



**June 2006**

*Mission: to transform the health care system through information and technology to improve patient safety and health care quality, lower costs, and coordinate care.*

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**Hospital Safety Campaign Estimates Saving 122,300 Lives**

The Institute for Healthcare Improvement (IHI) announced that U.S. hospitals taking part in an unprecedented 18-month effort to prevent 100,000 unnecessary deaths by dramatically improving patient care have exceeded that goal. Hospitals enrolled in the [100,000 Lives Campaign](#) have collectively prevented an estimated 122,300 avoidable deaths and, as importantly, have begun to institutionalize new standards of care that will continue to save lives and improve health outcomes into the future.

Initiated by IHI in December 2004, the Campaign has enrolled more than 3,000 hospitals - representing an estimated 75% of U.S. hospital beds and far surpassed the enrollment original goal of 2,000. The participating hospitals have pledged to implement up to six evidence-based and life-saving interventions.

Over 20 facilities have reported that they have gone over a year without a Ventilator-Associated Pneumonia, a leading killer among all hospital-acquired infections, demonstrating that this sort of complication can be avoided and is not inevitable. Hundreds of hospitals have also now instituted rapid response teams, a relatively new concept that is saving lives. Participating hospitals have also made great headway in delivering reliable care for Acute Myocardial Infarction, preventing adverse drug events, and preventing surgical site and central line infections.

## **Patients' Ratings of Health Care Don't Track Quality, Research Shows**

A [recent study published in the \*Annals of Internal Medicine\*](#) examines patient surveys from 236 vulnerable elderly (> 65 years of age) patients enrolled in Medicare managed-care plans and finds that patient ratings of healthcare do not appear to be good markers of technical quality of care. Researchers compared patient evaluations of the overall quality of their healthcare and of the quality of communication with their healthcare providers over the past year to the technical quality of their care based on more than 200 quality indicators for 22 clinical conditions. Among the findings were that the patients received about 55 percent of the recommended care for in areas such as prompt medication after heart failure and appropriate evaluation after a fall-yet more than half the patients rated the healthcare they received in the past year as 10 out of 10. The researchers concluded that assessments of quality of care should include both patient evaluations and other measures of technical quality.

## **IOM Reports Find Action Needed to Bolster Nation's Emergency Care System**

A new series of reports from the Institute of Medicine (IOM)-[Hospital-Based Emergency Care: At the Breaking Point](#), [Emergency Medical Services: At the Crossroads](#), and [Emergency Care for Children: Growing Pains](#)-finds that the nation's emergency medical system as a whole is overburdened, underfunded, and highly fragmented.

Recommendations fall into three broad areas:

- Funding-Congress should allocate significant funds to help cover the costs of uncompensated emergency and trauma care, handle disaster situations, test ways to promote greater coordination and regionalization of emergency care, and address deficiencies in pediatric emergency care.
- Overcrowding and ambulance diversions-Federal programs should revise their reimbursement policies to reward hospitals that appropriately manage patient flow and penalize those that fail to do so. Additionally, the Joint Commission on Accreditation of Healthcare Organizations should reinstate strong guidelines to reduce overcrowding, boarding, and diversion.
- Regionalization-Emergency care services should be regionalized so that patients are directed to the nearest facility with the best resources to handle their particular needs, not merely to the nearest hospital.

## **House Appropriations Bill Includes \$36 Million Increase for Health I.T.**

The House Appropriations Committee has included an [increase of over \\$36 million for health information technology](#) in its proposed HHS budget for fiscal year 2007. The bill included \$50 million for the Agency for Healthcare Research and Quality and \$98 million for the Office of the National Coordinator for Health I.T. The \$148 million total is a significant increase over the \$111.7 million appropriated in FY 06, though falls short of the President's request. The full House has yet to take up the Labor-HHS-Education appropriations bill.

## **House Committees Pass Health I.T. Bills**

The House Ways & Means and Energy & Commerce Committees have each passed separate versions of health information technology legislation. Unlike in the Senate, support for both House Committee bills broke down on partisan lines, with Democrats objecting to the absence of privacy and consumer protection provisions and arguing that the absence of funding and other incentives left the bills ineffective.

Both bills would codify existing Administration efforts, open up exemptions to anti-fraud and anti-kickback laws to allow hospitals to provide technology to physicians, and create mechanisms for the adoption of interoperability data standards. The [Ways & Means version](#) would also empower the Secretary of HHS to override state privacy laws after conducting a study and require conversion to ICD-10 coding by 2009. The [Energy & Commerce bill](#) requires the federal government to accept electronic reporting, requires the adoption of interoperability data standards by 2009, maintains the status quo on privacy, and is silent on ICD-10. The Energy & Commerce Committee accepted a minor funding amendment that would authorize \$30 million to help medically underserved areas implement health information technology and included language requiring a study of regional health information initiatives. Both committees voted on party lines to reject numerous Democratic amendments intended to bring the bills closer to the Senate-passed S. 1418.

