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Lessons From Britain's Health Information Technology Fiasco

By [STEVE LOHR](#)

Government press releases tend to be bland, earnest blather. But not one posted on the British Department of Health's Web site last Thursday. Its headline: ["Dismantling the NHS National Programme for IT."](#)

To translate the acronyms a bit, the NHS is Britain's state-run National Health Service and the program in question was the ambitious drive to computerize England's health records and let doctors, clinics and hospitals share patient information electronically. The project, begun in 2002, was budgeted at £12 billion (about \$19 billion) and the government hailed it as "the world's biggest civil information technology program."

The British digital health project has been a slow-motion train wreck for some time with last week's announcement mainly confirmation — and a pledge to change course. (The announcement was also a political gesture, as the Conservative government of David Cameron tries to get as much distance as it can from an unpopular initiative, begun by Tony Blair's Labor government.)

Yet the United States is about to begin its own government-funded drive to accelerate the adoption of electronic health records, with Washington set to hand out more than \$20 billion in incentive payments over the next five years. So what are the lessons to be learned from the English experience?

I asked three of the best-informed experts on this subject, with firsthand experience in government and health policy: Dr. David J. Brailer, the national coordinator for health information technology in the Bush administration; Dr. David Blumenthal, who held that position in the Obama administration for two years, before recently returning to Harvard; and Richard C. Alvarez, chief executive of the Canada Health Infoway, the nonprofit corporation established to push the adoption of electronic health records in Canada.

Here are some of their comments.

Dr. Brailer on the problem: "What we're seeing in Britain is the final result of a number of fundamentally bad decisions. ... It was classic top-down re-engineering that was forced upon

physicians and nurses. The British government treated it as a big procurement program, putting out bids, selecting contractors, picking winners and concentrating their bets. They crushed what had been a pretty vigorous health information technology marketplace in Britain.”

Mr. Alvarez on how Canada and the United States are doing things differently than Britain: “As governments, we’re setting strategy, standards and outcomes in terms of what qualifies as the meaningful use of electronic health records. But we’re not doing the implementation. That has to be done at the local level.”

Dr. Blumenthal on the perils of trying to mandate changes in the work habits of doctors: “In a complex health system, you have an enormous number of independent actors, especially in a system like ours, but in England more than they thought. Physicians and health care professionals have to be part of the process every step of the way. You need to make this a collaborative effort, not a top-down procurement project.”

Dr. Brailer agreed and elaborated: “The experience in Britain is a warning to us. The thing that brought them to their knees was the confrontation with doctors.”