

# The HITECH Act at 16 Months

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“Now this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning.” Winston Churchill, November 10, 1942.

“The law of unintended consequences is what happens when a simple system tries to regulate a complex system.” Andrew Gelman.

“My Uncle Sam gave away \$30 Billion for HIT and I didn’t even get a lousy T-shirt.” Me.

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- What was true before HITECH is just as true today: you cannot solve long-term sustainability with a one-time infusion of funds;
- Over time, the economics of the fee-for-service system will eventually strangle most of the things HITECH is trying to incentivize, meaning the payment system must change for HIT/HIE usage to be remotely optimal;
- Nothing short of a statutory claims assessment seems likely to result in the type of predictable public funding that must be the anchor tenant of any sustainability model in our highly fragmented healthcare system;
- Grants are still the gift that keeps on costing;
- The space-time continuum is ONC's enemy;

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- Meaningful use, while a thoughtful and nuanced framework, runs the risk of straying into healthcare delivery central planning, with all the dangers that entails;
- It is very hard to create governance structures that can make actual decisions about real resources in our fragmented, competitive, low-margin system;
- True public/private partnership models remain elusive, and are most likely impossible if public/private discussions are viewed through a procurement and conflict of interest lens: a simple statutory safe harbor, for which there is ample precedent, seems like the best cure;
- Early anecdotal evidence suggests there could be a large number of providers who do not respond to the HITECH incentives;
- HIT and HIE might be necessary, but they are not sufficient to produce quality improvements or efficiency gains;

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- Nationwide interoperability is an incredibly complex undertaking in which short-term benefits can have long-term costs and long-term benefits can have short-term costs;
- Dell has an integrated supply chain and IBM has an integrated supply chain, but the the Dell and IBM supply chains are not integrated with each other – and that is the task we have set for healthcare;
- \$600 million does not go as far as it used to – all indications are that support for implementation and adoption is insufficient, which will show up in the failure rate;
- There are complicated trade-offs between uniformity and adaptability (this is true of policy as well as technology).