

Testimony of Ian Erlich, President/CEO Maniilaq Association to the HIT Workgroup.
June 4, 2010 Washington D.C.

1. What do you see as the greatest risks posed by the implementation of HIT in relationship to potentially increasing disparities in health processes and outcomes?

The rush to implement “something” to meet an implementation timeline will result in fewer standards making it difficult to facilitate efficient, meaningful data sharing between providers external to an existing network.

For example, within the Indian Health Service (IHS), in Alaska, Alaska Native Medical Center (ANMC) is implementing their own EHR while tertiary sites are using the IHS package for an Electronic Health Record (EHR).

Further, in Alaska as well, sites exchange data using a Provider Portal. This interoperability will be decreased when ANMC implements their EHR.

2. What are you, or others with whom you work, doing (or planning to do) to reduce the risk of exacerbating disparities as HIT is implemented across the county?

Maniilaq Association, with other Tribal sites in Alaska will be working with all other Alaska Medical centers to develop a Health Information Exchange center.

3. What research is being done, or needs to be done, in this area to inform the HIT Policy Committee in trying to establish guidelines that will move providers to implement methods of using HIT to reduce disparities?

Research should be directed towards [analyzing/creating comprehensive] state-wide HIE and a standard that enables data-sharers to share data seamlessly between healthcare organizations on a national level, regardless of Electronic Medical Record/Health Record applications and or software packages.

There are on-going initiatives to develop state-wide HIEs. Current developments focus on Federal and Commercial/Civilian Health Care Providers within each individual state. Development of an interface that would allow data-sharing between state HIEs should be researched in an effort to ensure patient health information is available when needed, regardless of where it is needed.

4. With patient and family engagement in care at the forefront of our thinking about improving our Nation’s health, what particular strategies would you recommend to us as potential meaningful use requirements in 2013 and 2015 for the vulnerable populations we have asked you to address?

Patient involvement in healthcare is more likely facilitated by use of an EHR, but currently such access could be limited by whether or not the provider or health center practice chooses to involve the patient. A requirement could be providing the patient access to viewing their protected health information contained in the EHR while receiving healthcare. For example, the use of a second monitor used in a treatment room designed for the patient’s view. This enables the patient to see what is being recorded during their visit and allows for a dialogue between the patient (and/or family member/guardian) and provider/caregiver. The EHR should require the engagement of the provider with the patient and or family affected

Another requirement to increase patient engagement could be the use of a kiosk in the health facility to enable the patient to register or view a library of health information.

5. How can the meaningful use of HIT specifically reduce a health disparity?

Maniilaq Association, which serves the Northwestern area of Alaska with no infrastructure (road system, fiber connection, etc.) has improved healthcare through satellite connectivity between communities in the area. The use of technology in our remote region allows us to provide services from long distance. Services such as EHR, Tele: Psychiatry, Dental, Medicine, Pharmacy and Radiology. Video tele-conference (Vtc) for trauma situations has made meaningful impacts in improving the quality of healthcare.

6. What specific HIT applications have been used to address health literacy (panel 1), culture (panel 2), or access (panel 3)?

Access (Panel 3):

The use of Universal Services Administrative Company (USAC) funds has made the necessary telecommunications infrastructure affordable to rural communities throughout the nation. This technology allows accessibility to national healthcare resources which has improved the ability to deliver quality healthcare to underserved communities.

7. Please share any relevant evidence on your topic.

Accessibility to HIT has been an issue from the beginning of the use of technology for Northwest Alaska. To the extent that we have improved the quality of life for our vulnerable population, considering the vast distances between the Villages and Health Center and the greater distance between the Villages and the Hospital in Anchorage, the biggest contributor has been the communication pathways laid by the use of Technology.

Additional Questions for the Access Panel:

What tools can be used to improve access for those who face access barriers to healthcare or technology?

Access barriers to healthcare can be improved by increased use of technology. Increased access to Technology can come through increased and more liberal use of funding.

What are the most innovative solutions you have seen to overcome these challenges?

Currently the most innovative solution to overcome these challenges for Healthcare Institutions like Maniilaq Association and others dependant on access to Technology funds is to expand the availability of USAC dollars beyond maintaining existing connections.