



EHR Connections NewsMaker

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Interviewee: Newt Gingrich

Host: Glen Tullman

The following is a transcript of the original audiocast, which is available for listening [here](#).

Glen Tullman: Welcome to *EHR Connections - NewsMaker*, a new monthly podcast that explores the cutting edge where information technology meets healthcare. Each month, we bring you the latest technologies and the newsmakers who are driving positive changes in our healthcare system. I'm Glen Tullman, Chief Executive Officer of Allscripts.

My guest today needs no introduction. Newt Gingrich rose to national prominence in the 1990s as the Speaker of the U.S. House of Representatives and is widely credited with masterminding the Republican Party's sweep of the 1994 Congressional elections - a change that created a Republican majority in Congress that has lasted for 12 years. A world-renowned strategist and much sought-after speaker, Newt is the founder of the Center for Health Transformation, a collaboration of leaders dedicated to the creation of a 21st Century Intelligent Health System that saves lives and saves money. He is also the founder of the Gingrich Group, a communications and consulting firm specializing in transformational change, and serves as a political analyst for FOX News Network, a senior fellow at the American Enterprise Institute in Washington, D.C and a distinguished visiting fellow at the Hoover Institution at Stanford University.

Newt, thanks very much for joining me today in this inaugural edition of *EHR Connections NewsMaker*.

Newt Gingrich: Well it's been a great honor for us to be able to work with you and with Allscripts and it's a terrific moment here to be kicking off a brand new program. I want to emphasize at the very beginning that whatever we are doing

at the Center for Health Transformation is successful because we are a collaboration of leaders in healthcare information technology and I count you as one of those collaborative leaders who helps make it possible.

Tullman: Well, thank you very much and, once again, we thank you and we take guidance from you. Let me move onto my first question. You always seem to be making headlines these days, but I read one particularly interesting piece of news in *Modern Healthcare's* September edition. How does it feel to be sandwiched between your old political rivals, Hilary Clinton and Ted Kennedy, at Number 5 on the list of the 100 Most Powerful People in Healthcare?

Gingrich: [laughs] Well, nobody had quite put it that way. I thought it was a terrific honor that we at the Center, along with help from you and other leaders, had been recognized as having that level of prominence, because the people above us, in addition to Hilary, were Bill Frist, who's both a medical doctor and Senate Majority Leader, the President of the United States and Bill Gates, who has about \$50 billion now in his foundation. So I thought we were working a little bit above our class, if you will, in terms of being number five on the list, but it hadn't quite occurred to us, in fact it's actually quite funny, to think of us as being between Hilary and Teddy. I'm going to be with Hilary at an American Cancer Society event in about a week and I will mention to her that it's a little bit of an unusual feeling on my part to be sandwiched in between the two.

Tullman: Well, let me ask you, you mentioned Hilary. She got a lot of press last year when you joined forces to promote the healthcare IT bill that was recently passed by the House of Representatives – a body that you have some familiarity with, as I recall.

Gingrich: [laughs] A little bit.

Tullman: I think more than just a little bit. But let me ask you, what is it about healthcare IT that brings together old combatants like you and Hilary Clinton – to say nothing of Ted Kennedy and President Bush?

Gingrich: Well, I think part of what brings Hilary and I together is that there are really good things, and you represent an example of this at Allscripts, that will save lives, it will save money, it dramatically improves the quality of health information, it helps people manage their own wellness, and it moves us towards a preventive, wellness and early treatment model and away from an acute care model. So we both see the practical side of it. And I think, and I don't want to speak for Senator Clinton, but I think both of us were surprised at the level of attention we got at that very first meeting. We'd been asked by Tim Murphy, a Republican, and Patrick Kennedy, a Democrat, to come join them in kicking off

the bill they were introducing in healthcare information technology and I don't think either of us saw it as quite the big deal it turned out to be. But as you pointed out, the news media found it to be such an unusual story, I think particularly because of the partisanship that has come to dominate Washington, that we really brought a lot more attention both to ourselves, which for people in public life you never quite object to that, but we also, I think, brought a lot more attention to the issue of healthcare information technology. And certainly both Tim and Patrick have told us they thought it substantially helped bring attention to their bill and to getting something moving in the House and Senate.

