



Center for Health Transformation E-Newsletters



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February 2005

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 **Newt Notes**

The National Governors Association hosted their winter meeting in Washington, D.C. this weekend. Party politics was largely thrown aside as the Governors united around a common crisis--- Medicaid. The program is already overwhelming their budgets and the prognosis is only getting worse. Nonetheless, America's Medicaid challenges reach well beyond finances and budgets. A "money only" policy debate will quickly become counterproductive and result in a power struggle between the federal government's charge to spend less and the state governments' maneuvering to leverage more out of the federal government.

To achieve real transformation in Medicaid, government leaders must wrestle with the

fundamental problem: one program design cannot meet the needs of such distinct and separate groups of beneficiaries – the frail elderly, the poor, and people with disabilities. They are radically different groups with radically different needs and they need radically different program designs.

Therefore, Medicaid should be divided into three distinct sub-programs, each administered separately with its own rules and structures. However, all the sub-programs should be based on the following principles:

- A 21st Century Medicaid System will focus on wellness, prevention, early detection, and independent living.
- A 21st Century Medicaid System will integrate the family and community into the healthcare and the lives of loved ones.
- A 21st Century Medicaid system will leverage innovations in science and technology, quality systems, and best practices in every aspect of providing care for its beneficiaries.

The first sub-program should be a Capabilities Program, designed with a mission to serve people with disabilities by allowing them to lead the fullest possible lives. The Capabilities Program would capitalize on technologies and therapies that maximize beneficiaries' abilities – not their disabilities – and put a high value on their integration into social, family, and work life without losing all their benefits. In addition, capabilities life savings accounts and other tax incentive savings vehicles should be created so the parents of children with severe disabilities would be encouraged to put money aside for the care of their children when they reach adulthood.

The second new program would address the needs of the relatively healthy poor who have much different needs than people with disabilities or the elderly who are frail. Poor individuals should be offered vouchers for health savings accounts that sensitize them to the benefits of prevention, wellness, and early detection.

The third part of a 21st Century Medicaid Act would create a program to serve the poor frail elderly. This program should integrate modern information technology systems, home diagnostic equipment, real time monitoring, and rapid health assistance to support the elderly living independently for as long as possible. For the frail elderly who must live in long-term care facilities, the new program should reintegrate the family into eldercare by allowing them to subsidize Medicaid's contribution to the facility which would help not only financially but would also improve the quality of life and quality of care for the patient. If combined with a transition to the best uses of information systems, electronics and the most modern therapies, it could lead to a revolution in the quality of care for the frail elderly in the next decade.

A Medicaid system divided into these three sub-programs would dramatically improve health outcomes and quality of life for both individuals and their families, while simultaneously producing substantial savings for the federal and state governments.

Transforming Examples

Kryptiq's ClinicalMessenger integrates secure electronic messaging directly into clinical information systems, such as Electronic Health Record (EHR) systems, so that information can be shared wherever

and whenever it is needed.

In the metropolitan area of Portland, Oregon, Providence Medical Group, a group of 135 primary care physicians, refers approximately 250 patients each day to independent specialty practices. This generates nearly 1,250 pieces of paper per day that must be faxed or couriered to the specialty locations. Many of those referrals are sent to The Oregon Clinic, an independent 90-physician multi-specialty group practicing in 18 locations across the Portland area.

The challenge was to come up with a low-cost method of information sharing that would allow the transfer of information to occur electronically without requiring any additional infrastructure, publicly transmitting personally identifiable health information, or adversely affecting physician workflow.

Using their existing email and Internet infrastructure, the two groups are utilizing Kryptiq's ClinicalMessenger to securely transmit referrals between them.. ClinicalMessenger plugs into the Electronic Health Record system of the respective organizations to dramatically reduce the time required to transfer patient information between the two systems from upwards of two weeks to only minutes or even seconds. In addition, ClinicalMessenger allows for the rapid return of consultation reports, follow-ups, and diagnostic tests directly to the electronic health record.


