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Put your records on lyrics and chords

While there has been much talk about electronic health care records among health care providers, the fact remains that most health care providers still rely on paper. Only about 18% of doctors today use an electronic health record system, according to the Health Information Technology Standards Panel (HITSP), a government-sponsored nonprofit organization with a mandate to tighten and reconcile many different standards of industry. Even among providers with electronic medical records, interoperability remains an issue. Although standards are finally getting some traction with sellers and providers, there is still a long way to go before widespread interoperability is achieved. The ideal is to exchange electronic health care record data to provide an all-inclusive view of the patient. But before that could happen, health care providers need to get their own internal systems — from laboratory and radiology systems to ambulatory systems — completely online and interoperable. Only then can they start considering sharing electronic medical record data with other institutions. Even in large institutions, not every system can be fully integrated. We'll have to go to a better platform before we talk about data sharing, given that UCSD's efforts are nearly 70% complete. says Joshua Lee, medical director of information services at the University of California, San Diego, Medical Center. Square One is not easy to get up to 100%. We're starting from a basic location of no interoperability between health records, says Mark Leavitt, president of the Certification Commission for Health Information Technology (CCHIT), which works with the Health Information Technology Standards Panel (HITSP) to certify vendor compliance with interoperability standards. The Duke University Health System took staff of 25 people to pull everything together, says CIO Asif Ahmed. That's because even the products of the largest sellers don't integrate easily. You can't send information from a McKesson system to a Cerner system, he says. Duke ended up pulling data out of the proprietary system and feeding it into a data warehouse. It shouldn't be hard to do, he says. Worse, says Ahmed, even within the product line of the same seller, different offerings are often sold separately and do not play well together. He says vendors integrate systems instead of making more money for the market segment. Dave Hammond, chief technology officer at Dosis, an employer-funded organization, says they make more money on services than software. Robert Smith, associate chief of staff for health care analysis at the Veterans Administration's San Diego health care system, agrees that getting a consolidated view of the patient's health record isn't easy. The real issue is that there is ownership Is integrated, difficulty integrated And software in an integrated record, and too many standards, he says. But that could begin to change. Until standard SoupUnt recently the health care industry has been unable to come up with an integrated, truly interoperable set of standards for specifying data structures and exchange methods between applications for all medical disciplines, including radiology, pharmacy and ambulatory care. Even the most basic question hasn't all been resolved. For example, there is still no unique, industry standard patient identification code. We still rely on talented matching of names, says Charles Jaffe, CEO of HL7 Inc., a health data standards development organization. And until this year, no common identifier existed for doctors. Even different systems within the same provider organization can use different code to identify a person. Cheshire Medical Centre/Kean, NH, uses various methods to identify the same patients in Dartmouth Hitchcock in the outpatient and outpatient systems. The hospital ended up with two inconsistent systems because no vendor offers the best system for both, says Don Caruso, associate medical director and chief medical informatics officer. The cost of rebuilding the system around the same patient identifier would have been prohibitive, so the medical center depends on the work around. It's expensive. There has to be a better way to do that, he says. Other issues are even more fundamental: no one has created a similar view of what an electronic health care record should look like. When you're not sure what you're sharing, sharing becomes difficult, smith says. The National Alliance for Health Information Technology, working with the U.S. Department of Health and Human Services, has parsed the problem. It had developed definitions for electronic medical records (not necessarily shareable), electronic health records (shareable) and personal health records for patient use, health information exchange and regional health information organizations. Definitions are not being created in vacuum, says Vice President Jane Horowitz. The anchoring point for all this is the concept of interoperability. It's the pivot to anything we define, she says. She says the organization circulated draft definitions in February and is expected to finalize as early as this summer. The complexity of the health care business has led to the development of many standards. You name the business process, you name the technology, we