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Technology in Service of Quality:
Bringing IT to Medical Care

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The idea of a national health information infrastructure is exciting and energizing—a truly bold 21st century concept. The reality of the infrastructure would be a dream come true for many consumers. And I'm not exaggerating when I say this. We all know that we have the world's preeminent medical research enterprise in the United States. We have the finest medical instruction. We have a wealth of highly trained physicians and other health providers. The reality of a national health information infrastructure would expand the still untapped capacity that we have to help people get well and stay well.

The delivery of health care in America is saddled with: inefficiencies and waste; with grievous and sometimes deadly medical errors; with outmoded ways of doing business that are costly and at times harmful to patients; and with outmoded techniques for sharing information among patients, physicians, and hospitals.

These problems are not the result of incompetence. Nor are they the result of a lack of modern technology. To the contrary: our health-care providers are dedicated to doing the best they can for their patients. As a nation, we have access to technology that seems limitless in its potential. And the technologies used have succeeded in improving the quality of life and health of many Americans.

Yet, millions do not benefit from this know-how, because we do not adequately or routinely apply information technology to the practice of medicine. The sobering study just released by the RAND Corporation showed how much medical care in the U.S. needs to improve.

You and other health-care experts know that we can't improve care without making better use of information technology to help doctors and other providers track what they are doing, remind them of what they should be doing and measure what they have done.

We have the technology—the systems and devices, and so forth. But we are nowhere near the skill and will to use information technology to best advantage. Let me offer some examples of what I mean:

- More than 90 percent of the 30 billion annual medical transactions are conducted by phone, fax, or stamped mail.
- Only a third of hospitals have Computerized Order Entry systems—and fewer than five percent of them require their use.
- Only five percent of clinicians and 19 percent of provider organizations use Computerized Patient Records systems.
- While we know that illegible penmanship is not a required course in medical schools, it is a popular elective. Yet fewer than five percent of physicians write electronic prescriptions.

And so on. I think we often feel a little queasy when we see the mass—or maybe the mess—of handwritten notes from our own doctor and from others we have consulted with, blurred faxes, and bits of paper of varying sizes that reside in our folders. Can our physicians actually make sense of all these things? Can anyone? I hope so. But it looks discouraging. And from what we hear from our AARP members, this is all too

common for many people in America today.

What I am describing is real. But it is also a metaphor for how medical practice—and especially the delivery of medical care—is often conducted. And perhaps it is that unhappy thought that makes us place such high hopes on the development of an information infrastructure that will help set things right. If we get it right, we will have vastly improved safety, clarity and efficiency. We will greatly improve the quality of care we all receive. And, our health-care system will be much better.

We need order. We need safety. We need information. We need legibility. Above all, we need higher quality. Simply put, physicians need to be able to communicate directly, clearly, and electronically with other physicians and with hospitals and other institutions. Many practices and hospitals already have remarkable IT systems—but they are internal. They do not connect to the outside medical world. And of course many practices have virtually no useful IT at all.

Better information technology would foster better coordination and communication among doctors. It would help them get quicker access to information such as lab tests and x-rays, help them overcome memory overload and improve communication with their patients.

Information Technology is not magic—it will not cure the system completely, let alone the patients. But it will improve—vastly and measurably—the delivery of health care, health information, access, and safety. A national Infrastructure, operating on a platform available to and shared by all, is the obvious beginning. Just as we built the transcontinental railroad, using the same track gauge from one end of the country to the other.

The opportunities are enormous. For example,
- It is estimated that as many as 98,000 Americans may die in hospitals each year because of medical errors.
- In addition, at least two million adverse drug events and some 190,000 hospitalizations a year could be avoided using the right IT. That's remarkable.
- This could save some $44 billion. That's remarkable, too.
- And speaking of money, a primary care provider using electronic medical records could save an estimated $17,000 a year by avoiding the redundancies, inefficiencies and uncaught billing errors of paper transactions.

