

HEALTH INFORMATION TECHNOLOGY

The American Academy of Neurology Professional Association (Academy) strongly supports the adoption and utilization of health information technology (HIT) and seeks to be an active participant in the development of legislation surrounding HIT that is interoperable and networked with other sources through federated information exchange.

The Academy supports solutions that must be cost-effective with measurable efficiencies for the physician/provider. The Academy supports the core idea that costs for electronic health care record implementation should not be placed on the practicing physician. The Academy believes that physicians should not be financially burdened with an unfunded mandate. The Academy recognizes that HIT can improve the quality of healthcare and will **potentially** curb the rising costs of healthcare. The Academy would support HIT solutions that have been proven to be effective through appropriately conducted, evidenced-based, peer-reviewed research.

The Academy believes HIT will improve the safety, quality and affordability of healthcare **if** utilized at the point of patient/physician interaction.

The Academy believes the focus of health information systems should be on comprehensive health information acquisition and utilization (HIAU) tools that are affordable, secure, private, and available at the point of physician/patient interaction.

- HIT solutions must manage the entire clinical cycle, including the full office visit interaction as well as pre- and post-visit clinical, administrative, and financial interactions.
- HIAU tools must facilitate acquisition of accurate and current patient health information
 - Standards must exist to facilitate transfer of information between different technology platforms.
 - Data abstraction processes should include mechanisms to enter non-electronic or incompatible information
- Health information must be, where possible, discrete data.
- HIAU solutions must integrate standardized processes and protocols including best practice guidelines, decision support and data propagation. Examples include:
 - The electronic creation of accurate specialty templates (e.g., for neurology)
 - Evaluation of allergy/medication interactions
 - Evaluation of medication/medication interactions
 - Evaluation of medication/disease contraindications
 - E-prescribing
 - Order generation and tracking
 - Referral generation and tracking
 - Auto population of the patient chart
- HIAU solutions must not measurably interfere with clinic workflow and must not add significantly to the current amount of time required to care for patients.
- Continued software modification is essential to facilitate adequate communication between providers. Electronically created notes must capture the essence of patient care that has occurred at a visit, rather than be generated simply to add up bullets for billing and collection purposes. This ultimately should translate into increased quality of care as perceived by the patient and the healthcare community.
- Electronic health records should be designed to support quality reporting and Maintenance of Certification initiatives while still preserving patient confidentiality.



The Academy insists that personal health information must be secure and private, such that access can only be obtained with appropriate security clearance; however, obtaining access should not be so cumbersome such that it would obstruct care delivery.

Stratified access to information by healthcare provider is recommended.

The Academy is ultimately supportive of a patient-centric medical record that is made available to the patient at all times.

The medical record should be a single record that is complete, accurate and available to physicians and all other healthcare providers, through whom the record can be updated in real time.

HIT will require a federated identity from which patients can be accurately identified and their record accessed and updated.

The Academy supports a mandate to insurance companies and third party payors including the Centers for Medicare and Medicaid Services to accept the electronic delivery of charges, invoices, and the required information to process claims from any and all HIT systems.

The Academy supports a computerized data interface with all pharmacies to facilitate the timely, effective, safe, and proper delivery of patient prescriptions.

The Academy supports both the use of and appropriate reimbursement for telemedicine as a method to deliver care to underserved areas. To facilitate this, the Academy also supports development of federal guidelines to facilitate state-to-state health information exchange and a federal credentialing statute allowing physicians to provide telemedicine services in states in which they are not licensed.

The Academy does NOT support penalties for those who fail to adopt HIT.

The Academy does NOT support penalties for violations of security/privacy issues that are unintentional. Any penalties for the inadvertent release of a patient's personal health information should be commensurate with the security requirements currently contained in the HIPAA regulations based on practice size.

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1080 Montreal Ave.
St. Paul, MN 55116



(651) 695-1940



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