



## **Principles for Adoption of Health Information Technology and Health Information Exchange in New Hampshire**

### **Background**

Many New Hampshire health systems have advanced clinical systems in their hospitals and a high penetration of physician practice EHR system installations in their service area and are actively working on local health information exchange. In addition to the local and regional initiatives by health systems and other providers, many forces have come together recently to promote the adoption of Health Information Technology (HIT) and Health Information Exchange (HIE), including the Citizen Health Initiative's report to Governor Lynch (A Strategic Plan for Health Information Technology and Exchange), the American Recovery and Reinvestment Act (ARRA) and the current national health care reform debate.

### **HIT and HIE Vision**

The vision, which the New Hampshire Hospital Association and its member hospitals support, continues to be a national system of exchangeable health information to improve patient care, develop health policy, improve public health and to base hospital and physician payment for services on value and quality. A national system is an important long term goal but it should not slow down the current deployment of local HIE.

### **Principles**

The following statements of principle are offered as guidance in policy development surrounding the adoption of HIT and HIE:

1. **State leadership** should be collaborative, but active in both: 1) deploying state and federal resources; and 2) reducing barriers to sustainable and realistic adoption of electronic health records (EHR) systems across the state.
2. State and federal **regulation and guidance should set priorities** for EHR component adoption. Fully functional, exchangeable health information is a long term goal. Priority should be given to components that have shown proven success in improving patient care and health information exchange solutions that integrate seamlessly with existing, certified EHR systems.
3. New Hampshire should support the **national adoption and enforcement** of HIT, HIE and related EHR standards. Standards should target both the content of an electronic record as well as interoperability of systems to allow integration and exchange with no regard to state boundaries, particularly because referral patterns can and do cross state borders.
4. HIT and HIE should continue to be viewed as a **tool for the coordination and quality of patient care, patient safety and the public's health.**

5. **Privacy and security** requirements should protect the rights of patients without adding unreasonable barriers or cost to HIE and the use of information for patient care. At the state level, it will be important to harmonize, consolidate and simplify laws and regulations.
6. HIT and its support require **continued public and private financial support** and incentives for adoption recognizing that much of the work and costs of EHR come after the initial purchase of the technology, especially in the area of technical support, general impacts on work processes and continued training.
7. Full adoption and use of HIT will require significant efforts in the area of **physician, end user and consumer education and engagement**. Hospitals should assess current HIT/EHR implementation plans and engage staff and physicians in preparing for new requirements at the federal level.
8. New mandates to implement EHRs and to participate in HIE will require additional health care **workforce** for ongoing technical needs as well as a workforce of tomorrow that is prepared to utilize this technology in everyday patient care.