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# Jump-Starting Health IT: An Open Letter to President Obama and Congress

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**D**r. Leavitt, chair of the Certification Commission for Healthcare Information Technology, presented the following letter to President Obama and the new Congress on his *Health Affairs* blog, February 3, 2009.

## **President Obama and members of Congress:**

Please accept my heartfelt congratulations for recognizing health information technology (IT) as one of the most promising targets for public investment at this crucial moment.

As a (formerly practicing) doctor, I'd diagnose our economy on the verge of a Code Blue, and our health care system with a more chronic but equally threatening condition. You've recognized how these two illnesses interrelate, with spiraling health care costs damaging business competitiveness and job losses threatening health care coverage. If I may offer a second opinion, I concur 100% with your decision to apply the chest paddles now, charged with \$20 billion of investment in health IT.

Now I would like to offer this promise: I and my fellow health IT leaders are passionately committed to ensuring that this treatment not only succeeds, but delivers a substantial positive return far exceeding the amount invested. How can

we be so confident? Well, even a 1% improvement in the efficiency of our \$2.2 trillion health care spending would put us in positive payback territory. But we can do better than that, and here's why.

## **Health IT Products Are Ready Right Now**

I chair a nonprofit organization that tests and certifies health IT products, so I'm very familiar with the state of that industry and the behavior of potential purchasers. In the past 3 years, we've certified over 160 electronic health record (EHR) products for doctors' offices, hospitals, emergency departments, and more. We rigorously check not just what the software can do, but also for interoperability—the ability to share information with other providers—and the security of the systems as well, all against established standards. Most doctors know they need EHRs, and many will respond to an economic push right now. And the industry supplying those EHRs

is a competitive, diverse marketplace that will respond to growing demand with increased capital investment and job growth.

## **Structuring Incentives Toward Desired Outcomes**

Nobody is advocating a massive, unqualified handout of dollars to doctors. Outright grants may be appropriate for providers in rural and underserved areas, and for safety-net clinics, but in other environments, financial incentives should be structured as a series of incremental rewards for progressive achievements. In the private sector, the Bridges to Excellence program (<http://bridgestoexcellence.org/>) sets an excellent example, while the recently launched Medicare EHR Demo (<http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?itemID=CMS1204776>) provides a public-sector prototype. These programs offer initial incentive payments for purchasing appropriate technology—a certified EHR—and then a second round of money when successfully implemented. Beyond that, bonuses are paid only as the provider demonstrates improvements in quality or efficiency. Health care payment reform and health IT—twins separated at birth—must grow up and

mature together to achieve their full potential.

## **An Investment in Human Capital**

Every experienced IT hand knows that technology is just a tool and that returns on IT investment require strong leadership and dedicated change management. So some of the stimulus funds should be used to develop the skilled workforce needed. It may be possible to re-deploy IT personnel from other industries to lay broadband infrastructure for health care, but we'll also need to boost health IT training programs. And doctors and nurses being asked to change their habits are best motivated by one of their own—a clinician champion. There are plenty of clinicians who have successfully led these projects, and we can't afford to have their experience locked up within their own organizations. Let's find a way to put them on a health IT inspirational speaking circuit.

## **Empowering Patients**

You've also wisely recognized the need to redirect our health efforts toward prevention, helping people make better choices early in life and eventually reducing the burden of expensive interventions near the end. To do this, we need to empower citizens with health knowledge, allowing them to make better health choices and to become more discriminating health care consumers. Personal health records (PHRs) will emerge as a platform for this new information flow. The organization I lead is also preparing to certify these PHRs, to ensure that they are secure and private and can exchange informa-

## **PROVIDER ACTION**

### **Impact to You**

The Obama Administration is focused on investing in HIT to take advantage of improved efficiencies. With a mere 1% improvement in our \$2.2 trillion health care spending, we would save \$22 billion. Improvements can also be made to the quality of life for patients. Quality care is the focus of a national HIT program, but there will also be opportunities for financial support to physicians for the HIT initiative.

### **What You Need to Know**

While outright grants may be appropriate for providers in rural and underserved areas and for safety-net clinics, in other environments, financial incentives may be structured as a series of incremental rewards for progressive achievements.

### **What You Need to Do**

Physicians will need to monitor these opportunities to take advantage of financial rewards for implementing HIT systems.

tion with EHR systems in doctors' offices and hospitals. Projects in this field are a promising area for government investment.

## **The Final Frontier: Health Reform**

You've recognized the need for dramatic improvements in health care, but you've decided not to attempt a radical rip-and-replace approach. That's a wise choice. In many towns, hospitals themselves are the major source of jobs; a massive disruption could even shut them down and further weaken the economy.

Fortunately, almost every illness of our current model is amenable to improvement with an assist from better information. With better data on prices charged and quality of care delivered, we can reform payment to reward clinicians for the quality of their work, instead of just for the quantity. With EHRs that easily intercommunicate, we can reward better teamwork among providers to re-integrate care despite our fragmented health care business model. And with empowered health

consumers and an online connection that extends beyond the occasional visit to the doctor, we can motivate healthy lifestyles and prevention, eventually reversing the growing burden of chronic diseases.

## **We're Charged Up: Just Push the Button**

Finally, I see that you understand what is needed to revive our economy: an injection of fiscal stimulus, a steady dose of inspirational leadership, and a big response of energy and optimism from the American people. So you will be pleased to hear that the health IT community is charged up with those qualities right now. At our organization, just one of several initiatives in health IT, we've seen some 200 unpaid volunteers serve tirelessly for over 3 years, and they're ready to do more.

Paddles: charged. Pathway: clear. Just push the button, and a new vital rhythm in health care will begin.

*MPM*

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