EHR

Here's how it's drawn at Hackensack University Medical Center



# HIMSS and the EHR

Here's how we talk about it at Albany Medical Center...

<b>Other Key Clinical Systems</b>	
<ul style="list-style-type: none"> <li>• McKesson Pharmacy Management</li> <li>• OBIX OB Management System/EHR</li> <li>• PICIC Surgery Management</li> <li>• TeleResults Heart and Kidney Transplant Documentation</li> <li>• VitalWorks ED Management System</li> <li>• Sensormedics Pulmonary Function System</li> </ul>	<ul style="list-style-type: none"> <li>• SpaceLabs Physiological Monitoring Systems</li> <li>• CamTronics Cath Lab Management System</li> <li>• Soft Pathology Transcription System</li> <li>• Philips Inturis Cath Lab Imaging System</li> <li>• Spheris Radiology Transcription System</li> <li>• South Clinical Campus – Meditech EHR</li> </ul>
<b>Short-term Planned for Soarian Clinical Access Integration</b>	
<ul style="list-style-type: none"> <li>• Medical Staff Portal/Dashboard</li> <li>• 3M Discharge Planning Documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Siemens KinetDx Echocardiology Results</li> </ul>
<b>Integrated with Soarian Clinicals</b>	
<ul style="list-style-type: none"> <li>• Misys Laboratory Results</li> <li>• Soft Pathology Results</li> <li>• Siemens Novius Radiology Results</li> <li>• Philips/Stentor iSite PACS Medical Images</li> <li>• GE Muse Cardiology Results</li> </ul>	<ul style="list-style-type: none"> <li>• Provalent CMORE Endoscopy Results</li> <li>• Crescendo Transcribed MD Notes</li> <li>• Acusis Practice &amp; ED MD Notes</li> <li>• Cerner/Bridge Medical e-Medication Administration Record</li> </ul>
<b>Siemens Soarian Clinicals</b>	
<ul style="list-style-type: none"> <li>• Soarian Clinical Access – Live! – A patient-centric system that clinicians will use to view clinical reports, including lab, radiology, endoscopy, and other results, transcribed reports, and medical images</li> <li>• Soarian Common Clinicals, Clinical team and Physician Module – to follow – Captures and manages charges that are currently paper-based, and reduces duplicate orders: standardizes all documentation entered into it (i.e., assessments, vital signs, input/output, etc.) across the enterprise, resulting in improved compliance with documentation and available patient care information; automated order entry rules alert physicians to potential errors and allows for care to be managed anytime, anywhere</li> </ul>	

# HIMSS and the EHR

Here's how EHR evolution is scored in late 2005 by HIMSS Analytics

Stage	Elements / Hospital Organizational Capabilities	U.S. % Adoption
7	Medical record fully electronic; Care Deliver Organization able to contribute to EHR as byproduct of EMR	0.0%
6	Physician documentation, full Clinical Decision Support System (variance and compliance), full PACS	0.0%
5	Closed loop medication administration	0.001%
4	Computerized Physician Order Entry, Clinical Decision Support System (clinical protocols)	2.5%
3	Nursing documentation, e MAR, Clinical Decision Support System (error checking), PACS	10%
2	Clinical Data Repository, Controlled Medical Vocabulary, Clinical Decision Support System, Document Imaging	48%
1	Collective Ancillaries – Lab, Radiology, Pharmacy	22%
Hospitals not achieving Stage 1 = 17%		

