



**Opening Statement of
The Honorable Renee Ellmers
Chairwoman, Subcommittee on Healthcare and Technology
House Committee on Small Business
Hearing: “Not What the Doctor Ordered: Health IT Barriers for Small Medical Practices”
June 2, 2011**

Good morning. I call this hearing to order.

I want to thank the witnesses on both panels for testifying today. We appreciate your participation.

Health information technology – the computerized management of health information – has the potential to improve health care delivery, decrease medical errors, increase clinical and administrative efficiency, and reduce paperwork.

Studies have shown that adoption of health IT is becoming more common, but the transition is a slow one. In 2010, the Centers for Disease Control and Prevention found that 24.9% of office-based physicians had a fully functional Electronic Health Records (EHR) system, and 10.1% had a basic EHR system.

Studies have shown that there is a digital divide on health IT between large and small medical practices. A study of eastern North Carolina confirmed the existence of the digital divide, and found that the smaller a medical practice is, the less likely it is to use EHRs.

As a registered nurse and the wife of a surgeon, I understand that a modern, efficient and well-equipped office is critical to the practice of medicine. Health IT offers promise to all medical professionals. However, financial, legal and technology barriers prevent many, particularly smaller practices, from moving forward with EHRs. This issue is critical because almost 60% of office-based physicians work in practices with fewer than ten doctors. In fact, the small practice is said to be the best indicator of the success of EHRs, because it is likely to be the last to widely adopt this technology.

Since 2009, many physicians have received Medicare incentive payments for e-prescribing Part D medications. Beginning this year, doctors are eligible for Medicare or Medicaid incentives under a separate program if they demonstrate “meaningful use” of electronic health record systems. I am particularly concerned that physicians may not be aware that they must report e-prescribing activity this year to avoid e-prescribing penalties that begin next year.

There are other challenges, too. As more personal information is available electronically, patients must feel confident that their medical information is secure and their privacy is protected. And physicians need to be assured that the information that they transfer is not changed or misused. We look forward to hearing from today's witnesses about how these barriers can be addressed.

I now yield to Ranking Member Richmond for his opening statement.