Course Learning Outcomes for Unit VII

Upon completion of this unit, students should be able to:

1. Identify the factors driving demand for electronic health record/health information management (EHR/HIM) and the barriers to implementation.
2. Describe the system development life cycle (SDLC).
3. Discuss the impact of consumerism on health care.
4. Differentiate the various consumer-driven health plans (CDHPs).
5. Discuss how consumer driven health care has changed the health care industry.
6. Explain the role of social networking in health care.
7. Discuss the various ethical principles and how they relate to health care.
8. Analyze the literature on related topics in health care administration.

Unit Lesson

Overview of Health Information Technology Initiatives

Patient health care records are in the same ballpark as government top-secret files in that they both need to remain highly confidential and a small but limited group has full access to all that they contain. The digitization of health records is still a work in progress. The Institute of Medicine has been behind the idea of health information technology for quite some time. In 2004, President Bush created the Office of the National Coordinator for Health Information Technology and called for the use of electronic medical records (United States Government Accountability Office, 2008). There are many options for health care organizations to adopt. However, it has been a very slow transition and is still relatively far in the future before 100% of the U. S. health care organizations will be fully integrated into an electronic health record (EHR) system. The concept of health information management (HIM) technologies is not new. Health information technologies have been around since the late 1920s. In recent years, EHR has come into the forefront because of the value that can be had from the widespread use of EHR and HIM technologies.

Factors Driving Demand for HIM Technologies

EHR and other HIM technologies are viewed as a means of improving the quality of care, improving the health of populations, and improving the efficiency of health care systems. As we have stated previously, the health care industry is data driven. EHR and HIM technologies offer a much easier way to track data than do paper charts. EHR offers an easier and more efficient way of surveillance and monitoring and storing and retrieving patient health information. EHR also has the ability to decrease medical errors. One of the first factors driving EHR is the improvement of patient care and the patient experience. The receipt of stimulus monies via Medicare and Medicaid incentives built into the Health Information Technology for Economic and Clinical Health Act, or HITECH Act, is a reason for the demand in EHR and HIM technologies. Organizations...
want to take advantage of the incentive for implementing EHR systems. The avoidance of penalties is another reason why organizations are seeking to adopt EHR and other HIM technologies. The HITECH Act concludes that any organization not using EHR systems in a meaningful way by 2014 will receive reduced reimbursements and additional fines.

**Barriers to HIM Implementation**

Adoption rates for EHR and related HIM technologies has been slow. It is estimated that only 15% of hospitals have a fully functional EHR system (Burns, Bradley, & Weiner, 2012). Additionally, smaller hospitals, hospitals in rural areas, and private physicians' offices are less likely to adopt EHR and related HIM technologies. Cost is the most prohibitive factor that deters organizations from adopting HIM technologies. Smaller organizations and private practice physicians may have a difficult time obtaining the finances that are needed to ensure implementation. The lack of knowledge of ROI, the lack of trained human capital, the lack of interoperability, and the misalignment of incentives are all barriers to HIM implementation.

**System Development Life Cycle (SDLC)**

Software development is a complex job and there are different phases of the process that must be gone through in order to ensure that the software will meet the needs of the user. The SDLC is a plan that is put in place to acquire and implement and maintain EHR systems. The system development and implementation lifecycle has several steps of implementation. These steps are in essence the life cycle of a HIM implementation project. The steps include: planning, analysis, design, testing, and implementation.

1. **Planning**: The scope of the project needs to be decided. Organizations have to determine their financial commitment, time commitment, and other organizational resources.

2. **Analysis**: A review of the user requirements and how things will work. This phase deals with gathering the user needs and noting the requirements. In the analysis phase, organizations have to have a clear understanding of what type of system the organization has and what type of system the organization can afford to support. Additionally, as stated the development criteria for the new system is specified. In short, the analysis phase discusses what will be done in the new system.

3. **Design**: The design phase is where the system is designed. This phase discusses how the system will accomplish the objective(s) laid out in the analysis phase. In this phase, organizations will work out what programs and screens are needed. This phase usually ends with a semi-working model of the software.

4. **Testing**: This phase proves that the system works. The software is tested for bugs and various functional and systems tests are conducted to ensure perfect performance in real-time.

5. **Implementation**: The conversion from the old system to the new system. The systems are used in real time. There are several ways to implement; however, most organizations usually will phase in various departments of facilities one at a time.
6. **Maintenance phase**: Maintenance is the ongoing support that will be needed in order to keep the software functioning properly. Maintenance should include periodic software updates. In this phase, the system is constantly monitored to ensure it is meeting the needs of its users.

**Consumers in the U. S. Health Care System**

In recent years, consumers have become more active in health care and the delivery of health services. Many consumers consult services such as WebMD to gain information and insight of their symptoms and some even have a preconceived diagnosis before visiting with their physicians. Many consumer interest groups now exist and some of these groups challenge the practices of the health care system; they analyze trends in cost and use of health services (McLaughlin, & Kaluzny, 2006. p. 77). In the past, health care services were delivered and treatment decisions were made without any input from patients; however, consumer demand and expectations of health care and health service delivery has increased. Consumers want more options and they want to be involved in the decision making that goes on in the treatment process. Since consumers have become more financially savvy about health care, consumers have expectations of high quality treatment and services, and the demands on providers in regard to quality and cost, providers will have to start to utilize tools that will help to assist in improving quality and lowering cost.

