

**AMERICAN COLLEGE OF RHEUMATOLOGY
POSITION STATEMENT**

SUBJECT: Health Information Technology

PRESENTED BY: Committee on Government Affairs

FOR DISTRIBUTION TO: Members of the American College of Rheumatology
Agency for Healthcare Research and Quality
National Institute of Health
Medical Societies
Arthritis Foundation

BACKGROUND:

1 More than ever before, resources that help clinicians and health systems improve data management, so-
2 called Health Information Technology, play a vital role in the needed transformations in health care. HIT,
3 when properly applied, leads to significant improvements in patient safety, quality of care, and the
4 coordination of care among providers. Ideally, the implementation of HIT systems will create a more
5 efficient health system with improvements in patient wait times, medical record documentation,
6 prescribing errors, and communication among health care providers and their patients. In addition,
7 appropriate HIT implementation will provide decision-support for following preventive care and current
8 best-practice guidelines.

9 Electronic Health Records represent the major HIT resource currently utilized by healthcare providers in
10 the United States today. Definitions for “electronic medical record” and “electronic health record” vary.
11 Generally, EMR refers to the electronic record within a specific practice and a basic digital or electronic
12 representation of the paper chart. In contrast, EHR refers to a longitudinal patient medical record from
13 multiple providers that incorporates multiple kinds of healthcare data and often includes some degree of
14 patient-level access to the record.

15 **POSITION:**

16 The American College of Rheumatology supports the goal of increasing EHR adoption by healthcare
17 providers so that all patients can have access to state-of-the-art care and have their healthcare data readily
18 available to multiple healthcare providers and systems when appropriate. ACR also recognizes and
19 strongly supports the ability of HIT systems to protect health information privacy. HIT should enable
20 providers, healthcare systems, and other third parties to adhere to existing privacy regulations and security
21 standards without compromising the delivery of quality healthcare.

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23 ACR also recognizes the importance of continuing to advance the state of biomedical science. Therefore,
24 we also support the *appropriate* and *authorized* secondary use of patient and population level data for
25 research purposes in order to advance medical science and generate the evidence needed to improve
26 human health. ACR encourages those responsible for developing HIT legislation to include biomedical
27 research and population health issues as priorities. This accountability will prevent legislation from
28 inadvertently impeding overall medical progress.

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30 ACR recognizes the importance of standards-based EHRs and related HITs to enable interoperability of
31 data between such healthcare organizations as laboratories, hospitals, and healthcare practices. Therefore,

32 ACR supports the government's adoption of common data standards for HIT systems in order to facilitate
33 data interchange and optimal health care. A consolidation in HIT systems that meets these standards will
34 provide healthcare professionals with the best choices in systems for their practice.

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36 Finally, ACR supports efforts to decrease the cost of implementation and maintenance of EHR and HIT
37 systems, particularly for healthcare providers. A major barrier to the adoption and maintenance of
38 standards- and reporting-compliant EHRs is the expense of such systems to the healthcare provider.
39 However, widespread adoption of HITs bears the promise of significant cost-savings to the entire
40 healthcare system. ACR supports the government's role in incentivizing and, where appropriate,
41 subsidizing the adoption of standards-compliant EHRs and related HIT systems.

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43 Approved by Government Affairs Committee: September 2009

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45 Approved by Board of Directors: October 2009