

Thank you, Scott, for that introduction. And thanks to you and the rest of the leadership of the Tennessee Chapter of HIMSS for organizing this conference.

I want to thank you for having me here today. This is the second year in a row that I've gotten to visit with this group ... and I was excited about the invitation because this is an important subject to me.

I'm coming to you with two hats on. First of all as the governor of a state that I think very much is stepping out on this issue and has placed itself in the very top few states in terms of its size and its commitment to health information technology. We are putting a lot of energy behind trying to find ways to establish electronic medical records and health records and making them portable.

I'm also coming to you, frankly, as an individual who believes that information technology is vitally important and vastly underused in the area of providing health care to the citizens of our country.

I want to first of all thank the Tennessee HIMSS' board for keeping this issue on the local and national agenda. The people on this board, and in this room, know better than almost anyone what the full integration of technology into our health care system can accomplish and you have been key to keeping it on the radar screen.

As many of you may know, I came to the world of health care years ago through information technology. My college degree was in physics; I spent a long time in the world of computer systems and came into health care through that door, so I have a natural, ingrained belief in the

potential for information technology to dramatically improve the way we do things.

Conversely, we have been “just around the corner” from electronic medical records for about as long as I can remember. Somehow we just haven’t encroached on that corner hardly at all.

To me, this is a very important subject. I’ve always believed in the world of business or in the world of politics that one of the first things you do with complex problems is just get your arms around the data ... to understand what is going on in ways that you can sort through it and understand the basics and make decisions based on that knowledge.

And certainly, the field of health care is, to my mind, very lacking in that kind of comprehensive ability to get our arms around the data ... information that could make a world of difference

to the kind of medical care people receive, and ultimately, to their health outcomes.

In a recent study, the Journal of the American Medical Association found that laboratory and radiology results, letters, and medical histories were missing during more than 13 percent of 1,600 patient visits. In 44 percent of these cases, doctors felt that the missing information had the potential to adversely affect a patient's well-being.

The Centers for Disease Control and Prevention report that American patients are prescribed improper medications in about 1 out of every 12 physician visits. Just as an example of what that can mean, almost 17 million physician visits for the elderly result in prescription errors per year.

These studies are not new, and all of you in this room are very familiar with them, but they paint a

very stark picture for people engaged in health care, in technology, and in public policy.

As we work together to turn these statistics around, I'd like to challenge you to help us measure our progress. Tennessee HIMSS is in the perfect position to publish a statewide report card on Tennessee's annual progress on the development and adoption of health information technology. I know I would be interested in reading your analysis of where we are and what it will take to move forward and I expect that a report like this would be a true catalyst for progress.

===

To that end, I'd like to tell you a little bit about what we are doing as a state when it comes to integrating this type of technology into our health

care system ... and then offer a few words about where we need to go as a nation.

In Tennessee, I believe we're particularly well-suited to be a lab and to be a staging area for some of these efforts because of our position as an absolute national center for entrepreneurial health care.

An industry that began with HCA years and years ago now includes dozens of health care companies and prescription benefit companies and different kinds of payment companies and a variety of health care, entrepreneurial, information-oriented companies ... all of which I think make a wonderful structure for us to build on. We have Vanderbilt and we have Blue Cross, both of whom have been leaders nationally in this process and are huge resources. And last of all, I don't know how important you'd consider it, but at least for the time being, you've got a governor

who believes in this stuff, and I am trying as best I can to move forward.

In terms of the “laboratory experiments” we have underway in Tennessee, let’s list them. As you know ...

- There’s the mid-South eHealth Alliance, which started in 2004. It’s a partnership in West Tennessee with Vanderbilt, and the state has committed about \$9 million to that over a five-year period. There’s an AHRQ grant to add an additional \$5 million.**
- We also have the Shared Health Model, the subsidiary of Blue Cross. It’s contracted to provide electronic medical records for TennCare.**
- Up in the Northeast Tennessee area, we have a more classic regional approach, work done**

by a community coalition with everybody in the coalition participating in a central Appalachian regional prototype. They have a substantial grant, a little over \$5 million from HHS.

