The Physicians' Electronic Health Record Coalition

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The mission of the Physicians' Electronic Health Record Coalition (PEHRC) is to assist physicians to acquire and use affordable, standards-based electronic health records (EHRs) and other health information technology for the purposes of improving quality, enhancing patient safety, and increasing efficiency. The PEHRC was

founded in June 2004, as a coalition of medical professional and specialty societies in response to the political climate regarding health information technology (HIT). The PEHRC focuses particularly on those physicians in small- and medium-sized ambulatory practices. The American Society of Clinical Oncology (ASCO) joined the PEHRC in 2005.

In the 1970s and 1980s, the electronic medical record (EMR) seemed to be a ready answer for medicine's new challenges and opportunities, including a new focus on problem-oriented notes and record keeping and an emerging trend toward attending to protocols at the point-of-care. With the dot-com bubble of the late 1990s, there was a resurgence of interest in EMRs and other such HIT. Many doctors wondered exactly what this transformation was, how it would affect their interaction with patients, and what that transformation would mean for their already downward spiraling quality of practice life.

When this bubble burst, nonphysician thought leaders moved on to the next new thing, and the EMR became disengaged as a vehicle for quick profits and ersatz transformation. It was given a second chance at widespread adoption as enabling infrastructure for enhancing quality and safety. A proliferation of studies and reports detailed deficiencies in informational medicine in the United States.^{1,2} And with most of the dollar savings already squeezed out of health care by one-time managed care fixes, an emerging group of stakeholders started looking at EMR—now reborn as the EHR—as a promise of improving access, quality, safety, efficiency, and effectiveness while helping control costs.

By 2004, there was more interest by the federal government, culminating in the appointment in May 2004 of David Brailer, MD, PhD, as the nation's first national coordinator for HIT. Dr Brailer was directed to put together a framework for action within 90 days, but some physicians wondered how much involvement they would have in this "phase II" of health care transformation using the EHR.

Medical and physician IT leadership rapidly concluded that organized medicine needed a vehicle to have its voice present in HIT discussions. Thus, the PEHRC was organized, with the American College of Physicians and the American Academy of Family Physicians playing pivotal roles in its creation. The coalition's first major goal was to create its mission statement. Having this strong vision from organized medicine helped to subtly but irrevocably change the HIT agenda away from the overly simplistic message of adoption of technology without the express purpose of improving quality, safety, and efficiency to helping physicians in solo or small practice environments make the transition to HIT and optimize its use.

Within this climate, the PEHRC grew rapidly to 23 member societies, including ASCO, and now represents the vast majority of all practicing physicians in the United States. The PEHRC meets five times per year, with all-day meetings hosted by member societies, and the coalition has no dues or full-time staff. All work is done by its volunteer membership and the professional staffs of its member organizations.

Table 1. Physicians' Electronic Health Record Coalition Member Societies

American Academy of Dermatology Association
American Academy of Family Physicians
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Otolaryngology – Head and Neck Surgery
American Academy of Pediatrics
American College of Cardiology
American College of Emergency Physicians
American College of Obstetricians and Gynecologists
American College of Osteopathic Family Physicians
American College of Osteopathic Internists
American College of Physicians
American College of Rheumatology
American Gastroenterological Association
American Geriatric Society
American Medical Association
American Osteopathic Association
American Psychiatric Association
American Society of Clinical Oncology
American Urological Association
Medical Group Management Association
National Medical Association
Radiological Society of North America

As a tool for documentation and intraoffice operational efficiency, the EHR can help to more easily create detailed consult and progress notes with less effort, as well as help to make an oncology practice's internal communications more efficient and effective. The EHR also promotes accurate information sharing. Accurate information sharing with patients leads to more satisfied patients, who are more likely to be compliant with complex treatment regimens. EHR also leads to better, safer practices, as point-of-care clinical decision support can suggest appropriate treatment and testing protocols that might otherwise be missed. This is particularly important in a data-intensive field like oncology. Furthermore, EHR improves safety by pointing out drug-drug interactions, drug-allergy reactions, and drug-disease state or drug-lab dosing adjustments.

Member societies learn to optimize the benefits of EHR through the PEHRC meetings allowing key physicians and professionals to share their successes and experiences with HIT or pose relevant questions to their colleagues (Table 1). For example, ASCO has recently been developing clinical requirements for an oncology treatment summary document,

and PEHRC members have provided guidance regarding its incorporation into an electronic health record to maximize interoperability. Furthermore, members of the PEHRC have shared their experiences with so-called vendor challenge demonstrations, and which provided valuable advice to ASCO in preparation for its own such event at the ASCO EHR 2007 Oncology Symposium, held in Dallas, Texas, in September 2007. PEHRC members also benefit from meetings with guest speakers, providing educational opportunities and giving members direct access to influential decision makers and thought leaders outside of organized medicine.

Author's Disclosures of Potential Conflicts of Interest:

The authors indicated no potential conflicts of interest.

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DOI: 10.1200/JOP.0768001

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