# Testimony of Justin T. Barnes
# Before
# National Committee on Vital and Health Statistics
# Executive Subcommittee
# Hearing on "Meaningful Use"

**April 28th, 2009**

Thank you very much Chairman Reynolds and distinguished members of the Executive Subcommittee and staff. My name is Justin Barnes and I am a Vice President with Greenway Medical Technologies (Greenway), a leading provider of integrated electronic health record (EHR), practice management and interoperability software solutions. In addition to my work at Greenway, I am also Chairman of the HIMSS Electronic Health Record Association (EHR Association). The EHR Association is comprised of the nation's leading 40 EHR companies currently representing over 90% of all EHR's implemented in America today.

It is always a great honor and pleasure to work with members of the Administration and its advisors as I believe we all have a common goal to shape the new face of the healthcare industry by utilizing the vast contributions that information technology offers healthcare providers, patients and payers in achieving goals of reduced medical errors, lower costs, better quality and improved efficiency within our nation's healthcare system.

My perspective today will be balanced between experience and expertise with a broad range of software companies that are in the ambulatory and hospital market. Greenway, as well as the EHR Association, has been focused on advancing standards-based interoperability, standards-based quality measurement, clinical decision support, computerized physician order entry (CPOE), and encouraging effective customer implementation of comprehensive EHRs. Based on this expertise and commitment, my colleagues and I stand ready to work with the U.S. Department of Health and Human Services (HHS), National Committee on Vital and Health Statistics (NCVHS) and others to further develop and refine the definitions and implementation of "*meaningful use*".

In implementing the meaningful use provision, we suggest the following goals:

- Improve the health and health care of Americans
- Improve the health delivery system and support health care reform
- Improve quality and patient safety while reducing costs
- Achieve a critical mass of clinicians and hospitals using interoperable, comprehensive EHRs
- Target high cost/high morbidity chronic disease
- Counter identified barriers to adoption
- Support collection of data to support biosurveillance and public health.

Beyond these broad goals, we recommend the Executive Committee operate from a few guiding principles, following closely the structure and priorities for "*meaningful user"* established in the American Recovery and Reinvestment Act (ARRA). The key objective of this provision should be to ensure that care providers and hospitals are actually using the EHR, especially for priority functions specified by ARRA.

To maximize adoption and ensure administrative simplicity, the number of criteria should be small in number, while consistent with the statute and overall goals. The criteria should be simple, and ease of reporting should be primary and in the hospitals case, should reflect the differences between hospital departments.

The primary initial goal should be to incentivize as much point-of-care adoption and "use" as possible of comprehensive, interoperable and certified EHRs. It is particularly important to understand that hospitals have relatively long implementation and update cycles, and in addition face substantial departmental complexity. Therefore, it is essential to balance the need for accelerated adoption of EHRs with the need for care providers and hospitals to implement these in a careful and non-disruptive manner.

To this end, it is recommended that the Secretary set meaningful user criteria for the initial years, especially 2011 and 2012, at achievable levels, but with a roadmap for steady uplift over time in expected breadth and depth of use. Such uplift should be on a less than annual cycle, perhaps 24 months, to allow for predictability and effective provider adoption.

Certification criteria and product functionality should, however, anticipate and support projected increased levels of meaningful use. Thus, while we support an initially relatively simple approach to meaningful use, from the beginning providers should be encouraged to adopt EHRs that contain high levels of functionality.

While initial "meaningful use" needs to allow for the current state of EHR deployment and implementation, we emphasize that to ensure national goals will be met, the features and functionality of certified EHR's must be comprehensive and highly functional from the beginning so as to support the rapid, widespread transition of physician practices and hospitals to high levels of meaningful use. Current Certification Commission for Healthcare Information Technology (CCHIT) certification provides the fundamental features and functionality for comprehensive EHRs that are available in the market today. Future certification can and will evolve overtime and should be based on a 24-month cycle to ensure widespread product availability.

