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**“E-Health: Roadmap for 21st Century Health Care Consumers”
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For more than 300 years, Paris has been known as the “City of Light” for its warm embrace of the latest and most provocative scientific and intellectual breakthroughs. What better place to discuss the emerging roadmap for 21st Century healthcare consumers: “e-health”

Paris has also seen more than its share of revolution. In fact, we're in the midst of a revolution as I speak — an aging revolution. The number of older people as a proportion of the world's population is increasing rapidly. By the year 2050, there will be 2 billion older persons in the world, as compared to 600 million today.

Every month on this planet, approximately 1 million persons reach 60 years of age. By 2050, older people will outnumber children for the first time in world history. This is the seismic shift in demographics we now know worldwide as “global aging.”

AARP is focusing considerable effort on global aging issues, and we are becoming more involved at the international level because we believe these issues will affect virtually every sector of public life in our countries — our economies, our politics, our transportation and housing and — most notably — our health care.

I believe e-health can bring us to a point where our consumers of health care and medical services have the information they need to participate to a far greater extent in their own care — and to make intelligent, informed decisions about the doctors and hospitals they use, and about which courses of treatment they should follow. Today, we have access to technology that seems limitless in its potential to fulfill these aspirations.

Yes, technology, especially the internet and electronic medical records, will play a primary and essential role in helping to educate people about a range of health care issues, such as: basic information about health conditions; comparisons of quality among competing practitioners and providers; treatment options; and the comparative effectiveness of prescription medications.

But are today's health care systems and patients really prepared for e-health? Our answers may be somewhat different, but we all face such questions as: Do we have an infrastructure to support the information and educational needs of our population? Is the available information adequate to meet our consumers' needs? Can *all* of our consumers fare well with e-health — including those who may be vulnerable due to health status or age — and those who may have poor decision making or literacy skills?

I must say Europe is taking an impressive lead in finding answers to these questions. The European Health Card will be introduced next month, the EU's public health portal should be up next year, and, just two weeks ago, the European Commission announced plans for a “European e-health area.”

In contrast, the United States today lags behind many European nations in the adaptation of technology to health care. In describing our health care system, U.S. Health and Human Services Secretary Tommy Thompson has said, "Grocery stores are more automated than health care." This lack of technology fuels the fragmentation of the U.S. health care system so that coordination and continuity of care are too often compromised.

It is estimated that the U.S. spends as much as \$125 billion each year on unnecessary paperwork. In response, the President of the United States recently announced a goal of having personal electronic records in place for most Americans in 10 years; as well as establishment of an office under Secretary Thompson to coordinate the information technology efforts.

Surveys have found that most Americans believe doctors already keep their medical information on a computer. But only between 5 percent and 39 percent actually do. We can't be more specific than that because the data in this area are so limited. And only 13 percent of U.S. doctors communicate with their patients by e-mail.

In comparison, almost half of general practitioners in the European Union (EU), prior to the recent expansion, used an electronic medical record — with 90-95 percent use in Sweden and Denmark. Use of personal computers in nations such as Denmark, the United Kingdom, the Netherlands, Sweden, and Australia is 90 percent or higher.

Demographic differences can be significant when it comes to one's ability to use information. For example, we know that decision making skills vary by age, education, and literacy levels. In the U.S., about 90 million adults have limited health literacy — which means that an individual has difficulty understanding health information.

Those with inadequate or marginal skills are unable to understand appointment slips, medication doses, and self-management directions. The Institute of Medicine (IOM) points out the need for more research to explore health literacy as a pathway that explains the well-established link between education and better health outcomes.

We must also examine the quality of information that is available on the Internet for consumers' use. A recent study by the RAND Corporation for the California HealthCare Foundation looked at both English and Spanish web sites and search engines. It found that finding answers to health questions is a daunting task that does not always yield complete or reliable results.

Moreover, the information is often presented at levels too high to be understood by many users. One of the study's conclusions was that relying on the Internet could lead to poor decision-making and, potentially, to poor health outcomes.

Another study found that hospital ratings published by a prominent Internet quality rating system may distort the true performance of hospitals. Others have pointed out how important a rigorous methodology is when presenting quality data, as are measure construction, risk adjustment, and reporting formats. If consumers are to rely on such reports, it is imperative that the data be presented fairly and accurately.

So, what can we do to help consumers navigate a more complex health care system? We know that decision making is a major cognitive challenge. In making health care

decisions, one must weight factors like cost, benefits, and quality; make trade-offs between and among competing factors – and then merge all of these components together.

To enhance comprehension, motivation, and the use of information, we must reduce the cognitive burden in making decisions and highlight the meaning of the information to make it easier to use and understand. We should aim to provide people with complete and relevant information – and to help them understand whether the tradeoffs they contemplate will achieve their goals. Computer tools can help break decisions into components and help the user differentially weight their options. They can also help to highlight the meaning and significance of information.

How information is presented may be as influential as its content. Data displays and other formatting issues are critically important to helping consumers maximize their self-interest in making choices.

Underpinning the need for change is the need for an information technology (IT) infrastructure to promote improvements in consumer information and education, clinical care, administrative and financial transactions, public health, professional education, and research.

The Institute of Medicine, in a landmark study, *Crossing the Quality Chasm*, called for public/private sector investment in information technology, while providing safeguards for consumers.

AARP has long been a trusted source for information of all types for our 35 million members and for the general public. We intend to continue to play this vital role using our traditional techniques and communication channels.

We also plan to launch a new venture that is currently in development. We are designing a web-based, single point of entry, decision support tool that will offer interactive, consumer-friendly access to high quality content that we have vetted to assure accuracy and objectivity.

Our purpose is to direct our members to highly credible, valuable, and objective information to reduce confusion and enhance efficiency. We realize one size will not fit all. Some people, such as those with various impairments, low decision skills, poor literacy, will need extra support and other media besides the web. Video, audio, and basic, old fashioned one-on-one counseling may be needed.

Of course, barriers to automating clinical information, and to using e-health, must be overcome. Such barriers include privacy concerns; the need for standards, common definitions and nomenclature; financing the investment in information technology – along with human factors, such as workforce issues and the forging of new relationships between clinicians and patients.

But the advantages of technology, especially electronic medical records, as a means of hastening improved quality are extraordinary. Opportunities abound for improved safety, more effective care, greater decision support, better patient self-management of their chronic conditions, and improved efficiency through the application of technology.

Ladies and gentlemen, by working together to advance e-health, we can save lives. We can improve the quality of care and, thus, the quality of life for millions of our citizens.

Thank you.