

Health Information Technology in the United States: Where We Are Now *- or -* *Moving Beyond Lancets*

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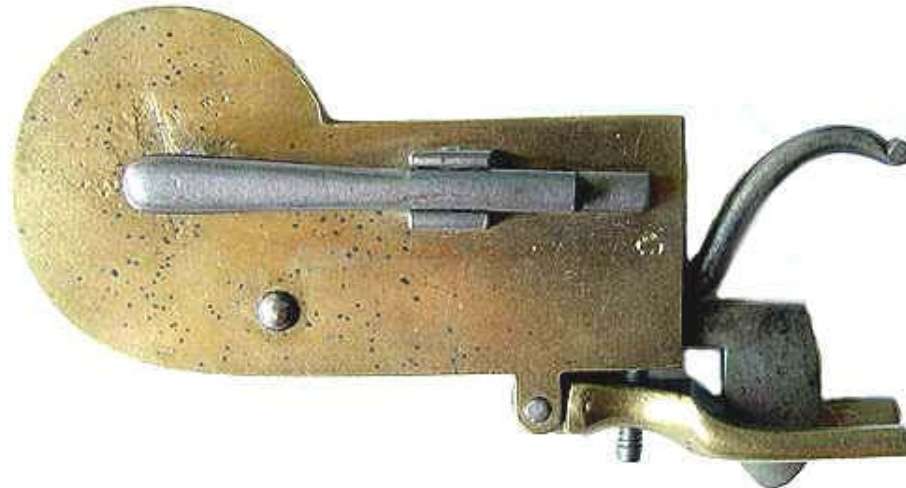
The HIE Symposium

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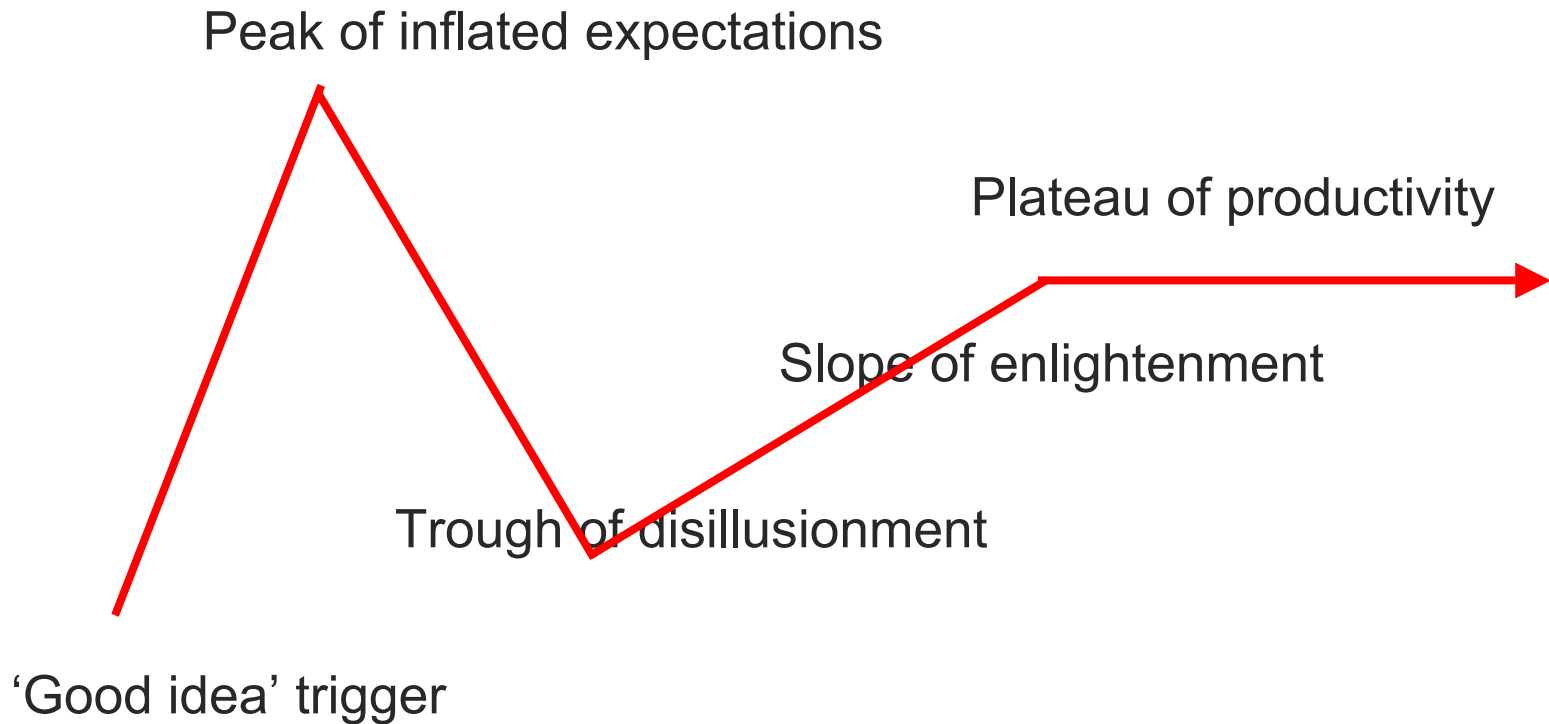
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How Do We Know Where We Are?

