Electronic Health Records Spark Identifier Debate

Some question whether shifting from a decentralized system would protect privacy or introduce errors.

BY DEBORAH LEVENSON
Contributing Writer

WASHINGTON — One key to the widespread use of electronic health records is a single, voluntary identifier for each patient, Newt Gingrich said at a briefing sponsored by the Alliance for Health Reform.

Most patients would embrace a comprehensive system based on single, voluntary individual health identifiers because of its potential to reduce medical errors and otherwise improve health care quality, said Mr. Gingrich, former speaker of the House of Representatives and founder of the Center for Health Transformation.

But Carol Diamond, M.D., managing director of the health program at the Markle Foundation, a charity dedicated to using technology to improve the nation's health care and security, called for a system that can be accessed using multiple patient identifiers.

Any new system for electronic health records should build on what already exists, she said. "We have a decentralized [health care] system. That's been the premise of our approach," Dr. Diamond explained. "We are never going to get to this giant database in the sky that's got everything that we need."

Last July, Markle and several health information technology organizations released a "road map" that outlines a decentralized approach emphasizing patient privacy, interoperability, and local community involvement within an established framework.

One technology solution is unlikely to fit both a two-physician practice and a hospital with hundreds of beds, said Colin Evans, director of policy and standards for the digital health group at Intel. He added that a model that's based on people accessing decentralized data "may work generally" but would require aggregation of data.

He noted that the United Kingdom's National Health Service is developing a computerized medical records system based on a semiaggregated model.

Physicians and hospitals will need both financial and nonfinancial incentives to participate in a new system, noted Mickey Tripathi, president of the Massachusetts eHealth Collaborative. "For doctors in small practices, it's risky to invest $25,000-$50,000 for an [information technology] system," he pointed out, noting the marketplace provides no incentives to do so.

The organization is currently setting up pilot projects in three Massachusetts communities. The pilots will help Blue Cross Blue Shield of Massachusetts decide how to invest $50 million in a statewide electronic health infrastructure. Mr. Tripathi said the pilot projects allow local communities to determine their own needs and require minimal interoperability within their own area and a statewide grid.

A number of initiatives among both health and technology industry groups are moving toward interoperability standards for health care.

Government can play an important role in "eliminating barriers to entry," said Zoe Baird, Markle Foundation president. "We're all grappling with who will develop [interoperability] standards and what policy attributes they have to achieve," she added.

Mr. Evans said a number of initiatives among both health and technology industry groups are "closing in" on interoperability standards for health care.

The Bush Administration has pledged to finance projects intended to spur adoption of computerized health records within the next 10 years. Last year, it appointed David J. Brailer, M.D., as the nation's first national health information technology coordinator. However, Congress in November declined to allocate $50 million Bush had requested for Dr. Brailer's office and pilot projects for fiscal year 2005.

The administration has requested $125 million for fiscal 2006, but no congressional action is expected until fall.

Last month, Rep. Tim Murphy (R-Pa.) and Rep. Patrick Kennedy (D-R.I.) introduced legislation aimed at speeding adoption of electronic health records by, among other things, waiving certain provisions of the Stark antikickback laws so that hospitals can provide information technology to physician practices, according to Rep. Murphy's staff. Sen. Bill Frist (R-Tenn.) and Sen. Hillary Rodham Clinton (D-N.Y.) are expected to introduce similar legislation.

A recently passed Kentucky law authorizes creation of a single, statewide electronic health network that will let physicians, hospitals, and insurers exchange patient information electronically. The legislation provides $350,000 as start-up money for university endowments for experts to help create the system. ∎

Panel Says Incentives Would Spur Adoption of Health IT

BY MARY ELLEN SCHNEIDER
Senior Writer

The federal government should use incentives—not unfunded mandates—to accelerate the adoption of health information technology, according to a panel of corporate executives.

And the government should coordinate the use of interoperable health information technology (IT) systems among its own agencies, the panel said.

The Health Information Technology Leadership Panel is made up of executives from companies that purchase a substantial amount of health care for their employees but have little direct involvement in the health care or IT sectors.

The panel was convened by the Department of Health and Human Services late last year to gather ideas about how IT has been successfully adopted in other sectors and how that could be applied to the health care arena.

"The leadership panel asked the federal government to approach health care in a new way—as a catalyst for change and as a collaborator," David J. Brailer, M.D., national coordinator for health information technology said in a statement.

The government should be looking for ways to help finance physician adoption of health IT and to allow health providers to reap the benefits of the systems, the panel said.

The panel of corporate executives also recommended that the federal government be involved in promoting the development and adoption of health IT standards, as well as funding demonstrations and evaluations to learn implementation lessons and to disseminate best practices.

Private sector involvement should include the support of leading business organizations such as the National Business Group on Health and the Business Roundtable. This type of private sector involvement would result in wide public and political support for the adoption of health IT, the panel said.

Underinvesting in health information technology could cause existing problems within the health care system to worsen, said Michael S. Barr, M.D., vice president for practice advocacy and improvement at the American College of Physicians.

The government should find money to help physician practices adopt electronic health records and consider changes to the current payment system.

Overall, the panel's conclusions support the message that the ACP and other groups have been trying to communicate, that the system-wide savings from implementing health IT exceed the costs. However, the report also notes that one of the challenges to adoption is that, currently, individual physicians assume the cost of IT without reaping the full savings.

"There are no surprises in the report," said Mark Leavitt, M.D., medical director for the Healthcare Information and Management Systems Society.

However, the panel's findings help to reinforce that incentives are a big part of the effort to spur health IT adoption. And the report also points out that the health care industry is lagging behind other sectors in its adoption of IT, he said.

The report outlines an appropriate, but limited, role for the federal government, said Dr. Leavitt, who is also the chair of the Certification Commission for Healthcare Information—a voluntary, private-sector initiative to certify health IT products.

The federal government has a role in articulating a vision for health IT adoption and using its purchasing power to accelerate that adoption, Dr. Leavitt said. But federal officials should not overregulate the area or try to dictate the specific elements of such IT medical systems, he said.

The government should steer clear of acting too quickly in certain areas, such as mandating untested standards, said David C. Kibbe, M.D., director of the Center for Health Information Technology at the American Academy of Family Physicians.

But the government does have a role to play by finding new money to help physician practices adopt electronic health records, Dr. Kibbe said. And federal officials should consider changes to the current physician payment system to reimburse primary care physicians adequately, he said.

In the meantime, officials at the AAFP have been trying to help physicians adopt the technology by working with EHR vendors to make the hardware and software more affordable.

AAFP has also been active in encouraging IT developers to work on interoperability options for EHRs. And they have been involved in efforts to bring about a national standard for reporting lab results to EHRs.

And the attention to health IT has been paying off. Dr. Kibbe said that he has seen new products and new vendors coming to the marketplace, and the number of practices adopting EHRs continues to climb. Some estimates now put the percentage of physician practices that have adopted EHRs at 25%, and Dr. Kibbe said he estimates that an additional 30% are strongly considering adopting EHRs.

"The train has left the station," Dr. Kibbe commented. "It's unstoppable at this point. We're past the point where the use of EHRs in family medicine is a questionable transition." ∎

The Health Information Technology Leadership Panel report is available online at www.hhs.gov/healthit/ HITFinalReport.pdf.