

The Role of HIT and HIE in Transforming Health Care Delivery

June 4, 2010

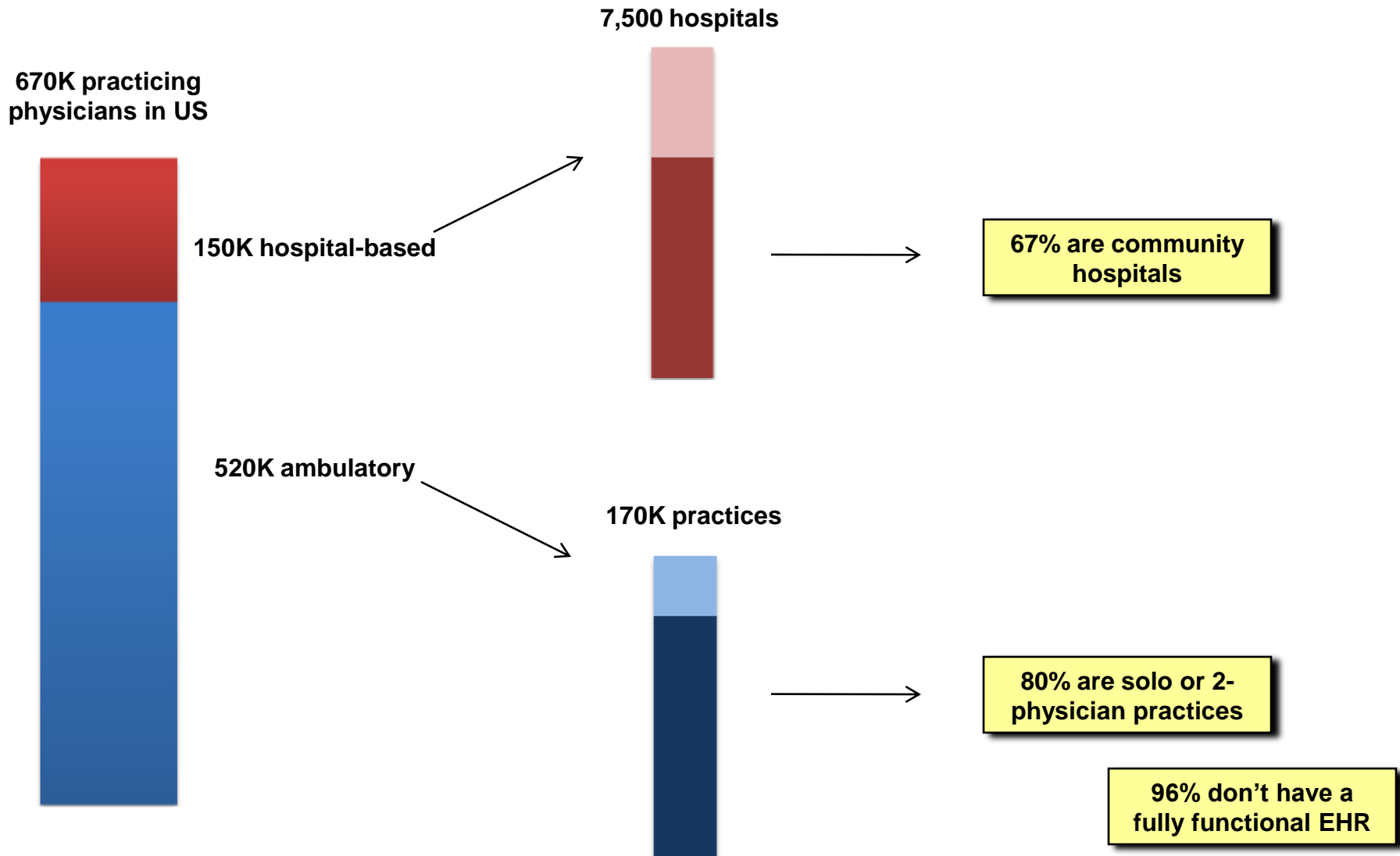


What Role Can HIT and HIE Play in Transforming the Delivery System?

