

Greater Newark Healthcare Coalition Meeting
Commissioner's Talking Points
June 18, 2010

Acknowledgements

It is a pleasure to be here. Dr. Walsh has told me about the great work you accomplish at these meetings. I am anxious to hear more about the work you are doing especially your efforts around ER diversion, the Chronic Care Model and HIT.

You are truly leaders in our state. Newark is the first urban center to respond to hospital closures by bringing together leadership of the healthcare community to address access to care. Hospitals, FQHCs, health departments, the Visiting Nurse Association, private practitioners, community advocates, private business people, legal and academic authorities, talking not as competitors for scant resources but as partners in a high quality health care delivery system. Your dedication is evident. Despite the tremendous workloads you have in your every day roles, you made a commitment to a three year process to meet monthly, reach consensus and establish stability in the city's healthcare network. And you never allowed the ongoing fiscal crisis to derail your efforts.

This group has always been inclusive and willing to hear from advocates, elected officials and the community. Throughout your process you've always been collaborative and creative in your solutions to facilitate comprehensive, high-quality, cost efficient medical services throughout the continuum of care.

This group also had the foresight to understand how health information exchanges will be instrumental in proving better care to patients. Your leadership on this issue was rewarded with \$3.5 million grant to further the Health-e-Citi health information exchange.

HIT

As Commissioner, one of my top priorities is to champion the adoption of health information technology in our state that will result in the improvement of clinical outcomes. I believe the proper use of this will help us to realize true health reform by increasing transparency, facilitating care coordination and reducing redundancy and waste.

There has been enormous advancements in medicine in the past two decades, however the nation and New Jersey are lagging in the adoption of HIT. None of the other technologies and advancements can be used efficiently and effectively unless we treat not simply the disease, but the person as a whole. No matter how fast we apply new medical technologies and innovation, nothing will truly change until health care professionals have real time electronic data available at their fingertips.

The true components of healthcare reform require health information technology. Health reform's three primary goals—improving quality, reducing costs and increasing access and coverage—require enhanced methods of storing, analyzing and sharing health information.

For example, if we care about chronic-care disease management as a major goal we need to direct patients to the right tests and treatments at the right times in the course of their disease, and we need to look at that disease and all its symptoms holistically...i.e. the continuum of care. And to pinpoint where on that continuum you direct a patient, you need accurate data over time.

So often, we treat people virtually in the dark, with inadequate or spotty patient histories. Robust data available at a moment's notice—and organized electronically—can only enhance the work we do.

Many of you may know that at the VA, they developed one of the first Electronic Health Systems in the nation. They invested \$4 billion in its development—yielding about \$7 billion in savings. That's because the VA's facility-to-facility EHR, VistA, allowed them to treat the whole patient, not just the disease. And it required commitment from the physicians, nurses, administrators and support staff for true system change. The status quo was not acceptable. I have been fortunate enough to benefit from VistA for years...obtaining patient data at the point of care whether or not I had seen that patient before. Truly, success is measured in improved health outcomes across the population and, individually for my patients

However, the current reality is that the U. S. lags far behind other countries in terms of digitizing medical records—and therefore using those records to treat patients holistically.

In New Jersey, we have opportunities for advancement in this area. National studies suggest that fewer than 30 percent of private-practice physicians have Electronic Health Records and New Jersey's rate is probably not much higher than 20%.

With the \$11.4 million ARRA grant for Health Information Exchange, we are supporting four regional HIEs, one of which is Health-E-Citi and we are planning to overlay them and integrate them with a statewide 'backbone.' That backbone that most likely will be a public-private partnership, will allow providers to query all New Jersey HIEs in real-time and show results of patient data wherever they 'reside.'

The Department of Health—through the HIT Commission, policy planning, and a recent Recovery Act grant—has been spearheading an effort to get the building blocks in place for a robust Health Information Exchange. We have been supporting EHR implementation and planning the policies, the privacy and security, the necessary data elements, and the common technological languages in order to implement a Statewide Health Information Exchange.

There is a lot more to do on health IT—and I'll be working with the HIT Commission, other departments, and HCFFA, which is managing the HIE grant and has hired an HIT implementation project manager. As HIE becomes operational we need to ensure that data

is secure and available only to authorized providers, which may require legislation. We need to establish a statewide backbone to tie together all HIEs and help assure a source of sustainable funding.

Electronic health records—and its elevated twin, the promise of health-information exchange—allows us to treat the patient so much more comprehensively, and help us achieve that “continuum of care” that we all talk about.

During my time as Health Commissioner, I want to help practices not only adopt, but adopt in ways that improve the workflow, the diagnosis, and the treatment. Through the Health IT Commission, through guidance from our Department, I aim to help physicians and practice managers overcome those traditional barriers they believe exist with health IT. Your expertise and collaborative work will be sought as an example of strategic planning and implementation.

Physician Leadership

Another one of my priorities is to establish an environment that creates opportunities for all health care professionals. A strategic area of focus for my Department will be working with key stakeholders to improve the practice of medicine in New Jersey.

As we are all aware, our state is facing significant shortages of health care professionals. The new federal health care reform law—with its requirement for individuals to have health care coverage by 2014—will increase the demand for health care services.

A critical concern is the shortage of physicians—both in primary care and specialty areas. Each year 850 physicians complete their graduate medical education in New Jersey and 60 % of them leave the state. Among the top reasons that residents and fellows entering clinical practice outside New Jersey often cite for leaving is that there are better job opportunities in other states, they want to be closer to their families and there is a sense that better salaries and compensation exist outside the state.

We know physician shortage and maldistribution away from urban centers can impact quality of care delivered. According to a 2008 study by Richard Cooper, professor of medicine at the Wharton School, states with more physicians per capita, both specialist and family physicians, have better quality healthcare.

We must truly understand the challenges physicians face in the field of medicine, so that we can cultivate, attract and retain the best so we have the best possible care in our state.

In order to explore these issues, this summer I will bring together key stakeholders and community partners to create near-term solutions that are actionable and measurable—while also coming up with long-term deliverables so we can better align and improve the environment of practice. Solutions will require health leadership engagement, to address system improvements, identify funding sources and to establish recruitment and retention programs. I will also build on your model of expanding the definition of stakeholders so that business, legal and academic leaders can be an early part of the solution.

Closing

By focusing on these two issues, I feel we can greatly improve our healthcare delivery system. We can move to a more comprehensive care model that is more efficient and improves access and quality of care. As I move forward with these initiatives, I want to continue our dialogue.

You are doing incredible work here to improve the system so it best meets patients' needs. I know that coordinating and planning of services in the largest city in our state can be a challenge, but the success you've achieved will serve as model to other communities across the state. Thank you again for your leadership on ensuring that the residents of the greater Newark community have access to comprehensive, quality care.