Referring patients via clinical messaging reflects the natural workflow of healthcare in an outpatient setting. When a patient is referred to a specialist, pertinent information from the existing chart must be sent. By integrating clinical messaging with existing healthcare IT solutions, electronic information sharing can replace existing paper-based processes so that patient information can be shared more efficiently. A report in the February 2005 issue of JAMA (Journal of the American Medical Association) identified that in almost 14% of primary care visits, clinical information was missing from the chart, with consult reports cited as a major source of missing information. With ClinicalMessenger transfer occurs in minutes or seconds instead of weeks or days, meaning information

is always available when it is needed.

The use of electronic referrals at Providence Health System has produced directly measurable savings of \$4.97 per referral, primarily by removing costs associated with paper handling, scanning, manual data entry, courier services, and document destruction. In addition, The Oregon Clinic estimates a cost savings of \$5.40 per referral, based on similar factors, leading to combined savings of \$10.37 per referral. According to the National Center for Health Statistics, over 65 million patients were referred in 2002. The financial impact of these savings validates a new model for cost-effective and efficient sharing of electronic information based on the integration of clinical messaging with existing EHR systems.

As of February 2005, over 6,000 e-Referrals have been made utilizing this system, and program roll-out has been accelerated to incorporate additional practices into the network as quickly as possible. Provider-to-provider clinical messaging is a quick and easy way to establish connectivity and enable collaboration in a community setting.

To read more about Kryptiq's ClinicalMessenger transforming solution and visit the complete case study please click [here](#).



New Members

The Center for Health Transformation would like to welcome our newest Premier Member of the Center: [Spheris](#) and our newest Associate Member the [New York Business Group on Health](#).

We would also like to recognize IDX Systems Corporation who has recently upgraded to a Founding Charter Membership.

Please visit the list of members often to keep abreast of who is joining the Center or the "Member News" page to learn about the awards or honors won by our members.

Project Spotlight

The CHT website underwent its own transformation recently and was re-launched with a new look, a new layout, and a new news service! We reorganized our website so visitors can more conveniently locate helpful information such as project descriptions, speech transcripts, white papers, and event summaries. We also have new features such as video clips, member spotlights, and password-protected content for CHT members only.

We hope that you enjoy the new and improved changes!

__CHT In the News

CHT highlighted in New York Sun

"...the Center for Health Transformation, ... promotes a consumer-driven, information-based approach to health care." "Newt: An Intelligent Health System for the 21st Century"

Newt Proposes a New Healthcare System

"Reform is marginally changing the current system. Transformation means creating a new system," Gingrich said. "The current system is not fixable," he added.

Gingrich and Clinton Speak at Health Care Forum

CHT Founder Newt Gingrich and former President Bill Clinton find room to compromise, particularly on upgrading technology.

CHT Promotes "Right to Know"

Newt Gingrich promotes the individual's "right to know" cost and quality and asserts that

better quality leads to overall lower cost in the February issue of Benefits News.

Gingrich Predicts Bush's Continued Commitment to National Health

CHT Founder Newt Gingrich predicts that the Bush administration will continue to push for a national health information network, despite the recent departure of Secretary Thompson.

Gingrich Praises Bush's Restoration of Funding for National Health Information Technology Coordinator

A New York Times article reports on the Bush Administration's pledge to restore funding for David Brailer's Office of Health Information Technology, quoting Newt Gingrich's praise for the restored funding which his Center for Health Transformation had vociferously advocated.

Center for Health Transformation Draws Democratic Endorsement in North Carolina

Former Democratic Governor Jim Hunt praises the ideas of the Center for Health Transformation, responding to Newt Gingrich's address at North Carolina State University by saying, "This is a Democrat endorsing what a Republican said."

Center for Health Transformation Focuses on Minority Health

CHT and Founder Newt Gingrich have joined with other current and former members of Congress to create an alliance to eliminate health disparities.

Upcoming Events

March 9th – Washington, DC - Center for Health Transformation First Quarterly Member Meeting

March 14th – Washington, DC – Newt Gingrich to speak to The Society for Human Resource Management

April 8th –Louisville, KY – Newt Gingrich to speak to Medical News

April 20th – Salem, OR - Newt Gingrich to speak to The Healthcare, Ethics, Quality and Costs

April 25th – Denver, CO – Newt Gingrich to speak to the Academy of Managed Care Pharmacy

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