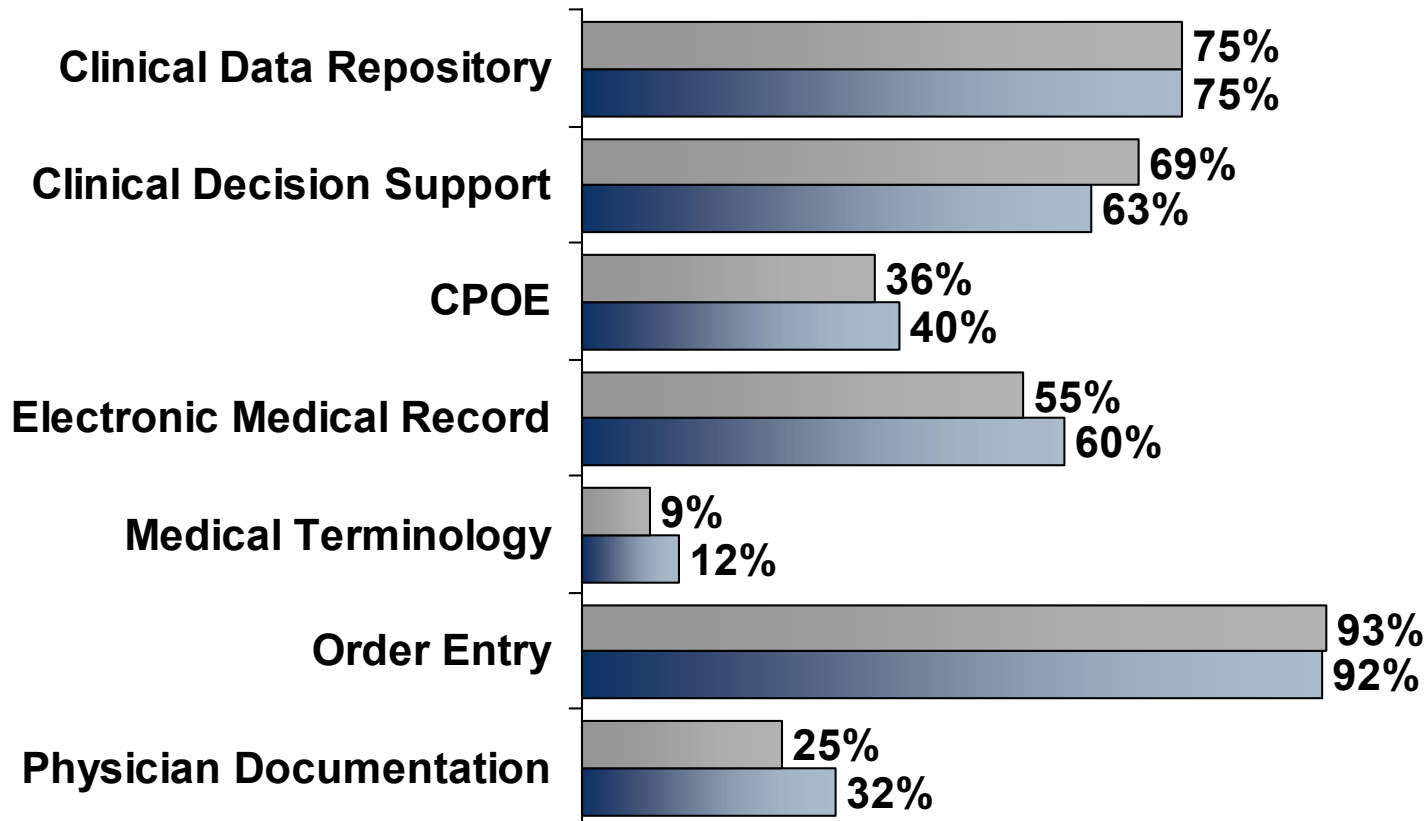
# HIMSS and the EHR

Here's how EHR transformation has scored for US and NY-based hospitals in the HIMSS Analytics database

Area	Sample Size		Stage Average		Median	Range		Standard Deviation	
	Nov, 05	Oct, 06	Nov, 05	Oct, 06	Oct, 06	Nov, 05	Oct, 06	Nov, 05	Oct, 06
<b>National</b>	3,969	4,087	1.7000	1.7664	2.0600	0.0000-6.0000	0.0000-6.0150	1.0100	1.0987
<b>NY State</b>	200	200	1.8400	1.8847	2.0970	0.0050-4.2100	0.0100-5.0870	0.9000	1.0251
<b>NYC</b>	54	54	2.3900	2.1259	2.1525	0.1700-4.0600	0.0200-5.0870	1.1500	1.2297

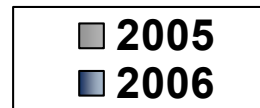
# HIMSS and the EHR

Further HIMSS Analytics observations.....



The installation rate for CPOE, enterprise electronic medical record, medical terminology and physician documentation increased from 2005 to 2006.

