

**Statement of
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**"Narrowing the Gap:
How Health Care Information Technology Is
Reducing Racial Disparities in Care"**

**Submitted to the U.S. House of Representatives
Committee on Oversight and Government Reform,
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Chairman Towns, Ranking Member Bilbray, and Members of the Subcommittee:

About The Health IT Now! Coalition

My name is Joel White and I am the executive director of the Health IT Now! Coalition. Health IT Now! is a diverse coalition of nearly thirty medical professional groups, patient advocacy organizations, disease advocacy associations, consumers groups, large employers and unions promoting the rapid deployment of Health Information Technology (Health IT). Our coalition is co-chaired by former Senator John Breaux (D-LA) and former Representative Nancy Johnson (R-CT).

Our members have crossed traditional political and ideological lines to join together in support of an important goal, because it's something we all enthusiastically believe: Health IT will improve the quality of care, save money, and save lives.

The Health IT Now! Coalition urges Congress to pass legislation that will:

- Establish a public-private process to establish national standards for health IT system interoperability, product certification, and quality measures and an accelerated process for standards improvement;
- Provide federal financial incentives to practitioners of care to facilitate the adoption of health IT, and for communities, states, and other entities to plan health IT components and to develop Health Information Exchanges;
- Empower consumers through patient education tools that encourage patient use of electronic health records and provider quality information; and
- Promote federal leadership of a federal-state process to resolve policy issues central to a secure and safe care system, like privacy and professional licensure.

In 2008, the Congressional agenda will be taken up with election-year issues and, the following year, the priorities of a new Congress and Administration. That is why we urge Congress to act before the end of 2007, to avoid denying Americans the benefits of Health IT any longer.

Introduction

It is not enough to talk about the power of Health IT to “lift all boats.”

As the members of this panel know, when the latest and greatest technical advances are rolled out, too often our nation's rural residents and communities of color are left behind.

The benefits of Health IT—of saving up to 100,000 lives a year presently lost due to medical errors, increasing access to medical care, providing instant access to complete medical histories—can literally be a life-and-death matter for all Americans.

The good news: Many of the benefits of Health IT directly address stubborn and long-term challenges for our rural and minority communities.

What are those challenges? Here are just a few, according to the U.S. Health and Human Services' recent National Healthcare Disparities Report—the first national effort to measure differences in health care access and quality:

- “Blacks and poorer patients have higher rates of avoidable hospital admissions.”
- “Minorities are more likely to be diagnosed with late-stage breast cancer and colorectal cancer compared with whites.”
- “Patients of lower socioeconomic position are less likely to receive recommended diabetic services[,] and more likely to be hospitalized for diabetes and its complications.”
- “When hospitalized for acute myocardial infarction, Hispanics are less likely to receive optimal care.”
- “Many racial and ethnic minorities and persons of lower socioeconomic position are more likely to die from HIV. Minorities also account for a disproportionate share of new AIDS cases.”ⁱ

Communities of color have everything to gain from Health IT because it remedies real disparities in health care.

It will narrow the gap between whites and non-whites in terms of quality of medical care, outcomes, longevity, accuracy and precision of treatment, in accessibility of doctors and other health care professionals, convenience, follow-up care, preventive medicine—in short, Health IT tears down many of the significant barriers that have disproportionately affected communities of color and the medical treatment they need and deserve.

Creating Partnerships: The More the Merrier

One of the questions asked here today is whether the federal government can and will work in harmony with the states and the private sector. My answer is an unequivocal yes. In fact we must all work together. One of the principles of the Health IT Now! Coalition is to establish a public-private partnership to establish standards for interoperability and product certification and quality standards and a process for improvement.

Some believe we cannot have a top down and bottom up approach at the same time. The Health IT Now! Coalition believes you can have both, but that standards should pull technology that may be particularly important in New York to allow interaction with information technology in Southern California. That's the whole point. We must pull together across localities, states, regions and the nation, to create standards for interoperability that everyone can trust and comply with.

