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Aligning Health IT and Health Reform: Achieving an Information-Driven Health Care System

Key Themes

The Recovery Act's investments in health IT can be a vital step toward our nation's health reform objectives — improving health and reducing unsustainable cost growth — but only if we make smart decisions now that align these efforts.

Alignment starts with setting the right goals for health IT efforts. Success will be measured in lives saved, quality of health care improved, and growth in costs slowed. The time is now to set the bar.

Markle, the Center for American Progress, and the Engelberg Center for Health Care Reform at Brookings seek a dialogue that builds on the comments they submitted jointly to the Office of the National Coordinator for Health IT (ONC).

The comments — supported by a broad range of organizations — reflect a goal-based, results-driven approach to the definition of "meaningful use" of health IT. Under the Act, providers and hospitals will receive financial incentives for "meaningfully" using IT, a standard now being drafted by the U.S. Department of Health and Human Services.

The "Achievable Vision for 2015" presented by an ONC advisory committee offers clear health and cost goals that will serve as a compelling "north star" for Recovery Act investments. We strongly support targeting these goals and goals like them.

Achievable Vision for 2015*

- Prevent 1 million heart attacks and strokes.
- Reduce heart disease so that it's no longer the leading cause of death in the US.
- Reduce preventable medication errors by 50 percent.
- Reduce the racial/ethnic gap in diabetes control by 50 percent.
- Reduce preventable hospitalizations and re-admissions by 50 percent.
- Provide all patients with access to their own health information.
- Follow patient preferences for end-of-life care more often.
- Provide all health departments with real-time situational awareness of outbreaks.

*ONC Meaningful Use Workgroup Presentation, June 16, 2009

- We propose adding two 2015 goals to specifically address reducing growth in health care costs:
 - (a) Identify duplicative services and reduce them by 50 percent.
 - (b) Reduce the number of hours spent by physicians on administrative tasks by 50 percent.

Top public- and private-sector leadership must firmly embrace these goals. We must keep this big picture clearly in mind as we prioritize the measures and actions that will most indisputably drive progress.

Our comments emphasize that the optimal standard for "meaningful use" should meet five key criteria:

- 1. Set Clear and Achievable Health and Cost Goals
- 2. Tie Payment Tightly to Results
- 3. Engage Patients in Achieving Meaningful Use Goals
- 4. Focus on Information Use, Not Technology Functions or Features
- 5. Ensure that Standards and Certification Directly Support Meaningful Use and Foster Innovation

Implications:

Recovery Act funds must pay for results — improved health, patient engagement, better care processes — rather than simply paying for technology and/or meeting technical standards.

Innovation will be necessary to achieve these results. Therefore, the definition of meaningful use — and of the standards and certification regimens that support it — must encourage technology and care delivery innovation, not discourage it by locking in current approaches.

One of the opportunities of the meaningful use definition is to align requirements with existing quality-improvement efforts, minimizing administrative burdens on providers and improving health in the process. Sending a clear market signal about the core elements needed — such as enabling providers to measure and improve the health of groups of their patients, or electronically accessing and using recent laboratory results and medication histories — will be critical to achieving these goals.

We also must find opportunities to engage patients directly in the pursuit of the meaningful use goals of the Achievable Vision. Medication management and chronic care are critical opportunities for doing so. Examples of IT that engage patients include tools for shared decision-making and electronic reminders to improve adherence to preventive services and chronic care plans.

Finally, health IT can help achieve these goals, but it is only a tool. It is critical that meaningful use of health IT be as aligned as possible with broad payment, benefit, and regulatory reforms directed toward overarching health system goals. In particular, these efforts will be supported by the use of promising policy models for building accountability, generating new evidence, and encouraging new approaches to care delivery and payment.

By targeting the right goals — like preventing 1 million heart attacks and strokes, cutting medication errors in half, and reducing administrative burdens — while helping to set in motion the care delivery changes that will support health improvement and reductions in unsustainable cost growth, the initial investments under the Recovery Act can truly pave the way for broader health care reform and achieve results that will benefit the American public for generations to come.