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> GOING DIGITAL

Like many of you, I daily receive far more pieces of mail than I can begin to review as thoroughly as I would like. Too often I just skim and stack, skim and stack, trying to separate the urgent from the important from the 'wait until next week.'

I was recently amid this task when a report from Better Health Greater Cleveland made me stop and stare. It wasn't the whole report actually, but rather a single bar chart. It compared care standards and positive outcomes for diabetes patients by type of medical record. The chart showed that 50 percent of those with electronic medical records (EMRs) received care that met standards, while just 16 percent of those with paper records did. For outcomes—measured by such criteria as body mass index and blood sugar—42 percent of the patients with EMRs experienced positive results, while only 19 percent of those with paper records did.

Better Health Greater Cleveland is an alliance of community partners dedicated to enhancing care in Northeast Ohio. Led by School of Medicine professor Randall Cebul, MD, it includes hospitals, government agencies, nonprofit organizations and our university. The report, entitled "Community Health Checkup," also examined patient results based on race and ethnicity, income and types of insurance. Still, it was the medical records graph that stood out the most—and not only because its gaps were the widest.

Policymakers have debated the benefits of Health Information Technology (HIT) for decades, yet today fewer than 20 percent of U.S. physicians use even the most modest version of EMRs. Statistics like that one have prompted the federal government to make HIT a priority in health care reform; officials have set a goal of providing every citizen an EMR by 2014, and dedicated at least \$2 billion to achieve this aim.

Part of the reason for this enormous national investment comes from examples of large-scale initiatives. The Department of Veterans Affairs has employed HIT in its medical centers for more than 20 years—including Cleveland's own Louis Stokes VA Medical Center. What are some of the results? According to research published in the April 2010 issue of *Health Affairs*, HIT yielded a \$3.09 billion cumulative benefit—and that amount comes after deducting the dollars spent on systems. HIT led to reduced medication errors, elimination of many duplicative tests and substantially higher patient participation in regular preventive screenings.

Our School of Medicine includes leading faculty in such complex specialties as proteomics and bioinformatics. Yet the more we consider statistics like those described above, the more we feel compelled to engage on an even more fundamental level. After all, the ability to conduct sophisticated analyses of data rests on the ability to secure solid data in the first place. And besides, we are not only committed to the organization called Better Health Greater Cleveland, but also to making the term a reality for our region.



This is why we are so pleased to have been awarded \$7.9 million to serve as the lead entity for one of the federal government's Regional Extension Centers (RECs) for HIT. The RECs target individual health providers, most of whom have not transitioned to EMRs because of their lack of resources or expertise, or both. Working in collaboration with more than a dozen partners and others, we will provide guidance regarding individual systems, training and available funding programs. We are charged with assisting more than 1,700 physicians, nurse practitioners and other caregivers in the region. At the start, we are able to offer these providers an incentive: "early adopters" are eligible for additional reimbursement from Medicare and Medicaid. Meanwhile, those who decline to participate will face severe consequences: Starting in 2015, reimbursement rates for those federal programs will decline, and penalties for the absence of EMRs also will begin.

We know that widespread implementation of HIT will not be easy. But increasing evidence highlights the rich potential of this tool. Case Western Reserve is proud to participate in this community health effort and is eager to assess the results of our own work. That's the best way to learn—and to get better at what we do.

> **Affiliate Expansion**

The expansion at clinical affiliate Louis Stokes Cleveland Department of Veterans Affairs Medical Center will renovate its Wade Park Campus, including the addition of a 220-bed hospital tower, scheduled to open in June 2011. The update will improve access and quality of care for the 95,000 veterans served by the center.