Testimony of Janet M. Marchibroda

Chief Executive Officer

eHealth Initiative

Before the

U.S. House of Representatives

Committee on Oversight and Government Reform

Subcommittee on Government Management, Organization and Procurement

November 1, 2007

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Procurement of the House Committee on Oversight and Government Reform

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Good afternoon Chairman Towns, Ranking Member Bilbray, Honorable Committee Members,
distinguished panelists and guests. It is an honor to offer my testimony before you today on
federal, state and local efforts to transform healthcare through health information technology (IT)
and health information exchange, and discuss how agencies and stakeholders can coordinate to
meet the needs of our nation's most vulnerable populations.

Chairman Towns, I greatly appreciate your invitation to address this Committee, and I commend
you for your leadership in furthering the use of health information technology to improve health
outcomes, enhance access to care for medically underserved communities and reduce health
disparities. We at the eHealth Initiative look forward to working with you.

The eHealth Initiative (eHI) is a non-profit, independent organization whose mission is to
improve the quality, safety and efficiency of healthcare through information and information
technology. eHI engages multiple stakeholders, including clinicians, consumer and patient
groups, employers, health plans, healthcare IT suppliers, hospitals and other providers,
laboratories, pharmaceutical and medical device manufacturers, pharmacies, public health, and
public sector agencies, as well as a growing coalition of more than 200 state, regional and
community-based collaboratives to develop and drive the implementation of a common set of
principles, policies and best practices for mobilizing information electronically to improve health
and healthcare in a way that is responsible, sustainable, responsive to each stakeholder's needs,
and which builds and maintains the public's trust.

eHI also serves as a bridge between national policy and local initiatives through our work in
states and communities, where we have helped nearly 20 states develop plans for transforming
their own healthcare systems through health IT, and where we have helped communities research
and discover how to build sustainable health information exchange from the ground up.

The Need for Coordinated Action in Healthcare

Concerns about quality, safety, and rising costs in healthcare have driven the federal government
and national and local leaders alike to look for solutions to these challenges. Among these
challenges, U.S. adults receive about half of recommended health care services.[1] Despite

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[1] McGlynn EA, Asch SM, Adams J, et al. "The Quality of Health Care Delivered to Adults in the United States". N Engl J Med
2003;348:2635-2645.

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documented benefits of timely preventive care, barely half of adults (49 percent) receive preventive and screening tests according to guidelines.[2] And poor quality translates into higher costs. The current gap between national average rates of diabetes and blood pressure control and rates achieved by the top ten percent of health plans translates into an estimated 20,000 to 40,000 preventable deaths and $1 to $2 billion in avoidable medical costs.[3]

In addition, chronic disease is a growing and costly problem in the United States. More than 125 million Americans had at least one chronic care condition in 2000, and this number is expected to grow to 157 million by the year 2020.[4] People with chronic conditions drive a majority of healthcare spending in the U.S., accounting for 78 percent of all health care spending in 1998.[5] Seventy-six percent of all hospital admissions are attributable to people with chronic conditions. And people with chronic conditions account for 88 percent of all prescriptions filled and 72 percent of all physician visits.[6] In a country where healthcare spending is 16 percent of the gross domestic product, and much higher than other industrialized countries, the United States--according to many leading employers--is losing its competitiveness and ability to compete globally.[7]

Finally, the Agency for Healthcare Research and Quality's 2006 National Healthcare Disparities Report indicates that disparities in care remain prevalent--with some disparities diminishing while others are increasing; and that opportunities for reducing disparities remain.[8]

The Commonwealth Fund's recent survey of healthcare opinion leaders released in July 2007 showed that 67 % of health care opinion leaders thought the acceleration of health IT would be effective in improving quality and safety in healthcare.[9] Concerns about America's health and healthcare are not only shared by healthcare opinion leaders, but also by consumers. According to a 2006 Kaiser Family Foundation survey, over half (54 percent) of American adults are dissatisfied with the quality of healthcare and almost a third (31 percent) are very dissatisfied.[10] In addition, over 81 percent of Americans are dissatisfied with the cost of health care in the U.S., with a majority (56 percent) very dissatisfied.[11]

Because of the highly fragmented nature of the U.S. healthcare system, information about the patient is stored in a variety of locations largely in paper-based forms and therefore cannot easily be accessed. As a result, clinicians often do not have comprehensive information about the

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[2] The Commonwealth Fund. *Why Not the Best? Results from a National Scorecard on U.S. Health System Performance*, New York: The Commonwealth Fund. 2006.

