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HIT and Health Care Reform

The Engelberg Center for Health Care Reform at Brookings Institution conducted a meeting entitled [Health IT and Health Reform: Linking Incentives to Drive Accountability and Value](#) on May 20, 2009. The meeting was presented in cooperation with the Markle Foundation. The meeting was moderated by the Director of the Center, Mark McClellan, M.D. Dr. McClellan is the former Administrator of CMS and a Commissioner of the FDA. The entire meeting can be viewed at the Brookings' Website: www.newmediamill.com/webcasts/brookings/20090520/

David Blumenthal, MD, MPP, the National Coordinator for Health Information Technology (HIT) for HHS was the keynote speaker. Dr. Blumenthal spoke of the work that is being done at HHS to implement Medicare and Medicaid incentives for investment in HIT established by the American Recovery and Reinvestment Act (ARRA). Dr. Blumenthal is tasked with a key element of the ARRA, which is the development of a definition for "meaningful use". In order to qualify for the incentives created by the ARRA a provider must demonstrate that it is making meaningful use of the HIT. Dr. Blumenthal invited public comments concerning this key definition. Dr. Blumenthal emphasized that while it will be necessary to implement HIT in stages, IT needs to be implemented as part of health reform as HIT is the support required to implement and track all elements of reform.

Dr. Blumenthal spoke about the need to develop encryption for medical records with a level of security similar to that used by the government in the Defense Department and other agencies. He stated that he was in the process of working with the states on how the ARRA incentives could best be used on a local basis. Dr. Blumenthal also warned that in the future HIT fluency would be required by specialty boards for physician certification.

Two panels of experts presented their views on existing HIT capabilities and the development of the "meaningful use" doctrine. The first panel addressed providers with

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existing HIT programs. The panel emphasized having meaningful goals for technology as critical to a successful program. The consensus was that the lack of measurable goals prevented HIT from reaching its full effectiveness.

The first panel was moderated by Carol Diamond, Managing Director of The Markle Foundation. The Markle Foundation produced a white paper entitled "[Achieving the Health IT Objectives of the American Recovery and Reinvestment Act.](#)" The white paper outlines a framework for the definition of "Meaningful Use" and "Certified or Qualified EHR". It can be accessed at:

www.markle.org/downloadable_assets/20090430_meaningful_use.pdf

Ronald Paulus, M.D., Chief Technology Innovation Officer for the Geisinger Health System, described the HIT program the system operates. Dr. Paulus said that the Geisinger model included all physicians who practiced in the system whether they were Geisinger-associated physicians or independent practitioners.

Neil Calman, M.D., President and CEO of The Institute for Family Health also reiterated the need to measure HIT against specific goals. Dr. Calman's Institute operates a system of family health centers in New York. The four goals the Institute uses to gauge the appropriateness of HIT expenditures include; 1) quality improvements, 2) reduction in health disparities between patients, 3) facilitation of patient communication 4) facilitation of use of data for public health purposes. Dr. Calman has operated the system electronically for four years and now has data on 42 quality measures.

Hunt Blair, the Deputy Director for Health Reform for the State of Vermont, discussed the recent development of health reform in Vermont. He described Vermont's legislative response to the "medical home" concept tied to a Community Care team. Technology is the key to track system change to gauge its effectiveness.

Peter Neupert, Corporate Vice President, Health Solutions Group, Microsoft Corporation, detailed how Microsoft is seeking to develop real time data for providers. The development of real time data allows providers to make timely treatment decisions and to cooperate with other treatment team members.

The second panel addressed whether ARRA incentives would be effective to implement HIT. Deven McGraw, J.D., Director of the Health Privacy Project at CDT warned of consultants who have advised their clients that incentive payments may not justify the cost of instituting an HIT

program. Ms. McGraw urged providers to consider that the process was not solely about the numbers, but the improvement in the quality of care.

Jonathan Perlin, MD, President, Clinical Services and CMO of HCA spoke about the use of HIT to develop information with an emphasis on "systemness" instead of silos of information that could not be readily accessed by other treatment team members. Dr. Perlin challenged the audience to speak up if any of them had not been required to fill out multiple forms for various providers. Dr. Perlin opined that appropriate HIT would make that exercise unnecessary. Dr. Perlin also said that patients should be able to access their own medical records through web based applications. Dr. Perlin also discussed the use of web enabled applications for small medical groups that allowed them to have EMR without the expense of a proprietary system in-house.

The meeting reaffirmed that there is a substantial amount of work to be done on many levels before HIT can be universally implemented. The consensus of the participants was that time was of the essence and HIT is an integral part of the health reform package.

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