

Maryland Task Force to Study Electronic Health Records

A National Context

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Today's Discussion

- Current Health Care System
- Evolving Health IT landscape
 - ONC & National Health IT Agenda
 - State Coordination Efforts
 - RHIOs
 - Role of State Government
- Recommendations to taskforce

Current Health Care System

- In 2000, the Institute of Medicine estimated that between 44,000 and 98,000 Americans die each year from preventable medical errors.¹
- Subsequent studies have estimated that the number may be twice as high.²
- Medical errors are killing more people per year, in the U.S., than breast cancer, AIDS, or motor vehicle accidents.³

“If we want safer, higher-quality care, we will need to have redesigned systems of care, including the use of information technology to support clinical and administrative processes.”

IOM, Quality Chasm Report, 2001

¹Kohn, L., J. Corrigan, and M. Donaldson. To Err Is Human: Building a Safer Health System. Committee of Health Care in America, Institute of Medicine. 2000.

²HealthGrades. In-Hospital Deaths from Medical Errors at 195,000 per Year, HealthGrades Study Finds. July 27, 2004.

³Institute of Medicine and Centers for Disease Control and Prevention. National Center for Health Statistics: Preliminary Data for 1998 and 1999. 2000.

Current Health Care System: Source of Errors

80 percent of errors were initiated by:

- miscommunication, including missed communication between physicians,
- misinformation in medical records,
- mishandling of patient requests and messages,
- inaccessible records,
- mislabeled specimens,
- misfiled or missing charts, and
- inadequate reminder systems.¹

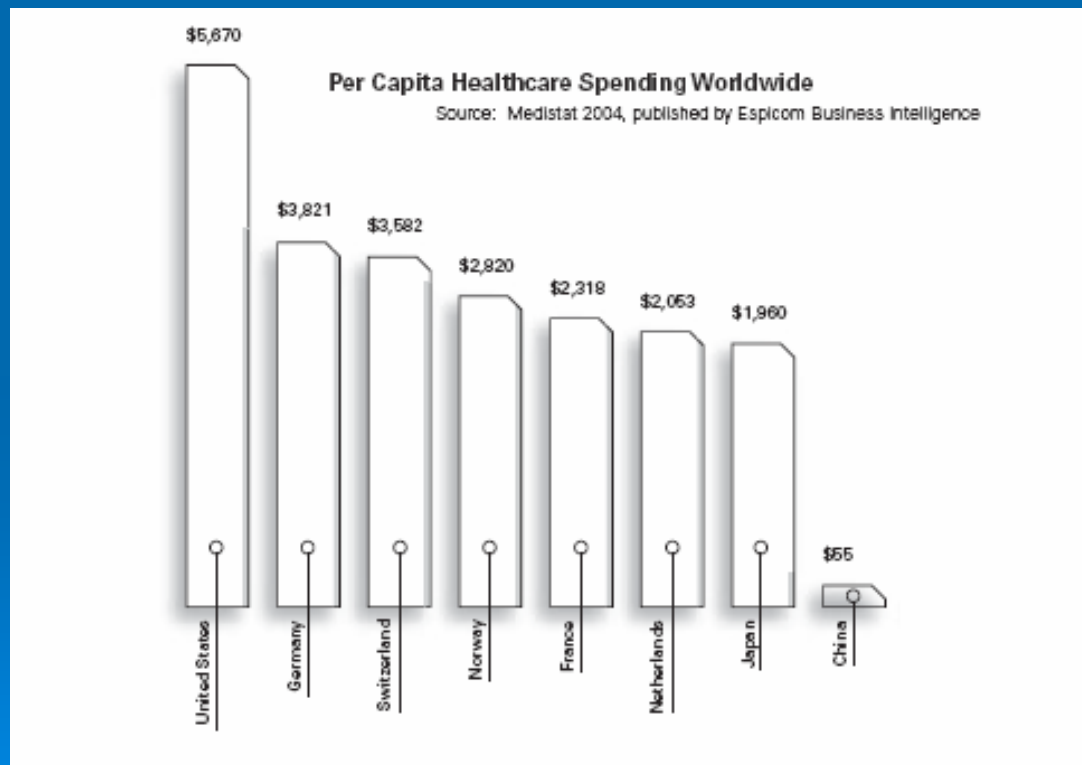
"In attempting to arrive at the truth, I have applied everywhere for information, but in scarcely an instance have I been able to obtain hospital records fit for any purpose of comparison. They would show subscribers how their money was being spent, what amount of good was really being done with it, or whether the money was not doing mischief rather than good."

