

Turning Dimes into Dollars

As a part of the AHRQ grant you will soon be participating in a very unique experiment to see if by working together across traditional boundaries we can begin to prevent disease. The common electronic platform we will use creates a very special situation and gives us the opportunity to focus on common prevention goals. And we can measure them as patients rotate between us as providers. If you have not heard already, the name for the data sharing network has recently been adopted by the executive taskforce and is SMRTNET for secure medical records transfer network.

This prevention effort is extremely important effort. As best we can discover this common approach to prevention has never been done before in the United States in a common electronic platform across so many provider types. So, how would this work? For example, imagine that we all agree to work on diabetes. What would happen within our network is that no matter where you go, the pharmacy, hospital, mental health, health department, tribal health, Wal-Mart, there would be messages there and staff that would offer to get your blood sugar taken. The results would be logged into the electronic system. Do you think we would find more people at risk doing this as opposed to the way we do it now? Would the rate of disease and complications go down in our community compared to the traditional practices of hit or miss and “on and off” prevention?

Hopefully, you would say yes. But there is another part to it. How would we know what to work on? How would we know if we do all of this work it will be successful? This is where the role of prevention science comes into play. We are extremely lucky to have some of the nation’s leading prevention science experts participating as advisors on our grant. Their work has recently been published in the Journal of Preventive Medicine. You can read all about their fascinating research at <http://www.prevent.org/content/view/46/96/>.

As you know, each of our partner agencies have members on each of the taskforces that built the SMRTNET system including executive, legal, technology, privacy, and clinical. We also have a prevention science taskforce, and each agency has at least one member on that taskforce as well.

The prevention science taskforce has already met once and are going to meet again in early October. They have already done something fascinating. They have initially combined three separate factors, each one a goal in and of itself, but which together could have an increased effect on heart disease and heart attacks. So, by combining all of these they fight several diseases and conditions that end up in the same place affecting one very serious disease.

Why is this so important? Consider the following:

- The US ranks 37th in the world in average health, we are ranked in between Costa Rica and Slovenia.
- Healthcare costs about 233% more in the US than most industrialized counties



- Insurance costs are increasing at an average of 11.4 % per year
- We have the highest rate of uninsured of all industrialized countries at 17%.

How did we get into this mess?

Imagine that you were investing your life savings into five different stock market funds and they were all losing money. What would happen after a time? You would eventually go broke. While the analysis of why our country is in this poor health situation is very complex, one thing is very clear. We do not focus on investing our resources into prevention at nearly the rate that other countries do. And when we do prevention, for the most part, much of it is not based on good and current science or applied or measured consistently enough to work the way we would hope.

Being able to commit ourselves to common goals based on good science is a very important experiment for our country's health system. In this way, we hope to turn dimes of prevention into dollars of savings. We expect SMRTNET to be operating in test mode early in December and these important shared prevention goals will be built into SMRTNET. If you have an idea that you could contribute please contact your representative on the prevention science taskforce. As we have said from the beginning, it will take each and every one of us to make this system work for all of us.

NEXT: OKHealthFinder is nearly here!