Tullman: Well, I think it did and I think a big part of what we have to do is make this issue front and center and you've been a leader in doing that. You mentioned one point in moving away from acute care, and I want to come back to that, and I promise this is the last Hilary-related question. But is there any truth to the rumors that you will be making a run for the White House in 2008?

Gingrich: Oh I don't know. We'll think of that in September of 2007. And I suspect she feels the same way. She's got to run for re-election in New York and obviously she's widely thought of as the front-runner on her side. And I'm very flattered that a number of people think I might be able to run on our side, but my attitude is that we've got so much work to do this year, and so much work to do the first nine months of next year that I'll be glad to think about it in September. You know for our listeners I ought to add, it's very interesting, when I was a senior in high school, actually when I was a junior in high school, John F. Kennedy announced, on January 30, 1960, and it was the earliest anyone had ever announced. And nowadays you have people who have their first planning meeting the week after the presidential election, planning for four years later. I sort of just want to say, go get a life; people shouldn't spend this much of their life on ambition.

Tullman: Well, one, I think the point you made about people pushing you in that direction is what happens to quality people. So what I hear you saying is that, one, Hilary has to get re-elected and you just have to fix the healthcare system ...

Gingrich: [laughs]

Tullman [continuing]: And you'll have no better platform available once you do that. So that brings up a question that's near and dear to my own heart. What is it about the Electronic Health Record that you think will be transformational? Why is it so critical and why now?

Gingrich: Let me just start with a practical example. I test audiences with three things that they live with on a regular basis that they don't think about. The first

is that about 90 percent of all Americans fill up their car with gasoline at a gas station, pay with a credit card, and they have a gas pump so smart that most of them don't get a receipt, don't check it against their credit card, they just trust the gas pump. Now that tells me that there's a level of sheer technical accuracy so stunning that there's something we can do with it in the health system. Second, I talk to people all the time, I bet you're one of them, who travel all over the world and use an automated teller machine and get cash in 10 or 11 or 12 seconds, and that means that you're able to stand, as I did recently, both in Singapore and in Greece, and put your card in a machine and in 11 seconds have it verify who I was, access the money, change it into a local currency at a relatively bad rate, pay me the money and I walked off relatively satisfied. And the last example I'll use is either Travelocity or Expedia or some other system of airline or hotel pricing. And I site these three because in the practical, everyday world we live in, when it comes to being a consumer, we have stunningly accurate, 24-hours-a-day, very convenient information. When it comes to being a patient, we have a paper document that somebody else has that we don't have, and if we're traveling and something happens to us, the truth is that most of us don't know what medication we're taking, and if you're in a car wreck or you have a stroke, there's nobody there to tell the doctor the situation. And an electronic health record is such a dramatic breakthrough from that world that it absolutely is something that I think we should be focusing on.

Tullman: Well we couldn't agree more and I'm glad this is being recorded, that's all I can say about that. Let me get back to recent news. Another member of *Modern Healthcare's* 100 Most Powerful People in Healthcare, Mark McClellan, who's the administrator of the Centers for Medicare and Medicaid Services, or CMS as most of our listeners know it, resigned last week. What does his resignation mean for the future of healthcare IT at CMS? It seemed like we had someone in there who was driving towards the right kinds of incentives and the right kinds of decisions.

