

## States Wired for Health IT

*Kathryn Mackenzie, for HealthLeaders Media, December 16, 2008*

Over the past 18 months, state lawmakers introduced more than 370 bills relating to health information technology. Of those, 132 bills were enacted into law in all but six states, according to a [new report](#) from the National Conference of State Legislatures. The report shows that states are moving at an unprecedented rate toward connecting their health systems electronically.

"Basically, state and federal lawmakers have been working to promote the idea that in order to expand access to care and make that care affordable and sustainable we have to contain costs. Health information technology allows us to do that while still improving quality," says state Sen. Richard Moore of Massachusetts.

Moore says it is the job of policy makers to encourage the healthcare field to catch up to other economic sectors with regard to the use of information technology. "By doing this, we can eliminate duplication of services, find and prevent medical errors, and be more efficient in delivery of care," says Moore, who is vice president of the National Conference of State Legislators, chairs his state's Senate Health Care Finance Committee, and was part of a team that developed Massachusetts' universal health coverage plan.

Three times as many health IT bills were enacted in the 2007-2008 time frame as were during 2005-2006. The majority of bills relate to financing efforts, which Moore says continues to be the biggest barrier to expanding health IT networks. "Smaller physician group practices and community health centers are less well funded than academic centers, so obviously they are going to need a bump—whether that be tax incentives or grants and loans. States who have accomplished getting those tax incentives, or what have you, into the bill have used that as part of a tool that can be used to help encourage the use of health IT," says Moore.

Vermont, for example, offers a unique example of what Moore says will become a trend of pooling public and private sector financial resources to advance adoption and utilization of health IT. To fill fund coffers the legislature created a dedicated revenue source with a quarterly 0.199% fee on all healthcare claims of health insurers in the state. The state expects the fee to raise \$32 million over the next seven years. That money will be used to increase independent small practitioners' adoption of electronic health records, support physician practices as they implement health IT tools, and support Vermont Information Technology Leaders' construction and operation of a statewide health information exchange network.

Interoperability has also been on the forefront of most lawmakers' agendas and there have been concrete steps made toward creating a national health IT network, Moore says. Most of the bills that were passed in the past year-and-a-half stress the need for national standards for e-health interoperability. Specifically, they say physicians and hospitals must follow the standards that are being set forth through the national coordinators office, Moore says. All of this is being done with the idea that physicians will eventually have the ability to not only communicate electronically across state lines, but to be able to practice medicine from state to state.

"If you're a physician in one community, and your patient happens to be across the state line, we've got to be more flexible about being able to treat or prescribe medication to that patient. We've got to recognize that state borders don't stop the electronic transmission of information. All of this legislation is working to make sure the regulation of laws keeps up with advancement of technology, Moore says.

Just as the NCSL issued its report touting the progress and benefits of health IT, [The Joint Commission](#) issued a report of its own warning that "implementation of technology and related devices is not a guarantee for success, and may actually jeopardize the quality and safety of patient care." The Joint Commission's report makes clear that the overall safety and effectiveness of technology in healthcare ultimately depend on its human users, and that any form of technology can have a negative impact on the quality and safety of care if it is designed or implemented improperly or is misinterpreted.

There is no doubt that health IT can improve the quality of healthcare. It can improve access to care and facilitate more accurate, informed prescribing practices. I think it's easy to get lost in the piles of studies that come our way either touting or disparaging every new technology on the horizon. But, like the Joint Commission says, its effectiveness and impact on our lives, positive or negative, boils down to how well we understand, implement, and use it.

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