Computers don't transform the delivery system, people transform the delivery system

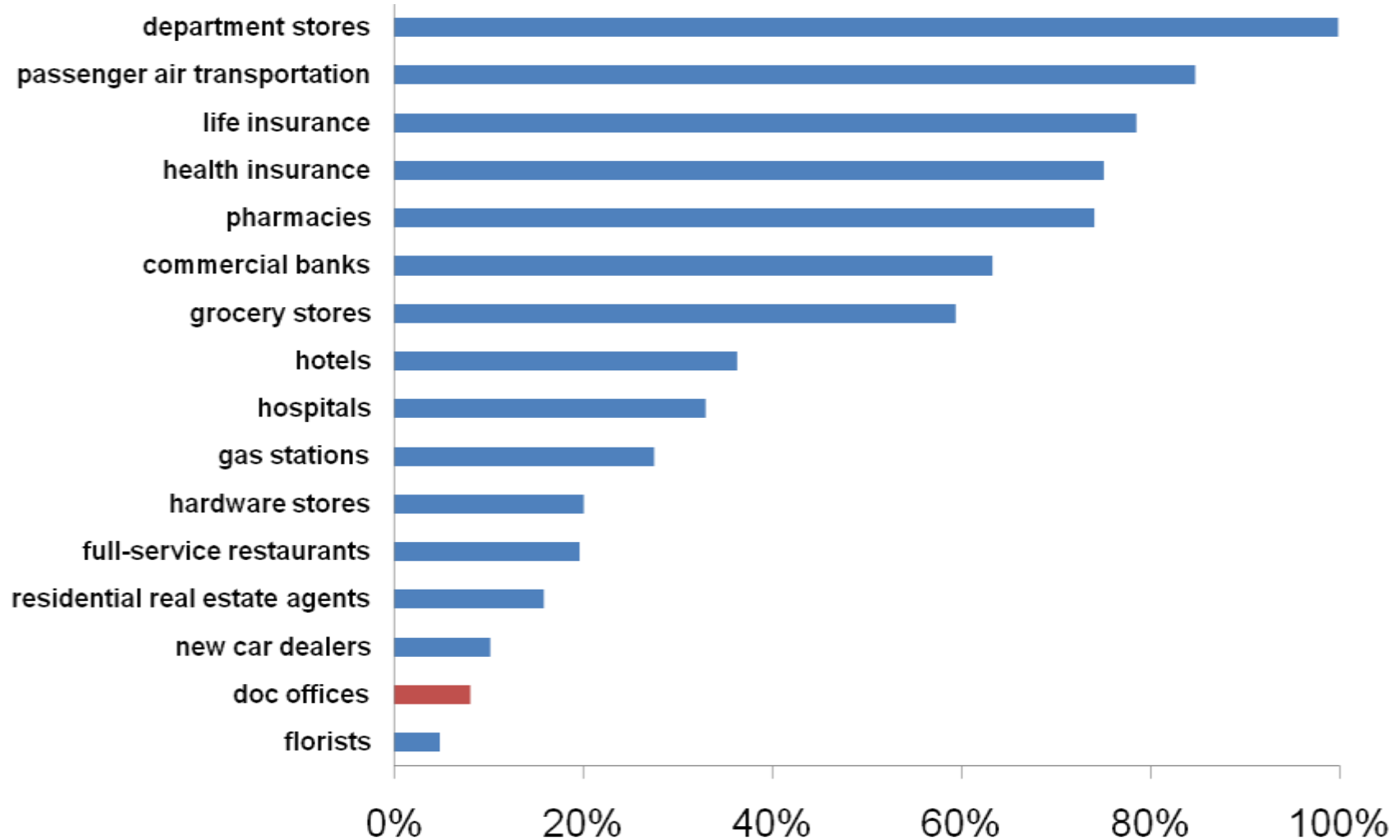
HIT and HIE can help us think of ways to transform the delivery system, but they can't – and won't -- transform the delivery system

Our Health Care “System” Isn’t Really a System



Ambulatory health care delivery really is different!

% of employees who work in 50 largest organizations, by industry



Source: *Establishment and Firm Size: 2002*, November 2005, US Census Bureau

HIT and HIE Approach Have to Be Durable to Situational Change

Economic climate

Political leadership

Business leadership

Business structure changes

Technology change

If the Brits can't do it...

InformationWeek

THE BUSINESS VALUE OF TECHNOLOGY

Image Gallery: IT Hall Of Shame

Paul McDougall 06/01/2010 Look back at ten of the most infamous and notorious tech industry frauds, flops, and foibles from individuals to products, ideas to entire companies.

