

Connecting The Medical Dots

By Mike Leavitt
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Congress is considering adding money for health information technology to January's stimulus package. Doing so could spur a critical mass of the nation's doctors to finally enter the information age, but unless the funds are tied to standards for the interoperability of health IT systems, the expenditure could do more harm than good.

Before lawmakers act, they need to think: If stimulus money supports a proliferation of systems that can't exchange information, we will only be replacing paper-based silos of medical information with more expensive, computer-based silos that are barely more useful. Critical information will remain trapped in proprietary systems, unable to get to where it's needed.

Health IT systems produce value when they are interoperable. When they're not, doctors who invest in electronic health records cannot share information with each other or add lab results to your file or send electronic prescriptions to your pharmacist. They would have to use handwritten prescriptions and paper files in addition to their electronic files.

That's not the way 21st-century health care should work. Today, specialists on a patient's team need to use interoperable systems that share medical records, prescription histories, lab results, imaging and clinical notes. System standards are needed to protect privacy and ensure that content -- such as patients' diagnoses, allergies, medications, lab tests and medical directives -- is standard for every patient, every time.

We're already on the road to a system that is universally accessible and secure. Health information experts, with coordination by the Department of Health and Human Services, have been working on foundational health IT standards and have made substantial progress. Congress has approved our request for higher reimbursement rates for Medicare doctors who e-prescribe. The Institute of Medicine has estimated that more than 1.5 million Americans are injured annually by drug errors. E-prescriptions can greatly reduce that number.

We've also established an independent, voluntary, private-sector certifying body, the Certification Commission for Healthcare Information Technology (CCHIT). This body provides "gold standard" certification that electronic health records meet existing interoperability standards. Any stimulus money for electronic health records should go only to those with CCHIT certification.

Likewise, "infrastructure" investments should go only toward supporting exchanges of electronic health information that are compliant with nationally recognized standards. Indeed, supporting health information exchange would be an infrastructure investment that would accelerate public-private cooperation in standards harmonization and certification.

It is important that standards be vendor-neutral. Government should not be in the business of picking winners and losers.

Despite the urgent need to move beyond paper records, simply offering up funds in the stimulus package will not get the results we want. Instead, it may set our efforts back. Systems will be isolated; data indecipherable; health-care quality unimproved.

If we're going to build a 21st-century health infrastructure, we need to do it strategically, continuing the careful work on harmonized standards that will create one nationwide, interoperable system. That's the only way to make an investment in health IT produce value for providers and patients and improve the quality of health care overall.

The writer is U.S. secretary of health and human services.