



# 2009 HEALTHCARE INFORMATION INTEGRITY CONFERENCE

*Healthcare, Data Governance and  
I\*I Legal Issues Panel*

November 17, 2009

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# CURRENT STATE . . .

- Information technology infrastructure assessment phase
  - For healthcare organizations and physicians that have not yet transitioned to EMR, now is the time
  - HITECH Act incentives
- Healthcare organizations and physician practices are attempting to articulate scope of EMR implementation and costs involved
  - Many hospitals and physicians are evaluating EMR adoption independently
- There is uncertainty surrounding interoperability and hesitancy for change
  - Change is needed to provide higher quality and more cost effective care



# VISION . . .

- Move into coordination and implementation phase
  - Investment strategizing
  - How much? \$5 million to infinity
  - Example – North-Shore Long Island Jewish Health System providing additional physician incentives on top of Medicare/Medicaid incentives for electronic record integration; total commitment \$400 million
  
- Health systems should commit to investment in digitizing patient records throughout the system
  - Utilization of physician outreach initiative
  - Incentivize physicians to collaborate – subsidies
  
- Hospitals and medical staff/physicians work together to create workable unified EMR systems
  - This promotes interoperability
  - Better patient care and tracking of illness throughout the continuum of care



# GAPS . . .

- No collaboration between physicians on staff and hospitals/health system
  - Need better communication
  
- The governing bodies of health systems and hospitals need to communicate effectively
  - Need clear articulation of scope
    - Not just order entry issues
    - Examine admissions and discharge process
    - Board leadership necessary not only for initiation but for full implementation
  
- No timetables in place for interoperability
  - Definitions surrounding interoperability and certified EHR expected in December from CMS



# HOW TO ADDRESS GAPS . . .

- Organizational leadership cannot speak in “tongues”
  - IT language must be transferable to hospital governing boards, medical staff, administrative staff, and clinical staff
  - Without accurate communication, the governance of IT decision making slows
  
- Governing bodies of health systems must create timetables for accountability and accurately define the scope of electronic medical record needs within the institution
  - This message must be accurately conveyed to physicians and other care providers
  - Collaborative coordination is key to ensuring functional interoperability

