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Testimony
of the
American Hospital Association
before the
Committee on Science and Technology
of the
U.S. House of Representatives

"Meeting the Need for Interoperability and Information Security in Healthcare IT"
September 26, 2007

Good morning, Mr. Chairman. I am Noel Williams, president of HCA Information Technology & Services, Inc., a subsidiary of the Hospital Corporation of America (HCA). I also have the privilege of serving as Senior Vice President and Chief Information Officer for HCA, where I am responsible for the day-to-day operation of HCA's extensive information technology systems and services, as well as the development of our overall technology strategy. On behalf of the American Hospital Association's (AHA) nearly 5,000 member hospitals, health systems and other health care organization, and our 37,000 individual members, I appreciate the opportunity to speak to you and your colleagues about the importance of interoperability and security in health information technology (IT).

STATE OF IT ADOPTION IN AMERICA'S HOSPITALS AND HEALTH SYSTEMS

The mission of America's hospitals is caring for patients, and every day the women and men of our hospitals strive to improve the safety and quality of the care they provide. Research has shown that certain kinds of IT – such as computerized physician order-entry (CPOE), computerized decision support systems and bar-coding for medication administration – can limit errors and improve care. IT also can be a tool for improving efficiency and costs. Hospitals have been pioneers in harnessing IT to improve patient care, quality and efficiency; the challenge now is to extend its use and integrate it into the routine care processes in *all* hospitals, large and small, in both urban and rural areas.

A 2006 AHA survey of hospitals and health systems sought to assess the state of health IT implementation in America's hospitals. The survey included questions about the use of IT applications such as CPOE and electronic health records (EHRs), perceived barriers to implementation, IT financing and the use of non-clinical IT applications.

Over 1,500 hospitals (about one-third of the field) responded to the survey. The data again indicated that hospitals are making great strides in embracing health IT: about half of the respondents indicated a moderate or high use of IT, up from 37 percent in 2005. This figure was determined by the number of clinical IT functions a hospital had fully implemented, such as medication order-entry, test results review or clinical alerts.

Over two-thirds of hospitals reported either fully or partially implemented electronic health records. Larger, urban and teaching hospitals were more likely to have fully implemented EHR systems, and accounted for 11 percent of the total. Use of CPOE is also becoming more common. In 2006, at 10 percent of hospitals, physicians routinely ordered medications electronically at least half of the time. For laboratory and other tests, orders were placed electronically at least half of the time in 16 percent of hospitals.

One of the most dramatic changes from year to year was in the use of computerized alerts designed to prevent negative drug interactions. In 2006, 51 percent of hospitals used real-time drug interactions alerts, up from 23 percent the year before.

As with EHR systems, general health IT use was higher at larger, urban and teaching hospitals, as well as those with positive financial margins. These hospitals also reported greater rates of growth in their use of IT than their smaller and rural counterparts.

Despite these impressive gains, there are still obstacles to the goal of universal IT adoption, and, not surprisingly, cost issues top the list. Ninety-four percent of hospitals reported that the initial costs of adoption were a significant or somewhat of a barrier to IT adoption, down just one percent from 2005. Smaller hospitals were more likely to see costs as a barrier, but even the largest hospitals struggle to afford health IT. Accelerating adoption across the hospital field will require a shared investment between providers, payers and purchasers. Hospitals currently bear almost all the costs of IT investment, with no increase in payment for the use of these new technologies. However, many of the financial benefits of IT, such as decreased need for repeat tests, lower readmission rates, and shorter lengths of stay, accrue to those who pay for care.

The lack of interoperability with current IT systems also poses a mounting challenge for hospitals. In the 2006, 79 percent of hospitals listed this issue as either a significant or somewhat of a barrier, compared with 77 percent in 2005.

PRINCIPLES FOR REALIZING THE PROMISE OF HEALTH IT

As the survey demonstrates, an increasing number of hospitals and health systems are harnessing the power of health IT to improve quality, safety and efficiency. However, the hospital field is now challenged to extend the use of IT and integrate it into routine care processes in hospitals big and small, urban and rural. The AHA strongly supports the growing use of health IT. As Congress and the administration consider ways to encourage increased adoption and greater information exchange, we will continue to advocate for solutions that address major barriers to realizing the promise of health IT.

The AHA believes the following principles should guide efforts to extend IT use in health care:

IT is an enabling tool for improving the quality and safety of care. Technology adoption is not a goal in and of itself. Investments should be driven by quality and safety improvements that can be brought about by technology.

A lack of standards is not the problem. Both adoption and information sharing will increase when health information and IT applications are more standardized. For example, to have data at the point of care, laboratory information systems need to be integrated with pharmacy systems and the patient's health record. Currently, hospitals devote considerable staff and financial resources to creating interfaces between systems or other IT "workarounds." *The problem is we need to select a single set of standards and get consensus among health care stakeholders to use those standards.*

Greater standardization across information technologies, and improvements that make IT systems easier for caregivers to use, would facilitate adoption. Information exchange requires even greater standardization across care settings, such as a physician's office and a hospital's emergency department.

