

Health information technology

Aetna on the Issues

July 2009

The Issue

Quality problems within the U.S. health care system are pervasive, with only half of Americans actually receiving care that meets clinical quality standards. Today, thousands of U.S. patients die annually as a result of unnecessary medical errors, and providers often report not having the patient information they need to make proper treatment decisions. Aetna believes that to improve health care quality, we must accelerate smart investments in health information technology (HIT) to ensure providers and their patients receive better and more timely access to key health care data.

The Aetna Perspective

Beyond the current efforts to finance and foster the expanded use of electronic health record platforms, Aetna believes it is important to focus our health information technology (HIT) investment on:

- 1) Developing, implementing and using advanced clinical decision support tools (e.g., ActiveHealth's CareEngine®) within the private sector to generate better results for patients and overall savings;
- 2) Developing health information exchanges with initial public seed capital, and later, user-fee revenues to ensure connected providers can access the data they need; and
- 3) Using federal stimulus and other public resources on HIT adoption to encourage providers to acquire and use electronic health records that are fully integrated into a broader health information exchange.

Fast Facts

- 44,000-98,000 Americans die annually due to medical errors — medical errors lead to roughly two billion dollars in annual hospitalization costs.ⁱ
- Broad adoption of HIT has been projected to save as much as \$80 billion annually.ⁱⁱ
- The time lag between treatment discoveries and their incorporation into medical practice is about 17 years.ⁱⁱⁱ
- 80% of physicians with comprehensive electronic records systems reported averting a known drug allergic reaction for their patients.^{iv}
- Of physicians without electronic records systems, 66% cited capital costs as the most common barrier to adoption.^v
- Of physicians without electronic health records systems, 57% cited payment for use of electronic health records as an incentive for adoption.^{vi}

Maximizing our investment in HIT

To date, only 13% of doctors and 7.6% of hospitals have adopted extensive electronic records systems, and the adoption rate is even lower for comprehensive systems that typically include clinical decision support (i.e., four percent for doctors and 1.5% for hospitals).^{vii} Beyond this failure to electronically manage health care information within a clinical setting,

clinicians report missing comprehensive information about their patients at the point of care, which can adversely affect both health care outcomes and physician productivity.

To make the most of our HIT investment, it is important to focus on enhancing *data exchange* through a secure, interoperable health information network and improving patient care through the use of *clinical decision support tools*.

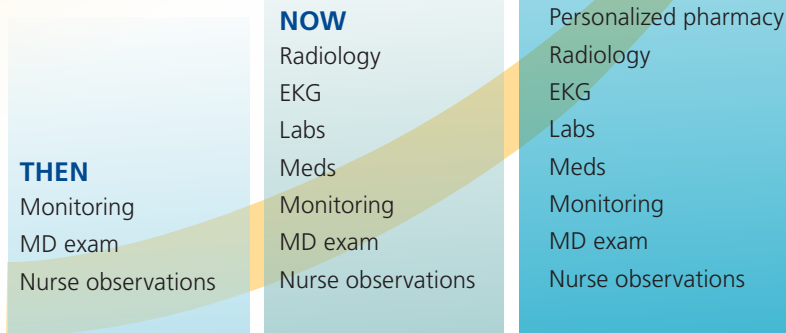
For further detail, please see reverse.

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Secure, multi-source data exchange is important for providers and their electronic health record (EHR) systems because it gives them a more complete view of patient needs. To achieve this connectivity and link all health care providers, we need sustained regional investment in a health information exchange (HIE) network infrastructure. Today, however, only 41% of HIEs receive enough revenue to cover their operating costs.^{viii}

Advanced clinical decision support applications enable rapid analysis of a patient's full data profile and comparison of that data to appropriate standards of care. When gaps are identified between patient records and the current evidence-based medical information, both provider and patient receive automatic "clinical alerts," currently delivered in real time. Last year ActiveHealth Management,^{ix} a health care data analytics company, delivered over seven million clinical alerts to physicians and patients through its CareEngine application. A randomized controlled study published in 2005 found that patients monitored by CareEngine experienced 19% fewer hospital admissions, and a 2008 follow-up study further showed that CareEngine reduced provider charges by six percent.^x Connecting HIE networks to clinical decision support tools provides actionable information to physicians and patients, creating greater value for the entire health care system.

Clinical Information Growth^{xi}



For more information, please visit www.aetna.com/about/america

ⁱInstitute of Medicine, "To Err is Human," 2000.

ⁱⁱGirosi, Federico, et al., "Extrapolating Evidence of Health Information Technology Savings and Costs," RAND Corporation 2005.

ⁱⁱⁱInstitute of Medicine, "The Chasm in Quality: Select Indicators from Recent Reports," accessed at <http://www.iom.edu/CMS/8089/14980.aspx>.

^{iv}DesRoches, Catherine M., et al., "Electronic Records in Ambulatory Care — A National Survey of Physicians," *The New England Journal of Medicine*, vol. 359:1 (p. 54) July 3, 2008.

^vDesRoches, Catherine M., et al. (pp. 54-56) July 3, 2008.

^{vi}DesRoches, Catherine M., et al. (p.56) July 3, 2008.

^{vii}DesRoches, Catherine M., et al., (p.54) July 3, 2008; Jha, Ashish K., et al., "Use of Electronic Health Records in U.S. Hospitals," *The New England Journal of Medicine*, vol. 360 (p. 1628) April 16, 2009.

^{viii}Adler- Milstein, Julia, et al., "U.S. Regional Health Information Organizations: Progress And Challenges," *Health Affairs*, vol. 28:2 (pp.483-492) 2009.

^{ix}ActiveHealth Management is a subsidiary of Aetna Inc.

^xJavitt, Jonathan C., et al., "Using a Claims Data-Based Sentinel System to Improve Compliance With Clinical Guidelines: Results of a Randomized Prospective Study," *The American Journal of Managed Care*, vol. 11:2 (pp. 93, 97) 2005; Javitt, Jonathan C., et al., "Information Technology and Medical Missteps: Evidence from a Randomized Trial," *Journal of Health Economics*, vol. 27 (pp. 585, 601) 2008.

^{xi}Neupert, Peter, "Growth in Clinical Information and the Role for IT in its Management," IOM Meeting October 2007.

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