



Interview:

Transformative IT: What It Means for Employers, Providers, Government

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As employers, the federal government and providers grapple with how they should approach health IT adoption, it has become clear that the technology has different implications for everyone. However, the overall goal remains the same -- improving care through more efficient processes and reducing costs.

"Health care hasn't reformed itself," **Glenn Tullman, CEO of Allscripts Healthcare Solutions**, said Monday during a keynote address at the 4th Annual World Health Care Congress in Washington, D.C. He added that the issue of reform, particularly through the lens of IT adoption, must be addressed by employers, the federal government and providers alike.

Employers' Take on IT

Wal-Mart -- a member of Dossia, a nationwide personal health record initiative -- is using technology to track water bottles and other inventory at its stores, much like bar coding is being used to track medical equipment. Dossia will be a PHR system based on a federated database model and will include information from insurers, pharmacies, providers and patients.

Linda Dillman -- executive vice president of risk management, benefits and sustainability of Wal-Mart -- said Wal-Mart officials had an internal debate about bar coding technology, with the major concern being the cost of implementing bar codes across-the-board. However, now that the concept has caught on, every item in every Wal-Mart store in the world is tracked with bar codes from the time it was created in the factory to when it was purchased. According to Dillman, the new system has helped to improve efficiency and streamline inventory processes.

In terms of health care, Dillman noted that handheld devices have the capability to access a wealth of knowledge via bar coded medical devices in hospitals and prescription drugs in pharmacies. Dillman also said that sharing health care information in a discontinuous environment will be powerful even if it is initiated without the most advanced technology or standards.

Dillman said that technology can enhance the effectiveness of physicians' roles and "bring greater value to the patient."

Michael Critelli, chair and CEO of Pitney Bowes, noted the importance of value-based and preventive health care -- as well as IT -- to a company's bottom line when it comes to employee health costs.

Critelli also discussed his company's involvement in Dossia, to which his company has contributed about \$1.5 million. Critelli said the program will improve the continuity and comprehensiveness of medical records, thereby reducing costs for employers and providers.

Federal Government and EHRs

William Winkenwerder, who recently stepped down as the assistant secretary of health affairs for the

Department of Defense, turned the focus of the conversation to the federal government's effect on the development of electronic health records.

DOD's current objectives are to digitize the military's entire health care system, link it with the Department of Veterans Affairs' system and then collaborate with the private sector and the American Health Information Community to establish standards for interoperability, he said.

DOD in the early 1990s delved into health IT systems such as computerized physician order entry and electronic prescribing. More recently, DOD's EHR system, called the Armed Forces Health Longitudinal Technology Application, began connecting 8.9 million beneficiaries.

Authorized military medical personnel members only have to enter a soldier's Social Security number into the system to retrieve a soldier's entire, updated EHR. AHLTA allows physicians instant, real-time access to EHRs, which can be crucial in combat situations.

In addition, DOD is "moving tremendous amounts of information electronically" to the VA, which is an important step for the transfer of soldiers from active duty to veteran status, Winkenwerder said.

The ultimate goal of digitizing the entire military health system, however, is to improve the collection of data and then form "unified standards" that can be shared with the private sector, Winkenwerder said.

IT From the Provider's Perspective

From a provider's perspective, Brent James, vice president for medical research and executive director of the institute for health care delivery research at Intermountain Healthcare, outlined his company's "next generation" approach. Intermountain was one of the first companies in the world to offer EHRs, starting in the 1960s.

James said there is a lack of communication and an unwillingness among providers to adopt evidence-based, best-practice solutions. He likened the health care industry to a "team sport" and stressed the importance of "shared baselines" among hospitals in order to develop common best practices that can be standardized. James believes that 85% to 95% of care can be standardized through the sharing of patient outcomes and best practices.

"Only about 10% of a person's health is related to health care," James said, adding that the rest mostly is due to personal behavior, genetics and the level of sanitation of their environment.

He said the primary reasons to adopt EHRs are to eliminate waste, reduce clerical staff, decrease the amount of transactions and be able to blend the system with a patient outcomes-tracking system. There are few existing systems that can accomplish all of these objectives, according to James, who predicted that Intermountain will "build from scratch" a third generation of IT infrastructure, although he did not outline details of the project.

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