

REPORT OF THE COUNCIL ON MEDICAL SERVICE

CMS Report 4-I-13

Subject: Integrated Electronic Patient Care Reports for Prehospital Providers
(Resolution 802-I-12)

Presented by: Charles F. Willson, MD, Chair

Referred to: Reference Committee J
(Dolleen M. Licciardi, MD, Chair)

1 At the 2012 Interim Meeting, the House of Delegates referred Resolution 802, “Use of Integrated
2 Electronic Patient Care for Prehospital Providers” which was introduced by the Medical Student
3 Section. Resolution 802-I-12 asked:

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5 That our American Medical Association (AMA) support legislation incentivizing the
6 comprehensive use of integrated electronic patient care reports by emergency medical
7 technicians (EMTs) and paramedics for better cross communication, and to standardize the
8 flow of information from prehospital to hospital.
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10 The AMA Board of Trustees referred Resolution 802-I-12 to the Council on Medical Service. This
11 report provides background on the issue, highlights AMA activity related to health information
12 technology and exchanges, summarizes relevant AMA policy and recommends reaffirmation of
13 Policies H-478.988 and D-478.995, which guide AMA efforts related to health information
14 technology (HIT) and exchanges.
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16 BACKGROUND

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18 Emergency Medical Services (EMS) encompass a range of responsibilities that includes patient
19 transport and handoff to hospital emergency department staff. Just as growing numbers of hospitals
20 and physician offices have adopted electronic health records (EHRs), EMS agencies have been
21 under pressure to adopt electronic patient care reports (e-PCRs). Resolution 802-I-12 addresses a
22 potential role for EMS in the seamless exchange of electronic patient information across the
23 spectrum of care, so that paramedics have access to appropriate patient information and are able to
24 transmit assessment and treatment data to hospital emergency department staff. Although many
25 EMS agencies have embraced e-PCR systems, the adoption of HIT in this predominantly mobile
26 setting has not kept pace with that of hospitals. Where e-PCR systems are in place, they improve
27 communication among EMS staff but are largely unable to interface with hospital EHRs. More
28 frequently, EMTs are using wireless/cellular technology during transport so that emergency
29 department staff can monitor patients’ vital signs and, in some cases, EKGs.
30

31 There are several feasibility concerns regarding the integration of prehospital and hospital
32 electronic patient information. The cost of connecting e-PCRs and hospital EHRs is likely beyond
33 the means of many EMS agencies, particularly those with several hospitals in their catchment area.
34 EMS agencies do not qualify for federal policies incentivizing the adoption of HIT. Integrating

1 e-PCRs with area hospitals and ambulatory care providers using an assortment of EHR products is
2 a laudable goal, but one that may not be feasible in the near future. Mandates to do so could
3 negatively impact EMS agencies as well as the local and state entities that fund and oversee them.
4 A 2012 study of the experiences of EMS agencies using e-PCRs found cost to be the primary
5 challenge of moving from paper to electronic forms.ⁱ Additional barriers mirror those faced by
6 physicians adopting EHRs, including privacy, security and interoperability concerns. EMTs who
7 were surveyed about e-PCR use also expressed concern about the potential for increased
8 ambulance run times, noting from their experiences the extra time it takes paramedics to complete
9 electronic forms. Technical constraints and sporadic wireless broadband coverage were also cited
10 as impediments to e-PCR implementation.ⁱⁱ

11
12 The evolution of health information exchanges (HIEs) may eventually help EMS agencies and
13 hospital emergency departments share electronic patient data. HIEs are organizations that facilitate
14 the transmission and exchange of health information among providers in a defined geographic area.
15 They supply the connectivity that enables electronic health information to be shared by multiple
16 stakeholders, such as physicians and ancillary practitioners. The development of HIEs holds
17 promise for facilitating the exchange of patient data between prehospital and hospital providers as
18 electronic integration becomes more widespread. That being said, it is unclear whether HIEs will
19 be capable of facilitating real-time transmission of patient information or whether they will serve as
20 central repositories of patient medical records.

21 22 AMA ACTIVITY

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24 The AMA is committed to facilitating the widespread adoption of HIT and is a strong advocate for
25 affordable HIT solutions. Through comment letters and participation in national HIT forums and
26 workgroups, the AMA contributes to the knowledge base of HIT and EHR best practices as well as
27 issues specific to interoperability, usability, workflow, security and patient safety.

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29 The AMA has developed numerous resources to help physicians understand HIEs, including
30 Physicians' Frequently Asked Questions on HIEs and What Questions Should I Ask Before I Sign
31 a Contract to Participate in a Particular HIE. The AMA's model bill to protect physician
32 information obtained or released by HIEs is also available to physicians interested in HIE
33 participation.

