



LEGISLATION

Health reform and IT

What is information technology's place in healthcare reform?

Earlier this year, the Engelberg Center for Health Care Reform at The Brookings Institution hosted a discussion about the links between health reform and the bundle of plans and incentives for spreading the use of health IT contained in the American Recovery and Reinvestment Act of 2009 (ARRA).

Most of the health IT leaders agreed that while the roughly \$30 billion allocated by Congress to promote adoption of health IT is an encouraging sign, the funding came with little vision for the broader aims of healthcare reform, now being debated on Capitol Hill.

"It's a little bit of cart before the horse," said Dr. John Toussaint, one of the panel members and president and founder of the Appleton, Wisc.-based ThedaCare Center for Healthcare Value and chairman of the Wisconsin Health Information Organization.

Deven McGraw, director of the Health Privacy Project at the Center for Democracy and Technology, said, "a lot of people are not connecting the dots," between healthcare reform and the technology that will enable it. "We cannot get done what we need to get done unless we

invest in this technology."

The primary goals of the administration's health reform plan are to provide coverage to all Americans, reduce healthcare costs to a sustainable level and improve quality. So far, most mainstream discussion about reform has focused on politics and policy (Will Obama prevail? Will we have a system of socialized medicine?) and cost (Who will pay for it?).

Yet among people who are looking closely at requirements for overhauling the system for delivering care, the consensus is that health IT is a linchpin. "Health information technology," said Jennifer Covich Bordenick, interim chief executive officer at the eHealth Initiative, speaking at the Brookings event, "is the gateway to health reform."

Manage what you measure

Leveraging technology to unleash the power of data, advocates say, will help providers compare outcomes and discern best practices. Technology has the potential for correcting misaligned incentives that reimburse individual doctors for the quantity of care delivered, rather than rewarding collaboration that

leads to better results. Technology can help providers to make better decisions at the point of care.

"You manage what you measure," said Dr. Toussaint. "We've got to get the data in the hands of patients and providers."

Attaining better outcomes at lower cost is largely a technical and cultural challenge that will require a level of collaboration and information sharing that doesn't yet exist, says Marc Probst, chief information officer for Intermountain Healthcare, in Utah.

"The proof is out there that higher quality lowers cost," he said. "The transformational benefits will come from our ability to facilitate through information systems the application of best-practice care. To do that requires information systems that are more capable than the ones available on the market."

Health IT sweetener

Much of the money allocated to promote the uptake of health IT will be disbursed as incentive payments, funds that are essentially a down payment on a modernized system of health information exchange.

“The money will be a sweetener, not a deterministic factor,” said Dr. David Blumenthal, the Department of Health and Human Service’s national coordinator for health information technology, who reminded attendees during the Brookings forum that the main goal of reform is to improve quality of care. “This is not about the technology ... and I hope it’s not about the [incentive] money.”

Blumenthal noted that his office intends to be “agnostic” when considering the IT that will enable healthcare reform.

“It’s the use we’re interested in,” he said, “not the technology.”

Other experts agree that deploying health IT without reengineering outmoded and inefficient workflows would be like putting a cast on a patient’s arm without first resetting the fractured limb.

“Without advanced tools and IT strategies like clinical decision support, predictive modeling, comprehensive risk stratification, evidence-based medicine and more, electronic health records are nothing more than electronic filing cabinets,” said Rich Noffsinger, chief executive officer of Anvita Health, a health analytics company. “The value is not simply in digitizing health information. Rather, the return on investment comes from what you can actually do with the data electronically.”

In the absence of other changes, “automating the current system will make it stupider faster,” said Mark Frisse, a professor of biomedical informatics at Vanderbilt University. Layering IT onto a broken healthcare system would be “like having a bunch of apps on an iPhone that doesn’t work.”

“We have specific targets and goals that are fairly ambitious, not just to add health IT but to change the culture of healthcare,” said Frisse, who cautions against trying to do too much too fast in favor of “a steady, incremental and evolutionary course.”

—John Pulley



PLANNING

‘New dawn’ for FDA chief information officer

Data center migration, overseas expansion, and inventory tracking system top priorities for CIO Davis

U.S. Food & Drug Administration chief information officer Lori Davis is responsible for a series of high-visibility assignments that include leading an agency-wide IT modernization plan, helping to craft a strategic vision for IT at the FDA, and supporting the agency’s stepped up efforts to improve food safety in the United States.

“It keeps me awake at night, but what a great time to be at the FDA,” said Davis, who was named to the post in January.

Describing the current period as a “new dawn for the FDA,” Davis said an “increased spotlight” on the FDA has had the positive effect of drawing support and funding.

Congress approved budget increases for the FDA in the last two funding cycles, and further increases are expected in FY 2010. If approved, the agency’s FY 2010 budget would be roughly 19 percent higher than the current year’s.

Davis declined to discuss the specifics of the 2010 budget while it was still pending, but said that IT modernization was part of the requested funding increase.

Sixteen high priority IT initiatives comprise the agency’s modernization plans. They range from improving the way the agency manages human resources and finance functions, to streamlining the way the agency tracks food and drug safety.