Florence Nightingale, 1873

¹ Smith, Peter, et. al. "Missing Clinical Information During Primary Care Visits," The Journal of the American Medical Association, February 2005.

U.S. is Far Behind Other Countries

The U.S. leads the world in healthcare spending per capita, however our technology lags behind other nations.



“Americans are spending \$1.7 trillion on health care every year, accounting for 15.3 percent of our gross domestic product, at an average cost of \$5,670 per person. Our lagging health IT infrastructure compounds the problem, contributing to fragmentation, waste, and inefficiency.”

Statement by Senate Majority Leader Bill Frist and Senator Hillary Rodham Clinton

Source: Ending the Document Game: Connecting and Transforming Your Healthcare Through Information Technology

www.EndingTheDocumentGame.gov

Americans Want Health IT

When Americans learn about connected, interoperable health care systems and their benefits, more than 70 percent say they would use one or more features of a personal health record. In particular:

**63 Percent
Would Track
Immunizations**

**63 Percent
Would Look Up
and Track Their
Own Test
Results**

**69 Percent
Would Monitor
Their Record
for Mistakes**

**65 Percent
Would Transfer
Information to
New Doctors**

**75 Percent
Say They Would
Email Their Doctor**

Source: Connecting
for Health
Collaborative. The
Personal Health
Working Group:
Final Report.
Markle Foundation.
July 1, 2003.

Office of the National Coordinator for Health IT (ONC)

- **Established in response to Executive Order 13335, April 27, 2004**
- **Responsible for realizing the President's vision of Healthcare IT:**
 - Widespread adoption of interoperable EHRs within 10 years
 - Medical information follows the consumer
 - Clinicians have complete, computerized patient information
 - Quality initiatives measure performance and drive quality-based competition
 - Public health and bioterrorism surveillance are seamlessly integrated into care

ONC Major Initiatives

The ONC has set the foundation for adoption of interoperable EHRs through the following major initiatives:

- American Health Information Community
- Standards Harmonization Process
- Compliance Certification Process
- Privacy and Security Solutions
- Nationwide Health Information Network
- Health Information Technology and Health Care Anti-Fraud
- Health IT Adoption Initiative
- Proposed Changes to Self-Referral and Anti-Kickback Rules
- Digital Health Recovery for the Gulf Coast

