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Editor's Corner

February 27, 2007

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Editor's Corner:

Pick a project and stick to it--or national health IT adoption may never happen. That's the message Gov. Phil Bredesen (D-TN) had for attendees at today's HIMSS morning keynote session.

Bredesen, who co-chairs the State Alliance for E-Health, has been getting his hands dirty with health IT for some time (and though he didn't tout it in his speech, he can boast the proudly geeky credential of a physics degree from Harvard).



Anne Zieger

A former managed care executive who built his own company from one employee to about six thousand, Bredesen allowed that he knows something about healthcare, but more about the "art of getting things done." And in that role as government intermediary, Bredesen had a few modest suggestions as to how the industry might speed up the health IT adoption process.

Time to focus. Right now, Bredesen noted, the healthcare industry has more than enough technology to meet its needs--but can't seem to pick a few accessible targets for health IT adoption. Instead, he suggested, health organizations have ended up shooting for the moon rather than finding a project that interests most stakeholders. "We've gotten ourselves in the complexity business, and that's no good," he said.

Bredesen, like other state governors, believes that implementing

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e-prescribing is a great place to start, given that it's a conceptually simple approach, cuts across more or less all patients and can have a meaningful impact. Just as importantly, he said, "it raises and requires solutions to many important problems" in health IT adoption.

Make adoption attractive--and necessary. Right now, health IT adoption is driven mostly by health plans, provider groups and medical practices that are willing to experiment. But that isn't going to get the job done long-term, Bredesen contended. "We have to stop tinkering around with pilots and grants and make things happen," he said.

If planners focus on a widely-understood technology like e-prescribing, it gets simpler to offer incentives--and impose penalties--that get stakeholders into the game. For example, it's not hard to demonstrate the short-term benefits of adopting e-prescribing, but to get the laggards on board, it would probably also make sense to impose say, a CMS requirement. "Healthcare is just too big for a (completely) voluntary model," Bredesen argues. (It sounds like he's a bit frustrated with the progress of the volunteer RHIO efforts going on in his home state.)

Let government lead. Finally, he suggested, getting the federal government involved is a key piece of the puzzle. While in theory, the healthcare industry already has the resources to solve its own problems, it's going to take an outside party to bring all of the interested parties to the table, he suggested. "It's time to move e-health out of the lab and into the real world," he told the audience. "And it's something only the federal government has the standing to do." - [Anne](#)

P.S. Thanks to all who made our HIMSS party such a success last night at Utopia. It was great to meet you!

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