# Part B Insider (Multispecialty) Coding Alert

## INFORMATION TECHNOLOGY: Information Technology Will Lower Costs, Say Feds, MedPAC

Using information technology to push down costs and improve quality will be at the top of the feds'hit list, say experts.

**President Bush's** "vision is to develop a nationwide [health information technology] infrastructure that ensures appropriate information is available at the time and place of care," which will improve care, reduce medical errors, and "may even reduce health care costs," newly appointed National Health Information Technology Coordinator **David Brailer** said at a June 17 **House Ways and Means Health Subcommittee** hearing.

But analysts point to the tough challenges ahead and the danger of too-high expectations. Said **American Health Quality Association** Executive Vice President **David Schulke**, in testimony submitted to Ways and Means: "Adoption of information technology will not by itself have a major impact on the quality of health care most Americans receive."

Schulke -- whose group represents the state Quality Improvement Organizations that serve as the state-based quality infrastructure for Medicare and some other insurers -- cited a report Brailer wrote last year for the California HealthCare Foundation in which the new federal health IT czar concluded that assistance with reengineering physician practices to make the most of IT is crucial.

Quoting Brailer, Schulke said that "unless substantial support is given, physicians will not be able to configure their systems, train for their use, integrate them into their workflow, and support the transition for their staff. In other words, if left alone, most physicians will fail at [computerized-patient-record] implementation."

Beginning in 2005, QIOs in all 50 states, in conjunction with the **American Medical Association** and the **American Academy of Family Physicians**, will launch a focused initiative to promote adoption and effective use of IT, said Schulke.

According to **Medicare Payment Advisory Commission** Executive Director **Mark Miller**, "to the extent that [clinical IT] is being taken up," doctors and hospitals "are taking up different things," potentially complicating initiatives that would weave the nation's health care system together in a seamless electronic web. For the most part, physicians are adopting electronic health records, while hospitals utilize remote imaging and physician-ordering technology.

In an echo of Schulke's comments, the MedPAC analysis finds that the cost of IT doesn't lie in procuring and installing the technology. Instead, it's in the staff time and effort required to effect organizational changes in practice that are required for heavy and effective incorporation of health care IT, says Miller.