



ENSURING THE ADOPTION OF HEALTH INFORMATION TECHNOLOGY SYSTEMS

WHEREAS, the June of 2009 White House Council of Economic Advisors report “The Economic Case for Health Care Reform” notes U.S. health care expenditures are currently 18% of GDP and without change will rise to one-third of the nation’s total output by 2040; and

WHEREAS, the 2000 RAND Corporation “Projection of Chronic Illness Prevalence and Cost Inflation” report indicated more than 125 million Americans had at least one chronic health condition in 2000 and by 2020 chronic conditions are expected to impact 157 million Americans; and

WHEREAS, according to the Institute of Medicine preventable medical errors in hospitals cause 120,000 deaths per year and that 1.5 million preventable adverse drug events occur every year; and

WHEREAS, according to the Congressional Budget Office, health information technology has the potential to improve both the efficiency and quality of care through the reduction of duplicative tests, medical errors and lower administrative costs; and

WHEREAS, health care is an information intensive industry, yet the adoption of information technology lags behind most other sectors of the national economy, according to a report in the *Journal of the American Medical Informatics Association*; and

WHEREAS, health information technology is one foundation upon which to improve the delivery of health care by presenting physicians and other health care providers with a patient’s medically necessary information to make critical health care decisions at the point of care, according to a 2006 report in the *Annals of Internal Medicine*; and

WHEREAS, electronic prescribing through pharmacy interoperability can significantly reduce the \$10,000 spent annually per physician on phone calls with pharmacies related to prescription refills, according to the American College of Cardiology; and

WHEREAS, e-prescribing can increase first fill medication adherence and provide other benefits, potentially leading to between \$140 billion and \$240 billion in health care cost savings and improved health outcomes, according to the “2011 National Progress Report on E-Prescribing and Interoperable Health Care;” and

WHEREAS, the use of e-prescribing by physicians and other prescribers is increasing, with 317,000 (58%) office-based physicians e-prescribing in 2011, up from 190,000 (36%) office-based physicians in 2010, according to the “2011 National Progress Report on E-Prescribing and Interoperable Health Care;” and

WHEREAS, the federal Medicare Improvements for Patients and Providers Act of 2008 provides Medicare incentive payments to users of electronic prescribing in 2009 and 2010; and

WHEREAS, the opportunity for growth in adopting health information technologies, such as electronic health information exchanges and electronic prescribing, is evident; and

WHEREAS, as the next major frontier, health information exchange and applications call for extensive research related to the return on investment and health outcomes in order to improve the quality of health care delivery; and

WHEREAS, the establishment of electronic health information exchanges provide a wide range of functionality that supports physician ordering of medications and laboratory procedures, decision support tools, population health, and disease surveillance; and

WHEREAS, state lawmakers in 46 states introduced more than 269 bills specifically focused on health information technology in 2011, according to the National Conference of State Legislatures; and

WHEREAS, \$19 billion was appropriated in the American Recovery and Reinvestment Act of 2009 to promote the use of health information technology; and

WHEREAS, over \$2.6 billion in Medicare EHR Incentive Payments and \$2.3 billion in Medicaid Incentive Payments were made to eligible professionals and hospitals as of April 2012;

WHEREAS, the U.S. Health and Human Services Department’s Office of the National Coordinator for Health Information Technology says health information exchanges must be designed to ensure patient privacy and security of shared health information, including a high level of security and auditing capability;

THEREFORE BE IT RESOLVED, that the National Lieutenant Governors Association (NLGA) supports and encourages state’s efforts to advance the use of health information technology including the creation of utilities to exchange health information, adoption of electronic health records, and electronic prescribing; and

BE IT FURTHER RESOLVED, that the utilities should be interoperable with the National Health Information Exchange and support the sharing of patient information with **the appropriate patient** consent; and

BE IT FURTHER RESOLVED, that efforts aimed at the adoption of electronic prescribing and health records programs should ensure the privacy and security of patient information;

BE IT FURTHER RESOLVED, that health care providers should have access to a utility to exchange health information, even if the provider does not have an electronic health record system; and

BE IT FURTHER RESOLVED, that as states expand efforts to adopt electronic health records systems that these are certified by ONC-Authorized Testing and Certification Bodies (ATCBs); and

BE IT FURTHER RESOLVED, that efforts aimed at adoption of electronic prescribing programs should support electronic prescribing of controlled substances where available and should ensure appropriate patient protections are in place, which allow for physician choice and medically necessary product selection;

BE IT FINALLY RESOLVED, that this NLGA resolution supports states and regions which have decided to create state or regional research centers to determine the impact of health information technology and applications on health outcomes and the return on investment.

Submitted this 22nd day of June, 2012

Sponsor: Lt. Gov. Rick Sheehy, Nebraska
Lt. Gov. Nancy Wyman, Connecticut

Co-Sponsor: Lt. Governor Yvonne Prettner Solon, Minnesota
Lt. Governor Elizabeth Roberts, Rhode Island
Lt. Governor Gregory Francis, U.S. Virgin Islands
Secretary of State Kenneth McClintock, Puerto Rico