Healthcare IT for Japan

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Three phases

- How healthcare IT can support the immediate aftermath of natural disasters

- How healthcare IT can support the intermediate stage when temporary housing and temporary clinics are being deployed

- How healthcare IT can support Japan's long term quality, safety, and efficiency goals as permanent healthcare facilities are rebuilt.

Priorities

- Widespread adoption of electronic health records in hospitals and provider offices

- A national healthcare identifier to enable linking of records among multiple facilities and the creation of a national emergency care database

- A privacy framework which provides the policy guidance supporting the sharing electronic health records among all 47 prefectures as needed for care coordination, quality measurement, and clinical research.

Priorities

- A security framework that permits and encourages the use of the public internet for transmission and sharing of electronic records.

- Data Standards that break down barriers to data exchange.   Such standards could include international standards such as CDA, CCD, CCR, and Japanese standards which have been successfully implemented such as MML

- Implementation programs at the Prefecture level that will assist hospitals and providers plan, install and use electronic health records successfully.

Benefits

- Make the Japanese healthcare system more efficient/generate savings

- Improve quality and effectiveness of care

- Reduce the number of hospitalizations, the length of hospitalizations, and variability in hospital care

- Reduce the number of ambulatory physician visits

- Reduce the number of high cost imaging studies

- Reduce the high number of prescriptions per patient

The US Program

- Improving quality, safety, efficiency, and reducing health disparities

- Engaging patients and families in their health care

- Improving care coordination

- Improving population and public health

- Ensuring adequate privacy and security protections for personal health information

The Katrina Health Experience

- In August of 2005, Hurricane Katrina made landfall on the Louisiana coast. Levees were breached and widespread flooding created the worst national disaster in US history.

- To support the healthcare needs of victims and evacuees, a public/private partnership provided physicians and pharmacists treating Hurricane Katrina evacuees with access to patients' prescription drug and dosage information, so that medications could be renewed and potential medication errors avoided.

- The project was started in September of 2005 and went live in October 2005 - one month from idea to production.

- KatrinaHealth.org allowed authorized health professionals (actively licensed US physicians and pharmacists) to access an evacuee's medication history from the following sources: Louisiana and Mississippi Medicaid, Commercial pharmacies, Pharmacy Benefit Managers

US/Japan Similarities

- The US has multiple health insurers similar to Japanese system

- The US has fee-for-service payment system similar to Japan

- The US has thousands of independent hospitals and physicians in small groups similar to Japan

- The US has concerns about privacy, early use of IT in some hospital centers of excellence but high variability, and poor adoption of EHRs among ambulatory practices.

- The US has experience with Katrina which led to devastating floods, loss of life and challenges for healthcare delivery systems

- The US has a long history of making changes to health insurance and health services system

- The US has well funded health services research to study the health care financing and delivery system at many universities and institutes.

Strategies

- Set policy goals

- Certify technology that is good enough

- Offer incentives for achieving policy goals through adoption of technology

- Develop uniform privacy and security guidance - pilot in the Tohoku region

- Create an expectation that healthcare information exchange will occur at each transition of care

Tactics

- Create a multi-stakeholder policy committee to develop priorities and advise regulatory change.

- Create a multi-stakeholder technology committee to make standards and security recommendations.

- Establish regional EHR implementation organizations.

- Establish regional health information exchange organizations.

- Protect privacy

Enablers

- Do not "rip and replace" existing successful systems and focus on achieving broad functionality for as many caregivers in a local area as possible

- Encourage Personal Health Records for patients who want to use them

- Create a national emergency care database from existing data sources and add new data sources in a federated fashion as they become available

Questions?

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