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A letter to Jeff Immelt

“Information technology has transformed every service industry we know...and will also transform health care.”

— Jeff Immelt, Chairman & CEO, General Electric, March 2005

Hi Jeff, remember me? Dartmouth class of '78? While you scrutinized the *Wall Street Journal*, I struggled to memorize *Harrison's Principles of Internal Medicine*. Well, no matter, I figure a savvy guy like you can influence how health care is delivered in this country.

I am intrigued by GE's vision for health care: “GE's Centricity...is uniquely positioned to support boundary-less care...spanning ambulatory and inpatient care to create a lifelong patient record,” according to your Web site.

You and your team—say, over morning coffee—could fix our patchwork of data systems, barriers to portability, and inability to make informed health care decisions. In turn, I won't carp about turning 5-minute visits for colds into a Byzantine documentation exercise. Nope, I want your help with the big picture, so here are some big issues for you and your corporate leaders to solve before lunch.

First, why can't we develop seamless data sharing? I can access the Internet in rural Honduras and call home from Katmandu (or so Sprint promises), but I still can't get results for a lab drawn yesterday in an emergency room 3 miles away. If we can agree on Blu-ray, why can't we produce a portable electronic health record (EHR)? Those nice caregivers at the nursing home have to struggle to reconcile medications and problem lists with each transfer. And I have no simple way to hand my patients a flash drive or health record to take with them on their trip to Florida.

Second, why aren't quality measurement and decision tools built into EHRs? I have to use 3 different third-party products for a data repository, a query/report system, and a usable disease registry. Disease prevention and management protocols have to be reinvented and programmed. Lord help me if I expect assistance from an EHR in answering questions like “What is the best treatment for herpes zoster?” or “How should I follow rheumatoid arthritis?” I get more help from the Ortho Lawn Problem Solver for my turf problems than I get from my EHR.

Finally, why does the aggregation and communication of data require cumbersome and still-rudimentary RHIOs (Regional Health Information Organizations)? I have United, Aetna, and the rest, and not one insurer can aggregate their data to show how our practice manages diabetes, let alone how Cincinnati's performance compares to Cleveland's. Programs like Bridges to Excellence are great beginnings, but do little globally, and they rely on the provider to be the bridge.

It's time to disseminate the technology—and not at the sole expense of physicians. The cost to implement a national physician EHR is estimated at a bit over \$17 billion¹; the cost of the Iraq war runs \$10 billion each month.² Let's vote on which effort would add more to our nation's well-being.

So I ask you, Jeff, to gather your fellow industry stalwarts and deliver us from this mess. It would seem that the forces that created GE Capital could solve all this overnight, if not before lunch.

Jeff Susman, MD, Editor-in-Chief

1. Hillestad R, Bigelow J, Bower A, et al. Can electronic medical records transform health care? Potential health benefits, savings, and costs. *Health Aff.* 2005;24:1103–1117.
2. Wikipedia. Available at: http://en.wikipedia.org/wiki/Financial_cost_of_the_2003_Iraq_Conflict. Accessed March 8, 2008.