Opening Statement - Congressman Hansen Clarke (D-MI)
Subcommittee on Technology & Innovation
Hearing on
Is "Meaningful Use" Delivering Meaningful Results?: An Examination of Health Information Technology Standards and Interoperability
November 14, 2012

Thank you, Mr. Chairman for calling this hearing on health information technology. Before I begin my opening statement, I'd like to take a moment to recognize Chairman Quayle for his leadership on the Subcommittee. It has been a pleasure working with you to address a wide range of issues. I thank you for your service to the Subcommittee and Congress and wish you the best in your future endeavors.

Today's hearing is fitting as just a few months ago the requirements for the second stage in the "meaningful use" of electronic health record technologies were announced by the Department of Health and Human Services. This morning's hearing provides us with the perfect opportunity to examine the progress we've made to date and to discuss what needs to happen in the future to increase the use of information technology in the healthcare industry.

Over the past 20 years, we have experienced a dramatic change in the way we share information. Nearly every sector across our economy, from financial services to entertainment to manufacturing, has embraced information technology and used it to increase productivity and quality. Yet the healthcare industry has lagged far behind with many physicians and healthcare providers keeping track of our medical information the same way they were 50 years ago.

The use of electronic health records –or EHRs– has real-world implications for the cost and quality of health care. Right now, a physician may order a duplicative test because previous test results from another hospital or doctor are not readily at hand, or they may miss a harmful drug interaction because a patient's full medication list is not available and the patient is not in a condition to provide that information.

Increasing the adoption and use of health IT could help prevent some of the medical errors that injure at least 1.5 million Americans each year and lead to an estimated 98,000 deaths annually. For example, a study of a medical center in Arizona found that the use of EHRs reduced prescription errors by 88 percent and in a Florida health system the use of electronic reminders decreased the number of patient charts that were missing allergy information from 36 percent to 11 percent.

Studies have also shown that the use of EHRs has helped diabetic patients manage their disease more effectively – lowering their blood pressure, cholesterol, and glucose levels. In addition to improving the quality of care and health outcomes, estimates have shown that a

fully interoperable health IT system could save the United States billions of dollars in health care costs each year.

Given the complexity of our healthcare system, the task charged to the Office of the National Coordinator by the *HITECH* Act to promote the development of a national health IT infrastructure that allows for the electronic use and exchange of information is a difficult one. However, in the two years since the Subcommittee last examined this topic, the National Coordinator, by all accounts, has done an admirable job meeting tight deadlines and navigating the needs of various stakeholders. NIST has also played an important role by lending to HHS its extensive expertise in standards, testing, and certification.

Still, there are a number of factors that have contributed to the slow adoption of health IT such as the availability of a qualified workforce or privacy and security concerns. I believe a key barrier to adoption has been the lack of technical standards to support interoperability. In order for the full potential of health IT to be realized, adoption and implementation of EHRs must increase and true interoperability –meaning the seamless exchange of health information across vendors and providers must be achieved. Most Americans get their primary health care at offices with five or fewer doctors. These small offices are hesitant to take on the considerable expense of a health IT system that may not work with the system of a neighboring healthcare provider or may become prematurely obsolete.

However, I am encouraged by the criteria and standards included in the final rule for Meaningful Use Stage 2 released in August and hope to gain some insight from today's witnesses about the implementation of Stage 2. As I understand it, Stage 2 focuses on the challenge of interoperability in a number of ways. First, it defines a common dataset, including vital signs, medications, and discharge instructions that must be a part of a patient's summary of care record. Next, it details the standards and specifications necessary for the exchange of typical, but important medical information like laboratory results, immunizations, and electronic prescriptions. And maybe most importantly, Stage 2 creates a partnership between the Office of the National Coordinator and NIST in the development of a rigorous interoperability testing platform. Such a platform will ensure that once a physician or healthcare provider has adopted a certified EHR technology they will be able to send, receive, and use this critical health information.

However, as I am sure we will discuss today, we still have a ways to go in promoting interoperability, coordinating the numerous health IT projects that are underway, and implementing best practices to address privacy and security concerns.

The widespread use of health IT is imperative for lowering costs and improving patient care, and I look forward to hearing from our witnesses about how we can successfully meet the challenges ahead.

Thank you, again, Mr. Chairman, for calling this important hearing and I yield back the balance of my time.