The year 2004 ushered in a taste of what is being called the "dot-gov" boom in health IT. Both Republicans and Democrats are eager to show their support. As Bush-appointed health IT czar David Brailer noted, "There's a magic aura around this topic, because it's really hard to figure out what to fight about."

Another reason for the lack of struggle so far is that much of health IT remains in the discussion and planning stages. Stakeholders are working to agree on goals now, but they are sure to disagree when it's time for specific action.

From the outside at least, the cooperation on goal-setting seems genuine. Competing stakeholders are actually trying to collaborate. And even if this determination is fueled by mandates from Medicare and ONCHIT (the Office of the National Health IT Coordinator), it still seems sincere.

So, while the details are hazy and will surely be contentious, the vision is clear, and it is grand:

Doctors and nurses get the information they need about a patient when they need it. If a patient ends up in the emergency room with a mysterious malady, medical staff can see instantly that, say, the patient recently filled a prescription for a new drug that can cause liver failure.

When patients change doctors, they don't have to waste time or risk faulty memories in bringing the next doctor up to speed. Previous care information is reliably updated and logically organized in the patient's EHR (electronic health record).

Instead of new knowledge taking several years to filter into routine care, computerized advice is updated instantly based on new evidence and guidelines. Preventive care rockets, leading to a healthier nation.

Medical errors are slashed: Sloppy handwriting, forgetfulness and clerical errors cease to be hazardous. Computerized alerts and patient identification systems prevent patients from receiving the wrong treatments.

This vision will never be completely realized. Health IT may be a magical political topic, but it's not a magical remedy, even for those with health insurance. Implemented badly, IT will decrease health care quality.
Useful health IT must put people first, and adjusting workflow to suit technology will have unintended consequences. Read more here about the unintended consequences of e-prescribing.

That caveat aside, health IT has gained true momentum and is expected to reap real, widespread benefits within the next few years.

Next Page: Three of the year's most momentous health IT events.

Three important health IT events of 2004:

1. **David Brailer's appointment as national health IT coordinator** may be the most useful thing that President Bush (news - web sites) has done on this front. The MD and PhD is incredibly knowledgeable, universally admired and politically astute.

   His goals for interoperability, grants and public-private collaboration are both reasonable and ambitious.

2. **The newly created Certification Commission for Healthcare Information Technology** won't certify its first product for a while, but its work will be essential for stakeholders with competing needs to trust each other.

   Click here to read about doctors seeking guidance on electronic medical records.

   Once the commission has figured out how to award its stamp of approval, gridlock around EHR may start to flow. Physicians will be less worried that massive technology investments will be rendered obsolete. Payers can be convinced that physicians are using health IT effectively and then can be more forthcoming with payments.

   Vendors can spend less time flying sales and support staff to doctors’ offices and spend more resources improving products. This rosy picture won't happen automatically or completely, of course, but we should be headed in that direction.

3. **An analysis from the nonprofit Markle Foundation** clearly laid forth the lack of a credible business case for health IT—as well as an analysis of the policies and practices that stall it.

   Read more here about the foundation's analysis.

   The report sums up several months’ collaborative work by heavy hitters in the industry including Brailer, who chaired the committee until his appointment as national health IT czar. The report describes what must happen to make EHRs a net financial gain for physicians.

Next Page: The year's important trends.

Four important trends for 2004:
1. **It takes a system.** A patient's health is not in the hands of an individual but in the hands of a team of specialists spread across hospitals, outpatient facilities and specialty facilities. Unfortunately, members of the team are only dimly aware that its other members even exist, even if they work in the building.


Though we're not there yet, IT promises to move patients' care into an organized system specifically set up to [prevent errors](http://news.yahoo.com/news?tmpl=story&cid=1738&u=/zd/20041128/tc_zd/139810&printer=1), increase [preventive care](http://news.yahoo.com/news?tmpl=story&cid=1738&u=/zd/20041128/tc_zd/139810&printer=1) such as vaccinations and gauge its own performance.

2. **Interoperability.** Physicians, the government and other stakeholders are insisting that devices work together. A congressional advisory committee on interoperability was founded, as was a new interoperability steering committee within HIMSS (Health Information Management Systems Society).

   To read more about the committee's goals for interoperability, [click here](http://news.yahoo.com/news?tmpl=story&cid=1738&u=/zd/20041128/tc_zd/139810&printer=1).

3. **Consorting.** To make sure interoperability happens, and to represent their stakeholder interests, several consortia were founded this year. E-prescribing supporters, EHR vendors and others came together within their fields with the idea of bringing down barriers to selling their technology. What's more, members of different groups are now [talking to each other more frequently](http://news.yahoo.com/news?tmpl=story&cid=1738&u=/zd/20041128/tc_zd/139810&printer=1).

