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Prescriptions for Excellence in HEALTH CARE

A COLLABORATION BETWEEN JEFFERSON MEDICAL COLLEGE AND ELI LILLY AND CO.

A Message from Lilly

Health Information Technology: A Priority for Patients, for Physicians, and for Lilly

By Alex Azar

Although health information technology (HIT) could become a powerful tool for enabling consolidation and coordination of medical information, systems barriers have impeded the integration necessary to share health care data and information within the health care system. To make the best possible use of the abundance of health care data and improve the quality of health care that patients receive involves 2 steps. First, we must improve the quality and quantity of data inputs. Second, we must support the development of secure systems to enable information exchange.

Data Quality

Significant work has been accomplished to leverage data from administrative claims databases to provide information to health care providers and, in some cases, to patients. These data may be useful to providers in their efforts to understand a patient's

treatment and preventive care utilization history, and to glean some information on treatment outcomes. While information derived from claims may be helpful in a patient's care, the clinical data recorded by the patient's health care providers is richer and potentially more valuable. Providers transitioning from paper-based to electronic records may further enhance the value of clinical information by increasingly making it available to clinicians at the point of care. Clinical information in an electronic format may improve care by providing the necessary inputs for electronic decision support and may better enable providers to report efficiently on quality measures.

For health care providers, the adoption of electronic medical records (EMRs) is a key element in a broad approach to improving the quality of medical care. However, significantly greater

adoption of EMRs will not occur unless incentives are appropriately aligned. While the cost of EMR systems is declining, the up-front investment for physicians remains significant. Incentive payments to physicians for meeting performance goals would help to offset the initial expense as well as reward quality improvement. Further, EMR systems ultimately must support physician workflow, enabling physicians to accurately provide high-quality electronic data without disrupting – and while potentially enhancing – provider efficiency. The quality of the data inputs will be further enhanced if advances in electronic data capture better enable the routine incorporation of patient-reported outcomes in EMR data fields.

It is important to keep in mind, however, that we won't wake up one day with an EMR system that perfectly meets everyone's needs. It will happen piecemeal and it will constantly

change; that's how technology evolves. But that doesn't mean we can't or shouldn't proceed. We can't let a vision of the perfect system impede our ability to make progress toward better information. For example, if only lab and radiological work make the initial EMR cut for a particular provider network, then so be it.

Secure Information Sharing

Numerous efforts are under way to develop health information exchanges, which are protocols and systems that allow electronic data to be shared among various stakeholders in the health care system. Such health information exchanges currently support large-scale pilot programs in disease management, electronic prescribing, transmission of test results, and analyses of health claims data. However, further progress in health information exchange, including data sharing across information exchanges in different geographic areas, will occur only with committed efforts to overcome the systemic barriers created by the lack of optimal interoperability of electronic health care information systems.

Improving Health Outcomes

Improving the quantity and quality of electronic data inputs and advancing health information exchange will enhance the ability of health care providers to offer high-quality care. However, the benefits to health care providers and patients are not limited to the availability of health care data on individual patient encounters.

Patients also may benefit from research involving aggregated, population-level data. De-identified outcomes and utilization data are valuable resources that should be shared among various stakeholders for the purpose of expanding general medical knowledge and engaging in quality improvement efforts. The benefits of population-level research can only be realized if the public is assured that EMRs and health information exchanges are designed with safeguards to protect patient privacy.

Even with a workable infrastructure and the right policy decisions in place, a health care "information revolution" will require a new mindset among health care providers, payors, and suppliers such as

the pharmaceutical industry. A commitment to greater transparency with regard to health care information is essential to efforts to improve the quality of care.

Leading by example, 4 years ago Lilly became the first pharmaceutical company to publicly disclose the results of its clinical trials on the Internet (<http://www.lillytrials.com/>). The resulting increase in transparency has improved the company's relationships with researchers and boosted the confidence of the doctors and patients who use our products.

In conclusion, improving patient outcomes relies on improving the quality of information. At Lilly, we understand that robust clinical information is critical for our patients and for us. That is why Lilly stands squarely behind HIT as an important means of improving the quality of health care for patients.

Alex Azar is Senior Vice President for Corporate Affairs and Communications at Eli Lilly and Company