eHealth:

Why consumers should care

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eHealth Privacy and Security Consumer Forum
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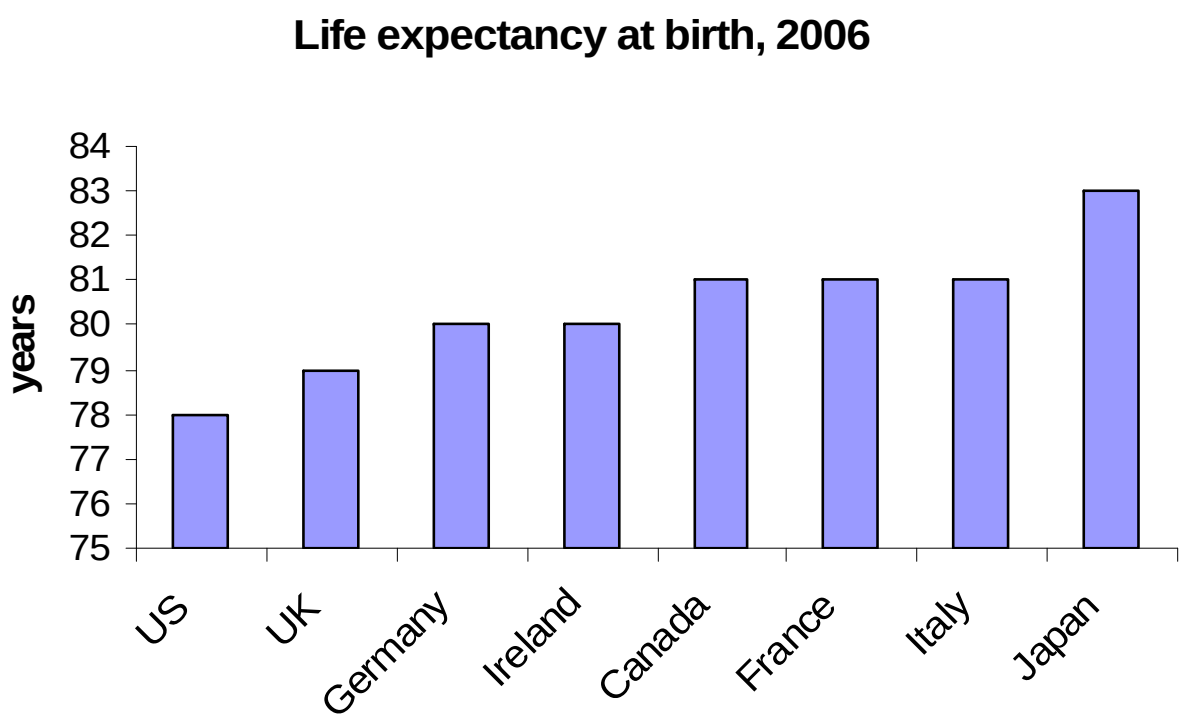
State Capitol, Hartford
www.cthealthpolicy.org

Connecticut Health Policy Project

The problem: Costs are out of control

- CT family health insurance premiums grew 8.2X faster than median family income from 2000 to 2007
- Doesn’t count increasing copays, co-insurance, deductibles and eroding benefits

Are we getting what we pay for?



The problem: information

- 17% of Americans report that in the last two years test results or medical records were not available at the time of an appointment
  - the rate is 22% among sicker adults
  - the rate is twice as high among low-income than higher income patients
- Only 39% of American adults are confident that they can get safe, effective care when needed

