

Testimony of Douglas Abel, Chief Information Officer, Anne Arundel Medical Center
For the Maryland Community Health Resources Commission
Concerning the Commission's IT project
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Our thought would be that healthcare is local and that is where funding goals could directly improve IT systems for meaningful connectivity. While exchange of information at a regional or national level may appear to hold the most "appeal" most patients are treated exclusively within their system of care. Therefore, automating a system of care should be the primary focus. Priorities could look like this:

1. Provider Automation - Interoperability and exchange occur when the providers are automated within their own practices or venues of care.
2. Connectivity between providers within a system of care - Connecting hospital and physicians and connecting physicians to physicians.
3. Connectivity between providers within a system of care and patients - Developing solutions for "Personal Care Management" including personal health records and patient condition management.
4. Connectivity between external systems of care -Managing external connectivity for maximum scaled-up interoperability.

Summary: Priority funding might be to achieve numbers 1-3 to impact the vast majority of care; and number 4 addresses important exceptions that must be addressed.

Sincerely yours,

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