Before the bills can come to the Floor for a vote, the Rules Committee must hammer out a compromise version. It is expected that the Rules Committee will bring the bill to the Floor under a restrictive rule that blocks most - perhaps all - amendments. Once the Rules Committee is done, the bill can move to the House Floor, possibly the week of July 11. Once legislation passes the House, a compromise will need to be negotiated with the Senate version, and passed by both Houses, then sent to the President for signature.

### **CBO Cost Estimate Hangs Up House Health I.T. Bill**

Even though the Congressional Budget Office has not completed a detailed review of H.R. 4157, it has concluded that its Stark and anti-kickback exceptions would increase direct spending and reduce revenues over the 2007-2011 time period. CBO will prepare a formal cost estimate for the bill if it is ordered reported by the committee. This CBO estimate has created headaches for House leaders who face large budget deficits. Testifying before the Senate Commerce Committee on Wednesday, former Speaker Newt Gingrich (R-GA) [blasted CBO](#) for failing to score the large expected savings to be derived from health I.T. "The CBO blatantly ignores the economic growth efficiencies and cost-savings that result from implementing innovative and transformational policies," said Gingrich, founder of the Center for Health Transformation.

### **Senate Passes Resolution Designating June 5 - 8 as National Health IT Week**

On June 8, the U.S. Senate passed Resolution 506, designating the period from June 5 to June 8, 2006 as "National Health IT Week." [The resolution](#) was submitted by Senators Debbie Stabenow (D-MI), Olympia Snowe (R-ME), Patty Murray (D-WA), and Frank Lautenberg (D-NJ). This was a bipartisan effort in the Senate to focus on the need to transform healthcare using health information technology.

### **House Subcommittee on Federal Workforce Holds EHR Hearing**

The House Committee on Government Reform, Subcommittee on Federal Workforce and Agency Organization held its second hearing on the Federal Family Health Information Technology Act, H.R. 4859, on June 13. "I am pleased to announce that in addition to some of the organizations with us today, the Federal Family Health Information Technology Act has received a significant amount of public support, including from Newt Gingrich, the Healthcare Information and Management Systems Society, which has almost 300 corporate members, IBM Corporation, The ERISA Industry Committee, and the U.S. Chamber of Commerce, among many others," said Chairman Jon Porter (R-NV). The hearing included four panels of [testimony](#). This committee is trying to pass legislation which would use the Federal Employee Health Benefits Program (FEHBP) as a model to provide EHRs to all eligible federal beneficiaries around the country.

### **Brailer Outlines Aggressive Timeline for NHIN at AHIC Meeting**

The American Health Information Community (AHIC) met in Washington, DC, on June 13. Dr. David Brailer, former National Coordinator for Health IT, took over as Vice Chairman of the Community and outlined an aggressive [timeline](#) for developing work plans and critical next steps for accomplishing the 26 recommendations from the AHIC's May 2006 meeting. The timeline includes regional and national information gathering meetings by the four breakthrough workgroups over the next several months. As part of the meeting, the AHIC members received updates on the Healthcare Information Technology Standards Panel (HITSP), the Healthcare Information Security and Privacy Collaborative (HISPC), and an information briefing on Clinical Decision Support Roadmap being developed by the ONC and AMIA.

### **State Privacy & Security Opportunities Expanded under HHS Contract**

The Office of the National Coordinator for Health Information Technology (ONC) [announced](#) 22 states and territories have entered subcontracts with RTI International, Inc. (RTI) to address privacy and security policy questions affecting interoperable health information exchange (HIE). Additional states are expected to sign subcontracts this month. The ONC is adding \$5.73 million to the existing contract with RTI, bringing its total value to \$17.23 million. The additional funding will make it possible to fund all proposals with technical merit, which were submitted in response to a January request for proposals from RTI.

Subcontractors will be working with healthcare professionals, patients and others in their states and territories to address privacy and security issues and identify solutions for broad application. This will include identifying variations in privacy and security practices and laws affecting electronic clinical HIE; developing best practices and proposed solutions to address identified challenges; and increasing expertise about health information privacy and security protection in communities. The states will also work to develop implementation plans for future HIE activities.

