



Fact Sheet

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Contact: HHS Press Office
(202) 690-6343

HARNESSING INFORMATION TECHNOLOGY TO IMPROVE HEALTH CARE

Overview: *Modern information technology offers unprecedented opportunities to improve health care for Americans, promising better quality at a lower cost. HHS is working aggressively to promote the use of technology to improve patient safety and to allow quick, reliable and secure access to information that promotes the best possible care across the health care system. A key part of this broad effort is developing a National Health Information Infrastructure -- a system that would allow a doctor or other health care provider to access an always-up-to-date electronic health record for a patient who has authorized it, regardless of when and where the patient receives care. This would not be a national database, but rather a set of standards and secure networks that would allow a doctor or hospital to immediately gather relevant information by computer network -- such as test results, x-rays and medical history as well as clinical guidelines, drug labeling and current research findings -- to best treat an individual patient. Local health information centers would keep indexes of where patients were treated and could gather that information quickly when needed. The information would be protected by stringent security and privacy standards. Such a system would also help consumers and patients to manage their own health by giving them greater control of their health records. Local health information systems are already working successfully in a number of communities and under development in some others. HHS is encouraging the development of these systems and taking the steps needed to ensure they will be able to communicate with one another. President Bush has established a national goal of assuring that most Americans have electronic health records within 10 years. He also has ordered the creation of a central office at HHS to oversee this complex effort. Once widely implemented, such a system would dramatically improve the quality of patient care and reduce the nation's health care costs by:*

- *Making the patient's up-to-date medical record instantly available whenever and wherever it is needed and authorized;*
- *Avoiding costly duplicate tests and unnecessary hospitalizations;*
- *Providing health professionals with the best and latest treatment options for the patient's needs;*
- *Helping eliminate medical errors;*

- *Streamlining the reporting of public health information for early detection and response to disease outbreaks and potential bioterrorism;*
- *Creating opportunities to gather non-identifiable information about health outcomes for research to identify the most effective treatment options;*
- *Providing better, more current medical records at lower costs; and*
- *Protecting privacy.*

BUILDING A NATIONAL HEALTH INFORMATION INFRASTRUCTURE

Office of the National Health Information Technology Coordinator. At President Bush's direction, HHS **has created** the new position of National Health Information Technology Coordinator. The coordinator's office will provide national leadership to support efforts across government and in the private sector to develop the standards and infrastructure to support more effective use of information technology to promote higher quality care and reduce health care costs. The coordinator reports to the Secretary.

Privacy and security standards. As part of President Bush's charge, the new office will prepare a report for the Secretary on privacy and security issues related to the development of a national health information infrastructure and to recommend methods to assure appropriate authorization, authentication and encryption of data to protect the privacy and confidentiality of personal health information. HHS already has adopted national privacy and security standards for health plans and covered healthcare providers.

Creating incentives to use information technology. At President Bush's direction, HHS will prepare a report on options to create incentives in Medicare and other HHS programs to encourage the adoption of interoperable health information technology. In addition, President Bush directed the Office of Personnel Management to report on similar options for encouraging the adoption of such technology through the Federal Employee Health Benefit Program.

Creating a common medical language. In 2003, HHS signed an agreement to license a standardized medical vocabulary developed by the College of American Pathologists available for free for use in the United States. The College's SNOMED (Systematized Nomenclature of Medicine) Clinical Terms creates a common clinical language that is a necessary part of a health care information infrastructure. SNOMED CT is now available through the National Library of Medicine's Unified Medical Language System (UMLS) Metathesaurus at <http://umlsinfo.nlm.nih.gov>. Users must register via the Web for a free UMLS license before downloading the data or requesting a copy on DVD.

Defining the functions of an electronic medical record. At HHS' request, the international standards-setting organization known as Health Level 7 (HL-7) has established a draft standard defining the set of functions needed for an electronic medical record. HHS will continue to work with HL-7 and others to define standards for transmitting complete electronic health records.

Promoting federal health information standards. HHS, with the Departments of Defense and Veterans Affairs, has worked aggressively to adopt health information standards for use by all federal health agencies. As part of the Consolidated Health Informatics initiative, the agencies have agreed to endorse 20 sets of standards to make it easier for information to be shared across agencies and serve as a model for the private sector.

Investing in local health information exchange. President Bush's fiscal year 2005 budget proposes \$50 million in new grants to support state and local efforts to develop systems for exchanging of health information in their communities. These local, state and regional health information exchange projects would allow for the sharing of complete patient records at any participating site of care by creating secure information systems to find, gather and deliver electronic health information when needed, consistent with privacy standards. These projects would form a key part of a national health information infrastructure.