In implementing the quality reporting provision, we urge HHS to build on applicable current reporting programs in developing criteria that can be created well before the end of 2009 and that can be adopted by providers using certified EHRs.

For the eligible professional/ ambulatory environment, we must learn from the successes and failures of previous programs and seek non-intrusive and low cost reporting options, such as using Medicare Part D data to track e-prescribing, using EHR data as the source for quality reporting, and using surveys and/or attestation in lieu of claim-based reporting for other dimensions of meaningful use.

For the hospital environment, we must also learn from the successes and failures of these programs and seek non-intrusive and low cost reporting options, such as reporting measures that are a byproduct of meaningful use of the EHR and/or using surveys and/or attestation in lieu of claim-based reporting for other dimensions of meaningful use.

Meaningful use criteria should support the movement toward standards-based interoperability. Interoperability from the beginning should only be measured using Healthcare Information Technology Standards Panel (HITSP) harmonized standards.

**Specific Eligible Professional (Ambulatory) Proposals[1]**

1. Meaningful Use: *Demonstrate to HHS that the provider is using certified EHR technology in a meaningful manner, including electronic prescribing.*

   Proposed criteria are:
   a. Using a certified, qualified EHR for encounter documentation in a way that supports quality reporting through the creation of structured data sufficient for such reporting
   b. Use of electronic prescribing
   c. Use of clinical decision support
   d. Sufficient discrete data capture to support interoperability

2. Information Exchange: *Certified EHR technology is connected in a manner that provides for electronic exchange of health information, in accordance with law and standards applicable to the exchange of information, to improve quality of health care such as promoting care coordination.*

   The overall requirement would be for connection for exchange of clinical summary data, using HITSP harmonized standards, with other clinicians, hospitals, patients, or other health care settings. We believe that eligible professionals should be required to satisfy an initial level of standards-based data exchange to meet this provision in 2011, with increased requirements in out-years. I will submit suggested criteria examples with my written submission.

3. Reporting of Measures: *Submit information to HHS on clinical quality measures and other measures (if HHS has capacity to accept electronically, which may be on a pilot basis).*

   Consistent with ARRA, the focus of this criterion should be primarily on a subset of existing National Quality Foundation (NQF)-endorsed measures that align with national quality and performance goals.

   There should be a priority for measures that support chronic disease management (Diabetes, Congestive Heart Failure, Hyperlipidemia and Hypertension) as well as measures applicable to the broad range of specialties and professions who will be reporting.

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[1] ***Each heading paraphrases the ARRA provision***

For transport of quality measure information, we favor the use of HITSP standards as available.

## Specific Hospital Proposals[2]

1. Meaningful Use: *Demonstrate to HHS that the provider is using certified EHR technology in a meaningful manner*:

    a. Clinician view access to hospital clinical data
    b. Use of CPOE (at a reasonable percentage) for medications, with broader use of CPOE in out-years
    c. Use of electronic medication administration (at a reasonable percentage), with bar coding in the out- years
    d. Use of clinical decision support to improve medication safety
    e. Sufficient discrete data capture to support interoperability and quality reporting.

2. Information Exchange: *Certified EHR technology is connected in a manner that provides for electronic exchange of health information, in accordance with law and standards applicable to the exchange of information, to improve quality of health care such as promoting care coordination.*

    The overall requirement would be for connection for exchange of clinical summary data, using HITSP harmonized standards, with other clinicians, hospitals, patients, or other health care settings. We believe that hospitals should be required to satisfy a limited criterion to meet this provision in 2011, with increased requirements in out-years. I will submit suggested criteria examples with my written submission.

3. Reporting of Measures: *Submit information to HHS on clinical quality measures and other measures (if HHS has capacity to accept electronically, which may be on a pilot basis)*

    Consistent with ARRA, the focus of this criterion should be primarily on a subset of existing NQF-endorsed measures that align with national quality and performance goals.

    For transport of quality measure information, we favor the use of HITSP standards as available.

