

**National Institute for Health Care Management  
(NIHCM) Foundation/  
Agency for Healthcare Research and Quality (AHRQ)**

***Advancing Health Information Technology***

**Survey Results**

**December 2004**

***Participants in the dialogue were asked to rate a series (on a scale of 1 to 9) of health information technology (HIT) policy options and action steps using a written, non-scientific questionnaire.***

On the topic of *What's HIT For? Strengthening the Link between HIT and Quality Improvement?* two action steps stood out, confirming the importance of productivity improvement as a bi-product of HIT:

- “Clarify and document HIT’s role in achieving productivity improvements in the health care marketplace.” (7.3)
- “Encourage business groups and employer coalitions to build consistent QI evaluations into their HIT and EHR initiatives.” (7.2)

The lowest scoring option in the first section of the questionnaire may reflect “task force fatigue:”

- “Create an interdisciplinary task force (revolving membership) that would monitor the QI results of HIT projects and initiatives by both government and the private sector and assess the strength of the evidence linking specific HIT initiatives to QI improvements.” (5.3)

The second portion was *Press Enter: Building Physician HIT Understanding, Acceptance and Capacity*. The highest-rated action step was not surprising:

- “Increase Medicare reimbursement to physicians who implement HIT and EHRs in their practices.” (8.4)

Interestingly, participants rated a related option quite low (5.5): “Move eventually to lower Medicare reimbursement to physicians who do NOT adopt HIT tools and EHRs.”

The three action steps rated above 7 were:

- “Alter Medicare regulations to promote hospital/physician collaboration on testing and building interoperable HIT and EHR systems.” (7.7)

- “Give physicians federal and/or state tax credits for implementing specific HIT tools and EHRs.” (7.5)
- “Create a cadre of “early adopter” physicians who could educate and train their colleagues on HIT/EHR implementation.” (7.3)

Participants gave lower ratings to giving insurers or any other organizations tax credits for HIT efforts (5.00), establishing certification programs for e-health medicine (5.2), and setting up CME credit programs for education and training in the use of HIT and EHR tools (5.2).

The third segment of the dialogue and section of the questionnaire was titled, *The Need to Know More: Developing a Focused HIT R&D Agenda for Government and the Private Sector*.

The highest rated R&D target area was:

- “Adoption and adaptation to standards set for interoperability.” (8.1)

Also rating highly in this section as R&D targets:

- The quality improvement “payoff” of HIT (7.7)
- Specific health outcomes from HIT (7.3)
- Cost savings from HIT (7.6)
- The economic “ROI” from HIT (7.4)
- How “pay for performance” or “pay for adoption” programs might work to enhance physician uptake of HIT (7.3)
- The impact of financial incentives on the rate of adoption of HIT (7.4)
- The value of HIT in enhancing patient safety and reducing medical errors (7.5)
- Testing and development of an EHR in the Medicare FFS system (7.4)

Also scoring highly in a separate set of questions in this section:

- Expansion of the current AHRQ demonstration and planning grant program to emphasize new areas of HIT development, implementation and experimentation. (7.8)

When participants were asked which priorities should be Government-funded, respondents preferred issues pertaining to the broader public health. Private sector funding was the preferred choice for narrower issues of implementation and cost-benefit analysis.