

Health Information Technology's Bid for Medical Industry World Peace

Evidence towards Sobriety

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The comments are expressed are strictly those of Dr. Parente
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Presentation Overview

- ❑ Electronic Medical Record Forebodings:
Amerika vs. The Day After
 - ❑ What if no one wants a Trojan Rabbit
 - ❑ What could make sense for the coming investment.
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Feb. 14-20

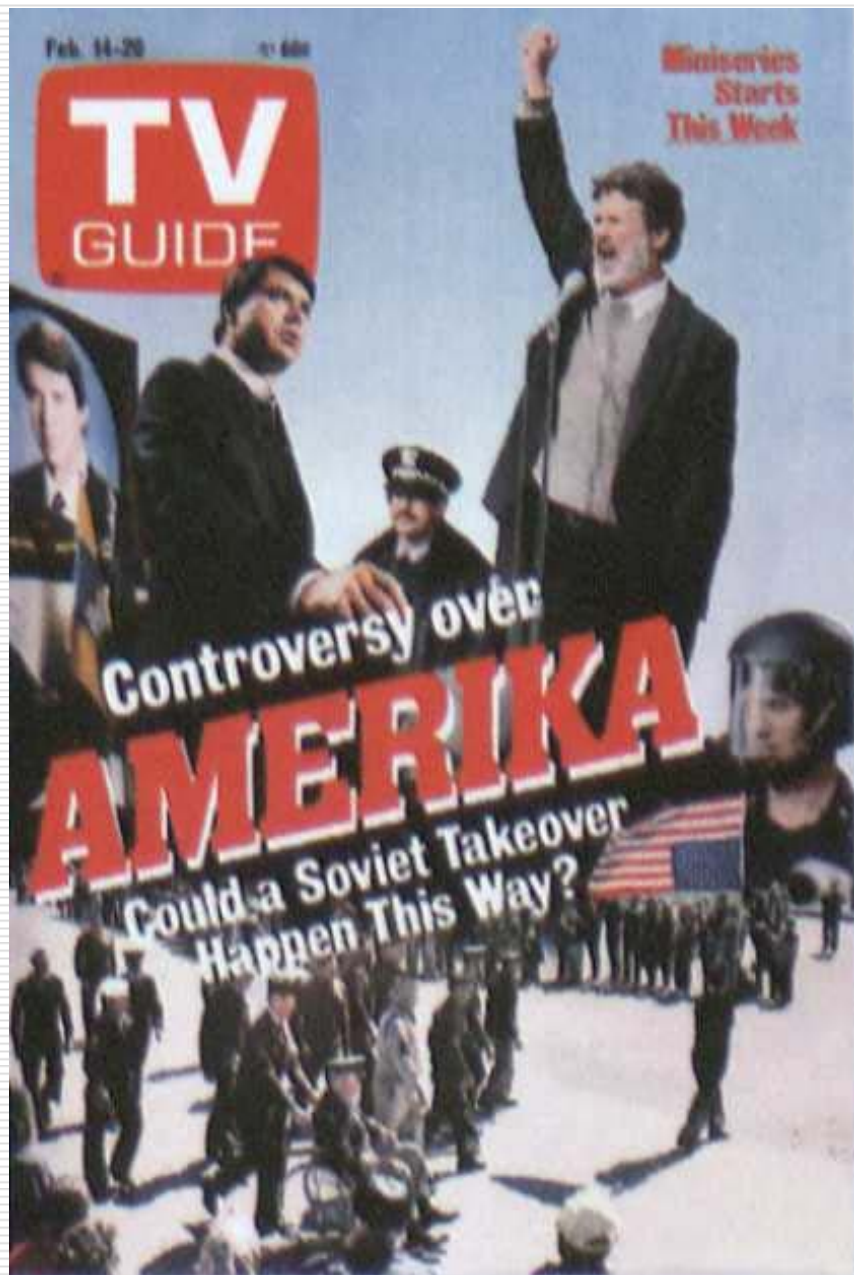
TV GUIDE

TV
GUIDE

Miniseries
Starts
This Week

Controversy over
AMERIKA

Could a Soviet Takeover
Happen This Way?





