



## American Academy of Nursing on Policy

# Putting “health” in the electronic health record: A call for collective action

### Statement of the Problem

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The American Academy of Nursing (Academy) endorses the capturing of social and behavioral determinants of health in the electronic health record (EHR). For this to happen, action must be taken to identify specific social and behavioral determinants of health (SBHD) to be included in a parsimonious panel to foster standardization and promote interoperability.

Despite rapid technological advancements in the U.S. health system, care remains fragmented, uncoordinated, costly, and yields poor population health outcomes. Clinical care currently accounts for only 20 percent of health outcomes. To improve care and population health outcomes, healthcare providers must address other factors, including social determinants of health. To do this, we must first focus on addressing the variability in capturing and documenting social determinants in order to use this health data to benefit patients.

Timing for action is *now* to leverage the recommendations within the Institute of Medicine (IOM) 2014 report *Capturing Social and Behavioral Domains and Measures in Electronic Health Records (Phase 1 and Phase 2)* (IOM, 2014a, 2014b) and to inform the regulations for the third stage of meaningful use incentive program. Meaningful Use Stage 3 is in development, and implementation for this stage is expected to start in 2017.

This Policy Brief provides the Academy's recommendations for “collective action” required of multiple stakeholders to include social and behavioral determinants of health to really put “health” in electronic health records to improve care and health outcomes. Multiple stakeholders include, but are not limited to, patients, families, population aggregates, providers, healthcare organizations, professional organizations, and industry partners.

### Background and Significance

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The increasing focus on the relatively poor health status of the U.S. population and unsustainable high costs of health care prompted implementation of new incentive structures such as the Patient Protection and

Affordable Care Act (ACA) and the Health Information Technology for Economic and Clinical Health Act (HITECH). Despite strong evidence that social and behavioral factors influence health, they have not been consistently addressed in clinical care.

Several barriers to adoption of the IOM's Phase 2 recommendation have been identified as targets to address. The Phase 2 recommendation calls for implementation of a standardized assessment panel of approximately 20 questions addressing: Alcohol use; Race/Ethnicity; Residential address; Tobacco use; Median household income; Depression; Educational attainment; Financial resource strain; Intimate partner violence for women of reproductive age; Physical activity; Social isolation; and Stress. Discussion of these barriers follows:

#### ***Lack of Commitment to Standardization of Clinical Practice, Documentation and Data***

An overarching barrier is the reliance on technology platforms at the expense of practice platform to achieve the “triple aim” of improving the patient experience of care, improving the health of populations and reducing the capita of cost of health care (TIGER Report, 2014; Wesorick, 2013; Wesorick & Doebbling, 2011). Not understanding the necessity of balancing the technology-practice platform polarity is a major barrier to appreciating and adopting standardization of practice standards and data. Several national calls for action for “sharable and comparable” data to support practice and translational research have also been identified which would include data related to the SBDH (Big Data Proceedings Report, 2013; Clancy et al., 2014; Nursing Knowledge Proceedings Report, 2014; Westra. et al., 2015). Of most significance, even when standardization is provided in EHRs based on evidence, the tendency for local customization is prevalent and therefore has an impact on consistency in clinical practice, documentation and the ability to use clinical data for research (Bowles et al., 2013).

#### ***Lack of Consistency and Ease of Use of Clinical Workflow within EHR Technology***

Usability and clinical application design of EHR technology has long been a concern for nurses at the point

of care which calls for more clinician engagement and research into designs of systems (Staggers & Troseth, 2011; TIGER Report, 2008). Patient and clinician safety depends on the sound design of health IT including usability, interoperability and assuring the appropriate balance of standardization and customization (IOM, 2012). Poor ease of use and customization can prevent the development of a widespread solution such as a national standard to capture social and behavioral determinants of “health” in EHRs.

### **Need for Increased Patient Empowerment and Culture of Trust**

Respectful engagement with patients using personal health data is critical to the adoption of SBDH. A study on targeted patient populations using personal health records (PHRs) has shown that while patients care about privacy, they are more concerned about being able to access and use their health information in ways they choose (Robert Wood Johnson Foundation Report [RWJF], 2008). At national levels, work is being done to adopt patient engagement strategies moving clinicians from information providers to supporting patients in their own e-community and providing resources for successful patient and family engagement (A Leadership Resource for Patient and Family Engagement Strategies, 2013; HIMSS Patient Engagement Framework, 2014).

## **Action Items**

### **Recommended Action Item for Vendors**

The Academy calls on EHR vendors to provide mechanisms for documenting IOM recommended social and behavioral determinants of health, mapped to standardized terminologies such as SNOMED-CT (Systemized Nomenclature of Medicine-Clinical Terms) and LOINC (Logical Observation Identifiers Names and Codes).

### **Recommended Action Item for Health Systems**

The Academy calls on health systems to include social and behavioral determinants of health to be addressed in their documentation standards; implementation of patient engagement strategies such as promoting opportunities for patients to contribute to their personal information and data; and to link care needs to community health and social resources.

### **Recommended Action Item for Nurses, Physicians and Other Clinicians**

The Academy calls on clinicians to take a stand on adopting the SBHD common assessment standard, and use the information as the foundation to collaborate in developing a plan of care that is individualized for each patient across the continuum of care.

### **Recommended Action for Funders**

The Academy calls for funders to prioritize funding for research that includes assessing the impact of social and behavioral determinants of health into electronic health records.

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