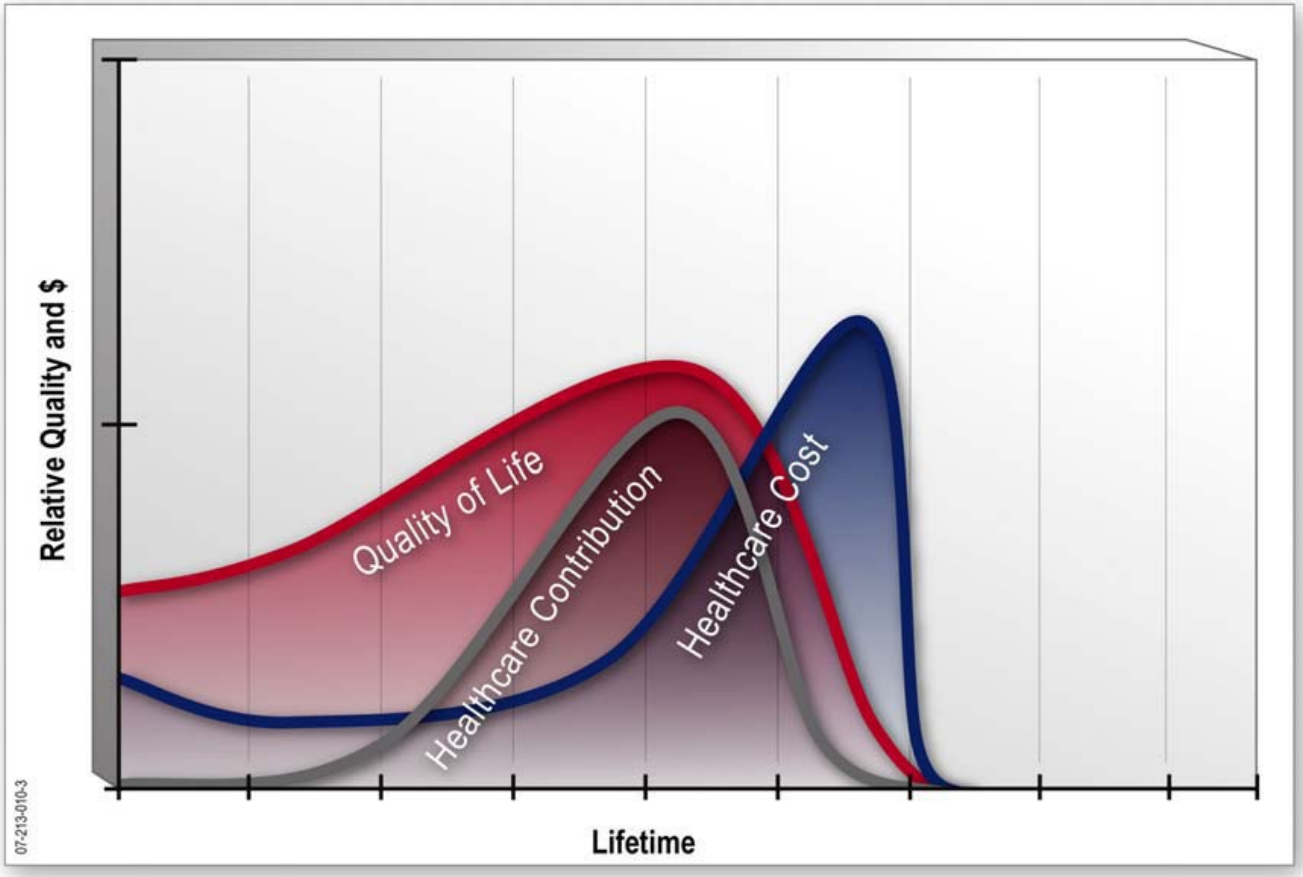
The problem: quality

- Less than half of CT adults over age 50 receive recommended screenings and preventive care
- 17% of CT residents with asthma had an ER or urgent care visit in the past year
- From July 2004 to Sept 2008 and there were 967 adverse events in CT hospitals, 97 of those patients died
- In 2006, there were 47,640 hospitalizations in CT that could have been prevented with better access to coordinated primary care

The problem: chronic disease

- The rate of obesity among CT adults grew by 20% in five years
  - Asthma rate grew by 9% in five years
  - Diabetes rate grew by 24% in five years
- Chronic disease accounts for 70% of US deaths
- People with chronic diseases account for >75% of total US health care spending

The problem: Summary



The question

How old is paper?

The answer

Invented in China in 105 AD

Institute of Medicine Response

- Institute of Medicine published “To Err is Human: Building a Safer Health System” in 2000
- 98,000 people die in any given year from medical errors that occur in hospitals
- Examples
  - Overdose on heparin (blood thinner)
  - Incorrect IV Drip
  - Medication given to the wrong patient
- Health Information Technology

Federal Response

- Office of the National Coordinator formed in 2004 to promote electronic medical records and health information technology adoption
- Goal: Most Americans to have access to an interoperable electronic medical record by 2014.

Federal Response

Health Information Technology - Windows Internet Explorer

http://www.hhs.gov/healthit/ahic/

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Health Information Technology

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Chronic Care | Confidentiality, Privacy & Security | Consumer Empowerment | Electronic Health Records | Personalized Healthcare | Population Health | Quality

AHIC Workgroups

Welcome to the American Health Information Community (the Community) Workgroups Web site.

