

SAGE CROSSROADS
Interview with David Merritt
Personalized Medicine

KYLE JENSEN: Welcome to SAGE Crossroads, the premier online forum on the issues of human aging. These podcasts feature lively discussion with the experts on the ethical, political, economic, scientific, and societal implications of aging-related science. Thank you for listening.

I'm joined now with Mr. David Merritt. Mr. Merritt is the project director at the Center for Health Transformation and The Gingrich Group.

Mr. Merritt, do you agree that health information technology is the lynchpin of a personalized medicine system?

DAVID MERRITT: Absolutely. You simply cannot have the kind of tailored health care that we all are striving for without connectivity and without technology. Trying to personalize and tailor the delivery of health care to someone when you are looking through reams and reams of papers scattered across the health care system is just impossible to do without technology.

KYLE JENSEN: What are the major benefits of this health information technology that you would like to speak about?

DAVID MERRITT: There are several benefits. First and for most, the improvements that you can get by automating many of the manual tasks that we have right now, you'll see many improvements in care, patient safety, and outcomes. You can also have the ability to aggregate the data and examine it and analyze it for things you simply can't do when the information is locked in a cabinet somewhere. So, I think if you look every where in the rest of society, everything is modernized. We have technology at our fingertips that sometimes we take for granted, but in health care, we are at least a generation behind. The benefits just outweigh any costs and disadvantages by so many miles it's just impossible to describe the advantages and the transformational power of technology.

KYLE JENSEN: Now what are the major obstacles that you see in getting to this point?

DAVID MERRITT: There are many obstacles. I think first and for most, we are talking about a cultural change. We as consumers and certainly as providers and other stakeholders in health care, we're accustomed to using the system we have now which is paper-based. So, moving from something that is paper-based and has been that way forever, it's a huge cultural shift. Consumers don't expect to have internet portals where they can find their health care information, so there are concerns to overcome with privacy and security of information. It's happened in other aspects—we shop online, we do banking online, and when the internet first came around, these were real concerns that people had. I think just getting people accustomed to using technology is one barrier.

Getting providers to adopt the technology is a significant barrier as well. The payment system does not differentiate between those hospitals and physicians that have adopted the technology already from those who haven't. If a provider invests tens of thousands of dollars in an electronic health records system, they're reimbursed at the exact same rate as someone that is practicing medicine like the 1970s. I think that that backwardsness really has to change, so assisting providers with adoption through reimbursement is key. I think the most significant barrier to sharing data, because it's one thing to have it collected electronically and available electronically at the point of care, but it is another thing to have that information available down the road at another point of care for another provider. Having the ability to share the data across different facilities is key, and we are not there yet where we have the technology to link point A to point B to point Z. There are barriers to overcome from the technological stand-point with data standards to allow that transfer, but there are also proprietary barriers to overcome because many organizations don't want to share the data they currently have. They want to keep it to themselves; they want to horde the data, and not allow it to follow the patient, and I think that's fundamentally wrong. There are several really key obstacles to overcome, but I think the ball is rolling on all of these things, so I'm hopeful that we can overcome them.

KYLE JENSEN: How do we incentivize those people that don't want to cooperate with adopting health information technology?

DAVID MERRITT: We look at it in two ways—first and foremost, you need to incentivize the adoption. Many people point to a carrot-and-stick model, and I think that is appropriate in many cases. My boss, former Speaker Gingrich, and us at the Center have worked with Senator Kerry from Massachusetts on an effort recently that applied this model. The carrot is a financial incentive for doctors to adopt electronic prescribing technology. I think that is a very smart decision to tackle first and foremost because that technology is readily available; it is inexpensive; and it can really get to that personalized medicine approach that you are talking about. You can have medication histories follow the patient. As we know, especially in Medicare, Medicare beneficiaries on average are taking six medications at a time so having that information in one place following the patient is very important. Senator Kerry's bill would provide grant money, up to \$2,500 I think, and a bump up in reimbursement for certain Medicare claims for I think three years. After three years, in 2011, if a majority of providers are still not adopting and using electronic prescribing, they would then have a requirement to adopt the technology if they want to continue to see Medicare beneficiaries. There is the incentive-based approach through financial incentives through reimbursement and the grant, and there is the financial penalty of not being able to bill Medicare if they don't adopt the technology. So it is an incentive-based approach, and over time it moves into a mandate or a requirement. I think it's the right approach fundamentally. I would tweak his legislation if I could, but you really have to make it a rational decision for physicians to adopt the technology because as I said before, if they invest in any technology, they bare the costs, and the benefits are for themselves and also for the insurers who are going to save money, but the physician or provider is reimbursed at the exact same rate. You have to fundamentally change the reimbursement system to make it a rational decision for more providers to adopt the technology.

