**Written Testimony of Sean Benson, Vice President and Co-Founder of ProVation Medical on the 'Meaningful Use' of Health Information Technology (testimony delivered on behalf of UpToDate and ProVation Medical)**
**April 29, 2009**

Thank you for the opportunity to provide written testimony to the National Committee on Vital and Health Statistics on 'meaningful use' of health information technology. As way of background, the two companies I represent provide software products used by thousands of physicians nationwide. UpToDate is a Massachusetts-based company that provides more than 340,000 of America's doctors with the latest clinical evidence of what works in medicine, covering more than 7,700 topics in 14 medical specialties. ProVation Medical is a Minneapolis-based company whose products enable doctors to document medical procedures at the point of care. ProVation Medical products are used at more than 600 facilities in 48 states, including Massachusetts General Hospital, Duke University Medical Center, New York Presbyterian, as well as 14 VA Hospitals around the country.

Congress' clear intent in the American Recovery and Reinvestment Act (ARRA) was that the use of health information technology (HIT) would only be considered 'meaningful' if it results in lower costs and improved patient health. ARRA already cites some examples of what should be considered 'meaningful use,' include e-prescribing and quality reporting, but other criteria and/or functionality that should be considered include physician utilization and adoption as well as the deployment of computerized physician order entry and clinical decision support tools.

We have been struck by how much of the post-ARRA discussion on HIT has been narrowly focused on electronic health records containing patient clinical and demographic data. As the members of the NCVHS are well aware, HIT encompasses much more than just electronic health records. While the installation of electronic health records in a hospital or physician's office may save some money on filing cabinet space, it will not, by itself, significantly lower costs or improve health quality. Other HIT solutions must be used in conjunction with, or to complement the electronic health record in order to improve patient health, reduce errors and lower administrative costs. For example, *UpToDate* allows a doctor to log in from the office, exam room, or bedside and get specific, detailed answers to clinical questions at the point of care, potentially avoiding life threatening errors. *ProVation Order Sets* provides physicians with a checklist outlining the established standards of care for a given condition. Information from the *Order Sets* product is automatically imported into an EHR to support physician usage of CPOE. Clearly the functionality demonstrated by both these products helps facilitate the meaningful use of the underlying EMR system with which they are deployed.

There has also been much discussion about the inclusion of CCHIT-certification in defining 'meaningful use.' While we generally support the work and efforts of CCHIT, we do not believe at this time that certification should be a prerequisite to a determination of 'meaningful use.' Though CCHIT has accomplished much since its

founding in 2005, there are still dozens of HIT products that have not yet received certification but are nonetheless assisting doctors and hospitals lower costs and improve care. For example, *UpToDate* is the leading clinical decision support tool utilized by more than 340,000 physicians nationally. *ProVation MD* helps physicians document a medical procedure without the need for dictation or transcription and is used by thousands of physicians at more than 600 hospitals and ambulatory surgery centers. Despite their widespread use and adoption by the medical community, neither product has been certified by CCHIT, simply because CCHIT has not yet certified these types of products. Other HIT solutions still awaiting certification by CCHIT include EHRs used by oncologists, obstetricians, gynecologists, dermatologists and optometrists. EHRs for care settings such as Ambulatory Surgery Centers (over 6,000 facilities nationally) are not even on CCHIT's current schedule for certification. Requiring CCHIT certification would also unfairly penalize doctors and hospitals which have already adopted non-CCHIT certified systems and may be using them in meaningful ways to lower costs and improve patient care.

To help facilitate provider adoption, we would encourage the adoption of a tiered approach when defining 'meaningful use.' Specifically, instead of making this criteria binary (i.e. either you are meaningfully using or not), allow for a phased-in approach and remunerate the provider accordingly. For example, the HIMSS Analytics EMR Adoption Model would reimburse a facility at Stage 3 at one dollar level, increasing those payments when the facility reached Stage 4, and so on. This tiered approach would provide access to facilities to some ARRA funds but, more importantly, it would provide a financial incentive for facilities to continue moving up the curve of HIT adoption.

This tiered approach would also allow more flexibility in defining specific requirements of meaningful use. Instead of debating what criteria are absolutely necessary (ex. physician usage, closed loop medication admin, CPOE, CDS, etc…), you could simply place those requirements at the appropriate stage and reimburse accordingly. We would also recommend HHS avoid mandating that all of the functionality in question exist within one software product. If two HIT systems interface and, under a tiered model, assist in moving a facility from Stage 5 to Stage 6, the facility should not be penalized simply because the two products came from different vendors.

On behalf of UpToDate and ProVation Medical, we hope the National Committee will consider our comments and suggestions when making its recommendations on the definition of meaningful use to the Office of the National Coordinator and we thank you again for the opportunity to express our views.