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**Bipartisan Policy Center Task Force Recommends
More and Better Use of Health IT to Improve Quality
and Reduce Costs**

*More health IT capabilities are needed to support coordinated,
accountable, patient-centered models of care*

Washington, D.C. - Recognizing that health information technology (IT) plays a critical role in improving the quality and cost-effectiveness of care, the Bipartisan Policy Center's (BPC) Task Force on Delivery System Reform and Health IT today released a set of recommendations for the most effective use of health IT dollars to support delivery system and payment reforms to achieve improved health, better health care, and reductions in the cost of care. Click [here](#) (<http://www.bipartisanpolicy.org/library/report/transforming-health-care-role-health-it>) to read the full report.

The recommendations range from realigning incentives and payments to support higher quality, more cost-effective care to increasing the use of electronic health records (EHR) and health information exchange to improve care coordination by enabling doctors, hospitals, and patients to securely share health information when patients receive their care in multiple settings.

“There is strong bipartisan support for health IT, and for moving away from a payment model that largely focuses on volume — rewarding providers for doing more — rather than on quality outcomes or value,” said Senator Daschle, Co-leader of BPC’s Health Project at today’s release.

Health IT is seen as critical to supporting this shift in payment models, and as an essential improvement tool in a system where a patient’s records can be scattered throughout various health care offices and facilities.

“To deliver high-quality, cost-effective care, a physician or hospital needs good information,” said Senator Frist, who also co-leads BPC’s Health Project, at today’s

event. “Data about patients has to flow across primary care physicians, hospitals, labs, and anywhere that patients receive care.”

The Task Force’s recommendations come during a time of unprecedented public and private spending on health IT. A record investment of nearly \$30 billion was triggered by the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, spurring significant investments by the private sector. A majority of the federal investment is in the form of incentive payments through the Medicare and Medicaid EHR Incentive Programs, informally known as “Meaningful Use.” The Task Force recommendations aim to channel these investments into health IT capabilities shown to be most effective at improving quality and reducing cost.

The Task Force recommends actions for aligning incentives and payment with higher quality, more cost-effective care, along with the health IT-enabled, coordinated, accountable, patient-centered delivery models that support such outcomes.

To further accelerate health information exchange, the Task Force recommends that the next phase of Meaningful Use and related standards and certification programs support the more robust exchange of standards-based data across multiple settings; public-private sector agreement on and execution of a common set of principles, policies and methods for exchange in the near-term; and the development and execution of a long-term strategy for the data standards and interoperability needs associated with delivering care, empowering patients, and improving population health.

Educating consumers about the benefits of electronic tools, and promoting their use, is an additional focus of the Task Force’s recommendations. “We need a bold campaign to raise awareness among consumers about the benefits of using these tools,” said BPC Health Project State Co-Chair and former Governor Ted Strickland. “We need to make it easier for consumers to navigate the health care system and take control of their health.”

The Task Force also recommends several actions to promote the use of electronic tools to improve patient-provider communication, coordinate care, expand access and empower individuals to manage their health and health care. They include expanding considerably upon the current consumer awareness campaign; educating and supporting providers in the adoption of electronic tools to support patient engagement; and making tools widely available so that patients can easily download health information from their provider’s EHR into their own personal health record.

The Task Force also recognizes that it is necessary to issue consistent, comprehensive and clear guidance on federal privacy and security laws covering personal health information and calls for consistent protection of personal health information.

Additionally, the Task Force calls for an expansion of education and implementation assistance programs to help providers achieve Meaningful Use – with a particular focus on small physician practices and community hospitals and clinics that deliver care to rural and underserved populations.

Finally, the Task Force recommends further alignment of health IT requirements across federal health care programs so that common health IT solutions can meet the multiple needs of programs supporting delivery system transformation, payment, public health, coverage and access, and administrative improvement. The Task Force urges coordination of quality measurement programs and alignment of measurement specifications with federally adopted data standards.

“Coordinated, accountable, patient-centered models of care—previously implemented by only a handful of high-performing organizations—are poised for more widespread adoption,” said Janet Marchibroda, Chair of BPC’s Health IT Initiative. “Health IT not only plays a critical role in the success of these organizations, it also enables the rapid spread of the very functions that have made these models successful, to the rest of the U.S. health care system.”

The Task Force included 24 nationally recognized and respected health system experts and leaders. Findings were based on a review of the literature and in-depth interviews with nearly 40 high-performing health care organizations. For a full list of Task Force members, click [here](http://www.bipartisanpolicy.org/projects/health-it-initiative/delivery-system-task-force/members) (<http://www.bipartisanpolicy.org/projects/health-it-initiative/delivery-system-task-force/members>).

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