Electronic Health Record Association *Public Health Data Systems: Current status, future needs*

Hans Buitendijk, M.Sc., FHL7 Chair, EHRA Executive Committee

• • • • • • • • • • •

• • • • • • • • • • •

EHRA HIMSS ELECTRONIC HEALTH RECORD ASSOCIATION

The Role of Health IT

66 Conclusion: The EHR is an essential tool in supporting the clinical needs of a health system managing the COVID-19 pandemic.



J Jeffery Reeves, Hannah M Hollandsworth, Francesca J Torriani, Randy Taplitz, Shira Abeles, Ming Tai-Seale, Marlene Millen, Brian J Clay, Christopher A Longhurst, **Rapid response to COVID-19: health informatics support for outbreak management in an academic health system**, Journal of the American Medical Informatics Association, Volume 27, Issue 6, June 2020, Pages 853–859, https://doi.org/10.1093/jamia/ocaa037

Identifying Patients

CDC travel screens, standardized symptom screening, defining a COVID-19 positive patient, accommodating drive-through testing

Dashboards/Reporting

Lab results, capacity, ventilator usage, patient volumes, etc.

Triage

Online patient-facing tools to self-diagnose, standardized phone triage, predictive models to assess risk

Telehealth

Asynchronous questionnaire-based visits, synchronous video visits, tele-urgent care, COVID-19 home care plans

Communication

Patient portals, patient messaging en masse, lab results shared with patients automatically

Effective Resource Use

Remote monitoring at home, PPE conservation (use video in the hospital, virtual patient registration, track inventory), benchmarked capacity metrics



Staff Expansion

Simple workflows, limited security, streamlined training

Surge Planning

The Role of

Health IT

Add new areas/beds, extend EHR to non-traditional settings

Reestablishing Care

Rescheduling canceled cases, proactive outreach to high-risk patients

Addressing Social Risk

Social determinant tracking and reporting, PTSD resources for staff

Financial Stability

Reports, forecasting, cost-savings measures

Contact Tracing

Identify highest risk individuals, inside the walls, out in the community

Testing

"Advertise" tests to patients, support self-scheduling, provide results online

Vaccinations

Determine areas of community spread for vaccine trials, understand vaccine effectiveness and reinfection potential, spot mutated strains, eligibility, scheduling, administration, reporting, adverse events, certificates

Data Needs and Challenges

Data requests to providers from public health agencies, research and industry initiatives have included:

- (Real World Data) Research
- Syndromic Surveillance
- Laboratory Reports
- Immunizations
- Case Reports
- Operational Statistics
 - Admissions, Hospital capacity, Bed availability, Tests performed, Ventilator utilization, Demographics, Co-morbidities
- Incremental Data Access
- Scheduling Availability
- Immunization Certificates

Data reporting challenges encountered include:

- Short-turnaround requests for large volumes of historical data
 - Ensuring consistent & complete reporting
 - Minimum necessary
- Aligning measures and reporting across requesters
 - Variant measure definitions
 - Duplicate reporting
 - Competing requests
- Right-sizing reporting and transaction content
- State variations
- Data quality



Our Recommendations:



Upgrade the National Reporting Infrastructure

Core dataset

Report once, share widely

Standards

Incentives and funding

Education and training



Establish a Surge Process and Infrastructure

Emergency capacity

Additional data definitions

Ongoing preparedness evaluation

Research

Clarify Privacy and

Consent Requirements

For patients

For healthcare

delivery organizations

Data retention and

protection policies



Encourage Participation in National Networks

Carequality, CommonWell, eHealth Exchange, etc.

Patient info at the point of care

Additional data beyond core dataset



Support Accurate, Unique Patient Identification

If not a national unique identifier, then something else