

- a. Community meetings like these
- b. Traditional town hall meetings
- c. Surveys that solicit ideas on reform
- d. A White House Health Care Summit
- e. Congressional hearings on C-SPAN

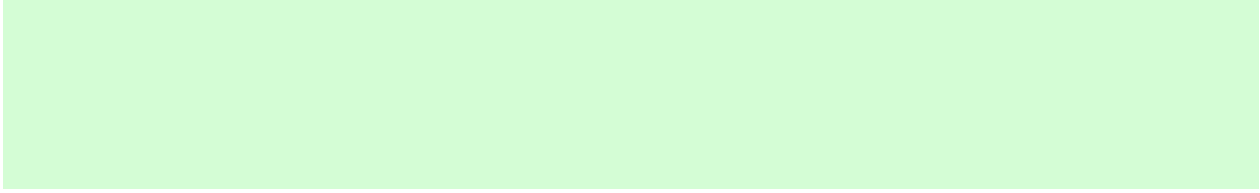
All of the above. Each of the scripted answers is a viable means for the Obama-Biden team to acquire authentic and appropriate planning details from healthcare stakeholders. Another method is to expand the change.gov online discussion with tag clouds and ranked posts. Regardless of the information gathering process, policy makers need to hear from people who are directly affected (e.g., people without coverage, or people with inadequate coverage, or clinicians who are unable to recover their costs due to market distortions caused by insurance administration, etc.). Specifically, the Obama-Biden team most needs to hear a contravening narrative to neutralize the predictable testimony that will arrive from the status quo healthcare corporations who have been driving health care "reform" (or the lack thereof) in recent years.

Survey question #2 asks how policy makers can develop a plan to reform the healthcare system, but the question as stated is a false choice. How policy makers gather relevant data on the healthcare system is not as important as how effectively they filter out the self-serving noise that will be provided by status quo interests in healthcare. The status quo in healthcare will likely seek to "game" the Obama-Biden public policy investigation by "astro-turfing" the proceedings with faux grass roots activism.

A good example of vested interests tilting the balance of health care policy discussions is the Certification Commission for Health Information Technology (CCHIT). In 4 years of effort the CCHIT process has focused on large enterprise health information technology (HIT) systems that are more in sync with the commercial products of large enterprise HIT vendors than with the clinical workflow needs of medical practices. Recent studies (e.g., Ash & Sittig, JAMIA, 2007 or DesRoches, NEJM, 2008) show an appalling lack of progress in EHR adoption by American healthcare. Failure to adopt modern electronic tools is especially pronounced in small practices, where 80% of patient care takes place. However, there is more to this situation than simply handing out cash to purchase software -- much of the software that is available is not relevant to the business processes of small clinical practices. Other studies have shown low survival rates for community initiated electronic health information exchanges (Adler-Milstein, Health Affairs, 2007) and the absence of a ready solution for the interoperability of EHR data (Goroll, et al., JAMIA, Jan-Feb 2009).

The Obama-Biden administration should ensure that small healthcare practices are more effectively represented henceforward in policy discussions than they were during the dismal "business as usual" Bush-Cheney administration. In four years of effort the Office of the National Coordinator has made incremental progress, but the country still lacks an architecture for sharing electronic health data -- that is, immediate adoption of EHRs does not make the data portable, it takes _____ to make the data portable.

One suggestion that may help accelerate the relevance of federal policy leadership is to articulate principles of health care first, followed by detailed planning to meet those principles.



—

Redwood Health Information Collaborative was launched in 2005 by a grant from Robert Wood Johnson Foundation to the Mendocino County Department of Public Health. The Collaborative has met from 9:00 to 11:00 A.M. on the third Wednesday of almost every month since January 2006. The Collaborative was formed to study rural health policy and technology options and to support the development of a local health information exchange (HIE) for all stakeholders in our rural healthcare community. After the Collaborative completed its funded tasks in January 2007, responsibility for the monthly community meeting passed to Redwood MedNet, our newly formed local HIE. Redwood MedNet now manages the Collaborative by scheduling monthly webinars on health technology and policy. Attendance at the monthly meetings typically runs between one and two dozen, with about half of the participants attending by conference call. Attendees typically represent private practices, community clinics, public health, patient advocates, rural hospitals, state and federal legislative staff, and staff from other HIEs in California. The Collaborative also participates in the Information Links Community of Practice (COP) coordinated by the National Center for Public Health Informatics (NCPHI) at the Centers for Disease Control and Prevention (CDC). An archive of webinars hosted by the Collaborative over the past three years and a schedule of upcoming webinars for 2009 is located at: www.mendocinohre.org/rhic/content.html.

Redwood MedNet, formed by clinicians and technologists in Mendocino County, was incorporated in August 2005 as a 501(c)(3) nonprofit corporation. A community based health information exchange, Redwood MedNet launched a clinical results delivery service in Healdsburg, California in April 2008. In November 2008 the service was expanded to Ukiah. Further expansion is underway into the Fort Bragg and Lakeport healthcare communities. Redwood MedNet is governed by a nine member Board of Directors, which meets monthly at Ukiah Valley Medical Center. For more information, see www.redwoodmednet.org.

On Monday morning December 15, Redwood MedNet sent an email invitation announcing the Obama-Biden Transition Project Healthcare Community Discussion to the Collaborative email list. The discussion was scheduled for December 17 from 10:45 AM to 12:00 NOON, as an extended session added to the regular monthly meeting of the Collaborative. The extended session attracted 15 attendees and was held in Conference Room 2 at Mendocino County Public Health in Ukiah, California. The regular monthly webinar hosted by the Collaborative, from 9:00 AM to 10:45 AM, featured presentations from:

- Micky Tripathi, PhD -- CEO, Massachusetts e-Health Collaborative
- Christy Quinlan -- Chief Deputy Director, Office of the CIO, State of California

After the second presentation, the Collaborative moved into the Obama-Biden Healthcare Community agenda. Two legislative aides in attendance listened and did not vote (their choice). All of the attendees at this meeting were regular participants in the Collaborative's three year long community investigation into health policy and information technology.

<http://mendocinohre.org/rhic/content.html#dec08>
<http://www.readytalk.com>

I 2 & 01 E C 2 G E 02 1

Redwood MedNet

A C D 1 E E 02 1

Massachusetts e-Health Collaborative
Massachusetts e-Health Collaborative

A C D 1 E E 02 1

The Role of the State in Health Information Technology

