Comments regarding “Strategy on Reducing Burden Related to the Use Health IT and EHRs”

As described in this paper, the major problems found in existing EHR systems tend to fall into three categories:

1. How to collect clinical documentation in the most efficient manner
2. Ease of use- how to navigate through the system to find the information that is most important
3. How to interface (interoperability) all component systems together and provide automatic transfer (in and out) from sources

Other concerns such as EHR and regulatory reporting are also important, but, I feel, can only be resolved after a solid base system that addresses the requirements above is available.

Further, it seems to me, that in order to achieve the goals of the initiative you should first take a look at existing EHR systems to see if any could be used as a basis for constructing a new, standardized version that could be implemented in any healthcare facility, e.g. outpatient, inpatient, clinic, long term care, etc.

I am a veteran and have observed the VistA system in use for over 10 years. Although I think the VistA hardware/software platform (Mumps) is probably too costly a solution for most institutions, I do think that extensive use of this system (170 VA hospitals, 300 + clinics, some private sector installations) speaks well for the overall usefulness of the system. With over 60 % of practicing physicians having worked within the VA system, the existing experience and acceptance level should be quite high.

I suggest that using the design and process methodologies that the VistA system has evolved to should provide a good start in the development of a modern-day version of an EHR system that uses current technologies for both equipment and software platforms. And, I believe that using VistA as the model, and with proper project management and the development support needed, this project could be done within a two year timeframe.

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