



Statement for the Record

HEALTH INFORMATION TECHNOLOGY: USING IT TO IMPROVE CARE

Senate Committee on Finance
July 24, 2013

Mark Savage, Director of Health IT Policy and Programs,
National Partnership for Women & Families
and
Christine Bechtel, National Partnership for Women & Families,
and Member, Health IT Policy Committee

The National Partnership for Women & Families submits this written statement to share the perspectives of patients and consumers on using electronic health information exchange to improve their health and health care.

We thank the Senate Committee on Finance for holding these two hearings on health information technology, which is the infrastructure for improving health care and quality. Last week, the Committee requested testimony from government officials responsible for moving the Electronic Health Record (EHR) Incentive and Meaningful Use program forward on schedule. This week, the Committee has requested testimony from the provider and vendor communities.

Surprisingly, the Committee is missing a key voice and perspective in these hearings: that of patients and their family caregivers. This is an essential voice because *patients'* health and health care are at stake.

During the hearing on July 17, Committee members indicated that some in the provider and vendor communities had raised objections and urged that we delay efforts to move the Meaningful Use program forward. On the contrary, we cannot afford to further delay bringing America's health information system into the 21st Century.

Thirteen years into the 21st century, the nation's patients and consumers still wait for the kind of access to their health information--anytime, anywhere--long found in other core areas of American economic, social, and political life. They appreciate the strategic, necessarily ambitious approach that Congress enacted in the HITECH Act of 2009 to move electronic health information exchange forward. They assuredly do not want further delay.

The HITECH Act established a national goal that every person in the United States has an electronic health record (EHR) by 2014. Republicans and Democrats alike have long been behind this important goal. Recognizing that we cannot transform our health information infrastructure on a dime, Congress enacted a strategic, phased approach over five years, 2009-2014, during which providers and hospitals would adopt increasingly robust EHR technology and make increasingly sophisticated and meaningful use of that technology to improve patient and population health and health care, improve quality, and reduce cost.

The federal government has invested considerable resources in convening numerous stakeholders, experts, and innovators across the nation to gather their collective knowledge and wisdom about how best to implement this transition, including common standards for interoperability and functions that all certified EHR technology must incorporate.

The results to date? In four years since Congress enacted the HITECH Act, 88 percent of eligible hospitals and 75 percent of eligible providers have registered for the Meaningful Use program, with almost all successful in meeting the program's requirements for meaningful use of EHRs to improve individual and population health. These doctors and hospitals cover the gamut of critical access, rural, and urban providers serving a significant portion of the nation's patient population.¹

The Meaningful Use program has been responsible for much of this rapid and vast improvement. It has helped create interoperability at much greater and faster rates than ever before, so that health information can be more uniformly collected, shared, and used in private and secure ways. This kind of federal leadership, in open and transparent collaboration with the private sector, is critical to fostering innovation and achieving true interoperability and meaningful use.

Systemic change, of course, is never easy nor simple, and so some have asked for delay. We know this work is difficult, and providers across the country are doing their best to transform their care. Yet often the difficulties have less to do with technology and more to do with culture change. The Meaningful Use and related programs, however, are the best way to develop the tools providers need to succeed, and to offer patients the information they deserve to achieve better health. **We must leverage the program, not delay it. Congress asked us to be smart, not slow; it asked us to succeed, not delay.**

Patients and families overwhelmingly support these efforts. When Congress passed the HITECH Act in 2009, more than eight in ten doctors were transmitting their patients' information to other medical professionals predominantly by paper or fax, creating additional complexity and burden and often resulting in lost information. But two thirds of patients *and* doctors say that patients should be able to view and download their personal health information online.² And almost three fourths of doctors prefer to share patients' information electronically with other providers when needed.³ By considerable margins (73%-85%), the public and doctors strongly support using electronic health information exchange to reduce medical errors, cut avoidable costs like duplicate tests, better coordinate patient care, and measure health care quality and patient safety.⁴

The National Partnership for Women & Families conducted a nationwide survey in 2011 which found that when patients have online access to doctors with electronic health records, ***80 percent use it***--and they are consistently even more positive about trust in and the perceived value of EHRs.⁵ For patients whose doctors still use paper medical record systems, nearly two thirds (65%) say online access is important to them.⁶

¹ Centers for Medicare and Medicaid Services, "Medicare and Medicaid EHR Incentive Programs," pp. 8, 10, 15 (July 9, 2013) (update to HIT Policy Committee).

² Markle Foundation, "Markle Survey on Health in a Networked Life 2010," p. 3 (Jan. 2011).

³ Markle Survey, p. 4.

⁴ Markle Survey, p. 5.

⁵ National Partnership for Women & Families, "Making IT Meaningful: How Consumers Value and Trust Health IT," p. 3 (Feb. 2012).

⁶ National Partnership Survey, pp. 24-25.

In short, Americans do not want more delay. Stage 2 implementation and Stage 3 rulemaking should remain on their intended trajectories, or even be accelerated. Beginning in October, Stage 2 offers important new benefits to patients, including the ability to view, download, and transmit their health information to other caregivers. Stage 3 offers further promise for improving care and quality and lowering costs by focusing on using EHRs to improve health outcomes. These goals cannot and should not be compromised or delayed.

The National Partnership for Women & Families

The National Partnership is a leading non-profit, non-partisan organization working to promote access to high-quality health care, fairness in the workplace, and programs and policies that help women and men meet the demands of work and family. Among other things, the National Partnership leads the Consumer Partnership for eHealth (CPeH) and the Campaign for Better Care (CBC), two important coalitions collectively representing more than 150 consumer and patient groups dedicated to changing the way health care is delivered and paid. The Consumer Partnership for eHealth, for example, has been working since 2005 to ensure that efforts to build electronic health information exchange meet the needs of America's patients and their families and produce higher-quality and more patient-centered care, fewer health disparities, and better health outcomes for everyone.

Like others, we have committed substantial amounts of time and expertise to ensure that the nation builds electronic health information exchanges well and that patients, families, and communities get the benefits now. We have been very active participants, for example, on the Health Information Technology Policy Committee, the Consumer Empowerment Workgroup, the Meaningful Use Workgroup, and the subgroup on Engaging Patients and Families.