34 35 RELEVANT AMA POLICY

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37 Policy D-160.944 directs the AMA to work towards improving and standardizing the flow of
38 critical information across the spectrum of care and to work with the Physician Consortium for
39 Performance Improvement to develop specific measures that ensure that transitions of care are safe,
40 patient centered and outcome driven. Policy H-130.976 endorses the concept of appropriate
41 medical direction of all prehospital emergency medical services. Patient privacy and the
42 confidentiality of computerized patient records are addressed in Policies H-315.983 and
43 H-315.989.

44
45 The AMA works closely with the Office of the National Coordinator for Health Information
46 Technology to expedite the implementation of an interoperable health information technology
47 infrastructure as directed by Policy D-478.995. This policy also asks the AMA to: (1) advocate for
48 standardization of key elements of EHR and computerized physician order entry (CPOE) user
49 interface design during the ongoing development of this technology; (2) advocate that medical
50 facilities and health systems work toward standardized login procedures and parameters to reduce

1 user login fatigue; (3) advocate for continued research and physician education on EHR and CPOE
2 user interface design specifically concerning key design principles and features that can improve
3 the quality, safety, and efficiency of health care; and (4) advocate for more research on EHR,
4 CPOE and clinical decision support systems and vendor accountability for the efficacy,
5 effectiveness, and safety of these systems.

6
7 Policy H-478.988 asks the AMA to: (1) continue its efforts to educate physicians on HIE issues,
8 with particular emphasis placed on alerting physicians to the importance of thoroughly reviewing
9 HIE business associate contracts and clarifying any and all secondary uses of HIE data prior to
10 agreeing to participate in a particular HIE; (2) advocate for HIEs to provide an overview of their
11 business models and offer services to physicians who are considering joining the organization; (3)
12 advocate for HIE contracts to clearly identify details of participation, including transparency
13 regarding any secondary uses of patient data; (4) advocate that HIEs comply with all provisions of
14 HIPAA in handling clinical data; and (5) encourage physicians who experience problems accessing
15 and using HIE data to inform the AMA about these issues. This policy also asks the AMA to
16 advocate that physician participation in health information exchanges be voluntary and that the
17 direct and indirect costs of participating in health information exchanges should not discourage
18 physician participation or undermine the economic viability of physician practices.

19 20 DISCUSSION

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22 The Council discussed the feasibility of Resolution 802-I-12 and concurs with testimony on this
23 item at the 2012 Interim Meeting, which captured substantial concerns, including the high costs
24 associated with comprehensive e-PCR adoption and the integration of e-PCRs with hospital EHRs.
25 The Council is also concerned that widespread EMS access to electronic medical records may
26 violate patients' privacy and potentially increase ambulance run times.

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28 The Council notes that the AMA's primary responsibility with respect to HIT is to support policies
29 that meaningfully represent the interests of physicians and their patients. Furthermore, the AMA
30 lacks suitable in-house expertise on e-PCRs, which impedes the development of articulate
31 rationales for incentivizing e-PCR adoption by EMTs and paramedics. Accordingly, the Council
32 deems the request put forth in Resolution 802-I-12 to be beyond the scope of AMA's policy
33 purview and advocacy efforts. In lieu of the resolution, the Council recommends reaffirming
34 existing policies that appropriately guide the AMA's vital work on HIT and HIE-related issues.

35 36 RECOMMENDATIONS

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38 The Council recommends that the following be adopted in lieu of Resolution 802-I-12, and that the
39 remainder of the report be filed:

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41 1. That our American Medical Association (AMA) reaffirm Policy D-478.995, which directs
42 the AMA to work closely with the Office of the National Coordinator for Health
43 Information Technology to expedite the implementation of an interoperable health
44 information technology infrastructure, and advocate for standardization of key elements of
45 electronic health records. (Reaffirm HOD Policy)

- 1 2. That our AMA reaffirm Policy H-478.988, which ensures that the AMA continues to
- 2 educate physicians on health information exchange (HIE) issues and advocate for the
- 3 appropriate implementation of HIEs. (Reaffirm HOD Policy)

Fiscal Note: Less than \$500 to implement.

REFERENCES

ⁱ Landman, AB, Lee, CH, Sasson, C, Van Gelder, CM and Curry, LA. Prehospital Electronic Patient Care Report Systems: Early Experiences from Emergency Medical Services Agency Leaders. PLoS ONE 7(3):e32692. March 2012.

ⁱⁱ Ibid.