

Connecting to Better Health Care

The U.S. Department of Health and Human Services (HHS) is working to transform health care to a patient-focused marketplace. Consumers expect a marketplace that takes full advantage of information technology to make health care safer, more efficient, and to provide them far more access to information on the quality and cost of health care. Transparency empowers consumers to make better health care choices.

HHS is working to ensure that this transformation continues and becomes a reality for all Americans. These efforts involve business and community leaders, patients, and providers as the stakeholders making an impact in the transformation of our health care. Secretary Leavitt and other senior HHS officials are meeting directly with community leaders across America, bringing them together and encouraging others to implement this vision for *Connecting to Better Health Care*, which is built on the four cornerstones of value-driven health care:

1. **Adopt Interoperable Health Information Technology.** Accelerating the adoption and utilization of health information technology (IT) by the medical community will produce better care and fewer medical errors. These systems must be interoperable – that is, based on common standards that ensure that IT systems can effectively “talk” to one another – to ensure doctors and patients reap the full benefits of health IT.
2. **Measure and Publish Quality Information.** To make better-informed decisions about their health care providers and treatment options, consumers need information on the quality of care.
3. **Measure and Publish Price Information.** Consumers also need price data in order to make responsible decisions on purchasing health care.
4. **Promote Quality and Efficiency of Care.** Health care stakeholders – including providers, patients, insurance plans and payers – can participate in arrangements that reward those who provide, pay for, and consume high-quality, competitively-priced health care.

In 2008, HHS will pursue a number of initiatives *Connecting to Better Health Care*, including:

Promote adoption of interoperable health IT, especially electronic health records. HHS’ Centers for Medicare & Medicaid Services is recruiting small and medium-sized physician practices to apply for the new electronic health records demonstration project. As many as 1,200 providers could receive Medicare incentive payments in exchange for adopting and using certified electronic health records to improve the quality of care and reduce errors. This will benefit an estimated 3.6 million Americans.

Empower local communities to drive health care transformation. HHS expects to recognize many community-based organizations as the first Chartered Value Exchanges throughout the year. These community collaboratives have taken clear actions to convene community purchasers, health plans, providers, and consumers to advance the four cornerstones of value-driven health care. Some have been in existence for years, while others are newly formed. The groups will receive access to Medicare provider performance information for their communities, which can be combined with similarly calculated private-sector results to produce and publish all-payer performance results. The value exchanges will also become part of a nationwide Learning Network through which they can share experiences, best practices, and identify areas where innovation is needed.

Provide greater support for health IT and telemedicine in rural areas. In conjunction with the Federal Communications Commission, HHS is announcing grants to foster greater use of technology to provide care to rural communities through telemedicine.

To learn more about *Connecting to Better Health Care*, please visit www.hhs.gov/secretary/connecthealthcare. For more information on value-driven health care or health IT, please visit www.hhs.gov/valuedriven or www.hhs.gov/healthit.