Hot Topics in HIT

Stimulus incentives must be tied to the effective use of health IT

By Dr. Janet Corrigan, president and CEO of The National Quality Forum

The message to governors and health care leaders couldn’t be clearer – “Spend your stimulus money well… or else.” While the $250 billion American Recovery and Reinvestment Act (ARRA) represents a challenge of massive proportions, the $19 billion allocated for health IT in the federal stimulus package has the potential to unleash extraordinary opportunities to improve safety, quality and affordability.

To make the most of these stimulus funds, we need to take steps now to ensure that EHRs and PHRs possess the necessary capabilities to support performance measurement and improvement. We must also ensure that investments are tied to the effective use of HIT to enhance patient care.

EHRs and PHRs must have the capacity to capture the necessary data to calculate measures. They also must provide clinical decision support, such as prompts and reminders to a clinician to ask a question or supply a drug. Alerts also can inform a clinician that something is amiss, such as a drug being prescribed that will react badly to another prescribed drug.

Establishing an HIT infrastructure to fully support performance measurement and improvement requires close and ongoing collaboration between the quality community and the HIT community. Success will be achieved when we put HIT and the data that courses through its infrastructure to use for the best care for our patients.

Efforts are now well under way to create such a bridge. In 2007, NQF established the Health Information Technology Expert Panel (HITEP), chaired by Paul Tang, MD, Palo Alto Medical Foundation. The program received initial support from the Agency for Healthcare Research and Quality and was established pursuant to recommendations of America’s Health Information Community (now a public-private partnership known as the National eHealth Collaborative). The initial work of HITEP has focused on identifying the types of data (i.e., the Quality Data Set) that must be captured in EHRs to calculate the performance measures that are currently used by Medicare for public reporting purposes. HITEP is now working collaboratively

Hot off the press

George Halvorson's practical guide delivers blueprint for health care reform


Health Care Will Not Reform Itself arrives in bookstores just as the Obama administration takes action toward reforming the country’s health care system. Employing authoritative studies and illustrated by disturbing examples, Halvorson proves that good health care is not just attainable, but also far less costly than the fractured system that currently defines the state of most American’s health care today.

Halvorson argues that the key to reducing the cost of care is not by rationing it, but by improving it. The simple truth is that the best health care system is one that actually focuses on good health for everyone.


Kaiser Permanente's "The Story of Sidney R. Garfield"

The Story of Sidney R. Garfield: The Visionary Who Turned Sick Care into Health Care (The Permanente Press, 2009), written by Kaiser Permanente staffer Tom Debley and edited by Kaiser Permanente staffer Jon Stewart, chronicles in narrative style the life of the physician whose reform ideas helped reshape American health care in the second half of the 20th Century. From taking care of a few hundred people in the Mojave Desert in 1933 to molding a health care delivery system, known as Kaiser Permanente, that today serves eight million Americans, Garfield’s contributions to reform were in the trenches.

Garfield believed health care should be a right. Starting after World War II, he focused on new ways to improve access to and the quality of health care. For example, in
with the Health Information Technology Standards Panel (HITSP) to translate the "Quality Data Set" into HIT standards. Additionally, with the Certification Commission for Health Information Technology, HITEP is promoting the development of EHRs capable of supporting performance measurement and improvement. HITEP has now turned its attention to identifying when and how data included in the Quality Data Set should be captured as a part of the workflow processes in health care settings.

It will not be enough for states, health systems and clinicians to purchase HIT. HIT investments and incentives must be tied to the effective use of HIT to improve patient safety, outcomes and the experience of care, not just to owning a system. To support this need, NQF has endorsed a set of performance measures emphasizing HIT use in five areas: electronic prescribing, interoperability/information exchange, care management, quality registries, and the medical home. For example, the two care management measures endorsed by NQF assess the use of HIT to identify specific patients in need of care, track their preferences and lab results, and assist clinicians in providing evidence-based care according to national guidelines using automated alerts and reminders. To ensure that information about patients doesn’t fall through cracks in the health care delivery system, the first of these NQF measures addresses HIT used during a patient-clinician visit and the second addresses capturing and sharing clinical results between visits.

A Health Affairs policy briefing on HIT in March compared the stimulus situation to the Oklahoma land rush, with state leaders racing to spend ARRA funds at a breakneck pace to meet federal deadlines. While there is an obvious sense of urgency, states, health systems and clinicians should take time to carefully plan how HIT can be deployed for maximum and sustained benefit. This time allocated for planning and preparation will pay enormous dividends over the long term.

**KP Corner**

**Three million people now using Kaiser Permanente's Personal Health Record**

More than three million members are now using My Health Manager. The growing number of active users — now more than one-third of Kaiser Permanente’s 8.6 million members — demonstrates that consumers find the organization’s personal health record an effective, easy and convenient way to manage their care.

