

Healthcare Town Hall

## **Jim Schibanoff, Ron Sims, and Mike Kreidler give their final thoughts at Healthcare Town Hall**

---

February 25th, 2009

[Goto comments](#) [Leave a comment](#)

Jim Schibanoff, Editor-in-Chief of Milliman Care Guidelines; Ron Sims, King County Executive; and Mike Kreidler, Washington State Insurance Commissioner, give their final thoughts at Healthcare Town Hall.

Transcript:

**Q:** We just have a few minutes left. I'd like to use them to ask you to think for a moment: Is there anything here that you think is important to say about electronic health records that didn't get said or any final thought you'd like to leave our audience with here in the hall and on TVW?

**Jim Schibanoff:** Well, I don't think we've touched on the research potential of the electronic health record databases. At huge institutions like Kaiser and the VA, they use EHR as a research tool to look for things like complications of drugs. The best example is, there was this new pain medicine, COX-2, C-O-X 2, that replaced a pain medicine that caused intestinal bleeding. So these COX-2 inhibitors were the great development in pain relief. At Kaiser, they found that, with their very large databases, they found that COX-2 inhibitors caused heart attacks, and most of them were taken off the market. And it was through the power of these very large databases that they became a tremendous research tool, and I think this whole field holds great promise for our research frontier.

**Ron Sims:** Yes, the [Puget Sound Health Alliance](#) use medical databases and records and accounts to put out a public report called "A Community Check Up." And the idea was that it would empower consumers to look at various practices in a five-county area and determine which practices used what we call the best standards for treatment, whether it was diabetes or whether it was heart disease or mental for depression. There was a series of things, and I think that having that data available allows people to make a good decision or influence your decision about where they should go to get care based upon whether or not the care provided by that practice achieved the best results and outcomes for them. It's a very, very powerful tool when used that way.

**Mike Kreidler:** In the end we're going to have to wind up with a system that has universal coverage. You can't operate a system the way it operates today unless you deal with that issue. But if you only deal with universal coverage, it's not sustainable either because

healthcare costs continue to rise at two or three times the rate of inflation, driven by an aging population, new drugs, new technology. All of it is adding to the rise in healthcare costs. If you're not doing the steps that are necessary to be much more efficient in delivering services with the dollars that we have, and if we already spend one-sixth or one-seventh of the U.S. economy on healthcare, which is twice what our competitors are spending, and we're getting results that are sometimes more comparable to third-world countries, we obviously have a lot of room in order to do it much better. You can't do that without electronic medical records. You can't do it without a robust medical records database that allows you to make sure that you're really driving the system so that you're getting the most efficiency. But you've got to change, get universal coverage, but if you're not simultaneously addressing how you can control costs, you can't do that without an electronic medical and a robust medical record database.