

# Health IT Joint Committee Collaboration

A Joint Policy and Standards Public Advisory Body on Health Information Technology  
to the National Coordinator for Health IT



## **Testimony: Amy Painter MSN, FNP-BC**

Clinical Program Manager of Aerodigestive Center at Children's Healthcare of Atlanta  
*Multidisciplinary valued based team including pediatric GI, ENT, Pulmonary, General Surgery, Nutrition, Speech Therapy, and Respiratory Therapy.*

## **Joint Health IT Policy and Standards Committee**

### **Certified Technology Comparison Task Force**

#### **Virtual Hearing**

January 7, 2016 10:00 a.m. – 2:00 p.m. ET

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#### **Specialists**

- *Were you able to access information about health IT products to support specialty-specific needs? –*
  - *What was (or is, for non-adopters) lacking in your ability to identify whether the products supported your specialty needs? (ex. specialty registry submission, supporting quality measurement, clinical documentation requirements of specialty, or specialty practice-specific)*
  - Comparison is needed on what specificity and pre-built details are specific to Pediatrics and Pediatric subspecialties with various vendors. Many vendors lump specialties in one umbrella and do not specifically mention if it is pediatric. The goals and needs of pediatric GI is very different from adult GI for example.
    - Need to know what prebuilt departments / orders sets / notes
    - Pharmacy customization for weight based dosing and liquid oral/enteral medications
    - Ability to customize for pediatrics with history, social history, specific growth charts available (CDC, WHO, very low birthweight, cerebral palsy etc).
    - Ability to have patient education integrated in EMR as well as patient portals.
      - Ability to have patient intakes filled out electronically in EMR by parents
    - Ability to check in via kiosks and electronically without face to face registration
    - Ability to customize for pediatrics that meet meaningful use. For example – tobacco cessation on parents and tobacco use is very different for pediatrics versus adults.
    - Ability to link with other large QI databases and upload patient information such as ImproveCareNow into large patient registries that can be accessed for research.

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- Ability to access peer-reviewed medical information and journals from within EMR.
- Ability to communicate with other providers.
- Ability to access EMR on mobile devices.
- Ability to functionally eprescribe.
- Ability to interact with various security levels of clinical providers with different scopes of practice and apply state billing and legal laws (attending MDs, Fellows, residents, Nurse Practitioners, and Physician Assistants)
- Ability for students in training (medical, PA, NP students) to learn to chart or use resource.
- How much time or “clicks” it takes for providers to “review” MU criteria within an outpatient encounter.
- Ability to access/share historical records electronically with other regional hospitals or understanding what hospitals in your area use.
- Ability to have multidisciplinary departments / ability to collaborate with valued based care within that EMR. For example, we have many subspecialties that see patients in teams together at our hospital, is there ability for them to customize team departments or use various navigators.
- Usability and integration with ER/urgent care products as well as inpatient records so that patient data is organized and as up to date as possible.
- Ability to pull clinically meaningful reports for quality improvement and valued based research
- What is the EMR’s strength and weaknesses.
- What is the EMR’s typical size and population practice that use it.
- The average infrastructure and time needed to implement and continue to maintain the EMR (average ongoing IT support, build support for IT and clinicians needed, build/customization time, and average training support). This type of information would be very helpful to organizations so that they are planning resources appropriately and giving adequate time to build and train their teams.
- Average size of organization that uses EMR and patient population
- If a comparison tool was established, would you use it? If you were to use it, is there a form or format that you would find most helpful?
  - Yes, hospital and clinical leadership may find this very useful for criteria when purchasing an EMR for a pediatric based facility or specialty.
  - In addition, this information may be very useful to clinical leadership when building the EMR for the hospital as to knowing their chosen EMR’s strengths and weaknesses and how to build for that.

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- If you are currently using an EHR and contemplating making a change, what are the factors you would entertain to accomplish that and what resources would be necessary?
  - The above information would be very helpful
- In hindsight, what information should you have had when you were selecting a health IT product?
  - The above information would be very helpful