Transcript of Remarks by David Blumenthal at MMIS '09

This is in many ways ground zero for much of what my office and the Medicaid program and the federal health agenda have to accomplish.

One thing I have not done is be an expert in information technology and health care; my wife thought it was hilarious when I got this job because she really takes care of the computers in our house.

It is worth telling a bit about how I got into this role. Being a physician of a certain age I was forced to use electronic health records. I didn't do so willingly and it wasn't particularly easy for me; but I noticed in my patient interactions it was changing what I did as a physician. In many ways it was making me a better physician. It was giving me more information than I had before; more to grapple with. But there was no question I was giving better service to my patients. And they appreciated the fact that I was better informed about their care.

As long as we keep the patients in our sights, even if we disagree on the implementation, even if program imperatives pull us in different directions, we will have a guide to bring us to agreement, coordination and collaboration.

In that process, health information exchange is vital; HIE stands at the core of the HITECH provisions of ARRA.

We can can't be successful with this set of financial and regulatory imperatives without HIE.

Here's an example from my own experience: I was with a patient and thought I needed to look at the patient's kidneys

using a CAT Scan. I entered the test into the CPOE; up came a notice saying, ‘are you sure you want to order this test because someone else had ordered the test in the last several months.’ So I went into the record and found that a CAT scan of the patient’s lung had been ordered in the last three months. The CAT Scan had caught the image of the kidney. I was able to find the information I needed. I saved the patient radiation exposure; the inconvenience for having to come in for a test; and I saved the health care system the cost of a test. That wouldn’t happened without HIE or the clinical decision support. That’s why HIE is so vital; I think it’s where a large part of the savings in quality benefits are going to be found.

A lot of health care is delivered locally and when I was providing care what I really needed most of all was to know what was going on in other facilities in my community. That’s where 85 to 90 percent of the duplicative care would take place and 90 percent of coordination needed to take place.

But we’re a mobile society so just having the exchange in a medical marketplace is not enough. We need to get beyond one market; beyond one state. When I practiced medicine in eastern Massachusetts I saw patients from Rhode Island; Maine, New Hampshire. We were not going to get meaningful exchange in that marketplace unless N.H., Rhode Island; Mass; and Maine we’re all coordinating the flow of info from one provider to another. Many of your states are in that situation of having medical markets that cross jurisdictions; so it’s going to be very important if we’re going to be successful that you coordinate not only with the providers in your own communities but that you coordinate across state lines, difficult as that may be.

We won't be successful unless you all take the initiative to find ways of allowing information to move across the jurisdictional boundaries that patients do not recognize when it comes to getting the care that they need.

[Implementation of the ARRA]

We have mandate to assist with the adoption of health IT and with the creation of HIE. With the training of a workforce. To define meaningful use with CMS taking the lead; to define certification criteria for EHRs. To define standards applied to information so that it can be meaningfully transmitted from one record to another and across one jurisdiction to another.

Meaningful use is really an inspired concept; it focuses us in precisely the right way on the objectives of the use of information rather than on the technology required to use that information. In the law, meaningful use has three basic requirements: one is e-prescribing; the second is HIE; the third is reporting of quality data.

Meaningful use focuses on patient-centered outcomes; there are five domains in which the HIT Policy Committee made recommendations.

By 2015 we ought to be talking about the use of IT to improve outcomes and improving efficiency and that's where you should be measuring performance, not the processes of care.

Certification is a very complex process. Does it amount to a seal of approval or does it amount to a guarantee? Those are the kinds of things we are pondering right now. We just got recommendations from our policy committee. Very

thoughtful set of recommendations which advocated a less specific set of certification criteria except in three areas: the area of interoperability; the area of privacy; and the area of security. There the committee identified a very strong public interest; a very strong federal and state governmental interest in being sure that records have the ability to talk to each other; to participate in HIE; and making sure they have the capability to ensure the privacy and security of the data that patients entrust in those records.

Privacy and security is foundational to this process we're engaged in; it's important to the credibility of public agencies and private groups in terms of their ability to keep protected what patients so much want protected.

We have a mandate under the new law to push the boundary of what's known about how to protect personal information. And also to investigate new technologies for identification and de-identification; the availability of information to identify individuals is unprecedented right now in its amounts and availability.

We expanded the HIPAA privacy and security rules to cover new electronic entities like health information organizations; added some breach notification requirements; new penalties for unauthorized breaches. It also gave state attorneys general new enforcement authorities for pursing those who are involved in breach.

HIPAA continues to be the privacy mark for states. I know that many of your states have added on to HIPAA requirements; added more consent requirements; additional privacy protections. Those are important provisions for patient assurance. But they also constitute issues that need to be dealt with when we talk about cross state sharing of

information. Where privacy standards differ, states have to find a way to reconcile those standards to allow information to flow effectively between jurisdictions.

We hope to be able to help states find ways through that thicket of privacy laws so as to make sure that privacy is protected but at the same time the public interest in data exchange can be realized.

I said before that states are critical to what we are doing. We are mandated by the HITECH legislation to provide support to the states to aid them in creating health information exchange. Congress has set aside $300 million for this purpose and we hope that we can announce a program or programs with respect to those funds in the very near future. We hope they will help your program work with other state programs and the private sector in sharing private information that will enhance patient care.

[Regional extension program].

As you all become involved in participating in collaboration with sister agencies and other jurisdictions in creating HIE, I hope you will take to that job not only an attitude of willing cooperation but also an open mind about what technologies HIE should take advantage of. I don't think we know which mechanisms of exchange are going to prove most effective and innovative in the long term. whether those will be run by states or local governments or the private sector or whether they will be based on some ground up, Web-like phenomenon that enables HIE, or whether it will be based on personally controlled health records. I don't think we know.

Biology doesn't change, but technology around it does. We in the federal government don't want to foreclose innovation; and I hope you will adopt the same open mindedness as you think with your colleagues in the states about how to make Medicaid a partner in this activity. We need your leadership. Knowing your diversity, I'm sure you will find diverse solutions. I hope you will also keep in mind the need for those solutions to be reconcilable with the solutions that are taking place elsewhere in the country. We hope that by providing standards for data exchange we can make that possible – so we face that challenge together.