THE DAY AFTER

**"PROVOCATIVE!
APOCALYPTIC!
GUT-WRENCHING!"**
- The Hollywood Reporter



Amerika (Bush ONC Initiative) vs. Red Dawn (Obama EMR-Stim)

- ❑ Both agree that we need more health IT to improve health care quality.
 - ❑ Both see health IT as an enabler for great efficiency.
 - ❑ Like the two TV movies of old: they both want to highlight the opportunity cost of not pursuing a path towards some form of budgetary Nuclear Armageddon by enabling an efficient and effective health care market.
 - ❑ But there are real differences in approach.
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What do We Know about National IT Impact Measured by Data

- ❑ Actually, very little.
 - ❑ Studies generally extrapolate from case examples in a set of national sites.
 - ❑ Very little mainstream health insurer success stories.
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The Issue With Regional Insurer EMR Cases Applied to the Nation...

□ Hi, I'm a PPO design and I have 85%+ market. I also rule the FEHBP market and TRICARE.



□ Hi, I'm a HMO design and I have -15% market. Oh, and I'm the model for EMR success stories in Colorado, West Coast, North Central PA and Massachusetts. I'm so medical home ready!!!

What if No One Wants a Trojan Rabbit?

□ **Sir Bedivere the Wise:**

“Now once we have gotten all the physicians to buy a Stim-financed Dell computers from Wal Mart for an EMR install, we can distribute the software to them to place more data entry onto their existing workflow and then pay them less when we use the system to tell them they are under-performing in their new medical home.”



Bonus Film Points: Also from 1975: Chouinard A. Shall I not ask for whom the [electronic] medical record is kept? CMAJ 1975. Start of SNOMED

National EMR Studies with Thousands of Hospitals and Medicare data

- Parente & McCullough (2009) Health Affairs
 - Find EMR is somewhat associated with less medical injuries in 1999-2002.
 - Evidence is underwhelming and does not suggest huge safety and efficiency improvements.
 - Data is older – but EMR systems were in place for 10+ years.

 - Parente & Van Horn (2007) Health Care Financing Review
 - 1991-2000 Medicare Data
 - For-profit hospitals with EMR reduced length of stay
 - Non-profit hospitals with EMR increase admissions
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Parente & McCullough (2009) Health Affairs

Change in Patient Safety by Technology (per 1,000 admissions)

	All Years
Electronic Medical Records	
Infection due to Medical Care	-0.490 *
Post-operative Hemorrhage or Hematoma	-0.240 *
Postoperative Pulmonary Embolism or DVT	-1.000 *
PACS	
Infection due to Medical Care	-0.610 *
Post-operative Hemorrhage or Hematoma	-0.072
Postoperative Pulmonary Embolism or DVT	-2.000 *
Clinical/Nusing IT	
Infection due to Medical Care	-0.390 *
Post-operative Hemorrhage or Hematoma	-0.009
Postoperative Pulmonary Embolism or DVT	0.300

Notes: * denotes a reduction/increase in clinical error with t-statistic significant at $p < .001$

Point besides Self-promotion

- ❑ Use National Data to track how IT investments are influencing measure outcomes with claims data.
 - ❑ If Phase IV Post-launch drugs and devices can use claims data for monitoring effectiveness of treatments and avoidance of adverse events – why not the federal government with Medicare Parts A, B and D data.
 - ❑ Zhan & Miller (2003) set a great precedent for AHRQ to publish the code to measure medical errors. There needs to be far more efforts in this direction to gauge national impact of health IT.
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Today's World