On September 13, 2005, Health and Human Services (HHS) Secretary Michael O. Leavitt announced the membership for the American Health Information Community (the Community). The Community was formed to help advance efforts to reach President Bush's call for most Americans to have electronic health records within ten years. The Community is a federally-chartered advisory committee and provides input and recommendations to HHS on how to make health records digital and interoperable, and assure that the privacy and security of those records are protected, in a smooth, market-led way.

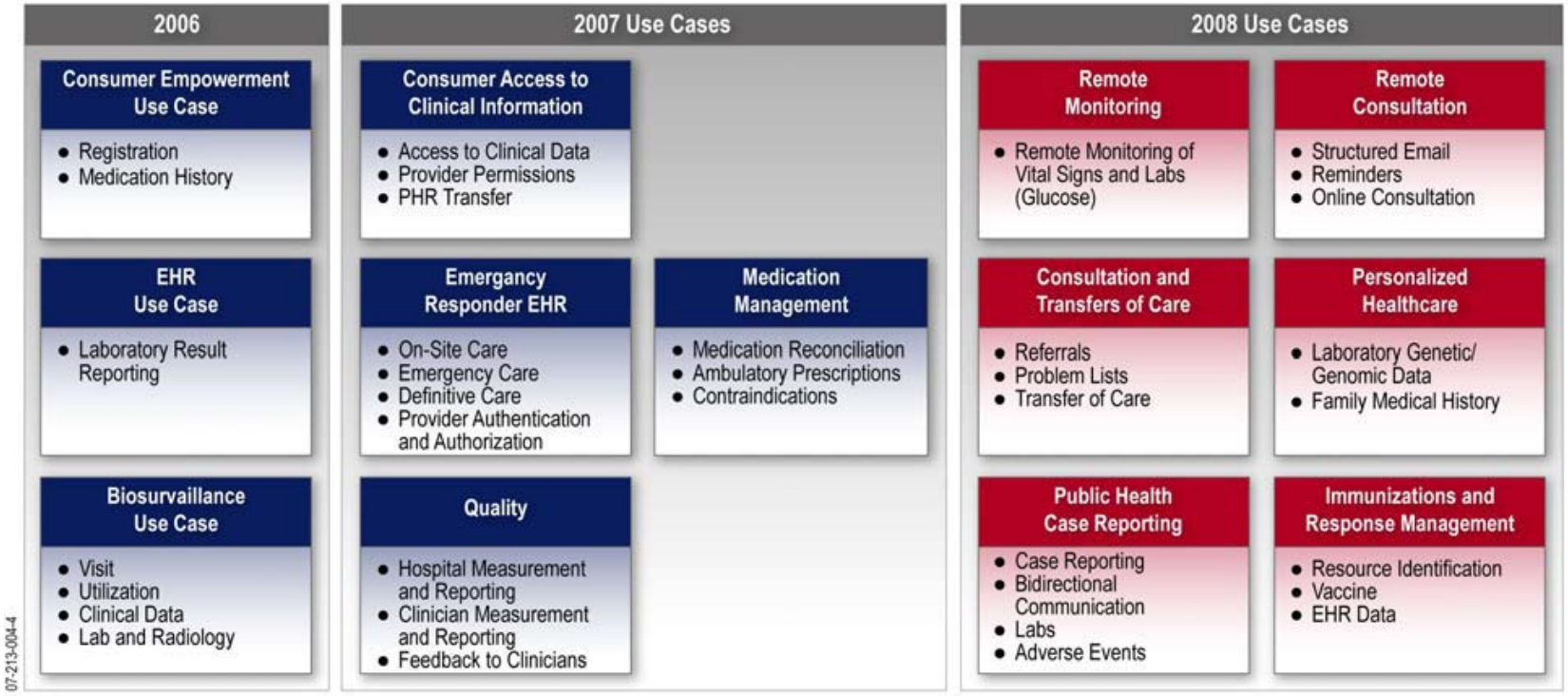
To access the website for the Community please go to: www.hhs.gov/healthit/ahic

The Community decided at its November 29, 2005 meeting to form workgroups in the following areas: biosurveillance, consumer empowerment, chronic care, and electronic health records. Subsequently, at the May 16, 2006 Community meeting, two additional groups were formed: the Biosurveillance Data Steering Group as a sub-workgroup within the Biosurveillance Workgroup (renamed Population Health and Clinical Care Connections Workgroup), and the Confidentiality, Privacy & Security Workgroup, which was created as a cross-cutting workgroup responsible for an issue relevant to all the workgroups. More recent, at the August 1, 2006, meeting, the Community formed the Quality Workgroup to address the need for the development of quality measures; and at the October 31, 2006, meeting, the Personalized Healthcare Workgroup was formed to develop and make recommendations on standards for interoperable integration of genomic test information into personal e-health records.

