TESTIMONY OF
DR. DAVID BLUMENTHAL
BEFORE
SENATE SPECIAL COMMITTEE ON AGING

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Senator Blumenthal, members of the Senate Special Committee on Aging, my name is Dr. David Blumenthal. I am currently the Chief Health Information and Innovation Officer at Partners Health System in the neighboring state of Massachusetts, and also Samuel O. Thier Professor of Medicine and Professor of Health Policy at Harvard Medical School. it is a pleasure to appear before you today to discuss how we can use current and potential new health care authorities and policies to improve the functioning of our health care system. My remarks will focus today on initiatives related to health information technology (HIT), but I would be happy after my formal statement to address a broader array of health policy opportunities.

An important point to understand about electronic health information systems is that though they sound and are very technical in certain respects, in other respects they are quite simple. The uses and value of these systems are very easy to understand. Quite simply, HIT is a powerful way to change in positive ways the behavior of all the critical participants in health care – doctors, nurses, hospitals, patients and their families. The power of HIT derives from the power of information, and the ability of electronic systems to put just the right information in front of patients and their caretakers at just the time it can have the most influence and benefits. That information can consist of a wide range of things: basic data about patients' laboratory or other test results and medicines and allergies. Or it can consist of the latest scientific findings from the vast medical literature. Whatever the information, it is the combination of content, timing and availability that make HIT such a potent positive force for change.

Let me give you an example from my own personal experience as a primary care doctor. At Massachusetts General Hospital, all physicians use a decision support tool called Radiology Order Entry, or ROE. When a physician orders a high cost image, like a CAT Scan or MRI, she enters the patient's information in the computer, which automatically compares that information and the order to the American College of Radiology's recommendations for the use of these tests. The computer also searches the patient's record to see if a similar test has been ordered recently. I and many of my colleagues have cancelled or changed many tests as a result of this feedback. The result is improved quality of care, lower cost and less patient radiation exposure – all by providing the doctor with better information. This kind of information system, applied to millions of decisions in many realms of practice, could bend the cost curve down and the quality curve up just by making doctors better at their jobs.

As a result of recent legislation, especially the 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act, the United States is now embarked on a radical transformation of its health information systems. Every day, doctors, hospitals, nurses and other providers are adopting and using HIT in accordance with federal regulations that reward them financially through extra Medicare and Medicaid payments for becoming meaningful users of certified electronic health records. To date, over 250,000 providers have registered to become meaningful users, and the federal government has provided over $5 billion in incentive payments to nearly 100,000 doctors and hospitals who have attested to meaningfully using electronic records. Rates of adoption of EHRs have doubled in just the last three years.

These accomplishments are dramatic and encouraging, but more could be done. We could build on the HITECH Act and other current health IT authorities in two specific ways: by extending their provisions to cover additional types of providers; and by promoting more sophisticated and powerful uses of HIT once it is adopted. I will say a word about both of these opportunities.

The HITECH Act provides financial incentives to acute care providers – doctors and hospitals and some clinics – but it leaves out professionals and facilities that provide long term care and home care. These are vital parts of the continuum of health care services, and they are particularly important to the care of the 5 percent of Americans who account for 50 percent of health care spending. If we want to improve quality and reduce cost for this very important and very vulnerable segment of our population, then we must provide their caretakers with sophisticated health information systems that can help them coordinate their patients' care. As an example, the Medicare program is now devoting considerable effort to reducing readmissions of patients within 30 days of discharge from the hospital. Many such patients go to long term care facilities or receive home care services. Keeping the providers of such care in touch with the hospital the patients just left could help prevent exacerbations of illness and readmissions. The HITECH Act should be expanded to include providers of long term care, rehabilitation services, home care and behavioral health care.

In addition to adding new types of providers to the HITECH Act, the federal government could increase the impact of electronic health systems by encouraging their more potent use. Two of the most powerful ways to use health information technology is through health information exchange and the use of clinical decision support. Health information exchange (HIE) consists of sharing information electronically between one provider and another either to care for a patient or to enable the search of multiple records for the purposes of research or quality improvement. Ultimately, the American public could benefit enormously from the creation of a nation-wide infrastructure for health information exchange that could be tapped to mobilize information for the use of caretakers and patients, or to answer questions about such things as drug side effects, patterns of disease spread, environmental health effects and many other queries.

The value of clinical decision support (CDS) is illustrated by the story I told earlier in my testimony. CDS can make doctors and nurses smarter by making sure they take full advantage of the information available in the patient's record, but also in the medical literature. CDS can remind doctors to order indicated preventive care – like mammograms and flu shots -- and patients to request it.

The question is how to encourage the spread and use of HIE and CDS. The best mechanism for doing so is through the definition of the meaningful use of an electronic health record. This definition determines whether clinicians and hospitals get incentive payments or, if they fail to become meaningful users by 2015, whether they will face reduced payments under Medicaid and Medicare, as specified under the HITECH Act.

The responsible federal agencies – the Office of the National Coordinator for Health Information Technology and the Center for Medicare and Medicaid Services – have signaled their intention to increase the requirements for HIE and CDS under meaningful use. However, I am concerned that as these requirements become more demanding, provider groups may ask the Congress to excuse them from those requirements or delay the financial penalties that begin under current law in 2015. It is essential for the Congress to support the Department of Health and Human Services as it tries to get the most out of electronic health records.

One last area deserves the attention of the Congress and the Executive Branch with respect to electronic health records. This is the development of policies to assure the privacy and security of personal health information in the electronic age. The public must have trust in electronic health records and health information technology generally if we are to take full advantage of these technical breakthroughs. But the current legal framework protecting the privacy and security of electronic health information – the controversial HIPAA framework – is not sufficient. It was created before the electronic age, and does not encompass many users of electronic health information. HIPAA did not anticipate all the threats to privacy and security that have arise as a result of using the Internet to transfer health information, or the problems of cybersecurity that now plague the electronic world. The laws and regulations that underlie consumers protections in the electronic health information sphere need careful review and reconsideration to assure the trust of the American public.

This concludes my formal remarks. I look forward to any questions you may have.