Quality Guru Nominated to Head CMS

BY ALICIA AULT

The White House announced on April 19 that it has nominated Dr. Donald Berwick to lead the Centers for Medicare and Medicaid Services.

The nomination of Dr. Berwick, a pediatrician who is president and chief executive officer of the Institute for Healthcare Improvement, had been rumored for weeks.

In a statement released by the White House, President Obama said, "Dr. Berwick has dedicated his career to improving outcomes for patients and providing better care at lower cost. That's one of the core missions facing our next CMS Administrator."

Physicians' organizations began to express enthusiasm for Dr. Berwick's nomination even before it was made official. The American Medical Association praised Dr. Berwick's "visionary leadership efforts" in quality and patient safety in a statement by Dr. Nancy H. Nielsen, the AMA's immediate past president.

With the passage of health reform and the continuing lack of a permanent solution for the fee cuts threatened by Medicare's sustainable growth rate (SGR) formula, Dr. Berwick will have a full plate if he is confirmed by the Senate.

Physicians, hospitals, insurers, consumers, and pharmaceutical and medical device manufacturers all are hoping to influence how the law is implemented.

The medical device industry lobby, AdvaMed, issued a statement praising Dr. Berwick's "compelling vision," but reminded him also of what he will be taking on. "There is perhaps no more important job in health care," said Stephen J. Ubl, president and CEO of AdvaMed. "The decisions made by Dr. Berwick will affect the lives of America's seniors and every health care provider, and CMS will play a pivotal role in implementing the comprehensive health reform program recently enacted by Congress."

For his part, Dr. Berwick said in a statement that he felt "flattered and humbled" at his nomination. He added, "If confirmed by the U.S. Senate, I would welcome the opportunity to lead CMS because it offers the chance to help extend the effort to improve America's health care system—the very vision that led to the founding of the Institute for Healthcare Improvement."

Dr. Berwick is a affiliated with Children's Hospital Boston, and is a consultant in pediatrics at Massachusetts General Hospital. He is an elected member of the Institute of Medicine, and previously chaired the National Advisory Council for the federal Agency for Healthcare Research and Quality. He also served on President Clinton's Advisory Commission on Consumer Protection and Quality in the Healthcare Industry in 1997 and 1998. ■

Experts Analyze Ways to Make HIT Safer

BY MARY ELLEN SCHNEIDER

As physicians and hospitals begin to implement electronic health record systems in the hopes of earning financial incentives from the federal government, experts are considering how to ensure patient safety when working with health information technology.

The Health IT Policy Committee, which makes recommendations to the federal National Coordinator for Health Information Technology, met this spring to discuss some of the areas where potential patient safety hazards exist. Topping the list were technology issues, such as software bugs, interoperability problems, and implementation and training deficiencies. Another major area of concern is the interaction of people and technology.

According to Paul Egerman, who co-chairs the Certification/Adoption Workgroup of the Health IT Policy Committee, straightforward problems with technology are actually the minority when it comes to safety issues. While these problems can be difficult to uncover, once they are discovered they can usually be easily and rapidly fixed.

The majority of safety issues surrounding health IT involve multiple factors. That complicates things, Mr. Egerman said, because that means that even if the technology worked perfectly, there could still be problems. "There

are tons of issues that are completely independent of technology," said Mr. Egerman, who is CEO of eScription, a computer-aided medical transcription company.

Also of concern is that many of the health IT-related safety issues are local. Marc Probst, who cochairs the Certification/Adoption Workgroup, said that each health care organization is unique, and relies on very different operating systems, security and privacy protocols, and even different types of monitoring. That puts the onus on individual organizations to stay on top of safety issues raised by their health IT systems, he said.

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"Every organization is going to be unique, so there is a local responsibility to HIT safety that our vendors simply aren't going to be able to keep up with," said Mr. Probst, who is the chief information officer at Intermountain Healthcare in Salt Lake City.

The Certification/Adoption workgroup previewed some of its ideas for gathering more data on the HIT-related safety issues and the need for more training. The workgroup released a set of preliminary recommendations that call for patients to play a greater role in identifying errors. In the physician office, for example, patients should ideally be able to observe as physicians enter information into an electronic record so they can call attention to mistakes. On the inpatient side, patients and family members should be encouraged to look at medication lists.

To gain more data on the scope of safety issues, the workgroup also called for establishing a national database and reporting system that would allow patients and health care providers to make confidential reports about incidents and potential hazards. This could be used for evaluation and analysis, but also for dissemination of potential problems, Mr. Egerman said. ■