ASCO's Commitment to a Better Electronic Health Record—We Need Your Help!

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Over the last 2 years, ASCO has made remarkable progress in understanding and affecting the marketplace of Electronic Health Records (EHRs). Formed 18 months ago, the EHR Workgroup is a collaborative effort of the Quality Committee, the Information Technology Committee, and the Clinical Practice Committee. Those roots illustrate its multifaceted, yet related purposes. ASCO would like to affect the policy that

governs what EHRs are and what they do as related to oncology-specific content; and ASCO strives to provide members services to help guide them in the choice and implementation of EHRs in their practice. I would like to address these purposes as they define the agenda of ASCO's EHR Workgroup and ask readers to respond.

Policy

There is a whirlwind of activity focused on the many benefits attributed to implementing EHRs in the clinic. EHRs may provide: a platform for incorporation of treatment guidelines, clinical decision support to reduce medical errors, automated data collection for clinical trials and quality reporting, streamlined reports to help in coordination of care with other clinicians, clinical summaries that can augment survivorship, the importing of clinical data from other systems to reduce duplicative testing, and more. The key to all of these expectations of the EHR is the development of common language and standards. These are inadequate today, so with any specific EHR, the ability to perform any of these activities will be limited to the individual product's capability and the company's willingness to work with you to solve a problem (ie, the production of a quality report, or interface with your hospital, and so on). Existing EHR technology is not yet robust enough for one system to trade data with another or to import a common formatted database form (say an individual clinical trial reporting piece); this is the technical capability of interoperability. A world of organizations, both public and private, represented by many acronyms, are struggling to set standards that will allow the industry to do all of the things that seem so obvious to clinicians. Because there is no one standard-setting body for EHRs, ASCO must carry its influence to many organizations to advocate oncology's interests. Standards must be created to describe our entire circle of work. Clinicians may underestimate the detail necessary to create these standards. The scope of needed

standards extends from technical detail addressing specific database elements (the architectural format data should be in) to our complex clinical language describing the various diseases we treat (beyond the anachronistic International Classification of Diseases codes we use for billing to a more detailed common lexicon). ASCO is exploring alliances with organizations experienced in the EHR policy arena to interface with the many groups and to gain influence in the process. As well, ASCO's public advocacy department stays abreast of the issues impacting EHR development and advocates for oncology in the legislative and regulatory environment.

Member Services

Less than 20% of oncology providers have EHRs in their clinical setting today. I predict that in less than 5 years, nearly every setting will be automated. EHR represents one of the largest financial decisions of a practice. Few ASCO members have the skills or knowledge to look at this marketplace and choose the product that will best serve their needs. Indeed, the choice of a specific EHR product may be the easiest part of the process. The effects of EHR on the workflow and the culture of the practice are huge. ASCO members need tools and education to make these decisions and implement these practice changes. Throughout the last year, ASCO has provided a Vendor Lab at the 2007 Annual Meeting where members could look at some of the specific products available to oncologists. Incorporated into the Vendor Lab were presentations and tools that assisted members in gaining skills to evaluate EHR products. These skills were augmented with a stand-alone, 2-day meeting that ASCO presented in September 2007 in Dallas, Texas, at the EHR Symposium. Participants left with a better understanding of the effects of EHR on the work process in their clinic and with tools that will help them evaluate their needs and interview vendors.

Policy and member services do overlap and inform one another. In preparing for the activities of this past year, ASCO hosted a Roundtable in January 2007 in Washington, DC, that brought representatives of the many policy and standard-setting organizations together with clinicians, health science researchers, and vendors. The exchange provided ASCO a better understanding of the two worlds in which this issue lives. Clinicians were able to outline the "obvious" requirements of EHRs in caring for patients and for supporting research, and vendors and policy-setting organizations were able to iterate the "obvious" complexities in addressing problems to deliver the functionality required for patient care. From this meeting, a whitepaper was created that is instructive for any member to read (www.asco.org/ehrwhitepaper).

While waiting for the regulatory/standard-setting organizations to congeal, what can ASCO do to drive functionality into EHR products? Involvement in the marketplace is necessary, both by the organization and by informed members. Participation in the Annual Meeting's Vendor Lab and the EHR Symposium illustrates the leverage of our community. To participate in these activities, vendors had to demonstrate certain functionality in their systems. The workgroup specifically focused on the chemotherapy ordering process, as this aspect of our practice differentiates us from other medical applications of EHR. As well, vendors had to demonstrate the incorporation of the oncology treatment summary document that ASCO has developed to augment communication with referring doctors and with patients. By interacting with vendors with specific and focused requirements it has been amazing to see the change that is occurring in the products. Going forward, ASCO will continue these interactions to drive changes in the market that address the unique aspects and needs of oncology.

Some members have requested that ASCO certify specific EHR products. This, simply, is not possible. It is clear that the marketplace is varied and rapidly changing. As well, the decision of an EHR for a given practice setting is extremely dependent on the circumstances unique to that setting. One product (or even a few) will not be universal for the varied circumstances.

In the next year, ASCO's EHR agenda will persist in pressing for policy that is knowledgeable of oncology needs. ASCO will continue to support members in the changing

marketplace that is EHRs. We will work for the adoption of standards that will allow for greater predictability of EHR products to safely support chemotherapy ordering and delivery, to facilitate our talking to one another and exchanging data, and to support quality and clinical trial reporting. To support member needs, the EHR Symposium is available on asco.org as a virtual meeting (www.asco.org/ehrsymposium). As well, in the coming months, you will find available a "field-guide" that brings together in one document many of the issues in considering an EHR—preparing for, choosing, and implementing the EHR in your practice. ASCO will work hard to keep these materials current in this rapidly changing field. There will be an expanded Vendor Lab at the 2008 Annual Meeting. The educational sessions of the annual meeting will include several sessions to help members understand the effects of the EHR decision on practice management and patient care.

We hope to augment our ability to provide forums for discussion of the various attributes of oncology EHRs. This is where you come in. ASCO needs to hear from you about your experiences with EHR and your needs. Feel free to contact ASCO staff with comments and suggestions at practice@asco.org and go to www.asco.org/ehr to keep abreast of all of the issues discussed.

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