- Ponder the evolution of medicine
- Wear out your anatomy
- Develop targets and track our progress



Skidding Down The Gartner Hype Cycle?



To Whom Must We Answer?



Health Care

Our Position

For over a decade, intense competition in the U.S. auto industry has made it impossible for automakers to substantially raise prices. But in the health care industry, it's been a dramatically different story.

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Health care sticker shock

Health care costs haven't just increased, they've skyrocketed. For example, in 2000 Ford paid \$2 billion for employee health care. By 2004, the cost of providing health care had grown to \$3.1 billion, a 55 percent increase in just four years.

In fact, today the cost of providing health care benefits adds about \$1,000 to the sticker price of every Ford car and truck built in America.

This growing financial burden threatens the health of Ford's core business. From new product development to annual double-digit cost increases, it's simply not sustainable. That's why Ford has reformed one of its top



Where we stand on health care

Ford Motor Company is committed to providing high-quality, affordable health care coverage for its employees, retirees, and their families. We believe a coalition of business, labor, consumer, medical, government and other stakeholders is key to meeting the health care challenge.

"Starbucks spends more on healthcare than coffee... we are in the business of healthcare... and you want us to be... if our people become part of the uninsured you (pointing to the CEO next to him) will pay higher premiums." **Howard Schultz**

Trying to Assess Our Progress

How might we measure the transformation of healthcare by technology?

Consumer Experience

36 million Californians in 2004:

- ___ %: online appointment scheduling
- ___ %: pharmacy refills
- ___ %: enroll in health plan online
- ___ %: email with physician
- ___ %: pay medical bills online
- ___ %: customized health education
- ___ %: personal health record online

Infrastructure

- ___ %: administrative data integrated
- ___ %: integrated clinical data within IDNs
- ___ %: integrated data: plan - IDNs
- ___ %: community health data shared
- ___ %: telemedicine-enabled

How Much Is Technology Transforming Healthcare?

Clinical Care

36 million Californians in 2004:

- ___ % : clinical order entry - inpatient
- ___ %: clinical order entry - ambulatory
- ___ %: clinical results online, shared
- ___ %: EMR light
- ___ %: full EMR
- ___ %: community health data shared

Clinical Care II

- ___ % : remote patient management
- ___ %: remote ICU management
- ___ %: point of care testing
- ___ %: bar coding, RFID
- ___ %: remote video translation

How Much Is Technology Transforming Healthcare?

Consumer Experience

36 million Californians in 2004:

RANGE	AVERAGE
• 2 - 35 %	10 %: online appointment scheduling
• 5 - 30 %	20 %: pharmacy refills
• 5 - 60 %	40 %: enroll in health plan online
• 2 - 20 %	5 %: email with physician
• 2 - 25 %	5 %: pay medical bills online
• 5 - 30 %	10 %: customized health education
• 1 - 20 %	5 %: personal health record online

