

AHIC EMERGENCY RESPONSE USE CASE RESOLUTION

WHEREAS, the American Health Information Community (the Community), a federally-chartered commission tasked with providing recommendations to the Department of Health and Human Services for health information technology, approved on August 1, 2006 a recommendation to develop an emergency responder electronic health record (EHR) use case by October, including, at a minimum, patient demographic, medication, allergy and problem list information, for both routine care and for emergencies;

WHEREAS, this broad request positively responds to the desire of many, including COMCARE, for the national EHR effort to also include emergency response;

WHEREAS, COMCARE, through the Integrated Patient Tracking Initiative (IPTI), a diverse, representative group of national emergency organizations and practitioners, over the last year used several scenarios from the Department of Homeland Security and other sources to identify the system requirements and information needs of these diverse emergency professions for identifying, triaging and treating patients in both mass casualty and day-to-day response environments;

WHEREAS, the practitioner leaders in the Integrated Patient Tracking Initiative developed a detailed set of functional requirements and essential data elements for emergency patient care, including data elements for patient identification, assessment and treatment history, and medical history, including medications, medical problems/conditions, and allergies;

WHEREAS, the IPTI experience confirms that “use cases” for each profession and each incident type can be very different,

WHEREAS, the broader approach taken in IPTI demonstrated how the multi-incident and all profession approach showed both the multiplicity of needs/uses and how to serve them (and thus increase the likelihood of adoption and use, and lower costs);

WHEREAS, the most rapid and efficient method of achieving the AHIC goal would be to use the IPTI results as a base, and validate them, rather than beginning from scratch;

WHEREAS, COMCARE has sent a letter offering to share the work products and knowledge developed out of IPTI with a wide variety of Federal officials, received acknowledgement, but has not been invited to share the knowledge base from IPTI or participate in the use case development,

Therefore be it RESOLVED, that COMCARE (along with participating IPTI organizations) should provide HHS with a strong and specific explanation of why the IPTI work product is relevant to the emergency responder use case and propose that HHS and AHIC not begin with a blank slate, but instead work with COMCARE and its emergency medical member organizations to subject the IPTI results to a specific, broad, transparent and rapid validation process.