



Good afternoon Mr. Chairman, Ranking Member Pallone and distinguished committee members. I am Christine Bechtel, vice president of the National Partnership for Women & Families, a non-profit, non-partisan consumer advocacy organization. For the last four years, I have also served on the federal Health IT Policy Committee as a consumer representative.

With more than 40 years of experience working to make life better for women and families, the National Partnership promotes access to high quality health care, fairness in the workplace and policies that help women and men meet the dual demands of work and family.

As you know, health care is central to the well-being of women and families – it is a key determinant of their quality of life, their economic security, and their ability to thrive, prosper and participate in our society. In collaboration with the consumer coalitions we lead, which include the Consumer Partnership for eHealth (CPeH) and the Campaign for Better Care, we are working to advance private and secure health information technology (IT) in ways that measurably improve the lives of individuals and their families. Advancing and using health IT is essential to making health care more accessible, affordable and effective for consumers because health IT is a tool that can empower consumers to work in partnership with professional care team members and make informed choices about treatment options. It has enormous potential to improve the quality of clinical care, decrease health disparities, and bolster research and public health.

I am honored to be asked to speak with you today about how the Electronic Health Record (EHR) Incentive Program (commonly known as “Meaningful Use”) is not only catalyzing a fundamental change in the health care system, but is serving as a springboard for innovation.

Why Health IT Matters

Almost three years ago in testimony before this subcommittee, I shared the story of Susan Crowson, a family caregiver from Maryland, who cares for her father “Pop”. At that time, I described how Pop was seeing five different doctors – each of whom monitored and treated a separate problem – and was taking three prescription drugs, two over-the-counter drugs, occasional antibiotics, and daily vitamins to manage a host of complex health conditions including Alzheimer’s disease and heart arrhythmia. Susan was his Coordinator in Chief, diligently tracking all of Pop’s medications, tests, labs and doctor visits to help his doctors avoid medical errors and provide the best care possible in a highly fragmented system. It was a recipe for mistakes.

Susan built her own spreadsheet to keep track of it all. She left copies with each doctor Pop saw, but the information never made it into their records. She always asked his doctors to

share his record with the primary care physician and other specialists, but it was rarely done. When she took her dad for lab tests every two months, she was the one making sure each doctor got the results — or it didn't happen. When Pop's doctors would prescribe a new drug, they would tell Susan to check with Pop's other four doctors about potential drug interactions.

The Meaningful Use program was designed with families like Susan's in mind. Today, the work she did to keep Pop safe from medical errors is getting easier because phase one of the Meaningful Use program:

- Enables providers to maintain up-to-date electronic lists of the health conditions, diagnoses, medications, and medication allergies of patients like Pop. They can automatically:
 - Check for drug-drug interactions and drug-allergy problems; and
 - Send prescriptions electronically to Pop's pharmacy of choice, reducing wait time and eliminating handwriting errors.
- Facilitates communication with patients and other providers, including sharing information that provides a more complete picture of a patient's health.
 - For the Crowsons, this would mean Pop and Susan get a summary of every office visit so they know what was diagnosed and what the plan is.
 - Any of Pop's five doctors can send a summary of his record securely to other members of his care team who are Meaningful Users.
 - If Pop is admitted to an EHR-enabled hospital, they can send a Summary Care Record to his primary care doctor once he's discharged.
- Helps caregivers like Susan easily and conveniently access medical records online and send a secure email to his providers.

I must tell you, sadly, that many of these advances were not put in place quickly enough to help the Crowsons. Since I last testified before this subcommittee, Pop has passed away but Susan's heroic work to keep him safe from medical errors and get him high quality care continued to the end of his life. However, because of Meaningful Use, other family caregivers will not face the same overwhelming struggles. In just two years since Meaningful Use was put in place, the experiences and expectations of patients and families are changing dramatically, and these benefits will accelerate as the incentive program continues.

This, I am convinced, is why EHR adoption must become universal.

How Far We've Come

At the last subcommittee hearing in 2010, we discussed and debated this program's potential. We wondered if incentive payments would be effective drivers of EHR adoption. We asked whether Eligible Professionals (EPs) would be able to achieve Meaningful Use. Centers for Medicare and Medicaid Services officials projected a high-end estimate that 53 percent of ambulatory care providers would adopt EHRs by 2015.

But as of February of this year – two years before the 2015 deadline – CMS data show that more than 70 percent of eligible providers (370,000) have already registered for the program, signaling their intent to complete it. And nearly 40 percent have already successfully completed the first phase of either the Medicare or Medicaid incentive program.

Hospitals have been even more successful. Almost 85 percent of Eligible Hospitals have registered for the program and more than 70 percent are meaningful users today.

These data underscore how the investment Congress made in health IT is helping families like Susan Crowson's and patients like Pop. The incentive payments are accelerating the arc of adoption well beyond what we anticipated, and that means patients and families are beginning to reap the benefits of these reforms. We are coming to *expect* the presence of health IT to optimize our health and health care, just as technology has revolutionized so many other aspects of our lives.

Yet we have a ways to go. We all agree that the health care system must change. Despite the best efforts of deeply caring health professionals, our health care system is simply too expensive in both financial and human terms – for patients and providers alike. While the United States is home to the best doctors, clinicians and treatments in the world, the kind of coordination and communication that patients and families want and need is discouraged by our fee-for-service payment system.