The subcontracting states thus far are: Alaska, Arkansas, Colorado, Iowa, Illinois, Indiana, Kentucky, Massachusetts, Maine, Michigan, Minnesota, Mississippi, North

Carolina, New York, Ohio, Oklahoma, Rhode Island, Utah, Washington, Wisconsin, West Virginia, and Wyoming.

### **GAO Raps DOD and VA on Health I.T. Integration**

*From iHealthBeat:*

The Departments of Defense and Veterans Affairs have not developed an adequate management plan to standardize and integrate systems to share health care information, a [Government Accountability Office](#) official said on Thursday, *CongressDaily* reports.

At a hearing of the Senate Homeland Security and Governmental Affairs Subcommittee on Federal Financial Management, Government Information and International Security, Linda Koontz, director of information management issues at GAO, said the agencies lack a clear plan after eight years of effort, despite progress made on two demonstration projects.

Carl Hendricks, CIO for the military health system at DOD, testified that under one of the projects, all DOD and VA medical facilities are testing a system that allows the departments to share allergy, lab, outpatient and radiology information in real-time. Under the second project, several DOD and VA medical facilities have begun to test a system that allows the departments to share lab order entries and results, Hendricks said.

According to Koontz, DOD and VA have experienced delays in efforts to share health care information and have not fully utilized databases to store the information for a future system (*CongressDaily*, 6/23).

### **NCVHS Recommends Giving Individuals Right to Keep Info Offline**

*From iHealthBeat:*

The National Committee on Vital and Health Statistics in a report to HHS concluded that patients should be able to determine whether their electronic health records are accessible via the national health information network, [Government Health IT](#) reports. The committee did not agree on whether the U.S. should adopt an opt-in or an opt-out policy.

Under an opt-out system, patients must formally withhold their records from the network. The opt-out approach likely would result in more use of the network, according to the committee, *Government Health IT* reports. However, an opt-in approach under which patients must give permission before their medical records are made accessible would increase patients' control of their records, according to the report. NCVHS recommended that HHS continue to examine the issue and educate the public.

The committee said that the issue of whether patients should be able to withhold portions of their records likely would arise as the network is developed, but the committee did not take a stand on the issue.

The report endorses the development of technology to control what portions of health records can be seen by different types of authorized individuals. In addition, the report

recommends that HIPAA be expanded and strengthened, *Government Health IT* reports.

NCVHS in the report recommends ways that HHS can locate and verify patient records on a national network. The committee called on HHS to participate in developing methods to match patients with their records and recommended that the department look into using a national patient identifier (Ferris, *Government Health IT*, 6/23).

### **IHI's Promising Practice of the Month: Building in Reliability**

Industries in which many lives rest on performing every single required task, again and again, such as airlines and nuclear power plants, are famous for designing high-reliability systems. In health care, however, variability is common. Eliminating variability in health care, the kind that can lead to poorer outcomes and worse, serious mistakes, is high on the agenda of a growing number of health care organizations. Cincinnati Children's Hospital Medical Center is a case in point. For more information, click [here](#).

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*The House 21<sup>st</sup> Century Health Care Caucus thanks the following organizations for their contributions to this newsletter:*

*HIMSS (Healthcare Information and Management Systems Society) is the healthcare industry's membership organization exclusively focused on providing leadership for the optimal use of healthcare information technology and management systems for the betterment of human health. HIMSS frames and leads healthcare public policy and industry practices through its advocacy, educational and professional development initiatives designed to promote information and management systems' contributions to ensuring quality patient care. On the web at [www.himss.org](http://www.himss.org). (Items 4-9)*

*The Institute for Healthcare Improvement (IHI) is a not-for-profit organization leading the improvement of health care throughout the world. Founded in 1991 and based in Boston, MA, IHI is a catalyst for change, cultivating innovative concepts for improving patient care and implementing programs for putting those ideas into action. Thousands of health care providers participate in IHI's groundbreaking work. To find out more, go to [www.ihl.org](http://www.ihl.org). (Item 12)*

*The National Quality Forum (NQF) is a private membership organization created to develop and implement a national strategy for healthcare quality measurement and reporting. NQF's mission is to dramatically improve quality of care. Its portfolio includes the endorsement of performance measurement consensus standards, educational programs for health care leaders on key environmental trends, and award recognition programs. NQF, a non-profit organization with diverse stakeholders across the public and private health sectors, was established in 1999 and is based in Washington, DC. [NQF's Executive Institute](#) works to assist healthcare leaders in making quality health care the key business strategy of their institutions and the healthcare enterprise overall. To find out more, go to [www.qualityforum.org](http://www.qualityforum.org)*