**Health care Reimbursement and Consumerism**

Consumer demand and the high cost of health care called for the need of some types of control. In an effort to control costs, many consumer-driven health plans (CDHPs) were created. The goal of CDHPs is to control costs and engage consumers by making them part of the decision making process and providing them more control. Under CDHPs, consumers can select their own providers, select their facilities, and have a greater role in their treatment options. Consumers who elect CDHPs may also tailor their own health plan including the type of benefits that are covered. There are several types of CDHPs.

1. **High Deductible Health Plans (HDHPs)**: This type of CDHP offers a high deductible with a lower premium. The deductible has to be met before any of the benefit is paid out. The concept behind the HDHP is that if consumers are more conscious about the high deductible, that overall it would become more affordable. Under the HDHP consumers are responsible for predictable and low cost health care needs (Burns, Bradley, Weiner, 2012). Consumers can choose to open a Health Savings Account or a Health Reimbursement Account.

2. **Health Savings Account (HSA)**: A Health Savings Account allows consumers to put money away for present and future medical expenses and retiree expenses on pre-tax basis. HSAs must be tied to a HDHP (Burns, Bradley, Weiner, 2012).

3. **Health Reimbursement Account (HRA)**: Accounts funded by the employer that allows employees to contribute to a medical reimbursement fund. HRAs also work together with HDHPs.

4. **Medical Savings Account (MSAs)**: MSAs are another way to save money on pre-tax basis for non-covered medical expenses. MSAs can be managed by the individual or employer. MSAs are also tied to HDHP.
Flexible Spending Accounts/Arrangements (FSAs): FSAs are also pre-taxed accounts that allow consumers to save money for everyday medical expenses. FSAs are employer based and monies do not roll over from year to year.

Consumer-driven health care has powered retail medicine. Increasingly, consumers want to seek care where it is convenient for them. Retail medicine is care provided outside of the hospital setting. An example of retail medicine can be seen by looking at the Walgreens’ Take Care Clinic. Services provided by retail medicine clinics are very basic in nature. Consumers have taken an interest in accessing health care, controlling the cost of health care and health services, and in the quality of care and services. However, there is still a need for consumers to take an active role in their personal health. There are many modifiable behaviors that we engage in daily that impact our health; however, there are times when debilitating factors make it impossible for consumers to be proactive in health and wellness. Cultural barriers and socioeconomic status are factors that prohibit health care to certain groups. Social networking sites are prevalent and can be useful in disseminating information and uniting people around a cause. Social networks have also helped to increase the public’s awareness of health and wellness issues (Burns, Bradley, Weiner, 2012). Though there is still work to be done and barriers to break through, technology has helped consumers to become more informed and has helped a great number of consumers to get more involved in their health care via the advent of PHRs and related health technologies.

Ethics in Health Care

In managing all of variables that impact health care and health services, managers need to be knowledgeable about patients’ rights, HIPAA, and other ethical concepts and health care regulations that pertain to ethics and privacy. Managers and administrators must also always refuse the temptation to behave in an unethical manner.

References


Additional Required Reading

Click here to access a PDF of the following article:

Click here to access a PDF of the following article:
Suggested Reading

Click [here](#) to access a PDF of the following article:

Learning Activities (Non-Graded)

These are all non-graded Learning Activities, so you do not have to submit them. If you experience difficulty in mastering any of the concepts, contact your instructor for additional information and guidance.

Supplemental Videos

To access the video, go to the YouTube website and search for “Electronic Health Records: What’s in it for Everyone?” in the search field. The video should appear in the search results.

To access the video, go to the YouTube website and search for “Using IT to Build Healthier Communities” in the search field. The video should appear in the search results.

Reflection Paper

For this activity, you are asked to reflect on the concepts covered in the reading assignment and the written lecture and write about them. What did you understand completely? What did not quite make sense? The purpose of this activity is to provide you with the opportunity to reflect on the material you finished reading and to expand upon those thoughts. If you are unclear about a concept, this will give you a chance to write those questions down and email them to your professor for feedback. Can you apply the concepts you learned in this unit toward your career? How?

This is not a summary, but is instead a chance for you to express your thoughts about the material learned in this unit by writing about it.

The reflection paper should meet the following requirements:

- At least one page;
- Contain your thoughts about the material and its value to you personally;
- Contain any questions you may have concerning the material.

Format your writing using APA style. Because this is not a graded assignment, it does not need to be submitted to your professor. This activity was designed to allow you an opportunity to put your thoughts down on paper so you can determine what concepts still may be foreign to you and give you a chance to ask your professor any questions you may have.

Non-graded Learning Activities are provided to aid students in their course of study. You do not have to submit them. If you have questions contact your instructor for further guidance and information.