“Consumers expect easier and faster access to information, especially online, and that extends to information relating to the management of their own health,” said Anna-Lisa Silvestre, vice president for online services, Kaiser Permanente. “We have long been a leader in online health services, from the launch of the first PHR features on kp.org in 2005, to this most recent milestone of three million active users, and our numbers continue to grow.”

1966, Garfield’s team computerized health checkups, one of the earliest experiments in medical computing. And when the architect of the HMO Act of 1973 looked for ideas, he turned to Garfield’s model, saying: “The HMO concept wasn’t some pipe dream; it was already being used for a couple of million people.”


**Kaiser Permanente honored as leader in health information technology**

On April 6, Kaiser Permanente hospital facilities received 12 out of the 15 first-ever Stage 7 Awards from the Healthcare Information and Management Systems Society (HIMSS). This is the highest level of recognition for hospital-based EMR implementation. HIMSS Analytics developed the EMR adoption model as a methodology for evaluating the progress and impact of EMRs for acute care delivery environments. Stage 7 hospitals are recognized for operating in a paperless environment where clinical data is used for performance improvement and analytics of care delivery.

**Health Affairs addresses the future of health IT**

The March/April issue of Health Affairs, released March 10 at a Washington, D.C., briefing, focused on the transformative promise of health IT, the challenges to its adoption and the substantial dangers it could pose if not done right. Kaiser Permanente published two studies in the issue that show how a comprehensive electronic health record can increase consumer convenience and satisfaction and provider efficiency while maintaining clinical quality.

The first paper, The Kaiser Permanente Electronic Health Record, Transforming and Streamlining Modalities of Care, found that between the implementation of KP HealthConnect™ in 2004 and 2007 in Hawaii, office visits per member decreased 26.2 percent, total scheduled telephone visits per member increased nearly 900 percent and secure e-mail, which began in late 2005, increased nearly six-fold by 2007.

A second paper, If You Build It, Will They Come? The Kaiser Permanente Model of Online Health Care, examined the rate at which consumers are adopting online health services, which services they are using, and the key factors that contribute to consumer acceptance of online health tools.

“Technology is transforming the way we deliver health care at Kaiser Permanente,” explains study co-author Louise Liang, MD, recently retired senior vice president, quality and clinical systems support, and now consultant, Kaiser Permanente. “We must become more efficient and sensitive to the needs of the individual patient to improve
Health IT Happenings

- **AMDIS 18th Annual Physician-Computer Connection Symposium**
  July 14-17, 2009 | Ojai, CA
- **7th Annual Health Care Quality Congress**
  Aug. 3-5, 2009 | Boston, MA
- **Transform: A Collaborative Symposium on Innovations in Health Care Experience and Delivery**
- **5th Annual Consumer Health Congress**
  Sept. 30-Oct. 2, 2009 | Alexandria, VA
- **Health 2.0**
  Oct. 6-7, 2009 | San Francisco, CA
- **TEDMED2009**
  Oct. 27-30, 2009 | San Diego, CA
- **The 5th Annual World Healthcare Innovation and Technology Congress**
  Nov. 8-10, 2009 | Washington, D.C.

Kaiser Permanente offered as health care reform model on NBC Nightly News

"There's a great model for health care reform already operating in the United States," NBC Nightly News science correspondent Robert Bazell reported March 4. The model is Kaiser Permanente.

Six ways electronic medical records could make your life safer and easier

In a March 10 *U.S. News & World Report* article, reporter Nancy Shute offers six tips for individuals to make effective and efficient use of health IT, gleaned from the current edition of *Health Affairs*.

Research Roundup

Workplace e-mail intervention program encourages healthy behaviors

According to a Kaiser Permanente Division of Research study in the *American Journal of Preventive Medicine*, a behavioral intervention program delivered by e-mail in the workplace is an effective way to significantly improve diet and physical activity by helping employees move more, sit less, and make healthier food choices.

The study was a randomized controlled trial of the ALIVE (A Lifestyle Intervention Via E-mail) program conducted among 787 Kaiser Permanente Northern California employees at their worksites. Through the ALIVE program, developed by NutritionQuest (www.nutritionquest.com), weekly e-mails were sent to the 351 employees randomized to the intervention group; the 436 employees in the control group received only immediate e-mail feedback at the start of the intervention indicating whether or not their reported physical activity and diet met national guidelines.

At the end of the 16-week trial, the participants in the intervention group were more physically active, ate more fruits and vegetables, and reduced their intake of saturated fats and trans fats, compared to the control group.

This is one of the first studies of programs that send messages directly to individuals via e-mail, rather than requiring individuals to actively access the Web.
If you have an upcoming event which you would like to be posted in our next newsletter, contact e-quality@kp.org.

For more information, please contact e-quality@kp.org.

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