Electronic Health Records Spark Identifier Debate

Some say single, voluntary approach would reduce errors; others want to build on decentralized system.

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 currently 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.

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 year 2006, but no Congressional action is expected until fall.

In May, 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 Seeks Government, Private Sector to Team for IT Adoption

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 corporate 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 providers to reap the benefits of the systems, the panel said.

The panel also recommended that the 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.

Overall, the panel concluded the systemwide 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 the adoption of health IT systems and using its purchasing power to accelerate that adoption, he said. But federal officials should not overregulate the area or try to dictate the specific elements of IT systems. ■

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

Can Physicians Improve the Health Literacy of Their Patients?

IRVINE, CALIF. — Keep an eye out for patients who are at high risk for low health literacy—typically seniors, immigrants, those with low levels of education, Medicaid recipients, and those in poor health, Jeannette Hilgert said at a meeting sponsored by the Institute for Healthcare Advancement.

Once you've identified a patient with low health literacy, adjust your approach, said Ms. Hilgert, program administrator at the Venice (Calif.) Family Clinic. Speak slowly, use plain, nonmedical language, and repeat the important information.

It is a good idea to review written materials for clarity and simplicity. Consider also using a variety of visual aids.

It is also a good idea to review written materials for clarity and simplicity. Consider using a variety of visual aids that portray written instructions, such as prescription instructions and preventive strategies. Recent studies indicate that patients' adherence to medical instructions improved by at least 25% when the instructions were supplemented with visual aids.

Health care visits are particularly overwhelming and confusing to patients with chronic conditions, Ms. Hilgert said. A survey at the Venice Family clinic discovered 33% of patients do not initiate discussions about their health with their doctor. Half said they did not ask questions because they did not know how or they felt their doctor knew best.

To address this insecurity, encourage patients to ask lots of questions and to take an active part in their own care. An equal partnership between physician and patient can increase the likelihood of positive health outcomes, said Marian Ryan, corporate director of disease management and health education for Molina Healthcare Inc. "Self-management is key. Without it, patients can't be active partners," said Ms. Ryan. Patients who get involved in their health care experience an increased sense of control and may be motivated to take better care of themselves. This effect increases with the length of time patients are actively involved in their own health care.

"Once they get excited by one step they took that led to success, they start inquiring," said Ms. Hilgert about patients she observed at the Venice Family Clinic, adding that it follows that patients who ask more questions and are actively involved in their care are more likely to follow doctors' medical advice.

—Nadja Geipert