2005 Federal Health IT Contracts – The “Big Four”

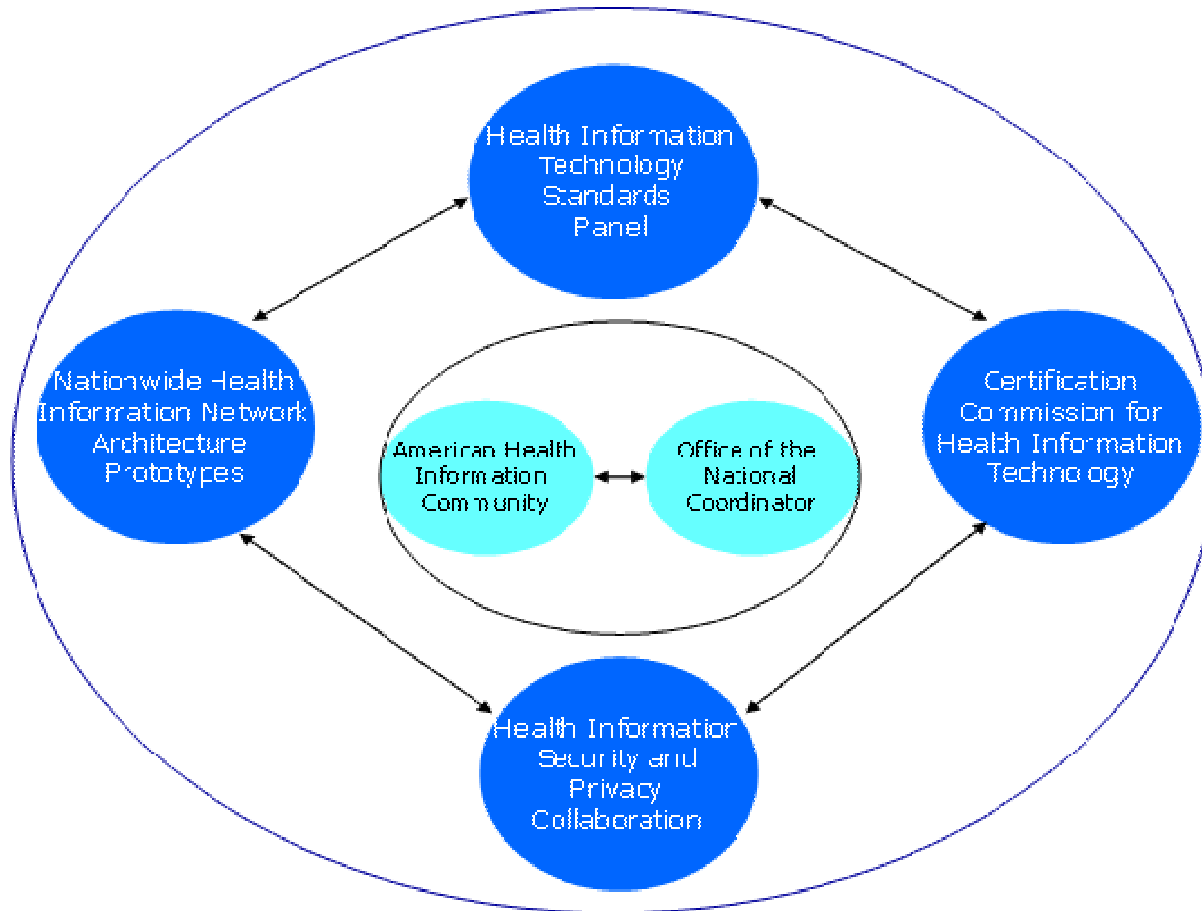
Initiative	Purpose	Amount
Health Information Technology Standards Panel (HITSP)	Develop, prototype, and evaluate a harmonization process for achieving a widely accepted and useful set of health IT standards that will support interoperability among health care software applications, particularly EHRs.	\$3.3 million
Certification Commission for Health Information Technology (CCHIT)	Develop criteria and an evaluation process for certifying EHRs and the infrastructure or network components through which they interoperate.	\$2.7 million
Nationwide Health Information Network Architecture Prototypes (NHIN)	Design and implement four prototypes to share secure information among hospitals, laboratories, pharmacies, and physicians. Develop a structure to share information among all four networks, thus establishing a single infrastructure.	\$18.6 million
Health Information Security and Privacy Collaboration (HISPC)	Assess and develop solutions to address how the variation in state privacy, security laws, and business practices can be harmonized to support health information exchange and use.	\$11.5 million

American Health Information Community (Community)