[3] The Commonwealth Fund. *Why Not the Best? Results from a National Scorecard on U.S. Health System Performance*, New York: The Commonwealth Fund. 2006.

[4] Wu S. Green A. *Projection of Chronic Illness Prevalence and Cost Inflation.* RAND Health, Santa Monica, California: RAND Corporation;
2000.

[5] Medical Expenditure Panel Survey, 1998.

[6] Ibid.

[7] Reinhardt UE, Hussey PS, Anderson GF. 2004. "US Health Care Spending in an International Context." *Health Affairs.* 23(3): 10-25.

[8] National Healthcare Disparities Report, 2006. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/qual/nhdr06/nhdr06.htm

[9] Commonwealth Fund Health Care Opinion Leaders Survey, July 2007.

[10] 2006 Kaiser Family Foundation "Health Care in America" Survey.

[11] Ibid.

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patient when and where it is needed most—at the point of care—and those responsible for managing and improving the health of populations do not have all the information they need to measure progress, identify disparities and facilitate improvement. Businesses cannot measure the effectiveness of clinicians or health systems in delivering safe, equitable, high-quality care. Most importantly, patients cannot easily engage in their own health and care, view their own health records, or choose to share their health information across the clinicians who treat them.

Increasingly, leaders both within the public and private sectors are focused on breaking down barriers to higher quality, safer, more efficient healthcare through the introduction of several new strategies including those related to the adoption of health IT given its critical and demonstrated role in improving health and healthcare. And with this increased focus, we have seen a number of policy changes both at the federal and state levels.

Federal Leadership
At the federal level, the Department of Health and Human Services (DHHS) Office of the National Coordinator for Health Information Technology (ONC) is providing a significant amount of leadership and coordination within the federal government around health IT. Since its inception in 2004, ONC has initiated several activities designed to provide support for the adoption of health IT, including contracts that support standards harmonization, certification of health IT products, and the assessment of business rules and policies related to privacy and confidentiality across states.

On August 2006, President George W. Bush issued an executive order calling for healthcare programs administered or sponsored by the federal government to utilize health IT systems and products that meet recognized interoperability standards.[12] In addition, several grant programs and technical assistance activities designed to support health IT adoption have been initiated by several federal agencies including the Agency for Healthcare Research and Quality—and particularly its National Resource Center for Health IT, the Centers for Disease Control and Prevention, the Centers for Medicare and Medicaid Services, the Department of Defense, the Department of Veterans Affairs Administration, and the Health Resources and Services Administration.

Congress has also played a considerable role in supporting the adoption of health IT, with several bills having been introduced over the last several years that address key barriers to health IT adoption, including standards for interoperability, funding, and authorization of bodies to provide coordination and technical assistance. Most recently, in June 2007, the Senate Committee on Health, Education, Labor and Pensions approved the *Wired for Health Care Quality Act of 2007* (S. 1693) which includes several provisions related to the role of government, funding, standards, and the alignment of quality with health IT. Congresswoman Anna Eshoo recently introduced a companion bill to the Wired Act in the House, of which you are a cosponsor, Mr. Chairman. And we understand you may develop a health IT bill that focuses on how health IT can address disparities. Again, I commend your leadership, and we stand ready to work with you.

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[12] The White House. *Executive Order: Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs*. http://www.whitehouse.gov/news/releases/2006/08/20060822-2.html August 22, 2006.

