



## Overview

President George W. Bush launched an initiative in 2004 to reform health care through the improved adoption of health information technology and empowerment of consumers through information. In support of President Bush's initiative, Governor Sonny Perdue issued two Executive Orders relating to Health Information Technology and Transparency (HITT):

1. Signed in October 2006, the first created the HITT Advisory Board to facilitate and encourage the use of electronic health records, establish a statewide health information exchange strategy and promote marketplace transparency
2. The second, signed in February 2007, encouraged marketplace transparency by providing cost and quality data to consumers, and application of industry best practices that facilitate the use of electronic health records

The Board members, which are representative of various health care providers and businesses, will advise the Georgia Department of Community Health (DCH) in applying industry best practices for facilitating and encouraging the use of electronic health records and establishing a statewide strategy that will enable health information to be available across the full continuum of care.

## The Information

The Web site will feature service, cost, quality and educational information regarding pharmacies, nursing homes, personal care homes, home health and other long term care services, health insurers, hospitals and ambulatory surgery centers.

## The Comparison

Through the Transparency Web site, health care consumers will have the opportunity to identify providers, services, average charges, quality, length of stay and other factors with regard to certain health care services.

Because no two patients are alike, and neither is the patient base which facilities serve, the site will help consumers understand how to compare options and the data will be risk adjusted to standardize comparative data.

## The Experience

Empowering Georgians with an easy-to-use Web site featuring health care services, cost, quality and educational information will lead to healthier outcomes, result in engaged, savvy consumers that are in control of their own health, and address the growing cost of health care.

On the Transparency Web site consumers will find information such as, the location of over 10,000 health care facilities and providers throughout the state, medication pricing, long term care planning information, Medicare and Medicaid rules for coverage, quality of care information for nursing homes, personal care homes, hospitals, health plans and other settings, tips for choosing a nursing home or making alternative care arrangements, and preventive care and disease management educational information.

## NMA RECOMMENDATIONS

The NMA would urge the U.S. Congress to take the following concrete steps:

- **Bridge the Digital Divide** – there are many vulnerable communities in America where information technology is still not commonplace. In others, broadband access is in the hands of all too few. This must change, and comprehensive legislation at the Federal level is fundamental to making this dream a reality;
- **Amend the charter of the American Health Information Community** - to require increased participation of minority and medically underserved communities;
- **Create HIT Empowerment Zones** - specifically, companies could be encouraged to build HIT 'Incubators', akin to Biotech or IT Incubators run by some universities across the nation. The idea would be to get the companies, universities, and "community partnerships" in each Empowerment Zone engaged in a long-term process that feeds on itself, in which the process would eventually create the 'Silicon Valleys' of HIT. Empowerment Zones and would represent the ultimate realization of effective 'public-private partnerships';
- **Implement Medicare/Medicaid Demonstration Projects** – to identify payment methodologies that encourage the participation of small group and solo practitioners, especially those that serve medically underserved communities. These demos should integrate the two entities described above.
- **Coordinate the Federal Data Collection Process** –HIT's main role is to streamline and organize the collection, transfer, and integration of health information, which necessitates a well-thought out process, from the very outset. It is through this coordinated harmonization of secure, inter-operable, real-time, exchange of health data for all populations that the full realization and benefit of this Nation's HIT program will be realized. It is especially critical at the federal level, for the Office of the National Coordinator for Health Information Technology (ONCHIT) to take the lead as key regulator and referee in assuring that this goal is fulfilled.

## CONCLUSION

The Health Information Technology evolution in America represents a sharp, fine turned instrument in the country's quest to improve our healthcare industry. However, often times the tool currently is being wielded aimlessly by some well-intended individuals, occasionally recklessly by some unskilled, uninformed or unconcerned entities regarding its potential to cause collateral damage, and often times the tool sits well out of the reach of those who have the skill and/or potential to best utilize its keen cutting edge. Mr. Chair, your Committee has exhibited remarkable wisdom in the past on many critical issues facing our Nation and the people of this great Nation again look to you to provide the strategic oversight on HIT to assure that the most vulnerable professional caretakers and the most vulnerable citizens are not left behind, forgotten & wounded as this most critical incision is made into the very core our health care empire. Yes, HIT holds the promise toward maximizing efficiency, reducing medical errors, facilitating consumer involvement in healthcare decisions while at the same time assuring adequate disaster readiness for all Americans. But we must keep the chiasm from widening any further for too many have already fallen through the cracks and the price for America to not get this right early is too dear.

I want to once again thank the most honorable chair and the other esteemed members of the sub-committee.

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### **Demographic Profile**

Total Residents, Income, Age, Race/Ethnicity, Citizenship, Population Living in Non-Metropolitan Areas

Notes: *Source:* KCMU and Urban Institute analysis of the Current Population Surveys, March 2006 and 2007.

Notes: These demographic data may differ from Census Bureau figures due to grouping by health insurance unit (HIU) rather than household.

A Metropolitan Statistical area must have at least one urban cluster of at least 10,000 but less than 50,000 population. A Non-Metropolitan Statistical Area lacks at least one urbanized area of 50,000 or more inhabitants

### **Total Medicaid Spending in Millions**

*Source:* Urban Institute estimates for KCMU based on CMS Form 64 for FY2006.

Notes: All spending includes state and federal expenditures. Expenditures include benefit payments and disproportionate share hospital payments; do not include administrative costs, accounting adjustments, or the U.S. Territories. Total spending including these additional items was about \$315.3 billion in FY2006.