

Q&A: New Health IT Czar Discusses Challenges

In March, Dr. David Blumenthal, a Harvard professor and a senior health adviser to President Obama's campaign, was appointed to the position of National Coordinator for Health Information Technology in the Health and Human Service Department. He is assuming the post at a critical time, with Congress recently setting aside billions of dollars in incentives for physicians and hospitals to adopt health IT as part of the American Recovery and Reinvestment Act.

One of Dr. Blumenthal's challenges will be how to define the "meaningful use" criteria in the law, a definition that will play a major role in determining who is eligible to receive incentives.

In an interview with SKIN & ALLERGY NEWS, Dr. Blumenthal talked about some of the challenges and progress so far.



DAVID BLUMENTHAL, M.D.

SKIN & ALLERGY NEWS: As a physician, what do you see as the biggest challenge for physicians in adopting interoperable electronic health records by 2014? Cost? Misaligned incentives? Products that don't meet their needs? Security?

Dr. Blumenthal: Surveys have shown all of those to be issues. I think security is a lesser issue, according to the surveys that my group did at Harvard when I was there. But the cost of acquisition, the lack of return on investment, [and] concern about the usefulness of products all ranked high in our survey results. So I think all are important issues for physicians.

SAN: The Recovery Act includes about \$17 billion in incentives for physicians and hospitals to adopt health IT. What impact do you expect this to have on the sluggish adoption rate and the health IT marketplace?

Dr. Blumenthal: Let me first make a minor correction in the number: \$17 billion is a Congressional Budget Office number and it is actually a combination of two numbers: a spending number and a cost savings number. Both are estimates. The actual CBO projections of spending are about \$29 billion, and they project a \$12 billion savings, which gets you to \$17 billion. Some estimates of the spending are that it will be considerably higher than that, and how much is spent depends on how many physicians adopt, how many hospitals adopt, and how fast they adopt. So if we think more on the order of \$30 billion or even more than that, I do think that's enough to change the dynamic in the marketplace.

We are also counting on peer-to-peer influence and on a growing appreciation among physicians of the value of health information technology and of the fact that

it will be difficult to practice up-to-date, high-quality, professional medicine in the 21st century without an electronic health record. We are counting to some degree on professionalism to complement the incentives.

If physicians were only about money, it would be a much less happy world and the quality of care would be much lower than it is. Physicians don't expect the government to help them buy stethoscopes, examining tables, treadmills for stress tests. They know these are essential to their work as professionals, and I think that is where we are heading with electronic health records as well.

SAN: Everyone is curious to see how HHS defines the "meaningful use" criteria outlined in the Recovery Act. Is there a consensus building around this term, and what is the schedule for issuing a definition?

Dr. Blumenthal: I think there is a consensus building. We haven't pinned it down finally. We [are] discussing this issue before our Health Information Technology Policy Committee. I think at that point some of the major options will be on the table for review and for public comment. We will ultimately have to go through a regulatory process to finally determine the effective definition, but I'm hoping that over the summer the HHS view of the definition will become clear. It will then have to go through the government clearance process and the regulatory process.

SAN: Can you say where there is consensus so far?

Dr. Blumenthal: I don't want to get into specifics, but I will tell you that I think the consensus is clear around one thing, and that is that we should concentrate on performance and usability rather than on technical specifications. We should be constantly linking our definition of meaningful use to clinically meaningful capabilities and performance attributes.

SAN: You and the president frequently have said that health IT is a tool, not a fix for our health care system. What can we reasonably expect to achieve through the widespread adoption of health IT in terms of reducing health care spending? And can physicians expect to realize any of those savings within their own practices?

Dr. Blumenthal: I think you've correctly captured my view of the role of health information technology.

There are three essential components for achieving the president's goal and the administration's goal and, I think, the public's goal for a higher-performing health system. The first is better information on what works

and what doesn't in the daily practice of medicine.

