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Summit voices caution over adoption of health IT

Speakers at Health Care Council event warn against FCC regulations and losing focus on patients

By Sananda Sahoo

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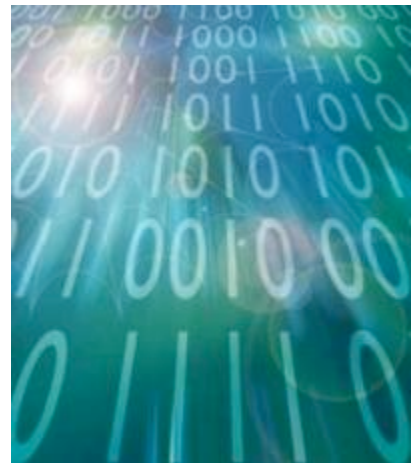
Caution was the refrain that punctuated many of speakers' remarks at a summit on adoption of health care information technology and economic stimulus organized by Nashville Health Care Council in Cool Springs on Thursday.

“Is health IT going to change anything?” asked David Brailer, chairman of Health Evolution Partners and inaugural director of the Office of the National Coordinator for Health IT. “Yes, depending on the way IT is implemented.”

One of Brailer's main concerns was that patients should be on the discussion table for the implementation of any technology because they are ultimately the end users of all innovations. Brailer also voiced skepticism about how much Washington, D.C., can truly change the culture of patient information handling at the summit.

The session was moderated by Jonathan Perlin, chief medical officer and president of clinical services of Nashville-based HCA.

The American Recovery and Reinvestment Act of 2009 dedicates more than \$19 billion to accelerate the adoption and use of health information technology, aiming to improve



efficiency and increase overall quality of care delivery. The amount includes \$300 million for regional health information organizations.

The Department of Health and Human Services is already testing the nationwide network of health information exchange through nine regional and state health information exchanges. The department hopes this prototype will eventually lead to a National Health Information Network.

But what is missing is a set of standards, such as on how to maintain HIPAA rules and patient safety and security especially in e-prescriptions.

“Different hospital groups all speak different languages,” said George Narr, chief information officer for Simplex Healthcare, who wanted to hear something on the establishment of standards at the summit.

Simplex, one of the newest members of the Health Care Council, is a Brentwood-based company that supplies diabetes drugs. “We deal with 50,000 physicians across the country and they all follow different standards,” Narr said.

It's also not a given that adoption of various IT innovations will be widespread and hugely successful. Nashville-based HealthLeaders/Interstudy researchers earlier this week reported **on the troubles Phoenix-area doctors are having** with electronic medical records.

Payoff needs to be massive

In a report released last month, the Centers for Medicare and Medicaid Services said it plans to spend up to \$905 million by September 2015 on new IT systems designed to monitor and support the Medicare and Medicaid Health Information Technology incentive payments to physicians and hospitals.

The funds will be used, it said, to determine provider eligibility, enroll applicants in incentive programs, report on quality, make payments, and provide financial accounting and monitoring to prevent fraud.

“The money will go out much slower than we believe,” Brailer said. And penalties for physicians for not implementing health IT system starting 2015 is politically untenable, he said.

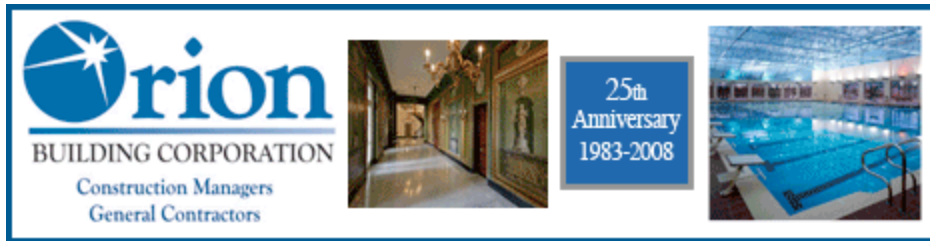
Vanderbilt University is developing health information exchange network. But William Stead, chief information officer of Vanderbilt University Medical Center, was reluctant to think that a tech push model will succeed in improving health care. It is not worth it if health IT system brings about only incremental change in costs and quality, he said.

“It will be worth it if there is a 40 to 60 percent improvement.”

The states have a shift in role now in that they provide the infrastructure. Tennessee's

e-Health Network, for instance, is available to health care providers in its 95 counties. Providers enjoy secure file exchange and messaging system, single sign-on identity management and Tennessee Department of Health registries for immunization and domestic violent records that was launched in early 2009.

“We want to stand the heck out of the way [in adoption of health IT],” said Dave Goetz, commissioner of Department of Finance and Administration. But he was concerned that too much focus on electronic health records might shift the focus from public goals and quality of care delivered.



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