

Prominent Politician Views on Health Information Technology (HIT)

The powerful vendor-lobbying group, HIMSS, has been extremely successful over the last 8 years lobbying our elected political leaders concerning HIT, convincing them that the certified electronic health record (EHR) increases quality, decreases errors, and decreases overall costs even though none of these statements have yet to be proven in a well run study. In fact, in a recent study of the effect of the HITECH Act looked at 3000 hospitals and found that the level of EHR installation so far has not resulted in any significant differences in quality, errors, and overall costs.¹

The EHR is the perfect plank for politicians in that it brings them heavy lobbying revenue as well as an issue where a relatively small group of Americans, physicians, end up paying for the massive cost of installing an EHR. For the government-run Medicare program, the unpopular EHR can actually decrease overall Medicare costs if the maximum 5% penalty for not complying with the HITECH Act eventually becomes a reality, since the certified EHR is “significant used” by only 4% of physicians.^{2,2b}

Only a handful of politicians are questioning whether the cost of HIT will actually improve healthcare as promised, which can end up in wasted taxpayer money, and worse, become a slow-moving HIT blunder which puts patient lives at risk. Even President Obama’s staff quietly admits that these statements are unproven. Dr. Ezekiel Emanuel, the brother of White House Chief of Staff Rahm Emanuel and the current health-policy adviser at the Office of Management and Budget and a member of Federal Council on Comparative Effectiveness Research stated last year that “Vague promises of savings from cutting waste, enhancing prevention and wellness, installing electronic medical records and improving quality are merely ‘lipstick’ cost control, more for show and public relations than for true change.”³ Across the Atlantic Ocean, in the United Kingdom which has pushed the concept of the EHR for much longer than in the USA, the conservative opposition party, the Tories, is questioning the idea of continuing the money diversion from the cash strapped NHS into their own similar boondoggle idea of a massive HIT infrastructure and are seeking to dismantle the current \$20 billion National Programme for IT which is currently 4 years overdue.⁴

The following Congressmen have appeared recently in the news with their pragmatic views of the EHR:

- Senator **Sanford Cobun** (R-OK) introduced his new bill recently, S.1099 which states that lawmakers need to look at the “impact of the adoption of HIT on health care quality, cost, and access under each safe harbor.”⁵
- Senator **Chuck Grassley** (R-Iowa) recently appeared in the WSJ Health Care Blog after beginning an investigation of the major EMR vendors, particularly in the area of computerized physician order entry (CPOE) about EHR safety and whether or not they really do decrease costs, decrease errors, and improve quality.⁶

President **Barack Obama** is the most powerful HIT stakeholder politician, making the EHR the central hallmark of his healthcare agenda. He is surrounded by numerous advisors that represent EHR companies, including the likes of David Blumenthal (GE), Glen Tullman (Allscripts), Nancy-Ann DeParle (Cerner), John Glaser (Partners HealthCare System), Thomas Frieden, M.D. (eCW), and Jeffrey R. Immelt (CEO, GE).⁷

Former Speaker of the House and possible future Republican presidential candidate **Newt Gingrich** is also a leading proponent of the EHR who believes that “the United States could save about \$400 billion in health care by implementing HIT and best practices nationwide.” He is the founder of the Center for Health Transformation which is one of the sponsors of the yearly Healthcare Information and Management Systems Society (HIMSS) Summit. He attends and gives a keynote speech in the yearly HIMSS summit. In the past month alone he gave a webcast on the ARRA on 10/28/2009 and he gave a webinar on the need for privacy/HIPAA in HIT on 11/10/2009.^{8,9}

Possible future Republican presidential candidate Louisiana Governor **Bobby Jindal** has advocated for EMR adaptation on numerous occasions and earmarked \$18.6-million in the 2009 state budget for a variety of HIT initiatives, including \$3.5-million specifically set aside for “financial incentives” for physicians to use recognized EMR software in their respective practices.¹⁰ Likewise, Governor **Mitt Romney** recently gave a presentation to a group of Florida physicians where he generally supported the idea of federal incentives to foster more widespread adoption of electronic medical records technology. He has been a strong EHR advocate going back to at least 2004 when he helped launch the new Massachusetts initiative to convert paper medical records into electronic records.^{11,12}

Three possible future Republican presidential candidates who lack a position on HIT/EHR include former Governor **Sarah Palin**, Senator **John McCain**, and **Congressman Ron Paul**.^{13,14} Another Republican, former Arkansas Governor **Mike Huckabee** lacks a comprehensive healthcare plan, and although his support for the certified EHR is weak, he has stated that: “We need to do medical records electronically. Instead of doctors just having a paper chart when you visit, they would maintain electronic records.”¹⁵

Other possible future presidential candidates who have mentioned statements in favor of the concept of HIT/EHR include Secretary of State **Hillary Clinton**- “Electronic medical records could save annually \$165 billion in health care.”^{16,17} Vice President **Joe Biden** believes that the potential savings to the health care industry from full adoption of electronic medical records can be substantial. He wants 100 percent adoption of EMR/EHR software by 2015.¹⁷ During the recent presidential elections in 2008, Mayor **Rudy Giuliani** pledged to invest in HIT to reduce medical errors, improve efficient and detect health threats, noting that thousands of hospital deaths each year are attributed to preventable medical errors.¹⁷ Former Senate Majority Leader **Bill Frist** in 2006 endorsed the concept of the EHR, but advocated that the government supply a free open source solution like is seen in the VA’s VistA EMR. In 2008 he advocated a system where

physicians are rewarded for using EMR; s.a. increasing Medicare payments to providers who use and/or adopt this new technology.¹⁸

There are 4 directions that the USA can take in regards to the EHR:

1. Continue to push a decentralized system with doctors and hospitals buying and maintaining their own expensive “certified” electronic health records systems, and partially subsidizing the EHR installation with a monetary grant through the HITECH Act.
2. Have Congress fully subsidize a major single, centralized system. Some have mentioned using the already available in the Department of Veterans’ Affairs EMR called Vista which can be disseminated free of charge.
3. Allow physicians to buy their own basic EMR software systems and/or to use hybrid systems then provide a health information exchange (HIE) that would allow for easy sharing of patient information.
4. Continue a laissez-faire approach to EMR waiting until studies show that the EMR can lead to cost savings, error reduction, and/or quality savings.

Physicians need to lobby their political representatives to advocate for a common-sense approach to HIT/EHR where the physician is not saddled with the cost of an electronic healthcare infrastructure. Politicians need to begin questioning the HIMSS mantra that the EHR is a cure-all for our health care crisis. The push for HIT/EHR should go slow and taxpayer money should be spent judiciously. We cannot afford another "cash for clunkers" boondoggle, with unproven "enterprise" EHR systems being pushed accomplishing little to improve healthcare and possibly putting patients at increased risk.

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