



## Center for Health Transformation E-Newsletters

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May 2005

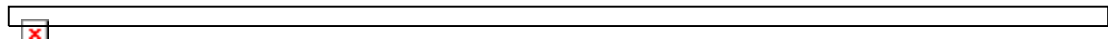
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### ► In this issue:

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▣ May 2005

May 2005



### Newt Notes

There's been a lot of activity this month on the HIT front. After holding several meetings with influential healthcare stakeholders, we have every reason to believe that we will be able to launch an HIT interoperability bill this year. Please visit the Project Spotlight section of our newsletter to get an update on the 21st Century Health Information Act of 2005 which is set to be introduced on May 11th in the House of Representatives. We urge industry-wide support of this powerful bipartisan bill.

When we talk about health information technology, the conversation inevitably veers to interoperability. It is indeed the issue of the day. How do we get disparate systems, built by numerous companies, to talk the same language? The task seems daunting. But at the Center for Health Transformation, we are optimistic. History tells us that we can achieve our goal of an interconnected, information-rich, electronic network for utilization

by all the stakeholders in healthcare.

Look at the creation of the Internet, banking system, cell phone technology, computer software – and before these technologies, look at the telephone, trans-Atlantic cables, and the railroad system. Our predecessors had to work through many of the same challenges we face today. And all of them are success stories.

One recent success story is **PeaceHealth**, a \$1.3 billion, six-hospital network headquartered in Bellevue, Washington. PeaceHealth is a client of **IDX Systems Corporation**, a CHT charter member, and we are grateful to IDX for giving us the opportunity to participate in this great briefing. We met with John Haughom to discuss their experience connecting their hospitals in Alaska, Oregon, and Washington with their web-based "community health record." The community health record contains every piece of hospital data except physician progress notes and orders. PeaceHealth sells the technology to its community physicians for as low as \$70 per physician per month to access patient data, including radiology and other specialized data. This is a model that everyone should examine and consider.

A system like this may avert life-threatening situations such as the episode experienced by Mrs. Jeanne Canfield.

### **Why we need interoperable HIT: A Personal Appeal for Electronic Health Records**

We are indebted to Sally Canfield, policy advisor to Speaker of the House Dennis Hastert, who shared the following story with us. Her mother, Jeanne, recently experienced this frightening episode, and is now an outspoken advocate for interoperable HIT.

Mrs. Jeanne Canfield is in her late seventies; her husband, Dave, is in his mid-eighties. Both are very active seniors who travel frequently; Mr. Canfield, however, lives with a multitude of medical problems, one of which is that he is completely pacemaker-dependent.

Mrs. Canfield is her husband's caregiver. She has learned over the years that in order to ensure her husband receives the best care, she must be totally involved: at all times, Mrs. Canfield carries with her a notebook of all the information pertinent to her husband's condition. Since 1998, in fact, she has dutifully kept

meticulous notes of every consultation, medication, procedure, and hospital visit. The information she carries – exactly the information necessary for an interoperable EHR – is so voluminous that Mrs. Canfield must carry it in a briefcase.

Recently, because of chronic pain in his shoulder, Mr. Canfield's doctors suggested he undergo an MRI. The Canfields traveled to the MRI clinic, where Mrs. Canfield indicated several times in the substantial paperwork that her husband had a pacemaker. The time then came for Mr. Canfield to climb up on the MRI table, and the technicians in the room requested information on his heart stents. Mrs. Canfield handed over the appropriate documents, adding "and oh, here's the information on his pacemaker."

In daughter Sally's words: "All of the work behind the desk stopped and all of the techs looked at her and said 'he has a pacemaker?! Well, he absolutely cannot have an MRI. The machine will turn the pacemaker off – he'll die on the table.'"

Needless to say, Mrs. Canfield was floored. She had made every effort to inform the staff of her husband's conditions, but to no avail. If she hadn't been so careful as to hand over the pacemaker information herself, her husband would have likely died right before her eyes.

The bottom line, Sally notes, is that had an electronic version of her father's medical record been transmitted to the clinic, this 'close call' could have been avoided completely. Think of the implications – how many other wives (or husbands, mothers, brothers, and friends) are so painstakingly careful with their medical documentation? What happens to the Medicare-dependent elderly who simply cannot document/carry with them all of their medical history?