KYLE JENSEN: Now you just mentioned legislation in Congress, but do you see any efforts in private industry in moving this forward?

DAVID MERRITT: Yeah, there are many efforts across the spectrum, take electronic prescribing for instance. There are initiatives from an employer stand-point—a couple of examples are the auto makers in the Detroit area have launched a really robust project that is now in its third year where they have partnered with one of the largest health systems in the Detroit area, the Henry Ford Health System, to roll out electronic prescribing. They have nearly 3,000 physicians in the Detroit area now using the technology. They've gotten some amazing results. They've documented savings and patient safety improvements. That was an employer-led initiative. There is also a health plan initiatives all over the country. From Wellpoint in New Hampshire, they have stated their goal and rolled out a project to wire every physician in the state of New Hampshire. They are also working in Indianapolis and Ohio. There are really other initiatives across the states where states have been pushing electronic prescribing, and there are other efforts as well for electronic health records. So, there is a lot of movement I think in the private sector, and it just needs to be kick-started, and it needs to be expedited. We just need more and more folks to show some leadership and step up to the plate.

KYLE JENSEN: How soon do you think we will see a health information technology system that can support personalized medicine?

DAVID MERRITT: Well the President laid out a few years ago that he wanted to see most every American, I think were his words, have a personal electronic health record, as he said, by 2014. That's six years from now, and I don't think that we are going to meet that goal. We are working in a two trillion dollar a year health care economy. It's no easy task to turn that titanic around. I think it's inevitable that you are going to see this modernized system because we can't continue on the current path. I think everyone sees that where we are going in health care is not sustainable both from a cost perspective and from a quality perspective and from an insurance coverage perspective. Things fundamentally have to change and that's what we have been working at for a number of years. I think we will certainly see it. The technology is there. There isn't any doubt that the technology isn't there to deliver to consumers personalized health care and personalized tools with which to manage their health care. I think it's getting the system or parts of the system to work together that is the difficult part, but as I said, there are many balls that are rolling down this mountain, and I think that it's inevitable that we will see a day when we can get to it. Now, it may be in ten years, it may be in 15 years, but I'm fully confident that there is going to be a nationwide system that electronically connects all the stakeholders and most importantly connects all the patients, and they will have their own personal information at their disposal.

KYLE JENSEN: The audience of SAGE Crossroads is made up of scientists, policy makers, and curious consumers. If there is one statement that you would like to make to them about health information technology, what would it be?

DAVID MERRITT: I'd probably say two things—for consumers, we really haven't stepped up to the plate to push this issue. It's the largest part of the economy, and it is not easily moved, but if consumers started demanding these tools that we take for granted in every other aspect of our lives, that will start to move things. The next time a consumer goes in to see their doctor, ask if they can schedule this appointment online next time. When a doctor is writing out a prescription on a piece of paper they should ask the physician if they can submit that electronically next time. By asking questions, providers who are small-business people and hospitals are businesses as well, they will start to respond to their consumers if they hear the demand. I think that is one thing important that consumers can do. For physicians, I can't say anything that would sway a physician one way or another. They might find my boss interesting to listen to, but the folks that physicians will truly listen to, and I think change their behavior, is if they hear other physicians touting the benefits of health information technology. I would encourage any and all physicians who have gone down this path already to really become advocates for it, publicly and privately with colleagues. Because it is important, and at the end of the day you have to get the technology and the tools into the hand of the providers to really make a difference. I just hope that there will be more and more advocates out who are touting the benefits of it. There are benefits of it that improve every time that you have health information technology in the picture. That is really the most important thing that physicians could do.

KYLE JENSEN: Thank you for your time. On behalf of SAGE Crossroads, I'm Kyle Jensen.