New IT Coordinator Discusses Challenges Ahead

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 Services Department.

With Congress 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 defining the "meaningful use" criteria in the law, a definition that will play a major role in determining who is eligible to receive incentives.

DAVID BLUMENTHAL, M.D.

In an interview with INTERNAL MEDICINE NEWS, Dr. Blumenthal talked about some of the challenges ahead.

INTERNAL MEDICINE NEWS: As a primary care 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.

IMN: 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?

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. 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 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.

IMN: Everyone is curious to see how the HHS defines the "meaningful use" criteria outlined in the Recovery Act. Is there a consensus building around this term?

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.

IMN: 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.

IMN: 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?

Dr. Blumenthal: 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 health care 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.

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.

IMN: 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?

Dr. Blumenthal: Frankly, I think we have most of what we need in the way of standards to permit the 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. 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