

## TEXAS ROADMAP FOR TRANSITION TO ELECTRONIC HEALTH RECORDS

IF YOU HAVE QUESTIONS REGARDING THE TEXAS ROADMAP OR HIT/HIE OR OTHER MEDICAL PRIVACY AND SECURITY ISSUES, PLEASE CONTACT:



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A recent study issued by the U.S. Centers for Disease Control states that nearly one in four physicians reports the use of full or partial electronic medical records (EMRs).<sup>1</sup> However, only 9.3% of the reporting physicians use EMRs with all four of the basic functions—computerized orders for prescriptions, computerized orders for tests, reporting of test results, and physician notes—considered necessary for a complete EMR system.<sup>2</sup> These results make it clear that the healthcare industry still relies heavily on a paper-based recordkeeping system.

In an effort to move the healthcare industry into the electronic age, Congress passed the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). HIPAA established standards for the transmission of electronic information, including payment claims, and established rules governing the privacy and security of an individual’s health information. In the ten years since HIPAA was passed, the transition from paper records to EMRs has been slow.

President Bush declared in 2004 that every American should have an electronic health record (“EHR”) within ten years.<sup>3</sup> To that end, numerous federal initiatives have been launched to accelerate the development and adoption of health information technology (“HIT”) and health information exchange (“HIE”). The key to success on a national level is to coordinate state efforts in tandem with these federal initiatives.

In the 2005 regular legislative session, Senate Bill 45 was passed, directing the Texas Statewide Healthcare Coordinating Commission (“SHCC”) to establish and appoint members to the Texas Health Information Technology Committee (“HITAC”). In January 2006, the SHCC appointed eleven members to the HITAC and charged the HITAC with developing a long-range plan for the use of HIT in Texas.

To accomplish its task, the HITAC established three subcommittees—People, Process, and Technology—with additional workgroups under each subcommittee to address specific issues and provide preliminary recommendations. I was privileged to participate on the People subcommittee and to work with thirty-five healthcare leaders and experts to assist the HITAC in its development of the *Roadmap for the Mobilization of Electronic Healthcare Information in Texas* (“Texas Roadmap”). On July 20, 2006, the SHCC approved the Texas Roadmap for public comment.

Several HITAC and subcommittee meetings and workgroup discussions

took place during the six-month time period in which we developed the Texas Roadmap. In developing the Texas Roadmap, we followed a number of key principles. These principles focused our work to ensure that any HITAC recommendations for the planning and development of an electronic health information infrastructure would:

- Be consumer-centric;
- Engage all stakeholders and participants;
- Promote regional HIE solutions;
- Emphasize market-driven HIT/HIE adoption and implementation;
- Leverage existing information systems and resources;
- Recognize IT as an enabler;
- Remain cognizant of federal efforts; and
- Recognize the effect of HIT on a culturally diverse population.

In developing an HIT/HIE system, challenges and barriers exist. The three major concerns expressed by all stakeholders are costs, the lack of a sufficient return on investment, and the potentially unreliable nature of an electronic system. The HITAC took these concerns (and others) to heart and developed recommendations to address them. Privacy and security of health information is paramount. Relevant education across all levels of the healthcare industry is the best way to demonstrate applicable evidence of returns and to familiarize all parties with the various systems and processes in an HIT/HIE environment. Finally, funding will be critical to the success of the Texas Roadmap. The goal is to obtain adequate funding from a number of sources, including public and private funding sources.

In the limited space of this article, it is impossible to list all of the HITAC recommendations. The following list merely highlights the HITAC recommendations made in the Texas Roadmap:

- Maintain active involvement in federal HIT/HIE initiatives and work with the Texas Congressional delegation to modify existing law or enact new law to enable greater adoption of EHRs.
- Establish a state-level, public/private governance organization for HIT/HIE promotion, coordination, and policy development.
- Request state appropriation funding to initiate state-level programs, including programs to support regional HIE organizations, to support formal education and training programs, to

develop and conduct marketing campaigns on the benefits of EHRs, and to establish a baseline study of Texas health economics and quality and to monitor the benefits and outcomes of specific HIT/HIE implementations.

- Create an entity to monitor privacy and security compliance and to monitor consumer complaints.
- Create an independent state-controlled group responsible for auditing HIPAA compliance, including the privacy and security of health information and the standardization of health transactions.
- Develop a statewide plan for public debate and discussion of HIE implications on medical ethics and laws.
- Encourage the participation of grassroots regional HIE initiatives as part of the larger statewide activities.
- Develop and implement education and outreach programs to provide information to consumers to promote insight on the benefits of HIT and HIE.

Beginning Friday, July 28, 2006, the Texas Roadmap will be available online for download and review at: <https://www.dshs.state.tx.us/chs/shcc>. General instructions for the submission of comments, contact information, and a comment template will also be available. Please take the time to review the Texas Roadmap and to provide substantive comments. Your comments will enhance the success of HIT/HIE efforts in Texas.

All comments must be submitted or postmarked by Friday, August 18, 2006, and should be submitted (email is preferred) to:

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<sup>1</sup> “Electronic Medical Record Use by Office-Based Physicians: United States, 2005,” E-Stat by Catharine W. Burt, Ed.D; Esther King, M.P.H; and David Woodwell, B.A.; Division of Health Care Statistics, U.S. Centers for Disease Control (July 25, 2006), accessible online at: <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/electronic/electronic.htm>.

<sup>2</sup> *Id.*

<sup>3</sup> M. Allen, “Bush Touts Plan for Electronic Medicine,” *Washington Post* (May 28, 2004).