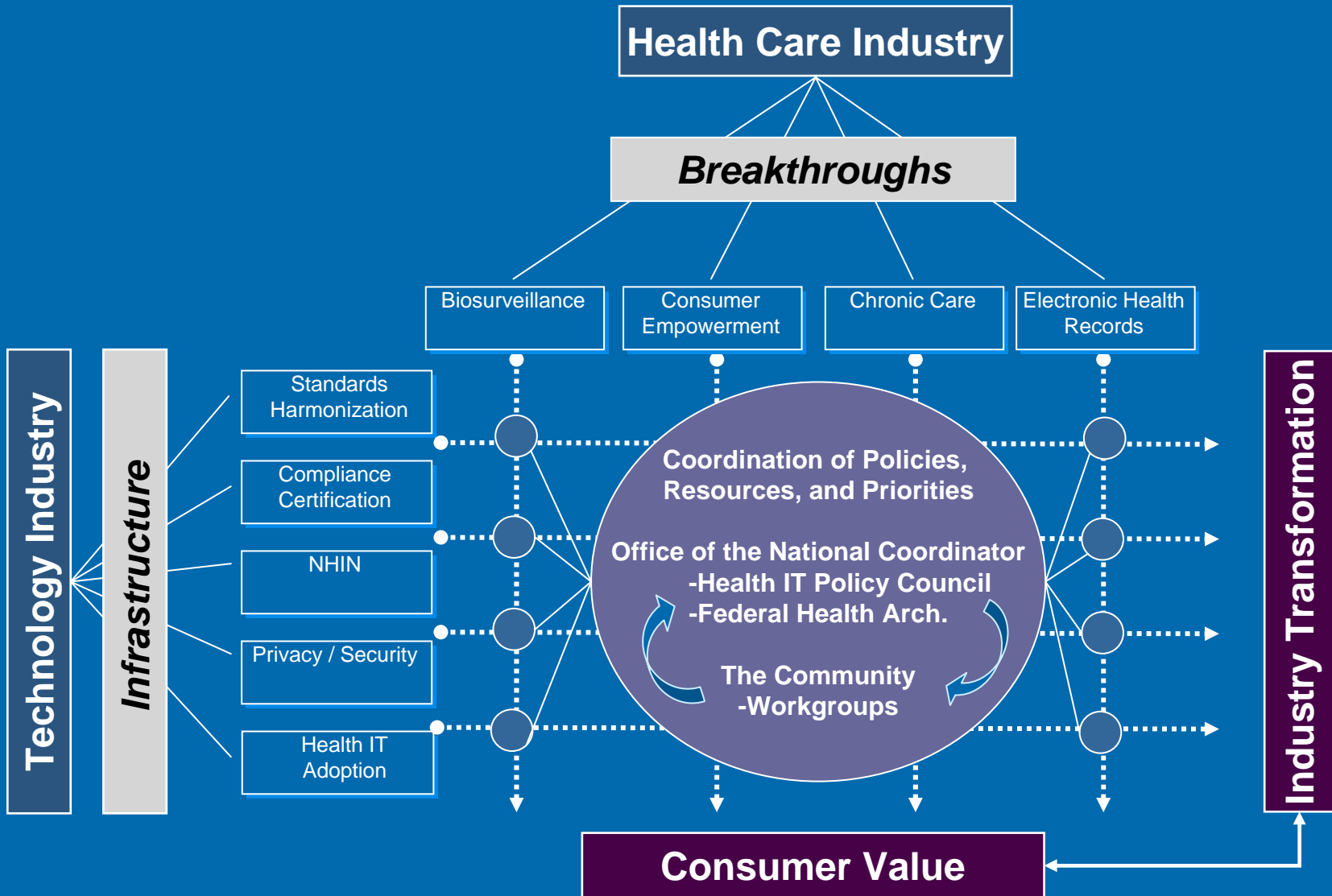
- Federal Advisory Committee appointed and chaired by Secretary Leavitt
- Nine public sector and eight private sector appointees
- Initial recommendations:
 - Prioritize health IT initiatives
 - Identify breakthrough opportunities including:
 - Biosurveillance
 - Consumer empowerment
 - Electronic health records
 - Chronic care monitoring

National Health IT Agenda

Multiple Public and Private Sector Stakeholders



Health Information Technology Deployment Coordination



Other Federal Agencies

- The Centers for Medicare and Medicaid Services (CMS) has a number of initiatives designed to encourage the growth of HIE including a pay-for-performance demonstration program for doctors who treat Medicare patients.
- The Agency for Healthcare Research and Quality (AHRQ) in 2004 announced \$139 million in grants to drive the adoption of health IT. These grants were spread across 38 states to a number of health care stakeholders; five \$1 million grants were awarded to states to specifically develop HIE networks.

United States Congress

- Members of Congress have advanced a number of proposals to develop standards for IT, enhance privacy protection for patient data, appropriate funds for clinician adoption and for the establishment of regional collaborations, and assist providers in improving care quality.
- In 2005 alone, nine bills were introduced related to health IT, concrete evidence of the important nature of this issue. The Wired for Health Care Quality Act of 2005 introduced by Sens. Frist, Clinton, Enzi and Kennedy passed the Senate unanimously in November 2005.

State Health IT Coordination Efforts

- State legislatures and local governments also are becoming increasingly important players in supporting health IT and HIE.
- At least 29 states have implemented gubernatorial executive orders, proposed budget appropriations, commissioned planning efforts, or introduced legislation.
- Twenty-eight states have formal efforts under way to develop one or more RHIO initiatives

RHIOs: 1st Step to Interoperability

➤ ONC Principles:

- At least one per State as public private partnership
- Function as parent organization – leader/convener/facilitator
- Participate in AHIC and AHIC workgroups
- Support implementation of breakthrough projects
- Contribute to developing consensus
- Implement best practices/guidelines

State Government Roles in Health IT

- Leadership & Coordination
 - Participation/Leadership role in State level RHIO organization
- Regulatory
 - Privacy and security requirements
- Financial
 - Offering capital or other financial support to emerging efforts or establishing incentives for adoption through their Medicaid programs.

Recommendations

- Assess capacity
- Engage consumers upfront
- Build privacy and security into the business and technical infrastructures
- Develop strategy for engaging public partners
- Let clinical and care improvement priorities drive projects
- Recognize the need to build trust and good will
- Create a platform for shared investment and financial sustainability
- Innovate local solutions using national architecture and standards