To meet the anticipated increased rate of certified EHR adoption starting in 2010, vendors recognize the need to substantially increase their implementation capacity. To that end, we need extensive education of healthcare providers and clarity in regulations and interpretations to avoid market confusion and to support the vendor investment in quality training and hiring of implementation personnel.

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[2] ***Each heading paraphrases the ARRA provision***

By 2016, we expect ARRA to result in widespread adoption and use of innovative and comprehensive EHRs that reflect substantial advancements in the areas of interoperability, decision support, quality reporting and clinical research. These advances in functionality and usability, drawing on the extensive expertise of our industry in customer-driven product development, will lead to improved healthcare quality and outcomes and hopefully, significantly reduced growth in our nation's healthcare costs.

If we continue to work together in public and private collaboration, build on present successes with CCHIT, HITSP and NQF and take the prudent and fiscally responsible steps necessary, we will achieve our healthcare transformation goals and recognize the estimated $100-$200 billion of annual savings that will come with a fully-integrated and interoperable healthcare system. We are ready as an industry to continue our progress in partnership with Congress and the Administration in making these goals a reality.

Chairman Reynolds and distinguished members of the Executive Subcommittee and staff, I want to thank you for this opportunity and your dedication to meaningful EHR use, interoperability and the evolution of the healthcare information enterprise. I hope that my comments will help steer ideas and thoughts that can be transmitted into innovative policies shaping the future of healthcare in this country. Thank you very much.

**Justin T. Barnes**
*Vice President of Marketing, Corporate Development and Government Affairs*
***Greenway Medical Technologies, Inc.***

As a healthcare software executive and public policy expert, Justin Barnes is a Vice President with Greenway Medical Technologies and manages Greenway's Strategy, Marketing, Corporate Development and Government Affairs departments. In addition, Mr. Barnes is Chairman of the HIMSS Electronic Health Record (EHR) Association where he is responsible for executing the EHR Association's industry strategy and leadership. Barnes resides on several Public Policy, EHR and Health IT industry governance boards and brings the essential continuum of corporate experience from Silicon Valley Start-up's to Industry-leading Fortune 20 conglomerates.

Prior to Greenway, Barnes was a member of the founding team and Vice President at Healinx Corporation. Today, Healinx is known as the RelayHealth Division of McKesson.

Before joining Healinx, Barnes held several National Operations positions with HBO & Company that subsequently merged with McKesson in 1999. He served under the Enterprise Group and was responsible for sales operations of the Pathways Smart Medical Record (SMR) application.

Barnes has formally addressed and/ or testified before Congress as well as both Presidential Administrations on twelve occasions between 2005 and 2009 with statements relating to EHR meaningful use, healthcare privacy, security, confidentiality, compliance, standards, interoperability, HIT adoption incentives, HIT return on investment (ROI) and the globalization of healthcare. Barnes is a regular public speaker on these issues and has been published in more than 130 journals, magazines and broadcast media outlets relating to national leadership of Health IT and EHR adoption efforts. In addition, Barnes has advised several U.S. Presidential campaigns on healthcare public policy, HIPAA, health IT and EHRs.

Barnes majored in Legal Studies and holds a BA & BS from the University of Massachusetts at Amherst. Barnes also served in the U.S. Army in Infantry and Communication Units.

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**Elected and Appointed Governance & Advisory Positions**

Board Chairman of the HIMSS Electronic Health Record Association (EHR Association)
Board Member of Georgia Tech's Center for Health, Healthcare and Eldercare Innovation
Board Member of the HLC Confidentiality Coalition Steering Committee
Chairman, HIMSS Federal Leadership Awards
Member of Certification Commission for Healthcare Information Technology (CCHIT) Privacy Expert Panel
Chairman of Membership Committee of EHR Association
Co-Chair, Government Relations, National Health IT Week
Member of National Governors Association (NGA) Health Information Protection Task Force of the State Alliance for E-Health
Member of HIMSS Advocacy and Public Policy Steering Committee
Member of EHR Association Government Relations Work Group
Member of HIMSS HIT Advisory Council
Member of HIMSS Government Relations Roundtable