From: ███████████████████████████
Sent: Monday, May 13, 2013 1:40 PM
To: ███████████████████████
Subject: Re: Following Up on HIT Issues

██,

Thank you again for contacting me. I am please to offer my perspective regarding REBOOT. As you know I have a small rural practice, but am also a National leader and advocate for Health Information Technology (HIT).

I would like to address several points in the REBOOT whitepaper. First, I share many of the same concerns addressed or eluded to within the paper. There does not appear to be clear path toward HIT use or interoperability.

Technology is a tool and only a tool. Encouraging the purchase of a tool does not necessarily deliver results. I can buy every power tool in Home Depot and I cannot build a house in which you would wish to live. Physicians or Hospitals purchasing software does not improve their functionality or interoperability. The amount of money spent on purchasing HIT is not a measure of success.

As a tool, HIT has the opportunity to enhance the quality and delivery of healthcare. We have successfully deployed technology in WY to bridge the geographical barriers to healthcare.

When you have a dysfunctional system, as healthcare has been in the past, with isolated data, repeated studies, lack of communication, misguided reimbursement strategies and removal of patient participation from the process, and you automate the process with technology, you get a faster dysfunctional system. This is, to a large degree, what HITECH has done. This is in part why the costs of healthcare have increased with the adoption of HIT.

The best medical decisions are made when all the relevant information is available to the Physician at the point of patient care. The Physician, based on their extensive training, must assimilate the information and decide upon the best course of evaluation and treatment. HIT can assist in the health information acquisition and

utilization (HIAU), but we must value the cognitive and professional skills of trained providers. Cognitive care specialists benefit greatly from HIT and can have the greatest impact on cost-effective healthcare delivery. As we discussed during my visit, cognitive care specialists such as Neurology are currently undervalued.

Technology can track processes, capture appropriate metrics, and report various benchmarks and in some cases outcomes. Self-attestation, especially when most providers do not have a strong understanding of the end-game, does not assure we are moving in the right direction.

Patient privacy can be at risk. If a small practice were to attempt to purchase and maintain a server, security and reliability could be of great concern. Cloud based solutions substantially ease the burden for small practices.

What providers have all been told, and what appears to be the basis for some comments within the white paper, is that providers need to buy software, hardware, maintenance and IT support. If this were the case (and it is not) then the sustainability cost is a huge issue for large hospitals and small practices alike.

I was struck by the perceived barriers for small or rural practices. I am very familiar with the historical reality of small and rural locations being unable to have access or afford big city amenities (I grew up on a farm in NE near a community of 390). These historical disparities are not relevant in the conversation regarding HIT. The internet has leveled the playing field. I have and use, since 2005, a HIT solution that is equal to and in many instances more powerful than largest, most expensive HIT solutions in the country. Do not let the "rural" mentality be a barrier to high standards and expectations.

The solution I use has increased my efficiency, increased my revenue, substantially decreased my IT overhead and enhanced patient care. I have far exceeded MU standards and I am waiting for the hospitals and larger clinics to catch up and be able to exchange information digitally and in discrete data fields. I am able to leverage the network to capture huge economies of scale.

I would suggest providing incentives for the appropriate outcomes and measure success based on appropriate measures. Powerful, cost-effective HIT solutions exist for practices of all size. Slowing down the adoption process and setting low standards will not achieve the goals of transforming healthcare delivery. We need to define the vision and expectations, challenge industry to deliver tools and offer appropriate incentives to those who can deliver the results.

I hope these thoughts are helpful. I am happy to discuss and expand these topics further if you would like. Thank you again for requesting my input.

Best,