

## Summary of House Ways and Means Subcommittee on Health Hearing: “Efforts to Promote the Adoption and Meaningful Use of Health Information Technology”

Washington D.C. July 20, 2010 – After the release of the Final Rule for the Electronic Health Record (EHR) incentive programs for Meaningful Use, on July 13, the U.S. House Ways and Means Committee’s Subcommittee on Health held a hearing on promoting the adoption and meaningful use of health information technology (IT). Chairman Pete Stark (D-CA) voiced the purpose of the Subcommittee by suggesting that the members “listen to the testimony of our government panel and our stakeholders panel with open minds and use this hearing to learn more about why HHS changed the final rule as they did and to understand all the promise that can come out of these advances in health IT adoption.”

The first panel included Dr. David Blumenthal, National Coordinator for Health Information Technology, Office for the National Coordinator for Health IT (ONC), U.S. Department of Health and Human Services (HHS) and Tony Trenkle, Director, Office of E-Health Standards and Services, Centers for Medicare & Medicaid Services (CMS). The primary concern amongst many of the Subcommittee members was the “lowering of the bar” of the requirements in the Final Rule. Blumenthal and Trenkle offered several explanations for the reduction of certain requirements. According to the two officials, the Final Rule balances the legislation and the submitted public comments, and the updated requirements attempted to make it a little more achievable, including small hospitals and physicians, to become eligible for incentives. Second, the change in requirements reflects some of the missing links in the infrastructure of the industry, including pharmacies and laboratories lack of involvement in health information exchange (HIE). Third, the two government officials stressed very heavily that this Final Rule only governs Stage 1 of the whole three-staged plan. This Final Rule is intended to encourage providers to start adoption now, and then higher requirements would be set in Stages 2 and 3. This staging process also allows for evaluation of the program once it moves along, as Dr. Blumenthal said, “We will learn as we go.”

The second panel included Christine Bechtel (VP, National Partnership for Women and Families), Phyllis Teater (CIO, Ohio State University Medical Center), Dr. Eugene Heslin, Charles W. Jarvis, (HIMSS EHR Association), and Jonathan P. Hare (Chairman, Resilient Network Systems). When asked if the Final Rule included enough flexibility to accommodate all groups, Bechtel stated that the thresholds were reasonable so long as providers continued beyond the thresholds. Heslin commented that the Final Rule is a good focus in a broad subject, and Jarvis explained that the goals, although achievable, would still require hard work to obtain. However, Hare was of the opinion that the Final Rule was actually an obstacle to the entire process of harnessing IT among providers. Teater commented that the incentive payments should not be reduced even though the corresponding requirements were reduced. Heslin urged small and rural physicians to stay committed to the adoption of health IT, even if the short term results are a decrease in revenue and patients seen. Overall, the majority of the witnesses on the panel were supportive of the Final Rule and hopeful that the Final Rule was moving the landscape of health IT in the right direction.

For more information on the briefing, please visit the Committee’s hearing [website](#). For more information on meaningful use and the Final Rule, please visit the HIMSS economic stimulus [website](#).