We hope that the Canfields' story provides inspiration for the accelerated transformation toward an electronically-based, interoperable 21st Century Health System. Every day that goes by without progress toward such a system is a day in which scores of Americans die needlessly.

### **Other recent HIT developments**

#### **National Library of Medicine Planning Meeting**

This month's planning meeting for the National Library of Medicine provided some stunning insights into the future of science and medicine. We are entering an historic shift in the

very nature of biological and medical knowledge. This great shift will create a 21st Century Intelligent Health System. As the new knowledge becomes ubiquitous and wireless handheld technology evolves, people will have access to a totally new model of biological and medical knowledge. We are entering a future where worldwide, internet-based systems of knowledge provided in real time and mediated by expert systems can result in dramatically improved health for everyone, regardless of location or demographics.

We are enthusiastic about the potential role the National Library of Medicine will play in the shift toward a 21st Century Intelligent Health System. In the months ahead, be on the lookout for more developments in this area.


### **Speaker Gingrich Joins in Launch of Transformational HIT Product**

Newt will be speaking at the National Press Club on May 9<sup>th</sup> to talk about an exciting new product that will contribute to the creation of a 21st Century Intelligent Health System. On Monday, visit the CHT website for more information on the launch of this transformational new health product.

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 [Back to Top](#)

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### **New Members**


The Center for Health Transformation would like to welcome our newest Associate Members of the Center: [Health2Resources](#), [ProviderLink](#), [VivoMetrics](#)

We would also like to recognize SHPS who has renewed as a Charter Member, [Hospital Corporation of America \(HCA\)](#) renewed as a Premier member and [American Medical Group Association \(AMGA\)](#) who has upgraded from an Associate to a Premier Member.

Please visit the [list of members](#) often to keep abreast of who is joining the Center or the "[Member News](#)" page to learn about the awards or honors won by our members.

[Back to Top](#)

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 [Project Spotlight](#)

## CHT's HIT Project

### **Newt and CHT Support the 21st Century Health Information Act of 2005**

On May 11, Representatives Tim Murphy (R-PA) and Patrick Kennedy (D-RI) will introduce a bipartisan health IT bill in the House of Representatives. Senator Hillary Clinton (D-NY) will introduce the bill in the Senate.

We applaud the 21st Century Health Information Act of 2005 – the legislation accomplishes several key goals in developing HIT. First, it provides seed money for Regional Health Information Organizations (RHIOs) to get off the ground. RHIOs represent one avenue that can lead to widespread IT adoption, and we are pleased that up to 20 such programs will be eligible for \$50 million in federal grants to electronically connect community stakeholders. Second, the bill is promising in that it requires RHIOs to adopt data standards for interoperability. Third, the Agency for Healthcare Research and Quality (AHRQ) will play a key role in providing technical support to groups participating in a RHIO, with priority given to small physician groups. Finally, the legislation provides HIT exceptions to the Stark and Anti-Kickback statutes. These laws currently bar hospitals from equipping community doctors with the IT infrastructure needed to build a healthcare network, and breaking down these barriers is vital to rapid adoption of health IT.

### **CHT hosts chairs of two groups leading the debate on interoperability**

During our April 27th member conference call, we were pleased to host two leaders of the interoperability debate, Dr. Mark Leavitt and Charlene Underwood. Mark Leavitt is the medical director at HIMSS, the Healthcare Information and Management Systems Society, and is considered one of the pioneers of the ambulatory electronic medical record. He also serves as the chairman of the Certification Commission for Health Information Technology (CCHIT), a private-sector group created by HIMSS, the American Health Information Management Association, and the National Alliance for Health Information Technology. The Certification Commission recently released its phase one draft requirements for electronic health records in an ambulatory care setting. Dr. Leavitt reviewed the Commission's recent proposal and outlined its next steps towards EHR certification.

Charlene Underwood is Director of Government and Industry Affairs with CHT charter member, Siemens Medical Solutions.

She serves as the chair of the EHR Vendors Association – a trade group of businesses that develop, market and support electronic health records software. As chair, Charlene promotes the Association's primary mission of providing a forum for the vendor community relative to any EHR standards development, the proposed EHR certification process, interoperability, performance and quality measures, and other EHR issues. The vendors are working toward a consensus on interoperability standards.