Source: Structured inquiry of California health care leaders, November 2004

The 6 'DRGs' of HIT

- **e-Prescribing**
 - *Percent of all prescriptions electronically submitted*
 - *Percent of all prescriptions informed by decision support*
- **EHR**
 - *Percent of all clinicians using an 'EHR Lite'*
 - *Percent of all clinicians using a full EHR*
- **PHR**
 - *Percent of all patients that have access to a PHR*
 - *Percent of all consumers that have access to a PHR*
- **Community HIE**
 - *Percent of all MSAs served by community-wide HIE*
 - *Percent of the U.S. served by community-wide HIE*
- **Integration with Clinical Devices**
 - *Percent of IT-convergent clinical devices integrated into HIT*
- **Integration of Clinical Care**
 - *Percent of patients managed with HIT-enabled decision support*

Integration of Clinical Devices

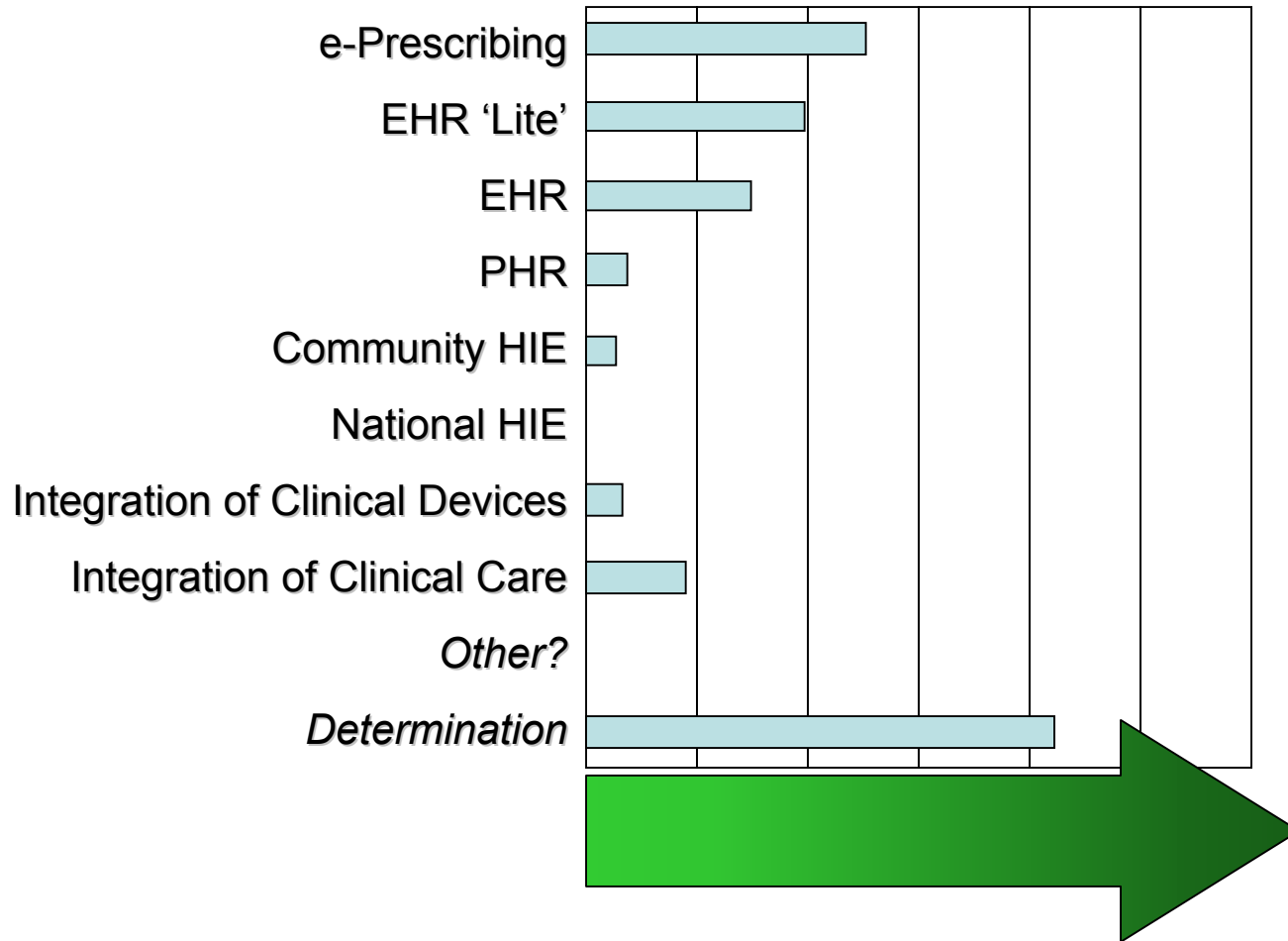


Staging Our Development Work



- **PHR**
 - **Community HIE**
 - **National HIE**
 - **Integration of IT-Enabled Clinical Devices**
- **e-Prescribing**
 - **EHR – Small group and solo physicians**
- **e-Prescribing**
 - **EHR – Large group**

Gauging Our Progress



