



August 1-15, 2008

August 14 - CMS pay for performance success related to IT use.

(see the [Government HIT story](#); see the 8/14 [CMS Press Release](#))

All ten participating physician groups in the CMS chronic care pay for performance demonstration project met performance targets for at least 25 of 27 quality metrics. The practices earned \$16.7 million in Medicare incentives during the past year, while saving the Medicare Trust Fund \$5.8 million.

CMS credited clinical champions, care process redesign *and information technology* for the gains, claiming that "...enhancements to their electronic health records and patient registries allow practices to more easily identify gaps in care, alert physicians to these gaps during patient visits, and provide interim feedback on performance."

Our Take

Results were not broken out for practices with and without specific technologies, so these results will not support forecasts of HIT benefit. How about a follow up study, CMS?

August 12 - New study tests ability of EHRs to support outcomes and effectiveness research (see the [press release](#))

The Joseph H. Kanter Family Foundation and the eHealth Initiative Foundation plan to test a distributed research network including electronic health records and other types of available electronic data, to "...improve evidence on medical care, including the comparative effectiveness of alternative treatments and strategies for delivering care." The project is called the Partnership for Connecting Research on Outcomes and Effectiveness.

This effort is a personal priority of Foundation Chairman Joseph Kanter, who said: "This Partnership represents the culmination of what was started when former Senate Majority Leaders Bill Frist (R-TN) and George Mitchell (D-ME) joined me at the Newsmaker Breakfast at the National Press Club in a bipartisan call for a system that will help patients and their doctors understand how to better treat disease. Through this Partnership, we will accelerate research efforts by creating the first major pilot of a distributed research network using personal

electronic health records to improve the quality and cost-effectiveness of health care for all Americans.”

Our Take

This is EHR benefits in reverse: not, “what are the benefits of EHRs?”, but “What can EHRs tell us about the benefits (of alternative treatments)?” This same goal is often cited by individual hospitals as part of their justification for purchasing an EHR, but little information has been presented on the success of such efforts. This well-funded and high-profile study should clarify the opportunities and potential of such automated research, as well as the obstacles and challenges to making it a practical tool.

August 11 - Massachusetts EHR mandate linked to recent benefits study? (see the [Government HIT story](#))

As of 2015, Massachusetts hospitals and community health centers must use interoperable EHR systems in order to obtain or renew their operating licenses. Hospitals must also implement CPOE by 2012. In addition, private practice physicians must demonstrate competence in the use of CPOE, e-prescribing, EHRs and other health IT by 2015, as part of their licensure requirements.

Our Take

Is the basis of this far-reaching mandate a recently published study by the Massachusetts Technology Collaborative and the New England Healthcare Institute, which forecasted substantial benefits for hospitals using CPOE (see the [Boston Globe story](#), download the [study report](#))? The study concluded that CPOE use could dramatically reduce medication errors and save each community hospital \$2.7 million annually, along with several other benefits. The projected financial benefits could have provided necessary cover for the State legislature to add costs to hospitals. With this bold move and the Romney insurance mandate, Massachusetts takes the lead on two of the most visible issues in healthcare – expect more visitors from Washington after the presidential election.

August 6 – When rules collide...HCI blog discusses the problem of competing CDS systems (click the blog link on the left of the [HCI home page](#) and read Joe Bormel’s August 6 blog)

A recent Healthcare Informatics blog by Dr. Joe Bormel asserts that “...CDSS reliability is decreasing predictably and getting more complex, as the number of parts increase.” For example, we implement CDS alerts, then disable them, then implement other more customized “alert patches” on top of the first set until it’s hard to tell what we’re alerting for and when and why. Dr. Joe suggests that

“disruptive innovation” may be required to reverse this cycle of increasing complexity.

Our Take

What does this have to do with IT benefits? A lot. CDS in its many incarnations is the primary mechanism of EHR benefits, so when those alerts are turned off, or become so complex that errors are introduced, the value of an EHR plummets. The Leapfrog CPOE Evaluation tool is a practical way to understand these issues; if you don't know about this tool you should immediately [read about it](#).

August 5 - McKesson CIO blames low use of IT for U.S. life expectancy (see [InformationWeek story](#))

In his LinuxWorld keynote last week, McKesson CIO Randall Spratt cited limited use of health IT as a reason why the U.S. ranks 17th in the world in life expectancy while leading in medical research. Asserting that 550 people die every two days in the U.S. from avoidable medical errors, Spratt said "Even though the technology is there, the hospitals can't afford to deploy the technology to save lives."

Our Take

True or not, this is a bit like the President of Eli Lilly blaming depression on low Prozac consumption ;^).

August 5 – HUMC CIO, CTO talk benefits (see the Healthcare Informatics interview on the [HCI home page](#) under Online Exclusives)

Hackensack University Medical Center CIO Lex Ferraiola and CTO Ben Bordonaro recently spoke to Healthcare Informatics about their keys to success. Among other things, Ben had this to say about IT benefits: "...you need to work with the departments on a business level. You have to talk about the solution, where they're going to go from here, how their workflow is going to be better, how they're going to save resources. And then when you improve that with success and get a win on it, that's how you start gaining your supporters."

Lex added: "Technology is just the tools. If you're a landscaper and you tell them about a wonderful rake, it doesn't work. It's not about the rake, it's about the garden you're going to be creating and the value of that garden."

Our Take

We love the gardening analogy, but the way we'll recognize nirvana is when the gardener goes to the hardware store looking for the right tools themselves (this is not a critique of HUMC, just an observation about the world we live in).

If you would like to suggest an item for Health IT Value Digest please email douglas.thompson@navigantconsulting.com.