This information is for contracted, in process and implemented



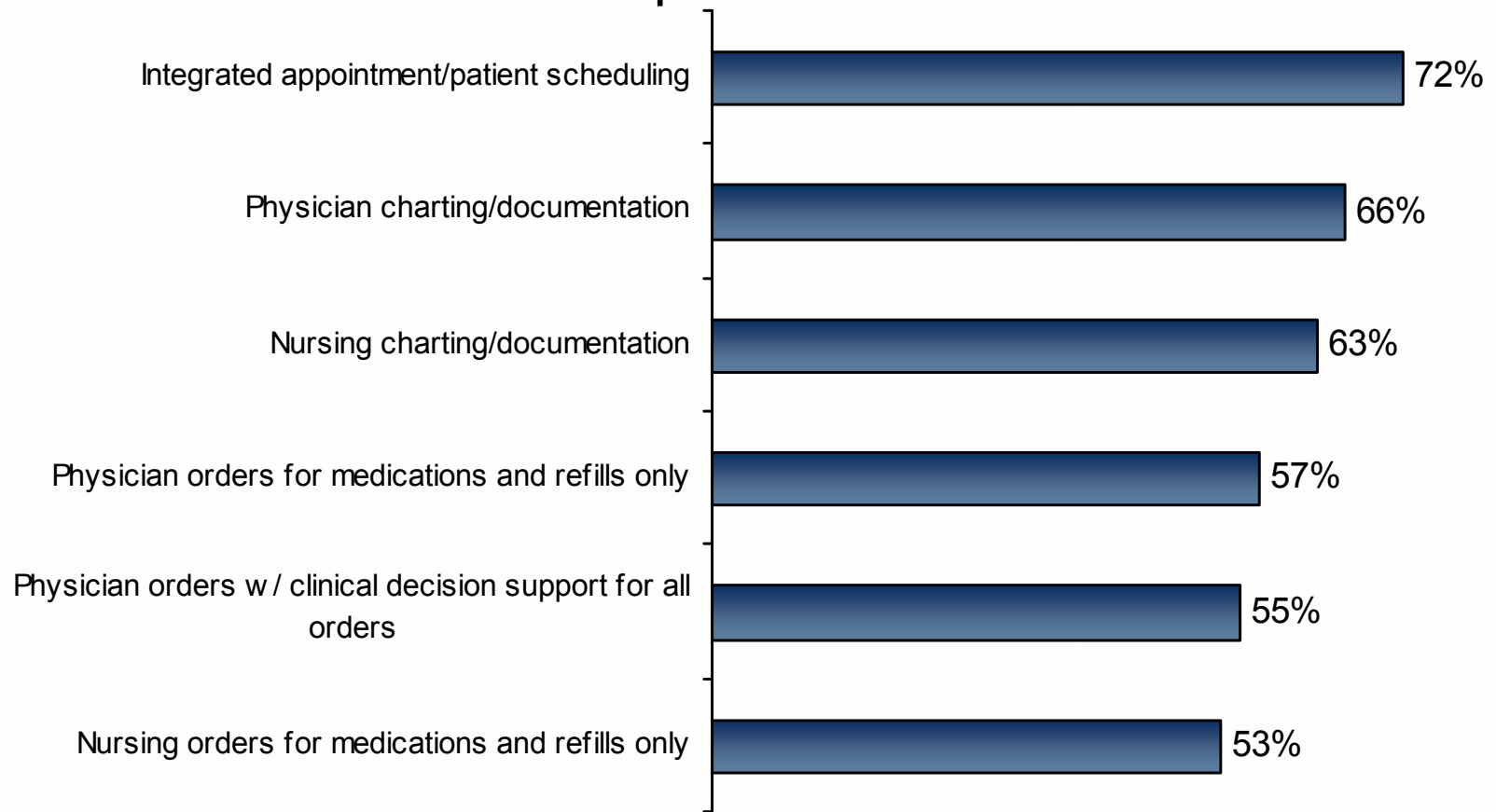
# HIMSS and the EHR

## Practice-based EHR adoption according to HIMSS Analytics

Specialty	n	Have EMR/EHR	No EMR/EHR
MULTI-SPECIALTY GROUPS	548	30%	70%
FAMILY PRACTICE ONLY	308	33%	67%
INTERNAL MEDICINE ONLY	242	21%	79%
PEDIATRICS ONLY	198	27%	73%
OB/GYN ONLY	180	19%	81%
SURGICAL ONLY	164	17%	83%
OPHTHALMOLOGY ONLY	122	24%	76%
ORTHOPEDIC ONLY	82	28%	72%
DERMATOLOGY ONLY	79	20%	80%
CARDIOLOGY ONLY	72	35%	65%
GENERAL PRACTICE ONLY	51	22%	78%
OTHER SINGLE PRACTICE GROUPS	454	26%	74%

