



What is an electronic health record?

An electronic health record, or EHR, is a computerized digital record of patient care and has the ability to be shared and exchanged between disparate healthcare organizations. It is this hope of creating a repository of US health records that currently drives healthcare delivery's vision for a national health information network. Experts anticipate that streamlining health information processing will result in overall improvements in America's healthcare through improved patient outcomes, better disease management and prevention, and control of healthcare's burgeoning fiscal burden.

How will the EHR affect transcription?

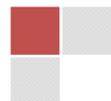
There are many predictions of how transcription will change in an EHR setting, but for the most agree that that tapes and paper transcription will continue to give way to digital methods of dictation/transcription. Traditional transcription will continue to transition to a predominantly editing role. While some EMR vendors peddle the "elimination of transcription costs" to sell their products, others have found the value of the MT as a speech recognition (SRT) editor and encourage the implementation of "back-end" SRT. They know that many physicians find other forms of data entry cumbersome and prefer to dictate their notes. The percentage of doctors' offices that have totally eliminated transcription and implemented EMR/template-based systems remains low.

How can I find out about how the EHR will directly affect my job?

If employed in a hospital, HIM management should serve as a ready resource to answer questions regarding the facility's plans for implementation of the EHR and how it will impact transcription. For those who work in physician offices, information regarding plans for the EHR should be sought first through the practice manager or administrator, or secondarily from the physicians themselves. For those who are employed as independent contractors or who work for MTSOs or ancillary healthcare employers, it would be beneficial to begin as soon as possible to open dialogue with those who provide the flow of outsourced work regarding their plans to transition into the EHR environment with their customers. A transcriptionist should be fully educated about the EHR before initiating such conversations in order to provide input regarding technologies, standards and protocols, and above all, quality, to help ensure that a positive contribution is made by the MT to the decision-making process.

How can I prepare for the transition to EHRs?

Become educated by learning what an EHR is and what it is not. Understand that much of traditional transcription will probably, at some point, give way to automating technologies such as speech recognition technology (SRT) systems and point-and-click template EHRs. While most experts agree that there will likely continue to be dictated narrative of the more complex patient cases and specialties, most of the highly predictable, repetitive, and often redundant record types will be automated. This does not mean transcriptionists are no longer needed or will no longer have a job. This does mean that



the transcriptionist may have to perform the task of providing document quality in a different manner. The tacit knowledge and interpretive skill set of the MT will be redirected toward document analytics, quality assessment, data abstracting, and narrative coding. No matter the technology (or the degree to which it is integrated) be prepared to argue on behalf of *quality*, which should never be overlooked when a facility or client is transitioning to SRT or an EMR/EHR. Learn how to carry on a conversation with an EMR vendor who says transcription will go away and be a willing participant and resource for your organization or client so that quality issues are not forgotten in the chaotic early days of purchase, adoption, and integration.

Is an EHR a good thing?

Few would argue that a truly interoperable EHR will be a good thing for the American healthcare system. The aftermath of Hurricane Katrina taught us the disastrous consequences of relying on a paper-based health information platform – where the lack of a secure electronic repository of health information resulted in a complete loss of critical patient data, an outcome that greatly compromised provision of care for affected victims. Real-time, up-to-date information from all providers in a patient setting promotes enhanced communication and thereby, patient care is improved. While not the primary goal of EHRs, controlling the cost of healthcare by preventing duplication of tests and other treatment modalities is an added benefit that is anticipated.

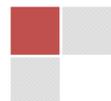
Who are the major players in the EHR movement?

The major players in this movement are national government entities, such as the Office of the National Coordinator for Health Information Technology (ONCHIT), physicians and hospitals, EHR/EMR vendors, and other ancillary healthcare workers, such as health information management professionals including the medical transcriptionist, HIM Directors, IT application analyst, system specialist, etc.

- Office of the National Coordinator for Health IT (ONCHIT): The principal federal entity charged with coordination of the nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information
- HIT Policy Committee: Makes recommendations to the National Coordinator on a policy framework for the development and adoption of a nationwide health information infrastructure, including standards for the exchange of patient medical information
- HIT Standards Committee: Makes recommendations to the National Coordinator on standards, implementation specifications, and certification criteria for the electronic exchange and use of health information
- Center for Medicare and Medicaid Services (CMS): Oversees Medicare and Medicaid and is responsible for drafting and issuing interim “meaningful use” regulations by December 31, 2009 followed by 60-day comment period. Final regulations expected by late spring 2010.

What is ARRA and the HITECH Act?

The American Recovery and Reinvestment Act of 2009 (ARRA) was signed into law by President Obama on February 17, 2009. It was formerly known as the stimulus package or bill. The Health IT portion of ARRA has become known as the Health Information Technology for Economic and Clinical Health Act (HITECH Act). The HITECH Act provides for several changes to HIPAA and offers billions of dollars in financial incentives for adoption of EHRs. It also mandates the creation of federal standards for health IT.



What is "meaningful use?"

Meaningful use is the term used to describe the specific standards that the Department of Health and Human Services will use to determine compliance and qualification for financial incentives offered in EHR implementation. In general, to be a "meaningful EHR user," a provider must adopt a certified EHR system, must demonstrate that it engages in the exchange of health information to promote the quality of care and care coordination, and must be able to report on clinical quality measures as requested by HHS, using the EHR technology.