Standards-setting organizations have already developed many different standards, and the sheer volume of standards from which to choose is stunning. A survey conducted by the National Alliance for Health Information Technology discovered over 2,000 standards related to health IT, and over 400 organizations that either create, maintain or license those standards.

Standards are needed not just for the useful exchange of data, but also for a smarter application of IT throughout the health care setting. For example, standards can help hospitals prevent errors in medication ordering and administration, allow hospitals to verify patients' medications, integrate data from IV pumps and other medical devices and exchange data between CPOE and pharmacy systems. A first standard needed in this area is unique identification of medications at the unit dose level using a standard that is common across all settings.

Hospitals now use many different medical devices that produce digital health information, including IV pumps, ventilators, pulse oximeters, and others. We could improve safety if hospitals could connect the pieces of equipment so that, for example, data from an IV pump can be shared with a monitor and a ventilator. Another first standard needed is a communication standard for medical devices.

And we still lack the most basic of all – a standardized way of matching individual patients to their records.

Information exchange should be promoted as a public resource. Improved care comes when the right information is available to the right provider at the right time. Data cannot belong to an organization, physician or vendor. The community and regional

organizations that will emerge to accomplish this will require governance structures that both promote exchange and articulate the value of doing so.

Funding. Health IT is costly. Most of the initial cost is borne by hospitals, while the financial benefits often flow downstream to other providers, payers and employers. For this reason, the AHA believes that providers and payers must share these investments. Moreover, maintenance costs are significant. Adoption of health IT is more difficult for small and rural hospitals because they likely have a less developed infrastructure and less staff support (both technical and administrative). Increased Medicare payments to support the ongoing costs of IT, as well as low-interest loans and grants to support both hospitals' initial investments in IT and the development of health information exchange projects are needed.

Regulatory relief. Many physicians do not have the financial or technical resources needed to navigate the complex IT market. As a result, despite the links to improved quality of care, only about 20 to 25 percent of physicians use EHRs. To facilitate the sharing of clinical information and improve patient care, hospitals with more advanced IT systems than the physicians practicing in their community may want to provide physicians with hardware, software, connectivity or other assistance that would allow them to maintain EHRs for their patients and share clinical data with the hospital. However, hospitals cannot do so because of physician self-referral, or "Stark," regulations. Some regulatory relief has recently been granted in this area: The hospital field would like to see this made permanent in law.

A single set of privacy laws. The multiplicity of privacy rules from local, state and federal governments, accrediting bodies and other organizations makes compliance difficult and can interfere with patient care. Simply identifying all of the relevant rules can be a monumental task, let alone determining how to comply when the laws may conflict. A single set of privacy rules is needed to facilitate the use of IT and ensure access by health care providers to needed information at the point of care. Specifically, federal privacy laws as laid out in the *Health Information Portability and Accountability Act* (HIPAA) should preempt state and local privacy laws.

A uniform approach to matching patients to their records. The electronic exchange of health information requires a consistent, reliable mechanism for matching patients to their records. This is best achieved with an individual health information authentication number. Without a single authentication number, there are serious safety risks that could arise from attributing a medical record to the wrong individual. For individuals with common names, a cluster of demographic information may not be sufficient to distinguish between the 37-year-old Mary Jones with diabetes and a penicillin allergy and the 37-year-old Mary Jones in perfect health. Mixing up their records could have serious consequences.

VIEWS ON H.R. 2406

We commend you Mr. Chairman and the other co-sponsors of H.R. 2406 for your recognition of the critical role health IT plays in the improvement of the U.S. health care delivery system. Legislation is a powerful tool that demonstrates the commitment of leadership not only to raise awareness of the issues, but to help create a policy environment in which technology can be best used to support a safer, more efficient health care system.

We support the bill's recognition of confidentiality and security as underlying components of any IT standards that may be developed or adopted as a result. Hospitals have and will continue to work diligently to ensure the confidentiality and security of personal health information. This too is an essential piece of that larger environment that must be in place for IT implementation to succeed. Commitment to this concept must be evident along each step of this complex process in order to engage the support of the public.

The AHA shares the bill's acknowledgement of the accomplishments and reputation earned by the National Institute of Standards and Technology (NIST). This organization has, through its standards and process development work in many industries, established itself as a valuable resource to both the private and public sectors. Founded in 1901, NIST is a non-regulatory federal agency within the U.S. Department of Commerce. NIST's mission is to promote U.S. innovation and industrial competitiveness by advancing measurement science, standards, and technology. Four cooperative programs comprise the NIST mission: NIST Laboratories conducts research that advances the nation's technology infrastructure; Hollings Manufacturing Extension Partnership offers technical and business assistance to smaller manufacturers through a nationwide network of local centers; NIST's Advanced Technology Program co-funds research and development partnerships with the private sector to develop innovative technologies that can benefit the entire nation; and the Baldrige National Quality Program promotes excellence in several business sectors, including health care. Through its annual Malcolm Baldrige National Quality Award, NIST recognizes these quality achievements.

