

# Outlining Healthcare's Future One Day at a Time: HHS Secretary Announces His Priorities with a 500-day Plan

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by Dan Rode, FHFMA

Department of Health and Human Services (HHS) Secretary Mike Leavitt is known to approach his long-term goals with 500-day action plans. Leavitt used this approach at the Environmental Protection Agency to create short-term strategies to meet larger visions.

It was little surprise, then, when shortly after his appointment to HHS Leavitt announced a 500-day plan to improve the population's health. The plan, released in May of this year, covers the HHS's agenda for the US and world populations, and it includes a number of important HIM issues.

The plan organizes Leavitt's priorities within six broad topics:

- Transform the healthcare system
- Modernize Medicare and Medicaid
- Advance medical research
- Secure the homeland
- Protect life, family, and human dignity
- Improve the human condition around the world

For each topic, the plan describes actions that HHS can take within 500 days to achieve Leavitt's vision of healthcare in 5,000 days. (For more information on how the planning tool works, see the sidebar [below](#).) The plan is available online at [www.hhs.gov/500DayPlan/500dayplan.html](http://www.hhs.gov/500DayPlan/500dayplan.html).

## HIM: Key to Leavitt's Strategies

Leavitt begins his plan for transforming the healthcare system by envisioning a nation in which nearly all health records are linked through an interoperable system that protects privacy and connects patients, providers, and payers. The system will result in fewer medical mistakes, less hassle, lower costs, and better health. It's a tall order, but by acknowledging the value of HIM and technology in his first strategy Leavitt shows the importance that he and his administration give to many of the issues and activities with which AHIMA is deeply involved. Through technology, the secretary sees consumers becoming better informed regarding their healthcare.

Leavitt also outlines a number of health IT strategies, including the clear expression of IT's benefits to patients, providers, and payers. To do this, Leavitt will convene a "national collaboration to further develop, set, and certify health information technology standards and outcomes for interoperability, privacy, and data exchange"—all topics of key importance to HIM.

In the short-term, the Leavitt strategy will look at benefits that can be realized in the areas of adverse drug-incidence reporting, e-prescribing (coinciding with the Medicare Prescription Drug, Modernization and Improvement Act of 2003 for e-prescribing), lab and claims-sharing data, clinic registrations, and insurance forms. These areas could potentially predate any major exchange between standard electronic health records (EHRs). They also mirror some of the early low-hanging fruit envisioned by some local health network exchanges and pilot projects under way in both the private and public healthcare sectors.

## Medicare and Medicaid

A key strategy in Leavitt's plan to modernize Medicare and Medicaid is "positioning HHS at the forefront of the health information technology interoperability movement." Leavitt wants HHS to concentrate on "creating workable methods of

rewarding health providers for positive outcomes.” This strategy aligns with current pay-for-performance projects already under way by the Centers for Medicare and Medicaid Services, including the Doctors Office Quality-Information Technology project, with both a Department of Veterans Health Administration and a private model, to bring EHRs to small physician practices and collect quality data indicators electronically.

Many of the plans currently under consideration by policy makers call for some type of Medicare or other third-party payment for providers’ use of EHRs and the transmission of data to record outcomes and quality from such an EHR system. While pilot projects can determine the progress of this effort, the barrier to this approach remains providing caregivers with the needed capital to implement an EHR and assuring them that they will return on their investment.

## **Research and Networks**

In 5,000 days Leavitt envisions a healthcare system in which “research results more quickly benefit people, and healthcare needs more quickly become research leads.” Among the secretary’s strategies is the creation of “an integrated electronic network of privacy-protected population data, genetic information, and medical records to accelerate discoveries that will define an individual’s risk of disease, response to treatment, and likelihood of a side effect.”

This networking strategy is similar to a description of the infrastructure fashioned in the 2001 report “Information for Health: A Strategy for Building the National Health Information Infrastructure” from the National Committee on Vital and Health Statistics. It also resembles the networks that the national coordinator for health IT, David Brailer, MD, PhD, envisions in regional and national health information networks.

This vision and the strategies behind them provide the industry with public support as regional networks take shape and the use of healthcare data becomes recognized beyond the current reimbursement model. Leavitt is also a great proponent of ensuring personal privacy. His acknowledgment of the need to protect health and genetic information in concert with medical record privacy will add serious weight to the legislation and regulation efforts to ensure such goals and allow for all the benefits of a health information network.

## **ICD-10**

One strategy related to Leavitt’s goal to ensure homeland security and improve the human condition worldwide is the ability to recognize increases in infections, diseases, and other health problems. AHIMA and the Centers for Disease Control and Prevention have pointed out the role classification systems like ICD-10 play in such reporting and monitoring. We expect to see work on this strategy highlight the need to upgrade the ICD-9-CM classification system in the US to ICD-10-CM. In addition, reporting allows senders and receivers to monitor and respond to both public health and bioterrorism outbreaks. AHIMA and others will urge the secretary to look closely at our suggestions and how they fit into these strategies and goals.

## **HIM Work Force**

While Leavitt’s plan does not specifically address the HIM work force, AHIMA highlighted this need in a meeting to review the plan with Leavitt and others. Sandra Fuller, MA, RHIA, AHIMA executive vice president and chief operating officer, pointed out that without an educated and trained work force, the health IT world Leavitt envisions in the next decade will be delayed for lack of management. Fuller conveyed that the association will be actively engaged in a number of the secretary’s strategies and will work with him to support the quality and safety of healthcare through IT.

## **Next Steps**

Within a week of the release of Leavitt’s 500-day plan, another report, “Health Information Technology Leadership Panel: Final Report,” was published by the Lewin Group and cosponsored with the Business Roundtable. In June the Office of the National Coordinator for Health Information Technology released a report summarizing the responses to its earlier request for information on interoperable health information exchange. The report noted significant support for a public-private, decentralized, secure, and patient-centric system.

Clearly, the transformation to a new healthcare information environment is moving rapidly. At the same time, the goals in Leavitt’s 500-day plan acknowledge the impact health information and technology will have, as well as the costs and barriers in

terms of capital, work, innovation, and implementation. HIM professionals have a significant role to play in this quest for “longer, healthier, and better lives” in the future, as they have done for more than 77 years previously.

Projects related to information networks and networking, classifications and vocabularies, confidentiality and security, and, of course, the electronic health record all call for HIM expertise. We are at the cutting edge of technology and at the frontier of a new healthcare world that will require current and future professionals to lead the way and build an infrastructure the public can depend on.

### What’s a 500-day Plan?

Leavitt’s plan is not intended as an exhaustive and final action plan with a deadline set in 2018. HHS explains it this way:

“The plan is a personal expression of many of Secretary Leavitt’s priorities and provides direction to the daily leadership and management of the department.

“The strategies in the plan focus on actions during a rolling 500-day period that will achieve significant progress for the American people over the long term. The plan is both flexible and dynamic, and it will be updated every 200 days.”

HHS also notes that the plan does not replace the department’s strategic plan, nor does it include all of the secretary’s priorities. Instead, it presents “actions the department can complete within 500 days that will yield results within 5,000 days.”

Source: Department of Health and Human Services. “500-Day Plan Information.” Available online at [www.hhs.gov/500DayPlan](http://www.hhs.gov/500DayPlan).

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