

**Tuesday, October 20, 2009
12:00-12:50 p.m., Health Sciences Room T-739**

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**“National-Scale Clinical Information Exchange in the United Kingdom:
Lessons for the United States”**

Exchange of clinical information between sites of care can potentially reduce inconvenience and risk to patients, conserve resources, improve care coordination and inform decisions made by practitioners and patients. Many believe that reducing unnecessary duplication of tests and services will be an important component of future US efforts to reduce health care spending. One study estimates savings from health information exchange to be over US\$77 billion per year. Yet in the US today, most health information is exchanged using mail, fax, telephone, or is not exchanged at all. Though inadequate data exchange standards are often cited to explain this, the reasons are likely more complex.

The UK has a history of health IT initiatives over decades that have contributed to its progress in clinical information exchange. The most widely known are within the National Program for IT which had as one of its goals to permit exchange of health information throughout the United Kingdom. NPfIT and earlier programs are not well known to US policy makers, health care practitioners or even to health care IT experts.

On a sabbatical in the spring of 2009, Dr. Payne conducted dozens of interviews in the UK with practitioners, academics, NHS leaders, Connecting for Health staff and others and reviewed published and unpublished literature to better understand how barriers to health information exchange have been addressed in the UK, and what barriers remain and why. In this seminar Dr. Payne will present what he learned, and the lessons for the United States.

Dr. Payne is the Medical Director for UW Medicine IT Services (since 2000) and Clinical Associate Professor of Medicine, Health Services, and Biomedical & Health Informatics. He attended Stanford University, the University of Washington School of Medicine, completed his internal medicine residency at the University of Colorado, and fellowship at Massachusetts General Hospital in the Harvard Medical Informatics Fellowship program. He led the installation of the Veterans Administration CPRS electronic medical record at VA Puget Sound in Seattle between 1997 and 2000, for which VA Puget Sound was awarded the 2000 Nicholas E. Davies CPR Recognition Award. He is on the Editorial Board for Journal of the American Medical Informatics Association, a fellow of the American College of Medical Informatics and the American College of Physicians. He organizes a seminar series titled Operating Clinical Computing Systems in a Medical Center and edited a book based on that series. He is Attending Physician in Medicine at the University of Washington Medical Center and Harborview Medical Center.