


SPECIALTY CARE EHR FUNCTIONALITY

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- ▶ Thank you for allowing me to participate!
 - ▶ Speaking from both the viewpoint of a pediatric surgical subspecialist (pediatric urology) and a medical Informaticist in both the FFS and Managed care world.
 - ▶ EHRs have been designed more for primary care than specialty care (reasonably so), and the degree of adoption has paralleled that design principle.
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DIFFERENT NEEDS FOR SPECIALTY CARE

- ▶ Greater # of clinical location types and actual physical locations
 - ▶ Clinics, hospitals, operating rooms, OPSC/procedural areas, etc.
 - ▶ Staff multiple facilities
 - ▶ Less time spend in clinic: Less control of electronic tools/environment
 - ▶ Integrated (vs. interoperable) records more important
 - ▶ E.g. H&P done in clinic is **FOR** the OPSC or acute care facility
- ▶ Procedural documentation/Integration (Therapeutic/Diagnostic*)
- ▶ Specialized Workflow/Data needs
 - ▶ (Pediatric needs, Regulatory reporting, SOGI)

INFORMATION ABOUT HEALTHCARE IT PRODUCTS TO SUPPORT SPECIALTY-SPECIFIC NEEDS

- ▶ Specialty society /groups recommendations
 - ▶ Generally of the testimonial/Survey type
 - ▶ Information available is superficial
 - ▶ Presence/quality of Specialty templates,
 - ▶ Insufficient addressing of Workflow/Data needs
 - ▶ E.g.: Some Registry submission (ACC) or Reporting (PQRS) support
 - ▶ No standardized or evidence-based comparisons available
 - ▶ Lack of data or methodology standardization
 - ▶ Rapidly changing landscape (requirements and software)
 - ▶ Usability is notoriously difficult to access
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DECISION SUPPORT FOR CHOOSING AN EHR: “WHAT WOULD HAVE BEEN NICE-TO-KNOW”

- ▶ Specialty Care EHR Comparison tools would be very helpful
- ▶ Research and Education would be job one
 - ▶ Standardized/Evidence-based approach
 - ▶ Do best practices even exist?
- ▶ Interoperability vs. Intraoperability vs. **integration**
- ▶ Common workflows across many specialties, e.g.:
 - ▶ ORIS integration, Procedural sedation support
 - ▶ Monitoring interfaces (Urodynamics, EEG, EMG, Cardiology, OB etc.)
- ▶ Coordination of complex (often analog) data over time
 - ▶ E.g.: PCa: Track symptoms (pain, GU), Labs (PSA, Cr) Imaging, etc.
- ▶ Support for specialized Data (e.g.: SOGI)
- ▶ Analytics: Quality measures that align with the care specialists provide

WHAT IS THE RETURN ON THE INVESTMENT?

- ▶ Specialty care is hugely expensive
 - ▶ Order/Perform expensive/invasive procedures
 - ▶ Data Silo-ing is the norm
 - ▶ Effective specialty data sharing has a huge potential to impact quality and costs
 - ▶ Payment incentives have yet to be aligned
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