

TO: Dr. Karen M. Bell, Acting Deputy National Coordinator for Health Information Technology
FROM: Abby Liebeskind, Policy Analyst, Office of the National Coordinator for Health Information Technology (ONCHIT)
RE: Mobilizing Groups to Accelerate the Passage of H.R. 4157/ S.1418
DATE: 11/5/06

This memo presents a strategy to accelerate the passage of a health information technology (HIT) bill that would enable Secretary Leavitt to award grants for the implementation of interoperable HIT (preferably the bill resulting from the House/Senate conference committee collaborating on bills H.R. 4157 and S. 1418). Our office should focus on mobilizing groups that have incentives to take action because of the potential benefits of a HIT system. We should encourage every group that supports our goal to take action, but as part of a media strategy with a limited budget we should concentrate on the technology sector, physicians, and policy makers, while exerting less effort on patients, privacy interest groups, and health insurance companies.

STRONGLY ENCOURAGE TO TAKE ACTION

TECHNOLOGY SECTOR

Since we have a limited budget for media campaigns, it would be most powerful to organize engineering and computer systems management unions and interest groups. Americans employed in the technology sector stand to benefit most from the passage of a HIT bill because they would enjoy the same benefits as every American after the successful implementation of an interoperable HIT system (see APPENDIX B: Benefits), in addition to the job creation and sustainable increased demand for skilled labor in their field. While the Institute of Electrical and Electronics Engineers (IEEE) sent Senator Enzi a letter commending him on the passage of S. 1418 (Alphonse, 2006, ¶1), it would be even better if the IEEE could organize their members to lobby their congressmen for

the swift passage of a bill formed from S. 1418 and H.R. 4157. **Suggested action: Send a policy analyst to speak at a conference to emphasize to the members the potential benefits and low cost taking action to ensure passage of our preferred bill.**

PHYSICIANS

Physicians have an incentive to hold off on adopting a system to implement electronic medical records and e-prescribing, among other HIT, because of the high initial costs and risks of installing a new system. However, as Wang, et al demonstrate in their cost-benefit analysis, physicians stand to gain substantially in the long run (see APPENDIX A); additionally, as of 24 October 2006, the Department of Health and Human Services has designated the Certification Commission for Healthcare Information Technology as a recognized certification body to evaluate criteria for electronic health records and the networks through which they operate (Certification Commission for Healthcare Information Technology, 2006, 1), so physicians face less risk when determining which system with which to update their office. By being one of the first offices to implement HIT, physicians stand to receive grant money and assistance from the federal government; H.R. 4157 includes \$20 million in grants to be appropriated in both 2006 and 2007 (GovTrack, 2006, 1) while S. 1418 includes provisions for \$125 million in 2006 and \$155 million in 2007 (GovTrack, 2005, 1). Some primary care offices have already successfully implemented electronic medical records and the positive results and statistical returns on investments should be shared with more hesitant physicians (Gonzalez, 2004, 2). **Suggested action: Target physicians via advertisements and literature focusing on competitive grants and the long run benefits of the implementation of HIT as contingent upon the passage of the bill**

produced by the House/Senate conference committee through; emphasize success stories.

POLICY MAKERS

Policy makers have the incentive to act as the voice of their constituents as well as their own voice, but we need to emphasize to congressman the importance of passing a HIT bill sooner rather than later. Since mid-term elections are tomorrow, many congressmen have been focusing on reelection for the 110th Congress and worked to move S. 1418 and H.R. 4157 through the floor; however, after elections are over, the congressmen who chose not to run again or were not reelected may not have the same incentives to continue working hard on the passage of such a bill. **Suggested action: Continue to press the urgency of the implementation of HIT, emphasize statistics and real people who could immediately be impacted by job creation, economic growth, and reduction of medical errors.**

SECONDARY GROUPS TO MOBILIZE

PATIENTS

While patients are at the center of every debate about medicine, patients have incentives to wait and see what happens with HIT instead of taking action to accelerate its implementation. While we hope that every patient will have positive net benefits from a final HIT system, each patients' utility from the costs and benefits is unique, so it is impossible to extrapolate exact figures (see APPENDIX B). Each patient is unlikely to play a role in which system their physician chooses or the exact specifications put in statute, but they could emphasize the importance of a "paperless office" to their physician

and congressional representatives. **Suggested action: Keep the media aware of patient benefits of an interoperable HIT system.**

PRIVACY INTEREST GROUPS- OPPOSITION

Privacy interest groups are the biggest opposition to the passage of either S. 1418 or H.R. 4157; and since they are solely focused on privacy, they have an incentive to take action to prevent the swift passage of a HIT bill. Privacy advocate groups have the power to truly slow the passage of a HIT bill since Americans are expressing concern about the privacy of their personal medical records (California HealthCare Foundation, 2005, 1) and it is easy to ignite fears in the media. **Suggested action: Emphasize to privacy advocate groups that S. 1418 and H.R. 4157 are in conference committee to incorporate the best language from both bills.**

HEALTH INSURANCE COMPANIES- OPPOSITION

Health insurance companies have a stake in the outcome of the conference committee because H.R. 4157 includes language requiring the implementation of ICD-10 codes by 2009 (Blue Cross Blue Shield, 2006, 1). However, since the insurance companies will have to update their systems with the new coding material eventually, it is only reasonable that as HIT transforms physicians offices, it would be timely to include health insurance companies in this update. **Suggested action: Deemphasize the importance of converting to ICD-10 codes while emphasizing the increased efficiency and reduced medical errors due to electronic medical records, e-prescribing, and other components.**

Works Cited

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