

DIGITAL HEALTHCARE & PRODUCTIVITY

Tennessee Gov. Bredesen Frustrated with Health-IT Rhetoric

By Neil Versel

April 24, 2007 | WASHINGTON — Even as the country makes slow but measurable progress toward interoperable exchange of health information, at least one state governor is getting frustrated with the rhetoric surrounding IT's potential in reforming U.S. healthcare.

"Enough with the grants, enough with the conferences, enough with the pilot programs," Tennessee Gov. Phil Bredesen said Monday at one such conference — while seated between the head of a federal grant-making agency and a top official from a company involved in health-IT pilots.

"I think we've just been letting a thousand flowers bloom. It's time to put that behind us," Bredesen explained to Digital HealthCare & Productivity. "Let's pick some area, let's move forward with it and make stuff happen."

Bredesen, who along with Vermont Gov. Jim Douglas co-chairs the State Alliance for e-Health, a federally funded project of the [National Governors Association](#), added, "I think this whole field of e-health, medical records, and getting some standards in place has got to have some central direction or we're going to flop around forever."

He is particularly fond of electronic prescribing. "E-prescribing is a very rich area to [focus on] because it's a very containable area. It's relatively straightforward and simple, compared to some other areas of healthcare, and I think it touches on so many aspects, so many parts of the [healthcare] system," Bredesen said.

During a Monday address here to the [World Health Care Congress](#), Bredesen indicated that his work with the governors' project has become more challenging than he expected. "As I've gotten into this, the complexity and the number of different efforts underway and the difficulty of ever bringing together into some common approach I think has really struck me," Bredesen, a former executive of a care management company, said.

"There is real power in simplicity," he added, a sentiment echoed by his fellow panelists, Carolyn Clancy, M.D., director of the [Agency for Healthcare Research and Quality](#) (AHRQ), and Reed Tuckson, M.D., executive vice president and chief of medical affairs for Minneapolis-based insurer [UnitedHealth Group](#).

Tuckson agreed about the need for simplicity, saying he is "absolutely terrified" of the huge number of occasionally conflicting quality benchmarks and guidelines that various organizations, specialty societies, and government entities have established for practitioners. "It's just going to make people crazy. Therefore, this is a moment of leadership," Tuckson said.

"We've got to have one set of rules for the road," Clancy said, adding, "I think we're starting to see that coalesce." According to Clancy, "The only organizing principle is that it's got to work for the patient."

Tuckson said that health-IT leaders have made progress in the last year and a half in engaging physicians, but that momentum needs to reach every hospital and clinic. "Please reach out, grab your local physician and give him a kiss," he urged the audience of healthcare company executives and policy-makers.

"Physicians need to feel that they are involved in every step of the process and, quite frankly, they have not been," according to Tuckson.

