Statement of

David E. Silverstone, MD

The Eye Care Group
New Haven, Connecticut

On behalf of

The Alliance of Specialty Medicine

Before the

House Committee on Science and Technology
U.S. House of Representatives

Hearing on

"H.R. 2406/Health Information Technology"

Presented
September 26, 2007

Mr. Chairman and members of the committee, thank you for holding this hearing on health information technology and the need for interoperability standards that will promote and support the integration of private and secure health information enterprises. I appreciate the opportunity to present the perspective of specialty physicians on your legislative proposal, HR 2406, which is pending before the committee.

I am David Silverstone. I am a practicing ophthalmologist at The Eye Care Group in New Haven, Connecticut where I am also a Clinical Professor of Ophthalmology and Visual Science at the Yale School of Medicine and the Assistant Chief of Ophthalmology at Yale-New Haven Hospital. I serve as the Chair of the American Society of Cataract and Refractive Surgery's (ASCRS) sub-committee on Health Information Technology, as well as the ASCRS liaison to the American Society of Ophthalmic Administrator's Executive Board.   Today, I am here representing the Alliance of Specialty Medicine – a coalition of 11 medical societies, representing nearly 200,000 specialty physicians.

First, we would like to thank you for your efforts to advance health information technology (HIT) legislation and for including specialty physicians in the development process. We believe that your legislation, H.R. 2406, which authorizes the National Institute of Standards and Technology (NIST) to enhance efforts to integrate healthcare information enterprises in the United States, will help to promote the wide spread adoption of effective HIT. Health Information Technology has the potential to increase efficiency and quality of care but this cannot be achieved until we have effective standards for communication and interaction among systems. In addition, the technology has the potential to significantly lower costs in the health care industry. Furthermore, we support the development of an electronic information network that is reliable, interoperable, secure, and protects patient privacy.

Specialty physicians have been and continue to be actively engaged in the quality improvement arena. Through the development of measure specifications for services and the development of a rational system for collecting, aggregating, and reporting data across numerous public and private insurance programs in the least burdensome way, we have played a pivotal role in shaping the future of our healthcare delivery system. However, in order to continue making progress in this area, we believe that specialty physicians, and indeed all health care providers, must employ reliable and secure health information technology systems. These systems are a needed and essential component that will help us to continue to participate in these programs and to improve the quality of care we provide to our patients. In addition, these systems will help us to harness medical knowledge to enable health care providers to deliver the most effective and up-to-date medical care in an efficient and cost effective manner.

As you know, the adoption of electronic healthcare records and other health-related information technology (IT) has been slow, to say the least. According to the eHealth Initiative, the health care industry invests only 2 percent of its revenues in IT, whereas other information intensive industries, such as financial services, invest 11 percent of revenues in IT in order to improve the quality, diversity and efficiency of their products and services. We agree that in this age of rapid technological advancement, the slow adoption of health IT by the healthcare industry is undesirable. The absence of an effective health information technology system is hampering the introduction of effective treatment plans into mainstream medicine, the effective and efficient evaluation of current practices, and efforts to improve both the quality of medical care and the cost effectiveness of health care delivery. We believe that an effective quality improvement program must incorporate the use of health IT, while recognizing the

considerable administrative costs that physicians and other health professionals would incur for participating in such a program.

Most physicians and other health professionals lack the necessary health IT and administrative infrastructures to participate in the majority of quality improvement programs for physicians' services. As you know, the typical American small physician practices and physicians not employed by large institutions will continue to face challenges in financing the purchase of integrated HIT systems. In addition, many progressive practices that were "early adopters" of HIT are now finding themselves with costly systems that are now out-of-date. The cost of updating these systems will be too great to bear in light of pending health care services reimbursement reductions and the current lack of interoperability standards. Most physicians do not have HIT systems and are "watching and waiting"; they do not feel confident making such a large investment in health IT because of the cost and the uncertainty of future system compatibility.

Therefore, as Congress addresses this legislation or similar legislation in the future, we hope that additional efforts to promote health IT and interoperability include more financial assistance for physicians to obtain health IT. Efforts to ease the burden on physicians seeking to purchase health information technology, especially in the face of annual updates below medical inflation due to the flawed sustainable growth rate (SGR) formula, are greatly appreciated but also essential.

Your bill, which would accelerate the development of interoperability guidelines and standards, is both a necessary and essential step in deploying and utilizing IT effectively and efficiently in our health care system. IT systems must use common standards for data transmission, data

sharing, medical terminology, communications, security and other features. Developing these interoperability standards will allow disparate IT systems and software applications to communicate, exchange data and use that information to both improve the quality of care provided to our nation's patients and to decrease the cost of providing that care.

We concur that NIST, with its expertise in electronic commerce, information technology, security and privacy, coupled with the healthcare component of the Malcolm Baldrige National Quality Program and its expertise in working with the information technology and healthcare industries, is well equipped to address the technical challenges posed by healthcare information enterprise integration.

As you know, an integrated information enterprise is critical for useful HIT. Involving an entity, such as NIST, with the capacity to promote guidelines and standards in the public and private sectors will encourage functional uniformity among HIT products. Current problems resulting from the fragmentation of healthcare in the United States would be greatly diminished and physicians will be able to choose products that conform to specific practice needs, while also ensuring adequate and appropriate information is available to other providers.

In addition, encouraging interoperability between entities through research and development grants to institutions of higher education and for profit/non profit centers that promise to form "Centers for Healthcare Information Enterprise Integration" will establish a precedent of the importance of interoperability.

It is also essential to identify, early-on, any problems with HIT in order to minimize costs and mitigate risks prior to widespread adoption. A realistic timeline for HIT adoption should allow

ample time to develop, test, and validate appropriate HIT criteria, standards and guidelines. Physicians, largely inexperienced with HIT, will also benefit from a timeline that allows sufficient time to acclimate to a new system.

On behalf of the Alliance for Specialty Medicine, thank you for your leadership in advancing the quality of our health care system by addressing the needs of the healthcare industry in the area of HIT. And, thank you again for continuing to include specialty physicians, those as myself who will be most affected by practice changes, in the process. We applaud the leadership of Chairman Gordon for an extremely well thought out plan that promotes the adoption of HIT by authorizing NIST and others with expertise in the area of technical standards development to take on this monumental task. The Alliance stands ready to work with the Chairman and this committee on this legislation and the rapid implementation of interoperability standards.

At this time, I would be happy to answer questions from the committee members.

Thank you.