



## RECOMMENDATIONS FOR A HEALTH INFORMATION TECHNOLOGY COMPONENT OF THE PROPOSED ECONOMIC STIMULUS PACKAGE

Paul W. Youket, Ph.D.

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President-Elect Obama is to be commended for:

- recognizing health information technology (HIT) as a critical part of our nation's infrastructure;
- giving priority to HIT as a component of the proposed economic stimulus package; and
- proposing a major acceleration of federal investment in HIT.

Doing so correctly can:

- provide a strong, long-term stimulus to the economy by providing many, new, high-paying, long-lasting, professional jobs everywhere in the country;
- slow the accelerating increase in the costs of health care and of public and private health insurance in this country;
- improve the quality, efficiency, effectiveness, and equity of health care in this country; and
- strengthen the nation's health, security, safety, and economy.

If an HIT component is included in the President-Elect's proposed economic stimulus package, then it should be designed on the basis of the following principles, priorities, and goals:

Patient health and safety

Population health and safety

Quality of health care

Protect, safeguard, and secure the privacy and confidentiality of patient information, but make it accessible to authorized parties when and where needed

Patient choice on access to and use of personal health information

Effectiveness, equity, integrity, and efficiency of expenditures for health care

Enable, support, and facilitate state and local decision-making, flexibility, adaptability, and innovation in HIT.

However, HIT is complex and involves many interdependencies. Although much progress has been made, a number of key issues are unresolved at this point. Any acceleration in federal investment in HIT will need to effectively address these issues in order to be successful and to achieve its goals. These issues include the following:



- What is the best way to accelerate federal investment in HIT?
- What lessons have been learned from prior domestic and foreign investments in HIT that can be applied to designing major, new federal investments in HIT?
- Allocation of funds
  - Scope
    - How should significant new federal funds for HIT be used?
    - What should they be used to pay for?
    - How should they be allocated across different types or areas of HIT?
    - If the goal is to enable all providers of medical care to have electronic health records, what other types of investments would be needed to enable these records to be used as desired (e.g., interoperability)?
    - What proportion of funds should be used for electronic health records for health care providers, such as physicians, hospitals, and nursing homes?
    - What proportion of funds should be used for other purposes in HIT or in other areas of HIT?
    - Is there a better use of these funds that would more effectively meet the goals of the President-Elect in the economy, in health care, and in national security?
  - Eligibility
    - Who should receive these new funds?
    - How should they be distributed among recipients?
  - Time Table
    - How should the funds be distributed over time?
    - What should an implementation plan look like?
- How should this new program be administered?
  - Who should administer it?
  - What mechanisms should be used to:
    - maximize mutual learning and collaboration?
    - monitor the program and the use of funds?
    - provide feedback for program corrections and improvements?
  - How should accountability on the use of funds be ensured?
    - How should waste, fraud, and abuse be minimized?
  - How should the program be evaluated?
- How should key unresolved issues in HIT be resolved?
  - What are the key unresolved issues?
    - Privacy, confidentiality, and security of patient information
    - How can HIT be used:
      - for disease prevention, health promotion, and wellness?
      - to improve the lifestyles and daily behaviors of individuals for better health outcomes?
    - How can the provision of health care in general and the practice of medicine in particular best be improved through the use of these funds?
  - How should HIT investments and operations be sustained financially?



- Should provider reimbursement from public and private insurers be changed and, if so, how?
- What key technical problems and issues need to be resolved to enable nationwide investment in HIT?
- How should the workforce needed for major expansions in HIT be rapidly developed and trained in all parts of the country?
- What processes should be used to resolve these issues?

Many important policy and technical issues remain unresolved at this time and need to be resolved first in order to achieve the goals of major, new federal spending for HIT. Consequently, it would be premature and imprudent to immediately and significantly increase federal investment nationwide for HIT at this time without a carefully thought-out plan for doing so.

Without such a plan, much of the federal spending will be wasted, as has occurred in other countries which have previously tried to do so. The lessons learned at home and abroad about making major investments in HIT need to be documented and used to correctly design and to successfully implement major, new federal investments in HIT.

Investments in HIT are long-term investments, not short-term investments. Because of the expense, complexity, and time needed to implement investments in HIT, new federal investments nationwide in HIT are unlikely to provide the immediate economic stimulus that is needed now. The economic and other benefits of such investments are not likely to be realized at significant levels for a number of years.

Before commencing major new federal investments in HIT nationwide, the proposed economic stimulus package should authorize and fund a rapid (e.g., six-month) project by the National Coordinator for Health Information Technology to develop a detailed national HIT strategy and plan for prioritizing and implementing such investments and for resolving key outstanding policy and technical issues. *The ONC-Coordinated Federal Health IT Strategic Plan: June 3, 2008* would serve as the foundation for developing the national HIT strategy and plan. Upon approval of the plan by the Secretary of the U.S. Department of Health and Human Services, the plan would be implemented and major, new federal investments in HIT nationwide would commence.