4. **Opening wallets.** Both the government and, more reluctantly, the payers are increasingly willing—in principle at least—to pay for health IT, including interacting with clinicians over the Internet and e-prescribing.

   **Next Page:** Some of 2004's most promising products.

### Three useful products of 2004:

1. A patient spends more time with nurses than with doctors, but so far, nurses' needs have been neglected. A few products aimed specifically at this market were launched this year.

2. The most useful devices will not provide static information in emergency rooms, but will update information about patients with chronic conditions or older people who are at risk of falling or wandering.

   [Click here to read about the focus on elder health](http://news.yahoo.com/news?tmpl=story&cid=1738&u=/zd/20041128/tc_zd/139810&printer=1).

3. The use of RFID technology to track drugs should greatly decrease counterfeiting.

### Two products likely to be useless or worse:

1. RFID tracking on products and equipment is one thing. But such devices inserted in people, even if emergency rooms have the relevant technology, are likely to provide outdated, unreliable information. To get useful, static information to doctors, Medicalert bracelets or smartcards are a better bet.
2. Engineers often don't like to deal with mundane tasks such as making interfaces pretty, but neglecting such details can be deadly. In September, the recall of a software card for a Medtronic drug pump did not clearly label fields when doctors entered dosing schedules. When clinicians mistakenly entered dosing intervals in the minutes instead of hours field, some patents got drug overdoses, two of which were fatal.

Brailer is determined that health IT not become a reality only for the "haves." He wants rural and poor doctors to have EHRs, too. That laudable goal ignores a harsher reality. Health care itself is already a service for the "haves."

This points to something more devious than any specific product: the notion of health IT itself. With all of its potential, its proponents sometimes forget that it is not an end in itself, but a means toward better health care.

Clinicians and policy makers must not let enthusiasm for health IT distract from the more mundane, and complex, problem of health care access.

Check out eWEEK.com's Health Care Center for the latest news, views and analysis of technology's impact on health care.
Nurses are the largest group of health care providers in the United States, with 2.7 million professionals. But so far, their IT needs have been neglected by health care organizations and IT vendors alike, according to a new study by marketing research firm Spyglass Consulting Group.

The study consisted of one hundred in-depth interviews with nurses that are early IT adopters, with or without the support of their employer. These early adopters are largely dissatisfied with the technologies currently available and feel that their IT needs are often overlooked due to other IT priorities in their organizations.

Ninety percent of these nurses said they think tablet PCs are a poor option for bedside nursing because of poor durability, heavy weight, large size, short battery life and high cost.

PDAs, on the other hand, are a much more popular mobile device among these nurses. Ninety percent reported using a mobile device on a daily basis for everything from drug reference databases to reference manuals to medical calculators.

But nurses are largely unsupported by their institutions in their use of PDAs. Eighty percent reported having to purchase their own PDA, and two-thirds are skeptical that their organization has plans to buy PDAs for nurses.

"Nurses are buying the solutions because their organizations refuse to do it for them," said Gregg Malkary, founder of SpyGlass Consulting. "Among nurses, only 5 to 8 percent are using mobile devices, while the rate is much higher among doctors at around 50 percent."

Health care organizations are focusing their IT purchasing efforts related to nursing on mobile computer carts at the bedside. More than half of these nurses reported that these were being implemented at their organizations.
Still, most of the nurses thought that health care IT vendors are delivering poor-quality products that reflect a lack of understanding of what nurses do on a daily basis.

Click here to read about physicians' resistance to using electronic order-entry systems.

Even these "early adopter" nurses, who have declared an interest in employing IT in the workplace, are being held back by organizational inefficiencies. More than a third are still keeping strictly paper-based patient documentation, while the remaining almost two-thirds with online systems feel that what they use is too difficult, inefficient and not well-integrated with other departmental systems.

Most nurses spend anywhere from one-fifth to one-half of their time documenting patient care provided, but so far health care organizations aren't targeting trimming that time through the adequate integration of IT as a top priority.

Most of the nurses surveyed thought that voice recognition could be useful for patient documentation in the future, but there were concerns over accuracy levels, training and maintaining patient privacy. But when it comes to handwriting-recognition technologies, most of the nurses thought that it wouldn't be very useful because of the trend toward structured data.

Check out eWEEK.com's Health Care Center at http://healthcare.eweek.com for the latest news, views and analysis of technology's impact on health care.

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