

## IOM Report on HIT and Patient Safety Addresses Little My Thoughts on the Findings...

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<http://www.forbes.com/sites/zinamoukheiber/2011/11/08/institute-of-medicine-slams-sellers-of-electronic-health-records/#comment-306>

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Last week the Institute of Medicine (IOM) released its report on Health Information Technology and Patient Safety, *Health IT and Patient Safety: Building Safer Systems for Better Care*. The report reminded readers that the landmark reports, *To Err is Human* and *Crossing the Quality Chasm* released over a decade ago enlightened us as a nation that we have a big safety and quality problem in healthcare in this country and challenged us all with a call to action to improve things within the industry. The new report essentially told us that some progress has been made but not enough.

Basically, we haven't done a very good job at all and, in fact, in some settings, things are worse. The report points out that while Health Information Technology (HIT) holds promise in improving patient safety, it may in fact be part of the problem rather than the solution. However, there is a shortage of adequate studies to present solid facts, but the general consensus, according to the recent report is that things aren't looking good.

The report encouraged a long overdue national discussion, but failed to bring up facts to dig into in the report. Realistically, the authors did the best they could with the information available, but it highlighted the blatant problem that the method with which many healthcare organizations are installing HIT is haphazard and not systematic making it very difficult to know what the facts are.

Many studies exist pointing to increased safety problems with HIT and some, largely around medication errors point to improved results exist as well. The report attempts at guessing the real root of the problem but, lacking real solid data doesn't go so far as to commit to any blanket statements about why we are in such a bind. Rather, it makes a number of recommendations to get us to a more knowledgeable place.

One issue surrounding the HITECH act touched upon in the report should have been looked at a bit deeper. While the HITECH act meant well and while the antiquated paper based way of doing things in healthcare wasn't working, we need to ask a fundamental, but difficult question. Is it possible that the reason we are having such a hard time deciphering the data we have and understanding if HIT is helping or hurting is because we don't have a coherent health care system? Most of us seem to agree that a big missing piece in many of the systems being installed today is interoperability. Lack of a consistent way of doing things within our fractionated delivery system and lack of interoperability seem to go hand in hand.

HIT is the foundation for Healthcare Reform, yet healthcare is allowing too much variability in the systems installed. Not to mention, a large vendor free for all in the market has been encouraged. The very principles that we have set out to achieve – healthcare that is patient centric, prevention oriented, evidence based, efficient and equitable – are often overlooked in the scramble to realize meaningful use dollars. Companies providing HIT are not enticed to play nice with others and profit more when healthcare systems purchase from them, not when they are easily interoperable with potential existing best of breed components.

With all of these disconnects, healthcare is in need of less variability in the systems installed, more interoperability and a clear method for measuring outcomes. A real system needs to be set forth before those involved are able and willing to work well together in unison for the greater good of patient care. If HIT is a platform for reform and a tool to improve quality of care and patient safety, healthcare professionals need to be playing the same game within the facilities that provide care. Evidence based medicine is important and minimizing variability in the practice improves quality and safety.

That said, why are healthcare professionals allowing so much variability in the way they implement HIT? As a start to the solution, the ONC should put more emphasis on standards, reducing variability and improving interoperability in HIT. The IOM report finds that the healthcare industry needs to do a better job at understanding what the problems are with regards to HIT and patient safety.

The report raised good questions, but not enough and not too difficult. The IOM should have been asking even harder questions, such as:

- Would it have been more cost effective for the government to develop a uniform system that works and to provide it at no cost or at a cost that encourages extremely widespread adoption so that healthcare professionals can work uniformly and understand what they are actually working with?
- Are we spending the ARRA stimulus dollars effectively?
- Are we taking steps that will get us to healthcare that is patient centered, evidence based and prevention oriented, efficient and equitable?
- Are we installing systems that will take us wisely into the future? Systems that will help us achieve population health under a revised system of reimbursement?
- Or is it time to take a big deep breath and lay out a plan that is going to work best for the dollars we have to spend.

Now there is something to think about!