Gingrich: Well, let me say first of all, it's a terrific loss to the country that Mark has left the public sector to take a job as a professor. It's a terrific gain for Mark and his family. He has spent six long years at first the White House and then at the Food And Drug Administration and then, as you point out, at the Center For Medicare And Medicaid Services, and he has worked extraordinary hours. I would talk to him all hours of the day or night, all weekend long he was busy getting things done. And so I expect part of it is just gratitude from his wife and children that he gets a chance to take a little bit of a breather before he gets his next big job. But I wouldn't be very surprised in the next administration, if it's a Republican, to see him come back in as Secretary of Health and Human Services. He's that talented of a person. He could easily be chief of staff to a future president. He is a remarkably talented person who, as many of our listeners

know, is both a medical doctor and a Ph.D. in economics, tenured at Stanford at a very early age, served both in the Clinton Administration as an assistant secretary of the Treasury, brought in by Secretary Rubin as a Republican in order to fight against government-run bureaucratic healthcare and then came back for the Bush Administration. So he's done a remarkable job and I'm very proud of him and very honored to know him. I suspect he'll end up on occasion doing things here at the Center once he steps down. But I think it's very important the Administration picks somebody comparable. I don't have any idea right now who that'll be. But there are certainly comparable people out there. One of the people who's mentioned often is Alan Levine, who was Gov. Jeb Bush's Commissioner of Health in Florida. There are other people of that caliber out there. I would hope that the White House and Secretary Leavitt would reach out and find somebody who's comparable to Mark or close to being as comparable, it would be very hard to get somebody as good as Mark, somebody who's close to being comparable to Mark in innovation, in drive and entrepreneurship to fill that big, big post. It's the largest purchaser of healthcare in the world, bigger than any of the national healthcare services. And so whoever's in charge of CMS has a very substantial impact on our health system.

Tullman: Well, we agree and we're both thankful for the contribution that he has made and what he's done, and I think it also sent a message that these government positions are positions that can drive change and he clearly contributed something important. Well, speaking of change, there's something like 90 bills that have been introduced on healthcare IT in Congress and two of them that are probably closest to being signed into law are now both in a House-Senate conference committee. That's HR4157 and Senate bill 1418, and they would do a lot to encourage the widespread adoption of information technology. Those bills would let hospitals donate information technology such as Electronic Health Records to ambulatory physicians in their region. And this is where we come back to your comment earlier on moving away from acute care. There've been a lot of people who've questioned this bill, saying is this really a way to extend acute care influence and, these bills are flawed because, for example, they don't include market incentives for the adoption of *interoperable* systems but rather they're keyed towards big, enterprise legacy systems that hospitals want to use to do essentially what Stark prohibited them from doing, and that was they want to lock physicians into a referring relationship. Do you have a comment about how we got to where we are on these bills and your feeling about them?

Gingrich: Well, let me say that I'll be a little surprised if anything comes out of conference that doesn't have very strong prohibitions against hospitals setting up any kind of a monopoly relationship with doctors. I think any bill that comes out is almost certain to require interoperability. And I believe, and you and I have

talked about this at length, that when you get to the doctor's office and you're talking about ambulatory care, it takes a dramatically different systems approach and a dramatically different workflow approach than you use in a big hospital, because the hospital has a very different rhythm and a very different routine for delivering healthcare. So I think it will not be affective, and I think hospitals will not be able to get very many doctors to adopt their system if all they do is impose on an ambulatory environment what is essentially a hospital based acute care model. So our hope is that what you'll see happen is a blended approach where hospitals will look at what are the best ambulatory based systems, and I remember being at your conference in Chicago a few months ago where you just had remarkable praise from doctors all across the country about the experience they were having because you had developed an approach which met the workflow requirements of their office as opposed to being imposed by any kind of centralized system. So our goal is certainly to encourage that whatever comes out of conference would not in any way be a single hospital's monopoly imposition of the hospital's own system but rather would have to be interoperable and would have to recognize that doctor's would retain the right to work with any hospital they wanted to, even if the system was being provided by one particular hospital. Because otherwise, it would sort of be as if hospitals could provide a telephone system but there'd only be a direct line to that hospital. Everybody would instantly recognize that that was an absurd solution.