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UK National Health Service Modernization

The U.K. government's attempt to move to electronic health records in the mid-2000s got bogged down amid contractor conflicts and technology incompatibilities. Britain's government at one point warned that that the NHS's National Programme for IT would end up costing more than \$55 billion--a whopping \$26 billion over budget. The project continues to limp along.

Other factors drive economic value in our current system...

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The Boston Globe



State tries to slow medical expansion

Proposals will face tougher scrutiny

By Robert Weisman and Liz Kowalczyk

Globe Staff / June 4, 2010

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Patrick administration officials, seeking to pressure hospitals as well as insurers to rein in costs, say they will more closely scrutinize plans for new medical buildings and technologies to determine how they might affect the cost of health care in Massachusetts.



Discuss

COMMENTS (7)

The move is intended to halt what some call an escalating “medical arms race,” in which Boston teaching hospitals vie with suburban hospitals to establish new outpatient care centers and buy expensive imaging and detection equipment that can draw hefty reimbursements from Medicare and private insurers.

Participants have more options open to them than we realize...



From Medscape Medical News



Physicians Seeing Fewer Medicare Patients Because of Low Pay and Threat of Cut

Robert Lowes

Authors and Disclosures

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June 3, 2010 — The failure of Congress to permanently solve the Medicare reimbursement crisis is making it harder for seniors to make an appointment with a physician, according to a new survey by the American Medical Association (AMA).

The online survey of 9000 physicians in May revealed that 17% — and 31% of those in primary care — are limiting the number of Medicare patients they treat, with most of them explaining that Medicare rates are too low and that the threat of future cuts "makes Medicare an unreliable payer," in the words of the survey.

The AMA released the survey today in tandem with the debut of an ad campaign urging Americans to pressure the Senate to address Medicare reimbursement when it convenes next Monday after a week-long Memorial Day break.

Last Friday, the House passed a Democrat-sponsored bill that would postpone a scheduled 21.3% reduction in Medicare reimbursement from June 1 to January 1, 2012, and give physicians small raises in the meantime. However, Senate Democrats opted not to try to pass the legislation in their chamber that day, saying they did not have enough time to do so before the Memorial Day break. Instead, senators began flying home that Friday.

The change required is more fundamental than we may realize...

On health care, lobbyists flex muscle

The Boston Globe

Medicare overruled on bone scan tests

By Christopher Rowland, Globe Staff | May 31, 2010

WASHINGTON — In its heyday just four years ago, Dan Burneika's company performed 2,000 medical imaging exams a month, deploying a fleet of 10 mobile scanners that roamed New England, testing the bones of elderly women for signs of osteoporosis.

But Medicare decided it was paying too much for each test and began cutting the reimbursement from about \$140 to \$50. With his profit margin eroding, Burneika and his partner sold their mobile scanners and closed the business in Harvard, Mass.

"It was quite profitable," said Burneika. "Until the end."

But for lobbyists, the battle was just beginning.

A \$3 million campaign by doctors, scanner operators, manufacturers, and groups devoted to women's health helped persuade lawmakers to overrule Medicare administrators this year and restore much of the reimbursement for osteoporosis tests. In a little-noticed provision buried deep in the sweeping new health care bill, Congress decreed that Medicare shall pay \$97 for each test, instead of \$50.

It was a stark instance of a narrowly tailored, special-interest political victory in a law trumpeted by President Obama and Democrats as putting America on a path to a more rational health care system, where decisions are made on medical evidence and patient outcomes.

"The insertion of a price boost for one specific good or service in a law is exactly the wrong way to set Medicare prices," said Austin Frakt, a health economist at Boston University. The move was ironic, he added, calling it a case of congressional meddling in a bill that was otherwise loaded with measures setting up a variety of pilot programs for reforming the system.

Some also wonder if it is a harbinger of more political fights over health pricing, as the medical industry tries to resist government efforts to link Medicare and Medicaid payments to things like medical evidence and patient outcomes.

"In the future, as we get to tighter and tighter concerns about health care costs, is this going to happen more often?" said Dr. Mark McClellan, the former Medicare chief under President George W. Bush and now director of the Engelberg Center for Health Care Reform at the Brookings Institution, the Washington think-tank.

Estimated ARRA funding for HIT and HIE

