



**House Energy and Commerce Committee, Subcommittee on Health
“Implementation of the Health Information Technology for Economic
and Clinical Health Act of 2009 (HITECH)”**

Washington D.C. July 27, 2010 – After the release of the Final Rule for Medicare and Medicaid Programs and Electronic Health Record Incentive Program on July 13, 2010, the House Energy and Commerce Committee’s Subcommittee on Health held a hearing entitled “Implementation of the Health Information Technology for Economic and Clinical health Act of 2009 (HITECH).”

Chairman Frank Pallone (D-NJ) commented on the “curiously antiquated system of health IT” in America, despite the nation’s focus on innovation and IT within other sectors. Pallone added that this inconsistency places the burden of managing personal health information on patients. In order for the Subcommittee to provide better oversight of the implementation of the HITECH Act, the hearing focused on the progress and plans for implementation of the provisions of the Act aimed at nationwide electronic use and exchange of health information, including the Final Rule on meaningful use.

The first panel consisted of Dr. David Blumenthal, National Coordinator for Health Information Technology, Department of Health and Human Services (HHS), and Tony Trenkle, Director, Office of E-Health Standards and Services, Centers for Medicare & Medicaid Services. The Subcommittee members’ primary concern was that the Final Rule on meaningful use excludes multi-campus hospitals with one Medicare provider number from receiving incentive payments for each campus. Trenkle explained that the rule was created in accordance to existing payment policies in other Medicare programs. When asked if the rule would be reconsidered, Trenkle said it would not, but, the agency would be open to discussing with Congressional staffs other ways to augment the rule.

Other concerns voiced during the hearing included the barriers rural hospitals and providers face to the adoption of electronic health record (EHR) technology; and the potential for such programs to further exacerbate existing health disparities or to create new disparities. Blumenthal assured the Subcommittee that HHS plans all well-intentioned providers and hospitals to meet the meaningful use requirements. The agency has launched many programs in order to better serve providers and hospitals, including the regional extension centers (RECs), state health information exchanges (HIEs), Beacon Communities, Strategic Health IT Advanced Research Projects (SHARP), and health IT curriculum. HHS is working closely with other agencies to coordinate the roll out of Health IT pilot programs and other health reform initiatives.

The second panel included Frank J. Vozos, M.D., FACS (ED, Monmouth Medical Center), Gregory D. Starnes (CEO, Fayette County Hospital), Christine Bechtel (VP, National Partnership for Women and Families), Roland A. Goertz, M.D., M.B.A. (President-Elect, American Academy of Family Physicians, CEO, Heart of Texas Community Health Center a 2009 Davies Award winner), Matthew Winkleman, M.D. (CEO, Primary Care Group), Glen E. Tullman (CEO, Allscripts), and Peggy C. Evans, PhD, CPHIT

(Director, Washington and Idaho Regional Extension Center, Qualis Health). These panelists came from a diverse set of backgrounds, and therefore offered various professional perspectives on the Final Rule. Starnes explained that, despite the stimulus money, the economic recession created new challenges for rural providers and hospitals who want to offer fully functional EHRs to their patients. Bechtel emphasized a patient-centered approach to implementation, and Goertz stressed the importance of providing technical assistance to rural providers to ensure a successful transition. Winkleman spoke of the need for focused government guidance in creating discrete data standards, which would enhance meaningful use capabilities more quickly. Evans pointed out that workflow redesign will prove critical for bridging the gap between EHR use now and meaningful use in the future.

In response to Republican Subcommittee members' concerns regarding unemployment, Tullman reported significant job growth within the field of Health IT. Overall, the stakeholders recognize that EHR adoption and meaningful are not an end but a long process; however they agreed the EHR incentives program, outlined in the Final Rule, is a critical step towards meaningful use.

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](#).