need it in medicine. It's a real patchwork, says Sean Grannis, medical information researcher at the Regenstrief Institute, an Indianapolis-based research organization that led one of the nation's first citywide health information exchanges. Unfortunately, most of those standards efforts were developed in silos, and many are overlapping or competing. Up to recent clinical summary documents One person can be sent using one of two industry standard formats: one from HL7 or from another American society for testing and materials for health records. It was like a Blu-ray vs HD DVD, says Cchit's Levitt. LHP eventually blessed the continuity of the HL7 Care Document (CCD). CCD has the greatest and most important potential. It's beginning to be portable electronic records for people, Leavitt says. John Halamka, CIO at Harvard Medical School and Beth Israel Deaconess Hospital in Boston and a Computerworld columnist say he's been able to obtain a high degree of integration with an employee of three using HL7's messaging and document formats. But others say even commercial systems that adhere to the standard aren't necessarily interoperable. Not everyone applies HL7 in the same way, and the 10,0 naming conventions that you still have worked out, Lee.Also many OptionsAnother problem says, is that standards have been influenced by sellers at that point where too many aspects have become optional, Lee says. Therein lies the problem. A standard full of standard options is not a standard and you don't connect a plug-in system and play fashion, says Leavitt. Shanshap's job is to act as a cohesion body, which is a reliable, transparent organizing organization to bring stakeholders together and create interoperability specifications that are clear, says Halmaka, who chairs the organization. ASLP has the support of the Department of Health and Human Services, which has made compliance with ASMP specifications a necessity to do business with the government. Since the government buys half the health care in this country, that tends to end the competition, Leavitt says. Page 2 So far, ASHP has ironed out interoperability specifications in several application areas, such as how to send lab and diagnostic data from one place. Halmka describes the glasses as a clear cookbook for creating an interoperable message for any application. It is also working on a specification for drug management that blesses a standard called RX Norm, as well as standards for personal health records and other cases. By evaluating existing standards against specific use cases, LHP has dramatically reduced the number of standards that the industry should adhere to. In 2006, it reduced 700 standards to 30. Last year, it considered 200 standards and settled at 20. Eighty percent of those standards were overlapping, Halmaka says. Now, he says, we're actually getting down to a finite, constrained set. If FTP offers cookbook, CCHIT is testing sellers' recipes. The government-funded certification body started testing the interoperability of ambulatory health records two years ago and has since tested laboratory and prescription systems to ensure They can send and receive data in industry-standard Anyone buying a certified electronic health records system today can be assured of interoperability in these areas, Leavitt says. This is a big step. Both HITSP and CCHIT have balanced subscriptions between vendors, providers and donors. No one area is going to dominate, levitt says. The next two years will have a lot of convergence, Halamka predicted, although it will take time for compliant technologies to work their way into the existing health care system. But some pieces are still missing. We have standardized messages, but how you get it from Doctor A to Doctor B is still in flux. In other words, we have not standardized plugs and sockets, and that will be necessary for exchanges to take place between institutions, leavitt.Got something to add? Let us know in the article comments. Copyright © 2008 IDG Communications, Inc. My English teacher performed in class today. The song he played was acoustic and it was great! I'd learn it myself, but wont see him until next Monday. The song talked about the sound of screeching brakes and smashing glass and the screams of people or something. Then he starts talking about his love or something like that. Does anyone know the song? A song displays the song for a song as the video song is played. The format is becoming a popular genre for record labels to generate more content for their artists, as well as a new area for animators to explore. The songs are different from video karaoke videos and from closed-captioned videos, as far as in a song video, the presentation aims to be artistic with works serving as part of the overall creative output. The creative direction for song videos is usually very open. The budget is usually not too large, and around the turn is usually very quick. It's also an area that's booming right now; More and more bands and labels, including many superstar performers, often release song videos. While not as honored as official video and is sometimes considered filler content, the song is a new location for video animators. The area is growing rapidly and can be grown on if you are interested in creating a music video with animation and focusing on song lyrics. Song.

