

Health IT implementation slows down: Lack of legislation, standards stymie adoption of e-health records, e-prescribing systems

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The long-sought national interoperable health information system remains far from reality as standards prove difficult to establish, provider uptake goes slowly and privacy concerns continue. A year ago, there were high expectations that Congress would adopt legislation supporting the creation of standards for electronic health records (EHRs). That bill faltered over disagreements about anti-kickback language and new billing codes. This year, health IT has fallen off the legislative priority list as Congress focuses on other health issues. The legislators face a fall deadline for reauthorizing the State Children's Health Insurance Program (SCHIP) and for dealing with a scheduled 10% cut in Medicare physician payments.

LOW PRIORITY

Members of Congress have proposed new versions of previous bills, largely grants to help providers purchase IT systems. A new Health IT Now! coalition supports legislative action and plans to make the potential savings from e-health initiatives a major campaign issue in the coming year.

But much of the legislative action now is occurring at the state and local level. States are weighing dozens of bills, and community-level initiatives are moving from the planning stage to model development. The Agency for Healthcare Research and Quality (AHRQ) is expanding support for state privacy and security collaborations and awarding grants to help communities establish electronic health record systems.

FRUSTRATION GROWS

A major obstacle is continued concerns about patient privacy protections. Privacy advocates maintain that individual patients should control access to personal EHRs, but that approach could hinder provider access to medical records needed for treatment. Lack of agreement on IT standards also is frustrating health leaders. At the **World Health Care Congress in April**, Tennessee Governor Phil Bredesen called for a set of realistic standards: "Enough with grants and pilot programs," he insisted, in urging action by the healthcare community. Similarly, Reed Tuckson, chief of medical affairs for UnitedHealth Group, blasted the proliferation of performance measurement initiatives as likely to drive healthcare costs "through the roof."

A sign of the times is the change in status of the American Health Information Community (AHIC), which was established by HHS Secretary Mike Leavitt two years ago as a high-profile advisory committee to guide health IT development. AHIC is slated to continue as a voluntary, private sector coordinating body, but it's not clear who will fund the new entity and how it will compel change.

LITTLE E-PRESCRIBING

One example of disappointment in the e-health arena is slow adoption of electronic prescribing systems by physicians and pharmacists. Less than 25% of physicians have access to e-prescribing systems, and fewer can use such systems to track patient medication histories, provide alerts or link this information to patient medical records, according to researchers at the Center for Studying Health Systems Change (HSC). "The gap between policy makers' vision for e-prescribing to improve the safety, quality and efficacy of care, and the reality in physician practices is pretty wide," said lead author Joy Grossman.