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State and Local Level Activity Continues to Rise

A number of states are also moving forward in parallel with federal efforts to develop and implement policies and plans that promote health IT and health information exchange. Recently, we have seen a significant increase in state-level legislative action regarding health IT and quality improvement. While there was virtually no legislation at the state level related to health IT prior to 2005, in 2005 and 2006 thirty-eight states introduced 121 bills specifically focused on health IT, and of those, 36 bills were passed into law in 24 states.[13] In 2007 so far, 217 bills have been introduced across 50 states that refer to the adoption or implementation of health IT, nineteen of which have been signed into law in sixteen different states.[14]

Along with the increase in the overall quantity of bills being introduced and passed on the state level, we also see a welcome shift in the focus of these bills. State legislation is becoming increasingly sophisticated, calling for a focus on improving the quality of care through the use of health IT, rather than focusing on health IT alone. Several of these bills also authorize funding of state initiatives, or establish exploratory and investigative task forces to facilitate state progress.

U.S. governors are also playing a critical role in moving forward. To date, 20 executive orders have been issued by governors in 15 states, which are designed to drive improvements in health and healthcare through the use of IT--eight executive orders in 2007 alone.[15]

The number of collaborative health information exchange initiatives at the state, regional and community levels has grown considerably over the last three years. According to eHealth Initiative's *Third Annual Survey of Health Information Exchange at the State, Regional and Community Levels*, at least 165 initiatives existed in July 2006, located in 49 states, the District of Columbia and Puerto Rico.[16] Early findings from the 2007 survey results indicate that, while a handful of initiatives have closed their operations, there are at least 16 new health information exchange initiatives. Review of the early findings from the 2007 survey also indicate a slight increase in the number of *operational* health information exchange initiatives above the 26 identified in 2006.

Despite all of this activity at the national and local levels, the adoption of health IT has been slow due to a number of well-documented factors, including:

- The lack of standards adoption that would enable interoperability of health IT systems across the care system
- The misalignment of incentives that often drives volume and fragmentation and does not reward the use of information to deliver better healthcare
- Concerns about privacy and confidentiality of electronic information

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[13]eHealth Initiative, *States Getting Connected: State Policy Makers Drive Improvements in Healthcare Quality and Safety Through IT*. Washington, D.C.: eHealth Initiative; August 2006.

[14] eHI State Legislation Tracker. www.ehealthinitiative.org. Accessed October 2007.

[15] Ibid.

[16] eHealth Initiative. *Improving the Quality of Healthcare through Health Information Exchange: Selected Findings from eHealth Initiative's Third Annual Survey of Health Information Exchange Activities at the State, Regional and Local Levels*. Washington, D.C.: eHealth Initiative; September 2006.

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- The significant work flow change required by providers to transform healthcare delivery through the use of health IT

A Common Path Forward
Our discussions with stakeholders across the healthcare system at the national and local levels reveal that more clarity is needed regarding the incremental steps that must be taken to improve healthcare quality, safety and efficiency through information and information technology. With all of the change, and the multitude of activities taking place at the national, state, and local levels, healthcare leaders find that it is often hard to keep track and make sense of what is happening, and understand the steps that should be taken to improve healthcare quality, safety and efficiency through information technology.

In addition, because the healthcare system is so fragmented, collaboration across the multiple stakeholders in healthcare is crucial to defining and implementing solutions that are not only patient-centric, but will also work within the system. Responding to this challenge, eHealth Initiative's leadership in March 2007 launched a collaborative process designed to offer practical guidance on how to improve health and healthcare using health IT and health information exchange.

The *eHealth Initiative Blueprint: Building Consensus for Common Action* (eHI Blueprint) is a shared vision, and a set of common principles, strategies and actions for improving health and healthcare through health IT and health information exchange. The eHI Blueprint is designed to offer guidance to national, state and local leaders—both within the public and private sectors—and across every sector of healthcare. It was developed by a broad, transparent, collaborative, multi-stakeholder process involving nearly 200 organizations including clinicians, consumer groups, employers, health plans, health IT suppliers, hospitals and other providers, laboratories, pharmacies, pharmaceutical manufacturers, public health agencies, and state and regional leaders.