- **And we have one just getting started in the Knoxville area, the Innovation Valley Health Information Network – *[was originally called the East Tennessee Health Information Network]*. It is a collaboration of four hospitals, and it has received funding through the Physician’s Foundation for Health Systems Excellence up in the Boston area.**
- **Additionally, you will soon be hearing about another initiative in Tennessee. Next week will be launching a statewide technology assessment related to e-prescribing. According to the Center for Information Technology Leadership more than 8 million**

Americans experience Adverse Drug Events. It is estimated that e-prescribing could help us avoid more than 25% of these events, many of which might be life threatening.

Pulling all of our initiatives together is the statewide eHealth Advisory Council, chaired by Antoine Agassi, who is here with us today.

This council is charged with finding common ground between these and other initiatives ... so we can compete for progress rather than recreating the wheel on the simple stuff. These projects are uncovering the barriers and limitations that would otherwise impede the progress or success of establishing an integrated electronic medical record system in Tennessee.

I'm proud of these efforts. We're going to continue to support them and our many excellent people who are committed to them. There's no question

that some good ideas will come out of these efforts.

But ... as much good work as we're doing ... from a national perspective, it's still not enough. We're missing a real opportunity in this field, and in this country right now. This is an area that cries out for some central decision making, for someone to decide what medical records are and define how the interfaces between those things work.

This approach of planting a thousand flowers and let them bloom across the country is an inefficient way to spark major technological advancement. I recently compared it to being as if J.F.K. had called the country together in 1962 and said, 'We are going to get to the moon by the end of this decade,' and everyone said, 'Great, great, this is wonderful. America's on the move again.' And then he said, 'The way we're going to do that is, we're going to give grants competitively to a

whole bunch of different states to try different approaches to getting there.'

You would have lots of ideas, you would have lots of people carving out territory, you would have lots of sharp elbows, but I think you'd agree there would not be footprints on the moon as a result of that effort.

It cries out for a common vision, for some overarching structure and standards that can be a foundation for all the brilliant people that we have in this country to build upon. It's like a vision for going to the moon. We've set the vision, we've set the goals, we've set the standards under which we're operating and then allow the brilliance of our nation and its universities and its companies and its hospitals and its non-profit organizations and its entrepreneurs to make the pieces work to get us there.

The federal landscape on this issue is changing. Dr. Brailer and the Office of the National Coordinator for Health Information Technology have laid much of the groundwork and identified many of the market barriers for electronic medical records – barriers like a lack of national format and content standards and the intrinsic challenges of creating and implementing tools that will work equally well for large hospitals and small practices.

With Dr. Brailer’s departure from his post, we find ourselves at a critical fork in the road. Do we continue planting a thousand flowers and waiting for them to cross pollinate or do we move forward with lessons learned and begin to institute national standards that make electronic medical records the norm?

The federal government has a tremendous opportunity to create a technological standard

that industry can use as a cornerstone for further development. More than that, the federal government has the ability to craft laws that facilitate interoperability, data sharing, and technology adoption across sectors.

Already the Department of Personnel, Medicare, Veterans Affairs and other federal groups that process claims data have stipulated that in order to do business with the federal government, you must use electronic records. That will spur a lot of adoption!

States have the ability to help, and we will certainly do everything in our power to advance the cause in Tennessee. I hope that the people in this room will continue to help.

You are on the front lines of the technology and often have opportunities to spur advancement long before the rest of us know what is possible.

Within your companies and within your industries, I encourage you to take the lead and help us use technology to move the dial on health outcomes.

I truly believe that ... working together ... we will be successful. And as a result, make Tennessee an even better – and even healthier – place to live.

Once again, thank you for the invitation to be here today. Enjoy the rest of your conference.

#