Many of our best ideas to change the way we pay for and deliver care – Accountable Care Organizations, Patient-Centered Medical Homes, bundled payments, and others – absolutely hinge on the availability and seamless exchange of health information to introduce efficiencies and cost savings, and to provide the kind of care that improves patients' health. They require measuring and rewarding value and quality over volume.

But we simply cannot measure health outcomes or efficiency without health IT. We need clinical data from the point of care – not just billing data – to provide a complete picture of a patient's health and to accurately assess and pay only for care that is effective, efficient and equitable.

In other words, health IT is an important engine that can drive improvement and innovation in health care, and the Meaningful Use program is its primary fuel.

An Engine for Innovation

In only its first phase, this program has achieved a tremendous amount. There is certainly work remaining, and I believe this work will bear the fruit of remarkable innovation once two things happen:

- First, when a wider array of standards are deployed through the Department of Health and Human Services' (HHS) Certification program (which stipulates the technical specifications of EHRs qualified for the incentive program) and Meaningful Use requirements for data sharing. More robust standards would foster information sharing across more participants in the system, including with non-Meaningful Use

eligible providers like nursing homes. Standards can also help connect medical devices to EHRs.

- Second, as new approaches to payment and delivery are expanded and begin to create the business case for care coordination and improved health outcomes. This will, in turn, drive the creation of innovative tools that foster information sharing – making the right thing to do the easy thing to do.

We have been slow to develop the battery of standards and services needed to make care coordination across health systems easy and efficient for both providers and patients. While experts have been working for decades to create standards and drive their adoption in the private sector, these well-intentioned efforts have been plagued by a maze of competing standards in some areas, and a complete lack of standards in others.

The Meaningful Use regulations and complementary Certification rules have been essential to cutting through the noise and enabling health information to be more uniformly collected and shared. This kind of federal leadership, which occurs in collaboration with the private sector in open and transparent ways, is critical to fostering innovation.

Already, though, advancements in standardization generated by the Meaningful Use and Certification regulations are catalyzing innovation for providers, patients and families. For example, the proportion of hospitals electronically exchanging clinical summaries with outside hospitals tripled between 2008 and 2012. The Office of the National Coordinator for Health Information Technology (ONC) has also funded several advanced research projects that leverage the standards of EHRs. An example is the SMART platform, which is an open way that individual patients, physicians, small software vendors and others can design innovative health IT applications at a lower cost, using an approach that is not unlike developing an iPad app today.

For consumers, Medicare and the Veterans Administration have implemented a standardized feature called Blue Button that allows beneficiaries and veterans to view and download their own health information online. The information from Medicare is based only on claims data, but beginning in January, the Meaningful Use program will include this capability for all eligible providers and hospitals.

This innovation makes a world of difference for people like Beth Schindele, who cares for her father, William Graves. With his permission, Beth went to MyMedicare.gov and downloaded her father's health information while he was hospitalized. She found an app that could upload and display her father's Blue Button information in understandable and useful ways. She told me just last week:

I cannot even begin to explain how access to my father's data has impacted the coordination of his care and improved his life. The data from Blue Button revealed that he had more than 63 providers caring for him during four hospitalizations in the past 1.5 years. Blue Button showed me his current medications, diagnoses, procedures, providers and preventive services needed as well as hospitalizations. Without access to his data, at the point of care, I would not have been able to coordinate his care, and reconcile his medications with his care team. Having the data in my hands during his hospitalization allowed me to have intelligent conversations with his care team and prevent them from erroneously placing him

on a medication he had stopped taking two years ago – and I am so thankful that I was able to do so.

The hospital had an old record showing he had a diagnosis that required him to take Coumadin, which is a blood thinner. And because I had the [Blue Button] data in my hands, I could show them that he was no longer on that medication, and that truly was instrumental in saving his life. Within hours of his discharge he fell and suffered severe head and arm lacerations that would have been life threatening had he been on Coumadin and would have resulted in a readmission within just five hours of discharge.

Beth's story reminds us that it is absolutely critical that health IT systems enable providers to safely and securely share information, not just with each other but with patients and families—a very meaningful innovation. We cannot rely solely on clinicians to detect errors in such a complex system, no matter how hard-working and dedicated they may be. The Blue Button functionality will help consumers play a crucial role in promoting safer care, which in turn will lower costs. And Blue Button will be part of the Meaningful Use program next year, which will provide clinical data from EHRs.

This innovation would not have happened without the leadership of Medicare, the VA, and the Office of the National Coordinator in collaboration with private sector innovators.

Bolster and Expand Meaningful Use

The challenge before us is how to ensure every provider in the country has health IT that is capable of safely and securely measuring the quality of care, coordinating with other providers, and giving patients and family caregivers the information they need to be active partners in care and in health.

We have made remarkable progress already. We must expand the Meaningful Use program, both by advancing its requirements and standards and by extending incentive payments to other, non-eligible providers, such as long-term care, behavioral care, and home-based care.

We all know that how best to fix our health care system has become one of the most contentious issues of our time. But there is no disagreement that we need a more efficient, effective system that provides higher quality care for our sickest and most complex patients at lower costs, and reduces the burden on family caregivers. We now have a track record that demonstrates that Meaningful Use is a critical piece of the way forward. Thank you for the opportunity to testify here today.