Standards for Health IT: Meaningful Use and Beyond

September 30, 2010

House Subcommittee on Technology and Innovation

Chairman Wu, Ranking Member Smith, Committee Members, Staff and Guests:

Thank you for the opportunity to present on this important topic. I am honored to be among such esteemed members of the health care community, my fellow testifiers, all who are contributing so much to the advancement of health care reform.

In preparing for this testimony, I spent considerable time reflecting on our experiences in Nebraska. There is a great deal of expert dialogue on this topic in the industry. Certainly, hearings like this provide additional subject matter expertise that will surely benefit the ongoing development of standards for interoperability and Information security, and health care reform in general. It is clear this committee has significant data and information at its disposal to continue its pursuit to develop solid and workable standards.

I would like to focus my testimony on principles Nebraska has implemented in this arena and respectfully share with you lessons learned I believe directly apply to the success of the efforts for those at the Office of the National Coordinator who are developing these critical standards.

There are three areas that have contributed tremendously to Nebraska’s success in implementing the federal health care initiatives of achieving meaningful use:

- Extensive and persistent stakeholder engagement
- Physician Engagement and,
- Sharing knowledge among States
As President and CEO of Bass & Associates, and Executive Director of NeHII, the Nebraska Health
Information Initiative, I worked closely with our NeHII team and project members to ensure we engaged
key stakeholders across the State. We knocked on doors, developed educational materials and
launched community-based consumer education campaigns. We spoke in the cities and across rural Nebraska at Rotary Clubs, State Associations and Chamber of Commerce meetings. In short, no stone was left unturned in our efforts to engage citizens across our State. The Office of the National Coordinator has done an excellent job of reaching out to stakeholders, including our own opportunity to host Dr. Blumenthal on his recent visit to Nebraska. Dr. Blumenthal took time out of his busy schedule to tour NeHII-enabled facilities and witness our successful health information exchange up close. I am certain his travels are extensive and require a great deal of effort, but the benefits of these stakeholder visits across the country are immeasurable.

As the ONC develops its next set of standards, I strongly urge them to continue to avail themselves of stakeholder conferences, meetings, and other opportunities to demonstrate their continued support of these standards, and express appreciation for the effort States make to understand, implement and adhere to their guidelines across the country. This stakeholder engagement is especially important as standards are being examined and released, in particular those supporting the ONC’s efforts to develop technical standards to address interoperability demands. At its March 24, 2010 HIT Standards Committee hearing, ONC identified the need to support a broader set of stakeholders and providers in information exchange. This, I believe, was another critical step in the right direction to encourage stakeholders to embrace the new standards.

NeHII was implemented using the most current available standards, and we remain committed to conforming to new standards as they are developed. We will make every effort to pursue the
conversations and affirmations from NeHII participants in setting those standards to guarantee the ability of HIEs to operate with the least amount of impact to daily operations.

Recently, I met with a State that, while it possessed all of the components to successfully build an HIE, is struggling with the critical issue of physician adoption of that same HIE. Our conversations around solutions to reverse this trend revealed how difficult it is to move forward on interoperability of electronic records without fully engaged physicians. At NeHII, we are fortunate to have Dr. Harris Frankel, a respected Omaha practicing, board-certified physician, who serves as the NeHII visionary. In this capacity, he is able to reach deep within the physician community as a respected leader and as one of their own. I cannot tell you the number of times Dr. Frankel’s reach within the physician community, and not a little of his Midwestern charm, allowed us access to respected physicians who became champions of NeHII and therefore supported interoperability across the healthcare spectrum. Dr. Blumenthal, as a practicing physician, enjoys this esteem as well. His continued contact with the physician community toward adhering to standards in interoperability of electronic records will be the cornerstone to engaging this critical constituency and, ultimately, one of the key success factors of health care reform.

Finally, I believe the Office of the National Coordinator should continue to be a dedicated resource for current information in offering a collection of lessons learned and best practices for States to rely upon. A national repository of best practices from all States would be a helpful guide in that direction. We at NeHII have offered, and to date 16 States have accepted, our Privacy and Security policies for States to utilize as an example for drafting their own policies. Sharing this information has engendered good will, trust and a shared commitment. I urge the ONC to facilitate the sharing of knowledge among States throughout the reform effort. The ONC’s Support Grant Opportunity, administered through RTI, is an
excellent example of encouraging States to cooperatively identify barriers and share knowledge in overcoming them.

Chairman Wu, Ranking Member Smith and members of the Committee, thank you for the opportunity to testify today. Your commitment to reach out to those who shoulder the largest part of the health care reform effort is much appreciated and will go a long way toward its continued success. Thank you.