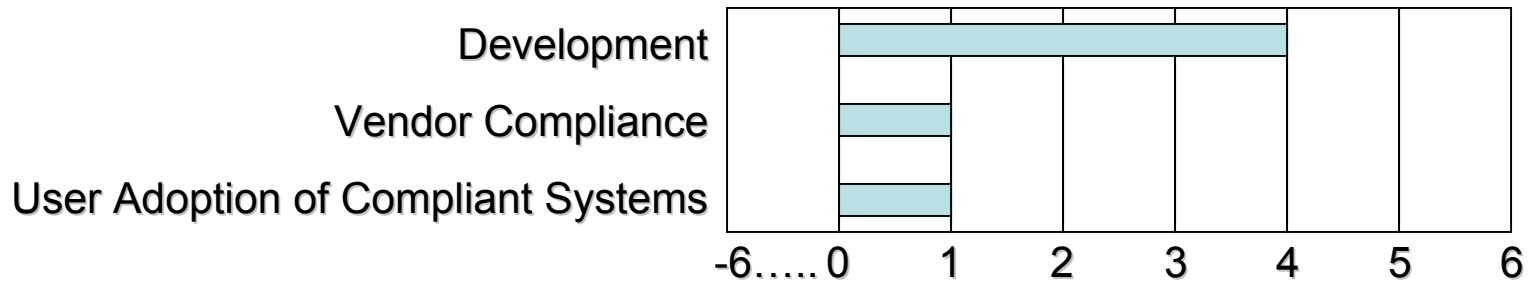
Recognizing The Barriers, Tracking Enablers

Key Enablers:

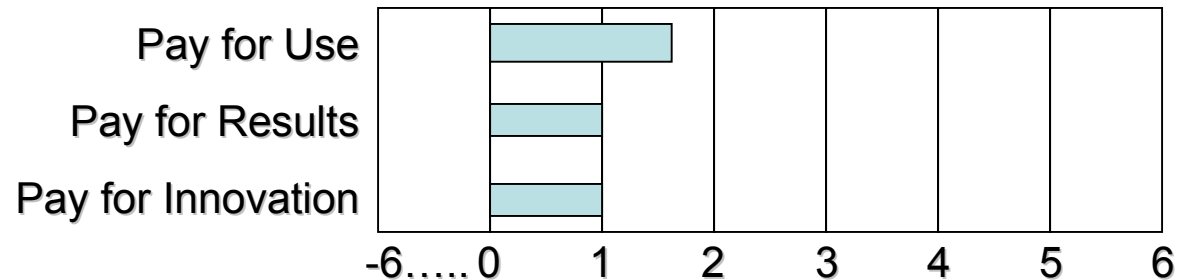
- **Standards development**
- **Pay for performance**
- **Security and confidentiality**
- **Development of technology**
- **Development of business models**
- ***Others?***

Profile Progress

Standards Development



Pay For Performance



Setting The Flywheel In Motion

“In building a great institution, there is no single defining action, no grand program, no one killer innovation, no solitary lucky break, no miracle moment.

Rather, our research showed that it feels like turning a giant, heavy flywheel. Pushing with great effort – days, weeks and months of work, with almost imperceptible progress – you finally get the flywheel to inch forward.

*But you don’t stop. You keep pushing, **in an intelligent and consistent direction**, and the flywheel moves a bit faster. You keep pushing, and you get two turns...then four...then eight...the flywheel builds momentum...sixteen...you keep pushing...*

Then, at some point – breakthrough!”

Jim Collins

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