Tullman: Well, unfortunately we've seen some absurd solutions in healthcare and hopefully we won't see any more of them and we appreciate your support and your counsel on that, especially because I know how well regarded your thoughts are in Congress. You mentioned Chicago and of course that is home to Allscripts, but recently you wrote an editorial on American business and you were asking American business to step in and help to solve the healthcare crisis. And I was struck in that editorial about your call for greater transparency of information - in other words, letting patients see which hospitals and physicians provide the best care by giving them access to Medicare claims histories and other information. Where do you see the intersection of that transparency movement and healthcare IT? And how is informing patients going to lead to lower costs for everyone?

Gingrich: Well it's interesting when you look at other industries, for example in the aviation industry, when we got to transparency of costs and when we got to customer choice, because of competition, moving from a regulated airline industry to a deregulated airline industry, prices dropped from 23 cents a passenger mile in 1978 in constant dollars to 13 cents a passenger mile in 2003. And that's because efficiencies came in, people had to find new ways to get things done, they had to be leaner and more aggressive just to stay in a competitive environment. The first two big experiments in this that I've seen in

this are both in Florida. MyFloridaRx.com, which Governor Jeb Bush has put up, which creates a web site where people can go online, put in any of the 100 most frequently purchased drugs, list their zip code and every single drug store in their area comes up ranked in order of price. So you can immediately see who's the most expensive and who's the least expensive drug store. That's already beginning to have an impact on pricing. And the second one is FloridaCompareCare.gov, which is a site that lists every hospital in the state, the procedures that hospital engages in, the frequency of those procedures over the last year and the quality of the outcome. And you're also beginning to see an impact there also because, as you know, very often the best hospital is less expensive than the worst hospital. The worst hospital has medical errors, they have hospital infections, they have problems in how they administer themselves, and so unlike jewelry and automobiles, very often in healthcare the very best is less expensive than the very worst. And I think that clearly shows up in the FloridaCompareCare site. And I think any of listeners who wants to see, in the real world, how this transparency and right to know price and quality is beginning to work can go to those two sites, MyFloridaRx.com and FloridaCompareCare.gov and you'll see what I think is a forerunner of the kind of price and quality information that I think we'll have in a decade. And that's all going to be powered by the sheer power of electronic information. When a hospital or a doctor's office begins to have 10, 15, 20 years of patient data available electronically, we're going to learn so much about what works, what doesn't, what interventions are the most effective, what drugs are the most effective, it's really a different world.

Tullman: Well we agree and I'm excited about going to those two sites myself. I spend my life in healthcare and was unaware of those, so I'm pleased that you made not only me aware of those sites but our listeners as well. Let me ask a different question. You and I share an interest in diabetes. We've both served on the board of the Juvenile Diabetes Research Foundation, you on the national level, and I've served on the local level in Chicago. Can you tell me about your efforts related to diabetes and why they are so critical?

Gingrich: Well let me say first of all that I first got involved in diabetes when I was in the House because diabetes is the most expensive factor in healthcare. It drives fourth dollar in Medicare. Diabetes leads to heart disease, to kidney disease, it often leads to kidney dialysis, it leads to blindness, it's the leading cause of adult blindness in the United States, and it leads to amputation of limbs, it's the leading cause of the amputation of limbs. So diabetes is really much more complicated and much more dangerous than most people think. When I learned this, in a briefing by Dr. David Satcher, when he was the Director of the Center for Disease Control, I got very intrigued with diabetes and I began to work on, what could we do to bring it under control? Now a quick story in terms of our