The Infrastructure can also help bring us to a point where patients—the consumers of health care and medical services—have the information they need, especially if they are going to participate in their own care and make intelligent, informed decisions about the doctors and hospitals they use and which course of treatment to follow. An inadequate information structure, the patchwork we have now:
- denies consumers relevant information, leading them to make uninformed decisions,
- limits consumers' ability to participate in their own health care and well-being,
- impedes patient communication with doctors and other providers, and

- hampers communication <u>among</u> their doctors.

All this comes down to improved <u>quality</u> of care. As the CEO of AARP, I am speaking as an advocate for health consumers, particularly older men and women and their families. From our point of view, quality takes many forms: increased safety, better health outcomes, and improved communication between the patient and physicians and other providers. And it refers to better communication among providers on behalf of the patient and his or her family.

The need for better quality also applies to the quality of the information inself—how reliable and easily available it is. For example, it is imperative that consumers have good information about a doctor's qualifications and experience. It is equally important for consumers to be able to determine the quality of hospitals, nursing homes, physical therapy centers, labs, clinics and other institutions.

In twenty-first century America, more of us are living much longer lives—if you live to 65, the odds are you will live to at least to 83. And by and large, our lives are better than they were in previous generations. But as life expectancy grows, many older people are living their longer lives with chronic conditions—with heart disease, diabetes, and arthritis, for example.

With the right information and good guidance from health practitioners, many patients and their families could take a more active role in managing their chronic conditions— and, in some cases, reduce their number of visits to the doctor or hospital. But information is critical.
- First, you must know you have the condition and get an accurate diagnosis. The numbers of undiagnosed cases of hypertension, for instance, are still too high.
- Then you must understand the nature of the disorder in the case of hypertension that, it has no discernable symptoms, and the effects can be devastating, but it can be treated.
- Then you must know the range of treatments and therapies available so that you can evaluate the physician's recommendation.
- Finally, your doctor needs information to monitor your progress and to ensure that your condition is under control.

I had the opportunity to work on the National High Blood Pressure Education Program for a number of years. As successful as this program was, I cannot help thinking how even more successful it would have been if a national health information system had been place back then.

Individuals and their families can thus take a more active role in managing their conditions better. Not always, of course, but often.

Some people may not want—or be able to use—all the choices that information technology will give them. They may fear that the technology will invade their privacy. There will be language and cultural barriers, suspicions, and in some cases, fear of the medical system. Having more readily available information may appear to oblige

people, even force them, to become more involved in their personal health care, and they may not all want to—or be able to. Assuring people of privacy and safety will be important.

Different people will want to interact with the system in their own ways. Some will embrace greater access to more information. Others will not. Regardless of how individual consumers, doctors, hospitals and other providers utilize an improved IT Infrastructure virtually everyone can benefit from system improvements and better care.

The health-care industry has to be persuaded—and the statistics I quoted earlier indicate that it has not been—to invest in and use information technology to improve medical care. The industry also needs to agree on a common platform—the track that all trains can run on—to make the system work.

We need to make a business case for the huge investment it will take to improve the IT Infrastructure in health care. We need to harness the energies of all sectors—public and private—to achieve our goals. Other industries have done it…Why not health care?

As experts in the field, you recognize the enormous potential, if we have the right techniques, the skill and the will, to put the technology to its best use.
There are two big payoffs to be gained: improved quality of life and substantial cost savings that are necessary to keep health care affordable and sustainable.

The Medicare bills just passed by the House and Senate both call for electronic prescribing. It will be interesting to see how this component of information infrastructure emerges from conference committee and into final legislation.

I believe AARP can help. As a consumer organization with 35 million members, many thousands of volunteers, and offices in every state, we can play a role. We can help create consumer demand for a national system and for better care and better information. We can educate our members, their families and the public about using the system.

I'll be interested to hear what the conference's consumer health track reports as they present their ideas tomorrow morning.

So, by working together, we can save lives, by avoiding errors. We can save money by eliminating inefficiencies. We can give patients power by giving them information. We can give physicians and hospitals greater capability through better information, and more of it when they need it. We can bolster research and the dissemination and application of useful knowledge. Best of all, we can improve the quality of care and, thus, the quality of life for millions of our Americans —and we can do so starting now and reaching generation after generation into the future.

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