Pharmacy Automation and Technology

Tech Trends We Are Watching in 2015: Health Information Technology Developments

Brent I. Fox, PharmD, PhD,* and Bill G. Felkey, MS†

As a new year begins, we look ahead to several important topics that we will closely follow over the next 12 months. The list is certainly not exhaustive, but we believe these topics should be on all hospital pharmacy staff members' radar screens.

Each January 1 brings optimism for what the new year may hold. For some, it’s just another day that marks the passing of time, but for many more, the opportunity for change and a new start are truly exciting and invigorating. In addition to reflecting on the previous year, we often take time in January to consider the coming year, especially in the context of health information technology (HIT).

January 2015 marks the 11th year since President George W. Bush first mentioned the need to move toward electronic health records (EHRs) in his State of the Union address. This speech marked the beginning of current efforts to meaningfully use EHRs, although requirements for “meaningful use” did not exist for several years after that first mention. Considerable change has transpired in numerous levels of the government over the last decade, including within the Office of the National Coordinator (ONC), which oversees the Meaningful Use program. However, the program marches forward and is driving the majority of development efforts that hospital information system vendors have undertaken over the last several years.

We have data that provide insight on just how successful the program has been. Of course, the definition of success is determined by perspective; we will use data from the ONC and the Centers for Medicare and Medicaid Services (CMS).1,2 As of August 2014, nearly 490,000 eligible providers and 4,800 eligible hospitals had registered for Meaningful Use incentive payments. This represents over 90% of all eligible providers and nearly 95% of all eligible hospitals. Incentive payments through July 2014 were as follows: almost $6.5 million for Medicare eligible providers, $3.2 million for Medicaid eligible providers, and $14.8 million for eligible hospitals. These are staggering dollar amounts, reflecting that 75% of eligible professionals and 92% of eligible hospitals have received a Meaningful Use incentive payment. On the other side of the coin, 2015 marks the beginning of payment adjustments (ie, decreases) for eligible providers and hospitals under the Medicare portion of the Meaningful Use program. It will be very interesting to follow this development.

Clearly, broad changes such as those being driven by the Meaningful Use program require substantial financial support. After the initial cost of purchasing an EHR system, office-based physicians identified loss of productivity, maintenance costs, training, and finding a suitable EHR as the top barriers to EHR adoption.1 The ONC has taken steps to address some of these barriers, including establishing Regional Extension Centers (RECs) that help local providers adopt and meaningfully use EHRs.

What about the patient side of the equation? As providers and hospitals progress through the 3 stages of Meaningful Use, benchmarks for engaging patients in their own care are raised. The expectation is that patients will actively use the information in the medical record to support their efforts to improve (or maintain) their health. The underlying belief is that knowledge will lead to action. However, an unstated assumption is that patients can understand what they read in their records. We know that a portion of the population has limited health literacy (the ability to understand and use medical information) and health

*Associate Professor, Department of Health Outcomes Research and Policy, Harrison School of Pharmacy, Auburn University, Auburn, Alabama; †Professor Emeritus, Auburn University, Auburn, Alabama
numeracy (the ability to understand health-related numeric data) skills. This suggests that some of the Meaningful Use measures to engage patients may lead to situations of unused information because patients are not properly equipped to use it. There are a variety of literacy assessment tools that can help identify patients who may need support using their health information. We believe pharmacy should be at the table in institutional efforts to facilitate patients’ use of their information, especially when the information is related to medications.

With frequent news stories about privacy and security lapses occurring on cloud storage sites and at major retailers, what will 2015 see in terms of patients’ support of EHRs? Patients have definite concerns about the privacy and security of their information, so much so that 10% have reported withholding information from providers who use EHRs (compared to 6% of those whose providers use paper). Sixty percent of patients have expressed concern over their records being shared in electronic or fax format. Despite these concerns, 3 out of 4 consumers still want providers to use EHRs. As EHR efforts continue to expand in 2015 and as patients become more engaged in the process, concerns over privacy and security will likely play a role in some patients’ disclosure of information. The challenge will be in the development of systems and processes that adapt to emerging threats.

An additional area related to privacy and security that we will be watching this year is the use of mobile devices. Some hospitals have adopted BYOD (bring your own device) policies, which allow employees to use personal devices to access hospital data. This is a concern because only 6 in 10 employees have reported using appropriate encryption on their devices. We believe the growth of mobile device usage by employees is inevitable due to social and technological forces that continue to make anytime, anywhere access to information desirable and possible. Experts have ways to address the security challenges of mobile devices. Hospitals must, however, be willing to take on the challenge of addressing potential breaches before they occur.

2015 is going to be another exciting year for HIT. We are encouraged when we think about the initiatives our colleagues in hospitals have successfully taken on while also supporting safe, efficacious, and efficient medication use on a daily basis. We will continue to focus on important HIT-related happenings here for you. Please contact us with any comments or questions (Brent at foxbren@auburn.edu or Bill at felkebg@auburn.edu).

REFERENCES


