April 30, 2009

**Written Testimony for NCVHS Hearing on "Meaningful Use"**

I am writing to provide our written testimony on Meaningful Use of Certified EHR Technology, in conjunction with the meeting of the Executive Subcommittee on April 28-29, 2009. Quest Diagnostics Incorporated is a significant provider of diagnostic testing, information and services in the United States and a very strong supporter of the goals and objectives of this initiative.

The American Recovery and Reinvestment Act of 2009 (HR1) provides financial incentives for physicians to adopt certified EHR Technology and demonstrate meaningful use of that technology. The recent meeting of the Executive Subcommittee reflected sound advice about how to foster increased adoption by utilization of an incremental approach. Set forth below are specific observations and recommendations based on our experience in working with more than 300,000 physicians and 3,000 hospital organizations utilizing our laboratory services and information technology solutions.

Our views are founded on our experience as a technology solution provider that has achieved widespread adoption and utilization of our interoperable Software as a Service (SaaS)-based Care360 Physician Portal solution and second, through our experience certifying interfaces with over 100 Physician Office solutions or EHRs with our laboratory transaction set through our electronic Hub Services.

From a clinical perspective, our interoperable physician portal solution includes longitudinal laboratory history and is a SureScripts certified solution for medication history and formulary information. These two critical data sets are integrated at the data base level, allowing physicians to make appropriate decisions concerning medication therapy including, but not limited to, pharmacogenomic insights, efficacy, appropriate dosing and alerts to ensure patient safety. This system also allows physicians the ability to share vital patient information on a peer-to-peer basis, including clinical decision support tools that enable adherence to evidence-based guidelines. The ability to address public safety issues and perform data analytics is dependent on the aggregation of timely and relevant patient information and the use of generally accepted informatics and modeling methodologies.

Our national network of approximately 70,000 offices consists principally of primary care physicians in smaller practices. Our results in securing 90%+ daily utilization of this system is a reflection of a comprehensive understanding of individual office workflows and providing frequent and customized training to all relevant end users. Adoption and utilization of ambulatory solutions are

fundamentally dependent on extensive training and support, appropriate workflow design and pertinent financial benefits.

In addition to the data, tools and utilization observations set forth above, we would concur with the June 2008 New England Journal of Medicine study regarding the most useful EHR functionalities as defined by more than 2,500 physicians. This study would suggest that there are very specific types of data and system capabilities that would provide the greatest likelihood of EHR adoption and utilization. These functional capabilities, when combined with clinical decision support tools, would provide the greatest potential to improve quality, increase safety and manage health care costs. Accordingly, we are very supportive of the findings of that study and believe these criteria should be given strong consideration in any final recommendations as to the meaningful use concept.

ARRA has established the elements of the foundation needed to drive EHR adoption through meaningful use. Defining a qualified EHR to include concepts of clinical decision support, physician order entry, quality reporting, and access to community health information is a fundamental change from simply offering "certified technology." We welcome the attention and focus on driving the relevant interoperability needed to achieve the necessary value equation to achieve our broader healthcare objectives. We look forward to participating and contributing in upcoming forums or subcommittees as this process moves forward.