hunting for things here at the Center for Health Transformation, literally just before you and I started this conversation I met with a firm called Healthpia [www.healthpia.us] and Healthpia is a cell phone system for diabetics. It has a specialized adaptation for your cell phone, regular cell phone except that it has an extra battery case and instead of an extra battery they put a lab in your cell phone so you can actually prick yourself, put the blood into the phone, the phone analyzes the output, puts the data both into your own health record and to the doctor's office, and the phone can be programmed to actually call you to remind you to do it. And it's really quite interesting how they're doing it. We've watched this Healthpia system develop over the last year or so and it's coming along and developing into a very interesting product that may be a component of how we deal with diabetes because there are about 21 million diabetics in the United States so it's a significant population. But secondly we've done here at the Center for Health Transformation a center in Georgia, the Georgia Diabetes and Obesity Project, we have 29 corporations involved plus the state of Georgia, about a million lives altogether, and we're working very systematically to involve people in testing, in wellness, in self-management and to incentivize doctors to actually up front spend time helping people stay healthy, rather than waiting for people to get so sick that they need dialysis or heart operations or amputation or they have to be dealt with blindness for the rest of their lives. So it's a very powerful experiment. It's far and away the largest Bridges to Excellence experiment in the country and we're very proud at the Center to have been part of helping launch it.

Tullman: Well that's great and, again, I think both the complications associated with diabetes and the outlook for managing it both from a device standpoint and an electronic standpoint preemptively represent an enormous opportunity from a quality-of-life standpoint but also, as you point out, from a cost standpoint. And I think that's a good transition to the last question that I have for you because we're running a bit short on time, and that is, tell me a little about your book *Saving Lives And Saving Money*. Why did you write it, what did you learn, and what do you want others to learn from it? And then, I know that you have a book coming so if you want to highlight that. I know because you've been nice enough to ask us to contribute to it.

Gingrich: Well, great topics and of course I'm honored that you'd ask about them. We ended up in December of 2002 putting together the initial outline of *Saving Lives And Saving Money* because we were trying to help the Bush Administration and Senator Frist and the House Republicans think through what was the right direction on healthcare. And so our theory was that managed care had gone wrong because it focused first on saving money and health is essentially a moral issue. If you have somebody in your family who needs help you don't want to be told that they're not going to get it because the quarterly

report or the monthly budget doesn't permit it. So what you've got to do is put that model on its head and focus on keeping people healthy, focus on preventative care and wellness and focus on controlling the internal cost of health as a delivery system so you can then afford to reduce cost in ways that are positive. That's why we made the title of our book "Savings Lives," which comes first, and then "Saving Money." We learned an enormous amount putting together the book, spent over two years developing the ideas, ended up with about a 90-page power point which we took up and, Senator Bill Frist, who of course is a world class heart-lung transplant surgeon, brought seven of his staff in and sat down and spent over two hours going through the book with us and at the end of the presentation he said, you know, this is really basically right and you ought to go ahead and publish this. And that was the impetus for us to go ahead and publish *Saving Lives And Saving Money*, which has done very well ever since and I think is a pretty good general introduction to what transformation in healthcare is like. We have built upon that. Nancy Desmond, who is the president of the Center For Health Transformation and has worked with me now for some 14 years, we have developed a new book which is coming out this Fall called *The Art of Transformation*, and *The Art of Transformation* is all the lessons we've learned, both in healthcare and national security, in the House of Representatives, in welfare reform, in a wide range of areas, the lessons we've learned that make it effectively a way to move forward. And we think that people who study *The Art of Transformation* will learn lessons for their own profession and will learn lessons in a variety of other ways. So whether you want to use it for your business or for your profession, or the way you think about your life, I think it will have some impact.

Tullman: We appreciate the opportunity to contribute to it, looking forward to doing that. Well we're all out of time but I want to thank you, Newt, for what is – as usual – an invigorating conversation. I'm always impressed by your grasp of the details in this troubled system, and by your eagerness to dive in to help change healthcare for the better. Thank you very much.

Gingrich: Well thank you and I just want to repeat that I thought the conference you had in Chicago which you invited me come talk to in Chicago, the number of success stories that I saw was astonishing and they are reasons to be optimistic that we are going to get this solved and we are going to have a much better system in the future.

Tullman: This is Glen Tullman hoping you'll join us again next month for *EHR Connections - NewsMaker*. For more information on the program and on Allscripts, please visit us on the Web at www.allscripts.com.