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## **Personal Electronic Health Records: From Biomedical Research to People's Health**

### **“Industry Partnerships in Personal Health Records”**

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## Overview...

- **Started as a document capture / conversion services co.**
- **Participation is due to a unique perspective of how services impact success or failure of HER/EPHR initiatives**
- **Healthcare services organization focused on supporting EHR initiatives in:**
  - **Acute care facilities and health systems**
    - **Conversion services, HIM workflow management and dashboard solutions**
  - **Ambulatory market**
    - **Implement, host and maintain IT infrastructure and applications**
- **Initial opinion...great technology, but no need...over time saw the need, but recognized the struggles deploying**
- **Purpose is to provide a opinion of what it takes to create success during and beyond deployment of technology**



## Observations...

- **What did we see when we looked beyond initial acute care clients?**
- **Some similar needs, but requirements for success were different**
- **Technology was abundant, but resources to manage were scarce**
- **General opinion is that widespread adoption of EHRs and PHRs would come over time...the question was how to make it quicker and with more consistency**
- **Make it easier to adopt and ensure individuals and Physicians aren't taken outside comfort zones too quickly**
- **Immediate, drastic change creates doubt and uncertainty**
- **Changing the model to provide a managed, turn key approach was of interest**



### Challenges...

- **Substantial change in operations...change of pace in HIM**
- **Hesitant to accept change for fear of:**
  - **Loss of control**
  - **Increased cost...no one wants to write a check**
- **Not a very strong technical / systems background**
- **Trust in systems and service providers...unfamiliar**
- **Primary challenges stem from from undertaking activities that are outside core areas of focus**
- **Looked at the impact of changes on industry players and the emergence of new roles**
  - **Individuals: Should they be responsible for their own information?**
  - **Physicians as technicians**
  - **Technology providers – multiplicity of great options, but focus is on solutions not longer term management of systems**
  - **Service providers - new and different solutions, users are sceptical**

## Opportunities...

- **Change the way we think about managing patient information**
  - **Who should be responsible?**
- **Creating community based services and solutions**
- **Partnerships with hospitals, physicians, technology providers and service providers**
- **Create a consistent process for pushing information to physicians, hospitals and information exchanges**
- **Create transparency into the services being provided to increase acceptance**
- **Capturing and managing information on a community wide basis supports interoperability initiatives**
- **Take a portion of the responsibility for input out of the hands of individuals and physicians...make it easier**

## Need for support...

- **Already on the right track!**
- **Development of application standards and certifications**
- **Definitions for compliance and appropriate use of technology**
- **Financial incentives and penalties for the transition to the HER for healthcare institutions and physicians**
- **Incentivize individuals for taking an active role in managing their health and proactively identifying potential health risks**
- **Industry should help minimize barriers to transition**
  - **Provide support and maintenance services**



## Recognized outcomes...

- **Broader deployment with fewer challenges in the process...reducing the learning curve**
- **Maintains consistency of approach and creates predictable results**
- **Allows for a focus on core areas of responsibility**
  - **Quality of care**
  - **Advancement of technology**
- **Maintaining higher quality of patient information**
- **Reduction in total cost**
  - **Less waste of direct labor resources**
- **Potential revenue gains due to recapturing time**



## Questions

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