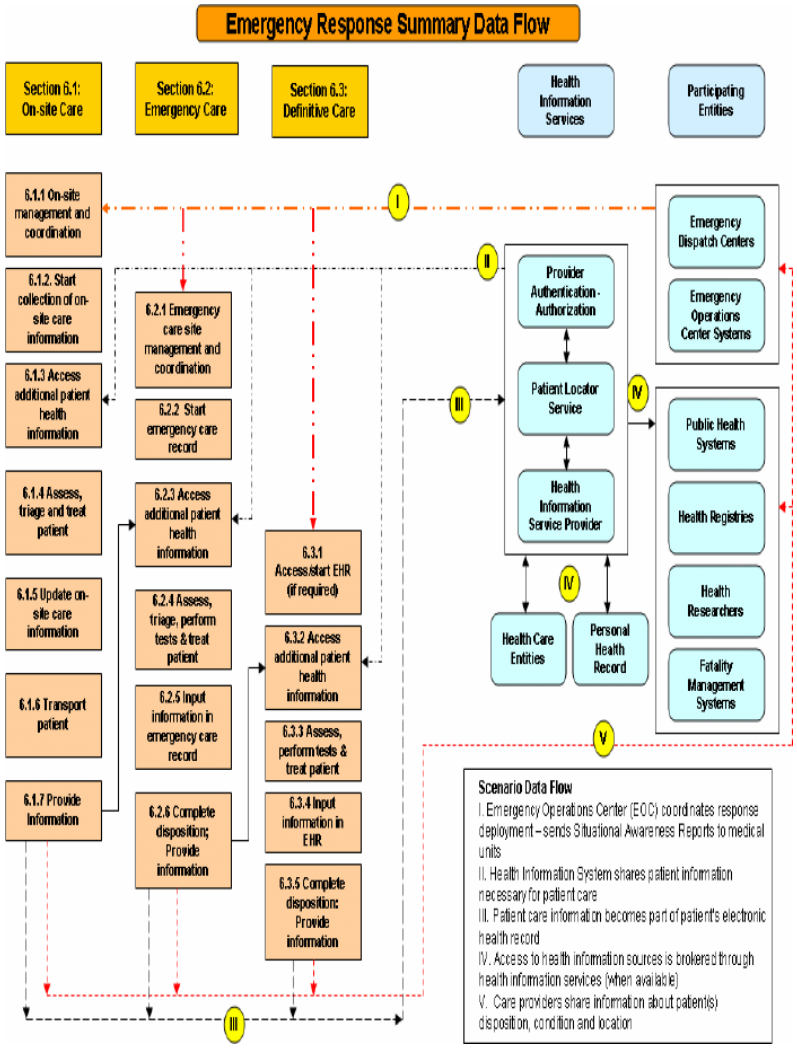
Workgroup meetings are open to the public. Notices for each meeting appear in the Federal Register. Members of the public can listen to the meetings via the Web. Details on how to access each Workgroup meeting are available under that Workgroup's page on this Web site. The public has the opportunity to submit comments at the end of each meeting. In addition, the Office of the National Coordinator for Health IT provides a conference room at the Department of Health and Human Services in Washington, D.C., in which the public can listen to the meetings. Registration is not required for these meetings. To attend a meeting in an HHS building, members of the public must sign in at the Security Desk at the building entrance, and provide identification which includes a photograph.

Internet 100%

Federal Response



Federal Response



eHealth: the promise

- Coordinate care
- Save money
  - $142-371 billion/year possible nationally
- Improve quality
  - 54% of Americans are dissatisfied with the quality of health care in the US
  - eHealth could prevent 2 million adverse drug events
- Shift to patient-centered care
  - Medical home
  - Patient self-management of disease

eHealth: the risks

- Loss of information
- Inaccurate information
- Inappropriate release
- Sale of data for commercial purposes

eHealth: status

- Buckets of federal money coming
- Rare piece of health reform that virtually everyone agrees on regardless of party or philosophy
- Lots of good people working on it now
- Clear understanding of need to protect privacy
- Broad recognition that consumers need to be at the table, are welcomed

Be part of the conversation

- www.cthealthpolicy.org
- Blog http://cthealthnotes.blogspot.com
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