Information technology demonstrations and research. HHS' Agency for Healthcare Research and Quality (AHRQ) this year will spend \$50 million on research and demonstration projects to highlight how health information technology can improve the quality of care and patient safety. This includes grants to support state and regional demonstrations and to support information technology projects in small hospitals and rural communities, as well as funding to create a Health Information Technology Resource Center to provide technical assistance, expert health information technology support, educational services and other services to HHS grantees and state and local officials. President Bush's fiscal year 2005 budget request includes another \$50 million to continue research in these areas.

Engaging national health leaders. In 2003, HHS convened the first national conference on developing a national health information infrastructure. More than 500 experts participated in the discussions. HHS will hold a second annual conference July 21-23, 2004, to further refine these efforts.

OTHER HHS EFFORTS TO HARNESS HEALTH INFORMATION TECHNOLOGY

Bar codes on drugs. In February 2004, the Food and Drug Administration (FDA) issued new regulations to require bar codes on the labels of all prescription drugs, certain nonprescription drugs and all blood and blood components for transfusion. These codes allow doctors, nurses and other caregivers to ensure they give correct medications to each patient by scanning the drug and the patient's identification bracelet. Hospitals that have adopted such technology have reduced medication errors by as much as 85 percent.

BioSense initiative. President Bush's fiscal year 2005 budget proposes \$100 million for a new BioSense initiative to tap information technology to improve the nation's capabilities to detect outbreaks and bioterrorism. The funds would support efforts to gather and analyze existing health care data quickly and thoroughly to identify trends and response needs. Information then could be shared quickly with other federal agencies and state and local health officials to promote more effective coordination.

E-Prescribing. The Medicare modernization legislation enacted in 2003 included special provisions to encourage electronic prescribing in Medicare and in other health plans. The law requires the National Committee on Vital and Health Statistics to consult with doctors, pharmacists and other experts to develop and recommend electronic prescribing standards. HHS then would conduct a pilot test and eventually adopt national standards for e-prescribing.

Electronic drug information. The FDA, the National Library of Medicine and the Department of Veterans Affairs are working to provide fast, up-to-date and complete information about prescription drugs to health professionals through a standard, electronic format. The DailyMed system would promote increased patient safety by providing this information in a standard format that can be incorporated into health

information technology systems. In cooperation with other federal agencies, FDA is also developing standardized codes and terminology to identify specific drug products and each ingredient in these drugs.

Adopting national standards for public health information. The Centers for Disease Control and Prevention (CDC) is working to develop a Public Health Information Network (PHIN) that would permit the seamless electronic sharing of information across federal, state and local public health agencies and with the private sector. Once implemented, these changes will support early detection of epidemics, secure and confidential communications, rapid dissemination of information and coordination of public health responses for both natural health risks and bioterrorism.

Disease surveillance systems. CDC also supports the National Electronic Disease Surveillance System, which promotes data and information system standards to advance development of efficient, integrated and interoperable surveillance systems at federal, state and local levels. CDC will expand this effort to 35 new areas this year.

Telemedicine initiatives. HHS' Health Research and Services Administration supports a wide range of telemedicine programs to improve access to health care, especially in remote and rural communities. Using telecommunications technologies, these programs extend the reach of health care providers in populated areas to reach those in remote, frontier communities with limited health services and professionals.

IHS electronic health record. HHS' Indian Health Service, with the help of other HHS agencies, is developing an enhanced electronic health record system that can be used in IHS and tribal health care facilities. The enhanced system will improve care for patients by ensuring needed information is available whenever and wherever they seek care.

Clinical decision-making tools. AHRQ is developing tools using today's technology to make relevant research and clinical guidelines readily available to clinicians as they care for patients. For example, AHRQ this month released a free, interactive tool for handheld computers to help clinicians quickly and easily search for which preventive services to provide, or not provide, to patients based on their age and gender. Other clinical tools are being developed. See <http://pda.ahrq.gov/>.

Personal health information resources. HHS and its agencies support research on innovative technology to provide health information and decision-support tools for consumers and patients. Many agencies provide interactive resources on their Web sites to help people make sound decisions about their health care. For example, www.medicare.gov provides comparative information about the quality of care provided by many Medicare and Medicaid healthcare providers, along with guides to choosing a provider.

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