

Billions spent on health IT stimulus could lead to major boom... or bust

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The more than \$19 billion dollars of funding provided for health care information technology (IT) in President Obama's economic stimulus package offers a unique opportunity to deliver on the promise of computerized health care, say researchers from Children's Hospital Boston in a Perspective article published in the March 26 issue of the *New England Journal of Medicine* (NEJM). The co-authors argue that the development of a platform model - drawing on the success of software platforms such as the one created for the iPhone - could create a flexible health information infrastructure that will improve delivery of health care, increase physician productivity, foster advances in science, as well as stimulate job and economic growth.

"This is a critical point for health IT," said co-author Kenneth Mandl, MD, PhD, of the Children's Hospital Informatics Program. "Pouring money into existing health IT systems would be the most natural approach to take with the stimulus, but it may also be the wrong approach. We need to pause and make decisions that will have long-term benefits. Rather than simply deploying existing technologies we need to establish clarity on what the characteristics of an ideal system would be."

In their NEJM article, Mandl and Isaac Kohane, MD, PhD, also of CHIP, propose for the government, through the Department of Health and Human Services (DHHS), to mandate the development of a platform that will support applications for clinical care, public health and research. Much like the software platform developed by Apple for the iPhone, or the Indivo platform created by CHIP researchers that has



emerged as a model for <u>personal health records</u>, the co-authors encourage DHHS to mandate the creation of a platform that will support an ecosystem of applications (i.e. order entry systems, medication reconciliation systems, patient communication systems, etc.) which can be developed by existing vendors or new health IT developers. The platform they suggest would support:

- Liquidity of data
- Substitutability of applications
- Open standards
- A diversity of applications

"Current systems are monolithic, inflexible and not able to be easily customized to meet health care providers' needs," said Kohane. "A model that supports substitutability will encourage competing applications, market innovation and evolution, and give providers the freedom to use/not use applications as they wish. With such a model, if one application doesn't have what you need at your institution or practice, you could easily find and download one that does, or send out an RFP and one could be developed."

The development of such a model could stimulate health IT and the economy, the co-authors note, as more vendors and developers are able to participate in its success and growth. Such an approach and investment by the government, they predict, would be catalytic to health care as we know it.

More information: Mandl K. and Kohane I. No Small Change for the Health Information Economy. New England Journal of Medicine, March 26, 2009.

Source: Children's Hospital Boston



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