

**2009 Contemporary Social Issues Seminar Series**  
**Sponsored by the Universities at Shady Grove and the Rockville Institute**

**Health Information Technology: A Prescription for Today**

**May 5, 2009**

**General Overview**

Health information technology (IT) refers to a range of products for managing medical information and allowing providers to exchange that information with each other and with patients, in ways that are difficult or impossible using paper-based systems. Health IT will play an important role in transforming the American health care system.

Surveys have suggested that patients, physicians, and hospital administrators generally recognize the potential benefits of replacing paper-based systems with health IT. These benefits could include improved health care quality and patient safety, with reduced paperwork. Health IT also may decrease disparities in health care by improving the quality of care for the poor.

Nonetheless, the adoption of health IT has been slow in the United States. Several factors have impeded the adoption of health IT:

- Providers often must make a large investment to buy health IT products;
- The financial return on this investment is not easy to predict;
- Health IT may initially disrupt workflow until the staff grows accustomed to it; and
- Patients may be concerned that health IT can pose a risk to the privacy of their health information.

**Presentation Goals**

**Basic Concepts of Health IT**

The presentation will familiarize the audience with the basic concepts of health IT, including the principal functions of health IT in physician practices, hospitals, laboratories, and pharmacies, the development of health information exchanges, and the ultimate goal of a nationwide health information network. The presentation will outline the benefits that might be realized and the drawbacks that may emerge as health IT is more universally adopted.

**Research Findings**

The presentation will cover some of the important findings of focus group research on the opinions of patients toward health IT. The audience will gain a perspective on the opinions that are driving and that are holding back the adoption and use of health IT in the United States.

## **Health IT at the Primary Care Coalition of Montgomery County**

Primary Care Coalition (PCC) of Montgomery County and its Center for Community-Based Health Informatics addresses the risks to patient safety, diminished care quality, and increased costs associated with transitions of care for low-income, uninsured, "safety net" patients. Three common transitions are as follows: 1) hospital emergency department (ED) visits, in which ED staff is not aware of medical data available at the patient's medical home clinic and the clinic is often unaware that an ED visit has occurred; 2) specialty care visits; and 3) care visits at multiple clinics or EDs.

PCC efforts include electronically linking safety net providers with hospital EDs in the region, specialists treating safety net patients through the MC Project Access and the Archdiocese specialty referral networks, as well as other safety net clinics in our regional tri-state safety net health information exchange project: the Metro DC Health Information Exchange (MeDHIX).

Currently, the PCC is collaborating with local partners to develop recommendations for the Montgomery County Health Information Exchange (MCHIE), a collaborative planning project to develop recommendations on a broad range of policies, principles, and designs for the secure exchange of patient information across multiple provider settings.

This presentation will focus on the methods in place to address transitions of care for low-income, uninsured, safety net patients (Tom Lewis) and the recommendations for the state regarding HIE from the perspective of community users — data gathered as part of the MCHIE project (Maria Rosa Watson).

### **Presenters**

**Sid J. Schneider, PhD**, a Westat researcher, has conducted several studies on the impact of computer technology. His current research projects focus on public attitudes toward health IT and on the ways that people currently manage their personal health information, with and without computers. He has recently completed a project for the U.S. Department of Health and Human Services that contrasted various approaches to measuring the adoption and the effects of health IT within the health care system.

**Tom Lewis, MD**, leads the Primary Care Coalition Center for Community-Based Health Informatics and brings 28 years of professional medical informatics experience, including the design, implementation, and management of information systems for patient care and clinical research, particularly focused on building an information systems environment from the ground up to assist nonprofit organizations that provide health care for uninsured individuals. He is currently the Principal Investigator (PI) of the Agency for Healthcare Research and Quality (AHRQ) implementation grant titled "Transforming Healthcare Quality through Information Technology"; and co-PI of the Montgomery County Health Information Exchange (MCHIE) collaborative.

**Maria Rosa Watson, DDS, MS, PhD**, is Research Director of the Primary Care Coalition of Montgomery County and principal investigator of two National Institutes of Health (NIH) grants: Involving Communities in Multicultural Network: From Screening to Access to Care ; and Latinos' Health Literacy, Social Support, and OH-KOP. Additionally, she serves as independent evaluator to a University of South Florida-NIH grant, Minor Depression & Chronic Illness: Community and CDSMP, and to other ongoing programs such as preventing obesity in children; the Montgomery Cares Diabetes Management Program, and the Montgomery Cares Oral Health Pilot. She is an associate member of The Georgetown Center for Trauma and the Community, which is focused on improving the mental health of low-income women and their families in the Washington, DC, area, and team member of the Montgomery County Health Information Exchange project. Dr. Watson's areas of expertise include Community-Based Participatory Research (CBPR), health disparities, epidemiology, public health, Latino health, health literacy, health promotion and disease prevention, qualitative and quantitative data collection and analysis methods, early childhood caries, and dental public health.