In addition to the question of whether there are too many cooks in the kitchen, the Health IT Now! Coalition believes it is important to ask if Health IT will make a difference in fixing these inexcusable disparities in access, treatment and outcomes.

Because if it will not, many of you would much rather spend time, resources and energy on something that will.

Again, our coalition firmly believes Health IT is an historic solution to remedy disparities in health care. And below, I will discuss how we believe Health IT can close the health care gap.

Health IT: measuring the extent of the health care gap

First, while the existence of health care disparities is not in dispute, we still lack a complete measure of the disparity.

Ironically, the lack of Health IT means we don't have the data to allow us to measure the full magnitude of the health care gap to begin adequately addressing the many challenges. Health IT will not only help close the gap, it will first help measure the gap, in the form of verified data and reporting of who is being hurt by discrimination, how they are being hurt, and where we should deploy our resources to remedy it.

In short, Health IT diagnoses the gap by delivering detailed evidence we have never had access to before.

Health IT removes opportunities for discrimination

Second, Health IT removes opportunities to discriminate against racial minorities. Since Health IT is machine- and software-based, it is no "respector of persons"—meaning that everyone, regardless of race, receives the same high level of service from the system.

Some individuals don't trust the health care system—or much of any formal system, for that matter. Given the facts of history, this makes sense—which is another reason why Health IT is so promising. Health IT systems remove the opportunity for race-based discrimination and favoritism. The software doesn't care where you were born, what color your skin is, or in many cases even what language you speak.

Because Health IT is an electronic system medical records are recorded, shared and retrieved the same way for all people. Health IT doesn't discriminate—because it cannot discriminate.

Health IT prioritizes care for those who need it most

Next, let me tell you how Health IT picks out patients in need and moves them to the front of the line.

One of our coalition members is The Marshfield Clinic in Marshfield, Wisconsin. Marshfield is one of the largest group medical practices in the U.S., with 750 physicians, 6000 employees and 40 locations.

Marshfield is also on the cutting edge of Health IT. Marshfield has been using Health IT for 20 years, and over that time it has collected significant data on effectiveness.

Marshfield uses Health IT to serve a rural and relatively poor area with a declining economy, and Marshfield has made it a high priority to ensure equal and quality treatment for underserved populations.

Marshfield has recently introduced what they call the “Intervention List”—or iList. This software application accesses electronic medical records to produce a list by provider of patients who have one of three chronic illnesses—diabetes, heart failure or hypertension—and who are not meeting all of their recommended health goals.

This Health IT tracking tool helps identify and reach out to patients who are overdue for services and not meeting quality-of-care goals.

Dr. Daniel Erickson of Marshfield’s Lakes Center family practice said that the iList has been “an eye-opener for me [for finding] patients who could be slipping through the cracks.” He said that physicians sometimes “over-estimate how [they’re] doing on quality measures,” and that this helps bring a dose of reality to doctors’ perspectives.

Clinical nurse specialist Ellen Vanderboom said that the iList, which puts evidence-based medicine into practice, is especially useful for patients who don’t have a specific plan of care.

According to an article in the August 2004 New England Journal of Medicine, black patients and white patients are, to a large extent, treated by different physicians, and those treating black patients tend to be less well trained and have less access to important clinical resources.ⁱⁱ

This is exactly what this Health IT application remedies: patients do not even have to have been consistently seeking or receiving health care. If you start receiving medical care today the system is specifically designed to account for the special needs associated with that situation.

This approach is working in Marshfield, and it will work for the nation: providing better care for those who need it based not on the color of their skin but on the straightforward and unbiased measurement of the quality of their health care at the time they seek treatment.

Not only is this a vital goal for health care in our nation's underserved communities, it’s something you simply cannot do unless you have Health IT in place.

Health IT and adherence to care plans

The next benefit of Health IT I’ll describe is how it helps patients to follow through on treatment.

