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GAO blasts HHS on IT, privacy

But exec argues before there can be 'detailed plans,' ONCHIT needs a leader
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HHS' efforts to promote the use of information technology, improve patient safety and protect patient privacy took it on the chin last week.

Two reports from the U.S. Government Accountability Office -- the audit, evaluation and investigative arm of Congress -- took swipes at HHS efforts regarding IT and privacy, while the HHS was on the defensive with a report concerning quality improvement organizations.

The reports underscore the difficulties HHS faces with its ambitious plans to revamp healthcare through broader use of technology, improved efficiency and more transparency, but while not necessarily dictating how the plans should work. Some are arguing that without more direction and details, those efforts could fail.

"Where are the detailed plans?" said David Powner, GAO director of information technology management issues, who presented one of the reports to the U.S. House Federal Workforce and Agency Organization Subcommittee on Sept. 1. One of the problems the GAO found regarding health IT is that the effort is floundering without specific targets and benchmarks for success.

"I recognize it's a huge undertaking; that's why interim milestones are needed to gauge progress," he said.

The IT-focused report, requested by the workforce subcommittee, which is part of the House Government Reform Committee, called into question the performance of the Office of the National Coordinator for Health Information Technology, which has been charged with leading the effort to create electronic records in healthcare. Since David Brailer left the office in May, ONCHIT has been without a leader.

But ONCHIT officials disputed the GAO findings. Karen Bell, the acting deputy national coordinator and director of the Office of Health IT Adoption, said the report was out of date and didn't take into account work ONCHIT has done with HHS Secretary Mike Leavitt. Bell said a "1,000-day initiative" on health IT adoption that Leavitt initiated May 1 contained very detailed work plans, multiple objectives and very specific deliverables.

She added that the most important step taken by ONCHIT has been to engage multiple stakeholders in the process and that "simply moving forward as a government agency won't achieve widespread adoption by 2014."

Powner, however, said the Leavitt initiative was taken into account with the report.

The GAO report found some support with David Merritt, project director with Newt Gingrich's Center for Health Transformation. He said he "agreed in principle" with the GAO conclusion, but said the most important thing for HHS to do is find a suitable replacement for Brailer, who Merritt described as "an evangelist" for health IT adoption.

'We do need a detailed plan'

"We do need a detailed plan telling us exactly where to go, but you have to have the personnel to drive it," Merritt said. "Secretary Leavitt has to name a successor to pick up where (Brailer) left off and take it to the next level."

Bell had no comment on the progress regarding finding Brailer's replacement.

Powner said the issue of replacing Brailer was not mentioned in the GAO report, but he did field questions about it from congressmen during the subcommittee hearing. "The leadership is very important," he said. "In the near term, the secretary is very engaged, and there's a lot that's still happening." But, in order to gain long-term, private-sector engagement on health IT adoption, Powner said the industry needs to see someone in Washington providing direction.

Howard Landa, a urologist who is the vice chairman of the Association of Medical Directors of Information Systems and chief medical information officer for the Hawaii Permanente Medical Group in Honolulu, said that replacing Brailer will be the key to achieving the president's goal, and HHS needs to find someone who can both wrangle more funding from government coffers while building industry consensus on how to move adoption forward.

"The lack of detail, milestones and performance measures is certainly an issue," Landa said. He added that the president's goal of widespread adoption by 2014 has always been in jeopardy, but it was Brailer who was able to push the idea forward -- often by "sheer force of will."

Difficult to adopt

He added, however, that finding proper performance measures for IT adoption will prove just as difficult as it has been to find proper quality measures for pay-for-performance programs in healthcare.

"The whole push for pay-for-performance is being mirrored with the drive for health IT adoption," Landa said. "If they can't (define performance measures) for medicine, how are they going to define them for IT?"

Landa compared and contrasted Bush's call for health IT adoption with John F. Kennedy's mission to put a man on the moon.

"In 1962 President Kennedy said: 'We choose to go to the moon in this decade.' This statement had a very simple goal and a clear endpoint, though the scope of the project was massive," he said. "Healthcare IT adoption has a very ethereal goal, no discrete endpoint and an equally massive scope. Unlike the moon project, this process is extremely difficult to track and, since even the true goals are ethereal, proxies for these goals are almost nonexistent."

The second GAO report released last week was produced by its own initiative, and found that data leaks are prevalent among the many contractors dealing with the Medicare and Medicaid programs that are part of the CMS within HHS. The report found that more than 40% of federal contractors to the Medicare and Tricare programs and state Medicaid agencies responding to a GAO survey reported they had experienced privacy breaches involving personal healthcare information of beneficiaries, according to a study of 378 contractors and agencies.

The risk includes the possibility of the information being lost overseas. More than 90% of Medicare contractors and state Medicaid agencies and 63% of Tricare contractors reported some outsourcing of their work to domestic companies, while only one federal vendor and one state Medicaid agency reported directly contracting with an offshore entity for outsourced work. But 33 Medicaid Advantage contractors, two Medicare fee-for-service contractors and one Medicaid agency responding to the survey reported their domestic vendors transferred some of their work to offshore organizations.

"Moreover, the reported extent of offshore outsourcing by vendors may be understated because many federal contractors and agencies did not know whether their domestic vendors transferred personal health information to their locations or vendors," the report said.

The Tricare Management Activity, the agency that oversees the Tricare program, which covers about 9 million active-duty military-service members, retirees and their dependents, requires its contractors to report privacy breaches on a monthly basis. The CMS requires Medicare fee-for-service contractors to report privacy breaches within 30 days of discovery, but the CMS does not require reports of privacy breaches from Medicare Advantage contractors or state Medicaid agencies, according to the GAO.

Medicare covers 42 million elderly and disabled people, while Medicaid covers 56 million low-income people, according to the latest numbers available from the GAO.

`Just don't know they are there'

Jim Pyles, a privacy lawyer with the Washington firm of Powers Pyles Sutter & Verville, said the GAO findings should be placed in the context of a 2003 GAO report that concluded as much as 80% of actual security incidents go unreported, "because they just don't know they are there."

In the latest report, "It was amazing how much the agencies and the contractors didn't know about what was going on," Pyles said. He said the government needs to go beyond the recommendation by the GAO, that breaches be reported to HHS, and that individuals whose records may have been compromised be notified as well.

Meanwhile, HHS released its own report in response to a critique of HHS' QIOs that was produced by the Institute of Medicine in March of this year (March 13, p. 8). The IOM, which spent a year reviewing the work of QIOs, said at the time it was hard-pressed to find evidence that the work done by QIOs increases quality and performance in healthcare settings.

The CMS' report last week said it will strengthen its oversight of QIOs and will update its rules governing the Medicare beneficiary complaints and appeals process.

In presenting the report to Congress, Leavitt gave kind words to the role QIOs play, but added that the CMS needs to ensure that the program is "focused, structured and managed so as to maximize its ability for creating value."