

# From Here to There in the E-Health Revolution<sup>1</sup>

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Welcome to the e-health revolution. You are pioneers in a transformative effort to improve the quality, enhance the access, and reduce the cost of health care. It's a pleasure to help you launch the Third Annual Kay E-Health Symposium.

Your work is so important because in the e-health revolution, we have a long way to go. A new study *Health Information Technology in the United States*<sup>3</sup> finds that only about 5 percent of the 6,000 hospitals in the U.S. are using computerized physician order entry, which is the best single measure of the use of electronic health records (EHR) in an inpatient setting. Fewer than 24 percent of physicians "in ambulatory settings" are using EHR "to some extent" (p. 3).

Why so little adoption, despite the many benefits of e-health that you and others have identified? The new study identifies four main barriers.

- First is the cost of health information technology and "provider uncertainty regarding the value they will derive from adoption in the form of return on investment."<sup>4</sup>
- Second is the technology itself, which is perceived as "unwieldy and difficult to use" and subject to rapid obsolescence. (By the way, it's interesting to note that

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<sup>1</sup> Welcoming remarks at the Third Annual Kay-CGU Symposium, "Pacific Edge E-Health Innovations: Linking Research, Practice and Policy to Benefit Consumers and Communities," Claremont Graduate University, December 1, 2006.

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<sup>3</sup> David Blumenthal *et al.*, *Health Information Technology in the United States: The Information Base for Progress*, published by Robert Wood Johnson Foundation, George Washington University Medical Center, and Massachusetts General Hospital's Institute for Health Policy, 2006. Available at <http://www.heartland.org/pdf/20145.pdf>.

<sup>4</sup> P. 43. "Stated another way, many providers do not perceive that there is a business case for HIT [health information technology] acquisition and use. They argue that the absence of a business case stems from a form of market failure within the HIT sector: current dysfunctional market dynamics and incentive structures do not work efficiently and effectively to realize the societal benefits of HIT."

about 44 percent of physicians under the age of 35 use EHR, compared with only 24 percent of physicians between 35 and 64.)<sup>5</sup>

- The third inhibiting factor concerns laws and regulations. Health-care providers are worried about being sued, as electronic records are easier to review. This is a bad reason for delay. But the providers are also worried that health information technology may create more privacy risks for patients.
- Finally, the study noted a vague array of organizational issues at hospitals and group practices.

We need a broader analysis. What about the costs of *not* using health information technology? And what about the privacy risks associated with paper medical and pharmaceutical records? Last month the Indianapolis television station WTHR ran a four-part series on its investigation of pharmacies' rubbish in more than a dozen cities around the country. Reporters inspected almost 300 dumpsters belonging to pharmacies such as Walgreens, CVS, and Rite Aid. In one quarter of the dumpsters, the reporters found nearly 2400 examples of legally-protected patient information on prescription labels, patient information sheets, pill bottles, prescription forms, and customer refill lists.<sup>6</sup>

So, when anyone starts moaning about the costs and privacy risks of e-health, we have to make sure to keep in mind the shortcomings of what we have now. The e-health revolution will eventually reduce costs, improve treatments, and save lives. Getting from here to there, and making the "there" better and better, is where your work can be so important. As you share examples of innovations that work in practice and consider how emerging technologies might lead to even better innovations, you can provide guidance for policymakers and health-care providers.

Let me now introduce a person who has been such a guide, both as a business leader and as a philanthropist. The Kay E-Health Research Center is named for Steve Kay, whose passion and insight have led to many innovations in the care and treatment of the disabled. Steve, it's an honor for us to have the Kay-CGU Symposium bear your name.

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<sup>5</sup> My calculations, based on Table 6, p. 37.

<sup>6</sup> <http://www.wthr.com/Global/story.asp?S=5693471>. In response, Walgreens and CVS have rushed forward with apologies and new procedures. And the U.S. Department of Health and Human Services' Office of Civil Rights, as well as the Indiana Attorney General's office, have launched their own investigations. <http://www.wthr.com/Global/story.asp?S=5714534>