

Michigan Electronic Health Record Health Information Exchange Initiative: *Improving Trainee and Provider Education*

Electronic health records (EHR) were initially promoted and proposed for several reasons:

- *Improve patient safety*
- *Provide higher quality of care*
- *Empower patients with portable medical records*
- *Save money because “big data” would identify the most cost-effective treatments for disease and disability*
- *Reduce medical errors*

The Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted under the American Recovery and Reinvestment Act of 2009 (Recovery Act), established a provision for incentive payments for eligible professionals (EPs), critical-access hospitals (CAHs), and eligible hospitals if they can demonstrate meaningful use of certified EHR technology:

Examples of “meaningful-use” include:

- *E-prescribing;*
- *Electronic exchange of health information to improve quality of health care (HIE); and,*
- *Submitting clinical quality and other measures of care.*

Clinician users of EHR were required to satisfy a number of these “meaningful-use” objectives, while eligible hospitals and CAHs also needed to achieve clear objectives. During the initial EHR implementation period, federal and other payer incentives significantly increased the number of providers using the electronic systems.

In theory, electronic health records allow healthcare providers to record patient information digitally, replacing paper records, and should allow providers the ability to perform various tasks to assist in healthcare delivery while maintaining standards of practice.

However, implementation has been suboptimal for a variety of reasons and has left clinicians dissatisfied with systems that are sometimes limited in their clinical usability.

Additionally, the well-intentioned process has had numerous unintended negative consequences, including physician and provider “burnout”. Numerous studies have documented the impact of electronic health records that have increased burden on providers and resulted in increased stress levels among those providers. The American Medical Association created a Steps Forward program to address physician burnout. In their analysis of “what drives burnout”, the association states “The predominant drivers of burnout are systems-level factors rather than individual physician-level factors. Burnout is driven by high workloads; workflow inefficiencies, especially those related to the design and implementation of electronic health records (EHRs); increased time spent in documentation...”

An additional confounding factor is increasing coding complexity. The transition from ICD-9 to ICD-10 increased the number of codes significantly to some 80,000. Consequently, the difficulties in navigating EHRs have made it harder to accurately document:

- *Claims to payers for reimbursement.*
- *Data for quality and process improvement initiatives.*
- *Information for patient coordination efforts.*

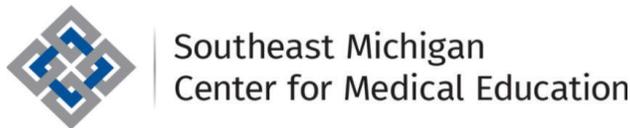
To address the challenges of appropriate implementation and use of EHRs, SEMCME, along with its member institutions, proposes to build an educational EHR program to provide effective learning tools for current practicing physicians (CME); residents and fellows (GME);, medical students (UME). These tools will help explain how an optimized EHR can accurately:

- *Define individual patient diagnoses, treatment, and outcomes;*
- *Help evaluate populations of patients including specific disease categories; and,*
- *Explain the impact on population health outcomes.*

Specific disease categories and the impact on population health can be identified through statewide and national health information exchange efforts.

The overarching goal for this program is to collectively develop an educational program to improve healthcare that emphasizes the importance of appropriate EHR use as a priority from the early stages of medical training through continuing medical education of practicing medical professionals.

Participating Institutions



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