# HIMSS and the EHR

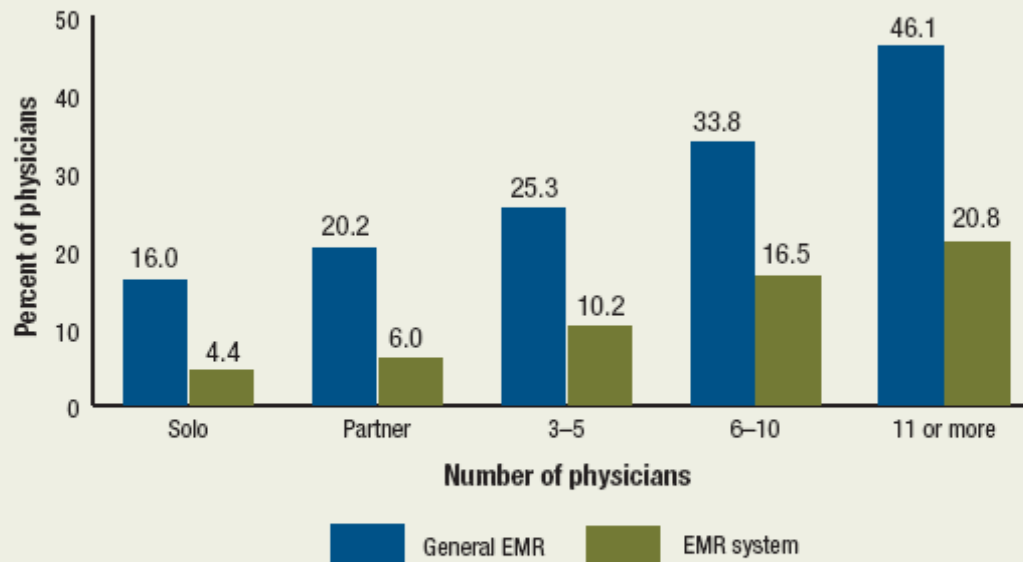
And a similar functional decomposition for 17-35% who have implemented...



# HIMSS and the EHR

A key point is that an EHR is not an EHR is not an EHR...  
(same for EMR)...

Figure 2: **Percent of physicians using electronic medical records and percent of physicians using electronic medical record system by practice size: United States, 2005**



NOTES: Both trends are significant ( $p < .05$ ). EMR is electronic medical record. General EMR is positive response to single question on full or partial EMR use. EMR system is a positive response to four minimal features: computerized orders for prescriptions, computerized orders for tests, test results and physician notes. Includes nonfederal, office-based physicians who see patients in an office setting. Excludes radiologists, anesthesiologists and pathologists

SOURCE: National Ambulatory Medical Care Survey.

# HIMSS and the EHR

A few thoughts to our constituent  
representation today...

# Nursing Informatics and the EHR

Is the EHR the information system  
“tool of most promise” for the nursing  
profession?

## **DMI/CMIO and the EHR**

What is the one most practical thing all of us can do to help bridge the physician adoption gap?

## **Academia and the EHR**

Is program reform a holy grail or a near-term reality as it relates to having educationally prepared EHR professionals? And – what is the promise for more EHR-centered research?

## CIO and the EHR

Which of the big EHR vendors will or will not pass the bar with the upcoming release of CCHIT's *inhouse* EHR standards?

# Project Management and the EHR

What do project managers need most  
to deliver an EHR?

# Government and the EHR

Is it possible to have one industry working definition for the EHR?

# **New York and New Jersey and the EHR**

What year will one connected,  
functional shared data initiative for our  
home states become realities?

# **RHIO and the EHR**

**Is there a business case?**



“Insanity:  
Continuing to do the  
same thing and expecting  
different results.”

- Albert Einstein

---

# HIMSS and the EHR

Next HIMSS NY/NJ Summit

Let's tackle **Interoperability**

**HIMSS**

*transforming healthcare through IT*

architects of change

# Thanks!

George T. "Buddy" Hickman, FHIMSS, CPHIMS  
Sr. VP & CIO, Albany Medical Center  
2006-2007 HIMSS Chair