



## Ending the Document Game

Connecting and Transforming Your Healthcare Through Information Technology

### **Federal Commission Urges Immediate Action on Development of National Health Information Technology Infrastructure**

Commission on Systemic Interoperability Calls for Patient Authentication System, Financial Incentives and Regulatory Exemptions To Ensure Widespread Adoption of Electronic Health Information

**Washington, DC, October 25, 2005** – The federal government should develop a nationwide patient authentication standard that protects individuals' information and lead an effort to offer financial incentives to providers in order to foster the electronic exchange of health information, according to two key recommendations released today by the Commission on Systemic Interoperability. In all, the Commission pinpoints a total of 14 steps for creating a connected system of instantly accessible health records for every American.

Such a system will lead to dramatically improved patient safety, quality of care, convenience, satisfaction, and health while helping to rein in soaring healthcare costs. Detailed in today's report *Ending the Document Game: Connecting and Transforming Your Healthcare through Information Technology*, the 11 Commissioners focused on giving people the information they need to make wiser decisions about their healthcare and helping consumers understand how electronic records and other technology are critical to achieving that goal.

"It is within our power to ensure that all Americans get the healthcare they need," said Commission Chairman Scott Wallace, President and CEO of the National Alliance for Health Information Technology. "This report gives concrete direction on how to connect people to their caregivers and to their health information using computers rather than paper. By optimizing these technologies, we can give Americans the best healthcare possible."

The issue of patient confidentiality is central to the Commission's work and plays a dominant role in the report. To ensure that only those who need to see the information and have the right to see it gain access, the commission recommends a patient authentication system that would serve the dual purpose of both connecting and protecting information.

"A national system of connected health information has to be able to link patients to their data. That requires a system for correctly identifying patients and making sure they have control of their data," said Commissioner Herbert Pardes, MD, President and CEO of New-York Presbyterian Hospital. "At the

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same time, we need to develop stringent consumer protections and criminal penalties for unauthorized use of healthcare information.”

The report also addresses the financial constraints deterring most providers, including safety net and rural hospitals and many doctors’ practices, from adopting electronic health records (EHRs) and participating in a standards-based healthcare information network. The commission calls on government, insurers and employers to begin offering financial incentives within two years to spur widespread adoption and prevent a fractured system of haves and have-nots.

“Technology will transform the healthcare industry just as it has every other business, from travel to banking,” noted Ivan Seidenberg, a commission member and Chairman and CEO of Verizon Communications. “This technology will minimize medical errors, improve patient care and help drive down healthcare costs. When these changes are implemented, the American consumer will benefit.”

In addition to the confidentiality and funding recommendations, the Commission urges government to “act with urgency to revise or eliminate regulations” that throw up roadblocks to the implementation of interoperable electronic health records (EHRs,) in particular the Physician Self-Referral law, also known as the Stark law, and the Federal Anti-Kickback Law. The laws are meant to prevent referrals for financial gain.

After the commission finalized its recommendations in September, the U.S. Department of Health and Human Services on October 5<sup>th</sup> issued a proposed regulation that would amend the Physician Self-Referral Law.

“The Stark law is an example of unintended consequences,” said Commissioner Vicky Gregg, President and CEO of BlueCross BlueShield of Tennessee. “It was never meant to block the adoption of information technology, but is nonetheless a major barrier to portable health records. I’m glad to see that the Administration agrees, and I hope the proposed regulation is quickly adopted so that providers and insurers may collaborate to implement EHRs.”

The Commission also addresses the technical—but vital—actions needed for building a connected health network. It recommends concerted effort to speed development, maintenance and adoption of data standards, which will permit different technology systems to understand one another. It also calls for certifying healthcare information technology products, which will lower the risk for buyers by ensuring systems meet the standards for exchanging information.

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“Much of the work needed to standardize health information is well underway. However, each effort is independent and proceeding at its own pace. The commission’s roadmap shows how to bring them together to achieve rapid progress,” said Commissioner Bill Stead, MD, Chief Information Officer at Vanderbilt University Medical Center.

In the report, the commission organizes its recommendations into three broad categories: adoption, “interoperability” (or the technical ability of different institutions to access the same electronic records), and connectivity between doctors, hospitals, clinics and patients.

In addition to incentives and regulatory exemptions, the “adoption” recommendations focus on other critical actions for getting clinicians and consumers to use information networks to maintain health records and to access patient information and decision support systems as needed to support better, safer care decisions. The “interoperability” recommendations cover the more technical developments necessary for creating a connected health system. The “connectivity” recommendations, which include the need for a patient authentication standard, address the key challenges in creating the physical networks and operating rules needed to move information seamlessly and securely.

The complete Commission report, a list of the recommendations and a media kit are available at: [www.EndingTheDocumentGame.gov](http://www.EndingTheDocumentGame.gov).

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The Commission on Systemic Interoperability was authorized by the Medicare Modernization Act, and established by the Secretary of Health and Human Services. Its members were appointed by the President of the United States of America and the leaders of the 108<sup>th</sup> United States Congress, and it held its first meeting on January 10, 2005. The Commission was charged with

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developing a strategy to make healthcare information instantly accessible at all times, by consumers and their healthcare providers.

The Commissioners are:

- Chairman Scott Wallace, President and CEO, The National Alliance for Health Information Technology
- Simon Cohn, MD, Associate Executive Director, Health Information Policy, Kaiser Permanente
- Don E. Detmer, MD, President and CEO, American Medical Informatics Association
- Vicky Gregg, President and CEO, BlueCross BlueShield Association of Tennessee
- C. Martin Harris, MD, Chief Information Officer and Chairman of the Information Technology Division, Cleveland Clinic Foundation
- Gary Mecklenburg, President and CEO, Northwestern Memorial Healthcare
- Herbert Pardes, MD, President and CEO, New York Presbyterian Hospital
- Thomas M. Priselac, President and CEO, Cedars-Sinai Health System
- Ivan Seidenberg, Chairman and CEO, Verizon Communications
- Fredrick W. Slunecka, Regional President, Avera McKennan
- William W. Stead, MD, Associate Vice Chancellor for Health Affairs, Professor of Medicine and Biomedical Informatics, Vanderbilt University Medical Center

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