

“Paper Kills” Should Be Healthcare’s Mantra

From the halls of Congress to federal government meetings and briefings, state legislatures, city halls, and workplaces across America, serious discussions are centered on healthcare. It is a major issue that affects everyone; however, tackling the day-to-day real life issue of depending on paper trails to track patient care and delivery post Y2K, 9/11, and Hurricanes Katrina and Rita has escaped the debate.

If “paper kills” was the mantra for healthcare, would change be more imminent? I think so. Former House Speaker Newt Gingrich testified on March 15, 2006, on Capitol Hill:

It’s simple, paper medical records kill people every day. Instead of saving lives, our current paper-based health system is killing them. As many as 98,000 Americans are killed each year due to medical errors. Hospitals and physician practices that implement electronic health records have proven they save lives. For example, the Indiana Heart Hospital in Indianapolis built a new facility that is totally paperless, and they reduced medication errors by 85%.

The healthcare industry is the only industry in the United States and the developed world that still depends on paper to document and process patient care delivery transactions. The U.S. Department of Health and Human Services convened a Health IT Leadership Panel to understand how information technology (IT) has transformed other industries and how it can transform the healthcare industry. Based upon their own experiences, the panel, which consisted of nine CEOs from leading companies, concluded that investment in

interoperable health IT (HIT) is urgent and vital to the broader U.S. economy due to rising healthcare demands and business interests.

Moreover, numerous studies have proven that HIT saves money and saves lives. The Center for Information Technology Leadership suggests that utilizing interoperable ambulatory electronic health records (EHRs) alone will save \$112 billion a year, representing approximately 7% of healthcare spending (Johnston, et al., 2002). The Office of the National Coordinator for Health Information Technology conservatively estimates that annual savings due to widespread EHR adoption are likely to range between 7.5% and 30% of annual healthcare spending (Brailer, 2006). Healthcare now consumes 17% of our nation’s gross domestic product, by far the largest percentage of any nation in the world.

Success Stories

Several success stories across the country should be replicated. For example, Wayne Obstetrics and Gynecology, with more than 6,000 patient encounters a year, is a model of excellence for small provider practices in a rural set-

If “paper kills” was the mantra for healthcare, would change be more imminent?



Photo courtesy of Jennie Farnsworth

ting. Based in Jessup, Georgia, this solo practice views its EHR as a distinct asset in the volatile world of obstetric malpractice.

Americans and the HIT industry have an unprecedented opportunity and responsibility to harness the support from the White House, members of Congress, the U.S. Department of Health and Human Services, state capitals, and state legislatures to transform healthcare. For three consecutive years, President Bush has recognized the need to expand the use of HIT to lower costs, reduce medical errors, and improve quality of care.

Our nation has only four “czars” who work for the president on key national issues. One is the “czar” for health information technology, Dr. David J. Brailer, who is working on implementing a strategic plan to transform the delivery of healthcare in the United States to provide all Americans with a private and secure EHR.

Last December, Rep. Phil Gingrey, a former obstetrician and gynecolo-

Americans in New Orleans and the Gulf Coast region know firsthand the importance of EHRs.

gist in Marietta, Georgia, introduced H.R. 4641, the Assisting Doctors to Obtain Proficient and Transmissible Health Information Technology (ADOPT HIT) Act of 2005. Endorsed by the Healthcare Information and Management Systems Society, this legislation increases the first year deduction of rapid depreciation for qualified equipment from \$100,000 to \$250,000 for doctors. Therefore, physician offices would have a greater incentive to adopt HIT by writing off the total expense of an EHR system in the first year. This legislation would also increase the purchase maximum for qualifying equipment from \$400,000 to \$600,000 in any given year and allows physicians to include other medical equipment purchases in the same year they purchase an EHR system. Creative ideas such as H.R. 4641 will be part of the overall solution.

Americans in New Orleans and the Gulf Coast region know firsthand the importance of EHRs. To this day, more than 8 months after Hurricanes Katrina and Rita, most residents of the Gulf Coast still have no access to their medical records. In fact, in a crisis, very few Americans would have access to their medical records and prescriptions with our current system of recording medical information on paper.

