

Entering the Decade of Health Information Technology

By Brian Raymond, MPH

Health information technology (HIT) is the underpinning of a vision for the future of American medicine that is gaining consensus among public and private policymakers nationwide. As envisioned today, Americans will one day experience a health care system in which disparate providers across an otherwise fragmented delivery system will share health records in real time by means of a national network of electronic medical record systems. The architects drafting the IT blueprints for an interconnected electronic health infrastructure represent a public-private partnership that is actively paving the way toward what the Bush Administration calls the “decade of health information technology.”

A National Health Information Infrastructure

The National Committee for Vital and Health Statistics (NCVHS) has set forth perhaps the clearest articulation of the vision for health information technology in its description of a National Health Information Infrastructure (NHII). It is described as “a comprehensive knowledge-based network of interoperable systems of clinical, public health, and personal health information that would improve decision making by making health information available when and where it is needed.” The NHII is not just a network of information systems but the standards, applications, and rules that support all facets of individual health, health care, and public health. The NHII as envisioned by the NCVHS is based on decentralized networks of voluntary health information.

The federal government has ramped up its leadership role in accelerating health information technology, and recent national policy developments targeting rapid HIT adoption are worth highlighting.

- On March 21, 2003, the federal government announced the first set of uniform standards for the

electronic exchange of clinical health information to be adopted across the federal government as part of the Consolidated Health Informatics (CHI) initiative.

- On July 1, 2003, the Department of Health and Human Services announced its purchase of a license that allows all public and private sector parties to use a medical vocabulary known as the Systematized Nomenclature of Medicine, Clinical Terms (SNOMED-CT) at no cost.
- On December 8, 2003, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) was signed into law. The landmark legislation establishes a voluntary electronic prescribing program and creates financial incentives for acquiring information technology and authorizes several demonstration projects on using information technology to improve quality.
- In January 2004, President Bush emphasized the importance of electronic records in his State of the Union address stating that “by computerizing health records, we can avoid dangerous medical mistakes, reduce costs, and improve care.”
- On February 25, 2004, the Food and Drug Administration issued a rule that requires “barcodes” on most prescription drugs and on certain over-the-counter drugs as a means to reducing medication errors in hospital settings. Barcodes on drugs and barcode patient wristbands reduce the potential for medication errors when used with a barcode scanning information system.
- On April 26, 2004, President Bush established a goal for every American to have a personal electronic medical record within ten years as part of an aggressive health information technology plan. He created the new Office of the National Coordinator for Health Information Technology within the Department of Health and Human Services to lead the national HIT effort. In addition, the Presi-

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Special Feature

THE PROMISE

dent doubled funding to \$100 million for demonstration projects on health information technology.

- On July 21, 2004, Health and Human Services Secretary, Tommy G Thompson, and the new National Coordinator for Health Information Technology, David J Brailer, MD, PhD, unveiled a strategic plan¹ for health information technology promotion over the next ten years. The plan identifies four major goals:
 - “Inform clinical practice” by bringing information tools to the point of care, especially by investing in EHR systems in physician offices and hospitals.
 - “Interconnect clinicians” by building a health information infrastructure.
 - “Personalize care” by using technology to give consumers more access and involvement in health decisions.
 - “Improve population health” by expanding the capacity for public health monitoring and by implementing research advances in public health care.

Although health care still lags far behind other industries in information technology investment, many observers view the recent policy development as a sign of new momentum gathering the critical mass needed to galvanize the HIT vision. Whether we are at or near the “tipping point” for HIT—where the technology adoption rate suddenly switches from incremental to exponential growth—is yet to be determined. Nevertheless, the health policy community has clearly moved from talk to aggressive action on health care transformation with information technology. ❖

Reference

1. Thompson TG, Brailer DJ. The decade of health information technology: delivering consumer-centric and information-rich health care: framework for strategic action. Washington (DC): Department of Health and Human Services, National Coordinator for Health Information Technology; 2004. Available from: <http://www.hhs.gov/onchit/framework/hitframework.pdf> (accessed September 28, 2004).

Lessons of Wisdom

When you make a mistake, don't look back at it long. Take the reason of the thing into your mind and then look forward. Mistakes are lessons of wisdom. The past cannot be changed. The future is yet in your power.

— *Hugh White, 1773-1840, US politician*