



**Responses of Justin T. Barnes
for
U.S. House Committee on Science and Technology**

November 16th, 2007

Questions Submitted by Chairman Bart Gordon

1. How are the economic incentives for investment in healthcare IT (HIT) systems different for small versus large healthcare providers? Can small practitioners expect a financial return on their investment in HIT systems in the same timeframe as large hospitals and large practices?

Barnes Response:

Economic incentives tend to be more valuable for smaller physician group practices than larger physician group practices. The relative cost of HIT adoption is greater for a small practice because the costs are not shared by as many providers and stakeholders. In larger physician group practices, the cost of HIT adoption is usually shared over a greater number of providers and stakeholders, thus the “per provider” cost is lower.

2. Can small practitioners expect a financial return on their investment in HIT systems in the same timeframe as large hospitals and large practices?

Barnes Response:

For the most part, yes. Smaller physician practices can expect a return on investment (ROI) from their HIT implementation in similar timeframes as larger practices. It may take an extra few months for smaller practices but in overall, both groups realize the ROI benefits 6-12 months after implementation. Sometimes even sooner if the practice thoroughly researched products and purchased an integrated and interoperable electronic health record (EHR) that was proven to perform well in their specialty. This is a very, very important factor in recognizing ROI from HIT and EHRs.

3. How could an interoperable HIT system better enable practicing physicians to keep up-to-date on the latest medical treatments and diagnosis procedures?

Barnes Response:

Many of the leading HIT and EHR solutions today automatically receive regular updates electronically that keep treatments, protocols, procedures and coding updated. These updates are automatically integrated seamlessly into HIT and EHR workflows and are added monthly, quarterly, semi-annually or annually based on practice preferences.

4. How could interoperable HIT systems support decision-making by practicing physicians and other healthcare providers?

Barnes Response:

Many of the leading HIT and EHR solutions today have financial and clinical decision support tools and modules integrated into their functionality. Practices, colleagues, peers and medical associations can all share treatment protocols, best practices and much more to increase care quality through the utilization of interoperable HIT and EHRs.

5. How would a fully interoperable HIT system within the Federal Government advance the adoption of HIT in the private sector?

Barnes Response:

Not sure it would unless it was referenced as an example or “best practice” on increasing care quality, saving lives and decreasing costs. If those were shown to be proven factors of a Federal Government HIT system, then it should lead the private sector to adopt and implement a fully interoperable HIT system to ascertain those same results. I feel the issue here is that the Federal Government does not operate in a similar manner to the private sector so many do not compare or correlate results and experiences.

6. Could you provide us with some examples of the drawbacks of a lack of coordination of technical standards in the realm of conformance-testing for HIT systems?

Barnes Response:

The drawbacks would be significant certainly in the areas of time, lives and money. Coordination of these efforts will get interoperability promulgated much more quickly and therefore we begin increasing care quality, saving lives and decreasing healthcare costs more rapidly. If there is a lack of coordination, it would add on several more years to achieve full healthcare industry interoperability and therefore unnecessarily reducing care quality, losing more lives to medical errors and increasing wasteful spending on duplicative measures.

Questions Submitted by Ranking Member Ralph Hall

1. I understand that the Administration supported establishment of a health IT standards harmonization process in 2006 through the Healthcare Information Technology Standards Panel (HITSP) which has made considerable progress over the past two years in the development and harmonization of data and technical standards for interoperable health information exchange. How do you see this bill building on the current standards harmonization process through the HITSP?

Barnes Response:

This bill authorizes NIST, whose primary mission is to promote U.S. innovation and industrial competitiveness by advancing measurement science, standards, and technology in ways that enhance economic security and improve our quality of life, to increase its efforts in support of the integration of the healthcare information enterprise in the United States. NIST has a successful history of collaboration with Health Information Technology Standards Panel (HITSP) and Integrating the Healthcare Enterprise (IHE) and that role should be maintained. This bill further encourages this collaboration to make these initiatives even more effective, efficient and comprehensive.

2. In August 2006, the President issued Executive Order 13410, which requires Federal agencies to utilize, where available, health information technology systems and products that meet interoperability standards recognized by the Secretary of Health and Human Services. The American Health Information Community (AHIC) has recommended several sets of standards that HITSP has developed or harmonized. How do you feel this bill would affect that process, given HHS' expertise in health IT standards?

Barnes Response:

This bill could negatively affect HITSP progress if NIST was authorized to lead any healthcare standards-creating, setting or harmonizing processes. Additionally, if this bill authorized the creation of any alternative healthcare standards outside of the HITSP process, that would be confusing and distracting to our current industry progress. It is best that NIST plays a supporting role in healthcare standards and continues their important collaboration with HITSP.