

**American Academy of Pediatrics (AAP) Annual Meeting  
Commissioner Talking points**

**Acknowledgments**

First, I want to thank American Academy of Pediatrics for inviting me...I am honored to be here... Your leadership and collaborative work with my department has made all the difference for the health of our children.

I would especially like to thank the academy and those pediatricians who have provided the scientific and community expertise that has helped with vaccine issues, decreasing critical lead levels and expanding newborn screening markers. Each of these initiatives has improved the health outcomes for our state and our youngest residents.

**Introduction**

I am pleased to start a dialogue with you that I hope will last my entire tenure as Commissioner. The professional societies and associations are so vital to giving voice to physicians in New Jersey And as a physician myself, having practiced on the frontlines of medicine like all your members, I know how important that voice is. So I am glad you are all here together to share not only your voice, but share best practices to improve health care for our children in our state.

**2010 Key Initiatives: HIT & Physician Leadership**

I know from experience that there are many challenges in health care today. As Commissioner, I am committed to helping us overcome these challenges. Two key areas that I am focusing in my first year as Commissioner are helping healthcare providers better utilize Health Information Technology and putting together a Physician Leadership Task force to address physician shortages in the state.

The forces of change are growing in the health care industry and I believe we have a historic opportunity to transform our health care delivery system from a model focused on acute care needs to a more comprehensive, preventive and chronic care approach—using health information technology and care coordination.

**HIT**

Although enormous advancements in medicine have been made in the past two decades, the nation and the state of 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.

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 improving clinical outcomes, increasing transparency, facilitating care coordination and reducing redundancy and waste.

The true components of health-care reform require health information technology. If we care about chronic-care disease management as a major goal, for instance, 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.

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 us to treat the whole patient, not just the disease.

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. It helped tremendously

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%.

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 robust Health Information Exchange...both by supporting EHR implementation and by 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.

With an \$11.4 million ARRA grant for Health Information Exchange, we are supporting four regional HIEs and we are planning to overlay them and integrate them with a statewide ‘backbone.’ That backbone, most likely to 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.’

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. Among our initiatives collectively: As all this HIE gets up-and-running 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 dedicate a revenue source for that.

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

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.

### **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 the Legislature and other 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. We must truly understand the challenges physicians face in the field of medicine, so that we can cultivate, attract and retain the best.

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.

In order to explore these issues, I want to 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.

### **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 on the frontlines delivering care to our most precious segment of the community---our children. I know we can collaborate on innovative ways to improve health care and state.