These two groups are working hard to foster a consensus on standards of interoperability. We strongly encourage them to continue working toward an agreement among the vendors, standards developing organizations, and other parties. The sooner we move to an interoperable electronic health record, the sooner we'll begin saving thousands of lives and billions of dollars every year. We simply cannot rest until we achieve standards of interoperability.


#### **CHT forms work group to issue a comment on CCHIT draft requirements**

CHT has formed a work group to draft our comments to the CCHIT requirements for ambulatory health settings, which are due by May 18, 2005. Member companies include: Booz Allen Hamilton, IDX, BellSouth, NDCHealth, HCA, Kryptiq, Clearwave, Abovehealth, and Healthation. Members interested in participating, please contact Project Director David Merritt at 202-375-2067 or [dmerritt@gingrichgroup.com](mailto:dmerritt@gingrichgroup.com).

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 [Back to Top](#)

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 **Transforming Example**

PeaceHealth is an integrated delivery network with six acute care hospitals, five medical groups and a range of other facilities spanning three states in the Pacific Northwest.

PeaceHealth wanted to improve communication between inpatient and ambulatory environments. The organization determined that it needed an automated process to alert primary care providers when their patients receive inpatient treatment or are seen by specialists. Online documentation and notification could be used to replace existing manual processes, thereby increasing productivity, reducing costs and improving patient

safety.

PeaceHealth developed system-generated personal patient lists in conjunction with its enterprise clinical information system, which is used across inpatient and ambulatory environments. Through use of the daily lists, primary care physicians are electronically alerted when their patients receive care across the PeaceHealth organization – including hospitalizations, emergency department visits and treatment by specialists.


In addition, visit documentation for nurse-only visits requires the responsible provider's review and signature. Using the new patient list function, providers are notified of the visit electronically and can sign the documentation when it is convenient. Workflow is streamlined, productivity is increased, and patient safety is enhanced through secure, online communication of patient information.

For more information visit the CHT website and view the transforming solution.

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 [Back to Top](#)

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 [CHT In the News](#)

### **National Minority Health Month Foundation Honors Newt Gingrich**

CHT Founder Newt Gingrich receives the Bernardo Alberto Houssay Award in honor of his "outstanding contributions" to the elimination of diabetes and reduction of health disparities in America.

### **Gingrich: Innovation, Infotech Will Save Healthcare**

In the May/June issue of Corporate Board Member Magazine, CHT Founder Newt Gingrich offers advice to corporations struggling with bloated healthcare budgets.

### **Kryptiq and QMedtrix Host VIP Health Transformation Event in Portland**

CHT makes headlines as Members bring Newt Gingrich to Oregon to inspire creative transformational change in healthcare. Second source.

### **Medicaid Transformation – Setting the Record Straight**

CHT Project Director Jim Frogue participates in

Kaisernetwork.org's 'Ask the Experts' Medicaid Webcast.

### **Gingrich Recognized for Strong Bipartisan Leadership on Healthcare**

Praised for their commitment to interoperable HIT, CHT Founder Newt Gingrich and Rep. Patrick Kennedy (D-RI) receive 2005 HIMSS Advocacy Award.

### **Transform Medicaid, Reduce Racial Health Disparities**

In an Atlanta-Journal Constitution guest column, CHT Founder Newt Gingrich and Project Director Jim Frogue discuss how minorities' disproportionate representation in the archaic Medicaid bureaucracy exacerbates health disparities between races.

### **Saving Healthcare: Newt's Next Revolution**


Newt Gingrich speaks about the mission of the Center for Health Transformation in the April issue of CNN's Money magazine.

[Go to Top](#)

---

 [Back to Top](#)

---

 [Upcoming Events](#)

**May 6th - FL** – Newt Gingrich to speak to Medco

**May 13th – IA** – Newt Gingrich to speak to Cornell College

**May 19th – CA** – Newt Gingrich to speak at the PwC Healthcare Summit

**May 20th - CA** – Newt Gingrich to speak to the California Association of Physician Groups

**May 26th - DC** – CHT Member Only Conference Call (4:00 pm)

**May 26th - DC** – Newt Gingrich to speak to Kaiser Permanente

**June 6th – NY** – CHT to host Member Meeting in conjunction with HIMSS Summit: Achieving National Healthcare Transformation

For more information on these events or to view other CHT events, please visit [www.healthtransformation.net/events](http://www.healthtransformation.net/events).

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[Back to Top](#)

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