

ONE HUNDRED THIRTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**  
COMMITTEE ON ENERGY AND COMMERCE  
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April 9, 2013

Dr. Farzad Mostashari  
National Coordinator  
Health Information Technology  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Dr. Mostashari:

Thank you for appearing before the Subcommittee on Oversight and Investigations on Thursday, March 21, 2013, to testify at the hearing entitled "Health Information Technologies: Administration Perspective on Innovation and Regulation."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

To facilitate the printing of the hearing record, please respond to these questions by the close of business on Tuesday, April 23, 2013. Your responses should be e-mailed to the Legislative Clerk in Word format at [brittany.havens@mail.house.gov](mailto:brittany.havens@mail.house.gov) and mailed to Brittany Havens, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C. 20515.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,



Tim Murphy  
Chairman  
Subcommittee on Oversight and Investigations

cc: Diana DeGette, Ranking Member, Subcommittee on Oversight and Investigations

Attachment

## Attachment—Additional Questions for the Record

### The Honorable Tim Murphy

1. Page 7 of your testimony notes that a November 2011 IOM report reported that “market forces are not adequately addressing the potential risks associated with the use of health IT.” Has ONC experienced this? Does ONC believe that market forces are not adequately addressing patient safety or other risks?
2. Page 8 of your testimony notes that ONC’s draft plan on Health IT Patient Safety will recommend the inclusion of “safety requirements related to user-centered design...and easier reporting of adverse events...” Can you elaborate on the authority given ONC to either compel or recommend that these items be included? How will this be enforced, if ONC choose to endorse this approach?
3. One of the main concerns about the push for the meaningful use of health IT is that we may be encouraging doctors and patients to rely more heavily on computers or the internet than face-to-face interaction. Do you have any evidence that the use of health IT is better or worse than interaction between a doctor and patient? Have any studies been done on the possibility this could decrease patient safety?
4. Many complaints have been made about the problem of interoperability—health IT systems that cannot communicate with each other—in fact you were asked about this during questioning. What does ONC plan to do to finally solve this problem?
5. Does ONC see a problem with information sharing among psychologists or behavioral health workers? Were Health IT incentives offered to this group? Why or why not?
6. The Health Insurance Portability and Accountability Act (HIPAA) protects the privacy of an individual’s health information. How does ONC balance the requirements of HIPAA with the benefits of Health IT? What conflicts or barriers exist? In particular, are there any specific barriers or problems related to mental health records that ONC has encountered? Has ONC done any analysis or identified any problems related to HIPAA and the coming health insurance exchanges established by the Patient Protection and Affordable Care Act?

### The Honorable Bill Johnson

1. As an IT professional for 30 years, I understand the vital importance of IT architecture and having a roadmap to achieve the end state. As they say, if you don’t know where you are going, any road will get you there.
2. With regard to the Meaningful Use Program currently in place to guide implementation of electronic health record (EHR) systems, how is HHS ensuring that we aren’t just collecting and digitizing data? Were the stages of Meaningful Use crafted with an IT architecture in mind that spans all stages to achieve a specific end? If so, then how?
3. Information must also be relevant and functional for the end user. How have you involved health care providers in the development of this road map to ensure that the time, money, and effort put into these systems will be worth their while and create an

integrated, coordinate care system that streamlines their work? What concerns have these providers had with regards to EHR and Meaningful Use stages and how has HHS worked with these individuals to address them?

**The Honorable G.K. Butterfield**

1. Many rural parts of my congressional district are desolate and where the nearest primary care doctor can be an hour or more drive away. East Carolina University located in my district in Greenville, North Carolina has been operating a telemedicine program since 1992 – making it one of the oldest telemedicine programs in the world. Recognizing that there is a clear link between access to care and improved health, what other resources in addition to telemedicine are available now to link the rural elderly and indigent populations to healthcare providers like primary care doctors and physician’s assistants? What is on the horizon?
2. Recently, Congress passed legislation that requires the Department of Defense to expand telemedicine opportunities to service members regardless of whether they are on a base or in a home, and regardless of where the doctor is licensed. Are there ways we can use this model in other federal programs like Medicare to better expand access to care via telemedicine?
3. The VA has moved to mostly eliminate cost sharing on telemedicine, recognizing treating veterans at home is less expensive than treating them in a VA facility. For example: The Veterans Administration’s home telehealth program has resulted in a 30 percent reduction in hospital admissions and a 20 percent decrease in hospital stays. How can Congress build off this model and achieve similar outcomes in other federal healthcare programs?