The eHI Blueprint offers a shared vision of a high-performing healthcare system, where all those engaged in the care of the patient are linked together in secure and interoperable environments, and where the decentralized flow of clinical health information directly enables the most comprehensive, patient-centered, safe, efficient, effective, timely and equitable delivery of care where and when it is needed most – at the point of care.[17]

The eHI Blueprint frames an incremental path forward across five areas critical to improving health and healthcare: engaging consumers; transforming care delivery; improving population health; aligning financial and other incentives; and managing privacy, security, and confidentiality. While broad-based consensus was reached on principles and several strategies and actions across these five areas, the eHI Blueprint also identified areas where more national dialogue is needed—including specific strategies related to financing as well as policies for information sharing. Such dialogue will require federal leadership and a national public-private

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[17] Institute of Medicine. Committee for Quality in Health Care in America. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academy Press; 2001.

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sector dialogue, involving the many diverse stakeholders in healthcare—including those operating both at the national and local levels.

Top Down or Bottom Up?

This hearing asks us – are their too many cooks in the kitchen? And which approach will work best -- top-down or bottom-up? We believe that leadership needs to come from both the national level and the state and local levels, working in a coordinated fashion.

Clearly there is need for federal leadership for moving this agenda forward, particularly as it relates to driving the harmonization and adoption of technical standards for interoperability; providing guidance on policies related to privacy and security; and stimulating private sector investment through the provision of necessary seed funding and the alignment of incentives.

At the same time, increasingly, health care leaders and policymakers alike are realizing the importance of collaboration at the regional and community levels in driving improvements in health care quality, safety and efficiency. In a recent report entitled *It Takes a Region: Creating a Framework to Improve Chronic Disease Care*, Dr. Ed Wagner and colleagues state that "in the absence of substantial national health care reform, regional quality improvement efforts appear to offer the best hope for transforming American healthcare."[18]

eHealth Initiative's research findings on value and sustainability in health information exchange also reveal the importance of local collaboration to facilitate health IT adoption and the mobilization of information electronically between health care organizations. Supported by a set of experts in economics, finance and health care, and lessons learned from learning laboratories in ten regionally-based health information exchange efforts, the eHealth Initiative Foundation with funding support from the Health Resources and Services Administration, learned that sustainability of health information exchange is indeed possible, but hampered by the embedded infrastructure resulting from many years of a third-party, fee-for-service reimbursement system that has resulted in a fragmented delivery system which creates little demand for, and in fact, much resistance to the sharing of information across health care organizations.[19]

As a result, those that have been successful in spite of these forces, have done so because among other things, they have built—at the state and local levels--"social capital" or a "radius of trust" that enables multiple stakeholders with divergent interests to come together around a common good—improvement of health and health care for the individuals which reside within a community.[20] Social capital has enabled many local efforts in the U.S. to build the trust necessary to come to agreement on and then implement policies for information sharing that address privacy and confidentiality concerns and develop business models that deliver value to local stakeholders who need to bear the cost of the exchange--despite pressures to silo data given misalignment in the current payment system.

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[18] Wagner E., Austin B, Coleman C. *It Takes a Region: Creating a Framework to Improve Chronic Disease Care.*
[19] eHealth Initiative. *Health Information Exchange: From Start-up to Sustainability.* Developed by the eHealth Initiative Foundation with support from the Department of Health and Human Services Health Resources and Services Administration. Washington, D.C. May 2007.
[20] Ibid.

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In addition, through eHI's survey research it has been noted that much of the clinical data required for healthcare delivery and improvement resides within local (vs. national) institutions-- such as hospitals, local laboratories, pharmacies and physician practices.[21] As a result, the "nationwide health information network" will need to be built from "the ground up", through the linkage of organizations locally through health information exchange networks, and the linkage of local efforts with both national networks as well as each other, through a "network of networks", utilizing standards for interoperability developed nationally.