What \$30 billion better build

<90% Income

Federal

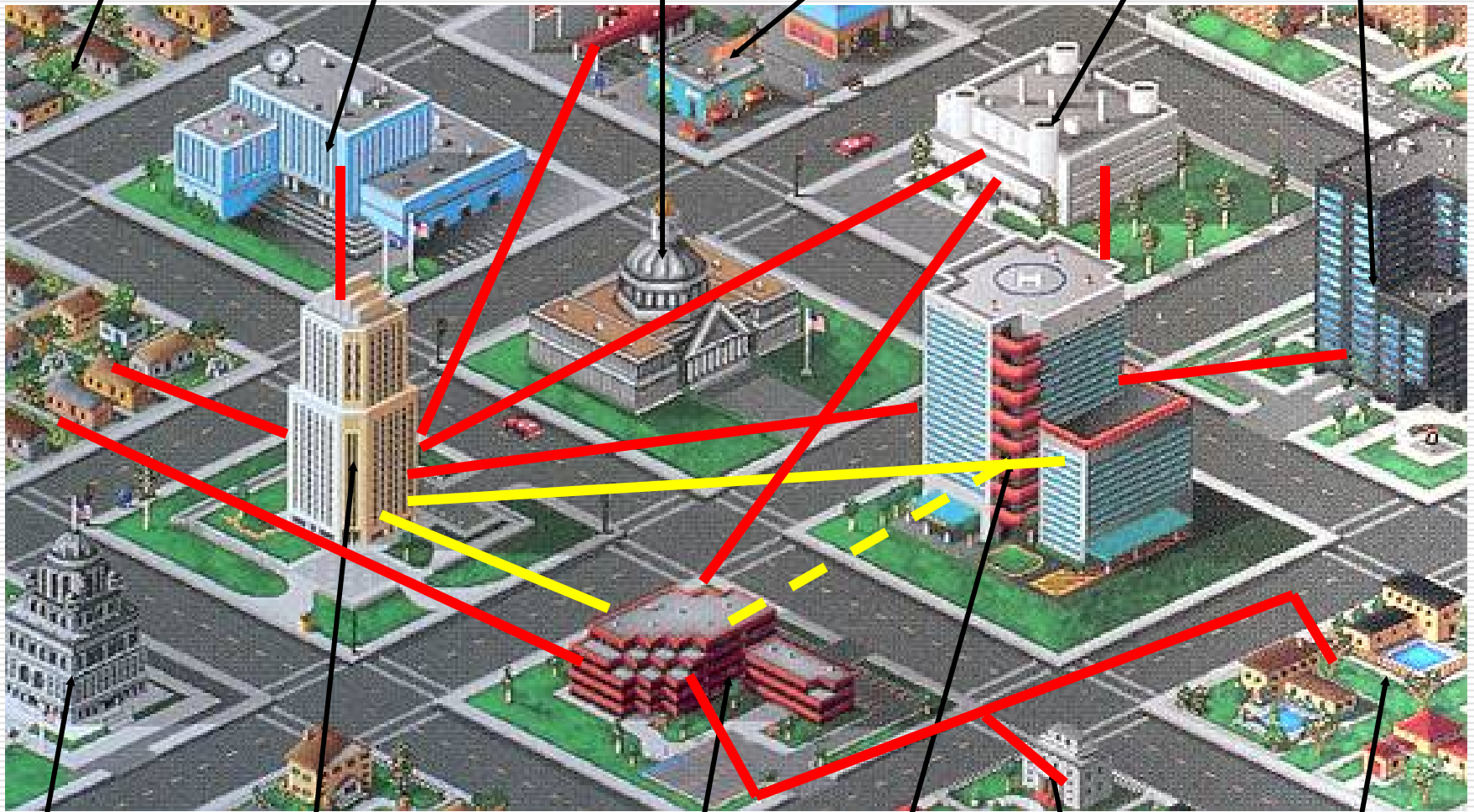
Congress

Main Street

Medical Technology

Big Business

Government



Courts

Insurers/Banks

Physicians

99% Income

91-99% Income

Hospitals

If Government Really Wants HIT Acceleration - Consider:

- ❑ What: Federal/State health benefits require providers to pay using a health card technology platform.
 - ❑ Government Why: Want clinical data attached to claim for de-identified comparative effectiveness data pipeline.
 - ❑ Provider Why: I'll get paid in 4 days and under for 90% claims

 - ❑ **The Big How:**
 - Redo Carrier and Intermediary contracts into include card use and required clinic 835 and 837 option be used in FY2010.
 - Augment TRICARE contracts.
 - States put contracts out for competitive bid following TRICARE model.
 - FEHBP but out competitive big.
 - Long term: All of Medicare goes out for competitive bid.
 - **LONG TERM BIDDERS NOT RESTRICTED TO GEOGRAPHY**
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