Currently, there are several – perhaps too many – efforts to lead the health IT movement in the U.S. In the past few years, the government has:

- Created through the Department of Health and Human Services (HHS) the American Health Information Community (AHIC), "a federal advisory body, chartered in 2005 to make recommendations to the Secretary of the U.S. Department of Health and Human Services on how to accelerate the development and adoption of health information technology. AHIC was formed by the Secretary to help advance efforts to achieve the goal for most Americans to have access to secure electronic health records by 2014." Plans are currently in development to convert the AHIC into a public/private entity by 2008.

- Created the Office of the National Coordinator for Health Information Technology (ONC). According to the ONC, it "provides counsel to the Secretary

of Health and Human Services and departmental leadership for the development and nationwide implementation of an interoperable health information technology infrastructure. Use of this infrastructure will improve the quality, safety and efficiency of health care and the ability of consumers to manage their health information and health care. ONC also provides management and logistical support for AHIC."

- Initially funded the creation of the Certification Commission for Health Information Technology (CCHIT). According to CCHIT, it is "a recognized certification body for electronic health records and their networks, and an independent, voluntary, private-sector initiative. It is our mission is to accelerate the adoption of health information technology by creating an efficient, credible and sustainable certification program."

- Initially funded the creation of the Health Information Technology Standards Panel (HITSP), through the American National Standards Institute (ANSI), "to serve as a cooperative partnership between the public and private sectors for the purpose of achieving a widely accepted and useful set of standards specifically to enable and support widespread interoperability among healthcare software applications, as they will interact in a local, regional and national health information network for the United States. Comprised of a wide range of stakeholders, the Panel will assist in the development of the U.S. Nationwide Health Information Network (NHIN) by addressing issues such as privacy and security within a shared healthcare information system." The NHIN is viewed as a "network of networks" that will allow the seamless exchange of health information anywhere in the U.S., and is currently in the planning stages. An executive order specifies that any new federal health information system launched after January 1, 2008 to be compliant with HITSP recommended standards. HHS Secretary Michael Leavitt has already accepted 30 recommendations for interoperability standards that will be required to build a NHIN.

We are concerned that there are already too many overlapping, duplicative efforts launched by the government to try to speed health care IT adoption. These organizations lack coordination, a common vision for the future of health IT, a roadmap and timeline for change, and a detailed implementation plan that articulates each stakeholder's roles and responsibilities. We are afraid that H.R. 2406 could position NIST as just another government entity with overlapping responsibility without addressing the key needs noted above. It is instead our hope that NIST will function as a common resource to the different players and help advance the goals we have articulated.

For example, the "Technical Activities" described include standards and interoperability analysis, software conformance and certification. These areas are already under intense scrutiny by several groups. Coming to agreement on the standards to be used will require collaboration and a private-public partnership that prioritizes where standards are needed, follows a consensus-building process to determine which standards to adopt, and ensures that they can be operationalized. Key stakeholders, including providers, payers,

standards organizations, vendors and regulators must be part of the discussion and agree to an implementation process.

In addition, NIST's core competencies, by its own definition, are: measurement science; rigorous traceability; and the development and use of standards. While these competencies, combined with NIST resources, could serve as a resource to both the public and private sectors, NIST is likely not the organization to provide the transformational leadership required in health care. However, the AHA believes NIST may be able to develop implementation tactics for health care providers, as it has done for manufacturing and its associated supply chain operations. Toolkits and guidance that enable hospital leaders to achieve Baldridge-level quality within their organizations that also scale nationally are required for success.

CONCLUSION

Hospital leaders, while striving daily to achieve higher standards of quality, safety and efficiency, are limited to local influence within an organization. When we discuss the merits of national health care information networks, interoperability and the resulting improvements in safety and efficiency, hospitals must look to national leadership to create an environment that will enable a hospital to make significant IT investments. This is especially true if the beneficiaries of those investments exist outside of the boundaries of the individual hospital or hospital network. In order for a hospital to make an investment that ultimately benefits the greater good, there must be a reasonable expectation on the part of that hospital that it is heading toward the same goal and using the same measures of success as every other hospital in the country.

Mr. Chairman, it is the mission of every hospital in every community in America to provide the best care possible to people in need. Interoperable health information technology is a crucial tool in providing safe and effective care to the right patient, in the right setting, at the right time. We look forward to working with this committee and staff to forge ahead toward to a shared goal of improving the interoperability and deployment of health IT and, as a result, our nation's health care delivery system. Again, I thank you for the opportunity to testify before this committee.