Recent funding initiatives sponsored by the federal government also signal recognition of the importance of regional and community collaboration, including the DHHS Secretary's October 5, 2007 announcement of contracts totaling $22.5 million to nine state and local health information exchanges to begin "trial implementations of the Nationwide Health Information Network."[22] In December 2007, the Centers for Disease Control and Prevention is expected to announce contracts to support public health surveillance by state and local entities, that will complement the NHIN awards.[23]

There are many national actors in health care, including national health plans, national labs, national (and global) employers, hospital chains that operate nationally, and even the federal government--including Medicare, the Department of Defense and the Department of Veterans Affairs. These national players are trying to figure out how to deal with the multitude of local efforts. The natural tension between national and local efforts is not new, and one which has been experienced in nearly every sector of the economy.

Getting to an improved system that informs care delivery and improves the health of the American population requires both, and we need to figure out how to build a bridge between national and local efforts through common interfaces and policies. That's one of our priorities at the eHealth Initiative, as we work with all of the diverse stakeholders in healthcare to help build a healthcare system that delivers the right care to *every* American, every time.

Suggested Actions for National Leadership
There are several areas where federal leadership can make an important contribution toward transforming the quality, safety and efficiency of our nation's healthcare system through information and information technology.

- **Driving Standards Adoption:** First, the harmonization and adoption of national standards for interoperability are critical to facilitate the information sharing needed to drive improvements in the quality, safety and efficiency of care. The federal government has made significant progress in this area, and the transition of the American Health

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[21] eHealth Initiative. Improving the Quality of Healthcare through Health Information Exchange: Selected Findings from eHealth Initiative's Third Annual Survey of Health Information Exchange Activities at the State, Regional and Local Levels. Washington, D.C.: eHealth Initiative; September 2006.

[22] http://www.hhs.gov/news/press/2007pres/10/pr20071005a.html. HHS Awards Contracts for Trial Implementations of the Nationwide Health Information Network, October 5, 2007.

[23] Centers for Disease Control and Prevention, RFP No 2007-N-09275, *Accelerating Public Health Situational Awareness through Health Information Exchanges*, http://www.fbo.gov/servlet/Documents/R/1675039/309666, May 21, 2007.

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Information Community (AHIC) by DHHS over the next several months will support the continuation of this important work. We believe the transition will require an independent convener that engages every sector of healthcare—including those who work both at the national and local levels--in an inclusive, transparent, and balanced process, that is designed to listen, engage and synthesize diverse perspectives to develop a path forward for health IT interoperability that is focused, sustainable, and achieves results related to standards harmonization and standards adoption.

- **Addressing Privacy and Security Policies**: The federal government should continue to lead and expand upon its efforts to develop a framework for privacy and security, leveraging the work of the current AHIC and drawing upon the work of the Health Information Security and Privacy Collaboration (HISPC), another federally funded effort which has conducted research and engaged leaders in 34 states around privacy and security policy.

- **Aligning Incentives:** As noted in eHI's June 2007 report on value and sustainability for health information exchange, both national and local efforts focused on health IT adoption and health information exchange suffer from a reimbursement system that largely encourages both volume and fragmentation in healthcare. As a result, there are no incentives—and in fact, disincentives for, clinicians, hospitals and other providers, labs, and payers to share information.[24] Leadership is needed—across both the public and private sectors to address the longer-term, complex, financial sustainability issues related to health IT interoperability which stem from America's current payment system. Enhancements to payment policy are needed that reward not only higher quality, more efficient healthcare, but also offer in the earlier years other incentives that will support the foundational health IT underpinnings needed to get to better outcomes and federal leadership is required to move this work forward.

  In addition, much progress can be made today through a public-private partnership that can provide guidance on—and stimulate action for--how the field might move forward on *near-term opportunities* for the creation of a set of business cases for the use of electronic clinical information—for example, focusing on areas such as healthcare quality, drug safety, and consumer access to health information.

- **Addressing Disparities:** The federal government is already playing a leadership role in addressing disparities, but opportunities exist for more leadership in the area of using health IT as a tool to close the differential gaps.