Residents of wealthy communities and comfortable suburbs are never more than a car ride—or even a short walk—away from a doctor.

But for residents of rural communities, or those without reliable transportation, it is a different story.

The Marshfield Clinic uses Health IT to ensure that underserved populations can conveniently follow-up—and follow-through—on their treatment.

This is especially important for those with chronic diseases, and members of minority communities disproportionately suffer from these conditions. For instance, African-Americans, Hispanics, Native Americans, Japanese Americans, Chinese Americans and Korean Americans are all more likely to have diabetes than white Americans. That naturally leads to greater complications such as kidney disease, eye disease, coronary artery disease, and more.ⁱⁱⁱ

Diabetes and these associated conditions can be limited by easy access to follow-up care. But if you can't easily get the medicine and medical communication you need, you can't follow your care plan.

And the lack of adherence to care plans has a ripple effect through minority communities in terms of quality of life, cost of treatment, and mortality.

Marshfield is using Health IT to get at the root of the problem by making it easier to follow those plans. For instance, Marshfield has introduced a system that fills prescriptions on-the-spot and allows doctors to know that the prescription has actually been filled.

The Marshfield Health IT system uses cameras to connect pharmacists and to send along images of prescription orders. The pharmacist accesses patient records—with the patient's permission, of course—to make sure the new medicine doesn't negatively interact with anything the patient already takes. The pharmacist checks that the bottle and the label match the doctor's order, and the pharmacist can counsel the patient about any questions by using the video network.

Then there's a free mail order service to re-fill the prescription.

This isn't technology that's on the drawing board. This is a Health IT system that is in place and saving lives right now. Any hospital or clinic could roll out a similar system—if the Congress would pass a law to establish a federal foundation for Health IT in standards, infrastructure and incentives.

Passing such a bill this year—before the presidential campaigns of 2008 and a new Congress and Administration in 2009—would avoid what could well be at least a two-year delay in delivering the life-saving benefits of Health IT to our nation's underserved communities.

Other Benefits of Health IT

Finally, there are many other examples of how Health IT is already improving the quality of life and extending the longevity of minority Americans. Health IT reduces the delay between abnormal mammograms and follow-up tests—the wait is currently twice as long for minorities as white women. Health IT makes it easier to secure follow-up care for older Americans by minimizing the need for travel to offices and by making doctor-patient communication easier. Health IT means better screening and preventive medicine. And the list goes on.

Conclusion

In conclusion, I'd like to return to the National Healthcare Disparities Report of HHS. The 2006 report cites specific opportunities for reducing disparities, and these include cancer screenings, vaccinations, hospital treatment for heart attack and pneumonia, enhanced access to diabetes services, more timely treatment, and better doctor-patient communication.^{iv} As described in several of the examples above, we believe Health IT can successfully address these recommendations.

Health IT is arguably the most effective initiative Congress can make to improve the quality of care for minority and rural Americans. The Health IT Now! Coalition urges you to pass legislation this year to bring these benefits to them – and to all Americans.

Thank you.

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- ⁱ National Healthcare Disparities Report 2003; Summary;
<http://www.ahrq.gov/QUAL/nhdr03/nhdrsum03.htm#Inequality>; last accessed October 29, 2007.
- ⁱⁱ Primary care physicians who treat blacks and whites; New England Journal of Medicine, August 5, 2003; Abstract;
http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed&list_uids=15295050&cmd=Retrieve&indexed=google; last accessed October 29, 2007.
- ⁱⁱⁱ Diabetes Disparities Among Racial and Ethnic Minorities: Fact Sheet; Agency for Healthcare Research and Quality, HHS; <http://www.ahrq.gov/research/diabdisp.htm>; last accessed October 29, 2007.
- ^{iv} Key Themes and Highlights from the National Healthcare Disparities Report 2006;
<http://www.ahrq.gov/qual/nhdr06/highlights/nhdr06high.htm>; last accessed October 29, 2007.