The second is the ability to apply that knowledge rapidly to practice. And it's in that setting that I think information technology becomes a vital tool. It enables practitioners to access in real-time and have the benefit of ... the latest information that is approved by their peers and recognized by their peers as valid and useful for patient care. And it helps overcome the human factors that limit the ability of clinicians to do their best at all times and in all places. Of course, it provides better information about individual patients to factor into decision making as well.

The third element is changes in the financing and organization of care that make it more valuable and more rewarding for physicians and easier for physicians to take cost and quality into account when they make their decisions.

Health information technology is the major part of the second [component], but can't function optimally unless all three are in place. So we are vitally dependent for the savings and the quality improvement that could come out of HIT, we are vitally dependent on health care reform more generally.

If physicians are going to realize savings in their practice and gain the benefit of those savings, there will have to be some change in the way that we pay for care and some change in the way that we recognize excellence in medicine so that physicians, as well as their patients, feel very directly and personally the benefits of making the health care system a better health care system.

SAN: The Recovery Act provides for incentives for HIT adoption starting in 2011, but there are many areas where there are still not uniform standards. Can the industry keep up with this aggressive timetable, and what is the government doing to accelerate that process?

Dr. Blumenthal: Frankly, I think we have most of what we need in the way of standards to permit physicians to get to meaningful use as it is likely to be defined by 2011. I also think that the industry can reconfigure their software in time to make it possible for physicians to meet those standards. I'm not very concerned about that. What I'm mostly concerned about is that—in recognizing those standards and in certifying the software and hardware that we need to certify—we also make certain that we are laying the groundwork for a dramatically improved set of technologies as we go forward. We are looking very hard at how we [can ensure] that when we certify a system and we set a set of standards, we are leaving room for innovation and improvement.

—Interview by Mary Ellen Schneider

\$43 Billion in Unpaid Bills Means Premium Hike for Insured

BY DENISE NAPOLI

WASHINGTON — The average U.S. family spent an extra \$1,017 on health care last year to help cover uncompensated care provided to the uninsured, according to a report from Families USA.

Privately insured individuals spent an extra \$368 last year for the same thing.

"That is the hidden health tax," said the group's executive director, Ron Pollack. "Everybody in the country probably knows that there is such a hidden health tax, but they don't know how significant it is."

According to the report, created with the help of Milliman Inc., an independent actuarial consulting firm, \$116 bil-

lion of care from hospitals, doctors and other health care professionals was provided to the uninsured last year. Of this, 37% was paid for out-of-pocket by the patients themselves.

A further 26% of this was paid for by third-party sources, such as charities or community centers.

The remainder—\$42.7 billion—was unpaid.

"Providers attempt to recover these uncompensated care dollars primarily by increasing charges for those with private insurance," according to the report.

"This cost shift is borne almost exclusively by private insurance programs because the federal Medicare program's rules do not allow Medicare provider

payments to easily adjust upward in response to this pressure."

At a press conference to release the report, Ron Williams, the chairman and chief executive officer of Aetna Inc., said that the report answers a question many consumers have, "which is, 'Why does my premium go up?'"

He added, "For every person who has private health insurance, there is a tax ... that these community hospitals and other hospitals have to collect in order to be there as a safety net."

Mr. Pollack stressed that the data in this report are from 2008, and that the huge amount of job loss still occurring in 2009 likely will mean that the amount borne by each U.S. family will grow to

\$1,100 this year. A similar study conducted in 2005 found that the average family paid an extra \$922 to cover uncompensated care and the average individual paid an extra \$341.

In a statement accompanying the release of the report, Sen. Max Baucus (D-Mont.), chairman of the Senate Finance committee and a leader on health care reform, said that, "As this report shows, that hidden tax will only continue to grow unless we do something about it. That's why I'm committed to passing comprehensive health care reform this year. We must repeal this hidden tax and lift the burden from American families and businesses by ensuring quality, affordable health care for all Americans." ■