  Health IT offers great promise for helping clinicians deliver equitable care through evidence-based decision support, chronic care management tools and population health functions. But targeted resources must be provided to those clinicians who serve minority and other underserved communities, to ensure they are not left behind in the

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[24] eHealth Initiative. *Health Information Exchange: From Start-up to Sustainability.* Developed by the eHealth Initiative Foundation with support from the Department of Health and Human Services Health Resources and Services Administration. Washington, D.C. May 2007.

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drive to accelerate health IT adoption. Creating a gap between those with IT and those without will only serve to exacerbate the existing disparities in care, which is unacceptable. The federal government can play a strong role in ensuring that providers have the resources they need—grants, loans, or hands-on help in implementation—to effectively use health IT in patient care.

In addition, the federal government has a tremendous opportunity to provide leadership in the area of engaging patients in their own health and healthcare, especially consumers within vulnerable populations. Health information tools can create a new standard of care in which delivering information, self-care tools and decision aids to the patient are as integral to high quality care as providing tests, medications and treatments.

These tools should be universally available to consumers regardless of whether or not they have health insurance; they should serve consumers' varied needs, be integrated in the delivery of care and conveniently available outside of care delivery settings. These tools should also be designed explicitly to meet the needs of diverse groups including the economically and geographically underserved, disabled, older, and culturally diverse populations. The federal government can provide leadership specifically in developing tools that meet the needs of these diverse groups, while the private market is maturing.

- **Providing Technical Assistance:** The eHealth Initiative Foundation's research on value and sustainability also made it clear that the next 24-36 months is a critical time on the ground, in terms of the success of health information exchange initiatives designed to mobilize clinical information electronically to support improvements in healthcare quality, safety and efficiency.[25] Widespread failures will set this effort back by many years, and the federal government has an opportunity to provide leadership and support to these important community initiatives.

  In addition to the work being conducted by the Office of the National Coordinator to test prototypes for a nationwide health information network, communities need tools and technical assistant to support their becoming financially sustainable. To achieve sustainability, these communities need "hands-on help" in developing and applying successful business models, which both the 2006 and 2007 eHealth Initiative Survey results tell us is their number one challenge.[26] The Department of Health and Human Services has played a federal leadership role in supporting this work, and we hope that continued efforts will help to ensure success.

Finally, the federal government cannot do this work alone. Public-private partnerships--operating both at the national and local levels--are needed to gain consensus, provide leadership and

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[25] eHealth Initiative. *Health Information Exchange: From Start-up to Sustainability.* Developed by the eHealth Initiative Foundation with support from the Department of Health and Human Services Health Resources and Services Administration. Washington, D.C. May 2007.

[26] eHealth Initiative. Improving the Quality of Healthcare through Health Information Exchange: Selected Findings from eHealth Initiative's Third Annual Survey of Health Information Exchange Activities at the State, Regional and Local Levels. Washington, D.C.: eHealth Initiative; September 2006. Preliminary 2007 Survey Results.

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provide a common path forward that is workable, sustainable, and will result in significant improvements in the quality, safety and efficiency of care.

Summary

In summary, it could not be a more important time to drive the necessary changes that are needed both nationally and locally to drive improvements in our healthcare system through information and information technology. Great progress has been made, but more work is needed to drive towards our vision of a high-performing healthcare system enabled by information and information technology. This is hard work, requiring both leadership and collaboration across every sector in healthcare who need to work together—hand in hand with federal and state government, to develop and apply common principles and policies about how we'll get this important work done.

We have a tremendous opportunity to build upon the work that has already been done related to the technical aspects of health IT interoperability and more national dialogue and action is needed—across both the public and private sectors, related to both financing and policies for information sharing. But we most work together, and we must continue to focus on our goal, which is to improve the quality, safety and efficiency of healthcare for all Americans. The use of interoperable, standards-based health information technology plays a critical and foundation role in achieving this goal.

Again, thank you for this opportunity and I look forward to answering any questions you may have.

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