

July 28, 2006

The Honorable Michael O. Leavitt
Chairman
American Health Information Community
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Mr. Chairman:

The American Health Information Community has identified and prioritized several health information technology applications, or “breakthroughs,” that could produce specific tangible value for healthcare consumers. To address one of these breakthrough areas, the Electronic Health Records (EHR) Workgroup was formed and given the following broad and specific charges:

Broad Charge for the Workgroup: Make recommendations to the Community on ways to achieve widespread adoption of certified EHRs, minimizing gaps in adoption among providers.

Specific Charge for the Workgroup: Make recommendations to the Community so that within one year, standardized, widely available, and secure solutions for accessing current and historical laboratory results and interpretations are deployed for clinical care by authorized parties.

This letter contains one recommendation addressing the issue of Emergency Responder EHR Needs and Use Case Development.

BACKGROUND AND DISCUSSION

Some of the needs for interoperable electronic health records were prominent in the Katrina response efforts. Triage systems needed to communicate with temporary care systems and temporary care facilities with longer term care facilities. Providers in evacuation centers needed access to the medical histories of evacuees. Evacuees needed to have records of the care provided to them in transient facilities. People who were permanently displaced needed to have their new permanent care providers have access to all of their medical history.

In the *Federal Response to Katrina Lessons Learned* report, Recommendation 62 of the Report states: “...foster widespread use of interoperable electronic health (EHR) records systems, to achieve development and certification of systems for emergency responders within the next 12 months.” There are a number of initiatives underway to begin to address the needs for an emergency response EHR. Federal agencies currently engaged in this domain include the HHS Office of Public Health Emergency Preparedness (OPHEP), Department of Homeland Security (FEMA), the Department of Defense (DoD), the Veterans Administration (VA) and the

Department of Transportation's National Highway and Traffic Safety Administration (NHTSA). Other important and complimentary activities include the work of the Gulf Coast Task Force, The National EMS Information Systems Initiative, the American College of Emergency Physicians and others.

OPHEP has committed to implementing a prototype EHR capability for Federal Medical Stations with the possibility of being able to extend its use in emergency situations. The Gulf Coast Task Force is looking at ways of providing similar functionality in private care systems in that region. Any such approaches will be dependant on other activities in both the public and private sectors. Only public-private interoperable systems will be able to address all of these needs. The Community has a vital role to play in supporting these activities and prioritizing them for the different initiatives of the national health IT agenda.

To truly make these efforts interoperable and mutually supportive, there is a need to harmonize the standards for key health care data elements. These harmonized standards will be central to many of these emergency response activities, but will also play important roles in routine care and routine care systems. The federal efforts in this area need the support of the Community to prioritize the development of a use case for an emergency response EHR so as to set into motion the full spectrum of support of The Health Information Technology Standards Panel (HITSP), The Nationwide Health Information Network (NHIN) efforts, the Certification Commission for Health Information Technology (CCHIT) and others. HHS has committed to using the Federal Health Architecture (FHA) program to help develop a use case for emergency response EHR. The FHA will invite participation from the organizations listed above and others.

We ask the AHIC to prioritize the development of an Emergency Responder EHR use case with this recommendation:

RECOMMENDATION

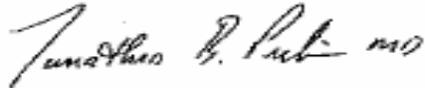
Emergency Responder Use Case Recommendation

Under the leadership of the Office of the National Coordinator for Health Information Technology, an emergency responder use case should be developed and prioritized for the attention of the Health Information Technology Standards Panel and the other ONC lead initiatives. The use case should describe the role that an emergency responder electronic health record will provide, comprising, at a minimum, demographic, medication, allergy and problem list information that can be used to support emergency and routine health care activities. The use case should leverage the work in related activities from the AHIC EHR Working Group and elsewhere. In order to meet the needs of a variety of follow-up activities, this use case should be available in October of 2006.

This recommendation is supported by information obtained through research and testimony to the Electronic Health Records Workgroup.

Thank you for giving us the opportunity to submit this recommendations. We look forward to discussing this recommendation with you and the members of the American Health Information Community.

Sincerely yours,



Jonathan B. Perlin, M.D., Ph.D.
Co-chair, Electronic Health
Records Workgroup

Sincerely yours,



Lillee Smith Gelinas, R.N., M.S.N.
Co-chair, Electronic Health
Records Workgroup