Saving lives and improving patient safety are major goals of the healthcare industry, given the high occurrence of medical errors, resulting in almost 100,000 lives lost and up to \$29 billion of costs each year in the United States alone, according to the Institute of Medicine report *To Err Is Human*

(2000). Furthermore, about 3.7% of hospitalizations may be associated with error, and 13.6% of these lead to death. Half of these deaths are thought to have been preventable—as many deaths that would be caused by a jumbo jet going down every other day.

The HIT industry is prepared to seize the current momentum for change across the entire spectrum of healthcare. We know from experience that privacy is an issue and are doing everything to protect patient privacy, but the most important issue is saving lives. Our message should be clear and succinct: Paper kills. **IPSQH**

David Roberts is vice president for government relations for the Healthcare Information and Management Systems Society (HIMSS). Formerly a professional staff member for both the U.S. House Appropriations Committee and the U.S. Senate Health Subcommittee on the Handicapped and a civilian financial analyst for the U.S. Air Force, Roberts now resides with his family in Solana Beach, California, where he is an elected member of the City Council and maintains a HIMSS office in Alexandria, Virginia.

REFERENCES

- Brailer, D. (2006, April 6). Testimony before the House Committee on Ways and Means Subcommittee on Health Hearing on Health Care Information Technology.
- Gingrich, N. (2006, March 15). Testimony before the House Committee on Government Reform Subcommittee on Federal Workforce and Agency Organization hearing on the Federal Family Health Information Technology Act of 2006.
- Institute of Medicine. (2000). *To err is human: Building a safer health system*. L. T. Kohn, J. M. Corrigan, & M. S. Donaldson (Eds.). Washington, DC: National Academy Press.
- Johnston, D., Pan, E., & Middleton, B. (2002). Finding the value in healthcare information technologies. Boston, MA: Center for Information Technology Leadership.

CONFERENCE CALENDAR

May 31–June 1

Designing Reliable Delivery of Optimal Care
Institute for Healthcare Improvement
The Charles Hotel
Cambridge, Massachusetts
www.ihl.org

June 5–7

*2006 Annual Health IT and Patient Safety Conference**
AHRQ
Washington, DC
www.ahrq.gov

June 7–8

*HIMSS Summit**
The Renaissance Hotel
Washington, DC
www.himss.org

*These events are part of the first annual National Health IT Week, www.healthitweek.org

June 12–14

2nd Annual International Summit on Redesigning Hospital Care
Institute for Healthcare Improvement
Hyatt Regency Atlanta
www.ihl.org

June 24–26

AAMI 2006 Conference & Expo
Association for the Advancement of Medical Instrumentation
Marriott Wardman Park Hotel
Washington, DC
www.aami.org

June 26–27

Health Literacy: The Foundation for Patient Safety, Empowerment, and Quality Health Care
Joint Commission Resources
Sofitel Chicago O'Hare
Rosemont, Illinois
www.jcrinc.com

July 13–15

Leadership Summit 2006
Quality Improvement: A Leadership and Performance Imperative
Health Forum and the AHA
Hilton San Francisco
www.healthforum.com

July 17–18

Third Annual Healthcare Unbound Conference & Exhibition
Hyatt Regency Cambridge
Cambridge, Massachusetts
www.tcibi.org

July 17–20

The Health Information Technology Symposium at MIT
Massachusetts Institute of Technology and Boston Marriott
Cambridge, Massachusetts
www.hitsymposium.com

July 19–22

16th Annual Summer Institute in Nursing Informatics
Advancing Clinical Practice Through Nursing Informatics
University of Maryland School of Nursing
Baltimore, Maryland
<http://nursing.umaryland.edu/informatics/>

July 31–August 2

Improving Efficiency of Delivery Systems
ASQ Quality Institute for Healthcare
Hotel Derek
Houston, Texas
<http://qihc.asq.org>

Visit www.psqh.com for more conference listings.